

# Lewis Central Community School District

## Full-Time Employee Benefit Summary July 1, 2020



# CHIP NOTICE

## PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from Lewis Central Community School District your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on the following page, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office, dial **1-877-KIDS NOW**, or visit [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the States listed on the following page, you may be eligible for assistance paying your employer health plan premiums. The list of States is current as of January 31, 2020. Contact your State for further information on eligibility.**

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor**  
**Employee Benefits Security Administration**  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
**1-866-444-EBSA (3272)**

**U.S. Department of Health and Human Services**  
**Centers for Medicare & Medicaid Services**  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
**1-877-267-2323, Menu Option 4, ext. 61565**

State	Website/E-mail	Phone
Alabama (Medicaid)	<a href="http://www.myalhipp.com">http://www.myalhipp.com</a>	1-855-692-5447
Alaska (Medicaid)	Premium Payment Program: <a href="http://myakhipp.com">http://myakhipp.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a> E-mail: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a>	1-866-251-4861
Arkansas (Medicaid)	<a href="http://myarhipp.com/">http://myarhipp.com/</a>	1-855-692-7447
California (Medicaid)	<a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a>	1-800-541-5555
Colorado (Medicaid and CHIP)	Medicaid: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> CHIP: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a>	1-800-221-3943 1-800-359-1991 State relay 711

State	Website/E-mail	Phone
Florida (Medicaid)	<a href="http://www.flmedicaidtprecovery.com/hipp/">http://www.flmedicaidtprecovery.com/hipp/</a>	1-877-357-3268
Georgia (Medicaid)	<a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>	678-564-1162 ext 2131
Indiana (Medicaid)	Healthy Indiana Plan for low-income adults 19-64: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> All other Medicaid: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a>	1-877-438-4479 1-800-403-0864
Iowa (Medicaid and CHIP)	Medicaid: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> CHIP: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>	1-800-338-8366 1-800-257-8563
Kansas (Medicaid)	<a href="http://www.kdheks.gov/hcf/default.htm">http://www.kdheks.gov/hcf/default.htm</a>	1-800-792-4884
Kentucky (Medicaid and CHIP)	Medicaid: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a> KI-HIPP: <a href="https://chfs.ky.gov/agencies/dms/members/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/members/Pages/kihipp.aspx</a> KI-HIPP E-mail: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a> KCHIP: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>	1-855-459-6328 1-877-524-4718
Louisiana (Medicaid)	<a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>	1-888-342-6207 1-855-618-5488
Maine (Medicaid)	<a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a>	1-800-442-6003 TTY: Maine relay 711
Massachusetts (Medicaid and CHIP)	<a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a>	1-800-862-4840
Minnesota (Medicaid)	<a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> <i>See Eligibility &gt; What if I have other health insurance?</i>	1-800-657-3739
Missouri (Medicaid)	<a href="https://www.dss.mo.gov/mhd/participants/pages/hipp.htm">https://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>	573-751-2005
Montana (Medicaid)	<a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>	1-800-694-3084
Nebraska (Medicaid)	<a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>	1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
Nevada (Medicaid)	<a href="http://dhcnp.nv.gov/">http://dhcnp.nv.gov/</a>	1-800-992-0900
New Hampshire (Medicaid)	<a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a>	603-271-5218 or 1-800-852-3345, ext. 5218
New Jersey (Medicaid and CHIP)	Medicaid: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> CHIP: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>	Medicaid: 609-631-2392 CHIP: 1-800-701-0710
New York (Medicaid)	<a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>	1-800-541-2831
North Carolina (Medicaid)	<a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>	919-855-4100
North Dakota (Medicaid)	<a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>	1-844-854-4825
Oklahoma (Medicaid and CHIP)	<a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>	1-888-365-3742
Oregon (Medicaid)	<a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>	1-800-699-9075
Pennsylvania (Medicaid)	<a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a>	1-800-692-7462
Rhode Island (Medicaid and CHIP)	<a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>	1-855-697-4347 or 401-462-0311 (Direct Rlte)
South Carolina (Medicaid)	<a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>	1-888-549-0820
South Dakota (Medicaid)	<a href="http://dss.sd.gov">http://dss.sd.gov</a>	1-888-828-0059
Texas (Medicaid)	<a href="http://gethipptexas.com/">http://gethipptexas.com/</a>	1-800-440-0493
Utah (Medicaid and CHIP)	Medicaid: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>	1-877-543-7669
Vermont (Medicaid)	<a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>	1-800-250-8427
Virginia (Medicaid and CHIP)	<a href="https://www.coverva.org/hipp">https://www.coverva.org/hipp</a>	Medicaid: 1-800-432-5924 CHIP: 1-855-242-8282
Washington (Medicaid)	<a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>	1-800-562-3022
West Virginia (Medicaid)	<a href="http://mywvhipp.com/">http://mywvhipp.com/</a>	1-855-699-8447
Wisconsin (Medicaid and CHIP)	<a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a>	1-800-362-3002
Wyoming (Medicaid)	<a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a>	307-777-7531

## DISCLAIMER

The intent of this summary is to briefly highlight your benefits and NOT to replace your insurance contracts or booklets. The information has been compiled into summary form to outline the benefits offered by your company.

If this benefit summary does not address your specific benefit questions, please refer to the Customer Service Contact page of this booklet. This page will provide you with the information you need to contact the specific insurance carriers and/or your Human Resources Department for additional assistance.

The information provided in this summary is for comparative purposes only. Actual claims paid are subject to the specific terms and conditions of each contract. This benefit summary does not constitute a contract.

The information in this booklet is proprietary. Please do not copy or distribute to others.

*Contained within this document is your annual Medicare Part D notice as required by the Centers for Medicare & Medicaid. Please see the table of contents for page number.*

**Created by Holmes Murphy & Associates for Lewis Central CSD.**



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# ENROLLMENT GUIDELINES

## Summary of benefits effective 07/01/2020

It's that time of year again! Open enrollment is your opportunity to review your current benefit elections and make any necessary changes. Our benefit plan year starts on July 1, 2020 and will run through June 30, 2021.

### Medical and Prescription Drugs – Wellmark Blue Cross and Blue Shield

- No changes to employee rates this year!!
- Deductibles and out-of-pocket maximums run on a calendar year.

### \*NEW\* For your Medical and Prescription Drug Plan Options

- The District will offer two medical plans; the \$1,000 deductible plan and the \$3,000 High Deductible Health Plan (HDHP) that is HSA eligible.
  - **Please note, the \$500 deductible plan will be a closed class this year.** Only those currently enrolled on this plan may renew on it this year. If you are not currently enrolled in this plan, you may not move to it during this 2020 open enrollment period.
- Preventive exams on the \$1,000 PPO plan are now covered at 100%.
- Lewis Central CSD will be moving to the Blue Rx Value Plus Prescription Drug formulary. Some of you may experience a change in coverage tiers for the prescription drugs you fill, while others may find that their Tier 4 "lifestyle" prescriptions are no longer covered. Wellmark will send a notice to you prior to 7/1/2020 if your prescription drug will no longer be covered.
  - You can find out how your prescriptions are covered on [www.wellmark.com](http://www.wellmark.com)

### Health Savings Account (HSA) – Health Equity

- HSA limits will increase to \$3,550 for a single plan and to \$7,100 for a family plan.
- The District will continue to deposit \$900 into each employee's HSA effective 9/1/2020 for the 2020 plan year.

### Dental – Delta Dental - No Changes

### \*NEW\* Vision carrier – Voluntary Vision – VSP

- Your vision premiums will decrease this year!
- Our old vision plan through The Standard "rented" the VSP network, we will now be direct with VSP.
- Standard ID cards will no longer be valid 7/1/2020. VSP does not create new ID cards. Simply tell your provider you are a VSP member or you can obtain a print-on-demand ID card through VSP's website. More details included in this booklet.

### Basic Life / AD&D – Madison National – No changes

### Voluntary Life Insurance (VTL) – Madison National – No changes

- **Please note**, if your age this year puts you into a new age bracket, you may see an increase in VTL premium.
- Always remember to review your beneficiary designation each year and update as necessary. Beneficiary Designation Forms are available from Human Resources.

### Long Term Disability (LTD) – Madison National – No changes

### Flexible Spending Plan - TASC

- The new 2020 maximum amount employees may elect for a medical care FSA is \$2,750. The dependent care FSA maximum amount will remain at \$5,000.
- Remember any unused medical FSA dollars up to \$500 will roll into the new plan year (not available for dependent care FSA). Employees will still be able to elect the maximum medical care FSA amount of \$2,750. Unused medical care FSA dollars over \$500 and unused dependent care FSA dollars will be forfeited.

### Voluntary Benefit Options – Allstate/Trustmark – No changes

### \*NEW\* Employee Assistance Program (EAP) – Employee & Family Resources (EFR)

- Comprehensive EAP including 3 sessions with masters-level clinicians and/or licensed counselors.
- 24-Hour National Call Center, Guidance and Resources for everything from Life Coaching, Identity Theft Resolution Services, Financial Consultations and Childcare referrals for you and your family!
- Completely Free and Confidential.

## WHO IS ELIGIBLE?

### Medical and Flexible Spending Accounts

- All Full-Time Classified Staff
- All Certified Staff working 20+ hours/week
- Grandfathered Staff working 30+ hours/week

### Dental

- All Full-Time Classified Staff
- All Certified Staff working 20+ hours/week
- Grandfathered Staff working 30+ hours/week

### Voluntary Vision

- All employees working 20+ hours/week

### Basic Life and AD&D/Voluntary Life

- All Full-Time Classified Staff
- All Certified Staff working 20+ hours/week
- Grandfathered Staff working 30+ hours/week

### Long Term Disability

- All Full-Time Classified Staff
- All Certified Staff working 20+ hours/week

(Please see carrier plan documents for rules around when dependents would lose eligibility – it is your responsibility to notify your employer when a dependent is no longer eligible).

## HOW TO ENROLL

All employees will need to log into the Allstate/Benselect website to make elections or changes for the 2020 plan year. The first step is to review your current benefit elections. Verify your personal information and make any changes if necessary. Make your benefit elections.

1. Login to <https://allstate.benselect.com>
2. Login using your Social Security Number or EID
3. Your PIN is the last 4 digits of your Social Security number followed by the last 2 digits of your birth year (no spaces)  
If you need assistance, you can call the enrollment counselors at 844-708-5600.

Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.

## EFFECTIVE DATES

Open enrollment will run from **May 26, 2020 through June 3, 2020**. The benefits you elect during open enrollment will be effective from July 1, 2020 through June 30, 2021.

## HOW TO MAKE CHANGES

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status, reduction in hours, or marketplace open enrollment. See HIPAA Special Enrollment Rights later in this packet for notification requirements.

Go to <https://allstate.benselect.com>

1. Enter your EID or social security number
2. Enter your PIN (the last 4 of your social and last 2 of your birth year)
3. Log In

If you should need assistance with your online enrollment, please dial 1-844-708-5600 Monday through Friday 8am-5pm.

**benefits selection** *Enrollment Site*

To use this website, you must have your employee ID or Social Security Number and your confidential Personal Identification Number (PIN). If you have questions or need help, please contact your Human Resources Department.

**Enrollment Site Login:**

→ Employee Number:

→ Personal Identification Number (PIN):

→  [Forgot PIN?](#)


**System requirements:**

- Internet Explorer, 6.0 or above
- Acrobat Reader, 5.1 or above
- Adobe Flash Player, 5 or above

This site is best viewed at high resolution (at least 1024X768).

[Security Info](#) | [Privacy Policy](#) | [Consent to Enroll Electronically](#)

Administrative users: [login to the administrative site](#)

  
**Allstate**  
Benefits

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## 2020 Monthly Premiums

<b>Basic Coverages</b>	<b>Monthly Premium</b>	<b>Employee Pays</b>	<b>Employer Pays</b>
<b>\$500 Deductible Medical Plan</b>			
Single:	\$847.60	\$85.32	\$762.28
Family:	\$2,082.25	\$972.00	\$1,110.25
<b>\$1,000 Deductible Medical Plan</b>			
Single:	\$790.03	\$0.00	\$790.03
Family:	\$1,938.33	\$758.70	\$1,179.63
<b>\$3,000 HDHP</b>			
Single:	\$650.35	\$0.00	\$650.35
Family:	\$1,589.13	\$634.37	\$954.76
<b>Dental</b>			
Single:	\$29.40	\$0.00	\$29.40
Family:	\$74.39	\$44.99	\$29.40
<b>Life and AD&amp;D (Employee only)</b>	N/A	0%	100%
<b>LTD</b>	N/A	0%	100%
<b>Flexible Spending Account (Fees only)</b>	N/A	0%	100%
<b>Voluntary Products</b>	<b>Monthly Premium</b>	<b>Employee Pays</b>	<b>Employer Pays</b>
<b>Voluntary Vision</b>			
Single:	\$11.24	100%	0%
Employee/Spouse:	\$17.98	100%	0%
Employee/Children:	\$18.35	100%	0%
Family:	\$29.59	100%	0%
<b>Voluntary Life:</b>	See VTL Rate Page	100%	0%
<b>Individual Products:</b>	Varies	100%	0%



# Lewis Central Community School District

## 2020 Plan Year

Medical Plan Comparison

Wellmark Blue Cross & Blue Shield						
Grandfathered Status	Alliance Select \$500 PPO		Alliance Select \$1,000 PPO		Alliance Select \$3,000 HDHP (Embedded)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>BENEFIT OVERVIEW</b>						
Deductible Single Family Coinsurance <u>Out-of-Pocket Maximum</u> Single Family	20% \$500 \$1,000 20% \$1,000 \$2,000	30% 30%	20% \$1,000 \$2,000 20% \$2,000 \$4,000	30% 30%	0% \$3,000 \$6,000 0% \$3,000 \$6,000	0% 0%
<b>BENEFIT HIGHLIGHTS</b>						
Physician Visit Preventive Services Doctor on Demand Urgent Care Emergency Physician <u>Hospital Services</u> Inpatient Outpatient Physician Charges	\$20 Copayment Covered at 100% \$20 Copayment Deductible, 20% Coinsurance Deductible, 20% Coinsurance Deductible, 20% Coinsurance Deductible, 20% Coinsurance Deductible, 20% Coinsurance Deductible, 20% Coinsurance	Deductible, 30% Coinsurance Deductible, 30% Coinsurance Deductible, 30% Coinsurance Deductible, 30% Coinsurance Deductible, 30% Coinsurance Deductible, 30% Coinsurance Deductible, 30% Coinsurance Deductible, 30% Coinsurance	\$20 Copayment <b>Covered at 100%</b> \$20 Copayment Deductible, 20% Coinsurance Deductible, 20% Coinsurance Deductible, 20% Coinsurance Deductible, 20% Coinsurance Deductible, 20% Coinsurance Deductible, 20% Coinsurance	Deductible, 30% Coinsurance Deductible, 30% Coinsurance Deductible, 30% Coinsurance Deductible, 30% Coinsurance Deductible, 30% Coinsurance Deductible, 30% Coinsurance Deductible, 30% Coinsurance Deductible, 30% Coinsurance	Deductible, then covered 100% Covered at 100% Full Cost <sup>(1)</sup> Deductible, then covered 100% Deductible, then covered 100% Deductible, then covered 100% Deductible, then covered 100% Deductible, then covered 100% Deductible, then covered 100%	
<b>PRESCRIPTION DRUGS</b>						
<u>Mail Order Rx</u>	Tier 1: \$15 / Tier 2: \$25 / Specialty: \$85 2 Copayments	Not Covered Not Covered	Tier 1: \$15 / Tier 2: \$25 / Specialty: \$85 2 Copayments	Deductible, 50% Coinsurance	Deductible, then covered 100% Deductible, then covered 100%	

(1) Allowed charge for medical services is \$49 in 2020. Mental Health services available at a higher cost ranging from \$60-\$200.

