RIVERSIDE ELEMENTARY SCHOOL DISTRICT NO. 2



Riverside Elementary School District No. 2 pays 100% of the premiums for medical (Value Silver Plan), dental, vision and basic life insurance coverage for the employee only.

Please read through this packet and review coverage options available to you. Human Resources would be happy to answer any questions you may have.



Private Education in a Public School Setting

Proup Insurance Premiums RIVERSIDE SCHOOL DISTRICT NO. 2

MEDICAL - ASBAIT / MERITAIN

		Rate	RESD Contribution	Employee Monthly Contribution	Employee Per Pay Period Rate (22)	Employee Per Pay Period Rate (26)
ē	Employee Only	\$868.00	\$868.00	\$0.00	\$0.00	\$0.00
Silv	Employee + Spouse	\$1,737.00	\$868.00	\$869.00	\$474.00	\$402.00
Value §	Employee + Child(ren)	\$1,564.00	\$868.00	\$696.00	\$380.00	\$322.00
	Employee + Family	\$2,518.00	\$868.00	\$1,650.00	\$900.00	\$762.00
Ver	Employee Only	\$970.00	\$868.00	\$102.00	\$56.00	\$48.00
Slassic Sil	Employee + Spouse	\$1,937.00	\$868.00	\$1,069.00	\$584.00	\$494.00
	Employee + Child(ren)	\$1,744.00	\$868.00	\$876.00	\$478.00	\$405.00
	Employee + Family	\$2,811.00	\$868.00	\$1,943.00	\$1,060.00	\$897.00

IMS Mexico Network (optional) = \$3.28 per paycheck (22 pays only)

DENTAL - DELTA DENTAL

	Rate	RESD Contribution	Employee Monthly Contribution	Employee Per Pay Period Rate (22)	Employee Per Pay Period Rate (26)
Employee Only	\$36.84	\$36.84	\$0.00	\$0.00	\$0.00
Employee + Spouse	\$76.94	\$36.84	\$41.00	\$23.00	\$19.00
Employee + Child(ren)	\$91.14	\$36.84	\$55.00	\$30.00	\$26.00
Employee + Family	\$149.24	\$36.84	\$113.00	\$62.00	\$53.00

VISION - DELTA VISION

	Rate	RESD Contribution	Employee Monthly Contribution	Employee Per Pay Period Rate (22)	Employee Per Pay Period Rate (26)
Employee Only	\$6.06	\$6.06	\$0.00	\$0.00	\$0.00
Employee + Spouse	\$12.13	\$6.06	\$6.07	\$3.31	\$2.81
Employee + Child(ren)	\$11.83	\$6.06	\$5.77	\$3.15	\$2.67
Employee + Family	\$18.50	\$6.06	\$12.44	\$6.79	\$5.75

LIFE - PRUDENTIAL

\$40,000 basic life insurance policy paid by RESD (automatically enrolled)

Life Insurance for Employee & Dependents (optional)

Premiums are based on annual salary & age

Employee Only

(\$100,000 - \$500,000)

Spouse

(cannot exceed 50% of employee amount; \$5,000 - \$100,000)

Children

(cannot exceed 50% of employee amount; \$5,000 - \$10,000)

Short Term Disability (optional)

60% of weekly earnings up to \$1,000. Premium is based on annual salary & age.

Medical INSURANCE





A Guide to Your Benefits and **Enrollment**



Transforming Health—Improving Lives

Trust the people who care for you

About ASBAIT

The Arizona School Boards Association Insurance Trust or ASBAIT was established in 1981 by the Arizona School Boards Association. Its formation was in response to Arizona school administrators desire to obtain comprehensive health benefits at reasonable costs. Meeting the needs of employees and their dependents is at the core of ASBAIT's philosophy. These factors differentiate ASBAIT plans from commercial employee benefit programs making it the number one choice with Arizona schools.

Mission statement

The mission of the Arizona School Boards Association Insurance Trust (ASBAIT) is to set the standard for service, benefits and affordability for the health care of Arizona's school employees and their dependents.

Governance

ASBAIT was set up and operates by an "Agreement and Declaration of Trust" in accordance with the laws of the State of Arizona, including, without limitation, Arizona Revised Statutes Section 15-382 as it may be amended from time to time.

Operational authority of the Trust is by the Board of Trustees. The ASBAIT Board of Trustees is comprised of governing board members, superintendents, business managers and human resource professionals from member districts across the state. As Trustees end their term of service and seats become available, the ASBA executive director will select, interview and make Trustee recommendations to the Arizona School Boards Association's (ASBA) board for appointment.

The Trustees meet four to six times per year to conduct the business of the Trust. Their major responsibilities include approving renewal procedures, overall budget, contractors, and independent audit and actuarial reports. The Trustees may also hear and make decisions on Appeals or Exceptions for claim payments to member employees or dependents.

"ASBAIT Board of Trustees remain committed to our mission and to the members we serve.

2024-2025 will be an exciting time as we continue to chart a new future, while delivering on our commitment to provide competitive and affordable health care benefit programs."

Crystle Nehrmeyer, ASBAIT Chairperson

Bring healthy balance back to your life

Finding your perfect balance

ASBAIT knows how important it is that you understand how your benefits work.

That's why this packet contains:

- Useful information about your benefits plan.
- Everything you need to choose the best options for you and your family.
- Instructions on how to enroll, and to begin using your new benefits.

Why do we feel this is important? Because, let's face it, living today can be larger than life. Getting through the day at top speed is a sign of our hurry-up, drive-through times. Many people put themselves at the bottom of their to-do lists, giving everything else the best of their energy.

In this way, life gets out of balance. Most of us can keep juggling it all until one day health and well-being begin to pay the price.

Take a deep breath, step back and see the big picture. Help yourself. Put that life on pause for a few minutes, and take the time to read this packet. You'll see that ASBAIT and your employer provides tools, resources and benefits to help you regain your best life and make smart health care decisions.

We want to help you get the most from your benefits—so you can live a life that's balanced and informed.

A balanced life means a healthier you.

These materials were created to help you understand the benefits available to you. This is not a Summary Plan Description (SPD) and is not intended to replace the benefit summary or Schedule of Benefits (SOB) contained within the plan. If any provision of these materials is inconsistent with the language of the plan, the language of the plan will govern. Meritain Health is not an insurer or guarantor of benefits under the plan.

Who is Meritain Health?

Meritain Health is your health care benefits administrator. We process your health care claims and provide customer service for ASBAIT. This is why you will see our logo on your ID cards and benefit documents.

Meritain Health provides easy-to-use health care benefits you can use to live well. We also take steps to help you save on the cost of your care. Contact us at the number on your ID card if you have any questions about your plan.

What's inside?

In this packet, you'll learn more about the following:

Preventive care

- Annual exams and check-ups
- Well-child care
- Immunizations and screenings

Health care benefits when you need them

- Inpatient and outpatient care
- Home health care
- Teladoc Health®
- Rehabilitation services
- Doctor visits and prescription drugs
- Mail order and online prescription options
- A large and convenient provider network
- Important programs to help you live a happier healthier life

Support when you need it

- ASBAIT Nurse Health Coaching—you'll get the help you need to manage costs related to your condition, including the highest cost of all—the impact of your condition on your quality of life. You can earn up to a \$100 incentive annually for each member who participates.
- Banner Nurse Now—just call 1.602.747.7990 or 1.888.747.7990 to get connected.
- Employee Assistance Program (EAP)— counseling when you need it, 24/7. Your EAP is brought to you by Alliance Work Partners.
- Maternity management—for a healthy pregnancy and child birth, you need pre-term and post-partum care, tailored to your health needs. You can earn up to a \$100 incentive annually for each eligible member who participates.
- Case management—a no-cost program that helps you and your family navigate your health benefits when unexpected illness or injury occurs in your life.



ASBAIT dental and vision benefits (if offered by your district)

For a listing of your dental and vision benefits, please refer to your Summary of Benefits (SOB). Refer to your Summary Plan Document (SPD) for more complete information.

Programs for healthy change

- Virta Health—this benefit, added in September 2023, is a virtual clinic for nutrition-based care. With provider support, coaching and technology, members can bring the body back into balance using food as medicine to help naturally lose weight, lower A1C and reduce medication needs with the ultimate goal of reversing type 2 diabetes.
- Thrive 3Sixty Five Wellness Program—ASBAIT's wellness program offers a comprehensive approach to health and wellness. Fousing on the four pillars of wellness, it provides members with essential insights into physical fitness, mental health, nutrition, sleep quality, social connections and more. Members will receive weekly newsletters (available in English and Spanish), quarterly video podcasts, optional semi-annual challenges and access to various wellness-based initiatives and rewards.
- Biometric testing—watch for an announcement at your school. We come to you and complete a confidential 37 panel blood profile. You then receive your personal results with informative detail to raise your health awareness. It is our gift to you in early detection and prevention.
- Hinge Health—ASBAIT members also have access to this innovative service which provides sensor-guided exercise therapy virtually for chronic back or knee pain, as well as one on one coaching. You are able to access therapy wherever you are, on your own schedule.
- Mobile On-site Mammography—watch for an announcement at your school. Mammography services are conveniently provided for eligible members at the workplace.
- O SkinIO™ Program—You have access to easy, intuitive self-screening technology for skin cancer. From the comfort of home, you can take secure photos of your skin using your smartphone. Photos are securely routed to a board-certified dermatologist for review. If needed, you will receive an outreach call to help connect you with care and answer any questions.

In this section

- What's new for 2024-2025
- Health benefits for your family
- Enrolling at a later date
 - Special enrollment situations
- Dependent and family member coverage

What's new for ASBAIT members in 2024

- 1. Effective July 1, 2024, districts located in Gila County will be gaining access to the Banner|Aetna Network!
- Due to government regulations and in order to keep all ASBAIT high deductible health (HDHP) plans compliant with health savings accounts (HSAs), we are required to update some plan deductibles, effective July 1, 2024. Please refer to your SOB or SBC for details.
- 3. Effective July 1, 2024, the specialty medication copay on all PPO plans will change to \$200 with no minimum or maximum spend. For every ASBAIT HDHP plan, specialty medications will be a \$200 copay after the deductible is met. This change was made in an effort to be more transparent and to keep benefits in line with the industry.
- 4. Due to an increase directly from Teladoc Health, all ASBAIT HDHP plan members will now be required to pay a \$56 copay (previously \$49) when using Teladoc Health services.

Follow ASBAIT on social media!

We want to keep you informed about your benefits program. As we're continually trying to increase the ways we communicate with you, we've added a YouTube page and Instagram. Search for ASBAIT on YouTube for informational videos and messages about your benefits. Follow us on Instagram (@asbaithealth) for regular posts to learn more.

QR Codes: www.ASBAIT.org



YouTube



Instagram





How health care reform affects your plan

In March 2010, President Obama signed the Affordable Care Act, or ACA, into law. The ACA, also known as health care reform, includes certain consumer protections that apply to your health plan, for example, the requirement for the provision of preventive health services without any cost sharing. Be sure to review the important information about the ACA that is included throughout this kit.

Important things to know about eligibility

Health plans are put together carefully to provide the best benefits possible for participants. ASBAIT and Meritain Health know how important it is for health care consumers like you to really understand how your plan works. In this way, you can make the changes you want in your health and in your life. The next section of this packet describes some of the most important provisions of your benefits. It's another way we're working with you to help you get the most from your benefits—so you can live a life that's balanced and informed, with no surprises.

Special enrollment situations

In some situations during the year or after open enrollment, you may be able to add, delete or change your benefit choices.

- Involuntary loss of other benefits.
- Change in marital status.
- Death of covered spouse or dependent.
- Birth.
- Adoption.
- Placement of a child in your home for adoption.

Refer to the Summary Plan Description (SPD) for a full description of special enrollment.

Healthy balance for your family, too

Your family members can also reap the rewards of the plan. Health care benefits are available for every eligible dependent. It's a great way to help your family members find the right balance between life's "roller-coaster ride" and their best health. Be sure your family knows about the opportunities open to them—share this packet and other materials you receive from the plan!



Your eligible dependents

This benefit plan is open to you and your eligible dependents. An eligible dependent is:

- Your spouse (as defined in your plan documents).
- Your children, natural or adopted.
- Stepchildren.
- A domestic partner that is living in your home (could vary by district).
- Children who have been placed with you for adoption.
- O Children for whom you are the legal guardian.

ACA note: Dependent coverage is available for any child (regardless of marital status, residency, student status, etc.) of an employee who is deemed to be the employee's biological, step, foster or adopted child (including a child placed for adoption) until the end of the month in which such child reaches age 26.

Family members covered by a different plan

If a family member is covered by a different plan:

- You can enroll yourself and your eligible dependents in this plan.
- You can enroll yourself in this plan, but decline benefits for some or all dependent(s).
- You can decline benefits for your whole family.

Are your dependents still eligible for benefits under your plan?

Tell your employer if:

- You become divorced or are legally separated from a spouse who was covered under this plan.
- A dependent child ceases to meet the eligibility terms of the plan.

To enroll the dependent for COBRA—a special limited-time plan for continuing benefits at your own expense—you must notify your employer within 60 days of that person's change in dependent status.

When you have benefits from two group plans

If you or one of your dependents have benefits under both this plan and another plan, the two plans will coordinate your benefits. One plan will be considered the primary plan (or first payer) and the other will be the secondary plan (pays only after the first plan has paid).

Generally, Meritain Health uses a birthday rule to decide which plan would be the primary plan.

Please refer to your SPD for specific requirements.

If you say "no" to this plan now

You can refuse the benefits of this plan, but be sure you've looked at the pluses and minuses of that decision.

Important: If you don't enroll now, you'll have to wait for your employer to offer an open enrollment period or until you're eligible for a special enrollment due to a qualifying event.

Open enrollment period

You and your eligible dependents may enroll for coverage during this time called Open Enrollment. Your school will communicate your dates of open enrollment.

Your member website

Meritain Health provides ASBAIT members with a secure member website at <u>www.meritain.com</u>. It is designed to provide a secure, user and family-friendly, one-stop-shop for you to access the account and claims information.

Your online tools and resources

With a www.meritain.com account you can:

- Find the status of a claim / view EOBs.
- Find in-network doctors, clinics and hospitals.
- Look up prescription and over-the-counter drug information.
- Download and order ID cards.
- And more.

Your secure member site

Visit www.meritain.com.

Return users, just sign in using your username and password. The first time you access the site, you will be prompted to re-register with a new username and password for enhanced security. Then take advantage of the smart, safe resources your health plan offers, right at your fingertips.

New users can create an account by following the easy instructions. You'll need your health plan ID card the first time. Remember, each member of your family can have an account, too.

If you need help registering, you can contact Meritain Health Customer Service at **1.866.300.8449** or **1.602.789.1170**.

How to access your mobile progressive web app

For iPhone®:

- Once you log in to your member website through <u>www.meritain.com</u>, click the icon at the bottom of the page.
- Then, scroll through the menu options and select Add to Home Screen.
- Olick *Add* in the upper right-hand corner.
- Your Meritain Health app logo will then be installed and added to your home screen.
- Then, you'll be able to log in through the app, instead of going though the web page.

For Android™:

- Once you log in to your member website through www.meritain.com, you'll be prompted with the pop-up message Add Meritain Health to Home Screen at the bottom of the page. Click this message.
- Then, you can click Add to add the logo to the home page or Cancel to opt-out.
- Your Meritain Health app logo will then be installed and added to your home screen.
- Then, launch the app from your home screen and log in.

Privacy regulations

Members over 18 years of age have partially protected information according to HIPAA Privacy Regulations.

Members over 18 having difficulty creating an account with their Social Security number (SSN), please contact Meritain Health Customer Service at **1.866.300.8449** or **1.602.789.1170**.

Members have the right to ask their health plan to place restrictions on (i) the way the health plan uses or discloses their Protected Health Information (PHI) for treatment, payment or health care operations; and (ii) the health plan's disclosure of their PHI to persons who may be involved in their health care or payment thereof (e.g., family members, close friends).

Balancing your life means protecting your health

In this section

- Preventive care
- Using your provider network
- Virta Health: Weightloss and diabetes support
- Teladoc Health: Access to care, 24/7
- ASBAIT's Nurse Health Coaching
- Medical Management and precertification
- Employee Assistance Program (EAP)
- Hinge Health: digital therapy app
- SkinIO: skin screening program
- On-site biometric screenings
- Prescription benefits

Understanding your medical benefits

Chances are, you try every day to restore a healthy balance to your life, but time gets away from you, or other details come first. ASBAIT and Meritain Health are here to help you focus, to support you every step of the way. Read about your benefits in the next sections, and learn all you can about using your plan to make healthy changes. Think of the benefits and programs as an important resource in the protection of your body, mind and spirit!

Preventive care for you and your family—protecting your healthy balance

Question: Which is better: Taking an hour or two out of your busy day to have your annual checkup—or missing hidden symptoms and paying the price in sick days, copays and missed events?

Answer: Nothing makes more sense in these busy times than preventing illness before it happens. That's why your ASBAIT medical plan offers excellent benefits for preventive services.

Take an easy step towards good health

The number one way to help yourself and your family stay healthy is with preventive care. When combined with healthy eating and exercise, vaccines and early detection are your key to a long and healthy life. That's why ASBAIT and your employer offer many preventive treatments at no cost to you when you visit a doctor in your network.

Using your medical benefits

Save when you see network providers

The ASBAIT plan offers a provider network of doctors and other health care professionals who have agreed to accept lower amounts than their standard charges, just for members of the ASBAIT plan. These lower amounts are negotiated and predetermined. That means when you see a network provider, your share of costs is based on a lower charge—so your costs are lower, too.

Network providers are conveniently located in both urban and rural areas. Lower costs and convenient doctors and clinics are important ways that ASBAIT can support your efforts to stay well and have a healthy lifestyle—or to have simple access to care.

No referrals required

You don't have to choose a primary care doctor to direct all of your care or to provide referrals to specialists, but we recommend you build a relationship with an in-network primary care doctor who will help to coordinate your care with all members of your care team. For the best benefits, see providers that are in the network (called in-network or participating providers). Remember, if you see providers outside the network, you'll share more of the cost. To be sure the plan pays for charges from any out-of-network provider you choose, call customer service before you receive care.

Your Banner | Aetna Network

Maricopa, Pima, Coconino, Pinal and Gila County schools are eligible for this exclusive, patient-focused health care program. Banner|Aetna is working to reinvent the health care system in Arizona to deliver:

- More convenient visits for you that result in shorter wait times.
- A care model that empowers providers in your community.
- Greater efficiency and affordability with each visit.

The Banner|Aetna program allows you to build a deeper relationship with providers in the Banner Health Network system by putting the focus on you, the patient. You will experience medical care that is proactive, not reactive. This puts the focus on wellness and managed chronic conditions before more serious issues can develop.

ASBAIT Network: Banner|Aetna and Aetna Choice® Point of Service (POS) II networks

When you need medical services, you have access to providers in the Banner|Aetna network within Arizona, and the Aetna Choice POS II network nationally including Arizona. This is a broad national network that's provided with all ASBAIT health plans including over 277,079 primary care doctors, 497,710 specialists, 847,470 non-physician specialists and 6,248 hospitals. It's easy to find doctors and hospitals in your network. You can find network providers online or by phone.

About the Banner|Aetna network

You have access to an exclusive, patient-focused health care program right in your community!

- Banner|Aetna providers are available near you, and include a medical director, doctors, specialists and a full support staff.
- Providers use a shared database to ensure they're all accessing the same patient health history. This system ensures coordinated care and improved provider engagement throughout each member's health care journey.
- You'll get the support of an on-call nurse for help scheduling appointments, finding network providers, and answers to your health questions.
- We strongly encourage you to select a primary care physician to help coordinate your care with all members of your care team.

Why visit a provider in the Banner|Aetna network?

You pay lower out of pocket costs plus gain the advantage of connected providers offering more efficient care for the best possible health outcomes.

Your Banner Aetna medical plan has three network benefit tiers for you to choose from:				
	Banner in-network (lowest cost share option)			
Tier 1	Banner Aetna is focused on driving the quality of care through greater efficiency and affordability.			
	Aetna Choice Point of Service II (POS II)			
	A broad national network that's provided with all ASBAIT health plans.			
Tier 3	Out-of-network coverage (highest cost share option)			

When it's an emergency

If you can't see a network provider in an emergency, don't worry! Your plan will cover out-of-network emergency charges at the in-network level. For more information, refer to your SPD.

When out-of-network charges may be covered at the in-network rate

If an out-of-network provider is under agreement with an in-network provider for some part of your care (for example, an out-of-network anesthesiologist or pathologist who regularly works with your doctor) the out-of-network provider's charges will be paid at the in-network rate subject to usual and customary charges. All plan limitations, requirements and provisions apply.

Important: if you (or your in-network provider) could choose an in-network provider for services or consultation, but decide instead to use an out-of-network provider, benefits are reduced to the out-of-network level.

Helpful tip

If you go outside your provider network, you may still have benefits, but your share of costs will be much higher, and the amount you pay will not be based on a lower negotiated rate.

Find Banner|Aetna providers online

You can use the DocFind directory anywhere you have Internet access. Just:

- 1. Visit: http://www.aetna.com/docfind/custom/mymeritain/.
- 2. Key in your location (ZIP code, city, county or state). Then, choose range (e.g., within 25 miles).
- 3. Under ACO/Joint Ventures, choose **Banner Choice POS II** (below Select a Plan).
- 4. Next, type the provider name or type of provider, or select from the categories listed. The guided flow search will use some of our most commonly searched terms and easily organize them for you to find. Your provider results will continue to be returned based on relevancy to your search criteria (plan, location and search term).
- You have three tiers of benefits: Tier 1 Banner providers, Tier 2 Aetna Choice POS II providers, and out-of-network.
- Banner providers (Tier 1) are identified in search results as: Banner Health Network, Maximum Savings—the provider provides maximum savings for you.
- Aetna Choice POS II providers (Tier 2) are identified in search results as: Standard Savings—the provider is in network. To save more, look for a maximum savings provider.

If your school offers dental benefits with Aetna Dental Administrators, you can also use DocFind to search for dental providers:

- Visit: www.aetna.com/docfind/custom/mymeritain/.
- 2. Choose: Aetna Dental® Administrators
- 3. Choose Aetna Dental Access®/Vital Savings by Aetna® under Select a Plan.
- 4. Choose your provider from the list of providers displayed on the results screen. Learn more about each by clicking on the provider's name.
- 5. Narrow your search results by using the filters under *Narrow Your Results*. Choices include *Group Affiliations*, *Languages*, *Gender* and *Specialty*.

For more search tips, you can click on *Search Tips and FAQs* on the home screen.

If you have questions while searching for a doctor or hospital, simply click on the *Contact DocFind* link. It's at the top of any DocFind page. You'll be able to send a quick comment or question.

If you need more information about Banner|Aetna providers, just call the Banner Nurse Now Service at: **1.602.747.7990** or **1.888.747.7990**.

Find providers by phone

Need a provider when you're not near a computer? No problem. Simply call the Aetna Provider Line at **1.800.343.3140** from 8:00 AM-9:00 PM ET, Monday through Friday.

Banner Health Banner Nurse Now

You have access to the Banner Nurse Now. Just call **1.602.747.7990** or **1.888.747.7990** to get connected.

When you call the Banner Nurse Now line, you'll access:

- Free health care advice that supports services you receive from your primary care doctor.
- Help getting the right kind of care. Banner Health Network nurses will advise you on at-home care, or whether you should visit an urgent care clinic or the emergency room. Plus, they'll help you find a nearby facility.
- Connection to other Banner Health services. These include:
 - A Banner Health pharmacist
 - The Banner Poison and Drug Information Center
 - Banner Behavioral Health
 - The Banner Information and Referral Line
 - Many other Banner Health resources online or by phone.



Virta Health

Virta Health is a virtual clinic for nutrition-based care. It uses food as medicine to help you lose weight naturally, lower A1C levels (hemoglobin) and reduce medication needs. Provider support, coaching and technology, members can bring the body back into balance. No calorie counting, gym visits or injections needed.

Care is \$0 for those with a qualifying condition.*
Check eligibility: http://info.virtahealth.com/asbaitcycle

Teladoc Health

Members receive access to care 24 hours, seven days a week to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits.

Teladoc Health is the on-demand health care solution that gives you the medical care you need, when you need it. Talk to a doctor anytime, anywhere about non-emergent medical conditions such as:

- Allergies
- Rash/skin infections
- Bronchitis
- Sinus infections
- Cold/flu
- Stomach/diarrhea
- Headaches/migraines
- Urinary tract infections
- Eye/ear infections

Use Teladoc Health for medical advice and care when:

- Your primary care doctor is not available.
- You are at home, traveling or do not want to take time off work to see a doctor.

Your Teladoc Health benefits:

- \$0 copay if you are covered on a non HDHP plan.
- \$56 copay if you are covered on an HDHP plan.
- All dependents in the household are covered even if they are not enrolled on the medical plan.
- ASBAIT medical members** can register themselves and their dependents (even if the dependents are not covered on an ASBAIT medical plan) under the ASBAIT Teladoc Health benefit. You must be registered in order to utilize the benefit*.

How to Access Teladoc Health:

Set up your account by phone (toll-free), web and mobile app.

- Online. Go to <u>www.Teladoc.com</u> and click Set up account.
- Mobile app. Download the app and click Activate account. Visit <u>www.teladoc.com/mobile</u> app to download the app.

 Call Teladoc Health at 1.800.Teladoc. Teladoc Health can help you register your account over the phone.

Once you are registered, you can request a consult anytime you need care. And talk to a doctor by phone, web or mobile app. Your Teladoc Health consult is just \$56 if you have an HDHP, or \$0 for a non-HDHP.

*If you have already registered under your current employer for ASBAIT's Teladoc Health benefit, you will not need to re-register. If you previously received care under another employer or line of coverage, you will need to re-register in order to receive the benefits as described above.

**If you waive ASBAIT medical coverage, please check with your district to determine if they extend Teladoc Health benefits to those not enrolled on an ASBAIT medical plan.

ASBAIT's Nurse Health Coaching

If you have an ongoing medical condition, you are far from alone. According to a recent study, nearly 50 percent of Americans have medical conditions of one kind or another. These conditions cause major limitations in daily living for almost 1 out of 10. However, by adopting healthy behaviors, such as eating nutritious foods, being physically active and avoiding tobacco use, you can reduce or eliminate complications associated with your condition.

Controlling your condition

The goal of the Nurse Health Coaching Program is to help you control your chronic condition, rather than allowing the condition to control you. At the same time, the program will help you set achievable steps and goals to assist you with living a healthy lifestyle.

ASBAIT's Nurse Health Coaching Program helps members manage the following conditions:

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Chronic pain (caused by arthritis or lower backpain)
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Diabetes
- Hyperlipidemia
- Hypertension

Participating in the program

If you are invited to participate and you choose to do so, you will promptly receive information about the program's resources and educational opportunities.

If you feel you would benefit from the ASBAIT Nurse Health Coaching Program and have not been contacted, you have the option to self-enroll. To learn more about the program or to enroll today and start speaking to a nurse health coach, call **1.855.5ASBAIT** or **1.855.527.2248**.

Maternity Management: a balanced beginning for you and your baby

Through this program, you will be assigned your own maternity nurse specialist. Your nurse will get you answers to questions and concerns and will help you follow your doctor's plan for your care.

Specifically, your Maternity Management nurse coach will:

- Help you set targets and goals, such as lowering your blood sugar, controlling your blood pressure and reducing your cholesterol.
- Provide information on warning signs and symptoms and what to do if they occur.
- Help you comply with your physician's plan of care.
- Provide educational resources specific to your needs.
- Direct you to local community resources.

Think you may benefit from the program? If you think you would benefit from the program and want to enroll, but you have not been contacted, please call 1.855.527.2248.

Medical Management

ASBAIT and your employer want you to get the best, most appropriate care, when and where you need it. That's why your plan includes the extra expertise of ASBAIT's Medical Management program. The Medical Management nurses are like personal health consultants who can help you make decisions about certain types of care you and your doctor may be considering. Registered nurses review treatment plans, then help to assure that you get the right treatment in the right setting, when you need it.

