



2024 - 2025 Employee Benefits Guide

Prepared by





Introduction

As an employee of Lakeview Public Schools ISD #2167 enjoying your work and making valuable contributions to business are equally vital. The health, satisfaction and security of you and your family are important, not only to your well-being, but ultimately, in terms of achieving the goals of our organization.

For the 2024 - 2025 plan year, Lakeview Public Schools ISD #2167 has worked hard to offer a competitive total rewards package that includes valuable and competitive benefits plans. These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, and Lakeview Public Schools ISD #2167 is offering an overall benefits package that can be shaped and molded by you to fit your needs.

This benefits booklet is a summary description of your Lakeview Public Schools ISD #2167 benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

We hope this benefits booklet, along with our additional communication and decision-making tools, will help you make the best health care choices for you and your family.

Your Benefits Portal (HRC) is available 24/7. It contains valuable information about your benefits.

Lakeview Public School's Open Enrollment will be

May 8th - May 15th

You will Receive an email notifying you to start your Open Enrollment

New Hires You will receive 3 emails.

The first email is the ACTIVATION Email

- This email is for the sole purpose of Setting-Up your portal login.
- This email IF NOT OPENED the link will remain active for 90 days.
- *If the link is ?clicked? on the link only remains active for 24 hours*

The second email is the LIFE EVENT Email

- This email notifies you that you can now go into their portal and make changes, such as enrollment election.

Subsequent TASK emails

- This email is set to accomplish certain task (signature) from the employee.
- Currently the mandatory Employer Notifications are set as task where the employee is required to login and sign that they have received the notification.

If you need assistance with completing your enrollment; our Help Center is open

Monday through Friday 8:00 AM - 4:00 PM

Benefit Enrollment Help Center: 1.800.566.3444



Medical plan info



Annual Deductible

The amount you have to pay each year before the plan starts paying a portion of medical expenses. All family members' expenses that count toward a health plan deductible accumulate together in the aggregate; however, each person also has a limit on their own individual accumulated expenses (the amount varies by plan).



Out-of-Pocket Maximum

This is the total amount you can pay out of pocket each calendar year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible*, copays and coinsurance. *Except for Grandfathered medical plans



Copays and Coinsurance

These expenses are your share of cost paid for covered health care services. Copays are a fixed dollar amount, and are usually due at the time you receive care. Coinsurance is your share of the allowed amount charged for a service, and is generally billed to you after the health insurance company reconciles the bill with the provider.



Plan Types

- EPO/PPO ? A network of doctors, hospitals and other health care providers
- HMO - A network that requires you to select a Primary Care Physician (PCP) who coordinates your health care.
- POS - Combines aspects of a PPO and HMO
- HDHP - A plan that has higher annual deductibles in exchange for lower premiums



BCBS



Plan & Monthly Premiums

T24049\$ \$1500.25.20% Aware

Coverage	Monthly Premium
Single	\$1046.33
Family	\$2515.49

\$4000.0% HSAPrevRx Aware

Coverage	Monthly Premium
Single	\$948.64
Family	\$2280.62

T24124P \$6500.0% HSA PrevRx Aware

Coverage	Monthly Premium
Single	\$775.97
Family	\$1865.51

T24105P \$8050.0% HSA PrevRx Aware

Coverage	Monthly Premium
Single	\$717.64
Family	\$1725.27

The employer contribution varies per your class, your specific contirbution will be dispayed in your personal portal when you complete your 2024 Open Enrollment elections

24049 Aware \$1,500 Deductible 20% Coinsurance Copay Plan



Benefit Summary | January 1, 2024 – December 31, 2024

Key benefits	In network* MN Network: Aware National Network: BlueCard PPO Network	Out of network**
Calendar-year deductible The in- and out-of-network maximums accumulate separately.	Medical \$1,500 \$4,500	Medical \$5,000 \$10,000
Coinsurance Level The percent you pay after your deductible is met.	20%	50%
Calendar-year out-of-pocket maximum The in- and out-of-pocket maximums accumulate separately. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined \$4,000 \$8,000	Medical and prescription combined \$10,000 \$20,000
Benefit payment levels	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
Preventive care <ul style="list-style-type: none"> • well-child care to age 6 • prenatal care • preventive medical evaluations age 6 and older • cancer screening • preventive hearing and vision exams • immunizations and vaccinations 	0% 0% 0% 0% 0% 0%	0% 0% 50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible
Physician services <ul style="list-style-type: none"> • e-visits • retail health clinic (office visit) • physician office visits • office and outpatient lab services • office and outpatient lab diagnostic imaging • allergy injections and serum • specialist office visits • Urgent Care professional services 	First five E-visits are 0% (no deductible); subsequent E-visits are \$20 copay \$25 copay \$25 copay 20% after the deductible 20% after the deductible 20% after the deductible \$25 copay \$25 copay	50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible
Other professional services <ul style="list-style-type: none"> • chiropractic manipulation (office visit) • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy (office visit) • physical therapy, occupational therapy, speech therapy (therapy) 	\$25 copay 20% after the deductible 20% after the deductible \$25 copay 20% after the deductible	50% after the deductible 50% after the deductible No Coverage 50% after the deductible 50% after the deductible
Inpatient facility services	20% after the deductible	50% after the deductible
Outpatient facility services <ul style="list-style-type: none"> • facility lab services • facility diagnostic imaging • chemotherapy and radiation therapy • scheduled outpatient surgery • urgent care services (facility services) 	20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible 20% after the deductible	50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible

Key benefits	In network* MN Network: Aware National Network: BlueCard PPO Network	Out of network**
Emergency care <ul style="list-style-type: none"> • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition) 	20% after the deductible 20% after the deductible 20% after the deductible	
Durable Medical Equipment	20% after the deductible	50% after the deductible
Bariatric surgery	No Coverage	
Assisted fertilization	No Coverage	
Behavioral health (mental health and substance abuse services) <ul style="list-style-type: none"> • inpatient professional services • outpatient professional services (office visits) • outpatient professional services (office – other services) • outpatient hospital/facility services 	20% after the deductible \$25 copay 20% after the deductible 20% after the deductible	50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible
Prescription drugs – Classic Network Retail (31-day limit) KeyRx drug list <ul style="list-style-type: none"> • Tier 1 – Preferred generics • Tier 2 – Non-preferred generics • Tier 3 – Preferred brands • Tier 4 – Non-preferred brands Specialty drug list 90dayRx – Mail order pharmacy (90-day limit) or Retail pharmacy (90-day limit) KeyRx drug list <ul style="list-style-type: none"> • Tier 1 – Preferred generics • Tier 2 – Non-preferred generics • Tier 3 – Preferred brands • Tier 4 – Non-preferred brands 	\$20 copay \$50 copay \$75 copay \$120 copay 20% to a maximum of \$550 per prescription \$60 copay \$150 copay \$225 copay \$360 copay	No Coverage No Coverage No Coverage No Coverage No Coverage No Coverage No Coverage No Coverage No Coverage
Important Information About Your Pharmacy Benefits	90dayRx applies to participating retail and/or mail service pharmacy only. Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier). The patient will pay the difference if a brand-name drug is dispensed when a generic drug is available. The drug list uses a step therapy program. Sign in at bluecrossmn.com for more information.	

Your out-of-pocket costs depend on the network status of your provider. To check status, call Blue Cross customer service or visit bluecrossmn.com.

***Lowest out-of-pocket costs:** in-network providers

****Highest out-of-pocket costs:** out-of-network **nonparticipating** providers (You are responsible for the difference between Blue Cross' allowed amount and the amount billed by nonparticipating providers. This is in addition to any applicable deductible, copay or coinsurance. Benefit payments are calculated on Blue Cross' allowed amount, which is typically lower than the amount billed by the provider.)

Medicare Part D Creditability: Yes

Embedded deductible – The plan begins paying benefits that require cost sharing for the first family member who meets the individual deductible. The family deductible must then be met by one or more of the remaining family members and then the plan pays benefits for all covered family members.

This is only a summary. Read your benefit booklet for more information about what is and isn't covered.

For more information, visit bluecrossmn.com or call Blue Cross customer service at the number on the back of your member ID card.

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licenses of the Blue Cross and Blue Shield Association

Lakeview ISD
\$4,000 Aware HSA
July 1, 2024



Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association

Coinsurance reflects member responsibility

	In network* MN Network: Aware National Network: Blue Card Traditional	Out of network**
Calendar-year deductible The in- and out-of-network maximums cross apply Fourth quarter carry over	Medical and prescription combined \$4,000 individual \$8,000 family	Medical and prescription combined \$8,000 individual \$16,000 family
Coinsurance Level – What the member pays	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Calendar-year out-of-pocket maximum The in- and out-of-pocket maximums cross apply Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined \$4,000 individual \$8,000 family	Medical and prescription combined \$8,200 individual \$16,400 family
Benefit payment levels	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
Preventive care <ul style="list-style-type: none"> • well-child care to age 6 • prenatal care • preventive medical evaluations age 6 and older • cancer screening • preventive hearing and vision exams • immunizations and vaccinations 	0% 0% 0% 0% 0% 0%	0% 0% Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Omada® <ul style="list-style-type: none"> • diabetes and cardiovascular disease prevention program (Generic Program) 	0%	No coverage
Physician services <ul style="list-style-type: none"> • e-visits • retail health clinic (office visit) • physician office visits • office and outpatient lab diagnostic imaging • allergy injections and serum • Urgent Care professional services 	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Other professional services <ul style="list-style-type: none"> • chiropractic manipulation (office visit) • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy (office visit) • physical therapy, occupational therapy, speech therapy (therapy) 	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance
Hospital Inpatient services	Deductible then 0% coinsurance	Deductible then 20% coinsurance
Hospital Outpatient services <ul style="list-style-type: none"> • facility lab services • facility diagnostic imaging • chemotherapy and radiation therapy • scheduled outpatient surgery • urgent care services (facility services) 	Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance Deductible then 0% coinsurance	Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance Deductible then 20% coinsurance

24124P Aware HSA \$6,500 Deductible 0% Coinsurance Preventive Rx Plan



Benefit Summary | January 1, 2024 – December 31, 2024

Key benefits	In network* MN Network: Aware National Network: BlueCard PPO Network	Out of network**
Calendar-year deductible The in- and out-of-network maximums accumulate separately.	Medical and prescription combined \$6,500 \$13,000	Medical and prescription combined \$10,000 \$20,000
Coinsurance Level The percent you pay after your deductible is met.	0%	50%
Calendar-year out-of-pocket maximum The in- and out-of-pocket maximums accumulate separately. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined \$6,500 \$13,000	Medical and prescription combined \$15,000 \$30,000
Benefit payment levels	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
Preventive care <ul style="list-style-type: none"> • well-child care to age 6 • prenatal care • preventive medical evaluations age 6 and older • cancer screening • preventive hearing and vision exams • immunizations and vaccinations 	0% 0% 0% 0% 0% 0%	0% 0% 50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible
Physician services <ul style="list-style-type: none"> • e-visits • retail health clinic (office visit) • physician office visits • office and outpatient lab services • office and outpatient lab diagnostic imaging • allergy injections and serum • specialist office visits • Urgent Care professional services 	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible
Other professional services <ul style="list-style-type: none"> • chiropractic manipulation (office visit) • chiropractic therapy • home health care • physical therapy, occupational therapy, speech therapy (office visit) • physical therapy, occupational therapy, speech therapy (therapy) 	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	50% after the deductible 50% after the deductible No Coverage 50% after the deductible 50% after the deductible
Inpatient facility services	0% after the deductible	50% after the deductible
Outpatient facility services <ul style="list-style-type: none"> • facility lab services • facility diagnostic imaging • chemotherapy and radiation therapy • scheduled outpatient surgery • urgent care services (facility services) 	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible

Key benefits	In network* MN Network: Aware National Network: BlueCard PPO Network	Out of network**
Emergency care <ul style="list-style-type: none"> • emergency room (facility charges) • professional charges • ambulance (medically necessary transport to the nearest facility equipped to treat the condition) 	0% after the deductible 0% after the deductible 0% after the deductible	
Durable Medical Equipment	0% after the deductible	50% after the deductible
Bariatric surgery	No Coverage	
Assisted fertilization	No Coverage	
Behavioral health (mental health and substance abuse services) <ul style="list-style-type: none"> • inpatient professional services • outpatient professional services (office visits) • outpatient professional services (office – other services) • outpatient hospital/facility services 	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible
Prescription drugs – Classic Network Retail (31-day limit) KeyRx drug list <ul style="list-style-type: none"> • Tier 1 – Preferred generics • Tier 2 – Non-preferred generics • Tier 3 – Preferred brands • Tier 4 – Non-preferred brands Specialty drug list	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	No Coverage No Coverage No Coverage No Coverage No Coverage
90dayRx – Mail order pharmacy (90-day limit) or Retail pharmacy (90-day limit) KeyRx drug list <ul style="list-style-type: none"> • Tier 1 – Preferred generics • Tier 2 – Non-preferred generics • Tier 3 – Preferred brands • Tier 4 – Non-preferred brands 	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	No Coverage No Coverage No Coverage No Coverage
Value Based Benefit Design (preventive Rx) Drug coverage for the following conditions: diabetes (drugs and supplies), high blood pressure, cholesterol lowering, anti-coagulants/anti-platelets, respiratory, osteoporosis	0%	No Coverage
Important Information About Your Pharmacy Benefits	90dayRx applies to participating retail and/or mail service pharmacy only. Identified specialty drugs purchased through a specialty pharmacy network supplier are eligible for coverage (no coverage for specialty drugs purchased through a nonparticipating specialty pharmacy supplier). The patient will pay the difference if a brand-name drug is dispensed when a generic drug is available. The drug list uses a step therapy program. Sign in at bluecrossmn.com for more information.	

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***Lowest out-of-pocket costs:** in-network providers

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Medicare Part D Creditability: No - Not creditable

Embedded deductible – The plan begins paying benefits that require cost sharing for the first family member who meets the individual deductible. The family deductible must then be met by one or more of the remaining family members and then the plan pays benefits for all covered family members.

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24105P Aware HSA \$8,050 Deductible 0% Coinsurance Preventive Rx Plan



Benefit Summary | January 1, 2024 – December 31, 2024

Key benefits	In network* MN Network: Aware National Network: BlueCard PPO Network	Out of network**
Calendar-year deductible The in- and out-of-network maximums accumulate separately.	Medical and prescription combined \$8,050 \$16,100	Medical and prescription combined \$10,000 \$20,000
Coinsurance Level The percent you pay after your deductible is met.	0%	50%
Calendar-year out-of-pocket maximum The in- and out-of-pocket maximums accumulate separately. Non-covered charges and charges in excess of the allowed amount do not apply to the out-of-pocket maximum.	Medical and prescription combined \$8,050 \$16,100	Medical and prescription combined \$15,000 \$30,000
Benefit payment levels	Payment for participating network providers as described. Most payments are based on allowed amount.	If nonparticipating provider services are covered, you are responsible for the difference between the billed charges and allowed amount. Most payments are based on allowed amount.
Preventive care <ul style="list-style-type: none"> • well-child care to age 6 • prenatal care • preventive medical evaluations age 6 and older • cancer screening • preventive hearing and vision exams • immunizations and vaccinations 	0% 0% 0% 0% 0% 0%	0% 0% 50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible
Physician services <ul style="list-style-type: none"> • e-visits • retail health clinic (office visit) • physician office visits • office and outpatient lab services • office and outpatient lab diagnostic imaging • allergy injections and serum • specialist office visits • Urgent Care professional services 	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible
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Outpatient facility services <ul style="list-style-type: none"> • facility lab services • facility diagnostic imaging • chemotherapy and radiation therapy • scheduled outpatient surgery • urgent care services (facility services) 	0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible 0% after the deductible	50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible 50% after the deductible

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Bariatric surgery	No Coverage	
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KeyRx Value-Based Benefit Design Drug List

Updated April 15, 2024

Your employer has chosen a Value-Based Benefit Design (VBBD) for your prescription benefit plan. This means you may have lower out-of-pocket costs for drugs in value drug categories included in your VBBD. Value drug categories include drugs that treat certain chronic or long-term conditions.

Below is a list of medications that may be available under your VBBD benefit. Please verify with your plan if a generic drug must be tried before filling a brand version of a drug. **Please refer to your benefit materials for coverage details and the plan website for current information as this publication is subject to change.**

Generic prescription drugs are shown in lower-case boldface type. Most generic drugs are followed by a reference brand drug in (parentheses). Reference brands may not themselves be covered, please check your benefit. Some generic products have no reference brand. Brand prescription drugs are shown in all capital letters followed by the generic name. Generic medicines are available for many of the brand-name drugs listed though may not be available in all strengths.

ANTI-COAGULANTS/ANTI-PLATELETS

anagrelide hcl cap 0.5 mg (Agrylin)
anagrelide hcl cap 1 mg
aspirin-dipyridamole cap er 12hr 25-200 mg
cilostazol tab 50 mg
cilostazol tab 100 mg
clopidogrel bisulfate tab 75 mg (base equiv)
(Plavix)
dabigatran etexilate mesylate cap 75 mg (etexilate base eq) (Pradaxa)
dabigatran etexilate mesylate cap 150 mg (etexilate base eq) (Pradaxa)
dipyridamole tab 25 mg
dipyridamole tab 50 mg
dipyridamole tab 75 mg
prasugrel hcl tab 5 mg (base equiv) (Effient)
prasugrel hcl tab 10 mg (base equiv) (Effient)
warfarin sodium tab 1 mg
warfarin sodium tab 2 mg
warfarin sodium tab 2.5 mg
warfarin sodium tab 3 mg
warfarin sodium tab 4 mg
warfarin sodium tab 5 mg
warfarin sodium tab 6 mg
warfarin sodium tab 7.5 mg
warfarin sodium tab 10 mg

DEPRESSION

amitriptyline hcl tab 10 mg
amitriptyline hcl tab 25 mg
amitriptyline hcl tab 50 mg
amitriptyline hcl tab 75 mg
amitriptyline hcl tab 100 mg
amitriptyline hcl tab 150 mg
bupropion hcl tab 75 mg
bupropion hcl tab 100 mg
bupropion hcl tab er 12hr 100 mg (Wellbutrin sr)
bupropion hcl tab er 12hr 150 mg (Wellbutrin sr)
bupropion hcl tab er 12hr 200 mg (Wellbutrin sr)
bupropion hcl tab er 24hr 150 mg (Wellbutrin xl)

DEPRESSION (CONTINUED)

bupropion hcl tab er 24hr 300 mg (Wellbutrin xl)
citalopram hydrobromide oral soln 10 mg/5ml
citalopram hydrobromide tab 10 mg (base equiv)
(Celexa)
citalopram hydrobromide tab 20 mg (base equiv)
(Celexa)
citalopram hydrobromide tab 40 mg (base equiv)
(Celexa)
desipramine hcl tab 10 mg (Norpramin)
desipramine hcl tab 25 mg (Norpramin)
desipramine hcl tab 50 mg
desipramine hcl tab 75 mg
desipramine hcl tab 100 mg
desipramine hcl tab 150 mg
desvenlafaxine succinate tab er 24hr 25 mg
(base equiv) (Pristiq)
desvenlafaxine succinate tab er 24hr 50 mg
(base equiv) (Pristiq)
desvenlafaxine succinate tab er 24hr 100 mg
(base equiv) (Pristiq)
doxepin hcl cap 10 mg
doxepin hcl cap 25 mg
doxepin hcl cap 50 mg
doxepin hcl cap 75 mg
doxepin hcl cap 100 mg
doxepin hcl cap 150 mg
doxepin hcl conc 10 mg/ml
duloxetine hcl enteric coated pellets cap 20 mg
(base eq) (Cymbalta)
duloxetine hcl enteric coated pellets cap 30 mg
(base eq) (Cymbalta)
duloxetine hcl enteric coated pellets cap 60 mg
(base eq) (Cymbalta)
escitalopram oxalate soln 5 mg/5ml (base equiv)
escitalopram oxalate tab 5 mg (base equiv)
(Lexapro)
escitalopram oxalate tab 10 mg (base equiv)
(Lexapro)
escitalopram oxalate tab 20 mg (base equiv)
(Lexapro)