(2) Outpatient therapies are covered by a \$10 copayment

Note: This is a summary of benefits provided by the plans. Refer to the carrier's descriptive material for a full discussion of benefits and rates. This information is proprietary. Please do not copy or distribute to others.



Get more from your health insurance with these useful resources that come with your plan.  
Simplifying health living – that’s the goal.



**Wellmark’s Mobile App:** Manage your health care at home or on the go. Download the free app and sign up for myWellmark to easily track your benefits, view and email your ID card, locate doctors, facilities, etc.



**myWellmark:** Your one-stop-shop for tools, resources and insights to help you manage health care spending and live a healthier life.



**Dr on Demand:** With a virtual visit benefit, you can connect face-to-face with a doctor from virtually anywhere using a smartphone, tablet or computer, 24 hours a day, 7 days a week, 365 days a year. Price is the same as a regular office visit copayment (\$49 for HDHP).



**BeWell 24/7:** Get connected with a real person who can help you with a variety of health-related concerns.



**MyIDCare:** By being a Wellmark member, you and your dependents have exclusive, free access to identity protection services called MyIDCare.



**Blue365:** Find exclusive access to discounts and deals on health and wellness products you use everyday, just for being a Wellmark member



**Blue Magazine:** Get real-life examples on how to get the most from your benefits and live a health, full life. Includes healthy living tips, recipes, how to navigate health insurance and more!

# HEALTH SAVINGS ACCOUNT (HSA) ADMINISTRATION

## Health Equity

### HSA Overview

HSA account trustee:	Health Equity
Initial enrollment set-up fee:	Paid for by employer
Monthly administrative fee:	Paid for by employer
Employer Contribution:	\$900.00
Debit card provided?	Yes
HSA withdrawal limitations?	Determined by account trustee
Investment options	Yes
Minimum account balance to invest:	\$2,000

### Account Provisions

#### Who is eligible?

- 1) Anyone covered under a qualified High Deductible Health Plan (HDHP) on the first day of the month, but not covered under any other medical plan.
- 2) Anyone not enrolled in Medicare. **Note:** an actively at-work employee who is older than 65 may not enroll in an HSA unless he/she has waived Medicare.

For individuals who delay enrolling in Medicare, Part A coverage may retroactively begin six months prior to their application date. To avoid making excess HSA contributions (and incurring a tax penalty), CMS recommends that individuals stop contributing to their HSAs at least six months before applying for Medicare.

- 3) When enrolled in an HSA, member and spouse (if applicable) may only participate in a "limited-purpose" flexible spending account.
- 4) Anyone not claimed as a dependent on another person's tax return.

#### Is there a limit on the amount that can be contributed per year?

\$3,550 for an individual plan, \$7,100 for a family plan for 2020. These numbers are indexed annually by the Treasury Department. In addition, individuals age 55 are allowed a \$1,000 catch-up contribution.

#### What are the advantages of enrolling in a HSA?

- 1) Monies go in tax-free.
- 2) Monies grow tax-free.
- 3) Monies come out tax-free if spent on qualified medical expenses.
- 4) Unspent monies roll over year to year, grow, and earn interest.
- 5) The account owner decides whether to use the HSA dollars for current expenses or to save them for future expenses.
- 6) The account is portable.

#### What expenses are eligible for reimbursement?

Internal Revenue Code Section 213(d) medical expenses for the employee and qualified dependents (even if the dependents are not on the employee's HDHP); COBRA premiums; qualified long-term care expenses; retiree medical premiums to employer-sponsored medical coverage (if age 65 or older); Medicare Parts B & D premiums, but not Medicare supplement premiums.

#### What if funds are used for non-qualified expenses?

Distributions for an account owner under age 65 are subject to income tax plus a 20% penalty. Distributions for an account owner 65 and older are subject to income tax only.

#### For more details:

Check out [www.irs.gov](http://www.irs.gov) for more details.

# WINNING with ·an· HSA

Health savings accounts (HSAs)



## HSAs ARE AN EASY WIN in today's complex healthcare system

### How an HSA works

An HSA paired with an HSA-qualified health plan allows you to make tax-free<sup>1</sup> contributions to an FDIC-insured savings account. Balances earn tax-free interest and can be used to pay for qualified medical expenses. HSA-qualified health plans typically cost less than traditional plans and the money saved can be put into your HSA.

### HSAs empower savings:

- Lower monthly health insurance premiums
- Money put into your HSA is not taxed
- You earn tax-free interest on HSA balances
- HSA funds used for qualified medical expenses are not taxed
- You can invest your HSA funds for increased tax-free earning potential<sup>2</sup>

### HSA funds remain yours to grow

With an HSA, you own the account and all contributions. Unlike flexible spending accounts (FSAs), the entire HSA balance rolls over each year and remains yours even if you change health plans, retire or leave your employer.

### *You* can win with an HSA

Regardless of your personal medical situation, an HSA can empower you to maximize savings while building a reserve for the future. Contrary to what many may think, healthy individuals aren't the only users who benefit from an HSA.

HealthEquity<sup>®</sup>

15 W. Scenic Pointe Drive, Ste. 100  
Draper, UT 84020 | [www.HealthEquity.com](http://www.HealthEquity.com)

Learn more at:  
[HealthEquity.com/HSAlearn](http://HealthEquity.com/HSAlearn)

<sup>1</sup> HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax-free with very few exceptions. Please consult a tax advisor regarding your state's specific rules.

<sup>2</sup> Investments available to HSA holders are subject to risk, including the possible loss of the principal invested and are not FDIC insured or guaranteed by HealthEquity, Inc. HealthEquity, Inc. does not provide financial advice. HSA holders making investments should review the applicable fund's prospectus. Investment options and thresholds may vary and are subject to change. Consult your advisor or the IRS with any questions regarding investments or on filing your tax return. Before making any investments, review the fund's prospectus.



## HOW HSAs WORK:

- 1 Select an HSA-qualified health plan**  
 Enroll in an HSA-qualified plan. These plans typically cost less than traditional plans and provide tax saving opportunities. HealthEquity will work with your employer or health plan to automatically set up your account and supply a HealthEquity Visa® Health Account Card<sup>1</sup> to conveniently pay for eligible expenses.
- 2 Add money to your HSA**  
 Fund your HSA through pre-tax payroll deductions or transfer money into your account through the HealthEquity member portal. To take full advantage of tax savings<sup>2</sup> and to build a reserve for the future, it is suggested that you maximize your contributions as set by the IRS. The contribution limits for 2018 are \$6,900 for family coverage, and \$3,450 for single coverage.
- 3 Watch your HSA grow**  
 Your FDIC-insured HSA earns tax-free interest. Maximize your tax-free earning potential by investing HSA funds using the convenient online investment tool.<sup>3</sup>
- 4 Use your HSA for qualified medical expenses**  
 HSA funds can be used for a variety of qualified medical, dental and vision expenses.

<sup>1</sup> This card is issued by The Bancorp Bank, pursuant to a license from U.S.A. Inc. Your card can be used everywhere Visa debit cards are accepted for qualified expenses. This card cannot be used at ATMs and you cannot get cash back, and cannot be used at gas stations, restaurants, or other establishments not health related. See Cardholder Agreement for complete usage restrictions.

<sup>2</sup> HSAs are never taxed at a federal income tax level when used appropriately for qualified medical expenses. Also, most states recognize HSA funds as tax-free with very few exceptions. Please consult a tax advisor regarding your state's specific rules.

<sup>3</sup> Investments available to HSA holders are subject to risk, including the possible loss of the principal invested and are not FDIC insured or guaranteed by HealthEquity. HealthEquity does not provide financial advice.

Nothing in this communication is intended as legal, tax, financial or medical advice. Always consult a professional when making life changing decisions.

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## Account mentors

We understand the significance of your benefits selection. Our team of specialists based in Salt Lake City is available 24 hours a day, providing you with insight to help you optimize your health savings account. Call us today.

Call for a personal assessment today:

**866.346.5800**






Lewis Central CSD Plan A PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) 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, visit [www.wellmark.com](http://www.wellmark.com) or call 1-800-524-9242. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary](http://www.healthcare.gov/sbc-glossary) or call 1-800-524-9242 to request a copy.

Important Questions	Answers	Why this Matters:
<b>What is the overall deductible?</b>	\$500 person/\$1,000 family per calendar year.	Generally, you must pay all the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
<b>Are there services covered before you meet your deductible?</b>	Yes. Well-child care, preventive care, in-network outpatient/office services for mental health/substance abuse, in-network prosthetic limbs and services subject to health and drug card copayments are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other deductibles for specific services?</b>	No. There are no other deductibles.	You don't have to meet deductibles for specific services.
<b>What is the out-of-pocket limit for this plan?</b>	Health: \$1,000 person/\$2,000 family per calendar year. Drug Card: \$1,000 person/\$2,000 family per calendar year. The In-Network health and drug card out-of-pocket maximum amounts accumulate together.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
<b>What is not included in the out-of-pocket limit?</b>	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
<b>Will you pay less if you use a network provider?</b>	Yes. See <a href="http://www.wellmark.com">www.wellmark.com</a> or call 1-800-524-9242 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.

Important Questions	Answers	Why this Matters:
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.

Common Medical Event	Services You May Need	What You Will Pay In- <u>Network</u> (IN) <u>Provider</u> (You will pay the least)	What You Will Pay Out-of- <u>Network</u> (OON) <u>Provider</u> (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$20 <u>copay</u> per date of service	30% <u>coinsurance</u>	-----None-----
	<u>Specialist</u> visit	\$20 <u>copay</u> per date of service	30% <u>coinsurance</u>	-----None-----
	<u>Preventive care</u> / <u>screening</u> / <u>immunization</u>	No charge	30% <u>coinsurance</u>	One preventive exam and one gynecological exam per calendar year. One mammogram per calendar year. Well-child care is covered to age 7. 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 <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	Independent Lab: \$20 <u>copay</u> per date of service Facility: 20% <u>coinsurance</u>	30% <u>coinsurance</u>	For a test in a <u>provider's</u> office or clinic, your cost is included in the cost-share listed above. Waive cost-share on in- <u>network</u> outpatient services for mental health/substance abuse.
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	For a test in a <u>provider's</u> office or clinic, your cost is included in the cost-share listed above.

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-524-9242. You can find your Coverage Manual at [sbccmfinder.wellmark.com](http://sbccmfinder.wellmark.com).



Common Medical Event	Services You May Need	What You Will Pay In-Network (IN) Provider (You will pay the least)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
<p><b>If you need drugs to treat your illness or condition</b></p> <p>More information about <b>prescription drug coverage</b> is at <a href="http://www.wellmark.com/prescriptions">www.wellmark.com/prescriptions</a>.</p>	Tier 1	\$15 <u>copay</u> per prescription	Not covered	<p>Drugs listed on Wellmark's Blue Rx Value Plus Drug List are covered. Drugs not on this Drug List are not covered.</p> <p>1 <u>copay</u> for 30-day supply.</p> <p>3 <u>copays</u> for 90-day supply (Retail maintenance).</p> <p>2 <u>copays</u> for 90-day supply (Mail order maintenance).</p> <p><u>Specialty drugs</u> are covered only when obtained through the CVS Specialty Pharmacy Program.</p> <p>See <a href="http://wellmark.com/prescriptions">wellmark.com/prescriptions</a> for information about drugs and drug quantities that require prior authorization by Wellmark to be covered by your plan.</p>
	Tier 2	\$25 <u>copay</u> per prescription	Not covered	
	Tier 3	\$25 <u>copay</u> per prescription	Not covered	
	Specialty drugs	\$85 <u>copay</u> per prescription	Not covered	
<p><b>If you have outpatient surgery</b></p>	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	Waive cost-share on <u>in-network</u> outpatient services for mental health/substance abuse.
	<u>Physician/surgeon fees</u>	20% <u>coinsurance</u>	30% <u>coinsurance</u>	Waive cost-share on <u>in-network</u> outpatient services for mental health/substance abuse.
<p><b>If you need immediate medical attention</b></p>	<u>Emergency room care</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	For emergency medical conditions treated <u>out-of-network</u> , you may be balance billed.
	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Waive cost-share on <u>in-network</u> outpatient services for mental health/substance abuse. For covered non-emergent situations, <u>out-of-network</u> ambulance services are NOT reimbursed at the <u>in-network</u> level. The member may be balance billed for any <u>out-of-network</u> service.
	<u>Urgent care</u>	\$20 <u>copay</u> per date of service	30% <u>coinsurance</u>	-----None-----
	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	Reduction for failure to precertify <u>out-of-network</u> services is 50% and will not exceed \$500 per admission.
<p><b>If you have a hospital stay</b></p>	<u>Physician/surgeon fees</u>	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----None-----
	Outpatient services	0% <u>coinsurance</u>	30% <u>coinsurance</u>	-----None-----
<p><b>If you need mental health, behavioral health, or substance abuse services</b></p>	Inpatient services	20% <u>coinsurance</u>	30% <u>coinsurance</u>	Reduction for failure to precertify <u>out-of-network</u> services is 50% and will not exceed \$500 per admission.

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-524-9242. You can find your Coverage Manual at [sbccmfinder.wellmark.com](http://sbccmfinder.wellmark.com).

Common Medical Event	Services You May Need	What You Will Pay In-Network (IN) Provider (You will pay the least)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
<b>If you are pregnant</b>	Office visits	20% coinsurance	30% coinsurance	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). Cost sharing does not apply to certain <u>preventive services</u> . For any <u>in-network services</u> that fall outside of routine obstetric care, the office visit benefits shown above may apply.
	Childbirth/delivery professional services	20% coinsurance	30% coinsurance	Benefits shown reflect OB/GYN practitioner services which are typically globally billed at time of delivery for pre-natal, post-natal and delivery services.
	Childbirth/delivery facility services	20% coinsurance	30% coinsurance	-----None-----
<b>If you need help recovering or have other special health needs</b>	<u>Home health care</u>	20% coinsurance	30% coinsurance	Waive cost-share on <u>in-network</u> outpatient services for mental health/substance abuse. Limit of 100 visits per calendar year. Reduction for failure to precertify is 50% per covered service.
	<u>Rehabilitation services</u>	Office: \$20 copay per date of service Facility: 20% coinsurance	30% coinsurance	Waive cost-share on <u>in-network</u> outpatient services for mental health/substance abuse. \$10 copay per provider per date of service for outpatient physical, speech and occupational therapies.
	<u>Habilitation services</u>	Office: \$20 copay per date of service Facility: 20% coinsurance	30% coinsurance	Waive cost-share on <u>in-network</u> outpatient services for mental health/substance abuse. \$10 copay per provider per date of service for outpatient physical, speech and occupational therapies.
	<u>Skilled nursing care</u>	20% coinsurance	30% coinsurance	Limit of 100 days per calendar year. Reduction for failure to precertify <u>out-of-network</u> services is 50% and will not exceed \$500 per admission.
	<u>Durable medical equipment</u>	20% coinsurance	30% coinsurance	-----None-----
	<u>Hospice services</u>	20% coinsurance	30% coinsurance	Waive cost-share on <u>in-network</u> outpatient services for mental health/substance abuse. Hospice care is limited to 185 days per calendar year. Hospice respite care is limited to 15 inpatient and 15 outpatient days per lifetime.

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-524-9242. You can find your Coverage Manual at [sbccmfinder.wellmark.com](http://sbccmfinder.wellmark.com).

Common Medical Event	Services You May Need	What You Will Pay In-Network (IN) Provider (You will pay the least)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If your child needs dental or eye care	Children's eye exam	\$20 copay per date of service	30% coinsurance	One routine vision exam per calendar year.
	Children's glasses	Not covered	Not covered	-----None-----
	Children's dental check-up	Not covered	Not covered	-----None-----

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-524-9242. You can find your Coverage Manual at [sbccmfinder.wellmark.com](http://sbccmfinder.wellmark.com).

