



**HELPING YOU UNDERSTAND**  
Your Benefit Choices

**2025**



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# WELCOME

## BENEFITS MENU | ENROLLMENT

### BENEFITS OFFERED

#### MY HEALTH

Medical / Rx | **Medical Mutual or SkyWay**

Dental | **MetLife**

Vision | **Anthem**

Health Savings Account | **Medical Mutual**

FSA/DCA Savings Accounts | **Flores**

#### MY LIFE

Life and AD&D | **MetLife**

Voluntary Life | **MetLife**

#### MY EXTRAS

EAP | EASE at Work

### Open Enrollment Period May 12, 2025 – May 28, 2025

Each year the Educational Service Center of Northeast Ohio evaluates the employee benefit plans with the intention to provide you and your families with a high level of benefits at an affordable cost.

Please take time to review your benefit options so that you can select the coverage that best meets your financial and healthcare needs.

#### Overview of Benefit Offerings July 1, 2025

Medical Mutual will continue to administer the medical benefits.

SkyWay will continue to administer the medical benefits.

Express Scripts will continue to administer the Rx benefits.

MetLife will continue to administer the dental benefits.

Anthem will continue to administer the vision benefits.

MetLife will continue to administer the life benefits.

Medical Mutual will continue to administer Health Savings Account (HSA).

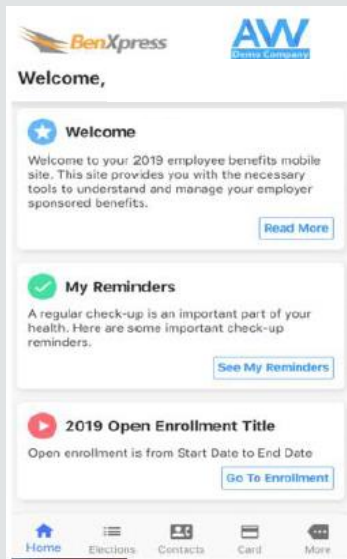
#### For questions or concerns, please contact:

Kim Sperling, Coordinator of Personnel  
Phone: (216) 901-4218  
Email: [kim.sperling@escneo.org](mailto:kim.sperling@escneo.org)

- Coordination of Benefits (COB)
- Flexible Spending Account (FSA)
- Family Medical Leave (FMLA)
- Insurance (premiums, plan info, adds/terms/changes)

# Benefit Enrollment Platform

## ONLINE ENROLLMENT THROUGH BENXPRESS



As an employee, you have access to our online benefits enrollment platform 24/7 where you can enroll, select or change your benefits online during the annual open enrollment period, new hire orientation, and for qualifying events.

- ✓ **Accessible 24/7;**
- ✓ **View all benefit plan options and your elections;**
- ✓ **View important carrier forms and links;**
- ✓ **Report a qualifying life event; and**
- ✓ **Make changes to beneficiary designations and more.**

### ENROLLMENT INSTRUCTIONS:

1. Go to [www.benxpress.com/escneo](http://www.benxpress.com/escneo)
2. **Username:** First initial and last name (ex., John Smith login: jsmith)
  1. If you have a hyphenated last name, your Username will exclude the hyphen (ex., Jane William-Smith = jwilliamsmith.
  2. If you have a name suffix, your Username should be entered excluding the suffix (ex., John Smith Jr. = jsmith)
3. **Password:** Last 5 digits of your Social Security Number
4. System tips:
  1. Turn off your Pop-Up blocker
  2. The program works best in Mozilla Firefox
  3. Use the **blue** navigation arrows at the top of each screen and not the browser back arrows
  4. Once you have reviewed your Summary Screen and confirmed your benefit elections, click on the 'SAVE ELECTIONS' icon in the top right corner.
5. Follow instructions and enroll in your benefits
6. Make sure to save your elections and print your confirmation statement.

### Helpful Tips To Consider Before You Enroll

1. **Do you plan to enroll an eligible dependent(s)?**  
If so, make sure to have their social security numbers and birthdates available. You cannot enroll your dependent(s) without this information.
2. **Have you recently been married/divorced or had a baby?**  
If so, remember to add or remove any dependent(s) and/or update your beneficiary designation.
3. **Did any of your covered children reach their 26th birthday this year?**  
If so, they may no longer be eligible for benefits, unless they meet specific criteria.

# ELIGIBILITY

## RULES | REQUIREMENTS

### EMPLOYEE ELIGIBILITY

You are eligible to participate if you are full-time and work a minimum of 6 hours a day for 5 days a week. Your coverage will be effective the 1<sup>st</sup> day of the month following your date of hire.

### DEPENDENT ELIGIBILITY

You may also enroll eligible dependents for benefits coverage. A **'dependent'** is defined as the **legal spouse** and/or **'dependent child(ren)'** of the plan participant or the spouse.

The term **'child'** refers to any of the following:

- A natural (biological) child;
- A stepchild;
- A legally adopted child;
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse; or
- Disabled dependents may be eligible if requirements set by the plan are met.



The chart provided below explains who is eligible for coverage under each benefit plan type:

#### Line of Coverage

#### When coverage ends

**Medical, Vision, Dental**

The **last day of the calendar month** the child turns **age 26**

**Child Life Insurance**

The **last day of the month** the child turns **age 26**

**Spouses are Eligible for:**

If the employee's spouse is employed and eligible for employer-sponsored health insurance benefits, the spouse is ineligible for the medical insurance offered by the Plan. This requirement does not apply to a spouse that is not employed, retired, or employed with no access to employer-sponsored group health insurance. All spouses are eligible for vision, dental and supplemental life insurance.

## Qualifying Life Events

If you have a Qualifying Life Event and want to request a mid-year change, you must notify Human Resources and complete your election changes within 30 days following the event. Be prepared to provide documentation to support the Qualifying Life Event.

Common life events include; Marriage, Divorce, New Dependent, Loss/gain of available coverage by you or any of your dependents.

*\*A full list of qualifying events can be found in the 'Required Notices' section of this benefits guide.*

### IMPORTANT

You cannot make changes to these elections during the year unless you experience a qualified family status change, which must be reported to Human Resources within 30 days of the event.

If you separate from employment, COBRA continuation of coverage may be available as applicable by law. COBRA Continuation details can be found in the notices section of this employee benefit guide.

# HEALTH

## MEDICAL | PRESCRIPTION DRUGS

### COMMON INSURANCE TERMS

A **PREMIUM** is the amount you pay for insurance, using pre-tax or post-tax dollars.

A **COPAYMENT (COPAY)** is a fixed amount you pay to receive services. Your co-payment(s) will count towards your out-of-pocket maximum but not your deductible. (e.g., \$30 for every visit to the doctor), while your insurance company pays the rest.

A **DEDUCTIBLE** is the amount of money you are responsible for paying each year before the plan begins to pay for covered services, with the exception of preventive care services, which are covered at 100% In-Network.

**COINSURANCE** This is your share of the expense of covered services after your deductible has been paid when the company plan is paying a percentage. The coinsurance rate is usually a percentage.

**Aggregate Deductible HSA Plan:** The entire family deductible must be met by one or more members before the plan reimbursement.

**Embedded Deductible PPO Plan:** One individual must meet the single deductible. A combination of the 2 or more members can meet a family deductible.

