

Employee Benefits Guide

2017 Plan Year





Open Enrollment - Effective January 1, 2017

New Hires

All Touchstone Health Services full-time employees (working 30 or more hours per week) are eligible to enroll in the benefits described in this guide within your first 60 days. Your benefits will be effective the 1st of the month following 60 days. The following family members are eligible for coverage: legally married spouse and your dependent children, whether natural, adopted, stepchildren foster or those for whom you have legal custody by court decree.

How to Enroll

The first step is to review your benefit options. To help you we have posted detailed plan descriptions on the home page of E3. After you decide which benefits you wish to enroll in, you will make your elections online through the E3 Open Enrollment Wizard.

Make sure to first add any dependents you wish to cover in the dependent screen of the wizard. Also, certain documentation is required to be uploaded when covering dependents. If you are enrolling a spouse your marriage certificate will need to be uploaded, if you are enrolling child(ren) you will need to upload a birth certificate and SSN#.

Once you have submitted your enrollment selections you will not be able to change them until the next open enrollment period.

How to Make Changes

Unless you have a qualified change in status, you cannot make changes to the benefits you elected until the next open enrollment period. Qualified changes in status include: change in employment status, marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence (requiring a network change) due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status. You must email Human Resources immediately at human.resources@touchstonebh.org if you experience a qualifying event. Human Resources will need to complete the changes within 30 days.

Professional Development Scholarship Fund

At Touchstone Health Services, we encourage and support our employees in continuing their professional development by providing opportunities for employees to receive funding for education and training. Please see HR for additional information and guidelines on this program.

Health and Wellness Program

Touchstone Health Services Wellness Program, at Touchstone we care about the wellbeing of our staff and making improvements to everyone's health. To do this, you need to take that first step by making a commitment to change your behaviors, improve your health and overall the right lifestyle that will provide you with whole health and productivity.

How to get started:

- You will need to self-register on www.mywellsite.com/healthylife/healthytouchstone
- Try to have your blood pressure, cholesterol values with you as you also have the opportunity to complete a Health Risk Assessment (HRA)
- Become involved with your colleagues or team and challenge or motivate each other to stay active
- Utilize the portal to help you achieve your personal goals and keep track of your activity.

High Deductible Health Plans (HDHP) with a Health Savings Account (HSA)

We offer two plan options which allow you to establish a Health Savings Account (HSA). Both of these options are priced very affordably. The \$2,600 HDHP plan has a \$27.88 monthly employee only contribution and the \$4,000 has a \$12.85 monthly employee only contribution.

In addition to the extremely low employee contribution amounts, we will pre-fund your HSA with a SIX MONTH contribution amount. That means, you will begin your HSA account with dollars already deposited. The 6-month pre-funding is available to those employees electing HSA beginning January 1, 2017 or when newly eligible thereafter.

HDHP \$4000	6 MONTH CONTRIBUTION	PER PAY PERIOD CONTRIBUTION
Employee only	\$375.00	\$31.25
Employee/Spouse	\$375.00	\$31.25
Employee Children	\$750.00	\$62.50
Family	\$750.00	\$62.50

HDHP \$2600	6 MONTH CONTRIBUTION	PER PAY PERIOD CONTRIBUTION
Employee only	\$250.08	\$20.84
Employee/Spouse	\$250.08	\$20.84
Employee Children	\$500.04	\$41.67
Family	\$500.04	\$41.67

**2017 HSA
limits are
\$3,400
Individual and
\$6,750 Family.**

The charts in this guide show you the plan information as well as all of the contribution amounts. We also have provided additional information regarding HSA's and some very helpful video links on the E3 enrollment site.

Please do not hesitate to contact the Human Resources Team should you have additional questions.





Why an HSA?

- Contributions are pre-tax
- Savings grow tax-free
- You own your account – even if you leave your current employer
- Build your savings for retirement – you may withdrawal funds after age 65 that are not qualified medical expenses without penalty.
- Use your OPTUM Bank debit card to pay for services

