



# Family Resource Center Benefit News

## TO OUR EMPLOYEES:

October 1, is the renewal date of our employee benefit plans and at this time we are beginning our annual enrollment period. We are happy to announce that we are remaining with Anthem for our medical and dental benefits. Vision Benefits of America will remain our vision carrier, Colonial will continue to offer voluntary short term disability and we will continue to offer life and disability benefits through The Hartford.

Family Resource Center understands the importance of an affordable benefit package. It is our goal to provide cost effective options which meet your needs and the needs of your family. We are pleased to inform you we will again offer employees the option of **three** medical plans, **two** dental plans, a vision plan, base life/ad&d, optional life, long term disability, voluntary short term disability and Teledoc. Teledoc will cost you, as the employee, \$1 per month and is limited to telephonic visits. Anthem also offers Live Health Online which allows face to face virtual visits online for which an office visit copay is involved. See flyers included in this guide for further information.

The three medical plans include our Hospital/Surgical Plan, Non-BJC Plan, and a Buy-Up option. The first plan mentioned is strictly a **Hospital and Surgical plan**. It has limited benefits for doctor's office visits and has a \$1,500 deductible. It is considered a catastrophic plan. This plan also includes a limited prescription drug benefit which offers coverage only for generic drugs. The second option is our **Non-BJC Plan**. This plan also has a \$1,500 deductible and offers office visit co-pays when you visit your primary care physician or a specialist. The second option also offers coverage only for generic drugs under the Prescription Drug benefit. The third option is our **Buy-Up Plan**. Although the benefit summary shows a \$5,000 individual deductible, \$4,000 of this deductible is covered by Family Resource Center under a Health Reimbursement Account (HRA). This means Family Resource Center pays the \$4,000 for you. The HRA also offers coverage for the family deductible. The Buy-Up plan also includes office visit co-pays and a 4-tier prescription drug benefit. You will find summaries, highlights, and employee contributions for each of these plans in this Employee Benefit Guide.

Our annual enrollment period is between August 23rd-August 31st. During this time you are allowed to make changes to your benefit choices and add or remove dependents. If you wish to make changes you must complete an enrollment change form. Contact Michele Gross for the appropriate form. All forms must be completed and returned to Michele by August 31st.

## ENROLLING IN THE PLANS

ENROLLING IN THE PLANS IS FAST AND EASY - HERE'S HOW:

**Contact Michele Gross for the appropriate forms to enroll**

## ELIGIBILITY

WHO CAN YOU ADD TO YOUR PLAN:

**Eligible:** Employee  
Spouse  
Dependent Children  
Domestic Partners

## FREQUENTLY ASKED QUESTIONS

ARE CHANGES TO MY PLAN ALLOWED DURING THE YEAR?

Generally, you may only enroll in the plan, or make changes to your benefits, during the open enrollment period or when you are first hired. However, you can make changes/enroll during the plan year if you experience a qualifying event. As with a new enrollee, you must have your paperwork turned in within 30 days of the qualifying event or you will have to wait until the next annual open enrollment period. Premiums and enrollment eligibility may change; see your Human Resources department for details.

EXAMPLES OF QUALIFYING EVENTS:

- Your dependents or you lose health coverage because of loss of eligibility or loss of employer contributions
- You get married, divorced, or legally separated (with court order)
- You have a baby or adopt a child
- You or your spouse take an unpaid leave of absence
- You or your spouse dies
- You become eligible for or lose Medicaid coverage
- You become eligible for Medicare

# 2016-2017 Benefits Guide

## *Enhance Your Smile with Dental Coverage - ANTHEM*

Family Resource Center is again offering two voluntary dental plans. This benefit is offered to you through Anthem. You may elect the Base Plan or the higher benefit option by selecting the High Plan. Both plans offer in-network and non-network benefits. If you utilize a non-network provider you are responsible for all charges exceeding Anthem's negotiated rates in addition to your deductible and any applied coinsurance.

