

OHIO CO FISCAL COURT

EMPLOYEE HEALTH INSURANCE PACKET



Effective 07/01/2019 through 06/30/2020

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Employee Navigator

Connecting employees with their benefits

*Do you ever forget what your benefits cover?
Do you need a phone number or website for a carrier?
Do you need information about how to file a claim?*

Get answers to these questions and more at Employee Navigator. This is a web portal designed to link you with your benefits, providing 24/7 access to your employee benefits information.

Keeping you connected with your benefits is our goal

To log into *Employee Navigator*, go to www.EmployeeNavigator.com and use the login information below:

User Name: Ohio County Fiscal Password: Court

(Please note that User Name and Password are case sensitive)

The following required notifications may be accessed at Employee Navigator:

- Summaries of Benefits and Coverage
- Important Notices Regarding Employee Benefits
- Premium Assistance under Medicaid & Children's Health Insurance Program (CHIP)

If you would like a printed copy of these notices, please notify Anne Melton at 270-298-4402 or Peel and Holland at 270-253-3294.

Peel & Holland

Insurance • Risk Consulting • Employee Benefits

Need Help With Your Benefits?

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For faster and confidential help,
Please contact Anthem or HRI **first**:



Group Member Services: **1-888-650-4047**

or

Register online at MyAnthem under the Members Link at:
www.Anthem.com



Customer Care for Dental or Stand Alone Davis Vision
1-800-727-1444

or

Register online under the Members Link at:
www.hri-dho.com

If unable to resolve the issue after contacting Anthem or HRI, then contact:

Peel & Holland

Insurance ■ Risk Consulting ■ Employee Benefits

Marla Knight-Dutille

Sr. Account Manager

Mknight-Dutille@Peelholland.com

Ph: 270-253-3294

Fax: 815-846-5879

Kelly Harding, Employee Benefits Consultant / **Kelli Jo Thurmond**, Administrative Acct Manager

Ohio County Fiscal Court
2019 Plan Comparisons

	Core Renewal Embedded LHSAPE01	Buy-Renewal Embedded P30E13	Alternate Renewal Embedded P20E13
IN-NETWORK SUMMARY OF BENEFITS			
Lifetime Max	Unlimited	Unlimited	Unlimited
HRA Dollars	\$500	N/A	N/A
Deductible (Individual/Family)	\$3000/\$6000	\$2500/\$5000	\$1500/\$3000
Out of Pocket Max (Individual/Family)	\$5000/\$10,000	\$6600/\$13,200	\$6500/\$13,000
Coinsurance	80/20	80/20	80/20
Inpatient Services	80/20	80/20	80/20
Outpatient Surgery	80/20	80/20	80/20
ER Services	80/20	\$250/Ded/20%	\$200/Ded/20%
PCP Visit	80/20	\$25	\$25
Specialist	80/20	\$50	\$50
Preventative	Paid 100%	Paid 100%	Paid 100%
Retail Drugs 30 Day Supply	80/20	10/30/60/25%	10/30/60/25%

Once Max out of pocket is reached all services are paid 100% by Anthem Healthcare Reform requires all policies to cover preventative with no cost share. This is for comparison purposes only and not binding. Please refer to Anthem's pricing and benefit summary **All copays apply to the Max out of pocket INCLUDING RX.**

Your Summary of Benefits

KACo Association

Lumenos Health Savings Accounts Option E1

CORE Plan

Covered Benefits	Network	Non-Network
Deductible (1) The single deductible applies to the Family deductible. Once the single deductible has been satisfied, benefits for that member are payable subject to coinsurance. Once the family deductible has been satisfied, benefits for the family are payable subject to coinsurance.	Single: \$3,000 Family: \$6,000	Single: \$9,000 Family: \$18,000
Out-of-Pocket Limit (1)	Single: \$5,000 Family: \$10,000	Single: \$15,000 Family: \$30,000
Physician Home and Office Services ■Including Office Surgeries, allergy serum, allergy injections and allergy testing	20% 20%	50%
Preventive Care Services (2) Services included but not limited to: Routine medical exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Hearing screenings and Vision screenings which are limited to Screening tests (i.e. Snellen eye chart) and Ocular Photo screening.	No Cost Share	50%
Emergency and Urgent Care ■Emergency Room Services @Hospital (facility/other covered services) (copayment waived if admitted) ■Urgent Care Center Services	20% 20%	20% 50%
Inpatient and Outpatient Professional Services Include but are not limited to: ■Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams	20%	50%
Inpatient Facility Services Unlimited days except for: ■60 days Network/Non-Network combined for physical medicine / rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis) ■100 days Network/Non-Network combined for skilled nursing facility	20%	50%
Outpatient Surgery Hospital / Alternative Care Facility ■Surgery and administration of general anesthesia	20%	50%
Other Outpatient Services (including but not limited to): (3) ■Non Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds and other diagnostic outpatient services. ■Home Care Services (Network/Non-network combined) 100 visits (excludes IV Therapy) ■Durable Medical Equipment ■Physical Medicine Therapy Day Rehabilitation programs ■Hospice ■Ambulance Services	20% See note below for cost share details See note below for cost share details 20%	50% See note below for cost share details See note below for cost share details 20%

Your Summary of Benefits

KACo Association

Lumenos Health Savings Accounts Option E1

CORE Plan

Covered Benefits	Network	Non-Network
Outpatient Therapy Services (Combined Network & Non-Network limits apply) <ul style="list-style-type: none"> Physician Home and Office Visits Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: <ul style="list-style-type: none"> Physical therapy: 20 visits Occupational therapy: 20 visits Manipulation therapy: 12 visits Speech therapy: 20 visits Cardiac Rehabilitation: 36 visits Pulmonary Rehabilitation: 20 visits Accidental Dental Coverage subject to cost share based on setting, see certificate for limitations 	20% 20%	50% 50%
Behavioral Health Services: (4) Mental Health and Substance Abuse <ul style="list-style-type: none"> Inpatient Facility Services Physician Home and Office Visits Other Outpatient Services @ Hospital/Alternative Care Facility 	20% 20% 20%	50% 50% 50%
Human Organ and Tissue Transplants <ul style="list-style-type: none"> Acquisition and transplant procedures, harvest and storage. 	20%	50%
Prescription Drugs: (5) <ul style="list-style-type: none"> Network Retail Pharmacies: (30-day supply) Includes diabetic test strip Home Delivery (90-day Supply) Includes diabetic test strip -Specialty medications are limited to a 30 day supply regardless of whether they are retail or home delivery. -Specialty Medications must be obtained via our Specialty Pharmacy network in order to receive network level benefits.	20% 20%	50% Not Covered

Your Summary of Benefits

KACo Association

Lumenos Health Savings Accounts Option E1

CORE Plan

Notes:

(1) Deductible/OOP

All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services).

Deductible(s) apply to covered medical and prescription drug services except Network Preventive Care.

Once the deductible is met the appropriate copayment/coinsurance applies.

Network and Non-network deductibles, coinsurance and out-of-pocket maximums are separate and do not accumulate towards each other.

0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment. No cost share means no deductible/copayment/coinsurance up to the maximum allowable amount.

(2) Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are covered.

(3) Other Outpatient Services

DME - 50% coinsurance for network/non-network Durable Medical Equipment, Medical Supplies, Prosthetics, and Orthotics. Excludes Diabetic Supplies, Asthmatic Supplies, and Mastectomy prostheses/etc. which will apply the plan's cost shares (common deductible/coinsurance). The 50% coinsurance does not apply to the options where network Deductible and the Out of Pocket are the same.

Private Duty Nursing - limited to 82 visits/Calendar Year and 164 visits/lifetime.

HSA Hospice (Network and non-network) – 0% coinsurance after Deductible is met up to the maximum allowable amount.

(4) Behavioral Health: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.

(5) Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.

Autism Spectrum Disorder is covered based on state law for members age 1 through 21.

Dependent age: to the end of the month in which the child attains age 26.

Benefit period = Calendar Year

Precertification:

Members are encouraged to always obtain prior approval when using Non-network providers. Precertification will help avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.

Pre-Existing Exclusion Period: None

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate, and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

Authorized group signature (if applicable)	Date
Underwriting signature (if applicable)	Date

Your Summary of Benefits

KACo Association

Blue Access® Option 30 with Rx Option E13

Buy-Up Plan

Covered Benefits	Network	Non-Network
Deductible (Single/Family) (1)	\$2,500/\$5,000	\$7,500/\$15,000
Out-of-Pocket Limit (Single/Family) (1)	\$6,600/\$13,200	\$19,800/\$39,600
Physician Home and Office Services (PCP/SCP) (2) Primary Care Physician(PCP)/Specialty Care Physician (SCP) Including Office Surgeries and allergy serum: <ul style="list-style-type: none"> ■ Allergy injections (PCP and SCP) ■ Allergy testing ■ MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds and Pharmaceuticals 	\$25 / \$50 \$5 20% 20%	50% 50% 50% 50%
Preventive Care Services (3) Services included but not limited to: Routine medical exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Hearing screenings and Vision screenings which are limited to Screening tests (i.e. Snellen eye chart) and Ocular Photo screening.	No Cost Share	50%
Emergency and Urgent Care <ul style="list-style-type: none"> ■ Emergency Room Services @Hospital (facility/other covered services) (copayment waived if admitted) ■ Urgent Care Center Services <ul style="list-style-type: none"> ■ MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, Non-Maternity related Ultrasounds and Pharmaceuticals ■ Allergy injections ■ Allergy testing 	\$250/Ded/20% \$75 20% \$5 20%	\$250/Ded/20% 50% 50% 50% 50%
Inpatient and Outpatient Professional Services Include but are not limited to: <ul style="list-style-type: none"> ■ Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams 	20%	50%
Inpatient Facility Services Unlimited days except for: <ul style="list-style-type: none"> ■ 60 days Network/Non-Network combined for physical medicine / rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis) ■ 90 days Network/Non-Network combined for skilled nursing facility 	20%	50%
Outpatient Surgery Hospital / Alternative Care Facility <ul style="list-style-type: none"> ■ Surgery and administration of general anesthesia 	20%	50%
Other Outpatient Services (including but not limited to): (4) <ul style="list-style-type: none"> ■ Non Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds and other diagnostic outpatient services. ■ Home Care Services (Network/Non-network combined) 100 visits (excludes IV Therapy) ■ Durable Medical Equipment ■ Physical Medicine Therapy Day Rehabilitation programs ■ Hospice ■ Ambulance Services 	20% See note below for cost share details See note below for cost share details 20%	50% See note below for cost share details See note below for cost share details 20%

Your Summary of Benefits

KACo Association

Blue Access® Option 30 with Rx Option E13

Buy-Up Plan

Covered Benefits	Network	Non-Network
Outpatient Therapy Services (Combined Network & Non-Network limits apply) <ul style="list-style-type: none"> Physician Home and Office Visits (PCP/SCP) Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: <ul style="list-style-type: none"> Physical therapy: 20 visits Occupational therapy: 20 visits Manipulation therapy: 12 visits Speech therapy: 20 visits Cardiac Rehabilitation: 36 visits Pulmonary Rehabilitation: 20 visits Accidental Dental Coverage subject to cost share based on setting, see certificate for limitations 	\$25 / \$50 20%	50% 50%
Behavioral Health Services: (5) Mental Health and Substance Abuse <ul style="list-style-type: none"> Inpatient Facility Services Physician Home and Office Visits Other Outpatient Facility Services 	Benefits provided in accordance with Federal Mental Health Parity	50% 50% 50%
Human Organ and Tissue Transplants (6) <ul style="list-style-type: none"> Acquisition and transplant procedures, harvest and storage. 	0%	50%
Prescription Drugs (Essential): (7) Network Tier structure equals 1/2/3 (and 4 and 5 if applicable) <ul style="list-style-type: none"> Network Retail Pharmacies: (30 day supply) Includes diabetic test strip Home Delivery (90 day supply) Includes diabetic test strip Specialty medications are limited to a 30 day supply regardless of whether they are retail or home delivery. <ul style="list-style-type: none"> - Specialty Medications must be obtained via our Specialty Pharmacy network in order to receive network level benefits. - The Essential formulary is a closed drug list with a focus on therapeutic efficacy and cost effectiveness - Allows for up to 90 day supply for retail. 	\$10 / \$30 / \$60 / 25% \$250 max \$10 / \$75 / \$180 / 25% \$250 max	50% , min \$60 Not Covered

Your Summary of Benefits

KACo Association

Blue Access® Option 30 with Rx Option E13

Buy-Up Plan

Notes:

(1) Deductible/OOP

All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services).