## Excluded Services & Other Covered Services:

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

- Acupuncture
- Cosmetic surgery
- Custodial care - in home or facility
- Dental care - Adult
- Dental check-up
- Extended home skilled nursing
- Glasses
- Hearing aids
- Long-term care
- Routine foot care
- Some pharmacy drugs are not covered
- Weight loss programs

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

- Applied Behavior Analysis therapy-covered subject to state mandate through age 18 subject to annual limits
- Bariatric surgery
- Chiropractic care
- Infertility treatment (\$25,000 LTM)
- Most coverage provided outside the U.S.
- Private-duty nursing - short term intermittent home skilled nursing (applies to home health care limit)
- Routine eye care - Adult (one vision exam per calendar year)

**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 U.S. Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cclio.cms.gov](http://www.cclio.cms.gov).

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, you can contact: Wellmark at 1-800-524-9242 or the Iowa Insurance Division at 515-281-5705.

### **Does this plan provide Minimum Essential Coverage? Yes**

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

### **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.

\_\_\_\_\_ To see examples of how this plan might cover costs for a sample medical situation, see the next page.

### **Wellmark Blue Cross and Blue Shield of Iowa is an Independent Licensee of the Blue Cross and Blue Shield Association.**

*This contains only a partial description of the benefits, limitations, exclusions and other provisions of the health care plan. It is not a contract or policy. It is a general overview only. It does not provide all the details of coverage, including benefits, exclusions, and policy limitations. In the event there are discrepancies between this document and the Coverage Manual, Certificate, or Policy, the terms and conditions of the Coverage Manual, Certificate, or Policy will govern.*

## About These Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. 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 in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$500
- PCP copayment \$20
- Hospital(facility) coinsurance 20%
- Other coinsurance 20%

#### This EXAMPLE event includes services like:

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

<b>Total Example Cost</b>	<b>\$12,800</b>
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#### In this example, Peg would pay:

Cost Sharing	
<u>Deductibles</u>	\$500
<u>Copayments</u>	\$100
<u>Coinsurance</u>	\$400
<i>What isn't covered</i>	
<b>Limits or exclusions</b>	<b>\$60</b>
<b>The total Peg would pay is</b>	<b>\$1,060</b>

### Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$500
- Specialist copayment \$20
- Hospital(facility) coinsurance 20%
- Other coinsurance 20%

#### This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$7,400</b>
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#### In this example, Joe would pay:

Cost Sharing	
<u>Deductibles</u>	\$90
<u>Copayments</u>	\$900
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
<b>Limits or exclusions</b>	<b>\$200</b>
<b>The total Joe would pay is</b>	<b>\$1,190</b>

### Mia's Simple Fracture (in-network emergency room visit and follow up care)

- The plan's overall deductible \$500
- Specialist copayment \$20
- 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*)

<b>Total Example Cost</b>	<b>\$1,900</b>
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#### In this example, Mia would pay:

Cost Sharing	
<u>Deductibles</u>	\$500
<u>Copayments</u>	\$100
<u>Coinsurance</u>	\$200
<i>What isn't covered</i>	
<b>Limits or exclusions</b>	<b>\$0</b>
<b>The total Mia would pay is</b>	<b>\$800</b>

The amounts shown in the maternity claim example above are based on amounts using a single per person deductible. Some plans may actually apply a two-person or family deductible to maternity services for the mother and newborn baby.

The plan would be responsible for the other costs of these EXAMPLE covered services.

# Required Federal Accessibility and Nondiscrimination Notice



## Discrimination is against the law

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Wellmark does not exclude people or treat them differently because of their race, color, national origin, age, disability or sex.

## Wellmark provides:

- Free aids and services to people with disabilities so they may communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call 800-524-9242.

If you believe that Wellmark has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Wellmark Civil Rights Coordinator, 1331 Grand Avenue, Station 5W189, Des Moines, IA 50309-2901, 515-376-4500, TTY 888-781-4262, Fax 515-376-9073, Email [CRC@Wellmark.com](mailto:CRC@Wellmark.com). You can file a grievance in person, by mail, fax or email. If you need help filing a grievance, the Wellmark Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone or fax at: U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F, HHH Building, Washington DC 20201, 800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意: 如果您说普通话, 我们可免费为您提供语言协助服务。请拨打 800-524-9242 或 (听障专线: 888-781-4262)。

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Xin hãy liên hệ 800-524-9242 hoặc (TTY: 888-781-4262).

NAPOMENA: Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte 800-524-9242 ili (tekstualni telefon za osobe oštećena sluha: 888-781-4262).

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية، المجانية. اتصل بالرقم 800-524-9242 أو (خدمة الهاتف النصي: 888-781-4262).

ສິ່ງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາ ໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ຕິດຕໍ່ທີ. (TTY: 888-781-4262.)

주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

ध्यान रखें: अगर आपकी भाषा हिन्दी है, तो आपके लिए भाषा सहायता सेवाएँ, नि:शुल्क उपलब्ध हैं। 800-524-9242 पर संपर्क करें या (TTY: 888-781-4262)।

ATTENTION: si vous parlez français, des services d'assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).

Geb Acht: Wann du Deutsch schwetze duscht, kannscht du Hilf in dei eegni Schprooch koschdefrei griege. Ruf 800-524-9242 oder (TTY: 888-781-4262) uff.

โปรดทราบ: หากคุณพูด ไทย เรายมีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่คิดค่าใช้จ่าย ติดต่อ 800-524-9242 หรือ (TTY: 888-781-4262)

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyong tulong sa wika na walang bayad. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262).

တောိုးသုညညါ-နုမ့်ကတိကတညိကိဝ်.ကိဝ်တိမတတတိဝ်တတိမတတတိ.လတတတတိလတတတတိ.ဆိဝ်လနုကိလိဝ်.ဆဲးကိးဆူ ၈၀၀-၅၂၄-၉၂၄ နုတမ့် (TTY: ၈၈၈-၇၈၁-၄၂၆) တက့်.

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телетайп: 888-781-4262).

सावधान: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंका लागि नि:शुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध गराइन्छ। 800-524-9242 वा (TTY: 888-781-4262) मा सम्पर्क गर्नुहोस्।

ማሰብያ: አማርኛ የሚናገሩ ከሆነ: የቋንቋ አገዛ አገልግሎቶች: ከክፍያ ነፃ: ያገኛሉ:: በ 800-524-9242 ወይም (በTTY: 888-781-4262) ደውሎ ያነጋግሩ::

HEETINA To a wolwa Fulfulde laabi walliinde dow wolde, naa e njobdi, ene ngoodi ngam maada. Hebir 800-524-9242 malla (TTY: 888-781-4262).

FUULEFFANNA: Yo isin Oromiffaa, kan dubbattan taatan, tajaajiloonni gargaarsa afaanii, kaffaltii malee, isiniif ni jiru. 800-524-9242 yookin (TTY: 888-781-4262) quunnamaa.

УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мовної підтримки. Зателефонуйте за номером 800-524-9242 або (телетайп: 888-781-4262).

Ge': Diné k'éhjí yáníłti'go níká bizaad bee áká' adoowoł, t'áá jiik'é, náhóló. Kojí' hólne' 800-524-9242 doodaii' (TTY: 888-781-4262)




Lewis Central CSD Plan B PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) 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, visit [www.wellmark.com](http://www.wellmark.com) or call 1-800-524-9242. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary](http://www.healthcare.gov/sbc-glossary) or call 1-800-524-9242 to request a copy.

Important Questions	Answers	Why this Matters:
<b>What is the overall deductible?</b>	<b>\$1,000</b> person/ <b>\$2,000</b> family per calendar year.	Generally, you must pay all the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
<b>Are there services covered before you meet your deductible?</b>	Yes. Well-child care, preventive care, in-network outpatient/office services for mental health/substance abuse, ambulance services, in-network prosthetic limbs and services subject to health and drug card copayments are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other deductibles for specific services?</b>	No. There are no other deductibles.	You don't have to meet deductibles for specific services.
<b>What is the out-of-pocket limit for this plan?</b>	Health: <b>\$2,000</b> person/ <b>\$4,000</b> family per calendar year. Drug Card: <b>\$2,000</b> person/ <b>\$4,000</b> family per calendar year. The In-Network health and drug card out-of-pocket maximum amounts accumulate together.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
<b>What is not included in the out-of-pocket limit?</b>	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
<b>Will you pay less if you use a network provider?</b>	Yes. See <a href="http://www.wellmark.com">www.wellmark.com</a> or call 1-800-524-9242 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.

Important Questions	Answers	Why this Matters:
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.

Common Medical Event	Services You May Need	What You Will Pay In- <u>Network</u> (IN) <u>Provider</u> (You will pay the least)	What You Will Pay Out-of- <u>Network</u> (OON) <u>Provider</u> (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$20 <u>copay</u> per date of service	30% <u>coinsurance</u>	-----None-----
	<u>Specialist</u> visit	\$20 <u>copay</u> per date of service	30% <u>coinsurance</u>	-----None-----
If you have a test	Preventive care/ <u>screening</u> / <u>immunization</u>	No charge	30% <u>coinsurance</u>	One preventive exam and one gynecological exam per calendar year. One mammogram per calendar year. Well-child care is covered to age 7. 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 <u>plan</u> will pay for.
	<u>Diagnostic test</u> (x-ray, blood work)	Independent Lab: \$20 <u>copay</u> per date of service Facility: 20% <u>coinsurance</u>	30% <u>coinsurance</u>	For a test in a <u>provider's</u> office or clinic, your cost is included in the cost-share listed above. Waive cost-share on in- <u>network</u> outpatient services for mental health/substance abuse.
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	For a test in a <u>provider's</u> office or clinic, your cost is included in the cost-share listed above.

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-524-9242. You can find your Coverage Manual at [sbccmfinder.wellmark.com](http://sbccmfinder.wellmark.com).



Common Medical Event	Services You May Need	What You Will Pay In-Network (IN) Provider (You will pay the least)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
<p><b>If you need drugs to treat your illness or condition</b></p> <p>More information about <b>prescription drug coverage</b> is at <a href="http://www.wellmark.com/prescriptions">www.wellmark.com/prescriptions</a>.</p>	Tier 1	\$15 <u>copay</u> per prescription	50% <u>coinsurance</u>	<p>Drugs listed on Wellmark's Blue Rx Value Plus Drug List are covered. Drugs not on this Drug List are not covered. For out-of-network <u>prescription drugs</u>, you may be balance billed.</p> <p>1 <u>copay</u> for 30-day supply.</p> <p>3 <u>copays</u> or <u>coinsurance</u> for 90-day supply (Retail maintenance).</p> <p>2 <u>copays</u> for 90-day supply (Mail order maintenance).</p> <p>Erectile dysfunction drugs are not covered.</p> <p><u>Specialty drugs</u> are covered only when obtained through the CVS Specialty Pharmacy Program.</p> <p>See <a href="http://wellmark.com/prescriptions">wellmark.com/prescriptions</a> for information about drugs and drug quantities that require prior authorization by Wellmark to be covered by your plan.</p>
	Tier 2	\$25 <u>copay</u> per prescription	50% <u>coinsurance</u>	
	Tier 3	\$25 <u>copay</u> per prescription	50% <u>coinsurance</u>	
	Specialty drugs	\$85 <u>copay</u> per prescription	Not covered	
<p><b>If you have outpatient surgery</b></p>	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	<p>Waive cost-share on in-network outpatient services for mental health/substance abuse.</p>
	Physician/surgeon fees	20% <u>coinsurance</u>	30% <u>coinsurance</u>	
<p><b>If you need immediate medical attention</b></p>	Emergency room care	20% <u>coinsurance</u>	20% <u>coinsurance</u>	For emergency medical conditions treated out-of-network, you may be balance billed.
	Emergency medical transportation	20% <u>coinsurance</u>	20% <u>coinsurance</u>	Waive cost-share on in-network outpatient services for mental health/substance abuse. For covered non-emergent situations, out-of-network ambulance services are NOT reimbursed at the in-network level. The member may be balance billed for any out-of-network service.
	Urgent care	\$20 <u>copay</u> per date of service	30% <u>coinsurance</u>	-----None-----
<p><b>If you have a hospital stay</b></p>	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	30% <u>coinsurance</u>	Reduction for failure to pre-certify out-of-network services is 50% and will not exceed \$500 per admission.
	Physician/surgeon fees	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----None-----

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-524-9242. You can find your Coverage Manual at [sbccmfinder.wellmark.com](http://sbccmfinder.wellmark.com).

Common Medical Event	Services You May Need	What You Will Pay In-Network (IN) Provider (You will pay the least)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you need mental health, behavioral health, or substance abuse services	Outpatient services	0% <u>coinsurance</u>	30% <u>coinsurance</u>	-----None-----
	Inpatient services	20% <u>coinsurance</u>	30% <u>coinsurance</u>	Reduction for failure to precertify out-of-network services is 50% and will not exceed \$500 per admission.
If you are pregnant	Office visits	20% <u>coinsurance</u>	30% <u>coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). Cost sharing does not apply to certain <u>preventive services</u> . For any in-network services that fall outside of routine obstetric care, the office visit benefits shown above may apply.
	Childbirth/delivery professional services	20% <u>coinsurance</u>	30% <u>coinsurance</u>	Benefits shown reflect OB/GYN practitioner services which are typically globally billed at time of delivery for pre-natal, post-natal and delivery services.
	Childbirth/delivery facility services	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----None-----

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-524-9242. You can find your Coverage Manual at [sbccmfinder.wellmark.com](http://sbccmfinder.wellmark.com).

Common Medical Event	Services You May Need	What You Will Pay In-Network (IN) Provider (You will pay the least)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	30% <u>coinsurance</u>	Waive cost-share on <u>in-network</u> outpatient services for mental health/substance abuse. Limit of 100 visits per calendar year. Reduction for failure to precertify is 50% per covered service.
	<u>Rehabilitation services</u>	Office: \$20 <u>copay</u> per date of service Facility: 20% <u>coinsurance</u>	30% <u>coinsurance</u>	Waive cost-share on <u>in-network</u> outpatient services for mental health/substance abuse. \$10 <u>copay</u> per provider per date of service for outpatient physical, speech and occupational therapies. Outpatient physical and occupational therapies are limited to 60 visits combined per calendar year. Outpatient speech therapy is limited to 30 visits per calendar year.
	<u>Habilitation services</u>	Office: \$20 <u>copay</u> per date of service Facility: 20% <u>coinsurance</u>	30% <u>coinsurance</u>	Waive cost-share on <u>in-network</u> outpatient services for mental health/substance abuse. \$10 <u>copay</u> per provider per date of service for outpatient physical, speech and occupational therapies. Outpatient physical and occupational therapies are limited to 60 visits combined per calendar year. Outpatient speech therapy is limited to 30 visits per calendar year.
If your child needs dental or eye care	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	30% <u>coinsurance</u>	Limit of 100 days per calendar year. Reduction for failure to precertify out-of-network services is 50% and will not exceed \$500 per admission.
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	30% <u>coinsurance</u>	-----None-----
	<u>Hospice services</u>	20% <u>coinsurance</u>	30% <u>coinsurance</u>	Waive cost-share on <u>in-network</u> outpatient services for mental health/substance abuse. Hospice care is limited to 185 days per calendar year. Hospice respite care is limited to 15 inpatient and 15 outpatient days per lifetime.
	Children's eye exam	\$20 <u>copay</u> per date of service	30% <u>coinsurance</u>	One routine vision exam per calendar year.
	Children's glasses	Not covered	Not covered	-----None-----
Children's dental check-up	Not covered	Not covered	-----None-----	

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-524-9242. You can find your Coverage Manual at [sbccmfinder.wellmark.com](http://sbccmfinder.wellmark.com).

## Excluded Services & Other Covered Services:

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

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Custodial care - in home or facility
- Dental care - Adult
- Dental check-up
- Extended home skilled nursing
- Glasses
- Hearing aids
- Long-term care
- Routine foot care
- Some pharmacy drugs are not covered
- Weight loss programs

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

- Applied Behavior Analysis therapy-covered subject to state mandate through age 18 subject to annual limits
- Chiropractic care
- Infertility treatment (\$25,000 LTM)
- Most coverage provided outside the U.S.
- Private-duty nursing - short term intermittent home skilled nursing (applies to home health care limit)
- Routine eye care - Adult (one vision exam per calendar year)

**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 U.S. Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cclio.cms.gov](http://www.cclio.cms.gov).

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, you can contact: Wellmark at 1-800-524-9242 or the Iowa Insurance Division at 515-281-5705.

### **Does this plan provide Minimum Essential Coverage? Yes**

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

### **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.

\_\_\_\_\_ To see examples of how this plan might cover costs for a sample medical situation, see the next page.

### **Wellmark Blue Cross and Blue Shield of Iowa is an Independent Licensee of the Blue Cross and Blue Shield Association.**

*This contains only a partial description of the benefits, limitations, exclusions and other provisions of the health care plan. It is not a contract or policy. It is a general overview only. It does not provide all the details of coverage, including benefits, exclusions, and policy limitations. In the event there are discrepancies between this document and the Coverage Manual, Certificate, or Policy, the terms and conditions of the Coverage Manual, Certificate, or Policy will govern.*

## About These Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. 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 in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$1,000
- PCP copayment \$20
- Hospital(facility) coinsurance 20%
- Other coinsurance 20%

**This EXAMPLE event includes services like:**

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

<b>Total Example Cost</b>	<b>\$12,800</b>
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**In this example, Peg would pay:**

Cost Sharing	
<u>Deductibles</u>	\$1,000
<u>Copayments</u>	\$100
<u>Coinsurance</u>	\$900
<i>What isn't covered</i>	
<b>Limits or exclusions</b>	<b>\$60</b>
<b>The total Peg would pay is</b>	<b>\$2,060</b>

### Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$1,000
- Specialist copayment \$20
- Hospital(facility) coinsurance 20%
- Other coinsurance 20%

**This EXAMPLE event includes services like:**

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$7,400</b>
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**In this example, Joe would pay:**

Cost Sharing	
<u>Deductibles</u>	\$90
<u>Copayments</u>	\$1,500
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
<b>Limits or exclusions</b>	<b>\$200</b>
<b>The total Joe would pay is</b>	<b>\$1,790</b>

### Mia's Simple Fracture (in-network emergency room visit and follow up care)

- The plan's overall deductible \$1,000
- Specialist copayment \$20
- 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*)

<b>Total Example Cost</b>	<b>\$1,900</b>
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**In this example, Mia would pay:**

Cost Sharing	
<u>Deductibles</u>	\$1,000
<u>Copayments</u>	\$100
<u>Coinsurance</u>	\$70
<i>What isn't covered</i>	
<b>Limits or exclusions</b>	<b>\$0</b>
<b>The total Mia would pay is</b>	<b>\$1,170</b>

The amounts shown in the maternity claim example above are based on amounts using a single per person deductible. Some plans may actually apply a two-person or family deductible to maternity services for the mother and newborn baby.

The plan would be responsible for the other costs of these EXAMPLE covered services.

# Required Federal Accessibility and Nondiscrimination Notice



## Discrimination is against the law

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Wellmark does not exclude people or treat them differently because of their race, color, national origin, age, disability or sex.

## Wellmark provides:

- Free aids and services to people with disabilities so they may communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call 800-524-9242.

If you believe that Wellmark has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Wellmark Civil Rights Coordinator, 1331 Grand Avenue, Station 5W189, Des Moines, IA 50309-2901, 515-376-4500, TTY 888-781-4262, Fax 515-376-9073, Email [CRC@Wellmark.com](mailto:CRC@Wellmark.com). You can file a grievance in person, by mail, fax or email. If you need help filing a grievance, the Wellmark Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone or fax at: U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F, HHH Building, Washington DC 20201, 800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Xin hãy liên hệ 800-524-9242 hoặc (TTY: 888-781-4262).

NAPOMENA: Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte 800-524-9242 ili (tekstualni telefon za osobe oštećena sluha: 888-781-4262).

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية، المجانية. اتصل بالرقم 800-524-9242 أو (خدمة الهاتف النصي: 888-781-4262).

ສິ່ງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາ ໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ຕິດຕໍ່ທີ. (TTY: 888-781-4262.)

주의: 한국어 를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

ध्यान रखें : अगर आपकी भाषा हिन्दी है, तो आपके लिए भाषा सहायता सेवाएँ, नि:शुल्क उपलब्ध हैं। 800-524-9242 पर संपर्क करें या (TTY: 888-781-4262)।

ATTENTION : si vous parlez français, des services d'assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).

Geb Acht: Wann du Deutsch schwetze duscht, kannscht du Hilf in dei eegni Schprooch koschdefrei griege. Ruf 800-524-9242 odder (TTY: 888-781-4262) uff.

โปรดทราบ: หากคุณพูด ไทย เรายมีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่มีคิด ค่าใช้จ่าย ติดต่อ 800-524-9242 หรือ (TTY: 888-781-4262)

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyong tulong sa wika na walang bayad. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262).

တောိုးသုဂ်ညါ-နုးဟ်ကတိံကေညါကိဂ်.ကိဂ်တိံမဟဲတောိုးတိံမဟဲတောိုး.လောတောိုးလောတောိုးလဲ.ဆိဂ်လောနီဂ်လိဝ်.ဆဲးကိဂ်ဆူ ၈၀၀-၅၂၄-၉၂၄ မှတဆုဲ (TTY: ၈၈၈-၇၈၁-၄၂၆) တက့ာ်.

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телетайп: 888-781-4262).

सावधान: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंका लागि नि:शुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध गराइन्छ। 800-524-9242 वा (TTY: 888-781-4262) मा सम्पर्क गर्नुहोस्।

ማሰብያ: አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ አገዛ አገልግሎቶች፣ ከክፍያ ነፃ፣ ያገኛሉ። በ 800-524-9242 ወይም (በTTY: 888-781-4262) ደውሎ ያነጋግሩ።

HEETINA To a wolwa Fulfulde laabi walliinde dow wolde, naa e njobdi, ene ngoodi ngam maada. Hebir 800-524-9242 malla (TTY: 888-781-4262).

FUULEFFANNA: Yo isin Oromiffaa, kan dubbattan taatan, tajaajiloonni gargaarsa afaanii, kaffaltii malee, isiniif ni jiru. 800-524-9242 yookin (TTY: 888-781-4262) quunnamaa.

УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мовної підтримки. Зателефонуйте за номером 800-524-9242 або (телетайп: 888-781-4262).

Ge': Diné k'éhjí yáníłti'go níká bizaad bee áká' adoowoł, t'áá jiik'é, náhóló. Kojí' hółne' 800-524-9242 doodaii' (TTY: 888-781-4262)

Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc., Wellmark Synergy Health, Inc., Wellmark Value Health Plan, Inc. and Wellmark Blue Cross and Blue Shield of South Dakota are independent licensees of the Blue Cross and Blue Shield Association.



**Lewis Central CSD HDHP PPO**



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) 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, visit [www.wellmark.com](http://www.wellmark.com) or call 1-800-524-9242. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary](http://www.healthcare.gov/sbc-glossary) or call 1-800-524-9242 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$3,000 person/\$6,000 family per calendar year.	Generally, you must pay all the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Well-child care and preventive care are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits/">www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other deductibles for specific services?	No. There are no other deductibles.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$3,000 person/\$6,000 family per calendar year.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See <a href="http://www.wellmark.com">www.wellmark.com</a> or call 1-800-524-9242 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 referral to see a specialist?	No.	You can see the specialist you choose without a referral.

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



Common Medical Event	Services You May Need	What You Will Pay In-Network (IN) Provider (You will pay the least)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----
	Specialist visit	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----
	Preventive care/screening/immunization	No charge	0% <u>coinsurance</u>	One preventive exam and one gynecological exam per calendar year. One mammogram per calendar year. Well-child care is covered to age 7. 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 <u>plan</u> will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----
	Imaging (CT/PET scans, MRIs)	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-524-9242. You can find your Coverage Manual at [sbccmfinder.wellmark.com](http://sbccmfinder.wellmark.com).



Common Medical Event	Services You May Need	What You Will Pay In-Network (IN) Provider (You will pay the least)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
<p><b>If you need drugs to treat your illness or condition</b></p> <p>More information about <b>prescription drug coverage</b> is at <a href="http://www.wellmark.com/prescriptions">www.wellmark.com/prescriptions</a>.</p>	Tier 1	0% <u>coinsurance</u>	0% <u>coinsurance</u>	<p>Drugs listed on Wellmark's Blue Rx Value Plus Drug List are covered. Drugs not on this Drug List are not covered. You pay the discounted cost of your <u>prescription drugs</u> until your overall <u>deductible</u> is met. For out-of-<u>network prescription drugs</u>, you may be balance billed.</p> <p>30-day supply for <u>prescription drugs</u>. 90 day prescription maximum (maintenance).</p> <p>Erectile dysfunction drugs are not covered.</p> <p><u>Specialty drugs</u> are covered only when obtained through the CVS Specialty Pharmacy Program.</p> <p>See <a href="http://wellmark.com/prescriptions">wellmark.com/prescriptions</a> for information about drugs and drug quantities that require prior authorization by Wellmark to be covered by your plan.</p>
	Tier 2	0% <u>coinsurance</u>	0% <u>coinsurance</u>	
	Tier 3	0% <u>coinsurance</u>	0% <u>coinsurance</u>	
	Specialty drugs	0% <u>coinsurance</u>	Not covered	
<p><b>If you have outpatient surgery</b></p>	Facility fee (e.g., ambulatory surgery center)	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----
	<u>Physician/surgeon fees</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----
	<u>Emergency room care</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	For <u>emergency medical conditions</u> treated out-of- <u>network</u> , you may be balance billed.
<p><b>If you need immediate medical attention</b></p>	<u>Emergency medical transportation</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	For covered non-emergent situations, out-of-network ambulance services are NOT reimbursed at the in-network level. The member may be balance billed for any out-of- <u>network service</u> .
	<u>Urgent care</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-524-9242. You can find your Coverage Manual at [sbccmfinder.wellmark.com](http://sbccmfinder.wellmark.com).

Common Medical Event	Services You May Need	What You Will Pay In-Network (IN) Provider (You will pay the least)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If you have a hospital stay	Facility fee (e.g., hospital room)	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Reduction for failure to precertify out-of-network services is 50% and will not exceed \$500 per admission.
	<u>Physician/surgeon fees</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----
	Outpatient services	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----
If you need mental health, behavioral health, or substance abuse services	Inpatient services	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Reduction for failure to precertify out-of-network services is 50% and will not exceed \$500 per admission.
	Office visits	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). Cost sharing does not apply to certain <u>preventive services</u> .
If you are pregnant	Childbirth/delivery professional services	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Benefits shown reflect OB/GYN practitioner services which are typically globally billed at time of delivery for pre-natal, post-natal and delivery services.
	Childbirth/delivery facility services	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----
If you need help recovering or have other special health needs	<u>Home health care</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Limit of 100 visits per calendar year. Reduction for failure to precertify is 50% per covered service.
	<u>Rehabilitation services</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Outpatient physical and occupational therapies are limited to 60 visits combined per calendar year. Outpatient speech therapy is limited to 30 visits per calendar year.
	<u>Habilitation services</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Outpatient physical and occupational therapies are limited to 60 visits combined per calendar year. Outpatient speech therapy is limited to 30 visits per calendar year.
	<u>Skilled nursing care</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Limit of 100 days per calendar year. Reduction for failure to precertify out-of-network services is 50% and will not exceed \$500 per admission.
	<u>Durable medical equipment</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	-----None-----
	<u>Hospice services</u>	0% <u>coinsurance</u>	0% <u>coinsurance</u>	Hospice care is limited to 185 days per calendar year. Hospice respite care is limited to 15 inpatient and 15 outpatient days per lifetime.

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-524-9242. You can find your Coverage Manual at [sbccmfinder.wellmark.com](http://sbccmfinder.wellmark.com).

Common Medical Event	Services You May Need	What You Will Pay In-Network (IN) Provider (You will pay the least)	What You Will Pay Out-of-Network (OON) Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
If your child needs dental or eye care	Children's eye exam	0% coinsurance	0% coinsurance	One routine vision exam per calendar year.
	Children's glasses	Not covered	Not covered	-----None-----
	Children's dental check-up	Not covered	Not covered	-----None-----

For more information about limitations and exceptions, see your plan document or call Wellmark at 1-800-524-9242. You can find your Coverage Manual at [sbccmfinder.wellmark.com](https://www.wellmark.com/sbccmfinder).

## Excluded Services & Other Covered Services:

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

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Custodial care - in home or facility
- Dental care - Adult
- Dental check-up
- Extended home skilled nursing
- Glasses
- Hearing aids
- Long-term care
- Routine foot care
- Some pharmacy drugs are not covered
- Weight loss programs

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

- Applied Behavior Analysis therapy-covered subject to state mandate through age 18 subject to annual limits
- Chiropractic care
- Infertility treatment (\$25,000 LTM)
- Most coverage provided outside the U.S.
- Private-duty nursing - short term intermittent home skilled nursing (applies to home health care limit)
- Routine eye care - Adult (one vision exam per calendar year)

**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 U.S. Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cclio.cms.gov](http://www.cclio.cms.gov).

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, you can contact: Wellmark at 1-800-524-9242 or the Iowa Insurance Division at 515-281-5705.

### **Does this plan provide Minimum Essential Coverage? Yes**

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

### **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.

\_\_\_\_\_ To see examples of how this plan might cover costs for a sample medical situation, see the next page.

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*This contains only a partial description of the benefits, limitations, exclusions and other provisions of the health care plan. It is not a contract or policy. It is a general overview only. It does not provide all the details of coverage, including benefits, exclusions, and policy limitations. In the event there are discrepancies between this document and the Coverage Manual, Certificate, or Policy, the terms and conditions of the Coverage Manual, Certificate, or Policy will govern.*

## About These Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. 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 in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$3,000
- PCP coinsurance 0%
- Hospital(facility) coinsurance 0%
- Other coinsurance 0%

#### This EXAMPLE event includes services like:

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

**Total Example Cost** \$12,800

#### In this example, Peg would pay:

Cost Sharing	
Deductibles	\$3,000
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$3,060</b>

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$3,000
- Specialist coinsurance 0%
- Hospital(facility) coinsurance 0%
- Other coinsurance 0%

#### This EXAMPLE event includes services like:

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

**Total Example Cost** \$7,400

#### In this example, Joe would pay:

Cost Sharing	
Deductibles	\$3,000
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$200
<b>The total Joe would pay is</b>	<b>\$3,200</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$3,000
- Specialist coinsurance 0%
- Hospital(facility) coinsurance 0%
- Other coinsurance 0%

#### 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** \$1,900

#### In this example, Mia would pay:

Cost Sharing	
Deductibles	\$1,900
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,900</b>

The amounts shown in the maternity claim example above are based on amounts using a single per person deductible. Some plans may actually apply a two-person or family deductible to maternity services for the mother and newborn baby.

The plan would be responsible for the other costs of these EXAMPLE covered services.

# Required Federal Accessibility and Nondiscrimination Notice



## Discrimination is against the law

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Wellmark does not exclude people or treat them differently because of their race, color, national origin, age, disability or sex.

## Wellmark provides:

- Free aids and services to people with disabilities so they may communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call 800-524-9242.

If you believe that Wellmark has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Wellmark Civil Rights Coordinator, 1331 Grand Avenue, Station 5W189, Des Moines, IA 50309-2901, 515-376-4500, TTY 888-781-4262, Fax 515-376-9073, Email [CRC@Wellmark.com](mailto:CRC@Wellmark.com). You can file a grievance in person, by mail, fax or email. If you need help filing a grievance, the Wellmark Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone or fax at: U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F, HHH Building, Washington DC 20201, 800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Xin hãy liên hệ 800-524-9242 hoặc (TTY: 888-781-4262).

NAPOMENA: Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte 800-524-9242 ili (tekstualni telefon za osobu oštećena sluha: 888-781-4262).

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية، المجانية. اتصل بالرقم 800-524-9242 أو (خدمة الهاتف النصي: 888-781-4262).

ສິ່ງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາ ໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ຕິດຕໍ່ທີ. (TTY: 888-781-4262.)

주의: 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

ध्यान रखें : अगर आपकी भाषा हिन्दी है, तो आपके लिए भाषा सहायता सेवाएँ, नि:शुल्क उपलब्ध हैं। 800-524-9242 पर संपर्क करें या (TTY: 888-781-4262)।

ATTENTION : si vous parlez français, des services d'assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).

Geb Acht: Wann du Deutsch schwetze duscht, kannscht du Hilf in dei eegni Schprooch koschdefrei griege. Ruf 800-524-9242 oder (TTY: 888-781-4262) uff.

โปรดทราบ: หากคุณพูด ไทย เรายมีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่คิดค่าใช้จ่าย ติดต่อ 800-524-9242 หรือ (TTY: 888-781-4262)

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyong tulong sa wika na walang bayad. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262).

တောိုးသုဂ်ညါ-နုးမုာ်ကတိာ်ကေညါကိဂ်.ကိဂ်တိာ်မတတိာ်ဖဲတိာ်မတတိာ်.လတတဘိလ်တဘိလ်.ဆိဂ်လ်နုးဂိလ်.ဆဲးကိးဆူ ၈၀၀-၅၂၄-၉၂၄ မုတမုာ် (TTY: ၈၈၈-၇၈၁-၄၂၆) တက့ာ်.

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телетайп: 888-781-4262).

सावधान: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंका लागि नि:शुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध गराइन्छ। 800-524-9242 वा (TTY: 888-781-4262) मा सम्पर्क गर्नुहोस्।

ማሰሰቢያ: ከማርኛ የሚናገሩ ከሆነ፣ የቋንቋ አገዛ አገልግሎቶች፣ ከክፍያ ነፃ፣ ያገኛሉ። በ 800-524-9242 ወይም (በTTY: 888-781-4262) ደውሎ ያነጋግሩ።

HEETINA To a wolwa Fulfulde laabi walliinde dow wolde, naa e njobdi, ene ngoodi ngam maada. Hebir 800-524-9242 malla (TTY: 888-781-4262).

FUULEFFANNA: Yo isin Oromiffaa, kan dubbattan taatan, tajaajiloonni gargaarsa afaanii, kaffaltii malee, isiniif ni jiru. 800-524-9242 yookin (TTY: 888-781-4262) quunnamaa.

УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мовної підтримки. Зателефонуйте за номером 800-524-9242 або (телетайп: 888-781-4262).

Ge': Diné k'éhjí yáníłti'go níká bizaad bee áká' adoowoł, t'áá jiik'é, náhóló. Kojí' hólne' 800-524-9242 doodaii' (TTY: 888-781-4262)

Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc., Wellmark Synergy Health, Inc., Wellmark Value Health Plan, Inc. and Wellmark Blue Cross and Blue Shield of South Dakota are independent licensees of the Blue Cross and Blue Shield Association.

## **IMPORTANT NOTICE FROM LEWIS CENTRAL CSD ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Lewis Central CSD and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Lewis Central CSD has determined that the prescription drug coverage offered by the Wellmark Blue Cross and Blue Shield Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> to December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Lewis Central CSD coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your current Lewis Central CSD coverage, be aware that you and your dependents may not be able to get this coverage back.

### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Lewis Central CSD and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

**For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Lewis Central CSD changes. You also may request a copy of this notice at any time.

**For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date:	2020-2021 Plan Year
Name of Entity/Sender:	Lewis Central CSD
Contact--Position/Office:	Jennifer Wright / HR Generalist
Address:	4121 Harry Langdon Blvd Council Bluffs, IA 51503
Phone Number:	712-366-8204





## Delta Dental of Iowa

### Employee Summary of Covered Services and Benefits

#### Lewis Central CSD

Deductibles, Maximums & Eligibility	Delta Dental PPO <sup>SM</sup>	Delta Dental Premier <sup>®</sup> / Non Par
- Individual Deductible	\$25	\$50
- Family Deductible	\$50	\$100
- Deductible applies to Check-Ups and Teeth Cleaning?	No	No
- Benefit Period Maximum	\$1,250	\$1,250
- Eligible children to age	26	26
- Full-time (unmarried) students eligible to age	99	99
- Does Individual Deductible apply to Orthodontics?	No	No
- Orthodontic lifetime maximum	\$1,000	\$1,000
- Orthodontics: Eligible children to age	19	19
- Orthodontics: Full-time students eligible to age	19	19
- Adult Orthodontics	No	No
<b>Benefits</b>		
<b>Check-Ups and Teeth Cleaning</b>	10%	20%
<b>(Diagnostic and Preventive Services)</b>		
- Dental Cleaning	<i>2 in a benefit period aggregate with perio maintenance therapy</i>	
- Oral Evaluations	<i>2 in a benefit period</i>	
- Fluoride Applications	<i>1 every 12 months to age 19</i>	
- X-Rays	<i>Bitewings - 1 every 12 months; Full mouth - 1 every 5 years</i>	
- Sealant Applications	<i>1 in a lifetime per permanent 1st and 2nd molars to age 15</i>	
- Space Maintainers	<i>To age 15</i>	
- Periodontal Maintenance Therapy	<i>2 in a benefit period aggregate with dental cleaning</i>	
<b>Cavity Repair and Tooth Extractions</b>	20%	20%
<b>(Routine and Restorative Services)</b>		
- Emergency Treatment		
- General Anesthesia/Sedation		
- Restoration of Decayed or Fractured Teeth		
- Limited Occlusal Adjustments		
- Routine Oral Surgery		
- Posterior Composites w/ Alternate Processing		
<b>Root Canals (Endodontic Services)</b>	20%	20%
- Apicoectomy		
- Direct Pulp Cap		
- Pulpotomy		
- Retrograde Fillings		
- Root Canal Therapy		
<b>Gum and Bone Diseases (Periodontal Services)</b>	20%	20%
- Conservative Procedures (Non-surgical)	<i>1 every 24 months per quadrant</i>	
- Complex Procedures (Surgical)	<i>1 every 36 months per quadrant</i>	
<b>High Cost Restorations (Cast Restorations)</b>	50%	50%
- Cast Restorations		
- Crowns	<i>1 every 5 years</i>	
- Inlays	<i>1 every 5 years</i>	
- Onlays	<i>1 every 5 years</i>	
- Post and Cores		
- Recementing Crowns/Inlays/Onlays	20%	20%
<b>Dentures and Bridges (Prosthetic Services)</b>	50%	50%
- Bridges	<i>1 every 5 years</i>	
- Dentures	<i>1 every 5 years</i>	
- Repairs and Adjustments	20%	20%
- Recementing of Bridges	20%	20%
- Implants Not Covered		
<b>Straighter Teeth (Orthodontics)</b>	50%	50%
<b>Additional Options</b>		
-Annual Maximum Carryover - To Go <sup>SM</sup>	<i>Included</i>	<i>Included</i>

This dental plan includes the Annual Maximum Carryover – To Go<sup>SM</sup> for carryover of unused Benefit Period Maximums to the next benefit contract year. Please refer to your dental benefits document for details.

The percentage shown is the coinsurance amount that is the responsibility of the Covered Person.

This is a general description of coverage. It is not a statement of your contract. Actual coverage is subject to terms and conditions specified in the benefits document itself and enrollment regulations in force when the benefits become effective. Certain exclusions and limitations apply. Please refer to your dental benefits document for details.

# To Go<sup>SM</sup>

## Increase Your Annual Benefit Maximum



To Go allows you to carry over any unused annual maximums from one year to the next. This benefit offers more flexibility and helps you plan for more extensive and costly dental treatments in subsequent years.

### How To Go Works

For example, if your plan has an annual maximum of \$1,250, here is how you can use To Go.

Year 1		Year 2		Year 3	
Annual Benefit Maximum	\$1,250	Annual Benefit Maximum	\$1,250	Annual Benefit Maximum	\$1,250
Eligible Benefit Used	\$500	To Go Benefit from Year 1	\$750	To Go Benefit from Year 2	\$1,250
Unused Annual Benefit Maximum	\$750	Year 2 Annual Benefit Maximum	\$2,000	Year 3 Annual Benefit Maximum	\$2,500
To Go - Annual Maximum Carryover (for use in year 2)	\$750	Eligible Benefit Used	\$500	Eligible Benefit Used	\$1,500
		Unused Annual Benefit Maximum	\$1,500	Unused Annual Benefit Maximum	\$1,000
		To Go - Annual Maximum Carryover (for use in year 3)	\$1,250*	To Go - Annual Maximum Carryover (for use in year 4)	\$1,000*

### Questions?

If you have any questions about your dental benefits, visit the Delta Dental website at [deltadentalia.com](http://deltadentalia.com) and log into the Member Connection or you can call customer service at 800-544-0718.

#### To Go Guidelines:

1. You must be covered under the plan for the full benefit plan year, with coverage for major services, and not subject to any benefit waiting periods for these services.
2. You must have submitted at least one claim during the benefit plan year that would apply to your annual maximum.
3. The carryover amount may not exceed the amount of the regular annual maximum and the total combined annual maximum may not exceed twice the regular annual maximum.

\* The To Go - Annual Maximum Carryover amount cannot exceed the annual benefit maximum.

# DeltaVision<sup>®</sup>

## Set Your Sights On Discounts



### DELTAVISION DISCOUNT PLAN

#### VISION CARE MATTERS

Eye care goes beyond vision. Your eyes say a lot about you — from your emotions to your overall health. Being proactive about protecting your eyes makes a clear, positive impact. Regular eye exams not only correct vision problems, but they also can reveal early warning signs of more serious health conditions such as hypertension, cardiovascular disease and diabetes.<sup>1</sup> So put yourself on a path to better health by scheduling eye exams annually.

#### KEEP ON SAVING

You can use your DeltaVision discount as often as you like all year long on nearly all your vision care purchases at participating providers.

<sup>1</sup> [www.cdc.gov/features/healthyvision/](http://www.cdc.gov/features/healthyvision/)



#### LEARN MORE

To find providers near you or for more information about vision wellness, visit [deltadentalia.com/deltavision](http://deltadentalia.com/deltavision).



#### LOCATE A PROVIDER

You love choices — and so do we. That's why our network has thousands of independent doctors & retail providers.

#### SCHEDULE AN APPOINTMENT

Call ahead or stop by one of the many providers that offer walk-ins. Most also have evening and weekend hours to fit any schedule.

#### SHOW YOUR ID CARD

When you arrive, let the provider know you have a discount through DeltaVision.

Please note your discount cannot be combined with any other discounts, coupons or promotional offers.

### DeltaVision<sup>®</sup>

#### EyeMed Member/Patient Services:

1.866.246.9041  
ACCESS DISCOUNT PLAN  
DELTAVISION  
Discount plan# 9231093

Signature: \_\_\_\_\_

*This is not insurance.  
Dependents are eligible.*

*Please detach carefully at perforation and keep card in your wallet.*

# DeltaVision® DISCOUNT PLAN

## Access network

Vision Care Services	Member Cost
Exam and dilation as necessary	\$5 off routine exam \$5 off contact lens exam
<b>Complete pair of glasses purchase*:</b> Frame, lenses and lens options must be purchased in the same transaction to receive full discount.	
<b>Standard plastic lenses:</b> Single Vision Bifocal Trifocal	\$50 \$70 \$105
<b>Frames</b>	35% off retail price
<b>Lens options:</b> UV treatment Tint (solid and gradient) Standard plastic scratch coating Standard polycarbonate Standard progressive lens (Add-on to bifocal) Standard anti-reflective coating Other add-ons and services	\$15 \$15 \$15 \$40 \$65 \$45 20% off retail price
<b>Contact lens materials:</b> (Discount applied to materials only) Disposable Conventional	0% off retail price 15% off retail price
<b>Laser vision correction**:</b> LASIK or PRK	15% off retail price or 5% off promotional price
<b>Frequency:</b> Examination Frame Lenses Contact lenses	Unlimited Unlimited Unlimited Unlimited


### THIS IS NOT INSURANCE


\*Items purchased separately will be discounted 20% off of the retail price.

\*\*Since LASIK and PRK vision corrections are elective procedures, performed by specially trained providers, this discount may not always be available from a provider in your location. For a location near you and the discount authorization, please call 1.877.5LASER6.

Member will receive a 20% discount on those items purchased at participating providers that are not specifically covered by this discount. The 20% discount does not apply to EyeMed providers' professional services or contact lenses. Retail prices may vary by location. All discounts cannot be combined with any other discounts or promotional offers.







This discount design is offered with the EyeMed Access panel of providers.





**EyeMed Member/  
Patient Services:**  
Visit [eyemed.com](http://eyemed.com) or call the number on the front of this card.

**EyeMed Doctors/  
Providers Only:**  
Visit [eyemed.com](http://eyemed.com) to receive plan information or authorization online or call 1.800.521.3605.

### LIMITATIONS/EXCLUSIONS:

- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes or supporting structures
- Corrective eyewear required by an employer as a condition of employment and safety eyewear unless specifically covered under plan
- Services provided as a result of any Workers' Compensation law
- Discount is not available on those frames where the manufacturer prohibits a discount

Visit [deltadentalia.com/deltavision](http://deltadentalia.com/deltavision) to learn more or locate a provider near you.



# A LOOK AT YOUR VSP VISION COVERAGE

## SEE HEALTHY AND LIVE HAPPY WITH HELP FROM LEWIS CENTRAL COMMUNITY SCHOOL DISTRICT AND VSP.



Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

### VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

### PROVIDER CHOICES YOU WANT.

It's easy to find a nearby in-network doctor. Maximize your coverage with bonus offers and savings that are exclusive to Premier Program locations—including thousands of private practice doctors and over 700 Visionworks retail locations nationwide.



### USING YOUR BENEFIT IS EASY!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

### QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

## GET YOUR PERFECT PAIR

**EXTRA \$20** +  
TO SPEND ON  
FEATURED FRAME BRANDS\*

bebe CALVIN KLEIN COLE HAAN FLEXON  
LACOSTE NINE WEST

SEE MORE BRANDS AT [VSP.COM/OFFERS](http://vsp.com/offers).

UP TO **40%**  
SAVINGS ON LENS  
ENHANCEMENTS



**Enroll today.**  
Contact us: **800.877.7195** or [vsp.com](http://vsp.com)

## YOUR VSP VISION BENEFITS SUMMARY

Lewis Central Community School District and VSP provide you with an affordable vision plan.

