

2024

BENEFITS GUIDE



Your Anderson County Benefits



A quick benefits resource for you and your family
Instructions on how to enroll/update your benefits
Information about exciting features of your benefits.
Contact information for dedicated service team

New Hires eligible on the 1st of the month after hire date

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Anderson County understands that every employee has different needs when it comes to benefit elections. We are providing a wide range of comprehensive benefit plans that allow you to choose plans that fit the needs for you and your family. Helping you understand the benefits offered is important to us, which is why we have provided this Benefits Guide. This guide provides an overview of the many benefits that are available for eligible employees. The table of contents below outlines the major categories of this guide. Review each category carefully as you decide on the elections that best work for you.

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CONTACT INFORMATION

ACCOUNT MANAGEMENT TEAM

EBMS - Anderson County Support 866-326-7340

Call this number for all general questions and inquiries. You will get a live person every time to help you. Just tell them you work for Anderson County once on the line.

Insurance Representatives:

Direct Dial: 864-765-0015 or 803-419-4730 x108

Primary Contact: Natalie Barrow - Natalie@seinsurancegroup.com

Secondary Contacts: Stephen Parrish or Faith Shehane

Medicare Contact: Brian Loquist - brian@seinsurancegroup.com

We will have a representative on-site at the historic courthouse every Tuesday!

Liviniti Pharmacy Questions 800-710-9341

Call this number for pharmacy questions or if you need help with a medication or prescription.

MEDink SUPPLEMENT GAP PLAN / ACCIDENT / CANCER

American Public Life

www.ampublic.com - 800-256-8606

DENTAL

Ameritas Network

Customer Service: 1-866-326-7705

VISION

Physician Eyecare Plan

Customer Service: 843-579-0508 fax 843-577-5895 • info@physicianseyecareplan.com

TERM LIFE/DISABILITY

Mutual of Omaha

www.mutualofomaha.com - 1-800-228-7104

FSA

Flores & Associates

www.flores247.com - 1-800-532-3327

GET READY FOR OPEN ENROLLMENT

Enrolling in your benefits has never been easier.

You will be able to enroll in your benefits with HR, at orientation with a benefit adviser or online. Please make sure to familiarize yourself with all of the benefits offered by Anderson County.

If you do not complete enrollment, your plan selections will automatically roll over from 2023. This means you will be enrolled in all of the same benefits you have now if you choose not to complete enrollment.

*Please note: FSA and DCA elections must be elected online each year!

There are four important and simple steps to enroll.

1) Study and review this benefits guide

Educating yourself about your benefits is the most important thing you can do during enrollment. There are so many plans and programs available to you. Make sure you understand all that your benefits package has to offer.

2) Login to Employee Navigator

One of the most exciting new pieces to your benefits experience is a new state of the art online portal. We have partnered with Employee Navigator to simplify the enrollment process. Simply go to www.EmployeeNavigator.com and login with the username and password you created last year.

3) Enroll in your benefits

You can enroll online with a computer or from your smartphone. Your department or division will also be hosting orientation where you can come ask questions and sit down with a local representative to assist you with your enrollment.

4) Review your enrollment summary

Once you have completed your enrollment, take some time to review your elections. We want you to be comfortable and excited about your benefits and healthcare. This is very important, as you will not be able to make changes without a qualified life event once your benefits begin.



RATE SHEET

Rate Chart (24 pay periods)

	Medical Standard Plan	Medical Direct Plan	Dental Basic	Dental Plus	Vision Basic	Vision Plus
Employee	\$0	\$0	\$0	\$13.56	\$3.60	\$5.05
Employee/Spouse	\$79.32	\$79.32	\$3.82	\$31.22	\$6.95	\$10.10
Employee/Children	\$23.53	\$23.53	\$6.86	\$38.46	\$7.25	\$10.65
Family	\$106.42	\$106.42	\$10.67	\$51.72	\$11.10	\$16.30

Tobacco Surcharge	Single Coverage - \$20	Non Single Coverage - \$30
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MEDlink Gap Plan - Reimburses \$2,500 for Hospital expenses & \$500 per day for Outpatient expenses		
Age	18-54	55+
Employee	\$20.26	\$30.39
Employee/Spouse	\$40.52	\$60.78
Employee/Children	\$39.10	\$49.23
Family	\$59.36	\$79.61

Voluntary Term Life	See rate chart or online enrollment
Voluntary Short Term Disability	See rate chart or online enrollment
Voluntary Long Term Disability	See rate chart or online enrollment

	Basic Accident	Enhanced Accident	Enhanced Plus Accident
Employee	\$9.95	\$13.05	\$16.71
Employee/Spouse	\$14.15	\$17.45	\$20.95
Employee/Children	\$15.75	\$20.50	\$25.65
Family	\$19.96	\$24.90	\$29.95

	Basic Cancer \$10,000			Enhanced Cancer \$15,000			Enhanced + Cancer \$20,000		
Age	18-40	41-50	51-60	18-40	41-50	51-60	18-40	41-50	51-60
Employee	\$5.90	\$8.35	\$11.51	\$8.15	\$11.80	\$16.30	\$10.50	\$15.41	\$21.20
Employee/Children	\$8.80	\$12.40	\$17.15	\$12.20	\$17.60	\$24.35	\$15.70	\$22.90	\$31.66
EE Spouse or Family	\$11.40	\$16.10	\$22.35	\$15.90	\$22.85	\$31.66	\$20.40	\$29.75	\$41.15

ELIGIBILITY

Current Employees

Generally, you are eligible for benefits if you are a regular full-time employee scheduled to work 30 hours or more a week.

Open Enrollment for 2024 will take place October 1st—October 31st 2023. Please make sure you review your benefit options in this booklet and make any changes that may be necessary for 2024. This is your time to adjust your elections as you will not be able to make mid-year changes without a Qualifying Life Event.

If you have a Qualifying Life Event

Per IRS regulations, you can make changes to your benefit choices during the year only if you have a qualifying life event in your family, such as:

- * Gaining or losing a dependent due to marriage, divorce or legal separation, birth or adoption, death of a dependent or a dependent's change in eligibility status.
- * An eligible dependent gaining or losing other coverage (e.g. your spouse loses their benefits or gains benefits through new employment)
- * Change from full-time to part-time status or vice versa
- * Open Enrollment period for your spouse's benefit plan
- * Intended enrollment in a Qualified Health Plan through a Marketplace (exchange)

Should you experience one of these changes, you must contact your HR department within 31 days (60 for birth/adoption) of the event to review the changes available to you and complete your qualified life event change. The change in coverage will be effective the first of the month following the event. If you do not request the change with 31 days of the event, you will need to wait until the next open enrollment period to change your benefits for the following year. If you are adding a new dependent into coverage due to the qualified life change, you may need to provide documentation to prove the dependent's eligibility.

Eligible Dependents

You may cover eligible dependents under our benefit plans. Documentation supporting eligibility may be required.

- * Your legal spouse, including your same-sex spouse if you are legally married.
- * Your children, up to the end of the month that they turn 26
- * Your disabled child who lives with you, provided he or she is incapable of self-support as the result of a mental or physical disability and is financially supported by you.

New Hire?

You will be eligible for benefits on the first of the month following your hire date. So if you are hired on the 5th day of the month, your benefits will be effective on the 1st day of the next month.

Manage your benefits online, right from your browser, with our miBenefits portal.

Our latest technology allows you easier access to your healthcare information.

To register* for miBenefits, please visit miBenefits.ebms.com

Fast, simple, and frustration-free!

Like a digital helping hand, our next-generation portal makes your life easier. The days of struggling to make sense of a confusing benefit statement are gone. With our miBenefits portal, you'll login to a dynamic dashboard that puts everything you need right at your fingertips. We think you'll find it's even easier than calling our customer service center.

What you'll find in the miBenefits portal:

- ✓ One login for everything – medical, dental, vision, prescription, and HSA/FSA
- ✓ Simplified navigation – get 80% of what you need right from the home page
- ✓ Quick-links to find a physician, order an ID card, and perform other common tasks

Other features to check out:

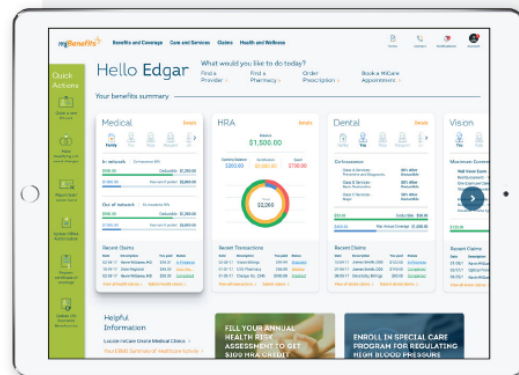
- Claims status in real time
- Separate tabs for each family member on your plan
- At-a-glance tracking of where you are in terms of deductibles and out-of-pocket maximums

You can find more information about the miBenefits portal by calling the number on the back of your card



Scan me to be directed to the MiBenefits portal!

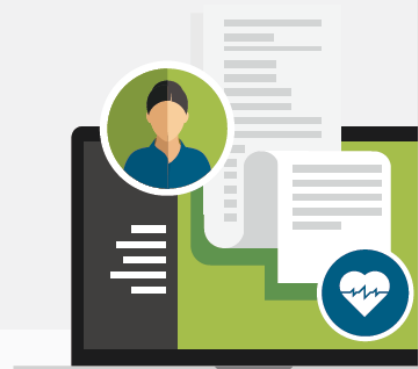
The miBenefits portal



Be an empowered healthcare consumer

Comparison shopping has always been nearly impossible in healthcare. We're changing the game with our consumer-oriented transparency tools, available through the miBenefits portal.

You can compare hospitals and doctors based on quality measures and typical costs. You can easily identify the providers that have the best outcomes and the fewest complications. And you can make better choices with your healthcare dollars.



Tiered Network Health Plan

Tier 1 Network



Anderson County has strategic partnerships with several local hospital systems and providers. These providers are part of the community and have agreed to help keep the cost of healthcare affordable and competitive for you and your families. Whenever you visit one of the providers in this tier, your deductible and specialist copay is reduced.