**OUT-OF-POCKET (OOP) MAXIMUM** is the most you pay per Plan Year for health care expenses and applies to deductibles, flat-dollar copays and coinsurance for all covered services – including cost-sharing amounts for prescription drugs.

Once this limit is met, the plan will cover all in-network services at 100% until the end of the plan year.

### PPO | In-Network & Out-of-Network Benefits Available

The PPO option offers the freedom to see any provider when you need care. When you use providers from within the PPO network, you receive benefits at the discounted network cost. Most expenses, such as office visits, emergency room and prescription drugs are covered by a copay. Other expenses are subject to a deductible and coinsurance.

### PPO HSA | In-Network & Out-of-Network Benefits Available

The HDHP is similar to the PPO Plan in that you have the option to choose any provider when you need care. However, in exchange for a lower per-paycheck cost, you must satisfy a higher deductible that applies to almost all health care expenses, including those for prescription drugs.

All expenses are your responsibility until the deductible is reached, with the exception of preventive care, which is covered at 100% when you visit a physician in the network. Once the deductible is met, you are responsible for coinsurance for medical expenses and a copay for prescription drug expenses.

Enrolling in this plan allows you to contribute tax free dollars to a health savings account (HSA). Any dollars that you (and your employer) wish to contribute can be used towards any eligible medical, Rx, dental and vision expenses that you may incur while covered under the plan. See HSA section of this guide for additional details.



### Save Money With Generic (Tier 1) Drugs

Ask your doctor if it's appropriate to use a generic drug rather than a brand.

Generic drugs are less expensive, and according to the FDA, they contain the same active ingredients and are identical in dose, form and administrative method as a brand name

### Helpful Rx Cost Savings Tools & Tips:

**MAIL ORDER** - Many drugs are available in a 90-day supply, rather than the 30-day retail supply. Typically, you pay less if a mail order 90-day supply is chosen.

**GOOD Rx** - There are many tools online that you can use in order to save on prescription costs. One being GoodRx.com, an online Rx database that allows you to find what pharmacy is the cheapest for your specific prescription. Additionally, you may be able to find a coupon that will greatly reduce your cost. It is important to remember that many of the coupons can only be used outside of your plan (will not count towards your maximums). Simply provide the pharmacist with the coupon or allow them to scan a bar code on the smart app.

**ONLINE TOOLS** - Utilize express-scripts.com to compare the prescription drug costs

# MEDICAL

## HEALTH | PLAN COMPARISON

To find a provider, please visit [www.medmutual.com](http://www.medmutual.com) and select Supermed PPO network provider for your medical care. Network providers contract with the insurance carrier to accept a negotiated fee for their services, and the providers won't balance bill you for an amount over the negotiated fee. Staying in-network will save you money!

For employees enrolled in the HSA medical plan, ESC will contribute \$1,000 yearly for employee only coverage and \$2,000 yearly for all other coverage levels.

	PPO	HSA
IN-NETWORK BENEFITS	MMO	MMO
<b>DEDUCTIBLE</b>	Embedded	Aggregate
<b>Single Deductible</b>	\$250	\$2,000
<b>Two Person/Family Deductible</b>	\$500	\$4,000
<b>COINSURANCE</b> <i>(applies after deductible is met)</i>		
<b>Member Cost Share %</b>	10%	0% after deductible
<b>Single Maximum</b>	\$1,000	\$2,000
<b>Two Person/Family Maximum</b>	\$3,000	\$4,000
<b>Health Savings Account</b>		
<b>Eligible Plan for HSA</b>		✓
<b>MEMBER COPAYMENT(S)</b>		
<b>Primary Care (PCP) - Office Visit</b>	\$10 copay	\$0 after deductible
<b>Preventative Care Services</b>	\$10 copay for PCP \$20 copay for Specialist	\$0 after deductible
<b>Specialist - Office Visit</b>	\$20 copay	\$0 after deductible
<b>Urgent Care Facility</b>	\$35 copay	\$0 after deductible
<b>Emergency Room Visit</b>	\$250 copay <i>(waived if admitted)</i>	\$0 after deductible

## Your Care Options and When to Use Them.

### Primary Care Physician (PCP)

For routine, primary/preventive care, or non-urgent treatment, we recommend going to your doctor's office for medical care. Your doctor knows you and your health history, and has access to your medical records. You may also pay the least amount out-of-pocket when you receive care in your doctor's office.

### Urgent Care Centers vs. Freestanding Emergency Rooms

Freestanding emergency rooms look a lot like the urgent care centers you are likely used to, but the costs and services are drastically different. In general, consider an urgent care center as an extension of your PCP, while freestanding emergency rooms should be used for health conditions that require a high level of care. Research the options in your area and determine which ones are covered by your insurance plan's network; note that balance billing may apply. Choosing an urgent care center for everyday health concerns could save you hundreds of dollars.

# PRESCRIPTION DRUGS

## Rx | PLAN COMPARISON

### TRADITIONAL DRUGS

**TIER 1 (GENERIC) | Lowest copay:** Most drugs in this category are generic drugs. Members pay the lowest copay for generics, making these drugs the most cost-effective option for treatment.

**TIER 2 | Higher copay:** This category includes preferred, brand name drugs that don't yet have a generic equivalent. These drugs are more expensive than generics, and a higher copay.

**TIER 3 | Highest copay:** In this category are nonpreferred brand name drugs for which there is either a generic alternative or a more cost-effective preferred brand. These drugs have the highest copay. **Make sure to check for mail order discounts that may be available.**

Rx Copays	PPO Network Pharmacy	PPO Home Delivery	HSA 2000 Network Pharmacy	HSA 2000 Home Delivery
<b>TIER 1 (Value / Generic)</b>	\$10 copay (1–30-day supply) \$20 copay (31–90-day supply)	\$20 copay	\$0 After Deductible	\$0 After Deductible
<b>TIER 2</b>	\$20 copay (1–30-day supply) \$40 copay (31–90-day supply)	\$40 copay	\$0 After Deductible	\$0 After Deductible
<b>TIER 3</b>	\$35 copay (1–30-day supply) \$70 (31–90-day supply)	\$70	\$0 After Deductible	\$0 After Deductible

### WHERE CAN I FIND A DRUG LIST?

A full listing of covered drugs is found at [www.express-scripts.com/mmonpf](http://www.express-scripts.com/mmonpf)

A drug list, also called a formulary, is a list of generic and brand-name drugs covered by a health plan. Although a drug may be on the drug list, it might not be covered under every plan. Review the plan materials for details on specific benefits.

You can use drug lists to see if a medication is covered by your health insurance plan. You can also find out if the medication is available as a generic, needs prior authorization, has quantity limits and more.

- **At a retail pharmacy:** Contact your pharmacy and let them know that your coverage is with Express Scripts and provide them with your ID card. You will need to pay your normal retail cost share (copay, deductible or coinsurance).
- **Through mail order:** Log onto Express Scripts and register for mail order delivery. You can access the link to Express Scripts from your Myhealthplan.com login. You can also call Express Scripts at the Rx Information number on your ID card. You will need to pay your normal mail-order cost share (copay, deductible or coinsurance) before your scripts will be shipped.
- **For specialty drugs:** Call one of our specialty pharmacies, Accredo, at 1-800-417-1961 or Gentry Health Services, at 1-844-443-6879. (You can continue to fill prescriptions for transplant drugs and those used to treat deep vein thrombosis and HIV at a network retail pharmacy.)

