

— ACADEMIA —  
**CESAR CHAVEZ**  
*¡SÍ SE PUEDE!*



# BENEFITS OVERVIEW

Prepared by Kraus-Anderson Insurance

**PLAN YEAR: 2023/2024**



#### Address

1801 Lacrosse Ave  
St. Paul, MN 55119



#### Phone

Main: 651-778-2940



#### Online

Website: [www.cesarchavezschool.com](http://www.cesarchavezschool.com)

## WELCOME NOTE

At Academia Cesar Chavez, we are committed to providing you a comprehensive employee benefits program that helps our employees stay healthy, feel secure, and maintain a work/life balance.

### EXISTING EMPLOYEES

Please review these materials and enroll in your benefits through EASE during your scheduled open enrollment period.

### NEW HIRES

Welcome to Academia Cesar Chavez! As part of your on-boarding, you'll need to select your benefits through your online benefits program called EASE. You must enroll online during this time to receive benefits.

### ELIGIBILITY

You are eligible to enroll in your company's available benefits if you are a regular full-time employee scheduled to work at least 30 hours per week. For existing employees, coverage will run from July 1 – June 30. If you're a new hire, benefits start on the first day of the month following date of hire. Eligible dependents include:

- Your legally married spouse
- Your children up to age 26

### QUALIFYING EVENTS












IRS regulations restrict your ability to change your elections during the year unless you experience a qualifying life event such as:

- Marriage
- Divorce
- Birth or adoption of a child
- Death of a dependent
- Changes in your or your spouse's employment status
- An involuntary loss of coverage under another plan

You have **30 days** from the date of the qualifying event to make changes to your coverage if the changes are consistent with the qualifying event. Be sure to notify your plan administrator, then you will be provided the opportunity to make your changes using the EASE enrollment portal. You can make changes to your HSA contributions at any time during the year—you just can't exceed the annual limits.

## CONTACTS

Refer to this list when you need to contact one of our benefit partners. For general information contact your Plan Administrator.

|   |   |              |  |
|---|---|--------------|--|
|    | MEDICAL:<br>BlueCross BlueShield of Minnesota                                   | 651-662-8000 | <a href="http://www.bluecrossmn.com">www.bluecrossmn.com</a>                   |
|    | HEALTH SAVINGS ACCOUNT (HSA):<br>Associated Bank                                | 800-270-7719 | <a href="http://www.AssociatedBank.com">www.AssociatedBank.com</a>             |
|    | FLEXIBLE SPENDING ACCOUNT &<br>Dependent Care (FSA):<br>Further by HealthEquity | 800-859-2144 | <a href="http://www.hellofurther.com">www.hellofurther.com</a>                 |
|    | TELE-MEDICINE:<br>Nice Healthcare   | 763-412-1993 | <a href="http://www.nice.healthcare.com">www.nice.healthcare.com</a>           |
|    | TELE-MEDICINE:<br>HealthiestYou by Teladoc                                      | 866-703-1259 | <a href="http://www.healthiestyou.com">www.healthiestyou.com</a>               |
|    | DENTAL:<br>Mutual of Omaha  | 800-775-8805 | <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>               |
|  | VISION:<br>Mutual of Omaha  | 800-775-8805 | <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>               |
|  | LIFE AND ACCIDENTAL DEATH &<br>DISMEMBERMENT (AD&D):<br>Mutual of Omaha         | 800-775-8805 | <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>               |
|  | SHORT-TERM & LONG-TERM<br>DISABILITY:<br>Mutual of Omaha                        | 800-775-8805 | <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>               |
|  | VOLUNTARY PRODUCTS:<br>Colonial Life  | 800-325-4368 | <a href="http://www.coloniallife.com">www.coloniallife.com</a>                 |
|  | PLAN ADMINISTRATOR:<br>Arty Ortiz   | 651-294-4642 | <a href="mailto:aortiz@cesarchavezschool.com">aortiz@cesarchavezschool.com</a> |

## MEDICAL

### Who is eligible and when:

All active full-time employees working 30 or more hours per week are eligible for medical coverage on the first of the month following date of hire.

If you are an active employee and elect medical coverage for yourself, you may also cover your eligible dependents. Eligible dependents include your spouse and dependent children under the age of 26.

Your employer contributes 80% to the employee's monthly medical premiums. Eligible dependents may participate in the plan and those costs are the responsibility of the employee. All portions of employee and dependent premiums are withheld from payroll on a pre-tax basis.

### Plan Information

|                         |   |
|-------------------------|---|
| <b>Carrier:</b>         | BlueCross BlueShield of MN  |
| <b>Group Number:</b>    | 10811936  |
| <b>Plan Year:</b>       | January 1, 2023 through December 31, 2023   |
| <b>Deductible Year:</b> | Calendar year, deductible accumulates January through December  |
| <b>Plan Network:</b>    | Current provider listings are available at <a href="http://www.bluecrossmn.com">www.bluecrossmn.com</a> |

| Plan Options  | \$3,000 – 100% HSA Plan T23075P<br>Aware Network                             |                          |
|---|--|--------------------------|
|   | Individual   | Family                   |
| <b>Deductible</b>   | \$3,000  | \$6,000                  |
| <b>Preventive Care</b><br>www.healthcare.gov for covered screenings | No charge  |                          |
| <b>Coinsurance</b>  | 0% after deductible  |                          |
| <b>Out of Pocket Maximum</b>  | \$3,000  | \$6,000                  |
| <b>Office Visit</b>   | 0% after deductible  |                          |
| <b>Prescription Drug Coverage</b>                                   | 0% after deductible<br>Preventive Medications: \$0, no deductible (see list) |                          |
|   | <b>CVS/Target pharmacies are not in-network</b>                              |                          |
| Plan Cost   | Total Monthly Premium  | Employee Monthly Premium |
| <b>Employee</b>   | \$600.87   | \$120.17                 |
| <b>Employee + Spouse</b>  | \$1,343.70   | \$863.00                 |
| <b>Employee + Child(ren)</b>  | \$994.85   | \$514.15                 |
| <b>Family</b>   | \$1,572.44   | \$1,091.74               |

Refer to the carrier Summary Benefits of Coverage (SBC) for specific details.

## HEALTH SAVINGS ACCOUNT (HSA)

### Who is eligible and when:

All active full-time employees working 30 or more hours per week who are enrolled in a corresponding High Deductible Health Plan offered by the company are eligible for HSA on the first of the month following date of hire.

### Plan Information

**Carrier:** Associated Bank

**Contribution:** Academia Cesar Chavez contributes \$600 in September and \$600 in January.

### What is a HSA?

- Health Savings Account is a tax favored account which allows you and your employer to make contributions to pay for qualified medical expenses for you and your dependents.
- The account is owned by you, the employee, and stays in your name regardless of your employment status.
- Available when you are covered under a qualified high deductible health plan (HDHP).
- Contributions to the account are made pre-tax via payroll deduction, direct deposit, or lump sum.
- Funds roll over from year to year, no use it or lose it provision!
- Investment opportunities are available.
- Contributions can be changed throughout the year, subject to the annual contribution limits.

### Eligible expenses:

- Deductible, coinsurance, prescription drugs, dental and vision services.
- COBRA premiums, some Medicare premiums and portions of long-term care insurance premiums.
- For additional information regarding health care expenses recognized by Section 213(d) of the Internal Revenue Code can be found at [www.irs.gov](http://www.irs.gov).

### Tax benefits (three ways to receive tax savings):

- HSA contributions are excluded from federal income tax.
- Interest earnings are tax free.
- Withdrawals for eligible expenses are exempt from federal income tax.

| 2023 Maximum Contributions:                                | 2024 Maximum Contributions:                                |
|--|--|
| Individual: \$3,850 per calendar year                      | Individual: \$4,150 per calendar year                      |
| Family: \$7,750 per calendar year                          | Family: \$8,300 per calendar year                          |
| 55+ may contribute an additional \$1,000 per calendar year | 55+ may contribute an additional \$1,000 per calendar year |

### Reimbursements for Qualified Medical Expenses:

- Withdrawals are tax free for the member and their dependents (up to age 23, even if not covered by the health plan).
- Expenses must be incurred after the HSA is established.
- Expenses are reimbursed up to the HSA balance.
- There are no time limits on when expenses can be reimbursed after account has been established.
- Member must retain documents to support reimbursement.

### Reimbursements for Non-Qualified Medical Expenses:

- Withdrawal amount is counted as income.
- 20% excise tax applies.
- Withdrawals for those 65+ are counted as income and no excise tax applies.

## FLEXIBLE SPENDING ACCOUNT (FSA)

### Who is eligible and when:

All active full-time employees working 30 hours or more hours per week are eligible for the FSA on the first of the month following date of hire.

### Plan Information

**Carrier:** Further by HealthEquity  
**Group Number:** TBD

### Flexible Spending Account (FSA):

Under a Section 125 Plan (also referred to as a Flexible Account for FSA), you may pay your portion of the premium for specific employer-sponsored benefit plans with pre-tax dollars. You can also pay for eligible medical, dental, and vision expenses not covered by your (or your spouse's) health, dental, or vision plans; and dependent care expenses with pre-tax dollars under a Section 125 plan. Your choices will depend upon factors such as your marital status, income level, dependent status, and/or duplicate coverage under a spouse's plan.

#### Health Care Reimbursement FSA:

You can set aside up to \$3,010 in a Health Care Reimbursement FSA each year to help pay for out-of-pocket medical, dental, and vision expenses for you, your spouse, and your dependent child(ren). There is a "use it or lose it," unused funds are not rolled over each year. There is a "roll-over" option, unused funds up to \$610 may be rolled over to the following year. Below is a brief list of such expenses:

- Deductibles, coinsurance and/or co-pays under a health, dental, or vision plan
- Eye glasses, contact lenses, cleaning & wetting solutions
- Orthodontia expenses
- Lasik eye surgery or radial keratotomy

#### Limited Flexible Spending Account:

If you are eligible to participate in a Health Savings Account, you may also be eligible to participate in a Limited Flexible Spending Account. You may pay for eligible dental and vision expenses not covered by your (or your spouse's) dental or vision plans with pre-tax dollars under a Limited Section 125 plan. Your choices will depend upon factors such as your marital status, income level, dependent status, and/or duplicate coverage under a spouse's plan.

#### Dependent Care Reimbursement FSA:

You can set aside up to \$5,000 (up to \$2,500 if you're married and filing separate tax returns) in a Dependent Care Reimbursement FSA each year to help you pay for your eligible dependent care expenses, such as day care for your child(ren) or elder care.

If, in order to maintain employment, you are paying for childcare or elder care services, you may be eligible to request reimbursement for some or all of those expenses through this program. Childcare or elder care services may qualify for reimbursement if they meet these requirements:

- The child must be under 13 years old or, if older, mentally or physically incapable of caring for him or herself.
- Must be provided by a facility or caretaker with a registered tax ID number.
- The services may be provided inside or outside your home, but not by someone who is your dependent for income tax purposes, such as an older child, your spouse, or a grandparent who lives with you.

#### Eligible Expenses:

Please refer to section 213(d) of the Internal Revenue Code, can be found at [www.irs.gov](http://www.irs.gov)

## TELE-MEDICINE

### Who is eligible and when:

All active full-time employees working 30 hours or more hours per week are eligible for tele-medicine on the first of the month following the date of hire. Eligible employees must be enrolled in the medical plan and the premium is paid 100% by Academia Cesar Chavez at \$38 per employee per month.

### Plan Information

Carrier: NICE

### NICE:

With NICE you can connect to a doctor, get treatment, and get prescriptions, 24/7 over the phone or via the mobile app. Using Nice will save on copays and deductibles and it is FREE to use if you are on the medical plan. The benefit is available to employees electing the group health plan. It is also available to your family members (i.e. spouse and children) even if they are not covered on your health plan.

Note: the program is not available to those 65+ and older due to CMS/ Medicare regulations.

### NICE:

- General medicine
  - Manage prescriptions, physical therapy, wellness support. Dedicated client success team
  - Treat colds, flu, strep, ear infections, pink eye, rashes.
  - Manage chronic diseases, pregnancy support, and more.
- 550 + Free medications
  - 100+ Acute medications, 400+ Chronic medications, 60% of prescribed drugs, 500+ Drugs added since 2019.
- 60,000 participating pharmacies
- Chronic medications delivered by mail.
- A clinician comes to you if needed;
  - Physical exams
  - Rapid tests
  - Blood draws
  - Labs
  - Imaging
- Walgreen's is not a participant.
- Mental health:
  - Nice recently added mental health therapy to its long list of services we can provide to help treat mental health and behavioral issues.
  - Other services include screenings, prescription management, and referrals to specialists.
- Physical Therapy
  - Meet with a Nice provider
  - Referral for FREE physical therapy
  - Meet with a physical therapist

## TELE-MEDICINE

### Who is eligible and when:

All active full-time employees working 30 or more hours per week are eligible for tele-medicine on the first of the month following date of hire. Employees must opt in for coverage and is 100% paid by Academia Cesar Chavez. Employees who are enrolled in medical coverage can opt for HealthiestYou or NICE.

### Plan Information

**Carrier:** HealthiestYou powered by Teladoc

**Group Number:** TBD

### HealthiestYou:

With HealthiestYou you can connect to a doctor, get treatment, and get prescriptions, 24/7 over the phone or via the mobile app. Using HealthiestYou will save on copays and deductibles, and it is FREE to use. Your dependents are also eligible to use HealthiestYou if you are enrolled in medical, whether they're on the plan or not!

### HealthiestYou COMPLETE:

- General medicine
  - Convenient, high-quality healthcare available from US board-certified doctors by phone or video.
- Dedicated client success team
  - From implementation timelines to communication strategy and follow up. The client success team will lay out the roadmap to ensure that every member is equipped with the tools to succeed.
- Price transparency tools
  - Price-comparison engines help members make informed choices and save money on procedures and prescriptions.
- Intelligent alerts
  - Location-sensitive alerts delivering benefit reminders.
- Provider search
  - The HealthiestYou app can identify providers and facilities near the member's current location.
- Behavior health care
  - Members have access to licensed mental health professionals, with the option to receive ongoing care from a provider of their choice.
- Dermatology
  - US board-certified dermatologists review images and provide a diagnosis and treatment plan.
- Back care
  - Customized back care programs with videos and access to certified health coaches.
- Expert medical services
  - In-depth reviews of existing diagnoses and treatment plans from the world's leading experts.
- Nutrition
  - Members work directly with registered dietitians who assess clinical nutrition needs and develop personalized programs including custom meal plans and shopping guides.



## DENTAL

### Who is Eligible and When:

All active full-time employees working 30 hours or more hours per week are eligible for dental coverage on the month following date of hire.

If you are an active employee and elect coverage for yourself, you may also cover your eligible dependents. Eligible dependents include your spouse and dependent children under the age of 26.

Your employer contributes 80% to the employee's monthly premiums. Eligible dependents may participate in the plan and those costs are the responsibility of the employee.

### Plan Information:

|                       |   |
|-----------------------|---|
| <b>Carrier:</b>       | Mutual of Omaha   |
| <b>Group Numbers:</b> | G000C55J  |
| <b>Plan Year:</b>     | July 1, 2023 through June 30, 2024  |
| <b>Plan Network:</b>  | Current provider listings are available at <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a> |

|                             | Mutual of Omaha       |                          |
|-----------------------------|-----------------------|--------------------------|
| Network                     | In Network            | Out of Network           |
| Individual Deductible       | \$50                  | \$50                     |
| Family Deductible           | \$150                 | \$150                    |
| Annual Maximum (per person) | \$1,500               |                          |
| Preventive Services         | 100%                  | 80%                      |
| Basic Services              | 80%                   | 50%                      |
| Major Services              | 50%                   | 50%                      |
| Plan Cost                   | Total Monthly Premium | Employee Monthly Premium |
| Employee Only               | \$35.08               | \$7.02                   |
| Employee + Spouse           | \$67.28               | \$39.22                  |
| Employee + Child(ren)       | \$81.67               | \$53.61                  |
| Family                      | \$128.19              | \$100.13                 |

Refer to the carrier summary for specific details.

## VISION

### Who is Eligible and When:

All active full-time employees working 30 hours or more hours per week are eligible for vision coverage on the first of the month following date of hire.

If you are an active employee and elect coverage for yourself, you may also cover your eligible dependents. Eligible dependents include your spouse and dependent children under the age of 26.

Your employer contributes 100% to the employee's monthly premiums. Eligible dependents may participate in the plan and those costs are the responsibility of the employee.

### Plan Information

**Group Number:**

Mutual of Omaha

G000C55J

**Plan Year:**

July 1, 2023 through June 30, 2024

**Plan Network:**

Current provider listings are available at [www.mutualofomaha.com](http://www.mutualofomaha.com)

| Vision   | Mutual of Omaha<br>(EyeMed Insight Network)            |                          |
|--|--|--------------------------|
| Eye Examinations (every 12 months)   | \$10 copay   |                          |
| Frames (every 12 months)   | \$150 allowance + 20% off remaining balance            |                          |
| Lenses (every 12 months)   | \$10 copay   |                          |
| Contacts (every 12 months)   | \$150 allowance + 15% off remaining balance            |                          |
| Laser Vision Correction  | Up to 25% retail discount and \$150 lifetime allowance |                          |
| Members can receive benefit for either glasses OR contacts in a 12-month period, not both. |  |                          |
| Plan Cost  | Total Monthly Premium                                  | Employee Monthly Premium |
| Employee Only  | \$8.35   | \$0                      |
| Employee + Spouse  | \$19.25  | \$10.90                  |
| Employee + Child(ren)  | \$21.25  | \$12.90                  |
| Family   | \$32.50  | \$24.15                  |

Refer to the carrier summary for specific details.

## LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

### Who is Eligible and When:

All active full-time employees working 30 hours or more hours per week are eligible for life and AD&D insurance on the first of the month following date of hire.

**Carrier:** Mutual of Omaha  
**Group Number:** G000C55J

Coverage is provided for you in the amount of \$50,000. Eligible employees are automatically enrolled at no cost and without Evidence of Insurability (EOI).

You are required to designate a beneficiary for this coverage.

See benefit certificate for age reduction schedule.

## VOLUNTARY LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

|  | Voluntary Life and AD&D  |
|--|--|
| <b>Employee Benefit</b>                              | \$10,000 increments to a max 5x salary or \$500,000  |
| <b>Spouse Benefit</b>                                | \$5,000 increments to a max of \$250,000<br>*not to exceed 10% of Employee's benefit   |
| <b>Child(ren) Benefit</b>                            | Age 14 days to 6 months: \$250<br>6 months to age 19 (to age 25 if full-time student): \$10,000<br>Newborn children to age 14 days are not eligible for benefit  |
| <b>Accidental Death and Dismemberment (AD&amp;D)</b> | Included   |
| <b>Guarantee Issue</b>                               | Employees less than age 65: \$100,000<br>Spouse less than age 65: \$30,000<br>Dependent children: \$10,000   |
| <b>Age Reduction</b>                                 | <b>Employee:</b> 35% at age 65; Additional 25% of original amount at age 70; Additional 15% of original amount at age 75; Additional 15% of original amount at age 80; Benefits terminate at retirement<br><b>Spouse:</b> 35% at Spouse Age 65 Benefits terminate at Spouse Age 70 or Retirement, whichever occurs first |

Refer to the carrier summary for specific details.

## SHORT TERM DISABILITY

### Who is Eligible and When:

All active full-time employees working 30 hours or more hours per week are eligible for disability coverage on the first of the month following date of hire.

**Carrier:** Mutual of Omaha  
**Group Number:** G000C55J

Coverage is designed to protect employees from income loss and other financial hardship associated with absence from work due to injury, illness, or disease.

Your employer offers coverage for those unscheduled life events. Coverage can help you remain financially stable should you become injured or ill and cannot work.

Your employer contributes 100% to the employee's monthly premiums.

|                                      | Short Term Disability   |
|--------------------------------------|---|
| <b>Elimination period</b>            | 7 days for accident<br>7 days for illness   |
| <b>Percentage of Income Replaced</b> | 60% of weekly income  |
| <b>Maximum Benefits Payable</b>      | \$1,500 per week  |
| <b>Maternity Maximum Duration</b>    | 6 weeks for normal delivery<br>8 weeks for c-section<br>(includes elimination period) |
| <b>Maximum Benefit Duration</b>      | 12 weeks  |
| <b>Pre-existing Conditions</b>       | Does not apply  |
| <b>Benefit Taxability</b>            | Benefit is taxable  |

Refer to the carrier summary for specific details.

## LONG TERM DISABILITY

### Who is Eligible and When:

All active full-time employees working 30 hours or more hours per week are eligible for disability insurance on the first of the month following date of hire.

**Carrier:** Mutual of Omaha  
**Group Number:** G000C55J

Coverage is designed to protect employees from income loss and other financial hardship associated with absence from work due to injury, sickness or disease.

Your employer contributes 100% to the employee's monthly premiums.

|                                      | Long Term Disability   |
|--------------------------------------|--|
| <b>Elimination period</b>            | 90 days of disability  |
| <b>Percentage of Income Replaced</b> | 60% of monthly income  |
| <b>Maximum Benefits Payable</b>      | \$5,000 per month  |
| <b>Maximum Benefit Duration</b>      | Own occupation: 2 years<br>Any occupation: to Social Security Retirement Age   |
| <b>Pre-existing Conditions</b>       | If an insured becomes disabled in the first twelve months of coverage, the claims team will do a pre-existing diagnosis investigation three months prior to the individual's effective date. |
| <b>Benefit Taxability</b>            | Benefit is taxable   |

Refer to the carrier summary for specific details.

## VOLUNTARY PRODUCTS

### Who is Eligible and When:

All active full-time employees working 30 or more hours per week are eligible for voluntary products on the first of the month following date of hire.

**Carrier:** Colonial Life

Additional Voluntary Insurance is available through Colonial Life and is 100% employee paid. The options available include:

- Voluntary Term Life Insurance
- Universal Life Insurance
- Whole Life Insurance
- Critical Illness Insurance
- Accident Insurance
- Cancer Insurance
- Specified Disease Insurance

## GLOSSARY

*Glossary is for benefit general terms and may not all apply to your plan(s).*

**Allowed Amount** - The highest amount that will cover (pay) a service.

**Benefit Period** - When services are covered under your plan. It also defines the time when benefit maximums, deductibles and coinsurance limits build up. It has a start and end date. It is often one calendar year for health insurance plans. *Example: You may have a plan with a benefit period of January 1 through December 31 that covers 10 physical therapy visits. The 11th or more session will not be covered.*

**Brand** - A prescription drug product which is manufactured and marketed under a trademark or name by a specific drug manufacturer, or that is identify as a brand name product.

**Coinsurance** - A certain percent you must pay each benefit period after you have paid your deductible. This payment is for covered services only. You may still have to pay a copay. *Example: Your plan might cover 80 percent of your medical bill. You will have to pay the other 20 percent. The 20 percent is the coinsurance.*

**Coinsurance Limit (or Maximum)** - The most you will pay in coinsurance costs during a benefit period.

**Condition** - An injury, ailment, disease, illness or disorder.

**Contract** - The agreement between an insurance company and the policyholder.

**Coordination of Benefits (COB)** – A process to determine who pays first when two or more health insurance plans are responsible for paying the same medical claim. You may be required to complete a form from the insurer(s) to help with this determination. Claims are typically held until COB is established.

**Copayment (Copay)** - The amount you pay to a healthcare provider at the time you receive services. You may have to pay a copay for each covered visit to your doctor, depending on your plan. Not all plans have a copay.

**Covered Charges** - Charges for covered services that your health plan paid for. There may be a limit on covered charges if you receive services from providers outside your plan's network of providers.

**Covered Person** - Any person covered under the plan.

**Covered Service** - A healthcare provider's service or medical supplies covered by your health plan. Benefits will be given for these services based on your plan.

**Creditable Coverage** - Coverage of a person under any of these:

A group health plan. This includes church and governmental plans.

Health insurance coverage.

Medicare (Part A or Part B of Title XVIII of the Social Security Act).

Medicaid (Title XIX of the Social Security Act, other than coverage consisting only of benefits under Section 1928).

The health plan for active military personnel. This includes TRICARE.

The Indian Health Service or other tribal organization program.

A state health benefits risk pool.

The Federal Employees Health Benefits Program.

A public health plan (as defined in federal regulations).

A health benefit plan under section 5 (c) of the Peace Corps Act.

Any other plan which gives complete hospital, medical and surgical services.

**Deductible** - The amount you pay for your healthcare services before your health insurer pays. Deductibles are based on your benefit period (typically a year at a time). *Example: If your plan has a \$2,000 annual deductible, you will be expected to pay the first \$2,000 toward your healthcare services. After you reach \$2,000, your health insurer will cover the rest of the costs.*

**Dependent Coverage** - Coverage for your dependents who qualify.

**Emergency Medical Condition** - A medical problem with sudden and severe symptoms that must be treated quickly. In an emergency, a person with no medical training and an average knowledge of health/medicine could reasonably expect the problem could:

Put a person's health at serious risk.

Put an unborn child's health at serious risk.

Result in serious damage to the person's body and how his or her body works.

Result in serious damage of a person's organ or any part of the person.

**Experimental or Investigational Drug, Device, Medical Treatment or Procedure** - These are not approved by the U.S. Food and Drug Administration (FDA) or are not considered the standard of care

**Explanation of benefits** - the health insurance company's written explanation of how a medical claim was paid. It contains detailed information about what the company paid and what portion of the costs you are responsible for.

**Generic** - A prescription drug product that is chemically equivalent to a brand-name drug; or that the claims administrator identifies as a generic product based on available data resources.

**Health Assessment** - A health survey that measures your current health, health risks and quality of life.

**Inpatient Services** - Services received when admitted to a hospital and a room and board charge is made.

**Institution (Institutional)** - A hospital or certain other facility.

**Legal Guardian** - The person who takes care of a child and makes healthcare decision for the child. This person is the natural parent or was made caretaker by a court of law.