Incentive Program

A \$100 per member incentive is paid directly to qualifying individuals for participating in the Nurse Health Coaching (\$25 per quarter) or Maternity Management programs (\$25 initial and \$75 for completing the program).

Want to join? Call 1.855.5ASBAIT or 1.855.527.2248

How to obtain precertification

For non-emergency procedures and hospital admissions: The covered person or the physician must contact Medical Management prior to the admission or in advance of the procedure. Often times this is done by your physician, but it is the member's responsibility to make sure that all required precertifications are completed. Medical Management will review the request for services and contact the physician for any records or additional information necessary to thoroughly evaluate the need for services.

For emergency procedures or hospital admissions:

The covered person, the physician, the hospital admissions clerk or anyone associated with the covered person's treatment, must notify Medical Management by telephone within 48 hours of the procedure or admission.

Precertification of a procedure does not guarantee benefits

All benefit payments are determined by Meritain Health, in accordance with the provisions of this plan. The program is designed as a cost-containment program to maximize the plan benefits and reduce unnecessary hospitalizations, surgical procedures and other diagnostic services. Once a precertification has been received, it is valid for a period of 90 days.



Before you get care, check precertification (Medical Management) requirements

The following items and/or services must be precertified before any medical services are provided:

- All inpatient facility admissions
- Outpatient and physician surgery
- Outpatient and physician diagnostic services
- Non-orthopedic CT and MRI
- PET scan, sleep study
- Chemotherapy (including oral)
- Radiation therapy
- Oncology and transplant-related injections, infusions and treatments
- Dialysis
- Hyperbaric oxygen
- Home health care
- Durable medical equipment, limited to electric/ motorized scooters or wheelchairs and pneumatic compression devices
- High-cost drugs: injectables that cost \$2,000 or more per drug, per month
- Infusion therapies that cost \$2,000 or more per drug, per month

For an all-inclusive list, please refer to your plan document.

Failure to comply with the precertification requirements may result in penalties which you will be responsible for. A 20 percent reduction in benefits may be taken, or you may be disqualified from benefits altogether. Your doctor may request precertification for you, however you are ultimately responsible for making sure precertification is obtained when required.

ASBAIT Medical Management

You can contact a medical management nurse by calling **1.855.5ASBAIT** or **1.855.527.2248**.

Your ASBAIT Employee Assistance Program (EAP)

ASBAIT offers an EAP because we know life can be stressful. Alliance Work Partners (AWP) provides confidential services at no cost to you and your household. Designed to help you with responsibilities, events, work stress and issues affecting your quality of life, AWP is available 24 hours a day, seven days a week.

Your ASBAIT EAP Program:

- Is confidential and available at no cost
- Is available to all employees, their household, dependents (age 26 or under), terminated employees (for six months), and retirees.
- Gives you and your family access to up to five short-term counseling sessions per problem per year, which includes assessment, referral and crisis services.

Additional programs included with your EAP program:

- LawAccess: legal and financial services.
- WorkLife: community services and referrals.
- SafeRide: reimbursement for unanticipated cab and ride-share services.
- HelpNet resources: access to webinars, legal forms, training and financial tools.

Visit your EAP website and create a customized account by following the below steps:

- Go to www.awpnow.com.
- Choose Access Your Benefits to create an account or log in.
- Registration code: AWP-ASBAIT-2811.

For further information or assistance regarding this beneficial program, contact Alliance Work Partners:

- O Toll free: 1.800.343.3822
- TDD: 1.800.448.1823
- Teen Line: 1.800.334.TEEN (8936)
- Email: AM@alliancewp.com

HINGE Health

This is an additional benefit included with your ASBAIT medical plan that offers **FREE** physical therapy when you need it.

HINGE Health is a digital tool that delivers a customized care plan for all members and a sensor-guided exercise therapy program for chronic pain, along with access to interactive one-on-one coaching.

To learn more, visit:

- O Website: http://hinge.health/asbait.com
- O Email: hello@hingehealth.com
- O Call: 1.855.902.2777

SkinIO early detection

SkinIO is the easiest way to get your annual skin screening, and it is completely **FREE** with ASBAIT.

Your skin will tell you it has a problem long before it becomes a serious problem. With the SkinIO virtual program, all you need to take control of your skin health is your smart phone and 15 minutes. Your skin screening will be securely sent to a board-certified dermatologist, who will review your skin for any concerning spots.

Skin cancer impacts one in five Americans. Caught early, it's a manageable fix. With SkinIO, your skin health is now in your hands and you will be able to track changes year over year!

How SkinIO Works

You will be guided to take clinical-grade photos of your skin. The technology helps you through documenting and tracking changes to your skin over time.

For additional information on this program, please contact SkinIO via email at **help@skinio.com** or toll-free at **1.855.754.6400**.

On-site biometric screenings

Biometry is a measure of your body's performance and health. If your employer agrees to participate (and meets required minimums), we come to you—at your work place—to help you get a picture of your current health. The program is voluntary and confidential. If on-site screenings are not available to you, there is also an option to test at a lab.

Here's how it works

Professionals will conduct a health risk assessment—a confidential survey about your personal health and history—right at your work place. In a private setting, they'll take your blood pressure and draw a blood sample for a blood chemistry profile. This will be used to determine your health today.

Once you've completed the blood draw, you'll be able to view a personalized, confidential report showing your results. The report will include any "heads-up" messages about areas you might need to discuss with your doctor.

ASBAIT prescription benefits: your prescription drug benefit is managed by CVS Caremark®

Your prescription drug benefit is available when you need prescriptions filled. You can visit more than 68,000 retail pharmacies nationwide to fill your prescriptions. You also have access to clinical pharmacists for information and support.

Prescription drug tiers				
Tier 1	Lowest cost drugs, mostly generic			
Tier 2	Medium-cost drugs, most are generic; some are brand-name			
Tier 3	Higher cost drugs, most are brand-name; some specialty			
Tier 4	Highest cost drugs, most are specialty			

Non-HDHP Plan Prescription Benefits				
Service	Retail	90-day supplies		
Mandatory generic	\$15	\$30		
Preferred brand-name* (when no generic is available)	20% (\$25 min; \$80 max)	20% (\$50 min; \$175 max)		
Non-preferred brand-name (when no generic is available)	40% (\$40 min; \$110 max)	40% (\$80 min; \$225 max)		
Specialty drug CVS Specialty Pharmacy	\$200 Copay	NA		

HDHP Plan Prescription Benefits				
Service	Retail	90-day supplies		
Mandatory generic	Ded/\$15	Ded/\$30		
Preferred brand-name* (when no generic is available)	Ded/20% (\$25 min; \$80 max)	Ded/20% (\$50 min; \$175 max)		
Non-preferred brand-name (when no generic is available)	Ded/40% (\$40 min; \$110 max)	Ded/40% (\$80 min; \$225 max)		
Specialty drug CVS Specialty Pharmacy	Ded/\$200 Copay	NA		

Contact CVS Caremark

If you have any questions, call CVS Caremark at 1.866.475.7589 or visit www.caremark.com

Controlling your prescription copay

To get the most from your benefits plan, it pays to be a wise consumer. In many cases, you can control how much your share of costs will be when you fill a prescription. How? Generic drugs cost less to manufacture and they're just as effective as the name brands. You'll save money when you request them because generics have a lower copay than preferred or non-preferred drugs.

*Please note: If you purchase a brand-name drug while a generic is available, you will be charged the brand-name copay PLUS the cost difference between the generic and the brand-name drug.

Whether you are most comfortable using your desktop, the mobile app on your smart phone, your laptop or your iPad, CVS Caremark can help you digitally manage your prescription benefits when you visit **caremark.com**:

- Check Drug Cost and Coverage
- Get Started with Delivery by Mail
- Easy Refills
- Manage Your Profile
- View ID Card
- Pharmacy Locator
- Find Opportunities to Save

The Performance Drug List (CVS)

Also called a formulary, the Performance Drug List is created by pharmacy experts and lists FDA-approved, safe, effective and economical drugs.

How the Performance Drug List works:

- Drugs are added to the list on a quarterly basis.
- Brand-name drugs can be removed at the end of the calendar year.
- Every January, the list is updated and available.
- If a generic becomes available, the brand-name drug will become a non-preferred drug, and may only be available for a higher copay.
- When a generic drug becomes available, you'll pay the lowest copay if you choose the generic.

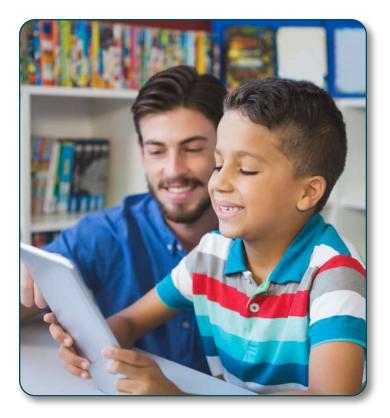
Why generics make sense

Consider all of the compelling reasons to protect your pocketbook with the lower-price generic drugs:

- Generics can cost up to 75 percent less than their brand-name equivalents.
- FDA testing is exactly the same for generic and brand-name drugs.
- Generics contain the same active ingredients as the original, brand-name drug, in the same amounts and dosages.
- Generic drugs sometimes look different from the original brand-name drug in color or shape, but only because they may have different inactive ingredients that won't change how the drug works.
- Nearly half of all brand-name drugs have generic equivalents—but you may have to ask for them.
- Generics have the lowest copay under this plan, so you save on every prescription.

Maintenance drugs

In order to receive a three-month supply of maintenance prescriptions for just two copays you must choose to utilize the CVS Caremark mail order program or visit a CVS pharmacy retail location. If you choose to use any other retail pharmacy, you will only be permitted to fill your prescription for a 30 day supply and will not receive the additional copay savings. To enroll in the mail order program, call CVS Caremark at 1.866.475.7589 or go online at www.caremark.com.



ASBAIT Specialty Pharmacy

Specialty medications are unique and require extra attention and support. We have partnered with CVS Specialty Pharmacy to provide all ASBAIT members with a highly coordinated, efficient and flexible pharmacy solution for specialty medications.

CVS Specialty Pharmacy is the specialty pharmacy for all members of ASBAIT, whether you use the Banner Network or Aetna Choice POS II. It's a different kind of pharmacy. It does much more than just provide your medication; it also helps you manage your condition, as well as your health.

With CVS Specialty Pharmacy, you'll get the support of a dedicated care team led by pharmacists and nurses specially trained in your condition. You'll also have the choice to have your medications delivered anywhere nationwide or pick them up at any CVS Pharmacy® location. And they'll help you with insurance, handle your claims and find ways to keep your out-of-pocket costs low, too. Visit www.cvs.pecialty.com to learn more.

If you take a specialty medication, don't hesitate to reach out to CVS Specialty Pharmacy at **1.800.237.2767** if you have any questions.

Use PrudentRx for savings on your Specialty Medications

The PrudentRx Program helps make it possible to get specialty medications at no out-of-pocket cost. The program works when you fill prescriptions at CVS Specialty Pharmacies on any covered specialty medication(s) on the plan's designated drug list, which can be obtained by calling **1.800.578.4403** (Monday-Friday 8:00 AM-8:00 PM, ET) or located using http://www.prudentrx.com.

This program is available for *all* ASBAIT medical plans.

- You'll need to call the PrudentRx member advocates line to ensure proper registration and receive available copay cards.
- If you choose to opt out of this program, you'll be responsible for a 30 percent coinsurance payment on any medication currently eligible under the PrudentRx program.
- If you need help applying for a copay card, please contact the PrudentRx member advocate team at the number listed above.
- If you're enrolled in an HDHP plan and opt into PrudentRx, you will have to meet your plan's deductible prior to experiencing \$0 out of pocket costs.



Appendix

In this section

- Glossary of terms
- Claims and customer service information
- Cost Estimator Tool
- Important contact information
- Banner|Aetna health centers and urgent care locations

Glossary of terms

Ambulatory surgery

Surgery performed at an ambulatory surgical facility (a licensed public or private facility), which does not provide services or accommodations for a patient to stay overnight.

Copay

An amount of money that a participant is required to pay each time he or she visits a health care provider or fills a prescription.

Deductible

The annual out-of-pocket amount that a plan participant is responsible for paying before the health plan covers his or her medical costs according to the terms of the plan. Until a person meets the annual deductible, he or she pays the full cost of health care services received, unless the service is not subject to the annual deductible as stated in the benefit schedule.

Your ASBAIT member website at Meritain Health

Your online health information website and your personal connection to your plan. Here you can order prescriptions, find health care providers, research health topics and get answers to your questions about health care. The personal information used to access www.meritain.com is confidential. You may need the information on your ID card to log in for the first time.

*See page 6 for more information about our online tools.

Provider network

Organization that negotiates special, lower rates for health care services provided by physicians and other care providers who are within the network. Providers who belong to a network are called participating or in-network providers.

Usual and customary charge

Your plan reimburses charges from non-participating or out-of-network providers that are equal to, or less than, usual and customary charges. Usual and customary charges are the amounts most frequently charged for the same service:

- In the same geographic area; and
- By other providers in the same or similar medical area.

The fees charged by non-participating providers may exceed the usual and customary charges recognized by your plan. In such cases, Meritain Health will process an amount equal to the usual and customary charge for the health care service you received, and you will be reimbursed for a portion of that amount according to your plan's out-of-network benefits.

Claims and customer service information

Balancing health care costs: What you pay and what the plan pays.

Your Summary of Benefits (SOB) shows how much you pay for care, and how much the plan pays. It's a listing of what is and isn't included in your benefits plan. For more detailed information, see your Summary Plan Document (SPD).

For example: After you pay your annual deductible and any up-front copays, the plan begins to pay a percentage of your provider's charges, for example 80 percent. The remaining percentage, for example 20 percent, is your responsibility—your "out-of-pocket" costs. You're protected from financial hardship by a maximum out-of-pocket amount each year—the most you'll have to pay before the plan covers costs at 100 percent.

Claims and customer service

Your ASBAIT claims are administered by Meritain Health. All claims adjudication and customer service inquiries are handled by Meritain Health staff members. Correspondence regarding your claims will be sent from our office. The goal of our Customer Service department is to ensure that school employees understand their plan features and receive immediate assistance regarding claims issues, from a highly-qualified and trained staff member. You will be treated with respect, as we are responsible to you for first call resolution with results. It is our goal to not only meet, but exceed your expectations. If you have any questions regarding your benefit plan(s) please contact Meritain Health Customer Service at 1.602.789.1170. or toll free at 1.866.300.8449.

Claim submission

You can submit your claims online using your the Meritain member website (www.meritain.com) and clicking on the submit claims tab or you can mail your claim forms and attachments to:

Meritain Health P.O. Box 853921 Richardson, TX 75085-3921

Cost Estimator Tool—Did you know?

The Transparency in Coverage Final Rule requires group health plans and health insurance carriers to disclose the enrolled member's cost-sharing liability for covered items or services on an internet website and in paper form (if requested).

The member self-service internet tool will include:

- Cost-sharing liability (deductible, co-insurance, etc.)
- Accumulated amounts
- Out-of-network allowed amount for the covered item or service
- Negotiated rate for in-network services
- Any prerequisite for the covered item or service

The tool is accessible through the Meritain Health member website (see how to access website on page 6). Members may also call the customer service number on their ID cards to request assistance. The tool provides 500 items and services that are prescribed in the regulations. The tool will eventually be expanded to include all covered items and services.



Important contact information

What do you need help with?	Who to contact	How to contact
My ASBAIT benefits	Meritain Health Customer Service	Call: 1.866.300.8449 or 1.602.789.1170 Visit: <u>http://www.meritain.com</u>
My prescription drug benefits	CVS Caremark	Call: 1.866.475.7589 Visit: http://www.caremark.com
Precertification	ASBAIT Medical Management	Call: 1.855.5ASBAIT or 1.855.527.2248
Employee Assistance Program (EAP)	Alliance Work Partners (AWP)	Call: 1.800.343.3822 Visit: http://www.alliancewp.com
Thrive 3Sixty Five Wellness Program	Acrisure	Visit: http://www.wellness@asbait.com
Nurse Health Coaching	Meritain Health	Call: 1.855.527.2248
Banner Nurse Now	Banner Health	Call: 1.602.747.7990 or 1.888.747.7990
Health Savings Account (HSA) Information	Health Equity	Call: 1.877.694.3948 Visit: http://healthequity.com/ed/asbait
Specialty Pharmacy	CVS Specialty Pharmacy	Call: 1.800.237.2767 Visit: www.CVSspecialty.com
Weight loss management and type 2 diabetes reversal	Virta Health	Visit: http://info.virtahealth.com/asbaitcycle
Skin health questions	SkinIO	Email: <u>help@skinio.com</u> Call: 1.855.754.6400
Therapy for chronic pain	HINGE Health	Email: hello@hingehealth.com Call: 1.855.902.2777 Visit: http://hinge.health/asbait
24/7 Access to care	Teladoc Health	Call: 1.800.Teladoc (835.2362) Visit: http://teladoc.com
Savings on specialty medications	PrudentRx	Call: 1.800.578.4403 Visit: http://prudentrx.com

Banner Health Centers

City	Health Center
Buckeye	Health Center Verrado
Chandler	Health Center Chandler
Gilbert	Health Center Gilbert
Glendale	Health Center Plus
Goodyear	Health Center Estrella
Maricopa	Health Center Maricopa
Mesa	Health Center East Mesa

City	Health Center
Peoria	Health Center Peoria
	Health Center Thunderbird
Phoenix	Health Center Greenway
	Health Center Desert Ridge
	Health Center Plus Arcadia
Queen Creek	Health Center Queen Creek
Sun City West	Health Center Sun City West
Surprise	Health Center Surprise

Walk-In Clinics

City	Walk-In Clinic
Cave Creek	MinuteClinic Diagnostic of Arizona
Chandler	3 MinuteClinic Diagnostic of Arizona
Gilbert	2 MinuteClinic Diagnostic of Arizona
Glendale	MinuteClinic Diagnostic of Arizona
Goodyear	MinuteClinic Diagnostic of Arizona
Laveen	MinuteClinic Diagnostic of Arizona
Mesa	3 MinuteClinic Diagnostic of Arizona
Oro Valley	MinuteClinic Diagnostic of Arizona

City	Walk-In Clinic
Peoria	MinuteClinic Diagnostic of Arizona
Phoenix	8 MinuteClinic Diagnostic of Arizona
Queen Creek	MinuteClinic Diagnostic of Arizona
Scottsdale	3 MinuteClinic Diagnostic of Arizona
Suprise	MinuteClinic Diagnostic of Arizona
Tempe	2 MinuteClinic Diagnostic of Arizona
Tucson	7 MinuteClinic Diagnostic of Arizona

Hospitals

City	Hospital
Apache Junction	Banner Goldfield Medical Center

City	Hospital
Casa Grande	Banner Casa Grande Medical Center

Hospitals (cont.)

City	Hospital							
Chandler	Banner Ocotillo Medical Center							
Flagstaff	Flagstaff Medical Center							
Gilbert	Banner Gateway Medical Center & Banner MD Anderson Cancer Center							
Glendale	Banner Thunderbird Medical Center							
	Encompass Health Valley of the Sun Rehabilitation Hospital							
Globe	Cobre Valley Regional Medical Center*							
Mesa	Banner Baywood Medical Center							
	Banner Children's Medical Center							
	Banner Desert Medical Center							
	Banner Heart Hospital							
	Banner Rehabilitation Hospital - East							
	Encompass Health Rehabilitation Hospital of East Valley							
	John J. Rhodes Rehabilitation Institute							
Page	Page Hospital							
Payson	Banner Payson Medical Center*							
Peoria	Banner Rehabilitation Hospital - West							
Phoenix	Banner Estrella Medical Center							
	Banner Rehabilitation Hospital							
	Banner University Medical Center Phoenix Campus							
	HonorHealth Cardiac Rehab Center							
	HonorHealth Deer Valley Medical Center							
	HonorHealth John C. Lincoln Medical Center							
	HonorHealth Sonoran Crossing Medical Center							
	Veteran Affairs Medical Center							

City	Hospital						
Queen Creek	Banner Ironwood Medical Center						
Scottsdale	Encompass Health Rehabilitation Hospita of Scottsdale						
	HonorHealth Cardiac Rehab Center						
	HonorHealth Greenbaum Specialty Surgical Hospital						
	HonorHealth Rehabilitation Hospital						
	HonorHealth Scottsdale Osborn Medical Center						
	HonorHealth Scottsdale Shea Medical Center						
	HonorHealth Scottsdale Thompson Peak Medical Center						
Sun City	Banner Boswell Medical Center						
Sun City West	Banner Del E Webb Medical Center						
Tuba City	Tuba City Regional Health Care						
Tucson	Encompass Health Rehabilitation Hospital Of Northwest Tucson						
	Encompass Health Rehabilitation Institute Of Tucson						
	Diamond Children's Medical Center						
	Banner University Medical Center South						
	Banner University Medical Center Tucson						
	Tucson Medical Center						
Wickenburg	Wickenburg Community Hospital						

Urgent Care Centers

City	Urgent Care							
Anthem	HonorHealth Medical Group and Urgent Care - Gavilan Peak							
Apache Junction	NextCare Urgent Care							
Avondale	Akos Urgent Care							
	Banner Urgent Care Good Night Pediatrics Avondale, PC							
	NextCare Urgent Care							
Buckeye	1st Care Urgent Care							
	Alliance Urgent Care							
	Team Health - Emergency Physicians							
Casa	Banner Urgent Care							
Grande	NextCare Urgent Care							
Cave Creek	NextCare Urgent Care							
Chandler	3 Banner Urgent Cares							
	Chandler Valley Urgent Care Clinic							
	HonorHealth FastMed Urgent Care Plus							
	2 NextCare Urgent Cares							
	Sun Valley Pediatric & Family Urgent Care, PC							
Flagstaff	Concentra Health Services							
	Flagstaff Urgent Care							
	2 NextCare Urgent Cares							
Florence	FastMed Urgent Care							
Gilbert	5 Banner Urgent Care Centers							
	HonorHealth FastMed Urgent Care Plus							
	Good Night Pediatrics East Valley, PC							
	Health First Urgent Care							
	NextCare Urgent Care							

City	Urgent Care
Glendale	Akos Urgent Care
	3 Banner Urgent Cares
	HonorHealth FastMed Urgent Care Plus
	Honor Health Urgent Care
	4 NextCare Urgent Cares
Gold Canyon	Stripes Urgent Care
Goodyear	Alliance Urgent Care
	Banner Urgent Care
	HonorHealth FastMed Urgent Care Plus
	NextCare Urgent Care
Laveen	FastMed Urgent Care Plus
	NextCare Urgent Care
Mesa	AllKids Urgent Care
	6 Banner Urgent Cares
	2 Concentra Health Services
	4 HonorHealth FastMed Urgent Care Plus
	HonorHealth Urgent Care
	2 NextCare Urgent Cares
Oro Valley	2 Southern Arizona Urgent Cares
Paradise Valley	Concentra Health Services
Payson	Banner Urgent Care*
Peoria	Alliance Urgent Care
	2 Banner Urgent Cares
	Concentra Health Services
	HonorHealth FastMed Urgent Care Plus
	Honor Health Urgent Care
	NextCare Urgent Care
	Team Health - Emergency Physicians

Urgent Care Centers (cont.)

City	Urgent Care
Phoenix	Alliance Urgent Care
	9 Banner Urgent Cares
	5 Concentra Health Services
	6 HonorHealth FastMed Urgent Care Plus
	2 Honor Health Urgent Cares
	9 NextCare Urgent Cares
	Team Health - Emergency Physicians
	Urgent Care of Arizona
Queen Creek	Alliance Urgent Care
San Tan Valley	2 Banner Urgent Cares
Scottsdale	3 Banner Urgent Cares
	2 HonorHealth FastMed Urgent Care Plus
	2 NextCare Urgent Cares
Sun City	NextCare Urgent Care
Sun City West	Banner Urgent Care

City	Urgent Care								
Surprise	Banner Urgent Care								
	HonorHealth Complete Care								
	2 HonorHealth FastMed Urgent Care Pl								
	NextCare Urgent Care								
Tempe	3 Banner Urgent Cares								
	2 Concentra Health Services								
	4 HonorHealth FastMed Urgent Care Plus								
	2 NextCare Urgent Cares								
	DispatchHealth								
Tolleson	Alliance Urgent Care								
	HonorHealth FastMed Urgent Care Plus								
Tucson	4 Banner Urgent Cares								
	5 Concentra Health Services								
	5 HonorHealth FastMed Urgent Care Plus								
	11 NextCare Urgent Cares								
	8 Southern Arizona Urgent Cares								
	2 TMC Urgent Cares								
	Urgent Specialists								

Health Claim Form



Complete and send to:
Meritain Health
P.O. Box 853921
Richardson, TX 75085-3921
Fax: 1.763.852.5057

IMPORTANT: Please have your doctor or supplier of medical services complete the reverse of this form or attach a fully itemized bill. A diagnosis must be shown on bill. Do not submit this form if injury occurred on the job. Please contact the Workers' Compensation Carrier/Administrator for proper instructions regarding a work related claim.

instructions regarding a v	voik relateu	Ciaiiii.											
Section 1. EMPL	OYFF IN	FORMA	TION										
Name (last, first, initial)							Sex	Employer Name	Employer Name				
Home Address							Identific	cation Number	tion Number Birthdate Grou				
none Address							identilic	ation Number	٦	illidate	Orou	p Number	
City		Stat	ze Zip Code			Work	Work Telephone			lome Telephone	;		
							()			,			
Section 2. PATIE	NT INFO	RMATIC	NC										
The patient is:	The patient is: The employed (Go to section 3)									ee's Child pouse and child information)			
Spouse's Name (last, first, ir	,	Section 3)		(0	Sex		lame (first,	\	spouse	and Ciliu iiii	Jiiialioi	Sex	
Charras's Distributes		Chausa's	Casial Car	accuits a Nacc		Child's F	liuthadata		Chil	d'a Casial Casu	uits / NI . mal		
Spouse's Birthdate		Spouse's	Social Sec	curity Nu	mber	Child's E	sirtndate		Chil	d's Social Secui	rity Numi	per	
Spouse's Employer		1											
Spouse's Employer's Addres	39												
opened a Employer of tunion													
Section 3. OTHE	R COVE	RAGE											
Yes (then complete		lo (go to s	ection 4)	١		Name	of Poli	cy Holder:					
Name of Other Health Insura			Address	·				City		State	Zip Co	de	
Traine or Guiler Floarin Illians			7.44.000								2.00		
Other Insurance Carrier's or	Plan's Teleph	one #	Type of Coverage Group Indivi			vidual	Group Number			Contract or Policy Number			
Spouse's Employer				Сар		· · · · · · · · · · · · · · · · · · ·							
Spouse's Employer's Addres	SS												
Continu 4 ADOLL	T TIUC C	L A INA											
Section 4. ABOU	ness	LAIW	De	escribe i	injury, when	and how it	happened	or nature of illness:	:				
Date and time of acciden													
Was this injury the	result of	an acci	dent?	□ Y	′es 🗌 I	No							
If auto insurance v	vas involv	ed. plea	se pro	vide:	Policy #		Nai	me of insurance cor	mpany	Address (cit	ty, state,	zip)	
Was this a work-re			Yes	□ N	0			rk-related, please co					
Truo tino a work ro	iatoa ii ja	·· y · 🗀	100			Cai	rier/Admin	istrator for proper i	nstruct	ions regarding	this clai	m.	
EMPLOYEE'S (or		•											
The statements above are tr also authorize the Benefit Ad	dministrator to	release or o	btain from	any orga	anization or p	erson inforn	nation that r	may be necessary to	determi	ne benefits paya	able und	er the	
Benefit Plan. A photo-static of Benefit Plan, I agree to reimi												under the	
Signature:									Da	ite:			
ASSIGNMENT OF	BENEF	ITS (co	mplete	e this	section	if prov	ider is	to be paid d	irect	ly)			
I authorize payment of	benefits to t	he doctor	or supp	lier of s	services lis	ted here.		•					
Provider to be paid						Employe	e's Signatu	re					
Provider's tax ID number or Social Security Number						Date							
						1							



IMPORTANT: Please have your doctor or supplier of medical services complete the reverse of this form or attach a fully itemized bill. Patient Name (last, first, initial) Birthdate Α Address B Is this condition the result of an injury arising from patient's employment? C If yes, please contact the Worker's Compensation Carrier/Administrator for proper instruction regarding this claim. If yes, expected date of delivery D Pregnancy? ☐ Yes ☐ No If illness, date of first treatment If treating injury, date of injury E Name of referring physician Referring physician's address F Name and facility where services were rendered (if other than home or office) G Н Was laboratory work performed outside your office? \square Yes \square No For service related to hospitalization, give dates: I **Admitted** Discharged Diagnosis and current conditions (if diagnosis other than ICD-10* used, give name): 1. 2. 3. **Procedure Code Dates of Service** Places of (If other than Description of surgical or medical services Diagnosis Charges CPT*** code Code From Services* Tο rendered used, give name) K International Classification of Disease **Abbreviations: 11-Physician's Office 21-Inpatient Hospital 23- Emergency Room 81-Independent Laboratory *** CPT Current Procedural Terminology (current edition) 12-Patient's Home 22-Outpatient Hospital Date Physician's Name (print) Degree Provider's Tax ID Number or Social **Security Number:** Physician's Signature Telephone

City

STATUS AND BENEFIT INFORMATION: 1.800.925.2272

Street Address

Send to:
 Meritain Health
 P.O. Box 853921
Richardson, TX 75085-3921
Fax: 1.763.852.5057

Must be furnished under authority of law

Zip Code



Reach a Doctor 24/7

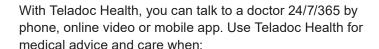
The Teladoc Health™ Solution



Teladoc Health is the on-demand health care solution that gives you the medical care you need, when you need it. You can talk to a doctor anytime, anywhere about non-emergent medical conditions.