# MEDICAL METROHEALTH SKYCARE

## HEALTH | Rx

MetroHealth offers more than 35 locations in Cuyahoga, Lake, and Medina counties with the MetroHealth System and Lake Health. For the MetroHealth Skycare plan, they utilize Metrohealth doctors and facilities. To find a provider, please visit [www.metrohealth.org](http://www.metrohealth.org).

More personalized plan features:

- **Exclusive phone line** for SkyCare member services 216-778-8818 for appointment scheduling, pharmacy information and assistance.
- **Emergency care** – go to the closest emergency care location when needed in a life-threatening medical emergency.
- **Manage your health care online** securely with MyChart at MetroHealth for appointments, view test results, message your physician and more.

### Skyway Plus

#### IN-NETWORK BENEFITS

##### MEMBER COPAYMENT(S)

Primary Care (PCP) - Office Visit	\$10 copay
Preventative	n/a
Specialist - Office Visit	\$10 copay
Urgent Care Facility	\$10 copay
Emergency Room Visit	\$50 copay
Single out of pocket maximum	\$2,000
Two Person/Family out of pocket maximum	\$6,000

### Metro Health Pharmacy

Pharmacies are available at the following MetroHealth locations:

Beachwood, Bedford, Brecksville, Broadway (Cleveland), Buckeye (Cleveland), Cleveland Heights, Main Campus (Cleveland), Middleburg Heights, Ohio City, Old Brooklyn (Cleveland), and Parma.

216-957-MEDS (6337) Manage and refill your prescriptions online at

[www.metrohealth.pharmacy](http://www.metrohealth.pharmacy)

Rx Copays	Retail	Mail Order	Specialty Drug
Tier 1 Generic	\$10 copay	\$20 copay	\$20 copay
Tier 2 Preferred Brand	\$10 copay	\$20 copay	\$20 copay
Tier 3 Non-Preferred Brand	\$20 copay	\$40 copay	\$40 copay

# MEDICAL MUTUAL

## MedMutual Mobile App

### Your Health Plan Benefits at Your Fingertips

Download the MedMutual Mobile App

**Get access to the important health insurance information you need wherever you are with the MedMutual mobile app. It makes it easy and convenient to manage your health insurance, whether you're at home, at your doctor's office or on the go.**

#### Track Your Claims and Spending Information

Review your claims online, including details about the total amount billed, what Medical Mutual paid and what you are responsible for paying. You can also view other spending information, like your deductible, out-of-pocket costs and explanation of benefits (EOB) statements.

#### Estimate Costs

With our My Care Compare feature, you can view cost estimates before you go to the doctor or to the lab for certain tests.

#### Find a Provider

You can enter your ZIP Code to find the nearest doctor, hospital or urgent care facility covered by your plan and get step-by-step directions. You can also view quality and patient ratings for providers.

#### Access Your ID Card

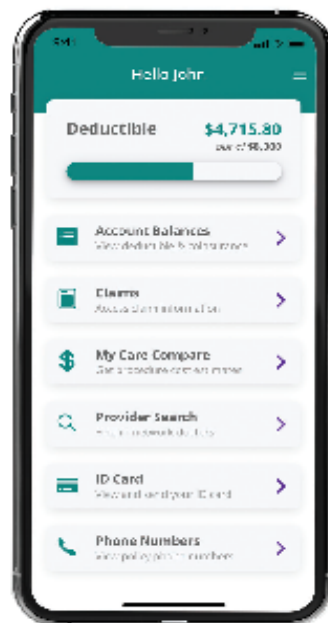
You always have your ID card with you with our mobile app. View the front and back of your card and call any of the phone numbers listed with just a tap. You can also email or fax your card to your provider.

#### Securely Log In Without Your Password

You can even use your device's Facial Recognition or Touch ID feature for a simple, secure and convenient login. This means you don't have to type in your username and password if these features are enabled.

**To download or update the app, visit your device's App Store (Apple) or Google Play (Android). Make sure your app is set to automatically update, so you don't miss out on future upgrades and new features.**

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# MY HEALTH PLAN

## Medical Mutual | Member Portal

### Utilize your Medical Mutual Member Portal

- Create your member portal at <https://www.medmutual.com/> and select Member Log In
  - You will either log into your account or register for an account

### Manage you plan and your health online:

- Check your deductible
- Review your Explanation of Benefits
- Find In Network Providers
- View ID cards
- My Care Compare – Compare costs for services
- Access Prescription Drug Coverage information
- Access to variety of programs, discounts, money saving tools

The screenshot shows the Medical Mutual Member Portal dashboard. At the top, there's a navigation bar with the Medical Mutual logo, a 'Dashboard' link, and several menu items: 'Claims & Balances', 'Benefits & Coverage', 'Resources & Tools', 'Healthy Living', and 'My Profile'. There are also links for 'Contact Us' and 'Logout'. Below the navigation bar, a green banner reads 'My Health Plan'. A welcome message says 'Hello, Jane C Doe, welcome.' Below this, there's a 'Viewing:' dropdown menu set to 'Family' and a 'Benefit Period:' section showing 'January 1st through December 31st'. The main content area is divided into two columns. The left column, titled 'Deductible & Coinsurance (In Network)', shows a 'Deductible' of \$4086.00 out of \$5200 and a 'Coinsurance' of \$63.00 out of \$1800, both with progress bars. A 'View Details' button is at the bottom. The right column, titled 'Claims Snapshot (Most Recent)', contains a table of recent claims. A 'View Your Claims' button is at the bottom. On the right side of the dashboard, there's a 'Actions' and 'Messages' section with a 'Please Confirm Your Email Address' message.

DATE OF SERVICE	TYPE	CLAIM #
07/12/2020	Medical	0004446784-000
07/12/2020	Medical	0014446784-000
07/12/2020	Medical	0034446784-000
07/12/2020	Medical	0035409979-000
07/01/2020	Medical	0056720719-000

# TELEMEDICINE

24/7 | First Stop Health  
VIRTUAL DOCTOR VISITS

## DOWNLOAD THE APP

Get the information you need on the go by downloading the First Stop Health App from the App Store for Apple<sup>SM</sup> products or on the Google Play<sup>TM</sup> Store for Android products.



Employees on the medical plan and their covered dependents will have 24/7/365 access to doctors. Through First Stop Health membership, they can simply call 888-691-7867 and begin speaking with a doctor who can diagnose and treat common illnesses (e.g., sinus issues, pink eye, etc.) over the phone. There are no fees or copays to use this telemedicine benefit. There is no setup or pre-registration necessary!

Call 888-691-7867 to speak to a physician

### What to Expect:

- Available 24/7/365
- Unlimited consultations
- U.S.-based physicians
- Physicians licensed in 49 states (AR excluded)
- No copays or fees to use the service
- 86% of calls to First Stop Health prevent unnecessary trips to doctors' offices and ERs
- Includes covered dependents
- Confidential medical dashboard with record of consultations + tools to upload and share medical records

### Top 10 Reasons Members Call First Stop Health

- |    |                         |
|----|-------------------------|
| 1  | Sore Throat             |
| 2  | Cough                   |
| 3  | Sinus Infection         |
| 4  | Urinary Tract Infection |
| 5  | Skin Rash               |
| 6  | Eye Infection           |
| 7  | Ear Ache                |
| 8  | Upset Stomach           |
| 9  | Muscle/Joint Pain       |
| 10 | Medication Refill       |



"I used First Stop Health and it is terrific. I'm at the airport now, leaving for my honeymoon with prescription in hand. Lifesaver!"

