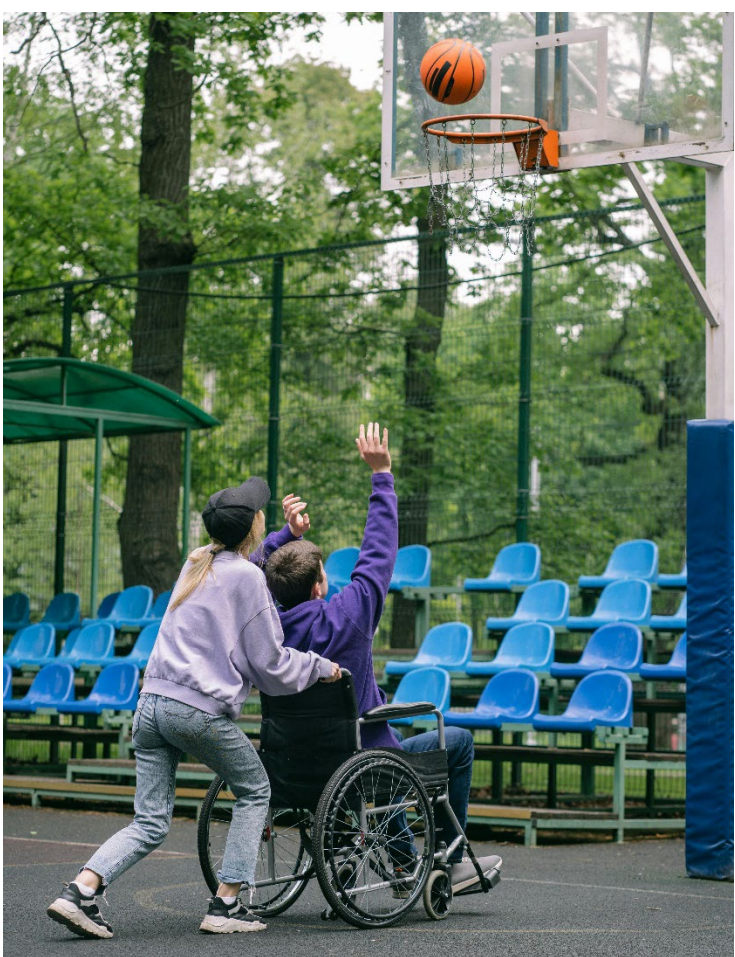




Mission Mountain Empowerment



2024-25 BENEFITS

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IMPORTANT - This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid. If there is a discrepancy between the information contained within this summary and the policies, the policy prevails.

WELCOME TO YOUR BENEFITS GUIDE



This guide is about your benefits, but it's also about *you* and how to protect your health, your lifestyle, your future, and the people who are important to you.

You'll find details about your healthcare, life, disability and voluntary benefits and tips on how to use your benefits.

You will also discover the programs that Mission Mountain Empowerment provides to help you save time and money and balance your work and home life.

MEDICARE PART D NOTICE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Important Notices section for more details.

This guide is an overview

The benefits in this summary are effective

July 1st, 2024

through

June 30th, 2025

This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or policy and/or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

Each benefit has limitations and exclusions, see the carrier's policy for more detail.



WHAT'S CHANGING ON JULY 1ST, 2024?

This a Summary of Material Modifications

BENEFIT ADMINISTRATION:

- This year enrollment will be done entirely online and will require every employee who is eligible for benefits to log in, waive or elect benefits, add basic life beneficiaries and update their personal profile.

MEDICAL:

- HDHP Deductible and Out-Of-Pocket Maximum increasing from \$3000/\$6000 to \$3200/\$6400 due to IRS Requirements for HSA Qualified Plans
- HDHP Out of Network Deductible and Out of Pocket Maximum Increasing from \$6,000/\$12,000 to \$6,400/\$12,800.

HAVE QUESTIONS ABOUT YOUR BENEFITS?



CONTACT YOUR ALLIANT BENEFIT ADVOCATE

Email

melissa.gollehon@alliant.com

heather.brewer@alliant.com

or

benefitsupport@alliant.com

Phone

Heather Brewer (406) 431-7681

Melissa Gollehon: (406) 521-5124

Benefit Support Team: (800) 489-1390

Hours

Alliant: 8:30am – 5:00pm MST

Benefit Support Team: 6:00am – 6:00pm MST

Get help from a Benefit Advocate

Are you getting married and not sure how and when to add your new spouse to your plan? Is your stepchild eligible for your healthcare plan? Do you need help understanding the difference between an HSA and an FSA? A Benefit Advocate can help answer these questions and more.

Benefit Advocates are trained benefits expert who can help you understand and use your healthcare and other coverage.

Contact your Benefit Advocate for issues such as:

- General benefit questions
- Eligibility and coverage
- Finding a network provider
- Health care claim or billing issues, when warranted
- Coverage changes due to life events (marriage, new child, divorce, etc.)

Claims assistance

If you need claims assistance, you'll need to complete a HIPAA Authorization Form to grant your Benefit Advocate permission to work with your insurer and/or healthcare provider(s) to resolve your claims issues. Permission is granted on a limited time basis to only the individuals listed on the form. The form is revocable at any time. Your Benefit Advocate will provide the form to you when needed.

WHO'S ELIGIBLE FOR BENEFITS?



Employees

You are eligible if you are a Mission Mountain Empowerment employee working at least 20 hours per week.

Eligible dependents

- Legally married spouse or Domestic Partners
- Natural, adopted or stepchildren up to age 26.
- Children over age 26 who are disabled and depend on you for support.
- Children named in a Qualified Medical Child Support Order (QMCSO).

For additional information, please refer to the benefit booklets for each benefit.

When you can enroll

You can enroll in benefits as a new hire or during the annual open enrollment period. Newly benefit eligible coverage begins on the 1st of the month following 30 days of eligible employment, as long as you enroll within 31 days of becoming eligible.

If you miss the enrollment deadline, you'll need to wait until the next open enrollment (the one time each year that you can make changes to your benefits for any reason), unless you have a Qualified life event (aka change in status), which is described on the next page.

Enrollment and changes can be completed electronically or through Naomi Mock:

Naomi Mock
HR/PR Administrator
406-676-2513 Office
nmock@mme-mt.org

CHANGING YOUR BENEFITS



Outside of open enrollment, you may be able to enroll or make changes to your benefit elections if you have a big change in your life, including:

- Change in legal marital status
- Change in number of dependents or dependent eligibility status
- Change in employment status that affects eligibility for you, your spouse, or dependent child(ren)
- Change in your health coverage or your spouse's coverage due to your spouse's employment
- Change in an individual's eligibility for Medicare or Medicaid
- Court order requiring coverage for your child
- "Special enrollment event" under the Health Insurance Portability and Accountability Act (HIPAA), including a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- Event allowed under the Children's Health Insurance Program (CHIP) Reauthorization Act (you have 60 days to request enrollment due to events allowed under CHIP).

Submit your change within 30 or 60 days after the event to Human Resources. Check the carrier's policy to determine the deadline.

ENROLLING FOR BENEFITS DURING THE 2024 OPEN ENROLLMENT

DO I NEED TO SUBMIT PAPERWORK? NO!

This year Open Enrollment will be completed entirely online and will require everyone who is eligible for benefits to log in and update their profile and elect or waive coverages. You will receive an email from Employee Navigator (noreply@employeenavigator.com) to the email address we have on file for you. Please follow the instructions on the next two pages to register and log in to Employee Navigator and complete your elections before June

OPEN ENROLLMENT DATES:

Open Enrollment is scheduled to begin on June 5th and end on June 14th. Please submit your enrollment or waiver forms by June 14th at 12p Mountain Time. The carriers may not be able to accept late forms.

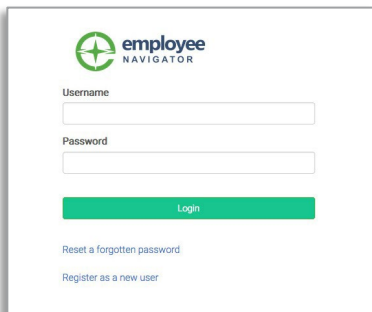


Before you enroll

- Know the date of birth, social security number, and address for each dependent you will cover.
- Review your enrollment materials to understand your benefit options and costs for the coming year.

ENROLL IN YOUR BENEFITS:

One step at a time



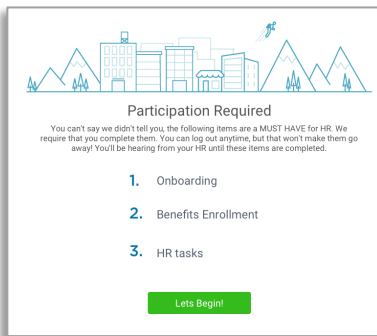
The login page features the 'employee NAVIGATOR' logo at the top left. Below it are two input fields: 'Username' and 'Password'. A green 'Login' button is positioned below the password field. At the bottom, there are two links: 'Reset a forgotten password' and 'Register as a new user'.

Step 1: Log In

Go to www.employeenavigator.com and click **Login**

- **First-time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account and create your username and password.
- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.

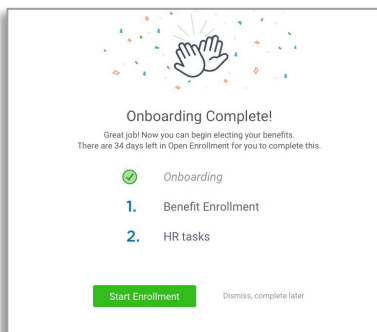
Company ID: MissionMountain



The page has a header illustration of a city skyline. The main heading is 'Participation Required'. Below it is a paragraph explaining that certain items are mandatory for HR. A numbered list follows: 1. Onboarding, 2. Benefits Enrollment, and 3. HR tasks. A green 'Lets Begin!' button is at the bottom.

Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.



The page features a header illustration of two hands shaking. The main heading is 'Onboarding Complete!'. Below it is a paragraph stating that the user can now begin electing benefits and that there are 34 days left in the Open Enrollment period. A green checkmark icon is next to the word 'Onboarding'. A numbered list follows: 1. Benefit Enrollment and 2. HR tasks. At the bottom, there is a green 'Start Enrollment' button and a link that says 'Dismiss, complete later'.