**Medical Care** - Medical services received from a healthcare provider or facility to treat a condition.

**Medically Necessary (or Medical Necessity)** - Services, supplies or prescription drugs that are needed to diagnose or treat a medical condition. Also, an insurer must decide if this care is:

Accepted as standard practice. It can't be experimental or investigational.

Not just for your convenience or the convenience of a provider.

The right amount or level of service that can be given to you.

*Example: Inpatient care is medically necessary if your condition can't be treated properly as an outpatient service.*

**Medicare** - A federal program for people age 65 or older that pays for certain healthcare expenses.

**Network Provider/In-network Provider** - A healthcare provider who is part of a plan's network.

**Non-covered Charges** - Charges for services and supplies that are **not** covered under the health plan. Examples of non-covered charges may include things like acupuncture, weight loss surgery or marriage counseling. Consult your plan for more information.

**Non-network Provider/Out-of-network Provider** - A healthcare provider who is **not** part of a plan's network. Costs associated with out-of-network providers may be higher or not covered by your plan. Consult your plan for more information.



**Outpatient Services** - Services that do not need an overnight stay in a hospital. These services are often provided in a doctor's office, hospital or clinic.

**Out-of-pocket Cost** - Cost you must pay. Out-of-pocket costs vary by plan and each plan has a maximum out of pocket (MOOP) cost. Consult your plan for more information.

**Per Member Per Month (PMPM)** - The average cost or quantity per month based on active membership.

**Pre-existing condition** - a health problem that has been diagnosed, or for which you have been treated, before buying a health insurance plan.

**Preventive Care** - Regular care that is generally performed by a primary care physician (e.g. physicals, health screenings).

**Primary Care Provider** - A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

**Provider (Healthcare Provider)** - A hospital, facility, physician or other licensed healthcare professional.

**Urgent Care Provider** - A provider of services for health problems that need medical help right away but are not emergency medical conditions.

**Specialist** - A physician that specializes in a specific area of medicine.

**Waiting period** - the period of time that an employer makes a new employee wait before he or she becomes eligible for coverage under the company's health plan. Also, the period of time beginning with a policy's effective date during which a health plan may not pay benefits for certain pre-existing conditions.

2023

# AWARE<sup>®</sup> NETWORK

Open access to quality care

Your best choice for easy access to the largest selection of healthcare providers across Minnesota.

With 98 percent of doctors and 100 percent of hospitals in Minnesota, this broad, open-access network makes it easy to get the care you need. Small group plans are paired with BlueAccess<sup>SM</sup> products.

## TRAVEL WITH CONFIDENCE

When you travel outside the state, you have access to 1.7 million providers spanning every U.S. ZIP code through the national BlueCard<sup>®</sup> PPO network.\* In addition, Blue Cross Blue Shield Global<sup>®</sup> Core gives you access to care in 190 countries and territories worldwide.

\*The Aware Network includes providers one county into the neighboring states of Iowa, South Dakota, North Dakota and Wisconsin. When seeking care in these counties, search for providers using Aware Network (not BlueCard PPO).

Each healthcare provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services. Each Blue Cross and/or Blue Shield plan is an independent licensee of the Blue Cross and Blue Shield Association. Blue Cross Blue Shield Global Core is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and/or Blue Shield plans.

## A NETWORK THAT FITS YOU



**176 HOSPITALS**  
**19,378 PRIMARY CARE PROVIDERS**  
**43,568 SPECIALTY CARE PROVIDERS**

Numbers are subject to change and are reflective of signed contracts as of June 2022.



### Network matters

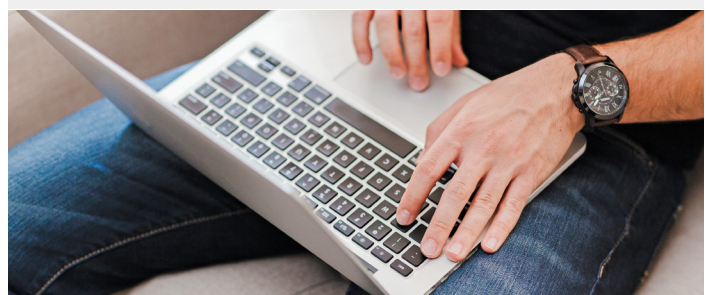
To make sure your doctor participates:

- Visit [bluecrossmn.com](https://bluecrossmn.com)
  - Click on "Find a Doctor"
  - Select "Aware Network"
  - Complete the search fields

Or call the number on the back of your member ID card.

## QUESTIONS?

- Talk with your plan administrator or agent
- Visit [bluecrossmn.com/shop-plans](https://bluecrossmn.com/shop-plans)



## Key in-network providers and hospitals

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Choose from a broad selection of providers throughout Minnesota. **It's important to make sure your doctor or hospital is in the network before you receive care.**

### Key providers

Allina Clinics  
Alomere Health  
Avera Clinics  
Center for Diagnostic Imaging  
Children's Clinics  
Entira Clinics  
Essentia Health Clinics  
HealthPartners Clinics  
M Health Fairview Clinics  
Mayo Clinics  
Minnesota Gastroenterology  
Minnesota Oncology Hematology,  
PA Associates  
North Clinic  
North Memorial Health Clinics  
Park Nicollet Clinics  
Sanford Health Clinics  
St. Luke's Clinics  
St. Paul Radiology/Midwest Radiology  
Summit Orthopedics  
Twin Cities Orthopedics  
University of Minnesota Physicians  
Winona Health

### Key hospitals

Abbott Northwestern Hospital  
Avera Hospitals  
Carris Health – Rice Memorial Hospital  
Children's Hospitals  
Essentia Health Hospitals  
Hennepin County Medical Center  
Lakeview Hospital  
Maple Grove Hospital  
Mayo Clinic Hospitals  
Mercy Hospital  
Park Nicollet Methodist Hospital  
North Memorial Health Hospitals  
Regions Hospital  
Sanford Hospitals  
St. Cloud Hospital  
St. Francis Regional Medical Center  
St. John's Hospital  
St. Joseph's Hospital  
St. Luke's Hospitals  
United Hospital  
University of Minnesota Medical Center  
Woodwinds Hospital

Provider listings are not all-inclusive and are subject to change.

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

M01458R06 (8/22)

**KeyRx**  
**Value-Based Benefit Design Drug List**  
 Effective January 1, 2023

Your employer has chosen a Value-Based Benefit Design (VBBD) for your prescription benefit plan. This means you may have lower out-of-pocket costs for drugs in value drug categories included in your VBBD. Value drug categories include drugs that treat certain chronic or long-term conditions.

Below is a list of medications that may be available under your VBBD benefit. Please verify with your plan if a generic drug must be tried before filling a brand version of a drug. **Please refer to your benefit materials for coverage details and the plan website for current information as this publication is subject to change.**

*Generic prescription drugs are shown in lower-case boldface type. Most generic drugs are followed by a reference brand drug in (parentheses). Reference brands may not themselves be covered, please check your benefit. Some generic products have no reference brand. Brand prescription drugs are shown in all capital letters followed by the generic name. Generic medicines are available for many of the brand-name drugs listed though may not be available in all strengths.*

**ANTI-COAGULANTS/ANTI-PLATELETS**

- anagrelide hcl cap 0.5 mg (Agyrin)**
- anagrelide hcl cap 1 mg**
- aspirin-dipyridamole cap er 12hr 25-200 mg**
- cilostazol tab 50 mg**
- cilostazol tab 100 mg**
- clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)**
- clopidogrel bisulfate tab 300 mg (base equiv)**
- dipyridamole tab 25 mg**
- dipyridamole tab 50 mg**
- dipyridamole tab 75 mg**
- prasugrel hcl tab 5 mg (base equiv) (Effient)**
- prasugrel hcl tab 10 mg (base equiv) (Effient)**
- warfarin sodium tab 1 mg**
- warfarin sodium tab 2 mg**
- warfarin sodium tab 2.5 mg**
- warfarin sodium tab 3 mg**
- warfarin sodium tab 4 mg**
- warfarin sodium tab 5 mg**
- warfarin sodium tab 6 mg**
- warfarin sodium tab 7.5 mg**
- warfarin sodium tab 10 mg**

**DEPRESSION**

- amitriptyline hcl tab 10 mg**
- amitriptyline hcl tab 25 mg**
- amitriptyline hcl tab 50 mg**
- amitriptyline hcl tab 75 mg**
- amitriptyline hcl tab 100 mg**
- amitriptyline hcl tab 150 mg**
- bupropion hcl tab 75 mg**
- bupropion hcl tab 100 mg**
- bupropion hcl tab er 12hr 100 mg (Wellbutrin sr)**
- bupropion hcl tab er 12hr 150 mg (Wellbutrin sr)**
- bupropion hcl tab er 12hr 200 mg (Wellbutrin sr)**
- bupropion hcl tab er 24hr 150 mg (Wellbutrin xl)**
- bupropion hcl tab er 24hr 300 mg (Wellbutrin xl)**
- citalopram hydrobromide oral soln 10 mg/5ml**
- citalopram hydrobromide tab 10 mg (base equiv) (Celexa)**

**DEPRESSION (CONTINUED)**

- citalopram hydrobromide tab 20 mg (base equiv) (Celexa)**
- citalopram hydrobromide tab 40 mg (base equiv) (Celexa)**
- desipramine hcl tab 10 mg (Norpramin)**
- desipramine hcl tab 25 mg (Norpramin)**
- desipramine hcl tab 50 mg**
- desipramine hcl tab 75 mg**
- desipramine hcl tab 100 mg**
- desipramine hcl tab 150 mg**
- desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (Pristiq)**
- desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (Pristiq)**
- desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq)**
- doxepin hcl cap 10 mg**
- doxepin hcl cap 25 mg**
- doxepin hcl cap 50 mg**
- doxepin hcl cap 75 mg**
- doxepin hcl cap 100 mg**
- doxepin hcl cap 150 mg**
- doxepin hcl conc 10 mg/ml**
- duloxetine hcl enteric coated pellets cap 20 mg (base eq) (Cymbalta)**
- duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta)**
- duloxetine hcl enteric coated pellets cap 60 mg (base eq) (Cymbalta)**
- escitalopram oxalate soln 5 mg/5ml (base equiv)**
- escitalopram oxalate tab 5 mg (base equiv) (Lexapro)**
- escitalopram oxalate tab 10 mg (base equiv) (Lexapro)**
- escitalopram oxalate tab 20 mg (base equiv) (Lexapro)**
- fluoxetine hcl cap 10 mg (Prozac)**
- fluoxetine hcl cap 20 mg (Prozac)**
- fluoxetine hcl cap 40 mg (Prozac)**
- fluoxetine hcl solution 20 mg/5ml**

## DEPRESSION (CONTINUED)

**imipramine hcl tab 10 mg**  
**imipramine hcl tab 25 mg**  
**imipramine hcl tab 50 mg**  
**mirtazapine tab 7.5 mg**  
**mirtazapine tab 15 mg (Remeron)**  
**mirtazapine tab 30 mg (Remeron)**  
**mirtazapine tab 45 mg**  
**mirtazapine orally disintegrating tab 15 mg (Remeron soltab)**  
**mirtazapine orally disintegrating tab 30 mg (Remeron soltab)**  
**mirtazapine orally disintegrating tab 45 mg (Remeron soltab)**  
**nortriptyline hcl cap 10 mg (Pamelor)**  
**nortriptyline hcl cap 25 mg (Pamelor)**  
**nortriptyline hcl cap 50 mg (Pamelor)**  
**nortriptyline hcl cap 75 mg (Pamelor)**  
**paroxetine hcl oral susp 10 mg/5ml (base equiv) (Paxil)**  
**paroxetine hcl tab 10 mg (Paxil)**  
**paroxetine hcl tab 20 mg (Paxil)**  
**paroxetine hcl tab 30 mg (Paxil)**  
**paroxetine hcl tab 40 mg (Paxil)**  
**phenelzine sulfate tab 15 mg (Nardil)**  
**protriptyline hcl tab 5 mg**  
**protriptyline hcl tab 10 mg**  
**sertraline hcl oral concentrate for solution 20 mg/ml (Zoloft)**  
**tranylcypromine sulfate tab 10 mg (Parnate)**  
**trazodone hcl tab 50 mg**  
**trazodone hcl tab 100 mg**  
**trazodone hcl tab 150 mg**  
**trimipramine maleate cap 25 mg**  
**trimipramine maleate cap 50 mg**  
**trimipramine maleate cap 100 mg**  
**venlafaxine hcl tab 25 mg (base equivalent)**  
**venlafaxine hcl tab 37.5 mg (base equivalent)**  
**venlafaxine hcl tab 50 mg (base equivalent)**  
**venlafaxine hcl tab 75 mg (base equivalent)**  
**venlafaxine hcl tab 100 mg (base equivalent)**  
**venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr)**  
**venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)**  
**venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr)**

## DIABETES MEDICATIONS

### **Insulin**

**FIASP – insulin aspart (with niacinamide) inj 100 unit/ml**  
**FIASP FLEXTOUCH – insulin aspart (with niacinamide) sol pen-inj 100 unit/ml**  
**FIASP PENFILL – insulin aspart (with niacinamide) soln cartridge 100 unit/ml**

### **Insulin (continued)**

**HUMULIN R U-500 (CONCENTRATE) – insulin regular (human) inj 500 unit/ml**  
**HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/ml**  
**INSULIN ASPART – insulin aspart inj soln 100 unit/ml**  
**INSULIN ASPART FLEXPEN – insulin aspart soln pen-injector 100 unit/ml**  
**INSULIN ASPART PENFILL – insulin aspart soln cartridge 100 unit/ml**  
**INSULIN ASPART PROTAMINE/INSULIN ASPART – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)**  
**INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)**  
**INSULIN GLARGINE – insulin glargine-yfgn inj 100 unit/ml**  
**INSULIN GLARGINE – insulin glargine-yfgn soln pen-injector 100 unit/ml**  
**LEVEMIR – insulin detemir inj 100 unit/ml**  
**LEVEMIR FLEXTOUCH – insulin detemir soln pen-injector 100 unit/ml**  
**NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/ml**  
**NOVOLIN N RELION – insulin nph (human) (isophane) inj 100 unit/ml**  
**NOVOLIN N FLEXPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/ml**  
**NOVOLIN N FLEXPEN RELION – insulin nph (human) (isophane) susp pen-injector 100 unit/ml**  
**NOVOLIN R – insulin regular (human) inj 100 unit/ml**  
**NOVOLIN R RELION – insulin regular (human) inj 100 unit/ml**  
**NOVOLIN R FLEXPEN – insulin regular (human) soln pen-injector 100 unit/ml**  
**NOVOLIN R FLEXPEN RELION – insulin regular (human) soln pen-injector 100 unit/ml**  
**NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)**  
**NOVOLIN 70/30 RELION – insulin nph isophane & regular human inj 100 unit/ml (70-30)**  
**NOVOLIN 70/30 FLEXPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30)**  
**NOVOLIN 70/30 FLEXPEN RELION – insulin nph & regular susp pen-inj 100 unit/ml (70-30)**  
**NOVOLOG – insulin aspart inj soln 100 unit/ml**  
**NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml**  
**NOVOLOG FLEXPEN RELION – insulin aspart soln pen-injector 100 unit/ml**  
**NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)**  
**NOVOLOG MIX 70/30 PREFILLED FLEXPEN – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)**

## Insulin (continued)

NOVOLOG MIX 70/30 PREFILLED FLEXPEN  
RELION – insulin aspart prot & aspart sus pen-inj  
100 unit/ml (70-30)  
NOVOLOG MIX 70/30 RELION – insulin aspart prot &  
aspart (human) inj 100 unit/ml (70-30)  
NOVOLOG PENFILL – insulin aspart soln cartridge  
100 unit/ml  
NOVOLOG RELION – insulin aspart inj soln 100  
unit/ml  
SEMGLEE – insulin glargine-yfgn inj 100 unit/ml  
SEMGLEE – insulin glargine-yfgn soln pen-injector  
100 unit/ml  
TOUJEO SOLOSTAR – insulin glargine soln  
pen-injector 300 unit/ml (1 unit dial)  
TOUJEO MAX SOLOSTAR – insulin glargine soln  
pen-injector 300 unit/ml (2 unit dial)  
TRESIBA – insulin degludec inj 100 unit/ml  
TRESIBA FLEXTOUCH – insulin degludec soln  
pen-injector 100 unit/ml  
TRESIBA FLEXTOUCH – insulin degludec soln  
pen-injector 200 unit/ml

## Insulin Combinations

SOLIQUA 100/33 – insulin glargine-lixisenatide sol  
pen-inj 100-33 unit-mcg/ml  
XULTOPHY 100/3.6 – insulin degludec-liraglutide sol  
pen-inj 100-3.6 unit-mg/ml

## Oral

**acarbose tab 25 mg (Precose)**  
**acarbose tab 50 mg (Precose)**  
**acarbose tab 100 mg (Precose)**  
**glimepiride tab 1 mg (Amaryl)**  
**glimepiride tab 2 mg (Amaryl)**  
**glimepiride tab 4 mg (Amaryl)**  
**glipizide tab er 24hr 2.5 mg (Glucotrol xl)**  
**glipizide tab er 24hr 5 mg (Glucotrol xl)**  
**glipizide tab er 24hr 10 mg (Glucotrol xl)**  
**glipizide tab 5 mg**  
**glipizide tab 10 mg (Glucotrol)**  
**glipizide-metformin hcl tab 2.5-250 mg**  
**glipizide-metformin hcl tab 2.5-500 mg**  
**glipizide-metformin hcl tab 5-500 mg**  
**glyburide micronized tab 1.5 mg (Glynase)**  
**glyburide micronized tab 3 mg (Glynase)**  
**glyburide micronized tab 6 mg (Glynase)**  
**glyburide tab 1.25 mg**  
**glyburide tab 2.5 mg**  
**glyburide tab 5 mg**  
**glyburide-metformin tab 1.25-250 mg**  
**glyburide-metformin tab 2.5-500 mg**  
**glyburide-metformin tab 5-500 mg**  
**metformin hcl tab 500 mg**  
**metformin hcl tab 850 mg**  
**metformin hcl tab 1000 mg**

## Oral (continued)

**metformin hcl tab er 24hr 500 mg**  
**metformin hcl tab er 24hr 750 mg**  
**miglitol tab 25 mg**  
**miglitol tab 50 mg**  
**miglitol tab 100 mg**  
**nateglinide tab 60 mg**  
**nateglinide tab 120 mg**  
**pioglitazone hcl tab 15 mg (base equiv) (Actos)**  
**pioglitazone hcl tab 30 mg (base equiv) (Actos)**  
**pioglitazone hcl tab 45 mg (base equiv) (Actos)**  
**pioglitazone hcl-metformin hcl tab 15-500 mg**  
**(Actoplus met)**  
**pioglitazone hcl-metformin hcl tab 15-850 mg**  
**(Actoplus met)**  
**repaglinide tab 0.5 mg**  
**repaglinide tab 1 mg**  
**repaglinide tab 2 mg**

## Oral & Other Diabetic Injectables

OZEMPIC – semaglutide soln pen-inj 0.25 or  
0.5 mg/dose (2 mg/1.5ml)  
OZEMPIC – semaglutide soln pen-inj 1 mg/dose  
(4 mg/3ml)  
OZEMPIC - semaglutide soln pen-inj 2 mg/dose (8  
mg/3ml)  
RYBELSUS – semaglutide tab 3 mg  
RYBELSUS – semaglutide tab 7 mg  
RYBELSUS – semaglutide tab 14 mg  
TRULICITY – dulaglutide soln pen-injector  
0.75 mg/0.5ml  
TRULICITY – dulaglutide soln pen-injector  
1.5 mg/0.5ml  
TRULICITY – dulaglutide soln pen-injector  
3 mg/0.5ml  
TRULICITY – dulaglutide soln pen-injector  
4.5 mg/0.5ml

## Hypoglycemic Agents

BAQSIMI ONE PACK – glucagon nasal powder  
3 mg/dose  
BAQSIMI TWO PACK – glucagon nasal powder  
3 mg/dose  
**glucagon (rdna) for inj kit 1 mg**  
**(Glucagon emergency kit)**  
GLUCAGON EMERGENCY KIT FOR LOW BLOOD  
SUGAR – glucagon hcl for inj 1 mg  
GVOKE HYPOPEN 1-PACK – glucagon  
subcutaneous solution auto-injector 0.5 mg/0.1ml  
GVOKE HYPOPEN 1-PACK – glucagon  
subcutaneous solution auto-injector 1 mg/0.2ml  
GVOKE HYPOPEN 2-PACK – glucagon  
subcutaneous solution auto-injector 0.5 mg/0.1ml  
GVOKE HYPOPEN 2-PACK – glucagon  
subcutaneous solution auto-injector 1 mg/0.2ml  
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml

## Hypoglycemic Agents (continued)

GVOKE PFS – glucagon subcutaneous soln  
pref syringe 0.5 mg/0.1ml  
GVOKE PFS – glucagon subcutaneous soln  
pref syringe 1 mg/0.2ml  
ZEGALOGUE – dasiglucagon hcl subcutaneous soln  
auto-inj 0.6 mg/0.6ml  
ZEGALOGUE – dasiglucagon hcl subcutaneous soln  
pref syringe 0.6 mg/0.6ml

## DIABETIC SUPPLIES

### Basic Supplies

#### Calibration Liquid

ASCENCIA CONTOUR  
ASCENCIA CONTOUR NEXT

#### Insulin Syringes

#### Lancets

#### Lancet Devices

#### Pen Needles

#### Test Strips & Discs

ASCENCIA CONTOUR  
ASCENCIA CONTOUR NEXT

## HIGH BLOOD PRESSURE

acebutolol hcl cap 200 mg  
acebutolol hcl cap 400 mg  
amiloride hcl tab 5 mg  
amiloride & hydrochlorothiazide tab 5-50 mg  
amlodipine besylate tab 2.5 mg (base equivalent)  
(Norvasc)  
amlodipine besylate tab 5 mg (base equivalent)  
(Norvasc)  
amlodipine besylate tab 10 mg (base equivalent)  
(Norvasc)  
amlodipine besylate-benazepril hcl cap 2.5-10 mg  
amlodipine besylate-benazepril hcl cap 5-10 mg  
(Lotrel)  
amlodipine besylate-benazepril hcl cap 5-20 mg  
(Lotrel)  
amlodipine besylate-benazepril hcl cap 5-40 mg  
amlodipine besylate-benazepril hcl cap 10-20 mg  
(Lotrel)  
amlodipine besylate-benazepril hcl cap 10-40 mg  
(Lotrel)  
amlodipine besylate-olmesartan medoxomil tab  
5-20 mg (Azor)  
amlodipine besylate-olmesartan medoxomil tab  
5-40 mg (Azor)  
amlodipine besylate-olmesartan medoxomil tab  
10-20 mg (Azor)  
amlodipine besylate-olmesartan medoxomil tab  
10-40 mg (Azor)

## HIGH BLOOD PRESSURE (CONTINUED)

amlodipine besylate-valsartan tab 5-160 mg  
(Exforge)  
amlodipine besylate-valsartan tab 5-320 mg  
(Exforge)  
amlodipine besylate-valsartan tab 10-160 mg  
(Exforge)  
amlodipine besylate-valsartan tab 10-320 mg  
(Exforge)  
amlodipine-valsartan-hydrochlorothiazide tab  
5-160-12.5 mg (Exforge hct)  
amlodipine-valsartan-hydrochlorothiazide tab  
5-160-25 mg (Exforge hct)  
amlodipine-valsartan-hydrochlorothiazide tab  
10-160-12.5 mg (Exforge hct)  
amlodipine-valsartan-hydrochlorothiazide tab  
10-160-25 mg (Exforge hct)  
amlodipine-valsartan-hydrochlorothiazide tab  
10-320-25 mg (Exforge hct)  
atenolol tab 25 mg (Tenormin)  
atenolol tab 50 mg (Tenormin)  
atenolol tab 100 mg (Tenormin)  
atenolol & chlorthalidone tab 50-25 mg  
(Tenoretic 50)  
atenolol & chlorthalidone tab 100-25 mg  
(Tenoretic 100)  
benazepril hcl tab 5 mg  
benazepril hcl tab 10 mg (Lotensin)  
benazepril hcl tab 20 mg (Lotensin)  
benazepril hcl tab 40 mg (Lotensin)  
benazepril & hydrochlorothiazide tab 10-12.5 mg  
(Lotensin hct)  
benazepril & hydrochlorothiazide tab 20-12.5 mg  
(Lotensin hct)  
benazepril & hydrochlorothiazide tab 20-25 mg  
(Lotensin hct)  
betaxolol hcl tab 10 mg  
betaxolol hcl tab 20 mg  
bisoprolol fumarate tab 5 mg  
bisoprolol fumarate tab 10 mg  
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg  
(Ziac)  
bisoprolol & hydrochlorothiazide tab 5-6.25 mg  
(Ziac)  
bisoprolol & hydrochlorothiazide tab 10-6.25 mg  
(Ziac)  
bumetanide tab 0.5 mg (Bumex)  
bumetanide tab 1 mg  
bumetanide tab 2 mg  
candesartan cilexetil tab 4 mg (Atacand)  
candesartan cilexetil tab 8 mg (Atacand)  
candesartan cilexetil tab 16 mg (Atacand)  
candesartan cilexetil tab 32 mg (Atacand)  
candesartan cilexetil-hydrochlorothiazide tab  
16-12.5 mg (Atacand hct)  
candesartan cilexetil-hydrochlorothiazide tab  
32-12.5 mg (Atacand hct)