Benefits of Teladoc Health:

- Saves time and money
- Quicker recovery from illness
- Convenient prescriptions
- Choice of consultation method
- Great health means peace of mind



- Your primary care doctor is not open.
- You are at home, traveling or do not want to take time off work to see a doctor.
- You need a prescription or refills*.

*Please note, there is no guarantee you will be prescribed medication.

Highly qualified, experienced doctors

When you use Teladoc Health, your medical questions will be answered by a highly qualified doctor. Teladoc Health doctors are:

- Specially trained in telemedicine.
- Experienced—with an average of over 10–15 years in practice.
- Progressive—using the latest technology to provide excellent care.
- U.S. board-certified and state-licensed.

Our members love Teladoc Health

"We had a good experience with the doctor. She called and talked to me, and gave great service. I had no problem picking up my prescription. This is a really good service."



Common conditions treated:

- Allergies
- Headaches/migraine
- Bronchitis Cold/flu
- Eye/ear infection
- Rash/skin infections
- Sinus infections
- Stomach ache
- Urinary tract infections
- Many other conditions

There's more than one way to reach a doctor



By phone.

Just call 1.800.835.2362.



Online.

Simply request a video consultation online at www.Teladoc.com.



On the go.

You can download the Teladoc Health mobile app by visiting the App Store[®] or Google Play™.

How to register for Teladoc Health

You can use Teladoc Health anywhere you have internet access. Just:

- 1. Visit www.Teladoc.com and click Set Up Account.
- Enter your name, date of birth, ZIP code, email address, preferred language and gender and click Continue. The system will identify you based on this information. If you're unable to be identified, you'll be directed to Teladoc Health Customer Service.
- 3. On the next screen, enter the required information and click Set up my account. Your registration is now complete!

Then, you can complete your profile by clicking on My Medical History. You can enter your history right after registering or you can come back to finish it later. By finishing it when you register, you'll be ready to request a consultation any time and you won't have to fill out your medical history when you're feeling sick.

If you have any questions, or run into any problems when setting up your account, call Teladoc Health at 1.800.TELADOC (1.800.835.2362).



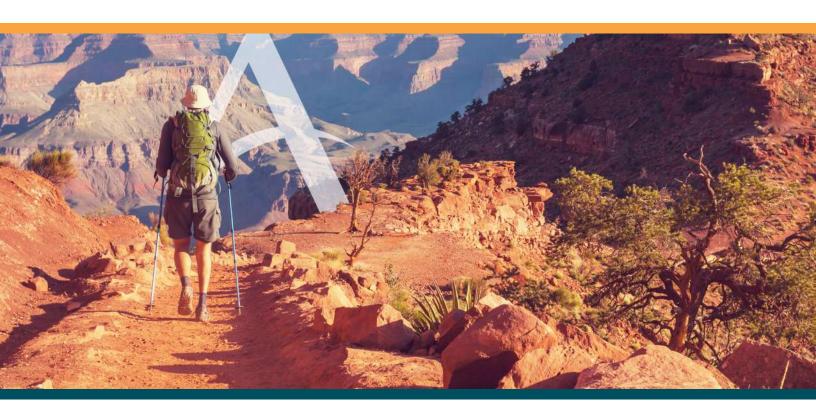
© 2015 Teladoc Health, Inc. All rights reserved. Teladoc Health and the Teladoc Health logo are registered trademarks of Teladoc Health, Inc. and may not be used without written permission. Teladoc Health does not replace the primary care physician. Teladoc Health does not guarantee that a prescription will be written. Teladoc Health operates subject to state regulation and may not be available in certain states. Teladoc Health does not prescribe DEA controlled substances, non therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc Health physicians reserve the right to deny care for potential misuse of services. Teladoc Health phone consultations are available 24 hours, 7 days a week while video consultations are available during the hours of 7am to 9pm, 7 days a week.





Your ASBAIT FindCare® Online Directory

Banner Health Network



Your Network Choice

When you and your family need care, you can look for doctors and hospitals in the Banner Health Network. It's easy when you use the online FindCare directory from Aetna®.* With up-to-date listings, you can search for providers by name, specialty, gender, hospital affiliations and more. Remember, most copays, deductibles and out-of-pocket costs are lower when choosing Banner Health providers. That's because your care is coordinated between providers. Banner Health is available to members of ASBAIT schools in Maricopa, Coconino, Pima and Pinal counties.

Find Aetna providers online in just a few quick steps

You can use the FindCare directory anywhere you have internet access. Just:

- 1. Visit: www.aetna.com/docfind/custom/mymeritain/.
- 2. Key in your location (ZIP, city, county or state). Then, choose range (e.g., within 25 miles).
- 3. Under ACO/Joint Ventures, choose *Banner Choice POS II* (below *Select a Plan*).
- 4. Next, type the provider name or type of provider, or select from the categories listed. The guided flow search will use some of our most commonly searched terms and easily organize them for our users to find. Your provider results will continue to be returned based on relevancy to your search criteria (plan, location and search term).

Understanding your results

You have three tiers of benefits: Tier 1 Banner providers, Tier 2 Aetna Choice® POS II providers, and out-of-network.

Banner providers (Tier 1) are identified in search results as:

Maximum Savings—the provider provides maximum savings for you.

Aetna Choice POS II providers (Tier 2) are identified in search results as:

Standard Savings—the provider is in network. To save more, look for a maximum savings provider.

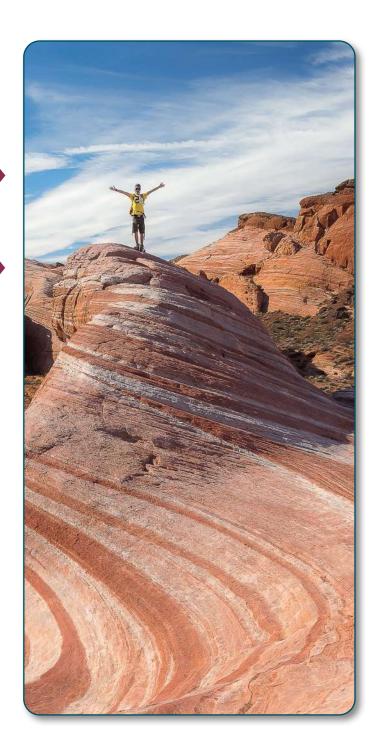
Find providers by phone

Need a provider when you're not near a computer? No problem. Simply call the Aetna Provider Line at 1.800.343.3140 from 8:00 AM-9:00 PM ET, Monday through Friday.

If you need more information, we're here to help. Just call the Banner Nurse On-Call Service at 1.602.747.7990 or 1.888.747.7990.

*Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates.

Providers are independent contractors and are not agents of Aetna or Meritain Health®. Provider participation may change without notice. Neither Aetna nor Meritain Health provides care or guarantees access to health services. Information is believed to be accurate as of the production date; however, it is subject to change.







ASBAIT and PrudentRx are here to help our members who are prescribed a specialty medication



Did you know?

Over 400 specialty medications are available today, and this number is rapidly growing. Rare diseases requiring these medications affect between 25-30 million patients. However, in many cases, limited treatment options are available outside of these specialty medications.

Specialty medications typically cost several hundred dollars monthly. In addition, routine patient monitoring sometimes requires lab tests, office visits, enrollment into monitoring programs, medication risk evaluation and prior authorization.

How we can help

Specialty pharmacies, like CVS Specialty, help you access and use specialty medications. One of the most important services they offer is patient care support for those facing insurance coverage and reimbursement issues. This helps patients better understand their medication coverage, and their prescription costs.

Your ASBAIT CVS Specialty Pharmacy has partnered with PrudentRx to reduce prescription costs through an innovative copay plan design. PrudentRx integrates with CVS Specialty Pharmacy operations as a third party to deliver a seamless, premium experience. PrudentRx will work with you and the drug manufacturer to offer copay card assistance when available and will assist when copay cards need renewal. Even if a specialty medication has no copay card, your out-of-pocket cost will be \$0 as long as it's part of the PrudentRx Program.





About PrudentRx

The PrudentRx Program helps make it possible to get specialty medications at no out-of-pocket cost. The program works for any covered specialty medication on the plan's designated drug list (which can be located using the phone number and website listed below) when members fill prescriptions at CVS Specialty pharmacies.

Important information

- You'll automatically be enrolled in the PrudentRx Program.
- You'll need to call the PrudentRx member advocates line to ensure proper registration and receive available copay cards.
- If you choose to opt out of this program, you'll be responsible for a 30-percent coinsurance payment on any medication currently eligible under the PrudentRx Program.
- If you need help applying for a copay card, please contact the PrudentRx member advocate team.

Please note: If you're on one of ASBAIT's HDHP plans (A, B, or C), and enrolled in the PrudentRx Program, you will have to meet the deductible on your HDHP before you will experience the \$0 out of pocket costs for specialty medications. Plans with access to a Health Savings Account (HSA) are prohibited from providing benefits before the annual deductible is met.

1.800.578.4403

Monday-Friday 8:00 AM-8:00 PM, ET prudentrx.com



About the International Medical Solutions (IMS) Network



International Medical Solutions (IMS) provides quality and affordable health care for you and your family. With IMS, you have access to a large network of certified medical specialists and hospitals south of the border. IMS includes more than 650 medical, dental and vision providers along the U.S./Mexico border. During open enrollment, you can choose to add IMS to your benefits plan for just a \$6 monthly access fee. Contact your district representative to find out more.

High-quality health care services

All IMS providers and facilities are quality-certified, so you know you're in good hands and receiving top-notch care. All doctors are members in good standing with the National College of Physicians in Mexico, and specialists are board certified. Clinics and hospitals must belong to the National Hospital Association in Mexico, and are chosen for their service to the community.

Affordable care when you need it

Cross-border care gives you and your family more access to care options, especially if the right providers aren't close by, or you're having trouble getting a timely appointment. IMS includes medical, dental and vision providers, plus emergency and urgent care services. IMS technology allows doctors to access enrollment and benefits verification 24 hours a day, so there's no red tape when you need an appointment.

Health care costs are lower in Mexico than in the U.S. That's why cross-border coverage helps you save on the cost of health care services for you and your family.

IMS medication program

If you have a chronic condition, you can enroll in the IMS medication program to receive up to a three-month supply of brand-name maintenance medication for just one copay. All medications are brand-name (no generics) and manufactured by laboratories including Pfizer-BioNTech, Lilly and Bayer.

Services offered by IMS

- Medical
- Dental
- Vision
- Pharmacy
- Medication program (long-term and maintenance)
- Free transportation
- MiDocOnline (telehealth)



Free transportation services

If you're in need of transportation, IMS offers free services to and from appointments, and to pick up medications. You can also get transportation to pick up your medications.

Questions? To learn more about the benefits provided under ASBAIT's IMS program or how to access care, please contact the IMS Customer Service department at:

International Medical Solutions 1.928.446.6179 inter-med-solutions@hotmail.com www.internationalmedsolutions.com







Frequently Asked Questions



How long has International Medical Solutions, Inc. (IMS) been in business?

IMS has been in business since 2012.

What types of identification documents do I need to carry into Mexico to be able to travel safely and easily return to the United States?

You will need documents to prove your American citizenship, such as a valid U.S. passport, a picture ID or your birth certificate. If you are bringing medication back into the United States with you, it is very important to show your prescription to the Customs and Border Patrol Agents.

Will I receive a separate ID card for IMS services? If so, will we get cards for each family member enrolled in the medical plan or do we get one card per family?

IMS provides one ID card per family.

Is it legal to purchase and transport prescription medications filled in Mexico? If so, what should I know and what should I present to American Border Patrol personnel if requested?

It is legal to purchase prescription medications in Mexico as long as you have a prescription with you that supports your medical needs.

Do I need to have ASBAIT medical coverage to access services in Mexico via the IMS network?

Yes, an ASBAIT medical plan must be selected to allow processing of the claim based on the schedule of benefits.

What types of medications can I get through pharmacies in Mexico and are those medications safe?

Under the IMS plan, only brand-name medications produced by reputable drug manufacturers are covered. Generic medications are not eligible under this plan.

Additionally:

- Individuals importing medications must verify in writing it's for their own personal use, provide contact information for the prescribing doctor or show evidence of continuation of treatment that started in a foreign country.
- Medications shouldn't be considered to represent an unreasonable risk.
- Drugs need to be for use of a serious condition for which effective treatment is not available in the United States.
- No commercialization or promotion of the drug to U.S. residents is allowed. Below is a link to help you understand FDA requirements related to prescription drugs obtained in Mexico.

https://www.fda.gov/industry/import-basics/personal-importation#UScitizen



Are generic medications available for purchase in Mexico under the IMS plan?

No, IMS only covers brand name medications manufactured by reputable and known drug manufacturers.

What care in Mexico is not covered under ASBAIT's medical plans?

The care and exclusions are the same as those under ASBAIT's plans. For more information about covered care and exclusions, please refer to ASBAIT's plan documents or contact ASBAIT's customer services department.

Does IMS provide any type of transportation into Mexico and if so, how far into Mexico? If so will the transportation service take me?

Transportation services are provided exclusively for medical appointments, dental appointments and pharmacy trips. **Please note:** IMS will only provide transportation for services received at or near the border. You may still obtain care from contracted providers located further away in Mexico, e.g., providers in Hermosillo, Sonora, but you will have to provide your own transportation to these destinations.

Typically, how quickly can I schedule a physician/dentist appointment in Mexico?

Primary care physician and general dentistry appointments can be scheduled within 24 hours; appointments with specialists can take up to three days depending on the specialty.

If I need lab work, X-rays, other scan services, durable medical equipment, etc., in Mexico, who orders those?

Any diagnostic tests requested by your providers in Mexico are available through IMS contracted facilities and vendors.

If I have an order for the above services from a U.S. provider, will the Mexican facilities accept those, or do they need to come directly from Mexican providers?

Yes, IMS contracted providers can accept orders written by U.S. providers.

When scheduling appointments with providers in Mexico, what information will they need?

Please be prepared to provide your full name, date of birth, district name and IMS plan information.

How far into Mexico will I need to travel for basic care?

Most contracted providers are located within close proximity to the U.S./Mexico border.

Do contracted providers speak English? If there are communication barriers, may I seek translation services?

Most of IMS contracted primary care physicians, specialists and dentists speak English or have staff that speak English. You may contact IMS customer services department to get more information on which offices speak English.

Are contracted hospitals or providers part of Mexico's national health care system or private providers?

All IMS contracted providers have private facilities and private hospitals.

Where can I find specific information about providers in Mexico, e.g., their subspecialties, where they studied, how long they have been practicing, if they are in good standing with their licensing agencies in Mexico, etc.?

If you are interested in obtaining specific schooling, subspecialty, licensing and credentialing information about contracted providers, you may contact IMS customer service for this information.

Can I receive both inpatient and outpatient care in Mexico?

Yes, both types of services are available through the contracted IMS provider network.

How far in advance of a visit into Mexico do I need to book an appointment with IMS travel service?

24 hours, if possible.

If I get care in Mexico, and want to share my medical history files with providers in the U.S., how do I go about requesting those?

Please request any records directly with IMS.

Are Mexico providers generally cooperative when requesting these records?

Yes. Please be clear on your requests and allow sufficient time for the provider to compile your records for you.

Are there (generally) any fees charged for record copies?

No.

Will Mexican providers work with U.S. providers to coordinate care?

Yes, contracted IMS providers will collaborate with U.S. providers at patient request.

Do Mexican providers carry malpractice insurance?

Yes, contracted surgeons and anesthesiologists do carry malpractice insurance.

Will providers in Mexico be submitting claims directly to ASBAIT/IMS for payment?

Contracted providers submit claims directly to IMS and IMS forwards them to ASBAIT for payment. This process ensures the accuracy of the claims filed along with ensuring that services are verified and that the submitted charges are appropriate.

Where do we submit any bills that we encounter. directly receive from providers?

Yes, contracted IMS providers will work collaboratively with U.S. providers at their patients' request.

If we are in the High Deductible Health Plan (HDHP/HSA), are non-medical vision services eligible to be paid under my HDHP's deductible? If not, can I use HSA funds to pay for any out-of-pocket costs?

Yes, HSA funds can be used to pay for qualified services, but claims for those services will not apply to your HDHP plan deductible. Important reminder: When accessing any care in Mexico, it is important to use the IMS contracted providers because care provided by non-contracted providers' services will not be recognized under these plans.

Are providers vetted and credentialed? If so, by whom?

Certificates and professional licenses are required and verified by IMS before contracting with providers. Operating permits are granted by the Secretary of Health of Mexico and medical licenses are issued by Mexico's Comisión Federal para la Protección contra Reisgos Sanitarios (COFEPRIS).

Can I go to Mexico to visit and tour a doctor's office, dentist's office, hospital or pharmacy before deciding if I want to access care at one of these facilities?

Yes, you may. This can be arranged for you by contacting the IMS customer service department.

What do we do if we are charged something other than the copayment or deductibe?

Please contact IMS immediately to make them aware of any discrepencies.

If I have a problem with any care that I receive in Mexico, how do I go about resolving those issues?

IMS customer service department can assist with any problems you may encounter.

Will dental services be filed under my dental or medical plan?

If you are covered under one of ASBAIT's dental plans, claims will be filed under that plan. If you are not enrolled in an ASBAIT dental plan, your claims will not be filed with another dental plan.

If you are not enrolled under one of ASBAIT's dental plans, you may still access care in Mexico and you will be required to pay the applicable fees charged by the Mexico dental provider, which in most cases, are much lower than costs in the U.S.

If you are not enrolled under an ASBAIT dental plan, and are enrolled in ASBAIT's Health Savings Account (HSA) plan, you can still use HSA funds to pay for services provided by IMS contracted dentists but, these claims will not apply to your HDHP plan deductible.

How are medical/dental/vision/pharmacies providers selected to be part of the IMS network?

IMS solicits well-known providers that are in good standing in their respective communities. Certificates and professional licenses are required and verified by IMS before contracting with providers. Operating permits are granted by the Secretary of Health of Mexico and medical licenses are issued by Mexico's Comisión Federal para la Protección contra Reisgos Sanitarios (COFEPRIS).

Additional Questions?



For assistance about IMS or the benefits you will recieve underr ASBAIT's plan(s), please contact IMS by calling 1.928.446.6179 or visit us on the web at http://www.internationalmedsolutions.com,



Coverage Period: 07/01/2024 – 06/30/2025 Coverage for: Single + Family | Plan Type: POS

The Summary of Benefits and Coverage (SBC) document will help you choose a health <u>plan</u>. The SBC shows you how you and the <u>plan</u> would share the cost for covered health care services. NOTE: Information about the cost of this <u>plan</u> (called the <u>premium</u>) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, go to <u>www.meritain.com</u> or call (866) 300-8449. For general definitions of common terms, such as <u>allowed amount</u>, <u>balance billing</u>, <u>coinsurance</u>, <u>copayment</u>, <u>deductible</u>, <u>provider</u>, or other <u>underlined</u> terms see the Glossary. You can view the Glossary at <u>www.healthcare.gov/sbc-glossary</u> or call Meritain Health, Inc. at (866) 300-8449 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	For Tier 1 providers: \$800 person / \$1,600 family For Tier 2 providers: \$1,000 person / \$2,000 family For Tier 3 providers: \$5,000 person / \$15,000 family	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. <u>Preventive care</u> services as specified. For Tier 1 and Tier 2 <u>provider</u> services: office visits, <u>durable medical equipment</u> (diabetic supplies only), <u>urgent care</u> , inpatient facility fees, and free-standing lab are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <u>www.healthcare.gov/coverage/preventive-care-benefits/</u> .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket</u> <u>limit</u> for this <u>plan</u> ?	For Tier 1 <u>providers</u> : \$4,800 person / \$9,600 family For Tier 2 <u>providers</u> : \$6,000 person / \$12,000 family For Tier 3 <u>providers</u> : Unlimited	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit?</u>	Premiums, balance billing charges and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket</u> <u>limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. For Banner JV see www.aetna.com/docfind/custom /mymeritain or call (800) 343- 3140 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

			What You Will Pay		
Common Medical Event	Services You May Need	Tier 1 Banner Providers	Tier 2 Participating Providers	Tier 3 Non- Participating Providers	Limitations, Exceptions, & Other Important Information
		(You will pay the least)	(You will pa	y the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$32 <u>copay</u> /visit	\$40 <u>copay</u> /visit	50% <u>coinsurance</u>	<u>Deductible</u> does not apply for Tier 1 and Tier 2 <u>providers</u> . <u>Copay</u> applies per visit regardless of what services are
	<u>Specialist</u> visit	\$40 <u>copay</u> /visit	\$50 <u>copay</u> /visit	50% coinsurance	rendered. Includes telemedicine other than Teladoc. There is no charge, and the <u>deductible</u> does not apply if you receive consultation services through Teladoc.
	Preventive care/screening/immunization	Preventive care: No Charge Routine care: No charge for the first \$300 per year, then 90% coinsurance Flu, pneumonia and shingles immunization: No Charge Hearing exam: \$32 copay	Preventive care: No Charge Routine care: No charge for the first \$300 per year, then 90% coinsurance Flu, pneumonia and shingles immunization No Charge Hearing exam: \$40 copay	Preventive care: Not Covered Routine care: No charge for flu, pneumonia and shingles immunizations Hearing exam: 50% coinsurance All other routine care: Not Covered	Deductible does not apply for Tier 1 and Tier 2 providers. Deductible does not apply for flu, pneumonia and shingles immunizations for Tier 3 providers. Hearing exams limited to 1 per year. You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work) Imaging (CT/PET scans, MRIs)	25% coinsurance 25% coinsurance	25% coinsurance 25% coinsurance	50% coinsurance 50% coinsurance	Deductible does not apply for tests performed at a Tier 1 and Tier 2 providers freestanding laboratory. Preauthorization required for PET scans and non-orthopedic CT/MRI's. If you don't get preauthorization, benefits could be reduced by 20% of the total cost of the service.

		,	What You Will Pay		
Common Medical Event	Services You May Need	Tier 1 Banner Providers	Tier 2 Participating Providers	Tier 3 Non- Participating Providers	Limitations, Exceptions, & Other Important Information
		(You will pay the least)	(You will pa	ay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.caremark.com	Generic drugs	\$15 <u>copay</u> (30-day retail \$30 <u>copay</u> (90-day retail	& mail order)	Not Covered	Deductible does not apply. Covers up to a 30-day supply (retail prescription
	Preferred brand drugs	20% <u>copay</u> , (\$25 minimu (30-day retail)/ 20% <u>copay</u> , (\$50 minimu (90-day retail & mail orde	ım, \$175 maximum)	Not Covered	or <u>specialty drugs</u>); 90-day supply (retail prescription or mail order). <u>Copay</u> applies per prescription. Mandatory generic provision applies.
	Non-preferred brand drugs	40% <u>copay</u> , (\$40 minimu (30-day retail)/ 40% <u>copay</u> , (\$80 minimu (90-day retail & mail orde	ım, \$225 maximum)	Not Covered	There is no charge for preventive drugs. Diabetic insulin medications will have \$5 copay (30-day retail) /\$10 copay (90-day retail and mail order) for
	Specialty drugs	\$200 <u>copay</u> *		Not Covered	generic and \$15 copay (30-day retail)/\$30 copay (90-day retail and mail order) for brand name. Diabetic supplies will be paid the same as all other drugs (retail) and will have a \$10 copay (mail order) for generic and \$30 copay (mail order) for brand. Maintenance medications are subject to the retail or mail order supply limit and copays. Specialty drugs must be obtained directly from the specialty pharmacy network. *Certain specialty drugs may be eligible for a \$0 copay if you are enrolled under the PrudentRx Copay Program. If drugs are eligible under the Prudent Rx Copay Program and you do not enroll you will be subject to a 30% copay. Preauthorization required for injectables costing over \$2,000 per drug per month.

	What You Will Pay				
Common Medical Event	Services You May Need	Tier 1 Banner Providers	Tier 2 Participating Providers	Tier 3 Non- Participating Providers	Limitations, Exceptions, & Other Important Information
		(You will pay the least)	(You will pa	ay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	25% coinsurance	25% coinsurance	50% <u>coinsurance</u>	<u>Preauthorization</u> required for certain surgeries, including infusion therapy costing over \$2,000 per drug per month.
	Physician/surgeon fees	25% <u>coinsurance</u>	25% coinsurance	50% coinsurance	If you don't get preauthorization, benefits could be reduced by 20% of the total cost of the service. See your plan document for a detailed listing. For Tier 1 office surgery under \$1,000 cost is \$32 copay/occurrence (PCP) or \$40 copay/occurrence (specialist) with no deductible. For Tier 2 office surgery under \$1,000 cost is \$40 copay/occurrence (PCP) or \$50 copay/occurrence (specialist) with no deductible. Surgery over \$1,000 cost is 25% coinsurance after deductible (PCP & specialist / Tier 1 & Tier 2).
If you need immediate medical attention	Emergency room care	25% coinsurance	25% coinsurance	25% coinsurance (emergency services) / 50% coinsurance (non- emergency services)	Tier 2 & 3 <u>providers</u> are paid at the Tier 1 provider level of benefits for <u>emergency services</u> .
	Emergency medical transportation	25% <u>coinsurance</u> /trip (ground)/ \$200 <u>copay</u> /trip + 25% <u>coinsurance</u> (air)	25% coinsurance/ trip (ground)/ \$200 copay/trip + 25% coinsurance (air)	25% <u>coinsurance</u> /trip (ground)/ \$200 <u>copay</u> /trip + 25% <u>coinsurance</u> (air)	Tier 2 & 3 <u>providers</u> are paid at the Tier 1 <u>provider</u> level of benefits.
	<u>Urgent care</u>	\$50 <u>copay</u> /visit	\$60 <u>copay</u> /visit	50% <u>coinsurance</u>	<u>Deductible</u> does not apply for Tier 1 and Tier 2 <u>providers</u> .
If you have a hospital stay	Facility fee (e.g., hospital room)	\$200 <u>copay</u> / admission + 25% <u>coinsurance</u>	\$250 <u>copay</u> / admission + 25% <u>coinsurance</u>	\$300 <u>copay</u> / admission + 50% <u>coinsurance</u>	Deductible does not apply for Tier 1 and Tier 2 <u>provider</u> facility fees. <u>Preauthorization</u> required. If you don't get <u>preauthorization</u> , benefits could be
	Physician/surgeon fees	25% coinsurance	25% <u>coinsurance</u>	50% <u>coinsurance</u>	reduced by 20% of the total cost of the service.