Generic Drugs = **bold** Brand Drugs = ALL CAPITAL LETTERS

DEPRESSION (CONTINUED)

fluoxetine hcl cap 10 mg (Prozac)
fluoxetine hcl cap 20 mg (Prozac)
fluoxetine hcl cap 40 mg (Prozac)
fluoxetine hcl solution 20 mg/5ml
imipramine hcl tab 10 mg
imipramine hcl tab 25 mg
imipramine hcl tab 50 mg
mirtazapine tab 7.5 mg
mirtazapine tab 15 mg (Remeron)
mirtazapine tab 30 mg (Remeron)
mirtazapine tab 45 mg
mirtazapine orally disintegrating tab 15 mg
(Remeron soltab)
mirtazapine orally disintegrating tab 30 mg
(Remeron soltab)
mirtazapine orally disintegrating tab 45 mg
(Remeron soltab)
nortriptyline hcl cap 10 mg (Pamelor)
nortriptyline hcl cap 25 mg (Pamelor)
nortriptyline hcl cap 50 mg (Pamelor)
nortriptyline hcl cap 75 mg (Pamelor)
paroxetine hcl tab 10 mg (Paxil)
paroxetine hcl tab 20 mg (Paxil)
paroxetine hcl tab 30 mg (Paxil)
paroxetine hcl tab 40 mg (Paxil)
protriptyline hcl tab 5 mg
protriptyline hcl tab 10 mg
sertraline hcl tab 25 mg
sertraline hcl tab 50 mg
sertraline hcl tab 100 mg
sertraline hcl oral concentrate for solution
20 mg/ml (Zoloft)
tranylcypromine sulfate tab 10 mg (Parnate)
trazodone hcl tab 50 mg
trazodone hcl tab 100 mg
trazodone hcl tab 150 mg
trimipramine maleate cap 25 mg
trimipramine maleate cap 50 mg
trimipramine maleate cap 100 mg
venlafaxine hcl tab 25 mg (base equivalent)
venlafaxine hcl tab 37.5 mg (base equivalent)
venlafaxine hcl tab 50 mg (base equivalent)
venlafaxine hcl tab 75 mg (base equivalent)
venlafaxine hcl tab 100 mg (base equivalent)
venlafaxine hcl cap er 24hr 37.5 mg
(base equivalent) (Effexor xr)
venlafaxine hcl cap er 24hr 75 mg
(base equivalent) (Effexor xr)
venlafaxine hcl cap er 24hr 150 mg
(base equivalent) (Effexor xr)
vilazodone hcl tab 10 mg (Viibryd)
vilazodone hcl tab 20 mg (Viibryd)
vilazodone hcl tab 40 mg (Viibryd)

DIABETES MEDICATIONS

Insulin

FIASP – insulin aspart (with niacinamide) inj
100 unit/ml
FIASP FLEXTOUCH – insulin aspart
(with niacinamide) sol pen-inj 100 unit/ml
FIASP PENFILL – insulin aspart (with niacinamide)
soln cartridge 100 unit/ml
HUMULIN R U-500 (CONCENTRATE) – insulin
regular (human) inj 500 unit/ml
HUMULIN R U-500 KWIKPEN – insulin regular
(human) soln pen-injector 500 unit/ml
INSULIN GLARGINE – insulin glargine-yfgn inj 100
unit/ml
INSULIN GLARGINE – insulin glargine-yfgn soln pen-
injector 100 unit/ml
LEVEMIR – insulin detemir inj 100 unit/ml
LEVEMIR FLEXPEN - insulin detemir soln pen-injector
100 unit/ml
NOVOLIN N – insulin nph (human) (isophane) inj
100 unit/ml
NOVOLIN N RELION – insulin nph (human)
(isophane) inj 100 unit/ml
NOVOLIN N FLEXPEN – insulin nph (human)
(isophane) susp pen-injector 100 unit/ml
NOVOLIN N FLEXPEN RELION – insulin nph
(human) (isophane) susp pen-injector 100 unit/ml
NOVOLIN R – insulin regular (human) inj 100 unit/ml
NOVOLIN R RELION – insulin regular (human) inj
100 unit/ml
NOVOLIN R FLEXPEN – insulin regular (human) soln
pen-injector 100 unit/ml
NOVOLIN R FLEXPEN RELION – insulin regular
(human) soln pen-injector 100 unit/ml
NOVOLIN 70/30 – insulin nph isophane & regular
human inj 100 unit/ml (70-30)
NOVOLIN 70/30 RELION – insulin nph isophane &
regular human inj 100 unit/ml (70-30)
NOVOLIN 70/30 FLEXPEN – insulin nph & regular
susp pen-inj 100 unit/ml (70-30)
NOVOLIN 70/30 FLEXPEN RELION – insulin nph &
regular susp pen-inj 100 unit/ml (70-30)
NOVOLOG – insulin aspart inj soln 100 unit/ml
NOVOLOG FLEXPEN – insulin aspart soln
pen-injector 100 unit/ml
NOVOLOG FLEXPEN RELION – insulin aspart soln
pen-injector 100 unit/ml
NOVOLOG MIX 70/30 – insulin aspart prot & aspart
(human) inj 100 unit/ml (70-30)
NOVOLOG MIX 70/30 PREFILLED FLEXPEN –
insulin aspart prot & aspart sus pen-inj 100 unit/ml
(70-30)

Generic Drugs = **bold** Brand Drugs = ALL CAPITAL LETTERS

DIABETES MEDICATIONS

Insulin (continued)

NOVOLOG MIX 70/30 PREFILLED FLEXPEN
RELION – insulin aspart prot & aspart sus pen-inj
100 unit/ml (70-30)
NOVOLOG MIX 70/30 RELION – insulin aspart prot &
aspart (human) inj 100 unit/ml (70-30)
NOVOLOG PENFILL – insulin aspart soln cartridge
100 unit/ml
NOVOLOG RELION – insulin aspart inj soln 100
unit/ml
SEMGLEE – insulin glargine-yfgn inj 100 unit/ml
SEMGLEE – insulin glargine-yfgn soln pen-injector
100 unit/ml
TOUJEO SOLOSTAR – insulin glargine soln
pen-injector 300 unit/ml (1 unit dial)
TOUJEO MAX SOLOSTAR – insulin glargine soln
pen-injector 300 unit/ml (2 unit dial)
TRESIBA – insulin degludec inj 100 unit/ml
TRESIBA FLEXTouch – insulin degludec soln
pen-injector 100 unit/ml
TRESIBA FLEXTouch – insulin degludec soln
pen-injector 200 unit/ml

Preferred Brand GLP-1s - Insulin Combinations

SOLIQUA 100/33 – insulin glargine-lixisenatide sol
pen-inj 100-33 unit-mcg/ml
XULTOPHY 100/3.6 – insulin degludec-liraglutide sol
pen-inj 100-3.6 unit-mg/ml

Oral

acarbose tab 25 mg
acarbose tab 50 mg
acarbose tab 100 mg
glimepiride tab 1 mg (Amaryl)
glimepiride tab 2 mg (Amaryl)
glimepiride tab 4 mg (Amaryl)
glipizide tab er 24hr 2.5 mg (Glucotrol xl)
glipizide tab er 24hr 5 mg (Glucotrol xl)
glipizide tab er 24hr 10 mg (Glucotrol xl)
glipizide tab 5 mg
glipizide tab 10 mg
glipizide-metformin hcl tab 2.5-250 mg
glipizide-metformin hcl tab 2.5-500 mg
glipizide-metformin hcl tab 5-500 mg
glyburide micronized tab 1.5 mg (Glynase)
glyburide micronized tab 3 mg (Glynase)
glyburide micronized tab 6 mg (Glynase)
glyburide tab 1.25 mg
glyburide tab 2.5 mg
glyburide tab 5 mg
glyburide-metformin tab 1.25-250 mg
glyburide-metformin tab 2.5-500 mg

DIABETES MEDICATIONS

Oral (continued)

glyburide-metformin tab 5-500 mg
metformin hcl tab 500 mg
metformin hcl tab 850 mg
metformin hcl tab 1000 mg
metformin hcl tab er 24hr 500 mg
metformin hcl tab er 24hr 750 mg
miglitol tab 25 mg
miglitol tab 50 mg
miglitol tab 100 mg
nateglinide tab 60 mg
nateglinide tab 120 mg
pioglitazone hcl tab 15 mg (base equiv) (Actos)
pioglitazone hcl tab 30 mg (base equiv) (Actos)
pioglitazone hcl tab 45 mg (base equiv) (Actos)
pioglitazone hcl-metformin hcl tab 15-500 mg
pioglitazone hcl-metformin hcl tab 15-850 mg
(Actoplus met)
repaglinide tab 0.5 mg
repaglinide tab 1 mg
repaglinide tab 2 mg

Preferred Brand GLP-1s – Oral & Other Diab Injectables

MOUNJARO - tirzepatide soln pen-injector 2.5
mg/0.5ml
MOUNJARO - tirzepatide soln pen-injector 5 mg/0.5ml
MOUNJARO - tirzepatide soln pen-injector 7.5
mg/0.5ml
MOUNJARO - tirzepatide soln pen-injector 10
mg/0.5ml
MOUNJARO - tirzepatide soln pen-injector 12.5
mg/0.5ml
MOUNJARO - tirzepatide soln pen-injector 15
mg/0.5ml
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5
mg/dose (2 mg/3ml)
OZEMPIC – semaglutide soln pen-inj 1 mg/dose
(4 mg/3ml)
OZEMPIC - semaglutide soln pen-inj 2 mg/dose (8
mg/3ml)
RYBELSUS – semaglutide tab 3 mg
RYBELSUS – semaglutide tab 7 mg
RYBELSUS – semaglutide tab 14 mg
TRULICITY – dulaglutide soln pen-injector
0.75 mg/0.5ml
TRULICITY – dulaglutide soln pen-injector
1.5 mg/0.5ml
TRULICITY – dulaglutide soln pen-injector
3 mg/0.5ml
TRULICITY – dulaglutide soln pen-injector
4.5 mg/0.5ml

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DIABETES MEDICATIONS

Hypoglycemic Agents

BAQSIMI ONE PACK – glucagon nasal powder
3 mg/dose
BAQSIMI TWO PACK – glucagon nasal powder
3 mg/dose
**glucagon (rdna) for inj kit 1 mg
(Glucagon emergency kit)**
GLUCAGON EMERGENCY KIT FOR LOW BLOOD
SUGAR – glucagon hcl for inj 1 mg
GVOKE HYPOPEN 1-PACK – glucagon
subcutaneous solution auto-injector 0.5 mg/0.1ml
GVOKE HYPOPEN 1-PACK – glucagon
subcutaneous solution auto-injector 1 mg/0.2ml
GVOKE HYPOPEN 2-PACK – glucagon
subcutaneous solution auto-injector 0.5 mg/0.1ml
GVOKE HYPOPEN 2-PACK – glucagon
subcutaneous solution auto-injector 1 mg/0.2ml
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml
GVOKE PFS – glucagon subcutaneous soln
pref syringe 0.5 mg/0.1ml
GVOKE PFS – glucagon subcutaneous soln
pref syringe 1 mg/0.2ml
ZEGALOGUE – dasiglucagon hcl subcutaneous soln
auto-inj 0.6 mg/0.6ml
ZEGALOGUE – dasiglucagon hcl subcutaneous soln
pref syringe 0.6 mg/0.6ml

DIABETIC SUPPLIES

Basic Supplies

Calibration Liquid

ASCENCIA CONTOUR
ASCENCIA CONTOUR NEXT

Insulin Syringes

Lancets
Lancet Devices
Pen Needles

Test Strips & Discs

ASCENCIA CONTOUR
ASCENCIA CONTOUR NEXT

HIGH BLOOD PRESSURE

acebutolol hcl cap 200 mg
acebutolol hcl cap 400 mg
amiloride hcl tab 5 mg
amlodipine besylate tab 2.5 mg (base equivalent)
(Norvasc)
amlodipine besylate tab 5 mg (base equivalent)
(Norvasc)
amlodipine besylate tab 10 mg (base equivalent)
(Norvasc)
amlodipine besylate-benazepril hcl cap 2.5-10 mg

HIGH BLOOD PRESSURE (CONTINUED)

amlodipine besylate-benazepril hcl cap 5-10 mg
(Lotrel)
amlodipine besylate-benazepril hcl cap 5-20 mg
(Lotrel)
amlodipine besylate-benazepril hcl cap 5-40 mg
amlodipine besylate-benazepril hcl cap 10-20 mg
(Lotrel)
amlodipine besylate-benazepril hcl cap 10-40 mg
(Lotrel)
amlodipine besylate-olmesartan medoxomil tab
5-20 mg (Azor)
amlodipine besylate-olmesartan medoxomil tab
5-40 mg (Azor)
amlodipine besylate-olmesartan medoxomil tab
10-20 mg (Azor)
amlodipine besylate-olmesartan medoxomil tab
10-40 mg (Azor)
amlodipine besylate-valsartan tab 5-160 mg
(Exforge)
amlodipine besylate-valsartan tab 5-320 mg
(Exforge)
amlodipine besylate-valsartan tab 10-160 mg
(Exforge)
amlodipine besylate-valsartan tab 10-320 mg
(Exforge)
amlodipine-valsartan-hydrochlorothiazide tab
5-160-12.5 mg (Exforge hct)
amlodipine-valsartan-hydrochlorothiazide tab
5-160-25 mg (Exforge hct)
amlodipine-valsartan-hydrochlorothiazide tab
10-160-12.5 mg (Exforge hct)
amlodipine-valsartan-hydrochlorothiazide tab
10-160-25 mg (Exforge hct)
amlodipine-valsartan-hydrochlorothiazide tab
10-320-25 mg (Exforge hct)
atenolol tab 25 mg (Tenormin)
atenolol tab 50 mg (Tenormin)
atenolol tab 100 mg (Tenormin)
atenolol & chlorthalidone tab 50-25 mg
(Tenoretic 50)
atenolol & chlorthalidone tab 100-25 mg
(Tenoretic 100)
benazepril hcl tab 5 mg
benazepril hcl tab 10 mg (Lotensin)
benazepril hcl tab 20 mg (Lotensin)
benazepril hcl tab 40 mg (Lotensin)
benazepril & hydrochlorothiazide tab 5-6.25 mg
benazepril & hydrochlorothiazide tab 10-12.5 mg
(Lotensin hct)
benazepril & hydrochlorothiazide tab 20-12.5 mg
(Lotensin hct)
benazepril & hydrochlorothiazide tab 20-25 mg
(Lotensin hct)
betaxolol hcl tab 10 mg
betaxolol hcl tab 20 mg

Generic Drugs = **bold** Brand Drugs = ALL CAPITAL LETTERS

HIGH BLOOD PRESSURE (CONTINUED)

bisoprolol fumarate tab 5 mg
bisoprolol fumarate tab 10 mg
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (Ziac)
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Ziac)
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Ziac)
bumetanide tab 0.5 mg (Bumex)
bumetanide tab 1 mg
bumetanide tab 2 mg
candesartan cilexetil tab 4 mg (Atacand)
candesartan cilexetil tab 8 mg (Atacand)
candesartan cilexetil tab 16 mg (Atacand)
candesartan cilexetil tab 32 mg (Atacand)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Atacand hct)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Atacand hct)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Atacand hct)
captopril tab 12.5 mg
captopril tab 25 mg
captopril tab 50 mg
captopril tab 100 mg
carvedilol tab 3.125 mg (Coreg)
carvedilol tab 6.25 mg (Coreg)
carvedilol tab 12.5 mg (Coreg)
carvedilol tab 25 mg (Coreg)
chlorthalidone tab 25 mg
chlorthalidone tab 50 mg
clonidine hcl tab 0.1 mg
clonidine hcl tab 0.2 mg
clonidine hcl tab 0.3 mg
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)
diltiazem hcl tab 30 mg (Cardizem)
diltiazem hcl tab 60 mg (Cardizem)
diltiazem hcl tab 90 mg
diltiazem hcl tab 120 mg (Cardizem)
diltiazem hcl cap er 12hr 60 mg
diltiazem hcl cap er 12hr 90 mg
diltiazem hcl cap er 12hr 120 mg
diltiazem hcl cap er 24hr 120 mg
diltiazem hcl cap er 24hr 180 mg
diltiazem hcl cap er 24hr 240 mg
diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd)
diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd)
diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd)

HIGH BLOOD PRESSURE (CONTINUED)

diltiazem hcl coated beads cap er 24hr 300 mg (Cardizem cd)
diltiazem hcl extended-release beads cap er 24hr 120 mg (Tiazac)
diltiazem hcl extended-release beads cap er 24hr 180 mg (Tiazac)
diltiazem hcl extended-release beads cap er 24hr 240 mg (Tiazac)
diltiazem hcl extended-release beads cap er 24hr 300 mg (Tiazac)
diltiazem hcl extended-release beads cap er 24hr 360 mg (Tiazac)
diltiazem hcl extended-release beads cap er 24hr 420 mg (Tiazac)
diltiazem hcl extended-release tabs 24hr 120 mg (Cardizem la)
doxazosin mesylate tab 1 mg (Cardura)
doxazosin mesylate tab 2 mg (Cardura)
doxazosin mesylate tab 4 mg (Cardura)
doxazosin mesylate tab 8 mg (Cardura)
enalapril maleate oral soln 1 mg/ml (Epaned)
enalapril maleate tab 2.5 mg (Vasotec)
enalapril maleate tab 5 mg (Vasotec)
enalapril maleate tab 10 mg (Vasotec)
enalapril maleate tab 20 mg (Vasotec)
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)
eplerenone tab 25 mg (Inspra)
eplerenone tab 50 mg (Inspra)
felodipine tab er 24hr 2.5 mg
felodipine tab er 24hr 5 mg
felodipine tab er 24hr 10 mg
fosinopril sodium tab 10 mg
fosinopril sodium tab 20 mg
fosinopril sodium tab 40 mg
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg
furosemide oral soln 10 mg/ml
furosemide tab 20 mg (Lasix)
furosemide tab 40 mg (Lasix)
furosemide tab 80 mg (Lasix)
guanfacine hcl tab 1 mg
guanfacine hcl tab 2 mg
hydralazine hcl tab 10 mg
hydralazine hcl tab 25 mg
hydralazine hcl tab 50 mg
hydralazine hcl tab 100 mg
hydrochlorothiazide cap 12.5 mg
hydrochlorothiazide tab 12.5 mg
hydrochlorothiazide tab 25 mg
hydrochlorothiazide tab 50 mg
indapamide tab 1.25 mg

Generic Drugs = **bold** Brand Drugs = ALL CAPITAL LETTERS

HIGH BLOOD PRESSURE (CONTINUED)

indapamide tab 2.5 mg
irbesartan tab 75 mg (Avapro)
irbesartan tab 150 mg (Avapro)
irbesartan tab 300 mg (Avapro)
irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide)
irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide)
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (Bidil)
isradipine cap 2.5 mg
isradipine cap 5 mg
labetalol hcl tab 100 mg
labetalol hcl tab 200 mg
labetalol hcl tab 300 mg
lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic)
lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic)
lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic)
lisinopril tab 2.5 mg (Zestril)
lisinopril tab 5 mg (Zestril)
lisinopril tab 10 mg (Zestril)
lisinopril tab 20 mg (Zestril)
lisinopril tab 30 mg (Zestril)
lisinopril tab 40 mg (Zestril)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Hyzaar)
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Hyzaar)
losartan potassium & hydrochlorothiazide tab 100-25 mg (Hyzaar)
losartan potassium tab 25 mg (Cozaar)
losartan potassium tab 50 mg (Cozaar)
losartan potassium tab 100 mg (Cozaar)
metolazone tab 2.5 mg
metolazone tab 5 mg
metolazone tab 10 mg
metoprolol & hydrochlorothiazide tab 50-25 mg
metoprolol & hydrochlorothiazide tab 100-25 mg
metoprolol & hydrochlorothiazide tab 100-50 mg
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl)
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl)
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Toprol xl)
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Toprol xl)
metoprolol tartrate tab 25 mg
metoprolol tartrate tab 37.5 mg
metoprolol tartrate tab 50 mg (Lopressor)
metoprolol tartrate tab 75 mg
metoprolol tartrate tab 100 mg (Lopressor)
minoxidil tab 2.5 mg

HIGH BLOOD PRESSURE (CONTINUED)

minoxidil tab 10 mg
moexipril hcl tab 7.5 mg
moexipril hcl tab 15 mg
nadolol tab 20 mg (Corgard)
nadolol tab 40 mg (Corgard)
nadolol tab 80 mg
nebivolol hcl tab 2.5 mg (base equivalent) (Bystolic)
nebivolol hcl tab 5 mg (base equivalent) (Bystolic)
nebivolol hcl tab 10 mg (base equivalent) (Bystolic)
nebivolol hcl tab 20 mg (base equivalent) (Bystolic)
nicardipine hcl cap 20 mg
nicardipine hcl cap 30 mg
nifedipine cap 10 mg
nifedipine cap 20 mg
nifedipine tab er 24hr 30 mg
nifedipine tab er 24hr 60 mg
nifedipine tab er 24hr 90 mg
nifedipine tab er 24hr osmotic release 30 mg (Procardia xl)
nifedipine tab er 24hr osmotic release 60 mg (Procardia xl)
nifedipine tab er 24hr osmotic release 90 mg (Procardia xl)
olmesartan medoxomil tab 5 mg (Benicar)
olmesartan medoxomil tab 20 mg (Benicar)
olmesartan medoxomil tab 40 mg (Benicar)
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (Benicar hct)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (Benicar hct)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (Benicar hct)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (Tribenzor)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (Tribenzor)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (Tribenzor)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (Tribenzor)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (Tribenzor)
perindopril erbumine tab 2 mg
perindopril erbumine tab 4 mg
phenoxybenzamine hcl cap 10 mg (Dibenzylamine)
pindolol tab 5 mg
pindolol tab 10 mg
prazosin hcl cap 1 mg (Minipress)
prazosin hcl cap 2 mg (Minipress)
prazosin hcl cap 5 mg (Minipress)
propranolol hcl oral soln 20 mg/5ml
propranolol hcl tab 10 mg
propranolol hcl tab 20 mg