**BOTH DENTAL PLANS INCLUDE A MAXIMUM CARRYOVER PROVISION - SEE ANTHEM BOOKLET**

### BASE PLAN

Schedule of Benefits	PPO Network	Out of Network
Deductible (individual/family)	\$50/\$150	\$50/\$150
Maximum Dependent Age	26	26
Annual Max per Person	\$1000	\$1000
Preventative Care: (Exams, Cleanings)	100%	80%
Basic & Restorative: (Fillings, Extractions)	80%	60%
Major Procedures: (Caps, Crown)	50%	50%
Orthodontics—Child Only	50%	50%
Orthodontic Maximum	\$1,000	\$1,000

### HIGH PLAN

Schedule of Benefits	PPO Network	Out of Network
Deductible (individual/family)	\$75/\$225	\$75/\$225
Maximum Dependent Age	26	26
Annual Max per Person	\$1500	\$1500
Preventative Care: (Exams, Cleanings)	100%	100%
Basic & Restorative: (Fillings, Extractions)	90%	80%
Major Procedures: (Caps, Crown)	60%	50%
Orthodontics—Child Only	50%	50%
Orthodontic Maximum	\$1,500	\$1,500

Dental Per Pay Period	Base
Employee	\$2.50
Employee & Spouse	\$8.50
Employee & Child	\$13.00
Family	\$18.50

#### Additional benefits added:

- Upgrade to “Complete Network”
- 3<sup>rd</sup> cleaning for at risk conditions
- Two bitewings per 12 months for ALL ages – not just children under age 19
- Sealants covered at 1 in 24 months
- Anthem will cover congenital missing teeth after 24 month waiting period
- 2 year rate guarantee

Dental Per Pay Period	HIGH PLAN
Employee	\$4.00
Employee & Spouse	\$13.00
Employee & Child	\$17.50
Family	\$25.50

# LiveHealth Online<sup>®</sup>

Easy, fast doctor visits. All from the comfort of your own computer or mobile device.

Talk to a doctor today, tonight, anytime — 365 days a year.  
Just enroll at [livehealthonline.com](http://livehealthonline.com) or on the free mobile app.



LiveHealth<sup>®</sup>  
O N L I N E

## Now you can get the health care you need without all the hassle

Have a health question? Under the weather? With LiveHealth Online, you don't have to schedule an appointment, drive to the doctor's office, and then wait for your appointment. In fact, you don't even have to leave your home or office. Doctors can answer questions, make a diagnosis, and even prescribe basic medications when needed.\*

With LiveHealth Online, you get:

- Immediate doctor visits through live video.
- Your choice of U.S. board-certified doctors.
- Help at a cost of only \$49 per visit, subject to deductible and coinsurance.
- Private, secure and convenient online visits.

### What are the qualifications of the doctors you consult via LiveHealth Online?

- U.S. board-certified.
- Average 15 years practicing medicine.
- Mostly primary care physicians.
- Specially trained for online visits.

### When can you use LiveHealth Online?

As always, you should call 911 with any emergency. Otherwise, you can use LiveHealth Online whenever you have a health concern and don't want to wait. Doctors are available 24 hours a day, seven days a week, 365 days a year. Some of the most common uses include:

- Cold and flu symptoms such as a cough, fever and headaches
- Allergies
- Sinus infections
- Family health questions

### Start a conversation now.

Just enroll for free at [livehealthonline.com](https://livehealthonline.com) or on the app, and you're ready to see a doctor.

\*As legally permitted in certain states.

LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross and Blue Shield of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation (CompCare), which underwrites or administers the HMO policies; and CompCare and BCBSWI collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

## Download the app now!

[apple.com](https://apple.com)



[play.google.com/store](https://play.google.com/store)



# Family Resource Center

## Medical Insurance to Keep You Healthy

### OPTION 1 - HOSPITAL/ SURGICAL

- ◆ Under this plan you are responsible for 90% of the Anthem negotiated fee for any office visit.
- ◆ Co-Pays apply for certain benefits.
- ◆ Coinsurance is 20%
- ◆ Only Generic drugs are covered under this plan.
- ◆ You are responsible for the entire cost of Brand Name Drugs.
- ◆ This plan offers the lowest employee contribution.
- ◆ Benefits are not as high under this plan as they are under the other offered plans.

