

# EMPLOYEE BENEFITS ENROLLMENT GUIDE

2018 Plan Year



# Contact Information

<b>MEDICAL INSURANCE</b>	
Plan Administrator	<b>HealthSCOPE</b>
Group Number	RVHA
Customer Service	866-645-0817
Website	<a href="http://www.healthscopebenefits.com">www.healthscopebenefits.com</a>
<b>PHARMACY</b>	
Plan Administrator	<b>LDI Integrated Pharmacy Services</b>
Group Number	RxGroup: 85071 BIN: 800010 PCN: LDI
Customer Service	866-516-3121
Web Address	<a href="http://www.ldirx.com">www.ldirx.com</a>
<b>HealthSCOPE MEMBER RESOURCES</b>	
<b>HEALTH SAVINGS ACCOUNT (HSA) / FLEXIBLE SPENDING ACCOUNTS (FSA)</b>	
Plan Administrator	<b>SelectAccount</b>
Group Number	008682
Customer Service	800-859-2144
Website	<a href="http://www.selectaccount.com">www.selectaccount.com</a>
<b>DENTAL INSURANCE</b>	
Plan Administrator	<b>SunLife</b>
Group Number	5487334
Customer Service	800-442-7742
Website	<a href="http://www.sunlife.com/findadentist">www.sunlife.com/findadentist</a>
<b>VISION INSURANCE</b>	
Plan Administrator	<b>Vision Service Plan (VSP)</b>
Group Number	TBD
Customer Service	800-877-7195
Website	<a href="http://www.vsp.com">www.vsp.com</a>
<b>LIFE AND AD&amp;D INSURANCE</b>	
Plan Administrator	<b>Lincoln Financial</b>
Group Number	000010198279
Customer Service	800-423-2765
Website	<a href="http://www.lincolnfinancial.com">www.lincolnfinancial.com</a>
<b>VOLUNTARY LIFE INSURANCE</b>	
Plan Administrator	<b>Lincoln Financial</b>
Group Number	000400198282
Customer Service	800-423-2765
Website	<a href="http://www.lincolnfinancial.com">www.lincolnfinancial.com</a>
<b>SHORT TERM DISABILITY INSURANCE</b>	
Plan Administrator	<b>Lincoln Financial</b>
Group Number	000010198281
Customer Service	800-423-2765
Website	<a href="http://www.lincolnfinancial.com">www.lincolnfinancial.com</a>



<b>LONG TERM DISABILITY INSURANCE</b>	
Plan Administrator	<b>Lincoln Financial</b>
Group Number	000010198280
Customer Service	800-423-2765
Website	<a href="http://www.lincolnfinancial.com">www.lincolnfinancial.com</a>
<b>COLONIAL LIFE</b>	
Plan Administrator	<b>Policy Holder Services</b>
Phone Number	800-325-4368
Fax Number	763-452-2065
Website	<a href="http://www.coloniallife.com">www.coloniallife.com</a>
<b>COBRA</b>	
Plan Administrator	<b>HealthSCOPE</b>
Group Number	RVHA
Customer Service	866-645-0817
Website	<a href="http://www.healthscopebenefits.com">www.healthscopebenefits.com</a>
<b>BENEFIT RESOURCE CENTER</b>	
Phone Number	<b>855-874-0742</b>
Email	<a href="mailto:BRCMT@usi.com">BRCMT@usi.com</a>
<b>USI - MINNESOTA</b>	
<i>Call for General Service Questions. No Claims Access.</i>	
<b>Senior Account Manager</b>	Cassie Nordquist
Phone Number	763-307-6132
Fax Number	763-746-7841
Email Address	<a href="mailto:Cassie.nordquist@usi.com">Cassie.nordquist@usi.com</a>
<b>Account Service Representative</b>	Jim Gardner
Phone Number	763-307-6136
Fax Number	763-746-7841
Email Address	<a href="mailto:Jim.gardner@usi.com">Jim.gardner@usi.com</a>



# Benefits Overview

## Medical Benefits:

- Riverview will continue to use HealthSCOPE Benefits as its administrator for 2018. There are no changes to the benefits for this upcoming plan year.
  - ✓ **HealthSCOPE Benefits TPA**
    - Benefit and Claim information
    - Mobile App
      - Download “MyHealthSCOPE Benefits” app, choose “access your account” and create an account
      - View claims
      - Locate providers
      - Order ID cards
    - HealthSCOPE customer service number: 800-863-5766
  - ✓ **MN Network – PreferredONE PPO:**
    - Search for PreferredOne participating providers at [www.preferredone.com/provider-search/](http://www.preferredone.com/provider-search/) (Click the “TPA / Ins Co. Network” button to be directed to the PPO network search engine)
  - ✓ **Prescription Drug Benefit – LDI**
    - For prescription Drug information, search online at <http://www.ldirx.com>
    - Formulary Changes – verify your drugs on the PDL formulary list
- Eligibility – per your RiverView First Certificate of Coverage
  - ✓ You must work a minimum of 30 hours per week
  - ✓ New hires are eligible the first of the month following date of hire
  - ✓ Dependent children are covered up to the age of 26
  - ✓ **NOTE:** Domestic Partner coverage will no longer be available after the 2017 plan year.
    - If any employee currently has domestic partner coverage, they will be grandfathered and allowed to stay on the plan for 2018 going forward.
    - No new domestic partner coverage is allowed beginning January 1, 2018.

Monthly Employee Premium Contributions	
Election	2018
Employee only – FREE w/biometric Screening credit	\$0.00
Employee only	\$104.00
Employee + Child	\$280.34
Employee + Spouse	\$267.18
Family	\$418.54





<b>\$5000 – 100% HSA</b>	<b>On-Campus Benefit</b>	<b>In-Network Benefit</b>	<b>Out-of-Network Benefit</b>
<b>Deductible:</b>	\$2,600 single \$5,200 family	\$5,000 single \$10,000 family	\$7,000 single \$14,000 family
<b>Out of Pocket Maximum:</b>	\$2,600 single \$5,200 family	\$5,000 single \$10,000 family	\$8,000 single \$16,000 family
<b>Coinsurance:</b>	100% coverage after deductible	100% coverage after deductible	60% coverage after deductible
<b>Office Visit Coverage:</b>	100% coverage after deductible	100% coverage after deductible	60% coverage after deductible
<b>Rx Coverages:</b>	100% coverage after deductible	100% coverage after deductible	100% coverage after deductible
<b>Preventive Care:</b>	100% Coverage	100% Coverage	No coverage
<b>RiverView HSA Contribution (prorated and paid monthly)</b>	\$1250 Single \$1750 Employee + Spouse \$1750 Employee + Child(ren) \$2250 Family	\$1250 Single \$1750 Employee + Spouse \$1750 Employee + Child(ren) \$2250 Family	\$1250 Single \$1750 Employee + Spouse \$1750 Employee + Child(ren) \$2250 Family

**NEW On Campus Value Based Benefits & Preventive Medications:**

- All Value Based benefits and preventive medications are eligible to be received on RiverView Campus only.
- **Value Based Pre-Diabetic / Diabetic Program:**
  - ✓ Value Based Diabetic Program covers certain medical services and drugs at 100% (no deductible, coinsurance or copay) for members who are diagnosed diabetic or pre-diabetic. When a claim or prescription is submitted by RiverView, the service or medication/supply is automatically processed with no deductible, coinsurance or copay.
- **Value Based Coronary Artery Disease Program:**
  - ✓ Value Based Coronary Artery Disease Program covers certain medical services and drugs at 100% (no deductible, coinsurance or copay) for members who are diagnosed with Coronary Artery Disease. When a claim or prescription is submitted by RiverView, the service or medication/supply is automatically processed with no deductible, coinsurance or copay.
- **Value Based Weight Management Program:**
  - ✓ If your BMI is over 25, the RiverView First Health Plan will allow for you to have monthly consultations with one of the RiverView on campus physicians to discuss your nutritional needs. You can talk about weight loss suggestions and set realistic goals to get moving and eating healthier.
- **Preventive medications covered at 100%:**
  - ✓ If you are taking one of the approved preventive medications per the approved list detailed in the benefit booklet, you will now be able to receive those medications covered at 100% if filled at the RiverView Pharmacy. This allows for upfront coverage for a variety of prescriptions to treat common diseases and illnesses.



### **Health Savings Account (HSA):**

- Your Health Savings Account will continue to be administered by SelectAccount in 2018.
- Employer Contribution to the HSA, ONLY if the employee participates in the biometric screening:
  - ✓ Single: \$1250
  - ✓ Employee + Child(ren) & Employee + Spouse: \$1750
  - ✓ Family: \$2250
- The HSA dollars given by RiverView are prorated and paid monthly.
- New Hires must complete the biometric wellness screening on campus at RiverView and must work for 6 months before becoming eligible for the employer HSA contribution.
- The IRS HSA contribution limits for 2018 are \$3,450 single & \$6,900 family (A combination of the RiverView contribution and Employee contribution cannot exceed these limits.)
  - ✓ Single amount increases \$50, Family amount increases \$150 for 2018.
  - ✓ Employees age 55+ can contribute an additional \$1,000 catch-up contribution per year.
- Eligibility as determined by your employer
  - ✓ You must work a minimum of 30 hours per week
  - ✓ New hires are eligible the first of the month following date of hire.

### **Flexible Spending Accounts (FSA):**

- Your Flex Spending Plan will continue to be administered by SelectAccount in 2018.
- Employees may contribute up to \$2,650 for FSA medical expenses in 2018 (\$50 increase from 2017).
- For FSA medical expenses, you can carryover up to \$500 into the next plan year.
- Employees may contribute up to \$5,000 for FSA dependent care expenses in 2018.
- Limited Scope FSA is available to those employee enrolled in HSA for dental & vision expenses only.
- Eligibility as determined by your employer
  - ✓ You must work a minimum of 32 hours per week
  - ✓ New hires are eligible the first of the month following 30 days
  - ✓ No late entrants allowed. Must have qualifying event to join plan, change amounts contributed, or waive plan once enrolled.



**Dental Benefits:**

- Your dental benefits will be moving from MetLife to SunLife for 2018.
- Eligibility – as determined by your employer
  - ✓ You must work a minimum of 32 hours per week
  - ✓ New hires are eligible the first of the month following 30 days
  - ✓ Dependent children are covered up to the age of 26

The following employee monthly contributions will be effective on January 1<sup>st</sup>, 2018.

Low Plan	
Election	2018
Employee only	\$29.97
Employee + 1	\$56.74
Family	\$95.58

High Plan	
Election	2018
Employee only	\$35.88
Employee + 1	\$68.19
Family	\$115.52

**NEW! Vision Benefits:**

- There will be new vision coverage for eligible employees through Vision Service Plan (VSP) in 2018.
- Eligibility – as determined by your employer
  - ✓ Employees working a minimum of 32 hours per week, Riverview will pay 100% of Employee ONLY coverage.
  - ✓ Employees working 20-31 hours per week are responsible for 100% of the premium.
  - ✓ Employees working less than 20 hours per week are not eligible for this benefit.
  - ✓ New hires are eligible the first of the month following 30 days of employment.
  - ✓ Dependent children are covered up to the age of 26.

The following employee monthly premiums will be effective on January 1<sup>st</sup>, 2018:

Election	Employees working 20-31 hours	Employees working 32+ hours*
Employee only	\$6.37	\$0.00
Employee + 1	\$10.20	\$3.83
Employee + Children	\$10.41	\$4.04
Family	\$16.78	\$10.41

\*Note: If a full-time employee elects any level of dependent coverage, that premium includes the reduction of the *Employee Only* coverage.



### **Life and AD&D Benefits:**

- Employer sponsored life insurance will continue through Lincoln Financial in 2018
- Life benefits will remain the same:
  - ✓ Class 1: Employees will receive 2x annual salary to a maximum of \$1,000,000
  - ✓ Class 2: Employees will receive 1x annual salary to a maximum of \$300,000
- Eligibility – as determined by your employer
  - ✓ You must work a minimum of 32 hours per week
  - ✓ Class 1: New hires are eligible first of the month following date of hire
  - ✓ Class 2: New hires are eligible the first of the year following full-time status

### **Voluntary Life Benefits:**

- Voluntary life insurance will continue through Lincoln Financial in 2018
- Voluntary Life Benefits will remain the same
- Eligibility – as determined by your employer
  - ✓ You must work a minimum of 32 hours per week
  - ✓ Class 1: New hires are eligible first of the month following date of hire
  - ✓ Class 2: New hires are eligible the first of the year following full-time status

### **Short-Term Disability Benefits:**

- Employer sponsored short term disability will continue through Lincoln Financial in 2017
- STD Benefits will remain the same:
  - ✓ Class 1: 60% of income to a max of \$1500
  - ✓ Class 2: 60% of income to a max of \$1000
  - ✓ Elimination period for both classes will be 14 days for accident and sickness
  - ✓ Maximum payout period is 11 weeks
- Eligibility – as determined by your employer
  - ✓ You must work a minimum of 32 hours per week
  - ✓ Class 1: New hires are eligible first of the month following date of hire
  - ✓ Class 2: New hires are eligible the first of the year following full-time status

### **Long-Term Disability Benefits:**

- Employer sponsored long term disability will continue through Lincoln Financial in 2017
- LTD Benefits will remain the same:
  - ✓ Class 1: 50% of annual salary to a max of \$12,000
  - ✓ Class 2: 50% of annual salary to a max of \$12,000
  - ✓ Elimination period for both classes is 90 days
- Eligibility – as determined by your employer
  - ✓ You must work a minimum of 32 hours per week
  - ✓ Class 1: New hires are eligible first of the month following date of hire
  - ✓ Class 2: New hires are eligible the first of the year following full-time





**Riverview Healthcare**  
**Effective January 1, 2018**  
**HSA Medical and Pharmacy**  
**Customer Service 1-800-403-1565**  
[www.healthscopebenefits.com](http://www.healthscopebenefits.com)

<b>MEDICAL SCHEDULE OF BENEFITS PREFERREDONE NETWORK</b>			
	<b>RiverView Provider Benefit</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<ul style="list-style-type: none"> <li>Payment for In-Network services is based on provider's negotiated rate. Provider cannot balance bill charges in excess of negotiated rate.</li> <li>Payment for Out-of-Network services is based on Usual, Customary and Reasonable (UCR). Provider can balance bill charges in excess of UCR.</li> </ul>			
<b>GENERAL INFORMATION</b>			
<b>Deductible (Per Calendar Year)</b>	Individual \$2,600	Individual \$5,000	Individual \$7,000
	Family \$5,200	Family \$10,000	Family \$14,000
<ul style="list-style-type: none"> <li>On-Campus and In-Network Deductibles cross apply.</li> <li>Family Accumulation – The Individual Deductible for all family members will accumulate to the family Deductible. However, one family member cannot satisfy the entire family Deductible.</li> </ul>			
<b>Coinsurance</b>	Plan Pays 100%	Plan Pays 100%	Plan Pays 60%
	Member Pays 0%	Member Pays 0%	Member Pays 40%
<b>Out-of-Pocket Maximum (OOPM)</b> Includes Deductible, Copays and Coinsurance (Medical and Pharmacy)	Individual \$2,600	Individual \$5,000	Individual \$8,000
	Family \$5,200	Family \$10,000	Family \$16,000
<ul style="list-style-type: none"> <li>On-Campus and In-Network OOPMs cross apply. Out-of-Network does not cross apply.</li> <li>Once the OOPM has been met, the Plan will pay 100% for any eligible expense for the remainder of the calendar year</li> <li>Family Accumulation – The Individual OOPM for all family members will accumulate to the family OOPM. However, one family member cannot satisfy the entire family OOPM.</li> </ul>			
<b>Lifetime Maximum</b>	Unlimited		
<b>COVERED SERVICES Member Pays:</b>	<b>ON-CAMPUS</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Allergy Testing &amp; Treatment</b>	0% after Deductible	0% after Deductible	40% after Deductible
<b>Ambulance Services</b>	0% after Deductible	0% after Deductible	0% after Deductible
<b>Ambulatory Surgical Facility</b>	0% after Deductible	0% after Deductible	40% after Deductible
<b>Anesthesiologist</b>	0% after Deductible	0% after Deductible	40% after Deductible
<b>Breast Pumps</b>  Call Customer Service at 1-800-403-1565	Plan Pays 100%		
<b>Cardiac Rehabilitation</b>	0% after Deductible	0% after Deductible	40% after Deductible