## HIGH BLOOD PRESSURE (CONTINUED)

candesartan cilexetil-hydrochlorothiazide tab  
32-25 mg (Atacand hct)  
captopril tab 12.5 mg  
captopril tab 25 mg  
captopril tab 50 mg  
captopril tab 100 mg  
carvedilol tab 3.125 mg (Coreg)  
carvedilol tab 6.25 mg (Coreg)  
carvedilol tab 12.5 mg (Coreg)  
carvedilol tab 25 mg (Coreg)  
chlorthalidone tab 25 mg  
chlorthalidone tab 50 mg  
clonidine hcl tab 0.1 mg  
clonidine hcl tab 0.2 mg  
clonidine hcl tab 0.3 mg  
clonidine td patch weekly 0.1 mg/24hr  
(Catapres-tts-1)  
clonidine td patch weekly 0.2 mg/24hr  
(Catapres-tts-2)  
clonidine td patch weekly 0.3 mg/24hr  
(Catapres-tts-3)  
diltiazem hcl tab 30 mg (Cardizem)  
diltiazem hcl tab 60 mg (Cardizem)  
diltiazem hcl tab 90 mg  
diltiazem hcl tab 120 mg (Cardizem)  
diltiazem hcl cap er 12hr 60 mg  
diltiazem hcl cap er 12hr 90 mg  
diltiazem hcl cap er 12hr 120 mg  
diltiazem hcl cap er 24hr 120 mg  
diltiazem hcl cap er 24hr 180 mg  
diltiazem hcl cap er 24hr 240 mg  
diltiazem hcl coated beads cap er 24hr 120 mg  
(Cardizem cd)  
diltiazem hcl coated beads cap er 24hr 180 mg  
(Cardizem cd)  
diltiazem hcl coated beads cap er 24hr 240 mg  
(Cardizem cd)  
diltiazem hcl coated beads cap er 24hr 300 mg  
(Cardizem cd)  
diltiazem hcl coated beads tab er 24hr 420 mg  
(Cardizem la)  
diltiazem hcl extended release beads cap er 24hr  
120 mg (Tiazac)  
diltiazem hcl extended release beads cap er 24hr  
180 mg (Tiazac)  
diltiazem hcl extended release beads cap er 24hr  
240 mg (Tiazac)  
diltiazem hcl extended release beads cap er 24hr  
300 mg (Tiazac)  
diltiazem hcl extended release beads cap er 24hr  
360 mg (Tiazac)  
diltiazem hcl extended release beads cap er 24hr  
420 mg (Tiazac)  
doxazosin mesylate tab 1 mg (Cardura)  
doxazosin mesylate tab 2 mg (Cardura)  
doxazosin mesylate tab 4 mg (Cardura)

## HIGH BLOOD PRESSURE (CONTINUED)

doxazosin mesylate tab 8 mg (Cardura)  
enalapril maleate oral soln 1 mg/ml (Epaned)  
enalapril maleate tab 2.5 mg (Vasotec)  
enalapril maleate tab 5 mg (Vasotec)  
enalapril maleate tab 10 mg (Vasotec)  
enalapril maleate tab 20 mg (Vasotec)  
enalapril maleate & hydrochlorothiazide tab  
5-12.5 mg  
enalapril maleate & hydrochlorothiazide tab  
10-25 mg (Vaseretic)  
epplerenone tab 25 mg (Inspra)  
epplerenone tab 50 mg (Inspra)  
felodipine tab er 24hr 2.5 mg  
felodipine tab er 24hr 5 mg  
felodipine tab er 24hr 10 mg  
fosinopril sodium tab 10 mg  
fosinopril sodium tab 20 mg  
fosinopril sodium tab 40 mg  
fosinopril sodium & hydrochlorothiazide tab  
10-12.5 mg  
fosinopril sodium & hydrochlorothiazide tab  
20-12.5 mg  
furosemide oral soln 10 mg/ml  
furosemide tab 20 mg (Lasix)  
furosemide tab 40 mg (Lasix)  
furosemide tab 80 mg (Lasix)  
guanfacine hcl tab 1 mg (Tenex)  
guanfacine hcl tab 2 mg (Tenex)  
hydralazine hcl tab 10 mg  
hydralazine hcl tab 25 mg  
hydralazine hcl tab 50 mg  
hydralazine hcl tab 100 mg  
hydrochlorothiazide cap 12.5 mg  
hydrochlorothiazide tab 12.5 mg  
hydrochlorothiazide tab 25 mg  
hydrochlorothiazide tab 50 mg  
indapamide tab 1.25 mg  
indapamide tab 2.5 mg  
irbesartan tab 75 mg (Avapro)  
irbesartan tab 150 mg (Avapro)  
irbesartan tab 300 mg (Avapro)  
irbesartan-hydrochlorothiazide tab 150-12.5 mg  
(Avalide)  
irbesartan-hydrochlorothiazide tab 300-12.5 mg  
(Avalide)  
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg  
(Bidil)  
isradipine cap 2.5 mg  
isradipine cap 5 mg  
labetalol hcl tab 100 mg  
labetalol hcl tab 200 mg  
labetalol hcl tab 300 mg  
lisinopril & hydrochlorothiazide tab 10-12.5 mg  
(Zestoretic)  
lisinopril & hydrochlorothiazide tab 20-12.5 mg  
(Zestoretic)



## HIGH BLOOD PRESSURE (CONTINUED)

lisinopril & hydrochlorothiazide tab 20-25 mg  
(Zestoretic)  
lisinopril tab 2.5 mg (Zestril)  
lisinopril tab 5 mg (Zestril)  
lisinopril tab 10 mg (Zestril)  
lisinopril tab 20 mg (Prinivil)  
lisinopril tab 30 mg (Zestril)  
lisinopril tab 40 mg (Zestril)  
losartan potassium & hydrochlorothiazide tab  
50-12.5 mg (Hyzaar)  
losartan potassium & hydrochlorothiazide tab  
100-12.5 mg (Hyzaar)  
losartan potassium & hydrochlorothiazide tab  
100-25 mg (Hyzaar)  
losartan potassium tab 25 mg (Cozaar)  
losartan potassium tab 50 mg (Cozaar)  
losartan potassium tab 100 mg (Cozaar)  
METHYLDOPA – methyldopa tab 250 mg  
METHYLDOPA – methyldopa tab 500 mg  
metolazone tab 2.5 mg  
metolazone tab 5 mg  
metolazone tab 10 mg  
metoprolol & hydrochlorothiazide tab 50-25 mg  
metoprolol & hydrochlorothiazide tab 100-25 mg  
metoprolol succinate tab er 24hr 25 mg  
(tartrate equiv) (Toprol xl)  
metoprolol succinate tab er 24hr 50 mg  
(tartrate equiv) (Toprol xl)  
metoprolol succinate tab er 24hr 100 mg  
(tartrate equiv) (Toprol xl)  
metoprolol succinate tab er 24hr 200 mg  
(tartrate equiv) (Toprol xl)  
metoprolol tartrate tab 25 mg  
metoprolol tartrate tab 37.5 mg  
metoprolol tartrate tab 50 mg (Lopressor)  
metoprolol tartrate tab 75 mg  
metoprolol tartrate tab 100 mg (Lopressor)  
minoxidil tab 2.5 mg  
minoxidil tab 10 mg  
moexipril hcl tab 7.5 mg  
moexipril hcl tab 15 mg  
nadolol tab 20 mg (Corgard)  
nadolol tab 40 mg (Corgard)  
nadolol tab 80 mg (Corgard)  
nicardipine hcl cap 20 mg  
nicardipine hcl cap 30 mg  
nifedipine cap 10 mg (Procardia)  
nifedipine cap 20 mg  
nifedipine tab er 24hr 30 mg  
nifedipine tab er 24hr 60 mg  
nifedipine tab er 24hr 90 mg  
nifedipine tab er 24hr osmotic release 30 mg  
(Procardia xl)  
nifedipine tab er 24hr osmotic release 60 mg  
(Procardia xl)

## HIGH BLOOD PRESSURE (CONTINUED)

nifedipine tab er 24hr osmotic release 90 mg  
(Procardia xl)  
olmesartan medoxomil tab 5 mg (Benicar)  
olmesartan medoxomil tab 20 mg (Benicar)  
olmesartan medoxomil tab 40 mg (Benicar)  
olmesartan medoxomil-hydrochlorothiazide tab  
20-12.5 mg (Benicar hct)  
olmesartan medoxomil-hydrochlorothiazide tab  
40-12.5 mg (Benicar hct)  
olmesartan medoxomil-hydrochlorothiazide tab  
40-25 mg (Benicar hct)  
olmesartan-amlodipine-hydrochlorothiazide tab  
20-5-12.5 mg (Tribenzor)  
olmesartan-amlodipine-hydrochlorothiazide tab  
40-5-12.5 mg (Tribenzor)  
olmesartan-amlodipine-hydrochlorothiazide tab  
40-5-25 mg (Tribenzor)  
olmesartan-amlodipine-hydrochlorothiazide tab  
40-10-12.5 mg (Tribenzor)  
olmesartan-amlodipine-hydrochlorothiazide tab  
40-10-25 mg (Tribenzor)  
perindopril erbumine tab 2 mg  
perindopril erbumine tab 4 mg  
perindopril erbumine tab 8 mg  
phenoxybenzamine hcl cap 10 mg (Dibenzyline)  
pindolol tab 5 mg  
pindolol tab 10 mg  
prazosin hcl cap 1 mg (Minipress)  
prazosin hcl cap 2 mg (Minipress)  
prazosin hcl cap 5 mg (Minipress)  
propranolol hcl oral soln 20 mg/5ml  
propranolol hcl tab 10 mg  
propranolol hcl tab 20 mg  
propranolol hcl tab 40 mg  
propranolol hcl tab 60 mg  
propranolol hcl tab 80 mg  
propranolol hcl cap er 24hr 60 mg (Inderal la)  
propranolol hcl cap er 24hr 80 mg (Inderal la)  
propranolol hcl cap er 24hr 120 mg (Inderal la)  
propranolol hcl cap er 24hr 160 mg (Inderal la)  
quinapril hcl tab 5 mg (Accupril)  
quinapril hcl tab 10 mg (Accupril)  
quinapril hcl tab 20 mg (Accupril)  
quinapril hcl tab 40 mg (Accupril)  
quinapril-hydrochlorothiazide tab 10-12.5 mg  
(Accuretic)  
quinapril-hydrochlorothiazide tab 20-12.5 mg  
(Accuretic)  
quinapril-hydrochlorothiazide tab 20-25 mg  
(Accuretic)  
ramipril cap 1.25 mg (Altace)  
ramipril cap 2.5 mg (Altace)  
ramipril cap 5 mg (Altace)  
ramipril cap 10 mg (Altace)  
spironolactone tab 25 mg (Aldactone)  
spironolactone tab 50 mg (Aldactone)

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## HIGH BLOOD PRESSURE (CONTINUED)

spironolactone tab 100 mg (Aldactone)  
spironolactone & hydrochlorothiazide tab  
25-25 mg (Aldactazide)  
telmisartan tab 20 mg (Micardis)  
telmisartan tab 40 mg (Micardis)  
telmisartan tab 80 mg (Micardis)  
telmisartan-amlodipine tab 40-5 mg (Twynsta)  
telmisartan-amlodipine tab 40-10 mg (Twynsta)  
telmisartan-amlodipine tab 80-5 mg (Twynsta)  
telmisartan-amlodipine tab 80-10 mg (Twynsta)  
telmisartan-hydrochlorothiazide tab 40-12.5 mg  
(Micardis hct)  
telmisartan-hydrochlorothiazide tab 80-12.5 mg  
(Micardis hct)  
telmisartan-hydrochlorothiazide tab 80-25 mg  
(Micardis hct)  
terazosin hcl cap 1 mg (base equivalent)  
terazosin hcl cap 2 mg (base equivalent)  
terazosin hcl cap 5 mg (base equivalent)  
terazosin hcl cap 10 mg (base equivalent)  
timolol maleate tab 10 mg  
torsemide tab 5 mg  
torsemide tab 10 mg  
torsemide tab 20 mg  
torsemide tab 100 mg  
trandolapril tab 1 mg  
trandolapril tab 2 mg  
trandolapril tab 4 mg  
triamterene & hydrochlorothiazide cap 37.5-25 mg  
triamterene & hydrochlorothiazide tab 37.5-25 mg  
(Maxzide-25)  
triamterene & hydrochlorothiazide tab 75-50 mg  
(Maxzide)  
triamterene cap 50 mg (Dyrenium)  
triamterene cap 100 mg (Dyrenium)valsartan tab  
40 mg (Diovan)  
valsartan tab 80 mg (Diovan)  
valsartan tab 160 mg (Diovan)  
valsartan tab 320 mg (Diovan)  
valsartan-hydrochlorothiazide tab 80-12.5 mg  
(Diovan hct)  
valsartan-hydrochlorothiazide tab 160-12.5 mg  
(Diovan hct)  
valsartan-hydrochlorothiazide tab 160-25 mg  
(Diovan hct)  
valsartan-hydrochlorothiazide tab 320-12.5 mg  
(Diovan hct)  
valsartan-hydrochlorothiazide tab 320-25 mg  
(Diovan hct)  
verapamil hcl cap er 24hr 120 mg (Verelan)  
verapamil hcl cap er 24hr 180 mg (Verelan)  
verapamil hcl cap er 24hr 240 mg (Verelan)  
verapamil hcl tab er 120 mg (Calan sr)  
verapamil hcl tab er 180 mg (Calan sr)  
verapamil hcl tab er 240 mg (Calan sr)  
verapamil hcl tab 40 mg

## HIGH BLOOD PRESSURE (CONTINUED)

verapamil hcl tab 80 mg  
verapamil hcl tab 120 mg

## HIGH CHOLESTEROL

atorvastatin calcium tab 10 mg (base equivalent)  
(Lipitor)  
atorvastatin calcium tab 20 mg (base equivalent)  
(Lipitor)  
atorvastatin calcium tab 40 mg (base equivalent)  
(Lipitor)  
atorvastatin calcium tab 80 mg (base equivalent)  
(Lipitor)  
cholestyramine light powder 4 gm/dose  
(Questran light)  
cholestyramine powder 4 gm/dose (Questran)  
colesevelam hcl packet for susp 3.75 gm  
(Welchol)  
colesevelam hcl tab 625 mg (Welchol)  
colestipol hcl granules 5 gm (Colestid flavored)  
colestipol hcl granule packets 5 gm  
(Colestid flavored)  
colestipol hcl tab 1 gm (Colestid)  
ezetimibe tab 10 mg (Zetia)  
ezetimibe-simvastatin tab 10-10 mg (Vytorin)  
ezetimibe-simvastatin tab 10-20 mg (Vytorin)  
ezetimibe-simvastatin tab 10-40 mg (Vytorin)  
ezetimibe-simvastatin tab 10-80 mg (Vytorin)  
fenofibrate micronized cap 67 mg  
fenofibrate micronized cap 134 mg  
fenofibrate micronized cap 200 mg  
fenofibrate tab 48 mg (Tricor)  
fenofibrate tab 54 mg  
fenofibrate tab 145 mg (Tricor)  
fenofibrate tab 160 mg  
gemfibrozil tab 600 mg (Lopid)  
lovastatin tab 10 mg  
lovastatin tab 20 mg  
lovastatin tab 40 mg  
niacin tab er 500 mg (antihyperlipidemic)  
(Niaspan)  
niacin tab er 750 mg (antihyperlipidemic)  
(Niaspan)  
niacin tab er 1000 mg (antihyperlipidemic)  
(Niaspan)  
pravastatin sodium tab 10 mg  
pravastatin sodium tab 20 mg  
pravastatin sodium tab 40 mg  
pravastatin sodium tab 80 mg  
rosuvastatin calcium tab 5 mg (Crestor)  
rosuvastatin calcium tab 10 mg (Crestor)  
rosuvastatin calcium tab 20 mg (Crestor)  
rosuvastatin calcium tab 40 mg (Crestor)  
simvastatin tab 5 mg (Zocor)  
simvastatin tab 10 mg (Zocor)  
simvastatin tab 20 mg (Zocor)  
simvastatin tab 40 mg (Zocor)

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## HIGH CHOLESTEROL

simvastatin tab 80 mg (Zocor)

## OSTEOPOROSIS

alendronate sodium tab 10 mg  
alendronate sodium tab 35 mg  
alendronate sodium tab 70 mg (Fosamax)  
calcitonin (salmon) nasal soln 200 unit/act  
ibandronate sodium tab 150 mg (base equivalent)  
(Boniva)  
raloxifene hcl tab 60 mg (Evista)  
risedronate sodium tab 5 mg  
risedronate sodium tab 30 mg  
risedronate sodium tab 35 mg (Actonel)  
risedronate sodium tab 150 mg (Actonel)  
risedronate sodium tab delayed release 35 mg  
(Atelvia)

## RESPIRATORY

### Medications

acetylcysteine inhal soln 10%  
acetylcysteine inhal soln 20%  
ADVAIR DISKUS – fluticasone-salmeterol aer powder  
ba 100-50 mcg/dose  
ADVAIR DISKUS – fluticasone-salmeterol aer powder  
ba 250-50 mcg/dose  
ADVAIR DISKUS – fluticasone-salmeterol aer powder  
ba 500-50 mcg/dose  
ADVAIR HFA – fluticasone-salmeterol inhal aerosol  
45-21 mcg/act  
ADVAIR HFA – fluticasone-salmeterol inhal aerosol  
115-21 mcg/act  
ADVAIR HFA – fluticasone-salmeterol inhal aerosol  
230-21 mcg/act  
albuterol sulfate inhal aero 108 mcg/act  
(90mcg base equiv) (Proventil hfa)  
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)  
albuterol sulfate soln nebu 0.5% (5 mg/ml)  
albuterol sulfate soln nebu 0.63 mg/3ml  
(base equiv)  
albuterol sulfate soln nebu 1.25 mg/3ml  
(base equiv)  
albuterol sulfate syrup 2 mg/5ml  
albuterol sulfate tab 2 mg  
albuterol sulfate tab 4 mg  
ANORO ELLIPTA – umeclidinium-vilanterol aero  
powd ba 62.5-25 mcg/inh  
arformoterol tartrate soln nebu 15 mcg/2ml (base  
equiv) (Brovana)  
ARNUITY ELLIPTA – fluticasone furoate aerosol  
powder breath activ 50 mcg/act  
ARNUITY ELLIPTA – fluticasone furoate aerosol  
powder breath activ 100 mcg/act  
ARNUITY ELLIPTA – fluticasone furoate aerosol  
powder breath activ 200 mcg/act

## RESPIRATORY (CONTINUED)

ASMANEX HFA – mometasone furoate inhal aerosol  
suspension 50 mcg/act  
ASMANEX HFA – mometasone furoate inhal aerosol  
suspension 100 mcg/act  
ASMANEX HFA – mometasone furoate inhal aerosol  
suspension 200 mcg/act  
ASMANEX TWISTHALER 30 METERED DOSES –  
mometasone furoate inhal powd 110 mcg/inh  
(breath activated)  
ASMANEX TWISTHALER 30 METERED DOSES –  
mometasone furoate inhal powd 220 mcg/inh  
(breath activated)  
ASMANEX TWISTHALER 60 METERED DOSES –  
mometasone furoate inhal powd 220 mcg/inh  
(breath activated)  
ASMANEX TWISTHALER 120 METERED DOSES –  
mometasone furoate inhal powd 220 mcg/inh  
(breath activated)  
BREO ELLIPTA – fluticasone furoate-vilanterol aero  
powd ba 100-25 mcg/inh  
BREO ELLIPTA – fluticasone furoate-vilanterol aero  
powd ba 200-25 mcg/inh  
BREZTRI AEROSPHERE – budesonide-  
glycopyrrolate-formoterol aers 160-9-4.8 mcg/act  
**budesonide inhalation susp 0.25 mg/2ml**  
(Pulmicort)  
**budesonide inhalation susp 0.5 mg/2ml**  
(Pulmicort)  
**budesonide inhalation susp 1 mg/2ml (Pulmicort)**  
COMBIVENT RESPIMAT – ipratropium-albuterol inhal  
aerosol soln 20-100 mcg/act  
**chromolyn sodium soln nebu 20 mg/2ml**  
DULERA – mometasone furoate-formoterol fumarate  
aerosol 50-5 mcg/act  
DULERA – mometasone furoate-formoterol fumarate  
aerosol 100-5 mcg/act  
DULERA – mometasone furoate-formoterol fumarate  
aerosol 200-5 mcg/act  
FLOVENT DISKUS – fluticasone propionate aer pow  
ba 50 mcg/blister  
FLOVENT DISKUS – fluticasone propionate aer pow  
ba 100 mcg/blister  
FLOVENT DISKUS – fluticasone propionate aer pow  
ba 250 mcg/blister  
FLOVENT HFA – fluticasone propionate hfa inhal  
aero 44 mcg/act (50/valve)  
FLOVENT HFA – fluticasone propionate hfa inhal aer  
110 mcg/act (125/valve)  
FLOVENT HFA – fluticasone propionate hfa inhal aer  
220 mcg/act (250/valve)  
FLUTICASONE PROPIONATE/SALMETROL –  
Fluticasone-salmeterol aer powder ba  
55-14 mcg/act  
FLUTICASONE PROPIONATE/SALMETEROL –  
fluticasone-salmeterol aer powder ba  
113-14 mcg/act

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## RESPIRATORY (CONTINUED)

FLUTICASONE PROPIONATE/SALMETEROL –  
fluticasone-salmeterol aer powder ba  
232-14 mcg/act  
INCRUSE ELLIPTA – umeclidinium br aero powd  
breath act 62.5 mcg/inh (base eq)  
**ipratropium bromide inhal soln 0.02%**  
**ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml**  
**levalbuterol hcl soln nebu concentrate**  
**1.25 mg/0.5ml (base equiv) (Xopenex**  
**concentrate)**  
**levalbuterol hcl soln nebu 0.31 mg/3ml**  
**(base equiv) (Xopenex)**  
**levalbuterol hcl soln nebu 0.63 mg/3ml**  
**(base equiv) (Xopenex)**  
**levalbuterol hcl soln nebu 1.25 mg/3ml**  
**(base equiv) (Xopenex)**  
**montelukast sodium chew tab 4 mg (base equiv)**  
**(Singulair)**  
**montelukast sodium chew tab 5 mg (base equiv)**  
**(Singulair)**  
**montelukast sodium tab 10 mg (base equiv)**  
**(Singulair)**  
QVAR REDHALER – beclomethasone diprop hfa  
breath act inh aer 40 mcg/act  
QVAR REDHALER – beclomethasone diprop hfa  
breath act inh aer 80 mcg/act  
SEREVENT DISKUS – salmeterol xinafoate aer pow  
ba 50 mcg/dose (base equiv)  
SPIRIVA HANDIHALER – tiotropium bromide  
monohydrate inhal cap 18 mcg (base equiv)  
SPIRIVA RESPIMAT – tiotropium bromide  
monohydrate inhal aerosol 1.25 mcg/act

## RESPIRATORY (CONTINUED)

SPIRIVA RESPIMAT – tiotropium bromide  
monohydrate inhal aerosol 2.5 mcg/act  
STIOLTO RESPIMAT – tiotropium br-olodaterol inhal  
aero soln 2.5-2.5 mcg/act  
STRIVERDI RESPIMAT – olodaterol hcl inhal aerosol  
soln 2.5 mcg/act (base equiv)  
SYMBICORT – budesonide-formoterol fumarate dihyd  
aerosol 80-4.5 mcg/act  
SYMBICORT – budesonide-formoterol fumarate dihyd  
aerosol 160-4.5 mcg/act  
**terbutaline sulfate tab 2.5 mg**  
**terbutaline sulfate tab 5 mg**  
**theophylline soln 80 mg/15ml**  
**theophylline tab er 24hr 400 mg**  
**theophylline tab er 24hr 600 mg**  
TRELEGY ELLIPTA – fluticasone-umeclidinium-  
vilanterol aepb 100-62.5-25 mcg/inh  
TRELEGY ELLIPTA – fluticasone-umeclidinium-  
vilanterol aepb 200-62.5-25 mcg/inh  
VENTOLIN HFA – albuterol sulfate inhal aero  
108 mcg/act (90mcg base equiv)  
**zafirlukast tab 10 mg (Accolate)**  
**zafirlukast tab 20 mg (Accolate)**

**Blue Cross and Blue Shield of Minnesota**  
**KeyRx \$0 Insulin Member Cost-Share Drug List**  
Large Group  
Effective January 1, 2023



Below is the list of KeyRx Tier 1 and Tier 3 Insulin Drugs. Tier 1 and Tier 3 are generally defined as or consist of preferred generic and brand drugs. If offered by your plan, the actual cost of the insulin only medication will be covered at \$0 Member Cost-Share allowing you to receive coverage even if you have not met your deductible. This list will be reviewed at least annually and is subject to change at any time. Your benefit may include the \$0 Insulin Member Cost-Share. Please refer to your specific coverage. Coverage information may be included in a Benefit Booklet, Certificate of Coverage, Contract, Member Handbook or prescription drug endorsement. Or, call the number on the back of your member ID card if you have questions about your coverage.