Deductible(s) apply to covered medical services listed with a percentage (%) coinsurance. However, the deductible does not apply to Emergency Room Services where a copayment and a percentage (%) coinsurance applies, unless specifically noted on the option's cost share, and may not apply to some Behavioral Health services where coinsurance applies.

Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate towards each other. No Cost Share means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.

(2) PCP/SCP

PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.

SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.

Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYN's, Geriatrics or any other Network Provider as allowed by the plan.

When allergy injections are rendered with a Physicians Home and office visit, only the office visit cost share applies.

(3) Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are covered.

(4) Other Outpatient Services

DME - 50% coinsurance for network/non-network Durable Medical Equipment, Medical Supplies, Prosthetics, and Orthotics. Excludes Diabetic Supplies, Asthmatic Supplies, and Mastectomy prostheses/etc. which will apply the plan's cost shares (common deductible/coinsurance). The 50% coinsurance does not apply to the options where network Deductible and the Out of Pocket are the same.

Mammograms (diagnostic) have no copayment/coinsurance up to the maximum allowable amount in Network office and outpatient facility settings.

Private Duty Nursing - limited to 82 visits/Calendar Year and 164 visits/lifetime.

Hospice (Network and non-network) - No deductible/copayment/coinsurance up to the maximum allowable amount for network and non-network settings.

(5) Behavioral Health: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.

(6) Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.

(7) RX

If applicable all prescription drug expenses except tier I, (Network/Non-Network, Retail/Home-delivery combined) apply to the per individual RX deductible. Once the RX deductible is met, the appropriate copayment/coinsurance applies. Also, the Prescription Drug out of pocket maximum applies to Network Retail and Home-delivery combined.

Certain diabetic and asthmatic supplies have no deductible/copayment/coinsurance up to the maximum allowable amount at network pharmacies except diabetic test strips.

Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.

Autism Spectrum Disorder is covered based on state law for members age 1 through 21.

Dependent age: to the end of the month in which the child attains age 26.

Benefit period = Calendar Year

Precertification:

Members are encouraged to always obtain prior approval when using Non-network providers. Precertification will help avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.

Pre-Existing Exclusion Period: None

Your Summary of Benefits

KACo Association

Blue Access® Option 20 with Rx Option E13

Alternate Plan

Covered Benefits	Network	Non-Network
Deductible (Single/Family) (1)	\$1,500/\$3,000	\$4,500/\$9,000
Out-of-Pocket Limit (Single/Family) (1)	\$6,500/\$13,000	\$19,500/\$39,000
Physician Home and Office Services (PCP/SCP) (2) Primary Care Physician(PCP)/Specialty Care Physician (SCP) Including Office Surgeries and allergy serum: <ul style="list-style-type: none"> ■Allergy injections (PCP and SCP) ■Allergy testing ■MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds and Pharmaceuticals 	\$25 / \$50 \$5 20% 20%	50% 50% 50% 50%
Preventive Care Services (3) Services included but not limited to: Routine medical exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Hearing screenings and Vision screenings which are limited to Screening tests (i.e. Snellen eye chart) and Ocular Photo screening.	No Cost Share	50%
Emergency and Urgent Care <ul style="list-style-type: none"> ■Emergency Room Services @Hospital (facility/other covered services) (copayment waived if admitted) ■Urgent Care Center Services <ul style="list-style-type: none"> ■MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, Non-Maternity related Ultrasounds and Pharmaceuticals ■Allergy injections ■Allergy testing 	\$250/Ded/20% \$75 20% \$5 20%	\$250/Ded/20% 50% 50% 50% 50%
Inpatient and Outpatient Professional Services Include but are not limited to: <ul style="list-style-type: none"> ■Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams 	20%	50%
Inpatient Facility Services Unlimited days except for: <ul style="list-style-type: none"> ■60 days Network/Non-Network combined for physical medicine / rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis) ■90 days Network/Non-Network combined for skilled nursing facility 	20%	50%
Outpatient Surgery Hospital / Alternative Care Facility <ul style="list-style-type: none"> ■Surgery and administration of general anesthesia 	20%	50%
Other Outpatient Services (including but not limited to): (4) <ul style="list-style-type: none"> ■Non Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds and other diagnostic outpatient services. ■Home Care Services (Network/Non-network combined) 100 visits (excludes IV Therapy) ■Durable Medical Equipment ■Physical Medicine Therapy Day Rehabilitation programs ■Hospice ■Ambulance Services 	20% See note below for cost share details See note below for cost share details 20%	50% See note below for cost share details See note below for cost share details 20%

Your Summary of Benefits

KACo Association

Blue Access® Option 20 with Rx Option E13

Alternate Plan

Covered Benefits	Network	Non-Network
Outpatient Therapy Services (Combined Network & Non-Network limits apply) <ul style="list-style-type: none"> Physician Home and Office Visits (PCP/SCP) Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: <ul style="list-style-type: none"> Physical therapy: 20 visits Occupational therapy: 20 visits Manipulation therapy: 12 visits Speech therapy: 20 visits Cardiac Rehabilitation: 36 visits Pulmonary Rehabilitation: 20 visits Accidental Dental Coverage subject to cost share based on setting, see certificate for limitations 	\$25 / \$50 20%	50% 50%
Behavioral Health Services: (5) Mental Health and Substance Abuse <ul style="list-style-type: none"> Inpatient Facility Services Physician Home and Office Visits Other Outpatient Facility Services 	Benefits provided in accordance with Federal Mental Health Parity	50% 50% 50%
Human Organ and Tissue Transplants (6) <ul style="list-style-type: none"> Acquisition and transplant procedures, harvest and storage. 	0%	50%
Prescription Drugs (Essential): (7) Network Tier structure equals 1/2/3 (and 4 and 5 if applicable) <ul style="list-style-type: none"> Network Retail Pharmacies: (30 day supply) Includes diabetic test strip Home Delivery (90 day supply) Includes diabetic test strip Specialty medications are limited to a 30 day supply regardless of whether they are retail or home delivery. <ul style="list-style-type: none"> - Specialty Medications must be obtained via our Specialty Pharmacy network in order to receive network level benefits. - The Essential formulary is a closed drug list with a focus on therapeutic efficacy and cost effectiveness - Allows for up to 90 day supply for retail. 	\$10 / \$30 / \$60 / 25% \$250 max \$10 / \$75 / \$180 / 25% \$250 max	50% , min \$60 Not Covered

Your Summary of Benefits

KACo Association

Blue Access® Option 20 with Rx Option E13

Alternate Plan

Notes:

(1) Deductible/OOP

All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services).

Deductible(s) apply to covered medical services listed with a percentage (%) coinsurance. However, the deductible does not apply to Emergency Room Services where a copayment and a percentage (%) coinsurance applies, unless specifically noted on the option's cost share, and may not apply to some Behavioral Health services where coinsurance applies.

Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate towards each other. No Cost Share means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.

(2) PCP/SCP

PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.

SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.

Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYN's, Geriatrics or any other Network Provider as allowed by the plan.

When allergy injections are rendered with a Physicians Home and office visit, only the office visit cost share applies.

(3) Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are covered.

(4) Other Outpatient Services

DME - 50% coinsurance for network/non-network Durable Medical Equipment, Medical Supplies, Prosthetics, and Orthotics. Excludes Diabetic Supplies, Asthmatic Supplies, and Mastectomy prostheses/etc. which will apply the plan's cost shares (common deductible/coinsurance). The 50% coinsurance does not apply to the options where network Deductible and the Out of Pocket are the same.

Mammograms (diagnostic) have no copayment/coinsurance up to the maximum allowable amount in Network office and outpatient facility settings.

Private Duty Nursing - limited to 82 visits/Calendar Year and 164 visits/lifetime.

Hospice (Network and non-network) - No deductible/copayment/coinsurance up to the maximum allowable amount for network and non-network settings.

(5) Behavioral Health: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.

(6) Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.

(7) RX

If applicable all prescription drug expenses except tier 1, (Network/Non-Network, Retail/Home-delivery combined) apply to the per individual RX deductible. Once the RX deductible is met, the appropriate copayment/coinsurance applies. Also, the Prescription Drug out of pocket maximum applies to Network Retail and Home-delivery combined.

Certain diabetic and asthmatic supplies have no deductible/copayment/coinsurance up to the maximum allowable amount at network pharmacies except diabetic test strips.

Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.

Autism Spectrum Disorder is covered based on state law for members age 1 through 21.

Dependent age: to the end of the month in which the child attains age 26.

Benefit period = Calendar Year

Precertification:

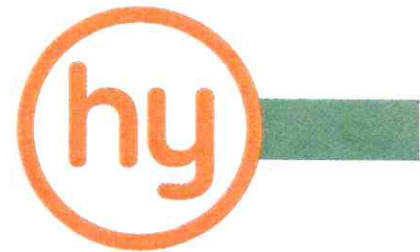
Members are encouraged to always obtain prior approval when using Non-network providers. Precertification will help avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.

Pre-Existing Exclusion Period: None



Connect with a Doctor
24x7 to Diagnose, Treat
& Prescribe **FOR FREE!**

TOP 5 REASONS WE VISIT THE ER OR URGENT CARE



ALLERGIES

ER: \$345

UC: \$97

HY: \$0 (FREE)

BRONCHITIS

ER: \$795

UC: \$123

HY: \$0 (FREE)

SINUSITIS

ER: \$617

UC: \$105

HY: \$0 (FREE)

EARACHE

ER: \$400

UC: \$110

HY: \$0 (FREE)

URINARY TRACT INFECTIONS

ER: \$940

UC: \$108

HY: \$0 (FREE)



And don't forget to
DOWNLOAD THE APP!