List of Providers: AnMed Health, Self Medical Group, Anderson Heart, Greenville Endoscopy Center, Gastroenterology Associates PA, Ambulatory Surgery Center of Spartanburg, Anderson Skin and Cancer Center, Anderson Radiology, Carolina Imaging Center

Tier 2 Network (Cigna PPO)



Anderson County has partnered with Cigna in order to provide network access and to prevent employees from receiving balance bills from hospitals and providers. The Cigna PPO is a national network with access to more than one million providers and 6,300 facilities. When utilizing this network employees will pay a deductible and specialist copay which is slightly higher than the Tier 1 network.

Sample List of Providers: Prisma Health, St. Francis, Spartanburg Regional, Regency Hospital, MUSC, Lexington Medical Center, Emory Health, Novant Health, Atrium Health, Duke, etc.

Tier 3 Out of Network



Anderson County has partnered with Elap services to provide limited coverage for providers who are not in Tier 1 or Tier 2. These providers would fall into a category where Anderson County does not have a partnership in place, and the provider is not in-network with Cigna PPO.

AnMed Partnership

Healthy Together

AnMed Health is proud to be your partner in health and well-being. From quick and convenient primary care and prevention to cutting-edge treatments for heart disease and cancer, AnMed Health brings a full spectrum of medical care right to your doorstep.

E-Visits. Connect with an AnMed Health expert online for quick and easy diagnosis of common minor health concerns that may not require an office visit. Just login, answer a few questions, and you'll receive treatment advice in your inbox within a few hours. E-Visit is available for just \$20 seven days a week between 7 am – 7 pm. Visit AnMedHealth.org/evisit to start your E-Visit today.

CareConnect urgent care. You never need an appointment at AnMed Health's urgent care clinics located in Anderson and Clemson. Open seven days a week, Care Connect offers expert care that's fast and affordable. Save even more time and wait in the comfort of your own home by visiting AnMedHealth.org/save-my-spot to reserve your place in line.

Heart Care. When you're having a heart attack, minutes matter. Our heart care team has been nationally recognized for providing fast and effective treatment that preserves heart muscle and minimizes damage. Thanks to coordination and partnership with EMS, that treatment often begins before a patient even arrives at the hospital. In addition to heart attack care, AnMed Health's cardiovascular experts offer a full range of treatments from open-heart surgery to minimally-invasive heart valve repair to outpatient monitoring and care for those with atrial fibrillation.

Cancer Care. A cancer diagnosis can be one of the most frightening experiences of a lifetime. AnMed Health's dedicated team of nurse navigators will walk with you through every step of the journey. Armed with cutting-edge technology to pinpoint treatment, dedicated expertise in diet and exercise, mental health counseling and support groups, an appearance shop, and more, AnMed Health has everything you need to fight cancer while keeping you close to family and loved ones.

Orthopaedics and Sports Medicine. Whether you're a serious athlete or just starting to feel your age, bone and joint pain shouldn't come between you and what you love. Our physician experts offer specialized care that ranges from minimally invasive and robot-assisted procedures to non-surgical methods such as injections and physical therapy.

Weight Loss Services. For those who have tried everything to lose weight without success, AnMed Health offers a variety of surgical and non-surgical procedures to help you achieve a healthy weight. Our dedicated weight loss services nurse navigator and physician experts will match you with a solution that meets your unique needs.



To find an AnMed Health expert near you or to learn more about the services we offer, please visit AnMedHealth.org.

STANDARD PLAN



	Tier 1 Network	Tier 2 Network (Cigna)	Out-of-Network
Deductible	\$525 Single \$1,100 Family	\$2,500 Single \$5,000 Family	\$5,000 Single \$10,000 Family
Coinsurance	80%	80%	50%
Coinsurance Out Of Pocket Limit Deductible and Copays not included in Out of Pocket Limit.	\$3,000 Single \$6,000 Family	\$3,000 Single \$6,000 Family	\$5,000 Single \$10,000 Family
	Tier 1 Network	Tier 2 Network (Cigna)	Out-of-Network
Preventive Care	Covered 100% You pay for extra lab/pathology	Covered 100% You pay for extra lab/pathology	You pay 50% after deductible
Primary Care Office Visit	You Pay \$20 Copay	You Pay \$20 Copay	You Pay \$20 Copay
Specialist Office Visit	You Pay \$40 Copay	You Pay \$60 Copay	You Pay \$60 Copay
Urgent Care Visit	You Pay \$50 Copay	You Pay \$50 Copay	You Pay \$50 Copay
Lab/Diagnostic/Surgical at Doctor's Office or Urgent Care	You Pay 20% after deductible	You Pay 20% after deductible	You Pay 50% after deductible
Emergency Room Visit	You Pay \$250 Copay + 20% after deductible.	You Pay \$250 Copay + 20% after deductible.	You Pay \$250 Copay + 50% after deductible.
MRI/CT/PET	You Pay \$195 Copay+ 20% after deductible	You Pay \$195 Copay+ 20% after deductible	You Pay \$195 Copay+ 50% after deductible
Outpatient Surgery	\$195 Copay + 20% after deductible	\$195 Copay + 20% after deductible	\$195 Copay + 50% after deductible
Hospital Stay	You pay 20% after deductible	You pay 20% after deductible	You pay 50% after deductible
	Tier 1 Network	Tier 2 Network (Cigna)	Out-of-Network
Total Maximum Out-of-Pocket This figure includes deductible, coinsurance, and <u>all copays</u>	\$7,900 Single \$15,800 Family	\$7,900 Single \$15,800 Family	\$10,00 Single \$20,000 Family

DIRECT PLAN



	Tier 1 Network	Tier 2 Network (Cigna)	Out-of-Network
Deductible	\$525 Single \$1,100 Family	\$2,500 Single \$5,000 Family	\$5,000 Single \$10,000 Family
Coinsurance	80%	80%	50%
Coinsurance Out Of Pocket Limit Deductible and Copays <i>not</i> included in Out of Pocket Limit.	\$3,000 Single \$6,000 Family	\$3,000 Single \$6,000 Family	\$5,000 Single \$10,000 Family
	Tier 1 Network	Tier 2 Network (Cigna)	Out-of-Network
Preventive Care	  	All office visits, preventive care, lab/pathology, and generic medication dispensed in office covered 100% with zero out-of-pocket costs for employees. You do NOT have to pay a deductible for primary care services.	
Primary Care Office Visit			
Specialist Office Visit	You Pay \$40 Copay	You Pay \$60 Copay	You Pay \$60 Copay
Urgent Care Visit	You Pay \$50 Copay	You Pay \$50 Copay	You Pay \$50 Copay
Lab/Diagnostic/Surgical at Doctor's Office or Urgent Care	You Pay 20% after deductible	You Pay 20% after deductible	You Pay 50% after deductible
Emergency Room Visit	You Pay \$250 Copay + 20% after deductible.	You Pay \$250 Copay + 20% after deductible.	You Pay \$250 Copay + 20% after deductible.
MRI/CT/PET	You Pay \$195 Copay+ 20% after deductible	You Pay \$195 Copay+ 20% after deductible	You Pay \$195 Copay+ 20% after deductible
Outpatient Surgery	\$195 Copay + 20% after deductible	\$195 Copay + 20% after deductible	\$195 Copay + 20% after deductible
Hospital Stay	You pay 20% after deductible	You pay 20% after deductible	You pay 50% after deductible
	Tier 1 Network	Tier 2 Network (Cigna)	Out-of-Network
Total Maximum Out-of-Pocket This figure includes deductible, coinsurance, and <u>all copays</u>	\$7,900 Single \$15,800 Family	\$7,900 Single \$15,800 Family	\$10,000 Single \$20,000 Family

MEDlink Supplement Gap Plan

WHY | would you buy gap insurance?



A **deductible** is the **amount you pay** for covered health care services before your insurance plan starts to pay.¹ And deductibles are on the rise.

The MEDlink Supplement Plan from APL can help you pay your deductible, coinsurance, and copay expenses. These benefits cover you from the first dollar and can drastically lower your out of pocket expenses in the event of a medical bill.

4 in 10 adults with health insurance say they have **difficulty affording their deductible.**³



BENEFITS:

In-Hospital: Plan pays up to \$2,500 per year.

Outpatient: Plan pays up to \$500 PER DAY.

Services Include: Hospital stays, Outpatient surgery, MRI/CT, Emergency room, Urgent Care, Physical Therapy, Ambulance, Durable Medical Equipment.

Easy to File a Claim!

Present **both** ID cards to the Provider

- Simply present your ID cards to your medical provider so they may file your claim and accept the assignment of benefits. Your provider needs to send in the following:
 - Itemized Statement (UB-04 or CMS-1500)
 - EBMS Explanation of Benefits
- If your medical provider is unable to file MEDlink, you may file a claim directly with APL. You will need to request the Itemized statement from your provider, and then send it to APL along with your explanation of benefits (EOB) from EBMS.
- You do not need to show your MEDlink card at the pharmacy
- If you forget to show your APL MEDlink card. Call your provider back and provide them the information over the phone.



Insured: **JOHN SMITH**
Coverage: **INDIVIDUAL**
Policy/Cert. #: **1122334**
Group #: **21212**
Effective Date: **3/1/2016**
Plan: **MEDLINK W/BENEFIT ASSIGNMENT**

Fax: 877.365.9423

Email: claims@ampublic.com

Mail:

APL Claims
P.O. Box 925
Jackson, MS 39205-0925

Phone: 800.256.8606

WHAT IS DIRECT PRIMARY CARE?

DPC is primary and preventative care, urgent care, chronic disease management, and wellness support through a monthly care fee that Anderson County pays directly on your behalf if you are enrolled in the Direct Plan. This means you can have a genuine relationship with your doctor. No surprise medical bills. No hassles. Just quality, honest health care, the way it was meant to be.

Benefits Include:

- Free Office Visits (same-day and next-day appointments)
- Direct Access to your doctor with extended and relaxed visits
- Free labs, generic medication, nutrition and health coaching
- Full access to your doctor via text, email, or phone calls

Dr. Seeberger is a family physician and is proud to offer pediatric care as well!