Classic vs. HDHP \$4,000 with HSA Example Employee Only Coverage

Employee Only (Classic vs \$4,000)		CLASSIC		HIGH DEDUCTIBLE HEALTH PLAN with HEALTH SAVINGS ACCOUNT		
IN NETWORK CHARGES/ SERVICES USED FOR EXAMPLE		Deductible: \$3,000/\$6,000 Out-of-Pocket Maximum \$6,350/\$12,700		Deductible: \$4,000/\$8,000 Out-of-Pocket Maximum \$5,800/\$11,600		
Service	Expense Amount	Employee Annual Premium	\$970	Employee Annual Premium	\$154	
Preventive Care	\$350	Covered 100%	\$0	Covered 100%	\$0	
PCP visits 2 visits @ \$85/visit	\$170	Copayments 2 @ \$25/visit	\$50	Deductible	\$170	} Amount paid towards Deductible \$525
Specialists visits 1 visits @ \$150/visit	\$150	Copayments 1 @ \$50/visit	\$50	Deductible	\$150	
Prescription Drugs 1 Rxs @ \$35/Rx 1 Rxs @ \$70/Rx	\$105	Prescription Drugs 1 Rxs @ \$15/Rx 1 Rxs @ \$45/Rx	\$60	Prescription Drugs Deductible	\$105	
Diagnostic Lab 2 work-ups @ \$50 each	\$100	Copayments	\$0	Deductible	\$100	
Total Contracted Expenses	\$875	Annual Healthcare expenses	\$160	Annual Healthcare expenses	\$525	
		Annual Employee Expenses (Annual Premium + Healthcare expenses)	\$1,130	Employer HSA Contribution Funds	-\$750	
				Annual Employee Expenses (Premium Only)	\$154	<i>Reminder: You receive an additional savings of 15% for pre-tax contributions.</i>
				Employee HSA Balance	\$225	<i>Employee pre-tax contributions would increase your year-end balance and result in an additional 15% savings.</i>

The list of services above are illustrated for one members and for illustrative purposes only.

Eligibility rules apply

- Must be enrolled in a High Deductible Health Plan (HDHP)
- You are not enrolled in Medicare, Medicaid
- You cannot be claimed as a dependent on someone else's tax return

2017 contribution limits

- \$3,400 for individual
- \$6,750 for family
- If you are 55 or older - \$1,000 catch-up
- Contribution limits include both employee and employer amounts

Classic vs. HDHP \$4,000 with HSA Example Family Coverage

Family (Classic vs \$4,000)		CLASSIC		HIGH DEDUCTIBLE HEALTH PLAN with HEALTH SAVINGS ACCOUNT	
IN NETWORK CHARGES/ SERVICES USED FOR EXAMPLE		Deductible: \$3,000/\$6,000 Out-of-Pocket Maximum \$6,350/\$12,700		Deductible: \$4,000/\$8,000 Out-of-Pocket Maximum \$5,800/\$11,600	
Service	Expense Amount	Employee Annual Premium	\$3,105	Employee Annual Premium	\$493
Preventive Care	\$350	Covered 100%	\$0	Covered 100%	\$0
PCP visits 8 visits @ \$85/visit	\$680	Copayments 8 @ \$25/visit	\$200	Deductible	\$680
Specialists visits 4 visits @ \$150/visit	\$600	Copayments 4 @ \$50/visit	\$200	Deductible	\$600
Prescription Drugs 5 Rxs @ \$35/Rx 1 Rxs @ \$70/Rx 1 Rxs @ \$100/Rx	\$345	Prescription Drugs 5 Rxs @ \$15/Rx 1 Rxs @ \$45/Rx 1 Rxs @ \$85/Rx	\$205	Prescription Drugs Deductible	\$345
Emergency Room 2 visits @ \$1K/visit	\$2,000	Copayments 2 visits @ \$250/visit	\$500	Deductible	\$2,000
Hospital Stay	\$10,000	Deductible and Coinsurance (30% of \$7,000 balance)	\$3,000 \$2,100	\$720 towards deductible and Coinsurance (20% of \$9,280 coinsurance = \$1,856)	\$720 \$1,856
Diagnostic Lab 2 work-ups @ \$50 each	\$100	Copayments	\$0	Coinsurance (20% of \$100 charge)	\$20
Total Contracted Expenses	\$14,075	Annual Healthcare expenses Family Member 1	\$6,000	Annual Healthcare expenses Family Member 1 <small>(OOP max is \$5,800 the balance \$76.00 paid by plan 100%)</small>	\$5,800 \$76
		Annual Healthcare expenses Family Member 2	\$205	Annual Healthcare expenses Family Member 2	\$345
		Annual Family Expenses (Annual Premium + Healthcare expenses)	\$9,310	Employer HSA Contribution Funds	-\$1,500
				Employee HSA Contribution Pre-Tax Savings (Based on \$1,000 HSA Contribution)	\$150
				Annual Family Expenses (Annual Premium + Healthcare expenses)	\$4,988

Amounts paid towards:
Fam 1 = \$5,800 (OOP Max Met)
Fam 2=\$345 (deductible)

You receive an additional savings of 15% for pre-tax contributions (\$150 in this example).