### PROVIDER NETWORK:

VSP Choice

### EFFECTIVE DATE:

07/01/2020



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>YOUR COVERAGE WITH A VSP PROVIDER</b>			
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$10	Every 12 months
<b>PRESCRIPTION GLASSES</b>		\$25	See frame and lenses
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$130 allowance for a wide selection of frames</li> <li>\$150 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$70 Walmart®/Sams Club®/Costco® frame allowance</li> </ul>	Included in Prescription Glasses	Every 24 months
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every 12 months
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> </ul>	\$0 \$95 - \$105 \$150 - \$175	Every 12 months
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$130 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every 12 months
<b>PRIMARY EYECARE</b>	<ul style="list-style-type: none"> <li>As a VSP member, you can visit your VSP doctor for medical and urgent eyecare. Your VSP doctor can diagnose, treat, and monitor common eye conditions like pink eye, and more serious conditions like sudden vision loss, glaucoma, diabetic eye disease, and cataracts. Ask your VSP doctor for details.</li> </ul>	\$20	As needed
<b>EXTRA SAVINGS</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>		
	<b>Retinal Screening</b> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>		

### YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to [vsp.com](http://vsp.com) to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Log in to [vsp.com](http://vsp.com) to find an in-network provider based on your plan type.

\*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

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VSP, VSP Vision Care for life, Eyeconic, and WellVision Exam are registered trademarks, VSP Diabetic Eyecare Plus Program is servicemark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners.

# It's easy to create an account on vsp.com.



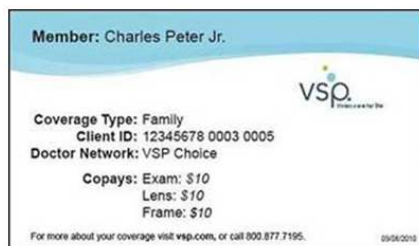
## Just follow these steps:

[Get Started Today!](#)

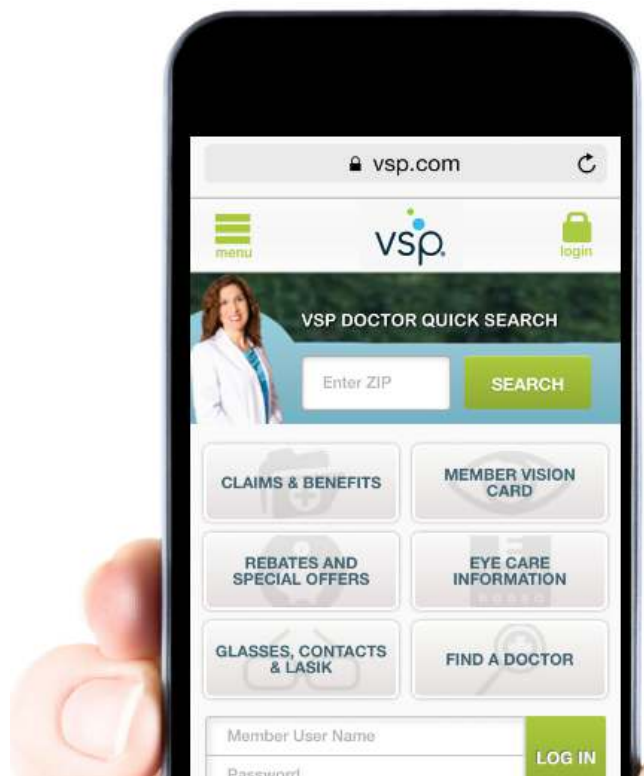
1. Visit **vsp.com**
2. Click on CREATE AN ACCOUNT at the top of the page
3. Enter the member's SSN or Member ID Number
4. Enter the member's first and last name
5. Enter the member's date of birth
6. Click CONTINUE
7. Follow the steps to create a user name and password

Once you create an account, you can review your benefit information, access personalized eligibility and plan coverage details, and print a Member Vision Card.

Please Note: VSP does not create new ID cards. You can obtain a Print-On-Demand ID card through your VSP account.



- **Find a doctor** by name or location, and get directions to your appointment.
- Access your **Member Vision Card** and personal benefit information.
- View **Exclusive Member Extras**, like rebates, special offers, and promotions.
- Get **eye care information** on a variety of topics to maintain optimal eye health.



# FLEXIBLE SPENDING ACCOUNTS (FSA)

## TASC

### Plan Overview

#### Pre-Tax Premium Benefits

This plan allows you to fund several of your premium contributions with pre-tax dollars and to fund either a Health Care Reimbursement Account and/or Dependent Care Reimbursement Account. Your contributions are deducted from your gross wages before FICA, Federal and State taxes are deducted. You save money because you are taxed at a reduced income level. Your taxes are calculated after your premiums and reimbursement account monies are deducted from your gross wages.

#### Health Care Reimbursement Accounts

This plan allows you to defer pre-tax dollars into a Health Care Reimbursement Account to pay for certain IRS-approved medical care expenses not covered by your insurance plan with pre-tax dollars. Some examples include:

- Deductible, coinsurance and copayments
- Over the counter medications – with prescription
- Dental services and orthodontia
- Vision services, including contact lenses, contact lens solution, eye exams and eyeglasses
- Hearing services, including hearing aids and batteries

*Medical Care Maximum: \$2,750*

#### Limited Purpose Account

If you are enrolled in an HSA you are only eligible to use a Medical Reimbursement Account for Vision and Dental expenses only.

*Limited Purpose Maximum: \$2,750*

#### Dependent Care Reimbursement Accounts

This plan allows you to defer pre-tax dollars into a Dependent Care Reimbursement Account. You may request reimbursement as you incur expenses to provide day care for qualified dependents: children under age 13, or an older disabled dependent child, or a disabled adult.

*Dependent Care Maximums: \$5,000 if married filing jointly or head of household;  
\$2,500 if married filing single.*

### Plan Provisions

Please Note: Your election in the Lewis Central CSD Section 125 Flexible Benefit Plan is irrevocable for the entire plan year (July 1<sup>st</sup> through June 30<sup>th</sup>) without a qualifying change in status (i.e. birth, adoption, divorce, job status change, etc.) Please be advised that any unused FSA monies over your allowed rollover amount will be forfeited back to the Plan at the end of the plan year.

#### Rollover Feature

Participants in a Healthcare Reimbursement Account are allowed to rollover up to \$500 per year. The maximum election will continue to be \$2,750; rollover funds will be added to the maximum. If you are going to enroll in the high deductible health plan for the first time and you have funds to rollover, you must designate and use the rollover amount for limited purpose only (dental and vision) to be eligible to open a health savings account.

- These funds will rollover into the new plan year once the current plan year's runout period has ended. In order to retrieve these funds prior to the runout period ending participants can log into TASC's system and push the "Carryover Funds Now" button.

#### Claim Submission

Claims may be filed by mailing, faxing, or online. Please be aware that your plan has a run out period, after the end of the plan, where you may still file claims. Remember that the expense, however, must have been incurred during the plan year.

#### FSA Debit Card

All enrollees receive an FSA debit card to pay for eligible expenses at the time of claim. You automatically receive 1 card and may request 1 additional card for a dependent. Any additional cards or replacement cards are subject to a \$10 fee. Your FSA debit card comes fully loaded with your annual election amount on the effective date. Your debit card will be reloaded each year IF you re-enroll in the FSA. Funds expire annually but your debit card is valid until the expiration date on the card.

#### Claim Processing

Claims are processed on a daily basis. Reimbursements may be automatically deposited into your checking account or back onto your claim card into your MyCash account.



## BASIC LIFE / ACCIDENTAL DEATH & DISMEMBERMENT

Madison National

### Plan Overview

#### Basic Benefit Amount

Certified Staff: 1x Annual Salary (max of \$80,000)

Classified Full-time Salaried Employees: 1x Annual Salary (max of \$80,000)

Classified Full-time Hourly Employees: \$30,000

Classified Part-time: \$20,000

#### Accidental Death Benefit

Amount is the same as the Basic Life amount.

#### Waiver of Premium

Life insurance continues for totally disabled employees without payment of premium if:

- Disability begins while the employee is insured;
- Disability begins prior to age 60 and terminates at age 70;
- Proof of disability is given to Carrier, prior to the end of the Disability Elimination Period;
- Proof of continued disability is verified periodically, according to the terms of the contract.

#### Living Care Benefits

If you have a qualifying medical condition, you may apply for an accelerated benefit to receive a portion of your life insurance once *during your lifetime*. Amount of benefit: 50% of the Life Insurance in force, but not to exceed \$50,000.

#### Conversion

Must apply for conversion within 31 days of termination of policy.

#### Age Reduction

Benefit reduces to 65% at age 70

Benefit reduces to 50% at age 75

Benefit terminates at retirement

## VOLUNTARY TERM LIFE INSURANCE

Madison National

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself, you may also elect coverage on your dependents in this benefit, you pay the full cost through payroll deductions.

### Voluntary Coverage Amounts

#### Employee may elect up to \$300,000

Minimum: \$5,000  
Maximum: \$300,000  
Multiples of: \$5,000

#### Spouse may be covered for up to 50% of the employee amount

Minimum: \$2,500  
Maximum: \$100,000  
Multiples of: \$2,500

#### Child(ren)

Option 1: \$5,000 Child / \$500 Infant  
Option 2: \$10,000 Child / \$1,000  
Definitions: Infant – 0 Days to 6 months; Child – 6 months to age 19/23 if full-time student

#### Accidental Death Benefit

Amount is the same as the Voluntary Coverage Amount

#### Waiver of Premium

Life insurance continues for totally disabled employees without payment of premium if:

- Disability begins while the employee is insured;
- Disability begins prior to age 60 and terminates at age 70;
- Proof of disability is given to Carrier, prior to the end of the Disability Elimination Period;
- Proof of continued disability is verified periodically, according to the terms of the contract.

#### Portability

Apply for within 31 days of termination.

#### Age Reduction

Benefit reduces to 65% at age 70

Benefit reduces to 50% at age 75

Benefit terminates at retirement

\*Spouse benefit will terminate at age 70

## VOLUNTARY TERM LIFE RATE

### Employee and Spouse Age Rates (Life and AD&D)

Age	Rate per \$1,000
to age 29	0.085
30 to 34	0.105
35 to 39	0.125
40 to 44	0.155
45 to 49	0.225
50 to 54	0.335
55 to 59	0.585
60 to 64	0.805
65	1.295
66	1.295
67	1.445
68	1.595
69	1.765
70	2.085
71	2.145
72	2.365
73	2.585
74	2.795
75+	3.205

### Dependent Child Rates (Life Only)

Option 1 (\$5,000 child/ \$500 Infant) = \$.90 per family per month\*  
 Option 2 (\$10,000 child/ \$1,000 Infant) = \$1.80 per family per month\*

\*Covers all children and infants meeting age guidelines.

Coverage Election	Coverage Amount	x	Rate	÷	Units	=	Monthly Premium	
Employee		x		÷	\$1,000	=		
Spouse		x		÷	\$1,000	=		
Child	Enter <b>\$0.90</b> for Option 1, <b>\$1.80</b> for Option 2 or <b>\$0</b> to waive.					=		
<b>EXAMPLE:</b> Employee or spouse age 43 elects \$30,000 of coverage \$30,000 (coverage amount) x .155 (rate) ÷ 1,000 = \$4.65/month							Total Monthly Premium	

## LONG TERM DISABILITY INSURANCE

Madison National

Lewis Central CSD provides full-time employees with long term disability income benefits, and pays the full cost of this coverage. In the event you become disabled, disability income benefits are provided as a source of income.

<b>Plan Overview</b>	
Benefit Amount	60% of monthly salary
Own Occupation Period	2 years
Elimination Period	Accumulated sick leave plus 15 days
Maximum Benefit Period	Social Security Normal Retirement Age (65)
Maximum Benefit Amount	\$6,250
Survivor Benefit	3 months
Zero Day Residual	Zero day residual stipulates that full-time or part-time work in which the employee is performing all of the material duties of his or her regular, or some other occupation, will not interrupt the qualifying (elimination) period, or the period of disability
Pre-Existing Condition Waiting Period	None

## Long Term Disability Example for Maximizing Monthly Disability Benefit

Long term disability payments are taxable to the insured to the extent they are paid by the employer. Since the employer pays 100% of the premium for LTD, 100% of the monthly benefit at time of disability is taxable. The following is an option, approved by the IRS, which dramatically increases the benefit at time of disability if you choose to have the employer paid premiums included as taxable income in your W-2.

### Example of 100% taxable Benefit - 60%

Employee earning \$40,000 per year becomes disabled. The employer pays 100% of the cost of the long term disability insurance. Assume for this example that Social Security has not yet been approved. Employee actually receives only 42% of their pre-disability earnings, even though the benefit is considered to be 60% of salary.

Salary	\$3,333.33
Benefit %	0.60
Gross Mo. Benefit	\$2,000.00
Less 30% taxes	0.70
Net Mo. Benefit	\$1,400.00
<b>Salary replacement %</b>	<b>0.42</b>

### Example of non-taxable benefit - 60%

Employee earning \$40,000 per year becomes disabled. The employer pays 100% of the cost of the long term disability insurance. The employee has chosen to have the amount of the employer paid premiums included as taxable income on his W-2 and he will pay taxes on the annual premium amount. Assume for this example that Social Security has not yet been approved. Employee actually receives 60% of their pre-disability earnings, which is more per year than in the taxable 60% benefit plan.

Salary	\$3,333.33
Benefit %	0.60
Gross Mo. Benefit	\$2,000.00
Less Taxes	0.00
Net Mo. Benefit	\$2,000.00
<b>Salary replacement %</b>	<b>0.60</b>
<b>Annual difference in amount of benefit paid:</b>	<b>\$7,200.00</b>

### Your savings

Annual premiums at your current cost:  
Employee would pay taxes on the annual premium.  
Using this technique, the disabled employee would realize additional annual income of:

\$3,333/Mo. @ .189/\$100 X 12	\$75.60
30% tax = annual cost to employee	\$22.68
<b>Net annual increase in payments to employee</b>	<b>\$7,177.32</b>

This equates to over three additional months of income per year. If you earn more than \$6,000 per month, there is even greater benefit for you to take advantage of this optional technique to **safeguard your financial security. The negative impact of having a taxable disability benefit becomes even greater as the level of income increases.**



# CORE EAP BENEFIT SUMMARY

EFR EMPLOYEE & FAMILY RESOURCES

Maintaining work-life balance is more stressful than it's ever been. An Employee Assistance Plan (EAP) provides a variety of counseling, consultations, resources, and coaching benefits for you and your family members to help with small concerns, big problems, and everything in between. **Your EAP benefits are cost free to you, confidential, and available 24/7/365.** Let us help you get the services and resources you need. Here are some issues and concerns we can help with:

- ✓ Managing Stress
- ✓ Relationship Concerns
- ✓ Personal Growth & Development
- ✓ Coping with Anxiety or Depression
- ✓ Personal Family or Legal Issues
- ✓ Caring for Elderly Family Members
- ✓ Credit Concerns and Reports
- ✓ Identity Theft Resolution
- ✓ Substance Use and Addiction
- ✓ Managing Budgets and Debts
- ✓ Legal Questions & Concerns
- ✓ Tax-Related Questions

SERVICE PROVIDED	PER PERSON	SERVICES PROVIDED ARE CONFIDENTIAL AND AT NO COST TO THE COVERED PERSON
Phone-Based Support	Unlimited	Call us any time you have an issue, concern, or question. Calls are answered 24/7 by masters-level clinicians.
In-person Counseling	3 Sessions per circumstance, per year	Confidential, in-person assessment and counseling with a licensed mental health therapist near your home or work location. Each member of your family is eligible for counseling services for each separate incident or set of circumstances within a rolling 12-month period. <i>*incidents involving multiple family members will be assessed based on specific circumstance</i>
Telephonic Life Coaching	3 Sessions per year	Confidential, scheduled telephonic sessions with a life coach for matters such as improving time management skills, work-life integration, goal setting, communication skills, and other areas of personal growth. Sessions renew annually.
Telephonic Financial Consultation	1 session per issue	A 30-minute telephonic consultation for each separate issue with a financial professional with expertise in the area of concern. Access a free financial check-up, financial library, and a large variety of financial tools & calculators at <a href="http://efr.clcmembers.com/">http://efr.clcmembers.com/</a> .
In-Person or Telephonic Legal Consultation	1 session per issue	A 30-minute telephonic or in-person consultation for each separate issue/concern with a licensed attorney with expertise in the area of need. If the member chooses to retain the attorney for ongoing legal representation, it will be provided at a 25% discount off the attorney's usual rate. Access to more than 5,000 free self-help (& fill-in) legal documents and a variety of other legal information is available at <a href="http://efr.clcmembers.com/">http://efr.clcmembers.com/</a> . <i>All legal concerns are covered, except employment-related issues, which are specifically excluded.</i>
Eldercare Resources	As needed	Information, referral resources, and support for those caring for an aging parent or other family member, including connections to local resources for in-home care, alternative living arrangements, legal and financial issues, and more.
Childcare Resources	As needed	Childcare resource referrals where locally available. Referrals are only to state licensed/certified childcare providers.
Identity Theft Resolution Services	As needed	Services are provided by a highly-trained FCRA certified fraud resolution specialist (or licensed attorney) to assist with restoring identity and good credit.
Additional Benefits & Resources		<i>Real Life Solutions</i> (monthly newsletter), benefit orientation webinars, blogs, self-assessments, and other EAP information is available via your HR manager, via our online chat at <a href="http://www.efr.org/chat">www.efr.org/chat</a> , or on our website, <a href="http://www.efr.org">www.efr.org</a> .