HEALTHIESTYOU IS NOT HEALTH INSURANCE. AND WE ENCOURAGE ALL MEMBERS TO MAINTAIN ADEQUATE INSURANCE FROM A RESPONSIBLE PROVIDER. HEALTHIESTYOU IS DESIGNED TO COMPLEMENT, AND NOT REPLACE THE CARE YOU RECEIVE FROM YOUR PRIMARY CARE PHYSICIAN. HEALTHIESTYOU PHYSICIANS ARE AN INDEPENDENT NETWORK OF DOCTORS WHO ADVISE, DIAGNOSE, AND PRESCRIBE AT THEIR OWN DISCRETION. PHYSICIANS PROVIDE COINSURANCE COVERAGE AND OPERATE SUBJECT TO STATE REGULATIONS. PHYSICIANS IN THE INDEPENDENT NETWORK DO NOT PRESCRIBE DEA CONTROLLED SUBSTANCES, NON-THERAPEUTIC DRUGS AND CERTAIN OTHER DRUGS WHICH MAY BE HARMFUL BECAUSE OF THEIR POTENTIAL FOR ABUSE. HEALTHIESTYOU DOES NOT GUARANTEE THAT A PRESCRIPTION WILL BE WRITTEN.

www.healthiestyou.com | customer service 855-894-9627 | designed with love in scottsdale, az

TOP 50 HY DIAGNOSES

1. ACUTE UPPER RESPIRATORY INFECTIONS OF UNSPECIFIED SITE
2. ACUTE SINUSITIS UNSPECIFIED
3. ACUTE PHARYNGITIS
4. URINARY TRACT INFECTION
5. ACUTE BRONCHITIS
6. ACUTE CONJUNCTIVITIS UNSPECIFIED
7. UNSPECIFIED OTITIS MEDIA
8. STREPTOCOCCAL SORE THROAT
9. ALLERGIC RHINITIS CAUSE UNSPECIFIED
10. COUGH
11. INFECTIVE OTITIS EXTERNA UNSPECIFIED
12. ACUTE NASOPHARYNGITIS (COMMON COLD)
13. OTALGIA UNSPECIFIED
14. OTHER ACUTE PAIN
15. CONTACT DERMATITIS, NOS
16. RASH AND OTHER NONSPECIFIC SKIN ERUPTION
17. VAGINITIS AND VULVOVAGINITIS UNSPECIFIED
18. CANDIDIASIS OF VULVA AND VAGINA
19. ABDOMINAL PAIN UNSPECIFIED SITE
20. CELLULITIS AND ABSCESS OF UNSPECIFIED SITES
21. ACUTE CYSTITIS
22. HERPES SIMPLEX WITHOUT COMPLICATION
23. FEVER UNSPECIFIED
24. ACUTE TONSILLITIS
25. PAIN, LOW BACK
26. UNSPECIFIED DENTAL CARIES
27. UNSPECIFIED VIRAL INFECTION
28. INFECTIOUS COLITIS ENTERITIS AND GASTROENTERITIS
29. CONJUNCTIVITIS, VIRAL NOS
30. INFLUENZA WITH OTHER RESPIRATORY MANIFESTATIONS
31. OTHER ACUTE OTITIS EXTERNA
32. ACUTE GOUTY ARTHROPATHY
33. EXERCISE-INDUCED BRONCHOSPASM
34. UNSPECIFIED CONSTIPATION
35. NAUSEA WITH VOMITING
36. CROUP
37. UNSPECIFIED ESSENTIAL HYPERTENSION
38. DEHYDRATION
39. CONJUNCTIVITIS, MUCOPURULENT
40. ALLERGIC URTICARIA
41. TOBACCO USE DISORDER
42. DIARRHEA OF PRESUMED INFECTIOUS ORIGIN
43. INSECT BITE NONVENOMOUS OF TRUNK WITHOUT INFECTION
44. CONTACT DERMATITIS AND OTHER ECZEMA DUE TO OTHER SPECIFIED AGENTS
45. SCABIES
46. ACUTE SWIMMERS' EAR
47. DIARRHEA, NOS
48. MYALGIA AND MYOSITIS UNSPECIFIED
49. HERPES ZOSTER WITHOUT COMPLICATION
50. EXTERNAL HEMORRHOIDS WITHOUT COMPLICATION

Welcome to healthcare at your service.
Connect with a doctor 24/7 right over the phone!



VISIT A DOCTOR

When you get sick, our network of licensed doctors are standing by 24/7 waiting to help you. They can diagnose, treat, and often prescribe for an array of medical issues.



MESSAGE CENTER

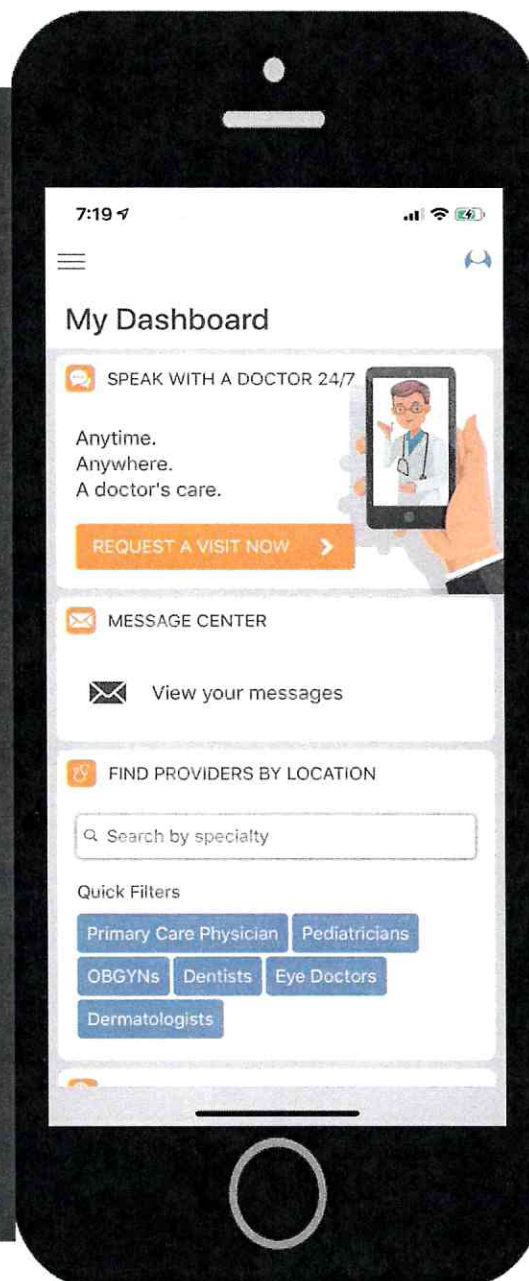
Need access to previous visits or doctor's notes? Need to access an excuse note?

Our convenient Message Center provides quick access to previous visit information.



FAVORITES

Our intelligent bookmarking tool helps you store all of your favorite features, people, and places, from your PCP to your favorite recipe in one easy to access place!



FIND PROVIDERS & FIND FACILITIES

Need to search for a doctor, dentist, vet, or other provider? Our updated app has expanded searching for "Healthcare facilities" and has improved functionality for finding in-network providers near you.



PRICE PRESCRIPTIONS & PRICE PROCEDURES

Find "Cost-Saving Prescriptions" along with easy access to the "RX Discount Cards".

Our awesome price comparison engine gives you access to high, low, and average prices for medical procedures in your area.



INSURANCE SNAPSHOT

Connect medical insurance plans to locate in-network providers and track your deductibles to make sure you're minimizing out-of-pocket expenses.



Be sure to download the app today!



To talk to a doctor, simply launch the HY app and press the "Visit Doctor" button.

Don't have a smartphone? Simply call to visit a doctor.
866.703.1259

HealthiestYou only handles non-emergencies and is not intended to replace your primary care physician.



How to register and get started with **HealthiestYou!**



Step 1

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



Step 2

Select "First time here? Register Now". Select employee as your membership type.



Step 3

Enter the Primary Member's Information:

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



Step 4

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

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



Step 5

Enter in a valid email address and password.

Password must meet the listed requirements.



Step 6

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

Select your preferred language.

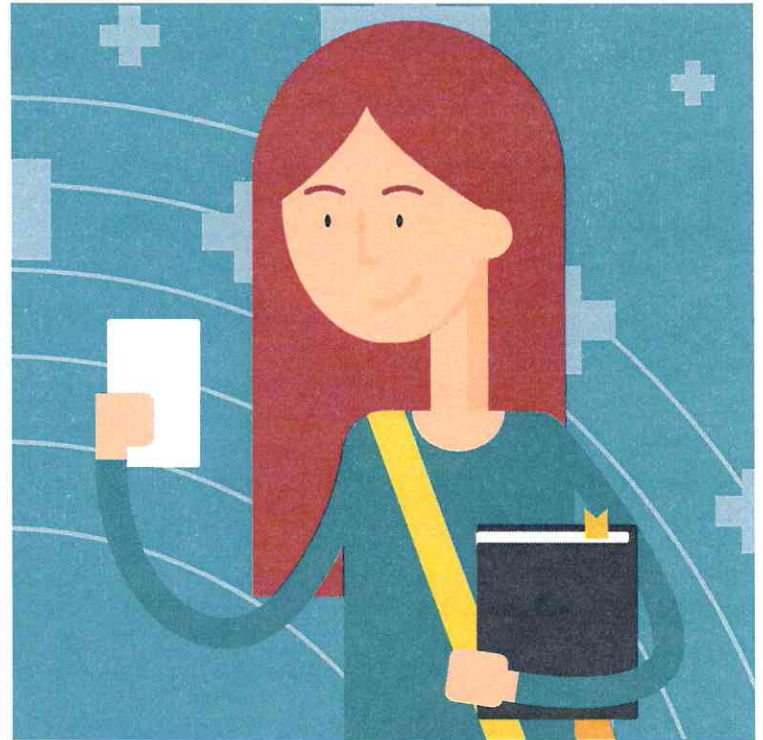
Click "I Accept Terms & Conditions."

Click Finish.

Download the free app today!



member.healthiestyou.com | 866-703-1259



Your healthcare just got a whole lot easier!

With HealthiestYou you can connect with a doctor who can diagnose, treat, and prescribe over the phone 24/7/365. Using HealthiestYou can **SAVE YOU TONS OF MONEY** and no more time wasted in waiting rooms or trying to schedule an appointment.

Our doctors are licensed and can handle an array of common ailments including allergies, earache, sore throat, pink eye, strep throat, urinary tract infection, and many more! HealthiestYou is great for families because your spouse and dependants can use it too and there is no limit on the number of times called or the duration of each call.

Talk to a doctor

Talk to a licensed, board-certified doctor to get a diagnosis and a treatment plan.

Get a prescription

If medically necessary, a prescription may be provided and electronically sent to a pharmacy of your choice.