Generic Drugs = **bold** Brand Drugs = ALL CAPITAL LETTERS

HIGH BLOOD PRESSURE (CONTINUED)

propranolol hcl tab 40 mg
propranolol hcl tab 60 mg
propranolol hcl tab 80 mg
propranolol hcl cap er 24hr 60 mg (Inderal la)
propranolol hcl cap er 24hr 80 mg (Inderal la)
propranolol hcl cap er 24hr 120 mg (Inderal la)
propranolol hcl cap er 24hr 160 mg (Inderal la)
quinapril hcl tab 5 mg (Accupril)
quinapril hcl tab 10 mg (Accupril)
quinapril hcl tab 20 mg (Accupril)
quinapril hcl tab 40 mg (Accupril)
ramipril cap 1.25 mg (Altace)
ramipril cap 2.5 mg (Altace)
ramipril cap 5 mg (Altace)
ramipril cap 10 mg (Altace)
spironolactone tab 25 mg (Aldactone)
spironolactone tab 50 mg (Aldactone)
spironolactone tab 100 mg (Aldactone)
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)
telmisartan tab 20 mg (Micardis)
telmisartan tab 40 mg (Micardis)
telmisartan tab 80 mg (Micardis)
terazosin hcl cap 1 mg (base equivalent)
terazosin hcl cap 2 mg (base equivalent)
terazosin hcl cap 5 mg (base equivalent)
terazosin hcl cap 10 mg (base equivalent)
timolol maleate tab 10 mg
torsemide tab 5 mg
torsemide tab 10 mg
torsemide tab 20 mg
torsemide tab 100 mg
trandolapril tab 1 mg
trandolapril tab 2 mg
trandolapril tab 4 mg
triamterene & hydrochlorothiazide cap 37.5-25 mg
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)
triamterene cap 50 mg (Dyrenium)
triamterene cap 100 mg (Dyrenium)
valsartan tab 40 mg (Diovan)
valsartan tab 80 mg (Diovan)
valsartan tab 160 mg (Diovan)
valsartan tab 320 mg (Diovan)
valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct)
valsartan-hydrochlorothiazide tab 160-12.5 mg (Diovan hct)
valsartan-hydrochlorothiazide tab 160-25 mg (Diovan hct)
valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct)
valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)
verapamil hcl cap er 24hr 120 mg (Verelan)

HIGH BLOOD PRESSURE (CONTINUED)

verapamil hcl cap er 24hr 180 mg (Verelan)
verapamil hcl cap er 24hr 240 mg (Verelan)
verapamil hcl tab er 120 mg (Calan sr)
verapamil hcl tab er 180 mg (Calan sr)
verapamil hcl tab er 240 mg (Calan sr)
verapamil hcl tab 40 mg
verapamil hcl tab 80 mg
verapamil hcl tab 120 mg

HIGH CHOLESTEROL

atorvastatin calcium tab 10 mg (base equivalent) (Lipitor)
atorvastatin calcium tab 20 mg (base equivalent) (Lipitor)
atorvastatin calcium tab 40 mg (base equivalent) (Lipitor)
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)
cholestyramine light powder 4 gm/dose (Questran light)
cholestyramine powder 4 gm/dose (Questran)
colesevelam hcl tab 625 mg (Welchol)
colestipol hcl granules 5 gm (Colestid flavored)
colestipol hcl granule packets 5 gm (Colestid flavored)
colestipol hcl tab 1 gm (Colestid)
ezetimibe tab 10 mg (Zetia)
ezetimibe-simvastatin tab 10-10 mg (Vytorin)
ezetimibe-simvastatin tab 10-20 mg (Vytorin)
ezetimibe-simvastatin tab 10-40 mg (Vytorin)
ezetimibe-simvastatin tab 10-80 mg (Vytorin)
fenofibrate micronized cap 67 mg
fenofibrate micronized cap 134 mg
fenofibrate micronized cap 200 mg
fenofibrate tab 48 mg (Tricor)
fenofibrate tab 54 mg
fenofibrate tab 145 mg (Tricor)
fenofibrate tab 160 mg
gemfibrozil tab 600 mg (Lopid)
lovastatin tab 10 mg
lovastatin tab 20 mg
lovastatin tab 40 mg
niacin tab er 500 mg (antihyperlipidemic)
niacin tab er 750 mg (antihyperlipidemic)
niacin tab er 1000 mg (antihyperlipidemic)
pravastatin sodium tab 10 mg
pravastatin sodium tab 20 mg
pravastatin sodium tab 40 mg
pravastatin sodium tab 80 mg
rosuvastatin calcium tab 5 mg (Crestor)
rosuvastatin calcium tab 10 mg (Crestor)
rosuvastatin calcium tab 20 mg (Crestor)
rosuvastatin calcium tab 40 mg (Crestor)
simvastatin tab 5 mg
simvastatin tab 10 mg (Zocor)

Generic Drugs = **bold** Brand Drugs = ALL CAPITAL LETTERS

HIGH CHOLESTEROL (CONTINUED)

simvastatin tab 20 mg (Zocor)
simvastatin tab 40 mg (Zocor)
simvastatin tab 80 mg

OSTEOPOROSIS

alendronate sodium tab 10 mg
alendronate sodium tab 35 mg
alendronate sodium tab 70 mg (Fosamax)
calcitonin (salmon) nasal soln 200 unit/act
ibandronate sodium tab 150 mg (base equivalent)
raloxifene hcl tab 60 mg (Evista)
risedronate sodium tab 5 mg
risedronate sodium tab 30 mg
risedronate sodium tab 35 mg (Actonel)
risedronate sodium tab 150 mg (Actonel)

RESPIRATORY

Medications

acetylcysteine inhal soln 10%
acetylcysteine inhal soln 20%
ADVAIR HFA – fluticasone-salmeterol inhal aerosol
45-21 mcg/act
ADVAIR HFA – fluticasone-salmeterol inhal aerosol
115-21 mcg/act
ADVAIR HFA – fluticasone-salmeterol inhal aerosol
230-21 mcg/act
albuterol sulfate inhal aero 108 mcg/act
(90mcg base equiv) (Proventil hfa)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)
albuterol sulfate soln nebu 0.63 mg/3ml
(base equiv)
albuterol sulfate soln nebu 1.25 mg/3ml
(base equiv)
albuterol sulfate syrup 2 mg/5ml
albuterol sulfate tab 2 mg
albuterol sulfate tab 4 mg
ANORO ELLIPTA - umecclidinium-vilanterol aero powd
ba 62.5-25 mcg/act
arformoterol tartrate soln nebu 15 mcg/2ml (base
equiv) (Brovana)
ARNUIITY ELLIPTA – fluticasone furoate aerosol
powder breath activ 50 mcg/act
ARNUIITY ELLIPTA – fluticasone furoate aerosol
powder breath activ 100 mcg/act
ARNUIITY ELLIPTA – fluticasone furoate aerosol
powder breath activ 200 mcg/act
ASMANEX HFA – mometasone furoate inhal aerosol
suspension 50 mcg/act
ASMANEX HFA – mometasone furoate inhal aerosol
suspension 100 mcg/act
ASMANEX HFA – mometasone furoate inhal aerosol
suspension 200 mcg/act
ASMANEX TWISTHALER 30 MET - mometasone
furoate inhal powd 110 mcg/act (breath activated)

RESPIRATORY (CONTIUNED)

ASMANEX TWISTHALER 14 MET - mometasone
furoate inhal powd 220 mcg/act (breath activated)
ASMANEX TWISTHALER 30 MET - mometasone
furoate inhal powd 220 mcg/act (breath activated)
ASMANEX TWISTHALER 60 MET - mometasone
furoate inhal powd 220 mcg/act (breath activated)
ASMANEX TWISTHALER 120 ME - mometasone
furoate inhal powd 220 mcg/act (breath activated)
BREO ELLIPTA - fluticasone furoate-vilanterol aero
powd ba 100-25 mcg/act
BREO ELLIPTA - fluticasone furoate-vilanterol aero
powd ba 200-25 mcg/act
BREZTRI AEROSPHERE – budesonide-
glycopyrrolate-formoterol aers 160-9-4.8 mcg/act
budesonide inhalation susp 0.25 mg/2ml
(Pulmicort)
budesonide inhalation susp 0.5 mg/2ml
(Pulmicort)
budesonide inhalation susp 1 mg/2ml (Pulmicort)
COMBIVENT RESPIMAT – ipratropium-albuterol inhal
aerosol soln 20-100 mcg/act
cromolyn sodium soln nebu 20 mg/2ml
DULERA – mometasone furoate-formoterol fumarate
aerosol 50-5 mcg/act
DULERA – mometasone furoate-formoterol fumarate
aerosol 100-5 mcg/act
DULERA – mometasone furoate-formoterol fumarate
aerosol 200-5 mcg/act
FLUTICASONE PROPIONATE/SALMETEROL –
fluticasone-salmeterol aer powder ba
55-14 mcg/act
FLUTICASONE PROPIONATE/SALMETEROL –
fluticasone-salmeterol aer powder ba
113-14 mcg/act
FLUTICASONE PROPIONATE/SALMETEROL –
fluticasone-salmeterol aer powder ba
232-14 mcg/act
formoterol fumarate soln nebu 20 mcg/2ml
(Perforomist)
fluticasone-salmeterol aer powder ba
100-50 mcg/dose (Advair diskus)
fluticasone-salmeterol aer powder ba
250-50 mcg/dose (Advair diskus)
fluticasone-salmeterol aer powder ba
500-50 mcg/dose (Advair diskus)
INCRUSE ELLIPTA – umecclidinium br aero powd
breath act 62.5 mcg/act (base eq)
ipratropium bromide inhal soln 0.02%
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml
levalbuterol hcl soln nebu concentrate
1.25 mg/0.5ml (base equiv)
levalbuterol hcl soln nebu 0.31 mg/3ml
(base equiv)
levalbuterol hcl soln nebu 0.63 mg/3ml
(base equiv)

Generic Drugs = **bold** Brand Drugs = ALL CAPITAL LETTERS

RESPIRATORY (CONTIUNED)

levalbuterol hcl soln nebu 1.25 mg/3ml

(base equiv)

montelukast sodium chew tab 4 mg (base equiv)

(Singulair)

montelukast sodium chew tab 5 mg (base equiv)

(Singulair)

montelukast sodium tab 10 mg (base equiv)

(Singulair)

QVAR REDIHALER – beclomethasone diprop hfa

breath act inh aer 40 mcg/act

QVAR REDIHALER – beclomethasone diprop hfa

breath act inh aer 80 mcg/act

roflumilast tab 250 mcg (Daliresp)

roflumilast tab 500 mcg (Daliresp)

SEREVENT DISKUS - salmeterol xinafoate aer pow

ba 50 mcg/act (base equiv)

SPIRIVA HANDIHALER – tiotropium bromide

monohydrate inhal cap 18 mcg (base equiv)

SPIRIVA RESPIMAT – tiotropium bromide

monohydrate inhal aerosol 1.25 mcg/act

SPIRIVA RESPIMAT – tiotropium bromide

monohydrate inhal aerosol 2.5 mcg/act

STIOLTO RESPIMAT – tiotropium br-olodaterol inhal

aero soln 2.5-2.5 mcg/act

RESPIRATORY (CONTIUNED)

STRIVERDI RESPIMAT – olodaterol hcl inhal aerosol
soln 2.5 mcg/act (base equiv)

SYMBICORT – budesonide-formoterol fumarate dihyd
aerosol 80-4.5 mcg/act

SYMBICORT – budesonide-formoterol fumarate dihyd
aerosol 160-4.5 mcg/act

terbutaline sulfate tab 2.5 mg

terbutaline sulfate tab 5 mg

theophylline elixir 80 mg/15ml

theophylline soln 80 mg/15ml

theophylline tab er 12hr 300 mg

theophylline tab er 12hr 450 mg

theophylline tab er 24hr 400 mg

theophylline tab er 24hr 600 mg

TRELEGY ELLIPTA - fluticasone-umeclidinium-

vilanterol aepb 100-62.5-25 mcg/act

TRELEGY ELLIPTA - fluticasone-umeclidinium-

vilanterol aepb 200-62.5-25 mcg/act

VENTOLIN HFA – albuterol sulfate inhal aero

108 mcg/act (90mcg base equiv)

zafirlukast tab 10 mg (Accolate)

zafirlukast tab 20 mg (Accolate)

NOTICE OF NONDISCRIMINATION PRACTICES

Effective July 18, 2016

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

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>
- by phone at:
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201

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

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမ့်ကတိကညိကိဂ်း, တ်ကဟ့နကိဂ်တ်မၤတၢ်လိတဖၣ်န့ၣ်လီၤ. ကိ: 1-866-251-6744 လၢ TTY
အဂီၢ်, ကိ: 711 တက့ၢ်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهاتف النصي
اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

አማርኛ የሚናገሩ ከሆኑ፣ ነጻ የቋንቋ አገልግሎት እርዳ አለሎት። በ 1-855-315-4030 ይደውሉ ለ TTY በ 711።

한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ລ້າລ້າ. TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Kojí éí béésh bee hodííłnih 1-855-902-2583. TTY biniyégo éí 711 jį' béésh bee hodííłnih.



Preventative Care

Wellness and Health Management

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered by Lakeview Public Schools ISD #2167, all covered individuals and family members are **eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.**

Which preventative care services are covered?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliant insurance plans should cover at 100% for in-network providers. Below is a list of common services that are included in the plans offered this year:

- Routine physical exam
- Well baby and child care
- Well women visits
- Immunizations
- Routine bone density test
- Routine breast exam
- Routine gynecological exam
- Screening for Gestational diabetes
- Obesity screening and counseling
- Routine digital rectal exam
- Routine colonoscopy
- Routine colorectal cancer screening
- Routine prostate test
- Routine lab procedures
- Routine mammograms
- Routine pap smear
- Smoking cessation
- Health education/counseling services
- Health counseling for STDs and HIV
- Testing for HPV and HIV
- Screening and counseling for domestic violence

PREVENTIVE CARE RECOMMENDATIONS

Talk with your primary care provider about these preventive services.

How often and what kind of preventive care services you need depends on your age, gender, health and family history. Your provider may recommend additional tests, which may or may not be covered under your plan. Check your health plan benefits or call the number on the back of your member ID card for details on coverage.*

■ Men and women ■ Women only

HEALTHY ADULT GUIDELINES					
AGE	21 – 39	40 – 49	50 – 64	65 – 74	75+
CARDIOVASCULAR HEALTH					
Advice on nutrition, healthy weight and physical activity	Throughout adulthood				
Advice on avoiding tobacco exposure and use	Throughout adulthood				
Blood pressure measurement	At least annually				
Cholesterol (lipid) screening	Performed depending on risk				
Diabetes screening	Ages 35 – 70 and adjusted by health care provider based on risk				
CANCER PREVENTION					
Breast cancer screening (2D and 3D mammograms may be covered)	Age 50 – 74, every 2 years. May start earlier and be performed more frequently depending upon risk. Discuss your risk with your doctor.				
Colorectal cancer screening (Stool test, flexible sigmoidoscopy, colonoscopy) Frequency depends on type of test and risk factors	Age 45 – 75. May start younger if at risk.				
Cervical cancer screening	Age 21 – 29: PAP every 3 years Age 30 – 65: PAP every 3 years, human papillomavirus (HPV) every 5 years or HPV with PAP every 5 years				
Lung cancer screening	Age 50 – 80: Low-dose CT scan, depending on smoking history				
SAFETY					
Intimate partner violence and elder abuse	All women of childbearing age and vulnerable adults				
Information on safety and injury prevention	Throughout adulthood				

HEALTHY ADULT GUIDELINES (CONTINUED)

AGE	21 – 39	40 – 49	50 – 64	65 – 74	75+
OTHER					
Immunizations (vaccines)	See Immunization Schedules at cdc.gov/vaccines/schedules				
Osteoporosis (bone density) screening	Start at age 65 or based on risk assessment by health care provider for postmenopausal women				
Hepatitis C screening	Age 18 – 79 and those at high risk for infection				
Chlamydia and gonorrhea test	Start before age 25, annually, if sexually active. Screen age 25 and older, depending upon risk assessment.				
Advice on sexual health	Throughout adulthood				
Human immunodeficiency virus (HIV) screening	Once for everyone, repeat screenings depending upon risk assessment by health care provider				
Depression screening	Throughout adulthood				
Drug and/or alcohol use screening and prevention	Throughout adulthood				

Child and adolescent

HEALTHY CHILD AND ADOLESCENT GUIDELINES

AGE	0 – 2	3 – 5	6 – 12	13 – 17	18 – 20
Advice on nutrition, healthy weight, physical activity and oral health	Each well-child visit or annually				
Immunizations (vaccines)	See immunization schedules at cdc.gov/vaccines/schedules				
Development and mental health screening – includes autism and depression	Development and mental health assessment. Surveillance throughout lifetime.				
Hearing and vision screening	Annually				
Advice on safety and injury prevention – includes advice on bullying, use of helmets during athletic activities, and seat belt use	Each well-child visit or annually. Helpful advice for caregivers available at healthychildren.org .				
Advice on avoiding tobacco and risk of second hand smoke exposure	Each well-child visit or annually				
Lead exposure screening and testing	Discuss exposure risk with provider				
Cholesterol (lipid) screening Consider family history or other risks; discuss with provider	Age 9 to 11				
Advice on sexual health and development – testing for chlamydia and other sexually transmitted infections, as needed	Pediatricians can provide counseling and education and administer tests as necessary				

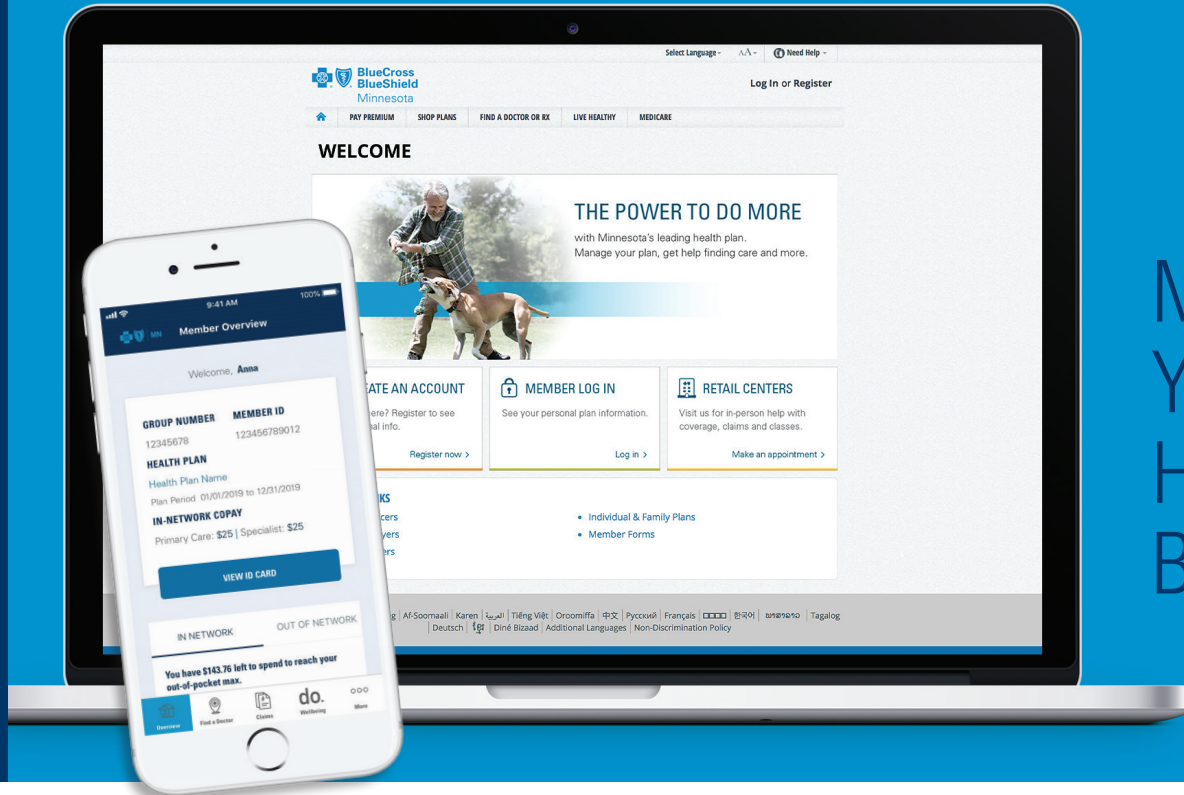
HEALTHY PREGNANCY GUIDELINES

Advice on abstaining from alcohol and tobacco
Advice on nutrition, healthy weight and physical activity
Advice on breastfeeding
Gestational diabetes mellitus (GDM) test
Infection screening tests (group B strep, hepatitis B, HIV, syphilis and others)
Anemia and Rh compatibility test

*Not all items on this list are covered benefits for all individuals or all products or groups with Blue Cross or Blue Plus. Inclusion of a service or items on this list does not guarantee coverage. Additional requirements may apply. Tests ordered during a preventive care visit that are not considered preventive care may be subject to deductibles, copays and/or coinsurance. Additionally, treatment or tests for an existing condition or disease are not preventive care and are subject to deductibles, copays and/or coinsurance.