—Laura S., First Stop Health Member

To learn more about First Stop Health telemedicine services, contact:

[www.fshealth.com](http://www.fshealth.com)  
888.691.7867

222 N. Columbus Dr., Suite D  
Chicago, IL 60601



# DENTAL

## METLIFE COVERAGE OVERVIEW

### COMMON TERMS

#### PRE-TREATMENT ESTIMATE

If your dental care is extensive and you want to plan ahead for the cost, you can ask your dentist to submit a pre-treatment estimate. While it is not a guarantee of payment, a pre-treatment estimate can help you predict your out-of-pocket costs.

#### DUAL COVERAGE

You might have benefits from more than one dental plan, which is called dual coverage. In this situation, the total amount paid by both plans can't exceed 100% of your dental expenses. And in some cases, depending on the specifics of the plans, your coverage may not total 100%.

#### LIMITATIONS AND EXCLUSIONS

Dental plans are intended to cover part of your dental expenses, so coverage may not extend to your every dental need. A typical plan has limitations such as the number of times you can receive a cleaning each year. In addition, some procedures may be not be covered under your plan, which is referred to as an exclusion.

### PREVENTION FIRST!

Your dental health is an important part of your overall health. Make sure you take advantage of your preventive dental visits.

Preventive care services are covered at 100% if you visit an In-Network provider. They are also not subject to the annual deductible.

The MetLife group number is 5385092. ID cards are not generated or needed for services. However, if you wish to print off a card you will be able to log into [www.MetLife.com/benefits](http://www.MetLife.com/benefits) and download one. You have the freedom to select the dentist of your choice; however, when you visit a participating in-network dentist, you will have lower out-of-pocket costs, no balance billing, and claims will be submitted by your dentist on your behalf.

#### PPO Network

#### Out-of-Network

#### PLAN FEATURES

Network Details		PPO Dentists PDP Plus Network	Dentists who do not participate in either network.
Benefit Period		Calendar Year	
DEDUCTIBLE			
	Single	\$25 In-network / \$25 out of network	
	Family	\$75 In-network / \$75 out of network	
	When does it apply?	When receiving Basic or Major services (Does not apply for Preventive services)	

#### COVERED SERVICES

##### CLASS I: Preventive Services

Prophylaxis (cleanings), oral examinations, topical fluoride applications (children up to 19<sup>th</sup> birthday), full mouth x-ray (one per 36 months), bitewing x-ray (one set per calendar year for adults; one set per 6 months for children), space maintainers (children up to 19<sup>th</sup> birthday), and sealants (children up to 14<sup>th</sup> birthday).

Covered at 100%

Covered at 100%  
With possible balance billing

##### CLASS II: Basic Services

Fillings, simple extractions, crown, denture, bridge repair, oral surgery, endodontics, general anesthesia, and periodontics.

Covered at 80%

Covered at 80%  
With possible balance billing

##### CLASS III: Major Services

Implants, bridges, dentures, crowns, inlays, and onlays.

Covered at 50%

Covered at 50%  
With possible balance billing

##### CLASS IV: Orthodontia

Ortho applies to children only up to age 19. Lifetime maximum is \$1,500

Covered at 50%

Covered at 50%  
With possible balance billing

#### ANNUAL MAXIMUM

Maximum Benefit  
Allowed per Benefit Period

\$1,500 per covered individual

# VISION

## COVERAGE OVERVIEW

Anthem is your vision carrier, and the group number is W40240. You can locate an Anthem participating provider in your area at [www.anthem.com](http://www.anthem.com). When scheduling an appointment, please notify your provider that your vision coverage is administered by Anthem. Visit [www.anthem.com/find-care/](http://www.anthem.com/find-care/)

	IN-NETWORK BLUE VIEW PROVIDER	OUT-OF-NETWORK PROVIDER
<b>PLAN FEATURES</b>		
Vision Exam	\$15 copay	Up to \$42 reimbursement
<b>COVERED SERVICES – LENSES / FRAMES</b>		
Single Lenses	\$0 copay	Up to \$40 reimbursement
Bifocals	\$0 copay	Up to \$60 reimbursement
Trifocals	\$0 copay	Up to \$80 reimbursement
Frames	\$130 retail allowance, then 20% off any remaining balance	Up to \$45 reimbursement
<b>COVERED SERVICES</b>		
Contact Lenses	\$130 allowance	Up to \$105
Contact Lens Evaluation Fitting	Up to \$55 for Standard fitting 10% off retail for Premium fitting	Included in Exam Reimbursement
<b>BENEFIT FREQUENCY</b>		
Exams	Once every calendar year	Once every calendar year
Lenses	Once every calendar year	Once every calendar year
Frames	Once every calendar year	Once every calendar year
Contacts	Once every calendar year	Once every calendar year



**Did you know your eyes can tell an eye care provider a lot about you?**

In addition to eye disease, a routine eye exam can help detect signs of serious health conditions like diabetes and high cholesterol. This is important, since you won't always notice the symptoms yourself and since some of these diseases cause early and irreversible damage.

# HEALTH SAVINGS ACCOUNT

## HSA | TAX SAVING VEHICLE

### HSA ELIGIBILITY REQUIREMENTS

**To have an HSA and make contributions to the account, you must meet several basic qualifications.**

- To be eligible to open and contribute to an HSA, you must have coverage under a qualified High Deductible Health Plan (HDHP).
- Participants cannot be covered by any other health insurance plan (this exclusion does not apply to certain other types of insurance, such as dental, vision, disability or long-term care coverage);
- Participants cannot participate in a Healthcare FSA or spouse/domestic partner's Healthcare FSA or Health Reimbursement Account (HRA).
- Participants cannot be enrolled in Medicare or Medicaid.
- You cannot be eligible to be claimed as a dependent on someone else's tax return.
- You have not received Department of Veterans Affairs Medical benefits in the past 90 days, unless the Veteran has a disability rating. (*There may be additional special circumstances, check with your tax preparer*).

### MAINTAINING RECORDS

To protect yourself in the event that you are audited by the IRS, keep records of all HSA documentation and itemized receipts for at least as long as your income tax return is considered open (subject to an audit), or as long as you maintain the account, whichever is longer.

The IRS requires HSA funds to be used for qualified expenses only. If you use HSA funds for non-eligible expenses, you will be subject to regular income taxes and an additional 20% excise tax penalty.