<b>Chemotherapy</b> Call Oncology Care Integration at 1-800-983-1590	0% after Deductible	0% after Deductible	40% after Deductible
<b>Chiropractic</b>	0% after Deductible	0% after Deductible	40% after Deductible
<b>Diagnostic, X-ray &amp; Lab</b>	0% after Deductible	0% after Deductible	40% after Deductible
<b>Durable Medical Equipment</b>	0% after Deductible	0% after Deductible	40% after Deductible
<b>Emergency Room</b> <ul style="list-style-type: none"> <li>• Emergency</li> <li>• Non-Emergency</li> </ul>	0% after Deductible 0% after Deductible	0% after Deductible 0% after Deductible	0% after Deductible 40% after Deductible
<b>Home Health Care</b>	0% after Deductible	0% after Deductible	40% after Deductible
<b>Hospice Care</b>	0% after Deductible	0% after Deductible	40% after Deductible
<b>Hospital – Facility &amp; Phys</b>	0% after Deductible	0% after Deductible	40% after Deductible
<b>Maternity</b>	0% after Deductible	0% after Deductible	40% after Deductible
<b>Medical/Surgical Supplies</b>	0% after Deductible	0% after Deductible	40% after Deductible
<b>Mental Health &amp; Substance Abuse</b>	0% after Deductible	0% after Deductible	40% after Deductible
<b>Occupational Therapy</b>	0% after Deductible	0% after Deductible	40% after Deductible
<b>Physical Therapy</b>	0% after Deductible	0% after Deductible	40% after Deductible
<b>Physician Office Visits for Illness/Injury</b> <ul style="list-style-type: none"> <li>• Office Visit</li> <li>• All other services</li> </ul>	0% after Deductible 0% after Deductible	0% after Deductible 0% after Deductible	40% after Deductible 40% after Deductible
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>• Routine Physical</li> <li>• Routine Cancer Screening</li> <li>• Immunizations</li> <li>• Well-Child Care</li> <li>• Prenatal Care</li> <li>• Routine Vision &amp; Hearing Exams</li> </ul>	Plan pays 100%	Plan pays 100%	No Coverage
<b>Radiation Therapy</b>	0% after Deductible	0% after Deductible	40% after Deductible
<b>Second Surgical Opinion</b>	0% after Deductible	0% after Deductible	40% after Deductible
<b>Skilled Nursing Facility</b>	0% after Deductible	0% after Deductible	40% after Deductible
<b>Speech Therapy</b>	0% after Deductible	0% after Deductible	40% after Deductible
<b>Urgent Care Facility</b>	0% after Deductible	0% after Deductible	40% after Deductible

**LDI Integrated Pharmacy Services  
Group #85071  
Pharmacy Helpdesk 1-866-516-3121  
www.ldirx.com**

<b>PHARMACY SCHEDULE OF BENEFITS</b>				
<b>Riverview Healthcare On-Campus Pharmacy – Member Pays</b>				
	<b>GENERIC</b>	<b>PREFERRED BRAND</b>	<b>NON-PREFERRED BRAND</b>	<b>SPECIALTY MEDICATIONS</b>
<b>30-Day Supply - On Campus</b>	0% after On-Campus Deductible	0% after On-Campus Deductible	0% after On-Campus Deductible	0% after On-Campus Deductible
<b>90-Day Supply – On Campus</b>	0% after On-Campus Deductible	0% after On-Campus Deductible	0% after On-Campus Deductible	0% after On-Campus Deductible
<b>In-Network Pharmacy – Member Pays</b>				
	<b>GENERIC</b>	<b>PREFERRED BRAND</b>	<b>NON-PREFERRED BRAND</b>	<b>SPECIALTY MEDICATIONS</b>
<b>30-Day Supply (Retail)</b>	0% after In-Network Deductible	0% after In-Network Deductible	0% after In-Network Deductible	0% after In-Network Deductible
<b>90-Day Supply (Retail)</b>	0% after In-Network Deductible	0% after In-Network Deductible	0% after In-Network Deductible	0% after In-Network Deductible
<b>90-Day Supply (Mail Order)</b>	0% after In-Network Deductible	0% after In-Network Deductible	0% after In-Network Deductible	N/A
<b>Out-of-Network Pharmacy – Member Pays</b>				
	<b>GENERIC</b>	<b>PREFERRED BRAND</b>	<b>NON-PREFERRED BRAND</b>	<b>SPECIALTY MEDICATIONS</b>
<b>30-Day Supply (Retail)</b>	0% after Out-of-Network Deductible	0% after Out-of-Network Deductible	0% after Out-of-Network Deductible	N/A
<b>90-Day Supply (Mail Order)</b>	N/A	N/A	N/A	N/A



# Explanation of Benefits

## How To Read Your EOB

Each time you or your healthcare providers file a claim with us, we process an Explanation of Benefits, also known as an EOB. The EOB describes what part of the healthcare provider's bill we paid directly to the provider, and what part (if any) is your responsibility. When your healthcare provider bills you, you will want to refer to the EOB to make sure the amounts due agree. If you have any questions about something on an EOB, call us at the phone number shown on your ID Card.

HealthSCOPE Benefits  
27 Corporate Hill Drive  
Little Rock, AR 72205

**Customer Care Hours:**  
8AM—5PM CST, 800-33-4756  
IVR and Website available 24 hrs  
www.healthscopebenefits.com

002639-000000-000003-000001 CENZ

John Doe  
1234 Main Street  
Anytown, US 12345

**Explanation of Benefits (EOB)**  
This is not a bill

CUSTOMER SERVICE DATA

Member: John Doe  
Patient: Jane Doe  
Alt ID: 123456  
Birthdate: 01.01.59  
Relationship: Spouse  
Patient Account #: 987654  
Trans #: 000005647891  
Provider: James Smith, MD  
Date Processed: 7/19/2016  
Check #: VERJ  
Group ID: VERJ  
Subgroup Name: VERIAHRA

**1**

**2** This is an Explanation of Benefits for a claim received for Jane Doe, on 7/29/16, for services provided by James, Smith, MD.

Claim Summary	
Amount Billed	\$1,242.00 This is the full amount the provider billed for services.
Discount	\$333.95 You saved \$333.95. HealthSCOPE Benefits has negotiated discounts with providers to help save you money.
What the plan paid	\$908.95 The amount the plan paid on your behalf.
What you owe	\$0.00 This is the amount you owe after discounts have been applied and the plan has paid. Your liability includes deductible amounts, applicable co-insurance, and services not covered under the plan.

**2a**   **2b**

**3** Claim Detail

Service Date	Type of Service	Comment Codes	Amount Billed	Discount	Excluded	Adjusted	Copay	Deductible	Balance	Paid at	Benefit
5-19-16	6-Professional Svcs		1,021.00	306.54	0.00	0.00	0.00	0.00	714.46	100	714.46
5-19-16	1-Professional Svcs		221.00	7.45	0.00	0.00	0.00	0.00	193.59	100	193.59
Claim Totals			1,242.00	333.95	0.00	0.00	0.00	0.00	908.95	100	908.95

**4** Comment Codes P1410      PAID PROVIDER CHECK #00000234      908.05  
Patient Liability      0.00

**5** Plan Status/Accumulators

INDIVIDUAL COMBINED DEDUCTIBLE MET \$	\$5.67
FAMILY COMBINED DEDUCTIBLE MET \$	\$746.16
FAMILY HRA PAID \$	\$746.16
FAMILY HRA REMAINING \$	\$2,802.18

**Comment Code Descriptions** **6**

P1410 This claim was processed per your Aetna contractual agreement. The member is not responsible for the difference between the billed covered charges and the contracted amount.

**You Should Know...** **7**

Summer is at its peak and so are the insects that wreak havoc on our bodies. Avoiding these pests may not be as easy as we would like, but knowing the pest will make it easier to treat the problems of a bug bite. Watch out for tick bites; spider bites; fleas; bee; wasp; hornet and yellow jacket stings. Always have an oral antihistamine for emergencies.

**Important Information** **8**

If you have any questions about this explanation of benefits, please call Customer Care at the toll free number on your ID Card or send a written request to HealthSCOPE Benefits, Attn: Claim Inquiry, HealthSCOPE Benefits, PO Box 99003, Lubbock, TX 79490-9003. You may also contact us to request free of charge a copy of any rules, guidelines, protocols, or the scientific or clinical basis used in making the decision on processing of your claim.

If you are not satisfied with this decision, either you or your authorized representative can start the appeal process by sending a written request to My Health Plan c/o HealthSCOPE Benefits, Inc., Attn: Appeals, PO Box 2860, Little Rock, AR 72203, or as otherwise set out in your benefit plan book within 180 days of receipt of this explanation of benefits (unless a longer term is permitted by your plan). Please note that if you choose to designate an authorized representative, you must make this designation to us in writing.

Please follow the steps below to make sure that your appeal is processed in a timely manner:

- Send a copy of this explanation of benefits along with any relevant additional information (e.g. benefit documents, medical records) that helps to determine if your claim is covered under the plan. Contact Customer Care if you need help in doing further research.
- Be sure to include: 1) Your name, 2) A cover sheet from the front of this form, 3) If (unlike) from the front of this form, 4) Name of the patient and relationship, and 5) "Attention: Appeals Unit" on all supporting documents.
- Contact Customer Care at the number on the front of this form to request access to and copies of all documents, records and other information about your claim, free of charge. You have the right to billing and diagnosis codes as well.
- If your situation is urgent, you may request an expedited appeal which will generally be conducted within 72 hours. If you believe your situation is urgent, follow the instructions above for filing an internal appeal and also call Customer Care to request a simultaneous external review if permitted by your plan.

You will be notified of the final decision in a timely manner, as described in your plan materials. If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party. Contact us at the appeal address above to find out how to start an external review. If your plan is governed by ERISA, you may also bring legal action under section 502(c) of ERISA following our review and decision. In addition, you may have a separate time limitation for legal action regarding the recovery of benefits under the plan. Refer to your plan documents for the time limitation.

SPANISH (Español) Si usted tiene dificultades para leer inglés, ofrecemos asistencia en su idioma. Para obtener ayuda por favor llame al servicio al miembro en su tarjeta de identificación.

TAGALOG (Tagalog): Kung kailangan ninyo ang tulong sa pag-unang tumanong sa 1-800-824-3623.

CHINESE (中文): 如需帮助或中文协助, 请拨打: (中文)

NAVAJO (Diné): Dinil áshé nítka ní óshé áshéshé; kwíshé hóshé 1-800-824-3623

Help stop healthcare fraud. Call 1-800-333-4383 to report a claim.

- Customer Service Data: This section includes the Member Name, Patient Name, Birthdate, Provider information and payment information.
- Claim Summary: General overview of your claim and payments.
  - What the Plan paid: The amount the plan paid on your behalf
  - What you owe: The amount that you owe after discounts have been applied and the plan has paid.
- Claim Detail
  - Service Dates: Lists when the provider provided the services listed. You may use these dates to compare with your provider bills.
  - Types of Services
  - Comment Codes: Number codes to better provide information as to how this claim payment was determined.
  - Billed: Dollar amount billed for the services you received.
  - Discount: The amount of the billed charge that is deducted based on provider contractual discounts that have been applied.
  - The amount of the billed charge that is excluded because it is not covered under the plan.
  - Adjusted: The amount of the billed charge that is adjusted from a previous payment.
  - Copay: The amount of copayments the patient owes for the services rendered.
  - Deductible: The amount of deductible applied (if applicable) for services rendered.
  - Balance: The amount approved for the services.
  - Paid at %: Shows the benefit percentage applied to the claim.
  - Benefit: Indicates the amount the Plan will pay for the services received.
- Comment Codes: Detail information on the comment codes.
- Plan Status/Accumulators: Amounts to date, of patient accruals for deductible and lifetime maximums (if applicable).
- Comment Code Description: Detailed information on the comment codes
- Things You Should Know...: Health Tips
- Important Information: Appeal information





# Riverview Healthcare Member Online Tools

Easy one-stop access to YOUR information  
Benefits ■ Claims ■ Eligibility

Open Internet Explorer and enter [www.healthscopebenefits.com](http://www.healthscopebenefits.com)  
Click "Member".

Type in your plan name "RVHA" or "Riverview" and click "Enter".  
Enter your User Name and Password.

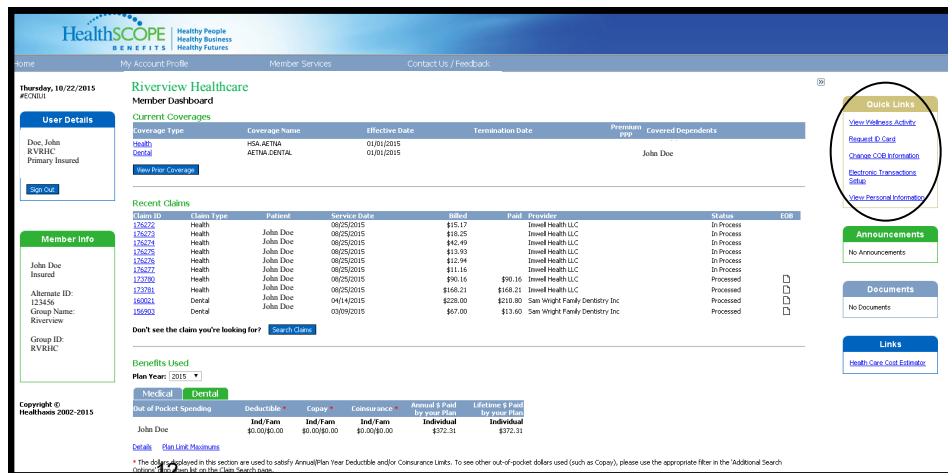
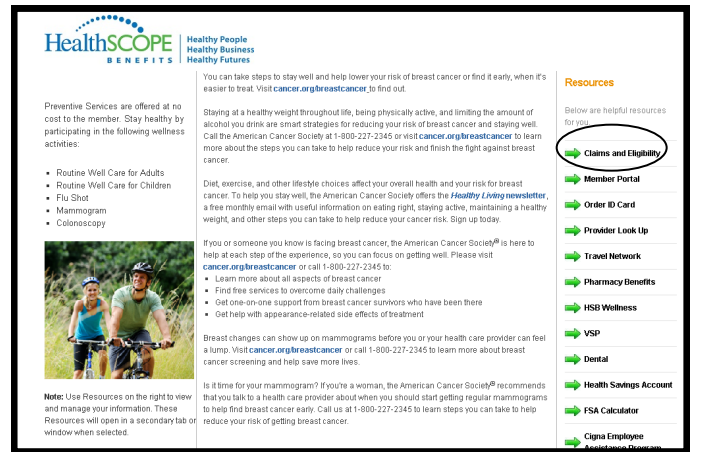
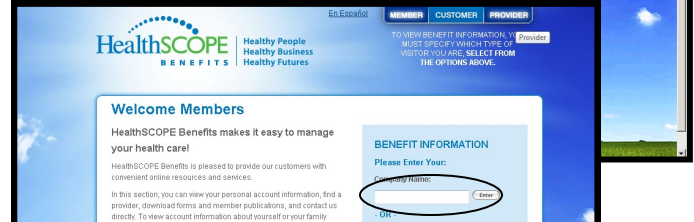
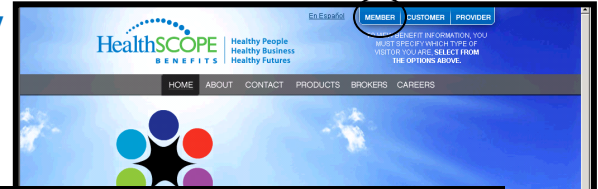
If you have not registered, please register as a new member.



Hold the cursor over "Claims and Eligibility" in the tool bar to your claims information.

Several options are available from the Member Dashboard:

- Current Coverages** – displays current plans and any changes in history
- Recent Claims** – displays claim history
- Benefits Used** – displays dollar amounts paid per category per benefit year and overall lifetime maximum utilized
- Quick Links** – allows the user to request a duplicate identification card (Request ID Card) or review demographic information (View Personal Information)
- Wellness Activities**—displays current wellness activity completion.



# My HSB Mobile App

You can also use your smart phone to view your ID card

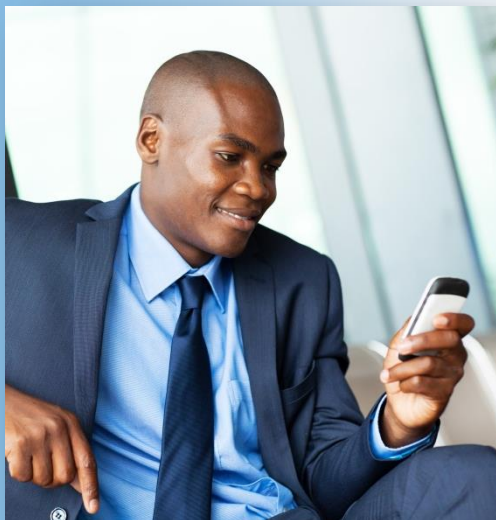
No sensitive account information is stored on your mobile device, and the highest level of secure encryption is used to protect all transmissions. Note that the MyHealthSCOPE Benefits mobile app is separate from your online account set up on our website.



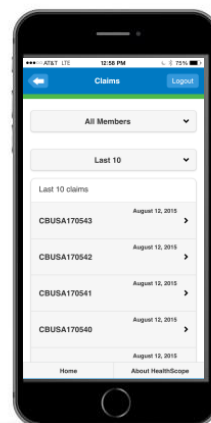
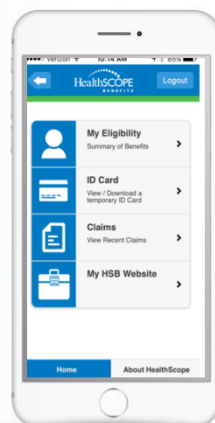
**HealthSCOPE Benefits offers various tools to monitor your benefit plan information.** On our website you can locate providers, order and view ID cards, view claims status, and check eligibility information.