MANAGING
YOUR HEALTH
HAS NEVER
BEEN EASIER



IT'S ALL AT YOUR FINGERTIPS

Whether you're at home or on the go, you have convenient access to important plan information including:

- A digital member ID card that you can share easily with health care providers
- Deductible and out-of-pocket spending amounts
- Search capabilities for in-network doctors or dentists and care near you
- Claim status tracking
- Spending account balances

CONNECT WITH YOUR HEALTH PLAN

Have your member ID card handy and register today:

bluecrossmnonline.com

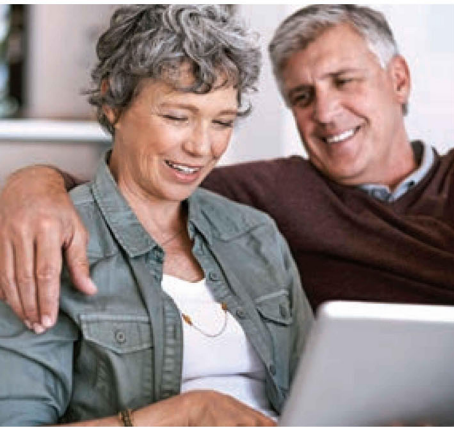
Download the app: Search "**BlueCrossMN Mobile**"



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Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

M0255R02 (3/19)



CARE COST ESTIMATOR

See how much your visit could cost

Did you know the cost for the same medical procedure can vary depending on where you go? The difference in cost can be hundreds or even thousands of dollars.



HOW MUCH DOES IT COST TO VISIT YOUR DOCTOR?

- A. \$86
- B. \$100
- C. \$152
- D. Any of the above

The correct answer is D.*

IT PAYS TO SHOP AND COMPARE

Just like any major purchase, it pays to shop around for health care. See what you may pay for medical care before you choose a health care provider with the care cost estimator tool.

- Compare costs for more than 1,200 common procedures. Cost comparisons are based on previous claims submitted by health care providers.
- Refine results based on ZIP code and distance
- Easily find Blue Distinction Centers® with results that appear at the top

Each health care provider is an independent contractor and is not our agent.

Blue Distinction Centers (BDC)

These primary and specialty providers have earned national recognition for delivering safe, effective care.

GET THE FACTS YOU NEED TO MAKE IMPORTANT HEALTH CARE DECISIONS

- Log into your member website at bluecrossmnonline.com
- Select “Estimate Costs” in the Tools section below your Account Summary plan details
- Complete the search field with the type of procedure you’re looking for. If you’re not sure, type in the general term such as “office visit” or “MRI” and you’ll be prompted with more specific choices.
- You can also call customer service at the number on the back of your member ID card

On-the-go access

Members in the Aware® Network can access the tool right from the mobile app in the Costs section.

Don’t have the app? Download it today. Simply search for “BlueCrossMN Mobile” in your app store.

*Based on research from Blue Cross Blue Shield The Health of America Report http://www.bcbs.com/blog/knee-hip-cost-variation.html#.Vge-TUZ5_Gs.

Blue Distinction Centers met overall quality measures for patient safety and outcomes, developed with input from the medical community. Designation as a BDC means these facilities’ overall experience and aggregate data met objective criteria established in collaboration with expert clinicians’ and leading professional organizations’ recommendations. Individual outcomes may vary.



 GET ACTIVE PROGRAM

GET ACTIVE WITH BLUE CARE ADVISORSM

Earn rewards for taking steps toward your health

Small steps can lead to big rewards

With the Get Active program, simply track your daily steps or your favorite fitness activity and earn points that translate to real dollars.

START EARNING IN THREE EASY STEPS

1 Register

Register at bluecrossmn.com/bca or download the Blue Care Advisor app.

2 Complete the Health Assessment

Once you're logged in, you'll find the Health Assessment under "Benefits." Based on your results, you'll receive personalized recommendations including helpful tips and resources.



Earn 100 points for completing the Health Assessment

3 Start tracking

Link your fitness tracker or favorite fitness app to automatically record your activities. You can also track things manually, so everything counts — even yard work!



5,000 steps = 5 points
7,000 steps = 7 points
10,000 steps = 10 points
(max per day)



10 points = \$1
Earn a maximum of
\$240 per year



If you forget to track a day, catching up is easy. Simply go into the app and log your past activity manually up to 30 days prior.



Earn your points anytime throughout the year — there's no monthly requirement.



**Employees and spouses*
can earn
UP TO \$240
ANNUALLY**

*Employees and spouses must be enrolled in the Blue Cross and Blue Shield of Minnesota health plan.

QUESTIONS?

If you have questions, please call the number on the back of your member ID card.

4 Collect your reward

Redeem your points in the Reward Center for \$10, \$25 or \$50 e-gift cards.



Points expire at the end of the program year so make sure you cash in on your hard work!

The reward may result in a taxable event for either you or your plan sponsor. Consult your tax advisor.

If it is unreasonably difficult due to a medical condition for an individual to participate (or if it is medically inadvisable for an individual to attempt to participate), Blue Cross will provide an alternative program. For more information about obtaining an reasonable alternative, please call the number on the back of your member ID card.

Points do not roll over to the next health plan year.



SAVE WHEN YOU SHOP BLUE365®

Exclusively for you, as part of your Blue Cross and Blue Shield of Minnesota health plan.

GET DISCOUNTS ON PRODUCTS AND SERVICES THAT HELP YOU LIVE A HEALTHIER LIFE

With Blue365, you get great deals on products and services that complement your health. Save on personal care, fitness gear, hearing and vision, healthy meal kits and more.

It just takes a couple minutes to register and you can start shopping for things like:

- 20 percent off at Reebok.com
- Discounts on Jenny Craig or Nutrisystem
- \$29 a month gym membership
- Up to 40 percent off contact lenses
- Up to 20 percent off hotels
- 50 percent off vitamins and supplements
- And more



do.® more for your health

Join **Blue365** and start saving today!

TAKE ADVANTAGE OF BLUE365

Visit blue365deals.com/bcbsmn to register and have your Blue Cross member ID card handy. Then watch for the weekly deal to arrive in your inbox.

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To find out what is covered under your policies, contact your local Blue Company. The products and services described on the site are neither offered nor guaranteed under your Blue Company's contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding your health insurance products and services may be subject to your Blue Company's grievance process. BCBSA may receive payments from vendors providing products and services on or accessible through the site. Neither BCBSA nor any Blue Company recommends, endorses, warrants, or guarantees any specific vendor, product or service available under or through the Blue365 Program or site.

DIABETES PREVENTION PROGRAM SUMMARY



What is DPP and the benefit change?

Diabetes Prevention Program (DPP) is a Centers for Disease Control and Prevention (CDC) recognized lifestyle change program. It is based on research and focused on healthy eating and physical activity. The goal of the program is to lose at least 5% of a person's body weight through lifestyle change. DPP has been proven to cut the risk for developing type 2 diabetes by 58% (71% for people over 60 years old).¹ It is the most effective intervention available to prevent type 2 diabetes. Blue Cross has covered DPP for a long time. Going forward Blue Cross will remove the cost share component and pay the full allowed amount for DPP for fully insured commercial members. Self-insured clients have the option to add this benefit with no cost share. DPP aligns with the United States Preventive Services Task Force A & B recommendations and is considered a preventive benefit.

1. <https://www.cdc.gov/diabetes/prevention/research-behind-ndpp.htm>

Why is it important?

Diabetes is already the 2nd most expensive episode treatment group (ETG) for the commercial segment. One in three adults in the United States have prediabetes.² Most people do not know they have prediabetes and almost none of them engage in DPP. Without intervention, 29% of those members will develop type 2 diabetes in three years³, this will double the percent of Blue Cross members with diabetes. Cost is one of several known barriers to member engagement in DPP and for providers to refer patients to the program. Today, members have a cost share (either a copay or coinsurance until they meet their deductible or out-of-pocket) which often results in the member paying most or all the cost for DPP. Addressing the cost burden through this benefit change is one component of a multi-faceted diabetes strategy to drive engagement into evidence-based and proven interventions.

2. <https://pubmed.ncbi.nlm.nih.gov/34107181/>
3. <https://www.cdc.gov/diabetes/data/statistics-report/prevalence-of-prediabetes.html>

How does the DPP benefit change work with Omada for Prevention?

Omada for Prevention is a CDC-recognized DPP program. It is a great option for members who prefer digital programing, have challenging schedules or may live long distances from community DPP locations. The DPP benefit change is complementary with Omada for Prevention and we recommend both be promoted to members. DPP programing is typically offered through a provider care system or in a community setting. This allows for coordination with the rest of their care, in person options for those who best learn that way and facilitates the support from a group going through change together. DPP programing in a provider or community setting can also be culturally tailored and offered in alternative languages. Omada for Prevention is currently only available in English. Lifestyle behavior change is difficult. Today, less than 1% of people who are eligible for DPP utilize the benefit. Multiple options for members to access DPP are critical to meet members where they are in their journey. This benefit change will advance equity in access, cost and cultural concordance for DPP regardless of how members want to engage. Internally, Blue Cross will utilize our identification and stratification capabilities to mitigate any potential duplicity between Omada for Prevention and DPP. Blue Cross will also help members understand their options. Members should only engage in one DPP offering.

Discover how to build healthy habits that last

Feel healthy for life with Omada®.

Omada is an online program that can help you lose weight, feel great and lower your risk for type 2 diabetes and heart disease.

Omada combines science and support to help you develop healthy habits that last. You get personal support and interactive tools to get and keep you motivated:

- One-on-one guidance from a professional health coach
- A welcome kit with a wireless smart scale and other tools to track your progress
- An online peer group for motivation from people who get it
- Interactive weekly lessons on nutrition, fitness, sleep and stress
- On-the-go convenience with a mobile app
- And more

This program is available at no cost to you and adult family members if you qualify. Find out by answering a few quick questions — it just takes a minute.



Did you know?

Less than 3% of Americans actually live a healthy lifestyle

*Mayo Clinic Proceedings;
April 2016 Volume 91, Issue 4,
www.mayoclinicproceedings.org

Visit omadahealth.com/bcbsmn1 today.



MATERNITY MANAGEMENT

HEALTHIER BABIES BEGIN WITH HEALTHIER PREGNANCIES

Get your baby off to a good start

Having a baby can be an exciting time — it can also be overwhelming.

That's why there's the Maternity Management program. The Maternity Management program provides parents one-on-one support from a maternity case manager during and after a pregnancy.

You'll get helpful personalized advice from a knowledgeable expert to answer all the questions that come with being pregnant. In addition, you'll get:

- Guidance for having a healthier pregnancy
- Online tools and resources about prenatal and infant care
- Help preparing for your baby's arrival
- Tips on staying happy and healthy after your baby is born

CONSIDERING BREASTFEEDING?

Breast pumps are covered by most health plans, with a prescription from your doctor. If it's covered by your plan, you will need to buy or rent it from an in-network durable medical equipment (DME) supplier. Here are a few things to keep in mind when buying a breast pump:

- The type of pump you choose, manual or electric, will determine your cost and coverage
- Additional breast pump supplies, including bottles, tubes, shields and freezer packs, are not covered by your health plan
- Not all DME suppliers sell breast pumps. If you need help finding one, contact the customer service number on the back of your member ID card or log in to your bluecrossmn.com/client account and search for "durable medical equipment."

A HEALTHY START

Take the first step to getting your child off to a good start in life. If you're expecting, call now to get started.

1-866-489-6948

Monday through Friday,
8 a.m. – 4:30 p.m. Central Time



Preparing for baby checklist

Prenatal care is the most important thing you can do for your health and the health of your baby. Schedule regular prenatal visits with your doctor throughout your pregnancy.

Before delivery

- ☐ Use the Find a Doctor tool at bluecrossmn.com/client to find an in-network hospital at which your doctor provides services. You can also start your search for an in-network pediatrician for your child.

During your hospital stay

- ☐ A lactation support visit is covered when received during the hospital delivery and subsequent inpatient stay to answer questions you may have on breastfeeding
- ☐ If you already have your breast pump, bring it to the hospital and ask questions you may have about how to use it

After delivery

- ☐ Enroll your baby in your health plan within 30 calendar days
- ☐ Schedule your baby's first well-baby appointment with an in-network pediatrician
- ☐ Schedule your postpartum visit for the sixth week after giving birth
- ☐ Talk with your doctor or maternity case manager if you're feeling down, stressed or overwhelmed

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do.® more for your health — and your baby's

Take the first step to getting your child off to a good start in life. If you're expecting, call now to get started.

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only
1 in 4

people with a mental
health problem
will ever seek
face-to-face
therapy



Learn to Live offers
free, 100% confidential
online programs for:

Stress, Anxiety & Worry
Depression
Social Anxiety

Available to all employees and family members (13 and older)

Visit learntolive.com/partners and enter code **Blue3** for access

CERTIFIED PEER SPECIALIST BENEFIT SUMMARY



What is Peer Specialist and the benefit change?

Beginning January 1, 2024, the peer specialist benefit will be available for our commercial fully insured as well as those self-insured groups that opt-in. Blue Cross is the first nonprofit local payer to cover peer specialist for commercial lines of business.

Offering it at \$0 cost share removes a barrier for members. The role is proven to be effective in helping with a range of difficult circumstances, specifically with those who feel at a loss and believe their situation falls outside the realm of 'traditional' healthcare. This benefit drives connection to both behavioral health and medical care.

Peer specialists have prior experience receiving mental health/substance use care and are certified by the Minnesota Department of Human Services (DHS). Peer specialists can assist members with:

1. Social connection that supports recovery
2. Connection to tools, resources, appointments and care
3. Dispelling stigma around mental health and substance use disorders
4. Assisting with development of recovery goals, modeling wellness, and resilience

There are three available options under the peer support benefit, that will support members' behavioral health needs:

1. **Certified Family Peer Specialists:** have raised or are raising a child with a mental health or substance use disorder. They provide nonclinical support to strengthen the family and increase parents' ability to support the treatment goals of the child or youth
2. **Certified Peer Specialists:** have had a mental health diagnosis and are available to assist members with their recovery journey
3. **Peer Recovery Specialists:** have had a substance use diagnosis and are available to assist members with their recovery journey

Why is it important?

- Over the course of two years, the per member per month cost for mental, behavioral and neurodevelopmental disorders has increased 12.1% for commercial insurance and 13% for self-insured plans
- 41% of US adults reported symptoms of anxiety or depressive disorder, and we are seeing a historic rise in behavioral health disorders in youth & millennials^{1,2}.
- Adults with a behavioral health condition incur 2.8 to 6.2 times greater medical costs than those without³
- In 2022, 1 in 4 teens self-reported being diagnosed with a behavioral health condition⁵
- Patients connected to peer services stay more engaged in both mental health and physical health care, allowing better outcomes for whole person health⁶

Eligibility:

1. Members with a qualifying mental health (MH) or substance use disorder (SUD) diagnosis.
2. Members can access peer services outside of where they receive outpatient MH or SUD services.
3. Members qualify for peer services without being under the care of a MH or SUD provider (therapist, psychiatrist, groups)
4. This benefit will be applicable to any outpatient facility and provider who offers peer services for SUD or mental illness.
5. This benefit will be applicable to all in-network providers locally and nationally.
6. Includes high-deductible plans (peer specialist fits into the disease management exception and does not interfere with health savings account eligibility)
7. No age limitations

Covered Services:

- Outpatient Mental Health Facilities and Professional Service Providers
- Outpatient Substance Use Facilities and Professional Service Providers

Not Covered:

- Inpatient Facilities or Residential Facilities

Mental health parity considerations and conclusions

- Evaluating the addition of the proposed peer specialist benefit has followed the same process as all other benefit proposals (e.g., medical, pharmacy, behavioral health)
- Adding the peer specialist benefit increases access for support for members with mental health and/or substance use conditions as compared to other medical conditions.
- The peer specialist benefit is Mental Health Parity and Addiction Equity act (MHPAEA) compliant



"After my birthday"

"Once I lose this weight"

"New Year's Day"

"When my life calms down"

"Someday..."

QUITTING TOBACCO AND VAPING

SOUND FAMILIAR?

Make a solid plan to kick nicotine products with help from a wellness coach. Get started by calling **1-888-662-BLUE (2583)** or TTY **711**.

Make a solid plan to break the habit

If you vape or use tobacco — or love someone who does — quitting is always just around the corner. The fact is, even though we know these products are bad, they're really hard to kick.

But as a Blue Cross and Blue Shield of Minnesota member, you've got an edge. That's right, your plan gives you help from a wellness coach, at no cost to you. Together, you'll develop a quit plan to finally kick nicotine to the curb.

Your coach will work with you to identify hurdles and brainstorm ways to keep those urges in check. You'll have regular phone check-ins as well as access to online resources to help keep you on track.



**Do it today for
yourself and
for someone
who loves you.**

GET STARTED TODAY

Call **1-888-662-BLUE (2583)** or TTY **711**.

Monday through Thursday, 8 a.m. to 8 p.m.,
Friday, 8 a.m. to 6 p.m. Central Time



Telemedicine

Telemedicine is the practice of communicating electronically with a physician, typically via telephone or video chat. The medium has risen in popularity over the past few years, but the coronavirus pandemic has proven just how useful it can be.

During the pandemic, telemedicine has seen a significant increase in utilization. As the pandemic has progressed, many providers and hospitals have encouraged patients to utilize telemedicine instead of coming to the office or the hospital for non-life-threatening care. Given its convenience and ease of use, it's likely that doctors will continue to recommend virtual visits instead of in-person visits when applicable.

How does telemedicine work?

Every provider will deliver telemedicine services a little bit differently. Generally speaking, though, your virtual visit will take place via phone, video call on a laptop, tablet or cellphone; or through an app. The provider will ask you the same questions you'd be asked at an in-person visit and may recommend treatment based on their findings.

What can telemedicine be used for?

Telemedicine, which is commonly referred to as virtual visits, can be used for:

- General, non-life-threatening doctor's visits or consultations
- Mental health consultations or therapy sessions
- Physical therapy sessions, in some cases
- Follow-up appointments

What can't telemedicine be used for?

- Life-threatening or emergency situations
- Situations in which diagnostic care (e.g. blood work, imaging or lab tests) are required
- Situations of severe illness or complex conditions

Is telemedicine free?

Some telemedicine services may be covered under our health plan. Be sure to check your plan's explanation of benefits to avoid any surprise costs.

Refer to your plan documentation for more information.

A doctor who is
with you always
— every day.

Join now and connect instantly
via live video with board-certified
doctors and psychologists



BLUE ADVANTAGE FAMILIES AND CHILDREN AND MINNESOTACARE MEMBERS

How it works

Connect with Doctor On Demand doctors and psychologists right from your phone, tablet, or computer on demand or by appointment — 365 days a year, 24/7. Through live video, doctors review symptoms and medications, perform an exam, and may recommend treatment, including prescriptions and lab work.

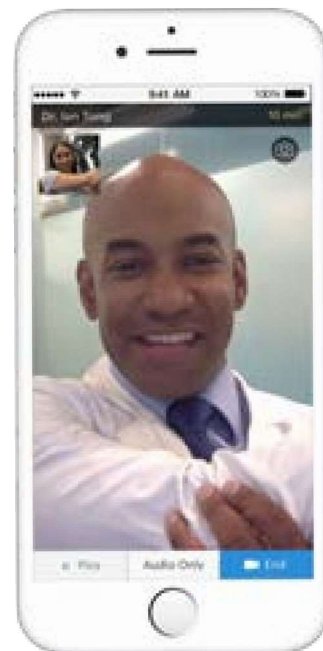
How we can help

Board-certified doctors and psychologists treat a wide variety of health conditions, including:

- Colds & Allergies
- UTIs
- Heartburn & Indigestion
- Eczema & Acne
- Migraines
- Prescription Refills*
- Pink Eye & more
- Depression & Anxiety

What it costs

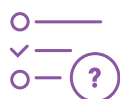
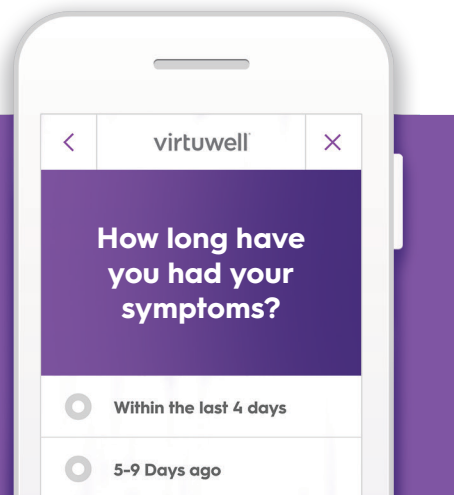
Using Doctor On Demand costs much less than going to an urgent care clinic or the emergency room. Copays for medical and mental health visits will be the same as an office visit. Visits are available to all ages.