EFR EMPLOYEE & FAMILY RESOURCES



EFR EMPLOYEE & FAMILY RESOURCES

# Understanding Your EAP Benefits

EFR is dedicated to helping people manage life's challenges so they can reach their full potential.

## When should I call the EAP?

Call **800-327-4692** whenever you are experiencing one of life's challenges. We are available 24/7/365.

## What happens when I call?

A master's level counselor will answer your call and is available to talk with you about your issues, concerns, or struggles.

The counselor will gather demographic information and help you connect with an EAP counselor.

## What happens when I see the EAP counselor?

- The master's level EAP counselor will listen to your concerns.
- The counselor will also help you explore other areas of your life to assess for strengths and supports, or factors contributing to your presenting issue or concern.
- The counselor will meet with you up to **3 sessions** to complete a comprehensive assessment of your current circumstances and work with you to establish a plan.

### Options for EAP sessions include:

- Assessment completed and remaining sessions are used for brief counseling and problem resolution.
- Assessment completed and a referral is recommended for services that fall outside the scope of EAP services.

## Common Questions

### *Can I use the EAP more than once a year?*

- Yes, but each time you use the EAP, the counselor will be assessing your current life circumstances. You will be eligible for a new set of **3 sessions** if your circumstances have changed, or in 12 months, whichever comes first.

### *What is a new set of circumstances?*

- A new development in your life that has changed since your last EAP assessment, such as death of a loved one, a breakup/divorce, or job loss/layoff.

### *Why can't I use the EAP more often?*

- EAP is an assessment, referral, and brief counseling model to help employees manage a wide variety of personal issues, but is not intended to replace therapy, treatment, or ongoing counseling.

**Call EFR today!**  
**800-327-4692**



## Your hearing health care program - for life

Brought to you by Holmes Murphy

### We offer...

-  **Custom hearing solutions** - we find the solution that best fits your lifestyle and your budget from one of our IO manufacturers.
-  **Risk-free 60-day trial** - 100% money-back guarantee.
-  **Continuous Care** - one year free follow-up care, two years free batteries, and a three-year warranty.
-  **Hearing aid low price guarantee** - if you find the same product at a lower price, bring us the local quote and we'll not only match it, we'll beat it by 5%!

### Accessing your discount is as easy as...

1

Call Amplifon at **1-866-349-9054** and we'll find a provider near you.

2

We'll explain the Amplifon process and help you schedule an appointment.

3

We'll send information to you and the provider, ensuring your discount is activated.

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2938MISC/Avesis

[www.amplifonusa.com](http://www.amplifonusa.com)

## **amplifon** Hearing Health Care Discount Card

- Discounted hearing testing
- Low price guarantee
- 60-day risk-free trial period
- 2 years batteries with purchase

To activate your discount, call **1-866-349-9054** today!

## Free Hearing Screening offer!

Call **1-866-349-9054** today!

*Act now!*

\*This is not a medical exam and is only intended to assist with amplification selection. Please bring this offer with you to your appointment.

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# Group Voluntary Accident

Accident coverage can help pick up where major medical insurance leaves off and provide lump sum cash payments depending on condition, due to a covered accident, to help cover out of pocket expenses. Cash benefits are paid directly to you.

## BENEFITS:

Benefits	Additional Riders Added to Base Policy
<ul style="list-style-type: none"> <li>Initial Hospital Confinement</li> <li>Daily Hospital Confinement</li> <li>Intensive Care</li> </ul>	<ul style="list-style-type: none"> <li>Accident Treatment and Urgent Care Rider               <ul style="list-style-type: none"> <li>Ground or Air Ambulance</li> <li>Accident Physician's Treatment</li> <li>X-ray</li> <li>Urgent Care</li> </ul> </li> <li>Dislocation/Fracture Rider</li> <li>Emergency Room Services Rider</li> </ul>

## Benefit Enhancements

Lacerations Burns Skin Graft Brain Injury Diagnosis Paralysis Coma with Respiratory Assistance (n/a GA) Eye Surgery General Anesthesia Blood and Plasma	Open Abdominal or Thoracic Surgery Ruptured Spinal Disc Surgery Appliance Medical Supplies Medicine Prosthesis Physical, Occupational, or Speech Therapy Rehabilitation Unit Non-Local Transportation Family Member Lodging	Post-Accident Transportation Broken Tooth Residence/Vehicle Modification Pain Management Miscellaneous Outpatient Surgery Accident Follow-up Treatment Tendon, Ligament, Rotator Cuff, or Knee Cartilage Surgery Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)
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## KEY FEATURES:

- Off-the-job coverage
- Guaranteed Issue coverage, no medical questions
- Coverage available for spouse and child(ren)
- Premiums remain the same
- Pays in addition to any other benefits
- Coverage is portable

## Monthly Rates

EE Only	EE + SP	EE + CH	FAM
\$8.80	\$20.29	\$24.99	\$33.15



# Group Voluntary Critical Illness

## How Does Critical Illness Insurance Work:

You select the benefit coverage amount you want based on your individual need of either 10,000 or 20,000. If you have covered family members, our coverage also provides cash benefits for them. Then, if diagnosed with a covered critical illness, you will receive a cash benefit based on the percentage payable for the condition.

### 100% Payout

- Heart attack
- Stroke
- Invasive Cancer
- Major organ transplant
- End stage renal failure
- Paralysis
- Benign brain tumor
- Coma
- Blindness\*
- Loss of hearing\*

### 25% Payout

- Coronary bypass surgery
- Advanced Alzheimer's
- Advanced Parkinson's
- Carcinoma in situ

### Waiver of Premium

- Pays employee's premium when disabled

## KEY FEATURES:

- Guaranteed Issue during initial enrollment - no health questions
- Wellness Benefit – pays \$50 benefit for any 1 of 22 covered screening tests performed
- Additional occurrence - benefits paid for each covered illness provided 90 days or more separation between diagnoses.
- 2<sup>nd</sup> event - benefits paid for recurrence of same illness provided 12 months or more separation between diagnoses.
- Covered dependents receive 50% of the employee basic benefit amount and 100% of Wellness
- Benefits paid directly to insured, unless assigned to someone
- Premiums based on your age as of effective date and do not increase as you get older
- Coverage is portable. Once ported, coverage may continue up to age 70 or 3 years if greater



# Group Voluntary Critical Illness

\$10,000 Benefit

Monthly Rates: Non-Smoker/Smoker

Non-Smoker Age	EE Only EE+CH	EE+Sp Family		Smoker Age	EE Only EE+CH	EE+Sp Family
18-29	\$5.34	\$8.63		18-29	\$7.82	\$12.35
30-39	\$9.35	\$14.65		30-39	\$14.49	\$22.36
40-49	\$17.07	\$26.22		40-49	\$30.11	\$45.78
50-59	\$30.07	\$45.74		50-59	\$50.67	\$76.63
60-63	\$48.72	\$73.71		60-63	\$83.37	\$125.69
64+	\$63.69	\$96.15		64+	\$110.09	\$165.77

\$20,000 Benefit

Monthly Rates: Non-Smoker/Smoker

Non-Smoker Age	EE Only EE+CH	EE+Sp Family		Smoker Age	EE Only EE+CH	EE+Sp Family
18-29	\$9.43	\$14.77		18-29	\$14.41	\$22.23
30-39	\$17.47	\$26.82		30-39	\$27.73	\$42.22
40-49	\$32.92	\$49.99		40-49	\$58.96	\$89.07
50-59	\$58.93	\$89.00		50-59	\$100.08	\$150.75
60-63	\$96.20	\$144.92		60-63	\$165.50	\$248.87
64+	\$126.13	\$189.82		64+	\$218.93	\$329.02

# Welcome to MyBenefits

Benefits at your fingertips



ACCESS ONLINE



VISIT WEBSITE



SUBMIT CLAIMS



CLAIMS PAID



AVAILABLE 24/7

## Accessing your benefit information has never been easier

**MyBenefits** is an easy-to-use website that offers you 24/7 access to important information pertaining to your benefits.



**It only takes a few minutes  
to get access**

**Go to:**

[www.allstatebenefits.com/mybenefits](http://www.allstatebenefits.com/mybenefits)

to sign up for access to use our secure online registration system.

**Follow the steps listed to the right.**

### **Need Help Registering?**

Once you access the site, click on "Need Help" in the menu to the right of the screen.

### **Benefits**

- Express Wellness - Submit your wellness benefit claim in 3 easy steps
- Direct deposit available for faster processing
- Submit/check claim status
- View full policy/certificate and claim history
- Make changes to personal information
- View and download your Explanation of Benefits (EOB)

### **Registration Steps**

- Go to [www.allstatebenefits.com/mybenefits](http://www.allstatebenefits.com/mybenefits)
- Sign-up for access using the secure online registration process and create an online user ID and Password
- Be prepared to provide your Social Security number, zip code and birthdate
- It's that simple!

To find out more about what the **MyBenefits** site can offer, see the information on reverse.

[www.allstatebenefits.com/mybenefits](http://www.allstatebenefits.com/mybenefits)

ABJ19459-2



# MyBenefits

Innovative online capabilities at your fingertips

## 1. Online Access 24/7 -

Access your claim and benefit information anytime, night or day.

## 2. Claims Status, Filing and Payments -

Check claims status at your convenience 24/7. Or, file a claim using our online forms submission process and upload all supporting documents.

## 3. Express Wellness -

Have your wellness claim processed within 48 hours by filing through our Express Wellness option. Elect to have your claim benefit payment directly deposited into your checking account.

## 4. Policy Information -

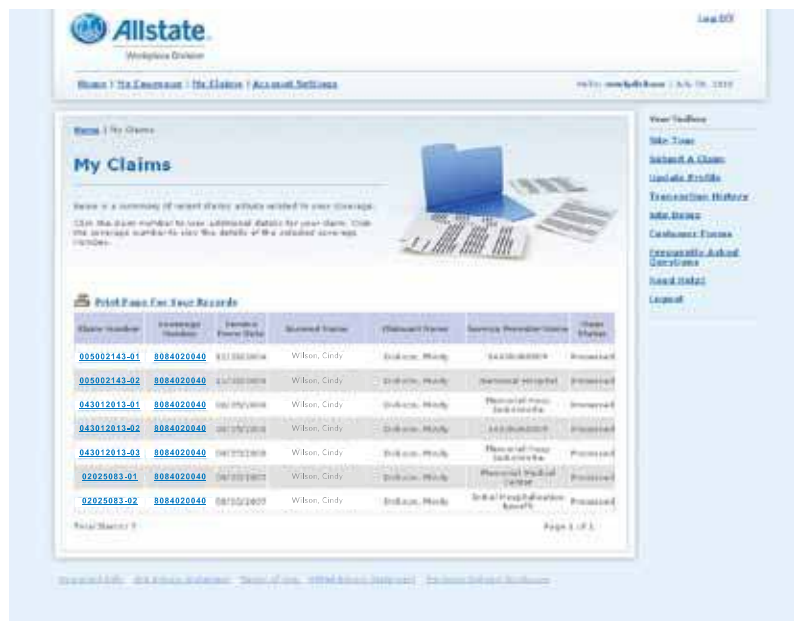
Print or view policy information, coverage details or certificates on existing coverage.

## 5. Update Information -

Keep your physical address, email address and telephone number up-to-date and accept electronic delivery of documents.

## 6. Need Help? -

Contact information is available if more help is needed.



For questions, please contact the Allstate Benefits Customer Care Center at **1-800-521-3535**

This material is valid as long as information remains current, but in no event later than October 1, 2016.

Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2014 Allstate Insurance Company. Visit us at [allstatebenefits.com](http://allstatebenefits.com).

# Trustmark Universal Life Events

Customer Service: 1-800-918-8877

Email: [customercare@trustmarksolutions.com](mailto:customercare@trustmarksolutions.com)

Website: [www.trustmarksolutions.com](http://www.trustmarksolutions.com)

Life Events is a permanent life insurance that helps shield your family from financial hardship should something happen to you or your spouse.

## How does it work?

The main reason people have life insurance is for the death benefit. A death benefit puts money in your family's hands quickly when they need it most. It is money they can use any way they want to help with expenses such as:

- Funeral costs
- Rent or mortgages
- A college education for your children or grandchildren
- Household debt
- Retirement and more

## Features you'll appreciate:

- Guarantee Issue defined benefit amount up to \$50,000
- Lifelong Protection – Provides coverage that will last your lifetime.
- Builds Cash Value – Can access for life's challenges
- Family Coverage – Apply for your spouse even if you choose not to participate. Dependent children and grandchildren may be covered under a Universal Life policy.
- Terminal Illness Benefit – Accelerates up to 75% of your death benefit if your doctor determines your life expectancy is 24 months or less.
- Long Term Care Benefit – Accelerates 4% each month up to 25 months without decreasing death benefit amount
- Portability – Take your coverage with you and pay the same premium if you change jobs or retire.
- Guaranteed Renewable – Guaranteed coverage, as long as your premiums are paid. Your premium may change if the premium for all policies in your class changes.
- Convenient Payroll Deduction – No bills to watch for. No checks to mail.
- Rates based on age, amount, and options elected

Let's talk Life.

## HIPAA SPECIAL ENROLLMENT NOTICE

*This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.*

### **Loss of Other Coverage (including Medicaid and State Child Health Coverage)**

If you are declining coverage for yourself or your dependents (including spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). Some plans may allow longer than 30 days, so please refer to your plan documents for your specific plan details.

Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this health plan.

### **Marriage, Birth, or Adoption**

If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption. Some plans may allow longer than 30 days, so please refer to your plan documents for your specific plan details.

Example: When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within 30 days from the date of your marriage.

### **Medicaid or State Child Health Coverage**

If you or your dependents lose eligibility for coverage under Medicaid or State Child Health Coverage Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired, your children received health coverage under CHIP and you did not enroll them in this health plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this group health plan if you apply within 60 days of the date of their loss of CHIP coverage.

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

*In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully.*

As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a mastectomy is also entitled to the following benefits:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymph edemas.

*Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under this plan.*

## **NEWBORNS' AND MOTHER'S HEALTH PROTECTION ACT**

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).



# NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

Beginning in 2014, there is a new way to buy health insurance: the **Health Insurance Marketplace**. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

## **What is the Health Insurance Marketplace?**

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

Each year, the open enrollment period for health insurance coverage through the Marketplace runs from Nov. 1 through Dec. 15 of the previous year. After Dec. 15, you can get coverage through the Marketplace only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

## **Can I Save Money on my Health Insurance Premiums in the Marketplace?**

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

## **Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?**

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards.

If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5 percent (as adjusted each year after 2014) of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.)