*- Insulin only -*

FIASP – insulin aspart (with niacinamide) inj 100 unit/ml  
FIASP FLEXTOUCH – insulin aspart (with niacinamide) sol pen-inj 100 unit/ml  
FIASP PENFILL – insulin aspart (with niacinamide) soln cartridge 100 unit/ml  
HUMULIN R U-500 (CONCENTRATED) – insulin regular (human) inj 500 unit/ml  
HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/ml  
INSULIN ASPART – insulin aspart inj soln 100 unit/ml  
INSULIN ASPART FLEXPEN – insulin aspart soln pen-injector 100 unit/ml  
INSULIN ASPART PENFILL – insulin aspart soln cartridge 100 unit/ml  
INSULIN ASPART PROTAMINE/INSULIN ASPART – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)  
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)  
INSULIN GLARGINE – insulin glargine-yfgn inj 100 unit/ml  
INSULIN GLARGINE – insulin glargine-yfgn soln pen-injector 100 unit/ml  
LEVEMIR – insulin detemir inj 100 unit/ml  
LEVEMIR FLEXTOUCH – insulin detemir soln pen-injector 100 unit/ml  
NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/ml  
NOVOLIN N FLEXPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/ml  
NOVOLIN N FLEXPEN RELION – insulin nph (human) (isophane) susp pen-injector 100 unit/ml  
NOVOLIN N RELION – insulin nph (human) (isophane) inj 100 unit/ml  
NOVOLIN R – insulin regular (human) inj 100 unit/ml  
NOVOLIN R FLEXPEN – insulin regular (human) soln pen-injector 100 unit/ml  
NOVOLIN R FLEXPEN RELION – insulin regular (human) soln pen-injector 100 unit/ml  
NOVOLIN R RELION – insulin regular (human) inj 100 unit/ml  
NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)  
NOVOLIN 70/30 FLEXPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30)  
NOVOLIN 70/30 FLEXPEN RELION – insulin nph & regular susp pen-inj 100 unit/ml (70-30)  
NOVOLIN 70/30 RELION – insulin nph isophane & regular human inj 100 unit/ml (70-30)  
NOVOLOG – insulin aspart inj soln 100 unit/ml  
NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml  
NOVOLOG FLEXPEN RELION – insulin aspart soln pen-injector 100 unit/ml  
NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml  
NOVOLOG RELION – insulin aspart inj soln 100 unit/ml  
NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)  
NOVOLOG MIX 70/30 PREFILLED FLEXPEN – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)  
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)  
NOVOLOG MIX 70/30 RELION – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)  
SEMGLEE – insulin glargine-yfgn inj 100 unit/ml  
SEMGLEE – insulin glargine-yfgn soln pen-injector 100 unit/ml  
TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (2 unit dial)  
TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (1 unit dial)  
TRESIBA – insulin degludec inj 100 unit/ml  
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml  
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 200 unit/ml

*- Insulin Combinations -*

SOLIQUA 100/33 – insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml  
XULTOPHY 100/3.6 – insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml



2023

# MEMBER RESOURCE GUIDE

Get the most from your health plan

Academia Cesar Chavez

# Contacts

## CUSTOMER SERVICE

**Toll free at 1-866-543-5966**

TTY toll free **711**

Monday through Friday, 7 a.m. to 8 p.m. Central Time

We will provide interpreter services, if needed

## FIND A DOCTOR

Use the Find a Doctor tool on **[bluecrossmn.com/findadoctor](https://bluecrossmn.com/findadoctor)**

Select "BlueCard PPO"

Or call **1-800-810-BLUE (2583)** (Also applies to Blue Cross Blue Shield Global® Core)

## ONLINE CARE

Go to **[doctorondemand.com/bluecrossmn](https://doctorondemand.com/bluecrossmn)**

## PRESCRIPTION DRUGS

To find a retail or home delivery pharmacy in your network, log in to your member website

## HEALTH AND WELLBEING RESOURCES

Log in to your member website to see a full list of resources and tools

### **Quitting tobacco and vaping**

1-888-662-BLUE (2583)

### **Maternity management**

1-866-489-6948

## BLUE CROSS CENTERS

Get help in-person from the health plan experts. Visit [bluecrossmn.com/centers](https://bluecrossmn.com/centers) to schedule an appointment.

# Table of contents

|  |    |
|--|----|
| Welcome .....  | 4  |
| Your plan info — at your fingertips .....              | 5  |
| Understanding your costs .....                         | 6  |
| Understanding your networks .....                      | 8  |
| Benefit charts .....                                   | 9  |
| Know where to go for care .....                        | 11 |
| How your pharmacy benefits work .....                  | 12 |
| Health and wellbeing resources .....                   | 13 |
| Top things to know — for understanding your plan ..... | 15 |
| Glossary - terms to know .....                         | 16 |
| Be in the know .....                                   | 17 |





# Welcome to Minnesota's #1 health plan\*

With Blue Cross and Blue Shield of Minnesota, you get a name you trust, coverage you can count on, and peace of mind knowing your plan is here to help you every step of the way.

Inside this guide you'll find information on:

- What to consider when choosing or learning about a plan
- Health and wellbeing resources and programs
- Answers to FAQs, basic terms and other helpful tips

## QUESTIONS?

Call customer service or visit [bluecrossmn.com/contact](https://bluecrossmn.com/contact).

\*NAIC Blue Cross Blue Shield Association market insights data, 2021.

# Your plan info at your fingertips

Registering at your member website is the first step to getting personalized information about your health plan.

You can easily access your personal plan information, resources and tools on your member website. When your member ID card arrives (in the mail), go online and register at [bluecrossmn.com/login](http://bluecrossmn.com/login). Once registered, you can:

- Find doctors, clinics, hospitals and pharmacies
- View claims and Explanations of Healthcare Benefits (EOBs)
- Send secure emails to customer service
- View, print, email or order member ID cards
- Check health financial accounts balances (if applicable)

You'll need your member ID card to register. Be sure to have it handy.

## HOW TO REGISTER

- 1 Click "Register"
- 2 Fill out the registration fields using the information on your member ID card
- 3 Create your login ID and password
- 4 Validate your email address
- 5 Log in to see your personal information

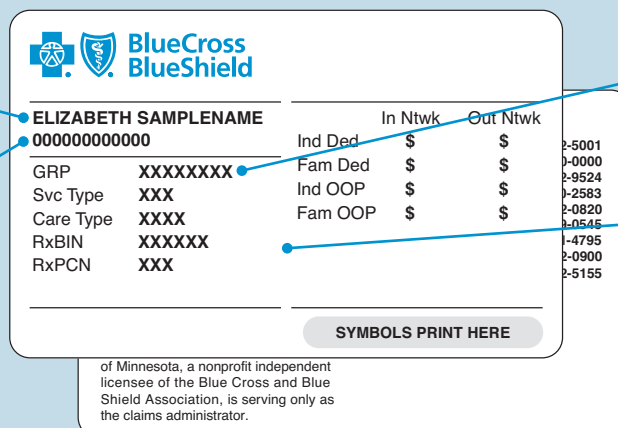
## UNDERSTANDING YOUR MEMBER ID CARD

### Member name

Each family member covered by your plan will have an ID card. This includes minor children.

### Member ID number

Your member ID number helps providers look up your plan details. We also use it to track expenses.



### Group number

This identifies your employer's plan.

### Plan details

### Questions?

Contact information is on the back of your ID card.

The sample shown is a guide only. The information and the format of your card may vary.

# Understanding your costs

Having health insurance means you and a health plan share in paying your medical costs. The share you pay changes throughout your plan year as you receive medical care and pay costs. Here's how it works:

During your plan year, you'll have two groups of costs: health plan **fees** and **medical care costs**. The plan tracks what you pay in medical costs and applies eligible costs (see glossary) toward certain milestones (see deductible and out-of-pocket maximum on the next page). When your costs hit these milestones, you move into the next stage of your plan. Your share of costs becomes less as you reach each stage.

Here are descriptions of health plan fees, medical costs and milestones:

## HEALTH PLAN FEES



### Premium

**Your regular payment to your health plan (on a monthly, per paycheck, etc. basis)**

Your employer may pay part of your premium.



Your premium **does not count toward** your deductible or out-of-pocket maximum.

## MEDICAL COSTS



**Copays** (your plan may or may not have copays)

**A set cost you pay every time you get medical care or a prescription**

Copays can vary based on where you get care (virtual, clinic, urgent care, etc.).



Your copays do not count toward your deductible but **do count toward** your out-of-pocket maximum.



### Covered medical costs

**The medical services your plan covers**

"Covered" means your plan pays for some or all of the costs. These are different in each plan.



Your covered costs **usually count toward** your deductible and out-of-pocket maximum.

**Over-the-allowed-amount costs** — The health plan and in-network providers (see glossary) have agreed to an "allowed amount" (the most a provider can charge you). If you receive a covered service from a nonparticipating provider (see glossary) who charges over the allowed amount, this additional cost is your responsibility.



Costs over the allowed amount **do not count toward** your deductible and out-of-pocket maximum.



### Non-covered services

**"Non-covered" refers to medical services not covered by your plan**

If you receive these services, you pay in full.



Services not covered by your plan **do not count toward** your deductible and out-of-pocket maximum.

# HEALTH PLAN MILESTONES AND STAGES



## Deductible *(your plan may or may not have a deductible)*

When your plan begins, you are in the first stage where you pay for all covered medical services. When these costs hit a certain amount (the deductible), you move into the next stage.



Your deductible **counts toward** your out-of-pocket maximum.



## Coinsurance

This stage starts after you hit your deductible. Now, you and the plan each pay a percentage for covered services. Example: 80/20 coinsurance means the plan pays 80 percent and you pay 20 percent.



Coinsurance **counts toward** your out-of-pocket maximum.



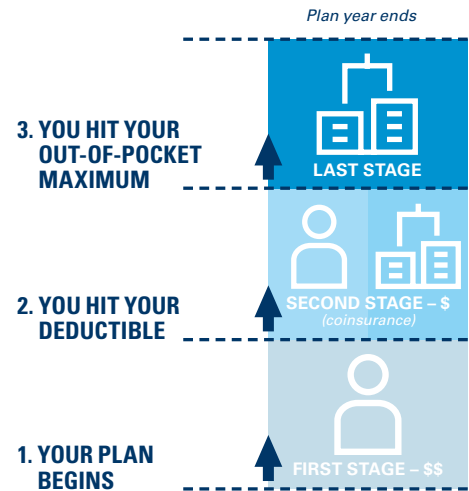
## Out-of-pocket maximum

This is the last stage of your plan. When the medical costs you've paid reach a certain amount (the out-of-pocket maximum), the health plan pays all your covered medical costs for the plan year's remainder.\*

\*Covered medical costs up to the lifetime maximum.

## UNDERSTANDING PLAN MILESTONES AND STAGES

1. When your plan begins, you're in the first stage. You pay for all your covered medical costs until you hit the **deductible**.
2. After hitting your deductible, you enter the next stage. You now pay only a percentage of your medical costs and the health plan pays the rest. This is the **coinsurance** stage of your plan.
3. The coinsurance stage lasts until you reach the **out-of-pocket maximum**. At that point, the plan starts paying for all covered medical costs for the rest of the plan year.



## HOW YOUR CLAIMS ARE PROCESSED

1

You go to your healthcare provider.



2

Your provider files the claim (in network).



3

You receive an Explanation of Healthcare Benefits (EOB). (This is not a bill.)



4

You receive a statement from your provider. Make sure it matches your EOB.



5

You pay your provider for your portion of the costs.



# Understanding your networks

## NETWORKS

A network is a group of medical providers (doctors, clinics and hospitals) with which the health plan has an agreement. The agreement means you get a discount on medical care when you go to these providers. If you have providers you prefer, you'll want to check if they're in the network you're considering. (You can see if a provider is in your network using the Find a Doctor tool on your member website.)

### Network types

**Preferred provider organization (PPO)** – With this type of network, you can see any doctor in your network — no referral required.

## NATIONAL AND INTERNATIONAL NETWORK

- **BlueCard® PPO** – Access to more than 1.7 million providers nationwide
- **Blue Cross Blue Shield Global® Core** – Access to coverage in 190 countries and territories worldwide

Each Blue Cross and/or Blue Shield plan is an independent licensee of the Blue Cross and Blue Shield Association. Each healthcare provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services. Blue Cross Blue Shield Global Core is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and/or Blue Shield plans.

**Aware® Network** — The largest Blue Cross network featuring access to nearly every physician and hospital in Minnesota

## PREVENTIVE CARE

**Most preventive visits are covered at**

 **100%**

**when you see a doctor in network**

(Check your benefit booklet on your member website.)

## IS A PROVIDER IN THE NETWORK?

To see if a doctor, clinic or hospital is in a specific network, log in at [bluecrossmn.com/findadoctor](https://bluecrossmn.com/findadoctor) and use the Find a Doctor tool or call customer service.

## DO I NEED A REFERRAL?

For most networks, you don't need a referral to see a specialist in your network. In-network specialists are listed in the Find a Doctor tool online or you can call customer service.

**Blue Cross Turn-Key Plan 2023**  
**T23075P Aware HSA \$3,000 Deductible 0% Coinsurance VBBD Plan**  
**January 1, 2023**

Coinsurance reflects member responsibility

|  | In network*<br>MN Network: Aware<br>National Network: BlueCard PPO   | Out of network**   |
|--|--|--|
| <b>Calendar-year deductible</b><br>The in- and out-of-network maximums accumulate separately.  | Medical and prescription combined<br>\$3,000 individual<br>\$6,000 family  | Medical and prescription combined<br>\$5,000 individual<br>\$10,000 family   |
| <b>Coinsurance Level – What the member pays</b>  | Deductible then 0% coinsurance   | Deductible then 50% coinsurance  |
| <b>Calendar-year out-of-pocket maximum</b><br>The in- and out-of-pocket maximums accumulate separately.<br>Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.  | Medical and prescription combined<br>\$3,000 individual<br>\$6,000 family  | Medical and prescription combined<br>\$10,000 individual<br>\$20,000 family  |
| <b>Benefit payment levels</b>  | Payment for participating network providers as described. Most payments are based on allowed amount.   | If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.  |
| <b>Preventive care</b><br><ul style="list-style-type: none"> <li>well-child care to age 6</li> <li>prenatal care</li> <li>preventive medical evaluations age 6 and older</li> <li>cancer screening</li> <li>preventive hearing and vision exams</li> <li>immunizations and vaccinations</li> </ul>   | 0%<br>0%<br>0%<br>0%<br>0%<br>0%   | 0%<br>0%<br>Deductible then 50% coinsurance<br>Deductible then 50% coinsurance<br>Deductible then 50% coinsurance<br>Deductible then 50% coinsurance   |
| <b>Omada®</b><br><ul style="list-style-type: none"> <li>diabetes and cardiovascular disease prevention program</li> </ul>  | 0%   | No coverage  |
| <b>Physician services</b><br><ul style="list-style-type: none"> <li>e-visits</li> <li>retail health clinic (office visit)</li> <li>physician office visits</li> <li>office and outpatient lab services</li> <li>office and outpatient lab diagnostic imaging</li> <li>allergy injections and serum</li> <li>specialist office visits</li> <li>Urgent Care professional services</li> </ul> | Deductible then 0% coinsurance<br>Deductible then 0% coinsurance<br>Deductible then 0% coinsurance<br>Deductible then 0% coinsurance<br>Deductible then 0% coinsurance<br>Deductible then 0% coinsurance<br>Deductible then 0% coinsurance<br>Deductible then 0% coinsurance | Deductible then 50% coinsurance<br>Deductible then 50% coinsurance<br>Deductible then 50% coinsurance<br>Deductible then 50% coinsurance<br>Deductible then 50% coinsurance<br>Deductible then 50% coinsurance<br>Deductible then 50% coinsurance<br>Deductible then 50% coinsurance |
| <b>Other professional services</b><br><ul style="list-style-type: none"> <li>chiropractic manipulation (office visit)</li> <li>chiropractic therapy</li> <li>home health care</li> <li>physical therapy, occupational therapy, speech therapy (office visit)</li> <li>physical therapy, occupational therapy, speech therapy (therapy)</li> </ul>  | Deductible then 0% coinsurance<br>Deductible then 0% coinsurance<br>Deductible then 0% coinsurance<br>Deductible then 0% coinsurance<br><br>Deductible then 0% coinsurance   | Deductible then 50% coinsurance<br>Deductible then 50% coinsurance<br>No Coverage<br>Deductible then 50% coinsurance<br><br>Deductible then 50% coinsurance  |
| <b>Hospital Inpatient services</b>   | Deductible then 0% coinsurance   | Deductible then 50% coinsurance  |
| <b>Hospital outpatient services</b><br><ul style="list-style-type: none"> <li>facility lab services</li> <li>facility diagnostic imaging</li> <li>chemotherapy and radiation therapy</li> <li>scheduled outpatient surgery</li> <li>urgent care services (facility services)</li> </ul>  | Deductible then 0% coinsurance<br>Deductible then 0% coinsurance<br>Deductible then 0% coinsurance<br>Deductible then 0% coinsurance<br>Deductible then 0% coinsurance   | Deductible then 50% coinsurance<br>Deductible then 50% coinsurance<br>Deductible then 50% coinsurance<br>Deductible then 50% coinsurance<br>Deductible then 50% coinsurance  |
| <b>Emergency care</b><br><ul style="list-style-type: none"> <li>emergency room (facility charges)</li> <li>professional charges</li> <li>ambulance (medically necessary transport to the nearest facility equipped to treat the condition)</li> </ul>  |  | Deductible then 0% coinsurance<br>Deductible then 0% coinsurance<br>Deductible then 0% coinsurance   |

|   | In network*<br>MN Network: Aware<br>National Network: BlueCard PPO  | Out of network**  |
|---|---|---|
| <b>Durable Medical Equipment</b>  | Deductible then 0% coinsurance  | Deductible then 50% coinsurance   |
| <b>Bariatric surgery</b>  | No coverage   |   |
| <b>Assisted fertilization</b>   | No coverage   |   |
| <b>Behavioral health (mental health and substance abuse services)</b><br><ul style="list-style-type: none"> <li>• inpatient professional services</li> <li>• outpatient professional services (office visits)</li> <li>• outpatient professional services (office – other services)</li> <li>• outpatient hospital/facility services</li> </ul>   | Deductible then 0% coinsurance<br>Deductible then 0% coinsurance<br>Deductible then 0% coinsurance<br>Deductible then 0% coinsurance  | Deductible then 50% coinsurance<br>Deductible then 50% coinsurance<br>Deductible then 50% coinsurance<br>Deductible then 50% coinsurance    |
| <b>Prescription drugs – Classic Network</b><br><b>Retail (31-day limit)</b><br><b>KeyRx drug list</b> <ul style="list-style-type: none"> <li>• Tier 1 – Preferred generics</li> <li>• Tier 2 – Non-preferred generics</li> <li>• Tier 3 – Preferred brands</li> <li>• Tier 4 – Non-preferred brands</li> </ul> <b>Specialty drug list</b><br><b>90dayRx – Mail order pharmacy (90-day limit) or Retail pharmacy (90-day limit)</b><br><b>KeyRx drug list</b> <ul style="list-style-type: none"> <li>• Tier 1 – Preferred generics</li> <li>• Tier 2 – Non-preferred generics</li> <li>• Tier 3 – Preferred brands</li> <li>• Tier 4 – Non-preferred brands</li> </ul> | Deductible then 0% Coinsurance<br>Deductible then 0% Coinsurance<br>Deductible then 0% Coinsurance<br>Deductible then 0% Coinsurance<br><br>Deductible then 0% Coinsurance<br><br>Deductible then 0% Coinsurance<br>Deductible then 0% Coinsurance<br>Deductible then 0% Coinsurance<br>Deductible then 0% Coinsurance  | No coverage<br>No coverage<br>No coverage<br>No coverage<br><br>No coverage<br><br>No coverage<br>No coverage<br>No coverage<br>No coverage |
| <b>Value Based Benefit Design (preventive Rx)</b> Drug coverage for the following conditions: diabetes (drugs and supplies), high blood pressure, cholesterol lowering, anti-coagulants/anti-platelets, respiratory, osteoporosis   | 0%  | No Coverage   |
| <b>Important Information About Your Pharmacy Benefits</b>   | <p>90dayRx applies to participating retail and/or mail service pharmacy only.</p> <p>Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier).</p> <p>The patient will pay the difference if a brand-name drug is dispensed when a generic drug is available.</p> <p>The drug list uses a step therapy program. Sign in at <a href="http://bluecrossmnonline.com">bluecrossmnonline.com</a> and select "Prescriptions," then see "frequently asked questions."</p> |   |

Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service or visit [bluecrossmnonline.com](http://bluecrossmnonline.com).

**\*Lowest out-of-pocket costs:** in-network providers

**Highest out-of-pocket costs:** out-of-network **nonparticipating** providers (You are responsible for the difference between Blue Cross' allowed amount and the amount billed by nonparticipating providers. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.)

This plan is Medicare Part D creditable.

**Embedded deductible –** The plan begins paying benefits that require cost sharing for the first family member who meets the individual deductible. The family deductible must then be met by one or more of the remaining family members and then the plan pays benefits for all covered family members.

This is only a summary. Read your benefit booklet for more information about what is and isn't covered.

For more information, visit [bluecrossmnonline.com](http://bluecrossmnonline.com) or call Blue Cross customer service at the number on the back of your member ID card.













The Omada program is from Omada Health, Inc., an independent company providing digital care programs.

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licenses of the Blue Cross and Blue Shield Association



# Know where to go for care

Knowing where to go for the right care can help save you time and money. Get familiar with your options now, before you need care.

| WHEN YOU NEED   | USE   | ACCESS/AVAILABILITY  | WAIT TIME  | COST          |
|---|---|--|--|---------------|
|  <b>MEDICAL ADVICE</b>     | Common health concerns addressed by phone   | Call your clinic for availability.   | <br>short to medium                   | \$0 – \$      |
|  <b>CARE QUICKLY</b>       | <b>Online care</b><br>Colds, cough or flu, bladder infections, mental health*   | Visit <a href="https://doctorondemand.com/">doctorondemand.com/</a> <a href="https://bluecrossmn.com">bluecrossmn</a> 24 hours a day, seven days a week or check with your provider. | <br>short                             | \$            |
|  <b>CARE TODAY</b>         | <b>Convenience clinic</b><br>Minor illnesses or injuries, screenings and vaccinations   | No appointment necessary. Often available nights and weekends.   | <br>short                             | \$\$          |
|  <b>CARE SOON</b>          | <b>Office visit</b><br>Preventive care, screenings and vaccines, or referrals to specialty care   | Call your clinic to schedule an appointment. Days and hours vary.  | <br>varies                            | \$\$ – \$\$\$ |
|  <b>CARE NOW</b>         | <b>Urgent care</b><br>Minor cuts, sprains and burns, skin rashes, fever and flu, X-rays and lab testing   | No appointment necessary. Available seven days a week, but specific hours vary.  | <br>varies                          | \$\$\$\$      |
|  <b>CARE IMMEDIATELY</b> | <b>Emergency room (ER)</b><br>Chest pain, shortness of breath, uncontrolled bleeding, poisoning or other life-threatening illnesses or injuries | Immediately call 911 or go to your nearest ER anytime.   | <br>longer, unless life-threatening | \$\$\$\$\$    |

Please note: The conditions listed are for example only and not a complete list.

\*Mental health visits are by appointment only, 7 a.m. to 10 p.m. local time.

Doctor On Demand® by Included Health is an independent company providing telehealth services.

Make sure your doctor and clinic/hospital are in your network before receiving care. This will make sure you receive the highest level of benefits. Each healthcare provider is an independent contractor and not our agent.



# How your pharmacy benefits work

Blue Cross works with Prime Therapeutics to provide you a pharmacy network (pharmacies that have an agreement with Blue Cross) and a formulary (a list of FDA-approved prescription drugs covered by your plan). Using your pharmacy network and formulary medications can help you save money.

**Find an in-network pharmacy** To find a retail pharmacy in your network, log in to your member website (located on the back of your member ID card). (Note: If you go to an out-of-network pharmacy, you may pay the full cost of the prescription.)

**90-day prescriptions** If you're taking a drug long term, you can save time by ordering up to a 90-day supply at participating in-network retail pharmacies or through mail order. To sign up for home delivery, log in to your member website.

**Specialty pharmacies** Specialty drugs for complex illnesses (like psoriasis, multiple sclerosis or hemophilia) generally cost more or require extra support and are only available through specialty pharmacies. Your plan requires you to use a pharmacy in the Blue Cross Specialty Pharmacy Network for these medications. Visit your member website or call customer service for information.

## CHECK IF A DRUG IS COVERED

To see if a drug is on your formulary, log in to your member website. Drugs not on your drug list may cost you more.

## UTILIZATION MANAGEMENT

Blue Cross has utilization management programs that help to ensure you get the right drugs for your needs.

- **Prior authorizations** – Ensures appropriate prescribing and use before a drug will be covered. Coverage may be approved after certain criteria are met.
- **Quantity limits** – The maximum amount of drug allowed for each fill. Quantity limits are based on the number of days or number of units (pills, capsules, ounces, etc.). Limits promote safe, cost-effective drug use.
- **Step therapy** – Requires trying another drug that may be more safe, clinically effective and, in some cases, less expensive before a more expensive drug is approved.

**Your pharmacy network:**  
Classic Pharmacy Network

**Your formulary:**  
KeyRx



## INSULIN COVERAGE

Tier 1 and Tier 3\* insulin options will be included as a covered benefit with \$0 out-of-pocket cost.

\*Tier 1 and Tier 3 are generally defined as consisting of preferred generic and brand drugs available through a plan's formulary.

To get more details about your pharmacy plan or formulary, log in to your member website or call customer service.

Prime Therapeutics LLC is an independent company providing pharmacy benefit management services.

Each pharmacy is an independent company that provides pharmaceutical services.

# Health and wellbeing resources

From lowering stress and managing weight, to finding the right care or comparing treatment options, you have the tools and resources you need to put better health within your reach.

## CARE OPTIONS

### Blue Distinction Centers® (BDC)

Receive quality care from providers that have earned national recognition for high-quality, low-cost care.

- Look for the BDC designation in the Find a Doctor tool

Blue Distinction Centers (BDCs) met overall quality measures for patient safety and outcomes, developed with input from the medical community. Designation as a BDC means these facilities' overall experience and aggregate data met objective criteria established in collaboration with expert clinicians' and leading professional organizations' recommendations. Individual outcomes may vary. To find out which services are covered under your plan at any facilities, please call the customer service number on the back of your member ID card before making an appointment, to verify the most current information on its network participation and Blue Distinction status.

### Online care

Access board-certified doctors, psychiatrists and psychologists with Doctor On Demand® via smartphone, tablet or computer.

- Visit [doctorondemand.com/bluecrossmn](https://doctorondemand.com/bluecrossmn)

Doctor On Demand® by Included Health is an independent company providing telehealth services.

### Online behavioral health programs

Concerned about substance use, stress, insomnia, depression or social anxiety, panic or resilience? Learn to Live is an online program that's available anytime to help you work through it.

- Visit [learntolive.com/partners](https://learntolive.com/partners) and enter code BCBSMN

Learn to Live, Inc. is an independent company offering online tools and programs for behavioral health support.