Doctor On Demand operates subject to state laws. As of August 2017, Doctor On Demand offers Medical care in all 50 states including the District of Columbia. Doctor On Demand is not intended to replace an annual, in-person visit with a primary care physician. *Doctor On Demand physicians do not prescribe Controlled Substances, and may elect not to treat or prescribe other medications based on what is clinically appropriate. Doctor On Demand is an independent company providing telehealth services.

How it works

Just like a doctor's visit, but online. No video required.
No apps to download. No waiting.
That's Virtuwell – your 24/7 online clinic.



Step 1

Answer a few questions

We guide you through questions online that are straightforward and easy to answer. We'll ask about your symptoms, medications and allergies too.



Step 2

Diagnosis by real people, really fast

Board-certified nurse practitioners review your answers, make a diagnosis and recommend the care you'll need. Prescriptions are sent to your favorite pharmacy.



Step 3

Payment & insurance

Just enter your credit card, and insurance information if you have it. We'll submit the insurance claim for you.



Step 4

Start feeling better

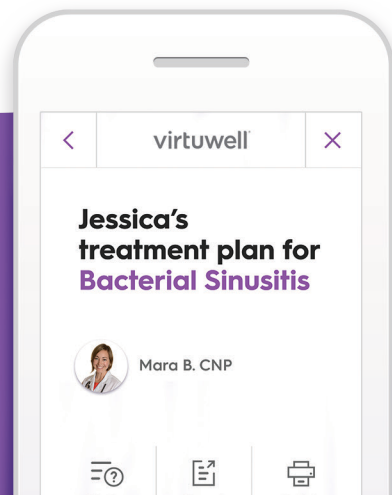
That's it! In about an hour, you'll get a text and email the second your treatment plan is ready. Questions? The nurse practitioners are available by phone to help.

Our customer service team is always available to listen and help. If you aren't satisfied, for any reason, we'll refund your cost. Because we believe happiness is a big part of good health.



Our services

We treat over 60 conditions safely online by asking the same questions you'd hear in a doctor's office.
We treat kids ages 2+ for most conditions.



Sinus, Cough & Allergy

- Bronchitis
- Common Cold
- Laryngitis
- Pet Allergies
- Seasonal Allergies
- Sinus Infection
- Upper Respiratory Infection



Women's Health

- Bacterial Vaginosis (Age 26+)
- Birth Control (Ages 18-39)
- Bladder Infection (UTI)
- Breast Infection (Mastitis)
- Clogged Duct
- Emergency Contraception (Age 18+)
- Genital Herpes
- Yeast Infection



Flu

Influenza (Seasonal)



Skin & Rash

- Acne (Age 12+)
- Athlete's Foot
- Boils
- Burns
- Canker & Cold Sore
- Cellulitis
- Chicken Pox
- Cuts & Scrapes
- Diaper Rash
- Eczema
- Fifth Disease
- Folliculitis
- Hand Foot & Mouth Disease
- Hives
- Insect & Deer Tick Bites
- Impetigo
- Ingrown Nail
- Jock Itch
- Lice
- Molluscum
- Nail Infection
- Pityriasis Rosea
- Poison Ivy/Oak
- Rash
- Ringworm
- Rosacea
- Scabies
- Seborrheic Dermatitis
- Shingles
- Warts
- And more



Eye & Ear

- Ear Infection (Age 5+)
- Eustachian Tube Dysfunction
- Pink Eye
- Stye
- Swimmer's Ear



Sexual Health

- Birth Control (Ages 18-39)
- Chlamydia
- Emergency Contraception (Age 18+)
- Genital Herpes
- Gonorrhea
- Trichomoniasis



Chronic/Preventive

Coming Soon:
Asthma & Inhaler
Prescriptions and refills of rescue inhalers for mild asthma



Health Savings Account (HSA)

This is how an HSA works:

A health savings account (HSA) is a health care account and savings account in one. The main purpose of this account is to offset the cost of a qualifying high deductible health plan (HDHP) and provide savings for your out-of-pocket eligible health care expenses - those you and your tax dependents may have now, in the future and during your retirement.

After you set up your account, it's yours to keep, even if you change jobs or retire.

Once your HSA is established, money is contributed to your account by you, Lakeview Public Schools ISD #2167 or friends and family; and you can then use your HSA dollars tax-free to pay for eligible health care expenses. You save money on expenses you're already paying for, like doctors' office visits, prescription drugs and much more. Best of all, you decided how and when to use your HSA dollars.

Why is it a good idea to have an HSA?

HSAs benefit everyone who is eligible to have this account, including single individuals, families and soon-to-be retirees. You save money on taxes in three ways:

- Tax-free deposits - The money you contribute to your HSA isn't taxed (up to the IRS annual limit).
- Tax-free earnings - Your interest and any investment earnings grow tax-free.
- Tax-free withdrawals - The money used toward eligible health care expenses isn't taxed - now or in the future.

Setting aside pre-tax dollars into your HSA means you pay fewer taxes and increase your take-home pay by your tax savings. You save money on eligible expenses that you are paying for out of your pocket. The amount you save depends on your tax bracket. For example, if you are in the 30% tax bracket, you can save \$30 on every \$100 spent on eligible health care expenses.

HSA funds roll over from year to year and accumulate in your account. There is no "use-it-or-lose-it" rule with HSAs, and you decide how and when to use your HSA funds, which can be used for eligible expenses you have now, in the future or during retirement. And when you have a certain balance in your HSA, investment opportunities are available.

Refer to your HSA documentation for more information.



2024 HSA Contribution Limits



Coverage	Max Annual Contribution	Max Deduction Per Pay Period
Single	\$4150.00	\$172.92
Family	\$8300.00	\$345.83

All Eligible Employees Age 55+ Can Contribute an Additional \$1,000 Annually

HSA Examples of Eligible Expenses

Qualified medical expenses incurred by the account beneficiary and his or her spouse and dependents;

- COBRA premiums;
- Health insurance premiums while receiving unemployment benefits;
- Qualified long-term care premiums*; and
- Any health insurance premiums paid, other than for a Medicare supplemental policy, by individuals age 65 or older; and
- Certain personal protective equipment (PPE)—such as masks, hand sanitizer and sanitizing wipes—used for the primary purpose of preventing the spread of COVID-19.

Distributions made from an HSA to reimburse the account beneficiary for eligible expenses are excluded from gross income.

Qualified Medical Expenses

The Internal Revenue Service (IRS) defines qualified medical care expenses as amounts paid for the diagnosis, cure or treatment of a disease, and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate a physical or mental defect or illness.

The products and services listed below are examples of medical expenses eligible for payment under your HSA, when such services are not covered by your high-deductible health plan. To be an expense for medical care, the expense has to be primarily for the prevention or alleviation of a physical or mental defect or illness.

This list is not all-inclusive; additional expenses may qualify, and the items listed below are subject to change in accordance with IRS regulations. For more information or clarification on individual list items, refer to [Publication 502](#) or consult a tax professional.

- Abortion
- Acupuncture
- Alcoholism
- Ambulance
- Annual physical examination
- Artificial limb
- Artificial teeth
- Bandages
- Birth control pills
- Body scan
- Braille books and magazines
- Breast pumps and supplies
- Breast reconstruction surgery
- Capital expenses
- Car
- Chiropractor
- Christian Science practitioner
- Contact lenses
- Crutches
- Dental treatment
- Diagnostic devices
- Disabled dependent care expenses
- Drug addiction
- Drugs
- Eye exam
- Eyeglasses
- Eye surgery
- Fertility enhancement
- Founder's fee
- Guide dog or other service animal

- Health institute
- Health maintenance organization (HMO)
- Hearing aids
- Home care
- Home improvements
- Hospital services
- Insurance premiums
- Laboratory fees
- Lactation expenses
- Lead-based paint removal
- Learning disability
- Lifetime care—advance payments
- Lodging
- Long-term care
- Meals
- Medical conferences
- Medical information plan
- Medicines
- Nursing home
- Nursing services
- Operations
- Optometrist
- Organ donors
- Osteopath
- Oxygen
- PPE used for the primary purpose of preventing the spread of COVID-19, such as:
 - o Masks
 - o Hand sanitizer
 - o Sanitizing wipes
- Physical examination
- Pregnancy test kit
- Prescribed weight-loss programs
- Prescription drugs
- Prosthesis
- Psychiatric care
- Psychoanalysis
- Psychologist
- Special education
- Sterilization
- Stop-smoking programs
- Surgery
- Telephone
- Television
- Therapy
- Transplants
- Transportation
- Trips
- Tuition
- Vasectomy
- Vision correction surgery
- Wheelchair
- Wig
- X-ray

Source: www.irs.gov

Plans that do not allow reimbursement of all eligible medical expenses as defined by the IRS and Department of Treasury must customize this article prior to use.

** For purposes of reimbursement of qualified long-term care premiums from an HSA, reimbursement in excess of the amount which may be deducted on an individual's personal tax return is not an eligible expense. IRS 213(d)(10) establishes the tax deduction allowed for qualified long-term care premiums on individual tax returns. If the HSA reimburses long-term care premiums for an amount greater than set forth in IRC 213(d)(10), the amount greater than allowed is included in the account holder's taxable income and is subject to a 20 percent penalty.*



Flexible Spending Account (FSA)

This is how an FSA works:

- You set aside money for your FSA from your paycheck before taxes are taken out.
- You then use your pre-tax FSA funds throughout the plan year to pay for eligible health care or dependent care expenses.
- You save money on expenses you're already paying for.

You may also be able to carry over up to \$500 of unused funds to the following year. Refer to your FSA documentation for more details.

Health FSA Eligible Expenses

- **2024 Max Contribution \$3200**
- Medical expenses: copays, coinsurance and deductibles
- Dental expenses: exams, cleanings, X-rays and braces
- Vision expenses: exams, contact lenses, eyeglasses and laser eye surgery
- Professional services: physical therapy, chiropractic and acupuncture
- Prescription drugs and insulin
- Over-the-counter health care items such as bandages, pregnancy test kits and blood pressure monitors

Dependent Care FSA Eligible Expenses

- **2024 Max Contribution \$5000**
- Care for your child who is under the age of 13
- Before- and after-school care
- Babysitting and nanny expenses
- Day care, nursery school and preschool
- Summer day camp
- Care for a relative who is physically or mentally incapable of self-care and lives in your home

Refer to your FSA documentation for more information.



Dental plan info

Summary of coverage

Dental coverage is similar to regular medical insurance?you pay a premium and then your insurance will cover part or all of the cost for many dental services.

Preventative care

Professional dental care can diagnose or help prevent common dental problems, including toothaches, inflamed gums, tooth decay, bad breath and dry mouth. If conditions like these remain untreated, they can worsen into painful and expensive problems, such as gum disease or even tooth loss.

Diagnostic care

Additionally, dental health professionals are able to spot more serious health issues, including some types of cancer. That makes it even more important to see a dentist regularly.

Great for families

This coverage is also great for families. Since dental work can be very expensive, proactive dental care, such as routine cleanings, can help save children from costly issues as they age.

Specialized treatments

With dental insurance, you're investing in your smile and overall health. Beyond cleanings and routine care, dental coverage may also help pay for more specialized treatments, such as root canals or fillings.

Routine care

Dental coverage allows you to visit a dentist whenever you need to inexpensively receive preventive and diagnostic care.

See everything your plan covers by reviewing the benefits statement and overview. Reach out to HR with any questions.



\$1500 PDP Plus Dental



High Plan

Coverage	Monthly Premium	Deduction Per Pay Period
Employee	\$45.77	\$22.89
Employee + Spouse	\$93.78	\$46.89
Employee + Child(ren)	\$124.18	\$62.09
Family	\$180.03	\$90.02

Low Plan

Coverage	Monthly Premium	Deduction Per Pay Period
Employee	\$41.11	\$20.56
Employee + Spouse	\$84.24	\$42.12
Employee + Child(ren)	\$111.53	\$55.77
Family	\$161.73	\$80.87

Dental

Metropolitan Life Insurance Company

Plan Design for: LAKEVIEW PUBLIC SCHOOLS ISD 2

Original Plan Effective Date: July 1, 2022

Network: PDP Plus

The Preferred Dentist Program was designed to help you get the dental care you need and help lower your costs. You get benefits for a wide range of covered services — both in and out of the network. The goal is to deliver cost-effective protection for a healthier smile and a healthier you.

	In-Network ¹	Out-of-Network ¹
High Plan		
Coverage Type:	In-Network % of Negotiated Fee ²	Out-of-Network ¹ 99% of R&C Fee ⁴
Type A - Preventive	100%	100%
Type B - Basic Restorative	80%	80%
Type C - Major Restorative	50%	50%
Type D – Orthodontia	50%	50%
Deductible ³		
Individual	\$0	\$0
Family	\$0	\$0
Annual Maximum Benefit:		
Per Individual	\$1500	\$1500
Orthodontia Lifetime Maximum	Ortho applies to Child Only Child to age 19	
	\$1000 per Person	\$1000 per Person
Dependent Age:	Eligible for benefits until the day that he or she turns 26.	
Low Plan		
Coverage Type:	In-Network % of Negotiated Fee ²	Out-of-Network ¹ 99% of R&C Fee ⁴
Type A - Preventive	100%	100%
Type B - Basic Restorative	80%	50%
Type C - Major Restorative	50%	50%
Type D – Orthodontia	50%	50%
Deductible ³		
Individual	\$0	\$0
Family	\$0	\$0
Annual Maximum Benefit:		
Per Individual	\$1500	\$1500
Orthodontia Lifetime Maximum	Ortho applies to Child Only Child to age 19	
	\$1000 per Person	\$1000 per Person
Dependent Age:	Eligible for benefits until the day that he or she turns 26.	

Low Plan

Applies to Type B and C services only

Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary Charge is based on the lesser of:

- the dentist's actual charge (the 'Actual Charge') or
- the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). For your plan, the Customary Charge is based on the 99th percentile.

High Plan

Applies to Type B and C services only

Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary Charge is based on the lesser of:

- the dentist's actual charge (the 'Actual Charge') or
- the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). For your plan, the Customary Charge is based on the 99th percentile.

Understanding Your Dental Benefits Plan

The Preferred Dentist Program is designed to provide the dental coverage you need with the features you want. Like the freedom to visit the dentist of your choice – in or out of the network. .

If you receive in-network services, you will be responsible for any applicable deductibles, cost sharing, negotiated charges after benefit maximums are met, and costs for non-covered services. If you receive out-of-network services, you will be responsible for any applicable deductibles, cost sharing, charges in excess of the benefit maximum, charges in excess of the negotiated fee schedule amount or R&C Fee, and charges for non-covered services.

- Plan benefits for in-network covered services are based on a percentage of the Negotiated fee – the Fee that participating dentists have agreed to accept as payment in full for covered services, subject to any deductibles, copayments, cost sharing and benefit maximums. Negotiated fees are subject to change.
- Plan benefits for out-of-network services are based on a percentage of the Reasonable and Customary (R&C) charge. If you choose a dentist who does not participate in the network, your out-of-pocket expenses may be greater.

Once you're enrolled you may take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Locate a participating dentist
- Access MetLife's Oral Health Library
- Elect to view your Explanation of Benefits online

To register, just go to
www.metlife.com/mybenefits
and follow the easy registration instructions.

Cancellation/Termination of Benefits:

Coverage is provided under a group insurance policy (Policy form GPN99) issued by Metropolitan Life Insurance Company. Subject to the terms of the group policy, rates are effective for one year from your plan's effective date. Once coverage is issued, the terms of the group policy permit Metropolitan Life Insurance Company to change rates during the year in certain circumstances. Coverage terminates when your full-time employment ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder. The group policy may also terminate if participation requirements are not met, or on the date of the employee's death, if the Policyholder fails to perform any obligations under the policy, or at MetLife's option. The dependent's coverage terminates when a dependent ceases to be a dependent. There is a 30-day limit for the following services that are in progress: Completion of a prosthetic device, crown or root canal therapy after individual termination of coverage.

IMPORTANT ENROLLMENT INFORMATION

You may only enroll for Dental Expense Benefits within 31 days of your Personal Benefits Eligibility Date, or if you have a Qualifying Event or during the Plan's Annual Open Enrollment Period.

Qualifying Event: Request to be covered, or to change your coverage, upon a Qualifying Event

If there is a Qualifying Event you may request to be covered, or to change your coverage, for Personal Dental Expense Benefits only within 31 days of a Qualifying Event. Such a request will not be a late request. Except for marriage or the birth or adoption of a child, you must give us proof of prior dental coverage under your spouse's plan if you are requesting coverage under This Plan because of a loss of the prior dental coverage. If you make a request to be covered for Personal Dental Expense Benefits or a request for change(s) in Personal Dental Expense Benefits within thirty-one days of a Qualifying Event, your Personal Dental Expense Benefits or the change(s) in Personal Dental Expense Benefits will become effective on the first day of the month following the date of your request, subject to the Active Work Requirement, and provided that the change in coverage is consistent with your new family status.

Selected Covered Services and Frequency Limitations*

High Plan

Type A - Preventive

How Many/How Often:

Oral Examinations	1 in 6 months
Full Mouth X-rays	1 in 60 months
Biting X-rays (Adult/Child)	1 in 12 months
Prophylaxis - Cleanings	1 in 6 months
Topical Fluoride Applications	1 in 12 months - Children to age 14
Periodontal Maintenance	4 in 1 year, includes 2 cleanings

Type B - Basic Restorative

How Many/How Often:

Sealants	1 in 60 months - Children to age 14
Space Maintainers	1 per lifetime per tooth area - Children up to age 14
Amalgam and Composite Fillings	1 in 24 months.
Endodontics Root Canal	1 per tooth per lifetime
Periodontal Surgery	1 in 36 months per quadrant
Periodontal Scaling & Root Planing	1 in 24 months per quadrant
Oral Surgery (Simple Extractions)	
Oral Surgery (Surgical Extractions)	
Other Oral Surgery	
Emergency Palliative Treatment	
General Anesthesia	

Type C - Major Restorative

How Many/How Often:

Crowns/Inlays/Onlays	1 per tooth in 10 years
Prefabricated Crowns	1 per tooth in 10 years
Repairs	1 in 12 months
Bridges	1 in 10 years
Dentures	1 in 10 years
Consultations	1 in 12 months
Implant Services	1 service per tooth in 10 years - 1 repair per 10 years
TMJ	Major Service as part of Annual Maximum.

Type D – Orthodontia

- Dependent children up to age 19. Age limitations may vary by state. Please see your Plan description for complete details. In the event of a conflict with this summary, the terms of the certificate will govern.
- All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia.
- Benefits for the initial placement will not exceed 20% of the Lifetime Maximum Benefit Amount for Orthodontia. Periodic follow-up visits will be payable on a monthly basis during the scheduled course of the orthodontic treatment. Allowable expenses for the initial placement, periodic follow-up visits and procedures performed in connection with the orthodontic treatment, are all subject to the Orthodontia coinsurance level and Lifetime Maximum Benefit Amount as defined in the Plan Summary.
- Orthodontic benefits end at cancellation of coverage

***Alternate Benefits:** Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pretreatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

The service categories and plan limitations shown above represent an overview of your Plan of Benefits. This document presents many services within each category, but is not a complete description of the Plan. Please see your Plan description/Insurance certificate for complete details. In the event of a conflict with this summary, the terms of your insurance certificate will govern.

Selected Covered Services and Frequency Limitations*

Low Plan

Type A - Preventive

How Many/How Often:

Oral Examinations	1 in 6 months
Full Mouth X-rays	1 in 60 months
Bitewing X-rays (Adult/Child)	1 in 12 months
Prophylaxis - Cleanings	1 in 6 months
Topical Fluoride Applications	1 in 12 months - Children to age 14
Periodontal Maintenance	4 in 1 year, includes 2 cleanings

Type B - Basic Restorative

How Many/How Often:

Sealants	1 in 60 months - Children to age 14
Space Maintainers	1 per lifetime per tooth area - Children up to age 14
Amalgam and Composite Fillings	1 in 24 months.
Endodontics Root Canal	1 per tooth per lifetime
Periodontal Surgery	1 in 36 months per quadrant
Periodontal Scaling & Root Planing	1 in 24 months per quadrant
Oral Surgery (Simple Extractions)	
Oral Surgery (Surgical Extractions)	
Other Oral Surgery	
Emergency Palliative Treatment	
General Anesthesia	

Type C - Major Restorative

How Many/How Often:

Crowns/Inlays/Onlays	1 per tooth in 10 years
Prefabricated Crowns	1 per tooth in 10 years
Repairs	1 in 12 months
Bridges	1 in 10 years
Dentures	1 in 10 years
Consultations	1 in 12 months
Implant Services	1 service per tooth in 10 years - 1 repair per 10 years
TMJ	Major Service as part of Annual Maximum.

Type D – Orthodontia

- Dependent children up to age 19. Age limitations may vary by state. Please see your Plan description for complete details. In the event of a conflict with this summary, the terms of the certificate will govern.
- All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia.
- Benefits for the initial placement will not exceed 20% of the Lifetime Maximum Benefit Amount for Orthodontia. Periodic follow-up visits will be payable on a monthly basis during the scheduled course of the orthodontic treatment. Allowable expenses for the initial placement, periodic follow-up visits and procedures performed in connection with the orthodontic treatment, are all subject to the Orthodontia coinsurance level and Lifetime Maximum Benefit Amount as defined in the Plan Summary.
- Orthodontic benefits end at cancellation of coverage

***Alternate Benefits:** Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pretreatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services, and your out-of-pocket expense. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

The service categories and plan limitations shown above represent an overview of your Plan of Benefits. This document presents many services within each category, but is not a complete description of the Plan. Please see your Plan description/Insurance certificate for complete details. In the event of a conflict with this summary, the terms of your insurance certificate will govern.

We will not pay Dental Insurance benefits for charges incurred for:

1. Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which We deem experimental in nature;
2. Services for which You would not be required to pay in the absence of Dental Insurance;
3. Services or supplies received by You or Your Dependent before the Dental Insurance starts for that person;
4. Services which are primarily cosmetic (For residents of Texas, see notice page section in your certificate).
5. Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
 - scaling and polishing of teeth; or
 - fluoride treatments.

For NY Sitused Groups, this exclusion does not apply.

6. Services or appliances which restore or alter occlusion or vertical dimension.
7. Restoration of tooth structure damaged by attrition, abrasion or erosion.
8. Restorations or appliances used for the purpose of periodontal splinting.
9. Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.
10. Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss.
11. Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work.
12. Missed appointments.
13. Services
 - covered under any workers' compensation or occupational disease law;
 - covered under any employer liability law;
 - for which the employer of the person receiving such services is not required to pay; or
 - received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.

For North Carolina and Virginia Sitused Groups, this exclusion does not apply.

14. Services paid under any worker's compensation, occupational disease or employer liability law as follows:
 - for persons who are covered in North Carolina for the treatment of an Occupational Injury or Sickness which are paid under the North Carolina Workers' Compensation Act only to the extent such services are the liability of the employee, employer or workers' compensation insurance carrier according to a final adjudication under the North Carolina Workers' Compensation Act or an order of the North Carolina Industrial Commission approving a settlement agreement under the North Carolina Workers' compensation Act;
 - or for persons who are not covered in North Carolina, services paid or payable under any workers compensation or occupational disease law.

This exclusion only applies for North Carolina Sitused Groups.

15. Services:
 - for which the employer of the person receiving such services is required to pay; or
 - received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.

This exclusion only applies for North Carolina Sitused Groups.

16. Services covered under any workers' compensation, occupational disease or employer liability law for which the employee/or Dependent received benefits under that law.

This exclusion only applies for Virginia Sitused Groups.

17. Services:
 - for which the employer of the person receiving such services is not required to pay; or
 - received at a facility maintained by the policyholder, labor union, mutual benefit association, or VA hospital.

This exclusion only applies for Virginia Sitused Groups.

18. Services covered under other coverage provided by the Employer.
19. Temporary or provisional restorations.
20. Temporary or provisional appliances.
21. Prescription drugs.
22. Services for which the submitted documentation indicates a poor prognosis.
23. The following when charged by the Dentist on a separate basis:
 - claim form completion;
 - infection control such as gloves, masks, and sterilization of supplies; or
 - local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
24. Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food.

For NY Sitused Groups, this exclusion does not apply.

25. Caries susceptibility tests.
26. Other fixed Denture prosthetic services not described elsewhere in this certificate.
27. Precision attachments, except when the precision attachment is related to implant prosthetics.
28. Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it.
29. Fixed and removable appliances for correction of harmful habits.¹
30. Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.¹
31. Orthodontic services or appliances.¹
32. Repair or replacement of an orthodontic device.¹
33. Duplicate prosthetic devices or appliances.
34. Replacement of a lost or stolen appliance, Cast Restoration, or Denture.
35. Intra and extraoral photographic images.
36. Services or supplies furnished as a result of a referral prohibited by Section 1-302 of the Maryland Health Occupations Article. A prohibited referral is one in which a Health Care Practitioner refers You to a Health Care Entity in which the Health Care Practitioner or Health Care Practitioner's immediate family or both own a Beneficial Interest or have a Compensation Agreement. For the purposes of this exclusion, the terms "Referral", "Health Care Practitioner", "Health Care Entity", "Beneficial Interest" and Compensation Agreement have the same meaning as provided in Section 1-301 of the Maryland Health Occupations Article.

This exclusion only applies for Maryland Sitused Groups

¹Some of these exclusions may not apply. Please see your Certificate of Insurance.

Common Questions ... Important Answers

Who is a participating dentist?

A participating, or network, dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members, subject to any deductibles, copayments, cost sharing and benefit maximums. Negotiated fees typically range from 30-45% below the average fees charged in a dentist's community for the same or substantially similar services.*

In addition to the standard MetLife network, your employer may provide you with access to a select network of dental providers that may be unique to your employer's dental program. When visiting these providers, you may receive a better benefit, have lower out-of-pocket costs and/or have access to care at facilities at your worksite. Please sign into MyBenefits for more details.

* Based on internal analysis by MetLife. Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change. Savings from enrolling in a dental benefits plan will depend on various factors, including the cost of the plan, how often members visit a dentist and the cost of services rendered. Negotiated fees are subject to change.

How do I find a participating dentist?

There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at www.metlife.com/dental or call 1-800-275-4638 to have a list faxed or mailed to you.

What services are covered by my plan?

Please see your Certificate of Insurance for a list of covered services.

May I choose a non-participating dentist?

Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating (out-of-network) dentist, your out-of-pocket costs may be greater than your out-of-pocket costs when visiting an in-network dentist.

Can my dentist apply for participation in the network?

Yes. If your current dentist does not participate in the network and you would like to encourage him or her to apply, ask your dentist to visit www.metdental.com, or call 1-866-PDP-NTWK for an application.* The website and phone number are for use by dental professionals only.

* Due to contractual requirements, MetLife is prevented from soliciting certain providers.

How are claims processed?

Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/dental or request one by calling 1-800-275-4638.

Can I get an estimate of what my out-of-pocket expenses will be before receiving a service?

Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend that you request a pre-treatment estimate for services in excess of \$300. Simply have your dentist submit a request online at www.metdental.com or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

Can MetLife help me find a dentist outside of the U.S. if I am traveling?

Yes. Through international dental travel assistance services* you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.** Please remember to hold on to all receipts to submit a dental claim.

*International Dental Travel Assistance services are administered by AXA Assistance USA, Inc. (AXA Assistance). AXA Assistance provides dental referral services only. AXA Assistance is not affiliated with MetLife and any of its affiliates, and the services they provide are separate and apart from the benefits provided by MetLife. Referral services are not available in all locations.

** Refer to your Certificate of Insurance for your out-of-network dental coverage.

How does MetLife coordinate benefits with other insurance plans?

Coordination of benefits provisions in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan. If the MetLife dental benefit plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced due to the benefits paid under the primary plan.

Do I need an ID card?

No, You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in a MetLife Dental Plan. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

Do my dependents have to visit the same dentist that I select?

No. You and your dependents each have the freedom to choose any dentist.



Vision plan info

Summary of coverage

Similar to other forms of insurance, with vision care you pay a premium and the insurance company will cover part or all of your vision costs.

Preventative care

Vision coverage is important because an eye doctor can catch eye issues before they worsen. A visit with your eye doctor can determine whether you need corrective lenses and, if so, the correct prescription. Other eye concerns that will be addressed in an eye exam include checking for conditions or diseases such as glaucoma and cataracts which can lead to vision loss.

Coverage

Vision coverage does not usually cover surgeries or experimental vision services. However, vision insurance may help lower the costs of some procedures, such as laser eye surgery, even if it's not 100% covered. This will depend on the plan.

Plans

Vision plans typically cover things like eyeglass frames, lenses, contacts and annual eye exams. In most cases, plans have a set dollar amount that they will pay for certain items. For instance, a plan may pay up to \$150 for frames, and anything over that amount is covered by you. Although, your plan specifics may vary.

Diagnostic care

Eye doctors can even help detect some types of cancer, making regular visits even more important.

Review your benefits statement to see everything your vision plan covers. Reach out to HR with any questions.



Value Enhanced Vision Eyewear Only - Opt 1

Coverage	Monthly Premium	Deduction Per Pay Period
Employee	\$5.85	2.93
Employee +1	\$10.96	\$5.48
Family	\$16.85	\$8.43

		EYEWEAR ONLY PLAN	Out-of-network reimbursements
		VALUE ENHANCED OPTION 1	
		In-network benefit	
EYE EXAMS			Frames: \$50 Lenses: - Single vision: \$40 - Bifocal/progressive: \$60 - Trifocal: \$80 - Lenticular: \$100 - Visually required: \$225 Contact lenses (Elective): \$105
Eye exam Includes dilation when recommended by eye care professional	Exam not covered		
PRESCRIPTION GLASSES			
Lenses* Single vision, lined bifocal, trifocal, lenticular, polycarbonate (dependent children)	100% after \$10 copay		
Frames Davis Vision Exclusive Collection** - Fashion level - Designer level - Premier level Non-Davis Vision Exclusive Collection - Visionworks stores - Frames available from other participating providers	1 every 12 months		
	100%, no copay 100%, no copay 100%, \$25 copay		
	No copay, plans pays up to \$180 plus 20% of remaining costs*** No copay, plan pays up to \$130 plus 20% of remaining costs***		
EYE GLASS ENHANCEMENTS – Member charges			
- Tinting of plastic lenses - Scratch-resistant coating - Polycarbonate lenses - Dependent children, monocular patients, and those with a prescription of +/-6.00 diopters or greater - Adults - Ultraviolet coating - Anti-reflective coating - Progressive lenses - High index lenses - Polarized lenses - Plastic photochromic lenses - Scratch protection plan	Member pays \$0 Member pays \$0 Member pays \$0 Member pays \$30 Member pays \$12 Standard: \$35/Premium: \$48/ Ultra: \$60 Standard: \$50/Premium: \$90/ Ultra: \$140 Member pays \$55 Member pays \$75 Member pays \$65 Single vision: \$20/Multifocus vision: \$40		
CONTACT LENSES – Benefit available for eyeglass lenses OR contact lenses every 12 months			
Collection contact lenses† - Disposable - Non-disposable - Evaluation, fitting and follow-up care Non-collection contact lens allowance†† - Evaluation, fitting and follow-up care for standard lenses - Evaluation, fitting and follow-up care for specialty lenses Collection contact lenses (preauthorization required) - Materials - Evaluation, fitting and follow-up care	up to 4 boxes/multi-packs up to 2 boxes/multi-packs		
	100% after \$10 copay		
	Plan pays up to \$130 plus 15% of remaining costs***		
	100% after \$10 copay		
	\$10 copay; after copay, plan pays up to \$60 plus 15% of remaining costs***		
	100%		
	100% after \$10 copay		

* Additional discount not available at Costco, Walmart or Sam's Club.

** Visually required (also known as medically necessary) means that optimal visual correction cannot be achieved with prescription eyeglasses but can be achieved with contact lens wear.

Conditions that may commonly justify visually required lenses include keratoconus, anisometropia, aniseikonia, high astigmatism, pathological myopia, post-traumatic disorders, aphakia, aniridia, and certain corneal conditions.

This plan provides vision coverage only. Please see the vision plan's benefit booklet for details on standard plan exclusions and frequency limitations.



Long Term Disability

Summary of Coverage

Plan Features	Long Term Disability
Employee benefit amount	60% of Monthly Salary
Maximum benefit amount	Based on Class
Elimination period	180 Days
Benefit duration	Until Age 65

Disability insurance is coverage that provides you with income protection should you be unable to work due to an injury or illness. With disability coverage, you are compensated for a portion of your lost income.

Long-term disability (LTD) coverage is a type of disability insurance that pays you a set percentage of your regular income after a specified waiting period. For example, if you're covered under short-term disability (STD) insurance as well, the LTD insurance would kick in once the STD policy is exhausted, typically after three to six months.

The length of LTD plans varies?some may be limited to a period between two and 10 years, while other plans continue paying out until age 65.

Lakeview Public Schools ISD #2167 Plan Benefits

Effective Date: July 1, 2024

What is Long Term Disability insurance?

Long Term Disability (LTD) insurance helps replace a portion of your income for an extended period of time.

Eligibility Requirements

Long Term Disability:

All Active Full-Time Superintendents, Principals, Business Managers working at least 20 hours per week are eligible to participate

How is "Disability" defined under the Plan?

Generally, you are considered disabled and eligible for long term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and are complying with the requirements of the treatment and you are unable to earn more than 80% of your predisability earnings at your own occupation for any employer in your local economy.

Following the Own Occupation period, you are considered disabled if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of the treatment and you are unable to earn 80% of your predisability earnings in your local economy at any gainful occupation for which you are reasonably qualified taking into account your training, education and experience.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance/Summary Plan Description provided by your Employer or contact your MetLife benefits administrator with any questions.

What is the benefit amount?

Long Term Disability:

The Long Term Disability benefit replaces a portion of your predisability monthly earnings, less other income you may receive from other sources¹ during the same Disability (e.g., Social Security, Workers' Compensation, vacation pay etc.).

The Benefit amount is 60% of your predisability monthly earnings.

What is the maximum monthly benefit?

The amount of Long Term Disability benefit may not exceed the maximum monthly benefit established under the plan, regardless of your annual salary amount. The maximum under this plan is \$7,500.

When do benefits begin and how long do they continue?

Long Term Disability:

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination period for Long Term Disability is 180 days. Your plan's maximum benefit period and any specific limitations are described in the Certificate of Insurance provided by your Employer.

Long Term Disability

Metropolitan Life Insurance Company

Lakeview Public Schools ISD #2167 Plan Benefits

Effective Date: July 1, 2024

Explore the coverage that helps you protect your income and your lifestyle.

What is Long Term Disability insurance?

Long Term Disability (LTD) insurance helps replace a portion of your income for an extended period of time.

Eligibility Requirements

Long Term Disability:

All Active Full-Time Teachers Bargaining Unit working at least 20 hours per week are eligible to participate

How is "Disability" defined under the Plan?

Generally, you are considered disabled and eligible for long term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and are complying with the requirements of the treatment and you are unable to earn more than 80% of your predisability earnings at your own occupation for any employer in your local economy.

Following the Own Occupation period, you are considered disabled if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of the treatment and you are unable to earn 80% of your predisability earnings in your local economy at any gainful occupation for which you are reasonably qualified taking into account your training, education and experience.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance/Summary Plan Description provided by your Employer or contact your MetLife benefits administrator with any questions.

What is the benefit amount?

Long Term Disability:

The Long Term Disability benefit replaces a portion of your predisability monthly earnings, less other income you may receive from other sources¹ during the same Disability (e.g., Social Security, Workers' Compensation, vacation pay etc.).

The Benefit amount is 60% of your predisability monthly earnings.

What is the maximum monthly benefit?

The amount of Long Term Disability benefit may not exceed the maximum monthly benefit established under the plan, regardless of your annual salary amount. The maximum under this plan is \$5,000.

When do benefits begin and how long do they continue?

Long Term Disability:

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination period for Long Term Disability is 180 days.

Long Term Disability

Metropolitan Life Insurance Company

Lakeview Public Schools ISD #2167 Plan Benefits

Effective Date: July 1, 2024

Explore the coverage that helps you protect your income and your lifestyle.

What is Long Term Disability insurance?

Long Term Disability (LTD) insurance helps replace a portion of your income for an extended period of time.

Eligibility Requirements

Long Term Disability:

All Active Full-Time Support Staff working at least 20 hours per week are eligible to participate

How is "Disability" defined under the Plan?

Generally, you are considered disabled and eligible for long term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and are complying with the requirements of the treatment and you are unable to earn more than 80% of your predisability earnings at your own occupation for any employer in your local economy.

Following the Own Occupation period, you are considered disabled if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of the treatment and you are unable to earn 80% of your predisability earnings in your local economy at any gainful occupation for which you are reasonably qualified taking into account your training, education and experience.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance/Summary Plan Description provided by your Employer or contact your MetLife benefits administrator with any questions.

What is the benefit amount?

Long Term Disability:

The Long Term Disability benefit replaces a portion of your predisability monthly earnings, less other income you may receive from other sources¹ during the same Disability (e.g., Social Security, Workers' Compensation, vacation pay etc.).

The Benefit amount is 60% of your predisability monthly earnings.

What is the maximum monthly benefit?

The amount of Long Term Disability benefit may not exceed the maximum monthly benefit established under the plan, regardless of your annual salary amount. The maximum under this plan is \$4,000.

When do benefits begin and how long do they continue?

Long Term Disability:

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination period for Long Term Disability is 180 days.

Additional Disability Plan Benefits:

Coverage with Your Best Interests in Mind...

When you are ill or injured for a long time, MetLife® believes you need more than a supplement to your income. That's why we offer return-to-work services and financial incentives and assistance in obtaining Social Security Disability Benefits to help you get the maximum benefits from your coverage.

Services to Help You Get Back to Work Can Include:

Nurse Consultant or Case Manager Services:

Specialists who personally contact you, your physician and your employer to coordinate an early return-to-work plan when appropriate.

Vocational Analysis:

Help with identifying job requirements and determining how your skills can be applied to a new or modified job with your employer.

Job Modifications:

Adjustments (e.g., redesign of work station tools) that enable you to return to work.

Retraining:

Development programs to help you return to your previous job or educate you for a new one.

Financial Incentives:

Allow employees to receive Disability benefits or partial benefits while attempting to return to work.

The Services of Social Security Specialists:

Once you are approved for Disability benefits, MetLife can help you obtain Social Security Disability benefits. Our specialists can guide you through the initial application and appeals processes and may also help you access legal assistance from attorneys or vendors to pursue Social Security benefits.

Answers to Some Important Questions...

Q. Can I still receive benefits if I return to work part time?

A. Yes. As long as you are disabled and meet the terms of your Disability plan, you may qualify for adjusted disability benefits.

Your plan offers financial and Rehabilitation incentives designed to help you to return to work when appropriate, even on a part-time basis when you participate in an approved Rehabilitation Program. While disabled, you may receive up to 100% of your predisability earnings when combining benefits, Rehabilitation Incentives and other income sources such as Social Security Disability Benefits and state disability benefits, and part-time earnings.

With the Rehabilitation Incentive you can get a 10% increase in your monthly benefit.

The Family Care Incentive provides reimbursement up to \$400 per month for eligible expenses, such as child care during the first 24 months of disability.

You may be eligible for the Moving Expense Incentive if you incur expenses in order to move to a new residence recommended as part of the Rehabilitation Program. Expenses must be approved in advance.

Q. Is there a pre-existing conditions provision?

A. Yes. Your plan may not cover a sickness or accidental injury that arose in the months prior to your participation in the plan. A complete description of the pre-existing condition exclusion is included in the Certificate of Insurance/Summary Plan Description provided by your Employer.

Q. Are there any other limitations or exclusions to my coverage?

- A. Yes. Your plan does not cover any Disability which results from or is caused or contributed to by:
- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
 - Active participation in a riot;
 - Intentionally self-inflicted injury or attempted suicide;
 - Commission of or attempt to commit a felony.

For Long Term Disability, limited benefits apply for specific conditions, such as, mental or nervous disorders or diseases, alcohol, drug, or substance abuse or addiction.

Other limitations or exclusions to your coverage may apply. Please review your Certificate of Insurance provided by your Employer for specific details or contact your benefits administrator with any questions.

The "Plan Benefits" provides only a brief overview of the LTD plan. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

Long Term Disability ("LTD") coverage is provided under a group insurance policy (Form GPNP99) issued to your employer by MetLife. This LTD coverage terminates when your employment ceases, when you cease to be an eligible employee, when your LTD contributions cease (if applicable) or upon termination of the group contract by your employer. Like most insurance policies, insurance policies offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force. Please contact MetLife or your plan administrator for complete details. State variations may apply.