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

## **How Can I Get More Information?**

For more information about your coverage offered by your employer, please check your summary plan description or contact Jennifer Wright at 712-366-8204.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, as well as an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

## **PRIVACY NOTICE**

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

### **YOUR RIGHTS**

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

#### **Get a copy of health and claims records**

You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.

We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### **Ask us to correct health and claims records**

You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.

We may say “no” to your request, but we’ll tell you why in writing within 60 days.

#### **Request confidential communications**

You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.

We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.

#### **Ask us to limit what we use or share**

You can ask us not to use or share certain health information for treatment, payment, or our operations.

We are not required to agree to your request, and we may say “no” if it would affect your care.

#### **Get a list of those with whom we’ve shared information**

You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.

We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### **Choose someone to act for you**

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

We will make sure the person has this authority and can act for you before we take any action.

#### **File a complaint if you feel your rights are violated**

You can complain if you feel we have violated your rights by contacting us using the information on page 1.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

## YOUR CHOICES

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

## OUR USES AND DISCLOSURES

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

#### Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan, so we can arrange additional services.*

#### Run our organization

We can use and disclose your information to run our organization and contact you when necessary.

We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example: We use health information about you to develop better services for you.*

#### Pay for your health services

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

#### Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

How else can we use or share your health information?

**We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:**

[www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

### **Do research**

We can use or share your information for health research.

### **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

### **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

We can share health information about you with organ procurement organizations.

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

### **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

### **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Our Responsibilities**

**We are required by law to maintain the privacy and security of your protected health information.**

**We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it.**

**We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.**

**For more information see:** [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

Changes to the Terms of this Notice

**We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.**

### **Questions or Complaints**

- July 1, 2020
- Jennifer Wright, HR Generalist
- Lewis Central Community School District
- 4121 Harry Langdon Blvd
- Council Bluffs, IA 51503
- 712-366-8204
- [Jennifer.Wright@lewiscentral.org](mailto:Jennifer.Wright@lewiscentral.org)



## PRIVACY PRACTICES NOTICE

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**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY. THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.**

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### Our Legal Duty

We are required by applicable federal and state law to maintain the privacy of your medical information and to notify you if there is a breach of your health information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect August 26, 2016, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and send the new notice to our health plan contract holders at the time of the change.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

### Organizations Covered by this Notice

This notice applies to the privacy practices of the group health plans, health insurers and HMO listed below. These organizations are each participants in an organized health care arrangement. As such, we may share your medical information and the medical information of others we service with each other as needed for the payment activities or health care operations relating to our organized health care arrangement.

- Wellmark, Inc., doing business as Wellmark Blue Cross and Blue Shield of Iowa
- Wellmark of South Dakota, Inc., doing business as Wellmark Blue Cross and Blue Shield of South Dakota
- Wellmark Health Plan of Iowa, Inc.
- Wellmark Synergy Health, Inc.
- Wellmark Value Health Plan, Inc.
- Wellmark, Inc. Employee Health Care Plan
- Wellmark, Inc. Retiree Health and Life Plan
- Wellmark, Inc. Employee Assistance Program

### Uses and Disclosures of Medical Information

We use and disclose medical information about you for treatment, payment, and health care operations. For example:

**Treatment:** We may use or disclose your medical information to a physician or other health care provider in order to provide treatment to you.

**Payment:** We may use and disclose your medical information to pay claims from physicians, hospitals and other providers for services delivered to you that are covered by your health plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain premiums, to issue explanations of benefits to the person enrolled in the health plan in which you participate, and the like. We may disclose your medical information to a health care provider or entity subject to the federal Privacy Rules so they can obtain payment or engage in these payment activities.

**Health Care Operations:** We may use and disclose your medical information in connection with our health care operations. Health care operations include:

- Rating our risk and determining our premiums for your health plan;
- Quality assessment and improvement activities;
- Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities;
- Medical review, legal services, and auditing, including fraud and abuse detection and compliance;
- Business planning and development; and
- Business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances, and creating de-identified medical information or a limited data set.

We may disclose your medical information to another entity that has a relationship with you and is subject to the federal Privacy Rules, for their health care operations relating to quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, or detecting or preventing health care fraud and abuse.

**On Your Authorization:** You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot sell your medical information and we cannot use or disclose your medical information for marketing purposes or for any reason except those described in this notice.

**To Your Family and Friends:** We may disclose your medical information to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care. We may use or disclose your name, location, and general condition or death to notify, or assist in the notification of (including identifying or locating), a person involved in your care.

Before we disclose your medical information to a person involved in your health care or payment for your health care, we will provide you with an opportunity to object to such uses or disclosures. If you are not present, or in the event of your incapacity or an emergency, we will disclose your medical information based on our professional judgment of whether the disclosure would be in your best interest.

**Your Employer or Organization Sponsoring Your Group Health Plan:** If you are a member of a group health plan, we may disclose your medical information and the medical information of others enrolled in your group health plan to the employer or other organization that sponsors your group health plan to permit the plan sponsor to perform plan administration functions. Please see your group health plan document for a full explanation of the limited uses and disclosures that the plan sponsor may make of your medical information in providing plan administration.

We may also disclose summary information about the members in your group health plan to the plan sponsor to use to obtain premium bids for the health insurance coverage offered through your group health plan or to decide whether to modify, amend or terminate your group health plan. The summary information we may disclose summarizes claims history, claims expenses, or types of claims experienced by the members in your group health plan. The summary information will be stripped of demographic information about the members in the group health plan, but the plan sponsor may still be able to identify you or other members in your group health plan from the summary information.

**Underwriting:** We may receive your medical information for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. Wellmark is prohibited from using or disclosing your genetic information for underwriting purposes. We will not use or further disclose this medical information for any other purpose, except as required by law, unless the contract of health insurance or health benefits is placed with us. In that case, our use and disclosure of your medical information will only be as described in this notice.

**Disaster Relief:** We may use or disclose your medical information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

**Public Benefit:** We may use or disclose your medical information as authorized by law for the following purposes deemed to be in the public interest or benefit:

- As required by law;
- For public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury;
- To report adult abuse, neglect, or domestic violence;
- To health oversight agencies;
- In response to court and administrative orders and other lawful processes;
- To law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;
- To coroners, medical examiners, and funeral directors;
- To organ procurement organizations;
- To avert a serious threat to health or safety;
- In connection with certain research activities;
- To the military and to federal officials for lawful intelligence, counterintelligence, and national security activities;
- To correctional institutions regarding inmates; and
- As authorized by state worker's compensation laws.

**Health Related Services:** We may use your medical information to contact you with information about health-related benefits and services or about treatment alternatives that may be of interest to you. We may disclose your medical information to a business associate to assist us in these activities.

We may use or disclose your medical information to encourage you to purchase or use a product or service by face-to-face communication or to provide you with promotional gifts.

## Individual Rights

**Access:** You have the right to look at or get copies of your medical information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your medical information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you a cost-based fee for staff time to locate and copy your medical information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your medical information in that format. If you prefer, we will prepare a summary or an explanation of your medical information for a fee. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

**Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your medical information for purposes other than treatment, payment, health care operations, as authorized by you, and for certain other activities, for up to six (6) years after the record is created. We will provide you with the date on which we made the disclosure, the name of the person or entity to whom we disclosed your medical information, a description of the medical information we disclosed, the reason for the disclosure, and certain other information. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

**Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). Any agreement to additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing.

**Confidential Communication:** You have the right to request that we communicate with you about your medical information by alternative means or to alternative locations. You must make your request in writing, and you must state that the information could endanger you if it is not communicated in confidence as you request. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect premiums and pay claims under your health plan, including issuance of explanations of benefits to the contract holder

of the health plan in which you participate. An explanation of benefits issued to the contract holder for health care that you received for which you did not request confidential communications or about the contract holder or others covered by the health plan in which you participate may contain sufficient information to reveal that you obtained healthcare for which we paid, even though you requested that we communicate with you about that health care in confidence.

**Amendment:** You have the right to request that we amend your medical information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended and the originator remains available or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

**Electronic Notice:** If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

**Breach Notification:** In the event of a breach of your unsecured health information, we will provide you notification of such a breach, as required by law.

## Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Office:

**Mailing Address:**

Wellmark, Inc.  
Privacy Office, Station 5W590  
1331 Grand Avenue  
Des Moines IA 50309-2901

**Telephone:**

877-610-6395 Outside Des Moines Area  
515-376-5850 Des Moines Local Area

**Email:**

[privacyoffice@wellmark.com](mailto:privacyoffice@wellmark.com)

**Web Site:**

[www.wellmark.com](http://www.wellmark.com)



# Required Federal Accessibility and Nondiscrimination Notice



## Discrimination is against the law

Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Wellmark does not exclude people or treat them differently because of their race, color, national origin, age, disability or sex.

## Wellmark provides:

- Free aids and services to people with disabilities so they may communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call 800-524-9242.

If you believe that Wellmark has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Wellmark Civil Rights Coordinator, 1331 Grand Avenue, Station 5W189, Des Moines, IA 50309-2901, 515-376-4500, TTY 888-781-4262, Fax 515-376-9073, Email [CRC@Wellmark.com](mailto:CRC@Wellmark.com). You can file a grievance in person, by mail, fax or email. If you need help filing a grievance, the Wellmark Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone or fax at: U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F, HHH Building, Washington DC 20201, 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Xin hãy liên hệ 800-524-9242 hoặc (TTY: 888-781-4262).

NAPOMENA: Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte 800-524-9242 ili (tekstualni telefon za osobe oštećena sluha: 888-781-4262).

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية، المجانية. اتصل بالرقم 800-524-9242 أو (خدمة الهاتف النصي: 888-781-4262).

ສິ່ງຄວນເອົາໃຈໃສ່, ພາສາລາວ ຖ້າທ່ານເວົ້າ: ພວກເຮົາມີບໍລິການຄວາມຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ ຫຼື 800-524-9242 ຕິດຕໍ່ທີ. (TTY: 888-781-4262.)

주의: 한국어 를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

ध्यान रखें : अगर आपकी भाषा हिन्दी है, तो आपके लिए भाषा सहायता सेवाएँ, नि:शुल्क उपलब्ध हैं। 800-524-9242 पर संपर्क करें या (TTY: 888-781-4262)।

ATTENTION : si vous parlez français, des services d'assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).

Geb Acht: Wann du Deutsch schwetze duscht, kansch du Hilf in dei eegni Schprooch koschdefrei griege. Ruf 800-524-9242 odder (TTY: 888-781-4262) uff.

โปรดทราบ: หากคุณพูด ไทย เรามีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่มีค่าใช้จ่าย ติดต่อ 800-524-9242 หรือ (TTY: 888-781-4262)

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyong tulong sa wika na walang bayad. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262).

တိုင်းသူပြည်သူများကတစ်ကဏ္ဍကိုင်ဆောင်ရာတွင်, ကျွန်ုပ်တို့၏စာတော်စာတမ်းများ, လာဘ်ကင်းစင်စွာဖြင့်, အခမဲ့အကူအညီများကို ပေးအပ်ပါမည်။ (TTY: 888-781-4262) ဝန်ထောက်များ။

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телетайп: 888-781-4262).

सावधान: यदि तपाईं नेपाली बोल्नुहुन्छ भने, तपाईंका लागि नि:शुल्क रूपमा भाषा सहायता सेवाहरू उपलब्ध गराइन्छ। 800-524-9242 वा (TTY: 888-781-4262) मा सम्पर्क गर्नुहोस्।

ማሳሰቢያ: አማርኛ የሚናገሩ ስዊድን ለገዛ አገልግሎቶቻችን ለአድገት ለገዢዎች ለ 800-524-9242 ወይም (TTY: 888-781-4262) ደውሎ ጎንገሩን።

HEETINA To a wolwa Fulfulde laabi walliinde dow wolde, naa e njobdi, ene ngoodi ngam maada. Hebir 800-524-9242 malla (TTY: 888-781-4262).

FUULEFFANNA: Yo isin Oromiffaa, kan dubbattan taatan, tajaajiloonni gargaarsa afaanii, kaffaltii malee, isiniif ni jiru. 800-524-9242 yookin (TTY: 888-781-4262) quonnaamaa.

УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мовної підтримки. Зателефонуйте за номером 800-524-9242 або (телетайп: 888-781-4262).

Ge': Diné k'éhjí yáníłti'go níká bizaad bee áká' adoowoł, t'áá jiik'é, náhóló. Kojí' hóline' 800-524-9242 doodaii' (TTY: 888-781-4262)

## **CUSTOMER SERVICE CONTACT INFORMATION**

Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources.

### **MEDICAL:**

Company Name: Wellmark Blue Cross and Blue Shield

Phone Number: 800-542-9294

Website: [www.wellmark.com](http://www.wellmark.com)

### **DENTAL:**

Company Name: Delta Dental of Iowa

Phone Number: 800-544-0718

Website: [www.deltadentalia.com](http://www.deltadentalia.com)

### **VOLUNTARY VISION:**

Company Name: Vision Service Plan (VSP)

Phone Number: 800-877-7195

Website: [www.vsp.com](http://www.vsp.com)

### **FLEXIBLE SPENDING ACCOUNTS (FSA):**

Company Name: TASC

Phone Number: 800-422-4661

Website: [www.tasconline.com](http://www.tasconline.com)

### **LIFE/AD&D/VTL/LONG-TERM DISABILITY:**

Company Name: Madison National

Phone Number: 800-597-2341

Website: [www.madisonlife.com](http://www.madisonlife.com)

### **VOLUNTARY ACCIDENT AND CRITICAL ILLNESS:**

Company Name: Allstate

Phone Number: 877-810-2920

Website: [www.allstate.com](http://www.allstate.com)

### **VOLUNTARY UNIVERSAL LIFE:**

Company Name: Trustmark

Phone Number: 800-918-8877

Website: [www.trustmarksolutions.com](http://www.trustmarksolutions.com)

### **EMPLOYEE ASSISTANCE PROGRAM:**

Company Name: Employee & Family Resources (EFR)

Phone Number: 800-327-4692

Website: [www.efr.org](http://www.efr.org)

## HOLMES MURPHY CONTACTS

<p><b>Group Products:</b></p> <ul style="list-style-type: none"><li>Medical</li><li>Dental</li><li>Voluntary Vision</li><li>Flexible Spending Account</li><li>Life/Disability</li><li>Employee Assistance Program</li><li>Accident</li><li>Critical Illness</li><li>Universal Life</li></ul>	<p><b>Please Contact:</b></p> <p>Contact 1: Name: Shantelle Haraldson Phone: 515-223-6965 Email: <a href="mailto:sharaldson@holmesmurphy.com">sharaldson@holmesmurphy.com</a></p> <p>Contact 2: Name: Brenna Williams Phone: 515-223-7048 Email: <a href="mailto:bwilliams@holmesmurphy.com">bwilliams@holmesmurphy.com</a></p> <p>Contact 3: Name: Jeanna Gutierrez Phone: 515-223-6821 Email: <a href="mailto:jgutierrez@holmesmurphy.com">jgutierrez@holmesmurphy.com</a></p>
<p><b>Additional Plans in Iowa:</b></p> <ul style="list-style-type: none"><li>Medicare Supplement/Medicare Advantage Plans</li><li>Medicare Part D (Rx) Plans</li></ul>	<p><b>Please Contact:</b></p> <p>Eric Kiser 515-223-7033 <a href="mailto:ekiser@holmesmurphy.com">ekiser@holmesmurphy.com</a></p>

**Holmes Murphy & Associates has assembled the finest staff of benefits professionals whose expertise is matched by their intelligence and integrity. We further arm them with continuous education, training, and cutting-edge technical resources. These highly specialized consultants have helped us build our reputation for excellence and fuel our growth.**



*The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, please refer to your Employee Manual for additional information or contact your benefits manager.*