Reminder: In this example, the employee would have \$1,000 HSA balance to offset the \$4,962.

The list of services above are illustrated for each of the two family members and for illustrative purposes only.

Family Member 1 Services/Expenses

Family Member 2 Services/Expenses

UMR High Deductible Health Plans (HDHP) - UHC Choice Plus Network

DESCRIPTION OF COVERAGE	HDHP \$4,000	HDHP \$2,600
	In Network	In Network
Deductible/per plan year *(Individual • Family)	\$4,000 • \$8,000	\$2,600 • \$5,200
Coinsurance (on allowed amount)	20%	20%
Maximum Out-of-Pocket (Individual • Family) (Includes deductible, copayments & coinsurance)	\$5,800 • \$11,600	\$5,000 • \$10,000
	In Network	In Network
Preventive Care	Covered 100%	Covered 100%
Non-Preventive Visits (PCP/Specialist)	20% after deductible	20% after deductible
Lab	20% after deductible	20% after deductible
X-Ray (Excluding Specialty Scans)	20% after deductible	20% after deductible
Major Diagnostic Scans (MRI • PET • CT)	20% after deductible	20% after deductible
Inpatient Hospitalization	20% after deductible	20% after deductible
Emergency Room	20% after deductible	20% after deductible
Urgent Care	20% after deductible	20% after deductible
Routine Eye Exam - One every two years	20% after deductible	20% after deductible
	Retail 30 day supply	Mail Order 90 day supply
PRESCRIPTION DRUGS	Copays apply to Preventive Therapy Drug List Visit caremark.com for a full list of these prescriptions.	
Generic	\$10 copay after deductible	\$25 copay after deductible
Brand	\$30 copay after deductible	\$75 copay after deductible
Non-Preferred Brand	\$50 copay after deductible	\$125 copay after deductible
Specialty	30 day supply, \$50 after deductible	

UMR Medical Plans - UHC Choice Plus Network

DESCRIPTION OF COVERAGE	CLASSIC	PERFORMANCE
	In Network	In Network
Deductible/per plan year *(Individual • Family)	\$3,000 • \$6,000	\$1,500 • \$3,000
Coinsurance (on allowed amount)	30%	30%
Maximum Out-of-Pocket (Individual • Family) (Includes deductible, copayments & coinsurance)	\$6,350 • \$12,700	\$4,500 • \$9,000
	In Network	In Network
Preventive Care	Covered 100%	Covered 100%
Non-Preventive Visits (PCP/Specialist)	\$25 • \$50	\$25 • \$50
Lab	100% Covered	100% Covered
X-Ray (Excluding Specialty Scans)	100% Covered	\$75
Major Diagnostic Scans (MRI • PET • CT)	\$250	30% after deductible
Inpatient Hospitalization	30% after deductible	30% after deductible
Emergency Room	\$250	\$250
Urgent Care	\$100	\$100
Routine Eye Exam - One every two years	\$25	\$25
	Retail 30 day supply	Mail Order 90 day supply
PRESCRIPTION DRUGS		
Generic	\$15 copay	\$37.50
Brand	\$45 copay	\$112.50
Non-Preferred Brand	\$85 copay	\$212.50
Specialty	30 day supply for \$170 copay	

*An embedded deductible means that one person in a family can meet their individual deductible at which point the health plan will begin paying. The remainder of the family can make up the remaining portion of the family deductible.

Refer to the Summary Plan description for a complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage.

Preventive Care

Preventive Care – covered 100% without deductible (Well-women, Well-men, Well-baby Care, Blood Pressure Screening, Cholesterol Check). For Example: If the physician charge is \$300, insurance pays 100% of the bill, leaving you with a \$0 balance.



Touchstone Health Services January, 2017 - Medical Cost

4,000 HDHP	Your Monthly Plan Cost	Your Per Pay Period Cost
Employee	\$12.85	\$6.42
Employee + Spouse	\$26.98	\$13.49
Employee + Child(ren)	\$25.70	\$12.85
Employee + Family	\$41.11	\$20.56

Our Additional Monthly HSA Contribution*
\$62.50
\$62.50
\$125.00
\$125.00

2,600 HDHP	Your Monthly Plan Cost	Your Per Pay Period Cost
Employee	\$27.88	\$13.94
Employee + Spouse	\$58.55	\$29.28
Employee + Child(ren)	\$55.76	\$27.88
Employee + Family	\$89.22	\$44.61

Our Additional Monthly HSA Contribution*
\$41.67
\$41.67
\$83.33
\$83.33

CLASSIC	Your Monthly Plan Cost	Your Per Pay Period Cost
Employee	\$80.85	\$40.43
Employee + Spouse	\$169.78	\$84.89
Employee + Child(ren)	\$161.70	\$80.85
Employee + Family	\$258.72	\$129.36

**When elected for the first time, the employer will pre-fund your HSA with an amount equal to six months of the employer contribution. Following the initial six month pre-funding period, your employer contributions will continue.*

PERFORMANCE	Your Monthly Plan Cost	Your Per Pay Period Cost
Employee	\$140.68	\$70.34
Employee + Spouse	\$295.42	\$147.71
Employee + Child(ren)	\$281.35	\$140.68
Employee + Family	\$450.17	\$225.08

(Per Pay Period = 24 Pay Periods)

TELADOC

Teladoc is a virtual physician consultation which can be initiated 24/7 and provides access to quality medical care telephonically or online. This program is confidential, available to **anyone enrolled in the UMR medical plan**, and can be used to diagnose, recommend treatment, and prescribe medication for non-emergency issues including but not limited to: sore throat, allergies, poison ivy, pink eye, urinary tract infections, respiratory infections and sinus infections. When you need a doctor, request a consultation either via the website or via telephone at 1-800-835-2362. The cost of a visit is a \$20.00 copay for the Classic and Performance plan and a \$45.00 fee for the HDHP's.

EAP Preferred Employee Assistance Program

We offer an Employee Assistance Program (EAP) at no cost to you. Services are confidential and provide independent counseling/referral services for needs such as:



- Marriage, relationship and family issues
- Stress and anxiety
- Financial services
- 5 visits per issue. (Unlimited number of separate issues)
- You can contact EAP preferred toll free at (800) 327-3517, or you can visit their website at www.eappreferred.com.
- Alcohol and drug dependency
- Legal services
- Childcare and eldercare assistance

401k Retirement Plan

All employees are eligible to participate the first of the month following 90 days of service. We match employee contributions 100% up to 4% of your annual compensation. You may enroll or make changes to your contribution rate at any time during the year.





CIGNA Dental

Services	In Network	Non-Network
Annual Deductible <i>Individual / Family</i>	\$25 / \$75	\$50 / \$150
Individual Annual Maximum	\$2,000	
Diagnostic & Preventive Exams / Cleanings / X-Rays Sealants	Covered at 100%; No deductible	
Basic & Restorative Services Filings, Extractions, Root Canals, Periodontics, Endodontics, Oral Surgery	Covered at 80% after deductible	
Major Services Crowns, Inlays, Onlays, Bridges & Dentures	Covered at 50% after deductible	
Orthodontic Services Procedures & Treatment Lifetime Max Age Limitation	Covered at 50% \$1,000 Only for children under age 19	

Deductible and Coinsurance is paid by the member

Election Tier	Your Costs Per Pay Period (24 pay periods)
Employee Only	\$3.29
Employee + Spouse	\$6.51
Employee + Child(ren)	\$9.58
Employee + Family	\$14.23

CIGNA Vision

Services	In Network	Non-Network
Eye Examination Copay	\$10	Reimbursed up to \$45
Materials Copay	\$20	N/A
Benefit Frequency Examination & Corrective/Contact Lenses Frames	12 months 24 months	
Corrective Lenses (Pair)		
Standard Single Vision, Bifocal, Trifocal and Lenticular Corrective Lenses	Included after copay	\$32-\$80 Reimbursement
Lens Upgrade Progressive Lenses	20% Discount (Bifocal Only)	Not Covered
Lens Options Tint, UV Treatment, Standard Plastic Scratch Resistant Coatin, Standard Polycarbonate, Standard Anti-Reflective Coatin, Other Add-ons and Services	20% discount	Not Covered
Additional Eyewear	20% discount on 2 nd pair & sunglasses	Not Covered
Frames	\$300 Allowance, then 20% Discount	Reimbursed up to \$130
Elective Contact Lenses <i>Conventional lenses</i>	\$130 Allowance	Reimbursed up to \$105
Medically Necessary Contact Lenses	\$0 copay, paid in full	Reimbursed up to \$210
LASIK Surgery Benefit	One-time, Lifetime \$150 Allowance, then 5-25% discount retail	Not Covered

Election Tier	Your Costs Per Pay Period (24 pay periods)
Employee Only	\$3.28
Employee + Spouse	\$6.55
Employee + Child(ren)	\$6.61
Employee + Family	\$10.55

Basic Life Insurance and AD&D

We provide full-time regular employees with Basic Life and Accidental Death & Dismemberment (AD&D) coverage of 1 times your annual salary to a max of \$50,000. Please make sure you update all beneficiary information. For specific amounts of issue please see Human Resource Department. **We pay 100% of the cost for Basic Life and AD&D coverage.**

Voluntary Life Insurance and AD&D

If you would like to purchase additional Life and AD&D coverage you can choose Voluntary Life Insurance for yourself and your dependents at a group rate. **You pay 100% of the cost for this coverage.**

Employee	Available in \$10,000 increments, not to exceed 5 times your annual salary or \$500,000, whichever is less.
Dependent Spouse	\$5,000 increments up to \$100,000 - (not to exceed 100% of the employee benefit)
Dependent Child(ren)	Birth to 6 months: \$500 - 6 months to 26 years: \$1,000 increments up to \$10,000
Guarantee Issue (GI) Employee/Spouse/Child(ren)	\$100,000 / \$25,000 / \$10,000
Conversion or Portability	Yes; you must request conversion or portability forms from the Human Resource Department within 31 days of the date your life insurance ends.

Election Tier	Your Monthly Rates (price per \$1,000)									
Age Bands	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
Employee	\$0.08	\$0.10	\$0.11	\$0.15	\$0.22	\$0.40	\$0.62	\$0.69	\$1.33	\$2.44
Dependent Spouse	\$0.08	\$0.10	\$0.11	\$0.15	\$0.22	\$0.40	\$0.62	\$0.69	\$1.33	\$2.44
Children	\$.191 per \$1,000 of Coverage									

Disability Income Benefits (Benefits are Taxable)

Short-Term Disability

In the event you become disabled from a non work-related injury or sickness, disability benefits are provided as a source of income. You are not eligible to receive Short-Term Disability benefits if you are receiving workers' compensation benefits. **We pay 100% of the cost for this coverage.**

Benefits Begin: Accident/Sickness	After 14 days
Duration of Benefits	11 weeks
Definition of Disability	Due to injury or illness, you are unable to earn 80% of your Predisability earnings, and unable to perform the duties of your own occupation
Weekly Benefit	60% of gross weekly earnings up to \$1,500 weekly maximum
Earnings Definition	Base pay before disability (excluding commissions, bonuses & overtime)

Long-Term Disability

We also provide full-time regular employees Long-Term Disability income benefits. This coverage provides income protection after 90 consecutive days of disability in the event of a non work-related injury or sickness.

We pay 100% of the cost for Long Term Disability.

Elimination Period	After 90 days of disability
Duration of Benefits	Social Security Normal Retirement Age
Definition of Disability	Due to injury or illness, you are unable to earn 80% of your Predisability earnings, and unable to perform the duties of your own occupation
Monthly Benefit Maximum	60% of gross monthly earnings up to \$10,000 monthly maximum
Pre-Existing Condition*	3 months / 12 months

*A pre-existing condition is defined as any condition for which the insured has received medical treatment, consultation, care, or services, including diagnostic measures, or for which they have taken prescription drugs or medicine in the 3 months just prior to being covered under a Long-Term Plan. If this is the case for you, you may not be eligible for benefits until you have been covered under this plan for 12 months. Please refer to the detailed benefit summary from Cigna for complete plan information.

Notice of Privacy Practices

In December of 2000, the Department of Health and Human Services (DHHS) issued federal regulations pertaining to HIPAA, which regulates the use and disclosure of protected health information. These regulations are better known as the HIPAA Privacy Rules, which went into effect in April 2003. To obtain a copy, contact your HR department.

Model Medicaid/CHIP Notice

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. 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 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 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, 2016. Contact your State for more information on eligibility –

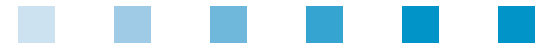
ALABAMA – Medicaid	Website: www.myalhipp.com . Phone: 1-855-692-5447
ALASKA – Medicaid	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com Phone: 1-866-251-4861. Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS - Medicaid	Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)
COLORADO – Medicaid	Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943
FLORIDA – Medicaid	Website: http://www.flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
GEORGIA – Medicaid	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
INDIANA – Medicaid	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov . Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone: 1-800-403-0864
IOWA – Medicaid	Website: www.dhs.state.ia.us/hipp/ . Phone: 1-888-346-9562
KANSAS – Medicaid	Website: http://www.kdheks.gov/hcf/ . Phone: 1-785-296-3512
KENTUCKY – Medicaid	Website: http://chfs.ky.gov/dms/default.htm . Phone: 1-800-635-2570
LOUISIANA – Medicaid	Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447
MAINE – Medicaid	Website: http://www.maine.gov/dhhs/of/public-assistance/index.html Phone: 1-800-442-6003. TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP	Website: http://www.mass.gov/MassHealth . Phone: 1-800-462-1120
MINNESOTA – Medicaid	Website: http://mn.gov/dhs/ma/ . Phone: 1-800-657-3739
MISSOURI – Medicaid	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

LEGAL NOTICES (Continued)



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, 2016. Contact your State for more information on eligibility –

MONTANA – Medicaid	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
NEBRASKA – Medicaid	Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx . Phone: 1-855-632-7633
NEVADA – Medicaid	Medicaid Website: http://dwss.nv.gov/ . Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
NEW JERSEY – Medicaid and CHIP	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ . Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
NEW YORK – Medicaid	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	Website: http://www.ncdhhs.gov/dma . Phone: 919-855-4100
NORTH DAKOTA – Medicaid	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	Website: http://www.insureoklahoma.org . Phone: 1-888-365-3742
OREGON – Medicaid	Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid	Website: http://www.dhs.pa.gov . Phone: 1-800-692-7462
RHODE ISLAND – Medicaid	Website: http://www.eohhs.ri.gov/ . Phone: 401-462-5300
SOUTH CAROLINA - Medicaid	Website: http://www.scdhhs.gov . Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	Website: http://dss.sd.gov . Phone: 1-888-828-0059
TEXAS - Medicaid	Website: http://gethipptexas.com/ . Phone: 1-800-440-0493
UTAH - Medicaid and CHIP	Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip . Phone: 1-877-543-7669
VERMONT - Medicaid	Website: http://www.greenmountaincare.org/ . Phone: 800-250-8427
VIRGINIA - Medicaid and CHIP	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm . Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm . CHIP Phone: 1-855-242-8282
WASHINGTON - Medicaid	Website: http://www.hca.wa.gov/medicaid/premiumpynt/pages/index.aspx . Phone: 1-800-562-3022, ext. 15473
WEST VIRGINIA - Medicaid	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx . Phone: 1-877-598-5820, HMS 3rd Party Liability
WISCONSIN - Medicaid and CHIP	Website: http://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
WYOMING - Medicaid	Website: https://wyequalitycare.acsw-inc.com/ . Phone: 307-777-7531
To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:	
U.S. Department of Labor Employee Benefits Security Administration 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 1-877-267-2323, Menu Option 4, Ext. 61565



Contact Information

Carrier/Contact	Benefit/Title	Customer Service #	Website/Email
Touchstone	Human Resources	602.732.5464	human.resources@touchstonebh.org
UMR	Medical	800.826.9781	umr.com
CVS/Caremark	Pharmacy Customer Care	888.202.1654	caremark.com
Optum Bank	Health Savings Account Bank	800.791.9361	optumbank.com
Cigna	Dental	800.244.6244	mycigna.com
Cigna	Vision	877.478.7557	mycigna.com
Cigna	BASIC LIFE, VOLUNTARY LIFE, SHORT & LONG TERM DISABILITY	800.362.4462	cigna.com
EAP Preferred	Employee Assistance Program	800.327.3517	eappreferred.com
Empower Retirement	401 K PLAN	800.338.4015	gwrs.com
CBIZ	Claims Advocate Angela Schlosser	520.321.7503	aschlosser@cbiz.com



About this Booklet. This booklet highlights important features of Touchstone benefits for its employees. While efforts have been made to ensure the accuracy of the information presented, in the event of any discrepancies your actual coverage and benefits will be determined by the Personnel Policies & Procedures, Summary Plan Descriptions and/or the contracts that govern these plans for the eligibility, limitations and other details of these benefits. Benefit plans may be changed for any reason, to the extent allowed by law. Your participation in these benefits is not a contract of employment and does not guarantee future employment. All inquiries regarding benefits should be directed to Touchstone, Human Resources.

CBIZ Benefits & Insurance Services, Inc.
1765 East Skyline Drive • Tucson, AZ 85718
520.327.6421