1 Under certain circumstances, MetLife may estimate the amount of income you may receive from other sources.

Online access to your MetLife Disability claim



The MetLife US App is also available to track the status of your disability claim. Download it on the iTunes App Store and Google Play.

The MyBenefits website, metlife.com/mybenefits, is a quick and easy way for you to get the information you need about an existing disability claim — all in one place.

Simple registration process

Start enjoying the convenience of using MyBenefits by registering today.

Log on to metlife.com/mybenefits, enter your company name and click 'Next.'

On the Home Page, click on 'Register Now' and perform the one-time registration process.

1. Enter your first and last name, identifying data and email address.
2. Create a unique user name and password for future access to MyBenefits.
3. For security purposes, choose and answer three identity verification questions that you'd be asked to answer in the event you forget your password.
4. Read and agree to the website's Terms of Use.
5. A confirmation of your registration will be sent to the email address you provided.

Easily navigate through your claim

Once you have filed a claim through your company's claim submission process and registered on MyBenefits, you can begin to use the site to check claim status and that you'd be asked to answer:

Update your claim [and leave] information:

Add and edit key points related to your claim, such as your contact information, any changes in your condition and your expected return to work date.

Send messages and attachments to MetLife:

Communicate with your MetLife Case Manager by sending messages or questions and uploading required documents to help expedite your claim.

Receive alerts about your claim status:

You can sign up to be notified via email for a change in your claim status, like approval of your claim.

[Sign up for direct deposit:

Once your claim is approved, link your bank account for direct deposits of your benefit payments.]

metlife.com/mybenefits

Professional support and guidance for everyday life

Life doesn't always go as planned. And while you can't always avoid the twists and turns, you can get help to keep moving forward.

We can help you and your family, those living at home, get professional support and guidance to make life a little easier. Our Employee Assistance Program (EAP) is available to you in addition to the benefits provided with your MetLife insurance coverage. This program provides you with easy-to-use services to help with the everyday challenges of life — at no additional cost to you.



Help is always at your fingertips.

Our mobile app makes it easy for you to access and personalize educational content important to you.

Search “LifeWorks” on iTunes App Store or Google Play. Log in with the user name: **metlifeeap** and password: **eap**

Expert advice for work, life, and your well-being

The program's experienced counselors provided through LifeWorks — one of the nation's premier providers of Employee Assistance Program services — can talk to you about anything going on in your life, including:

- **Family:** Going through a divorce, caring for an elderly family member, returning to work after having a baby
- **Work:** Job relocation, building relationships with co-workers and managers, navigating through reorganization
- **Money:** Budgeting, financial guidance, retirement planning, buying or selling a home, tax issues
- **Legal Services:** Issues relating to civil, personal and family law, financial matters, real estate and estate planning
- **Identity Theft Recovery:** ID theft prevention tips and help from a financial counselor if you are victimized
- **Health:** Coping with anxiety or depression, getting the proper amount of sleep, how to kick a bad habit like smoking
- **Everyday Life:** Moving and adjusting to a new community, grieving over the loss of a loved one, military family matters, training a new pet

Convenient and confidential help when you want it, how you want it

Your program includes up to 5 phone or video consultations with licensed counselors for you and your eligible household members, per issue, per calendar year. You can call **1-888-319-7819** to speak with a counselor or schedule an appointment, 24/7/365.

When you call, just select “Employee Assistance Program” when prompted. You'll immediately be connected to a counselor.

If you're simply looking for information, the program offers easy to use educational tools and resources, online and through a mobile app. There is a chat feature so you can talk with a consultant to guide you to the information you are looking for or help you schedule an appointment with a counselor.

Log on to metlifeeap.lifeworks.com, user name: **metlifeeap** and password: **eap**

Answers to important questions

Are Employee Assistance Program services confidential?

Yes. Any personal information provided to LifeWorks stays completely confidential.*

How do I get help?

Getting professional help is just a phone call away. Simply call 1-888-319-7819 to speak with a counselor or to schedule a phone or video conference appointment. These services are available 24 hours a day, 7 days a week.

When is the right time to call?

That's up to you. Counselors are here whenever you need them —whether you simply need to talk or want guidance on something you are going through.

Is my Employee Assistance Program included with my MetLife coverage?

Yes. There is no cost to you because your employer pays for the services provided within our program. While we offer a broad range of services, there may be some assistance that's not included. You can still work with counselors for these services by arranging to pay for them directly.

Does the program have any limitations?

While we offer a broad range of services, we may not cover all services you may need. Your Employee Assistance Program does not provide:

- Inpatient or outpatient treatment for any medically treated illness
- Prescription drugs
- Treatment or services for intellectual disability or autism
- Counseling services beyond the number of sessions covered or requiring longer term intervention
- Services by counselors who are not LifeWorks providers
- Counseling required by law or a court, or paid for by Workers' Compensation

**When you need some support,
we're here to help.**



Phone

1-888-319-7819



Web

metliffeap.lifeworks.com

**user name: [metliffeap](#)
and password: [eap](#)**



Mobile App

**user name: [metliffeap](#)
and password: [eap](#)**

*MetLife and LifeWorks abide by federal and state regulations regarding duty to warn of harm to self or others. In these instances, the consultant may have a duty to intervene and report a situation to the appropriate authority.

Some restrictions may apply to all of the above-mentioned services. Please contact your employer or MetLife for details.



Metropolitan Life Insurance Company | 200 Park Avenue | New York, NY 10166

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Basic Life AD&D

Summary of Coverage

Plan Features	Basic Life AD&D
Employee benefit amount	\$30,000 / \$50,000 (dependent upon class)
The following shows how much benefits are reduced at certain ages.	
Age band	Benefit reduction
65	35% reduction
70	50% reduction

Life insurance isn't a fun thing to think about, but, if you have people who depend on you for financial support, then life insurance is really about protecting them in case something happens to you?your designated beneficiary would collect a financial benefit upon your death.

Group life insurance coverage is a employer-sponsored safety net in case the worst happens, with no out-of-pocket costs to you. If you believe you need additional coverage, you may wish to enroll in voluntary life insurance as well.

Basic Term Life / AD&D

Metropolitan Life Insurance Company

Plan Design for: Lakeview Public Schools ISD #2167 For AAFT Teachers Bargaining Unit working at least 20 hours per week

Basic Life	\$30,000
Accidental Death & Dismemberment	An amount equal to Your Basic Life Insurance.
Plan Maximum	\$30,000
Non-Medical Maximum	\$30,000
Age Reduction Formula (reduces by)	Reduces by 35% at age 65
Employee Contribution	
• Basic Life	0%
• AD&D	0%

Term Life Features (1):

- Continuation of Life insurance while totally disabled as defined by the Group Policy (2)
- Accelerated Benefits Option (3)
- Life Settlement Account (4)
- Grief Counseling (5)
- Funeral Discounts and Planning Services (6)

Additional Features:

- WillsCenter.com (7)

AD&D Features (1):

- Seat Belt Benefit (8)
- Child Care Benefit
- Life Settlement Account (4)
- Air Bag Benefit
- Common Carrier Benefit

Basic Term Life / AD&D

Metropolitan Life Insurance Company

Plan Design for: Lakeview Public Schools ISD #2167
For AAFT Superintendent, Principals, Business Manager & Community
Ed Director working at least 20 hours per week

Basic Life	\$50,000
Accidental Death & Dismemberment	An amount equal to Your Basic Life Insurance.
Plan Maximum	\$50,000
Non-Medical Maximum	\$50,000
Age Reduction Formula (reduces by)	Reduces by 35% at age 65
Employee Contribution	
• Basic Life	0%
• AD&D	0%

Term Life Features (1):

- Continuation of Life insurance while totally disabled as defined by the Group Policy (2)
- Accelerated Benefits Option (3)
- Life Settlement Account (4)
- Grief Counseling (5)
- Funeral Discounts and Planning Services (6)

Additional Features:

- WillsCenter.com (7)

AD&D Features (1):

- Seat Belt Benefit (8)
- Child Care Benefit
- Life Settlement Account (4)
- Air Bag Benefit
- Common Carrier Benefit

What Is Not Covered?

Like most insurance plans, this plan has exclusions. In addition, a reduction schedule may apply. Please see your benefits administrator or certificate for specific details.

Accidental Death & Dismemberment insurance does not include payment for any loss which is caused by or contributed to by: physical or mental illness, diagnosis of or treatment of the illness; an infection, unless caused by an external wound accidentally sustained; suicide or attempted suicide; injuring oneself on purpose; the voluntary intake or use by any means of any drug, medication or sedative, unless taken as prescribed by a doctor or an over-the-counter drug taken as directed; voluntary intake of alcohol in combination with any drug, medication or sedative; war, whether declared or undeclared, or act of war, insurrection, rebellion or riot; committing or trying to commit a felony; any poison, fumes or gas, voluntarily taken, administered or absorbed; service in the armed forces of any country or international authority, except the United States National Guard; operating, learning to operate, or serving as a member of a crew of an aircraft; while in any aircraft for the purpose of descent from such aircraft while in flight (except for self preservation); or operating a vehicle or device while intoxicated as defined by the laws of the jurisdiction in which the accident occurs.

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP99 or G2130-S) issued to your employer by MetLife. Life and AD&D coverages under your employer's plan terminates when your employment ceases when your Life and AD&D contributions cease, or upon termination of the group insurance policy. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and your employer. Specific details regarding these provisions can be found in the certificate. If you have additional questions regarding the Life Insurance program underwritten by MetLife, please contact your benefits administrator or MetLife. Like most group life insurance policies, MetLife group policies contain exclusions, limitations, terms and conditions for keeping them in force. Please see your certificate for complete details.

(1) Features may vary depending on jurisdiction.

(2) Total disability or totally disabled means your inability to do your job and any other job for which you may be fit by education, training or experience, due to injury or sickness. Please note that this benefit is only available after you have participated in the Basic/Supplemental Term Life Plan for 1 year and it is only available to the employee.

(3) When life expectancy is certified by a physician to be 12 months or less. The Accelerated Benefits Option (ABO) is subject to state availability and regulation. The ABO benefits are intended to qualify for favorable federal tax treatment in which case the benefits will not be subject to federal taxation. This information was written as a supplement to the marketing of life insurance products. Tax laws relating to accelerated benefits are complex and limitations may apply. You are advised to consult with and rely on an independent tax advisor about your own particular circumstances. Receipt of ABO benefits may affect your eligibility, or that of your spouse or your family, for public assistance programs such as medical assistance (Medicaid), Temporary Assistance to Needy Families (TANF), Supplementary Social Security Income (SSI) and drug assistance programs. You are advised to consult with social service agencies concerning the effect that receipt of ABO benefits will have on public assistance eligibility for you, your spouse or your family.

(4) Subject to state law, and/or group policyholder direction, the Total Control Account is provided for all Life and AD&D benefits of \$5,000 or more. The TCA is not insured by the Federal Deposit Insurance Corporation or any government agency. The assets backing TCA are maintained in MetLife's general account and are subject to MetLife's creditors. MetLife bears the investment risk of the assets backing the TCA, and expects to earn income sufficient to pay interest to TCA Accountholders and to provide a profit on the operation of the TCAs. Guarantees are subject to the financial strength and claims paying ability of MetLife.

(5) Grief Counseling services are provided through an agreement with LifeWorks US Inc. LifeWorks is not an affiliate of MetLife, and the services LifeWorks provides are separate and apart from the insurance provided by MetLife. LifeWorks has a nationwide network of over 30,000 counselors. Counselors have masters or doctoral degrees and are licensed professionals. The Grief Counseling program does not provide support for issues such as: domestic issues, parenting issues, or marital/relationship issues (other than a finalized divorce). For such issues, members should inquire with their human resources department about available company resources. This program is available to insureds, their dependents and beneficiaries who have received a serious medical diagnosis or suffered a loss. Events that may result in a loss are not covered under this program unless and until such loss has occurred. Services are not available in all jurisdictions and are subject to regulatory approval. Not available on all policy forms.

(6) Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. Not available in some states. Planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers are pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For MI and TN, the discount is available for "At Need" services only. Not approved in AK, FL, KY, MT, ND, NY and WA.

(7) WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epq Group, Ltd. SmartLegalForms, Inc. is not affiliated with MetLife and the WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters.

(8) The Seat Belt Benefit is payable if an insured person dies as a result of injuries sustained in an accident while driving or riding in a private passenger car and wearing a properly fastened seat belt _or a child restraint if the insured is a child_. In such case, his or her benefit can be increased by 10 percent of the Full Amount — but not less than \$1,000 or more than \$25,000.

Will Preparation Services¹ – At no additional cost to you!



Easily create a will; living will, or power of attorney

Having a will is one of the most important things you can do for your family. Making sure your will is up-to-date can help ensure that your assets are distributed the way you want. You do not need to have access to an attorney to create a binding will.

As an added benefit with your group [accident / critical illness/hospital indemnity/ cancer insurance] plan, you have access to MetLife's online will preparation services provided by SmartLegalForms to create a binding will, living will, or assign a power of attorney.

Convenience at your fingertips in a secure web environment

Sign on to an easy-to-use and secure website, available to you and your family members 24 hours a day, 7 days a week to create binding documents. Resources are available online to address questions you may have about creating a will or general estate planning. Once you create your binding documents, you will be provided with simple to follow instructions for witnessing/signing them in front of a Notary Public.

Get Started

- Visit www.willscenter.com and register as a new user
- Follow the simple instructions to create your online document
- Return at your convenience to complete or update stored documents

1. Will Preparation is offered by MetLife Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, Rhode Island. For New York situated cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation. Tax Planning and preparation of Living Trusts are not covered by the Will Preparation Service.

metlife.com



Create a Will and other important Estate Planning documents in as little as 15 minutes

While you can't predict life's outcomes, you can help prepare for them with Digital Estate Planning, our new online estate planning solution.

With Digital Estate Planning,¹ included at no cost to you, we make it easier than ever to create and execute key estate planning documents online by answering a few simple questions. The best part is you can have your estate planning documents witnessed and notarized from the comfort of your home, with real-time ID verification and video notary.

Documents included with Digital Estate Planning:

- **Last Will and Testament** – Leave property to loved ones and choose guardians for minor children
- **Advance Healthcare Directive (Living Will)** – Plan for a medical emergency, select medical care preferences, and choose a healthcare proxy
- **Durable Financial Power of Attorney** – Choose someone to manage finances in case of an emergency

Q. How do I access these online estate planning services?

A. All you need to do is visit legalplans.com/estateplanning and follow the online instructions. You will need to create an account using the email and password of your choice.

Q. Can I still access the in-person Will Preparation service?

A. Yes. If you are eligible for MetLife's Will Preparation services today, you will continue to be able to work with an attorney directly for your estate planning needs.

Get started today at: legalplans.com/estateplanning

Did You Know:

While **76% of Americans** surveyed acknowledge a Will is important, only **30%** have one in place.²

The **top reason** for not creating a Will was, "haven't gotten to it yet."²

Estate Planning

Q. How do I access these online estate planning services?

A. All you need to do is visit legalplans.com/estateplanning and follow the online instructions. You will need to create an account using the email and password of your choice.

Q. Can I still access the in-person Will Preparation service?

A. Yes. If you are eligible for MetLife's Will Preparation services today, you will continue to be able to work with an attorney directly for your estate planning needs.

Get started today at: legalplans.com/estateplanning

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1. Digital Estate Planning is not available for customers situated in FL, or located in GU, PR or VI. It is not included with dependent life coverages or certain GUL/GVUL policies. Domestic Partnerships are not currently supported; however, members in a domestic partnership may use a MetLife Legal Plans attorney for their planning needs. Online Notary is not available in all states. [If you are unable to access the legalplans.com/estateplanning website, you can find a network attorney by calling MetLife Legal Plans at 1-800-821-6400, Monday through Friday, 8am-8pm EST. You will need to provide your company name, customer number, and the last four digits of the policy holder's social security number.] Group legal plans are provided by MetLife Legal Plans, Inc., Cleveland, OH. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI.
 2. MetLife's 2020 Premature Death Study.



New Funeral Discount and Planning Services



While you can't predict life's outcomes, you can help prepare for them.

Imagine a co-worker, James, recently lost his father.*

Imagine...

- Although he lived a full life, the loss was hard on the family.

MetLife at your side

- Dignity Memorial® gave James and his family the help they needed to navigate this difficult time.
- James was comforted knowing he had access to funeral planning services and discounts.

Making life a little easier

- With expert guidance, James was able to plan the funeral he hoped his father would have wanted.
- A few months later, James created his own final wishes plan to make things easier on his family.

Because MetLife's group life insurance policies include these valuable services, James and his family have the support they need.

Don't wait. Prepare your family for life's unexpected outcomes with Dignity Memorial. Visit www.finalwishesplanning.com or call 1-866-853-0954.

New Funeral Discount and Planning Services

Losing a loved one can be one of life's most difficult moments. What if you could do more to help your family get through a loss a little easier?

New funeral discounts and planning services are available through MetLife Advantages — at no additional cost to you. Through Dignity Memorial, you and your family will have access to compassionate counselors as well as discounts on funeral services through the largest network of funeral homes and cemetery providers in North America.

- **Discounts** of up to 10% off of funeral, cremation and cemetery services.
- **Expert assistance** — available 24 hours, 7 days a week, 365 days a year — to help guide you and your family in making confident decisions.
- **Planning Services** — online, over the phone, or by paper — to help make final wishes easier to manage.
- **Bereavement** Travel Services to assist with time-sensitive travel arrangements to be with loved ones.

Dignity Memorial —
Providing funeral
planning and
assistance to **more
than 300,000
families each year.**

**82% of people
say it's important
to put their end-
of-life wishes in
writing****

Contact Dignity Memorial today at **1-866-853-0954**.

* This is a hypothetical example used for illustrative purposes only.

**Stanford Medicine. Advance Health Care Planning. <http://med.stanford.edu/palliative-care/patientsandfamilies/ACP.html>.

Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. Not available in some states. Planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers are pre-negotiated. Not available where prohibited by law. Not approved for group policies situated in AK, FL, KY, MT, ND, NY and WA. If the group policy is issued in an approved state, the discount is available for services offered in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For MI and TN, the discount is available for "At Need" services only.

Like most group insurance policies, insurance policies offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact your benefits administrator or your MetLife Group Representative for costs and complete details.





Supplmental Life AD&D

Summary of Coverage

Plan Features	Supplemental Life AD&D
Employee Guarantee Issue Amount	\$100,000
Minimum Benefit Amount	\$10,000
Maximum benefit amount	\$500,000 or 5x Annual Salary
Spouse Guarantee Issue Amount	\$25,000
Spouse Minimum Benefit Amount	\$5,000
Spouse Maximum Benefit Amount	\$100,000 or 50% of Employee Benefit
Child(ren) Benefit Amounts	\$1,000; \$2,000; \$4,000; \$5,000; \$10,000

Employees must fill out an EOI form if they exceed the guaranteed issue amount.

Voluntary life insurance is similar to group life insurance, except it is paid for by you. It can provide additional financial security to you family in case the worst happens.

With voluntary life insurance, you pay a monthly premium and then your beneficiaries receive a guaranteed amount in the event of your death. Plans are typically flexible and allow you to set your contribution and payment amounts, allowing you more control.

While this type of insurance isn't fun to think about, it can be a vital lifeline for your family.

Supplemental Term Life

Metropolitan Life Insurance Company

Plan Design for: Lakeview Public Schools ISD #2167

Original Plan Effective Date: July 1, 2021

For All Active Full Time Employees working at least 20 hours per week

Build Your Benefit With MetLife's Supplemental Term Life insurance, your employer gives you the opportunity to buy valuable life insurance coverage for yourself, your spouse and your dependent children -- all at affordable group rates.

	Employee	Spouse & Child	
		Spouse ¹	Child
Life Coverage: provides a benefit in the event of death Schedules:	Increments of \$10,000	Increments of \$5,000	Flat Amount: \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000
Non Medical Maximum	\$100,000	\$25,000	\$10,000
Overall Benefit Maximum	The lesser of 5 times Your Basic Annual Earnings, or \$500,000	\$100,000	\$10,000
AD&D Coverage: provides a benefit in the event of death or dismemberment resulting from a covered accident Schedules:	Yes (benefit amount is same as Supplemental Term Life coverage)	Yes (benefit amount is same as Supplemental Term Life coverage)	Yes (benefit amount is same as Supplemental Term Life coverage)
AD&D Maximum	Maximum amount is same as Supplemental Term Life coverage	Maximum amount is same as Supplemental Term Life coverage	Maximum amount is same as Supplemental Term Life coverage
Employee Contribution	100%	100%	100%

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

To request coverage:

1. Choose the amount of employee coverage that you want to buy.
2. Look up the premium costs for your age group for the coverage amount you are selecting on the chart below.
3. Choose the amount of coverage you want to buy for your spouse. Again, find the premium costs on the chart below.
Note: Premiums are based on your age, not your spouse's.
4. Choose the amount of coverage you want to buy for your dependent children. The premium costs for each coverage option are shown below.
5. Fill in the enrollment form with the amounts of coverage you are selecting. (To request coverage over the non-medical maximum, please see your Human Resources representative for a medical questionnaire that you will need to complete.) Remember, you must purchase coverage for yourself in order to purchase coverage for your spouse or children.

