



Benefits Highlights
2018/2019

EBS Advisors, Inc.

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Health Plan_____

Aetna:

Customer Service: (877) 402-8742

www.aetna.com

Your employer offers a choice between three different health plans through Aetna;

- Aetna Open Access Choice POS;
- Aetna HMO (QHDHP) Qualified High Deductible Health Plan-\$2.25k/\$4.5k;
- Aetna HMO (QHDHP) Qualified High Deductible Health Plan-\$6k/\$12k.

Aetna Open Access & Choice:

Employees participating in the Aetna HMO/HDHP or POS Plans will enjoy open-access where you do not have to get a referral before seeing a Specialist. There are no "Out of Network" benefits with the HMO/HDHP plans, however you will be covered for emergency services worldwide.

Search for a Doctor or Facility:

Log onto www.aetna.com select "Find a Doctor" then select "Find Doctor's & Hospitals in our plans" select "Employers and Organizations" enter "Type of doctor" (i.e. primary care physician) and zip code; and then select insurance plan information; select either "Elect Choice EPO" or "Aetna Choice POS Open Access" under the heading Aetna Open Access Plans.

Aetna online tools- 24 hour access to all of your health insurance information

When you receive your member ID card, make sure you register by visiting the Aetna website: www.aetna.com. See "Log In/Register" and go to "First Time Users Sign up Now." The member self-service website, is available 24/7, gives you access to your benefits, claims, searching the provider directory, order ID cards, see what you will pay for certain types of care based on your actual plan and more.

Wellness

Aetna has a "Health Assessment" link on the website that includes online programs to help you reach your goals. You can connect to online coaching sessions that will help you create a personalized plan to help you manage your weight, deal with stress, eat healthier, sleep better and quit smoking. Log onto www.aetna.com and "Register" once you are on the site click "Health Record" then choose "Take a Health Assessment"

Prescription Drug Mail Order Program

Aetna

Customer Service: (888) 792-3852

www.aetna.com

If you are prescribed certain maintenance medications such as, cholesterol drugs, high blood pressure medications, you may participate in the mail order program and save on your prescriptions drugs.

You can log onto the Aetna website and sign on to your member site to print the forms you need.

HDHP Plan_____

Aetna

Customer Service: (877) 402-8742

www.aetna.com

Under the Qualified High Deductible Health Plans through Aetna, you must first meet your annual deductible before any expenses are paid through the plan. After the deductible is met you will pay the coinsurance for

your plan until you reach the out-of-pocket maximum, which includes all medical and pharmacy expenses. After the out-of-pocket maximum is satisfied, medical expenses are paid by Aetna at 100%.

Health Savings Account _____

Optum Bank

Customer Service: (866) 234-8913

www.optumbank.com

If you enroll in the Qualified High Deductible Plan then you qualify to open a Health Savings Account with Optum. You can make tax-free contributions to your HSA.

You may elect to save funds into your HSA through pre-tax, payroll deductions. For calendar 2019, you may fund up to a total of \$3,500 individual or \$7,000 for family coverage. If you are age 55 or older, you can contribute an additional \$1,000.00.

If you are newly enrolling in an HDHP, you will need to complete an Optum application and submit it to Human Resources. You will also need to indicate how much you would like to contribute to your Health Savings Account through payroll deductions.

Once you open your HSA with Optum and you receive your bank account number, you should register for the "Online Banking & Bill Pay" to view your account, pay bills and set up automatic transfers.

HSA FACTS:

- ✓ *To be eligible to contribute to an HSA or receive employer contributions to your HSA, you must be covered by a QHDHP;*
- ✓ *You may always take distributions from your HSA funds tax-free regardless of the type of plan you are enrolled in-- as long as you spend your HSA money on "qualified" medical expenses;*
- ✓ *Employees own their HSA as soon as the money is deposited into their account;*
- ✓ *HSA money can be used to pay for qualified medical expenses, (Section 213d), tax free;*
- ✓ *HSA's are portable and money left alone in the account will accumulate on a tax free basis;*
- ✓ *No use or lose provision;*

Please remember to keep your receipts and maintain records in case you have to prove to the IRS that you have spent your HSA money on qualified, IRS 213d medical expenses. If you spend your HSA money on non-qualified expenses you will have to pay taxes and penalties, similar to the rules when you take an early withdrawal from your IRA or 401k.

Examples of 213d expenses:

*Acupuncture; *over the counter medicines; dental; orthodontics, Lasik surgery; prescription drugs; vision exams; contact lenses; eye glasses, bandages, experimental medical treatment, etc.*

Note: Over the counter medicines will require a prescription from you physician.