Feel Better Soon

We hope you feel better quickly, but if not, call and talk to the doctor again. There is no limit to visits.

- ✓ 24x7 Unlimited doctor access
- ✓ Access by app or telephone
- ✓ Spouse and dependant use
- ✓ Find a nearby doctor, pharmacy, urgent care, ER, or even a vet
- ✓ Price and save on prescriptions
- ✓ Price procedures
- ✓ Search and compare doctors
- ✓ Sync & track deductibles
- ✓ Friendly reminders to save

DOWNLOAD THE APP!



No Smartphone or Internet?
No Problem! Simply call

866.703.1259



Dental Health Options by Health Resources Inc. offers convenient and affordable dental care that provides network savings and protection for your employees through our extensive dental network.

To find a dentist visit:
InsuringSmiles.com/FindADentist

PLAN ANNUAL MAXIMUM BENEFIT: \$500 - \$2,000

DENTAL SERVICES COVERED AT 100% *

PREVENTIVE SERVICES

Routine teeth cleaning
Fluoride applications
Sealants (permanent molar teeth only)
Space maintainers (not orthodontic retainers)

DIAGNOSTIC SERVICES

Evaluations (exams)
Periodic, limited, comprehensive, periodontal
Radiographs (x-rays)
Complete series
Panoramic films

Bitewings

Other procedures
Pulp vitality tests
Diagnostic casts

DENTAL SERVICES COVERED AT 80% *

RESTORATIVE

Silver fillings
Primary teeth / Permanent teeth
White fillings
Anterior teeth / Posterior teeth

ENDODONTICS

Root canal therapy
Anteriors / Premolars / Molars
Retreatment

ORAL SURGERY

Extractions
Routine removals or exposed roots

DENTAL SERVICES COVERED AT 50% *

RESTORATIVE

Inlay/Onlay (metallic & porcelain)
Crowns
Porcelain/ceramic
Full cast/¾ cast
Prefabricated stainless steel
Recementation
Other restorative services
Protective restoration
Core buildup including pins
Pin retention
Post & core
Labial veneers (anterior teeth)

Soft tissue grafts

Distal or proximal wedge
Scaling and root planing
Full mouth debridement
Periodontal maintenance

Fixed bridgework, abutment supported
Porcelain/ceramic/cast metal

ORAL SURGERY

Extractions
Surgical removals
Impactions
Natural tooth reimplantation
Surgical exposure or unerupted tooth
Biopsy, soft tissue
Incision and drainage of abscess
Frenectomy
Excise hyperplastic tissue
Alveoloplasty (smoothing of bone)

ENDODONTICS

Vital pulpotomy (primary teeth only)
Pulp therapy (primary teeth only)
Apexification
Apicoectomy
Root amputation

PROSTHODONTICS

Removable
Complete/Immediate dentures
Partial dentures
All acrylic
Metal framework, acrylic saddles
Repairs/Reline
Tissue conditioning
Fixed bridgework
Bridge pontics & retainers
Resin bonded (Maryland) bridge
Recementation
Post & core

ADJUNCTIVE

Palliative emergency treatment
Anesthesia
General anesthesia
Intravenous sedation
Analgesia (nitrous oxide)
Athletic mouth guards
Bleaching (anterior teeth, supervised in office)

PERIODONTICS

Gingivectomy, per quadrant
Crown lengthening
Osseous surgery

IMPLANT SUPPORTED PROSTHETICS (RESTORATIONS)

Removable dentures, abutment supported
Crowns, abutment supported
Porcelain/ceramic/cast metal

LIFETIME ORTHODONTIC BENEFIT RIDER: \$1,000 - \$2,000

Adult & Dependent Children or Dependent Children Only

Procedures listed herein are payable at 50% up to the lifetime maximum benefit. To receive maximum benefit, the patient must be in active orthodontic treatment a minimum of two years while covered by the Plan. Once an individual has exhausted her/her lifetime maximum benefit under any Plan, additional charges will be excluded.

Limited Orthodontic Treatment
Comprehensive Orthodontic Treatment

Interceptive Orthodontic Treatment
Treatment to Control Harmful Habits

Your Employer will sponsor your plan and select your individual annual maximum dollar level, of which the benefit accumulation period is the Plan year. Your employer will also collect your portion of the premiums via payroll deduction and define eligibility requirements. You may not add, drop or change coverage during each contract period unless a qualifying event occurs. All plans are issued subject to certain exclusions, limitations and restrictions such as frequency and age limitations. These exclusions, limitations and restrictions, and a listing of all covered services by ADA code, are described in the Employer group contract and your Member handbook, which are available on our website or by calling HRI at 800-727-1444.

* Applicable to covered services obtained from a network dentist. Non-participating dentists may balance bill.

Welcome to your Blue View Vision plan!

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, Sears Optical®, JCPenney® Optical and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at anthem.com, or from the home page menu under Care, select **Find a Doctor**. You may also call member services for assistance at 1-866-723-0515.

Out-of-Network – If you choose to, you may instead receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Routine Eye Exam			
A comprehensive eye examination	\$20 copay	Up to \$42 allowance	Once every 12 months
Eyeglass Frames			
One pair of eyeglass frames	\$130 allowance, then 20% off any remaining balance	Up to \$45 allowance	Once every 24 months
Eyeglass Lenses (<i>instead of contact lenses</i>)			
One pair of standard plastic prescription lenses:			
o Single vision lenses	\$20 copay	Up to \$40 allowance	Once every 12 months
o Bifocal lenses	\$20 copay	Up to \$60 allowance	
o Trifocal lenses	\$20 copay	Up to \$80 allowance	
Eyeglass Lens Enhancements			
When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost.			
o Transitions Lenses (for a child under age 19)	\$0 copay	No allowance	Same as covered eyeglass lenses
o Standard polycarbonate (for a child under age 19)	\$0 copay	when obtained	
o Factory scratch coating	\$0 copay	out-of-network	
Contact Lenses (<i>instead of eyeglass lenses</i>)			
Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.			
o Elective conventional (non-disposable)	\$130 allowance, then 15% off any remaining balance	Up to \$105 allowance	Once every 12 months
OR			
o Elective disposable	\$130 allowance (no additional discount)	Up to \$105 allowance	
OR			
o Non-elective (medically necessary)	Covered in full	Up to \$210 allowance	

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package.

EXCLUSIONS & LIMITATIONS (not a comprehensive list – please refer to the member Certificate of Coverage for a complete list)

Combined Offers. Not to be combined with any offer, coupon, or in-store advertisement.

Excess Amounts. Amounts in excess of covered vision expense.

Sunglasses. Plano sunglasses and accompanying frames.

Safety Glasses. Safety glasses and accompanying frames.

Not Specifically Listed. Services not specifically listed in this plan as covered services.

Lost or Broken Lenses or Frames. Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

Orthoptics. Orthoptics or vision training and any associated supplemental testing.

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY		In-network Member Cost (after any applicable copay)
Retinal Imaging - at member's option can be performed at time of eye exam		Not more than \$39
Eyeglass lens upgrades		
When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.		
<ul style="list-style-type: none"> Transitions[®] lenses (Adults) Standard Polycarbonate (Adults) Tint (Solid and Gradient) UV Coating Progressive Lenses¹ <ul style="list-style-type: none"> Standard Premium Tier 1 Premium Tier 2 Premium Tier 3 Anti-Reflective Coating² <ul style="list-style-type: none"> Standard Premium Tier 1 Premium Tier 2 Other Add-ons 		\$75 \$40 \$15 \$15 \$65 \$85 \$95 \$110 \$45 \$57 \$68 20% off retail price
Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider.		
<ul style="list-style-type: none"> Complete Pair Eyeglass materials purchased separately 		40% off retail price 20% off retail price
Eyewear Accessories		
<ul style="list-style-type: none"> Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 		20% off retail price
Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.		
<ul style="list-style-type: none"> Standard contact lens fitting³ Premium contact lens fitting⁴ 		Up to \$55 10% off retail price
Conventional Contact Lenses		
<ul style="list-style-type: none"> Discount applies to materials only 		15% off retail price

¹ Please ask your provider for his/her recommendation as well as the available progressive brands by tier.

² Please ask your provider for his/her recommendation as well as the available coating brands by tier.

³ Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

⁴ Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

Discounts are subject to change without notice. Discounts are not 'covered benefits' under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where state law prevents discounting of products and services that are not covered benefits under the plan. Discounts on frames will not apply if the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Some of our in-network providers include:

GLASSES.com

contactsdirect



OPTICAL



JCPenney | optical

ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM *

Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just **log in at anthem.com**, select discounts, then Vision, Hearing & Dental.

* Discounts cannot be used in conjunction with your covered benefits.

OUT-OF-NETWORK

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. Please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. To download a claim form, log in at anthem.com, or from the home page menu under Support select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call member services at 1-866-723-0515 to request a claim form.

To Fax: 866-293-7373
To Email: oonclaims@eyewearspecialoffers.com
To Mail: Blue View Vision
 Attn: OON Claims
 P.O. Box 8504
 Mason, OH 45040-7111

Transitions and the swirl are registered trademarks of Transitions Optical, Inc.

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Premier Voluntary Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. Your vision plan helps you care for your eyes while saving you money by offering:

Paid-in-full eye examinations, eyeglasses and contacts!

Frame Collection: Your plan includes a selection of designer, name brand frames that are completely covered in full.¹

Contact Lens Collection: Select from the most popular contact lenses on the market today with Davis Vision's Contact Lens Collection.¹

One-year eyeglass breakage warranty included on plan eyewear at no additional cost!

How to locate a Network Provider...

Just log on to the Open Enrollment section of our Member site at davisvision.com and click "Find a Provider" to locate a provider near you including:



IN-NETWORK BENEFITS		
Eye Examination	Every 12 months, Covered in full after \$10 copayment	
Eyeglasses		
Spectacle Lenses	Every 12 months, Covered in full For standard single-vision, lined bifocal, or trifocal lenses after \$25 copayment	
Frames	Every 24 months, Covered in full Any Fashion, Designer or Premier frame from Davis Vision's Collection ¹ (value up to \$195) OR \$150 retail allowance toward any frame from provider, plus 20% off balance ³ OR \$200 allowance, plus 20% off balance ³ to go toward any frame from a Visionworks family of store locations. ⁵	
Contact Lenses		
Contact Lens Evaluation, Fitting & Follow Up Care	Every 12 months, Collection Contacts: Covered in full after \$25 copay OR Non Collection Contacts: Standard Contacts: Covered in full after \$25 copay Specialty Contacts: \$60 allowance with 15% off balance ³ less \$25 copay	
Contact Lenses (in lieu of eyeglasses)	Every 12 months, Covered in full Any contact lenses from Davis Vision's Contact Lens Collection ¹ OR \$150 retail allowance toward provider supplied contact lenses, plus 15% off balance ³	
ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS		
MOST POPULAR OPTIONS <small>Savings based on in-network usage and average retail values.</small>	Without Davis Vision	With Davis Vision
Scratch-Resistant Coating	\$25	\$0
Polycarbonate Lenses	\$66	\$0 ² -\$30
Standard Anti-Reflective (AR) Coating	\$83	\$35
Standard Progressives (no-line bifocal)	\$198	\$50
Photochromic Lenses (i.e. Transitions [®] , etc.) ⁴	\$110	\$65

Lower costs and more benefits! See the savings!