## SUPPORT RESOURCES

### Health assessment

Complete an online questionnaire to determine your RealAge® (biological age) and find ways to improve it.

- Log in at [bluecrossmn.sharecare.com](https://bluecrossmn.sharecare.com)

RealAge® is a registered mark of Sharecare, an independent company providing a health and wellness engagement platform. Offerings subject to change.

### Online health and wellbeing platform

Manage all your health in one place with tools, insights and information on how to improve your health and live your healthiest life.

- Log in at [bluecrossmn.sharecare.com](https://bluecrossmn.sharecare.com)

Sharecare is an independent company providing a health and wellness engagement platform. Offerings subject to change.

### Wellness discount marketplace

Get significant savings on personal care, fitness and wellness goods and services from Blue365®.

- Visit [blue365deals.com/bcbsmn](https://blue365deals.com/bcbsmn) or log in to your member website

Blue365® is a registered mark of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and/or Blue Shield plans.

### Fitness Incentive

Earn an incentive each month for meeting and tracking the minimum physical activity requirement. You must complete the RealAge test to unlock the Fitness incentive program. You cannot begin earning fitness incentives, even if you meet the goals, until the month you complete the RealAge test.

- Log in at [bluecrossmn.sharecare.com](https://bluecrossmn.sharecare.com)

### Health management

Receive professional support for managing chronic or serious health conditions. Includes education, treatment plan support and community resource information.

- Call the number on the back of your member ID card

### Maternity management

Receive support and guidance from a maternity case manager.

- Call 1-866-489-6948

### Quitting tobacco and vaping

Take advantage of personalized guidance in making a quit plan and receive ongoing support from a wellness coach.

- Visit [bluecrossmn.com](https://bluecrossmn.com) or call 1-888-662-BLUE (2583). TTY users, call 711.

### Diabetes and heart disease prevention

Get professional health coaching online and supportive tools and resources, including a digital scale, through Omada® to help prevent diabetes and/or heart disease.

- Visit [omadahealth.com/BCBSMN1](https://omadahealth.com/BCBSMN1). See your plan materials for details.

The Omada program is from Omada Health, Inc., an independent company providing digital care programs.



## FOR A HEALTHIER TOMORROW, SCHEDULE YOUR PREVENTIVE VISIT TODAY

The best time to start thinking about your health is *before* you get sick, and routine checkups can catch health problems early.

Learn more at [bluecrossmn.com/visits](https://bluecrossmn.com/visits).



## ONLINE BEHAVIORAL HEALTH

## EMOTIONS GETTING THE BEST OF YOU?

Learn to Live offers confidential, online help with substance use, insomnia, stress, excessive worry or depression.

Learn more today.

# Top things to know — for understanding your plan

## Q What's the difference between participating, nonparticipating, in network and out of network?

| PARTICIPATING  |                                  | NONPARTICIPATING   |
|--|----------------------------------|--|
| Provider/pharmacy has an agreement with your health plan |                                  | Provider/pharmacy DOES NOT have an agreement with your health plan |
| In-network provider/pharmacy                             | Out-of-network provider/pharmacy | AND<br>Provider/pharmacy is NOT in your plan's network             |
| \$   | \$\$                             | \$\$\$   |

Each provider is an independent contractor and not our agent.

|   |   |
|---|---|
| Q Who do I pay when my EOB says I owe money?                      | A Don't pay anything when you receive an EOB. You will receive a bill from the provider. This is what you pay.  |
| Q Do I need prior authorization?                                  | A Some procedures require approval prior to receiving services. This is called "prior authorization." A clinical team will review treatment recommendations to make sure the most appropriate care is provided at the right time. Call customer service to find out if your procedure requires prior authorization.   |
| Q How do I know if a doctor, clinic or hospital is in my network? | A You can find out if a provider is in your network by using the Find a Doctor tool at <a href="http://bluecrossmn.com/findadoctor">bluecrossmn.com/findadoctor</a> or by calling customer service.   |
| Q How do I access the member website and what can I find there?   | A Using your member ID card, register at <a href="http://bluecrossmn.com/login">bluecrossmn.com/login</a> . Once registered, you can: <ul style="list-style-type: none"> <li>• Find doctors, clinics, hospitals and pharmacies</li> <li>• View claims and Explanations of Healthcare Benefits (EOBs)</li> <li>• Send secure emails to customer service</li> <li>• View, print, email or order member ID cards</li> <li>• Check health financial accounts balances (if applicable)</li> <li>• Access health and wellbeing resources</li> </ul> |

## Q What's the difference between an embedded and non-embedded deductible?

A Embedded and non-embedded deductibles apply to family plans.

### Deductible (definition)

When your plan begins, you are in the first stage where you pay for all covered medical services. When these costs hit a certain amount (the deductible), you move into the next stage where the health plan pays for some of your medical costs (coinsurance).

### Embedded deductible

When one family member hits the per-person deductible, the health plan begins paying some of that person's medical costs. When the family deductible is met, the plan pays some of the medical costs for all family members.

### Non-embedded deductible

When the family deductible is met, the plan begins sharing costs for each member. The deductible can be met by one or a combination of family members.

# Glossary — terms to know

Your health plan will make more sense if you know a few important terms.

**Allowed amount:** The amount Blue Cross has agreed to pay a specific provider for a covered service.

**Coinsurance:** This payment structure starts after meeting your deductible. In coinsurance, you and the plan each pay a percentage for covered services. Example: 80/20 coinsurance means the plan pays 80 percent and you pay 20 percent.

**Convenience or retail clinic:** These clinics treat a limited list of common illnesses. They are often located in or near a retail store.

**Copay:** (Your plan may or may not have copays.) A fee you pay every time you get care or a prescription. Copays can vary based on where you get care (virtual, clinic, urgent care, etc.).

**Cost sharing:** Refers to the member sharing medical costs with the health plan through copays, deductible and coinsurance.

**Deductible:** The dollar amount you must pay for most covered services each calendar year before the health plan begins to pay for benefits. Along with covered service costs, your copays (if your plan has them) may count toward your deductible.

**Eligible or covered services:** Healthcare covered by your plan.

**Embedded deductible:** Plan begins paying benefits that require cost sharing for the first family member who meets the per-person deductible. Once one or more of the remaining family members meet the family deductible, the plan pays benefits for all covered family members.

**Explanation of Healthcare Benefits (EOB):** A letter you receive after getting care that shows costs, the amount the health plan is expected to pay and the amount you are expected to pay. You do not pay anything when you receive an EOB.

**Formulary or drug list:** A list of FDA-approved prescription drugs covered by your health plan.

**Health plan:** Can refer to your health insurance company or your specific health plan.

**In-network:** Providers or pharmacies in your plan's network that give you the most coverage (lowest cost). Note: An in-network provider is not the same as a participating

provider.

**Member website:** A secure website for accessing plan details and cost information as well as health and wellbeing tools.

**Nonparticipating provider:** A provider that does not have a contract with the health plan. You pay in full when using these providers. Note: A nonparticipating provider is not the same as an out-of-network provider.

**Out-of-network:** A provider or pharmacy that has a contract with the health plan but is not part of your plan's network. You may pay more when using these providers/pharmacies. Note: An out-of-network provider is not the same as a nonparticipating provider.

**Out-of-pocket expense/cost:** Refers to costs the member pays: premium, copay, deductible, coinsurance, and non-covered services or over-the-allowed-amount costs.

**Out-of-pocket (OOP) maximum:** This is the last milestone you hit by paying for covered medical services. Once you reach this amount, the plan pays for all covered in-network services for the plan year's remainder.

**Participating provider:** A provider that has a contract with the health plan, and may be in or out of your plan's network. Note: A participating provider is not the same as an in-network provider.

**Premium:** Your monthly payment, like a membership fee. Your employer may pay part of your premium. You may also be able to pay your premium pretax from your paycheck.

**Provider:** Refers to doctors, clinics, hospitals, pharmacies and other healthcare professionals.

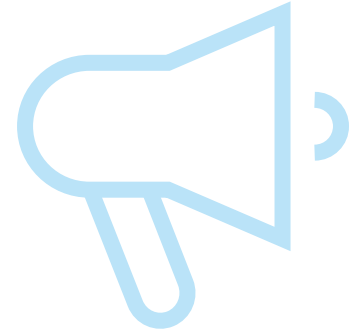
**Service (also called "care"):** Medical procedures, treatment, and prescription drugs.

# Be in the know

## MEMBER ANNUAL NOTICE NEWSLETTER

Find valuable information in the Blue Cross' Member Annual Notice newsletter, such as:

- Member rights and responsibilities
- Quality improvement program
- Information about case and condition/disease management
- Benefits and access to medical services
- Pharmacy benefit information, such as formulary, quantity limits and exception processes
- Use and disclosure of protected health information (PHI)
- Prior authorization decisions and benefit limitations
- How to request an independent review
- Transitioning from pediatric to adult care



Visit [bluecrossmn.com/qualityimprovement](https://bluecrossmn.com/qualityimprovement) to view the notice or call customer service to receive it by mail.

## MEMBER PRIVACY RIGHTS

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule gives you the right to know what personal and health information is collected by insurance companies, why it's collected and what is done with it. To see our privacy policy, visit [bluecrossmn.com](https://bluecrossmn.com) ("Legal, Privacy & Privacy Notices" at the page's bottom) or call customer service and request a copy of the "Notice of Privacy Practices."

## MEDICARE PART D CREDITABILITY

Medicare members should check their plan information or ask their employer to see if their plan is Medicare Part D creditable.







# Better together





## Healthcare that comes to you

Sick or healthy, we're here for you – from colds and coughs to chronic care and wellness support.



### Start online

- ✓ Diagnosis
- ✓ Prescriptions
- ✓ Referrals
- ✓ Wellness



### If needed, we go to you

- ✓ Labs
- ✓ X-rays
- ✓ Prescription Delivery
- ✓ Physical Tests



# Simplify your life with **free healthcare.**

*Access Board Certified Doctors and Therapists by phone, video, or app 24/7/365.*


**No insurance needed!**


**We give you and your whole family unlimited access - so there's Never a copay for the doctors or therapists... Amazing!**





Be your **Healthiest You**


Take control of your health. Download the app to start using your free healthcare services.


 **Talk to a doctor 24/7**    **\$0 visit fee - Unlimited Visits**  
Speak to a licensed doctor by phone or video 24/7 from anywhere

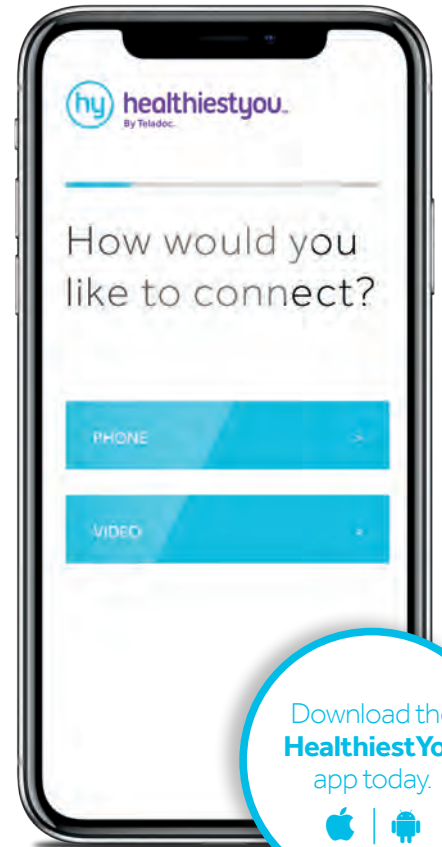
 **Expert Medical Services**    **\$0 visit fee - Unlimited Visits**  
Receive a second opinion on an existing diagnosis and treatment for any condition

 **Mental Health**    **\$0 visit fee - Unlimited Visits**  
Talk to a therapist seven days a week from wherever you are

 **Back Care**    **\$0 visit fee - Unlimited Visits**  
Relieve your back pain through guided videos with a certified health coach

 **Dermatology**    **\$0 visit fee - Unlimited Visits**  
Upload photos of your condition to the app and get a treatment plan from a dermatologist within two business days

 **Nutrition**    **\$0 visit fee - Unlimited Visits**  
Connect with a certified dietitian and start meeting your nutrition goals today!



Download the **HealthiestYou** app today.



## Download the app and talk to a doctor for free 24/7.

HealthiestYou.com | 866-703-1259

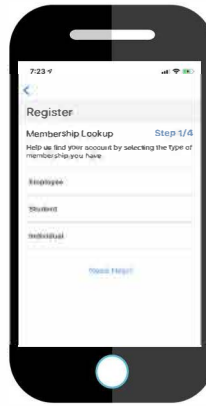
HealthiestYou is now part of Teladoc Health, the global leader in virtual care. Teladoc Health, Inc., on its own behalf and on behalf of its affiliates and/or wholly owned subsidiaries including but not limited to Best Doctors, Inc.; HealthiestYou, Inc.; Teladoc Physicians, P.A., and Teladoc Behavioral Health, P.A. (collectively referred to as "Teladoc Health," "we," "us," or "our"), owns and operates the websites located at www.teladoc.com, www.bestdoctors.com, www.askbestdoctor.com, members.bestdoctors.com, www.healthiestyou.com, and various mobile applications (collectively, the "site" or "sites"). Through these sites we operate various online services that enable eligible individuals ("members") to receive various types of healthcare information and telehealth services ("services"). The sites also have public portions that allow anyone to educate themselves on the services available from Teladoc Health. 10E-207B\_249105700\_07272018

# How to register and get started with HealthiestYou!



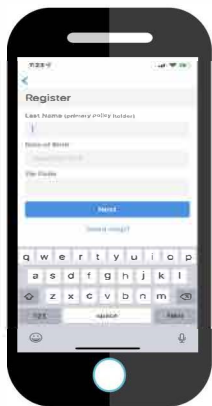
## Step 1

- Search and download “HealthiestYou” or “HY” in the app store or Google Play! Available on your iPhone or Android devices!



## Step 2

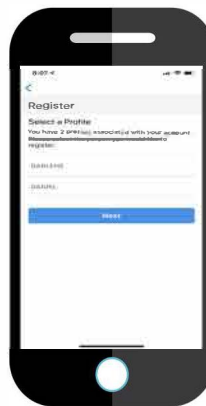
- Select “First time here? Register Now”. Select employee as your membership type.



## Step 3

Enter the Primary Member's Information:

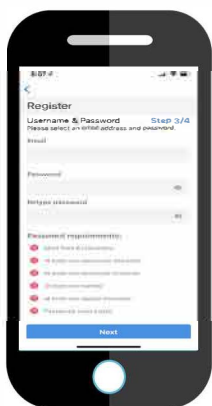
- Last Name
- D.O.B.
- Zip Code



## Step 4

A list of names associated with the account will appear. Select your name.

- Dependents under 18 will appear on the primary member's profile.
- Dependents over 18 will need to register their own account with a separate email.



## Step 5

- Enter in a valid email address and password.
- Password must meet the listed requirements.



## Step 6

Enter in the best number to reach you. Our doctors will use this number to contact you.

- Select your preferred language. Click “I Accept Terms & Conditions.”
- Click Finish.

Download the App Today!

[member.healthiestyou.com](http://member.healthiestyou.com)

Need A Doctor? 866-703-1259 x1

Account Help? 866-703-1259 x3



## Links to 'How To' Videos

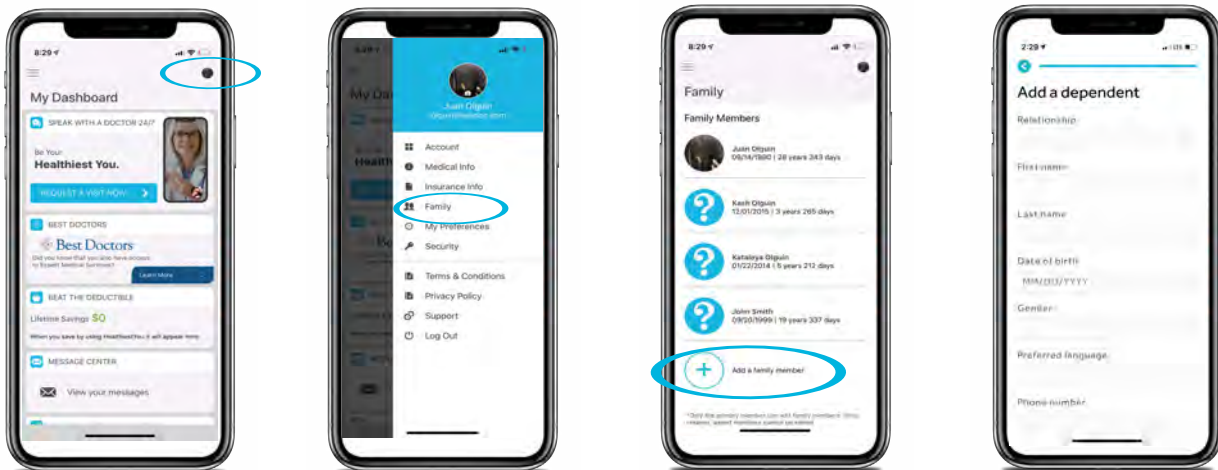
[Adding Family - App](#)

[Adding Family - Website](#)

# Adding your Dependents Through the HY mobile app.

1. Open the "HealthiestYou" app and select the icon in the upper right hand corner.
2. Select "Family". The app will show display the names of anyone listed on your account.
3. Select "Add a Family member" to add a Spouse/Dependent that is not listed.
4. Complete the required fields. Once saved, your Spouse/Dependent will now be able to register their own mobile app profile.

**Spouses and dependents over the age of 18, must register their own account using a separate email.**



**NOTE: Any Spouse/Dependent that is added, will need to wait 24 hours to become effective.**

## Set up your account today

HealthiestYou.com | 866-703-1259

# Available Services When You Need Help the Most



Life isn't always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. During these tough times, it's important to have someone to talk with to let you know you're not alone.

With Mutual of Omaha's Employee Assistance Program, you can get the help you need so you spend less time worrying about the challenges in your life and can get back to being the productive worker your employer counts on to get the job done.

Learn more about the Employee Assistance Program services available to you.

We are here for you

Visit the Employee Assistance Program website to view timely articles and resources on a variety of financial, well-being, behavioral and mental health topics.

**[mutualofomaha.com/eap](http://mutualofomaha.com/eap)**  
or call us: **1-800-316-2796**

## Basic EAP Services

| Features                                 | Value to Company and Employees  |
|--|---|
| <b>Employee Family Clinical Services</b> | <ul style="list-style-type: none"> <li>An in-house team of Master's level EAP professionals who are available 24/7/365 to provide individual assessments</li> <li>Outstanding customer service from a team dedicated to ongoing training and education in employee assistance matters</li> <li>Access to subject matter experts in the field of EAP service delivery</li> </ul> |
| <b>Counseling Options</b>                | <ul style="list-style-type: none"> <li>Three calls per year (per household) with our in-house Master's level EAP professionals, who will provide the caller with community resources               <ul style="list-style-type: none"> <li>Additional community resources or possible counseling options come at the expense of the employee</li> </ul> </li> </ul>              |
| <b>Access</b>                            | <ul style="list-style-type: none"> <li>1-800 hotline with direct access to a Master's level EAP professional</li> <li>24/7/365 services available</li> <li>Telephone support available in more than 120 languages</li> <li>Online submission form available for EAP service requests</li> </ul>   |

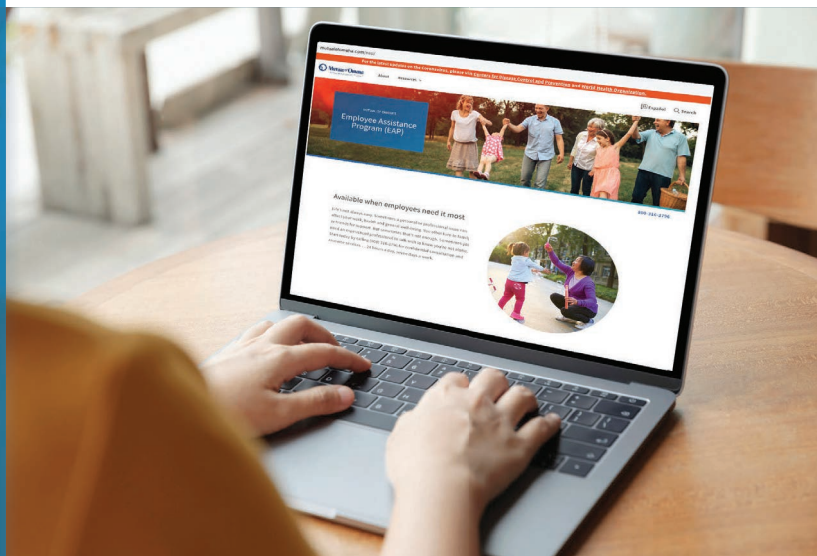
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## Basic EAP Services (continued)

| Features                                  | Value to Company and Employees  |
|---|---|
| <b>Online Services</b>                    | <ul style="list-style-type: none"> <li>▪ An inclusive website with resources and links for additional assistance, including:               <ul style="list-style-type: none"> <li>▪ Current events and resources</li> <li>▪ Family and relationships</li> <li>▪ Emotional well-being</li> <li>▪ Financial wellness</li> <li>▪ Substance abuse and addiction</li> <li>▪ Legal assistance</li> <li>▪ Physical well-being</li> <li>▪ Work and career</li> </ul> </li> <li>▪ Bilingual article library</li> </ul> |
| <b>Employee Family Legal Services</b>     | <ul style="list-style-type: none"> <li>▪ Valuable resources available via website               <ul style="list-style-type: none"> <li>▪ Legal libraries &amp; tools</li> <li>▪ Legal forms</li> </ul> </li> <li>▪ 1 Legal consultation with an attorney per year (up to 30 minutes)               <ul style="list-style-type: none"> <li>▪ 25% discount for ongoing legal services for same issue</li> </ul> </li> </ul>   |
| <b>Employee Family Work/Life Services</b> | <ul style="list-style-type: none"> <li>▪ Child care resources and referrals</li> <li>▪ Elder care resources and referrals</li> </ul>  |
| <b>Employee Family Financial Services</b> | <ul style="list-style-type: none"> <li>▪ Inclusive financial platform powered by Enrich</li> <li>▪ Personal financial assessment tool</li> <li>▪ Personalized courses, articles &amp; resource to meet financial needs</li> <li>▪ Ongoing progress reports on financial health</li> </ul>   |
| <b>Employee Communication</b>             | <ul style="list-style-type: none"> <li>▪ All materials available in English and Spanish</li> </ul>  |
| <b>Eligibility</b>                        | <ul style="list-style-type: none"> <li>▪ Full-time employees and their immediate family members; including the employee, spouse and dependent children (unmarried and under 26) who reside with the employee</li> </ul>   |
| <b>Coordination with Health Plan(s)</b>   | <ul style="list-style-type: none"> <li>▪ EAP professionals will coordinate services with treatment resources/providers within the employee's health insurance network to provide counseling services covered by health insurance benefits, whenever possible</li> </ul>   |

# Our New Financial Wellness Tool Can Benefit You



How do you feel about your current financial situation? Nearly half of all employees nationwide say they worry about their personal finances while at work.\* We don't want you to be part of that statistic.

To help you make better informed financial decisions, you now have access to a new financial wellness tool that's part of Mutual of Omaha's Employee Assistance Program.

The financial wellness tool from Enrich is a convenient, one-stop shop that provides you access to a variety of informational and educational resources with one goal in mind - to help you become financially healthy.

## Here are the resources you'll find in the financial wellness tool:

- Online courses
- Webinars and financial coaching videos
- Budgeting tools and calculators
- Career development tools
- Chat functionality for technical support
- *And more!*

The availability of this tool comes at a great time as you are putting more focus and effort into exploring solutions to your financial situation.



### Here's how it works:

Go to [mutualofomaha.com/eap](https://mutualofomaha.com/eap).

Click on **Managing Finances** to locate the Enrich link.

Click **Sign Up**.

Complete **registration** information and begin.

### Set up your profile:

It's as easy as 1-2-3!

1. Complete your Financial Wellness Checkup. This will help Enrich make personalized recommendations for content, tools and courses.
2. Choose a cover photo of your top financial goals.
3. Upload a profile photo.



**Mutual of Omaha**

\* Source: PwC's 9<sup>th</sup> annual Employee Financial Wellness Survey, PwC US, 2020.

This is not health insurance. Financial Wellness tools are offered through igrad. Although Mutual of Omaha Insurance Company (Mutual of Omaha) makes Enrich's services available to EAP customers, the use of Enrich's services is entirely voluntary. Mutual of Omaha does not provide, are not responsible for, do not assume an liability for and do not guarantee the accuracy, adequacy or results of any service, advice or documents provided by Enrich. Mutual of Omaha is not responsible and do not assume liability for any disclosure of personal data or information by Enrich. Services are only available to EAP customers of Mutual of Omaha.



# Worldwide Travel Assistance That Travels With You



Take comfort in knowing that Travel Assistance\* travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.

## Enjoy Your Trip - We'll Be There If You Need Us - 24/7

Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip, up to 120 days in length, more than 100 miles from home.