Plan Features:	Aetna Traditional POS		Aetna QHDHP/HMO \$2.25k/\$4.5k Network	Aetna QHDHP/HMO \$6k/\$12k Network
	Network	Non-Network		
Calendar Year Deductible	\$500/\$1,000	\$1,000/\$2,000	\$2,250/\$4,500	\$6,000/\$12,000
Coinsurance	20%	40%	10%	10%
Per Admission Copay	N/A	N/A	N/A	N/A
Max. Out of Pocket (includes CYD, Coinsurance & Copays)	\$1,250/\$2,500	\$3,000/\$6,000	\$2,500/\$5,000	\$6,250/\$12,500
Individual Life Time Max.	Unlimited	Unlimited	Unlimited	Unlimited
Preventive Care:				
Routine Adult Physical Exams/Immunizations	No Charge	30% after Deductible	No Charge	No Charge
Routine Well Child Exams/Immunizations	No Charge	30% after Deductible	No Charge	No Charge
Woman's Health/Mammograms	No Charge	30% after Deductible	No Charge	No Charge
Routine Eye Exam (1 per 24 months)	No Charge	30% after Deductible	No Charge	No Charge
Physician Services:				
PCP Office Visits	\$30 copay per visit	30% after Deductible	10% after Deductible	10% after Deductible
Specialist Services	\$45 copay per visit	30% after Deductible	10% after Deductible	10% after Deductible
Pre Natal Maternity	No Charge	30% after Deductible	No Charge	No Charge
Walk-in Clinics	\$30 copay per visit	30% after Deductible	10% after Deductible	10% after Deductible
Diagnostic Procedures:				
Diagnostic X-Ray	No Charge	30% after Deductible	10% after Deductible	100% after Deductible
Diagnostic Laboratory	No Charge	30% after Deductible	10% after Deductible	100% after Deductible
Diagnostic Outpatient Complex Imaging	No Charge	30% after Deductible	10% after Deductible	100% after Deductible
Emergency Medical Care:				
Urgent Care (non Urgent Care not covered)	\$35 copay	30% after Deductible	10% after Deductible	10% after Deductible
Emergency Room	\$150 copay	\$150 copay	10% after Deductible	10% after Deductible
Emergency Use Ambulance	20% after Deductible	20% after Deductible	100% after Deductible	10% after Deductible
Hospital Care:				
Inpatient Hospital	20% after Deductible	40% after Deductible	10% after Deductible	10% after Deductible
Inpatient Maternity	20% after Deductible	40% after Deductible	10% after Deductible	10% after Deductible
Outpatient Hospital	20% after Deductible	40% after Deductible	100% after Deductible	10% after Deductible
Outpatient Surgery	20% after Deductible	40% after Deductible	100% after Deductible	10% after Deductible
Other Services:				
Convalescent Facility (60 days Per Calendar Year)	20% after Deductible	40% after Deductible	10% after Deductible	10% after Deductible
Home Health Care	20% after Deductible	25% after Deductible	100% after Deductible	10% after Deductible
Hospice Inpatient/Outpatient	20% after Deductible	40% after Deductible	10% after Deductible	10% after Deductible
Outpatient Short Term Rehab (90 visit per Calendar Year)	\$45 copay per visit	30% after Deductible	10% after Deductible	10% after Deductible
Spinal Manipulation Therapy	\$45 copay per visit	30% after Deductible	10% after Deductible	10% after Deductible
Durable Medical Equipment	20% after Deductible	40% after Deductible	50% after Deductible	10% after Deductible
Transplants (IOE contracted facility only)	20% after Deductible	40% after Deductible	10% after Deductible	10% after Deductible
Fertility Drugs (oral and Injectable)	20% after Deductible	40% after Deductible	10% after Deductible	10% after Deductible
Mental Health Services:				
Inpatient	20% after Deductible	40% after Deductible	10% after Deductible	10% after Deductible
Outpatient	\$45 copay	30% after Deductible	10% after Deductible	100% after Deductible
Crises Intervention	\$45 copay	30% after Deductible	10% after Deductible	10% after Deductible
Alcohol/Drug Abuse Services:				
Inpatient	20% after Deductible	40% after Deductible	10% after Deductible	10% after Deductible
Outpatient	\$45 copay	30% after Deductible	10% after Deductible	100% after Deductible
RX:				
Prescription Drugs 30 day	\$20/\$30/\$50	30% after Deductible	100% after Deductible	100% after Deductible
Mail Order Prescription 90 day	\$40/\$60/\$100	Not Covered	100% after Deductible	100% after Deductible

Please Note: This summary is not intended to supersede insurance contract or any other agreement. Where discrepancies may exist, your official contract controls - See Summary Benefits of Coverage's

Dental PPO

Guardian

Customer Service: 1-800-541-7846

www.guardianlifeanytime.com

The Guardian PPO provides flexibility in that you may chose a participating PPO dentist, or you may use a dentist that is non-participating and still receive benefits.

To search for PPO dentist's in your area, you may log onto The Guardian website; www.guardiananytime.com on the top of the Home Page, select : "Find a Provider," then select "Find a Dentist", enter your zip code and select "PPO" for the Dental Plan and select your search criteria, such as, provider name / distance / specialty.

Dental PPO Summary of Benefits	In network	*Out of Network
Benefit Maximum		
Per Covered Member- Calendar Year		\$1,500.00
Per Covered Member - Orthodontics- Lifetime		\$1,000.00
Calendar Year Deductible	In network	Out of Network
Per Covered Member	\$50	\$100
Per Family	\$150	\$300
Waived for Preventive Services	Yes	Yes
Services	In network	Out of Network
Type I: Preventive	100%	80%
<i>Oral Exams, Cleanings, Sealants, Fluoride Treatment</i>		
Type II: Basic Services	90%	80%
<i>Filings, Restorative, X rays, Endodontics, Periodontics, Oral Surgery</i>		
Type III: Major Services	60%	50%
<i>Crowns & Bridges, Dentures</i>		
Type IV: Orthodontics	50%	50%
<i>Children only</i>		

Please Note: This is a summary of benefits and is not intended to supersede insurance contract or any other agreement. Where discrepancies exist, your official contract controls.

Health & Dental Rates-2017/18 _____

Aetna OA Traditional POS

Employee Semi Monthly Payroll Deductions

Employee Only	\$108.83
Employee + 1	\$510.29
Family	\$980.81

Aetna OA HMO/QHDHP-\$2.25k/\$4.5k

Employee Semi Monthly Payroll Deductions

Employee Only	\$21.40
Employee + 1	\$297.87
Family	\$621.89

Aetna OA HMO/QHDHP-\$6k/\$12k

Employee Semi Monthly Payroll Deductions

Employee Only	\$11.77
Employee + 1	\$202.81
Family	\$426.72

Dental Plan – PPO

Employee Semi Monthly Payroll Deductions

Employee Only	\$0.00
Employee + Spouse	\$22.58
Employee + Child (ren)	\$31.13
Family	\$53.72

Vision _____

Guardian VSP

Customer Service: (800) 541-7846

www.guardianlifeanytime.com

- Eye exams: 20% off the VSP's doctors usual charge;
 - Frames, Standard Lenses and Lens Options: 20% to 30% off VSP doctor's usual charge, when a complete pair of prescription glasses are purchased;
 - Contact Lens Professional Services: 15% off VSP doctor's usual charge for professional services. The contact lenses are not discounted;
 - Laser surgery: an average of 15% off the laser surgeon's usual charge or 5% off any promotional price, if it is less than the usual discounted price.
 - Discounts are only available from the VSP network doctors
-
- This is not insurance
 - No ID cards are required.
 - You must be enrolled in a Guardian Dental plan in order to be eligible for the Vision program

Eligibility

In order for employees to be eligible for group insurance benefits you must first complete a probationary period which is 1st of the month following 60 days of employment. Additionally, employees must work 25 hours per five-day work week, to be eligible for benefits. Employees will have to elect coverage by logging on to the Better healthcare care enrollment portal.

Dependent Eligibility – Health Plan and Dental Plan

You may also elect coverage for your legal spouse or children to age 26 regardless of dependency status.

Section 125

Payroll deductions for health, dental and the health savings accounts are deducted from your gross income before the deductions are taxed. This benefit enables Better Healthcare to deduct your premiums from your gross pay before FICA and federal taxes have been withheld from your paycheck thus lowering your taxable income AND your taxes.

Once you enroll in a component benefit plan, (i.e., health, dental, etc.) you will not be able to make any changes to your elections unless you or your family member experiences a qualifying event or it is open enrollment which is held during the month of November. The only exception is the HSA account where you are able to make changes throughout the year.

The following are examples of valid qualifying events under the IRS Code:

- Birth, adoption, legal custody of a child
- Marriage
- Divorce
- Dependent no longer meets definition of dependent (as listed above)
- Death
- Full time to part time (or vice versa)
- Spouse becomes unemployed or employed

If you experience a qualifying event during the plan year, you must notify human resources within 30 days of the event. If you do not notify within 30 days of the event, you will have to wait until open enrollment to make changes.

Important Numbers

AETNA

CUSTOMER SERVICES (877) 402-8742

OPTUM BANK (HSA)

CUSTOMER SERVICES (866) 234-8913

RX CUSTOMER SERVICE (888) 792-3862

GUARDIAN

DENTAL..... (800) 627-4200

EBS ADVISORS, INC.

BENEFITS CONSULTANT.....(954) 651-6060 X 7011