### ELIGIBLE HSA EXPENSES\*

- Acupuncture
- Alcoholism treatment
- Ambulance
- Artificial limb
- Automobile modifications for a physically handicapped person
- Birth control pills
- Blood pressure monitoring device
- Braille books & magazines
- Chiropractic care
- Christian science practitioner
- COBRA premiums
- Contact lenses & related materials
- Crutches
- Dental treatment
- Dentures
- Diagnostic services
- Drug addiction treatment
- Eye examination
- Eye glasses & related materials
- Fertility treatment
- Flu shot
- Guide dog or other animal aide
- Hearing aids
- Hospital services
- Immunization
- Insulin
- Laboratory fees
- Laser eye surgery
- Long-term care premiums or expenses
- Medical testing device
- Nursing services
- Obstetrical expenses
- Organ transplant
- Orthodontia (not for cosmetic reasons)
- Oxygen
- Physical exam
- Physical therapy
- Prescription drugs
- Psychiatric care
- Retiree medical insurance premiums
- Smoking cessation program
- Surgery
- Transportation for medical care
- Weight loss program
- Wheelchairs and more\*.

**\*A full list of qualified expenses can be found in IRS Publication 502 at [www.irs.gov](http://www.irs.gov).**

# HEALTH SAVINGS ACCOUNT

## HSA | TAX SAVING VEHICLE

### ENROLLED IN AN HSA ELIGIBLE HEALTH PLAN?

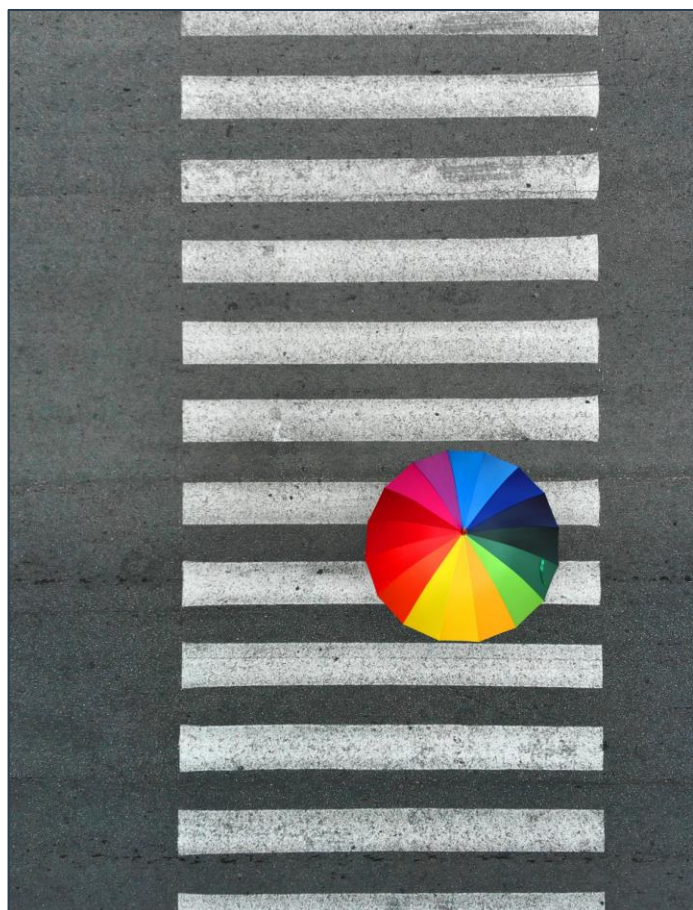
Take charge of your health care spending with a Health Savings Account (HSA).

Contributions to an HSA are tax-free, and no matter what, the money in the account is yours!

A Health Savings Account (HSA) is a tax-free savings account is owned by you, is 100% vested from day one, and let's you build up savings for future needs. The funds may be used to pay for qualifying healthcare expenses not covered by insurance or any other plan for yourself, your spouse, or tax dependents. You decide how much you would like to contribute, when and how to spend the money on eligible expenses, and how to invest the balance.

### UNDERSTANDING YOUR HSA

- Pre-tax contributions are deducted through payroll and deposited into your HSA account;
- You can use your HSA available funds to pay for qualified medical expenses tax-free;
- HSA funds can be used for non-eligible expenses, but will be subject to regular income taxes and a 20% excise tax penalty.
- Unused funds remain in your account for future use and roll over each calendar year;
- HSAs remain with you even if you change health plans or companies. If you open an HSA and later become ineligible to make contributions, you can still use your remaining funds; and
- You can change your HSA contribution at any time during the plan year for any reason.



### 2025 | HSA FUNDING LIMITS

Each year, the IRS places a limit on the maximum amount that can be contributed to HSA accounts.

#### HSA Contribution Limits

Employee	\$4,300
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Two Person/Family	\$8,550
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#### HSA “Catch-Up” Contributions

Age 55 or older	\$1,000 a year
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Source: IRS, Rev. Proc. 2020-30

# FLEXIBLE SPENDING ACCOUNT

## FSA | TAX SAVING VEHICLE



## HEALTH CARE

### FLEXIBLE SPENDING ACCOUNT

THE HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA) CAN REIMBURSE YOU FOR ELIGIBLE EXPENSES YOU OR YOUR ELIGIBLE DEPENDENTS INCUR THAT ARE NOT PAID BY YOUR EXISTING HEALTH CARE PLAN.

#### ELIGIBLE EXPENSES

- Medical co-payments, co-insurance and deductibles
- Routine wellness visits
- Prescription expenses
- Vision expenses (including eye exams, eyeglasses and contact lenses)
- LASIK surgery
- Dental expenses (excluding cosmetic procedures)
- Orthodontia payments
- Hearing expenses
- Over-the-counter Medications
- Menstrual Care Items

#### YOUR STEPS TO SAVINGS!

- 1 REALIZE THE TAX SAVINGS**  
You can set aside pre-tax money into an account to be reimbursed for eligible medical expenses. Savings will depend on your tax bracket. For example, if you are taxed at 25% and you enroll for \$3,300 you would save \$825 in taxes.
- 2 ESTIMATE YOUR EXPENSES**  
Plan for your upcoming expenses and include your spouse and dependents, if eligible. A brief list of expenses can be found to the right. A comprehensive list of allowable expenses and an expense worksheet can be found at [www.flores247.com](http://www.flores247.com).
- 3 ENROLL AND MANAGE YOUR ACCOUNT**  
Contact your Human Resources Department to find out how to enroll for this benefit. Flores will send a custom Participant ID number via mail or email to help you manage your account. Contact information can be found on the back of this flyer.

## HEALTH CARE FSA FAQs

### FREQUENTLY ASKED QUESTIONS

**HOW CAN I SUBMIT A CLAIM?** Claims may be uploaded to your account on our participant Flores247 Web Portal, [www.flores247.com](http://www.flores247.com), or using our Flores Mobile app. You may also submit your request for reimbursement via fax or mail, if you prefer. Please note that all claims must be received by the filing deadline for the applicable plan year in which your expenses were incurred.

**WHAT MUST BE INCLUDED ON RECEIPTS?** All receipts for reimbursement must include the following information: Date of service, Description of Service, Out-of-Pocket Cost, Provider Name, and Patient Name.

**WILL I HAVE A DEBIT CARD?** Possibly. If your plan offers the debit card, you can use your Flores Benefits Card at the point of purchase. Remember to keep all of your receipts in case they are requested for review.

**DO I NEED TO RE-ENROLL IN THE HEALTH CARE FSA EACH YEAR?** Yes, you must re-enroll with each new plan year. Elections do not rollover from year to year.

**WHEN WILL I HAVE ACCESS TO THE FUNDS IN MY HEALTH CARE FSA?** After your first Health Care FSA contribution to the plan, you will have access to the total amount you have elected for the plan year, regardless of the current balance in your flexible spending account.