Benefit/Service	In Network <b>YOU PAY</b>	Non-Network <b>YOU PAY</b>
Deductible	\$1,500 / Individual \$4,500 / Family	\$3,000 / Individual \$9,000 / Family
Coinsurance	20%	50%
Out-of-Pocket Maximum	\$5,500 / Individual \$11,000 / Family	\$11,000 / Individual \$22,000 / Family
Office Visit	90% Deductible Does Not Apply	90% After Deductible
Preventive Care	100% Covered	50% After Deductible
Inpatient Services AND Outpatient Surgery	\$500 Co-Pay then 20% Coinsurance Deductible Does Not Apply	50% After Deductible
Outpatient Services	20% Coinsurance After Deductible	50% After Deductible
Urgent Care	Not Covered	Not Covered
Emergency Room	\$200 Co-Pay Then 20% Coinsurance Deductible Does Not Apply	
Prescription Retail	\$10 Co-Pay Generic Only	50% Generic Only
Mail Order 90 Day Supply	\$10 Co-Pay Generic Only	Not Covered

### OPTION 2 - PLAN -NON-BJC PLAN

- ◆ This plan offers co-pays for office visits.
- ◆ Co-Pays apply for certain benefits.
- ◆ Coinsurance is 10%
- ◆ Only Generic drugs are covered under this plan.
- ◆ You are responsible for the entire cost of Brand Name Drugs.
- ◆ This benefit plan **EXCLUDES BJC** providers.

Benefit/Service	In Network <b>YOU PAY</b>	Non-Network <b>YOU PAY</b>
Deductible	\$1,500 / Individual \$3,000 / Family	\$3,000 / Individual \$6,000 / Family
Coinsurance	10%	30%
Out-of-Pocket Maximum	\$2,500 / Individual \$5,000 / Family	\$5,000 / Individual \$10,000 / Family
Office Visit	\$30 Primary Care \$50 Specialist	30% After Deductible
Preventive Care	100% Covered	30% After Deductible
Inpatient Services	10% After Deductible	30% After Deductible
Outpatient Services	10% After Deductible	30% After Deductible
Urgent Care	\$75 Co-Pay	30% After Deductible
Emergency Room	\$200 Co-Pay	
Prescription Retail	\$10 Co-Pay Generic Only	50% Generic Only
Mail Order 90 Day Supply	\$20 Co-Pay Generic Only	Not Covered

#### Medical - Per Pay Period Hospital/Surgical

Employee	\$50.67
Employee & Spouse	\$177.33
Employee & Child(ren)	\$145.67
Family	\$272.35

#### Medical - Per Pay Period BASE

Employee	\$62.62
Employee & Spouse	\$219.18
Employee & Child(ren)	\$180.04
Family	\$336.61



# 2016-2017 Benefits Guide

## OPTION 3 Buy-Up Plan With The Health Reimbursement Account

This benefit plan is offered with a Health Reimbursement Account which will cover \$4,000 of an individual deductible and \$8,000 of the family deductible. **\*\*SEE PAGE 5 FOR HRA INSTRUCTIONS FOR THIS PLAN**

Benefit / Service <i>*INCLUDES BJC*</i>	In-Network <b>You Pay</b>	Non-Network <b>You Pay</b>
Plan Year Deductible	\$5,000 - Individual \$10,000 - Family	\$10,000 - Individual \$20,000 - Family
<b><i>You Are Responsible For The First</i></b>	<b><i>\$1,000 - Individual \$2,000 - Family</i></b>	<b><i>\$10,000 - Individual \$20,000 - Family</i></b>
<b><i>Family Resource Center Reimburses This Amount Through The HRA*</i></b>	<b><i>\$4,000 - Individual \$8,000 - Family</i></b>	<b><i>\$0 - Individual \$0 - Family</i></b>
Coinsurance (You Pay)	0%	30%
Out-of-Pocket Maximum	\$6,350 - Individual \$12,700 - Family	\$12,700 - Individual \$25,400 - Family
<b><i>Your Out-of-Pocket Maximum</i></b>	<b><i>\$2,350 - Individual \$4,700 - Family</i></b>	<b><i>\$12,700 - Individual \$25,400 - Family</i></b>
<b><i>Family Resource Center Reimburses This Amount Through The HRA</i></b>	<b><i>\$4,000 - Individual \$8,000 - Family</i></b>	<b><i>\$0 - Individual \$0 - Family</i></b>
Office Visit Co-Pay	\$30 - Primary Care \$50 - Specialist	30% After Deductible
Preventive Care	Covered 100%	30% After Deductible
Inpatient & Outpatient Services	Deductible Applies	30% After Deductible
Emergency Room	\$200 Co-Pay	\$200 Co-Pay
Urgent Care	\$50 Co-Pay	30% After Deductible
Prescription <i>Retail Specialty Mail Order Specialty (90-Day Supply)</i>	\$8 / \$25 / \$45 25% * \$16 / \$50 / \$90 25%* <small>*Specialty Drugs require a 25% co-pay - Maximum Out of Pocket in a Calendar Year is \$2,500</small>	50%  Not Covered

### Buy-Up Plan Highlights

#### Blue Access & Blue Access Choice PPO

##### Network

Network **INCLUDES BJC** providers.

- ◆ The prescription drug program under this plan requires a 25% co-pay for specialty drugs. Your annual out-of-pocket expenses for specialty drugs is \$2,500.
- ◆ You must satisfy the first \$1,000 of the individual deductible. The remaining \$4,000 deductible is covered by the HRA.
- ◆ Office visits and other copayments are not covered under the HRA.
- ◆ Non-Network deductibles are not covered under the HRA.
- ◆ This is the Buy-Up option with the highest employee contribution.
- ◆ Office Visit, Emergency Room, and Urgent Care Co-Pays along with your co-insurance accumulate towards the out-of-pocket maximum.

Medical - Per Pay Period	BUY UP
Employee	\$79.25
Employee & Spouse	\$253.59
Employee & Child(ren)	\$210.01
Family	\$384.35

- ◆ Benefits in **BLACK** show the Anthem Plan Design - You will find these benefits in your Anthem certificate of coverage located on the Anthem website.
- ◆ **Benefits in BLUE / BOLD show what the Health Reimbursement Account will reimburse to you.**
- ◆ **Benefits in RED / ITALIC show your Deductible and Out-of-Pocket responsibilities.**

# Family Resource Center

## How the Health Reimbursement Account (HRA) Works

Once you have reached your \$1,000 deductible, you can submit a claim form along with copies of your Anthem Explanation of Benefits (EOB) to Emily Vaughn. You will be reimbursed by check.

## Employee Assistance Program (EAP)

Family Resource Center provides to all employees an Employee Assistance Program (EAP). This benefit provides employees and family members with:

A call center for counseling service with 24/7 access to licensed clinicians or crisis stabilization.

- ◆ 4 face-to-face counseling sessions per year.
- ◆ Legal and Financial consultations
- ◆ Identity protection
- ◆ Child and elder care referrals
- ◆ Website resources

**Employee Cost—No charge**

## Teledoc Plus

Call a Doc is the new age of healthcare that provides a complete package of virtual benefits, which give you unlimited access to doctors, counselors, support from patient healthcare advisors and a wellness platform. There is no copay to use this service.

**Virtual Doctor** - "Concierge Doctor" services 24/7. The physicians can consult, diagnose and provide treatment plans - including prescription medications.

**Virtual Counseling** - Counseling services for emotional challenges 24/7. The counselors help with problem resolution in relationships, work-life, stress, alcoholism and more.

**Virtual Healthcare Advisor** - The team guides, supports, represents and fights for members throughout the healthcare system, including resolving medical billing issues, insurance claims, or simply understanding options.

**Virtual Wellness** - Tools, information and resources to help members live a healthy lifestyle and make healthy choices.

**To take advantage of Virtual Health 24/7 call:  
1-877-362-2667**

**EMPLOYEE COST—\$1 PER MONTH**



# Talk to a doctor in minutes

## It's as easy as 1-2-3...

### STEP 1



#### SELECT TYPE OF DOCTOR

Access Teladoc's nationwide network of board-certified **medical doctors**, **dermatologists**, and **psychologists**.

### STEP 2



#### SELECT HOW YOU TALK TO THEM

Request a **phone** or **video** consult and doctor will review your medical history and contact you within minutes.

### STEP 3



#### SELECT YOUR PHARMACY

A doctor will diagnose the issue and **prescribe medication**, if necessary, electronically to the pharmacy of your choice.

Teladoc provides access to U.S. board-certified doctors anytime, anywhere who can write a prescription, if medically necessary, by web, phone or mobile app.

Talk with a Teladoc doctor **24/7/365**

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During registration, you'll complete  
your medical history so when you  
need Teladoc, it'll be fast and easy.

You and your dependents now have free access to consultations with board-certified U.S. physicians  
who can diagnose and prescribe medications right over the phone or video conference!

With your consent, Teladoc is happy to provide information about your Teladoc consult to your primary care physician.

## Talk to a doctor anytime for **Free!**



**Teladoc.com**



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**1-800-Teladoc (835-2362)**



**Teladoc.com/mobile**

# 2016-2017 Benefits Guide

## *See Clearly with Vision Coverage - VISION BENEFITS OF AMERICA*

Our Vision benefit is provided by Vision Benefits of America (VBA). There are no changes to our benefit plan this year. Please notice out-of-network benefits only provides for claim reimbursement. You will have to pay for services first then file a claim with VBA. Vouchers are no longer required for VBA services. Providers will do this for you. A Discount for Lasik surgery is also available in-network only.

Schedule of Benefits	In Network	Out of Network
Examination Co-pay	\$20	\$40 Reimbursement
Frequency of Service:	<b>Vision Exam &amp; Lenses:</b> Every 12 months <b>Eyeglass Frames:</b> Every 24 months	
Lenses	\$20 Co-pay then	<u>Reimbursement</u>
Single	100%	\$40
Bifocal	100%	\$50
Trifocal	100%	\$75
Lenticular	100%	\$100
Eyeglass Frames	100% up to \$25-\$150 Retail Allowance	\$50
Contacts		<u>Reimbursement</u>
Medically Necessary	UCR	\$300
Cosmetic	\$150 Retail Allowance	\$150

Vision Cost	Per Pay Period
Employee	\$2.72
Employee & Spouse	\$4.65
Employee & Child(ren)	\$4.70
Family	\$6.55

## *Disability Benefits*

### **Voluntary Short Term Disability**

*Colonial Life Insurance Company*

Family Resource Center will continue to make Voluntary Short Term Disability coverage available to all benefit eligible employees. This benefit is provided through Colonial Life Insurance Co. There are several levels of coverage available for this benefit as it helps to provide pay check protection for employees who are unable to work due to injury or illness.

### **Long Term Disability**

*The Hartford*

If you become disabled due to illness or injury your benefit is 50% of your base monthly income up to a monthly maximum after a 180 day elimination period has been satisfied.

**Long Term Disability is provided to employees at no cost.**

The LTD benefit has always been provided to employees at no cost, but disability payments would have been taxable income. A change for the new plan year will view the relatively small LTD premium paid by FRC as taxable income so benefits paid to employees when disabled are income tax free. Since the LTD benefit will now be tax free, the benefit amount will decrease from 60% to 50% of monthly salary. With these changes, if you do receive a disability benefit, you will receive more per month than what would have previously been paid.

# Family Resource Center

## *The Hartford Life Benefits*

Basic Life Insurance of **one times annual salary** up to a maximum of \$150,000 is provided to all eligible employees. Accidental Death & Dismemberment is also provided at one times annual salary up to a maximum of \$150,000. This benefit is provided at no cost to employees.

Family Resource Center also provides life insurance for eligible dependents. Your spouse receives \$5,000 of life insurance coverage and eligible children (over the age of 6 months) receive \$2,500 of life insurance coverage. Dependent children are covered up to age 26.

### *Voluntary Life & Accidental Death and Dismemberment (AD&D) Insurance*

Voluntary Life Insurance will continue to be provided by The Hartford. You have the option to purchase additional Voluntary Life insurance for yourself, your spouse, and/or your children. Employees must purchase Voluntary Life for themselves in order to elect coverage for a spouse and/or children.

If you declined coverage during your initial eligibility period or last year's open enrollment opportunity, you will need to complete an Evidence of Insurability form for any amount of insurance elected as well as any increase requested. Keep in mind the increase will not go into effect until you have been approved by The Hartford for requested amount.

#### **EMPLOYEE COVERAGE**

Employees may elect coverage in \$10,000 increments to a maximum of 5 times your salary up to \$500,000. You are guaranteed coverage up to \$150,000 when you are first eligible to enroll. Evidence of Insurability is required if you do not enroll when first eligible.

VOLUNTARY LIFE/AD&D EMPLOYEE CONTRIBUTION (Rates are per month)		
Employee/Spouse Rate per \$1,000		
AGE BAND	Employee	Spouse
Under 19	\$.056	\$.057
20-24	\$.067	\$.068
25-29	\$.077	\$.076
30-34	\$.089	\$.082
35-39	\$.111	\$.104
40-44	\$.150	\$.150
45-49	\$.228	\$.196
50-54	\$.371	\$.308
55-59	\$.610	\$.517
60-64	\$.944	\$.955
65-69	\$1.519	\$1.635
70-74	\$2.697	\$2.841
75-79	\$4.677	\$4.730
80-84	\$8.373	\$8.128
Child Life-Flat \$10,000	\$.88	

\*AD&D is automatically added to the amount of voluntary life in which the benefit equals the life amount.

#### **SPOUSE COVERAGE**

Spousal coverage is available in \$5,000 increments up to \$250,000. Coverage cannot be more than 50% of the employee coverage. Guaranteed issue amount for your spouse is \$20,000. **Rates for spouse coverage are based upon the employee's age.**

#### **CHILDREN**

Coverage for children is available in a \$10,000 benefit. Coverage includes each eligible child in your family. Dependent children can be covered to age 26.

## Helpful Information

**Deductibles** - The deductible is the amount of money you pay before services are covered under your medical or dental plan. Normally, it is paid for in-patient and out-patient services under your medical plan. Your deductible is accumulated during each calendar year (January 1 through December 31). It does not apply to any preventive services as required under Health Care Reform.

**Coinsurance** - After the deductible is satisfied, claims costs are shared with the insurance carrier until the out-of-pocket maximum is reached.

**Out-of-Pocket Maximums** - This is the maximum amount of money you are required to pay in a calendar year. The deductible, co-pays, and your share of the coinsurance under your chosen plan will equal the most you will pay. Once the out-of-pocket maximum is reached, claims are eligible at 100% of covered services.

**Office Visit Copayments** - When you visit your primary care physician or a specialist, you are required to pay a copayment for that visit. The office visit co-pay will satisfy part of the out-of-pocket limit associated with the plan. There should be no copayments for services coded as preventive by your physician.

**Urgent Care** - If you visit an urgent care facility you will be required to pay a copayment for this service. It is higher than a regular office visit and lower than an emergency room copayment. In addition to the co-pay, the deductible and coinsurance may apply when these services are performed: CT, PET, MRI, Nuclear Medicine, Pharmaceutical Products, Scopic Procedures, Surgery, Therapeutic Treatments. Note: Take Care Clinic with Walgreens is considered at the primary care office visit co-pay.

**Emergency Room** - If you visit a hospital emergency room, you will be required to pay a copayment. In addition, there may be coinsurance owed depending on which plan you choose. This is a much higher cost than a regular office visit or urgent care facility. If you are admitted to the hospital the copayment/coinsurance is waived and the deductible / coinsurance applies.

**Preventive Services** - All services coded as Preventive are covered 100% and the deductible and copayments will not apply. Situations may arise where the "Preventive" service could be coded as "Diagnostic". In these situations the deductible and copayments could apply. Also, if you receive a preventive service in conjunction with a sick visit, you could still be charged the applicable office visit co-pay, deductible, and/or coinsurance. Communication with your provider of care is important.

**Lifetime Benefit Maximum** - All plan design options have an unlimited lifetime maximum.

**Prescription Drugs** - The prescription drug benefit for the Buy Up Plan covers: Tier 1 drugs require an \$8 Co-Pay; Tier 2 drugs require a \$25 Co-Pay; and Tier 3 drugs are covered after a \$45 Co-Pay for up to a 31-day supply. Mail Order prescription will provide up to a 90-day supply of medication 2 times the tier co-pay. The Hospital/Surgical Plan and the Base Plan only have a \$10 Generic Drug Co-Pay. Please visit [www.anthem.com](http://www.anthem.com) to access your prescription drug list as well as the list of prescription drug products that are available through mail order.

**Review your Certificate of Coverage.** It is a complete summary of your health insurance benefits. You can view the certificate online at [www.anthem.com](http://www.anthem.com).

**Ask your physician or healthcare provider if they participate in the Anthem's network.** Do not ask if they accept Anthem. The providers usually, but not always, accept payments from insurance companies or anyone who wants to give them money; however, not all providers want to accept the contractual discounts required by participation in the network. You can also check the website at [www.anthem.com](http://www.anthem.com) for the most up-to-date list of participating providers or call customer service at the phone number on the back of your ID card for assistance.

**If you go out-of-network,** know that it is your responsibility to pre-certify all procedures. Contact customer service at the phone number on the back of your ID card. There are penalties and more out-of-pocket expenses if you do not pre-certify.



## IMPORTANT NOTICES

### **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 our health coverage 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 believe 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 go to [www.insurekidsnow.gov](http://www.insurekidsnow.gov) website 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, you will be allowed to enroll in our medical 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 1-866-444-3272.

#### **Link to the latest form:**

<http://www.dol.gov/ebsa/pdf/chipmodelnotice.pdf>

For more information on special enrollment rights, you can contact either:

#### **U.S. Department of Labor**

Employee Benefits Security Administration

[www.dol.gov/ebsa](http://www.dol.gov/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, Ext. 61565

### **MEDICARE PART D CREDITABLE COVERAGE.**

This notice has information about your current prescription drug coverage and about your options under Medicare's prescription drug coverage. If you are eligible for Medicare the following information can help you decide whether or not you want to join a Medicare drug plan. You should consider comparing your current coverage through our medical plan with the costs of plans offering Medicare prescription drug coverage in your area. Two important things you need to know about your current coverage and Medicare prescription drug coverage:

Medicare prescription drug coverage is available if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan. All Medicare drug plan provide at least a standard level of coverage set by Medicare. More coverage may be offered at a higher premium.

If your plan is deemed to be Creditable Coverage, you will not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

If you lose your current creditable prescription drug coverage through no fault of your own, you will be eligible for a two-month Special Enrollment Period to join a Medicare drug plan.

If you decide to join a Medicare drug plan, your current coverage will not be affected. This plan will coordinate with Part D coverage. If you drop your current coverage, be aware that you and your dependents will be able to get this coverage back.

If you drop or lose your current coverage and don't join a Medicare drug plan within 63 continuous days after your coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

A notice will be provided to you prior to the October 15 Medicare open enrollment period. If you want more information about Medicare plans that offer prescription drug coverage, you will find it in the Medicare & You handbook or you can visit [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227) TTY users: 1-800-486-2048. If you have limited income and resources, visit Social Security on their website at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213. TTY users: 1-800-325-0778.