			What You Will Pay		
Common Medical Event	Services You May Need	Tier 1 Banner Providers	Tier 2 Participating Providers	Tier 3 Non- Participating Providers	Limitations, Exceptions, & Other Important Information
		(You will pay the least)	(You will pa	ay the most)	
If you need mental health, behavioral health, or substance abuse	Outpatient services	\$32 <u>copay</u> /visit (office visit)/ 25% <u>coinsurance</u> (all other outpatient)	\$40 copay/visit (office visit)/ 25% coinsurance (all other outpatient)	50% coinsurance	<u>Deductible</u> does not apply for Tier 1 and Tier 2 <u>providers</u> office visit. Includes telemedicine other than Teladoc.
services	Inpatient services	\$200 copay/ admission + 25% coinsurance (facility charge)/ 25% coinsurance (professional fees)	\$250 copay/ admission + 25% coinsurance (facility charge)/ 25% coinsurance (professional fees)	\$300 copay/ admission + 50% coinsurance (facility charges)/ 50% coinsurance (professional fees)	Deductible does not apply for Tier 1 and Tier 2 provider facility fees. Preauthorization required. If you don't get preauthorization, benefits could be reduced by 20% of the total cost of the service.
If you need help	Office visits Childbirth/delivery professional services Childbirth/delivery facility services Home health care	25% coinsurance 25% coinsurance \$200 copay/ admission + 25% coinsurance	25% coinsurance 25% coinsurance \$250 copay/ admission + 25% coinsurance	50% coinsurance 50% coinsurance \$300 copay/ admission + 50% coinsurance	Preauthorization required for inpatient hospital stays in excess of 48 hrs (vaginal delivery) or 96 hrs (c- section). If you don't get preauthorization, benefits could be reduced by 20% of the total cost of the service. Cost sharing does not apply to preventive services from a Tier 1/Tier 2 provider. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). Baby counts towards the mother's expense. Deductible does not apply for Tier 1 and Tier 2 provider facility fees. Limited to 60 visits per year Home.
If you need help recovering or have other special health needs	nome neath care	25% coinsurance	25% coinsurance	50% coinsurance	Limited to 60 visits per year. Home health care supplies not subject to the calendar year maximum. Preauthorization required. If you don't get preauthorization, benefits could be reduced by 20% of the total cost of the service.

	What You Will Pay				
Common Medical Event	Services You May Need	Tier 1 Banner Providers (You will pay the least)	Tier 2 Participating Providers (You will pa	Tier 3 Non- Participating Providers	Limitations, Exceptions, & Other Important Information
	D 1 1''' '	, , ,	` -		
	Rehabilitation services	25% coinsurance (outpatient)/\$200 copay/admission + 25% coinsurance (inpatient)	25% coinsurance (outpatient)/ \$250 copay/admission + 25% coinsurance (inpatient)	50% coinsurance	Deductible does not apply for Tier 1 and Tier 2 providers for inpatient services. Physical, speech & occupational therapy limited to 60 visits per each type of therapy per year. Inpatient services limited to 60 days per year.
	Habilitation services	Not Covered	Not Covered	Not Covered	This exclusion will not apply to expenses related to the diagnosis, testing and treatment of autism and to expenses covered as preventive care.
	Skilled nursing care	\$200 <u>copay</u> / admission + 25% <u>coinsurance</u>	\$250 <u>copay/</u> admission + 25% <u>coinsurance</u>	\$300 <u>copay</u> / admission + 50% <u>coinsurance</u>	Deductible does not apply for Tier 1 and Tier 2 providers. Limited to 60 days per 12 month period. Preauthorization required. If you don't get preauthorization, benefits could be reduced by 20% of the total cost of the service.
	Durable medical equipment	\$30 <u>copay</u> /item (diabetic supplies)/ 25% <u>coinsurance</u> (all other <u>durable medical</u> <u>equipment</u>)	\$30 <u>copay</u> /item (diabetic supplies)/ 25% <u>coinsurance</u> (all other <u>durable</u> <u>medical equipment)</u>	50% <u>coinsurance</u>	Preauthorization required for electric/motorized scooters or wheelchairs and pneumatic compression devices. If you don't get preauthorization, benefits could be reduced by 20% of the total cost of the service. Deductible does not apply to diabetic supplies for Tier 1 and Tier 2 providers.
	Hospice services	\$200 <u>copay</u> / admission + 25% <u>coinsurance</u> (inpatient)/ 25% <u>coinsurance</u> (outpatient)	\$250 <u>copay</u> / admission + 25% <u>coinsurance</u> (inpatient)/ 25% <u>coinsurance</u> (outpatient)	\$300 copay/ admission + 50% coinsurance (inpatient)/ 50% coinsurance (outpatient)	Deductible does not apply to services received on an inpatient basis from a Tier 1 and Tier 2 provider. Bereavement counseling is not covered.
If your child needs	Children's eye exam	Not Covered	Not Covered	Not Covered	Covered under stand alone vision plan.
dental or eye care	Children's glasses	Not Covered	Not Covered	Not Covered	Covered under stand alone vision plan.
	Children's dental check-up	Not Covered	Not Covered	Not Covered	Covered under stand alone dental plan.

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded</u> <u>services</u>.)

- Acupuncture
- Bereavement counseling
- Cosmetic surgery
- Dental care (covered under stand alone dental plan)
- Glasses (covered under stand alone vision plan)
- Habilitation services (except autism & preventive services)
- Infertility treatment (except diagnosis)
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing (except for home health care & hospice)
- Routine eye care (covered under stand alone vision plan)
- Routine foot care
- Weight loss programs

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

- Bariatric surgery (for the treatment of morbid obesity only – 1 procedure per lifetime)
- Chiropractic care (20 visits per year)
- Hearing aids (1 aid per ear every 36 months)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight at 1-877-267-2323 x 61565 or www.cciio.cms.gov, or Meritain Health at (866) 300-8449. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your <u>plan</u> for a denial of a <u>claim</u>. This complaint is called a <u>grievance</u> or <u>appeal</u>. For more information about your rights, look at the explanation of benefits you will receive for that medical <u>claim</u>. Your <u>plan</u> documents also provide complete information on how to submit a <u>claim</u>, <u>appeal</u>, or a <u>grievance</u> for any reason to your <u>plan</u>. For more information about your rights, this notice, or assistance, contact Meritain Health, Inc. at (866) 300-8449.

Does this plan provide Minimum Essential Coverage? Yes

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

Does this plan meet the Minimum Value Standards? Yes

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

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-378-1179.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-378-1179.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-800-378-1179.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-378-1179.

To see examples of how this <u>plan</u> might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



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

Peg is Having a Baby

(9 months of Tier 1 pre-natal care and a hospital delivery)

The <u>plan's</u> overall <u>deductible</u>	\$800
Primary care physician coinsurance	25%
■ Hospital (facility) copayment	\$200
■ Other coinsurance	25%

This EXAMPLE event includes services like:

Primary care physician visits (prenatal care) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (ultrasounds and blood work) Specialist visit (anesthesia)

Total Example Cost \$12,700

In this example, Peg would pay:

1, 6, 1,	
Cost Sharing	
Deductibles	\$1,000
Copayments	\$10
Coinsurance	\$2,900
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$3,970

Managing Joe's Type 2 Diabetes

(a year of routine Tier 1 care of a well-controlled condition)

■ The plan's overall deductible	\$800
Specialist copayment	\$40
Hospital (facility) coinsurance	25%
■ Other coinsurance	25%

This EXAMPLE event includes services like:

Specialist office visits (including disease education)
Diagnostic tests (blood work)
Prescription drugs
Durable medical equipment (glucose meter)

Total Example Cost \$5,600

In this example, Joe would pay:

Cost Sharing			
Deductibles	\$800		
Copayments	\$700		
Coinsurance	\$30		
What isn't covered			
Limits or exclusions	\$20		
The total Joe would pay is	\$1,550		

Mia's Simple Fracture

(Tier 1 emergency room visit and follow-up care)

■ The plan's overall deductible	\$800
Specialist copayment	\$40
■ Hospital (facility) coinsurance	25%
Other coinsurance	25%

This EXAMPLE event includes services like:

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

Total Example Cost	\$2,800

In this example, Mia would pay:

Cost Sharing		
Deductibles	\$800	
Copayments	\$100	
Coinsurance	\$400	
What isn't covered		
Limits or exclusions	\$0	
The total Mia would pay is	\$1,300	



MEDICAL SCHEDULE OF BENEFITS - VALUE SILVER BANNER 2024-2025

VALUE SILVER BANNER 2024-2025	TIER 1: BANNER HEALTH NETWORK	TIER 2: PARTICIPATING PROVIDERS	TIER 3: NON- PARTICIPATING PROVIDERS
			(Subject to Usual and Customary Charges)
LIFETIME MAXIMUM BENEFIT		Unlimited	
CALENDAR YEAR MAXIMUM BENEFIT		Unlimited	
CALENDAR YEAR DEDUCTIBLE			
Single Family	\$800 \$1,600	\$1,000 \$2,000	\$5,000 \$15,000
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (includes Deductible, Coinsurance,			
Copays and Precertification Penalties – combined with Prescription Drug Card) Single	\$4,800	\$6,000	Not Applicable
Family	\$9,600	\$12,000	Not Applicable
	MEDICAL BENEFITS	s	
Allergy Serum and Injections	75% after Deductible	75% after Deductible	50% after Deductible
Ambulance Services			
Ground Ambulance Services	75% after Deductible	Paid at Tier 1 level of benefits	Paid at Tier 1 level of benefits
Air Ambulance Services	\$200 Copay per trip, then 75% after Deductible	Paid at Tier 1 level of benefits	Paid at Tier 1 level of benefits
Ambulatory Surgical Center	75% after Deductible	75% after Deductible	50% after Deductible
Anesthesiologist	75% after Deductible	75% after Deductible	50% after Deductible
Anti-Embolism Garments	75% after Deductible	75% after Deductible	50% after Deductible
Calendar Year Maximum Benefit	3 pairs		
Cardiac Rehab (Outpatient)	75% after Deductible	75% after Deductible	50% after Deductible
Chemotherapy (Outpatient – includes all related charges)	75% after Deductible	75% after Deductible	50% after Deductible
Chiropractic Care/Spinal Manipulation	100% after \$32 Copay per visit; Deductible waived	100% after \$40 Copay per visit; Deductible waived	50% after Deductible
Calendar Year Maximum Benefit		20 visits	

2024-2025



VALUE SILVER BANNER 2024-2025	TIER 1: BANNER HEALTH	TIER 2: PARTICIPATING	TIER 3: NON-
	NETWORK	PROVIDERS	PARTICIPATING PROVIDERS
			(Subject to Usual and Customary Charges)
Diabetic Supplies	100% after \$30 Copay per item; Deductible waived	100% after \$30 Copay per item; Deductible waived	50% after Deductible
Diagnostic Testing, X-Ray and Lab Services (Outpatient)			
Any Single Service Costing Less Than \$500	75% after Deductible	75% after Deductible	50% after Deductible
Any Single Service Costing \$500 or More	75% after Deductible	75% after Deductible	50% after Deductible
Freestanding Laboratory	75%; Deductible waived	75%; Deductible waived	50% after Deductible
Oncotype Diagnostic Testing	75% after Deductible	75% after Deductible	50% after Deductible
Advanced Imaging (MRI, MRA, CT and PET Scans, Bone Density, Scintimammography, Capsule Endoscopy, Nuclear Medicine)	75% after Deductible	75% after Deductible	50% after Deductible
Durable Medical Equipment (DME)	75% after Deductible	75% after Deductible	50% after Deductible
Emergency Services			
Emergency Medical Condition			
Facility Charges	75% after Deductible	Paid at Tier 1 level of benefits	Paid at Tier 1 level of benefits
Professional Fees and Ancillary Charges	75% after Deductible	Paid at Tier 1 level of benefits	Paid at Tier 1 level of benefits
Non-Emergency Medical Condition			
Facility Charges	75% after Deductible	75% after Deductible	50% after Deductible
Professional Fees and Ancillary Charges	75% after Deductible	75% after Deductible	50% after Deductible
Empower Health (TIN: 36-4836722)	Not Applicable	100%; Deductible waived	Not Applicable
NOTE: Empower Health wellness program is a voluntary wellness program available to the Employee only, Dependent Spouses and Children are not eligible. If you elect to participate in the wellness program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related			you may be asked to bout your health-related
choices. You will also be asked to complete a biometric screening, which will include a blood pressure reading and blood test. For more information regarding this program you may call Empower Health at (866) 367-6974.			
Foot Orthotics	\$40 Copay per orthotic, then 75%; Deductible waived	\$50 Copay per orthotic, then 75%; Deductible waived	\$50 Copay per orthotic, then 50%; Deductible waived
Maximum Benefit	Age 19 and over - 1 every 12 months; Under age 19 - 1 every 6 months		



VALUE SILVER BANNER 2024-2025	TIER 1: BANNER HEALTH NETWORK	TIER 2: PARTICIPATING PROVIDERS	TIER 3: NON- PARTICIPATING PROVIDERS
			(Subject to Usual and Customary Charges)
Hearing Aids (including any office visit and any related services, includes cochlear Implants)	75% after Deductible	75% after Deductible	50% after Deductible
Maximum Benefit	1 aid	per ear per 36-month pe	eriod
Hemodialysis (Outpatient)	75% after Deductible	75% after Deductible	50% after Deductible
Hinge Health Program (TIN 81-1884841)	Not Applicable	100%; Deductible waived	Not Applicable
NOTE: Please refer to the Hinge Health F If treatment is received from providers or outlined in the Medical Schedule of Benefi	itside of the Hinge Health	n Network, standard Pla	n benefits will apply as
Home Health Care	75% after Deductible	75% after Deductible	50% after Deductible
Calendar Year Maximum Benefit		60 visits*	
*Home health care supplies are not subject	t to the Calendar Year Ma	aximum.	
Hospice Care			
Inpatient	\$200 Copay per admission, then 75%; Deductible waived	\$250 Copay per admission, then 75%; Deductible waived	\$300 Copay per admission, then 50% after Deductible
Outpatient	75% after Deductible	75% after Deductible	50% after Deductible
Hospital Expenses or Long-Term Acute Care Facility/Hospital (facility charges)			
Inpatient	\$200 Copay per admission, then 75%; Deductible waived	\$250 Copay per admission, then 75%; Deductible waived	\$300 Copay per admission, then 50% after Deductible
Room and Board Allowance	Semi-Private Room rate*	Semi-Private Room rate*	Semi-Private Room rate*
Outpatient	75% after Deductible	75% after Deductible	50% after Deductible
	*Charges for a private room, that exceeds the cost of a semi-private room, are eligible only if prescribed by a Physician and the private room is Medically Necessary.		
Infusion Therapy in Facility or Physician's Office	75% after Deductible	75% after Deductible	50% after Deductible



VALUE SILVER BANNER 2024-2025

	NETWORK	PROVIDERS	PARTICIPATING PROVIDERS
			(Subject to Usual and Customary Charges)
Maternity (Non-Facility Charges)*			
Preventive Prenatal and Breastfeeding Support (other than lactation consultations)	100%; Deductible 100%; Deductible waived waived		50% after Deductible
Breast Pumps	100%; Deductible waived	100%; Deductible waived	100%; Deductible waived
Lactation Consultations	100%; Deductible waived	100%; Deductible waived	100%; Deductible waived
All Other Prenatal, Delivery and Postnatal Care	75% after Deductible	75% after Deductible	50% after Deductible
* See Preventive Services under Eligible N	Medical Expenses for limitation	ations.	
Medical and Surgical Supplies	75% after Deductible	75% after Deductible	50% after Deductible
Mental Disorders and Substance Use Disorders			
Inpatient			
Facility Charge	\$200 Copay per admission, then 75%; Deductible waived	\$250 Copay per admission, then 75%; Deductible waived	\$300 Copay per admission, then 50% after Deductible
Professional Fees	75% after Deductible	75% after Deductible	50% after Deductible
Outpatient Facility	75% after Deductible	75% after Deductible	50% after Deductible
Office Visits	100% after \$32 Copay; Deductible waived	100% after \$40 Copay; Deductible waived	50% after Deductible
NOTE: Emergency care (ambulance and ambulance services and Emergency Serv Participating Provider level of benefits will	ices/Room listed above in	the Medical Schedule of	
Morbid Obesity (Surgical Treatment Only)			
Facility (Inpatient and outpatient)	\$200 Copay, then 75%; Deductible waived	\$250 Copay, then 75%; Deductible waived	50% after Deductible
Professional Services	75% after Deductible	75% after Deductible	50% after Deductible
Lifetime Maximum Benefit		1 Surgical Procedure	
Nutritional Food Supplements	50% after Deductible	50% after Deductible	50% after Deductible
Occupational Therapy (Outpatient)	75% after Deductible	75% after Deductible	50% after Deductible
Calendar Year Maximum Benefit		60 visits	
Calendar real Maximum Denem			B * 1 1
Pain Management	Paid based on place of service	Paid based on place of service	Paid based on place of service

TIER 1:

BANNER HEALTH

TIER 3:

NON-

TIER 2:

PARTICIPATING



VALUE SILVER BANNER 2024-2025	TIER 1: BANNER HEALTH NETWORK	TIER 2: PARTICIPATING PROVIDERS	TIER 3: NON- PARTICIPATING PROVIDERS
			(Subject to Usual and Customary Charges)
Physical Therapy (Outpatient)	75% after Deductible	75% after Deductible	50% after Deductible
Calendar Year Maximum Benefit		60 visits	
Physician's Services			
Inpatient/Outpatient Services			
Primary Care Physician	75% after Deductible	75% after Deductible	50% after Deductible
Specialist	75% after Deductible	75% after Deductible	50% after Deductible
Office Visits			
Primary Care Physician	100% after \$32 Copay*; Deductible waived	100% after \$40 Copay*; Deductible waived	50% after Deductible
Specialist	100% after \$40 Copay*; Deductible waived	100% after \$50 Copay*; Deductible waived	50% after Deductible
Physician Office Surgery			
Primary Care Physician	Under \$1,000 - 100% after \$32 Copay*; Deductible waived; \$1,000 or more – 75% after Deductible	Under \$1,000 - 100% after \$40 Copay*; Deductible waived; \$1,000 or more – 75% after Deductible	50% after Deductible
Copay applies per visit regardless of what	Under \$1,000 - 100% after \$40 Copay; Deductible waived; \$1,000 or more – 75% after Deductible	Under \$1,000 - 100% after \$50 Copay*; Deductible waived; \$1,000 or more – 75% after Deductible	50% after Deductible



VALUE SILVER BANNER 2024-2025	TIER 1: BANNER HEALTH NETWORK	TIER 2: PARTICIPATING PROVIDERS	TIER 3: NON- PARTICIPATING PROVIDERS
			(Subject to Usual and Customary Charges)
Preventive Services and Routine Care			
Preventive Services (includes the office visit and any other eligible item or service billed and received at the same time as any preventive service)	100%; Deductible waived	100%; Deductible waived	Not Covered
Routine Care (includes any routine care item or service not otherwise covered under the preventive services provision above)	100% of the first \$300 per Calendar Year, then 10%; Deductible waived	100% of the first \$300 per Calendar Year, then 10%; Deductible waived	Not Covered
Flu, Pneumonia & Shingles Vaccinations	100%; Deductible waived	100%; Deductible waived	100%; Deductible waived
Routine Hearing Exam	100% after \$32 Copay per exam; Deductible waived	100% after \$40 Copay per exam; Deductible waived	50% after Deductible
Calendar Year Maximum Benefit		1 exam	
NOTE: Preventive prenatal and breastfee listed above for additional details.	ding support are paid un	der the Maternity Benefit	t. Please see Maternity
Prosthetics (other than bras)	75% after Deductible	75% after Deductible	50% after Deductible
Prosthetic Bras	75% after Deductible	75% after Deductible	50% after Deductible
Calendar Year Maximum Benefit		2 bras	
Psychological and Neuropsychological Testing	50% after Deductible	50% after Deductible	50% after Deductible
Radiation Therapy (Outpatient - includes all related charges)	75% after Deductible	75% after Deductible	50% after Deductible
Rehabilitation Facility (does not apply to Mental Disorders or Substance Use Disorders)	\$200 Copay per admission, then 75%; Deductible waived	\$250 Copay per admission, then 75%; Deductible waived	50% after Deductible
Calendar Year Maximum Benefit	60 days		
Skilled Nursing Facility	\$200 Copay per admission, then 75%; Deductible waived	\$250 Copay per admission, then 75%; Deductible waived	\$300 Copay per admission, then 50% after Deductible
Maximum Benefit per 12 Month Period		60 days	
SkinIO Provider (Skin Cancer Screenings)	Not Applicable	100%; Deductible waived	Not Applicable
NOTE: SkinIO is technology-based skin o	ancer screenings – provid	ling access for early dete	ection of skin cancer vi

NOTE: SkinIO is technology-based skin cancer screenings – providing access for early detection of skin cancer via photo-taking; remote dermatologist review; mole mapping; and change tracking and outlier detection for earlier detection for persons age 18 and over. TIN: 82-2035738



VALUE SILVER BANNER 2024-2025	TIER 1: BANNER HEALTH NETWORK	TIER 2: PARTICIPATING PROVIDERS	TIER 3: NON- PARTICIPATING PROVIDERS
			(Subject to Usual and Customary Charges)
Speech Therapy (Outpatient)	75% after Deductible	75% after Deductible	50% after Deductible
Calendar Year Maximum Benefit		60 visits	I
Surgery (Inpatient)			
Facility	\$200 Copay per admission, then 75%; Deductible waived	\$250 Copay per admission, then 75%; Deductible waived	\$300 Copay per admission, then 50% after Deductible
Professional Services	75% after Deductible	75% after Deductible	50% after Deductible
Surgery (Outpatient) (does not include Surgery in the Physician's office)			
Facility	75% after Deductible	75% after Deductible	50% after Deductible
Professional Services	75% after Deductible	75% after Deductible	50% after Deductible
Teladoc Network Providers	Not Applicable	100%; Deductible waived	Not Applicable
Telemedicine			
Mental Disorders & Substance Use Disorders	Paid same as office visit benefit for Mental Disorders and Substance Use Disorders	Paid same as office visit benefit for Mental Disorders and Substance Use Disorders	Paid same as office visit benefit for Mental Disorders and Substance Use Disorders
All Other Provider Services	Paid based on provider billing for telemedicine (subject to any applicable maximums and exclusions for the services provided)	Paid based on provider billing for telemedicine (subject to any applicable maximums and exclusions for the services provided)	Paid based on provider billing for telemedicine (subject to any applicable maximums and exclusions for the services provided)
Temporomandibular Joint Dysfunction (TMJ)	\$40 Copay per occurrence, then 75%; Deductible waived	\$50 Copay per occurrence, then 75%; Deductible waived	\$50 Copay per occurrence, then 50% after Deductible
Lifetime Maximum Benefit: Surgical Procedure Appliances Office Services		1 Surgical Procedure 1 appliance \$1,000	



VALUE SILVER BANNER 2024-2025	TIER 1: BANNER HEALTH NETWORK	TIER 2: PARTICIPATING PROVIDERS	TIER 3: NON- PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
Transplants			Cuciomary Charges,
Facility Charges	\$200 Copay per admission, then 75%; Deductible waived (Aetna IOE Program)*	\$250 Copay per admission, then 75%; Deductible waived (Aetna IOE Program)*	Not Covered
Professional Fees	75% after Deductible (Aetna IOE Program)* Not Covered (All Other Network Providers)	75% after Deductible (Aetna IOE Program)* Not Covered (All Other Network Providers)	Not Covered
* Please refer to the Aetna Institute of Excellence (IOE) Program section of this Plan for a more detailed description of this benefit, including travel and lodging maximums. Travel and lodging will be paid at 100% with no Deductible. NOTE: Cornea transplants performed by any provider are covered under the Plan as a separate benefit and pa			% with no Deductible.
the same as any other Illness.	any provider are edvered	andor the right do a cop	sarate sorioni and paid
Urgent Care Facility	\$50 Copay* per visit, then 100%; Deductible waived	\$60 Copay* per visit, then 100%; Deductible waived	50% after Deductible
*Copay applies per visit regardless of what	services are rendered.		
Virta Health Providers (TIN 36-4841662)	100%; Deductibles and Copays waived	Paid at Tier 1 level of benefits	Not Applicable
NOTE : Virta Health is an online specialty medical clinic that reverses Type 2 diabetes safely and sustainably, without the risks, costs, or side effects of medications or Surgery. For more information you may complete an application at www.virtahealth.com .			
Wig (see Eligible Medical Expenses)	\$40 Copay, then 75%; Deductible waived	\$50 Copay, then 75%; Deductible waived	Paid at the Tier 2 level of benefits
Maximum Benefit per 24 Month Period		1 wig	

75% after Deductible

75% after Deductible

50% after Deductible

2024-2025 8

All Other Eligible Medical Expenses



PRESCRIPTION DRUG SCHEDULE OF BENEFITS – VALUE SILVER BANNER 2024-2025

BENEFIT DESCRIPTION	BENEFIT	
NOTE: There is no coverage under the Plan for Prescription Drugs obtained from a Non-Participating pharmacy.		
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (includes Deductible and Copays – combined with major medical Out-of-Pocket) Single Family	\$6,000 \$12,000	
Retail Pharmacy: 30-day supply		
Generic Drug	\$15 Copay	
Preferred Drug	20% Copay (\$25 minimum, \$80 maximum)	
Non-Preferred Drug	40% Copay (\$40 minimum, \$110 maximum)	
Preventive Drug (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 Copay (100% paid)	
Diabetic Insulin Medications		
Generic	\$5 Copay	
Brand	\$15 Copay	
Diabetic Supplies		
Generic	\$5 Copay	
Brand	\$15 Copay	
Specialty Pharmacy Network: 30-day supply		
Specialty Drug		
Specialty Drugs Not Available Through PrudentRx Solution	\$200 Copay	
Enrolled and Available with PrudentRx Solution	\$0 Copay	
Not Enrolled and Available with PrudentRx Solution	30% Copay	
NOTE: Specialty Drugs MUST be obtained from the specialty pharmacy network. Refer to the Prescription Drug Card Program Administrator for full details.		
NOTE: PrudentRx Solution assists individuals by helping them enroll in manufacturer copay assistance programs Medications in the specialty tier will be subject to a 30% Copay if those drugs are available through the program and you do not enroll. However, enrolled individuals who get a copay card for their Specialty Drug (if applicable), will have a \$0 Out-of-Pocket responsibility for their prescriptions covered under the PrudentRx Solution program PrudentRx can be reached at (800) 578-4403 to address any questions regarding the PrudentRx Solution program.		
CVS Maintenance Choice - Allow Opt-Out: 90-day supply		
Generic Drug	\$30 Copay	
Preferred Drug	20% Copay (\$50 minimum, \$175 maximum)	
Non-Preferred Drug	40% Copay (\$80 minimum, \$225 maximum)	
Preventive Drug (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 Copay (100% paid)	



Diabetic Insulin Medications	
Generic	\$10 Copay
Brand	\$30 Copay
Diabetic Supplies	
Generic	\$10 Copay
Brand	\$30 Copay
Mail Order: 90-day supply	
Generic Drug	\$30 Copay
Preferred Drug	20% Copay (\$50 minimum, \$175 maximum)
Non-Preferred Drug	40% Copay (\$80 minimum, \$225 maximum)
Preventive Drug (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 Copay (100% paid)
Diabetic Insulin Medications	
Generic	\$10 Copay
Brand	\$30 Copay
Diabetic Supplies	
Generic	\$10 Copay
Brand	\$30 Copay

CVS True Accumulation Program

Some Specialty Drugs may qualify for third-party copayment assistance programs that could lower your out ofpocket costs for those products. For any such Specialty Drug where third-party copayment assistance is used, the Covered Person shall not receive credit toward their maximum Out-of-Pocket or Deductible for any Copay or Coinsurance amounts that are applied to a manufacturer coupon or rebate.