Service	Without Davis Vision	With Davis Vision
Eye Examination	\$103	\$10
Lenses		
Bifocals	\$116	\$25
Scratch-Resistant Coating	\$25	\$0
Transitions ^{®5}	\$110	\$65
Frame	\$160	\$0
Total	\$514	\$100

Savings up to:
\$414

¹ The Davis Vision Collection is available at most participating independent provider locations.

² For dependent children, monocular patients and patients with prescriptions of 6.00 diopters or greater.

³ Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

⁴ Transitions[®] is a registered trademark of Transitions Optical Inc.

⁵ Enhanced frame allowance available at all Visionworks Locations nationwide.

Davis Vision has made every effort to correctly summarize your vision plan features. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract or insurance policy will prevail.

Davis Vision plans offer...

Value for our Members

A comprehensive benefit ensuring low out-of-pocket cost to members and their families. Our goal is 100% member satisfaction.

Convenient Network Locations

A national network of credentialed preferred providers throughout the 50 states.

Freedom of Choice

Access to care through either our network of independent, private practice doctors (optometrists and ophthalmologists) or select retail partners.

Value-Added Features:

- Mail Order Contact Lenses Replacement contacts (after initial benefit) through DavisVisionContacts.com mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Web site for details.
- Laser Vision Correction discounts of up to 25% off the provider's Usual & Customary fees, or 5% off advertised specials, whichever is lower.
- Retinal Imaging available at a \$39 Member Charge. Additional pairs of eyeglasses at 30% discount.³

Contact Info

For more details about the plan, just log on to the Open Enrollment section of our Member site at davisvision.com or call 1.877.923.2847 and enter Client Code 8129.

ADDITIONAL OPTIONS	WITHOUT DAVIS VISION	WITH DAVIS VISION
FRAMES		
Fashion Frame (from the Davis Vision Collection)	\$100	\$0
Designer Frame (from the Davis Vision Collection)	\$160	\$0
Premier Frame (from the Davis Vision Collection)	\$195	\$0
LENSES		
All Ranges of Prescriptions and Sizes	\$90	\$0
Plastic Lenses	\$78	\$0
Oversized Lenses	\$20	\$0
Tinting of Plastic Lenses	\$25	\$0
Scratch-Resistant Coating	\$25	\$0
Polycarbonate Lenses	\$66	\$0 ¹ or \$30
Ultraviolet Coating	\$25	\$12
Standard Anti-Reflective (AR) Coating	\$83	\$35
Premium AR Coating	\$104	\$48
Ultra AR Coating	\$121	\$60
Standard Progressive Addition Lenses	\$198	\$50
Premium Progressives Addition Lenses	\$247	\$90
Ultra Progressives Addition Lenses	\$369	\$140
High-Index Lenses	\$120	\$55
Polarized Lenses	\$103	\$75
Photochromic Lenses (i.e. Transitions®, etc.) ²	\$110	\$65
Scratch Protection Plan (Single vision Multifocal lenses)		\$20 \$40

¹ Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions 6.00 diopters or greater.

² Transitions® is a registered trademark of Transitions Optical, Inc.

³ Some limitations apply to additional discounts, discounts not applicable at all in-network providers.

Out-of-Network Benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement to:

Vision Care Processing Unit
P.O. Box 1525
Latham, NY 12110

OUT-OF-NETWORK REIMBURSEMENT SCHEDULE

Eye Examination up to \$40 | Frame up to \$50
 Spectacle Lenses (per pair) up to:
 Single Vision \$40, Bifocal \$60, Trifocal \$80, Lenticular \$100
 Elective Contacts up to \$105, Visually Required Contacts up to \$225

Take care of yourself. Use your preventive care benefits.



Getting regular checkups and exams can help you stay well and catch problems early. It may even save your life.

Our health plans offer the services listed in this preventive care flier at no cost to you.¹ When you get these services from doctors in your plan's network, you don't have to pay anything out of your own pocket. You may have to pay part of the costs if you use a doctor outside the network.

Preventive versus diagnostic care

What's the difference? Preventive care helps protect you from getting sick. Diagnostic care is used to find the cause of existing illnesses. For example, say your doctor suggests you have a colonoscopy because of your age when you have no symptoms. That's preventive care. On the other hand, say you have symptoms and your doctor suggests a colonoscopy to see what's causing them. That's diagnostic care.

Child preventive care

Preventive physical exams

Screening tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid level
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and body mass index (BMI)
- Hemoglobin or hematocrit (blood count)
- HPV screening (female)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Counseling for those ages 10–24, with fair skin, about ways to lower their risk for skin cancer
- Oral (dental health) assessment when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Vision screening² when done as part of a preventive care visit

Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Haemophilus influenza type b (Hib)
- Hepatitis A and Hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Polio
- Rotavirus
- Varicella (chickenpox)

Women's preventive care:

- Well-woman visits
- Breast cancer, including exam, mammogram, and, including genetic testing for BRCA 1 and BRCA 2 when certain criteria are met³
- Breast-feeding: primary care intervention to promote breast-feeding support, supplies and counseling (female)^{4,5}
- Contraceptive (birth control) counseling
- FDA-approved contraceptive medical services provided by a doctor, including sterilization
- Counseling related to chemoprevention for women with a high risk of breast cancer
- Counseling related to genetic testing for women with a family history of ovarian or breast cancer
- HPV screening⁶
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings: includes, but is not limited to, gestational diabetes, hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, iron deficiency anemia, gonorrhea, chlamydia and HIV⁵
- Pelvic exam and Pap test, including screening for cervical cancer

The preventive care services listed are recommendations as a result of the Affordable Care Act (ACA, or health care reform law). The services listed may not be right for every person. Ask your doctor what's right for you, based on your age and health condition(s).

This sheet is not a contract or policy with Anthem Blue Cross and Blue Shield. If there is any difference between this sheet and the group policy, the provisions of the group policy will govern. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for Exclusions and Limitations.

The Anthem Employee Assistance Program (EAP) provides solutions to help you balance work and life through confidential and easily accessible services. Anthem EAP puts convenient resources within your reach, and that helps you – and your household members – stay healthy. Anthem EAP services include:

Face-to-Face Counseling. You and your household members are eligible for up to three visits for each personal situation, as needed. You don't have to have Anthem insurance to qualify for this benefit. You can simply call the toll-free Anthem EAP number or access services online using the "Member Center."

Legal Assistance. You can receive a free 30 minute consultation in person or over the phone at a time that is convenient for you. You can even receive a discount on fees should you retain the attorney. Online resources include free legal forms, seminars and a full library of articles.

Financial Assistance. Our financial professionals provide free telephonic consultation on the financial topics that are important to you. Counseling sessions have no time limitations, and are available without appointment during regular business. Online resources include an assortment of financial calculators and access to PocketSmith, a budgeting and management tool.

ID Recovery. Specialists are available 24/7 to assess your risk level and then identify steps to resolve potential identity theft. All services are provided to you free of charge. This may include completing any necessary paperwork, reporting to the consumer credit agencies, and negotiating with creditors to repair debt history. Our specialists will work with you to restore your financial identity to its pre-theft status. Free credit monitoring services available via the website.

Tobacco Cessation (Online and Coaching)

Online Program: LivingFree™ is a free 10 sessions, online training program which will help you learn how to break the tobacco habit. The program focuses on the root emotional and physical causes of using tobacco.

Telephonic Coaching: A free service provided via telephone or through instant messaging. The certified Coach will help you address the triggers of your tobacco use and how to overcome them as well as address issues related to weight management and fitness.

Dependent Care and Daily Living Resources. You and your household members can get information on child care, adoption, summer camps, college placement relocation, plus resources on elder care issues and assisted living by accessing the website at www.anthemead.com

Other Web Resources. Full library of health and emotional well-being articles. Monthly webinars. Self-assessment tools on topics such as depression, relationships, anxiety, anger, alcohol, eating and more.

Crisis Consultation. If you have an emergency, simply call the Anthem toll-free number. Consultants are available 24/7/365 to help or just listen, depending on your needs.

To contact Anthem EAP, please call us toll-free at (800) 865-1044 or visit us at www.anthemead.com Enter your company code: KACo

**Help that goes where you do.
Take us along. Here is a way to
keep us handy.**



Enter KACo to log in.



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Life just got easier
If it's on your mind, there's
a good chance we can help



What is your Employee Assistance Program? We're the folks you can turn to when you need help meeting the everyday challenges of life. Call 800-865-1044, or visit anthemeap.com and enter KACo to log in. These services are available to you and your household members at no cost.



Lean on us – 24/7. We're here to help you with everyday problems and questions, big or small. No need to fill out paperwork or make an appointment to speak with your Employee Assistance Program (EAP) staff member. Just call 800-865-1044 or visit anthemeap.com. You'll be connected in an instant. We're here every day to help connect you to the support and referral services you need — day or night at no cost.

Put your mind at ease. Need some help getting your hands on legal forms like wills, or tips on buying or selling a home? Looking for information on emotional well-being? New to town and looking for a daycare center? Need pet care? Help for these and many more of life's demands can be found at anthemeap.com.

It is easy to reach us. Sometimes it's better to meet face to face with a professional. That's where your EAP counseling comes in. You have up to 3 free counseling visits per issue. Call the toll-free number and a representative will help you get started with complete confidentiality.*

Maybe you just need to ask a quick question about something. Call us. And, if you or a member of your household is in crisis, don't wait; call. We can help with that, too.

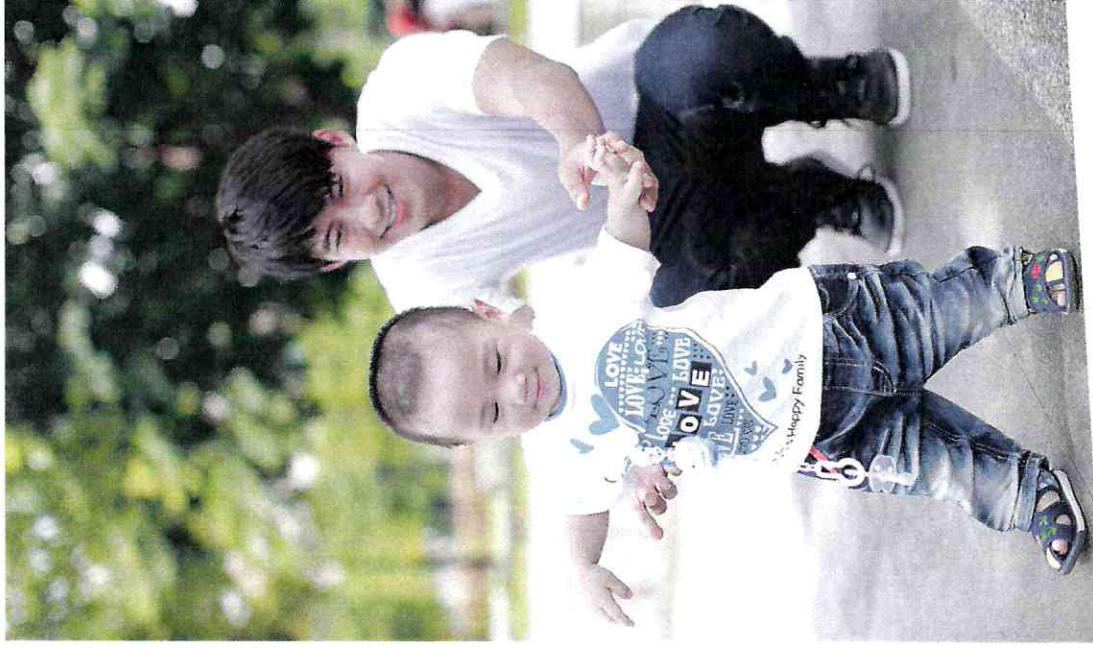
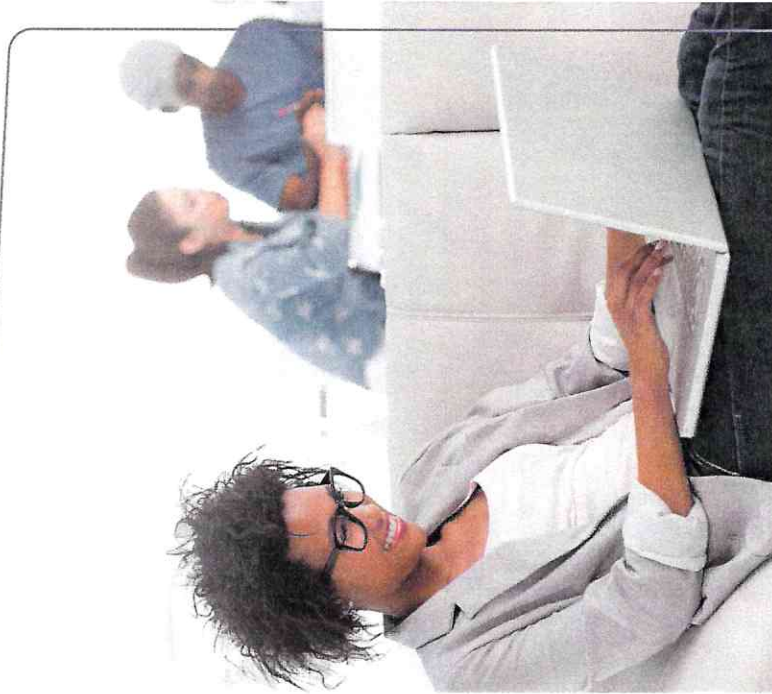
Get to know your EAP better at anthemeap.com

You'll find articles, checklists, quizzes and other helpful tools online. You can browse resources, attend a webinar or take an online class — right at your own computer. Here are some topics covered:

- Meeting the needs of work and family
- Finding child and elder care
- Giving and receiving feedback
- Handling grief and loss
- Parenting a child with special needs
- Living within a realistic budget
- Addressing addiction and recovery
- Dealing with identity theft
- Managing stress

Your privacy matters. Remember, EAP is here for you 24/7, so you can call from wherever or whenever it is convenient for you. Your privacy is important to us. No one will know you've called EAP unless you give permission in writing.* When you need answers, let EAP give you a helping hand. Just call 800-865-1044 or go to anthemeap.com and enter KACo.

*In accordance with federal and state law, and professional ethical standards.



This document is for general informational purposes. Check with your employer for specific information about benefits, limitations and exclusions.

Voluntary Term Life Benefits

You may select a minimum benefit of \$10,000 up to a maximum amount of \$500,000, in \$10,000 increments, not to exceed 5 times your annual base salary only, rounded to the next higher \$10,000.

Payroll Deduction Illustration: 4 Times Per Month Employee Options

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 +
\$10,000	\$0.26	\$0.36	\$0.43	\$0.51	\$0.61	\$0.86	\$1.23	\$1.78	\$3.01	\$3.53	\$4.88	\$10.01	\$10.01
\$20,000	\$0.50	\$0.70	\$0.85	\$1.00	\$1.20	\$1.70	\$2.45	\$3.55	\$6.00	\$7.05	\$9.75	\$20.00	\$20.00
\$30,000	\$0.76	\$1.06	\$1.28	\$1.51	\$1.81	\$2.56	\$3.68	\$5.33	\$9.01	\$10.58	\$14.63	\$30.01	\$30.01
\$40,000	\$1.00	\$1.40	\$1.70	\$2.00	\$2.40	\$3.40	\$4.90	\$7.10	\$12.00	\$14.10	\$19.50	\$40.00	\$40.00
\$50,000	\$1.26	\$1.76	\$2.13	\$2.51	\$3.01	\$4.26	\$6.13	\$8.88	\$15.01	\$17.63	\$24.38	\$50.01	\$50.01
\$60,000	\$1.50	\$2.10	\$2.55	\$3.00	\$3.60	\$5.10	\$7.35	\$10.65	\$18.00	\$21.15	\$29.25	\$60.00	\$60.00
\$70,000	\$1.76	\$2.46	\$2.98	\$3.51	\$4.21	\$5.96	\$8.58	\$12.43	\$21.01	\$24.68	\$34.13	\$70.01	\$70.01
\$80,000	\$2.00	\$2.80	\$3.40	\$4.00	\$4.80	\$6.80	\$9.80	\$14.20	\$24.00	\$28.20	\$39.00	\$80.00	\$80.00
\$90,000	\$2.26	\$3.16	\$3.83	\$4.51	\$5.41	\$7.66	\$11.03	\$15.98	\$27.01	\$31.73	\$43.88	\$90.01	\$90.01
\$100,000	\$2.50	\$3.50	\$4.25	\$5.00	\$6.00	\$8.50	\$12.25	\$17.75	\$30.00	\$35.25	\$48.75	\$100.00	\$100.00
The amounts below require Statement of Insurability form													
\$110,000	\$2.76	\$3.86	\$4.68	\$5.51	\$6.61	\$9.36	\$13.48	\$19.53	\$33.01	\$38.78	\$53.63	\$110.01	\$110.01
\$120,000	\$3.00	\$4.20	\$5.10	\$6.00	\$7.20	\$10.20	\$14.70	\$21.30	\$36.00	\$42.30	\$58.50	\$120.00	\$120.00
\$130,000	\$3.26	\$4.56	\$5.53	\$6.51	\$7.81	\$11.06	\$15.93	\$23.08	\$39.01	\$45.83	\$63.38	\$130.01	\$130.01
\$140,000	\$3.50	\$4.90	\$5.95	\$7.00	\$8.40	\$11.90	\$17.15	\$24.85	\$42.00	\$49.35	\$68.25	\$140.00	\$140.00
\$150,000	\$3.76	\$5.26	\$6.38	\$7.51	\$9.01	\$12.76	\$18.38	\$26.63	\$45.01	\$52.88	\$73.13	\$150.01	\$150.01
\$160,000	\$4.00	\$5.60	\$6.80	\$8.00	\$9.60	\$13.60	\$19.60	\$28.40	\$48.00	\$56.40	\$78.00	\$160.00	\$160.00
\$170,000	\$4.26	\$5.96	\$7.23	\$8.51	\$10.21	\$14.46	\$20.83	\$30.18	\$51.01	\$59.93	\$82.88	\$170.01	\$170.01
\$180,000	\$4.50	\$6.30	\$7.65	\$9.00	\$10.80	\$15.30	\$22.05	\$31.95	\$54.00	\$63.45	\$87.75	\$180.00	\$180.00
\$190,000	\$4.76	\$6.66	\$8.08	\$9.51	\$11.41	\$16.16	\$23.28	\$33.73	\$57.01	\$66.98	\$92.63	\$190.01	\$190.01
\$200,000	\$5.00	\$7.00	\$8.50	\$10.00	\$12.00	\$17.00	\$24.50	\$35.50	\$60.00	\$70.50	\$97.50	\$200.00	\$200.00
\$210,000	\$5.26	\$7.36	\$8.93	\$10.51	\$12.61	\$17.86	\$25.73	\$37.28	\$63.01	\$74.03	\$102.38	\$210.01	\$210.01
\$220,000	\$5.50	\$7.70	\$9.35	\$11.00	\$13.20	\$18.70	\$26.95	\$39.05	\$66.00	\$77.55	\$107.25	\$220.00	\$220.00
\$230,000	\$5.76	\$8.06	\$9.78	\$11.51	\$13.81	\$19.56	\$28.18	\$40.83	\$69.01	\$81.08	\$112.13	\$230.01	\$230.01
\$240,000	\$6.00	\$8.40	\$10.20	\$12.00	\$14.40	\$20.40	\$29.40	\$42.60	\$72.00	\$84.60	\$117.00	\$240.00	\$240.00
\$250,000	\$6.26	\$8.76	\$10.63	\$12.51	\$15.01	\$21.26	\$30.63	\$44.38	\$75.01	\$88.13	\$121.88	\$250.01	\$250.01
\$260,000	\$6.50	\$9.10	\$11.05	\$13.00	\$15.60	\$22.10	\$31.85	\$46.15	\$78.00	\$91.65	\$126.75	\$260.00	\$260.00
\$270,000	\$6.76	\$9.46	\$11.48	\$13.51	\$16.21	\$22.96	\$33.08	\$47.93	\$81.01	\$95.18	\$131.63	\$270.01	\$270.01
\$280,000	\$7.00	\$9.80	\$11.90	\$14.00	\$16.80	\$23.80	\$34.30	\$49.70	\$84.00	\$98.70	\$136.50	\$280.00	\$280.00
\$290,000	\$7.26	\$10.16	\$12.33	\$14.51	\$17.41	\$24.66	\$35.53	\$51.48	\$87.01	\$102.23	\$141.38	\$290.01	\$290.01
\$300,000	\$7.50	\$10.50	\$12.75	\$15.00	\$18.00	\$25.50	\$36.75	\$53.25	\$90.00	\$105.75	\$146.25	\$300.00	\$300.00
\$310,000	\$7.76	\$10.86	\$13.18	\$15.51	\$18.61	\$26.36	\$37.98	\$55.03	\$93.01	\$109.28	\$151.13	\$310.01	\$310.01
\$320,000	\$8.00	\$11.20	\$13.60	\$16.00	\$19.20	\$27.20	\$39.20	\$56.80	\$96.00	\$112.80	\$156.00	\$320.00	\$320.00
\$330,000	\$8.26	\$11.56	\$14.03	\$16.51	\$19.81	\$28.06	\$40.43	\$58.58	\$99.01	\$116.33	\$160.88	\$330.01	\$330.01
\$340,000	\$8.50	\$11.90	\$14.45	\$17.00	\$20.40	\$28.90	\$41.65	\$60.35	\$102.00	\$119.85	\$165.75	\$340.00	\$340.00
\$350,000	\$8.76	\$12.26	\$14.88	\$17.51	\$21.01	\$29.76	\$42.88	\$62.13	\$105.01	\$123.38	\$170.63	\$350.01	\$350.01
\$360,000	\$9.00	\$12.60	\$15.30	\$18.00	\$21.60	\$30.60	\$44.10	\$63.90	\$108.00	\$126.90	\$175.50	\$360.00	\$360.00
\$370,000	\$9.26	\$12.96	\$15.73	\$18.51	\$22.21	\$31.46	\$45.33	\$65.68	\$111.01	\$130.43	\$180.38	\$370.01	\$370.01
\$380,000	\$9.50	\$13.30	\$16.15	\$19.00	\$22.80	\$32.30	\$46.55	\$67.45	\$114.00	\$133.95	\$185.25	\$380.00	\$380.00

Note: Premiums are based on your age as of 07/01 and amount of coverage chosen.