**Keep all Creditable Coverage notices. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of the notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**



# 2016-2017 Benefits Guide

## IMPORTANT NOTICES (cont.)

### **WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998**

As a requirement of the Women's Health and Cancer Rights Act of 1998, your plan provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. The benefits must be provided and are subject to the health plan's regular co-pays, deductibles, and co-insurance. You may contact our health carrier at the phone number on the back of your ID card for additional benefit information.

### **SPECIAL ENROLLMENT NOTICE**

During the open enrollment period, eligible employees are given the opportunity to enroll themselves and dependents into our group health plans. If you elect to decline coverage because you are covered under an individual health plan or a group health plan through your parent's or spouse's employer, you may be able to enroll yourself and your dependents in this plan if you and/or your dependents lose eligibility for that other coverage. If coverage is lost, you must request enrollment within 30 days after the other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may enroll any new dependent within 30 days of the event. To request special enrollment or obtain more information, contact *Michele Gross in Accounting*.

### **SUMMARY OF MATERIAL MODIFICATION**

Anthem has amended the Employee Medical Benefit Plan. This contains a summary of the modifications that were made. It should be read in conjunction with the Summary Plan Description or Certificate of Coverage that is available to you. If you need a copy of your Summary Plan Description or Certificate of Coverage, please go to [www.anthem.com](http://www.anthem.com) or contact Michele Gross in Accounting.

### **HEALTH CARE REFORM REMINDER**

Under the Affordable Care Act, the individual mandate is a provision of the Federal health law which requires you, your children, and any child you claim as a dependent on your taxes, to have health insurance in 2014. That coverage can be supplied through your employer, public programs such as Medicare or Medicaid, an individual policy, or coverage you purchase through the Health Insurance Marketplace. If you waive your coverage through Family Resource Center, you should consider visiting the Marketplace website to obtain medical coverage.

**NOTE: Since Family Resource Center's plan meets the federal guidelines with regard to affordability and minimum essential coverage, you will NOT be eligible for a subsidy should you seek health insurance through the federal marketplace.**

# Family Resource Center

## Key Contact Sheet

<b><u>FAMILY RESOURCE CENTER</u></b> Terry Patton—extension 106 Michele Gross—extension 110	<b><u>CBIZ BENEFITS &amp; INSURANCE SERVICES</u></b> Nicol Schmidt 314-692-5847
<b><u>MEDICAL</u></b> ANTHEM BLUE CROSS BLUE SHIELD Policy # 123676	Member Services: 1-800-490-6145 <a href="http://www.anthem.com">www.anthem.com</a>
<b><u>DENTAL</u></b> ANTHEM BLUE CROSS BLUE SHIELD Policy # 123676	Member Services: 1-800-490-6145 <a href="http://www.anthem.com">www.anthem.com</a>
<b><u>VISION</u></b> VISION BENEFITS OF AMERICA Policy # 2243	Member Services: 1-800-432-4966 Opt. #1 then Opt. #5 <a href="http://www.visionbenefits.com">www.visionbenefits.com</a>
<b><u>BASIC LIFE / AD&amp;D, Voluntary Life</u></b> <b><u>Long Term Disability</u></b> THE HARTFORD	Member Services: 1-800-523-2233 <a href="http://www.thehartford.com">www.thehartford.com</a>
<b><u>COLONIAL</u></b>	Member Services: 1-800-325-4368 <a href="http://www.coloniallife.com">www.coloniallife.com</a>
<b><u>TELEDOC</u></b>	Member Services: 1-877-362-2667
<b><u>EMPLOYEE ASSISTANCE PROGRAM</u></b>	Member Services: 1-800-865-1044
<b><u>REASONS TO CALL</u></b>	<b><u>WHO TO CALL</u></b>
Claims Questions	Carrier
Identification Cards / Numbers	Carrier
Pre-Certification	Carrier
Provider Directory	Carrier Websites
Payroll Issues /Status Changes/ Miscellaneous Issues	Family Resource Center
<b>How to use this resource for claims resolution:</b> <div>First contact Member Services</div> <div>If issue still unresolved, contact CBIZ.</div>	