Mandatory Generic Program

The Plan requires that pharmacies dispense Generic Drugs when available. Should a Covered Person choose a Brand Name Drug rather than the Generic equivalent, the Covered Person will be responsible for the cost difference between the Generic and Brand Name Drug in addition to the Brand Name Drug Copay, even if a DAW (Dispense As Written) is written by the prescribing Physician. The cost difference is not covered by the Plan and will not accumulate toward your Out-of-Pocket Maximum.

CVS Maintenance Choice Mandatory – Allow Opt Out

The Plan allows for 2 30-day fills of maintenance drugs at any Participating retail pharmacy. After 2 fills, a 90-day supply of maintenance drugs must be purchased at a CVS retail pharmacy or through the mail order program unless you call the Prescription Drug Program Administrator and opt out. If you opt out, you may continue to purchase a 30-day supply of maintenance drugs, however, you will not benefit from the savings of a 90-day supply. For additional information, please contact the Prescription Drug Card Program Administrator.

Specialty Pharmacy Network

Self-administered Specialty Drugs that do not require administration under the direct supervision of a Physician must be obtained from the specialty pharmacy network. For additional information, please contact the Prescription Drug Card Program Administrator.

Specialty Drugs that must be administered in a Physician's office, infusion center or other clinical setting, or the Covered Person's home by a third party, will be considered under the Medical Benefits section of the Plan. Those drugs that can be self-administered and do not require the direct supervision of a Physician are only eligible under the Prescription Drug Program.

2024-2025



Advanced Control Specialty Formulary

Advanced Control Specialty Formulary (ACSF) is a moderately aggressive approach and presents specialty trend management. The formulary utilizes formulary exclusions, new-to-market (NTM) drug management and tiering strategies to help ensure clinically appropriate utilization and cost-effectiveness of specialty therapies.

PrudentRx Copay Program for Specialty Medications

In order to provide a comprehensive and cost-effective Prescription Drug program for you and your family, your Employer has contracted to offer the PrudentRx Solution for certain Specialty Drugs. The PrudentRx Solution assists members by helping them enroll in manufacturer copay assistance programs. Medications on the PrudentRx Program Drug List are included in the program and will be subject to a 30% Copay. However, if a member is participating in the PrudentRx Solution, which includes enrollment in an available manufacturer copay assistance program for their Specialty Drugs, the member will have a \$0 Out-of-Pocket responsibility for their prescriptions covered under the PrudentRx Solution.

Copay assistance is a process in which drug manufacturers provide financial support to patients by covering all or most of the patient cost share for select medications - in particular, Specialty Drugs. The PrudentRx Solution will assist members in obtaining copay assistance from drug manufacturers to reduce a member's cost share for eligible medications thereby reducing Out-of-Pocket expenses. Participation in the program requires certain data to be shared with the administrators of these copay assistance programs, but please be assured that this is done in compliance with HIPAA.

If you currently take one or more Specialty Drugs included in the PrudentRx Program Drug List, you will receive a welcome letter from PrudentRx that provides information about the PrudentRx Solution as it pertains to your medication. All eligible members must call PrudentRx at (800) 578-4403 to register for any manufacturer copay assistance program available for your Specialty Drug as some manufacturers require you to sign up to take advantage of the copay assistance that they provide for their medications. If you do not call PrudentRx, PrudentRx will make outreach to you to assist with questions and enrollment. If you choose to opt out of the PrudentRx Solution, you must call (800) 578-4403. Eligible members who fail to enroll in an available manufacturer copay assistance program or who opt out of the PrudentRx Solution will be responsible for the full amount of the 30% Copay on Specialty Drugs that are eligible for the PrudentRx Solution.

If you or a covered family member are not currently taking but will start a new medication covered under the PrudentRx Solution, you can reach out to PrudentRx or they will proactively contact you so that you can take full advantage of the PrudentRx Solution. PrudentRx can be reached at (800) 578-4403 to address any questions regarding the PrudentRx Solution.

The PrudentRx Program Drug List may be updated periodically.

Payments made on your behalf, including amounts paid by a manufacturer's copay assistance program, for medications covered under the PrudentRx Solution will not count toward your Plan Deductible or Out-of-Pocket Maximum (if applicable), unless otherwise required by law. Also, payments made by you for a medication that does not qualify as an "essential health benefit" under the Affordable Care Act, will not count toward your Deductible or Out-of-Pocket Maximum (if any), unless otherwise required by law. A list of Specialty Drugs that are not considered to be "essential health benefits" under the Affordable Care Act is available. An exception process is available for determining whether a medication that is not an "essential health benefit" under the Affordable Care Act is Medically Necessary for a particular individual.

PrudentRx can be reached at (800) 578-4403 to address any questions regarding the PrudentRx Solution.

Preventive Drug means items which have been identified by the U.S. Department of Health and Human Services (HHS) as a preventive service. You may view the guidelines established by HHS by visiting the following website:

https://www.healthcare.gov/what-are-my-preventive-care-benefits

For a list of Preventive Drugs, contact the Prescription Drug Card Program Administrator identified in the General Plan Information section of this Plan.

2024-2025

The Summary of Benefits and Coverage (SBC) document will help you choose a health <u>plan</u>. The SBC shows you how you and the <u>plan</u> would share the cost for covered health care services. NOTE: Information about the cost of this <u>plan</u> (called the <u>premium</u>) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, go to <u>www.meritain.com</u> or call (866) 300-8449. For general definitions of common terms, such as <u>allowed amount</u>, <u>balance billing</u>, <u>coinsurance</u>, <u>copayment</u>, <u>deductible</u>, <u>provider</u>, or other <u>underlined</u> terms see the Glossary. You can view the Glossary at <u>www.healthcare.gov/sbc-glossary</u> or call Meritain Health, Inc. at (866) 300-8449 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	For Tier 1 <u>providers</u> : \$400 person / \$800 family For Tier 2 <u>providers</u> : \$500 person / \$1,000 family For Tier 3 <u>providers</u> : \$1,400 person / \$4,200 family	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	Yes. <u>Preventive care</u> services as specified. For Tier 1 and Tier 2 <u>provider</u> services: office visits, <u>durable medical equipment</u> (diabetic supplies only), <u>urgent care</u> , inpatient facility fees, free-standing lab and <u>rehabilitation services</u> are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <u>www.healthcare.gov/coverage/preventive-care-benefits/</u> .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket</u> <u>limit</u> for this <u>plan</u> ?	For Tier 1 <u>providers</u> : \$3,600 person / \$7,200 family For Tier 2 <u>providers</u> : \$4,500 person / \$9,000 family For Tier 3 <u>providers</u> : Unlimited	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit?</u>	Premiums, balance billing charges and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket</u> <u>limit</u> .
Will you pay less if you use a network provider?	Yes. For Banner JV see www.aetna.com/docfind/custom/mymeritain or call (800) 343-3140 for a list of	



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

			What You Will Pay		
Common Medical Event	Services You May Need	Tier 1 Banner Providers	Tier 2 Participating Providers	Tier 3 Non-Participating Providers	Limitations, Exceptions, & Other Important Information
		(You will pay the least)	(You will pa	ay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness Specialist visit	\$24 <u>copay</u> /visit \$32 <u>copay</u> /visit	\$30 <u>copay</u> /visit \$40 <u>copay</u> /visit	50% coinsurance 50% coinsurance	Deductible does not apply for Tier 1 and Tier 2 providers. Copay applies per visit regardless of what services are rendered. Includes telemedicine other than Teladoc. There is no charge, and the deductible does not apply if you receive consultation services through Teladoc.
	Preventive care/screening/immunization	Preventive care: No Charge Routine care: No charge for the first \$300 per year, then 90% coinsurance Flu, pneumonia & shingles immunization: No Charge Hearing exam: \$24 copay	Preventive care: No Charge Routine care: No charge for the first \$300 per year, then 90% coinsurance Flu, pneumonia & shingles immunization: No Charge Hearing exam: \$30 copay	Preventive care: Not Covered Routine care: No charge for flu, pneumonia & shingles immunizations Hearing exam: 50% coinsurance All other routine care: Not Covered	Deductible does not apply for Tier 1 and Tier 2 providers. Deductible does not apply for flu, pneumonia and shingles immunizations for Tier 3 providers. Hearing exams limited to 1 per year. You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	\$24 copay/visit (freestanding lab)/ 20% coinsurance (all other lab locations & x-rays)	\$30 copay/visit (freestanding lab)/ 20% coinsurance (all other lab locations & x-rays)	50% <u>coinsurance</u>	Deductible does not apply for tests performed at a Tier 1 and Tier 2 providers freestanding laboratory.
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	Preauthorization required for PET scans and non-orthopedic CT/MRI's. If you don't get preauthorization, benefits could be reduced by 20% of the total cost of the service.

		What You Will Pay				
Common Medical Event	Services You May Need	Tier 1 Banner Providers	Tier 2 Participating Providers	Tier 3 Non-Participating Providers	Limitations, Exceptions, & Other Important Information	
		(You will pay the least)	(You will p	ay the most)		
If you need drugs to treat your	Generic drugs	\$15 <u>copay</u> (30-day retail) \$30 <u>copay</u> (90-day retail)		Not Covered	Deductible does not apply. Covers up to a 30-day supply (retail prescription or specialty drugs); 90-day supply	
illness or condition More information about prescription drug coverage is available at www.caremark.com	Preferred brand drugs	20% copay, (\$25 minimum, \$80 maximum) (30-day retail)/ 20% copay, (\$50 minimum, \$175 maximum) (90-day retail & mail order)		Not Covered	(retail prescription or mail order). <u>Copay</u> applies per prescription. Mandatory generic provision applies. There is no charge for preventive	
	Non-preferred brand drugs	40% <u>copay</u> , (\$40 minimur (30-day retail)/ 40% <u>copay</u> , (\$80 minimur (90-day retail & mail orde	m, \$225 maximum)	Not Covered	drugs. Diabetic insulin medications will have \$5 copay (30-day retail) /\$10 copay (90-day retail and mail order) for generic and \$15 copay (30-day retail)/\$30 copay (90-day retail and	
	Specialty drugs	\$200 <u>copay</u> *		Not Covered	mail order) for brand name. Diabetic supplies will be paid the same as all other drugs (retail) and will have a \$10 copay (mail order) for generic and \$30 copay (mail order) for brand. Maintenance medications are subject to the retail or mail order supply limit and copays. Specialty drugs must be obtained directly from the specialty pharmacy network. *Certain specialty drugs may be eligible for a \$0 copay if you are enrolled under the PrudentRx Copay Program. If drugs are eligible under the Prudent Rx Copay Program and you do not enroll you will be subject to a 30% copay. Preauthorization required for injectables costing over \$2,000 per drug per month.	

		What You Will Pay			
Common Medical Event	Services You May Need	Tier 1 Banner Providers	Tier 2 Participating Providers	Tier 3 Non-Participating Providers	Limitations, Exceptions, & Other Important Information
		(You will pay the least)	(You will p	ay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	20% coinsurance	50% coinsurance	<u>Preauthorization</u> required for certain surgeries, including infusion therapy costing over \$2,000 per drug per month.
	Physician/surgeon fees	20% coinsurance	20% coinsurance	50% <u>coinsurance</u>	If you don't get <u>preauthorization</u> , benefits could be reduced by 20% of the total cost of the service. See your <u>plan</u> document for a detailed listing. For Tier 1 office surgery under \$1,000 cost is \$24 copay/occurrence (PCP) or \$32 copay/occurrence (specialist) with no deductible. For Tier 2 office surgery under \$1,000 cost is \$30 copay/occurrence (PCP) or \$40 copay/occurrence (specialist) with no deductible. Office surgery over \$1,000 cost is 20% coinsurance after deductible (PCP & specialist/ Tier 1 & Tier 2).
If you need immediate medical attention	Emergency room care	20% coinsurance	20% coinsurance	20% coinsurance (emergency services)/ 50% coinsurance (non- emergency services)	Tier 2 & 3 <u>providers</u> are paid at the Tier 1 provider level of benefits for <u>emergency services</u> .
	Emergency medical transportation	20% <u>coinsurance</u> /trip (ground)/ \$200 <u>copay</u> /trip + 20% <u>coinsurance</u> (air)	20% coinsurance/ trip (ground)/ \$200 copay/trip + 20% coinsurance (air)	20% <u>coinsurance</u> / trip (ground)/ \$200 <u>copay</u> /trip + 20% <u>coinsurance</u> (air)	Tier 2 & 3 <u>providers</u> are paid at the Tier 1 <u>provider</u> level of benefits.
	<u>Urgent care</u>	\$42 <u>copay</u> /visit	\$50 <u>copay</u> /visit	50% coinsurance	<u>Deductible</u> does not apply for Tier 1 and Tier 2 <u>providers</u> .
If you have a hospital stay	Facility fee (e.g., hospital room)	\$200 <u>copay</u> /admission + 20% <u>coinsurance</u>	\$250 <u>copay/</u> admission + 20% <u>coinsurance</u>	\$300 copay/ admission + 50% coinsurance	Deductible does not apply for Tier 1 and Tier 2 provider facility fees. Preauthorization required. If you
	Physician/surgeon fees	20% <u>coinsurance</u>	20% <u>coinsurance</u>	50% <u>coinsurance</u>	don't get <u>preauthorization</u> , benefits could be reduced by 20% of the total cost of the service.

	What You Will Pay				
Common Medical Event	Services You May Need	Tier 1 Banner Providers	Tier 2 Participating Providers	Tier 3 Non-Participating Providers	Limitations, Exceptions, & Other Important Information
		(You will pay the least)	(You will p	ay the most)	
If you need mental health, behavioral health, or substance	Outpatient services	\$24 <u>copay</u> /visit (office visit)/ 20% <u>coinsurance</u> (all other outpatient)	\$30 copay/visit (office visit)/ 20% coinsurance (all other outpatient)	50% <u>coinsurance</u>	Deductible does not apply for Tier 1 and Tier 2 providers office visit. Includes telemedicine other than Teladoc.
abuse services	Inpatient services	\$200 copay/ admission + 20% coinsurance (facility charge)/ 20% coinsurance (professional fees)	\$250 copay/ admission + 20% coinsurance (facility charge)/ 20% coinsurance (professional fees)	\$300 copay/ admission + 50% coinsurance (facility charge)/ 50% coinsurance (professional fees)	Deductible does not apply for Tier 1 and Tier 2 provider facility fees. Preauthorization required. If you don't get preauthorization, benefits could be reduced by 20% of the total cost of the service.
If you are pregnant	Office visits	20% coinsurance	20% coinsurance	50% coinsurance	<u>Preauthorization</u> required for inpatient hospital stays in excess of 48
Program.	Childbirth/delivery professional services	20% coinsurance	20% coinsurance	50% coinsurance	hrs (vaginal delivery) or 96 hrs (csection). If you don't get
	Childbirth/delivery facility services	\$200 <u>copay</u> / admission + 20% <u>coinsurance</u>	\$250 <u>copay</u> / admission + 20% <u>coinsurance</u>	\$300 <u>copay</u> / admission + 50% <u>coinsurance</u>	preauthorization, benefits could be reduced by 20% of the total cost of the service. Cost sharing does not apply to preventive services from a Tier 1/Tier 2 provider. Depending on the type of services, a copay, coinsurance or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). Baby counts towards the mother's expense. Deductible does not apply for Tier 1 and Tier 2 provider facility fees.
If you need help recovering or have other special health needs	Home health care	20% coinsurance	20% coinsurance	50% coinsurance	Limited to 60 visits per year. Home health care supplies not subject to the calendar year maximum. Preauthorization required. If you don't get preauthorization, benefits could be reduced by 20% of the total cost of the service.

		What You Will Pay				
Common Medical Event	Services You May Need	Tier 1 Banner Providers	Tier 2 Participating Providers	Tier 3 Non-Participating Providers	Limitations, Exceptions, & Other Important Information	
		(You will pay the least)	(You will pa	ay the most)		
	Rehabilitation services	\$24 <u>copay</u> /visit (outpatient)/ \$200 <u>copay</u> /admission + 20% <u>coinsurance</u> (inpatient)	\$30 <u>copay</u> /visit (outpatient)/ \$250 <u>copay</u> /admission + 20% <u>coinsurance</u> (inpatient)	50% coinsurance (outpatient)/\$300 copay/admission + 50% coinsurance (inpatient)	Deductible does not apply for Tier 1 and Tier 2 providers. Physical, speech & occupational therapy limited to 60 visits per each type of therapy per year. Inpatient services limited to 60 days per year.	
	Habilitation services	Not Covered	Not Covered	Not Covered	This exclusion will not apply to expenses that are considered mental health or substance abuse services.	
	Skilled nursing care	\$200 <u>copay</u> / admission + 20% <u>coinsurance</u>	\$250 <u>copay/</u> admission + 20% <u>coinsurance</u>	\$300 copay/ admission + 50% coinsurance	Deductible does not apply for Tier 1 and Tier 2 providers. Limited to 60 days per 12 month period. Preauthorization required. If you don't get preauthorization, benefits could be reduced by 20% of the total cost of the service.	
	Durable medical equipment	\$30 copay/item (diabetic supplies)/ 20% coinsurance (all other durable medical equipment)	\$30 <u>copay</u> /item (diabetic supplies)/ 20% <u>coinsurance</u> (all other <u>durable</u> medical equipment)	50% <u>coinsurance</u>	Preauthorization required for electric/motorized scooters or wheelchairs and pneumatic compression devices. If you don't get preauthorization, benefits could be reduced by 20% of the total cost of the service. Deductible does not apply to diabetic supplies for Tier 1 and Tier 2 providers.	
	Hospice services	\$200 copay/ admission + 20% coinsurance (inpatient) / 20% coinsurance (outpatient)	\$250 copay/ admission + 20% coinsurance (inpatient)/ 20% coinsurance (outpatient)	\$300 copay/ admission + 50% coinsurance (inpatient)/ 50% coinsurance (outpatient)	Deductible does not apply to services received on an inpatient basis from a Tier 1 and Tier 2 provider. Bereavement counseling is not covered.	
If your child needs dental or	Children's eye exam	Not Covered	Not Covered	Not Covered	Covered under stand alone vision plan.	
eye care	Children's glasses	Not Covered	Not Covered	Not Covered	Covered under stand alone vision plan.	
	Children's dental check-up	Not Covered	Not Covered	Not Covered	Covered under stand alone dental plan.	

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded</u> services.)

- Acupuncture
- Bereavement counseling
- Cosmetic surgery
- Dental care (covered under stand alone dental plan)
- Glasses (covered under stand alone vision plan)

- Habilitation services
- Infertility treatment (except diagnosis)
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing (except for home health care & hospice)
- Routine eye care (covered under stand alone vision plan)
- Routine foot care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)

- Bariatric surgery (for the treatment of morbid obesity only – 1 procedure per lifetime)
- Chiropractic care (20 visits per year)
- Hearing aids (1 aid per ear every 36 months)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight at 1-877-267-2323 x 61565 or www.cciio.cms.gov, or Meritain Health at (866) 300-8449. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your <u>plan</u> for a denial of a <u>claim</u>. This complaint is called a <u>grievance</u> or <u>appeal</u>. For more information about your rights, look at the explanation of benefits you will receive for that medical <u>claim</u>. Your <u>plan</u> documents also provide complete information on how to submit a <u>claim</u>, <u>appeal</u>, or a <u>grievance</u> for any reason to your <u>plan</u>. For more information about your rights, this notice, or assistance, contact Meritain Health, Inc. at (866) 300-8449.

Does this plan provide Minimum Essential Coverage? Yes

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

Does this plan_meet the Minimum Value Standards? Yes

If your <u>plan</u> doesn't meet the <u>Minimum Value Standards</u>, you may be eligible for a <u>premium tax credit</u> to help you pay for a <u>plan</u> through the <u>Marketplace</u>.

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-378-1179.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-378-1179.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-800-378-1179.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-378-1179.

To see examples of how this <u>plan</u> might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



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

Peg is Having a Baby

(9 months of Tier 1 pre-natal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$400
Primary care physician coinsurance	20%
■ Hospital (facility) copayment	\$200
Other conavment	20%

This EXAMPLE event includes services like:

Primary care physician visits (prenatal care) Childbirth/Delivery Professional Services Childbirth/Delivery Facility Services Diagnostic tests (ultrasounds and blood work) Specialist visit (anesthesia)

Managing Joe's Type 2 Diabetes

(a year of routine Tier 1 care of a well-controlled condition)

■ The plan's overall deductible	\$400
Specialist copayment	\$32
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:

Specialist office visits (including disease education)
Diagnostic tests (blood work)
Prescription drugs
Durable medical equipment (glucose meter)

Mia's Simple Fracture

(Tier 1 emergency room visit and follow-up care)

■ The plan's overall deductible	\$400
Specialist copayment	\$32
■ Hospital (facility) coinsurance	20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:

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

Total Example Cost	\$12,700

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$600
Copayments	\$10
Coinsurance	\$2,400
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$3,070

Total Example Cost	\$5,600

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$400
Copayments	\$600
Coinsurance	\$100
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$1,120

Total Example Cost	\$2,800

In this example, Mia would pay:

in this example, what would pay.		
Cost Sharing		
Deductibles	\$400	
Copayments	\$200	
Coinsurance	\$300	
What isn't covered		
Limits or exclusions	\$0	
The total Mia would pay is \$90		



MEDICAL SCHEDULE OF BENEFITS - CLASSIC SILVER BANNER 2024-2025

CLASSIC SILVER BANNER 2024-2025	TIED 4.	TIED 2.	TIED 2.
CLASSIC SILVER BANNER 2024-2025	TIER 1: BANNER HEALTH NETWORK	TIER 2: PARTICIPATING PROVIDERS	TIER 3: NON- PARTICIPATING PROVIDERS
			(Subject to Usual and Customary Charges)
LIFETIME MAXIMUM BENEFIT		Unlimited	
CALENDAR YEAR MAXIMUM BENEFIT		Unlimited	
CALENDAR YEAR DEDUCTIBLE			
Single Family	\$400 \$800	\$500 \$1,000	\$1,400 \$4,200
CALENDAR YEAR OUT-OF-POCKET MAXIMUM			
(includes Deductible, Coinsurance, Copays and Precertification Penalties – combined with Prescription Drug Card)			
Single	\$3,600 \$7,200	\$4,500	Not Applicable
Family			Not Applicable
Alleggy Comm. 9 Injections	MEDICAL BENEFITS	5	
Allergy Serum & Injections Injections (If no office visit charge)	100% after \$5 Copay	100% after \$5 Copay	50% after Deductible
injections (ii no onice visit charge)	per visit; Deductible waived	per visit; Deductible waived	30 % after Deductible
Serum	100% after \$32 Copay per visit; Deductible waived	100% after \$40 Copay per visit; Deductible waived	50% after Deductible
Ambulance Services			
Ground Ambulance Services	80% after Deductible	Paid at Tier 1 level of benefits	Paid at Tier 1 level of benefits
Air Ambulance Services	\$200 Copay per trip, then 80% after Deductible	Paid at Tier 1 level of benefits	Paid at Tier 1 level of benefits
Ambulatory Surgical Center	80% after Deductible	80% after Deductible	50% after Deductible
Anesthesiologist	80% after Deductible	80% after Deductible	50% after Deductible
Anti-Embolism Garments	\$40 Copay per pair, then 80%; Deductible waived	\$50 Copay per pair, then 80%; Deductible waived	\$50 Copay per pair, then 50% after Deductible
Calendar Year Maximum Benefit		3 pairs	
Cardiac Rehab (Outpatient)	100% after \$24 Copay per visit; Deductible waived	100% after \$30 Copay per visit; Deductible waived	50% after Deductible

2024-2025



CLASSIC SILVER BANNER 2024-2025	TIER 1: BANNER HEALTH NETWORK	TIER 2: PARTICIPATING PROVIDERS	TIER 3: NON- PARTICIPATING
			PROVIDERS (Subject to Usual and Customary Charges)
Chemotherapy (Outpatient – includes all related charges)	80% after Deductible	80% after Deductible	50% after Deductible
Chiropractic Care/Spinal Manipulation	100% after \$24 Copay per visit; Deductible waived	100% after \$30 Copay per visit; Deductible waived	50% after Deductible
Calendar Year Maximum Benefit		20 visits	
Diabetic Supplies	100% after \$30 Copay per item; Deductible waived	100% after \$30 Copay per item; Deductible waived	50% after Deductible
Diagnostic Testing, X-Ray and Lab Services (Outpatient)			
Any Single Service Costing Less Than \$500	80% after Deductible	80% after Deductible	50% after Deductible
Any Single Service Costing \$500 or More	80% after Deductible	80% after Deductible	50% after Deductible
Freestanding Laboratory	100% after \$24 Copay; Deductible waived	100% after \$30 Copay; Deductible waived	50% after Deductible
Oncotype Diagnostic Testing	80% after Deductible	80% after Deductible	50% after Deductible
Advanced Imaging (MRI, MRA, CT and PET Scans, Bone Density, Scintimammography, Capsule Endoscopy, Nuclear Medicine)	80% after Deductible	80% after Deductible	50% after Deductible
Durable Medical Equipment (DME)	80% after Deductible	80% after Deductible	50% after Deductible
Emergency Services			
Emergency Medical Condition			
Facility Charges	80% after Deductible	Paid at the Tier 1 level of benefits	Paid at the Tier 1 level of benefits
Professional Fees and Ancillary Charges	80% after Deductible	Paid at the Tier 1 level of benefits	Paid at the Tier 1 level of benefits
Non-Emergency Medical Condition			
Facility Charges	80% after Deductible	80% after Deductible	50% after Deductible
Professional Fees and Ancillary Charges	80% after Deductible	80% after Deductible	50% after Deductible
Empower Health (TIN: 36-4836722)	Not Applicable	100%; Deductible waived	Not Applicable

NOTE: Empower Health wellness program is a voluntary wellness program available to the Employee only, Dependent Spouses and Children are not eligible. If you elect to participate in the wellness program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related choices. You will also be asked to complete a biometric screening, which will include a blood pressure reading and blood test. For more information regarding this program you may call Empower Health at (866) 367-6974.



CLASSIC SILVER BANNER 2024-2025	TIER 1: BANNER HEALTH	TIER 2: PARTICIPATING	TIER 3: NON-
	NETWORK	PROVIDERS	PARTICIPATING PROVIDERS
			(Subject to Usual and Customary Charges)
Foot Orthotics	\$40 Copay per orthotic, then 80%; Deductible waived	\$50 Copay per orthotic, then 80%; Deductible waived	\$50 Copay per orthotic, then 50% after Deductible
Maximum Benefit	Age 19	9 and over - 1 every 12 m	nonths;
		ler age 19 - 1 every 6 mo	
Hearing Aids (including any office visit and any related services, includes cochlear Implants)	80% after Deductible	80% after Deductible	\$50 Copay, then 50% after Deductible
Maximum Benefit	1 aid	d per ear per 36-month pe	eriod
Hemodialysis (Outpatient)	80% after Deductible	80% after Deductible	50% after Deductible
Hinge Health Program (TIN 81-1884841)	Not Applicable	100%; Deductible waived	Not Applicable
NOTE: Please refer to the Hinge Health Program section of this Plan for a more detailed description of this benefit treatment is received from providers outside of the Hinge Health Network, standard Plan benefits will apply outlined in the Medical Schedule of Benefits.			
Home Health Care	80% after Deductible	80% after Deductible	50% after Deductible
Calendar Year Maximum Benefit	60 visits*		
*Home health care supplies are not subject to the Calendar Year Maximum.			
Hospice Care			
Inpatient	\$200 Copay per admission, then 80%; Deductible waived	\$250 Copay per admission, then 80%; Deductible waived	\$300 Copay per admission, then 50% after Deductible
Outpatient	80% after Deductible	80% after Deductible	50% after Deductible
Hospital Expenses or Long-Term Acute Care Facility/Hospital (facility charges)			
Inpatient	\$200 Copay per admission, then 80%; Deductible waived	\$250 Copay per admission, then 80%; Deductible waived	\$300 Copay per admission, then 50% after Deductible
Room and Board Allowance	Semi-Private Room rate*	Semi-Private Room rate*	Semi-Private Room rate*
Outpatient	80% after Deductible	80% after Deductible	50% after Deductible
*Charges for a private room, that exceeds Physician and the private room is Medically		vate room, are eligible o	only if prescribed by a
Infusion Therapy in Facility or Physician's Office	80% after Deductible	80% after Deductible	50% after Deductible



CLASSIC SILVER BANNER 2024-2025	TIER 1: BANNER HEALTH NETWORK	TIER 2: PARTICIPATING PROVIDERS	TIER 3: NON- PARTICIPATING PROVIDERS (Subject to Usual and
			Customary Charges)
Maternity (Non-Facility Charges)*			
Preventive Prenatal and Breastfeeding Support (other than lactation consultations)	100%; Deductible waived	100%; Deductible waived	50% after Deductible
Breast Pumps	100%; Deductible waived	100%; Deductible waived	100%; Deductible waived
Lactation Consultations	100%; Deductible waived	100%; Deductible waived	100%; Deductible waived
All Other Prenatal, Delivery and Postnatal Care	80% after Deductible	80% after Deductible	50% after Deductible
* See Preventive Services under Eligible Me	dical Expenses for limita	tions.	
Medical and Surgical Supplies	80% after Deductible	80% after Deductible	50% after Deductible
Mental Disorders and Substance Use Disorders			
Inpatient			
Facility Charge	\$200 Copay per admission, then 80%; Deductible waived	\$250 Copay per admission, then 80%; Deductible waived	\$300 Copay per admission, then 50% after Deductible
Professional Fees	80% after Deductible	80% after Deductible	50% after Deductible
Outpatient Facility	80% after Deductible	80% after Deductible	50% after Deductible
Office Visits	100% after \$24 Copay; Deductible waived	100% after \$30 Copay; Deductible waived	50% after Deductible
ambulance services and Emergency Service	NOTE: Emergency care (ambulance and Emergency Services/Room) will be paid the same as the benefits ambulance services and Emergency Services/Room listed above in the Medical Schedule of Benefits, however, Participating Provider level of benefits will always apply regardless of the provider utilized.		
Morbid Obesity (Surgical Treatment Only)			
Facility (Inpatient and outpatient)	\$200 Copay, then 80%; Deductible waived	\$250 Copay, then 80%; Deductible waived	50% after Deductible
Professional Services	80% after Deductible	80% after Deductible	50% after Deductible
Lifetime Maximum Benefit		1 Surgical Procedure	
Nutritional Food Supplements	50% after Deductible	50% after Deductible	50% after Deductible
Occupational Therapy (Outpatient)	100% after \$24 Copay per visit; Deductible waived	100% after \$30 Copay per visit; Deductible waived	50% after Deductible
Calendar Year Maximum Benefit		60 visits	



CLASSIC SILVER BANNER 2024-2025	TIER 1: BANNER HEALTH NETWORK	TIER 2: PARTICIPATING PROVIDERS	TIER 3: NON- PARTICIPATING PROVIDERS
			(Subject to Usual and Customary Charges)
Pain Management	Paid based on place of service	Paid based on place of service	Paid based on place of service
Calendar Year Maximum Benefit	Not Applicable	Not Applicable	4 visits
Physical Therapy (Outpatient)	100% after \$24 Copay per visit; Deductible waived	100% after \$30 Copay per visit; Deductible waived	50% after Deductible
Calendar Year Maximum Benefit		60 visits	
Physician's Services			
Inpatient/Outpatient Services			
Primary Care Physician	80% after Deductible	80% after Deductible	50% after Deductible
Specialist	80% after Deductible	80% after Deductible	50% after Deductible
Office Visits			
Primary Care Physician	100% after \$24 Copay*; Deductible waived	100% after \$30 Copay*; Deductible waived	50% after Deductible
Specialist	100% after \$32 Copay*; Deductible waived	100% after \$40 Copay*; Deductible waived	50% after Deductible
Physician Office Surgery			
Primary Care Physician	Under \$1,000 – 100% after \$24 Copay*; Deductible waived; \$1,000 or more – 80% after Deductible	Under \$1,000 – 100% after \$30 Copay*; Deductible waived; \$1,000 or more – 80% after Deductible	50% after Deductible
Copay applies per visit regardless of what s	Under \$1,000 – 100% after \$32 Copay; Deductible waived; \$1,000 or more – 80% after Deductible	Under \$1,000 – 100% after \$40 Copay*; Deductible waived; \$1,000 or more – 80% after Deductible	50% after Deductible



CLASSIC SILVER BANNER 2024-2025	TIER 1: BANNER HEALTH NETWORK	TIER 2: PARTICIPATING PROVIDERS	TIER 3: NON- PARTICIPATING PROVIDERS (Subject to Usual and Customary Charges)
Preventive Services and Routine Care			
Preventive Services (includes the office visit and any other eligible item or service billed and received at the same time as any preventive service)	100%; Deductible waived	100%; Deductible waived	Not Covered
Routine Care (includes any routine care item or service not otherwise covered under the preventive services provision above)	100% of the first \$300 per Calendar Year, then 10%; Deductible waived	100% of the first \$300 per Calendar Year, then 10%; Deductible waived	Not Covered
Flu Pneumonia & Shingles Vaccinations	100%; Deductible waived	100%; Deductible waived	100%; Deductible waived
Routine Hearing Exam	100% after \$24 Copay per exam; Deductible waived	100% after \$30 Copay per exam; Deductible waived	50% after Deductible
Calendar Year Maximum Benefit		1 exam	
NOTE: Preventive prenatal and breastfeed listed above for additional details.	ing support are paid und	der the Maternity Benefit	. Please see Maternity
Prosthetics (other than bras)	80% after Deductible	80% after Deductible	50% after Deductible
Prosthetic Bras	80% after Deductible	80% after Deductible	80% after Deductible
Calendar Year Maximum Benefit		2 bras	
Psychological and Neuropsychological Testing	50% after Deductible	50% after Deductible	50% after Deductible
Radiation Therapy (Outpatient - includes all related charges)	80% after Deductible	80% after Deductible	50% after Deductible
Rehabilitation Facility (does not apply to Mental Disorders or Substance Use Disorders)	\$200 Copay per admission, then 80%; Deductible waived	\$250 Copay per admission, then 80%; Deductible waived	\$300 Copay per admission, then 50% after Deductible
Calendar Year Maximum Benefit		60 days	
Skilled Nursing Facility	\$200 Copay per admission, then 80%; Deductible waived	\$250 Copay per admission, then 80%; Deductible waived	\$300 Copay per admission, then 50% after Deductible
Maximum Benefit per 12 Month Period	60 days		



CLASSIC SILVER BANNER 2024-2025	TIER 1:	TIER 2:	TIER 3:
	BANNER HEALTH NETWORK	PARTICIPATING PROVIDERS	NON- PARTICIPATING PROVIDERS
			(Subject to Usual and Customary Charges)
SkinIO Provider (Skin Cancer Screenings)	Not Applicable	100%; Deductible waived	Not Applicable
NOTE: SkinIO is technology-based skin ca photo-taking; remote dermatologist review; detection for persons age 18 and over. TIN:	mole mapping; and ch		
Speech Therapy (Outpatient)	100% after \$24 Copay per visit; Deductible waived	100% after \$30 Copay per visit; Deductible waived	50% after Deductible
Calendar Year Maximum Benefit		60 visits	
Surgery (Inpatient)			
Facility	\$200 Copay per admission, then 80%; Deductible waived	\$250 Copay per admission, then 80%; Deductible waived	50% after Deductible
Professional Services/Ancillary	80% after Deductible	80% after Deductible	50% after Deductible
Surgery (Outpatient) (does not include Surgery in the Physician's office)			
Facility	80% after Deductible	80% after Deductible	50% after Deductible
Professional Services/Ancillary	80% after Deductible	80% after Deductible	50% after Deductible
Teladoc Network Providers	Not Applicable	100%; Deductible waived	Not Applicable
Telemedicine			
Mental Disorders & Substance Use Disorders	Paid same as office visit benefit for Mental Disorders and Substance Use Disorders	Paid same as office visit benefit for Mental Disorders and Substance Use Disorders	Paid same as office visit benefit for Mental Disorders and Substance Use Disorders
All Other Provider Services	Paid based on provider billing for telemedicine (subject to any applicable maximums and exclusions for the services provided)	Paid based on provider billing for telemedicine (subject to any applicable maximums and exclusions for the services provided)	Paid based on provider billing for telemedicine (subject to any applicable maximums and exclusions for the services provided)
Temporomandibular Joint Dysfunction (TMJ)	\$40 Copay per occurrence, then 80%; Deductible waived	\$50 Copay per occurrence, then 80%; Deductible waived	\$50 Copay per occurrence, then 50% after Deductible
Lifetime Maximum Benefit: Surgical Procedure		1 Surgical Procedure	
Appliances Office Services		1 appliance \$1,000	



CLASSIC SILVER BANNER 2024-2025	TIER 1: BANNER HEALTH NETWORK	TIER 2: PARTICIPATING PROVIDERS	TIER 3: NON- PARTICIPATING PROVIDERS	
			(Subject to Usual and Customary Charges)	
Transplants				
Facility Charges	\$200 Copay per admission, then 80%; Deductible waived (Aetna IOE Program)*	\$250 Copay per admission, then 80%; Deductible waived (Aetna IOE Program)*	Not Covered	
Professional Fees	80% after Deductible (Aetna IOE Program)* Not Covered (All Other Network Providers)	80% after Deductible (Aetna IOE Program)* Not Covered (All Other Network Providers)	Not Covered	
of this benefit, including travel and lodging m	* Please refer to the Aetna Institute of Excellence (IOE) Program section of this Plan for a more detailed description of this benefit, including travel and lodging maximums. Travel and lodging will be paid at 100% with no Deductible. NOTE: Cornea transplants performed by any provider are covered under the Plan as a separate benefit and paid to same as any other Illness.			
Urgent Care Facility	\$42 Copay* per visit, then 100%; Deductible waived	\$50 Copay* per visit, then 100%; Deductible waived	50% after Deductible	
*Copay applies per visit regardless of what s	services are rendered.	l	L	
Virta Health Providers (TIN 36-4841662)	100%; Deductibles and Copays waived	Paid at Tier 1 level of benefits	Not Applicable	
NOTE : Virta Health is an online specialty medical clinic that reverses Type 2 diabetes safely and sustainably, withouthe risks, costs, or side effects of medications or Surgery. For more information you may complete an application www.virtahealth.com.				
Wig (see Eligible Medical Expenses)	\$40 Copay per wig, then 80%; Deductible waived	\$50 Copay per wig, then 80%; Deductible waived	\$50 Copay per wig, then 80%; Deductible waived	
Maximum Benefit per 24 Month Period		1 wig		
	\$40 Copay*, then	\$50 Copay*, then	\$50 Copay*, then	
All Other Eligible Medical Expenses	80%; Deductible waived	80%; Deductible waived	50% after Deductible	



PRESCRIPTION DRUG SCHEDULE OF BENEFITS – CLASSIC SILVER BANNER 2024-2025

BENEFIT DESCRIPTION	BENEFIT
NOTE: There is no coverage under the Plan for Prescription I	Drugs obtained from a Non-Participating pharmacy.
CALENDAR YEAR OUT-OF-POCKET MAXIMUM	
(includes Deductible and Copays – combined with major	
medical Out-of-Pocket)	•
Single	\$4,500
Family	\$9,000
Retail Pharmacy: 30-day supply	
Generic Drug	\$15 Copay
Preferred Drug	20% Copay (\$25 minimum, \$80 maximum)
Non-Preferred Drug	40% Copay (\$40 minimum, \$110 maximum)
Preventive Drug (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 Copay (100% paid)
Diabetic Insulin Medications	
Generic	\$5 Copay
Brand	\$15 Copay
Diabetic Supplies	
Generic	\$5 Copay
Brand	\$15 Copay
Specialty Pharmacy Network: 30-day supply	
Specialty Drug	
Specialty Drugs Not Available Through PrudentRx Solution	\$200 Copay
Enrolled and Available with PrudentRx Solution	\$0 Copay
Not Enrolled and Available with PrudentRx Solution	30% Copay
NOTE: Specialty Drugs MUST be obtained from the special Card Program Administrator for full details.	lty pharmacy network. Refer to the Prescription Drug
NOTE: PrudentRx Solution assists individuals by helping the Medications in the specialty tier will be subject to a 30% Copa you do not enroll. However, enrolled individuals who get a have a \$0 Out-of-Pocket responsibility for their prescription PrudentRx can be reached at (800) 578-4403 to address any	ay if those drugs are available through the program and copay card for their Specialty Drug (if applicable), will one covered under the PrudentRx Solution program.
CVS Maintenance Choice - Allow Opt-Out: 90-day supply	
Generic Drug	\$30 Copay
	20% Copay (\$50 minimum, \$175 maximum)

40% Copay (\$80 minimum, \$225 maximum)

\$0 Copay (100% paid)

2024-2025 9

Preventive Drug (Prescription Drugs classified as a

Preferred Drug

Non-Preferred Drug

Preventive Drug by HHS)



Diabetic Insulin Medications	
Generic	\$10 Copay
Brand	\$30 Copay
Diabetic Supplies	
Generic	\$10 Copay
Brand	\$30 Copay
Mail Order: 90-day supply	
Generic Drug	\$30 Copay
Preferred Drug	20% Copay (\$50 minimum, \$175 maximum)
Non-Preferred Drug	40% Copay (\$80 minimum, \$225 maximum)
Preventive Drug (Prescription Drugs classified as a Preventive Drug by HHS)	\$0 Copay (100% paid)
Diabetic Insulin Medications	
Generic	\$10 Copay
Brand	\$30 Copay
Diabetic Supplies	
Generic	\$10 Copay
Brand	\$30 Copay

CVS True Accumulation Program

Some Specialty Drugs may qualify for third-party copayment assistance programs that could lower your out ofpocket costs for those products. For any such Specialty Drug where third-party copayment assistance is used, the Covered Person shall not receive credit toward their maximum Out-of-Pocket or Deductible for any Copay or Coinsurance amounts that are applied to a manufacturer coupon or rebate.

Mandatory Generic Program

The Plan requires that pharmacies dispense Generic Drugs when available. Should a Covered Person choose a Brand Name Drug rather than the Generic equivalent, the Covered Person will be responsible for the cost difference between the Generic and Brand Name Drug in addition to the Brand Name Drug Copay, even if a DAW (Dispense as Written) is written by the prescribing Physician. The cost difference is not covered by the Plan and will not accumulate toward your Out-of-Pocket Maximum.

CVS Maintenance Choice Mandatory – Allow Opt Out

The Plan allows for 2 30-day fills of maintenance drugs at any Participating retail pharmacy. After 2 fills, a 90-day supply of maintenance drugs must be purchased at a CVS retail pharmacy or through the mail order program unless you call the Prescription Drug Program Administrator and opt out. If you opt out, you may continue to purchase a 30-day supply of maintenance drugs, however, you will not benefit from the savings of a 90-day supply. For additional information, please contact the Prescription Drug Card Program Administrator.

Specialty Pharmacy Network

Self-administered Specialty Drugs that do not require administration under the direct supervision of a Physician must be obtained from the specialty pharmacy network. For additional information, please contact the Prescription Drug Card Program Administrator.

Specialty Drugs that must be administered in a Physician's office, infusion center or other clinical setting, or the Covered Person's home by a third party, will be considered under the Medical Benefits section of the Plan. Those drugs that can be self-administered and do not require the direct supervision of a Physician are only eligible under the Prescription Drug Program.

2024-2025



Advanced Control Specialty Formulary

Advanced Control Specialty Formulary (ACSF) is a moderately aggressive approach and presents specialty trend management. The formulary utilizes formulary exclusions, new-to-market (NTM) drug management and tiering strategies to help ensure clinically appropriate utilization and cost-effectiveness of specialty therapies.

PrudentRx Copay Program for Specialty Medications

In order to provide a comprehensive and cost-effective Prescription Drug program for you and your family, your Employer has contracted to offer the PrudentRx Solution for certain Specialty Drugs. The PrudentRx Solution assists members by helping them enroll in manufacturer copay assistance programs. Medications on the PrudentRx Program Drug List are included in the program and will be subject to a 30% Copay. However, if a member is participating in the PrudentRx Solution, which includes enrollment in an available manufacturer copay assistance program for their Specialty Drugs, the member will have a \$0 Out-of-Pocket responsibility for their prescriptions covered under the PrudentRx Solution.

Copay assistance is a process in which drug manufacturers provide financial support to patients by covering all or most of the patient cost share for select medications - in particular, Specialty Drugs. The PrudentRx Solution will assist members in obtaining copay assistance from drug manufacturers to reduce a member's cost share for eligible medications thereby reducing Out-of-Pocket expenses. Participation in the program requires certain data to be shared with the administrators of these copay assistance programs, but please be assured that this is done in compliance with HIPAA.

If you currently take one or more Specialty Drugs included in the PrudentRx Program Drug List, you will receive a welcome letter from PrudentRx that provides information about the PrudentRx Solution as it pertains to your medication. All eligible members must call PrudentRx at (800) 578-4403 to register for any manufacturer copay assistance program available for your Specialty Drug as some manufacturers require you to sign up to take advantage of the copay assistance that they provide for their medications. If you do not call PrudentRx, PrudentRx will make outreach to you to assist with questions and enrollment. If you choose to opt out of the PrudentRx Solution, you must call (800) 578-4403. Eligible members who fail to enroll in an available manufacturer copay assistance program or who opt out of the PrudentRx Solution will be responsible for the full amount of the 30% Copay on Specialty Drugs that are eligible for the PrudentRx Solution.

If you or a covered family member are not currently taking but will start a new medication covered under the PrudentRx Solution, you can reach out to PrudentRx or they will proactively contact you so that you can take full advantage of the PrudentRx Solution. PrudentRx can be reached at (800) 578-4403 to address any questions regarding the PrudentRx Solution.

The PrudentRx Program Drug List may be updated periodically.

Payments made on your behalf, including amounts paid by a manufacturer's copay assistance program, for medications covered under the PrudentRx Solution will not count toward your Plan Deductible or Out-of-Pocket Maximum (if applicable), unless otherwise required by law. Also, payments made by you for a medication that does not qualify as an "essential health benefit" under the Affordable Care Act, will not count toward your Deductible or Out-of-Pocket Maximum (if any), unless otherwise required by law. A list of Specialty Drugs that are not considered to be "essential health benefits" under the Affordable Care Act is available. An exception process is available for determining whether a medication that is not an "essential health benefit" under the Affordable Care Act is Medically Necessary for a particular individual.

PrudentRx can be reached at (800) 578-4403 to address any questions regarding the PrudentRx Solution.

Preventive Drug means items which have been identified by the U.S. Department of Health and Human Services (HHS) as a preventive service. You may view the guidelines established by HHS by visiting the following website:

https://www.healthcare.gov/what-are-my-preventive-care-benefits

For a list of Preventive Drugs, contact the Prescription Drug Card Program Administrator identified in the General Plan Information section of this Plan.

2024-2025

Dental INSURANCE







SMILE POWER

Why Go PPO

You may visit any licensed dentist, but you will save the most money by visiting a PPO dentist. That's because PPO dentists agree to accept lower reimbursements for services.







Find A Dentist

It's easy to find a Delta Dental dentist near you with our provider search tool at **deltadentalaz.com** or in the Delta Dental Mobile App.

Easy Benefits Coordination

If you're covered under two plans, ask your dentist to include information about both plans with your claim, and we'll handle the rest.

No ID Card Necessary

Just give your dental office your name and member ID. Don't know your member ID? Pull up an electronic ID card on your smartphone at the dentist's office by logging in to the Delta Dental Mobile App.

Download The Mobile App

Access your benefits and view your ID card on-the-go with the Delta Dental Mobile App. It's free for Android and iOS!

Know Your Coverage

New to the Delta Dental PPO plan? This plan covers treatment started and completed after your plan's effective date of coverage.¹ Your benefit summary and benefit booklet have specific details about covered treatments.

Register Online

Sign up for the Member Connection at deltadentalaz.com/member to view benefits, eligibility and claims status or to check average dental costs in your area. You can also update your delivery preference for dental benefits statements (EOBs) and go paperless!

Understand Common Dental Terms

It's our goal to make your benefits simple to use and easy to understand. Here are some common terms defined:

- Annual Maximum The maximum dollar amount Delta Dental will
 pay toward the cost of dental care within a specific benefit period.
- **Deductible** The amount you pay for covered dental services before Delta Dental begins to pay.
- Coinsurance The percentage of dental care expenses you pay after your deductible.
- Predetermination A pre-treatment estimate that helps determine the cost of a recommended dental treatment.

Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier will be responsible for any costs. Group-specific and other exceptions may apply. Enrollees currently undergoing active orthodontic treatment may be eligible to continue treatment. Refer to your benefit booklet for specific details about your plan.



RIVERSIDE SCHOOL DISTRICT NO. 2

Effective Date: 07/01/2020

Plan Name: Delta Dental PPO plus Premier®

Group # 4913

Your benefits are based on a Calendar Year

Covered Services Production of in and out-of-network) lendar Year Deductible (Individual/Family) (Combination of in and out-of-network) lendar Year Deductible (Individual/Family) (Combination of in and out-of-network) Preventive Services (Does not apply toward the Annual Maximum Benefit) ams lutine Cleanings loride: For children to age 18 alants: For children up to age 19 rays ace Maintainers Basic Services lings hergency Treatment dodontics: Root canal treatment riodontics: Treatment of gum disease al Surgery: Simple extractions. al Surgery: Surgical extractions. Major Services osthodontics: Bridges, partial dentures, complete dentures idge and Denture Repair plants storative: Crowns and onlays Orthodontic Services	DELTA DENTAL PPO PLUS PREMIER®	
lendar Year Deductible (Individual/Family) (Combination of in and out-of-work) preventive Services (Does not apply toward the Annual Maximum Benefit) ams dutine Cleanings doride: For children to age 18 alants: For children up to age 19 rays ace Maintainers Basic Services llings nergency Treatment dodontics: Root canal treatment riodontics: Treatment of gum disease al Surgery: Simple extractions. al Surgery: Surgical extractions. Major Services bidge and Denture Repair plants storative: Crowns and onlays Orthodontic Services Orthodontic Services	Covered Services	PPO Dentist, Premier® Dentist and Out-of-Network Dentist 1
rework) etime Orthodontia Maximum (Combination of in and out-of-network) Preventive Services (Does not apply toward the Annual Maximum Benefit) ams ruttine Cleanings ruttine Clean	Calendar Year Maximum Benefit (Combination of in and out-of-network)	\$1,500
Preventive Services (Does not apply toward the Annual Maximum Benefit) ams putine Cleanings portide: For children to age 18 alants: For children up to age 19 rays ace Maintainers Basic Services lings nergency Treatment dodontics: Root canal treatment riodontics: Treatment of gum disease al Surgery: Simple extractions. al Surgery: Surgical extractions. Major Services posthodontics: Bridges, partial dentures, complete dentures idge and Denture Repair plants storative: Crowns and onlays Orthodontic Services	Calendar Year Deductible (Individual/Family) (Combination of in and out-of-network)	\$50/150
ams Justine Cleanings Juoride: For children to age 18 Jalants: For children up to age 19 rays Jace Maintainers Basic Services Jace Maintainers Basic Services Jace Maintainers Major Services Jace Major Services Major Services Jacob Major Services Jacob Major Services Jacob Major Services Jacob Major Services Jacob Major Services Jacob Major Services Jacob Major Services Jacob Major Services Jacob Major Services Jacob Major Services Jacob Major Services Jacob Major Services Jacob Major Services Jacob Major Services Jacob Major Services Jacob Major Services Jacob Major Services Jacob Major Services Jacob Major Services Jacob Major Services	Lifetime Orthodontia Maximum (Combination of in and out-of-network)	Child \$1,500
autitine Cleanings aloride: For children to age 18 alants: For children up to age 19 rays ace Maintainers Basic Services lings hergency Treatment dodontics: Root canal treatment riodontics: Treatment of gum disease al Surgery: Simple extractions. al Surgery: Surgical extractions. Major Services osthodontics: Bridges, partial dentures, complete dentures idge and Denture Repair plants storative: Crowns and onlays Orthodontic Services	Preventive Services (Does not apply toward the Annual Maximum Benefit)	Delta Dental Pays
alants: For children up to age 19 rays ace Maintainers Basic Services lings nergency Treatment dodontics: Root canal treatment riodontics: Treatment of gum disease al Surgery: Simple extractions. al Surgery: Surgical extractions. Major Services osthodontics: Bridges, partial dentures, complete dentures idge and Denture Repair plants storative: Crowns and onlays Orthodontic Services	Exams	
alants: For children up to age 19 rays ace Maintainers Basic Services lings hergency Treatment dodontics: Root canal treatment riodontics: Treatment of gum disease al Surgery: Simple extractions. al Surgery: Surgical extractions. Major Services Desthodontics: Bridges, partial dentures, complete dentures idge and Denture Repair plants storative: Crowns and onlays Orthodontic Services	Routine Cleanings	
Basic Services lings hergency Treatment dodontics: Root canal treatment riodontics: Treatment of gum disease al Surgery: Simple extractions. al Surgery: Surgical extractions. Major Services District Streatment of gum disease and Denture Repair plants storative: Crowns and onlays Orthodontic Services	Fluoride: For children to age 18	100%
Basic Services lings hergency Treatment dodontics: Root canal treatment riodontics: Treatment of gum disease all Surgery: Simple extractions. all Surgery: Surgical extractions. Major Services esthodontics: Bridges, partial dentures, complete dentures idge and Denture Repair plants storative: Crowns and onlays Orthodontic Services	Sealants: For children up to age 19	100%
Basic Services lings hergency Treatment dodontics: Root canal treatment riodontics: Treatment of gum disease al Surgery: Simple extractions. al Surgery: Surgical extractions. Major Services Osthodontics: Bridges, partial dentures, complete dentures idge and Denture Repair plants storative: Crowns and onlays Orthodontic Services	X-rays	
lings nergency Treatment dodontics: Root canal treatment riodontics: Treatment of gum disease al Surgery: Simple extractions. al Surgery: Surgical extractions. Major Services Osthodontics: Bridges, partial dentures, complete dentures idge and Denture Repair plants storative: Crowns and onlays Orthodontic Services	Space Maintainers	
dodontics: Root canal treatment riodontics: Treatment of gum disease al Surgery: Simple extractions. al Surgery: Surgical extractions. Major Services esthodontics: Bridges, partial dentures, complete dentures idge and Denture Repair plants storative: Crowns and onlays Orthodontic Services	Basic Services	Delta Dental Pays
dodontics: Root canal treatment riodontics: Treatment of gum disease al Surgery: Simple extractions. al Surgery: Surgical extractions. Major Services esthodontics: Bridges, partial dentures, complete dentures idge and Denture Repair plants storative: Crowns and onlays Orthodontic Services	Fillings	
riodontics: Treatment of gum disease al Surgery: Simple extractions. al Surgery: Surgical extractions. Major Services osthodontics: Bridges, partial dentures, complete dentures idge and Denture Repair plants storative: Crowns and onlays Orthodontic Services	Emergency Treatment	
al Surgery: Simple extractions. al Surgery: Surgical extractions. Major Services Osthodontics: Bridges, partial dentures, complete dentures idge and Denture Repair plants storative: Crowns and onlays Orthodontic Services	Endodontics: Root canal treatment	200/ 2
Major Services Osthodontics: Bridges, partial dentures, complete dentures idge and Denture Repair plants storative: Crowns and onlays Orthodontic Services	Periodontics: Treatment of gum disease	80% 2
Major Services Osthodontics: Bridges, partial dentures, complete dentures idge and Denture Repair plants storative: Crowns and onlays Orthodontic Services	Oral Surgery: Simple extractions.	
osthodontics: Bridges, partial dentures, complete dentures idge and Denture Repair plants storative: Crowns and onlays Orthodontic Services	Oral Surgery: Surgical extractions.	
oldge and Denture Repair plants storative: Crowns and onlays Orthodontic Services	Major Services	Delta Dental Pays
plants storative: Crowns and onlays Orthodontic Services	Prosthodontics: Bridges, partial dentures, complete dentures	
storative: Crowns and onlays Orthodontic Services	Bridge and Denture Repair	50% ²
Orthodontic Services	Implants	50% -
Offilodoffic Services	Restorative: Crowns and onlays	
nefit for children ages 8-19. Children must be banded prior to age 17.	Orthodontic Services	Delta Dental Pays
	Benefit for children ages 8-19. Children must be banded prior to age 17.	50%

¹ Members may incur higher out-of-pocket costs when seeing a Premier or out-of-network dentist. See Covered Dental Services sheet. ² Deductible applies to these services.