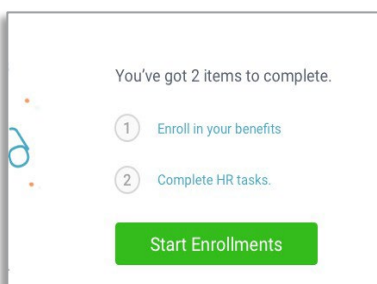
Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits.

Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

if you hit "Dismiss, complete later" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "Start Enrollments"



The page has a header illustration of a person. The main heading is 'You've got 2 items to complete.'. Below it is a numbered list: 1. Enroll in your benefits and 2. Complete HR tasks. A green 'Start Enrollments' button is at the bottom.

Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP

Have dependent details handy. To enroll a dependent in coverage, you will need their date of birth and Social Security number.

Who am I enrolling?

☒ Myself

☐ Elizabeth Reynolds (Spouse)

☐ Gwen Reynolds (Child)

Cost per pay period \$138.46 Effective on 06/01/18 Employee

[Compare](#) [Details](#) [Selected](#)

How much will it cost?

Plan Cost	Employer Contribution	My Cost
\$138.46	\$ 138.46	\$0.00

[View employer contributions summary](#)

[Save & Continue](#) [Don't want this benefit?](#)

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents, you can view your available plans and the cost per pay period. To elect a benefit, click **Select Plan** underneath the plan cost.

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** At the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add those details.

Enrollment Summary

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions or would like to make changes, please contact HR.

Enrollment Not Complete!
Please complete the required highlighted steps from your enrollment progress menu.

Enrolled Plans [Collapse](#)

Medical

Key Care HSA PPO2017 404E2435 Long Plan Name

Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to ensure they are correct, then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or log in at any point during the year to view your summary online.

TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

High Five! Enrollment Complete!

You've only got one more item to complete.

☒ Enroll in your benefits

1. **HR Tasks**

[Start Tasks](#) [Dismiss, complete later](#)

Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!



You can log in to review your benefits 24/7



MEDICAL

OUR PLANS

Traditional \$1,500
\$3,200 HDHP

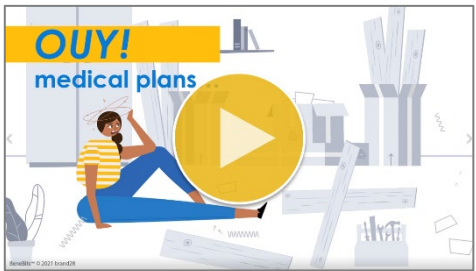
Not all medical plans work the same way. Watch these videos to understand how each type of plan works.

CHILD HEARING AID BENEFIT

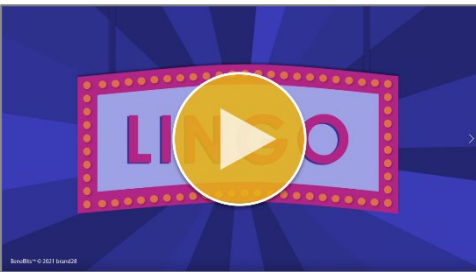
The health plans offered by Mission Mountain Empowerment includes a child-only hearing aid benefit. This benefit provides coverage for the diagnosis and treatment of hearing loss and one amplification device for each ear every three years as required by an audiologist for members aged 18 and younger are covered services.

General medical benefits apply with regard to the network deductibles, coinsurance and out-of-pocket maximum by network tier.

Click to play video



All About Medical Plans



Play the Health Lingo Game!

\$1,500 Traditional Plan- Insured by Pacific Source

You pay the deductible unless otherwise indicated. The coinsurance (%) shows what the plan pays after the deductible.

Benefit Plan Year July 1 – June 30 (Benefits start over July 1 of each year)	In-Network Only	Out-of-Network In addition to below costs, patient may be balanced billed difference between provider’s billed charge and health plan allowable reimbursement limits
Network	The medical network can be viewed here: https://providerdirectory.pacificsource.com / (choose the ‘Navigator’ network)	
Annual Medical Deductible	\$1,500 Individual / \$3,000 Family	\$3,000 Individual / \$6,000 Family
Annual Out-of-Pocket Maximum	\$5,500 Individual / \$11,000 Family	\$11,000 Individual / \$22,000 Family
Primary Care Office Visit	Deductible applies, then you pay 50%	Deductible applies, then you pay 75%
Specialist Office Visit	Deductible applies, then you pay 50%	Deductible applies, then you pay 75%
Naturopathic Care	Deductible applies, then you pay 50%	Deductible applies, then you pay 75%
Chiropractic and Acupuncture (15 visits per benefit year)	Deductible applies, then you pay 50%	Deductible applies, then you pay 75%
Lab and X-ray	Deductible applies, then you pay 50%	Deductible applies, then you pay 75%
Urgent Care	Deductible applies, then you pay 50%	Deductible applies, then you pay 75%
Emergency Room (for medical emergency)	Deductible applies, then paid at 50%	Deductible applies, then you pay 50%
Hospitalization	Deductible applies, then you pay 50%	Deductible applies, then you pay 75%
Outpatient Surgery	Deductible applies, then you pay 50%	Deductible applies, then you pay 75%
Preventive Care	Deductible waived, paid at 100% per ACA regulation	Varies, see policy
PRESCRIPTION DRUGS		
Deductible	None	
Out-of-Pocket Maximum	Medical Out-of-Pocket maximum applies	
Network	The pharmacy network can be viewed here: https://www.pacificsource.com/member/pharmacy-network/	
Tiers (non-compound drugs)	List of covered drugs and the Tier they fall into can be viewed here: https://pacificsource.com/find-a-drug (choose ‘Montana’) - this list is subject to change at anytime	
Tier 1- 30 day supply	\$20 copay	You pay 90% coinsurance, deductible waived (no more than 3 fills allowed per year)
Tier 2- 30 day supply	\$80 copay	
Tier 3- 30 day supply	\$200 copay	
Tier 4- 30 day supply	The lesser of \$200 copay or 20%	
Network Mail Order Vendor (90-day supply)		
Tiers 1 – 4, excludes specialty drugs	Retail 30-Day copays x 2	Not covered out-of-network

\$3,200 HDHP- Insured by Pacific Source

You pay the deductible unless otherwise indicated. The coinsurance (%) shows what the plan pays after the deductible.

Benefit Plan Year July 1 – June 30 (Benefits start over July 1 of each year)	In-Network Only	Out-of-Network In addition to below costs, patient may be balanced billed difference between provider’s billed charge and health plan allowable reimbursement limits
Network	The medical network can be viewed here: https://providerdirectory.pacificsource.com / (choose the ‘Navigator’ network)	
Annual Medical Deductible	\$3,200 Individual / \$6,400 Family	\$6,400 Individual / \$12,800 Family
Annual Out-of-Pocket Maximum	\$3,200 Individual / \$6,400 Family	\$6,400 Individual / \$12,800 Family
Primary Care Office Visit	Deductible applies, then paid at 100%	Deductible applies, then paid at 100%
Specialist Office Visit	Deductible applies, then paid at 100%	Deductible applies, then paid at 100%
Naturopathic Care	Deductible applies, then paid at 100%	Deductible applies, then paid at 100%
Chiropractic and Acupuncture (15 visits per benefit year)	Deductible applies, then paid at 100%	Deductible applies, then paid at 100%
Lab and X-ray	Deductible applies, then paid at 100%	Deductible applies, then paid at 100%
Urgent Care	Deductible applies, then paid at 100%	Deductible applies, then paid at 100%
Emergency Room (for medical emergency)	Deductible applies, then paid at 100%	Deductible applies, then paid at 100%
Hospitalization	Deductible applies, then paid at 100%	Deductible applies, then paid at 100%
Outpatient Surgery	Deductible applies, then paid at 100%	Deductible applies, then paid at 100%
Preventive Care	Deductible waived, paid at 100% per ACA regulation	Varies, see policy
PRESCRIPTION DRUGS		
Deductible	Medical Deductible applies	
Out-of-Pocket Maximum	Medical Out-of-Pocket maximum applies	
Network	The pharmacy network can be viewed here: https://www.pacificsource.com/member/pharmacy-network/	
Tiers	List of covered drugs and the Tier they fall into can be viewed here: https://pacificsource.com/find-a-drug (choose ‘Montana’) - this list is subject to change at anytime	
Preventive Medication - 30 day supply	Deductible waived, paid at 100% (https://pacificsource.com/find-a-drug and select the “Expanded No Cost” Drug List)	
Tier 1- 30 day supply	Deductible applies, then paid at 100%	Paid at 10% out-of-network
Tier 2- 30 day supply	Deductible applies, then paid at 100%	
Tier 3- 30 day supply	Deductible applies, then paid at 100%	
Tier 4- 30 day supply	Deductible applies, then paid at 100%	
Network Mail Order Vendor (90 day supply)		
Tiers 1 – 4, excludes specialty drugs	Deductible applies, then paid at 100%	Not covered out-of-network

HEALTH SAVINGS ACCOUNT (HSA)

- only available to members of the HDHP Plan

[Click to play video](#)



ARE YOU ELIGIBLE?

The HSA is not for everyone. You're eligible only if you are:

1. Enrolled in the HDHP Health Plan.
2. **Not** enrolled in traditional health plan coverage, to include coverage provided by Medicare, Medicaid, or Tricare.
3. Not a tax dependent.
4. Not enrolled in a healthcare Flexible Spending Account (FSA), unless it's a "limited purpose" FSA for dental and vision expenses.

A personal savings account for healthcare

A Health Savings Account (HSA) is an easy way to pay for healthcare expenses that you have today and save for expenses you may have in the future.

How the HSA works

- You can contribute up to the limit set by the IRS (includes employer contribution):
Individual Coverage: \$4,150 for calendar year 2024
Family Coverage: \$8,300 for calendar year 2024
Are you age 55+? You can contribute an additional \$1,000 per year.
- You can use your HSA debit card to pay for eligible expenses like office visits, lab tests, prescriptions, dental and vision care, and even some drugstore items.