**CAN I SUBMIT MY SPOUSE'S / DEPENDENT'S MEDICAL EXPENSES TO MY HEALTH CARE FSA?** Regardless of who is covered on your medical insurance, the Health Care FSA may reimburse expenses for your spouse or any qualifying tax or adult dependent.

**HOW WILL REIMBURSEMENTS BE ISSUED?** Reimbursements will be mailed as a check to your home address. If you would like to have your reimbursement issued as a direct deposit, you may add your direct deposit information on the participant website ([www.flores247.com](http://www.flores247.com)) or submit a completed Direct Deposit Information Form. If your plan offers the debit card, you may use this card at the point of purchase to access your FSA dollars.

**CAN I CHANGE MY ELECTION DURING THE PLAN YEAR?** You may only change your annual election during the plan year if you experience a qualifying status change event. You must notify your employer within 30 days of any status change event in order to change your election. See the Allowable Status Changes Guide on our website ([www.flores247.com](http://www.flores247.com)) for further information.

**WHAT HAPPENS TO MY HEALTH CARE FSA IF I TERMINATE FROM THE COMPANY?** Any expenses submitted for reimbursement must be incurred prior to your termination date or the benefit end date specified by your company. Claims must be submitted prior to the claims filing deadline for the plan year during which you terminated. In certain situations you may be eligible to continue your participation in the Health Care FSA through the election of COBRA. Please contact your Human Resource Department for further information.

**WILL UNUSED FUNDS ROLLOVER TO THE NEXT YEAR?** Possibly. If your employer has adopted the FSA carryover, any unused balance up to \$660 that remains in your account as of the last day of the plan year will roll into the new plan year for you to be able to use towards eligible expenses you incur during the new plan year.

#### HOW DO I OBTAIN MY ACCOUNT DETAILS?



##### WEBSITE

Visit [www.flores247.com](http://www.flores247.com) and log in using Participant ID or User Name and password



##### MOBILE APP

Download our mobile app from your app store



**PID & PASSWORD ASSISTANCE**  
Dial 800.840.7684

#### HOW DO I SUBMIT DOCUMENTS TO FLORES?

##### ONLINE

Visit [www.flores247.com](http://www.flores247.com) and upload documents securely

##### MOBILE

Download Flores Mobile app Available for Apple or Android devices

##### MAIL

Flores & Associates, LLC  
PO Box 31397  
Charlotte, NC 28231

##### FAX

800.726.9982 or 704.335.0818

Revised 10/24

CUSTOMER SERVICE 1.800.532.3327

For additional information on FSA, please visit the Flores Resource library:  
[www.flores-associates.com/resource-documents.html](http://www.flores-associates.com/resource-documents.html)

# DEPENDENT CARE FSA ACCOUNT

## DCA | Overview



**Flores**

# DEPENDENT CARE

## FLEXIBLE SPENDING ACCOUNT

**YOUR STEPS TO SAVINGS!**

- 1 REALIZE THE TAX SAVINGS**  
You can set aside pre-tax money into an account to be reimbursed for eligible dependent childcare expenses. Savings will depend on your tax bracket. For example, if you are taxed at 25% and you enroll for \$5,000 you would save \$1,250 in taxes.
- 2 ESTIMATE YOUR EXPENSES**  
Plan for your upcoming expenses. A brief list of expenses can be found to the right. A comprehensive list of allowable expenses and an expense worksheet can be found at [www.flores247.com](http://www.flores247.com).
- 3 ENROLL AND MANAGE YOUR ACCOUNT**  
Contact your Human Resource Department to find out how to enroll for this benefit. Flores will mail a custom Participant ID number to your home address to help you manage your account. Contact information can be found on the back of this flyer.

**THE DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA) CAN REIMBURSE YOU FOR DAY CARE EXPENSES PROVIDED FOR YOUR DEPENDENTS SO THAT YOU (AND YOUR SPOUSE, IF YOU ARE MARRIED) CAN WORK. CARE MUST BE FOR A DEPENDENT CHILD UNDER AGE 13 OR A DEPENDENT OF ANY AGE THAT LIVES IN YOUR HOUSEHOLD THAT IS INCAPABLE OF SELF-CARE.**

**ELIGIBLE EXPENSES**

- Preschools
- Before and after school care
- Day camps

**INELIGIBLE EXPENSES**

- Overnight camps
- Tuition / kindergarten & educational expenses
- Regular fees not applied to care of child

For additional information on FSA, please visit the Flores Resource library:  
[www.flores-associates.com/resource-documents.html](http://www.flores-associates.com/resource-documents.html)

# EMPLOYER PAID BASIC LIFE/AD&D - METLIFE

## COVERAGE OVERVIEW

### BENEFICIARY(IES)

It's very important to designate beneficiaries. Taking a few minutes to designate your beneficiaries now will help ensure that your assets will be distributed according to your direction.

A **Beneficiary** is the person you designate to receive your life insurance benefits in the event of your death. It is important that your beneficiary designation is clear so there is no question as to your intentions.

It is also important that you name a **Primary** and **Contingent Beneficiary**. A contingent beneficiary will receive the benefits of your life insurance if the primary beneficiary cannot. You can change beneficiaries at any time.

You should review your beneficiary elections on a regular basis to ensure they are updated as life changes. Even if you are single, your beneficiary can use your Life Insurance to pay off your debts, such as: credit cards, mortgages, and other expenses.

*\*You designate your beneficiary(ies) when enrolling for your benefits.*

### Employer Paid Basic Life and AD&D Insurance

Life insurance is an important part of your financial security. Life insurance helps protect your family from financial risk and sudden loss of income in the event of your death. AD&D insurance is equal to your Life benefit in the event of your death being a result of an accident and may also pay benefits for certain injuries sustained.

#### Board Paid Benefit - Provided to you at no cost

<b>Coverage Amount</b>	\$50,000
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<b>Accidental Death and Dismemberment (AD&amp;D)</b>	Amount equal to your Life benefit
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<b>Benefit Reduction Schedule</b>	Your insurance will reduce to: <ul style="list-style-type: none"><li>– 65% of the original amount at age 70</li><li>– 50% of the original amount at age 75</li></ul>
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#### What else is included?

<b>A "Living" Benefit</b>	If you are diagnosed with a terminal illness with less than 12 months to live.
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<b>Waiver of Premium</b>	Your cost may be waived if you are totally disabled for a period of time.
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<b>Portability</b>	You may be able to keep coverage if you leave the company, retire or change the number of hours you work.
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## WHAT WILL MY BENEFICIARY RECEIVE?

### In The Event That Death Occurs:

- Your Basic Life insurance is paid to your beneficiary.
- **If death occurs from an accident:** 100% of the AD&D benefit would be payable to your beneficiary(ies) in addition to your Basic Life insurance.

# SUPPLEMENTAL LIFE - METLIFE

## COVERAGE OPTIONS FOR YOU & THE FAMILY

### SUPPLEMENTAL LIFE INSURANCE

Employees have the opportunity to enroll in supplemental Life insurance when they are first hired. If you choose to enroll in employee coverage, this will be in addition to your employer provided Basic Life coverage. Coverage is also available for your spouse and/or child dependents. It is typically required that you elect coverage for yourself in order to be eligible for coverage on your dependents. If you would like to enroll in supplemental life insurance after your hire date, you will need to get approval from MetLife. Please contact Kim Sperling for more information.