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Voluntary Term Life Benefits

You may select a minimum benefit of \$10,000 up to a maximum amount of \$500,000, in \$10,000 increments, not to exceed 5 times your annual base salary only, rounded to the next higher \$10,000.

Payroll Deduction Illustration: 4 Times Per Month Employee Options

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 +
\$390,000	\$9.76	\$13.66	\$16.58	\$19.51	\$23.41	\$33.16	\$47.78	\$69.23	\$117.01	\$137.48	\$190.13	\$390.01	\$390.01
\$400,000	\$10.00	\$14.00	\$17.00	\$20.00	\$24.00	\$34.00	\$49.00	\$71.00	\$120.00	\$141.00	\$195.00	\$400.00	\$400.00
\$410,000	\$10.26	\$14.36	\$17.43	\$20.51	\$24.61	\$34.86	\$50.23	\$72.78	\$123.01	\$144.53	\$199.88	\$410.01	\$410.01
\$420,000	\$10.50	\$14.70	\$17.85	\$21.00	\$25.20	\$35.70	\$51.45	\$74.55	\$126.00	\$148.05	\$204.75	\$420.00	\$420.00
\$430,000	\$10.76	\$15.06	\$18.28	\$21.51	\$25.81	\$36.56	\$52.68	\$76.33	\$129.01	\$151.58	\$209.63	\$430.01	\$430.01
\$440,000	\$11.00	\$15.40	\$18.70	\$22.00	\$26.40	\$37.40	\$53.90	\$78.10	\$132.00	\$155.10	\$214.50	\$440.00	\$440.00
\$450,000	\$11.26	\$15.76	\$19.13	\$22.51	\$27.01	\$38.26	\$55.13	\$79.88	\$135.01	\$158.63	\$219.38	\$450.01	\$450.01
\$460,000	\$11.50	\$16.10	\$19.55	\$23.00	\$27.60	\$39.10	\$56.35	\$81.65	\$138.00	\$162.15	\$224.25	\$460.00	\$460.00
\$470,000	\$11.76	\$16.46	\$19.98	\$23.51	\$28.21	\$39.96	\$57.58	\$83.43	\$141.01	\$165.68	\$229.13	\$470.01	\$470.01
\$480,000	\$12.00	\$16.80	\$20.40	\$24.00	\$28.80	\$40.80	\$58.80	\$85.20	\$144.00	\$169.20	\$234.00	\$480.00	\$480.00
\$490,000	\$12.26	\$17.16	\$20.83	\$24.51	\$29.41	\$41.66	\$60.03	\$86.98	\$147.01	\$172.73	\$238.88	\$490.01	\$490.01
\$500,000	\$12.50	\$17.50	\$21.25	\$25.00	\$30.00	\$42.50	\$61.25	\$88.75	\$150.00	\$176.25	\$243.75	\$500.00	\$500.00

Note: Premiums are based on your age as of 07/01 and amount of coverage chosen.

OneAmerica[®] is the marketing name for the companies of OneAmerica.

Voluntary Term Life Benefits

You may select a minimum Spouse benefit of \$5,000 up to a maximum amount of \$250,000, in \$5,000 increments, not exceed 50% of the Employee benefit selected. You must select Employee coverage to select any Dependent coverage. A Spouse must be under age 70 to be eligible for benefits.

Payroll Deduction Illustration: 4 Times Per Month Spouse Options

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$5,000	\$0.12	\$0.17	\$0.21	\$0.25	\$0.30	\$0.42	\$0.61	\$0.89	\$1.50	\$1.76	\$2.44
\$10,000	\$0.26	\$0.36	\$0.43	\$0.51	\$0.61	\$0.86	\$1.23	\$1.78	\$3.01	\$3.53	\$4.88
\$15,000	\$0.38	\$0.53	\$0.64	\$0.75	\$0.90	\$1.28	\$1.84	\$2.67	\$4.50	\$5.29	\$7.32
\$20,000	\$0.50	\$0.70	\$0.85	\$1.00	\$1.20	\$1.70	\$2.45	\$3.55	\$6.00	\$7.05	\$9.75
\$25,000	\$0.62	\$0.87	\$1.06	\$1.25	\$1.50	\$2.12	\$3.06	\$4.44	\$7.50	\$8.81	\$12.19
The amounts below require Statement of Insurability form											
\$30,000	\$0.76	\$1.06	\$1.28	\$1.51	\$1.81	\$2.56	\$3.68	\$5.33	\$9.01	\$10.58	\$14.63
\$35,000	\$0.88	\$1.23	\$1.49	\$1.75	\$2.10	\$2.98	\$4.29	\$6.22	\$10.50	\$12.34	\$17.07
\$40,000	\$1.00	\$1.40	\$1.70	\$2.00	\$2.40	\$3.40	\$4.90	\$7.10	\$12.00	\$14.10	\$19.50
\$45,000	\$1.12	\$1.57	\$1.91	\$2.25	\$2.70	\$3.82	\$5.51	\$7.99	\$13.50	\$15.86	\$21.94
\$50,000	\$1.26	\$1.76	\$2.13	\$2.51	\$3.01	\$4.26	\$6.13	\$8.88	\$15.01	\$17.63	\$24.38
\$55,000	\$1.38	\$1.93	\$2.34	\$2.75	\$3.30	\$4.68	\$6.74	\$9.77	\$16.50	\$19.39	\$26.82
\$60,000	\$1.50	\$2.10	\$2.55	\$3.00	\$3.60	\$5.10	\$7.35	\$10.65	\$18.00	\$21.15	\$29.25
\$65,000	\$1.62	\$2.27	\$2.76	\$3.25	\$3.90	\$5.52	\$7.96	\$11.54	\$19.50	\$22.91	\$31.69
\$70,000	\$1.76	\$2.46	\$2.98	\$3.51	\$4.21	\$5.96	\$8.58	\$12.43	\$21.01	\$24.68	\$34.13
\$75,000	\$1.88	\$2.63	\$3.19	\$3.75	\$4.50	\$6.38	\$9.19	\$13.32	\$22.50	\$26.44	\$36.57
\$80,000	\$2.00	\$2.80	\$3.40	\$4.00	\$4.80	\$6.80	\$9.80	\$14.20	\$24.00	\$28.20	\$39.00
\$85,000	\$2.12	\$2.97	\$3.61	\$4.25	\$5.10	\$7.22	\$10.41	\$15.09	\$25.50	\$29.96	\$41.44
\$90,000	\$2.26	\$3.16	\$3.83	\$4.51	\$5.41	\$7.66	\$11.03	\$15.98	\$27.01	\$31.73	\$43.88
\$95,000	\$2.38	\$3.33	\$4.04	\$4.75	\$5.70	\$8.08	\$11.64	\$16.87	\$28.50	\$33.49	\$46.32
\$100,000	\$2.50	\$3.50	\$4.25	\$5.00	\$6.00	\$8.50	\$12.25	\$17.75	\$30.00	\$35.25	\$48.75
\$105,000	\$2.62	\$3.67	\$4.46	\$5.25	\$6.30	\$8.92	\$12.86	\$18.64	\$31.50	\$37.01	\$51.19
\$110,000	\$2.76	\$3.86	\$4.68	\$5.51	\$6.61	\$9.36	\$13.48	\$19.53	\$33.01	\$38.78	\$53.63
\$115,000	\$2.88	\$4.03	\$4.89	\$5.75	\$6.90	\$9.78	\$14.09	\$20.42	\$34.50	\$40.54	\$56.07
\$120,000	\$3.00	\$4.20	\$5.10	\$6.00	\$7.20	\$10.20	\$14.70	\$21.30	\$36.00	\$42.30	\$58.50
\$125,000	\$3.12	\$4.37	\$5.31	\$6.25	\$7.50	\$10.62	\$15.31	\$22.19	\$37.50	\$44.06	\$60.94
\$130,000	\$3.26	\$4.56	\$5.53	\$6.51	\$7.81	\$11.06	\$15.93	\$23.08	\$39.01	\$45.83	\$63.38
\$135,000	\$3.38	\$4.73	\$5.74	\$6.75	\$8.10	\$11.48	\$16.54	\$23.97	\$40.50	\$47.59	\$65.82
\$140,000	\$3.50	\$4.90	\$5.95	\$7.00	\$8.40	\$11.90	\$17.15	\$24.85	\$42.00	\$49.35	\$68.25
\$145,000	\$3.62	\$5.07	\$6.16	\$7.25	\$8.70	\$12.32	\$17.76	\$25.74	\$43.50	\$51.11	\$70.69
\$150,000	\$3.76	\$5.26	\$6.38	\$7.51	\$9.01	\$12.76	\$18.38	\$26.63	\$45.01	\$52.88	\$73.13
\$155,000	\$3.88	\$5.43	\$6.59	\$7.75	\$9.30	\$13.18	\$18.99	\$27.52	\$46.50	\$54.64	\$75.57
\$160,000	\$4.00	\$5.60	\$6.80	\$8.00	\$9.60	\$13.60	\$19.60	\$28.40	\$48.00	\$56.40	\$78.00
\$165,000	\$4.12	\$5.77	\$7.01	\$8.25	\$9.90	\$14.02	\$20.21	\$29.29	\$49.50	\$58.16	\$80.44
\$170,000	\$4.26	\$5.96	\$7.23	\$8.51	\$10.21	\$14.46	\$20.83	\$30.18	\$51.01	\$59.93	\$82.88
\$175,000	\$4.38	\$6.13	\$7.44	\$8.75	\$10.50	\$14.88	\$21.44	\$31.07	\$52.50	\$61.69	\$85.32
\$180,000	\$4.50	\$6.30	\$7.65	\$9.00	\$10.80	\$15.30	\$22.05	\$31.95	\$54.00	\$63.45	\$87.75
\$185,000	\$4.62	\$6.47	\$7.86	\$9.25	\$11.10	\$15.72	\$22.66	\$32.84	\$55.50	\$65.21	\$90.19
\$190,000	\$4.76	\$6.66	\$8.08	\$9.51	\$11.41	\$16.16	\$23.28	\$33.73	\$57.01	\$66.98	\$92.63

Note: Spouse premiums are based on your age as of 07/01 and amount of coverage chosen. Child premiums are for all eligible children combined.