Four reasons to love an HSA

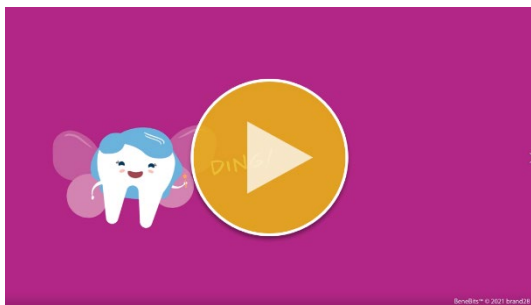
1. **Tax-free.** No federal tax on contributions, or state tax in most states. Withdrawals are also tax-free as long as they're for eligible healthcare expenses.
2. **No "use it or lose it."** Your balance rolls over from year to year. You own the account and can continue to use it even if you change medical plans or leave the company.
3. **Use it now or later.** Use your HSA for healthcare expenses you have today or save it to use in the future.
4. **Boosts retirement savings.** After you retire, you can use your HSA for healthcare expenses tax-free, or for regular living expenses, taxable but no penalties.

You can open up an HSA at most local financial institutions

DENTAL



Click to play video



Why sign up for Dental coverage?

It's important to go to the dentist regularly. Brushing and flossing are great, but regular exams catch dental issues early before they become more expensive and difficult to treat.

That's where dental insurance comes in. Dental insurance makes it easier and less expensive to get the care you need to maintain good oral health.

Dental insurance covers three types of treatments:

- **Preventive** care includes exams, cleanings and x-rays
- **Basic** care focuses on repair and restoration with services such as fillings, root canals, and gum disease treatment
- **Major** care goes further than basic and includes bridges, crowns and dentures

DENTAL PLAN- Insured by Guardian

You always pay the deductible and copayment (\$) unless otherwise indicated. The coinsurance (%) shows what the plan pays after the deductible.

Calendar Year Benefit Schedule	In-Network and Out-of-Network*
Annual Deductible	\$50 individual/ \$150 Family
Annual Plan Maximum	\$1,500 per covered member per year
Annual Maximum Rollover	Maximum Rollover of up to \$500 per plan year, limitations apply (see next page and the carrier's policy for full detail)
Claim Threshold	\$700 (An individual's claims dollars for the year must not exceed this threshold)
Rollover Amount	\$350
Rollover Bonus Amount	\$500 (Available if services are provided by exclusively in-network providers)
Account Limit	\$1,250 (The most money that can be kept in the Maximum Rollover Account.) Rollover dollars are available in future plan years in which a member has exceed the Annual Plan Maximum
Diagnostic & Preventive	Deductible waived , paid at 100%
Basic Services	Paid at 50%
Major Services	Paid at 50%
Orthodontia	Not Covered

Voluntary Pre-Authorization

In the event you need to have dental work estimated to cost \$300 or more, we recommend you have your dentist submit the charges to Guardian for pre-authorization. Guardian will review the intended treatment plan and let your dentist know how much of the bill they will cover.

Network

You have access to Guardian's DentalGuard Preferred network. Staying in-network provides discounts so that your maximum benefit stretches farther. You can view a list network dentists in your area at <https://www.guardiananytime.com/fpapp/search> or by calling Guardian at 1-888-482-7342.

*If you go to an out-of-network provider, you may be balanced billed the difference between provider's billed charge and dental plan's allowable reimbursement limits.

Guardian does not issue ID cards. You can either have Paper Id cards or electronic Id cards obtained on www.guardiananytime.com once logged in.

DENTAL PLAN- Continued

Maximum Rollover - Members Can Accumulate Annual Maximum Dollars With Maximum Rollover

- Guardian will roll over a portion of each DentalGuard member's unused annual maximum into their personal Maximum Rollover Account (MRA).
- ***The MRA can be used in future years if a member reaches the plan's annual maximum.***
- If a member uses the services of preferred providers exclusively during the benefit year, Guardian will increase the amount credited to his or her MRA.
- To qualify, a member must have a paid claim (not just a visit) and must not have exceeded the paid claims threshold during the benefit year.
- Each member's MRA may not exceed the MRA limit.
- The employee and each insured dependent maintain separate MRAs based on their own claim activity. Covered members can view their annual MRA statements online at www.GuardianAnytime.com

How Maximum Rollover Works

- Depending on the plan's annual maximum, an individual's claims dollars for the year must not exceed a certain amount called the "threshold". If the threshold is not exceeded, an individual can rollover the set Maximum Rollover Amount that is pre-determined based on the annual maximum.
- To encourage in-network care, more money is rolled over if in-network dentists are used exclusively during the benefit year.
- The Maximum Rollover Limit is the most money that can be kept in the Maximum Rollover Account.



VISION

Click to play video



Why sign up for Vision coverage?

Vision coverage helps with the cost of eyeglasses or contacts. But even if you don't need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease.

Vision Plan- Insured by Guardian/VSP

Your annual WellVision exam is fully covered after your Exam copay. After any Materials copay, the plan covers frames, lenses, and contacts as described below.

Calendar Year Benefit Schedule	Frequency	In-Network	Out of Network
Eye Exam	Once every calendar year	\$0 Copay for WellVision exam In-network routine retinal screening covered after no more than a \$39 copay	Up to \$39 reimbursement
Prescription Glasses	\$0 Copay		
Frames	Once every other calendar year	Allowance of up to: • \$130 • \$70 Walmart/Sam's Club/ Costco 20% savings after allowance	Up to \$46 reimbursement
Lenses	Once every calendar year	Single vision, bifocal, trifocal and lenticular lenses are covered in full	<ul style="list-style-type: none"> • Single vision – up to \$23 • Bifocal – up to \$37 • Trifocal – up to \$49 • Lenticular – up to \$64
Contacts (Elective)	Once every calendar year	\$130 allowance for contacts <i>in lieu of glasses</i> . Evaluation and fitting is included in this allowance.	Up to \$100 reimbursement
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		Not Covered
Extra Savings	<p>20% off any additional pairs of glasses purchased within 12 months of the exam. Members also receive 20% off the amount exceeding the copay and allowance on frames purchased as well as 15% off providers' professional services for prescription contact lenses. These discounts only apply to services from an in network provider.</p> <p>Members will receive significant discounts on lens options, discounts will range from 20-25% off the U&C. For example, standard progressive plastic lenses will cost the member \$55 and scratch resistant coating will cost \$17. Solid tints and dyes are covered in full.</p> <p>Go to vsp.com/offers for additional deals</p>		

It's easy to find a vision network provider at <https://www.guardiananytime.com/fpapp/vision> and select "VSP". You can use your vision benefits to purchase glasses and contacts from any VSP doctor's office, Visionworks location, or online 24/7 at Eyeconic.com.

Guardian does not issue ID cards. You can either have Paper Id cards or electronic Id cards obtained on www.guardiananytime.com once logged in.



HEALTHCARE

MAKE TIME FOR HEALTH

OUR COMMITMENT

We believe that our employees should have access to healthcare coverage that promotes preventive care and helps cover the cost of illness.

Health Enhancing Programs

In addition to medical coverage, we provide these programs and services to help you access care when and how you need it and address special health concerns:

- Teladoc– Virtual office visits 24/7

Maximize Your Healthcare

Knowing how to best use your healthcare coverage can help you improve your health and reduce your expenses. In this section you'll find tips on:

- The hearing aid benefit for children
- Alliant Medicare Solutions
- Finding the right care at the right cost
- Alternatives to hospital care
- Understanding preventive care benefits
- Saving money on prescription drugs

VIRTUAL HEALTHCARE- Administered by Teladoc

Medical and Behavioral Health Consultations via Phone or Video Call

This benefit is automatically available to members enrolled on one of the health plans offered by Mission Mountain Empowerment.

Telehealth allows you access to a licensed physician 24/7 from your phone or video consultation to discuss acute conditions you would see a primary care doctor or urgent care for, but at a much lower cost, saving you and the health plan money. In addition, you have access to a psychiatrist or therapist for mental health needs.

This service is ideal for:

- Cold & Flu
- Bronchitis and Sinus Infections
- Pediatric Concerns
- Eye Issues
- UTIs and Yeast Infections
- Rashes & Skin Issues
- Allergies
- Anxiety & Depression

You have access to Telehealth through **Teladoc** for members covered on one of the offered health plans

Teladoc cost per session (subject to change):

Traditional Health Plan members:

- Deductible waived, \$0 copay for medical consultations
- Deductible waived, \$0 copay for behavioral health consultations

HDHP Plan members:

- Deductible applies, \$55 charge for medical consultations
- Deductible applies, up to \$220 charge for behavioral health consultations

The copay/consultation charge through Teladoc will accumulate towards your medical deductible and/or out-of-pocket maximum.

Setting up your Teladoc account

There are three ways to get started:

- **Online:** Log in or register with [InTouch for Members](#). Once logged in, you'll find the Teladoc Remote link under Tools. This will provide a direct link for you to set up your Teladoc account.
- **Mobile app:** Visit [The Teladoc website](#) to download the app, then click "Activate account."
- **By phone:** Teladoc can help you register your account over the phone. Call toll-free: **855-201-7488**.

VALUE-ADDED EXTRAS for HEALTH PLAN MEMBERS

–Available through PacificSource

PacificSource's extra tools, benefits, and programs are value-adds to your health plan. These extras help make the most of your plan and live a healthier life. You can find more information about these programs and services at <http://pacificsource.com/extras>

Wellness programs

24-Hour NurseLine

You'll never be without a registered nurse to talk to when you have health-related questions. To talk to a nurse, call toll-free: **855-834-6150**.

Tobacco cessation

Our Quit For Life® program, brought to you by Optum, offers one-on-one treatment sessions with a professional Quit Coach to help tobacco users kick the habit. Prescription medications are also available, when prescribed by your doctor.

Health and wellness education

Receive up to \$150 reimbursement per year for health and wellness education classes in your area.

Prenatal program

Our Prenatal Program helps expectant parents learn more about pregnancy and the development of their child. Participants receive educational materials and phone support from a nurse consultant. High-risk members receive additional support through a specialized program.

Prenatal vitamins

Women between the ages of 15 and 50 with prescription drug coverage can receive physician-prescribed prenatal vitamins at no cost—all copays and deductibles are waived—when filled through an in-network pharmacy. For more information, visit PacificSource.com/prenatal.

Weight management programs

As a part of your PacificSource medical coverage, participate in a WW® (Weight Watchers) program and receive an annual reimbursement of \$100 (\$40 if an online WW participant) for your WW membership. Complete a minimum of ten weeks during a consecutive four-month period to maintain eligibility.

Discounted gym membership

Active&Fit Direct™ gives you access to more than 12,500 fitness facilities nationwide. The program's website offers a gym locator, educational materials, online fitness tracking, and wellness product discounts.

[Continue >](#)

Email

CS@PacificSource.com

Phone

888-977-9299

TTY: 711

We accept all relay calls.
En Español 866-281-1464

PacificSource.com



These programs and services are subject to change, go to this website for the most up-to-date information:
<http://pacificsource.com/extras>

VALUE-ADDED EXTRAS for HEALTH PLAN MEMBERS

—Continued

Travel emergency assistance program

Assist America® Global Emergency Services

If you experience a medical emergency while traveling 100 or more miles from home or abroad, you can access services provided by Assist America at no cost. Services include filling a prescription that was left at home, finding medical care in another country, locating lost luggage, and pre-trip safety and security checks for your destination country.

Pharmacy

Rx delivery by mail

We partner with CVS Caremark® for home delivery by mail. If your plan includes prescription drug coverage, the mail delivery service is a convenient and cost-saving option. Visit [PacificSource.com/info](https://www.pacificsource.com/info).

CVS Caremark

Web: [Caremark.com](https://www.Caremark.com)

Phone: 800-323-3051

Care management

Condition support

Personal support is available to members with the following chronic conditions: diabetes, coronary artery disease, heart failure, chronic obstructive pulmonary disease (COPD), or asthma. It's optional and includes one-on-one coaching with our nurses and dietitian to help you reach your health and wellness goals.

Rare disease support

Our AccendantCare Rare Disease Program provides ongoing one-on-one support and care coordination to people with certain chronic, rare conditions. The program helps ensure optimal care, decrease complications, and improve health outcomes. For more information, visit [Accendant.com](https://www.Accendant.com).

Specialty medication support

Members with conditions that require injectable medications and biotech drugs can access our specialty pharmacy program through Caremark Specialty Pharmacy Services. A pharmacist-led CareTeam provides individual follow-up care and support.

Care management services

If you have an ongoing medical need, our Care Managers can help. PacificSource clinical and member support staff has extensive experience for working with you and your healthcare providers to ensure continuity of care and to coordinate your health needs.

Phone and video doctor visits

Teladoc is a national network of U.S. board-certified physicians and pediatricians that you can see on-demand 24/7, via phone or online video consultations, from wherever you happen to be. With most plans, you won't pay anything for a virtual visit with Teladoc. If you have an HSA plan, a virtual visit with Teladoc is subject to deductible. Check your plan summary's telemedicine benefit to confirm your cost share.

Online resources

[PacificSource.com](https://www.PacificSource.com) offers you a wealth of tools, information, and resources to help you make the most of your benefits.

InTouch: access coverage and benefit information

By logging into InTouch, you can easily and conveniently manage your insurance coverage and health 24/7. Look up coverage information, check the status of a claim, view explanation of benefits (EOB) statements for paid claims, and more.

myPacificSource mobile app

The easiest way to view and manage your benefits while on the go. Available for both iPhone® and Android™. Visit [PacificSource.com/mobile](https://www.PacificSource.com/mobile).

Personalized wellness support

Accessible via desktop and mobile app, Virgin Pulse is an engaging well-being experience that gives you tools and resources to help you reach your unique health and wellness goals. It can help, whether you want to increase physical activity, eat better, or manage a health condition. Virgin Pulse includes social connections, daily actions, customized goal roadmaps, a healthcare tracker, nutrition and sleep guides, interactive videos, and more.

Provider directory

Our online provider directory makes it easy to find in-network healthcare providers for your plan. You can search by specialty, name, location, or other details to access a listing of providers that fit your criteria. Or, you can create your own personalized provider directory to download and print.

To access the directory, go to [PacificSource.com/find-a-doctor](https://www.PacificSource.com/find-a-doctor).

Find more information at [PacificSource.com/extras](https://www.PacificSource.com/extras).

Please note: These value-added programs are not available with all plans. Check with your plan administrator or our Customer Service team for details.

These programs and services are subject to change, go to this website for the most up-to-date information: <http://pacificsource.com/extras>

TURNING 65? UNDERSTAND YOUR MEDICARE OPTIONS



Alliant Medicare Solutions is a no cost service available to you, your family members, and friends nearing age 65.

Alliant Medicare Solutions is provided by Insuractive LLC, a Nebraska resident insurance agency. Insuractive LLC is wholly owned by Alliant Insurance Services, Inc.

Whether you retire or continue to work, choosing the right healthcare option is an important decision when you reach age 65

If, like most people, you become eligible for Medicare at age 65, you have a seven-month window to enroll, starting three months before you turn age 65 and ending three months after your birthday month.

Introducing Alliant Medicare Solutions

Choosing a Medicare plan – and understanding how it can affect your employer-provided medical coverage – can be confusing. That's why we are offering Alliant Medicare Solutions to help you understand Medicare, what is and isn't covered, and how to choose the best coverage for your situation.

How does it work?






1. Call Alliant Medicare Solutions at **(877) 203-2728** to speak to a Licensed Insurance Agent. Have your current medical coverage information available when you call.
2. Discuss with Alliant Medicare Solutions your existing insurance coverage, your Medicare options, and which of those plans might work the best for you.
3. If Medicare is the best option, Alliant Medicare Solutions helps you enroll immediately or emails policy materials for you to review and enroll at a later date.

Where Can I Find Out More?

- Watch the <https://www.brainshark.com/alliant/medicare101-norw> for an introduction to Medicare and some important considerations in choosing the right plan.
- Download <https://tinyurl.com/norwmedguide> for more information about Medicare and services from Alliant Medicare Solutions.

Know where to go





Where you get medical care can have a significant impact on the cost. Here's a quick guide to help you know where to go, based on your condition, budget, and time.

Type	Appropriate for	Examples	Access	Average Cost*
Employee Assistance Program (EAP) 	Urgent and non-urgent mental health and behavioral counseling	<ul style="list-style-type: none"> Stress Anxiety Depression Relationship Issues Work-related Pressures Substance Abuse 	24/7 Telephonic <hr/> Office Hours for in-person counseling	\$0 per issue per year for the first 3 sessions (call your EAP for a referral)
Telehealth visit 	Minor illnesses and conditions	<ul style="list-style-type: none"> Common cold, flu, fever Headache, migraine Skin conditions Allergies 	24/7	\$0+ (varies based on the health plan you are covered on)
Office visit 	Routine medical care and overall health management	<ul style="list-style-type: none"> Preventive care Illnesses, injuries Managing existing conditions 	Office Hours	\$100+
Urgent care, Walk-in clinic 	Non-life-threatening conditions requiring prompt attention	<ul style="list-style-type: none"> Stitches Sprains Animal bites Ear-nose-throat infections 	Varies, up to 24/7	\$125+
Emergency room 	Life-threatening conditions requiring immediate medical expertise	<ul style="list-style-type: none"> Suspected heart attack or stroke Major bone breaks Excessive bleeding Severe pain Difficulty breathing 	24/7	\$500+

* Average out-of-pocket cost before deductible is met. Your cost may vary depending on your plan and location.

Alternative facilities

If you have time to evaluate your options for non-emergency health treatments, these alternative facilities can provide the same results as a hospital at a fraction of the cost.

Need	Alternative	Features	Savings
Surgery 	Ambulatory Surgery Center (ASC)	<ul style="list-style-type: none"> Specializes in same-day surgeries Cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery and more Held to same safety standards as hospitals 	Up to 50% over hospital stay*
Physical therapy 	Free-standing physical therapy center	<ul style="list-style-type: none"> Important part of the recovery process after an injury or surgery 	40 to 60% over a hospital setting*
Sleep study 	Home testing	<ul style="list-style-type: none"> Diagnoses sleep apnea and other conditions Cost is often covered by insurance if considered medically necessary 	Approx. \$4,500*
Infusion therapy 	Home or outpatient infusion therapy	<ul style="list-style-type: none"> For drugs that must be delivered by intravenous injections, or epidurals Delivered by licensed infusion therapy provider Maintain normal lifestyle and comfort of home or outpatient center 	Up to 90% over hospital stay*

**in-network*

How to find an alternative treatment facility

Ask your doctor if your treatment must be delivered in the hospital. You can also search for surgical centers, physical therapy, etc. on your plan's website; or call member services for assistance.

Online tools such as the bcbsmt.com website's "Find a Provider" tab (must be logged in), healthcarebluebook.com and healthgrades.com help you compare costs and doctor ratings. Some alternative services include a facility fee to cover overhead costs. To avoid a surprise on your bill, ask about facility fees before you schedule your appointment.

PREVENTIVE CARE SCREENING BENEFITS



TYPICAL SCREENINGS FOR ADULTS

- Blood pressure
- Cholesterol
- Diabetes
- Colorectal cancer screening
- Depression
- Mammograms
- OB/GYN screenings
- Prostate cancer screening
- Testicular exam

You take your car in for maintenance. Why not do the same for yourself?

Annual preventive checkups can help you and your doctor identify your baseline level of health and detect issues before they become serious.

What is Preventive Care?

The Affordable Care Act (ACA) requires health insurers to cover a set of preventive services at no cost to you, even if you haven't met your yearly deductible. The preventive care services you'll need to stay healthy vary by age, sex, and medical history.

Visit cdc.gov/prevention for recommended guidelines.

**Preventive care is covered in full
only when obtained from an
IN-NETWORK provider.**

Not all exams and tests are considered preventive

Exams performed by specialists are generally not considered preventive and may not be covered at 100 percent.

Additionally, certain screenings may be considered diagnostic, not preventive, based on your current medical condition. You may be responsible for paying all or a share of the cost for those services.

If you have a question about whether a service will be covered as preventive care, contact your medical plan.

Are prescription drugs breaking your budget?



THE FORMULARY DRUG TIERS DETERMINE YOUR COST

No Cost	ACA and HDHP Preventive Drugs
\$\$	Non-Preferred Generic Drug
\$\$\$	Preferred Brand Name Drug
\$\$\$\$	Non-Preferred Brand Name Drug
\$\$\$\$\$	Specialty Drug

Understanding the formulary can save you money

If your doctor prescribes medicine, especially for an ongoing condition, don't forget to check your health plan's drug formulary. It's a powerful tool that can help you make informed decisions about your medication options and identify the lowest cost selection.

What is a formulary?

A drug formulary is a list of prescription drugs covered by your medical plan. Most prescription drug formularies separate the medications they cover into four or five drug categories, or "tiers". These groupings range from least expensive to most expensive cost to you. "Preferred" drugs generally cost you less than "non-preferred" drugs.

Get the most from your coverage

To get the most out of your prescription drug coverage, note where your prescriptions fall within your plan's drug formulary tiers and ask your doctor for advice. Generic drugs are usually the lowest cost option. Generics are required by the Food and Drug Administration (FDA) to perform the same as brand-name drug counterparts.

To find out if a drug is on your plan's formulary, visit the plan's website or call the customer service number on your ID card.



LIFE & AD&D

YOUR BENEFICIARY = WHO GETS PAID

If the worst happens, your beneficiary—the person (or people) on record with the life insurance carrier—receives the benefit. Make sure that you name at least one beneficiary for your life insurance benefit, and change your beneficiary as needed if your situation changes.

Is your family protected?

Life with AD&D insurance can fill a financial gap for a family recovering from an injury or worse. After a loss of income, many families have to reduce their standard of living after the loss of an income. Consider what your family would need to cover:

- Medical bills and funeral expenses
- Living expenses (housing, food, clothing, utilities)
- Large expenses (rent or mortgage, education)
- Taxes and debts that need to be settled.

We provide a base amount of life and AD&D insurance.

If you need additional coverage

We offer voluntary coverage that you can purchase for yourself, your spouse, and your children. See the Voluntary Benefits section for details.

COMPANY- PROVIDED LIFE AND AD&D INSURANCE - Insured by Guardian



Basic Life and AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D (Accidental Death & Dismemberment) coverage provides a benefit to you if you suffer from loss of a limb, speech, sight, or hearing, or to your beneficiary if you have a fatal accident. The cost of coverage is paid in full by the employer.

Basic Life and AD&D Highlights
Benefit Amount
Life Insurance- \$25,000 (reduced amount if age 65+) AD&D- a percentage of the Life Insurance amount. Benefit amount is based on severity of a covered injury
What if I am terminally ill?
You can receive 75% of the Life Insurance amount prior to death
Can I take this coverage with me should I leave my employer?
Yes, you have conversion rights
Does the Benefit Amount ever reduce?
Yes, to 65% of original amount at age 65, and to 50% of original amount at age 70



VOLUNTARY PLANS

OUR VOLUNTARY PLANS

- Voluntary Life and AD&D
- Short-Term Disability
- Long-Term Disability
- Accident
- Critical Illness
- Cancer
- Legal Shield

You're unique—and so are your benefit needs

Voluntary benefits are optional coverages that help you customize your benefits package to your individual needs.

Mission Mountain Empowerment offers plans to help:

- provide income for survivors
- replace income if you're injured or ill

You pay the entire cost for these plans, but rates may be more affordable than individual coverage. And you get the added convenience of paying through payroll deduction.

Voluntary benefits are just that: voluntary. You have the freedom and flexibility to choose the benefits that make sense for you and your family. Or, you don't have to sign up for voluntary benefits at all. The choice is yours.

VOLUNTARY LIFE and AD&D INSURANCE

Insured by Guardian

Protecting those you leave behind

Voluntary Life Insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is available for your spouse and/or child(ren) if you purchase coverage for yourself.



Voluntary Life and AD&D Coverage Amounts:

- Employee**
\$10,000 to a max of \$300,000.
NEWLY ELIGIBLE: **Guaranteed issue** of up to \$50,000 if under age 65.
- Spouse**
Up to 100% of the employee’s amount in increments of \$10,000 up to \$250,000.
NEWLY ELIGIBLE: **Guaranteed issue** of up to \$25,000 if under age 65. Coverage terminates at age 70.
- Child(ren)**
\$5,000 to \$10,000 in increments of \$1,000.
NEWLY ELIGIBLE: **Guaranteed issue** of up to \$10,000.
Coverage allowed to age 26 (if full time student)

IMPORTANT: GUARANTEED ISSUE PROVISION

If you purchase life insurance coverage above a certain limit (the "guaranteed issue" amount) or after your initial eligibility period, you will need to submit Evidence of Insurability with additional information about your health in order for the insurance company to approve the amount of coverage.

Re-enrollment:

Automatic Option: allows an employee to receive an automatic 5% adjustment for a maximum of 5 adjustments up to the employee maximum limit without increasing rates.

Benefit Reduction (of original amount)	Age	Reduction
	65	35%
	70	60%
	75	75%
	80	85%



AD&D COVERAGE:

According to the CDC, accidental death is the single greatest risk between the ages of 25-42. AD&D coverage doubles the inforce coverage amount if a death is related to an accident and not an illness. Certain risks, such as extreme sports, may not be covered.

In the event of a covered serious injury, AD&D coverage pays a percentage of the death benefit, depending on the type of injury.

Evidence of insurability is required for all late enrollees. There limitations and exclusions, see the policy for more detail.

SHORT-TERM DISABILITY INSURANCE (STD)

Insured by Guardian



EXPECT THE UNEXPECTED

Most people underestimate the likelihood of being disabled at some point in their life. Disability insurance replaces part of your pay while you are unable to work so you have a continuing income for living expenses.

STD Benefits

Short-Term Disability (STD) insurance replaces part of your income for limited duration issues such as:

- Pregnancy issues and childbirth recovery
- Prolonged illness or injury
- Surgery and recovery time

STD payments may be reduced if you receive other benefits such as sick pay, workers' compensation, Social Security, or state disability. You pay the cost (premium) of this coverage.

Short-Term Disability:

Weekly benefit amount	60% up to a maximum of \$1,000
Benefits begin (waiting period)	After 7 days of disability due to accident or sickness
Maximum benefit duration (including the waiting period)	12 weeks
Pre-Existing Condition Limitation	3/12 with two-week limitation Conditions you were treated for or consulted on in the 3 months prior to your original effective date will not be covered if disability results from a pre-existing condition that occurs within your first 12 months of coverage.

Evidence of insurability is required for all late enrollees.

There are limitations and exclusions, see the policy for more detail.

This benefit will be offered again in 2024-2025 as long as a minimum of 10 employees enroll, otherwise this benefit will not be available for 2024-2025. If you enroll in this benefit and minimum participation is not met during Open Enrollment, you will be notified by HR that this benefit is no longer available, and you will not receive any payroll deductions.

LONG-TERM DISABILITY INSURANCE (LTD)

Insured by Guardian



3 THINGS TO KNOW ABOUT LTD INSURANCE

1. It can protect you from having to tap into your retirement savings.
2. You can use LTD benefits however you need, for housing, food, medical bills, etc.
3. Benefits can last a long time—from weeks to even years—if you remain eligible.

LTD benefits cushion the financial impact of a disability

Long-Term Disability (LTD) insurance replaces part of your income for longer term issues such as:

- Debilitating illness (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Heart attack, stroke
- Mental disorders

If you qualify, LTD benefits begin after short-term disability benefits end. Payments may be reduced by state, federal, or private disability benefits you receive while disabled. You pay for the cost of this coverage.

Long-Term Disability:

Monthly benefit amount	60% up to a maximum of \$6,000
Benefits begin (waiting period)	After 90 days of disability
Maximum benefit duration (including the waiting period)	24 months if you are unable to work in your own occupation, and after that, up to Social Security Normal Retirement Age if you are unable to work in any occupation.
Pre-Existing Condition Limitation	3/12 Conditions you were treated for or consulted on in the 3 months prior to your original effective date will not be covered if disability results from a pre-existing condition that occurs within your first 12 months of coverage

Evidence of insurability is required on all late enrollees.

There are limitations and exclusions, see the policy for more detail.

This benefit will be offered again in 2024-2025 as long as a minimum of 10 employees enroll, otherwise this benefit will not be available for 2024-2025. If you enroll in this benefit and minimum participation is not met during Open Enrollment, you will be notified by HR that this benefit is no longer available, and you will not receive any payroll deductions.

VOLUNTARY HEALTH- RELATED PLANS

Insured by Guardian



THINGS TO CONSIDER

Your medical plan helps cover the cost of illness, but a serious or long-lasting medical crisis often involves additional expenses and may affect your ability to bring home a full paycheck. These plans provide you with resources to help you get by while there are additional strains on your finances.

Accident Insurance

Covers off job accidents

Accident Insurance from Guardian helps you pay for unexpected costs that can add up due to common injuries that result in a visit to the emergency room or urgent care, and physical therapy. If you or a covered family member has an accident, this plan pays a lump-sum, tax-free benefit. The amount of money depends on the type and severity of your injury and can be used any way you choose.

COVERED INJURIES MAY INCLUDE:

- FRACTURES
- DISCLOCATIONS
- CONCUSSIONS
- LACERATIONS
- EMERGENCY DENTAL CARE

You may even be eligible for a \$50 Wellness benefit each if you receive a covered wellness screening such as well visits, cholesterol tests, completion of smoking cessation and weight reduction programs, and more!

MEET MARGIE

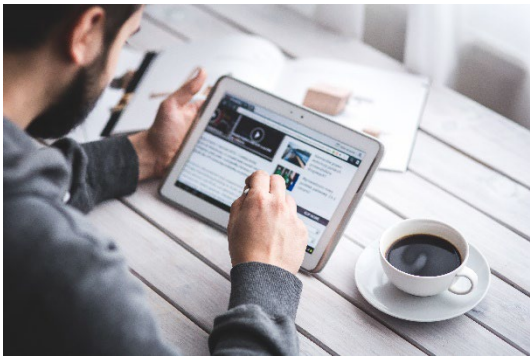
MARGIE’S SON KYLE SUFFERED AN ACCIDENT WHILE PLAYING IN HIS FIRST VARSITY FOOTBALL GAME

Benefits paid by Accident Example	
Emergency Room Visit	\$200
X-ray	\$40
Fractured Wrist	\$450
TOTAL	\$690

This is an example, results may vary. There are limitations and exclusions, see the policy for more detail.

VOLUNTARY HEALTH- RELATED PLANS

Insured by Guardian



THINGS TO CONSIDER

Your medical plan helps cover the cost of illness, but a serious or long-lasting medical crisis often involves additional expenses and may affect your ability to bring home a full paycheck. These plans provide you with resources to help you get by while there are additional strains on your finances.

Evidence of insurability is required on all late enrollees and benefit increases.

REDUCTION OF INSURANCE DUE TO AGE

Any amount of insurance for the employee/member and spouse will reduce by 50% at age 70.

Critical Illness Insurance

Critical illness insurance from Guardian can help fill a financial gap if you experience a serious illness such as cancer, heart attack or stroke. Upon diagnosis of a covered illness, a lump-sum, tax-free benefit is immediately paid to you. Use it to help cover medical costs, transportation, child care, lost income, or any other need following a critical illness. **You choose a benefit amount from \$5,000 to \$20,000 for yourself, and \$2,500 to \$10,000 for your spouse (cannot exceed 50% of employee election), and 25% of employee election for your children.**

You may even be eligible for a \$50 Wellness benefit each if you receive a covered wellness screening such as well visits, cholesterol tests, completion of smoking cessation and weight reduction programs, and more!

- COVERED CONDITIONS INCLUDE, BUT ARE NOT LIMITED TO:**
- INVASIVE CANCER
 - HEART ATTACK
 - STROKE
 - MAJOR ORGAN FAILURE
 - END STATE RENAL FAILURE
 - PARKINSON'S DISEASE

Pre-existing Condition Limitation- 3/12. Benefits are not payable for any critical illness caused by, attributable to or resulting from a pre-existing condition until 12 months after an insured person is continuously insured under this policy. A pre-existing condition includes any critical illness for which an insured person received treatment or consulted with a physician on in the 3 months prior to the date the person became insured.

MEET MIKE

ELECTED \$20,000 OF COVERAGE
DIAGNOSIS #1: HEART ATTACK
DIAGNOSIS #2: CANCER

Benefits paid by Critical Illness Example	
Heart Attack	\$20,000
Invasive Cancer	\$20,000
TOTAL	\$40,000*

*LIFETIME POLICY BENEFIT MAXIMUM: 200% of your Principal Benefit Amount subject to limitations– see policy for more details.

This is an example, results may vary. There are limitations and exclusions, see the policy for more detail.

VOLUNTARY HEALTH- RELATED PLANS

Insured by Guardian



Pre-existing Condition Limitation- 6/6. Benefits are not payable for any cancer caused by, attributable to or resulting from a pre-existing condition until 6 months after an insured person is continuously insured under this policy. A pre-existing condition includes any condition for which an insured person received treatment or consultation from a physician on in the 6 months prior to the date the person became insured.

Evidence of insurability is required.

There are additional limitations and exclusions, see the policy for more detail.

Cancer Insurance

Cancer Indemnity Insurance provides fixed benefits for diagnoses of cancer and for many types of related expenses or treatments.

You and your spouse may even be eligible for a \$50 Cancer Screening benefit each if you receive a covered wellness screening such as:

- Mammogram
- Pap smear
- PSA
- Biopsy

FIXED BENEFITS PROVIDED, BUT ARE NOT LIMITED TO:

- Hospital Confinement
- Surgery and Anesthesia
- Radiation and Chemotherapy
- Blood and Plasma
- Medical Imaging
- Reconstructive Surgery
- Transportation

MEET BEN

ELECTED CANCER COVERAGE
DIAGNOSIS: INTERNAL CANCER
TREATMENT INCLUDES SURGERY, INJECTED CHEMOTHERAPY (4 weeks)
AND HOSPITAL CONFINEMENT (14 days)

Benefits paid by Cancer Indemnity Example	
Initial Diagnosis	\$2,500
Surgery	\$3,000
Chemotherapy	\$1,200
Hospital Confinement	\$4,200
Total	\$10,900

This is an example, results may vary.

Legal Shield + ID Shield

Why would you need a Legal Plan?

Direct Access to Law Firm

After you become a member, just contact your provider attorney for advice and consultation on an unlimited number of personal legal matters. We even provide 24/7 access for covered legal emergencies.

Professional Legal Advice and Counsel

You have access to a variety of legal services including: advice on unlimited number of personal legal matters, letters or calls made on your behalf, contract and document review of up to 15 pages each for personal legal documents and so much more.

Peace of Mind

Expected and unexpected legal matters arise every day. But with LegalShield on your side, you get access to advice and consultation on an unlimited number personal legal matters from a provider attorney.

ID Theft & Online Privacy Protection

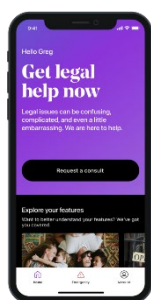
- 24/7 IDS Emergency Assistance
- Identity Insights and Tips
- Live Member Support
- Quarterly Credit Score Tracker
- Credit Freeze & Fraud Alert Assistance
- High Risk Application & Transaction Monitoring
- Credit Threat Alerts
- Hard Credit Inquiry Alerts
- Data Breach Notifications
- Username/Password Credentials Monitoring
- Dedicated Licensed Private Investigators
- Identity Threat Alerts
- Lost/Stolen Wallet Assistance
- Child Monitoring
- Continuous Credit Monitoring 1B

Monitoring for:

- Address Change
- Dark Web Internet
- Social Media
- Auto
- Public Records
- Court Records

Legal Plan Benefits

- 24/7 Emergency Access
- Document Review – Personal
- 25% off Addt'l Legal Services
- Letter/Phone Call
- Advice & Consultation
- Trial Defense – Civil
- Speeding Tickets
- Drivers License Assistance
- Property Damage Collection
- Criminal Defense for Death Related Traffic Accidents
- Income Tax Audit Services
- Will Preparation



With LegalShield's Mobile App you can:

Directly contact your provider law firm.

Submit a request for a consultation on your legal matter.

Access to your complete list of plan features and coverage.

And more!



Plan	Family Price (Pay Period)	Individual Price (Pay Period)
Legal Shield	\$9.48	\$8.48
ID Shield	\$9.48	\$4.48
Both	\$16.95	\$13.95

For more information and to enroll visit: shieldbenefits.com/mme-mt



FINANCIAL WELLNESS

PLANS TO HELP YOU SAVE

- 401(k) Retirement Savings Plan

Is it time for a “financial wellness” checkup?

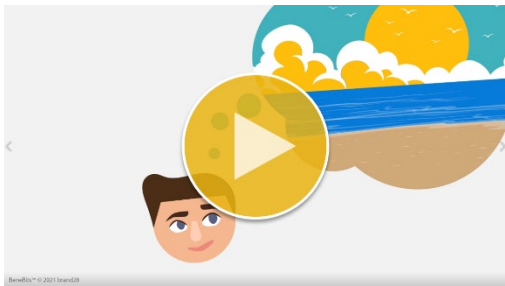
Are you worried about money—making your paycheck last? Paying down debt? Making a big purchase like a car or home? And can you even think about preparing for retirement?

Ignoring your financial health can take a toll on your quality of life today and block opportunities for the future. And worrying about money matters can make you stressed, even to the point of physical illness.

We offer access to retirement to help you make the most of your money now and in the future and help you work toward your retirement goals.

SAVE NOW, ENJOY LATER

Click to play video



WHAT ARE YOUR PLANS?

Many of us can't plan past the weekend, never mind thinking about a retirement nest egg. Our 401(k) retirement plan will help you set a retirement savings goal and stick to it.

The important thing is to start now and set aside what you can, even if you think it's too small an amount.

401(k) Retirement Savings

Our 401(k) Retirement Savings Plan helps you save for retirement. The plan offers tax savings NOW through pre-tax contributions and/or tax savings AFTER you retire through a Roth after-tax option.

Visit the Edward Jones website at www.edwardjones.com to make an appointment with a local financial advisor, manage your account, investments and contributions.

Important differences of a Roth 401(k)

- You pay taxes when you contribute, at your current tax rate.
- Account interest and dividends are not taxed if you meet certain criteria.
- Like a traditional 401(k), you can withdraw money without penalties when you reach age 59½, but you must have held the account for at least 5 years.
- You are not forced to take distributions at age 70½. You can keep the money in your Roth account as long as you want.

Contact our local financial advisor with questions:

Marcus A Vergeront
103 Whitewater Suite B
Polson, MT 59860
(406) 883-3518

edwardjones.com



LIFE BALANCE

**“ THE KEY TO KEEPING YOUR
BALANCE IS KNOWING WHEN
YOU'VE LOST IT. ”**

A Happier, Healthier You

Creating a healthy balance between work and play is a major factor in leading a happy and productive lifestyle, but it's not always easy.

We offer programs to help you:

- Manage stress, mental health and family issues
- Take time to spend with family and friends, take care of personal business, or just have a little extra “me time”

Taking care of yourself will help you be more effective in all areas of your life. Be sure to take advantage of these programs to stay at your best.

EMPLOYEE ASSISTANCE PROGRAM (EAP) Administered by Guardian WorkLifeMatters



CONTACT THE EAP

Phone

800-386-7055

Website:

worklife.uprisehealth.com
(access code: worklife)

Help for you and your household members

There are times when everyone needs a little help or advice, or assistance with a serious concern. The EAP through Guardian WorkLifeMatters can help you handle a wide variety of personal issue such as emotional health and substance abuse; parenting and childcare needs; financial coaching; legal consultation; and eldercare resources.

Best of all, contacting the EAP is completely confidential, free and available to any member of your immediate household.

No cost EAP resources

The EAP is available around the clock to ensure you get access to the resources you need:

- Unlimited telephonic counseling
- ***In-person counseling for short-term issues; up to three visits per family member, per year (call the EAP for a referral)***
- Unlimited web access to helpful articles, resources, and self-assessment tools.

COUNSELING BENEFITS

- Difficulty with relationship
- Emotional distress
- Job stress
- Communication/ conflict issues
- Alcohol or drug problems
- Loss and death

PARENTING & CHILDCARE

- Referrals to quality providers

LEGAL CONSULTATION

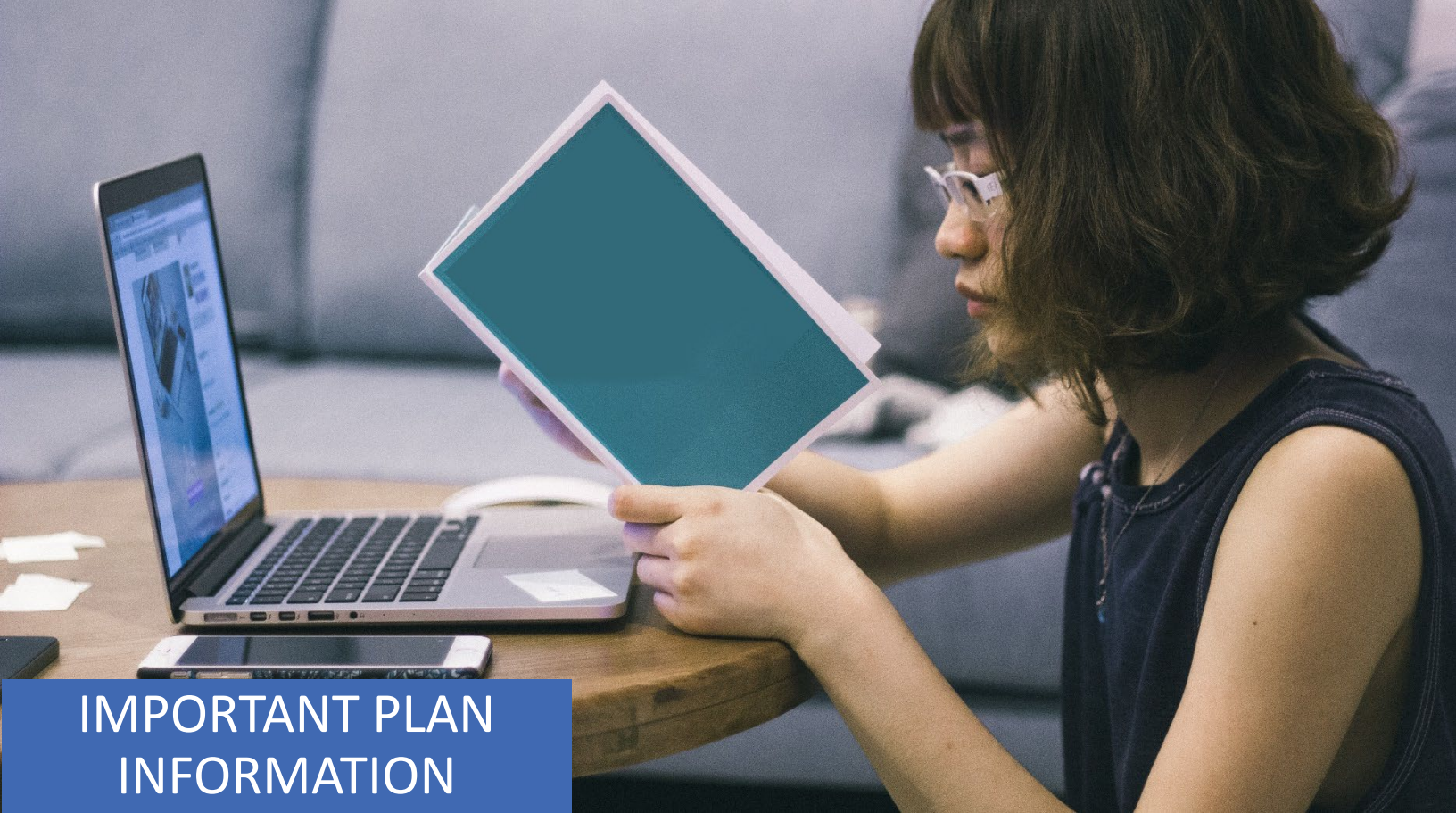
- Unlimited legal advice by telephone, referral to a local attorney for free 30-minute session with a 25% discount on additional legal services. These services may include but are not limited to real estate living wills and estate and probate law.

ELDERCARE RESOURCES

- Help with finding appropriate resources to care for an elderly or disabled relative

ONLINE RESOURCES

- Self-help tools to enhance resilience and well-being
- Useful information and links to various services and topics
- WillPrep Services



IMPORTANT PLAN INFORMATION

In this section, you'll find important plan information, including:

- Your benefit plan contributions for the July 1, 2023 – June 30, 2023 benefit period
- Contact information for our benefit carriers and vendors
- A summary of the health plan notices you are entitled to receive annually, and where to find them.
- A Benefits Glossary to help you understand important insurance terms.

YOUR MONTHLY BENEFIT COSTS- Effective July 1, 2023

The total amount that you pay for your benefits coverage depends on the plans you choose, how many dependents you cover, and for medical coverage, how much you earn. Your healthcare costs are deducted from your pay on a pre-tax basis — before federal, state, and social security taxes are calculated — so you pay less in taxes.

Premium contributions are deducted from your paycheck twice per month.

\$1,500 Traditional Medical Plan

	YOU PAY		
	Total Monthly Employee Cost	Total Monthly Employer Cost	Total Monthly Premium
EMPLOYEE ONLY	\$119.82	\$614.41	\$734.23
EMPLOYEE + SPOUSE	\$499.24	\$969.23	\$1,468.47
EMPLOYEE + CHILDREN	\$355.11	\$795.40	\$1,150.51
EMPLOYEE + FAMILY	\$732.22	\$1,250.21	\$1,982.43

\$3200 HDHP Medical Plan

	YOU PAY		
	Total Monthly Employee Cost	Total Monthly Employer Cost	Total Monthly Premium
EMPLOYEE ONLY	\$125.21	\$637.48	\$762.69
EMPLOYEE + SPOUSE	\$521.72	\$1,003.65	\$1,525.36
EMPLOYEE + CHILDREN	\$371.08	\$823.98	\$1,195.06
EMPLOYEE + FAMILY	\$765.18	\$1,294.07	\$2,095.25

DENTAL

Monthly Premium			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$30.17	\$61.24	\$72.97	\$110.63

VISION

Monthly Premium			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$10.54	\$19.96	\$20.33	\$32.19

VOLUNTARY LIFE INSURANCE COSTS

If you elect Voluntary Life Insurance, your monthly premium rate is calculated based on your age and the amount of coverage. Use the tables below to estimate the premium amount that will be deducted from your paycheck. Your rate is based on your actual age as of the effective date of the group policy or effective date of coverage. Your rate will increase as you age and move to the next age band.

EMPLOYEE AND SPOUSE LIFE RATES

AGE	EMPLOYEE AND SPOUSE RATES per \$1,000 of coverage
<30	\$0.096
30-34	\$0.102
35-39	\$0.143
40-44	\$0.212
45-49	\$0.341
50-54	\$0.571
55-59	\$0.936
60-64	\$1.569
65-69	\$3.444
70+	\$6.325

TO CALCULATE YOUR PREMIUM (do this for both the life and AD&D)

1. Desired Coverage (\$1,000 increments)

You:	Spouse:	Children:
------	---------	-----------

2. Step 1 Divided by 1,000 =

You:	Spouse:	Children:
------	---------	-----------

3. Step 2 Multiplied by Rate for Age (or child coverage) =

You:	Spouse:	Children:
------	---------	-----------

TOTAL COST PER MONTH:

You + Spouse + Child from Step 3 =

The spouse rate is calculated based on the employee's current age as of the effective date of the plan. Employee and spouse rates are adjusted once each year on the plan anniversary date for employees advancing to the next age band.

Re-enrollment:

Automatic Option: allows an employee to receive an automatic 5% adjustment for a maximum of 5 adjustments up to the employee maximum limit without increasing rates.

EMPLOYEE AND SPOUSE AD&D

Age Band	RATES per \$1,000 of coverage
All Ages	\$0.040

DEPENDENT CHILDREN

COVERAGE AMOUNT	RATE per \$1,000 of coverage
Life	\$0.135
AD&D	\$0.040

SHORT-TERM DISABILITY

Monthly Premium- Rate per \$10

<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
\$0.643	\$0.906	\$1.549	\$1.286	\$0.702	\$0.614	\$0.730	\$0.818	\$1.169

LONG-TERM DISABILITY

Monthly Premium- Rate per \$100 of covered payroll

<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
\$0.240	\$0.300	\$0.620	\$1.080	\$1.600	\$2.310	\$2.870	\$3.280	\$3.010

ACCIDENT

Monthly Premium

Employee	Employee+Spouse	Employee+Child(ren)	Family
\$11.25	\$18.79	\$19.79	\$27.30

HOSPITAL INDEMNITY

Monthly Premium

Employee	Employee+Spouse	Employee+Child(ren)	Family
\$18.20	\$36.39	\$28.69	\$46.89

CANCER

Monthly Premium

Employee	Employee+Spouse	Employee+Child(ren)	Family
\$22.37	\$45.16	\$25.35	\$48.14

VOLUNTARY CRITICAL ILLNESS

Monthly Premium - EMPLOYEE

Benefit Amounts	<30	30-39	40-49	50-59	60-69	70+
\$5,000	\$2.90	\$5.00	\$10.00	\$18.60	\$27.70	\$47.40
\$10,000	\$5.80	\$10.00	\$20.00	\$37.20	\$55.40	\$94.80
\$15,000	\$8.70	\$15.00	\$30.00	\$55.80	\$83.10	\$142.20
\$20,000	\$11.60	\$20.00	\$40.00	\$74.40	\$110.80	\$189.60

Monthly Premium - SPOUSE

Benefit Amounts	<30	30-39	40-49	50-59	60-69	70+
\$2,500	\$1.45	\$2.50	\$5.00	\$9.30	\$13.85	\$23.70
\$5,000	\$2.90	\$5.00	\$10.00	\$18.60	\$27.70	\$47.40
\$7,500	\$4.35	\$7.50	\$15.00	\$27.90	\$41.55	\$71.10
\$10,000	\$5.80	\$10.00	\$20.00	\$37.20	\$55.40	\$94.80

Critical Illness Premiums:

- Premiums listed are for Issue Age and will not increase due to an insured aging
- Spouse rate is based on employee's age bracket
- Child cost is included with employee election

PLAN CONTACTS

MEDICAL/Rx

Pacific Source

Employees and covered family members will have 24/7 access to the benefit handbook document through InTouch for Members at PacificSource.com, as well as access to the **provider directory** and other information.

<https://pacificsource.com/>

[Find a Provider](#) (choose the "Navigator" network)

Member Services:

1(888) 977-9299

TELEHEALTH

Telaodc

www.Teladoc.com

855-201-7488

DENTAL

Guardian

<https://www.guardianlife.com/>

Find a Provider:

<https://www.guardiananytime.com/fpapp/search>

1-888-482-7342

VISION

Guardian

<https://www.guardianlife.com/>

Find a Provider:

<https://www.guardiananytime.com/fpapp/vision> (select VSP)

1-888-482-7342

LIFE AND AD&D/ DISABILITY/ CRITICAL ILLNESS/ACCIDENT

Guardian

<https://www.guardianlife.com/>

1-888-482-7342

EMPLOYEE ASSISTANCE PROGRAM

<https://worklife.uprisehealth.com>

Passcode: worklife

RETIREMENT

Edward Jones

Marcus A Vergeront

103 Whitewater Suite B

Polson, MT 59860

(406) 883-3518

edwardjones.com

ADDITIONAL RESOURCES

Mission Mountain

Empowerment

Naomi Mock

HR/PR Administrator

406-676-2513 Office

nmock@mme-mt.org

Alliant Insurance Services

-Excluding retirement plans

Melissa Gollehon

Account Manager

406-389-4003

Melissa.Gollehon@alliant.com

Alliant Benefit Advocate Team

Excluding retirement plans

(800) 489-1390

benefitsupport@Alliant.com

Heather Brewer

Account Executive

406-431-7681

Heather.Brewer@alliant.com

IMPORTANT PLAN INFORMATION

WHAT YOU NEED TO KNOW ABOUT THE “NO SURPRISES” RULES

The “No Surprises” rules protect you from surprise medical bills in situations where you can’t easily choose a provider who’s in your health plan network. This is especially common in an emergency situation, when you may get care from out-of-network providers. Out-of-network providers or emergency facilities may ask you to sign a notice and consent form before providing certain services after you’re no longer in need of emergency care. These are called “post-stabilization services.” You shouldn’t get this notice and consent form if you’re getting emergency services other than post-stabilization services. You may also be asked to sign a notice and consent form if you schedule certain non-emergency services with an out-of-network provider at an in-network hospital or ambulatory surgical center.

The notice and consent form informs you about your protections from unexpected medical bills, gives you the option to give up those protections and pay more for out-of-network care, and provides an estimate of what your out-of-network care might cost. You aren’t required to sign the form and shouldn’t sign the form if you didn’t have a choice of health care provider or facility before scheduling care. If you don’t sign, you may have to reschedule your care with a provider or facility in your health plan’s network.

[View a sample notice and consent form](#) (PDF).

This applies to you if you’re a participant, beneficiary, enrollee, or covered individual in a group health plan or group or individual health insurance coverage, including a Federal Employees Health Benefits (FEHB) plan.

GLOSSARY

-A-

AD&D Insurance

An insurance plan that pays a benefit to you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident.

Allowed Amount

The maximum amount your plan will pay for a covered healthcare service.

Ambulatory Surgery Center (ASC)

A healthcare facility that specializes in same-day surgical procedures such as cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery, and more.

Annual Limit

A cap on the benefits your plan will pay in a year. Limits may be placed on particular services such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service. After an annual limit is reached, you must pay all associated health care costs for the rest of the plan year.

-B-

Balance Billing

In-network providers are not allowed to bill you for more than the plan's allowable charge, but out-of-network providers are. This is called balance billing. For example, if the provider's fee is \$100 but the plan's allowable charge is only \$70, an out-of-network provider may bill YOU for the \$30 difference.

Beneficiary

The person (or persons) that you name to be paid a benefit should you die. Beneficiaries are requested for life, AD&D, and retirement plans. You must name your beneficiary in advance.

Brand Name Drug

A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine.

-C-

COBRA

A federal law that may allow you to temporarily continue healthcare coverage after your employment ends, based on certain qualifying events. If you elect COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

Claim

A request for payment that you or your health care provider submits to your healthcare plan after you receive services that may be covered.

Coinsurance

Your share of the cost of a healthcare visit or service. Coinsurance is expressed as a percentage and always adds up to 100%. For example, if the plan pays 70%, your coinsurance responsibility is 30% of the cost. If your plan has a deductible, you pay 100% of the cost until you meet your deductible amount.

Copayment

A flat fee you pay for some healthcare services, for example, a doctor's office visit. You pay the copayment (sometimes called a copay) at the time you receive care. In most cases, copays do not count toward the deductible.

-D-

Deductible

The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

Dental Basic Services

Services such as fillings, routine extractions and some oral surgery procedures.

Dental Diagnostic & Preventive Generally includes routine cleanings, oral exams, x-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

Dental Major Services

Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Dependent Care Flexible Spending Account (FSA)

An arrangement through your employer that lets you pay for eligible child and elder care expenses with tax-free dollars. Eligible expenses include day care, before and after-school programs, preschool, and summer day camp for children under age 13. Also included is care for a spouse or other dependent who lives with you and is physically incapable of self-care.

-E-

Eligible Expense

A service or product that is covered by your plan. Your plan will not cover any of the cost if the expense is not eligible.

Excluded Service

A service that your health plan doesn't pay for or cover.

-F-

Formulary

A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a drug list.

-G-

Generic Drug

A drug that has the same active ingredients as a brand name drug, but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor.

Grandfathered

A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

-H-

Health Reimbursement Account (HRA)

An account funded by an employer that reimburses employees, tax-free, for qualified medical expenses up to a maximum amount per year. Sometimes called Health Reimbursement Arrangements.

Healthcare Flexible Spending Account (FSA)

A health account through your employer that lets you pay for many out-of-pocket medical expenses with tax-free dollars. Eligible expenses include insurance copayments and deductibles, qualified prescription drugs, insulin, and medical devices, and some over-the-counter items.

High Deductible Health Plan (HDHP)

A medical plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs (the deductible) before the insurance company starts to pay its share. A high deductible plan (HDHP) may make you eligible for a health savings account (HSA) that allows you to pay for certain medical expenses with money free from federal taxes.

-I-

In-Network

In-network providers and services contract with your healthcare plan and will usually be the lowest cost option. Out-of-network services will cost more, or may not be covered. Check your plan's website to find doctors, hospitals, labs, and pharmacies that belong to the network.

GLOSSARY

-L-

Life Insurance

An insurance plan that pays your beneficiary a lump sum if you die.

Long Term Disability Insurance

Insurance that replaces a portion of your income if you are unable to work due to a debilitating illness, serious injury, or mental disorder. Long term disability generally starts after a 90-day waiting period.

-M-

Mail Order

A feature of a medical or prescription drug plan where medicines you take routinely can be delivered by mail in a 90-day supply.

-O-

Open Enrollment

The time of year when you can change the benefit plans you are enrolled in and the dependents you cover. Open enrollment is held one time each year. Outside of open enrollment, you can only make changes if you have certain events in your life, like getting married or adding a new baby or child in the family.

Out-of-Network

Out-of-network providers (doctors, hospitals, labs, etc.) cost you more because they are not contracted with your plan and are not obligated to limit their maximum fees. Some plans, such as HMOs and EPOs, do not cover out-of-network services at all.

Out-of-Pocket Cost

A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

Out-of-Pocket Maximum

Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most remaining eligible expenses for the rest of the plan year.

Outpatient Care

Care from a hospital that doesn't require you to stay overnight.

-P-

Participating Pharmacy

A pharmacy that contracts with your medical or drug plan and will usually result in the lowest cost for prescription medications.

Plan Year

A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

Preferred Drug

Each health plan has a preferred drug list that includes prescription medicines based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

Preventive Care Services

Routine healthcare visits that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems. Many preventive care services are fully covered. Check with your health plan in advance if you have questions about whether a preventive service is covered.

Primary Care Provider (PCP)

The main doctor you consult for healthcare issues. Some medical plans require members to name a specific doctor as their PCP, and require care and referrals to be directed or approved by that provider.

-S-

Short Term Disability Insurance

Insurance that replaces a portion of your income if you are temporarily unable to work due to surgery and recovery time, a prolonged illness or injury, or pregnancy issues and childbirth recovery.

-T-

Telehealth / Telemedicine / Teledoc

A virtual visit to a doctor using video chat on a computer, tablet or smartphone. Telehealth visits can be used for many common, non-serious illnesses and injuries and are available 24/7. Many health plans and medical groups provide telehealth services at no cost or for much less than an office visit.

-U-

UCR (Usual, Customary, and Reasonable)

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

Urgent Care

Care for an illness, injury or condition serious enough that care is needed right away, but not so severe it requires emergency room care. Treatment at an urgent care center generally costs much less than an emergency room visit.

-V-

Vaccinations

Treatment to prevent common illnesses such as flu, pneumonia, measles, polio, meningitis, shingles, and other diseases. Also called immunizations.

Voluntary Benefit

An optional benefit plan offered by your employer for which you pay the entire premium, usually through payroll deduction.



This is only a summary of benefits. Please review full details within the carrier policies. If there is a discrepancy between the information contained within this summary and the policies, the policy prevails.