BENEFITS ARE SUBJECT TO ALL PROVISIONS, TERMS & CONDITIONS OF THE GROUP CONTRACT Dependent Age Limit: 26 | Predetermination recommended for services over \$250.

How Can We Help You?

Member Connection deltadentalaz.com/member

Find A Dentist deltadentalaz.com/provider-search

Customer Service 602.938.3131, option 1 800.352.6132, option 1



RIVERSIDE SCHOOL DISTRICT NO. 2

Effective Date: 07/01/2020

Plan Name: Delta Dental PPO plus Premier®

Group # 4913

Your benefits are based on a Calendar Year

COVERED DENTAL SERVICES

PREVENTIVE SERVICES

- Exams, evaluations or consultations: Two in a benefit year.
- Routine Cleanings: Limited to two in a benefit year. One difficult cleaning may be exchanged for one routine cleaning. However, the difficult cleaning is limited to once in a 5-year period.
- Topical Application of Fluoride: For children to age 18 Two in a benefit year.
- Sealants: For children up to age 19 Once in a 3-year period for permanent molars and bicuspids.
- Full mouth/Panorex or vertical bitewings X-rays: Once in a 3-year period.
- Bitewing X-rays: Two in a benefit year.
- Periapical X-rays: As needed.
- Space Maintainers: For missing posterior primary (baby) teeth up to age 14.

BASIC SERVICES (Deductible applies to these services.)

- Fillings: Silver amalgam and for front teeth only, synthetic tooth color fillings. One per surface every two years.
- Emergency (Palliative Treatment): Treatment for the relief of pain.
- Endodontics: Root canal treatment (permanent teeth). Pulpotomy primary (baby) teeth.
- Periodontics: Treatment of gum disease Non-surgical once every two years. Surgical once every three years.
- Oral Surgery: Simple extractions.
- Oral Surgery: Surgical extractions.

MAJOR SERVICES (Deductible applies to these services.)

- Prosthodontics: Bridges, partial dentures, complete dentures 5-year waiting period for replacement last performed.
- Bridge and Denture Repair: Repair of such appliances to their original condition, including relining of dentures.
- Implant- Implants are only a benefit to replace a single missing tooth once in a five (5) year interval from the date the procedure was last performed.
- Restorative: Crowns and onlays 5-year waiting period for replacement last performed.

ORTHODONTIC SERVICES

• Benefit for children ages 8-19. Children must be banded prior to age 17. Payable in two payments - upon initial banding and 12 months after. The orthodontic maximum is separate from the annual maximum for your other dental benefits.

DENTIST PAYMENTS

The **Delta Dental PPO plus Premier plan** leverages the PPO and Premier networks. This provides all the benefits of Delta Dental PPO plan with a plus-members that visit a dentist in the Premier network still receive the benefit of that dentist's contracted fee.

- **PPO Dentist** -- These in-network dentists agreed to accept lower reimbursement for services so members save the most money.
- **Premier Dentist** -- These in-network dentists also accept discounted reimbursement for services, but their discount is not as steep.
- Out-of-Network Dentist -- These dentists have not agreed to discount their rates for service, so members who see an out-of-network dentist will have the highest out-of-pocket costs. Members are responsible for paying the full fee charged by the dentist and can submit for reimbursement at the non-participating table of allowance.

BENEFITS ARE SUBJECT TO ALL PROVISIONS, TERMS & CONDITIONS OF THE GROUP CONTRACT



Your dental health is important to Delta Dental – and to your overall health! We've designed our mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are! Access dentist search, check claims and coverage, view ID cards and more, right on your mobile device.



Getting Started

Delta Dental's mobile app is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta



SCAN TO DOWNLOAD DELTA DENTAL MOBILE

Dental. Or, scan the QR code at right. You will need an internet connection in order to download and use most features of our free app.

Using the App Without Logging In

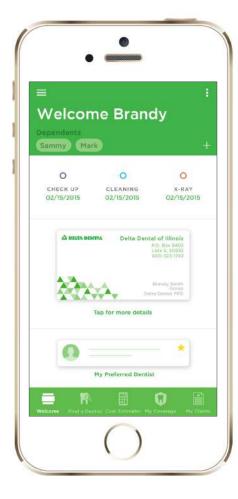
Anyone can use Delta Dental Mobile without logging in to access our Dentist Search, Toothbrush Timer, LifeSmile Score risk assessment and Cost Estimator.

Logging In to View Benefits

Delta Dental members can log in using the username and password they use to log in to our website. If you haven't registered for an account yet, you can do that within the app. If you've forgotten your username or password, you can also retrieve these via Delta Dental Mobile.

Delta Dental Mobile Features

Log in to access the full range of tools and resources



Mobile ID Card

No need for a paper card. View and share your ID card from your phone, and easily save it to your device for quick access, including Apple Passbook and Google Wallet.

My Coverage and My Claims

View information on your plan and coverage details, and check the status of claims for you and your family. Easily add your dependents to your account so you can access the whole family's coverage in one spot.

Find a Dentist

It's easy to find a dentist near you. Search and compare dental offices to find one that suits your needs. Save your family's preferred dentists to your account for easy access.

Schedule Dental Appointments*

View and select open appointment times with participating dentists, making scheduling dental appointments more convenient than ever. (Powered by Brighter Schedule™)

Dental Care Cost Estimator*

Find out what to expect with our Dental Care Cost Estimator. Our easy to use tool provides estimated cost ranges on common dental care needs for dentists in your area. You can even select your dentist for tailored cost estimates.

LifeSmile Score

Do you know how your smile scores? Learn more about your personal oral health risk profile by taking our simple risk assessment survey.

Toothbrush Timer

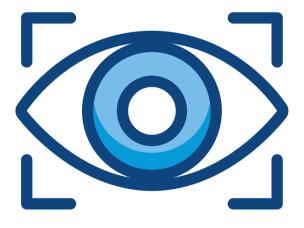
Help your family keep up with their oral health routine by using this handy tool. Our timer counts down for two minutes while reminding you to brush each tooth.

Secure Access to Your Benefits

You must log in each time you access the secure portion of the app. No personal health information is ever stored on your device. For more details on security, our Privacy Policy can be viewed by clicking the lock icon on the main menu.

^{*}Feature not available in all geographic areas and is subject to dentist participation.







GOLD PLAN - INSIGHT NETWORK

KNOW YOUR BENEFITS

You're on the Insight network

For a complete list of providers near you, use our Provider Locator on EyeMedVisionCare.com

For LASIK providers, call 1.877.5LASER6

For customer service, call 866.800.5457

THERE'S MORE **SAVINGS**

40% off additional pairs of prescription eyeglasses or sunglasses7

non-prescription sunglasses7

These discounts are for in-network providers only

¹Out-of network reimbursement will be the lesser of the listed amount or the member's actual cost from the out-of-net work provider. In certain states, members may be required to pay the full retail rate and not the negotiated retail discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which providers have agreed to the discounted rate.

²Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. EyeMed reserves the right to make changes to the products on each tier and the mem ber out-of-pocket costs. Contact EyeMed for a current listing of brands by tier.

³Contact lens allowance includes materials only.

⁴Diabetic care services cover diabetic eye care evaluation services only for members with Type 1 or Type 2 diabetes. Exclusions and limitations may apply. Refer to plan details for coverage specifics.

5Not covered if extended ophthalmoscopy is provided within 6 months.

⁶Not covered if fundus photography is provided within 6 months.

7Not insured benefits. Discounts on non-covered services may not be available at all providers or locations.

Ber	nefits Snapshot	
Vision Care Service	In-network	Out-of-network ¹
Vision Exam With Dilation (As necessary)	\$10 copay	\$30
Retinal Imaging	Up to \$39	N/A
Contact Lens Fit & Follow-up Standard Fit & Follow-up	Up to \$55	N/A
Premium Fit & Follow-up	10% off retail price	N/A
Frames	\$0 copay; \$120 allowance, 20% off balance over \$120	\$60
Standard Plastic Lenses Single Vision	\$10 copay	\$25
Bifocal	\$10 copay	\$40
Trifocal	\$10 copay	\$55
Lenticular	\$10 copay	\$55
Standard Progressive Lens ²	\$75 copay	\$40
Premium Progressive Lens ²	Tier 1: \$95 copay Tier 2: \$105 copay Tier 3: \$120 copay Tier 4: \$75 copay, 80% of charge less \$120 allowance	\$40
Lens Options UV Coating	\$15	N/A
Tint (Solid and gradient)	\$15	N/A
Standard Scratch-Resistance	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Anti-Reflective ²	\$45	N/A
Polarized	20% off retail price	N/A
Photocromatic/Transitions Plastic ²	\$75	N/A
Premium Anti-reflective	Tier 1: \$57 Tier 2: \$68 Tier 3: 80% of charge	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lenses ³ Conventional	\$0 copay; \$80 allowance, 15% off balance over \$80	\$64
Disposable	\$0 copay; \$80 allowance, plus balance over \$80	\$64
Medically Necessary	\$0 copay, paid-in-full	\$200
Lasik and PRK Benefit	15% off retail price or 5% off promotional price	N/A
Diabetic Care Services ⁴ Office Service Visit (Medical follow-up exam)		\$77
Fundus Photography⁵		\$50
Extended Opthamaloscopy ⁶	Covered 100%, \$0 copay	\$15
Gonioscopy		\$15
Scanning Laser		\$33
Frequency Examination	Once every 1	2 months
Lenses or Contact Lenses	Once every 1	2 months
Frame	Once every 1	2 months
Diabetic Care Services	Up to 2 services p	er benefit vear







Welcome to DeltaVision! We've made it easier than ever to access your vision benefit information and schedule your annual eye exam. Everything you need is available through our member vision portal.

Here's How It Works

Follow these simple steps to access and use your DeltaVision benefits:

- 1. Register and log in to the member vision portal at EyeMedVisionCare.com
- 2. Review your vision benefit information.¹
- 3. Find a provider near you and schedule an appointment.

Finding a Provider

Log in to the vision portal and select "Locate a Provider." You may need to select your network (Insight). Enter your zip code to be connected with eye health experts near you.

Questions?

Feel free to contact our award-winning Customer Care Center² at 866.800.5457.

Did You Know...

You can receive services even if you don't have your ID card. Just provide your name and birthdate so the office can verify your vision benefits.

















¹Actual benefits and frequencies vary by plan.

²Purdue University BenchmarkPortal independent assessment of call centers nationwide.

PDF-1609-R-538

Arizona Dental Insurance Service, Inc. dba Delta Dental of Arizona. EM-0014-rev0517

Delta Dental of Arizona complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-602-588-3131 (TTY: 1-602-588-3903). Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yánítti go Diné Bizaad, saad bee áká ánída áwo déé; t áá jiik eh, éí ná hóló, koji hódíílnih 1-602-588-3131 (TTY: 1-602-588-3903)









With DeltaVision administered by EyeMed, you:

- Have access to one of the nation's largest networks of independent eye doctors and national retail and regional retail providers.
- Receive care when it's convenient for you
 -with extended weeknight and weekend hours and online appointment scheduling.
- Can use Glasses.com and ContactsDirect.com as in-network providers to easily find and purchase glasses and contacts—all shipped directly to your front door.
- Have tools and resources that make using your benefit an experience you'll appreciate:
 - Enhanced provider searches to find the right provider
 - Optimized web and mobile resources
 - Award-winning, customer care available day and night

Plus...

40% off additional pairs of glasses or prescription sunglasses¹

20% off any remaining balance over the frame allowance²

20% off non-prescription sunglasses²



















¹ Available at in-network provider locations

² Not insured benefits. Discounts on non-covered services may not be available through all providers or in all stores PDF-1609-R-543

Life INSURANCE



Summary of Benefits

Riverside School District #2

All Employees

Basic Term Life, Basic Accidental Death & Dismemberment, Optional Term Life, Optional Dependent Term Life, Optional Accidental Death & Dismemberment, and Short Term Disability

Issued by The Prudential Insurance Company of America

This is a summary of benefits and does not include all plan provisions, exclusions and limitations. If there is a discrepancy between this document and the group contract issued by The Prudential Insurance Company of America, the terms of the group contract will govern.

Basic Term Life

100% Employer Paid

- ▶ Basic Term Life You are automatically enrolled for \$40,000. Please refer to your plan certificate(s) to review the required minimum and maximum coverage amounts allowed.
- If you are terminally ill, you can get a partial payment of your group life insurance benefit. You can use this payment as you see fit. The payment to your beneficiary will be reduced by the amount you receive with the Accelerated Benefit Option.* Refer to the plan booklet for details
- Payment of premium can be waived if you are totally disabled for 9 months, you are less than 60 years old when the disability begins, and you continue to be totally disabled. This waiver terminates at age 65. This provision may vary by state.
- Coverage will be reduced as you age by 35% at age 65 and 50% at age 70.
- You may convert your insurance to an individual life insurance policy issued by the Prudential Insurance Company of America.

Basic Accidental Death & Dismemberment

100% Employer Paid

- Basic Accidental Death & Dismemberment pays you and your beneficiary a benefit for the loss of life or other injuries resulting from a covered accident 100% for loss of life and a lesser percentage for other injuries. Injuries covered may include loss of sight or speech, paralysis, and dismemberment of hands or feet. Basic Accidental Death & Dismemberment benefits are paid regardless of other coverages you may have.
- ▶ Basic Accidental Death & Dismemberment: You are automatically enrolled for an amount equal to your Basic Term Life coverage amount.
- Coverage will be reduced as you age by 35% at age 65 and 50% at age 70.



Employee - Optional Term Life

100% Employee Paid Purchase coverage in increments of \$10,000 up to a maximum of \$500,000, not to exceed 5 times your covered annual earnings. Please refer to your plan certificate(s) to review the required minimum and maximum coverage amounts allowed. If enrolling when first eligible, you can elect up to the guaranteed issue amount of \$100,000 without providing proof of good health to Prudential. You may be eligible to increase your coverage amount annually in increments of \$10,000 not to exceed an increase of 5 times your covered annual earnings, to a total coverage amount of the Guaranteed Issue amount, without satisfying evidence of insurability. 1 If terminally ill, you can get a partial payment of your group term life insurance benefit. You can use this payment as you see fit. In the event of your death, your beneficiary will receive a benefit payout which has been reduced by the amount you receive. Payment of premium can be waived if you are totally disabled for 9 months, you are less than 60 years old when the disability begins, and you continue to be totally disabled. This waiver terminates at age 65. This provision may vary by state. Coverage will be reduced as you age – by 35% at age 65 and 50% at age 70. You may convert your insurance to an individual life insurance policy issued by the Prudential Insurance Company of America, or you may be eligible to port your coverage ending to a separate group term life Spouse - Optional Dependent Term Life Purchase coverage on your spouse in increments of \$5,000 up to a maximum of \$100,000. Please Note: The 100% Employee Paid Optional Dependent Term Life coverage amount on your spouse cannot exceed 50% of your Optional Term Life If enrolling your spouse when first eligible, you can elect up to the guaranteed issue amount of \$25,000, on your spouse, without providing proof of good health to Prudential. Coverage will be reduced as you age – by 35% at age 65 and 50% at age 70. You may convert your dependent(s) insurance to an individual life insurance policy issued by the Prudential Insurance Company of America, or you may be eligible to port your dependent(s) coverage ending to a separate group term life contract. Child - Optional Dependent Term Life 100% Employee Paid Purchase coverage on your child in increments of \$1,000 up to a maximum of \$10,000. Please note: The Optional Dependent Term Life Insurance coverage amount on your children may not exceed 50% of your Optional Term Life coverage amount. Coverage begins from 14 days, and continues to age 19, if unmarried. If unmarried, dependent on you and a full-time student, coverage continues to age 25. You may convert your dependent(s) insurance to an individual life insurance policy issued by the Prudential Insurance Company of America, or you may be eligible to port your dependent(s) coverage ending to a separate group term life contract. Employee - Optional Accidental Death & Dismemberment 100% Employee Paid Purchase a coverage amount equal to your Optional Term Life coverage amount. Coverage will be reduced as you age – by 35% at age 65 and 50% at age 70. Spouse - Optional Accidental Death & Dismemberment 100% Employee Paid Purchase an Optional Accidental Death & Dismemberment Insurance coverage amount for your spouse equal to your spouse Optional Dependent Term Life Insurance coverage amount. Coverage will be reduced as you age – by 35% at age 65 and 50% at age 70. Child - Optional Accidental Death & Dismemberment 100% Employee Paid Purchase an Optional Accidental Death & Dismemberment Insurance coverage amount on your child(ren) equal to your child(ren) Optional Dependent Term Life Insurance coverage amount. Coverage begins at live birth, and continues to age 19, if unmarried. If unmarried, dependent on you and a fulltime student, coverage continues to age 25.

Short Term Disability

100% Employee Paid

- Your weekly Short Term Disability benefit will be 60% of your weekly pre-disability earnings, up to the maximum of \$1,000, less deductible sources of income. No medical questions asked if enrolling when first eligible. The minimum weekly benefit is \$50.
- Deductible sources of income may include benefits from statutory plans, unemployment income and salary continuation.
- If you meet the definition of disability, your benefits will begin on the 15th day following a non-occupational injury or the 15th day following a non-occupational sickness. The benefit duration is 26 weeks. You are considered disabled when, because of injury or sickness, you are under the regular care of the doctor, are unable to perform the material and substantial duties of your regular occupation and your disability results in a loss of weekly income of at least 20%.
- STD benefits will not be paid for a disability that begins within 12 months of your coverage effective date and is due to a pre-existing condition. A pre-existing condition is an injury or sickness for which you received medical treatment, consultation, diagnostic measures, prescribed drugs or medicines, or for which you followed treatment recommendations during the 3 months prior to your effective date of coverage.
- You are not covered for a disability caused by war or any act of war, declared or undeclared, an intentionally self-inflicted injury, active participation in a riot, and commission of a crime for which you have been convicted. Benefits are not payable for any period of incarceration as a result of a conviction.



Rate Sheet

Riverside School District #2

All Employees

Issued by The Prudential Insurance Company of America (Prudential)

Effective: 07/01/2023

Employee Optional Term Life Monthly cost per coverage amount

Coverage is available in increments of \$10,000 to a maximum of \$500,000, not to exceed 5 times your covered annual earnings. Refer to the Optional Term Life section for evidence of insurability details. Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule.

	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000	\$110,000	\$120,000
Age												
Under 25	\$0.35	\$0.70	\$1.05	\$1.40	\$1.75	\$2.10	\$2.45	\$2.80	\$3.15	\$3.50	\$3.85	\$4.20
25 to 29	\$0.42	\$0.84	\$1.26	\$1.68	\$2.10	\$2.52	\$2.94	\$3.36	\$3.78	\$4.20	\$4.62	\$5.04
30 to 34	\$0.56	\$1.12	\$1.68	\$2.24	\$2.80	\$3.36	\$3.92	\$4.48	\$5.04	\$5.60	\$6.16	\$6.72
35 to 39	\$0.63	\$1.26	\$1.89	\$2.52	\$3.15	\$3.78	\$4.41	\$5.04	\$5.67	\$6.30	\$6.93	\$7.56
40 to 44	\$0.70	\$1.40	\$2.10	\$2.80	\$3.50	\$4.20	\$4.90	\$5.60	\$6.30	\$7.00	\$7.70	\$8.40
45 to 49	\$1.05	\$2.10	\$3.15	\$4.20	\$5.25	\$6.30	\$7.35	\$8.40	\$9.45	\$10.50	\$11.55	\$12.60
50 to 54	\$1.62	\$3.24	\$4.86	\$6.48	\$8.10	\$9.72	\$11.34	\$12.96	\$14.58	\$16.20	\$17.82	\$19.44
55 to 59	\$3.02	\$6.04	\$9.06	\$12.08	\$15.10	\$18.12	\$21.14	\$24.16	\$27.18	\$30.20	\$33.22	\$36.24
60 to 64	\$4.64	\$9.28	\$13.92	\$18.56	\$23.20	\$27.84	\$32.48	\$37.12	\$41.76	\$46.40	\$51.04	\$55.68
65 to 69	\$8.92	\$17.84	\$26.76	\$35.68	\$44.60	\$53.52	\$62.44	\$71.36	\$80.28	\$89.20	\$98.12	\$107.04
70 to 100	\$14.47	\$28.94	\$43.41	\$57.88	\$72.35	\$86.82	\$101.29	\$115.76	\$130.23	\$144.70	\$159.17	\$173.64



	\$130,000	\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000	\$210,000	\$220,000	\$230,000	\$240,000
Age												
Under 25	\$4.55	\$4.90	\$5.25	\$5.60	\$5.95	\$6.30	\$6.65	\$7.00	\$7.35	\$7.70	\$8.05	\$8.40
25 to 29	\$5.46	\$5.88	\$6.30	\$6.72	\$7.14	\$7.56	\$7.98	\$8.40	\$8.82	\$9.24	\$9.66	\$10.08
30 to 34	\$7.28	\$7.84	\$8.40	\$8.96	\$9.52	\$10.08	\$10.64	\$11.20	\$11.76	\$12.32	\$12.88	\$13.44
35 to 39	\$8.19	\$8.82	\$9.45	\$10.08	\$10.71	\$11.34	\$11.97	\$12.60	\$13.23	\$13.86	\$14.49	\$15.12
40 to 44	\$9.10	\$9.80	\$10.50	\$11.20	\$11.90	\$12.60	\$13.30	\$14.00	\$14.70	\$15.40	\$16.10	\$16.80
45 to 49	\$13.65	\$14.70	\$15.75	\$16.80	\$17.85	\$18.90	\$19.95	\$21.00	\$22.05	\$23.10	\$24.15	\$25.20
50 to 54	\$21.06	\$22.68	\$24.30	\$25.92	\$27.54	\$29.16	\$30.78	\$32.40	\$34.02	\$35.64	\$37.26	\$38.88
55 to 59	\$39.26	\$42.28	\$45.30	\$48.32	\$51.34	\$54.36	\$57.38	\$60.40	\$63.42	\$66.44	\$69.46	\$72.48
60 to 64	\$60.32	\$64.96	\$69.60	\$74.24	\$78.88	\$83.52	\$88.16	\$92.80	\$97.44	\$102.08	\$106.72	\$111.36
65 to 69	\$115.96	\$124.88	\$133.80	\$142.72	\$151.64	\$160.56	\$169.48	\$178.40	\$187.32	\$196.24	\$205.16	\$214.08
70 to 100	\$188.11	\$202.58	\$217.05	\$231.52	\$245.99	\$260.46	\$274.93	\$289.40	\$303.87	\$318.34	\$332.81	\$347.28
	\$250,000	\$260,000	\$270,000	\$280,000	\$290,000	\$300,000	\$310,000	\$320,000	\$330,000	\$340,000	\$350,000	\$360,000
Age												
Under 25	\$8.75	\$9.10	\$9.45	\$9.80	\$10.15	\$10.50	\$10.85	\$11.20	\$11.55	\$11.90	\$12.25	\$12.60
25 to 29	\$10.50	\$10.92	\$11.34	\$11.76	\$12.18	\$12.60	\$13.02	\$13.44	\$13.86	\$14.28	\$14.70	\$15.12
30 to 34	\$14.00	\$14.56	\$15.12	\$15.68	\$16.24	\$16.80	\$17.36	\$17.92	\$18.48	\$19.04	\$19.60	\$20.16
35 to 39	\$15.75	\$16.38	\$17.01	\$17.64	\$18.27	\$18.90	\$19.53	\$20.16	\$20.79	\$21.42	\$22.05	\$22.68
40 to 44	\$17.50	\$18.20	\$18.90	\$19.60	\$20.30	\$21.00	\$21.70	\$22.40	\$23.10	\$23.80	\$24.50	\$25.20
45 to 49	\$26.25	\$27.30	\$28.35	\$29.40	\$30.45	\$31.50	\$32.55	\$33.60	\$34.65	\$35.70	\$36.75	\$37.80
50 to 54	\$40.50	\$42.12	\$43.74	\$45.36	\$46.98	\$48.60	\$50.22	\$51.84	\$53.46	\$55.08	\$56.70	\$58.32
55 to 59	\$75.50	\$78.52	\$81.54	\$84.56	\$87.58	\$90.60	\$93.62	\$96.64	\$99.66	\$102.68	\$105.70	\$108.72
60 to 64	\$116.00	\$120.64	\$125.28	\$129.92	\$134.56	\$139.20	\$143.84	\$148.48	\$153.12	\$157.76	\$162.40	\$167.04
65 to 69	\$223.00	\$231.92	\$240.84	\$249.76	\$258.68	\$267.60	\$276.52	\$285.44	\$294.36	\$303.28	\$312.20	\$321.12
70 to 100	\$361.75	\$376.22	\$390.69	\$405.16	\$419.63	\$434.10	\$448.57	\$463.04	\$477.51	\$491.98	\$506.45	\$520.92
	\$370,000	\$380,000	\$390,000	\$400,000	\$410,000	\$420,000	\$430,000	\$440,000	\$450,000	\$460,000	\$470,000	\$480,000
Age												
Under 25	\$12.95	\$13.30	\$13.65	\$14.00	\$14.35	\$14.70	\$15.05	\$15.40	\$15.75	\$16.10	\$16.45	\$16.80
25 to 29	\$15.54	\$15.96	\$16.38	\$16.80	\$17.22	\$17.64	\$18.06	\$18.48	\$18.90	\$19.32	\$19.74	\$20.16
30 to 34	\$20.72	\$21.28	\$21.84	\$22.40	\$22.96	\$23.52	\$24.08	\$24.64	\$25.20	\$25.76	\$26.32	\$26.88
35 to 39	\$23.31	\$23.94	\$24.57	\$25.20	\$25.83	\$26.46	\$27.09	\$27.72	\$28.35	\$28.98	\$29.61	\$30.24
40 to 44	\$25.90	\$26.60	\$27.30	\$28.00	\$28.70	\$29.40	\$30.10	\$30.80	\$31.50	\$32.20	\$32.90	\$33.60
45 to 49	\$38.85	\$39.90	\$40.95	\$42.00	\$43.05	\$44.10	\$45.15	\$46.20	\$47.25	\$48.30	\$49.35	\$50.40
50 to 54	\$59.94	\$61.56	\$63.18	\$64.80	\$66.42	\$68.04	\$69.66	\$71.28	\$72.90	\$74.52	\$76.14	\$77.76
55 to 59	\$111.74	\$114.76	\$117.78	\$120.80	\$123.82	\$126.84	\$129.86	\$132.88	\$135.90	\$138.92	\$141.94	\$144.96
60 to 64	\$171.68	\$176.32	\$180.96	\$185.60	\$190.24	\$194.88	\$199.52	\$204.16	\$208.80	\$213.44	\$218.08	\$222.72
65 to 69	\$330.04	\$338.96	\$347.88	\$356.80	\$365.72	\$374.64	\$383.56	\$392.48	\$401.40	\$410.32	\$419.24	\$428.16
70 to 100	\$535.39	\$549.86	\$564.33	\$578.80	\$593.27	\$607.74	\$622.21	\$636.68	\$651.15	\$665.62	\$680.09	\$694.56

	\$490,000	\$500,000					
Age							
Under 25	\$17.15	\$17.50					
25 to 29	\$20.58	\$21.00					
30 to 34	\$27.44	\$28.00					
35 to 39	\$30.87	\$31.50					
40 to 44	\$34.30	\$35.00					
45 to 49	\$51.45	\$52.50					
50 to 54	\$79.38	\$81.00					
55 to 59	\$147.98	\$151.00					
60 to 64	\$227.36	\$232.00					
65 to 69	\$437.08	\$446.00					
70 to 100	\$709.03	\$723.50					

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insureds.

Spouse - Optional Dependent Term Life Monthly cost per coverage amount

Coverage is available on your spouse in increments of \$5,000 to a maximum of \$100,000. **Please Note:** The Optional Dependent Term Life coverage amount on your spouse cannot exceed 50% of your Optional Term Life coverage amount. Refer to the Optional Dependent Term Life section for evidence of insurability details. Initial rates based on age as of effective date of your coverage. Rates will change based on the following age schedule.

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	\$55,000	\$60,000
Age												
Under 20	\$0.19	\$0.38	\$0.57	\$0.76	\$0.95	\$1.14	\$1.33	\$1.52	\$1.71	\$1.90	\$2.09	\$2.28
20 to 24	\$0.23	\$0.45	\$0.68	\$0.90	\$1.13	\$1.35	\$1.58	\$1.80	\$2.03	\$2.25	\$2.48	\$2.70
25 to 29	\$0.25	\$0.50	\$0.75	\$1.00	\$1.25	\$1.50	\$1.75	\$2.00	\$2.25	\$2.50	\$2.75	\$3.00
30 to 34	\$0.28	\$0.56	\$0.84	\$1.12	\$1.40	\$1.68	\$1.96	\$2.24	\$2.52	\$2.80	\$3.08	\$3.36
35 to 39	\$0.36	\$0.71	\$1.07	\$1.42	\$1.78	\$2.13	\$2.49	\$2.84	\$3.20	\$3.55	\$3.91	\$4.26
40 to 44	\$0.46	\$0.92	\$1.38	\$1.84	\$2.30	\$2.76	\$3.22	\$3.68	\$4.14	\$4.60	\$5.06	\$5.52
45 to 49	\$0.68	\$1.36	\$2.04	\$2.72	\$3.40	\$4.08	\$4.76	\$5.44	\$6.12	\$6.80	\$7.48	\$8.16
50 to 54	\$1.07	\$2.14	\$3.21	\$4.28	\$5.35	\$6.42	\$7.49	\$8.56	\$9.63	\$10.70	\$11.77	\$12.84
55 to 59	\$1.77	\$3.53	\$5.30	\$7.06	\$8.83	\$10.59	\$12.36	\$14.12	\$15.89	\$17.65	\$19.42	\$21.18
60 to 64	\$3.22	\$6.43	\$9.65	\$12.86	\$16.08	\$19.29	\$22.51	\$25.72	\$28.94	\$32.15	\$35.37	\$38.58
65 to 69	\$5.44	\$10.88	\$16.32	\$21.76	\$27.20	\$32.64	\$38.08	\$43.52	\$48.96	\$54.40	\$59.84	\$65.28
70 to 74	\$9.54	\$19.08	\$28.62	\$38.16	\$47.70	\$57.24	\$66.78	\$76.32	\$85.86	\$95.40	\$104.94	\$114.48
75 to 79	\$16.15	\$32.30	\$48.45	\$64.60	\$80.75	\$96.90	\$113.05	\$129.20	\$145.35	\$161.50	\$177.65	\$193.80
80 to 84	\$28.23	\$56.46	\$84.69	\$112.92	\$141.15	\$169.38	\$197.61	\$225.84	\$254.07	\$282.30	\$310.53	\$338.76
85 to 100	\$125.50	\$250.99	\$376.49	\$501.98	\$627.48	\$752.97	\$878.47	\$1,003.96	\$1,129.46	\$1,254.95	\$1,380.45	\$1,505.94

	\$65,000	\$70,000	\$75,000	\$80,000	\$85,000	\$90,000	\$95,000	\$100,000		T	
Age											
Under 20	\$2.47	\$2.66	\$2.85	\$3.04	\$3.23	\$3.42	\$3.61	\$3.80			
20 to 24	\$2.93	\$3.15	\$3.38	\$3.60	\$3.83	\$4.05	\$4.28	\$4.50			
25 to 29	\$3.25	\$3.50	\$3.75	\$4.00	\$4.25	\$4.50	\$4.75	\$5.00			
30 to 34	\$3.64	\$3.92	\$4.20	\$4.48	\$4.76	\$5.04	\$5.32	\$5.60			
35 to 39	\$4.62	\$4.97	\$5.33	\$5.68	\$6.04	\$6.39	\$6.75	\$7.10			
40 to 44	\$5.98	\$6.44	\$6.90	\$7.36	\$7.82	\$8.28	\$8.74	\$9.20			
45 to 49	\$8.84	\$9.52	\$10.20	\$10.88	\$11.56	\$12.24	\$12.92	\$13.60			
50 to 54	\$13.91	\$14.98	\$16.05	\$17.12	\$18.19	\$19.26	\$20.33	\$21.40			
55 to 59	\$22.95	\$24.71	\$26.48	\$28.24	\$30.01	\$31.77	\$33.54	\$35.30			
60 to 64	\$41.80	\$45.01	\$48.23	\$51.44	\$54.66	\$57.87	\$61.09	\$64.30			
65 to 69	\$70.72	\$76.16	\$81.60	\$87.04	\$92.48	\$97.92	\$103.36	\$108.80			
70 to 74	\$124.02	\$133.56	\$143.10	\$152.64	\$162.18	\$171.72	\$181.26	\$190.80			
75 to 79	\$209.95	\$226.10	\$242.25	\$258.40	\$274.55	\$290.70	\$306.85	\$323.00			
80 to 84	\$366.99	\$395.22	\$423.45	\$451.68	\$479.91	\$508.14	\$536.37	\$564.60			
85 to 100	\$1,631.44	\$1,756.93	\$1,882.43	\$2,007.92	\$2,133.42	\$2,258.91	\$2,384.41	\$2,509.90			

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insureds. Spouse rate is based on Employee's age.

Children - Optional Dependent Term Life Monthly cost per coverage amount

One premium rate covers all eligible children

Coverage is available on your children in increments of \$1,000, not to exceed a maximum of \$10,000. Please note: The Optional Dependent Term Life Insurance coverage amount on your children may not exceed 50% of your Optional Term Life coverage amount.

\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000
\$0.09	\$0.17	\$0.26	\$0.35	\$0.44	\$0.52	\$0.61	\$0.70	\$0.78	\$0.87

Rates may change if plan experience requires a change for all insureds.

Employee Optional Accidental Death & Dismemberment Monthly cost per coverage amount

Purchase an Optional Accidental Death & Dismemberment coverage amount equal to your Optional Term Life coverage amount. Refer to the Optional Accidental Death & Dismemberment section for evidence of insurability details.

•							•					
\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000	\$110,000	\$120,000	\$130,000
\$0.15	\$0.30	\$0.45	\$0.60	\$0.75	\$0.90	\$1.05	\$1.20	\$1.35	\$1.50	\$1.65	\$1.80	\$1.95
	•										•	
\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000	\$210,000	\$220,000	\$230,000	\$240,000	\$250,000	\$260,000
\$2.10	\$2.25	\$2.40	\$2.55	\$2.70	\$2.85	\$3.00	\$3.15	\$3.30	\$3.45	\$3.60	\$3.75	\$3.90
	'	•	'	•						•	'	•
\$270,000	\$280,000	\$290,000	\$300,000	\$310,000	\$320,000	\$330,000	\$340,000	\$350,000	\$360,000	\$370,000	\$380,000	\$390,000
\$4.05	\$4.20	\$4.35	\$4.50	\$4.65	\$4.80	\$4.95	\$5.10	\$5.25	\$5.40	\$5.55	\$5.70	\$5.85
	'	•	'	•						•	'	•
\$400,000	\$410,000	\$420,000	\$430,000	\$440,000	\$450,000	\$460,000	\$470,000	\$480,000	\$490,000	\$500,000		
	00.45	40.00	00.45	00.00	00.75	00.00	A7.05	A7.00	A7.05	A7 50		
\$6.00	\$6.15	\$6.30	\$6.45	\$6.60	\$6.75	\$6.90	\$7.05	\$7.20	\$7.35	\$7.50		

Spouse Optional Accidental Death & Dismemberment Monthly cost per coverage amount

Purchase an Optional Accidental Death & Dismemberment coverage amount equal to your Optional Dependent Term Life coverage amount. Refer to the Optional Accidental Death & Dismemberment section for evidence of insurability details.

\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	\$55,000	\$60,000	\$65,000
\$0.10	\$0.20	\$0.30	\$0.40	\$0.50	\$0.60	\$0.70	\$0.80	\$0.90	\$1.00	\$1.10	\$1.20	\$1.30

\$70,000	\$75,000	\$80,000	\$85,000	\$90,000	\$95,000	\$100,000			
\$1.40	\$1.50	\$1.60	\$1.70	\$1.80	\$1.90	\$2.00			

Children Optional Accidental Death & Dismemberment Monthly cost per coverage amount

One premium rate covers all eligible children

Purchase an Optional Accidental Death & Dismemberment coverage amount equal to your Child Optional Dependent Term Life coverage amount.

\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$6,000	\$7,000	\$8,000	\$9,000	\$10,000
\$0.01	\$0.02	\$0.03	\$0.04	\$0.05	\$0.06	\$0.07	\$0.08	\$0.09	\$0.10

Cost of Short Term Disability

Use the chart below to find the cost of Short Term Disability insurance. Follow the steps below to calculate your coverage cost. Your maximum weekly benefit amount is \$1,000. Your coverage level is limited to the salary of \$86,667.

Employee's Age	Employee's Rate
Under 20	\$0.305
20-24	\$0.368
25-29	\$0.641
30-34	\$0.851
35-39	\$0.641
40-44	\$0.42
45-49	\$0.515
50-54	\$0.609
55-59	\$0.777
60-64	\$0.945
65-69	\$1.166
70-100	\$1.449

Rates may change as the insured enters a higher age category. Also, rates may change if plan experience requires a change for all insureds.

How to calculate your total STD Monthly cost

Step 1	Indicate your weekly earnings.	=\$
Step 2	Multiply your weekly earnings by 60%	=\$
Step 3	If the amount in Step 2 is greater than \$1,000, indicate \$1,000. Otherwise, indicate the amount from Step 2.	=\$
Step 4	Multiply the amount in Step 3 by the rate for your age and divide by 10 to obtain your total STD monthly cost.	=\$

403(6) & 457

RETIREMENT



MEANINGFUL NOTICE / PLAN SUMMARY INFORMATION 2023

403(b) PLAN AND 457(b) DEFERRED COMPENSATION PLAN

The 403(b) and 457(b) Plans are valuable retirement savings options. This notice provides a brief explanation of the provisions, policies and rules that govern the 403(b) and 457(b) Plans offered.

Plan administration services for the 403(b) and 457(b) plans are provided by U.S. OMNI & TSACG Compliance Services. Visit the U.S. OMNI & TSACG Compliance Services' website (https://www.tsacg.com) for information about enrollment in the plan, investment product providers available, distributions, exchanges or transfers, 403(b) and/or 457(b) loans, and rollovers.

ELIGIBILITY

Most employees are eligible to participate in the 403(b) and 457(b) plans immediately upon employment; however, private contractors, appointed/elected trustees and/or school board members are not eligible to participate in the 403(b) plan. Please verify if your employer allows student workers to participate in the 403(b) plan. Eligible employees may make voluntary elective deferrals to both the 403(b) and 457(b) plans. Participants are fully vested in their contributions and earnings at all times.

EMPLOYEE CONTRIBUTIONS

Upon enrollment, participants designate a portion of their salary that they wish to contribute to their traditional 403(b) and/or 457(b) account(s) up to their maximum annual contribution amount on a pre-tax basis, thus reducing the participant's taxable income. Contributions to the participant's 403(b) or 457(b) accounts are made from income paid through the employer's payroll system. Taxes on contributions and any earnings are deferred until the participant withdraws their funds.

The Internal Revenue Service regulations limit the amount participants may contribute annually to tax-advantaged retirement plans and imposes substantial penalties for violating contribution limits. U.S. OMNI & TSACG Compliance Services monitors 403(b) and 457(b) plan contributions and notifies the employer in the event of an excess contribution.

THE BASIC CONTRIBUTION LIMIT FOR 2023 IS \$22,500.

Additional provisions allowed:

AGE-BASED ADDITIONAL AMOUNT

Participants who are age 50 or older any time during the year qualify to make an additional contribution of up to \$7,500 to the 403(b) and/or 457(b) accounts.

THE SERVICE-BASED CATCH UP AMOUNT

The 403(b) special catch-up provision allows participants to make additional contributions of up to \$3,000 to the 403(b) account if, as of the preceding calendar year, the participant has completed 15 or more full years of employment with the current employer, not averaged over \$5,000 per year in annual contributions, and has not utilized catch-up contributions in excess of the aggregate of \$15,000. For a detailed explanation of this provision, please visit https://www.tsacg.com.

ENROLLMENT

Employees who wish to enroll in the 403(b) and/or 457(b) plan must first select the provider and investment product best suited for their account. Upon establishment of the account with the selected provider, a "Salary Reduction Agreement" (SRA) form and/or a deferred compensation enrollment form and any disclosure forms must be completed and submitted to the employer. These forms authorize the employer to withhold 403(b) and/or 457(b) contributions from the employee's pay and send those funds to the Investment Provider on their behalf. A SRA form and/or a deferred compensation enrollment form must be completed to start, stop or modify contributions to 403(b) and/or 457(b) accounts. Unless otherwise notified by your employer, you may enroll and/or make changes to your current contributions anytime throughout the year.

Please note: The total annual amount of a participant's contributions must not exceed the Maximum Allowable Contribution (MAC) calculation. For convenience, a MAC calculator is available at https://www.tsacg.com.



INVESTMENT PROVIDER INFORMATION

A current list of authorized 403(b) and 457(b) Investment Providers and current employer forms are available on the employer's specific Web page at https://www.tsacg.com.

PLAN DISTRIBUTION TRANSACTIONS

Distribution transactions may include any of the following depending on the employer's Plan Document: loans, transfers, rollovers, exchanges, hardships, unforeseen financial emergency withdrawals or distributions. Participants may request these distributions by completing the necessary forms obtained from the provider and plan administrator as required. All completed forms should be submitted to the plan administrator for processing.

PLAN-TO-PLAN TRANSFERS

A plan-to-plan transfer is defined as the movement of a 403(b) and/or 457(b) account from a previous plan sponsor's plan and retaining the same account with the authorized investment provider under the new plan sponsor's plan.

ROLLOVERS

Participants may move funds from one qualified plan account, i.e. 403(b) account, 401(k) account or an IRA, to another qualified plan account at age 59½ or when separated from service. Rollovers do not create a taxable event.

DISTRIBUTIONS

Retirement plan distributions are restricted by IRS regulations. A participant may not take a distribution of 403(b) plan accumulations unless they have attained age 59½ or separated from service in the year in which they turn 55 or older. Generally, a distribution cannot be made from a 457(b) account until you have reach age 59½ or have a severance from employment. In most cases, any withdrawals made from a 403(b) or 457(b) account are taxable in full as ordinary income.

EXCHANGES

Within each plan, participants may exchange account accumulations from one investment provider to another investment provider that is authorized under the same plan; however, there may be limitations affecting exchanges, and participants should be aware of any charges or penalties that may exist in individual investment contracts prior to exchange. Exchanges can only be made from one 457(b) plan to another 457(b) plan, or from one 403(b) plan to another 403(b) plan.

403(b) and 457(b) PLAN LOANS

Participants may be eligible to borrow their 403(b) and/or 457(b) plan accumulations depending on the provisions of their 403(b) and/or 457(b) account contract and provisions of the employer plan. If loans are available, they are generally granted for a term of five years or less (general-purpose loans). Loans taken to purchase a principal residence can extend the term beyond five years depending on the provisions of their 403(b) and/or 457(b) account contract and provisions of the employer. Details and terms of the loan are established by the provider. Participants must repay their loans through monthly payments as directed by the provider. Prior to taking a loan, participants should consult a tax advisor.

HARDSHIP WITHDRAWALS

Participants may be able to take a hardship withdrawal in the event of an immediate and heavy financial need. To be eligible for a hardship withdrawal according to IRS Safe Harbor regulations, you must verify and provide evidence that the distribution is being taken for specific reasons. These eligibility requirements to receive a Hardship withdrawal are provided on the Hardship Withdrawal Disclosure form at https://www.tsacg.com.

UNFORESEEN FINANCIAL EMERGENCY WITHDRAWAL

You may be able to take a withdrawal from your 457(b) account in the event of an unforeseen financial emergency. An unforeseeable emergency is defined as a severe financial hardship of the participant or beneficiary. The eligibility requirements to receive a Unforeseen Financial Emergency Withdrawal are provided on the Unforeseen Financial Emergency Withdrawal Disclosure form at https://www.tsacq.com.

EMPLOYEE INFORMATION STATEMENT

Participants in defined contribution plans are responsible for determining which, if any, investment vehicles best serve their retirement objectives. The 403(b) and 457(b) plan assets are invested solely in accordance with the participant's instructions. The participant should periodically review whether his/her objectives are being met, and if the objectives have changed, the participant should make the appropriate changes. Careful planning with a tax advisor or financial planner may help to ensure that the supplemental retirement savings plan meets the participant's objectives.

PLAN ADMINISTRATOR CONTACT INFORMATION

Transactions P.O. Box 4037 Fort Walton Beach, FL 32549 Toll-free: 1-888-796-3786

https://www.tsacg.com

For overnight deliveries 73 Eglin Parkway NE, Suite 202 Fort Walton Beach, FL 32548 Toll-free: 1-888-796-3786 https://www.tsacq.com

Plan Participation Guide

It's your future. Own it.





What you will find in your Plan Participation Guide

Meet Our Team 2
Getting Started3
• Understanding your Plan
• Why Contribute?
Online Resources
• Submitting Distributions
Submitting SRAs
Fnrollment4

Plan Participation Guide

Dear Employee,

Our goal at U.S. OMNI & TSACG Compliance Services is to make your life easier by ensuring your employer's supplemental retirement plan is administered properly and by ensuring that you have the resources you need to take full advantage of the opportunity to participate.

Your employer has placed the administration of their plan(s) in our hands, and this is not a responsibility we take lightly. It is our promise to you that no matter where you are at in life - actively working, nearing retirement, or retired - we will dedicate the time and effort to simplify how you access your account and manage your contributions.

This Plan Participation Guide was developed to provide resource information, but as you dive deeper into the management of your retirement accounts, you may find that you still have questions. Don't worry. We are here to help. Our Customer Service Representatives are available to assist with distribution submission and approval questions as well as salary reduction agreement submission questions. The contact information for our teams can be found later in this document.

Welcome to your benefits plan. We are happy you are here.

Sincerely,
U.S. OMNI & TSACG Compliance Services



Meet U.S. OMNI & TSACG Compliance Services

Making sure you receive the financial wellness resources you deserve.

At our core, we are a group of people helping people achieve their retirement planning and wellness goals. We are just like you. We work hard so that one day we, too, can have a secure financial future.

We understand that financial preparedness should be stress-free, so we are here to make sure your plan is administered properly. We take care of the administrative details of your plan, such as remitting contributions, authorizing distribution requests, and answering everyday questions.

Since 1996, we have grown dramatically while remaining focused on what truly matters most: people. Whether it is you, your employer, our employees, or our community, we focus on connecting people with financial wellness solutions that lead to a more fulfilled life.

Many of these solutions can be found in our Financial Wellness Center. The center program contains planning modules that allow you to watch, read, or plan utilizing numerous planning calculators, videos, and educational articles. Center resources can be accessed 24/7.

Financial Wellness Center: https://usrbpfinancialwellness.com/





Getting Started

An introduction to your plan.



Understanding Your Plan

A 403(b) or 457(b) plan allows you to save for retirement on a tax-deferred basis. Your contributions are voluntary, and you can choose the amount based on your retirement goals. For more specific information on your employer's plan design, please reference the Meaningful Notice, which can be accessed by searching for your employer forms and information at https://www.tsacg.com/individual/plan-sponsor/.



Why Wait?

Simply put, waiting could cost you. You might ask: What difference could ten years make? Let's say you wanted to build a \$500,000 nest egg to help bridge the gap of your current retirement savings plan. If you start at age 25, you will need to contribute at least \$1,500 annually to a plan earning 10% in order to meet your goal; however, if you were to wait ten years to start, you will need to contribute at least \$4,400 annually to earn the same amount. The earlier you start, the more potential earnings you can enjoy later in life.



Online Resources

Once enrolled in the plan, you have 24/7 access to a variety of educational tools and plan resources online. Available in the FORMS or INDIVIDUAL sections at https://www.tsacg.com, your online access allows you to obtain plan forms, access guides and videos on how to use the website, view the plan's authorized investment providers, and so much more.



Submitting Distributions

Within just a few minutes, distribution requests can be submitted and approved using our Online Distribution System. This online system allows participants and advisors alike to gain immediate approval certification for eligible distributions. Further, all distribution requests may be submitted in this manner -- even those that require supporting documentation. U.S. OMNI & TSACG Compliance Services' Online Distribution System can be found on the homepage at https://www.tsacg.com, and is available 24/7. For more information on submitting distributions, please visit our website.



Submitting Salary Reduction Agreements

If this service is being utilized by your employer, you also have the ability to start, change, or stop a deduction at your convenience via our online Salary Reduction Agreement system. This system, which is available 24/7, will provide an immediate confirmation when the request has been submitted. The system also permits your financial advisor/representative to assist you in this process. Your employer's page on https://www.tsacg.com houses both a link to the online system and step-by-step instructions.



Enrollment

You have decided to participate in the plan. Now what?

After reviewing your employer's 403(b) or 457(b) plan, you will likely want to take advantage of saving for retirement on a tax-deferred basis. Here are some tips on how to get started.

Pick Your Investment Provider

You will want to review your employer's list of authorized investment providers and determine where you want to invest your money. A complete list of your investment providers is available to you when you visit your employer's page on https://www.tsacg.com/individual/plan-sponsor/. Not sure which investment provider to choose? Review company marketing materials, consult with your financial advisor, or ask a trusted colleague or mentor if they work with an advisor or investment provider they would recommend.

Contact Your Chosen Investment Provider

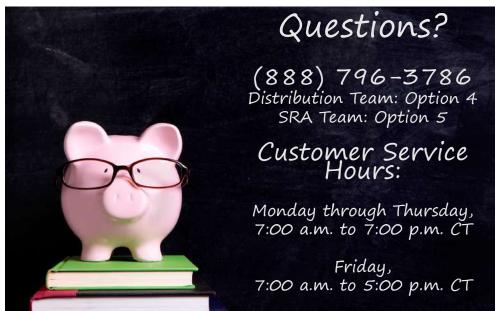
Once you have decided on an investment provider or providers, be sure to contact them and establish an account.

Complete a Salary Reduction Agreement

Next, you simply complete a Salary Reduction Agreement (SRA) via the process defined by your employer. Your employer's page at https://www.tsacg.com/individual/plan-sponsor/ will either reflect the instructions to submit an SRA via U.S. OMNI & TSACG Compliance Services' online SRA system, and/or house an SRA which can be completed and submitted via the instructions provided by your employer.

What Happens Next?

Once you have submitted your SRA request, your employer will begin deducting your contribution amount from your paycheck and send the funds to your chosen investment provider or providers.





Additional

BENEFITS



Welcome to the Arizona State Retirement System!

As a new employee with Riverside Elementary School District # 2 it is important you take a few minutes to complete your online registration with the Arizona State Retirement System. It's quick, easy and secure.

1: Click on this link* and go through the entire process as directed in the application: https://secure.azasrs.gov/web/MemberRegistrationWizard.do

*Or you can go to www.azasrs.gov click "myASRS Login" then click "First Time Registering?"

- 2: To use this application, you will first be asked to **agree to the Access Agreement.** Read through and click 'I agree' when ready to proceed.
- 3: Enter your enrollment code:

2XV00046

From here on, just follow the instructions in the application. You will be asked to provide your information and set up secure access to your ASRS account, where you track your contributions, make updates online and be kept informed about your retirement plan.

If you are already an ASRS member, please provide your latest information. This is required so your employer can verify ASRS eligibility.

ASBAIT

Arizona School Boards Association Insurance Trust

Employee Assistance Program (EAP)

Alliance Work Partners is here for you as life happens.

AWP is proud to serve as your EAP, offering you and your household valuable, *confidential* services at no cost to you.

Your benefits are designed to help you manage daily responsibilities, major events, work stresses, or any issue affecting your quality of life.



All benefits can be accessed by calling:

toll free

1-800-343-3822

PLEASE PROVIDE YOUR DISTRICT'S NAME WHEN YOU CALL.

TDD

1-800-448-1823

teen line

1-800-334-TEEN (8336)

We are available to take your call 24 hours a day, 7 days a week.



Visit your EAP website at awpnow.com

and create a customized account.

Goto

https://www.awpnow.com Select "Access Your Benefits"

Registration Code: AWP-ASBAIT-2811

Your EAP Benefits:

LawAccess

Legal and Financial services provided by a lawyer or financial professional specializing in your area of concern. Available online or by telephone.

HelpNet

Customized EAP website featuring resources, skill-building tools, online assessments and referrals.

WorkLife

Resources and referrals for everyday needs. Available by telephone.

Nurse Support

Expert advice on health issues and when/how to address them.

SafeRide

Reimbursement for emergency cab fare for eligible employees and dependents that opt to use a cab service instead of driving while impaired.

1 to 5 Counseling Sessions

Per problem, per year. Short-term counseling sessions which include assessment, referral, and crisis services. (Same day appointments available for urgent/crisis callers, or facilitation of immediate hospitalization)

Newsletters Webinar Training Series Tips for Everyday Living

Here for you as life happens ...







Employee Assistance Program (EAP)

Criteria for Benefits Eligibility

Full Benefits:

- Employee, retiree, married/divorced spouse, partner, significant other
- Any household member, regardless of age or relationship, residing in employee's home, including significant other and their children
- All covered employees may bring anyone with them to their authorized/covered sessions regardless of relationship to employee.
- Children and grandchildren, age 26 or under, residing in US or Puerto Rico. This includes children and grandchildren of significant other or partner.
- Any person meeting benefit eligibility prior to lay-off or termination of an employee will continue to be eligible for benefits up to 6 months from the date of employee's lay-off or termination. Benefits are extended for 6 months from date of employee's call within this timeframe.

Assessment & Referral:

- Children and grandchildren age 27 and over of employee, married/divorced spouse, partner, or significant other living outside employee's home
- Employee instructed by law to receive courtordered counseling
- All crisis cases (suicidal/homicidal, domestic violence, chemical dependence, substance abuse, child/elderly abuse) not otherwise covered
- Any person meeting benefit eligibility prior to layoff or termination of an employee will continue to
 be eligible for assessment and referral after 6
 months and up to 1 year from the date of
 employee's lay-off or termination. Benefits are
 extended 1 year from date of employee's call
 within this timeframe.

Information & Referral:

 Anyone contacting Alliance Work Partners regardless of contract status

Children under the age of 18 must have a written, signed release by their guardian who has custody (whether living in the home or not) to attend counseling on their own. This release is given to their affiliate provider. Divorced parents who bring their children in for counseling must bring a copy of their divorce decree or have signed permission from the other parent before bringing a child into counseling. Grandparents who bring their grandchildren into counseling must have proof of guardianship or written permission from the child's parents.