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Voluntary Term Life Benefits

You may select a minimum Spouse benefit of \$5,000 up to a maximum amount of \$250,000, in \$5,000 increments, not exceed 50% of the Employee benefit selected. You must select Employee coverage to select any Dependent coverage. A Spouse must be under age 70 to be eligible for benefits.

Payroll Deduction Illustration: 4 Times Per Month Spouse Options

Life & AD&D	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$195,000	\$4.88	\$6.83	\$8.29	\$9.75	\$11.70	\$16.58	\$23.89	\$34.62	\$58.50	\$68.74	\$95.07
\$200,000	\$5.00	\$7.00	\$8.50	\$10.00	\$12.00	\$17.00	\$24.50	\$35.50	\$60.00	\$70.50	\$97.50
\$205,000	\$5.12	\$7.17	\$8.71	\$10.25	\$12.30	\$17.42	\$25.11	\$36.39	\$61.50	\$72.26	\$99.94
\$210,000	\$5.26	\$7.36	\$8.93	\$10.51	\$12.61	\$17.86	\$25.73	\$37.28	\$63.01	\$74.03	\$102.38
\$215,000	\$5.38	\$7.53	\$9.14	\$10.75	\$12.90	\$18.28	\$26.34	\$38.17	\$64.50	\$75.79	\$104.82
\$220,000	\$5.50	\$7.70	\$9.35	\$11.00	\$13.20	\$18.70	\$26.95	\$39.05	\$66.00	\$77.55	\$107.25
\$225,000	\$5.62	\$7.87	\$9.56	\$11.25	\$13.50	\$19.12	\$27.56	\$39.94	\$67.50	\$79.31	\$109.69
\$230,000	\$5.76	\$8.06	\$9.78	\$11.51	\$13.81	\$19.56	\$28.18	\$40.83	\$69.01	\$81.08	\$112.13
\$235,000	\$5.88	\$8.23	\$9.99	\$11.75	\$14.10	\$19.98	\$28.79	\$41.72	\$70.50	\$82.84	\$114.57
\$240,000	\$6.00	\$8.40	\$10.20	\$12.00	\$14.40	\$20.40	\$29.40	\$42.60	\$72.00	\$84.60	\$117.00
\$245,000	\$6.12	\$8.57	\$10.41	\$12.25	\$14.70	\$20.82	\$30.01	\$43.49	\$73.50	\$86.36	\$119.44
\$250,000	\$6.26	\$8.76	\$10.63	\$12.51	\$15.01	\$21.26	\$30.63	\$44.38	\$75.01	\$88.13	\$121.88

Child Options

Life & AD&D	Child(ren) 6 months to age 19, or 25 if full-time student	Child(ren) live birth to 6 months	Deduction Amount Child(ren)
Option 1:	\$5,000	\$1,000	\$0.31
Option 2:	\$10,000	\$1,000	\$0.63

Note: Spouse premiums are based on your age as of 07/01 and amount of coverage chosen. Child premiums are for all eligible children combined.

OneAmerica[®] is the marketing name for the companies of OneAmerica.

► Can you and your family afford to be without Aflac?

► Why Aflac?

Aflac is different from health insurance; it's insurance for daily living.

Aflac pays cash benefits directly to you to help with daily expenses when you're sick or hurt. You can use your Aflac benefit check to help pay for many out-of-pocket medical expenses (co-pays, deductibles, etc.) you incur when you are sick or hurt or help pay for groceries, child care, rent...it's totally up to you. Major medical pays for doctors and hospitals.

► Policies to choose from; see brochures for more!

Policy	Need	Highlights	Rates per Week
Accident	Our most popular policy. Helps provide a financial cushion so it won't hurt when you get hurt. Accident coverage for the entire family.	<ul style="list-style-type: none"> \$120-\$170 for initial emergency visit \$1500 initial hospitalization, \$300/day ongoing, up to 365 days. Surgery, Physical Therapy, Chiropractic \$50,000 for Accidental Death \$60 wellness per year 	Individual--- \$7.74 Employee & Spouse--- \$10.30 One Parent Family--- \$11.99 Two Parent Family--- \$15.11
Cancer	1 in 2 males and 1 in 3 females will be diagnosed with Cancer in their lifetime. Cancer is the #1 cause of medical bankruptcy in the US. This is a stream of finances to help at a critical time.	<ul style="list-style-type: none"> \$4,000 First Occurrence. Additional benefits for: <ul style="list-style-type: none"> Radiation Chemotherapy Hospitalization Surgery Travel and Lodging Children Covered at NO Additional Cost	Individual--- \$8.38 Employee & Spouse--- \$14.41 One Parent Family--- \$8.38 Two Parent Family--- \$14.41
Disability	Disability benefits provide a source of income when you are hurt or sick and can't work. If you are unable to work due to sickness or accident how will you pay your bills without a paycheck?	<ul style="list-style-type: none"> Guaranteed issue Benefits up to \$5,000 per month. Benefit period up to 24 months. 0/7 day elimination period 	<i>Please see Aflac Representative for quotes. Quotes based on income.</i>
Critical Illness	About every 34 seconds someone suffers a heart attack and about every 40 seconds someone suffers a stroke.	<ul style="list-style-type: none"> Lump sum benefit paid directly to employee Dependent children are covered at no additional cost Guaranteed issue coverage amount Subsequent critical illness event benefit if you have a recurrence or another critical illness later in life 	<i>Please see Aflac Representative for quotes. Quotes based on benefit amount, age, and smoker/nonsmoker.</i>

This is for demonstration purposes and details may change. Please refer to product brochures and our Aflac Agent for product details and information on Life Insurance.

We've got you under our wing!



Coverage against unplanned medical emergencies is surprisingly affordable.



Facts You Should Know

- Emergent Ground Ambulance transports can easily surpass \$2,000 and can reach as high as \$5,000.
- Emergent Air Ambulance transports frequently cost more than \$40,000, reaching as high as \$70,000.
- If you are in need of specialized care and can be transported on a non-emergent basis, it is common for a medically equipped plane to cost more than \$20,000.
- Most people assume that their health insurance will cover most, if not all, of the costs for these transports. Usually, the opposite is true, leaving you with financially crippling bills.

COVERAGE BENEFIT	EMERGENT PLUS
Emergent Ground Transportation	U.S./Canada
Emergency Air Transportation	U.S./Canada
Medical Repatriation	U.S./Canada

MASA MTS FOR EMPLOYEES
provides peace of mind.

Be prepared for the unexpected with a MASA membership. No matter where you live, you could have access to vital emergency medical transportation for a minimal monthly fee. That membership could one day save your life, and, every day, it will give you peace of mind like nothing else.

MASA MTS FOR EMPLOYEES
protects you when your insurance falls short.

- One low fee for peace of mind for emergent transport costs
- No deductibles
- Easy claim process
- No health questions
- Anyone can join

Coverage includes spouse/domestic partner and dependents up to age 26.

**When is your next
medical emergency planned?
Are you prepared?**

\$3.50 Per Paycheck

MASA TM
Medical Transport Solutions

A division of MASA Global.

Any Ground. Any Air. Anywhere.

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FSA MONEY

- 1. You may choose to have a certain amount deducted from your paycheck each week.**
- 2. FSA is tax free money.**
- 3. Limit is \$1,500 per year.**
- 4. FSA money may be used on yourself, spouse and dependents.**
- 5. FSA money can be used for deductibles, co-pays, dental, vision, FSA Store Purchases.**
- 6. A limit of \$500 can roll over to the next plan year (only once).**

OHIO CO FISCAL COURT

HEALTH INSURANCE 07/01/2019 THRU 06/30/2020

Court pays \$712.48 per employee (Health \$706.99 + Life \$5.49 = \$712.48)

CORE PLAN	Base Plan	HRA Card Value per Month (\$500) plus \$6 Admin Fee for card	MOTHLY RATES	WEEKLY DEDUCTION	Previous Yrs Rate	Emp Pays Monthly	Court Pays	Total Premium
SINGLE	\$659.32	\$47.67	\$706.99	\$0.00	\$0.00	\$0.00	\$706.99	\$706.99
EMPLOYEE/SPOUSE	\$1,382.46	\$47.67	\$1,430.13	\$180.79	\$180.18	\$723.14	\$706.99	\$1,430.13
EMPLOYEE / CHILD	\$1,186.07	\$47.67	\$1,233.74	\$131.69	\$131.19	\$526.75	\$706.99	\$1,233.74
FAMILY	\$2,105.59	\$47.67	\$2,153.26	\$361.57	\$360.35	\$1,446.27	\$706.99	\$2,153.26

BUY UP PLAN	MONTHLY RATES		MONTHLY RATES	WEEKLY DEDUCTION		Emp Pays Monthly	Court Pays Monthly	Total Premium
SINGLE	\$ 804.61		\$ 804.61	\$24.41	\$24.49	\$97.62	\$706.99	\$804.61
EMPLOYEE/SPOUSE	\$ 1,687.56		\$ 1,687.56	\$245.14	\$244.71	\$980.57	\$706.99	\$1,687.56
EMPLOYEE / CHILD	\$ 1,447.59		\$ 1,447.59	\$185.15	\$184.79	\$740.60	\$706.99	\$1,447.59
FAMILY	\$ 2,570.52		\$ 2,570.52	\$465.88	\$464.92	\$1,863.53	\$706.99	\$2,570.52

ALTERNATE PLAN	MONTHLY RATES		MONTHLY RATES	WEEKLY DEDUCTION		Emp Pays Monthly	Court Pays Monthly	Total Premium
SINGLE	\$ 848.27		\$ 848.27	\$35.32	\$35.43	\$141.28	\$706.99	\$848.27
EMPLOYEE/SPOUSE	\$ 1,779.25		\$ 1,779.25	\$268.07	\$267.68	\$1,072.26	\$706.99	\$1,779.25
EMPLOYEE / CHILD	\$ 1,526.18		\$ 1,526.18	\$204.80	\$204.48	\$819.19	\$706.99	\$1,526.18
FAMILY	\$ 2,710.23		\$ 2,710.23	\$500.81	\$499.93	\$2,003.24	\$706.99	\$2,710.23

WAIVER HR PLAN (for employees who waive Anthem Health Plan) \$2650 per year

DENTAL PLAN	Monthly Rate	Weekly Rate
Employee	\$26.26	\$6.57
Employee/Spouse	\$56.34	\$14.09
Employee/Child	\$62.01	\$15.50
Employee/Family	\$92.60	\$23.15

VISION	Monthly Rate	Weekly Rate
Employee	\$6.33	\$1.58
Employee/Spouse	\$12.63	\$3.16
Employee/Child	\$13.27	\$3.32
Employee/Family	\$18.47	\$4.62

MASA	Mth
Emergent Plus	\$ 14.00

Grandfather In Rate: Employees hired before June 23, 2011. Court pays 60% of family type plans. Employees pay 40%