Dr. Nathan Seeberger



Dr. Amy Cianciolo



Dr. Shane Purcell



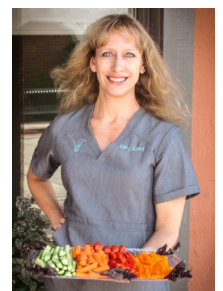
Dr. Clifton Straughn



Dr. Audrey Jones



Elizabeth Knippen PA



Dr. Lori Carnsew

Our passion for our patients is our product.

At Direct Access, you are part of an intimate family practice where the focus is on the patient/provider relationship and not coding or documenting for insurance purposes. It's very important to us that you feel valued and cared for at the highest level.

Ultimate access to your doctor

This means after hours and on weekends too.

Same-day or next-day appointments

No more waiting weeks to see your provider.

Diagnostic and in house procedural benefits

EKG, Strep Test, Breathing Treatments, Urinalysis just to name a few.

Coordinated care with specialists

Consider us the quarterback of your healthcare.

Phone, text, email, & video communication

Contact our team in a way that's convenient for you.

Personalized nutrition and wellness plans

Exclusive health and wellness visits tailored to your goals and needs.

Wholesale labs and generic medications

We pass on the savings to you.

Extended, relaxed appointments

You won't spend majority of your visit in the waiting room. Instead, you'll have plenty of quality time with your provider.

DIATHRIVE - Diabetic Testing Supplies

Through **Anderson County**, you and your family qualify for a **FREE** Diathrive Health membership!

What's included?

This benefit is **free** to you and includes unlimited access to:

- Glucose testing supplies
- Clinical support from our Health Advisors
- Diabetes education
- Insulin pen needles

Sign up for your starter kit today!

SCAN ME



What's in the box?

- ✓ Diathrive+ Bluetooth Blood Glucose Meter
- ✓ Glucose test strips
- ✓ Carrying case
- ✓ Lancing device
- ✓ Lancets



Health Advisor

A human approach to individualized diabetes care.

Whether you're newly diagnosed, looking for diabetes education, or ready to try something new with your health journey, our Health Advisors are ready to help!

Call Diathrive Customer Support to get started with Health Advisor today!

866-878-7477

Questions? Call Diathrive Customer Support today!

866-878-7477

support@diathrive.com



Call or Scan to sign up today!



2023 Diathrive

*Supplies will no longer be automatically shipped but can be reordered at any time as needed through the app or member support at support@diathrive.com.

Connect DME

- Our mission is to provide transparency and lower cost for all of your medical equipment needs. We offer big savings on a variety of wellness products, supplies and services (like home sleep studies) for you and your family.



4,000+ products

Diabetic Supplies, BiPAPs, CPAPs & supplies, Joint & Backbraces, Nebulizers, Boot Walkers & Knee Wheelers, Crutches, Wheelchairs and more!



Call or email us today!

Connect  DME.com

orders@connectDME.com

tel (918) 600-5799

fax (918) 515-6171

PRESCRIPTION DRUG COVERAGE

Announcing Our
New Name!



Prescription Drug Copays	Standard Plan and Direct Plan
Your cost at a RETAIL pharmacy (Walgreens Out-of-Network)	Tier 1 (Generic) - You pay \$10 for 30 day supply. You pay \$25 for 90 day supply Tier 2 (Preferred) - You pay \$40 for 30 day supply. You pay \$100 for 90 day supply Tier 3 (Non-Preferred) - You pay \$70 for 30 day supply. You pay \$175 for 90 day supply
Your cost using Mail Order (90 Day Supply)	Tier 1 (Generic) - You pay \$25 for 90 day supply Tier 2 (Preferred) - You pay \$100 for a 90 day supply Tier 3 (Non-Preferred) - You pay \$175 for a 90 day supply
Tier 4 - Specialty Medication	If you take a Specialty Medication, you will be required to fill it at one of the Liviniti Specialty Pharmacies. (CVS, Publix, and Ingles). There is a \$100 copay for a 30 day supply.
Cost Saving Opportunities for certain Brand and Specialty Medications (see following pages for details)	Variable Copay Program - You pay \$0 - \$10 depending on the medication Rx Manage - You pay \$0 for eligible medication

Prescription Drug Copays	Direct Plan Only Additional Benefit
Your cost at Direct Access MD or Verity Medicine	Any medication that can be filled at your Direct Primary Care office will be covered and paid for 100% by Anderson County. Your doctor's office can fill most generic and maintenance medications for you at no cost. Just stop in every 30-90 days and pick up your refill! Make sure to call 4-5 days ahead of time so your medication will be ready!



Liviniti utilizes the "First Choice" network of pharmacies. These include CVS, Publix, Ingles, and most of your local pharmacies.

THERE WILL BE NO COVERAGE IF YOU FILL YOUR PRESCRIPTION AT WALGREENS

IMPORTANT NOTE:

Many brand name prescriptions require **PRIOR-AUTHORIZATION** from LIVINITI. This means your doctor needs to send some information to LIVINITI before a decision is made to fill your medication.

GoodRx is a great resource for price shopping as well as finding out about manufacturer coupons, assistance programs, and more!



Prices and coupons for 30 tablets of atorvastatin 40mg		
Lowest prices near Anderson, SC (29621)		
Kroger Pharmacy	\$6.00 with membership	LEARN MORE
Publix	\$8.25 with free coupon	GET FREE COUPON
Walmart	\$9.00 retail price	LEARN MORE
CVS Pharmacy	\$18.90 with free coupon	GET FREE COUPON
Target (CVS)	\$18.90 with free coupon	GET FREE COUPON
Walgreens	\$244 est retail price \$45.37 with free coupon	GET FREE COUPON

Processing Information

Group Number: 00565
Bin Number: **015433**
PCN: **SSN (Southern Scripts Network, not SSN#)**
PBM: **Southern Scripts**

Contact Information

24/7/365 support available

Hours of Operation

Monday-Friday

6:30am – 8:00pm CST

Saturday

8:00 AM – 5:00 PM CST

Sunday

8:00 AM – 4:00 PM CST

Contact

Toll Free: (800) 710-9341
Fax: (318) 214-4190
Website: southernscripts.net

Mail Order Information

miRx



Name: **miRx**
Pharmacy NPI: **1083946123**

Hours of Operation

Monday-Friday

8:00am – 6:00pm MST

Saturday

8:00 AM – 12:00 PM MST

Monday-Friday (Cust. Service)

9:00am – 7:00pm CST

Contact

Phone: (406) 869-6551
Cust. Service: (866) 894-1496
Website: mirxpharmacy.com

Enroll now with miRX

First time access only

1. Visit mirxpharmacy.com
2. Click **Enroll Now**
3. Click on the **miRx Enrollment Form**
4. Fill out the form and submit via email to miRx@ebms.com

Transferring Prescriptions

Once you are enrolled online with miRx, you may begin transferring your prescriptions online as well.

1. Visit mirxpharmacy.com
2. Click **Enroll Now**
3. Click on the **Prescription Transfer Form**
4. Complete the form and click the **Submit** button at the bottom

Alternatively, you may submit via:

Fax: **(406) 869-6552**
Email: miRx@ebms.com

Mail: **miRx**
933 S 24th Street
Suite A
Billings, MT 59102

VARIABLE COPAY PROGRAM



Your employer has added an additional benefit to your prescription coverage: The Variable Copay™ program. Our goal is for you to continue receiving your medications and help save you money in the process.

Variable Copay™ is a **free** program designed to reduce the rising cost of specialty medications by providing access to the best available drug prices in the marketplace of today. CRx Specialty Solutions™ is the preferred Variable Copay™ Pharmacy, who will fill your prescription, administer the Variable Copay™ program, and provide free services such as automated shipping and refills. CRx Specialty Solutions™ will also contact your doctor when additional refills are needed on your prescription.



*Examples of most common medications that qualify for savings with Variable Copay™

How Variable Copay™ Works

- ✓ The Variable Copay™ Program utilizes manufacturer-provided coupons to significantly reduce the cost of eligible medications.
- ✓ If your medication has a Variable Copay™ opportunity and you attempt to fill your prescription at an independent or retail pharmacy, the pharmacy will receive a rejection notice stating “Variable Copay Opportunity Available: Please call (800) 710-9341.” The rejection notice does not indicate that your medication is not covered but instead determines that your medication is eligible for a manufacturer coupon that will reduce the cost to you.
- ✓ Should you have any issues regarding your prescription fulfillment, please call (800) 710-9341 to speak with a CRx Specialty Solutions™ Customer Care Specialist.



VARIABLE COPAY PROGRAM MEDICATIONS

Abraxane	Delzicol	Hemlibra**	Mavyret	Promacta	Tafinlar	Xigduo
Actemra	Descovy	Hizentra**	Mayzent**	Pulmozyme	Tagrisso**	Xiidra
Adcirca*	Dovato	Humira	Mekinist	Rebif	Taltz**	Xolair
Adynovate**	Dupixent	Humulin U-500	Mektovi**	Remicade	Talzenna**	Xtandi**
Afinitor	Edurant	KwikPen	Multaq	Renflexis	Tasigna	Xyrem**
Afrezza	Eliquis	Hyqvia**	Myfortic*	Restasis**	Tavalisse**	Zarxio
Aimovig	Eloctate	Ibrance**	Neulasta	Revlimid**	Tecfidera*	Zembrace
Ajovy	Emgality	Ilaris**	Neupogen	Rexulti	Thalomid**	Zeposia
Alecensa**	Enbrel	Inlyta**	Nexavar**	Rinvoq	Tivicay	Ziextenzo**
Alunbrig**	Enstilar	Intelence	Ninlaro**	Rituxan**	Tradjenta	Zortress
Ampyra**	Entresto	Invega Sustenna	Norditropin	Rybelus	Trelegy	Zykadia
Aromasin	Entyvio**	Invokamet	Nplate**	Sandostatin	Trijardy	Zytiga*
Aubagio**	Envarsus	Invokana	Nucala	Saphris	Trintellix	
Auryxia	Epclusa*	Isentress	Nutropin AQ**	Saxenda	Triumeq	
Austedo	Erleada**	Jadenu*	Ocrevus**	Selzentry	Trizivir	
Avastin**	Esbriet	Jakafi**	Odefesyl	Sensipar	Trokendi	
Avonex	Evenity	Janumet	Ofev**	Siliq**	Trulicity	
Benlysta**	Exjade	Janumet XR	Olumiant**	Simponi	Truvada	
Betaseron	Extavia	Januvia	Onfi*	Skyrizi	Tykerb**	
Biktarvy	Farxiga	Jardiance	Orencia	Soliqua	Tymlos**	
Bosulif**	Farydak	Juluca	Osphena	Somatuline	Ubrelvy	
Braftovi**	Fasenra**	Kadcyla	Otezla	Sovaldi	Uceris*	
Bydureon	Forteo	Kevzara**	Oxtellar	Spritam	Vemlidy	
Bydureon BCise	Fycompa	Keytruda	Ozempic	Sprycel	Verzenio**	
Cabenuva	Gammagard	Kisqali	Pemazyre	Steglujan**	Vimvo	
Cellcept	Genvoya	Koselugo	Pennsaid	Stelara	Vivitrol	
Cerdelga**	Gilenya	Krystexxa	Pifeltro	Stiolto Respimat	Votrient	
Cibinqo	Gilotrif**	Latuda	Pomalyst**	Stivarga**	Vraylar	
Cimzia	Glatopa	Letairis**	Pradaxa	Stribild	Vumerity**	
Complera	Gleevec*	Lexiva**	Prezcobix	Sutent**	Xalkori**	
Copaxone*	Glyxambi	Linzess	Prezista	Symtuza	Xarelto	
Cosentyx	Harvoni*	Lokelma**	Prolia	Synjardy	Xeljanz	
					Xifaxan	

If you are currently utilizing any of the above-listed medications, please call (877) 646-1716 for a savings analysis that could reduce your out-of-pocket expenses.

Contacting the Variable Copay™ Pharmacy

24/7 support available



Should you have any issues regarding your Variable Copay™ prescription fulfillment, please call (800) 710-9341 to speak with a CRx Specialty Solutions™ Customer Care Specialist.

Name: **CRx Specialty Solutions Pharmacy**

NPI: **1336141381**

Hours of Operation

Monday-Friday

8:00am - 5:00pm CST

Contact

Toll Free: (877) 646-1716

Fax: (318) 214-4190

Website: crxspecialty.com

Script Sourcing MAP Program - \$0 copay

MANUFACTURER ASSISTANCE PROGRAM (MAP)

\$0 SPECIALTY MEDICATIONS



Please contact one of the ScriptSourcing advocates listed below, or contact their office directly to assist you with sourcing your medication.



ASHLEY CASWELL

ashley@scriptsourcing.com



AMANDA SEYMOUR

amanda@scriptsourcing.com



TRACY COX

tracy.cox@scriptsourcing.com



SCRIPTSOURCING DIRECT LINE

410-902-8811

Please note that your ScriptSourcing advocate will ask about your household income in order to search through various Manufacturer Assistance Programs (MAP) on your behalf.

It is important you follow-through with providing the requested information to your ScriptSourcing advocate.

The MAP program eligibility is based on household size and income, so information requested may include:



Driver's License



Paystubs



Proof of address



Tax Returns



Once you have contacted your advocate at ScriptSourcing, they will place an override in the system that allows you to receive your specialty medication for \$0 from your pharmacy for 60 days while you are set up with the manufacturer assistance program.



If you do not speak to an advocate at ScriptSourcing, or do not provide the requested information, you will not be granted an override, and you will be required to pay for the medication out of pocket.

IF YOU ARE APPROVED FOR MAP

(Please allow 4-6 weeks)

- Your ScriptSourcing advocate will send you paperwork to complete and you **MUST** return it by the specified deadline.
- Your ScriptSourcing advocate will help you to determine your eligibility and transition your medication from your current pharmacy to the new MAP provider for \$0!

IF YOU ARE NOT APPROVED

(generally based on too high of household income)

- Your ScriptSourcing advocate will inform you about another \$0 program you may be eligible for under the International Pharmacy Program (IPP).
- If your medication is not eligible for IPP or MAP, your Southern Scripts prescription plan may allow you to fill your medication at an in-network specialty pharmacy.

MAP Medications

Acthar	ELIGARD	Krystexxa	PROLASTIN-C	Ultomiris
ACTIMMUNE	ELOCTATE	Kuvan	Prolastin-C Liquid	UPTRAVI
Adbry	ENBREL	Kyprolis	PROMACTA	UPTRAVI Titration
Adempas	Entyvio	Lenvima	QINLOCK	VELCADE
Afinitor	ERBITUX	Letairis	Ravicti	VELTASSA
AIMOVIG	ERLEADA	Livtency	REMICADE	VEMLIDY
Alimta	EYLEA	LONSURF	Remodulin	Vijoje
Alprolix	FASENRA	LUMAKRAS	Renflexis	VOTRIENT
Amjevita	Galafold	Lynparza	RETEVMO	VOXZOGO 0.4mg
APOKYN	Genvoya	Mekinist	Rezurock	Vumerity
Aptiom	Gilenya	MVASI	Rubraca	Vyndamax
ARISTADA	Gilotrif	Myfortic	RYDAPT	Xcopri
ARISTADA INITIO	GOCOVRI	Nerlynx	Rylaze	XGEVA
Avonex	Hadlima	Neulasta	RYTARY	XIFAXAN
Avonex Pen	Harvoni	NEUPOGEN	Sandimmune	Xospata
AVSOLA	Hizentra	NINLARO	Saphnelo	Xtandi
Ayvakit	HUMATROPE	NOXAFIL	SCEMBLIX	Xyrem
BENLYSTA	Iclusig	Nplate	Sensipar	XYWAV
Besremi	ILUMYA	NUBEQA	Siliq	ZARXIO
Betaseron	IMFINZI	Nucala	Simponi	ZEJULA
Biktarvy	INGREZZA	NUPLAZID	SIMPONI ARIA	ZOLADEX
BOSULIF	INQOVI	Ocaliva	Spravato	Zortress
BRAFTOVI	Intelence	ODEFSEY	Stelara	
Briumvi	INVEGA SUSTENNA	Odmzo	Stivarga	
BRUKINSA	INVEGA TRINZA	Ofev	Stribild	
Cabenuva	Jadenu	OPSUMIT	Symtuza	
CABOMETYX	JAKAFI	Orgovyx	Syprine	
CALQUENCE	Juluca	ORSERDU	Tafinlar	
Cayston	Jynarque	Otezla	TAGRISSO	
Cimzia	KESIMPTA	OXBRYTA	Tasigna	
COMPLERA	KEVZARA	OXERVATE	TAVALISSE	
COSENTYX	KEYTRUDA	Oxlumo	TOBI Podhaler	
Cuprimine	KISQALI	Palynziq	Tracleer	
DOPTELET	KISQALI FEMARA	PEMAZYRE	Tremfya	
Dovato	Kogenate FS	PIQRAY	TUKYSA	
DUEXIS	Korlym	PREZISTA	TYSABRI	
Dupixent	Krazati	PROCYSBI	Uceris	

Rx Manage (International Program) \$0 Copay



What is the International Program? The Program allows you to order from a formulary of over 250 brand medications from pharmacies in New Zealand, Australia, Canada and England.

Will my medication be exactly the same as what I currently take? Yes it will. To be on the formulary a medication must be available from the same manufacturer internationally as the US brand, or from the International license holder.

How do I place an order on the Personal Importation Program? Ordering is easy! You can place your first order online at the website address below, or phone at **1-800-883-8841**. Upload your prescription to your account or fax to 1-800-883-1814. A prescription is required for each medication.

<https://my.globalrxmanage.com/customers/anderson-county-s-c/sign-up>

Once established, your online account is available 24 hours a day, 7 days a week. Log into your account from your computer or mobile device using your Account ID and password at

<https://my.globalrxmanage.com/customers/login>

How long will it take to receive my medication? 10-15 working days after the order has shipped. Please make sure you have a 30 day supply on hand before placing your first order for each medication.

How do I place a refill order? Refill orders are placed automatically. You will receive a refill reminder by phone or email. Any changes are to be notified to Rx Manage within 48 hours. If no changes are notified the order automatically ships, ensuring a smooth continuous supply of medication.

Where do I go if I have questions about the program? Our call center is open 9am-9pm Monday to Friday (EST) and 9am to 4pm Saturday and Sunday to answer simple questions or take your orders. Call us at 1-800-883-8841. Alternatively you can email us on inquiries@rxmanage.com

Question: What should you do in the event your medication is available through the Variable Copay Program **AND** Liviniti **AND** Rx Manage?

Answer: You should try and fill your medication through Script Sourcing or Rx Manage first. This guarantees the lowest possible cost for you and for your employer.

Rx Manage Medications

Actemra ACTPen	Daliresp	Humalog Junior KwikPen	Multaq	Qulipta	Tresiba FlexTouch
Actemra Injection	Daraprim	Humalog KwikPen	Myfembree	Qvar Redihaler	Treximet
Aczone Gel	Delstrigo	Humalog 50/50 Kwikpen	Myleran	Rebif Injection	Trintellix
Admelog Solostar	Denavir Cream	Humalog 75/25 Kwikpen	Myrbetriq	Renagel	Triumeq
Advair Diskus	Descovy	Humira Injection	Natazia	Restasis Eye Drops	Trulance
Advair HFA	Dexilant	Humira Pen	Neupro	Restasis Multidose	Trulicity Injection
Afinitor	Diclegis	Humulin 70/30 Injection	Nevanac Eye Drops	Rexulti	Tudorza Pressair
Aklief Cream	Dipentum	Humulin N Injection	Nexletol	Ridaura	Tykerb
Alomide Eye Drops	Divigel	Humulin N KwikPen	Nexlizet	Rinvoq	Ubrelvy
Alrex Eye Drops	Dovato	Humulin R Injection	Nextstellis	Ryaltris Nasal Spray	Uceris
Alvesco Inhaler	Duaklir Pressair	Ibrance	Nitrolingual Pumpspray	Rybelsus	Velphoro
Anoro Ellipta	Duavee	Incruse Ellipta	Nocdurna	Sancuso	Veltassa
Apidra Solostar	Dulera Inhaler	Inlyta	Noritrate Cream	Santyl Ointment	Vemlidy
Aptiom	Duobrii Lotion	Inqovi	Novolin 70/30 Injection	Saphris	Verzenio
Arazlo Lotion	Dupixent Injection	Intelence	Novolin N Injection	Savaysa	Victoza Injection
Arnuity Ellipta	Dymista Nasal Spray	Intrarosa	Novolin R Injection	Saxenda Injection	Vimovo
Asacol HD	Edarbi	Invega	Novolog FlexPen	Scemblix	Votrient
Asmanex Twisthaler	Edarbyclor	Invokamet	Novolog Injection	Selzentry	Vraylar
Astagraf XL	Edecrin	Invokana	Novolog PenFill	Semglee Pen	Vumerity
Atrovent HFA	Edurant	Iressa	Nubeqa	Serevent Diskus	Vyzulta Eye Drops
Aubagio	Eliquis	Isentress	Nucala Injection	Silenor	Wakix
Auvi-Q Injection	Elmiron	Isentress HD	Nutropin AQ NuSpin 10	Simbrinza Eye Drops	Xadago
Avonex Injection	Emtriva	Jakafi	Nuvaring	Simponi Injection	Xarelto
Avonex Pen	Enbrel Injection	Janumet	Ocaliva	Skyrizi Injection	Xeljanz
Azelex Cream	Enbrel SureClick	Janumet XR	Odefsey	Skyrizi Pen	Xeljanz XR
Azilect	Entocort EC	Januvia	Ofev	Slynd	Xenazine
Azopt Eye Drops	Entresto	Jardiance	Olumiant	Soliqua Injection	Xenical
Banzel	Envarsus XR	Jentaduet	Omnaris Nasal Spray	Soolantra Cream	Xerese Cream
Baqsimi Nasal Powder	Erleada	Jublia Topical Solution	Ongentys	Spiriva	Xgeva Injection
Benlysta Injection	Esbriet	Juluca	Onglyza	Spiriva Respimat	Xifaxan
Bepreve Eye Drops	Estring Vaginal Ring	Kerendia	Oracea	Sprycel	Xigduo XR
Betaseron Injection	Estrogel	Kesimpta Injection	Oralair	Steglatro	Xiidra Eye Drops
Betoptic S Eye Drops	Eucrisa Ointment	Kevzara Injection	Orencia Injection	Stelara Injection	Xolair PFS
Bevespi Aerosphere	Evotaz	Kisqali	Orilissa	Stendra	Xtandi
Bijuva	Fareston	Kombiglyze XR	Osphena	Stiolto Respimat	Xultophy Injection
Biktarvy	Farxiga	Lacrisert	Otezla	Stribild	Zelapar
Binosto	Fasenra Pen	Lantus Injection	Oxytrol Patch	Striverdi Respimat	Zeposia
Breo Ellipta	Ferriprox	Lantus Solostar	Ozempic Injection	Sutent	Ziana Gel
Breztri Aerosphere	Fetzima	Lantuda	Pentasa	Symbicort Inhaler	Ziextenzo Injection
Brilinta	Fiasp FlexTouch	Lenvima	Pifeltro	Symtuza	Zolinza
Cambia	Fiasp Injection	Levemir FlexTouch/Pen	Piqray	Synarel Nasal Spray	Zomig Nasal Spray
Canasa Suppositories	Fiasp PenFill	Lexiva	Plegridy Pen	Synjardy	Zortress
Cardura XL	Flovent Diskus	Lialda	Pradaxa	Taltz Injection	Zoryve Cream
Cequa Eye Drops	Flovent HFA	Linzess	Premarin	Tasmar	Zovirax Cream
Cimzia Injection	Fosamax Plus D	Lonsurf	Premarin Cream	Tazorac Cream	Zyclara Cream
Combigan Eye Drops	Frova	Lotemax Eye Drops	Prempro	Tazorac Gel	
Combipatch	Genvoya	Lotemax Eye Gel	Prestalia	Tivicay	
Combivent Respimat	Gilenya	Lumigan Eye Drops	Prevacid SoluTab	Toujeo Max Solostar	
Complera	Gilotrif	Mayzent	Prezcobix	Toujeo Solostar	
Corlanor	Gleostine	Mestinon Timespan	Prezista	Toviaz	
Cosentyx Injection	Glyxambi	Migranal Nasal Spray	Promacta	Tradjenta	
Cosopt PF Eye Drops	Grastek	Mirapex ER	Pulmicort Flexhaler	Travatan Z Eye Drops	
Cresemba	Hulio Injection	Mirvaso Gel	Pulmicort Respules	Trelegy Ellipta	
Crinone Gel	Hulio Pen	Motegrity	Pulmozyme Inhalation Sol	Tremfya Injection	
Cuprimine	Humalog Injection	Movantik	Qtern	Tremfya One-Press	

EMPLOYER PAID LIFE & LONG TERM DISABILITY

Basic Life Insurance

- ◆ Employee: \$3,000

Accidental Death and Dismemberment Insurance

- ◆ Employee: \$3,000

Long Term Disability Plan Highlights

- ◆ Benefits begin on the 91st day of a disability due to a covered accident or sickness
- ◆ Benefits pay to social security normal retirement age
- ◆ Employees benefit amount is up to 62.5% of income reduced by deductible income
- ◆ Maximum Benefit = \$800/month



Travel Assistance	The Travel Assistance program is an added benefit that provides assistance for your travels over 100 miles away from home or outside the country.
Employee Assistance Program (EAP)	The EAP program provides you and your loved ones access to trained professionals and resources for assistance with personal and workplace issues.
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.
Will Prep	We work with Willing® to offer employees discounted online will preparation tools. In just a few clicks you can complete a customized plan to protect your family and property (valid in all 50 states). To get started visit www.willing.com/mutualofomaha

VOLUNTARY TERM LIFE INSURANCE

	Minimum	Guarantee Issue	Maximum
For You	\$10,000	3 times annual salary, up to \$150,000	\$500,000, in increments of \$10,000, but no more than 3 times annual salary
Spouse	\$10,000	100% of employee's benefit, up to \$75,000	50% of employee's benefit, up to \$150,000
Children	\$15,000	100% of employee's benefit	50% of employee's benefit, up to \$15,000

Subject to any reductions shown below. Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability.

Life Insurance Benefit Amount	<p>Within the coverage guidelines defined above, you select the amount of life insurance coverage you want.</p> <p>This plan includes the option to select coverage for your spouse and dependent children. Children include those, up to age 26.</p> <p>In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.</p>
Accidental Death & Dismemberment (AD&D) Benefit Amount	<p>For you, your spouse and your dependent child(ren): The Principal Sum amount is equal to the amount of the life insurance benefit.</p> <p>AD&D coverage is available if you or your dependents are injured or die as a result of an accident, and the injury or death is independent of sickness and all other causes. The benefit amount depends on the type of loss incurred, and is either all or a portion of the Principal Sum.</p>
Living Care/ Accelerated Death Benefit	50% of the amount of the life insurance benefit is available to you and your spouse if terminally ill, not to exceed \$100,000.
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Annual Benefit Amount Increase	If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to enroll for additional coverage at your next enrollment by up to \$10,000, provided the total amount of insurance does not exceed your maximum benefit amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. you get married or have a child). Amounts over the Guarantee Issue will require evidence of insurability (information about your health).
Additional AD&D Benefits	<p>In addition to basic AD&D benefits, you are protected by the following benefits:</p> <ul style="list-style-type: none"> - Seat Belt - Airbag - Repatriation - Common Carrier
Portability	Allows you to continue this insurance program for yourself and your dependents should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

Insurance benefits and guarantee issue amounts are subject to age reductions:

- At age 70, amounts reduce to 65%
- At age 75, amounts reduce to 42%
- At age 80, amounts reduce to 31.7%



Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

Please contact your employer if you have questions prior to enrolling.

DENTAL INSURANCE



Whichever plan is chosen no changes can be made until the next election period.

Plan Benefit	DENTAL	DENTAL PLUS
Type 1	100%	100%
Type 2	80%	80%
Type 3	50%	50%
Deductible	\$25/Calendar Year Waived Type 1 3 Family Maximum	\$0/Calendar Year
Maximum (per person)	\$1,000 per calendar year	\$2,000 per calendar year
Allowance	PPO Discounted fee in network 90th U&C Out of Network	PPO Discounted fee in network 90 th U&C Out of Network
Waiting Period	None	None

Orthodontia Summary - Child Only Coverage

Allowance	U&C	U&C
Plan Benefit	50%	50%
Lifetime Maximum (per person)	\$1,000	\$1,000
Waiting Period	None	None

PLAN A & PLAN B: Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> Routine Exam (2 per benefit period) Bitewing X-rays (2 per benefit period) Full Mouth/Panoramic X-rays (1 in 3 years) Periapical X-rays Cleaning (2 per benefit period) Fluoride for Children 18 and under (1 per benefit period) Sealants (age 18 and under) Space Maintainers 	<ul style="list-style-type: none"> Restorative Amalgams Restorative Composites (anterior and posterior teeth) Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Denture Repair Simple Extractions Complex Extractions Anesthesia 	<ul style="list-style-type: none"> Onlays Crowns (1 in 5 years per tooth) Crown Repair Implants Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

Dental Network Information

To find a provider, visit <https://explore.ameritas.com/ebms/>
When prompted, select "Classic PPO" when asked to Select a Network.

Ameritas Information

We're Here to Help - Call 800-486-1024 for any dental questions you might have. This plan was designed specifically for the associates of Anderson County, SC. At Ameritas, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-486-1024. For plan information any time, access our automated voice response system or go online to <https://explore.ameritas.com/ebms/>

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

VISION BASIC & VISION PLUS INSURANCE

Physicians Eyecare Plan



IN NETWORK BENEFITS

- Comprehensive eye exam every year with a \$15 copay
- The Vision Basic provides a **\$150 material allowance** every year towards glasses and/or contact lens.
- The Vision Plus provides a **\$250 material allowance** every year towards glasses and/or contact lens.
- After your material allowance has been used, receive a 20% discount on glasses and a 15% discount on contact lens at most providers.
- Discounts of 10%-20% on refractive surgery including LASIK at participating providers.
- \$49 standard contact lens fitting fee or 15% discount off the usual and customary fitting for non-standard contact lens at most providers.
- No claims or paperwork to file.



OUT OF NETWORK BENEFITS

- If you choose to use an out-of-network provider, you will be reimbursed the following amounts:
 - Exam including contact lens fitting: \$55 less exam copay
 - Materials: 65% of the material allowance that was used, less material copay.
- Please submit a claim form (available at www.physicianseyecareplan.com) along with your itemized receipts to:
Physicians Eyecare Plan, 48 Courtenay Dr., Charleston, SC 29403

IMPORTANT INFORMATION

- New members will be mailed a Physicians Eyecare Plan ID card.
- Find an in-network provider by going to www.physicianseyecareplan.com.
- Check your eligibility, print a replacement ID card, download an out-of-network claim form and find answers to frequently asked questions by going to www.physicianseyecareplan.com.
- To make an appointment, call an in-network provider and let them know that you are a PEP member.
- You are responsible for payment to the in-network provider for any amount exceeding the material allowance, any copays and any contact lens fitting fees.
- This is a routine vision program. Medical and surgical treatments of the eyes are not covered benefits.
- Material allowance does not cover non-prescription lenses, non-prescription or cosmetic contact lenses, or non-prescription sunglasses.
- Members will not be able to terminate coverage during their 12 month plan except for a termination resulting from a change in employment or family status.

In-Network Vision Providers Include:

Anderson Eye & Ear Associates, Family Vision, Stanton Optical, Clemson Eye, Westminster Vision Assoc, Eyemart Express, Innovative Vision Center, Sears, Anderson Ophthalmology, LensCrafters, Carolina Eye Care and Associates, Foot Hills Eye Car, Anderson Optometric Associates, Dr. Michael Milici, Electric City Eye Care, Dr. Clayton Richardson, Sam's Club, Walmart Vision Center, Jervey Eye Group, Integrated Vision Associates, GHS Eye Institute, Dr. McGregor & Associates, Upstate Eyecare, Simpsonville Eye Care, Southern Eye Associates, MyEyeDr, Piedmont Family Eyecare, AND MORE!

843-579-0508 • 800-368-9609 • fax 843-577-5895 • info@physicianseyecareplan.com

VOLUNTARY SHORT TERM DISABILITY



Short Term Disability can help provide an income when you are not working due to a covered Injury or Sickness that keeps you away from work for an extended period of time. Benefits are paid directly to you, not to a doctor or your employer. The policy's weekly benefit can be used in many ways:

Mortgage / Rent - Car Payments - Credit Card Payments - Groceries - Utilities - Daily Living Expenses

Elimination Period	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: <ul style="list-style-type: none"> • On the 8th day of your disabling injury. • On the 8th day of your disabling illness.
Weekly Benefit	Your benefit is equivalent to 60% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources. The premium for your short-term disability coverage is waived while you are receiving benefits.
Maximum Benefit Period	Up to 12 weeks
Maximum Weekly Benefit	\$1,500
Minimum Weekly Benefit	\$25
Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.
Definition of Disability	Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period.
Definition of Weekly Earnings	Weekly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 52. Weekly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per week during the 12 month period immediately prior to the date disability begins. If employed for part of the prior 12 month period, weekly earnings is the hourly rate of pay multiplied by the average number of hours worked.

Will my benefits be reduced by other sources of income?

Yes, depending on the type of income you receive. Your benefit amount may be reduced by other sources of income such as retirement/government plans, other group disability plans, paid family leave, salary continuance/sick leave, settlements on payments received and no-fault benefits.

Does this plan cover me if I become disabled due to an injury at work?

No, your STD insurance only provides benefits for off-the-job coverage for disabilities due to injury or sickness.

Are there any limitations or exclusions?

The benefits payable are subject to the following:

- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/6 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 6 months of coverage, would not be covered.



Mutual of Omaha

LONG TERM DISABILITY “BUY UP”

Long Term Disability can help provide an income when you are not working due to a covered Injury or Sickness that keeps you away from work for a longer period of time. Benefits are paid directly to you, not to a doctor or your employer. The policy’s monthly benefit can be used in many ways:

Mortgage / Rent - Car Payments - Credit Card Payments - Groceries - Utilities - Daily Living Expenses - Medical Bills



Elimination Period	Your benefits begin on the later of 90 calendar days after the onset of your disabling injury or illness or the date your short term disability ends.
Monthly Benefit	<p>This long-term disability plan is a “core/buy-up” plan. “Core” benefits offer a basic level of income protection, and are paid for by your employer. You also have the option to enroll for “buy-up” benefits, which allow you to increase your level of income protection, through the convenience of affordable group rates and payroll deduction of premium.</p> <p>Under the core plan, your benefit is equivalent to 62.5% of your before-tax monthly earnings, not to exceed the plan’s maximum monthly benefit amount less other income sources.</p> <p>If you enroll for the buy-up plan, your total monthly benefit is equivalent to 65% of your before-tax monthly earnings, not to exceed the plan’s maximum monthly benefit amount less other income sources.</p> <p>The premium for your long-term disability coverage is waived while you are receiving benefits.</p>
Maximum Monthly Benefit	<p>Under the core plan, your maximum monthly benefit is \$800.</p> <p>If you enroll for the buy-up plan, your maximum benefit increases to \$8,012.</p>
Minimum Monthly Benefit	\$100
Maximum Benefit Period	If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age or 3.5 years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule.
Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits.

Will my benefits be reduced by other sources of income?

Yes, depending on the type of income you receive. Your benefit amount may be reduced by other sources of income such as retirement/government plans, other group disability plans, salary continuance/sick leave, settlements on payments received and no-fault benefits.

Does this plan cover me if I become disabled due to an injury at work?

Yes, your LTD insurance provides benefits for both on-the-job and off-the-job coverage for disabilities due to injury or sickness.

Are there any limitations or exclusions?

The benefits payable are subject to the following:

- Disabilities related to alcohol and drug abuse are only payable for up to 24 months while insured under the policy.
- Disabilities related to mental disorders are only payable for up to 24 months while insured under the policy.
- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/12 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered.



ACCIDENT INSURANCE



Accidents Affect Everyone

Whether weekend warriors or homebodies, accidents can happen to anyone at anytime.



Every 1 second

a person suffers an injury requiring medical attention.¹

	Plan 1 Insured Benefit	Plan 2 Insured Benefit	Plan 3 Insured Benefit
Accident Screening <i>Spouse and/or dependent child(ren) benefit amount is the same as the insured's benefit amount shown.</i>	\$50/1 per covered person, up to 4 per family. Additional screening tests included	\$75/1 per covered person, up to 4 per family. Additional screening tests included	\$75/1 per covered person, up to 4 per family. Additional screening tests included

Initial Treatment Benefits

Observation Room Treatment	\$100/5 day(s)	\$100/5 day(s)	\$100/5 day(s)
Emergency Room Treatment	\$150/5 day(s)	\$200/5 day(s)	\$250/5 day(s)
Urgent Care Treatment	\$75/5 day(s)	\$100/5 day(s)	\$125/5 day(s)
Physician's Office Treatment	\$75/5 day(s)	\$100/5 day(s)	\$125/5 day(s)

Diagnostic Benefits

X-ray	\$50/5 day(s)	\$100/5 day(s)	\$150/5 day(s)
Major Diagnostic Exam	\$200/5 day(s)	\$200/5 day(s)	\$200/5 day(s)

Therapy Benefits

Inpatient Rehabilitation	\$100/30 day(s)	\$100/30 day(s)	\$100/30 day(s)
Physical Therapy	\$25/10 day(s)	\$25/10 day(s)	\$25/10 day(s)

Hospital Benefits

Hospital Admission	\$500/3 day(s) Payable only once per day, even if the confinement or observation long stay is the result of more than one injury.	\$1,000/3 day(s) Payable only once per day, even if the confinement or observation long stay is the result of more than one injury.	\$1,500/3 day(s) Payable only once per day, even if the confinement or observation long stay is the result of more than one injury.
Hospital Confinement	\$100/365 day(s)	\$200/365 day(s)	\$300/365 day(s)

Laceration Benefits

Less than 2 inches in length	\$100/5 day(s)	\$100/5 day(s)	\$100/5 day(s)
2-6 inches in length	\$200/5 day(s)	\$200/5 day(s)	\$200/5 day(s)
6 inches or more in length	\$400/5 day(s)	\$400/5 day(s)	\$400/5 day(s)

Brain Injury Benefits

Concussion	\$200/3 day(s)	\$200/3 day(s)	\$200/3 day(s)
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Severe Burn Benefits

2nd degree, more than 35 sq. in.	\$100	\$100	\$100
3rd degree, 10-20 sq. in.	\$500	\$500	\$500
3rd degree, 20-35 sq. in.	\$1,000	\$1,000	\$1,000

ACCIDENT INSURANCE

Outpatient Surgery Benefits			
Repair of one tendon/ligament/rotator cuff	\$500/5 day(s)	\$500/5 day(s)	\$500/5 day(s)
Repair of multiple tendon/ligament/rotator cuff	\$750/5 day(s)	\$750/5 day(s)	\$750/5 day(s)
Torn knee cartilage	\$500/5 day(s)	\$500/5 day(s)	\$500/5 day(s)
Other miscellaneous surgery for repair	\$100/5 day(s)	\$100/5 day(s)	\$100/5 day(s)
Exploratory Surgery	\$250/2 day(s)	\$250/2 day(s)	\$250/2 day(s)

Fracture Benefits	
Fracture (open reduction)	
Skull, except bones of the face or nose (depressed)	\$3,000
Hip, thigh (Femur)	\$3,000
Skull, except bones of the face or nose (non-depressed)	\$1,800
Vertebrae (excluding vertebral processes)	\$1,500
Pelvis, except Coccyx	\$1,500
Leg (fibula or tibia)	\$1,500
Ankle or wrist	\$1,200
Bones of the face or nose (except mandible or maxilla)	\$600
Upper jaw (maxilla), except Alveolar Process	\$600
Lower jaw (mandible), except Alveolar Process	\$600
Upper arm between elbow and shoulder (humerus)	\$600
Collarbone (clavicle or sternum)	\$600
Shoulder blade (scapula)	\$450
Vertebral processes/sacrum	\$450
Forearm (radius and/or ulna)	\$450
Kneecap (patella)	\$450
Hand/foot, except fingers/toes	\$450