Now in addition to creating an account on our website, you can also download the **MyHealthSCOPE Benefits app** for your Android or iPhone device. The free app allows you to have your plan information at your fingertips 24/7.

**Downloading is easy!** Search for MyHealthSCOPE Benefits. Download the app. Choose “Access Your Account,” then “Create An Account.”



Have questions? Visit our website at [www.healthscopebenefits.com](http://www.healthscopebenefits.com) or call our toll-free number shown on your ID card.



# Value Based Benefits Available at RiverView!

Value based benefits cover select medical services, medications and supplies at 100% (no deductible or coinsurance) for members with coronary artery disease and diabetes. Medical Plan participants diagnosed with these conditions are automatically enrolled. When a claim form or prescription is submitted and deemed medically necessary, the service, medication or supply is processed with no deductible, coinsurance or copay.

	CORONARY ARTERY DISEASE	PRE-DIABETES & DIABETES
MEDICAL SERVICES	<ul style="list-style-type: none"> <li>Up to 2 physician office visits per year for coronary artery related care</li> <li>Up to 1 lipid profile per year</li> <li>Up to 1 CHEM–8 profile per year</li> <li>Annual flu shot</li> <li>Pneumonia vaccine (once then every 5 years if ordered by a physician, up to age 65)</li> <li>Dietary consult (up to 3 visits)</li> <li>Baseline EKG if medically necessary</li> <li>Tobacco cessation counseling program</li> </ul>	<ul style="list-style-type: none"> <li>Up to 4 physician office visits per year for diabetic–related care</li> <li>Hemoglobin A1C test (4 per year)</li> <li>Lipid profile test (2 per year)</li> <li>Microalbumin test (1 per year)</li> <li>Annual flu shot</li> <li>Pneumonia vaccine (once then every 5 years if ordered by a physician, up to age 65)</li> <li>Diabetes education (up to 10 sessions in one year, up to 4 hours in each of 2 subsequent years)</li> <li>Podiatric visits as referred by MD/DO/ NP, up to once every 6 months</li> <li>Annual dilated eye exam</li> <li>Diabetic pumps and select pump supplies (kits, infusion sets, reservoirs, batteries)</li> </ul>
PRESCRIPTION DRUGS <sup>2</sup>	<ul style="list-style-type: none"> <li>ACE’s – benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, perindopril, quinapril, ramipril, trandolapril, benazepril and HCTZ, captopril and HCTZ, enalapril and HCTZ, lisinopril and HCTZ</li> <li>ARB’s – losartan, losartan and HCTZ</li> <li>Alpha–beta blockers – carvedilol</li> <li>Calcium channel blockers – amlodipine besylate, diltiazem, verapamil</li> <li>Nitroglycerin – NITROSTAT</li> <li>Statins – atorvastatin, lovastatin, pravastatin, simvastatin</li> <li>Diuretics – chlorthalidone, hydrochlorothiazide</li> <li>Antiplatelets – aspirin (generic, non-combination only with a prescription), clopidogrel</li> <li>Anticoagulants – warfarin</li> <li>Tobacco cessation drugs (if enrolled in the tobacco cessation program) - bupropion, CHANTIX, nicotine patch, NICOTROL, NICOTROL NS</li> </ul>	<ul style="list-style-type: none"> <li>Diabetic medications – glimepiride, glipizide, metformin (non osmotic)</li> <li>Insulin (vials only) – LANTUS, LEVEMIR, HUMALOG, NOVOLOG, HUMULIN</li> <li>Insulin users will also receive the following covered at 100%:               <ul style="list-style-type: none"> <li>Diabetic test strips – One Touch Ultra Test Strips</li> <li>Blood/Glucose meters – One Touch Ultra 2, One Touch Ultra Mini</li> <li>Diabetic specific lancets, syringes and needles</li> </ul> </li> <li>Lipid control agents – atorvastatin, lovastatin, pravastatin, simvastatin</li> <li>Blood pressure and cholesterol control agents – see coronary artery disease list at left</li> </ul>

- The list of covered services/supplies and medications are subject to change. Please contact HealthSCOPE Benefits to confirm current coverage.
- Only drugs listed will be covered at 100%. Those listed in all capital letters are brand medications. Those listed in lower case letters are generic medications, and their brand equivalent will not be covered at 100%.

**Questions? Contact HealthSCOPE Benefits (HSB) at 1-800-660-6212**  
 Talk to your doctor about how these no-cost benefits can work for you.

This document is only a general overview and summary of the major provisions and the benefits offered under the medical and prescription drug programs. For detailed information, consult your Summary Plan Description or the actual legal plan document, which are available on request. If any conflicts exist between any summary and the plan document, the plan document will govern. The company reserves the right to change or end the programs at any time and for any group of participants.





# Healthier Weight, Healthier You

One of the best ways to improve your overall health is by losing weight or maintaining a healthy weight.

The benefits of maintaining a healthy weight go far beyond improved energy and smaller clothing sizes. By losing weight or maintaining a healthy weight, you are also likely to enjoy fewer joint and muscle pains, greater ability to join in activities, better regulation of blood pressure, reduced burden on your heart and circulatory system, better sleep, more effective metabolism, and reduced risk for heart disease and certain cancers.

Your body mass index, or BMI, is a good indicator of whether you are at a healthy or an unhealthy weight. It is a numerical value of your weight in relation to your height. A normal BMI ranges from 18.5 to 24. If your BMI is over 25, you are considered overweight. A BMI of 30 or higher indicates obesity.

Losing weight isn't easy, and no magic solution or fad diet will make you lose weight in a healthy way. Weight loss happens when calories out exceed calories in. Simply put, this means that you need to burn more calories through exercise and daily life than you eat each day to lose weight. This fact suggests that a successful weight loss strategy needs to have at least two components.

- First, exercise more to increase calorie output
- Second, eat healthier foods and eat less to reduce calorie input

To lose weight effectively, you need to set realistic goals and create a personal action plan for each of these areas. Exercise is the first weight loss component to consider. To get moving, start with just two 5-minute walks each day. Decide on a personal fitness goal and write it down. Start at ten minutes each day, and progress to twenty or thirty. Choose an activity that fits into your lifestyle and one that you find enjoyable so that you're more likely to stick to it. Find a friend to join you and encourage each other to not skip a session.

The second component of weight loss concerns your calorie input, or what you are eating. A healthy diet doesn't have to be monotonous. Rather, it should consist of lots of different foods—fresh fruits and vegetables, whole grains, lean meats and fish, legumes, and low-fat dairy products.

If your BMI is over 25, your employee benefit health plan will allow for you to have monthly consultation with our on-campus physicians or dietician to discuss your nutritional needs. You can talk about weight loss suggestions and set realistic goals to get moving more and eating healthier. For more information, contact Customer Care at 1-800-403-1565.



The new slimmer, healthier you will thank you for the effort!





## Managing quality and cost with knowledge, compassion and clinical expertise

American Health understands that behind every claim there is a person, a family and a support network looking for guidance to effectively deal with the short- and long-term impact of cancer. Assisting the patient in coping with the disease and learning how to be a survivor extends far beyond the initial diagnosis and early treatment. With more than 10 years of experience on average, our oncology case managers are professionals who understand the complexity of oncology treatments and work closely with the medical team through the entire treatment process. They provide comprehensive care by:

- Determining medical necessity
- Collaborating with providers
- Completing assessments to determine patient needs
- Reviewing treatment plans
- Educating patients on their condition, treatment options and benefits
- Achieving managed savings and negotiated rate reductions
- Providing follow-up and reporting to clients

### - Program Highlights -

Dedicated oncology case managers provide extensive education and support to patients and families

Acts as a safeguard by determining the appropriateness of chemotherapy and radiation treatment plans through a comprehensive, three-level review process

Physician review panel includes board-certified specialists in oncology, radiology and hematology who are supported by our oncology medical director

Cost savings result from timely discharge planning, alternative treatment options, steerage to in-network providers and decreased patient complications



### Three-level review process

In addition to providing patient advocacy and education, our oncology team acts as a safeguard by determining the appropriateness of chemotherapy and/or radiation treatments using national guidelines through a three-level review process.

If at any time during this process it is determined that a treatment plan is questionable, the case is sent to physician review. This three-level process ensures that each case is reviewed consistently, efficiently and correctly.



**ACCREDITED**  
CASE MANAGEMENT  
DISEASE MANAGEMENT  
HEALTH UTILIZATION  
MANAGEMENT



## Hassle-Free Breast Pump Program

Moms to be can rest easy with the HealthSCOPE Benefits' Breast Pump Program. Our program provides a cost-efficient process in a simple-to-understand program that complies with the Affordable Care Act, all while maintaining choices of some of the most popular breast pump models.

Pumps range in price from \$100 to \$300, which is just a fraction of the price offered for pumps supplied from Durable Medical Equipment providers.

The breast pump options are based on highly rated models from Amazon.com, and are re-evaluated periodically for cost and customer satisfaction.

Obtaining a breast pump is simple:

1. The member calls HealthSCOPE Benefits and requests a breast pump.
2. The member selects from four different styles of electric breast pumps.
3. HealthSCOPE Benefits orders the breast pump from Amazon.com.
4. The pump is shipped directly to the member's home address.
5. The expense is paid as a claim under the member's claim account.







# YOUR HOME ADVANTAGE PHARMACY HANDBOOK.



integrated pharmacy services

Health Solutions Made Personal.



ACCREDITED  
MAIL SERVICE  
PHARMACY

# HEALTH SOLUTIONS MADE PERSONAL

Dear Pharmacy Member,

Welcome to LDI Pharmacy. Our team of highly skilled and caring health care professionals are here to provide you the highest level of service.

LDI Pharmacy will deliver your medications directly to your home. Our pharmacy staff is available 24 hours a day, 7 days a week to assist you with any questions you may have regarding your prescription orders.

To reorder your prescription(s) you can use one of the following options:

1. Telephone: LDI Home Advantage is available 24-hours-a-day toll free at 1 (866)516-1121.
2. Home Advantage: Complete the LDI Home Advantage form and send it directly to us. A new mail order form can be downloaded from [www.LDIRx.com](http://www.LDIRx.com).
3. Online: After you receive your first order from LDI Pharmacy, you may register your account online at [www.LDIRx.com](http://www.LDIRx.com) and order refills by clicking on ORDER REFILLS.

At LDI, our most important customer is YOU! Our main objective is to make receiving your prescriptions easy and convenient. If you have any questions regarding our home advantage service please do not hesitate to contact a Customer Care Associate at 1(866)516-1121. We look forward to helping you with your prescription needs.

Warmest Regards,

LDI Pharmacy





# FREQUENTLY ASKED QUESTIONS (FAQ)

## How do I order a new prescription?

- You can mail your new prescriptions to LDI Pharmacy.

**LDI Pharmacy**  
**701 Emerson Road Suite 343**  
**Creve Coeur, MO 63141**

- During business hours, you can call the pharmacy at (314) 652-1121 or toll-free at (866) 516-1121 to speak with a staff member or follow the prompts to request your refill using your prescription number via touch tone phone.
- Your doctor can e-scribe or fax a new prescription to us at (314) 652-1126. Please note, certain controlled substance medications cannot be faxed. The paper copy of these prescriptions must be brought or sent to the pharmacy.
- If you are in the St. Louis, MO, vicinity, you can bring your prescription to our pharmacy location.
- Your prescription may be filled with a generic equivalent substitution based on state law, equivalency rating and in accordance with company policy. Please ask a pharmacist if you have any questions or concerns.

## How do I refill my prescription?

- To order your refill with a LDI Pharmacy representative you may contact us at (866) 516-1121. Please have your prescription number(s) available to place your order.
- An automated refill option is available 24 hours a day/7 days a week at (866) 516-1121.
- You can order your refills online at [www.LDIRx.com](http://www.LDIRx.com).
- Please order your refill 7-10 days prior to running out of medication.
- If your prescription has run out of refills, LDI Pharmacy can request a new prescription from your prescriber. This will delay the shipment of your order.
- Please remember to always inform LDI Pharmacy of any insurance, address, payment or health changes.
- If you need your prescription immediately, please let a LDI Pharmacy employee know so your order can be expedited.

# FREQUENTLY ASKED QUESTIONS (FAQ)

- After hours you can follow the prompts to request a refill using your prescription number via touch tone phone, or leave a message for the pharmacy staff requesting medication refill. ***Please include in your message: medication name, your first and last name, address, date of birth, and a daytime phone number.***

## **How long does it take to receive my prescription?**

- Our standard processing time at LDI Pharmacy is normally less than 24 hours. This does not include delivery time.
- If LDI Pharmacy needs to contact you or your prescriber regarding your prescription, it may delay shipment of your medication. If the delay is greater than 48 hours a LDI representative will contact you to inform you of the delay. LDI Pharmacy will work with you, your prescriber and your insurance to ensure that you do not go without your medication.
- Medications are sent via United States Postal Service. Expedited shipping via UPS or a local courier in the St. Louis area is available and may be required for some medications.
- Prescriptions are shipped Monday through Saturday. Medications requiring a controlled temperature overnight shipment are sent Monday through Thursday. Standard shipping is a complimentary service at no additional charge to you.
- Medications are sent via United States Postal Service. Expedited shipping via UPS or a local courier in the St. Louis area is available and may be required for some medications.

## **How much will my prescription cost?**

- Prescription cost will vary depending on your insurance.
- At the time of order, LDI will let you know of lower cost generic equivalents. If the prescription allows generic substitution, LDI will automatically switch your prescription to generic.
- Because drug pricing can change on a daily basis, a final determination of your co-pay cost cannot be made until your claim is processed. You may also call the Member Services phone number on your prescription insurance card to get the most current information.

# FREQUENTLY ASKED QUESTIONS (FAQ)

- If you have Medicare Part D drug coverage, the cost of your prescription will change significantly as you meet your deductible and initial co-pay, progress through the “donut hole” and reach total out-of-pocket expense.

## **How can I pay for my prescription order?**

- LDI Integrated Pharmacy Services accepts all major credit cards, check, cash, or money orders. If mailing payment, please do not mail cash.

## **What are LDI Pharmacy’s normal business hours?**

- Our hours of operation are Monday - Friday 8:30 a.m. - 6:00 p.m. CST and Saturday 8:30a.m.-1:30 p.m. CST. A LDI Pharmacy employee is available to answer any questions you may have.
- We are closed Sundays and all major holidays.
- A Pharmacist-on-Call is available for emergency assistance 24 hours a day/7 days a week at (866) 516-3121.

## **How do I contact you?**

- Please call us at (866) 516-1121 if you have any questions.
- If you have any adverse effects to the medication you were given, please contact your prescriber or your pharmacist.
- Or visit us on the web at <http://www.lidrx.com/>

## **How can I safely dispose of my medications?**

- Visit the website below to view a list of medications that can safely be flushed down the toilet or see the handouts on page 11:

<http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm>

- If your medication is not on this list, please visit this link for a list of locations by county that will properly dispose of prescription medications for you:

<http://missourip2d2.org/>

- You will be notified by a LDI Integrated Pharmacy Services employee if there is a recall on your medication and given instructions on what to do.

# RxServices for Members (RxPortal)



## What is RxServices for Members?

By registering with LDI's secure online Pharmacy Benefit Service, you will be able to access information about your prescription drug benefits, locate a pharmacy near you, get copay information, view your secure medication history profile (EOB) with LDI and get in-depth brand & generic drug information. Members must have their cardholder member ID, birth date, first and last name to register with on-line services.

By registering with LDI's secure online Pharmacy Benefit Services, members are able to:

- **View Benefit and Copay Information**

Access information about your prescription drug benefits, including copay information for retail and mail orders.

- **Locate Network Pharmacies**

Locating the nearest LDI network pharmacy has never been easier. Member services gives you the option to input an address and locate the nearest participating network pharmacies to that address, including 24 hour pharmacies. Whether you need to pick up a prescription near home or work, you will always find the most convenient retail pharmacy to your location.

- **View Medication History/EOB**

Member services allows you to look at your medication history with LDI Integrated Pharmacy Services including drug and quantity information, what your co-pay was, and the date the prescription was filled.

## How can I register with LDI RxServices for Members?

To register with LDI RxServices for Members, follow these steps:

- 1) Go to [www.LDIRx.com](http://www.LDIRx.com)
- 2) From LDI's home page, click on 'login' located in the center tab labeled 'RxServices for Members'
- 3) Click on the link labeled 'Click here for new registrations.'
- 4) If you **Accept** LDI's Consumer Terms and Conditions, please press 'Accept' to continue registration.
- 5) **Complete the secure online registration form.** You must have your Cardholder ID (located on your member ID card) to register.

## Have Questions?

**At LDI, our most important customer is YOU!** If you would like assistance registering online or have any questions regarding your pharmacy benefits, please don't hesitate to contact a **LDI Customer Care Associate** at **1(866)516-3121**. We look forward to helping you with your prescription needs.

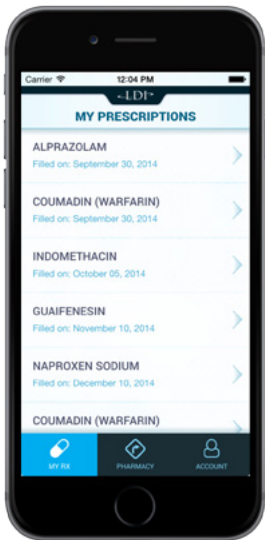
# LDI Mobile App



integrated pharmacy services

Health Solutions Made Personal.


The LDI Mobile App allows our members access to their personalized health information from anywhere, making it an easy, convenient option to take advantage of the benefits your pharmacy plan offers. Upon receiving your pharmacy ID card, please download the app and start taking advantage of the benefits.



## With the Mobile App members can:

- Show your doctor exactly what medications you are taking
- Pull up your medication history anytime
- Learn about medication side effects and interactions
- Find network pharmacies by zip code or location, then check and compare current prescription prices
- Have one-touch access to your electronic pharmacy ID card

## Registering to use the mobile app will require the following steps:

- Choose the navy blue LDI app 
- Click New User
- Read the terms and agreements and click agree
- Next you will be asked to enter the following information:
  - Cardholder ID/Member ID
  - First & Last Name
  - Gender
  - Date of Birth
- Once the required information has been entered you will be prompted to create a username and password
- Members will also need to enter an email address to be used in conjunction with the account.

Get the App by searching LDI in either the Apple App Store or Google Play. \*Mobile App cannot be used until your coverage is effective with LDI.



# Communicating with your Doctor

Visiting your doctor regularly is crucial to ensuring you receive the highest possible quality of care. Just as important as visiting your doctor, however, is making sure that these visits are effective. To get the most out of your healthcare appointments, follow these communication tips.

**Knowing how to talk to your doctor and healthcare team** about your condition can improve the quality of care you receive. Office visits and phone calls can be rushed, and communication skills are important in making sure your concerns and questions are addressed in the limited time you spend with your doctors. To effectively communicate with your doctor, use these three skills: **be prepared, speak up, and clarify**.

**Be prepared** for your appointment. Before you arrive at your appointment, make a list of topics to cover with your doctor. Write down the symptoms or discomfort you've been experiencing and list all medications you are currently taking, including vitamins and over-the-counter medications. If you have a medical history with these types of symptoms or if a close family member does, write that down as well. Finally, write down any questions you can think of that you would like to ask your doctor. Questions could include:

- What can I do to minimize side effects from my medications?
- Is a cardiac rehabilitation program a good option for me?
- What types of exercise are right for me?
- What are my blood pressure goals?



## 3 SIMPLE TIPS: BE PREPARED, SPEAK UP, AND CLARIFY

If you take a list with all these components to your appointment, it is less likely that questions or concerns will slip through the cracks during the time you spend with your doctor. Be sure that all the items on your list have been communicated to your doctor before the end of your appointment.

**Next, speak up at your appointment.** Your list isn't helpful if it stays in your pocket. Tell your doctor about how you're feeling and about all the things on your list. Your doctor can give you better care if you speak up about your symptoms and concerns.

**Third, clarify what your doctor says.** If he or she gives you instructions, summarize them in your own words and write them down. If you don't understand what your doctor is telling you, ask him or her to use simpler words. At the end of the appointment, review everything that's happened, particularly any instructions, with your doctor to make sure that the two of you are on the same page.

By using these communications skills with all your health care providers, you can ensure that you receive the best possible care in moving forward with your health.





# Urgency or Emergency?

## WHEN IS IT OK TO GO TO THE E.R.?

There are times when **calling 911 or going to the Emergency Room** is the right thing to do. Unfortunately, it's also true that some people use the Emergency Room as their Primary Care Physician—and **that is not a good plan.**

Did you know that **it might take you longer to get seen by a doctor** in an Emergency Room than at an Urgent Care Facility? Emergency Rooms “triage” patients, meaning **they treat the most seriously ill or injured people first.** That means you might go to the end of the line—and **potentially wait for hours** to be treated.

**Emergency Rooms are also much more expensive** than an Urgent Care Facility or your Primary Care Physician. There are certainly times when going to the Emergency Room is the right decision, **but it can save you time and money to know the best choice for the situation.**



## SO.....WHAT CONSTITUTES A VISIT TO THE E.R.?

### WHEN SHOULD YOU GO TO THE ER?

The basic rule of thumb is to ask yourself if the illness or injury is life threatening. Examples of potentially life-threatening issues are:

- Chest pain
  - Difficulty breathing
  - Severe bleeding or head trauma
  - Loss of consciousness
  - Sudden loss of vision or blurred vision
  - Broken bones when the bone is protruding through the skin
- When should you consider **going to an Urgent Care Facility** or calling your **primary care physician** for same-day appointments or instructions?
- Minor burns or injuries
  - Sprains and strains
  - Coughs, colds, and sore throats
  - Ear infections
  - Non life-threatening allergic reactions
  - Fever or flu-like symptoms
  - Rash or other skin irritations
  - Mild asthma

- Animal bites
- Broken bones when the bone is not protruding through the skin



**If you have a true emergency, call 911 or go to the ER.** If you need a primary care physician, get in touch with HealthSCOPE Benefits—we'll **make sure you get help in locating the right fit for you and your family.**



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



# HSA

## The Health Savings Account

Welcome to your health savings account (HSA) from SelectAccount. As one of the largest, most experienced and trusted HSA administration partners in the nation, we're making these accounts intuitive, accessible and pain-free. Everything you need is just a tap, click, call or swipe away.

If you have questions or need more information about an HSA, our expert customer service team is ready to help.

**SelectAccount<sup>®</sup>**



# HSA

Save money  
tax-free

Earn interest  
tax-free

Pay for health care  
expenses tax-free



## Introducing the HSA

A health savings account (HSA) works like an individual retirement account (IRA) that you own. It belongs to you and the money is yours to keep, even if you change jobs or retire. You don't pay any taxes on the money you put in or take out, as long as you use it for medical expenses as defined by the IRS.

### Is an HSA right for you?

You're enrolled in an HSA-qualified health plan.

You can't be claimed as a dependent on someone else's taxes.

You have no other health coverage.

You can contribute some money each month to save or pay for health care expenses.

You aren't enrolled in Medicare.

You want to be ready when you have unexpected health care needs.

### How an HSA works

Medical premium  
(your monthly  
payment for  
health insurance)

Premiums often cost less for HSA-qualified plans.

Out-of-pocket  
costs you pay  
for health care  
(up to deductible and  
coinsurance)

Consider how much you'll spend on health care next year. Put that money into an HSA pretax from your paycheck.

HSA contributions

Putting money into an HSA helps you prepare and pay for these costs tax-free. If you don't need the money, save it for future needs.

Out-of-pocket  
maximum

Once you reach your out-of-pocket max, everything is 100% covered. This protects you from a major financial crisis should unexpected health care needs arise.

# Five ways an HSA can help you save for your future

**1 Money is not taxed.** Money goes into your HSA without paying state or federal taxes. That brings down your taxable income and saves you as much as 28 to 40 percent on medical expenses, depending on your tax bracket<sup>1</sup>.

**2 No “use it or lose it” rule.** Money in your HSA belongs to you, even if you change jobs or health plans, or retire.

**3 Invest and grow your money.** Your money can earn interest tax-free, from day one. When your Base Balance reaches \$1,000, you can activate your self-directed account to invest in more than 30 investment options through Charles Schwab.

**4 More flexibility and choice.** You can use your HSA dollars for certain health care expenses<sup>2</sup> beyond what your plan covers, allowing you to purchase these services tax-free even if they aren’t covered.

**5 Even out medical expense highs and lows.** Since you manage your funds, you can save HSA money when you’re healthy so it’s ready when you need it.

<sup>1</sup> Depends upon your federal tax bracket

<sup>2</sup> Refer to the [selectaccount.com](http://selectaccount.com) HSA page for a list of HSA-eligible services and products

All systems go! Use your HSA for these:	Heads up! You can’t use your HSA for these:
Medical expenses that your plan may not cover: <ul style="list-style-type: none"> <li>■ Out-of-pocket expenses until you reach your deductible</li> <li>■ Copayments, coinsurance and prescription drugs</li> </ul>	Health insurance monthly premiums
Dental and vision care expenses not covered by your health plan <sup>2</sup>	Expenses that aren’t related to medical treatment or care as defined by the IRS
Long term care premiums	

**NOTE:** Save all your receipts to validate expenses in the event of an IRS audit.

The total amount you can put in an HSA tax-free:		
	2017 limits	2018 limits
<b>Single</b>	\$3,400	\$3,450
<b>Family</b>	\$6,750	\$6,900
<b>Catch Up (age 55+)</b>	\$1,000	\$1,000



## Meet Jim<sup>1</sup>



His annual salary: **\$58,000**

His annual HSA contribution: **\$2,600**

His taxable income after HSA contribution: **\$55,400**

His estimated tax rate<sup>2</sup>: **25%**

His estimated tax savings: **\$650**

When Jim incurs a \$650 health care bill, it actually costs him nothing when factoring in the tax savings.

## Select an HSA-eligible health plan at enrollment

- When your health plan renews, you or your employer will open an account.
- SelectAccount will send your SelectAccount Visa<sup>®</sup> debit card and SelectAccount I.D. number by mail.
- Use your SelectAccount I.D. number to set up your online access.
- Download the SelectAccount secure app or use the website to view and manage your account.



<sup>1</sup> Hypothetical example for illustration purposes only.

<sup>2</sup> Assumes Jim pays 25% of his income in State and Federal taxes.

## We're here for you

If you can't find the answers you're looking for online, give us a call. You can talk with one of our specially trained HSA customer service representatives.



1-800-859-2144

7 a.m. to 8 p.m. CST, Monday-Friday



selectaccount.com

# SelectAccount<sup>®</sup>





# FSA

## The Medical Flexible Spending Account

Welcome to your flexible spending account (FSA) from SelectAccount. We're one of the largest, most experienced and trusted FSA administration partners in the nation. Everything you need is just a tap, click, call or swipe away.

If you have questions about an FSA, our expert team is ready to help.

**SelectAccount®**

## Introducing the FSA

A flexible spending account (FSA) is a personal expense account that works with your health plan. Each year you can set aside a portion of your salary pretax. You can use that money to pay for medical costs not paid for by your health plan.

Depending on your tax bracket, an FSA can help you save as much as 10 to 40 percent on most of these costs.<sup>1</sup>

<sup>1</sup> See your tax advisor with questions.

### How a medical FSA works



Decide how much you may pay for medical, dental and vision costs next year. (Plan wisely. Depending on the plan your employer sets up, any unused money may be forfeited at the end of the plan year or grace period.)



The amount you select is withheld pretax from your pay in equal portions throughout the year and put into your FSA.



Your total FSA contribution is available from day one, even if it has not all been deposited into your account.



Pay your out-of-pocket medical bills using a SelectAccount Visa® debit card or by submitting receipts for reimbursement.

# FSA

Pay for health care expenses tax-free

## All systems go!

Use your FSA for these:

- Medical expenses that your plan doesn't cover:
  - Out-of-pocket expenses until you reach your deductible
  - Copayments, coinsurance and prescription drugs
- Dental and vision care not covered by your health plan

## Heads up!

You can't use your FSA for these:

- Health insurance monthly premiums
- Expenses that aren't related to medical treatment or care as defined by the IRS

It's important to save all your receipts and explanation of benefits (EOB) statements to validate expenses, as required by the IRS.

## Select a medical FSA at enrollment

- Contribute only what you think you'll need within the next plan year.
- If your employer includes a SelectAccount Visa® debit card, SelectAccount will send it by mail.
- You'll receive a SelectAccount I.D. number by mail. Use it to set up your online access.
- Download the SelectAccount secure app or use the website to check your account balance, submit receipts, and track your reimbursements.



## We're here for you

Talk with one of our specially trained FSA customer service representatives to answer any questions you may have.



1-800-859-2144

7 a.m. to 8 p.m. CST, Monday-Friday



[selectaccount.com](http://selectaccount.com)

# SelectAccount®





# FSA

## The Dependent Care Flexible Spending Account

Welcome to your flexible spending account (FSA) from SelectAccount. We're one of the largest, most experienced and trusted FSA administration partners in the nation. Everything you need is just a tap, click, call or swipe away.

If you have questions our expert team is ready to help.

**SelectAccount<sup>®</sup>**

## Introducing the FSA

A dependent care flexible spending account (FSA) is a personal expense account that allows you to set aside a portion of your salary pretax. You can use that money to pay for certain dependent care costs such as daycare, preschool and after-school programs, and eldercare, tax-free.

Depending on your tax bracket, a dependent care FSA can help you save as much as 28 to 40 percent on most of these costs.<sup>1</sup>

<sup>1</sup> See your tax advisor with questions.

## How a dependent care FSA works



Estimate your dependent care costs next year. (Plan wisely. Depending on the plan your employer sets up, any unused money will be forfeited at the end of the plan year or grace period.)



Select how much to withhold from your pay at enrollment.



The amount you select is withheld pretax from your pay in equal portions throughout the year and put into your FSA.



Once it's in your FSA, the money is ready to use for dependent care costs. Simply submit your receipts and get reimbursed up to the available balance in your account.

# FSA

Pay for dependent care expenses tax-free

## All systems go!

For your FSA to work, use it for these:

- Licensed day care facilities
- Licensed pre-school and after-school programs
- In home care services
- Eldercare
- Special day camp expenses

## Heads up!

You can't use your FSA for these:

- Care for children age 13 or older except special circumstances
- Care provided by an individual without a tax ID or Social Security number
- School expenses including kindergarten
- Late fees or fees charged for missed days
- Overnight camp
- Meals and food items
- After-school sports or enrichment
- Transportation or activity fees

**NOTE:** It's important to save all your receipts to validate expenses, as required by the IRS.

## Select a dependent care FSA at enrollment

Get connected when you receive your SelectAccount I.D. number in the mail.



## We're here for you

Talk with one of our specially trained FSA customer service representatives to answer any questions you may have.



1-800-859-2144

7 a.m. to 8 p.m. CST, Monday-Friday



[selectaccount.com](http://selectaccount.com)

# SelectAccount®



## COMPREHENSIVE HEALTH SCREENING: SETTING THE BASELINE

**Y**ou work out. Eat right. Drink plenty of water. Wear sunscreen. Cook your chicken to 165° F. Buckle your seatbelt. You're doing your part to live a long, healthy, happy life.

But cancer doesn't care if you lift weights. And all the steamed kale in the world won't reverse a genetic disposition to heart disease.

Health 180®'s comprehensive screening gives you critical information about your body now, so that changes in your blood chemistry can be detected to give your doctor an early warning sign of potential problems. A screening when you're healthy will set a baseline that will be key for early detection down the road.

Sign up for the screening today. It requires very little effort and delivers a lifetime of benefits.







## A COMPREHENSIVE PERSONAL HEALTH PROFILE

→ This comprehensive screening gives you critical information about your body. By doing this screening annually, changes in your blood chemistry can be detected to give your doctor an early warning sign of potential problems.

## WHY IS YOUR EMPLOYER PARTICIPATING IN THIS PROGRAM?

### 1. LOWER HEALTHCARE PREMIUMS

Companies that participate in the Health 180® Biometric Health Screening receive an overall health grade for their company. By participating annually, you play a critical role in helping control health care costs—which translates into more money in your pocket.

### 2. IMPROVED EMPLOYEE HEALTH

Many employers have seen first-hand the toll a heart attack or battle with cancer can have on valued employees and their company. Not just from a productivity perspective, but on a personal, emotional level as well. If they can do something to prevent another devastating health loss in their organization, they're going to do it. Your company has opted to participate in this biometric health screening at no cost to you.

**Take advantage of this potentially life-saving opportunity.**

### LISTEN UP, MEN!

Statistics show the deck is stacked against you. Your life expectancy is five years shorter than women. Your mortality rate is higher than women across the board from the top ten causes of death. Yet, women are twice as likely as men to visit the doctor for an annual exam that can detect signs of cancer and heart disease when they are still treatable.

**This needs to change.**

The results of our biometric health screening have prompted men to visit their doctor for the first time in years — a decision that has truly saved lives.

There's nothing macho about waiting until it's too late to visit your doctor. Get your biometric health screening. Take it to your doctor.



IT'S NOT **WHAT**  
YOU KNOW.

IT'S **WHEN** YOU KNOW IT.

Studies continue to show that early detection and preventative healthcare are the best ways to improve your long-term quality of life and lower your healthcare expenses.

## YOUR BLOOD TELLS THE STORY.

Knowing what's in your blood can greatly improve your long-term health. Health 180® has developed a 49-point biometric screening to provide you with a comprehensive personal health profile.

### Heart

Total Cholesterol HDL  
LDL  
VLDL  
Triglycerides  
LDL/HDL Ratio Total/HDL Ratio  
Estimated CHD Risk

### Liver

Total Protein Albumin  
Total Bilirubin Alkaline  
Phosphatase  
LDH  
GGT  
AST  
ALT  
Globulin  
A/G Ratio

### BMI

### Blood Pressure

### Kidney

BUN  
Creatinine  
BUN/Creatinine Ratio Sodium  
Potassium  
Chloride  
Calcium Phosphorus

### Diabetes

Glucose  
HbA1c (Reflex)

### Respiratory

Carbon Dioxide

### Nutritional

Uric Acid

### Waist Circumference

### CBCs

Iron  
WBC  
RBC  
Hemoglobin Hematocrit  
MCV  
MCH  
MCHC  
RDW  
Platelets Neutrophils  
Lymphs  
Monocytes  
EOS  
Basos  
Neutrophils (Absolute)  
Lymphs (Absolute)  
Monocytes (Absolute)  
EOS (Absolute)  
Basos (Absolute)

### IMPORTANT NOTE ON PRIVACY

The Health 180® Biometric Health Screening is fully HIPAA compliant. Your health data is yours and yours alone. The only information your employer receives is an overall company health score they can use to help negotiate healthcare premiums. By law, your individual data is provided solely to you to keep or share with your healthcare provider.

# LET'S DO THIS!

→ **YOUR BIOMETRIC HEALTH SCREENING IS DONE ON-SITE. IT REQUIRES VERY LITTLE OF YOUR TIME AND DELIVERS A LIFETIME OF BENEFITS.**



## YOU GIVE:

- Less than 10 minutes of your time
  - One simple blood draw
    - Height
    - Weight
  - Blood pressure
  - Waist circumference

## YOU GET:

- 49-point biometric health screening
  - Personal wellness profile
  - Life-changing health details
- Important results to share with your doctor
- A new baseline that will be essential for early detection in the future

Please share this report with your primary care doctor, even if you are in optimal health. It provides a critical baseline in your medical records for your doctor to compare on an annual basis.



# Dental PPO

## Good news about dental benefits for employees of Riverview Healthcare Association

### Why is dental health so important?

Regular dental care does more than just improve smiles. Along with good oral hygiene, it can help you and your family lower your chances of serious health problems.

- Nearly one third of all adults have untreated tooth decay.<sup>1</sup>
- According to the Centers for Disease Control and Prevention, approximately 65 million Americans are affected by periodontal disease.<sup>2</sup>
- Periodontal disease can lead to receding gums, bone damage, loss of teeth, and can increase the risk of other health problems such as heart disease and diabetes.<sup>2</sup>

### How can I get the coverage I need?

Dental insurance offers you a convenient way to get regular dental care and can possibly help prevent life-threatening health problems. And through your employer, you can get this protection at an affordable group rate.

### How do I know I'm eligible to participate in this plan?

You can participate in this plan if you are a full-time employee of the policyholder or an associated company, and work in the United States. Full-time means working 32 hours or more per week. Temporary or seasonal workers are not eligible.

### Key Advantages of This Plan

- Your plan includes our Lifetime of Smiles® program, with benefits many people prefer, such as brush biopsies for the early detection of oral cancer.
- Assurant® Dental Network the PPO network for your plan, includes **100,000+** unique dentists contracted with Dental Health Alliance, L.L.C. (DHA) and dentists under access arrangements with other dental networks. To find a dentist in your area, or to nominate your dentist to participate in our network, go to [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist), under PPO plan select your network, or call our customer service at 888.901.6377.

### IMPORTANT:

**Coverage for eligible employees will begin January 1, 2018. You must sign up by the Initial Enrollment Deadline, or forfeit the opportunity until the next plan anniversary date.**

<sup>1</sup> National Institute of Dental and Craniofacial Research. *Dental Caries (Tooth Decay) in Adults (Age 20 to 64)*. March 2016

<sup>2</sup> American Academy of Periodontology (*Perio.org*). *Gum Disease Prevalence Surpasses Diabetes with Nearly 65 Million Affected*. April 2016

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## How does my plan work?

Your plan covers a range of services for you and your family. Highlights of your benefits can be found below. Benefits are paid after any applicable deductible has been met, up to the annual maximum. For more specific information, please ask to see the certificate of insurance.

## Why is Dental insurance a smart choice?

Compare the annual cost of your Dental insurance with paying your dental expenses yourself:

National Average Retail charge<sup>1</sup> for dental procedures:

Adult Cleaning	\$89	Twice yearly =	\$178
Oral Examination	\$49	Twice yearly =	\$98
Bitewing x-rays	\$60		
<hr/>			
Total annual cost for preventive care	\$336		

Other services you may need:

Fluoride treatment	\$41
One surface filling	\$152
Root canal	\$1,077
Crown	\$1,065
Gum scaling	\$232

<sup>1</sup>Average Retail Costs were determined by Union Security Insurance Company and Union Security Life Insurance Company of New York national claims analysis for the year 2015. The costs represent a mean average rounded to the nearest dollar representing what you may pay without plan services.

## How can using a network dentist help lower my costs?

You are free to use the dentist or specialist of your choice. However, when you choose a dentist in the Assurant<sup>®</sup> Dental Network, your plan's PPO network, you may save money. Using a network dentist may lower your out-of-pocket costs and can make your annual maximum go further.

The dental network for your plan includes **100,000+** unique dentists contracted with Dental Health Alliance, L.L.C.<sup>®</sup> (DHA<sup>®</sup>) and dentists under access arrangements with other dental networks. To find a dentist in your area, or to nominate your dentist to participate in our network, go to [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist), under PPO plan, select your dental network, or call Customer Service at **888.901.6377**.

## What are my plan options?

Your employer is offering you a choice of two plans. Please review the information on the following pages and choose the **one plan** that best fits your needs.

## The High Plan

Plan Features					
Deductible	In Network	Out-of-Network	Calendar Year Maximum	In Network	Out-of-Network
Per person, per calendar year	\$50	\$50	For each person	\$1500	\$1500
Waived for Class I Preventive	Yes	Yes			
Family limit of 3 individuals					
<b>Coinsurance Percentage</b>			<b>Child Orthodontia Benefits</b>		
Class I Preventive	100%	100%	Class IV Orthodontia coinsurance	50%	50%
Class II Basic	90%	90%	Lifetime orthodontia maximum	\$1000	\$1000
Class III Major	60%	60%			

### Class I Preventive Dental Services, Including:

- Oral evaluations – twice in any 12-month period
- Routine dental cleanings – twice in any 12-month period
- Fluoride treatment – once in any 6-month period. *Only for children under age 14*
- Sealants – no more than once per tooth per person, only for permanent molar teeth. *Only for children under age 16*
- Genetic test for susceptibility to oral diseases
- Bitewing x-rays – once in any 12-month period
- Panoramic or complete series x-rays – once in any 60-month period
- Space maintainers. *Only for children under age 19*

### Class II Basic Dental Services, Including:

- New fillings
- Replacement fillings – once in any 24-month period per filling

### Class III Major Dental Services, Including:

- Fixed partial dentures (bridges) and full and partial dentures (removable)
- Simple extractions, removal of exposed roots, incision and drainage
- Complex extractions
- Endodontics (includes root canal therapy)
- Endodontic retreatment (covered after 24 months have passed from initial treatment)
- Complex oral surgery
- Biopsy (including brush biopsy)
- General anesthesia and IV sedation when medically required
- Minor gum disease treatment: (minor periodontics)
  - Scaling and root planing – once in any 36-month period per area
  - Localized delivery of antimicrobial agents
  - Periodontal maintenance – once in any 6 consecutive months
- Major gum disease treatment: (major periodontics)
  - Gingivectomy, osseous surgery, other major periodontic procedures – once in any 36-month period per area
- Stainless steel crowns. *Only for children under age 19*
- Inlay, onlay, and crown restorations
- Dental implants

### Class IV Child Orthodontia

- Limited, interceptive, and comprehensive orthodontic treatment
- Minor treatment to control harmful habits

### Waiting Periods

For a complete description of services and waiting periods, please review the certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any class of service covered under the prior plan and this plan.

- No waiting period for preventive or basic services.
- No waiting period for major services.
- No waiting period for orthodontic services.

OR

## The Low Plan

Plan Features					
Deductible	In Network	Out-of-Network	Calendar Year Maximum	In Network	Out-of-Network
Per person, per calendar year	\$50	\$50	For each person	\$1500	\$1500
Waived for Class I Preventive	Yes	Yes			
Family limit of 3 individuals					
<b>Coinsurance Percentage</b>			<b>Orthodontia Benefits</b>		
Class I Preventive	100%	100%	Not included		
Class II Basic	80%	80%			
Class III Major	50%	50%			

### Class I Preventive Dental Services, Including:

- Oral evaluations – twice in any 12-month period
- Routine dental cleanings – twice in any 12-month period
- Fluoride treatment – once in any 6-month period. *Only for children under age 14*
- Sealants – no more than once per tooth per person, only for permanent molar teeth. *Only for children under age 16*
- Genetic test for susceptibility to oral diseases
- Bitewing x-rays – once in any 12-month period
- Panoramic or complete series x-rays – once in any 60-month period
- Space maintainers. *Only for children under age 19*

### Class II Basic Dental Services, Including:

- New fillings
- Replacement fillings – once in any 24-month period per filling

### Class III Major Dental Services, Including:

- Fixed partial dentures (bridges) and full and partial dentures (removable)
- Simple extractions, removal of exposed roots, incision and drainage
- Complex extractions
- Endodontics (includes root canal therapy)
- Endodontic retreatment (covered after 24 months have passed from initial treatment)
- Complex oral surgery
- Biopsy (including brush biopsy)
- General anesthesia and IV sedation when medically required
- Minor gum disease treatment: (minor periodontics)
  - Scaling and root planing – once in any 36-month period per area
  - Localized delivery of antimicrobial agents
  - Periodontal maintenance – once in any 6 consecutive months
- Major gum disease treatment: (major periodontics)
  - Gingivectomy, osseous surgery, other major periodontic procedures – once in any 36-month period per area
- Stainless steel crowns. *Only for children under age 19*
- Inlay, onlay, and crown restorations
- Dental implants

### Class IV Child Orthodontia

- We will provide Orthodontia benefits to all enrolled dependent children under age 25 who have cleft lip and/or palate if the treatment is necessary as a direct result of the condition. 50% coinsurance with a lifetime maximum of \$1,000.

### Waiting Periods

For a complete description of services and waiting periods, please review the certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any class of service covered under the prior plan and this plan.

- No waiting period for preventive or basic services.
- No waiting period for major services.

## Who are eligible dependents?

Those qualified to be covered under your dental plan include your spouse and children less than age 26, and your disabled dependents. See your certificate or group insurance policy for additional eligibility details.

## Dental plan provisions, limitations and exclusions

### Benefit Adjustments

Benefits will be coordinated with any other dental coverage. Under the Alternate Treatment provision, benefits will be payable for the most economical services or supplies meeting broadly accepted standards of dental care. If the charge for any dental treatment is expected to exceed \$300, it is recommended that a dental treatment plan be submitted to Sun Life Financial for review before treatment begins.

### Late Entrant Limitation

If you apply for dental insurance more than 31 days after a covered person first becomes eligible, the person is a late entrant. The benefits for the first 24 months of coverage for late entrants will be limited as follows:

<u>Time Insured Continuously Under the Policy</u>	<u>Benefits Provided for Only These Services</u>
Less than 6 months	Preventive Dental Services
At least 6 months but less than 12 months	Preventive and Basic Restorative Dental Services
At least 12 months but less than 24 months	Preventive and all Basic Dental Services
At least 24 months	Preventive, Basic and Major Dental Services

We will not pay for any treatment that is started or completed during the late entrant limitation period.

### Other Important Plan Provisions

Benefits are not payable for the following, unless such insurance is provided under the list of covered dental services:

Treatment or an appliance which is not dentally necessary, is experimental or temporary in nature, or does not have uniform professional endorsement, treatment related to procedures that are part of a service but are not reported as separate services, reported in a treatment sequence that is not appropriate or misreported or that represent a procedure other than the one reported, appliances, inlays, cast restorations, crowns, or other laboratory prepared restorations used primarily for the purpose of splinting, any treatment or appliance, the sole or primary purpose of which relates to the change or maintenance of vertical dimension, the alteration or restoration of occlusion, except for occlusal adjustment in conjunction with periodontal surgery or temporomandibular joint disorder, bite registration, bite analysis, attrition or abrasion, replacement of a lost or stolen appliance or prosthesis, educational procedures, including but not limited to oral hygiene, plaque control or dietary instructions, completion of claim forms or missed dental appointments, personal supplies or equipment, including but not limited to water piks, toothbrushes, floss holders, or athletic mouthguards, administration of nitrous oxide or any other agent to control anxiety, treatment for a jaw fracture, treatment provided by a dentist, dental hygienist, or denturist who is an immediate family member or a person who ordinarily resides with a covered person, an employee of the policyholder, or a policyholder, hospital or facility charges for room, supplies or emergency room expenses or routine chest x-rays and medical exams prior to oral surgery, treatment provided primarily for cosmetic purposes, treatment which may not reasonably be expected to successfully correct the person's dental condition for a period of at least 3 years, crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which do not have extensive decay or fracture and can be restored with an amalgam or composite resin filling, treatment for the prevention of bruxism (grinding of teeth), orthodontic treatment, treatment performed outside the United States, except for emergency dental treatment (the maximum benefit payable to any person during a benefit year for covered dental expenses related to emergency dental treatment performed outside the United States is \$100), treatment or appliances at which are covered under any Workers' Compensation Law, Employer's Liability Law or similar law (a person must promptly claim and notify us of all such benefits), treatment for which a charge would not have been made in the absence of insurance, treatment for which a covered person does not have to pay, except when payment of such benefits is required by law and only to the extent required by law.

This dental plan does not provide coverage for pediatric oral health services that satisfies the requirements for "minimum essential coverage" as defined by the Patient Protection and Affordable Care Act. ("PPACA").

**State variations can exist; please contact Sun Life Financial for additional information.**





Group Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

New Dental Plans/ Effective Date: \_\_\_\_\_

**DENTAL**

## EASEy Start Team

Sun Life Financial has a team of dedicated employees in place to help make your transition to Sun Life simple, seamless and most of all EASY!

If for any reason, within the first 90 days of your policy's start date, you have questions regarding plan benefits, or you or your dental office needs to verify coverage, you can contact an EASEy Start Specialist by calling our customer service line at 800-442-7742, extension 12507. Do not use option 2.

When you or a provider calls, it will be helpful to provide information to locate your policy:

- Group name (located on top of this form)
- Subscriber's name
- Subscriber's social security number

To find an in-network provider visit: [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist)

The following is important information regarding claims processing and submission:

<b>Mail paper claims to:</b> Sun Life Financial P.O. BOX 2940 Clinton, IA 52733-2940	<b>Fax claims to:</b> ATTN: Claims - 563-242-0184	<b>Electronically submit claims to:</b> E-Payor ID: 70408
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One Sun Life Executive Park  
Wellesley Hills, MA 02481

[www.sunlife.com/us](http://www.sunlife.com/us)

Insurance products are underwritten by Union Security Insurance Company (Kansas City, MO) under Policy Form Series GP-90, GP-12/GC-12, GP-15/GC-15, GP-16/GC-16 and administered by Sun Life Assurance Company of Canada (Wellesley Hills, MA). In New York, insurance products are underwritten by Union Security Life Insurance Company of New York (Fayetteville, NY) under Policy Form Series GP-12 Den PFP NY/GC-12 Den CFP NY, GP-12 Den PFP NY/GC-12 Den CFP 2013 NY and administered by Sun Life and Health Insurance Company (U.S.) (Lansing, MI).

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## DENTAL

# How to find a PPO or DHMO dentist

## There are three ways to find an in-network dentist:

### Online

1. Go to [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist)
2. You now have three ways to search for a dentist near you:
  - a. Log into your Online Advantage account
  - b. Search with your Group ID
  - c. Select your PPO or DHMO network from the lists provided
3. All three of these methods will bring you to the dentist search screen. Simply complete that form and a list of your local dentists will be generated.

### Mobile App



Android



iPhone

1. Download our mobile app, Benefit Tools (available for Android or iPhone).
2. Select Find a Dentist.
3. You now have three ways to search for a dentist near you:
  - a. Log into your Online Advantage account
  - b. Search with your Group ID
  - c. Select your PPO or DHMO network from the lists provided
4. All three of these methods will bring you to the dentist search screen. Simply complete that form and a list of your local dentists will be generated.

### Phone

800-522-1313

If you are not currently registered for Online Advantage, you can register at [www.sunlife.com/onlineadvantage](http://www.sunlife.com/onlineadvantage). Online Advantage gives you access to your personalized dental ID card, benefit and plan details, claim history and more.

Insurance products are underwritten by Union Security Insurance Company (USIC) (Kansas City, MO) under Policy Form Series GP-90, GP-12/GC-12 and administered by Sun Life Assurance Company of Canada (SLOC) (Wellesley Hills, MA) in all states except New York. Prepaid dental products are provided by USIC under Form Series BDC-GDSA, BDC-IDSA, PDC and are administered by SLOC, and are provided by prepaid dental companies, affiliated with SLOC, under Policy Form Series BDC-GDSA, BDC-IDSA, UDC-CA-GA06-UDC, UDC-CA-GA06-89, UDC-CA-IDSA, FB-NJ-0281, UDC-09-GDSA-TX, PDC in certain states except New York. Prepaid dental companies are Denticare of Alabama, Inc., United Dental Care of Arizona, Inc., UDC Dental California, Inc., United Dental Care of Colorado, Inc., Union Security DentalCare of Georgia, Inc., United Dental Care of Missouri, Inc., Union Security DentalCare of New Jersey, Inc., United Dental Care of New Mexico, Inc., UDC Ohio, Inc., United Dental Care of Texas, Inc., and United Dental Care of Utah, Inc. In New York, insurance products are underwritten by Union Security Life Insurance Company of New York (Fayetteville, NY) under Policy Form Series GP-12 Den PFP NY/GC-12 Den CFP NY and administered by Sun Life and Health Insurance Company (U.S.) (SLHIC) (Lansing, MI). In New York, prepaid dental products are provided by Union Security Life Insurance Company of New York (Fayetteville, NY) under Form Series BDC-GDSA-NY and BDC-IDSA-NY and administered by SLHIC.

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One Sun Life Executive Park  
Wellesley Hills, MA 02481

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# Your VSP Vision Benefits Summary



RIVERVIEW HEALTHCARE and VSP provide you with an affordable eye care plan.

**VSP Coverage Effective Date:** 01/01/2018

**VSP Provider Network:** VSP Choice

Benefit	Description	Copay	Frequency
<b>Your Coverage with a VSP Provider</b>			
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$20	Every calendar year
<b>Prescription Glasses</b>		\$20	See frame and lenses
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$130 allowance for a wide selection of frames</li> <li>\$150 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$70 Costco® frame allowance</li> </ul>	Included in Prescription Glasses	Every other calendar year
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every calendar year
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> </ul>	\$55 \$95 - \$105 \$150 - \$175	Every calendar year
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$130 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every calendar year
<b>Extra Savings</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>		
	<b>Retinal Screening</b> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>		

## Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit [vsp.com](http://vsp.com) for plan details.

Exam .....	up to \$45	Lined Bifocal Lenses .....	up to \$50	Progressive Lenses .....	up to \$50
Frame .....	up to \$70	Lined Trifocal Lenses .....	up to \$65	Contacts .....	up to \$105
Single Vision Lenses .....	up to \$30				

Coverage with a participating retail chain may be different. Once your benefit is effective, visit [vsp.com](http://vsp.com) for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Contact us. **800.877.7195** | [vsp.com](http://vsp.com)

1. Brands/Promotion subject to change.  
 2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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Life is  
better in  
focus.™

## Get access to the best in eye care and eyewear with RIVERVIEW HEALTHCARE and VSP® Vision Care.



Why enroll in VSP? As a member, you'll receive access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at the lowest out-of-pocket costs.

### You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP network doctor, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP network doctor, a participating retail chain, or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

### Using your VSP benefit is easy.

- **Create an account at [vsp.com](http://vsp.com).** Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** Visit [vsp.com](http://vsp.com) or call **800.877.7195**.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on [vsp.com](http://vsp.com).

**That's it! We'll handle the rest**—there are no claim forms to complete when you see a VSP provider.

### Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe®, Calvin Klein, Cole Haan, Flexor®, Lacoste, Nike, Nine West, and more.<sup>1</sup> Visit [vsp.com](http://vsp.com) to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.<sup>2</sup> Prefer to shop online? Check out all of the brands at [eyeconic.com](http://eyeconic.com)®, VSP's preferred online eyewear store.

Enroll in VSP today.  
You'll be glad you did.  
Contact us. **800.877.7195**  
[vsp.com](http://vsp.com)

**SUMMARY OF BENEFITS**

**Sponsored by: Riverview Healthcare Association**

**All Other Full-Time Employees**

**Coverage**

Life	One Times Annual Salary, Rounded up to the nearest \$1,000
Maximum Amount	\$300,000
Guarantee Issue	\$300,000
AD&D	Will Equal the Life Benefit

**Benefit Reduction**

**Employee**

Benefits will reduce:	33% at age 65; An additional 33 % of original amount at age 70; Benefits terminate at retirement
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**Additional Benefits**

See Understanding Your	Accelerated Death Benefit
Benefits Page:	Conversion
	Seatbelt Benefit – Air Bag Benefit - Common Carrier Benefit
	Continuation of Coverage

**Enrolling for Coverage**

Eligibility:	All employees in an eligible class.
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(Please see other side)

## Understanding Your Benefits

### Accelerated Death Benefit

Accelerated Death Benefit provides an option to be paid a portion of your life insurance benefit when diagnosed as terminally ill (as defined in the policy). The death benefit will be reduced by the amount withdrawn. To qualify, you must be covered under this policy for the amount of time defined by the policy.

### AD&D

Accidental Death and Dismemberment (AD&D) insurance provides specified benefits for a covered accidental bodily injury that directly causes death or dismemberment (e.g., the loss of a hand, foot, or eye), subject to policy limitations.

### Conversion

If you terminate your employment or become ineligible for this coverage, you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination without Evidence of Insurability. Conversion election normally must be made within 31 days of your date of termination.

### Continuation of Coverage

If coverage has been in force for at least 12 months, you may continue your coverage for a specified period of time after your employment by paying the required premium. Continuation of coverage is available if you cease employment for a reason other than sickness, injury, or retirement.

### Guarantee Issue

For timely entrants enrolled within 31 days of becoming eligible, the Guarantee Issue amount is available without providing Evidence of Insurability. Evidence of Insurability will be required for any amounts above this, for late enrollees or increases in insurance, and it will be provided at your own expense.

### Seatbelt Benefit – Air Bag Benefit - Common Carrier Benefit

If you die as a result of a covered auto accident while wearing a seat belt or in a vehicle equipped with an airbag, additional benefits are payable up to \$10,000 or 10% of the principal sum, whichever is less. If loss occurs due to an accident while riding as a passenger in a common carrier, benefits will be double the amount that would otherwise apply as outlined in the certificate.

### Term Life

A death benefit is paid to the designated beneficiary upon the death of the insured. Coverage is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product.

## Additional Benefits

### *LifeKeys*<sup>SM</sup>

Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life and/or AD&D policy.

### *TravelConnect*<sup>SM</sup>

Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.

For assistance or additional information Contact Lincoln Financial Group at

(800) 423-2765; reference ID: **RIVHEAL**

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



**SUMMARY OF BENEFITS**

**Sponsored by: Riverview Healthcare Association**

**Directors, All Full-Time Managers, Providers, and Mid Levels**

**Coverage**

Life	Two Times Annual Salary, Rounded up to the nearest \$1,000
Maximum Amount	\$1,000,000
Guarantee Issue	\$800,000
AD&D	Will Equal the Life Benefit

**Benefit Reduction**

**Employee**

Benefits will reduce:	33% at age 65; An additional 33 % of original amount at age 70; Benefits terminate at retirement
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**Additional Benefits**

See Understanding Your	Accelerated Death Benefit
Benefits Page:	Conversion
	Seatbelt Benefit – Air Bag Benefit - Common Carrier Benefit
	Continuation of Coverage

**Enrolling for Coverage**

Eligibility:	All employees in an eligible class.
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(Please see other side)

## Understanding Your Benefits

<b>Accelerated Death Benefit</b>	Accelerated Death Benefit provides an option to be paid a portion of your life insurance benefit when diagnosed as terminally ill (as defined in the policy). The death benefit will be reduced by the amount withdrawn. To qualify, you must be covered under this policy for the amount of time defined by the policy.
<b>AD&amp;D</b>	Accidental Death and Dismemberment (AD&D) insurance provides specified benefits for a covered accidental bodily injury that directly causes death or dismemberment (e.g., the loss of a hand, foot, or eye), subject to policy limitations.
<b>Conversion</b>	If you terminate your employment or become ineligible for this coverage, you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination without Evidence of Insurability. Conversion election normally must be made within 31 days of your date of termination.
<b>Continuation of Coverage</b>	If coverage has been in force for at least 12 months, you may continue your coverage for a specified period of time after your employment by paying the required premium. Continuation of coverage is available if you cease employment for a reason other than sickness, injury, or retirement.
<b>Guarantee Issue</b>	For timely entrants enrolled within 31 days of becoming eligible, the Guarantee Issue amount is available without providing Evidence of Insurability. Evidence of Insurability will be required for any amounts above this, for late enrollees or increases in insurance, and it will be provided at your own expense.
<b>Seatbelt Benefit – Air Bag Benefit - Common Carrier Benefit</b>	If you die as a result of a covered auto accident while wearing a seat belt or in a vehicle equipped with an airbag, additional benefits are payable up to \$10,000 or 10% of the principal sum, whichever is less. If loss occurs due to an accident while riding as a passenger in a common carrier, benefits will be double the amount that would otherwise apply as outlined in the certificate.
<b>Term Life</b>	A death benefit is paid to the designated beneficiary upon the death of the insured. Coverage is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product.

## Additional Benefits

<b>LifeKeys<sup>SM</sup></b>	Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life and/or AD&D policy.
<b>TravelConnect<sup>SM</sup></b>	Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.

For assistance or additional information Contact Lincoln Financial Group at

(800) 423-2765; reference ID: **RIVHEAL**

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

Sponsored by: Riverview Healthcare Association

**All Full-Time Managers, Directors, Providers, and Mid Levels.**

**All Other Full-Time Employees**

Life Benefit	Employee	Spouse	Dependent
<i>Employee must elect coverage for Spouse or dependents to be eligible.</i>			
Amount	Choice of \$10,000 increments	Choice of \$5,000 increments	Age 1 Day to age 26: \$1,000 - \$5,000 - \$10,000
Minimum Amount	\$10,000	\$5,000	\$1,000
Maximum Amount	\$500,000, limited to 5 times your annual salary Employees age 70 and older, maximum benefit is \$50,000	\$250,000, limited to 50% of employee amount	\$10,000
Guarantee Issue for Newly Eligible Employee	\$150,000	\$50,000	

Benefit Reduction	Employee	Spouse
Benefits will reduce:	33% at age 65; Additional 33% of original amount at age 70; Benefits terminate at retirement	33% at Spouse Age 65 Benefits terminate at Spouse age 70

Eligibility	Employee	Spouse and Dependents
	All employees in an eligible class.	Cannot be in a period of limited activity on the day coverage takes effect.

Additional Benefits	
See Definition:	Accelerated Death Benefit
See Definition:	Portability
See Definition:	Conversion

## Definitions

<b>Accelerated Death Benefit</b>	Accelerated Death Benefit provides an option to withdraw a percentage of your life insurance coverage when diagnosed as terminally ill (as defined in the policy). The death benefit will be reduced by the amount withdrawn. To qualify, you have satisfied the Active Work rule and have been covered under this policy for the required amount of time as defined by the policy. Check with your tax advisor or attorney before exercising this option.
<b>Conversion</b>	If you terminate your employment or become ineligible for this coverage, you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination without Evidence of Insurability. Conversion election must be made within 31 days of your date of termination.
<b>Guarantee Issue</b>	For timely entrants enrolled within 31 days of becoming eligible, the Guarantee Issue amount is available without any Evidence of Insurability requirement. Evidence of Insurability will be required for any amounts above this, for late enrollees or increase in insurance, and it will be provided at your own expense.
<b>Limited Activity</b>	A period when a Spouse or dependent is confined in a health care facility; or, whether confined or not, is unable to perform the regular and usual activities of a healthy person of the same age and sex.
<b>Portability</b>	If coverage has been in force for at least 12 months, you may continue coverage for a specified period of time after your employment by paying the required premium. Portability is available if you cease employment for a reason other than total disability or retirement at Social Security Normal Retirement Age. A written application must be made within 31 days of your termination.
<b>Term Life</b>	Benefit provided to the designated beneficiary upon the death of the insured. The benefit is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product.
<b>Exclusion: Suicide</b>	Benefits will not be paid if the death results from suicide within 2 years after coverage is effective. May apply if employee contributes toward the premium.

## Additional Benefits

<b>LifeKeys<sup>SM</sup></b>	Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life and/or AD&D policy.
<b>TravelConnect<sup>SM</sup></b>	Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.

**For assistance or additional information Contact Lincoln Financial Group at**

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

**Monthly Employee Premium  
Life Premium for sample benefit amounts**

Employee and Spouse premiums are calculated separately.  
Refer to Program Specifications for your maximum benefit amounts.

*Benefits and premium amounts reflect age reductions.*

Monthly RATE	AGE	\$ 10,000	\$ 20,000	\$ 30,000	\$ 40,000	\$ 50,000	\$ 60,000	\$ 70,000	\$ 80,000	\$ 90,000	\$ 100,000
0.060	<24	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
0.060	25-29	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
0.060	30-34	\$0.60	\$1.20	\$1.80	\$2.40	\$3.00	\$3.60	\$4.20	\$4.80	\$5.40	\$6.00
0.100	35-39	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00	\$7.00	\$8.00	\$9.00	\$10.00
0.150	40-44	\$1.50	\$3.00	\$4.50	\$6.00	\$7.50	\$9.00	\$10.50	\$12.00	\$13.50	\$15.00
0.240	45-49	\$2.40	\$4.80	\$7.20	\$9.60	\$12.00	\$14.40	\$16.80	\$19.20	\$21.60	\$24.00
0.370	50-54	\$3.70	\$7.40	\$11.10	\$14.80	\$18.50	\$22.20	\$25.90	\$29.60	\$33.30	\$37.00
0.620	55-59	\$6.20	\$12.40	\$18.60	\$24.80	\$31.00	\$37.20	\$43.40	\$49.60	\$55.80	\$62.00
0.670	60-64	\$6.70	\$13.40	\$20.10	\$26.80	\$33.50	\$40.20	\$46.90	\$53.60	\$60.30	\$67.00
1.170	<b>65-69</b>	<b>\$6,700</b>	<b>\$13,400</b>	<b>\$20,100</b>	<b>\$26,800</b>	<b>\$33,500</b>	<b>\$40,200</b>	<b>\$46,900</b>	<b>\$53,600</b>	<b>\$60,300</b>	<b>\$67,000</b>
		\$7.84	\$15.68	\$23.52	\$31.36	\$39.20	\$47.03	\$54.87	\$62.71	\$70.55	\$78.39
2.200	<b>70-74</b>	<b>\$3,400</b>	<b>\$6,800</b>	<b>\$10,200</b>	<b>\$13,600</b>	<b>\$17,000</b>	N/A	N/A	N/A	N/A	N/A
		\$7.48	\$14.96	\$22.44	\$29.92	\$37.40	N/A	N/A	N/A	N/A	N/A
3.670	<b>75-79</b>	<b>\$3,400</b>	<b>\$6,800</b>	<b>\$10,200</b>	<b>\$13,600</b>	<b>\$17,000</b>	N/A	N/A	N/A	N/A	N/A
		\$12.48	\$24.96	\$37.43	\$49.91	\$62.39	N/A	N/A	N/A	N/A	N/A
3.670	<b>80+</b>	<b>\$3,400</b>	<b>\$6,800</b>	<b>\$10,200</b>	<b>\$13,600</b>	<b>\$17,000</b>	N/A	N/A	N/A	N/A	N/A
		\$12.48	\$24.96	\$37.43	\$49.91	\$62.39	N/A	N/A	N/A	N/A	N/A

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Example:

Use this formula to calculate premium for benefit amounts over \$ 100,000

	Age	Monthly Rate Per \$1,000	X	Benefit In \$1,000's	=	Monthly Cost
Example:	35	0.100	X	150	=	\$ 15.00
			X		=	

Dependent Children  
Benefit Amt  
Monthly Rate:

	\$ 1,000	\$ 5,000	\$ 10,000
Monthly Rate:	\$ 0.182	\$ 0.91	\$1.82

Premium covers all dependent children regardless of the number of children.



**Monthly Spouse Premium**  
**Life Premium for sample benefit amounts**

Employee and Spouse premiums are calculated separately.  
 Spouse premiums will be calculated based on the Employee Age  
 Refer to Program Specifications for your maximum benefit amounts.  
*Benefits and premium amounts reflect age reductions.*

Monthly RATE	AGE	\$ 5,000	\$ 10,000	\$ 15,000	\$ 20,000	\$ 25,000	\$ 30,000	\$ 35,000	\$ 40,000	\$ 45,000	\$ 50,000
0.060	<24	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00
0.060	25-29	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00
0.060	30-34	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00
0.100	35-39	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50	\$3.00	\$3.50	\$4.00	\$4.50	\$5.00
0.150	40-44	\$0.75	\$1.50	\$2.25	\$3.00	\$3.75	\$4.50	\$5.25	\$6.00	\$6.75	\$7.50
0.240	45-49	\$1.20	\$2.40	\$3.60	\$4.80	\$6.00	\$7.20	\$8.40	\$9.60	\$10.80	\$12.00
0.370	50-54	\$1.85	\$3.70	\$5.55	\$7.40	\$9.25	\$11.10	\$12.95	\$14.80	\$16.65	\$18.50
0.620	55-59	\$3.10	\$6.20	\$9.30	\$12.40	\$15.50	\$18.60	\$21.70	\$24.80	\$27.90	\$31.00
0.670	60-64	\$3.35	\$6.70	\$10.05	\$13.40	\$16.75	\$20.10	\$23.45	\$26.80	\$30.15	\$33.50
1.170	65-69	<b>\$3,250</b>	<b>\$6,500</b>	<b>\$9,750</b>	<b>\$13,000</b>	<b>\$16,250</b>	<b>\$19,500</b>	<b>\$22,750</b>	<b>\$26,000</b>	<b>\$29,250</b>	<b>\$32,500</b>
		\$3.80	\$7.61	\$11.41	\$15.21	\$19.01	\$22.82	\$26.62	\$30.42	\$34.22	\$38.03

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Example:

Use this formula to calculate premium for benefit amounts over \$ 50,000

Age	Monthly Rate Per \$1,000	X	Benefit In \$1,000's	=	Monthly Cost
Example: 35	0.100	X	75	=	\$ 7.50
		X		=	

Dependent Children Benefit Amt  
 Monthly Rate:

\$ 1,000	\$ 5,000	\$ 10,000
\$ 0.182	\$ 0.91	\$ 1.82

Premium covers all dependent children regardless of the number of children.