#### PLAN OPTIONS

<b>Cost of Coverage</b>	Premiums are based on age-rated tables and paid by the employee every pay period through a payroll deduction. These premiums are post-tax and benefits payable are tax-free.		
<b>Coverage Options</b>	<u><b>Employee Coverage</b></u> Choose in \$10,000 increments up to the lesser of 5x your annual salary or \$500,000	<u><b>Spouse Coverage</b></u> Choose in \$5,000 increments up to \$250,000 or 50% of the employee's supplemental life insurance amount, whichever is less.	<u><b>Dependent Coverage</b></u> \$10,000
<b>Do I have to take a health exam to get coverage?</b>	If you and your dependents enroll in coverage at your initial eligibility date, you may apply for up to the Guaranteed Issue amounts without medical questions.		
<b>Guaranteed Issue</b>	<u><b>Employee</b></u> \$100,000	<u><b>Spouse</b></u> \$25,000	<u><b>Dependent</b></u> \$10,000

#### PLAN PROVISIONS

<b>Cost Calculation</b>	Age Rated Benefit (Spouse Life based on employee's age)	
<b>Benefit Reduction Schedule</b>	<u><b>Employee Coverage Will Reduce To:</b></u>	<u><b>Spouse Coverage Will Reduce By:</b></u>
	<ul style="list-style-type: none"><li>– 65% of the original amount at age 70</li><li>– 50% of the original amount at age 75</li></ul>	The same amount and at the same time your coverage reduces
<b>Portability</b>	If your employment ends or you retire, you may be eligible to continue your term insurance at group rates.	
<b>Conversion</b>	When coverage ends under the plan, you can convert to an individual permanent life policy without evidence of insurability on the term life but excluded on accident death and dismemberment.	



#### **\*Guaranteed Issue (GI) and Evidence of Insurability (EOI)**

***Any purchases or increase in benefits, which does not take place within 31 days of employee's or dependent's eligibility effective date is subject to evidence of insurability. Coverage is subject to the approval of MetLife.***

***It is your responsibility to complete the enrollment from and send to Human Resources.***

***Please contact Kim Sperling if you are newly enrolling in Supplemental Life benefits.***

# EMPLOYEE ASSISTANCE PROGRAM

EASE@WORK

## Life comes with challenges. Ease@Work is here to help.

Ease@Work can help you reduce stress, improve mental health, and make life easier by connecting you to the right information, resources, and referrals.

All services are free, confidential, and available to you and your family members. This includes access to short-term counseling and the wide range of services listed below:

### **Mental Health Sessions**

Manage stress, anxiety, and depression, resolve conflict, improve relationships, overcome substance abuse, and address any personal issues.

### **Life Coaching**

Reach personal and professional goals, manage life transitions, overcome obstacles, strengthen relationships, and build balance.

### **Financial Consultation**

Build financial wellness related to budgeting, buying a home, paying off debt, managing taxes, preventing identity theft, and saving for retirement or tuition.

### **Legal Consultation**

Get help with personal legal matters including estate planning, wills, real estate, bankruptcy, divorce, custody, and more.

### **Work-Life Resources and Referrals**

Obtain information and referrals when seeking childcare, adoption, special needs support, eldercare, housing, transportation, education, and pet care.

### **Personal Assistant**

Save time with referrals for travel and entertainment, seeking professional services, cleaning services, home food delivery, and managing everyday tasks.

### **Medical Advocacy**

Get help navigating insurance, obtaining doctor referrals, securing medical equipment or transportation, and planning for transitional care and discharge.

### **Wellness**

Build holistic well-being with wellness coaching for nutrition, fitness, stress reduction and tobacco cessation.

### **Member Portal and App**

These digital tools enable you to access your benefits 24/7/365 with online requests and chat options. They also provide easy access to thousands of articles, webinars, podcasts, and tools covering total well-being.



Contact Ease@Work

Call: 800-521-3273

Visit: [easeatwork.com](http://easeatwork.com) & select Member Portal & App

Code: escneo

**EASE@WORK**  
An Aflac Health Company

# EMPLOYEE ASSISTANCE PROGRAM

## EASE@WORK Member Portal and APP



Ease@Work offers a wide range of benefits to help improve mental health, reduce stress and make life easier. Find even more resources and ways to connect on our member portal and app.

### **Video, Chat and Telephonic Access**

24/7/365 access to request mental health sessions coaching and resources to help with work/life balance

### **Thousands of Self-Care Articles and Resources**

Explore videos, provider resource locators, personal assessments, calculators and tools

### **Events Calendar and Free Webinars**

Sign up for the latest webinars and online training sessions

### **Exclusive Discounts**

Save money on entertainment, gifts, travel and consumer goods

## Getting Started Is Easy

1. Visit [easeatwork.com](http://easeatwork.com) and click on "Member Portal & App" in the top menu
2. Register to create a new account using your company code: **escocc**
3. A confirmation email will be sent to complete the process



Contact Ease@Work

Call: 800-521-3273

Visit: [easeatwork.com](http://easeatwork.com) and select Member Portal & App

Code: **escneo**

**EASE@WORK**  
An AllOne Health Company

# MEDICAL RATES & CONTRIBUTIONS 2025-2026

**It is your responsibility to verify that deduction amounts are correct for the insurance coverage you have elected.**

## PPO Plan

<u>Medical Mutual</u>	<u>Total Monthly Premium</u>	<u>Employer Monthly Contribution</u>	<u>Employee Contribution</u>
Employee	\$1,056.06	\$844.85	\$211.21/ Month \$105.61 per pay
Employee + Spouse	\$2,112.09	\$1,689.68	\$422.41/ Month \$211.20 per pay
Employee + Child(ren)	\$2,006.51	\$1,605.21	\$401.30/ Month \$200.65 per pay
Family	\$3,125.92	\$2,500.74	\$625.18/ Month \$312.59 per pay

## Health Savings Account

<u>Medical Mutual</u>	<u>Total Monthly Premium</u>	<u>Employer Monthly Contribution</u>	<u>Employee Contribution</u>
Employee	\$891.04	\$757.39	\$133.65/ Month \$66.83 per pay
Employee + Spouse	\$1,782.06	\$1,514.76	\$267.30/ Month \$133.65 per pay
Employee + Child(ren)	\$1,692.97	\$1,439.03	\$253.94/ Month \$126.97 per pay
Family	\$2,637.47	\$2,241.86	\$395.61/ Month \$197.81 per pay

## Skyway

<u>Metro Health</u>	<u>Total Monthly Premium</u>	<u>Employer Monthly Contribution</u>	<u>Employee Contribution</u>
Employee	\$745.90	\$671.31	\$74.59/ Month \$37.30 per pay
Employee + Spouse	\$1,491.75	\$1,342.58	\$149.17/ Month \$74.59 per pay
Employee + Child(ren)	\$1,342.58	\$1,208.33	\$134.25/ Month \$67.13 per pay
Family	\$2,237.64	\$2,013.88	\$223.76/ Month \$111.88 per pay