## Pre-trip Assistance\*\*

Minimize travel hassles by calling us pre-departure for:

- Information regarding passport, visa or other required documentation for foreign travel
- Travel, health advisories and inoculation requirements for foreign countries
- Domestic and international weather forecasts
- Daily foreign currency exchange rates
- Consulate and embassy locations

\*Brought to you by Mutual of Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Services provided by AXA Assistance USA (AXA)

\*\*Available at any time, not subject to 100 mile travel radius

452632

## Emergency Travel Support Services

- Telephonic translation and interpreter services - 24/7 access to telephone translation services
- Locating legal services - referrals for local attorney or consular offices and help maintain business and family communications until legal counsel is retained (includes coordination of financial assistance for bonds/bail)
- Baggage - assistance with lost, stolen or delayed baggage while traveling on a common carrier
- Emergency payment and cash - assistance with advance of funds for medical expenses or other travel emergencies by coordinating with your credit card company, bank, employer, or other sources of credit; includes arrangements for emergency cash from a friend, family member, business or credit card
- Emergency messages - assistance with recording and retrieving messages between you, your family and/or business associates at any time
- Document replacement - coordination of credit card, airline ticket or other documentation replacement
- Vehicle return - if evacuation or repatriation is necessary, return your unattended vehicle to the car rental company



## WORLDWIDE TRAVEL ASSISTANCE

Services available for business and personal travel.

|   |  |
|---|--|
| <p>For inquiries within the U.S. call toll free:<br/>1-800-856-9947</p> | <p>Outside the U.S. call collect:<br/>(312) 935-3658</p> |
|---|--|



## WORLDWIDE TRAVEL ASSISTANCE

Services available for business and personal travel.

|   |  |
|---|--|
| <p>For inquiries within the U.S. call toll free:<br/>1-800-856-9947</p> | <p>Outside the U.S. call collect:<br/>(312) 935-3658</p> |
|---|--|



## Medical Assistance

- Locating medical providers and referrals
- Communication on your medical status with family, physicians, employer, travel company and consulate
- Emergency evacuation if adequate medical facilities are not available, including payment of covered expenses
- Transportation home for further treatment – in the event of death, assist in the return of mortal remains
- Transportation arrangements for the visit of a family member or friend if your hospitalization is more than seven calendar days
- Return home for dependent children if your hospitalization is more than seven calendar days
- Assistance with lodging arrangements if convalescence is needed prior to, or after, medical treatment
- Coordination with your health insurance carrier during a medical emergency
- Assistance obtaining prescription drugs or other necessary personal medical items

## Identity Theft

Your Travel Assistance benefit automatically includes Identity Theft Assistance, coordinated at no additional cost. Whether at home or traveling, this benefit provides education, prevention and recovery information to help you protect your identity.

## Education and Prevention

- Comprehensive ID theft assistance guide
- Tips to defend against ID theft

## Recovery Information

- Information regarding the steps to recover from credit card and check fraud

- Guidelines if your Social Security number is compromised
- Instructions for lost or stolen passport
- Contact list for financial institutions, credit bureaus and check companies

## Assistance

If you need help with an ID theft issue, case managers are available 24 hours a day, seven days a week and can be reached by calling the same toll-free number used to contact AXA: 800-856-9947.

## Travel Assistance Plan Limitations

AXA will not pay emergency evacuation, medically necessary repatriation, repatriation of remains or other expenses incurred while traveling within 100 miles of participant's place of residence, or for any one of the following reasons:

- A single trip lasts more than 120 days in length
- Traveling against the advice of a physician
- Traveling for medical treatment
- Pregnancy and childbirth (exception: complications of pregnancy)

There is a maximum benefit amount per person associated with emergency evacuation, medical repatriation and/or return of mortal remains.

All additional costs would be the responsibility of the member. This includes medical costs which are the responsibility of the person receiving medical services. Services must be authorized and arranged by AXA Assistance USA, Inc. designated personnel to be eligible for this program. No reimbursement claims for out-of-pocket expenses will be accepted.

Travel assistance services are independently offered and administered by AXA Assistance USA, Inc. (AXA). Insurance benefits provided as part of Travel Assistance underwritten by a third party. AXA is not affiliated in any way with Mutual of Omaha companies. Each company is responsible for its own financial and contractual obligations. There may be times when circumstances beyond AXA Assistance USA's control hinder its endeavors to provide services. AXA Assistance USA will make all reasonable efforts to help you resolve the emergency situation. Both companies are responsible for their own contractual and financial obligations. Additional limitations may apply. Please contact AXA for specifics.



Carry this card with you  
when you travel

Brought to you by Mutual of Omaha.  
Services provided by AXA Assistance USA.



Carry this card with you  
when you travel

Brought to you by Mutual of Omaha.  
Services provided by AXA Assistance USA.

Mutual Solutions

# Will Preparation Services

Services provided by Epoq, Inc.



Create your will at  
[www.willprepservices.com](http://www.willprepservices.com)  
 and use the code **MUTUALWILLS**  
 to register

Creating a will is an important investment in your future. It specifies how you want your possessions to be distributed after you die. Whether you're single, married, have children or are a grandparent, your will should be tailored for your life situation.

**That's why it's good you have access to FREE online will preparation services provided by Epoq, Inc. (Epoq).**

## Easy, Free and Secure

Epoq offers a secure account space that allows you to prepare wills and other legal documents. Create a will that's tailored to your unique needs from the comforts of your own home.

**Epoq provides the following FREE documents:**

- Last Will and Testament
- Power of Attorney
- Healthcare Directive
- Living Trust

**Here's how it works:**

- Log on to [www.willprepservices.com](http://www.willprepservices.com) and use the code MUTUALWILLS to register
- Answer the simple questions and watch the customization of your document happen in real time
- Download, print and share any document instantly
- Don't forget to update your documents with any major life changes, including marriage, divorce, and birth of a child
- Make the document legally binding — Check with your state for requirements



Underwritten by  
 United of Omaha Life Insurance Company  
 A Mutual of Omaha Company

Will and other document preparation services are independently offered by Epoq, Inc. (Epoq) and are subject to its terms of service and privacy policy. Epoq is an online service that provides certain legal forms and legal information. Epoq is not a law firm and is not a substitute for an attorney's advice. United of Omaha Life Insurance Company and Companion Life Insurance Company (United and Companion) and Epoq are independent, unaffiliated companies. Although United and Companion make Epoq's services available to group life insurance customers, the use of Epoq's services is entirely voluntary. United and Companion do not provide, are not responsible for, do not assume any liability for and do not guarantee the accuracy, adequacy or results of any service, advice or documents provided by Epoq. United and Companion also are not responsible and do not assume liability for any disclosure of personal data or information by Epoq. These services are only available to group life insurance customers of United and Companion.

# Your Hearing Discount Program



## Program Benefits Include

- ✓ **Custom hearing solutions** - we find the solution that best fits your lifestyle and your budget from one of our 10 manufacturers
- ✓ **Risk-free 60-day trial** - 100 percent money-back guarantee on hearing aid purchase
- ✓ **Hearing aid low price guarantee** - if you find the same product at a lower price, bring us the local quote and we'll not only match it, we'll beat it by 5 percent
- ✓ **Continuous Care** - one year free follow-up, two years of free batteries and a three-year warranty

## Accessing Your Benefits is as Easy as...

1. Call Amplifon at 1-888-534-1747 and a Patient Care Advocate will assist you in finding a hearing care provider near you.
2. Our advocate will explain the Amplifon process, request your mailing information and assist you in making an appointment with a hearing care provider.
3. Amplifon will send information to you and the hearing care provider. This will ensure your Amplifon discounts are activated.

To learn more visit [amplifonusa.com/mutualofomaha](http://amplifonusa.com/mutualofomaha)



### Keep this card for future access to:

- Discounted hearing testing
- Low price guarantee
- 60-day risk-free trial period
- 2 years batteries with purchase

To activate your benefit, call  
1-888-534-1747 today!



### Special money-saving offer!

Call today for your FREE hearing screening appointment!  
Please bring this offer with you to your appointment.

**Call 1-888-534-1747 Today!**

This is not a medical exam and is only intended to assist with amplification selection.




This is not health insurance. Hearing services are administered by Amplifon Hearing Health Care, Corp. Amplifon Hearing Health Care is solely responsible for the administration of hearing health care services, and its own financial and contractual obligations. Mutual of Omaha Insurance Company has been authorized to provide marketing services including sales. Mutual of Omaha Insurance Company and Amplifon are independent, unaffiliated companies.



**ADDITIONAL  
INFORMATION  
AND SERVICES**

**Summary of Benefits and Coverage:** What this Plan Covers & What You Pay For Covered Services  
**T23075P Aware HSA \$3,000 Ded 0% Coins VBBD Plan**

**Coverage Period: Beginning on or after 01/01/2023**  
**Coverage for: Individual/Family | Plan Type: PPO**

 **The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit [bluecrossmn.com](http://bluecrossmn.com) or call 1-866-873-5943. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-866-873-5943 to request a copy.

| Important Questions  | Answers  | Why this Matters:   |
|--|--|---|
| What is the overall <a href="#">deductible</a> ?                             | <b>\$3,000</b> individual / <b>\$6,000</b> family medical and drug <a href="#">in-network</a><br><b>\$5,000</b> individual / <b>\$10,000</b> family medical and drug <a href="#">out-of-network</a>  | Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay.<br>If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .   |
| Are there services covered before you meet your <a href="#">deductible</a> ? | Yes. Well child care, prenatal care and <a href="#">in-network preventive care</a> services are covered before you meet your <a href="#">deductible</a> .  | This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits">https://www.healthcare.gov/coverage/preventive-care-benefits</a> . |
| Are there other <a href="#">deductibles</a> for specific services?           | No   | You don't have to meet <a href="#">deductibles</a> for specific services.   |
| What is the <a href="#">out-of-pocket limit</a> for this plan?               | <b>\$3,000</b> individual / <b>\$6,000</b> family medical and drug <a href="#">in-network</a><br><b>\$10,000</b> individual / <b>\$20,000</b> family medical and drug <a href="#">out-of-network</a> | The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members on this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.   |
| What is not included in the <a href="#">out-of-pocket limit</a> ?            | <a href="#">Premiums</a> , <a href="#">balance-billing</a> charges (unless <a href="#">balanced billing</a> is prohibited), and health care this <a href="#">plan</a> doesn't cover.                 | Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .   |

|   |  |   |
|---|--|---|
| <p><b>Will you pay less if you use an <a href="#">in-network provider</a>?</b></p>        | <p>Yes. Your <a href="#">network</a> is Aware. See <a href="http://bluecrossmn.com/find-a-doctor/#/home">bluecrossmn.com/find-a-doctor/#/home</a> or call 1-866-873-5943 for a list of <a href="#">in-network providers</a>.</p> | <p>This <a href="#">plan</a> uses a <a href="#">provider network</a>. You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a>. You will pay the most if you use an <a href="#">out-of-network provider</a>, and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays (<a href="#">balance billing</a>). Be aware your <a href="#">in-network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.</p> |
| <p><b>Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a>?</b></p> | <p>No.</p>   | <p>You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a>.</p>  |



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

| Common Medical Event   | Services You May Need   | What you Will Pay   |   | Limitations, Exceptions, & Other Important Information   |
|--|---|---|---|--|
|  |   | In-Network Provider<br>(You will pay the least)   | Out-of-Network Provider (You will pay the most)                         |  |
| <p><b>If you visit a health care <a href="#">provider's</a> office or clinic</b></p>   | <p>Primary care visit to treat an injury or illness</p>       | <p>0% <a href="#">coinsurance</a></p>   | <p>50% <a href="#">coinsurance</a></p>                                  | <p>None</p>  |
|  | <p><a href="#">Specialist</a> visit</p>                       | <p>0% <a href="#">coinsurance</a></p>   | <p>50% <a href="#">coinsurance</a></p>                                  | <p>None</p>  |
|  | <p><a href="#">Preventive care/screening/immunization</a></p> | <p>No charge</p>  | <p>Well child: No charge<br/>Adult: 50% <a href="#">coinsurance</a></p> | <p>You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for.</p>       |
| <p><b>If you have a test</b></p>   | <p><a href="#">Diagnostic test</a> (x-ray, blood work)</p>    | <p>0% <a href="#">coinsurance</a></p>   | <p>50% <a href="#">coinsurance</a></p>                                  | <p>May require prior authorization.</p>  |
|  | <p>Imaging (CT/PET scans, MRIs)</p>                           | <p>0% <a href="#">coinsurance</a></p>   | <p>50% <a href="#">coinsurance</a></p>                                  |  |
| <p><b>If you need drugs to treat your illness or condition.</b><br/>More information about <a href="#">prescription drug coverage</a> is available at <a href="http://bluecrossmn.com">bluecrossmn.com</a></p> | <p>Tier 1 drugs</p>   | <p>0% <a href="#">coinsurance</a>/prescription (retail)<br/>0% <a href="#">coinsurance</a>/prescription (mail service)<br/>0% <a href="#">coinsurance</a>/prescription (90dayRx retail)</p> | <p>Not covered</p>  | <p>Covers up to a 31-day supply (retail prescription); 90-day supply (mail service prescription and 90dayRx retail prescription). Insulin listed on Tier 1 and Tier 3 of the covered drug list are</p> |

| Common Medical Event                           | Services You May Need                            | What you Will Pay   |   | Limitations, Exceptions, & Other Important Information  |
|--|--|---|---|---|
|  |  | In-Network Provider (You will pay the least)  | Out-of-Network Provider (You will pay the most) |   |
|  | Tier 2 drugs                                     | 0% <a href="#">coinsurance</a> /prescription (retail)<br>0% <a href="#">coinsurance</a> /prescription (mail service)<br>0% <a href="#">coinsurance</a> /prescription (90dayRx retail) | Not covered                                     | covered at zero <a href="#">cost-sharing</a> .<br>The value of drug coupons you use will not count towards <a href="#">cost-sharing</a> or <a href="#">out-of-pocket limits</a><br>May require prior authorization. |
|  | Tier 3 drugs                                     | 0% <a href="#">coinsurance</a> /prescription (retail)<br>0% <a href="#">coinsurance</a> /prescription (mail service)<br>0% <a href="#">coinsurance</a> /prescription (90dayRx retail) | Not covered                                     |   |
|  | Tier 4 drugs                                     | 0% <a href="#">coinsurance</a> /prescription (retail)<br>0% <a href="#">coinsurance</a> /prescription (mail service)<br>0% <a href="#">coinsurance</a> /prescription (90dayRx retail) | Not covered                                     |   |
|  | <a href="#">Specialty drugs</a>                  | 0% <a href="#">coinsurance</a>  | Not covered                                     |   |
| <b>If you have outpatient surgery</b>          | Facility fee (e.g., ambulatory surgery center)   | 0% <a href="#">coinsurance</a> for outpatient hospital facility & ambulatory surgery center   | 50% <a href="#">coinsurance</a>                 | May require prior authorization.  |
|  | Physician/surgeon fees                           | 0% <a href="#">coinsurance</a> for outpatient hospital facility & ambulatory surgery center   | 50% <a href="#">coinsurance</a>                 |   |
| <b>If you need immediate medical attention</b> | <a href="#">Emergency room care</a>              | 0% <a href="#">coinsurance</a>  | 0% <a href="#">coinsurance</a>                  | <a href="#">Out-of-network</a> services apply to the <a href="#">in-network deductible</a> and <a href="#">out-of-pocket limit</a> .  |
|  | <a href="#">Emergency medical transportation</a> | 0% <a href="#">coinsurance</a>  | 0% <a href="#">coinsurance</a>                  |   |
|  | <a href="#">Urgent care</a>                      | 0% <a href="#">coinsurance</a>  | 50% <a href="#">coinsurance</a>                 |   |
| <b>If you have a hospital stay</b>             | Facility fee (e.g., hospital room)               | 0% <a href="#">coinsurance</a>  | 50% <a href="#">coinsurance</a>                 | None  |
|  | Physician/surgeon fee                            | 0% <a href="#">coinsurance</a>  | 50% <a href="#">coinsurance</a>                 | None  |



| Common Medical Event   | Services You May Need                                      | What you Will Pay   |  | Limitations, Exceptions, & Other Important Information  |
|--|--|---|--|---|
|  |  | In-Network Provider (You will pay the least)  | Out-of-Network Provider (You will pay the most)  |   |
| <b>If you need mental health, behavioral health, or substance use services</b> | Outpatient services  | 0% <a href="#">coinsurance</a>  | 50% <a href="#">coinsurance</a>  | Services for marriage/couples counseling are not covered. May require prior authorization.  |
|  | Inpatient services including adult mental health treatment | 0% <a href="#">coinsurance</a>  | 50% <a href="#">coinsurance</a>  |   |
| <b>If you are pregnant</b>   | Office visits  | Prenatal care: No charge<br>Postnatal care: 0% <a href="#">coinsurance</a>                    | Prenatal care: No charge<br>Postnatal care: 50% <a href="#">coinsurance</a>                    | <a href="#">Cost-sharing</a> does not apply for <a href="#">preventive services</a> . Depending on the type of services, other <a href="#">cost-sharing</a> may apply. Maternity care may include tests and services described elsewhere in the SBC (e.g., ultrasound). |
|  | Childbirth/delivery professional services                  | 0% <a href="#">coinsurance</a>  | 50% <a href="#">coinsurance</a>  |   |
|  | Childbirth/delivery facility services                      | 0% <a href="#">coinsurance</a>  | 50% <a href="#">coinsurance</a>  |   |
| <b>If you need help recovering or have other special health needs</b>          | <a href="#">Home health care</a>                           | 0% <a href="#">coinsurance</a>  | Not covered  | May require prior authorization.  |
|  | <a href="#">Rehabilitation services</a>                    | 0% <a href="#">coinsurance</a> for occupational therapy, physical therapy, and speech therapy | 50% <a href="#">coinsurance</a> for occupational therapy, physical therapy, and speech therapy | May require prior authorization.  |
|  | <a href="#">Habilitation services</a>                      | 0% <a href="#">coinsurance</a> for occupational therapy, physical therapy, and speech therapy | 50% <a href="#">coinsurance</a> for occupational therapy, physical therapy, and speech therapy |   |
|  | <a href="#">Skilled nursing care</a>                       | 0% <a href="#">coinsurance</a>  | 50% <a href="#">coinsurance</a>  |   |
|  | <a href="#">Durable medical equipment</a>                  | 0% <a href="#">coinsurance</a>  | 50% <a href="#">coinsurance</a>  | May require prior authorization   |
|  | <a href="#">Hospice service</a>                            | 0% <a href="#">coinsurance</a>  | Not covered  | None  |
| <b>If your child needs dental or eye care</b>                                  | Children's eye exam  | No charge   | Age 0 through 5: No charge<br>Age 6 through 18: 50% <a href="#">coinsurance</a>                | None  |
|  | Children's glasses   | Not covered   | Not covered  | No coverage for these services  |
|  | Children's dental check-up                                 | Not covered   | Not covered  | No coverage for these services  |

## Excluded Services & Other Covered Services:

### Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult) (and children)
- Hearing aids (Adult)
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Routine foot care
- Weight loss programs

### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Chiropractic care
- Private duty nursing
- Routine eye care (Adult)

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is Minnesota Department of Commerce at 1 800-657-3602; the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform); or, Department of Health and Human Services, Center for Consumer Information, and Insurance Oversight, at 1-877-267-2323 x 61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). For more information on your rights to continue coverage, contact Blue Cross at 1-866-873-5943. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.mnsure.org](http://www.mnsure.org) or call 1-855-366-7873.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Blue Cross at 1-866-873-5943; Minnesota Department of Commerce at 1 800-657-3602; the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). If you are covered under a [plan](#) offered by the State Health Plan, a city, county, school district, Service Cooperative, or church plan, you may contact the Department of Health and Human Services Health Insurance team at 1-888-393-2789.

### Does this plan provide Minimum Essential Coverage? Yes.

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

### Does this plan meet Minimum Value Standards? Yes.

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

### Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-855-903-2583.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-537-7720.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-855-315-4017.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-855-902-2583.

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

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About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayment](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**  
(9 months of in-network prenatal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) **\$3,000**
- [Specialist coinsurance](#) **0%**
- Hospital (facility) [coinsurance](#) **0%**
- Other [coinsurance](#) **0%**

This EXAMPLE event includes services like:

- [Specialist](#) office visits (*prenatal care*)
- Childbirth/delivery professional services
- Childbirth/delivery facility services
- [Diagnostic tests](#) (*ultrasounds and blood work*)
- [Specialist](#) visit (*anesthesia*)

|                           |                 |
|---------------------------|-----------------|
| <b>Total Example Cost</b> | <b>\$12,700</b> |
|---------------------------|-----------------|

In this example, Peg would pay:

| <i>Cost Sharing</i>               |                |
|-----------------------------------|----------------|
| <a href="#">Deductibles</a>       | \$3,000        |
| <a href="#">Copayments</a>        | \$0            |
| <a href="#">Coinsurance</a>       | \$0            |
| <i>What isn't covered</i>         |                |
| Limits or exclusions              | \$60           |
| <b>The total Peg would pay is</b> | <b>\$3,060</b> |

**Managing Joe's type 2 Diabetes**  
(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) **\$3,000**
- [Specialist coinsurance](#) **0%**
- Hospital (facility) [coinsurance](#) **0%**
- Other [coinsurance](#) **0%**

This EXAMPLE event includes services like:

- [Primary care physician](#) office visits (*including disease education*)
- [Diagnostic tests](#) (*blood work*)
- [Prescription drugs](#)
- [Durable medical equipment](#) (*glucose meter*)

|                           |                |
|---------------------------|----------------|
| <b>Total Example Cost</b> | <b>\$5,600</b> |
|---------------------------|----------------|

In this example, Joe would pay:

| <i>Cost Sharing</i>               |                |
|-----------------------------------|----------------|
| <a href="#">Deductibles</a>       | \$2,300        |
| <a href="#">Copayments</a>        | \$0            |
| <a href="#">Coinsurance</a>       | \$0            |
| <i>What isn't covered</i>         |                |
| Limits or exclusions              | \$20           |
| <b>The total Joe would pay is</b> | <b>\$2,320</b> |

**Mia's Simple Fracture**  
(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) **\$3,000**
- [Specialist coinsurance](#) **0%**
- Hospital (facility) [coinsurance](#) **0%**
- Other [coinsurance](#) **0%**

This EXAMPLE event includes services like:

- [Emergency room care](#) (*including medical supplies*)
- [Diagnostic test](#) (*x-ray*)
- [Durable medical equipment](#) (*crutches*)
- [Rehabilitation services](#) (*physical therapy*)

|                           |                |
|---------------------------|----------------|
| <b>Total Example Cost</b> | <b>\$2,800</b> |
|---------------------------|----------------|

In this example, Mia would pay:

| <i>Cost Sharing</i>               |                |
|-----------------------------------|----------------|
| <a href="#">Deductibles</a>       | \$2,800        |
| <a href="#">Copayments</a>        | \$0            |
| <a href="#">Coinsurance</a>       | \$0            |
| <i>What isn't covered</i>         |                |
| Limits or exclusions              | \$0            |
| <b>The total Mia would pay is</b> | <b>\$2,800</b> |

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

## Notice of Nondiscrimination Practices

**Effective July 18, 2016**

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: [Civil.Rights.Coord@bluecrossmn.com](mailto:Civil.Rights.Coord@bluecrossmn.com)
- by mail at: Nondiscrimination Civil Rights Coordinator  
Blue Cross and Blue Shield of Minnesota and Blue Plus - M495  
PO Box 64560  
Eagan, MN 55164-0560
- or by telephone at: 1-800-509-5312

[Grievance](#) forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a [grievance](#), assistance is available by contacting us at the numbers listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- by telephone at: 1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at: U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Language Access Services:**

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမ့်ကတိကညီကိုင်ခိုး, တံကဟုန်နကိုင်တံမစကလီတဖန်န့လီ. ကိ: 1-866-251-6744 လာ TTYအဂီ, ကိ: 711 တက့.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهاتف النصي اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

አማርኛ የሚናገሩ ከሆኑ፣ ነጻ የቋንቋ አገልግሎት እርዳ አለሎት። በ 1-855-315-4030 ይደውሉ ለ TTY በ 711።

한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមិន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Kojí éí béésh bee hodíílnih 1-855-902-2583. TTY biniiyégo éí 711 jį' béésh bee hodíílnih.



# Term Life Insurance

FOR EMPLOYEES OF ACADEMIA CESAR CHAVEZ CHARTER SCHOOL

## ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

|                                |   |
|--------------------------------|---|
| <b>Eligibility Requirement</b> | You must be actively working a minimum of 30 hours per week to be eligible for coverage.                          |
| <b>Premium Payment</b>         | The premiums for this insurance are paid in full by the policyholder. There is no cost to you for this insurance. |

## BENEFITS

|   |  |
|---|--|
| <b>Life Insurance Benefit Amount</b>                                  | For You: \$50,000<br>In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan. |
| <b>Accidental Death &amp; Dismemberment (AD&amp;D) Benefit Amount</b> | For You: The Principal Sum amount is equal to the amount of your life insurance benefit.   |

## FEATURES

|   |   |
|---|---|
| <b>Living Care/ Accelerated Death Benefit</b> | 80% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$40,000.  |
| <b>Waiver of Premium</b>                      | If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.   |
| <b>Additional AD&amp;D Benefits</b>           | In addition to basic AD&D benefits, you are protected by the following benefits:<br><ul style="list-style-type: none"> <li>- Childcare</li> <li>- Seat Belt</li> <li>- Airbag</li> <li>- Coma</li> <li>- Common Carrier</li> <li>- Paralysis</li> </ul> |
| <b>Conversion</b>                             | If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.       |

## SERVICES

|  |   |
|--|---|
| <b>Travel Assistance</b>                 | The Travel Assistance program is an added benefit that provides assistance for your travels over 100 miles away from home or outside the country.   |
| <b>Employee Assistance Program (EAP)</b> | Mutual of Omaha's team of master's level EAP professionals are available 24/7/365 to provide you and your loved ones resources for assistance with personal and workplace issues. Access to EAP services is obtained by calling 1-800-316-2796 or by using an online submission form for employee convenience at <a href="http://www.mutualofomaha.com/eap">www.mutualofomaha.com/eap</a> . Online are valuable resources and links for additional assistance, including current events, family and relationships, emotional well-being, financial wellness, substance abuse and addiction, legal assistance and work and career. |
| <b>Hearing Discount Program</b>          | The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit <a href="http://www.amplifonusa.com/mutualofomaha">www.amplifonusa.com/mutualofomaha</a> to learn more.   |
| <b>Will Prep Services</b>                | We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit <a href="http://www.willprepservices.com">www.willprepservices.com</a> .   |

## **AGE REDUCTIONS AND EXCLUSIONS**

Insurance benefits and guarantee issue amounts are subject to age reductions:

- At age 65, amounts reduce to 65%
- At age 70, amounts reduce to 50%

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

Please contact your employer if you have questions prior to enrolling.

# > Frequently Asked Questions

## Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

## What is Guarantee Issue?

The amount of insurance applied for without answering any health questions (or which does not require evidence of insurability). Coverage amounts over the Guarantee Issue Amount will require evidence of insurability.

## What is Evidence of Insurability?

Evidence of Insurability or proof of good health – may be required if you are a late entrant and/or you request any additional coverage above your guarantee issue amount.

## Can I take this insurance with me if I change jobs/am no longer a member of this group?

In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you may have the right to continue this insurance under the Conversion provision, subject to certain conditions.

## Are there any limitations, reductions or exclusions?

The benefits payable are based on the following:

- Insurance benefits and guarantee issue amounts are subject to age reductions:
  - At age 65, amounts reduce to 65%
  - At age 70, amounts reduce to 50%
- Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy form number 7000GM-U-EZ 2010 or state equivalent (in NC: 7000GM-U-EZ 2010 NC). United of Omaha Life Insurance Company is licensed nationwide, except New York.







# Voluntary Term Life Insurance

FOR EMPLOYEES OF ACADEMIA CESAR CHAVEZ CHARTER SCHOOL

## ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

|  |   |
|--|---|
| <b>Eligibility Requirement</b>           | You must be actively working a minimum of 30 hours per week to be eligible for coverage.  |
| <b>Dependent Eligibility Requirement</b> | To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself. |
| <b>Premium Payment</b>                   | The premiums for this insurance are paid in full by you.  |

## COVERAGE GUIDELINES

|                 | Minimum  | Guarantee Issue                            | Maximum  |
|-----------------|----------|--|--|
| <b>For You</b>  | \$10,000 | 5 times annual salary, up to \$100,000     | \$500,000, in increments of \$10,000, but no more than 5 times annual salary |
| <b>Spouse</b>   | \$5,000  | 100% of employee's benefit, up to \$30,000 | 100% of employee's benefit, up to \$250,000                                  |
| <b>Children</b> | \$10,000 | 100% of employee's benefit                 | 100% of employee's benefit, up to \$10,000                                   |

Subject to any reductions shown below. Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability.

## BENEFITS

|   |  |
|---|--|
| <b>Life Insurance Benefit Amount</b>                                  | <p>Within the coverage guidelines defined above, you select the amount of life insurance coverage you want.</p> <p>This plan includes the option to select coverage for your spouse and dependent children. Children include those, up to age 26.</p> <p>In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.</p> |
| <b>Accidental Death &amp; Dismemberment (AD&amp;D) Benefit Amount</b> | <p>For you, your spouse and your dependent child(ren): The Principal Sum amount is equal to the amount of the life insurance benefit.</p> <p>AD&amp;D coverage is available if you or your dependents are injured or die as a result of an accident, and the injury or death is independent of sickness and all other causes. The benefit amount depends on the type of loss incurred, and is either all or a portion of the Principal Sum.</p>    |

## FEATURES

|   |   |
|---|---|
| <b>Living Care/ Accelerated Death Benefit</b> | 80% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$400,000.   |
| <b>Waiver of Premium</b>                      | If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions. |



# Voluntary Term Life and AD&D Coverage Selection and Premium Calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

**To select your benefit amount and calculate your premium, do the following:**

- 1) Locate the benefit amount you want from the top row of the employee premium table. Your benefit amount must be in an increment of \$10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- 2) Find your age bracket in the far left column.

- 3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
- 4) Enter the benefit and premium amounts into their respective areas in the Voluntary Life and AD&D section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want. For example, if you want \$150,000 in coverage, you obtain your premium amount by multiplying the rate for \$50,000 times 3.

| EMPLOYEE PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR) |          |          |          |          |          |          |          |          |          |           |
|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| Age   | \$10,000 | \$20,000 | \$30,000 | \$40,000 | \$50,000 | \$60,000 | \$70,000 | \$80,000 | \$90,000 | \$100,000 |
| 0 - 29  | \$0.45   | \$0.90   | \$1.35   | \$1.80   | \$2.25   | \$2.70   | \$3.15   | \$3.60   | \$4.05   | \$4.50    |
| 30 - 34   | \$0.50   | \$1.00   | \$1.50   | \$2.00   | \$2.50   | \$3.00   | \$3.50   | \$4.00   | \$4.50   | \$5.00    |
| 35 - 39   | \$0.55   | \$1.10   | \$1.65   | \$2.20   | \$2.75   | \$3.30   | \$3.85   | \$4.40   | \$4.95   | \$5.50    |
| 40 - 44   | \$0.85   | \$1.70   | \$2.55   | \$3.40   | \$4.25   | \$5.10   | \$5.95   | \$6.80   | \$7.65   | \$8.50    |
| 45 - 49   | \$1.35   | \$2.70   | \$4.05   | \$5.40   | \$6.75   | \$8.10   | \$9.45   | \$10.80  | \$12.15  | \$13.50   |
| 50 - 54   | \$2.15   | \$4.30   | \$6.45   | \$8.60   | \$10.75  | \$12.90  | \$15.05  | \$17.20  | \$19.35  | \$21.50   |
| 55 - 59   | \$3.30   | \$6.60   | \$9.90   | \$13.20  | \$16.50  | \$19.80  | \$23.10  | \$26.40  | \$29.70  | \$33.00   |
| 60 - 64   | \$5.10   | \$10.20  | \$15.30  | \$20.40  | \$25.50  | \$30.60  | \$35.70  | \$40.80  | \$45.90  | \$51.00   |
| 65 - 69   | \$9.10   | \$18.20  | \$27.30  | \$36.40  | \$45.50  | \$54.60  | \$63.70  | \$72.80  | \$81.90  | \$91.00   |
| 70 - 74   | \$16.20  | \$32.40  | \$48.60  | \$64.80  | \$81.00  | \$97.20  | \$113.40 | \$129.60 | \$145.80 | \$162.00  |
| 75 - 79   | \$26.65  | \$53.30  | \$79.95  | \$106.60 | \$133.25 | \$159.90 | \$186.55 | \$213.20 | \$239.85 | \$266.50  |
| 80+   | \$53.85  | \$107.70 | \$161.55 | \$215.40 | \$269.25 | \$323.10 | \$376.95 | \$430.80 | \$484.65 | \$538.50  |

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. **Your spouse's rate is based on your age**, so find your age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

| SPOUSE PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR) |         |          |          |          |          |          |          |          |          |          |
|---|---------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Age   | \$5,000 | \$10,000 | \$15,000 | \$20,000 | \$25,000 | \$30,000 | \$35,000 | \$40,000 | \$45,000 | \$50,000 |
| 0 - 29  | \$0.23  | \$0.45   | \$0.68   | \$0.90   | \$1.13   | \$1.35   | \$1.58   | \$1.80   | \$2.03   | \$2.25   |
| 30 - 34   | \$0.25  | \$0.50   | \$0.75   | \$1.00   | \$1.25   | \$1.50   | \$1.75   | \$2.00   | \$2.25   | \$2.50   |
| 35 - 39   | \$0.28  | \$0.55   | \$0.83   | \$1.10   | \$1.38   | \$1.65   | \$1.93   | \$2.20   | \$2.48   | \$2.75   |
| 40 - 44   | \$0.43  | \$0.85   | \$1.28   | \$1.70   | \$2.13   | \$2.55   | \$2.98   | \$3.40   | \$3.83   | \$4.25   |
| 45 - 49   | \$0.68  | \$1.35   | \$2.03   | \$2.70   | \$3.38   | \$4.05   | \$4.73   | \$5.40   | \$6.08   | \$6.75   |
| 50 - 54   | \$1.08  | \$2.15   | \$3.23   | \$4.30   | \$5.38   | \$6.45   | \$7.53   | \$8.60   | \$9.68   | \$10.75  |
| 55 - 59   | \$1.65  | \$3.30   | \$4.95   | \$6.60   | \$8.25   | \$9.90   | \$11.55  | \$13.20  | \$14.85  | \$16.50  |
| 60 - 64   | \$2.55  | \$5.10   | \$7.65   | \$10.20  | \$12.75  | \$15.30  | \$17.85  | \$20.40  | \$22.95  | \$25.50  |
| 65 - 69   | \$4.55  | \$9.10   | \$13.65  | \$18.20  | \$22.75  | \$27.30  | \$31.85  | \$36.40  | \$40.95  | \$45.50  |
| 70 - 74   | \$8.10  | \$16.20  | \$24.30  | \$32.40  | \$40.50  | \$48.60  | \$56.70  | \$64.80  | \$72.90  | \$81.00  |

| ALL CHILDREN PREMIUM TABLE<br>(24 PAYROLL DEDUCTIONS PER YEAR)* |          |
|---|----------|
|   | \$10,000 |
|   | \$1.00   |

\*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.

# > Frequently Asked Questions

## Who is eligible for this insurance?

- You must be actively working (performing all normal duties of your job) at least 30 hours per week.
- Your dependent(s) must be performing normal activities and not be confined (at home or in a hospital/care facility) and any child(ren) must be under age 26.

## What is Guarantee Issue?

The amount of insurance applied for without answering any health questions (or which does not require evidence of insurability). Coverage amounts over the Guarantee Issue Amount will require evidence of insurability.

## What is Evidence of Insurability?

Evidence of Insurability or proof of good health – may be required if you are a late entrant and/or you request any additional coverage above your guarantee issue amount.

## Can I take this insurance with me if I change jobs/am no longer a member of this group?

In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you or your insured spouse may have the right to continue this insurance under the Portability or Conversion provision, subject to certain conditions.

## Are there any limitations, reductions or exclusions?

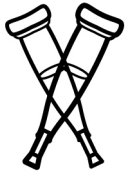
The benefits payable are based on the following:

- Insurance benefits and guarantee issue amounts are subject to age reductions:
  - At age 65, amounts reduce to 65%
  - At age 70, amounts reduce to 50%
- Spouse coverage terminates when you reach age 75.
- Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.
- Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Life insurance and accidental death & dismemberment insurance are underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Policy form number 7000GM-U-EZ 2010 or state equivalent (in NC: 7000GM-U-EZ 2010 NC). United of Omaha Life Insurance Company is licensed nationwide, except New York.





# Short-Term Disability Insurance

FOR EMPLOYEES OF ACADEMIA CESAR CHAVEZ CHARTER SCHOOL

## ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

|                                |   |
|--------------------------------|---|
| <b>Eligibility Requirement</b> | You must be actively working a minimum of 30 hours per week to be eligible for coverage.                          |
| <b>Premium Payment</b>         | The premiums for this insurance are paid in full by the policyholder. There is no cost to you for this insurance. |

## BENEFITS

|                                    |  |
|------------------------------------|--|
| <b>Elimination Period</b>          | If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: <ul style="list-style-type: none"> <li>• On the 8th day of your disabling injury.</li> <li>• On the 8th day of your disabling illness.</li> </ul> |
| <b>Weekly Benefit</b>              | Your benefit is equivalent to 60% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources.  |
| <b>Maximum Benefit Period</b>      | Up to 12 weeks   |
| <b>Maximum Weekly Benefit</b>      | \$1,500  |
| <b>Minimum Weekly Benefit</b>      | None   |
| <b>Partial Disability Benefits</b> | If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.   |

## DEFINITIONS

|                                      |   |
|--------------------------------------|---|
| <b>Definition of Disability</b>      | Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period.  |
| <b>Definition of Weekly Earnings</b> | Weekly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 52. Weekly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per week during the 12 month period immediately prior to the date disability begins. If employed for part of the prior 12 month period, weekly earnings is the hourly rate of pay multiplied by the average number of hours worked. |

## FEATURES

|  |  |
|--|--|
| <b>Vocational Rehabilitation Benefit</b> | If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 10%. |
| <b>Reasonable Accommodation</b>          | Provides a benefit to the employer to assist in covering costs incurred to make workplace modifications for you to return to work.           |

## SERVICES

**Hearing Discount Program**

The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit [www.amplifonusa.com/mutualofomaha](http://www.amplifonusa.com/mutualofomaha) to learn more.

# > Frequently Asked Questions

## Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

## How long will my benefits be paid?

Benefits begin after the end of the elimination period and can be payable up to the maximum benefit period as long as you remain disabled.

## Will my benefits be reduced by other sources of income?

Yes, depending on the type of income you receive. Your benefit amount may be reduced by other sources of income such as retirement/government plans, other group disability plans, paid family leave, salary continuance/sick leave, settlements on payments received and no-fault benefits.

## Does this plan cover me if I become disabled due to an injury at work?

No, your STD insurance only provides benefits for off-the-job coverage for disabilities due to injury or sickness.

## Are there any limitations or exclusions?

The benefits payable are subject to the following:

- Benefits are not payable for any disability or loss that:
  - Results from an act of declared or undeclared war or armed aggression
  - Results from participation in a riot or commission of or attempt to commit a felony
  - Arises out of or in the course of employment with the policyholder for benefits under any workers' compensation or occupational disease law, or receives any settlement from the workers' compensation carrier
  - Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, or attempted suicide
  - Occurs while incarcerated or imprisoned for any period exceeding 31 days
  - Is solely a result of a loss of a professional license, occupation license or certification

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by the underwriting company. Disability income insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number 7000GM-U-EZ-2010.





# Long-Term Disability Insurance

FOR EMPLOYEES OF ACADEMIA CESAR CHAVEZ CHARTER SCHOOL

| <b>ELIGIBILITY - ALL ELIGIBLE EMPLOYEES</b> |   |
|---|---|
| <b>Eligibility Requirement</b>              | You must be actively working a minimum of 30 hours per week to be eligible for coverage.  |
| <b>Premium Payment</b>                      | The premiums for this insurance are paid in full by the policyholder. There is no cost to you for this insurance.   |
| <b>BENEFITS</b>                             |   |
| <b>Elimination Period</b>                   | Your benefits begin on the later of 90 calendar days after the onset of your disabling injury or illness or the date your short-term disability ends.   |
| <b>Monthly Benefit</b>                      | Your benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount less other income sources.<br><br>The premium for your long-term disability coverage is waived while you are receiving benefits.   |
| <b>Maximum Monthly Benefit</b>              | \$6,000   |
| <b>Minimum Monthly Benefit</b>              | \$100   |
| <b>Maximum Benefit Period</b>               | If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age or 3.5 years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule.  |
| <b>Partial Disability Benefits</b>          | If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits. Additional benefits for family care expenses for eligible family members are also available while receiving partial disability benefits.  |
| <b>DEFINITIONS</b>                          |   |
| <b>Own Occupation</b>                       | 3 Years   |
| <b>Own Occupation Earnings Test</b>         | 99%   |
| <b>Definition of Monthly Earnings</b>       | Monthly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 12. Monthly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per month during the 12 month period immediately prior to the date disability begins. If employed for part of the prior 12 month period, monthly earnings is the hourly rate of pay multiplied by the average number of hours worked. |
| <b>FEATURES</b>                             |   |
| <b>Vocational Rehabilitation Benefit</b>    | If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 10%.  |
| <b>Survivor Benefit</b>                     | If you pass away while receiving disability benefits, a lump sum equal to 3 times your monthly benefit will be paid to your eligible survivor.  |
| <b>Reasonable Accommodation</b>             | Provides a benefit to the employer to assist in covering costs incurred to make workplace modifications for you to return to work.  |



**SERVICES**

|  |   |
|--|---|
| <b>Travel Assistance</b>                 | The Travel Assistance program is an added benefit that provides assistance for your travels over 100 miles away from home or outside the country.   |
| <b>Employee Assistance Program (EAP)</b> | Mutual of Omaha's team of master's level EAP professionals are available 24/7/365 to provide you and your loved ones resources for assistance with personal and workplace issues. Access to EAP services is obtained by calling 1-800-316-2796 or by using an online submission form for employee convenience at <a href="http://www.mutualofomaha.com/eap">www.mutualofomaha.com/eap</a> . Online are valuable resources and links for additional assistance, including current events, family and relationships, emotional well-being, financial wellness, substance abuse and addiction, legal assistance and work and career. |
| <b>Hearing Discount Program</b>          | The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit <a href="http://www.amplifonusa.com/mutualofomaha">www.amplifonusa.com/mutualofomaha</a> to learn more.   |

# > Frequently Asked Questions

## Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

## How long will my benefits be paid?

Benefits begin after the end of the elimination period and can be payable up to the maximum benefit period as long as you remain disabled.

## Will my benefits be reduced by other sources of income?

Yes, depending on the type of income you receive. Your benefit amount may be reduced by other sources of income such as retirement/government plans, other group disability plans, salary continuance/sick leave, settlements on payments received and no-fault benefits.

## Does this plan cover me if I become disabled due to an injury at work?

Yes, your LTD insurance provides benefits for both on-the-job and off-the-job coverage for disabilities due to injury or sickness.

## Are there any limitations or exclusions?

The benefits payable are subject to the following:

- Disabilities related to alcohol and drug abuse are only payable for up to 24 months while insured under the policy.
- Disabilities related to mental disorders are only payable for up to 24 months while insured under the policy.
- Disabilities related to self-reported conditions are only payable for up to 24 months while insured under the policy.
- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/12 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered.
- Benefits are not payable for any disability or loss that:
  - Results from an act of declared or undeclared war or armed aggression
  - Results from participation in a riot or commission of or attempt to commit a felony
  - Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury or illness, or attempted suicide
  - Results from alcohol and drug abuse and/or substance abuse, except as noted above
  - Results from a mental disorder, except as noted above
  - Is caused by alcohol and drug abuse and/or substance abuse, while not being actively supervised by and receiving continuing treatment from a rehabilitation center or designated institution approved for such treatment by an appropriate body in the governing jurisdiction
  - Occurs while incarcerated or imprisoned for any period exceeding 31 days
  - Is solely a result of a loss of a professional license, occupation license or certification

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by the underwriting company. Disability income insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number 7000GM-U-EZ-2010.





# Dental Insurance

FOR EMPLOYEES OF ACADEMIA CESAR CHAVEZ CHARTER SCHOOL

## ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

|  |  |
|--|--|
| <b>Eligibility Requirement</b>           | You must be actively working a minimum of 30 hours per week to be eligible for coverage.   |
| <b>Dependent Eligibility Requirement</b> | A child must meet the eligibility requirements of the Policy and be under age 26 if eligible as defined by Policy. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself. |
| <b>Premium Payment</b>                   | The premiums for this insurance are shared by you and the policyholder. The premium amounts below reflect your contribution to the cost of this insurance.   |

| PLAN YEAR DEDUCTIBLES AND MAXIMUMS | IN-NETWORK         | OUT-NETWORK        |
|------------------------------------|--------------------|--------------------|
| <b>Type A</b>                      | Waived             | Waived             |
| <b>Type B &amp; C Deductible</b>   |                    |                    |
| Individual                         | \$50               | \$50               |
| Family                             | 3 times Individual | 3 times Individual |
| <b>Annual Maximum</b>              | \$1,500            | \$1,500            |

The same expenses may be used to satisfy both the In-Network and Out-Network deductible.

| COVERED SERVICES  | IN-NETWORK | OUT-NETWORK |
|---|------------|-------------|
| <b>Type A Services</b>  | 100%       | 100%        |
| <ul style="list-style-type: none"> <li>• Examinations/Evaluations</li> <li>• Bitewing X-rays</li> <li>• All Other X-Rays</li> <li>• Fluoride Treatments</li> <li>• Cleaning/Prophylaxis</li> <li>• Periodontal Maintenance</li> <li>• Brush Biopsy/Cancer Screening</li> <li>• Harmful Habit Appliances</li> <li>• Full Mouth X-rays, Panoramic Film</li> </ul> |            |             |

| <b>COVERED SERVICES</b>   | <b>IN-NETWORK</b> | <b>OUT-NETWORK</b> |
|---|-------------------|--------------------|
| <b>Type B Services</b> <ul style="list-style-type: none"> <li>• Sealants</li> <li>• Space Maintainers</li> <li>• Palliative Treatment</li> <li>• Fillings</li> <li>• Stainless Steel Crowns</li> <li>• Simple Extractions</li> <li>• General Anesthesia or I.V. Sedation</li> </ul>   | 80%               | 80%                |
| <b>Type C Services</b> <ul style="list-style-type: none"> <li>• Oral Surgery</li> <li>• Endodontics</li> <li>• Full or Partial Removable Dentures</li> <li>• Repair of Full or Partial Removable Dentures</li> <li>• Adjustments, Tissue Conditioning, Rebasing or Relining of Full or Partial Removable Dentures</li> <li>• Bridges</li> <li>• Repair/Recementation of Bridges</li> <li>• Cast Crowns, Inlays, Onlays, Labial Veneers</li> <li>• Repair/Recementation of Cast Crowns/Inlays/Onlays/Labial Veneers</li> <li>• Implants</li> <li>• Temporomandibular Joint Disorder - TMD</li> <li>• Surgical Extractions</li> <li>• Surgical Periodontics</li> <li>• Non-Surgical Periodontics</li> </ul> | 55%               | 50%                |

The plan pays the percentage shown after the deductible is satisfied up to the maximum. Additional information about the benefits and covered services of this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or benefits administrator if you have questions prior to enrolling.

This plan provides different coverage levels for In-Network and Out-Network services. By using an In-Network provider, plan members will save more through the predetermined fee arrangement and better benefit coverage.

The Maximum Allowance for Out-Network Services is based on the 90th Percentile as determined by Mutual of Omaha. Charges that exceed the Maximum Allowance (as defined in the certificate booklet) for any covered dental service are not considered.

#### **ANNUAL OPEN ENROLLMENT PERIOD**

The plan has an Annual Open Enrollment Period. Any Benefit Waiting Periods or Late Entrant Waiting Periods will be waived during this time period.

## LIMITATIONS

Information about the limitations and exclusions for this plan will be included in the certificate booklet, which you will receive after enrolling for this coverage. Please contact your employer or Benefits Administrator if you have any questions prior to enrolling.

- Exams – 2 services in a 12 month period.
- Bitewing X-rays – 4 films in a 12 month period.
- Full Mouth X-rays or Panoramic Film – 1 in any 60 month period.
- Fluoride – For dependent children up to age 14. 2 services in a 12 month period.
- Harmful Habit Appliance – For dependent children up to age 14.
- Cleaning/Prophylaxis – 2 services in a 12 month period.
- Sealants – For dependent children up to age 14; one per permanent bicuspid or molar tooth in any 36 month period.
- Brush Biopsy/Cancer Screen – 2 services in a 12 month period.
- Space Maintainers – For dependent children up to age 14, includes recementations and removal.
- Fillings – Composite fillings allowed on all teeth. Replacement once in a 12 month period.
- Stainless Steel Crowns – For dependent children up to age 16; one per tooth per lifetime. Not for temporary restoration.
- Periodontal Maintenance – 2 services in a 12 month period in addition to routine cleaning. Following active periodontal treatment only.
- Cast Crowns, Inlays, Onlays, Labial Veneers – Replacement allowed once in 5 years.
- Bridges – Replacement allowed once in 5 years.
- Dentures – Replacement allowed once in 5 years.
- Implants – 1 per tooth per lifetime.
- TMD – Non-surgical treatment only.
- Orthodontia – Includes case workup, all appliances and one set of retainers. Braces/Appliances must be placed prior to the dependent child turning age 26 for orthodontic benefits to be payable.

## SERVICES

|                                 |   |
|---------------------------------|---|
| <b>Hearing Discount Program</b> | The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit <a href="http://www.amplifonusa.com/mutualofomaha">www.amplifonusa.com/mutualofomaha</a> to learn more. |
|---------------------------------|---|

## PREMIUM AMOUNTS AND ENROLLING FOR COVERAGE

| Coverage Tier                | Premium Amount<br>(24 Payroll Deductions Per Year) |
|------------------------------|--|
| Employee/Member              | \$3.51   |
| Employee/Member + Spouse     | \$19.62  |
| Employee/Member + Child(ren) | \$26.81  |
| Employee/Member + Family     | \$50.07  |

### To enroll for dental coverage:

- 1) Using the table above, first identify the tier of coverage you wish to enroll for. Options are available that provide coverage for you (the employee) only, or for you and your family. The amount listed in the Premium Amount column is the cost per paycheck for each tier of coverage.
- 2) Locate the Dental Coverage election section on your enrollment form. Place a  $\checkmark$  or an  $x$  in the Yes box next to the tier of coverage you wish to enroll for, then insert the Premium Amount for the tier you select into the Premium Amount column (if the premium amount is not already available on the form).
- 3) If you are enrolling for coverage for your dependents, complete the Dependent Information section of the enrollment form.

# › Frequently Asked Questions

## Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 30 hours per week.

## When does my coverage begin?

Complete enrollment information must be submitted to us through your Benefits Administrator *prior* to the requested effective date. Enrollment will be accepted within 31 days following the day you become eligible; however your effective date will then be the first of the following month.

## When does my coverage begin for my dependents?

A Dependent child is considered eligible for insurance at birth and may be added to your policy at any time up to the child's third birthday. If we do not receive notification of the child's enrollment by age 3, you will be required to wait until the next Subsequent Enrollment Period to enroll the child.

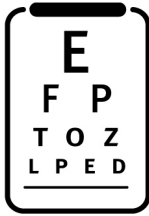
## If I enroll now, can I change or drop my coverage at any time?

Your enrollment in this coverage is for a 12 month Policy Year. During the Policy Year, you may drop coverage, or add or remove dependents, or terminate coverage within 31 days of a qualifying Life Change Event (as defined in the Certificate). These events include the birth of a child, pending adoption, marriage, divorce or loss of other coverage.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Dental insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Insurance Company is licensed nationwide, except in New York Policy form number: G2018MP or state equivalent (In NC: G2018MP NC).