Employee Age	Employee & Spouse Coverage -- Monthly Premium For:						
	\$1,000	\$10,000	\$20,000	\$40,000	\$50,000	\$100,000	
Under 30	\$0.06	\$0.63	\$1.26	\$2.52	\$3.15	\$6.30	
30-34	\$0.07	\$0.72	\$1.44	\$2.88	\$3.60	\$7.20	
35-39	\$0.09	\$0.94	\$1.88	\$3.76	\$4.70	\$9.40	
40-44	\$0.12	\$1.17	\$2.34	\$4.68	\$5.85	\$11.70	
45-49	\$0.17	\$1.67	\$3.34	\$6.68	\$8.35	\$16.70	
50-54	\$0.25	\$2.47	\$4.94	\$9.88	\$12.35	\$24.70	
55-59	\$0.43	\$4.35	\$8.70	\$17.40	\$21.75	\$43.50	
60-64	\$0.60	\$5.98	\$11.96	\$23.92	\$29.90	\$59.80	
65-69	\$0.99	\$9.87	\$19.74	\$39.48	\$49.35	\$98.70	
70+	\$1.57	\$15.75	\$31.50	\$63.00	\$78.75	\$157.50	

Due to rounding, your actual payroll deduction amount may vary slightly.

Dependent Child Coverage ² Monthly Premium For:	
\$1,000	\$0.29
\$2,000	\$0.58
\$4,000	\$1.16
\$5,000	\$1.46
\$10,000	\$2.91

Features available with Supplemental Life

Grief Counseling³: You, your dependents, and your beneficiaries access to grief counseling sessions and funeral related concierge services to help cope with a loss – at no extra cost. Grief counseling services provide confidential and professional support during a difficult time to help address personal and funeral planning needs. At your time of need, you and your dependents have 24/7 access to a work/life counselor. You simply call a dedicated 24/7 toll-free number to speak with a licensed professional experienced in helping individuals who have suffered a loss. Sessions can either take place in-person or by phone. You can have up to five face-to-face grief counseling sessions per event to discuss any situation you perceive as a major loss, including but not limited to death, bankruptcy, divorce, terminal illness, or losing a pet.³ In addition, you have access to funeral assistance for locating funeral homes and cemetery options, obtaining funeral cost estimates and comparisons, and more. You can access these services by calling 1-1-888-319-7819 or log on to www.metlifegc.lifeworks.com (Username: metlifeassist; Password: support).

Funeral Discounts and Planning Services⁴: As a MetLife group life policyholder, you and your family may have access to funeral discounts, planning and support to help honor a loved one's life - at no additional cost to you. Dignity Memorial provides you and your loved ones access to discounts of up to 10% off of funeral, cremation and cemetery services through the largest network of funeral homes and cemeteries in the United States.

When using the Dignity Memorial Network you have access to convenient planning services - either online at www.finalwishesplanning.com, by phone (1-866-853-0954), or by paper - to help make final wishes easier to manage. You also have access to assistance from compassionate funeral planning experts to help guide you and your family in making confident decisions when planning ahead as well as bereavement travel services - available 24 hours, 7 days a week, 365 days a year - to assist with time-sensitive travel arrangements to be with loved ones.

Will Preparation⁵: Like life insurance, a carefully prepared Will is important. With a Will, you can define your most important decisions such as who will care for your children or inherit your property. By enrolling for Supplemental Term Life coverage, you will have in person access to MetLife Legal Plans' network of 14,000+ participating attorneys for preparing or updating a will, living will and power of attorney. When you enroll in this plan, you may take advantage of this benefit at no additional cost to you if you use a participating plan attorney. To obtain the legal plan's toll-free number and your company's group access number, contact your employer or your plan administrator for this information.

MetLife Estate Resolution Services (ERS)⁴: is a valuable service offered under the group policy. A MetLife Legal Plan attorney will consult with your beneficiaries by telephone or in person regarding the probate process for your estate. The attorney will also handle the probate of your estate for your executor or administrator.. This can help alleviate the financial and administrative burden upon your loved ones in their time of need.

Portability⁶: If your present employment ends, you can choose to continue your current life benefits.

What Is Not Covered?

Like most insurance plans, this plan has exclusions. Supplemental and Dependent Life Insurance do not provide payment of benefits for death caused by suicide within the first two years (one year in North Dakota) of the effective date of the certificate, or payment of increased benefits for death caused by suicide within two years (one year in North Dakota or Colorado) of an increase in coverage. In addition, a reduction schedule may apply. Please see your benefits administrator or certificate for specific details.

Accidental Death & Dismemberment insurance does not include payment for any loss which is caused by or contributed to by: physical or mental illness, diagnosis of or treatment of the illness; an infection, unless caused by an external wound accidentally

sustained; suicide or attempted suicide; injuring oneself on purpose; the voluntary intake or use by any means of any drug, medication or sedative, unless taken as prescribed by a doctor or an over-the-counter drug taken as directed; voluntary intake of alcohol in combination with any drug, medication or sedative; war, whether declared or undeclared, or act of war, insurrection, rebellion or riot; committing or trying to commit a felony; any poison, fumes or gas, voluntarily taken, administered or absorbed; service in the armed forces of any country or international authority, except the United States National Guard; operating, learning to operate, or serving as a member of a crew of an aircraft; while in any aircraft for the purpose of descent from such aircraft while in flight (except for self preservation); or operating a vehicle or device while intoxicated as defined by the laws of the jurisdiction in which the accident occurs.

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP99 or G2130-S) issued to your employer by MetLife. Life and AD&D coverages under your employer's plan terminates when your employment ceases, when your Life and AD&D contributions cease, or upon termination of the group insurance policy. Dependent Life coverage will terminate when a dependent no longer qualifies as a dependent. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and your employer and are subject to each state's laws and availability. Specific details regarding these provisions can be found in the certificate.

If you have additional questions regarding the Life Insurance program underwritten by MetLife, please contact your benefits administrator or MetLife. Like most group life insurance policies, MetLife group policies contain exclusions, limitations, terms and conditions for keeping them in force. Please see your certificate for complete details.

1. Spouse amount cannot exceed 50% of the employee's Supplemental Life benefit.
2. Child benefits for children under 6 months old are limited.
3. Grief Counseling services are provided through an agreement with LifeWorks US Inc. LifeWorks is not an affiliate of MetLife, and the services LifeWorks provides are separate and apart from the insurance provided by MetLife. LifeWorks has a nationwide network of over 30,000 counselors. Counselors have master's or doctoral degrees and are licensed professionals. The Grief Counseling program does not provide support for issues such as: domestic issues, parenting issues, or marital/relationship issues (other than a finalized divorce). For such issues, members should inquire with their human resources department about available company resources. This program is available to insureds, their dependents and beneficiaries who have received a serious medical diagnosis or suffered a loss. Events that may result in a loss are not covered under this program unless and until such loss has occurred. Services are not available in all jurisdictions and are subject to regulatory approval. Not available on all policy forms.
4. Services and discounts are provided through a member of the Dignity Memorial® Network, a brand name used to identify a network of licensed funeral, cremation and cemetery providers that are affiliates of Service Corporation International (together with its affiliates, "SCI"), 1929 Allen Parkway, Houston, Texas. The online planning site is provided by SCI Shared Resources, LLC. SCI is not affiliated with MetLife, and the services provided by Dignity Memorial members are separate and apart from the insurance provided by MetLife. Not available in some states. Planning services, expert assistance, and bereavement travel services are available to anyone regardless of affiliation with MetLife. Discounts through Dignity Memorial's network of funeral providers are pre-negotiated. Not available where prohibited by law. If the group policy is issued in an approved state, the discount is available for services held in any state except KY and NY, or where there is no Dignity Memorial presence (AK, MT, ND, SD, and WY). For MI and TN, the discount is available for "At Need" services only. Not approved in AK, FL, KY, MT, ND, NY and WA.
5. Will Preparation and MetLife Estate Resolution Services are offered by MetLife Legal Plans, Inc., Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, Rhode Island. Will Preparation and Estate Resolution Services are subject to regulatory approval and currently available in all states. For New York sitused cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation. Please note that certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary or heir and the estate; any disputes with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.
6. Subject to state availability and the maturity age specified in the certificate.

Travel Assistance — You're protected, 24/7

To complement your MetLife life insurance coverage, you have access to Travel Assistance¹ services, a useful program giving you and covered family members² access to travel assistance professionals at AXA Assistance USA, Inc. when traveling within the U.S. or abroad. They have the expertise to help when you need emergency medical, travel and personal assistance.

Professional help, just a phone call away

Everyone wants a stress-free trip, but unforeseen events can happen. The good news is that AXA representatives are there by your side. If there's an emergency while traveling internationally or domestically,³ with one simple phone call you can access:

- Over 600,000 pre-qualified providers worldwide
- Air and ground ambulance service
- Trained multilingual professionals who can advise and help you quickly in a travel emergency

Emergency benefits

Emergency medical evacuation services and return of remains

If medical facilities aren't available locally, the program will provide resources needed to get you and your covered family members² to the nearest medical facility for treatment or back home, if medically necessary. If you or a covered family member pass away while traveling, AXA will transport the remains back home and cover the associated costs.

Political and Natural Disaster Evacuation

AXA can provide transportation services when the country where eligible participants are located needs to be evacuated based on a determination of the US government. In addition, in the event of a natural disaster, AXA can coordinate and arrange for the evacuation of eligible participants from a safe departure point to a safe destination.

Dispatch of Physician

If the local attending, legally qualified physician and AXA cannot adequately assess the member's need for medical evacuation and transportation, AXA will coordinate, provide, and dispatch a physician to assist in the assessment. AXA will provide for a benefit up to \$2,500.

Pet Repatriation

If a pet traveling with you is left unattended due to your hospitalization, AXA will coordinate and provide boarding for the pet. If the injury or illness results in an evacuation or repatriation service, AXA will coordinate and provide transportation for the pet to be returned to either home, or to a boarding facility near home. AXA will provide for a benefit up to \$2,500.

Worldwide Medical Teleconsultation⁴

If you're traveling and need medical advice for common and minor illnesses, you and covered family members can have virtual consultations with licensed medical professionals, 24/7 — via mobile device or phone. The DOCTOR PLEASE! App is available at iTunes or Google Play. Call AXA at (800) 454-3679 to receive the code needed for user registration.

Medical assistance services when traveling

- Medical referrals, appointments and hospital admissions
- Critical care monitoring
- Replacement of prescription medication
- Replacement of medical devices

For information or to access services:



Call:

Within the USA: (800) 454-3679

Outside the USA call collect: (312) 935-3783



Visit:

www.metlife.com/travelassist

For your convenience, detach and save this informational wallet card. Be sure to carry the card with you at all times while traveling domestically or abroad.



Cut along dotted line

TRAVEL ASSISTANCE

This is not a medical insurance card.

The participant is entitled to medical and travel services administered by AXA Assistance USA, Inc.

Within the United States: (800) 454-3679

Outside the United States Call Collect: (312) 935-3783

Or log on to:

www.metlife.com/travelassist

All services must be administered by AXA Assistance USA, Inc. No claims for reimbursement will be accepted.

Personal assistance services

Advice before you travel

Make sure you visit AXA's Travel Assistance website for advice about your visa, passport, inoculations and local customs, as well as 24-hour pre-departure information on weather, currency and plenty more.

Concierge Assistance

Save time and hassle with our concierge service. Seasoned concierges will take care of all your travel and entertainment arrangements including flights, hotel and dining reservations, general destination and transportation information, city guides and much more. A source of local knowledge on call, whenever you need them, wherever you are.

Pet concierge services

Get help with locating pet-friendly hotel accommodations, local boarding facilities and assistance with travel arrangements back home for your pets in case of an emergency.

Other Assistance Services Include:

- Local professional referrals
- Help with locating lost documents or luggage
- Emergency cash/bail assistance
- Identity theft solutions

1. Travel Assistance services are offered and administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Certain Underwriters at Lloyd's London (not incorporated) through Lloyd's Illinois, Inc. Neither AXA Assistance USA Inc. nor the Lloyd's entities are affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.
2. You and covered family members means an enrolled employee and their eligible dependents as defined under the group insurance contract issued by MetLife.
3. Traveling more than 100 miles from home.
4. Available globally to members in a traveling status. Teleconsultation is not an emergency medical response program. In the event of a medical emergency, you should contact your local emergency medical service. You can receive Teleconsultation services for limited, non-urgent, non-life threatening medical conditions; this service is not appropriate for all conditions. Services, including assistance with prescriptions, will be provided if permitted under applicable law. Teleconsultation services are arranged through AXA Assistance USA and Teladoc International.

[metlife.com](https://www.metlife.com)

EXCLUSIONS: The AXA Travel Assistance Program is available for participants in traveling status. Whenever a trip exceeds 180 days, the participant is no longer considered to be in traveling status and is therefore no longer eligible for the services. Also, AXA Assistance USA will not evacuate or repatriate participants without medical authorization with mild lesions, simple injuries such as sprains, simple fractures or mild sickness which can be treated by local doctors, and do not prevent the member from continuing his/her trip or returning home; or with infections under treatment and not yet healed. Benefits will not be paid for any loss or injury that is caused by or is the result from: pregnancy and childbirth except for complications of pregnancy, and mental and nervous disorders unless hospitalized.

Reimbursements for non-medical services such as hotel, restaurant, taxi expenses or baggage loss while traveling are not covered. The maximum benefit per person for costs associated with evacuations, repatriations or the return of mortal remains is US \$1,000,000. The maximum benefit for political and natural disaster evacuation is \$100,000 per person. The maximum benefit for dispatch of physician and pet repatriation is \$2,500. Treatment must be authorized and arranged by AXA Assistance's designated personnel to be eligible for benefits under this program. All services must be provided and arranged by AXA Assistance USA, Inc. No claims for reimbursement will be accepted.



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When you call the **Travel Assistance dedicated telephone numbers** listed on the reverse, please have the following information available:

1. Your name, telephone number and your relationship to the plan participant.
2. Plan participant's name, age, sex and company name.
3. A description of the plan participant's condition or service needed.
4. Name, location and telephone number of hospital, if applicable



Frequently Asked Questions

What are Will Preparation Services?

This service, offered through Hyatt Legal Plans, fully covers attorney fees by a participating plan attorney for preparing or updating a will, living will or power of attorney.

Am I eligible for this service?

You are eligible for this service if you are enrolled in MetLife's Supplemental Term Life, Group Universal Life or Group Variable Universal Life coverage. As a life policyholder, your spouse/domestic partner also has access to this service.

What are the covered services?

Covered services:

- Preparing and updating wills, including complex wills and codicils, living wills and powers of attorney for both you and your spouse/domestic partner.¹
- In-person or telephone consultations with a participating plan attorney in a private and supportive environment.
- Unlimited access to prepare or update a will for as long as you continue to participate in a MetLife Group Life Plan.

Advantages include:

- Convenient access to a local attorney.
- Extensive network of more than 14,000 participating plan attorneys.
- Professional Client Service Center to assist you in locating an attorney.

Are ancillary documents included?

Yes. Assistance with ancillary documents such as all living wills, codicils, testamentary trusts and powers of attorney are included with this service.

Exclusions: There is an additional fee associated with living trusts and tax planning needs. The participating plan attorney can provide guidance on living trusts and how to approach tax issues related to a will. The attorney will provide a written fee statement detailing any associated costs in advance of providing these services.

Are there additional fees charged to my plan?

No. Covered services are available at no additional cost to you with your MetLife Group Life Plan. There will be no claim forms or co-payments to file - fees are included in your plan and the attorney handles all the paperwork. If you ask the attorney to provide additional work that is not fully covered under this service, the attorney will provide a written fee statement detailing any associated costs in advance of providing the service.

Does this feature provide translation services for participants for whom English is not their primary language?

Yes. Participating plan attorneys have access to translation services and some attorneys have alternate language abilities.

Am I responsible for storing the executed documents? Yes. The Hyatt Legal plan participating attorney will provide the original will to you upon its completion. The attorney will provide advice on how to properly store the will, but it is your responsibility to store the will in a safe place.

How can I access this service?

Simply contact a Client Services representative to get started.

- Call Hyatt Legal Plans' toll-free number at 1-800-821-6400.
- Provide your company name, customer number (if available) and the last 4 digits of the life policy holder's Social Security number.

The Client Services representative will assign you a case number and help you locate a participating plan attorney near you.

Is there a limit to how often I can update my will?

No. As long as you are an active participant in a MetLife Group Plan, you can meet with a participating plan attorney as often as you deem necessary to keep your will up-to-date.

How often should I review and update my will?

It's good practice to review your will every 5 to 10 years with an attorney and it's especially important to review a will whenever a life-changing event occurs such as marriage, divorce, birth of a child, etc.

What is the average wait time to meet with a participating attorney?

Average wait time can vary depending on individual circumstances. Appointments are typically made within one business day of initial contact and most participating plan attorneys offer evening and Saturday appointments.

Can I use an attorney outside Hyatt Legal Plans' network?

Yes. You can choose to use an out-of-network attorney if needed. When using an out-of-network attorney, you will receive reimbursement for covered services based on a set fee schedule.²

However, you will be responsible for any attorney fees that exceed the reimbursed amount.

What is the average turnaround time to prepare or update a will?

Wills can vary in complexity, but can generally be produced in approximately a week. The attorney will take as much time as needed to work with you to meet your needs.

Does my spouse/domestic partner need a joint will with me in order to take advantage of this service?

No. You and your spouse/domestic partner can prepare separate wills with a participating plan attorney.

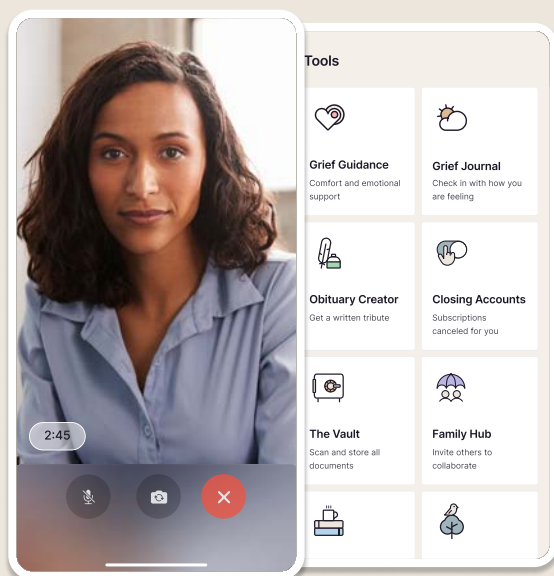
What are my options if I am not satisfied with the service provided by a participating plan attorney?

Hyatt Legal Plans carefully screens and manages its network of participating plan attorneys on a regular basis. If you are dissatisfied with the service provided by a participating plan attorney, you can notify Hyatt Legal Plans and they will work with you to resolve any issues to your satisfaction.

What are the minimum requirements for an attorney to be part of Hyatt Legal Plan's network?

86 Hyatt Legal Plan's attorneys have a minimum of 7 years of experience and adhere to a "code of excellence" as a member of the network.

Support for your loss, beyond the claim



MetLife has partnered with Empathy to provide you and your family with on-demand personalized guidance to help you throughout the weeks and months ahead.

From settling the estate to dealing with grief, Empathy's tech-enabled assistance and real-time human support help MetLife beneficiaries save valuable time while dealing with the challenges that loss brings. Empathy helps ease the burden, so you can pay attention to the things that matter most.

On-demand assistance from Care Managers

Guidance for probate and estate settlement processes

Automated tools that take care of tasks on your behalf

Emotional support and help for dealing with grief



Access your Empathy account, courtesy of MetLife

Create your account using the method that works best for you



To register online
scan the QR code or go to
join.empathy.com/metlife



Download the Empathy app
via the App Store/Google Play
and use access code **MET23**



Call us at (201) 720-1584 to register over the phone

Empathy's bereavement services and platform are provided through an agreement with The Empathy Project, Inc., (doing business as Empathy). Empathy is not an affiliate of MetLife, and the services Empathy provides are separate and apart from the insurance provided by MetLife. This program is available to beneficiaries, and insureds who are terminally ill and eligible to accelerate life proceeds under MetLife's Accelerated Benefit Option. Not available on all policy forms or in all jurisdictions. Empathy is only available to insureds and beneficiaries who are US residents. Information disclosed directly to Empathy is not disclosed to MetLife, and therefore is not subject to MetLife's privacy policy.



2024 - 2025 Employee Benefits Guide

Prepared by