Sponsored by: Riverview Healthcare Association

All Full-Time Managers, Directors, Providers, and Mid Levels.  
All Other Full-Time Employees

Benefit	Employee	Spouse	Dependent
Amount	Choice of \$10,000 increments	Choice of \$5,000 increments	Age 1 Day to age 26: \$1,000 \$5,000, \$10,000 increments

Minimum Amount	\$10,000	\$5,000	\$1,000
Maximum Amount	\$500,000, limited to 5 times your annual salary	\$250,000, limited to 50% of employee amount	\$10,000

Benefit Reduction	Employee	Spouse
Benefits will reduce:	33% at age 65; Additional 33% of original amount at age 70; Benefits terminate at retirement	33% at age 65; Additional 33% of original amount at age 70  Benefits terminate at age 70 or Retirement, whichever occurs first

**Additional Benefits** Safe Driver; Education; Spouse Training; Felonious Assault; Child Care; Coma; Common Disaster; Exposure; Disappearance; and Common Carrier

Eligibility	Employee	Spouse and Dependents
	All employees in an eligible class.	Cannot be in a period of limited activity on the day coverage takes effect.

**Employee Monthly Premium for Accidental Death and Dismemberment coverage**

Refer to Program Specifications for your maximum benefit amounts.

EXAMPLE: Use your elected benefit amount in this formula to estimate your premium.

	Monthly Rate per \$1,000		Benefit in \$1,000's		Monthly Cost
Employee	0.0260	X		=	
Spouse	0.0260	X		=	
Child	0.0260	X		=	
Example-Employee	0.0260	X	150	=	\$3.90

\*This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency

## Definitions

<b>AD&amp;D</b>	Accidental Death and Dismemberment (AD&D) insurance provides specified benefits for a covered accidental bodily injury that directly causes dismemberment (e.g., the loss of a hand, foot, or eye). In the event that death occurs from a covered accident, both the life and the AD&D benefit would be payable. This insurance is optional and can be purchased by you and your Spouse.
<b>Limited Activity</b>	A period when a Spouse or dependent is confined in a health care facility; or, whether confined or not, is unable to perform the regular and usual activities of a healthy person of the same age and sex.
<b>Exclusion: Suicide</b>	Benefits will not be paid if the death results from suicide after coverage is effective. May apply if employee contributes toward the premium.

## Additional Benefits

<b>LifeKeys<sup>SM</sup></b>	Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life and/or AD&D policy.
<b>TravelConnect<sup>SM</sup></b>	Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.

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**SUMMARY OF BENEFITS**

**Sponsored by: Riverview Healthcare Association**

*All Other Full-Time Employees*

Short-term disability is intended to protect your income for a short duration in case you become ill or injured.

STD Benefit			
	Weekly Benefit	Elimination Period	Maximum Duration
	60% of weekly salary up to \$1,000 per week	Benefits begin on: Accident: 15th day Illness: 15th day	11 weeks
<b>Integration of Benefits</b>	Your benefits may be reduced by benefits received from state disability or worker's compensation programs. The total of all benefits received from this policy, state disability plans, worker's compensation programs and your employer's sick pay plan may not exceed 100% of your income prior to disability.		
Additional Benefits			
	<b>Rehab Assistance - 5% Rehab Incentive</b> <b>Survivor Income - 3 Weeks</b> <b>C-Section Benefit - 8 weeks</b> <b>See your Schedule of Benefits on your Certificate for more information</b>		
Enrolling for Coverage			
<b>Eligibility:</b>	All employees in an eligible class.		



## Understanding Your Benefits

<b>Total Disability</b>	Due to an injury or illness, you are unable to perform each of the main duties of your regular occupation.
<b>Partial Disability</b>	Due to an injury or illness, you are unable to perform one or more of the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer as well as continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
<b>Continuation of Disability</b>	If you return to work full-time but become disabled from the same disability within 2 weeks of returning to work, you will begin receiving benefits again immediately.
<b>Benefit Exclusions</b>	You will not receive benefits in the following circumstances: <ul style="list-style-type: none"><li>• Your disability is the result of a self-inflicted injury.</li><li>• You are not under the regular care of a doctor when requesting disability benefits.</li><li>• Your disability is the result of war, declared or undeclared, or any act of war.</li><li>• Your disability is covered under a worker's compensation plan and/or is due to a job-related sickness or injury.</li></ul>
<b>Benefit Reductions</b>	Your benefits may be reduced if you are receiving benefits from any of the following sources: <ul style="list-style-type: none"><li>• Any governmental retirement system earned as a result of working for the current policyholder;</li><li>• Any disability or retirement benefit received under a retirement plan;</li><li>• Any Social Security, or similar plan or act, benefits;</li><li>• Earnings the insured earns or receives from any form of employment;</li><li>• You are receiving sick leave pay from your employer.</li><li>• Disability income benefits received under state disability benefit laws.</li></ul>
<b>Rehabilitation Assistance Benefit</b>	Employees who participate in an approved rehabilitation program are eligible to receive an additional percent of benefit. Additionally, approved program costs may be reimbursed.
<b>Survivor Income</b>	A benefit may be paid to your survivor for additional weeks if you should die while you were eligible to receive benefits under this policy.
<b>Coverage Termination</b>	This coverage will terminate when you terminate employment with this policyholder, or at your retirement.

**For assistance or additional information Contact Lincoln Financial Group at**

**(800) 423-2765; reference ID: RIVHEAL**

**[www.LincolnFinancial.com](http://www.LincolnFinancial.com)**

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**SUMMARY OF BENEFITS**

**Sponsored by: Riverview Healthcare Association**

***Directors, All Full-Time Managers and Mid Levels***

**Short-term disability is intended to protect your income for a short duration in case you become ill or injured.**

<b>STD Benefit</b>			
	<b>Weekly Benefit</b>	<b>Elimination Period</b>	<b>Maximum Duration</b>
	60% of weekly salary up to \$1,500 per week	Benefits begin on: Accident: 15th day Illness: 15th day	11 weeks
<b>Integration of Benefits</b>	Your benefits may be reduced by benefits received from state disability or worker's compensation programs. The total of all benefits received from this policy, state disability plans, worker's compensation programs and your employer's sick pay plan may not exceed 100% of your income prior to disability.		
<b>Additional Benefits</b>			
	<b>Rehab Assistance - 5% Rehab Incentive</b> <b>Survivor Income - 3 Weeks</b> <b>C-Section Benefit - 8 weeks</b> <b>See your Schedule of Benefits on your Certificate for more information</b>		
<b>Enrolling for Coverage</b>			
<b>Eligibility:</b>	All employees in an eligible class.		

## Understanding Your Benefits

<b>Total Disability</b>	Due to an injury or illness, you are unable to perform each of the main duties of your regular occupation.
<b>Partial Disability</b>	Due to an injury or illness, you are unable to perform one or more of the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer as well as continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
<b>Continuation of Disability</b>	If you return to work full-time but become disabled from the same disability within 2 weeks of returning to work, you will begin receiving benefits again immediately.
<b>Benefit Exclusions</b>	You will not receive benefits in the following circumstances: <ul style="list-style-type: none"><li>• Your disability is the result of a self-inflicted injury.</li><li>• You are not under the regular care of a doctor when requesting disability benefits.</li><li>• Your disability is the result of war, declared or undeclared, or any act of war.</li><li>• Your disability is covered under a worker's compensation plan and/or is due to a job-related sickness or injury.</li></ul>
<b>Benefit Reductions</b>	Your benefits may be reduced if you are receiving benefits from any of the following sources: <ul style="list-style-type: none"><li>• Any governmental retirement system earned as a result of working for the current policyholder;</li><li>• Any disability or retirement benefit received under a retirement plan;</li><li>• Any Social Security, or similar plan or act, benefits;</li><li>• Earnings the insured earns or receives from any form of employment;</li><li>• You are receiving sick leave pay from your employer.</li><li>• Disability income benefits received under state disability benefit laws.</li></ul>
<b>Rehabilitation Assistance Benefit</b>	Employees who participate in an approved rehabilitation program are eligible to receive an additional percent of benefit. Additionally, approved program costs may be reimbursed.
<b>Survivor Income</b>	A benefit may be paid to your survivor for additional weeks if you should die while you were eligible to receive benefits under this policy.
<b>Coverage Termination</b>	This coverage will terminate when you terminate employment with this policyholder, or at your retirement.

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**SUMMARY OF BENEFITS**

Sponsored by: Riverview Healthcare Association

*All Other Full-Time Employees*

Long-term disability is intended to protect your income for a long duration after you have depleted short-term disability or any sick leave your company may offer.

LTD Benefit				
	Monthly Benefit	Maximum Benefit Duration	Own Occupation Period	Elimination Period
<b>Employer Paid Plan</b>	50% of monthly salary up to \$12,000 per month	Later of Age 65 or Social Security Normal Retirement Age	24 Months	90 Days
<b>Pre-Existing Condition</b>	You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 12 months.			
<b>Waiver of Premium</b>	You will not be required to pay premium during any time of approved total or partial disability.			
<b>Benefit Limitations</b>	Mental Illness: 24 Months Substance Abuse: 24 Months Specified Illness: No Limit			

**Enrolling for Coverage**

**Eligibility:** All employees in an eligible class

**Additional Benefits**

Progressive Income Benefit, Family Care Expense Benefit, Survivor Income Benefit, EmployeeConnect - Employee Assistance Plan and Waiver of Premium

**See your Schedule of Benefits on your Certificate for more information**

## Understanding Your Benefits

<b>Elimination Period</b>	The number of days you must be disabled prior to collecting disability benefits.
<b>Own Occupation</b>	The occupation, trade, or profession you were employed in prior to your disability as defined by the US DOL Dictionary of Occupational Titles.
<b>Total Disability</b>	Due to an injury or illness, you are unable to perform each of the main duties of your own occupation on a full-time basis. Your "own" occupation is covered for a specific period of time. Following this, the definition of total disability becomes the inability to perform any occupation for which you are reasonably suited based on your experience, education, or training. See Certificate of Coverage for details.
<b>Partial Disability</b>	Due to an injury or illness, you are unable to perform one or more of the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer and continue to receive benefits, which may enable you to receive 100% of your income during your time of disability. See Certificate of Coverage for details.
<b>Continuation of Disability</b>	If you return to work full-time but become disabled from the same disability within 6 months of returning to work, you will begin receiving benefits again immediately with no new Elimination Period.
<b>Benefit Duration Reduction</b>	Your benefit duration may be reduced if you become disabled after age 65.
<b>Pre-Existing Condition</b>	Any sickness or injury for which you received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to your coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months following the coverage effective date.
<b>Benefit Exclusions</b>	You will not receive benefits in the following circumstances: <ul style="list-style-type: none"><li>• Your disability is the result of a self-inflicted injury.</li><li>• You are not under the regular care of a doctor when requesting disability benefits.</li><li>• You were involved in a felony commission, act of war, or participation in a riot.</li><li>• You were residing outside of the United States or Canada for more than 12 consecutive months for purposes other than employment with your Employer.</li></ul>
<b>Benefit Reductions</b>	Your benefits may be reduced if you are receiving benefits from any of the following sources: <ul style="list-style-type: none"><li>• Any compulsory benefit act or law (such as state disability plans);</li><li>• Any governmental retirement system earned as a result of working for the current policyholder;</li><li>• Any disability or retirement benefit received under a retirement plan;</li><li>• Any Social Security, or similar plan or act, benefits;</li><li>• Earnings from any form of employment;</li><li>• Workers compensation;</li><li>• Salary continuance or employer contributions to an employer sponsored retirement plan.</li></ul>
<b>Coverage Termination</b>	Coverage will terminate when you terminate employment with this policyholder, or at your retirement.

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**SUMMARY OF BENEFITS**

**Sponsored by:** Riverview Healthcare Association

*Directors, All Full-Time Managers, Providers, and Mid Levels*

Long-term disability is intended to protect your income for a long duration after you have depleted short-term disability or any sick leave your company may offer.

LTD Benefit				
	Monthly Benefit	Maximum Benefit Duration	Own Occupation Period	Elimination Period
<b>Employer Paid Plan</b>	50% of monthly salary up to \$12,000 per month	Later of Age 65 or Social Security Normal Retirement Age	Age 65	90 Days
<b>Pre-Existing Condition</b>	You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 12 months.			
<b>Waiver of Premium</b>	You will not be required to pay premium during any time of approved total or partial disability.			
<b>Benefit Limitations</b>	Mental Illness: 24 Months Substance Abuse: 24 Months Specified Illness: No Limit			

**Enrolling for Coverage**

**Eligibility:** All employees in an eligible class

**Additional Benefits**

Progressive Income Benefit, Family Care Expense Benefit, Survivor Income Benefit, EmployeeConnect - Employee Assistance Plan and Waiver of Premium

**See your Schedule of Benefits on your Certificate for more information**

## Understanding Your Benefits

<b>Elimination Period</b>	The number of days you must be disabled prior to collecting disability benefits.
<b>Own Occupation</b>	The occupation, trade, or profession you were employed in prior to your disability as defined by the US DOL Dictionary of Occupational Titles.
<b>Total Disability</b>	Due to an injury or illness, you are unable to perform each of the main duties of your own occupation on a full-time basis. Your "own" occupation is covered for a specific period of time. Following this, the definition of total disability becomes the inability to perform any occupation for which you are reasonably suited based on your experience, education, or training. See Certificate of Coverage for details.
<b>Partial Disability</b>	Due to an injury or illness, you are unable to perform one or more of the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer and continue to receive benefits, which may enable you to receive 100% of your income during your time of disability. See Certificate of Coverage for details.
<b>Continuation of Disability</b>	If you return to work full-time but become disabled from the same disability within 6 months of returning to work, you will begin receiving benefits again immediately with no new Elimination Period.
<b>Benefit Duration Reduction</b>	Your benefit duration may be reduced if you become disabled after age 65.
<b>Pre-Existing Condition</b>	Any sickness or injury for which you received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to your coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months following the coverage effective date.
<b>Benefit Exclusions</b>	You will not receive benefits in the following circumstances: <ul style="list-style-type: none"><li>• Your disability is the result of a self-inflicted injury.</li><li>• You are not under the regular care of a doctor when requesting disability benefits.</li><li>• You were involved in a felony commission, act of war, or participation in a riot.</li><li>• You were residing outside of the United States or Canada for more than 12 consecutive months for purposes other than employment with your Employer.</li></ul>
<b>Benefit Reductions</b>	Your benefits may be reduced if you are receiving benefits from any of the following sources: <ul style="list-style-type: none"><li>• Any compulsory benefit act or law (such as state disability plans);</li><li>• Any governmental retirement system earned as a result of working for the current policyholder;</li><li>• Any disability or retirement benefit received under a retirement plan;</li><li>• Any Social Security, or similar plan or act, benefits;</li><li>• Earnings from any form of employment;</li><li>• Workers compensation;</li><li>• Salary continuance or employer contributions to an employer sponsored retirement plan.</li></ul>
<b>Coverage Termination</b>	Coverage will terminate when you terminate employment with this policyholder, or at your retirement.

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# It's Open Enrollment Time at Riverview Health

**Riverview strives to provide a competitive benefits package for all employees as part of their total compensation package. We realize you make benefit choices based on what's important to you and the needs of your changing lifestyle.**

The following is an overview of the Voluntary Benefits available through Colonial Life.

## **Short Term Disability (Income Protection Buy Up)**

**Short Term Disability** replaces a portion of your income to help make ends meet if you are totally disabled due to a covered accident or covered sickness that happens outside of work. Have you thought about what you would do if you were unable to work? How would you cover the cost of your daily living expenses? Colonial Life's Short Term Disability Insurance provides a monthly benefit to replace lost income in the event of a covered accident or illness. This coverage helps you to maintain your lifestyle.

- Coverage includes maternity (9-month birth exclusion applies) and partial disability benefits.
- Protect up to 40% of your monthly income: \$400 - \$6,500 in \$100 increments
- **PORTABLE:** If you change jobs you can take your coverage with you at the same affordable rates.
- **OWN OCCUPATION** definition of disability and **WORLDWIDE COVERAGE.**
- **LEVEL PREMIUMS:** rates do not increase as you get older.

### **Sample Bi-Monthly Premiums**

**14 Days Accident / 14 Days Sickness Elimination Period, 3 Month Benefit Period**

Monthly Benefit	\$500	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000
Age 17-49	\$3.50	\$7.00	\$10.50	\$14.00	\$17.50	\$21.00
Age 50-69	\$3.63	\$8.75	\$13.13	\$17.50	\$21.88	\$26.25

*"A Risk"*

## **Group Accident Insurance**

Common injuries like major cuts, fractures or dislocations can result in hundreds of dollars in out-of-pocket medical expenses and time missed from work. Colonial's Group Accident Insurance helps cover unexpected expenses such as Co-pays, deductibles, co-insurance and includes benefits for initial care (ambulance, ER, Doctor's Office visit, etc...), hospitalization, follow up care plus accidental death & dismemberment benefits. The plan includes:

- **On & Off Job** Accident Coverage with ability to cover your spouse & dependent children.
- **Benefits** are paid directly to you.
- **Health Screening Benefit: \$100 benefit annually.**
- **Coverage is convertible** to an individual accident policy without proof of good health if certain criteria are met.

Group Accident 24 Pay Rates	Name Insured	Employee & Spouse	Employee & Children	Family
Plan 2 On/Off Job	\$7.84	\$12.48	\$12.86	\$17.51

*Policies have exclusions and limitations that may affect benefits payable. For cost and complete details, please see your Benefits Counselor. Policies or provisions may vary or be unavailable in some states.*

**Medical Bridge** – helps you replace you deductible should you end up hospitalized. **Plan 1 is H.S.A. compliant and provides a flat amount for Hospitalization only. *Includes a \$50 annual health screening benefit.***

Medical Bridge 24 Pay Rates	Plan 1 \$1,000		Plan 1 \$1,500	
	Ages 17-49	Ages 50-59*	Ages 17-49	Ages 50-59*
Employee	\$5.79	\$7.99	\$10.43	\$12.79
Employee & Spouse	\$10.65	\$15.03	\$20.03	\$25.10
Employee & Children	\$8.39	\$10.72	\$13.05	\$16.04
Family Coverage	\$13.31	\$17.73	\$22.02	\$27.07

\*Additional age brackets for 60-64 and 65-74

**Cancer Assist** Many cancer related expenses are out-of-pocket expenses such as co-insurance, deductibles, and indirect expenses that major medical plans are not designed to cover. Colonial’s cancer coverage helps offset these costs and also provides benefits for certain cancer screening tests and includes benefits for inpatient treatment, other treatment benefits including radiation, chemotherapy, and experimental treatments. Also includes benefits for transportation & lodging, surgical procedures, extended care benefits that include family care, skilled nursing and home health care/hospice and more. Below are highlights:

- **Benefits** are paid directly to you.
- **Plan** is portable, you can take it with you at the same rates should you change jobs or retire.
- **Family** coverage is available. All eligible employees have the same premium, regardless of risk class or age.
- ***Includes a \$100 Annual Cancer Screening/Wellness Benefit***
- ***Optional Initial Diagnosis rider, you can elect from \$1,000 up to \$10,000, 2.5x for Child(ren).***
- **Progressive payment rider** available

Cancer Assist 24 Pay Rates	Individual	Employee & Spouse	One Parent	Family
Level 2	\$10.03	\$15.65	\$10.18	\$15.80
Level 3	\$12.33	\$20.53	\$12.55	\$20.75

**Service Forms available at: [www.coloniallife.com](http://www.coloniallife.com)**

*Policies have exclusions and limitations that may affect benefits payable. For cost and complete details, please see your Benefits Counselor. Policies or provisions may vary or be unavailable in some states.*



## Benefit Resource Center We're here to help!

Did your telephone call to your insurance carrier leave you more confused? The Benefit Resource Center (BRC) can help you understand what your insurance company is telling you.

A claim not paying? Has the insurance company told you that the claim is in process for the last two months? Call the BRC! We can work with the insurance carrier to identify the reasons why the claim is not processing and work to get it paid.

The BRC can also assist with benefit clarification. We can answer questions like: "Do I have mail order prescription benefits?" "How are physicals covered on my plan?" Call a Benefit Specialist. We'd be happy to answer these questions for you!

Services denied? The Benefit Resource Center is here to help. Our experience has allowed us to become well versed in writing appeal letters. Give us a call. We'll draft the appeal letter for you and submit it to the insurance company on your behalf.

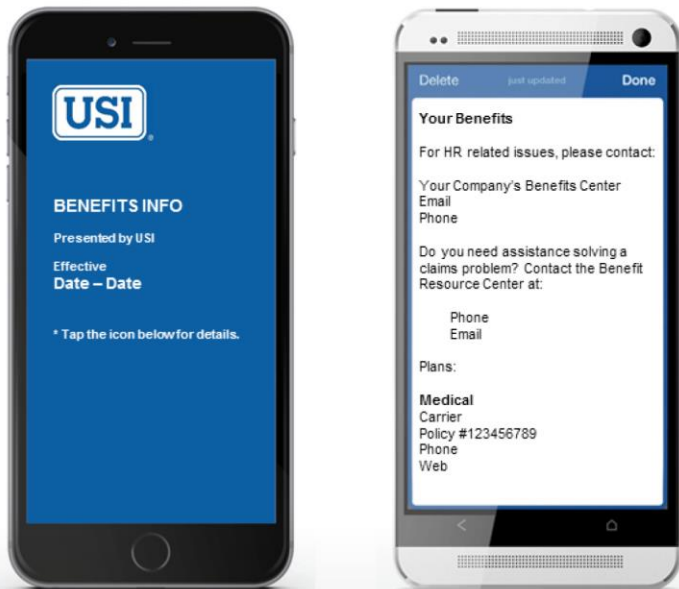
### **Benefit Resource Center Mountain**

Toll free: 855.874.0742

[BRCMT@usi.com](mailto:BRCMT@usi.com)



# Benefit Resource Center Mobile App



Available for: iPhone® and Android™

The skilled team in our Benefit Resource Center can help when it comes to resolving issues related to your health care benefits in a number of ways:

- Claims processing and resolution
- Benefit clarification
- Assisting with denied services
- Drafting appeal letters to carriers

Access to the BRC is at your fingertips through our mobile app!

## TWO WAYS TO ADD THE BRC MOBILE CARD TO YOUR SMARTPHONE

### For iPhone Users:

1. To save the card directly from the QR code pictured here, open up the Wallet application and tap "scan code" in the top right corner.
2. Or send yourself a text message by clicking the URL pictured here, accessing it directly from your phone. The card will open automatically in the Wallet application where you can tap "add" in the top right corner to save it.

### For Android and Blackberry Users:

1. Download the PassWallet application from your Google Play store to scan the QR code directly into the app. If prompted, allow any additional software to be downloaded. The card will be saved and stored in the PassWallet app.
2. Or send yourself a text message by clicking the URL pictured here, or directly from your phone to display a preview prompt where you can "open in PassWallet" or "download PassWallet."



**Mountain Benefit Resource Center**

855-874-0742  
BRCMT@usi.com

**Hours: 8am – 5pm Mountain Time**

# Important Legal Notices Affecting Your Health Plan Coverage

## THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

## NOTICE REGARDING WELLNESS PROGRAMS

RiverView Health's wellness plan is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for various conditions (see test overview included in the benefit guide). You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of a Health Savings Account (HSA) Contribution or a free medical insurance premium for single only coverage. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the HSA contribution or the free medical insurance premium.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

### **Protections from Disclosure of Medical Information**

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and RiverView Health may use aggregate information it collects to design a program based on identified health risks in the workplace, RiverView Health wellness plan will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Jean Tate at 218-281-9409.

## CONTACT INFORMATION

### CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Jean Tate  
218-281-9409  
[jtate@riverviewhealth.org](mailto:jtate@riverviewhealth.org)

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

## Your Information. Your Rights. Our Responsibilities.

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*Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.*

## Your Rights

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You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## Your Choices

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You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

## Our Uses and Disclosures

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We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## Your Rights

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



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

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

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

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

**Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

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

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

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

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice**

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

**Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

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

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## **Your Choices**

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

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

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

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

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

- Marketing purposes
- Sale of your information

## **Our Uses and Disclosures**

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

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

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

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

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

#### **Pay for your health services**

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

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

#### **Administer your plan**

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

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

#### **Run our organization**

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

- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.  
*Example: We use health information about you to develop better services for you.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

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

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

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

### **Do research**

We can use or share your information for health research.

### **Comply with the law**

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

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

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

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

We can use or share health information about you:

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

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

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

## **Our Responsibilities**

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- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

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

## **Changes to the Terms of this Notice**

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

**Premium Assistance Under Medicaid and the  
Children’s Health Insurance Program (CHIP)**

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

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

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

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidtprecovery.com/hipp/">http://flmedicaidtprecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ALASKA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
<b>ARKANSAS – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>IOWA – Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: <a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> Phone: 1-888-346-9562



<b>KANSAS – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MAINE – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a> Phone: 919-855-4100
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-462-1120	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MINNESOTA – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MISSOURI – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>MONTANA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP</a> Phone: 1-800-694-3084	Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
<b>NEBRASKA – Medicaid</b>	<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a> Phone: 1-855-632-7633	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 401-462-5300
<b>NEVADA – Medicaid</b>	<b>SOUTH CAROLINA – Medicaid</b>
Medicaid Website: <a href="https://dwss.nv.gov/">https://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820

<b>SOUTH DAKOTA - Medicaid</b>		<b>WASHINGTON – Medicaid</b>	
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059		Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473	
<b>TEXAS – Medicaid</b>		<b>WEST VIRGINIA – Medicaid</b>	
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493		Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free Phone: 1-855-MyWVHIPP (1-855-699-8447)	
<b>UTAH – Medicaid and CHIP</b>		<b>WISCONSIN – Medicaid and CHIP</b>	
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669		Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.p df</a> Phone: 1-800-362-3002	
<b>VERMONT– Medicaid</b>		<b>WYOMING – Medicaid</b>	
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427		Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531	
<b>VIRGINIA – Medicaid and CHIP</b>			
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance. cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance. cfm</a> CHIP Phone: 1-855-242-8282			

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

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

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

**Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, [www.healthscopebenefits.com](http://www.healthscopebenefits.com).

For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary](http://www.healthcare.gov/sbc-glossary) or call 1-800-560-4664 to request a copy.

Important Questions	Answers	Why This Matters:
<p>What is the overall <a href="#">deductible</a>?</p>	<p>On-Campus: <b>\$2,600</b> Employee, <b>\$5,200</b> Family; <a href="#">Network</a>: <b>\$5,000</b> Employee, <b>\$10,000</b> Family  <a href="#">Non-network</a>: <b>\$7,000</b> Employee, <b>\$14,000</b> Family</p>	<p>Generally, you must pay all of the costs from providers up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a>, each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a>.</p>
<p>Are there services covered before you meet your <a href="#">deductible</a>?</p>	<p>Yes, Preventive Care is covered before you meet your <a href="#">deductible</a>.</p>	<p>This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a>. See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>.</p>
<p>Are there other <a href="#">deductibles</a> for specific services?</p>	<p>No</p>	<p>You don't have to meet <a href="#">deductibles</a> for specific services.</p>
<p>What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a>?</p>	<p>On-Campus: <b>\$2,600</b> Employee, <b>\$5,200</b> Family; <a href="#">Network</a>: <b>\$5,000</b> Employee, <b>\$10,000</b> Family  <a href="#">Non-network</a>: <b>\$8,000</b> Employee, <b>\$16,000</b> Family</p>	<p>The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a>, they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.</p>
<p>What is not included in the <a href="#">out-of-pocket limit</a>?</p>	<p>Premiums, penalties, amounts over Usual and Customary fees and excluded charges.</p>	<p>Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a>.</p>
<p>Will you pay less if you use a <a href="#">network provider</a>?</p>	<p>Yes. Call 1-800-560-4664 or visit <a href="http://www.healthscopebenefits.com">www.healthscopebenefits.com</a> for a list of <a href="#">network providers</a>.</p>	<p>This <a href="#">plan</a> uses a provider <a href="#">network</a>. You will pay less if you use a <a href="#">provider</a> in the plan's <a href="#">network</a>. You will pay the most if you use an <a href="#">out-of-network provider</a>, and you might receive a bill from a <a href="#">provider</a> for the difference between the provider's charge and what your <a href="#">plan</a> pays (<a href="#">balance billing</a>). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.</p>
<p>Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a>?</p>	<p>No. You don't need a referral to see a <a href="#">specialist</a>.</p>	<p>You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a>.</p>



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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's</a> office or clinic	Primary care visit to treat an injury or illness	0% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	None  You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
	<a href="#">Specialist</a> visit	0% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	
	<a href="#">Preventive care/screening/immunization</a>	No Charge	40% <a href="#">coinsurance</a>	
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	0% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	None
	Imaging (CT/PET scans, MRIs)	0% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	None
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available at <a href="#">www.LDIRx.com</a>	Generic drugs	0% <a href="#">coinsurance</a>	Not Covered	Includes cost difference between the generic and brand name drugs when the generic is available.
	Preferred brand drugs	0% <a href="#">coinsurance</a>	Not Covered	
	Non-preferred brand drugs	0% <a href="#">coinsurance</a>	Not Covered	
	<a href="#">Specialty drugs</a>	0% <a href="#">coinsurance</a>	Not Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	None
	Physician/surgeon fees	0% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	None
If you need immediate medical attention	<a href="#">Emergency room care</a>	0% <a href="#">coinsurance</a>	Emergency: 0% <a href="#">coinsurance</a> Non-Emergency: 40% <a href="#">coinsurance</a>	None
	<a href="#">Emergency medical transportation</a>	0% <a href="#">coinsurance</a>	0% <a href="#">coinsurance</a>	None
	<a href="#">Urgent care</a>	0% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	None
	Facility fee (e.g., hospital room)	0% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	<a href="#">Precertification</a> is required
If you have a hospital stay	Physician/surgeon fees	0% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	None

\* For more information about limitations and exceptions, see the plan or policy document at [www.healthscopebenefits.com](#).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	0% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	None
	Inpatient services	0% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	<a href="#">Precertification</a> is required
If you are pregnant	Office visits	0% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	Covered for employee and spouse only with exception to certain preventative services.
	Childbirth/delivery professional services	0% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	
	Childbirth/delivery facility services	0% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	0% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	<a href="#">Precertification</a> is required
	<a href="#">Rehabilitation services</a>	0% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	None
	<a href="#">Habilitation services</a>	0% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	
	<a href="#">Skilled nursing care</a>	0% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	<a href="#">Precertification</a> is required
	<a href="#">Durable medical equipment</a>	0% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	<a href="#">Precertification</a> is required
	<a href="#">Hospice services</a>	0% <a href="#">coinsurance</a>	40% <a href="#">coinsurance</a>	<a href="#">Precertification</a> is required
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	Vision screening covered for children under age of 5 for preventative care.
	Children's glasses	Not Covered	Not Covered	
	Children's dental check-up	Not Covered	Not Covered	None

**Excluded Services & Other Covered Services:**

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

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li>• Bariatric Surgery</li> <li>• Cosmetic Surgery</li> <li>• Dental Care</li> </ul> | <ul style="list-style-type: none"> <li>• Hearing Aids</li> <li>• Infertility Treatment</li> <li>• Long Term Care</li> </ul> | <ul style="list-style-type: none"> <li>• Non-emergency care when traveling outside the U.S.</li> <li>• Routine Foot Care</li> </ul> |
|--|---|---|

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

- |  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Chiropractic Care</li> </ul> | <ul style="list-style-type: none"> <li>• Private Duty Nursing</li> <li>• Routine eye care (Adult)</li> </ul> | <ul style="list-style-type: none"> <li>• Weight Loss Programs (1 per month, on campus only if BMI 25+)</li> </ul> |
|--|--|---|

\* For more information about limitations and exceptions, see the plan or policy document at [www.healthscopebenefits.com](http://www.healthscopebenefits.com).



**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: HealthSCOPE Benefits at 1-800-560-4664.

**Does this plan provide Minimum Essential Coverage? Yes**  
If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet the Minimum Value Standards? Yes**  
If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-560-4664.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-560-4664.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-560-4664.

Navajo (Dine): Dinekehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-560-4664.

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

\* For more information about limitations and exceptions, see the plan or policy document at [www.healthscopebenefits.com](http://www.healthscopebenefits.com).



About these Coverage Examples:



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

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's overall deductible](#) \$2,600
- [Specialist coinsurance](#) 0%
- [Hospital \(facility\) coinsurance](#) 0%
- [Other coinsurance](#) 0%

**This EXAMPLE event includes services like:**

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

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

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

Cost Sharing	
Deductibles	\$2,600
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$2,660</b>

### Managing Joe's type 2 Diabetes

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

- The [plan's overall deductible](#) \$2,600
- [Specialist coinsurance](#) 0%
- [Hospital \(facility\) coinsurance](#) 0%
- [Other coinsurance](#) 0%

**This EXAMPLE event includes services like:**

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

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

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

Cost Sharing	
Deductibles	\$2,600
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$55
<b>The total Joe would pay is</b>	<b>\$2,655</b>

### Mia's Simple Fracture

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

- The [plan's overall deductible](#) \$2,600
- [Specialist coinsurance](#) 0%
- [Hospital \(facility\) coinsurance](#) 0%
- [Other coinsurance](#) 0%

**This EXAMPLE event includes services like:**

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

**Total Example Cost** \$1,925

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

Cost Sharing	
Deductibles	\$1,925
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,925</b>

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.



Prepared on behalf of RiverView Healthcare Association by USI Insurance Services

This brochure summarizes the benefit plans that are available to Client Name eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.