**DENTAL INSURANCE**





# Voluntary Vision Insurance

FOR EMPLOYEES OF ACADEMIA CESAR CHAVEZ CHARTER SCHOOL

## ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

|  |   |
|--|---|
| <b>Eligibility Requirement</b>           | You must be actively working a minimum of 30 hours per week to be eligible for coverage.  |
| <b>Dependent Eligibility Requirement</b> | To be eligible for coverage, any dependent child(ren) must be under 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself. |
| <b>Premium Payment</b>                   | The premiums for this insurance are paid in full by you.  |

| <b>BENEFITS</b>  | <b>MEMBER COST IN-NETWORK</b>  | <b>OUT-OF-NETWORK REIMBURSEMENT*</b>   |
|--|--|--|
| <b>Exam with Dilation as Necessary</b>   | \$10 copay   | Up to \$37   |
| <b>Exam Options:</b><br><ul style="list-style-type: none"> <li>•Retinal Imaging</li> <li>•Standard Contact Lens Fit &amp; Follow-up</li> <li>•Premium Contact Lens Fit &amp; Follow-up</li> </ul>  | <ul style="list-style-type: none"> <li>•Up to \$39</li> <li>•Up to \$40</li> <li>•10% off retail price</li> </ul>  | •Not Applicable  |
| <b>Frames</b><br><ul style="list-style-type: none"> <li>•Any available frame at provider location</li> </ul>   | •\$0 copay, \$150 allowance plus 20% off balance over allowance  | •Up to \$66  |
| <b>Standard Plastic Lenses:</b><br><ul style="list-style-type: none"> <li>•Single Vision</li> <li>•Bifocal</li> <li>•Trifocal</li> <li>•Lenticular</li> <li>•Standard Progressive Lenses (add on to bifocal copay)</li> <li>•Premium Progressive Lenses (add on to bifocal copay) <ul style="list-style-type: none"> <li>•Tier 1</li> <li>•Tier 2</li> <li>•Tier 3</li> <li>•Tier 4</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>•\$10 copay</li> <li>•\$10 copay</li> <li>•\$10 copay</li> <li>•\$10 copay</li> <li>•\$65 copay</li> <li>•\$85 copay</li> <li>•\$95 copay</li> <li>•\$110 copay</li> <li>•\$65 copay plus 80% of charge less \$120 allowance</li> </ul> | <ul style="list-style-type: none"> <li>•Up to \$32</li> <li>•Up to \$48</li> <li>•Up to \$76</li> <li>•Up to \$76</li> <li>•Up to \$48</li> <li>•Up to \$48</li> <li>•Up to \$48</li> <li>•Up to \$48</li> </ul> |
| <b>Lens Options:</b><br><ul style="list-style-type: none"> <li>•UV Coating</li> <li>•Tint (Solid and Gradient)</li> <li>•Standard Scratch Coating</li> <li>•Standard Polycarbonate (Adults)</li> <li>•Standard Polycarbonate (Children under 19)</li> </ul>  | <ul style="list-style-type: none"> <li>•\$0 copay</li> <li>•\$0 copay</li> <li>•\$0 copay</li> <li>•\$40</li> <li>•\$0 copay</li> </ul>  | <ul style="list-style-type: none"> <li>•Up to \$12</li> <li>•Up to \$12</li> <li>•Up to \$12</li> <li>•Not Applicable</li> <li>•Up to \$32</li> </ul>  |

|   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li>•Standard Anti-Reflective</li> <li>•Photochromic – Transitions</li> <li>•Other Add-ons</li> </ul>  | <ul style="list-style-type: none"> <li>•\$45</li> <li>•\$75</li> <li>•20% off retail price</li> </ul>  | <ul style="list-style-type: none"> <li>•Not Applicable</li> <li>•Not Applicable</li> <li>•Not Applicable</li> </ul> |
| <b>Contact Lenses:</b><br>(Contact lens allowance includes materials only) <ul style="list-style-type: none"> <li>•Conventional</li> <li>•Disposable</li> <li>•Medically Necessary</li> </ul> | <ul style="list-style-type: none"> <li>•\$0 copay, \$150 allowance plus 15% off balance over allowance</li> <li>•\$0 copay, \$150 allowance</li> <li>•\$0 copay, paid in full</li> </ul> | <ul style="list-style-type: none"> <li>•Up to \$102</li> <li>•Up to \$120</li> <li>•Up to \$210</li> </ul>          |
| <b>Laser Vision Correction:</b> <ul style="list-style-type: none"> <li>•LASIK or PRK from U.S. Laser Network</li> </ul>   | <ul style="list-style-type: none"> <li>•15% off retail price or 5% off promotional price</li> </ul>  |   |
| <b>Additional Pair of Glasses or Contacts</b>   | 40% discount off of complete pair of eyeglasses and 15% off conventional contact lenses once the funded benefit has been used  |   |

### FREQUENCY

|                                 |                      |
|---------------------------------|----------------------|
| <b>Exams</b>                    | Once every 12 months |
| <b>Lenses or Contact Lenses</b> | Once every 12 months |
| <b>Frames</b>                   | Once every 12 months |

\*Out-of-Network Reimbursement will be the lesser of the listed amount of the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider locator to determine which participating providers have agreed to the discounted rate.

### EXCLUSIONS

We will not pay benefits for any services or materials connected with or changes arising from:

- orthoptic or vision training, subnormal vision aides and any associated supplemental testing;
- Aniseikonic lenses;
- medical or surgical treatment of the eye, eyes or supporting structures;
- any eye or vision examination, or any corrective eyewear required by the policyholder as a condition of employment;
- safety eyewear;
- services or materials provided or paid for in whole or in part by a state or federal government or its agencies;
- services or materials provided or paid for in whole or in part as a result of any workers' compensation or occupational disease law or as required by any federal or state governmental agency or program;
- Plano (non-prescription) lenses or contract lenses;
- non-prescription sunglasses;
- two pair of glasses in lieu of bifocals;
- services or materials provided or paid for in whole or in part by any other group benefit plan providing vision benefits;
- certain name brand vision materials for which the manufacturer maintains a no-discount practice;
- services rendered after the date an insured person ceases to be covered under the policy; or
- lost, stolen, or broken lenses, frames, glasses, or contact lenses until the next benefit frequency when vision materials would next become available.

### SERVICES

|                                 |   |
|---------------------------------|---|
| <b>Hearing Discount Program</b> | The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit <a href="http://www.amplifonusa.com/mutualofomaha">www.amplifonusa.com/mutualofomaha</a> to learn more. |
|---------------------------------|---|

### PREMIUM AMOUNTS

| Coverage Tier                | Premium Amount (24 Payroll Deductions Per Year) |
|------------------------------|---|
| Employee/Member              | \$4.18  |
| Employee/Member + Spouse     | \$9.63  |
| Employee/Member + Child(ren) | \$10.63   |
| Employee/Member + Family     | \$16.25   |



# > Frequently Asked Questions

## If I enroll now, can I change or drop my coverage at any time?

Your enrollment in this coverage is for a 12-month Policy Year. During this Policy Year, you may add or remove dependents within 31 days of a qualifying Life Change Event (as defined in the Certificate). These events include the birth of a child, pending adoption, marriage, divorce or loss of other coverage.

## How do I use my vision benefit?

Mutual of Omaha's affiliation with EyeMed's Insight Network offers access to over 91,000 providers. To access your vision benefit:

1. Locate an in-network provider of your choice by calling the Customer Care Center at **1-833-279-4358** or visiting **www.mutualofomaha.com/vision** and choosing a provider on the provider locator. Or download the EyeMed Members App on your iPhone, iPad or Android to view your benefit details and ID card right when you need it.
2. Schedule an appointment. Many of our providers also offer walk-in appointments, in which case, an appointment is not necessary.
3. When you arrive, identify yourself as an EyeMed member or present your ID card to receive services. (Vision ID Card is not required to receive services)
4. Your in-network provider will file claims on your behalf, so you don't have to worry about anything!

## How can I view my Explanation of Benefits online?

Click on "View Your Benefits" and select "Claim Status". If an Explanation of Benefits is available for a claim, an EOB column will appear next to the claim. Click the "View" button to view the document. Note: If the EOB column does not appear, EOBs are not applicable to your plan.

## Will I be able to choose any eyewear product available at an in-network provider location?

Yes! With your Mutual of Omaha vision benefits, powered by EyeMed, you can apply your benefit toward any available frame or brand of contact lenses that fit your vision needs and lifestyle.

## Can I purchase two pair of eyeglasses and/or eyeglasses and contact lenses in the same benefit period?

Yes! You are eligible for additional discounts, once the covered benefit has been used. We offer the largest additional pair discount in the industry – 40 percent off eyeglasses and 15 percent off conventional contact lenses – which can be used at any in-network location at any time while you are covered under the plan.

## Are there any additional discounts beyond what is covered by the plan?

Yes! You will receive the following additional savings:

- 40 percent off additional complete pairs of glasses
- 20 percent off any remaining frame balance
- 15 percent off any remaining conventional contact lens balance
- 20 percent off non-covered items, including non-prescription sunglasses, accessories and lens cleaner
- 15 percent off the standard price or 5 percent off any promotional price of LASIK or PRK services

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This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions and limitations. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Vision insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. Policy form number: G2018MP or state equivalent (In NC: G2018MP NC). United of Omaha Life Insurance Company is licensed nationwide, except in New York.





# **SPECIAL NOTICES**

**PLAN YEAR: 2023**

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## CONTACT INFORMATION

|                                  |                                   |
|----------------------------------|-----------------------------------|
| <b>PLAN ADMINISTRATOR</b>        |                                   |
| Contact Name:                    | ARTY ORTIZ                        |
| Phone Number:                    | 651-294-4642                      |
| E-mail:                          | aortiz@cesarchavezscool.com       |
| <b>HEALTH INSURANCE PROVIDER</b> |                                   |
| Health Insurer:                  | BLUECROSS BLUESHIELD OF MINNESOTA |
| Customer Service:                | 651-662-8000                      |
| Website:                         | www.bluecrossmn.com               |
| <b>PRIVACY OFFICER</b>           |                                   |
| Contact Name:                    | ARTY ORTIZ                        |
| Business Address:                | 1801 LACROSSE AVE                 |
|                                  | ST. PAUL MN 55119                 |
| Phone Number:                    | 651-778-2940                      |
| E-mail:                          | aortiz@cesarchavezscool.com       |
| Website:                         | www.cesarchavezscool.com          |
| <b>MEDICARE PART D</b>           |                                   |
| Creditable:                      | T23075P \$3,000-100% HSA          |
|                                  |                                   |

The information in this Special Notices is presented is based on information required by law. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Special Notices and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact your plan administrator.

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## WHCRA ENROLLMENT NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complication of mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: see your Certificate of Coverage or Summary Plan Description. If you would like more information on WHCRA benefits, call Customer Service at the number on the back of your ID card.

## SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information contact your plan administrator.

## NEWBORN’S ACT DISCLOSURE

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not under Federal law, required that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

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# NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

## General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

## What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

## Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

## Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

## How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

(expires 6-30-2023)

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## YOUR INFORMATION, YOUR RIGHTS, OUR RESPONSIBILITIES

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

|   |   |
|---|---|
| <b>Get a copy of your health and claims record</b>            | <ul style="list-style-type: none"><li>• You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.</li><li>• We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.</li></ul>  |
| <b>Ask us to correct health and claims records</b>            | <ul style="list-style-type: none"><li>• You can ask us to correct your health and claims records if you think they are correct or incomplete. Ask us how to do this.</li><li>• We may say “no” to your request, but we’ll tell you why in writing within 60 days.</li></ul>   |
| <b>Request confidential communication</b>                     | <ul style="list-style-type: none"><li>• You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.</li><li>• We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.</li></ul>   |
| <b>Ask us to limit what we use or share</b>                   | <ul style="list-style-type: none"><li>• You can ask us not to use or share certain health information for treatment, payment, or our operations.</li><li>• We are not required to agree to your request, and we may say “no” if it would affect your care.</li></ul>  |
| <b>Get a list of these with whom we’ve shared information</b> | <ul style="list-style-type: none"><li>• You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.</li><li>• We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.</li></ul>                                    |
| <b>Get a copy of this privacy notice</b>                      | <ul style="list-style-type: none"><li>• You can ask for a paper copy of this notice at any time, even if you have agreed to receive this notice electronically. We will provide you with a paper copy promptly.</li></ul>   |
| <b>Choose someone to act for you</b>                          | <ul style="list-style-type: none"><li>• If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.</li><li>• We will make sure the person has this authority and can act for you before we take any action.</li></ul>   |
| <b>File a complaint if you feel your rights are violated</b>  | <ul style="list-style-type: none"><li>• You can complain if you feel we have violated your rights by contacting us using the Privacy Officer contact information.</li><li>• You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting <a href="http://www.hhs.gov/ocr/privacy/hipaa/complaints/">www.hhs.gov/ocr/privacy/hipaa/complaints/</a>. We will not retaliate against you for filing a complaint.</li></ul> |

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## Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

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| <b>In these cases, you have both the right and choice to tell us to:</b>                     | <ul style="list-style-type: none"><li>• Share information with your family, close friends, or other involved in payment for your care</li><li>• Share information in a disaster relief situations</li><li>• Contact you for fundraising efforts</li><li>• If you are not able to tell us your preference, for example if you are unconscious we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</li></ul> |
| <b>In these cases we never share your information unless you give us written permission:</b> | <ul style="list-style-type: none"><li>• Marketing purposes</li><li>• Sale of your information</li></ul>  |

## Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

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| <b>Help manage the health care treatment you receive</b> | <ul style="list-style-type: none"><li>• We can use your health information and share it with professionals who are treating you.</li></ul>   | Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.                                   |
| <b>Run our organization</b>                              | <ul style="list-style-type: none"><li>• We can use and disclose your information to run our organization and contract you when necessary.</li><li>• We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.</li></ul> | Example: We use health information about you to develop better services for you.  |
| <b>Pay for your health services</b>                      | <ul style="list-style-type: none"><li>• We can use and disclose your health information as we pay for your health services</li></ul>   | Example: We share information about you with your dental plan to coordinate payment for your dental work.   |
| <b>Administer your plan</b>                              | <ul style="list-style-type: none"><li>• We may disclose your health information to your health plan sponsor for plan administration.</li></ul>   | Example: Your company contacts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge. |

How else can we use or share your health information? We are allowed or required to share your information in other ways—usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

|   |   |
|---|---|
| <b>Help with public health and safety issues</b>  | <ul style="list-style-type: none"> <li>• We can share health information about you for certain situations such as:</li> <li>• Preventing disease</li> <li>• Helping with product recalls</li> <li>• Reporting adverse reactions to medications</li> <li>• Reporting suspected abuse, neglect, or domestic violence</li> <li>• Preventing or reducing a serious threat to anyone’s health or safety</li> </ul>                 |
| <b>Do research</b>  | <ul style="list-style-type: none"> <li>• We can use or share your information for health research</li> </ul>  |
| <b>Comply with the law</b>  | <ul style="list-style-type: none"> <li>• We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.</li> </ul>   |
| <b>Respond to organ and tissue donation requests and work with a medical examiner or funeral director</b> | <ul style="list-style-type: none"> <li>• We can share health information about you with organ procurement organizations.</li> <li>• We can share health information with a coroner, medical examiner, or funeral director when an individual dies.</li> </ul>   |
| <b>Address workers’ compensation, law enforcement, and other government requests</b>                      | <ul style="list-style-type: none"> <li>• We can use or share health information about you:</li> <li>• For workers’ compensation claims</li> <li>• For law enforcement purposes or with a law enforcement official</li> <li>• With health oversight agencies for activities authorized by law</li> <li>• For special government functions such as military, national security, and presidential protective services</li> </ul> |
| <b>Respond to lawsuits and legal actions</b>  | <ul style="list-style-type: none"> <li>• We can share health information about you in response to a court or administrative order, or in response to a subpoena.</li> </ul>   |

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/oct/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/oct/privacy/hipaa/understanding/consumers/noticepp.html).

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website, and we will mail a copy to you.



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## GINA DISCLOSURE

### GENETIC INFORMATION NONDISCRIMINATION ACT OF 2008

The Genetic Information Nondiscrimination Act of 2008 (“GINA”) protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employer may not request or require any genetic information from you or your family members.

## MODEL GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

### Introduction

You’re getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan’s Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse’s plan), even if that plan generally doesn’t accept late enrollees.

### MENTAL HEALTH & ADDICTION EQUITY ACT DISCLOSURE

The Mental Health Parity and Addiction Equity Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For information regarding the criteria for medical necessity determinations made under the company’s group health plan with respect to mental health or substance use disorder benefits, please contact the plan administrator.

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## **What is COBRA continuation coverage?**

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you’re an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

Your hours of employment are reduced, or  
Your employment ends for any reason other than your gross misconduct.

If you’re the spouse of an employee, you’ll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

Your spouse dies;  
Your spouse’s hours of employment are reduced;  
Your spouse’s employment ends for any reason other than his or her gross misconduct;  
Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or  
You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

The parent-employee dies;  
The parent-employee’s hours of employment are reduced;  
The parent-employee’s employment ends for any reason other than his or her gross misconduct;  
The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);  
The parents become divorced or legally separated; or  
The child stops being eligible for coverage under the Plan as a “dependent child.”

## **When is COBRA continuation coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

The end of employment or reduction of hours of employment; Death of the employee; or the employee’s becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days the qualifying event occurs. You must provide this notice to the Plan Administrator.

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## **How is COBRA continuation coverage provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

### **Disability extension of 18-month period of COBRA continuation coverage**

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. Contact the COBRA Administrator immediately or as soon as possible to notify them of this qualification.

### **Second qualifying event extension of 18-month period of continuation coverage**

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

## **Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

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## **If you have questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

## **ADA WELLNESS PROGRAM NOTICE**

Our wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive.

Additional incentives may be available for employees who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the plan administrator.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health potential risks and may also be used to offer you services through the wellness program. You also are encouraged to share your results or concerns with your own doctor.

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## PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and our company may use aggregate information it collects to design a program based on identified health risks in the workplace, we will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) [indicate who will receive information such as "a registered nurse," "a doctor," or "a health coach"] in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. [Specify any other or additional confidentiality protections if applicable.] Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the plan administrator.

### Wellness Program Disclosure

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact your plan administrator and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2022. Contact your State for more information on eligibility –**

| ALABAMA-Medicaid  | CALIFORNIA-Medicaid   |
|---|---|
| Website:<br><a href="http://myalhipp.com/">http://myalhipp.com/</a><br>Phone: 1-855-692-5447  | Website:<br>Health Insurance Premium Payment (HIPP) Program<br><a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a><br>Phone: 916-445-8322<br>Fax: 916-440-5676<br>Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>   |
| ALASKA-Medicaid   | COLORADO-Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)  |
| The AK Health Insurance Premium Payment Program<br>Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a><br>Phone: 1-866-251-4861<br>Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a><br>Medicaid Eligibility:<br><a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a> | Health First Colorado Website:<br><a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a><br>Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711<br>CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a><br>CHP+ Customer Service: 1-800-359-1991/ State Relay 711<br>Health Insurance Buy-In Program (HIBI):<br><a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a><br>HIBI Customer Service: 1-855-692-6442 |

| ARKANSAS-Medicaid   | FLORIDA-Medicaid  |
|---|---|
| <p>Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a><br/> Phone: 1-855-MyARHIPP (855-692-7447)</p>   | <p>Website:<br/> <a href="https://www.flmedicaidtplrecovery.com/flmedicaidplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidplrecovery.com/hipp/index.html</a><br/> Phone: 1-877-357-3268</p>   |
| GEORGIA-Medicaid  | MASSACHUSETTS-Medicaid and CHIP   |
| <p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a><br/> Phone: 678-564-1162, Press 1<br/> GA CHIPRA Website:<br/> <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a><br/> Phone: (678) 564-1162, Press 2</p>          | <p>Website:<br/> <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a><br/> Phone: 1-800-862-4840<br/> TTY: (617) 886-8102</p>  |
| INDIANA-Medicaid  | MINNESOTA-Medicaid  |
| <p>Healthy Indiana Plan for low-income adults 19-64<br/> Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a><br/> Phone: 1-877-438-4479<br/> All other Medicaid<br/> Website:<br/> <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a> Phone<br/> 1-800-457-4584</p>   | <p>Website:<br/> <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a><br/> Phone: 1-800-657-3739</p> |
| IOWA-Medicaid and CHIP (Hawki)  | MISSOURI-Medicaid   |
| <p>Medicaid Website:<br/> <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a><br/> Medicaid Phone: 1-800-338-8366<br/> Hawki Website:<br/> <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a><br/> Hawki Phone: 1-800-257-8563 HIPP<br/> Website:<br/> <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> HIPP Phone: 1-888-346-9562</p>  | <p>Website:<br/> <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a><br/> Phone: 573-751-2005</p>   |
| KANSAS-Medicaid   | MONTANA-Medicaid  |
| <p>Website:<br/> <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> Phone:<br/> 1-800-792-4884</p>   | <p>Website:<br/> <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a><br/> Phone: 1-800-694-3084<br/> Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>  |
| KENTUCKY-Medicaid   | NEBRASKA-Medicaid   |
| <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br/> <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a><br/> Phone: 1-855-459-6328<br/> Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a><br/> <br/> KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a> Phone: 1-877-524-4718<br/> <br/> Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p> | <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a><br/> Phone: 1-855-632-7633<br/> Lincoln: 402-473-7000<br/> Omaha: 402-595-1178</p>  |

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| <p align="center"><b>LOUISIANA-Medicaid</b></p> <p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a><br/> Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>   | <p align="center"><b>NEVADA-Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcnp.nv.gov">http://dhcnp.nv.gov</a><br/> Medicaid Phone: 1-800-992-0900</p>  |
| <p align="center"><b>MAINE-Medicaid</b></p> <p>Enrollment Website:<br/> <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-442-6003<br/> TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage:<br/> <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: -800-977-6740.<br/> TTY: Maine relay 711</p> | <p align="center"><b>NEW HAMPSHIRE-Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 603-271-5218<br/> Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p> |
| <p align="center"><b>NEW JERSEY-Medicaid and CHIP</b></p> <p>Medicaid Website:<br/> <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a><br/> Medicaid Phone: 609-631-2392<br/> CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a><br/> CHIP Phone: 1-800-701-0710</p>  | <p align="center"><b>SOUTH DAKOTA-Medicaid</b></p> <p>Website:<br/> <a href="http://dss.sd.gov">http://dss.sd.gov</a><br/> Phone: 1-888-828-0059</p>   |
| <p align="center"><b>NEW YORK-Medicaid</b></p> <p>Website:<br/> <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone:<br/> 1-800-541-2831</p>  | <p align="center"><b>TEXAS-Medicaid</b></p> <p>Website:<br/> <a href="http://gethipptexas.com/">http://gethipptexas.com/</a><br/> Phone: 1-800-440-0493</p>  |
| <p align="center"><b>NORTH CAROLINA-Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a><br/> Phone: 919-855-4100</p>   | <p align="center"><b>UTAH-Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a><br/> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a><br/> Phone: 1-877-543-7669</p>   |
| <p align="center"><b>NORTH DAKOTA-Medicaid</b></p> <p>Website:<br/> <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a><br/> Phone: 1-844-854-4825</p>  | <p align="center"><b>VERMONT-Medicaid</b></p> <p>Website:<br/> <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a><br/> Phone: 1-800-250-8427</p>  |
| <p align="center"><b>OKLAHOMA-Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a><br/> Phone: 1-888-365-3742</p>  | <p align="center"><b>VIRGINIA-Medicaid and CHIP</b></p> <p>Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a><br/> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a><br/> Medicaid Phone: 1-800-432-5924<br/> CHIP Phone: 1-800-432-5924</p>                       |
| <p align="center"><b>OREGON-Medicaid</b></p> <p>Website:<br/> <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a><br/> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a><br/> Phone: 1-800-699-9075</p>   | <p align="center"><b>WASHINGTON-Medicaid</b></p> <p>Website:<br/> <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a><br/> Phone: 1-800-562-3022</p>   |



| PENNSYLVANIA-Medicaid   | WEST VIRGINIA-Medicaid and CHIP  |
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| Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a><br>Phone: 1-800-692-7462 | Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a><br><a href="http://mywvhipp.com/">http://mywvhipp.com/</a><br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| RHODE ISLAND-Medicaid and CHIP  | WISCONSIN-Medicaid and CHIP  |
| Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a><br>Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)   | Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a><br>Phone: 1-800-362-3002  |
| SOUTH CAROLINA-Medicaid   | WYOMING-Medicaid   |
| Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a><br>Phone: 1-888-549-0820   | Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a><br>Phone: 1-800-251-1269                              |

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
 Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
 Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
 1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

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## **IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE CREDITABLE**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

### **There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:**

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. We have determined that the prescription drug coverage offered by the company is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### **When can you join a Medicare drug plan?**

- You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.
- However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What happens to your current coverage if you decide to join a Medicare drug plan?**

- If you decide to join a Medicare drug plan, your current coverage will not be affected. Please see the Insurance Carrier for additional information regarding plan coverage
- If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will may not be able to get this coverage back.

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## **When will you pay a higher premium (penalty) to join a Medicare drug plan?**

- You should also know that if you drop or lose your current coverage and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.
- If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## **For more information about this notice or your current prescription drug coverage...**

Contact the person listed as the plan administrator for further information NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage changes. You also may request a copy of this notice at any time.

## **For more information about your options under Medicare prescription drug coverage...**

- More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.
- For more information about Medicare prescription drug coverage: Visit [www.medicare.gov](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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## **IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE NON-CREDITABLE**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

### **There are three important things you need to know about your current coverage and Medicare's prescription drug coverage:**

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. We have determined that the prescription drug coverage offered is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.
3. You can keep your current coverage. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options. [When Can You Join A Medicare Drug Plan?](#) You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you decide to drop your current coverage, since it is employer/union sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable.

### **When will you pay a higher premium (penalty) to join a Medicare drug plan?**

Since the coverage is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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## **What happens to your current coverage if you decide to join a Medicare drug plan?**

- If you decide to join a Medicare drug plan, your current coverage will not be affected.
- If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

## **For more information about this notice or your current prescription drug coverage...**

Contact the person listed as the plan administrator for further information NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage changes. You also may request a copy of this notice at any time.

## **For more information about your options under Medicare prescription drug coverage...**

- More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.
- For more information about Medicare prescription drug coverage: Visit [www.medicare.gov](http://www.medicare.gov).
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).