Accidental Death Benefits	
Accidental Death - Insured	\$15,000
Accidental Death - Spouse	\$15,000
Accidental Death - Dependent Child(ren)	\$7,500
Common Carrier Accidental Death - Insured	\$50,000
Common Carrier Accidental Death - Spouse	\$50,000
Common Carrier Accidental Death - Dependent Child(ren)	\$25,000

Dislocation Benefits	
Dislocation (open reduction)	
Hip	\$3,000
Knee (except Patella)	\$1,800
Ankle/Bones of the foot (excluding toes)	\$1,500
Collarbone (Clavicle, Sternum)	\$600
Elbow	\$600
Lower jaw	\$600
Bones of the hand (excluding fingers)	\$450
Shoulder (Glenohumeral)	\$450
Wrist	\$450
Collarbone (Acromioclavicular and Separation)	\$300
Rib	\$225
One finger or toe	\$225
Dislocation (closed reduction) percentage <i>Spouse and/or dependent child(ren) benefit percentage is the same as the insured's benefit percentage.</i>	50% of open reduction benefit amount

Other Benefits	
Auto & Home Modification	\$2,500/1 time(s)
Blood/Plasma/Platelets	\$250/5 day(s)
Epidural/Pain Management	\$100/3 day(s)
Family Care - Dependent child(ren) are not eligible for this benefit.	\$100/10 day(s)
Gunshot Wound	\$250
Injury-Free	\$100 Payable after the completion of a full claim period of 3 years.
Organized Sports Benefit Booster <i>Spouse and/or dependent child(ren) benefit percentage is the same as the insured's benefit percentage.</i>	25%
Post-Traumatic Stress Disorder (PTSD)	\$500

CANCER INSURANCE



1 in 3
Cancer accounts for 1 of every 3 deaths in the United States, exceeded only by heart disease.¹



About Every 17 seconds
someone in the U.S. will be diagnosed with cancer.²



	Plan 1 Insured Benefit	Plan 2 Insured Benefit	Plan 3 Insured Benefit
Cancer Screening Benefit Rider			
Diagnostic Testing 1 test per calendar year	\$50 per test	\$75 per test	\$100 per test
Follow-Up Diagnostic Testing 1 test per calendar year	\$100 per test	\$100 per test	\$100 per test
Medical Imaging	\$500 per test; 2 test(s) per calendar year	\$500 per test; 2 test(s) per calendar year	\$500 per test; 2 test(s) per calendar year
Cancer Treatment Benefit			
Radiation Therapy, Chemotherapy, Immunotherapy Maximum per 12-month period	\$10,000	\$15,000	\$20,000
Hormone Therapy Maximum of 12 treatments per calendar year	\$50 per treatment	\$50 per treatment	\$50 per treatment
Experimental Treatment	paid in same manner and under the same maximums as any other benefit	paid in same manner and under the same maximums as any other benefit	paid in same manner and under the same maximums as any other benefit
Surgical Benefit Rider			
Surgical Operation	\$30 unit dollar amount; Max \$3,000 per operation	\$45 unit dollar amount; Max \$4,500 per operation	\$60 unit dollar amount; Max \$6,000 per operation
Anesthesia	25% of amount paid for covered surgery	25% of amount paid for covered surgery	25% of amount paid for covered surgery
Bone Marrow Transplant Maximum per lifetime	\$6,000	\$9,000	\$12,000
Stem Cell Transplant Maximum per lifetime	\$600	\$900	\$1,200
Prosthesis Surgical implantation Non-surgical (not hair piece) 1 device per site, per lifetime	\$1,000 per device \$100 per device	\$2,000 per device \$200 per device	\$3,000 per device \$300 per device
Hospital Benefits			
Hospital Confinement	Insured or Spouse: \$100 per day of hospital confinement, days 1-30; \$200 per day of hospital confinement, days 31+ Eligible Dependent Child(ren): \$200 per day of hospital confinement, days 1-30; \$400 per day of hospital confinement, days 31+	Insured or Spouse: \$200 per day of hospital confinement, days 1-30; \$400 per day of hospital confinement, days 31+ Eligible Dependent Child(ren): \$400 per day of hospital confinement, days 1-30; \$800 per day of hospital confinement, days 31+	Insured or Spouse: \$300 per day of hospital confinement, days 1-30; \$600 per day of hospital confinement, days 31+ Eligible Dependent Child(ren): \$600 per day of hospital confinement, days 1-30; \$1,200 per day of hospital confinement, days 31+
Outpatient Facility	\$200 per day surgery is performed	\$400 per day surgery is performed	\$600 per day surgery is performed

CANCER INSURANCE



Life or Debt?

63% of cancer patients faced financial struggles following a cancer diagnosis.³



Advances in early detection and treatments have led to increasing survival rates.

The 5-year relative survival rate for all cancers diagnosed is 67%.⁴

Miscellaneous Benefit Rider	
Cancer Treatment Center Evaluation or Consultation 1 per lifetime	\$750
Evaluation or Consultation Travel and Lodging 1 per lifetime	\$350
Second / Third Surgical Opinion Per diagnosis of cancer	\$300 / \$300
Drugs and Medicine	\$150 per inpatient confinement; \$50 per outpatient prescription, maximum \$150 per month
Hair Piece (Wig) 1 per lifetime	\$150
Transportation and Lodging Transportation - maximum 12 trips per calendar year for all modes of transportation combined Lodging - up to a maximum of 100 days per calendar year	actual coach fare or \$0.75 per mile for travel by bus, plane or train; \$0.75 per mile for travel by car; \$100 per day for lodging

Family Member Transportation and Lodging Transportation - maximum 12 trips per calendar year for all modes of transportation combined Lodging - up to a maximum of 100 days per calendar year	actual coach fare or \$0.75 per mile for travel by bus, plane or train; \$0.75 per mile for travel by car; \$100 per day for lodging
Blood, Plasma and Platelets	\$300 per day
Ambulance Maximum of 2 trips per hospital confinement for all modes of transportation combined	Ground: \$200 per trip Air: \$2,000 per trip
Inpatient Special Nursing Services	\$150 per day of hospital confinement
Outpatient Special Nursing Services	\$150 per day
Medical Equipment Maximum of 1 benefit per calendar year	\$150
Physical, Occupational, Speech, Audio Therapy and Psychotherapy	\$25 per visit; maximum of \$1,000 per calendar year
Waiver of Premium	Included



FILING ACCIDENT & CANCER CLAIMS

Filing Claims is easy...

Complete the one-page Claim Form from American Public Life.

Be sure to date and sign the blanks provided at the bottom of the form. It is also very important that you list each policy number you have on this form to make sure you receive a benefit from each plan you have active. Example) If you have an Accident and a Cancer plan, you need to list the policy # for each one on the form. If you do not know your policy number or cannot find your certificate, you can call American Public Life at 866-980-7483, and ask someone to provide you with your policy numbers.

Submit a copy of your physician's statement from your visit.

You will need to send proof that you visited the doctor for your wellness checkup. This can be a bill or itemized statement from the doctor. This is usually the walkout statement you receive from the doctor's office at the end of your appointment. You can request one if they don't offer it to you.

Mail or Fax the Claim Form and Physician Statement to American Public Life

Fax:

877-365-9423 – Attention: Claims Department

Mail:

American Public Life Insurance Company
Attention: Claims Department
PO Box 925 Jackson, MS 39205-0925

Email

claims@ampublic.com



Contact Us



800-256-8606, opt 4



custsvc@ampublic.com

3 Easy Steps for Insureds

Filing a Claim Online

From your dashboard, under My Claims, click "Start Now" to begin the three easy steps for uploading documents and submitting your claim online

Product	Policy Number	Effective Date	Covered Dependents	Relationship	Status
MEDLINK MEDICAL SUPPL	112233	11/01/2015	Jim	Applicant	Active
MEDLINK SELECT GROUP	897722	04/01/2017	Jana Jess	Dependent Dependent	Active Active

My ID Cards

APL Insurance Coverage Policy Cert. #, Group #, Effective Date, Plan: **SAMPLE** for customer convenience

My Claims

Need to file a claim? [Start Now](#)

(Claims processed in the past 24 months)

Status	Confirmation Num...	Service From Date	First Name	Relationship	Coverage Type	Policy Number	Date Received	Claim Num	Amount Paid	Date Comp	Upload Center
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CONTACT APL

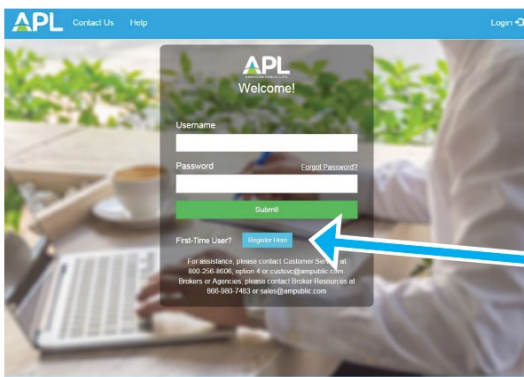


800-256-8606, Opt 4



custsvc@ampublic.com

OVERVIEW FOR INDIVIDUAL/INSURED



APL's Online Service Center (OSC) is a secure portal where you have 24/7 access to information and tools specific to your insurance needs. Visit secured.ampublic.com and click on the blue "Register Here" button to get started now!

FLEXIBLE SPENDING ACCOUNT

Please note: Unused FSA funds will not roll over for 2024, but a grace period will be allowed to submit for reimbursement. Please submit receipts for purchases in 2023 by March of 2024.



THE HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA) CAN REIMBURSE YOU FOR ELIGIBLE EXPENSES YOU OR YOUR ELIGIBLE DEPENDENTS INCUR THAT ARE NOT PAID BY YOUR EXISTING HEALTH CARE PLAN.

YOUR STEPS TO SAVINGS!

- 1 REALIZE THE TAX SAVINGS**
You can set aside pre-tax money into an account to be reimbursed for eligible medical expenses. Savings will depend on your tax bracket. For example, if you are taxed at 25% and you enroll for \$2,850 you would save \$712.50 in taxes.
- 2 ESTIMATE YOUR EXPENSES**
Plan for your upcoming expenses and include your spouse and dependents, if eligible. A brief list of expenses can be found to the right. A comprehensive list of allowable expenses and an expense worksheet can be found at www.flores247.com.
- 3 ENROLL AND MANAGE YOUR ACCOUNT**
Contact your Human Resources Department to find out how to enroll for this benefit. Flores will send a custom Participant ID number via mail or email to help you manage your account. Contact information can be found on the back of this flyer.

ELIGIBLE EXPENSES

- Medical co-payments, co-insurance and deductibles
- Routine wellness visits
- Prescription expenses
- Vision expenses (including eye exams, eyeglasses and contact lenses)
- LASIK surgery
- Dental expenses (excluding cosmetic procedures)
- Orthodontia payments
- Hearing expenses
- Over-the-counter Medications
- Menstrual Care Items
- COVID-19 Related PPE



CUSTOMER SERVICE 1.800.532.3327

HOW DO I SUBMIT DOCUMENTS TO FLORES?

ONLINE

Visit www.flores247.com and upload documents securely

MOBILE

Download Flores Mobile app Available for Apple or Android devices

MAIL

Flores & Associates, LLC
PO Box 31397
Charlotte, NC 28231

FAX

800.726.9982 or 704.335.0818

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT



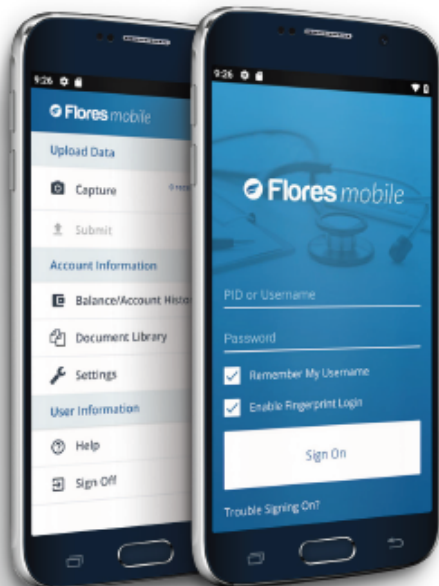
The dependent care flexible spending account (DCFSA) offers plan participants the opportunity to realize significant tax savings, ranging from 25-40%, on expenses incurred for the care of qualified dependents. The Flores easy no-wait claim filing process delivers reimbursement funds quickly to optimize the participant experience while the signature Flores e-Status system keeps participants informed of claim and reimbursement activity.

No-Wait Dependent Care FSA

Download a 'No-Wait Dependent Care Reimbursement' claim form from www.flores247.com or obtain this form from your HR Department

WHENEVER...WHEREVER...WITH FLORES MOBILE

Download Flores Mobile today



USING THE FLORES MOBILE MOBILE APP IS EASY!

SUBMIT RECEIPTS IMMEDIATELY AFTER YOU USE YOUR FLORES DEBIT CARD OR INCUR AN ELIGIBLE OUT-OF-POCKET EXPENSE

- Logon with your PID or username and password
- Click Capture to take a photo of your documents
- Return to main screen and click Submit Document
- Once your upload transmits you will receive confirmation via email or text message
- Additional confirmation will be sent once your document is processed

- ✓ SNAP PICTURE
- ✓ SELECT DOCUMENT
- ✓ UPLOAD RECEIPT
- ✓ SUBMIT CLAIM
- ✓ VIEW ACCOUNT
- ✓ CHECK BALANCE
- ✓ EMAIL ACCOUNT MANAGER

EMPLOYEE ASSISTANCE PROGRAM & ID THEFT

Life's not always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. When facing life's challenges, you often turn to family or friends for support. But sometimes that's not enough. Sometimes you need an experienced professional to talk with to know you're not alone.



MUTUAL OF OMAHA'S Employee Assistance Program

Professional, Confidential, Quality Assistance

Available anytime: 1-800-316-2796
mutualofomaha.com/eap

Administered by:
Mutual of Omaha Insurance Company
United of Omaha Life Insurance Company
3300 Mutual of Omaha Plaza
Omaha, NE 68175



Each year millions of Americans become victims of identity theft. Information that personally identifies you, such as your name, Social Security number or credit card numbers can be stolen and used to commit fraud or other crimes.

Identity Theft Assistance, provided by AXA Assistance, helps you and your dependents understand the risks of identity theft, learn how to prevent it, and most importantly, assist you if your information is compromised.

ID Theft Assistance is available as part of your overall Travel Assistance package offered by your employer. Services include:

AWARENESS AND EDUCATION

We help you understand the growing threat of identity theft by:

- Promoting awareness of identity theft
- Answering your questions about identity theft and how to recognize if you've become a victim
- Educating you on how to avoid having your identity stolen

RECOVERY ASSISTANCE

If your identity is compromised, the most important thing to do is **respond quickly**. We assist you by:

- Connecting you to the fraud departments at your bank(s) and credit card companies
- Facilitating access to credit bureaus and obtaining a complimentary credit report
- Guiding you in contacting federal government and local law enforcement agencies and filing reports and complaints

Access ID Theft Assistance services by calling AXA Assistance toll-free at (800) 856-9947.

IMPORTANT NOTICES

AVAILABILITY OF SUMMARY HEALTH INFORMATION

Your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format. The SBC is available, free of charge, by calling your insurance company.

IMPORTANT NOTICE FROM YOUR COMPANY ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

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

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

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

Your company has determined that the prescription drug coverage offered by the Health Plan is, on average for all plan participants expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current Your company coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Your company coverage, be aware that your dependents will not be able to get this coverage back until the next enrollment period unless you experience a qualified life event. Note that your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan and keep your coverage under the Your company Plan.

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

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

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

Summary of Options for Medicare Eligible Employees (and/ or Dependents)

Medical and prescription drug coverage are offered as a package under the Your company plan (you cannot elect medical coverage without prescription drug coverage).

1. Continue medical and prescription drug coverage under the Your company Plan and do not elect Medicare D coverage. Impact – your claims continue to be paid by the Your company plan.
2. Continue medical and prescription drug coverage under the Your company plan and elect Medicare D coverage. Impact - As an active employee (or dependent of an active employee) the Your company plan continues to pay primary on your claims (pays before Medicare D).
3. Drop the Your company plan coverage and elect Medicare Part D coverage. Impact – Medicare is your primary coverage. You will not be able to rejoin the Your company plan until the next open enrollment period unless you experience a qualified life event.

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

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

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

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

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

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

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

Contact-- Southeast Insurance Group Address: 2340 Hard Scrabble Rd. Columbia, SC 29223 Phone Number: 877-806-0464

IMPORTANT NOTICES

NOTICE REGARDING THE WOMEN'S HEALTH AND CANCER RIGHTS ACT

On October 21, 1998, Congress passed a bill called the Women's Health and Cancer Rights Act. This new law requires group health plans that provide coverage for mastectomy to provide coverage for certain reconstructive services. These services include:

- Reconstruction of the breast upon which the mastectomy has been performed,
- Surgery/reconstruction of the other breast to produce a symmetrical appearance,
- Prostheses, and
- Treatment of physical complications during all stages of mastectomy, including lymphedemas. 30

In addition, the plan may not:

- Interfere with a woman's rights under the plan to avoid these requirements, or
- Offer inducements to the health provider, or assess penalties against the health provider, in an attempt to interfere with the requirements of the law.

However, the plan may apply deductibles and Co-pays consistent with other coverage provided by the plan. If you have any questions about the current plan coverage, please contact your insurance company.

REPORT ELIGIBILITY CHANGES IN A TIMELY MANNER

It is your responsibility to notify the Benefits Department when a dependent becomes eligible or ceases to be eligible for coverage under our benefit plans. All eligibility changes should be reported within 31 days of the event. Failure to report changes in a timely manner can impact your ability to add newly eligible dependents or discontinue pre-tax premium contributions on ineligible dependents.

In addition, failure to report a loss of eligibility due to legal separation or divorce or a dependent that has otherwise ceased to be eligible, such as a child reaching the maximum dependent child age limit, can impact your dependent's rights for group health plan coverage under the federal law known as COBRA. If you fail to report the loss of eligibility within 60 days of the event, your dependents may be left with no continuation coverage under our plan. Please see your COBRA notice or your group health plan summary plan description for additional information.

HIPAA PRIVACY NOTICE

Protecting Your Health Information Privacy Rights. The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. Please contact your medical plan carrier to request a copy of the Notice.

INITIAL NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS

Loss of Other Coverage- If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other health insurance coverage or group health plan coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage or if the employer stops contributing towards your or your dependent's coverage. You will be required to submit a signed statement that this other coverage as the reason for waiving enrollment originally. To be eligible for this special enrollment opportunity you must request enrollment within 30 days after your other coverage ends or after the employer stops contributing towards the other coverage.

New Dependent as a Result of Marriage, Birth, Adoption or Placement for Adoption- If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and/or your dependent(s). To be eligible for this special enrollment opportunity you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Medicaid Coverage- The Bishop Gadsden group health plan will allow an employee or dependent who is eligible, but not enrolled for coverage, to enroll for coverage if either of the following events occur:

1. **TERMINATION OF MEDICAID OR CHIP COVERAGE-** If the employee or dependent is covered under a Medicaid plan or under a State child health plan (CHIP) and coverage of the employee or dependent under such a plan is terminated as a result of loss of eligibility.
2. **ELIGIBILITY FOR PREMIUM ASSISTANCE UNDER MEDICAID OR CHIP-** If the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP, including under any waiver or demonstration project conducted under or in relation to such a plan. This is usually a program where the state assists employed individuals with premium payment assistance for their employer's group health plan rather than direct enrollment in a state Medicaid program. To be eligible for this special enrollment opportunity you must request coverage under the group health plan within 60 days after the date the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP or the date you or your dependent's Medicaid or state-sponsored CHIP coverage ends. To request special enrollment or obtain more information, please contact your insurance company.

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.

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 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 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 July 31, 2018. Contact your State for more information on eligibility

SOUTH CAROLINA – Medicaid Website: <https://www.scdhhs.gov> Phone: 1-888-549-0820

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 eba.opr@dol.gov and reference the OMB Control Number 1210-0137.



This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.