# DENTAL / VISION RATES & CONTRIBUTIONS 2025-2026

**It is your responsibility to verify that deduction amounts are correct for the insurance coverage you have elected.**

## Dental Plan

<u>MetLife</u>	<u>Total Monthly Premium</u>	<u>Employer Monthly Contribution</u>	<u>Employee Contribution</u>
Employee	\$43.40	\$34.72	\$8.68/ Month \$4.34 per pay
Employee + Spouse	\$82.95	\$66.37	\$16.58/ Month \$8.29 per pay
Employee + Child(ren)	\$95.43	\$76.35	\$19.08/ Month \$9.54 per pay
Family	\$138.60	\$110.88	\$27.72/ Month \$13.86 per pay

## Vision Plan

<u>Anthem</u>	<u>Total Monthly Premium</u>	<u>Employer Monthly Contribution</u>	<u>Employee Contribution</u>
Employee	\$6.74	\$3.37	\$3.37/ Month \$1.69 per pay
Employee + Spouse	\$11.79	\$5.90	\$5.89/ Month \$2.95 per pay
Employee + Child(ren)	\$12.81	\$6.41	\$6.40/ Month \$3.20 per pay
Family	\$19.55	\$9.78	\$9.77/ Month \$4.89 per pay

# GLOSSARY OF TERMS

**Dependent Verification Services (DVS)** – Service used to verify dependent proof of relationship when adding dependents to benefit plans.

**Beneficiary** – A person designated by you, the participant of a benefit plan, to receive the benefits of the plan in the event of the participant's death.

- **Primary Beneficiary** – A person who is designated to receive the benefits of a benefit plan in the event of the participant's death
- **Contingent Beneficiary** – A person who is designated to receive the benefits of a benefit plan in the event of the Primary Beneficiary's death

**Charges** – The term "charges" means the actual billed charges. It also means an amount negotiated by a provider, directly or indirectly, if that amount is different from the actual billed charges.

**Coinurance** – The percentage of charges for covered expenses that an insured person is required to pay under the plan (separate from copayments)

**Deductible** – The amount of money you must pay each year to cover eligible expenses before your insurance policy starts paying.

**Dependents** – Dependents are your:

- Lawful spouse through a marriage that is lawfully recognized.
- Dependent child (married or unmarried) under the age of 26 including stepchildren and legally adopted children.

*Proof of relationship documentation will be required in order to add dependents to your plan(s). Employees will receive request for documentation.*

**Emergency Services** – Medical, psychiatric, surgical, hospital, and related health care services and testing, including ambulance service, that are required to treat a sudden, unexpected onset of a bodily injury or serious sickness that could reasonably be expected by a prudent layperson to result in serious medical complications, loss of life, or permanent impairment to bodily functions in the absence of immediate medical attention. Examples of emergency situations include uncontrolled bleeding, seizures or loss of consciousness, shortness of breath, chest pains or severe squeezing sensations in the chest, suspected overdose of medication or poisoning, sudden paralysis or slurred speech, burns, cuts, and broken bones.

The symptoms that led you to believe you needed emergency care, as coded by the provider and recorded by the hospital, or the final diagnosis – whichever reasonably indicated an emergency medical condition – will be the basis for the determination of coverage provided such symptoms reasonably indicate an emergency.

**Evidence of Insurability (EOI)** – Proof that you are insurable based on the requirements of the insurance carrier. *For example, the results of a blood test or a doctor's signature on a form may be required for you to be covered by/for Optional Life insurance.*

**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 are your responsibility.

**Health Reimbursement Account (HRA)** – The Health Reimbursement Account (HRA) is an employer-funded account that reimburses you for eligible out-of-pocket medical expenses. The HRA is only available to employees who are enrolled in the HRA Plan.

**In-Network** – The term "in-network" refers to health care services or items provided by your Primary Care Physician (PCP) or services/items provided by another participating provider and authorized by your PCP or the review organization. Authorization by your PCP or the review organization is not required in the case of mental health and substance abuse treatment other than hospital confinement solely for detoxification.

**Emergency Care** that meets the definition of "emergency services" and is authorized as such by either the PCP or the review organization is considered in-network.

**Out-of-Network** - The term "out-of-network" refers to care that does not qualify as in-network.

**Maximum Out of Pocket** – The most money you will pay during a year for coverage. It includes deductibles, copayments and coinsurance, but is in addition to your regular premiums. Beyond this amount, the insurance company will pay all expenses for the remainder of the year.

**Medically Necessary/Medical Necessity** – Required to diagnose or treat an illness, injury, disease, or its symptoms; in accordance with generally accepted standards of medical practice; clinically appropriate in terms of type, frequency, extent, site, and duration; not primarily for the convenience of the patient, physician, or other health care provider; and rendered in the least intensive setting that is appropriate for the delivery of the services and supplies.

**Participating Provider** – A hospital, physician, or any other health care practitioner or entity that has a direct or indirect contractual arrangement with Cigna to provide covered services with regard to a particular plan under which the participant is covered.

**Post-Tax** – An option to have the payment to your benefits deducted from your gross pay after your taxes have been withheld. Therefore, your tax contributions will be calculated based on a higher amount. Your statutory deductions (federal income tax, Social Security, Medicare) will be calculated based on a higher amount.

**Pre-Tax** – An option to have the payment to your benefits deducted from your gross pay before your taxes have been withheld. Therefore, your tax contributions will be calculated based on a lesser amount. Your statutory deductions (federal income tax, Social Security, Medicare) will be calculated based on a lesser amount.

**Primary Care Dentist (PCD)** – The term "Primary Care Dentist" means a dentist who (a) qualifies as a participating provider in general practice, referrals, or specialized care; and (b) has been selected by you, as authorized by the provider organization, to provide or arrange for dental care for you or any of your insured dependents.

**Primary Care Physician (PCP)** – The term "Primary Care Physician" means a physician who (a) qualifies as a participating provider in general practice, obstetrics/gynecology, internal medicine, family practice, or pediatrics; and (b) has been selected by you, as authorized by the provider organization, to provide or arrange for medical care for you or any of your insured dependents.

**Proof of Relationship Documentation** – Documents that show a dependent is lawfully your dependent. Documents can include marriage certificates, birth certificates, adoption agreements, previous years' tax returns, court orders, and/or divorce decrees showing your or your spouse's responsibility for the dependent.

# IMPORTANT CONTACT INFORMATION

PROVIDER	CONTACT INFORMATION
Medical – Medical Mutual	(800) 232-7400 <a href="http://www.medicalmutual.com">www.medicalmutual.com</a>
Telemedicine – First Stop Health	(888) 691-7867 <a href="http://www.fshealth.com">www.fshealth.com</a>
Dental - MetLife	(800) 988-8333 <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>
Vision - Anthem	(866) 723-0515 <a href="http://www.anthem.com">www.anthem.com</a>
Flexible Spending Account – Flores Dependent Care Account	(800) 532-3327 <a href="http://www.flores247.com">www.flores247.com</a>
Health Savings Accounts – Medical Mutual	(800) 384-0859 <a href="http://www.MedMutual.com/AccountLink">www.MedMutual.com/AccountLink</a>

## Have Questions?

Please see the chart above for provider customer service phone numbers and website addresses.

Your first point of contact for claims questions should be to the carrier's Customer Service numbers - shown above.



This Benefit Enrollment Guide Is Provided By:

