



Wabash
City Schools

Building a Legacy of Opportunity for All

Employee Benefits Enrollment Guide

October 1, 2024



PARKVIEW
SIGNATURE CARE
EPO NETWORK



Automated Group Administration, Inc.



www.aga-tpa.com

7605 Westfield Drive
Fort Wayne, IN 46825

1-800-888-6472
fax 260-489-0365

Table of Contents

I.	ELIGIBILITY	2
II.	MEDICAL AND PRESCRIPTION COVERAGE	3
III.	DENTAL COVERAGE	7
IV.	VISION COVERAGE	8
V.	PLAN FEATURES	9
	Magellan Rx	10
	Paydhealth	13
	RxFree4Me	14
	HealthiestYou	15
	Chronic Care Program.....	17
	Healthy Track Meter	18
	Lab Service Program.....	19
	Direct Imaging	20
	Daavlin Home Phototherapy.....	21
	QicLink Benefits Exchange	22
VI.	CHILDREN’S HEALTH INSURANCE PROGRAM & MEDICAID (CHIP) NOTICE	23

Eligibility

Eligibility Date:



Employees are eligible for coverage the first day of the month following date of hire for full time employment.

Open Enrollment Period:



An open enrollment period will occur during the month of August, with coverage to be effective October 1st.

Special Enrollment Period:



A special enrollment period is a thirty (30) day period during which a person, who declined coverage when eligible, becomes eligible again to enroll because of a qualifying event. Examples of a qualifying event are: marriage, divorce, birth or adoption of a child, or loss of eligibility of coverage on another plan.

Dependent Children:



Children to age 26 are eligible for coverage. Children are not required to be in school, may be married and eligibility is not restricted based upon residence or tax status.

Wabash City Schools

Employee Benefits Summary Review

Traditional Plan 1 – Non-Grandfathered

To receive maximum benefits from your medical insurance coverage, you must use a doctor, EPO hospital or facility that is part of the Network.

To locate a Signature Care Provider: 1-800-666-4449 or www.parkviewtotalhealth.com

To locate an Encore/Encore Combined Provider: 1-888-446-5844 or www.encoreconnect.com

Pre Certification: Managed Care Concepts 1-866-750-2723

Benefits Effective: October 1, 2024

Benefits	EPO Hospital, PPO Providers, No PPO Provider or Hospital Available	PPO Hospital	NON-PPO Providers
Calendar Year Deductible (Embedded)	\$750 Individual / \$1,500 Family	\$1,750 Individual / \$3,500 Family	\$3,750 Individual / \$7,500 Family
Co-Insurance Benefit	90%	80%	60%
Out of pocket maximum *	\$750 Individual / \$1,500 Family	\$3,750 Individual / \$7,500 Family	Unlimited
Lifetime Maximum	Unlimited lifetime maximum Unlimited Plan year maximum		
Preventive Care (ACA Preventative) Routine physical exam, pap tests, Immunizations, etc.	100% Benefit; not subject to deductible	100% Benefit; not subject to deductible	Deductible, then 40%
Physician Office Visit	\$30 Copay	N/A	Deductible, then 40%
Hospital Services	Deductible, then 10%	Deductible, then 20%	Deductible, then 40%
Maternity Services	Deductible, then 10%	Deductible, then 20%	Deductible, then 40%
Urgent Care Visit	\$50 Copay	N/A	Deductible, then 40%
Emergency Room (Copay waived if admitted)	\$150 Copay	\$150 Copay	Deductible, then 40%
Ambulance Services	Deductible, then 10%	N/A	Deductible, then 10%
Chiropractic Services Limited to 12 visits per calendar year	\$30 Copay	N/A	Deductible, then 40%
Physical, Occupational & Speech Therapy Limited to 30 visits per calendar year per service	\$30 Copay	\$30 Copay	Deductible, then 40%
Mental Health, Alcohol & Substance Abuse Outpatient Care Inpatient Care	\$30 Copay Deductible, then 10%	\$30 Copay Deductible, then 20%	Deductible, then 40% Deductible, then 40%
Laboratory Services If lab service program used: 100%, not subject to deductible	Deductible, then 10%	Deductible, then 20%	Deductible, then 40%
Retail and Mail Order Prescription Drugs	**Prescription Drug Out of Pocket Maximum \$2,600 Individual/ \$5,200 Family		
Prescription Drugs** Retail 34 Day Supply Retail at 90 Day Generic	\$20 Copay; Generic \$40 Copay; Brand Formulary \$80 Copay; Brand Non-Formulary	N/A	Not Covered
Prescription Drugs** Mail Order 90 Day Supply	\$40 Copay; Generic \$80 Copay; Brand Formulary \$160 Copay; Brand Non-Formulary	N/A	Not Covered
Injectable & Infusion Drugs Specialty Pharmacy	Deductible, then 10% Does not apply towards out of pocket maximum if Specialty Pharmacy is not used	Deductible, then 20% Does not apply towards out of pocket maximum if Specialty Pharmacy is not used	Deductible, then 40% Does not apply towards out of pocket maximum if Specialty Pharmacy is not used
<ul style="list-style-type: none"> • * The out-of-pocket limit does NOT include premiums, deductibles, Rx Copays, balance-billed charges, pre-cert penalties and excluded charges. • Balance billing protection when you use a Network provider • In-Patient hospital admission and many out-patient procedures require mandatory notification to Managed Care Concepts: 1-866-750-2723 <p style="text-align: center;"><i>This is an outline of benefits and not to be determined as a contract, for further definitions of covered benefits, see the Summary Plan Description</i></p>			

Third Party Administrator: Automated Group Administration ♦ 7605 Westfield Drive ♦ Fort Wayne, IN 46825 ♦ (260)489-6447 (800)888-6472 ♦ (260) 489-0365 Fax
Please contact the Automated Group Administration Customer Service Line with any questions or concerns you may have. **1-800-888-6472**



Wabash City Schools

Employee Benefits Summary Review

High Deductible Health Plan 2 (H.S.A.) – Non-Grandfathered

To receive maximum benefits from your medical insurance coverage, you must use a doctor, EPO hospital or facility that is part of the Network.

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To locate an Encore/Encore Combined Provider: 1-888-446-5844 or www.encoreconnect.com

Pre Certification: Managed Care Concepts 1-866-750-2723

Benefits Effective: October 1, 2024

Benefits	EPO Hospital, PPO Providers & No PPO Provider or Hospital Available	PPO Hospital	NON-PPO Providers
Calendar Year Deductible (Embedded)	\$3,200 Individual / \$6,400 Family	\$4,200 Individual / \$8,400 Family	\$6,200 Individual / \$12,400 Family
Co-Insurance Benefit	100%	90%	70%
Out of pocket maximum *	\$0 Individual / \$0 Family	\$3,000 Individual / \$6,000 Family	Unlimited
Lifetime Maximum	Unlimited lifetime maximum Unlimited Plan year maximum		
Preventive Care (ACA Preventive) Routine physical exam, pap tests, Immunizations, etc.	100% Benefit; not subject to deductible	100% Benefit; not subject to deductible	Deductible, then 30%
Physician Office	Deductible, then 0%	N/A	Deductible, then 30%
Hospital Services	Deductible, then 0%	Deductible, then 10%	Deductible, then 30%
Maternity Services	Deductible, then 0%	Deductible, then 10%	Deductible, then 30%
Urgent Care	Deductible, then 0%	N/A	Deductible, then 30%
Emergency Room	Deductible, then 0%	Deductible, then 10%	Deductible, then 30%
Ambulance Services	Deductible, then 0%	N/A	Deductible, then 0%
Chiropractic Services Limited to 12 visits per calendar year	Deductible, then 0%	N/A	Deductible, then 30%
Physical, Occupational & Speech Therapy Limited to 30 visits per calendar year per service	Deductible, then 0%	Deductible, then 10%	Deductible, then 30%
Mental Health, Alcohol & Substance Abuse Outpatient Care & Inpatient Care	Deductible, then 0%	Deductible, then 10%	Deductible, then 30%
Laboratory Services Lab service program: Discount Available	Deductible, then 0%	Deductible, then 10%	Deductible, then 30%
Retail and Mail Order Prescription Drugs	**Major Medical Deductible First		
Prescription Drugs** Retail 30 Day Supply DEDUCTIBLE FIRST	Deductible, then 0%; Generic Deductible, then 0%; Brand Formulary Deductible, then 0%; Brand Non-Formulary	N/A	No Coverage
Prescription Drugs** Mail Order 90 Day Supply DEDUCTIBLE FIRST	Deductible, then 0%; Generic Deductible, then 0%; Brand Formulary Deductible, then 0%; Brand Non-Formulary	Not Covered	No Coverage
Injectable & Infusion Drugs Specialty Pharmacy	Deductible, then 0% Does not apply towards out of pocket maximum if Specialty Pharmacy is not used	Deductible, then 20% Does not apply towards out of pocket maximum if Specialty Pharmacy is not used	Deductible, then 30% Does not apply towards out of pocket maximum if Specialty Pharmacy is not used

- * The out-of-pocket limit does NOT include premiums, deductibles, balance-billed charges, pre-cert penalties and excluded charges.
- Balance billing protection when you use a Network provider
- In-Patient hospital admission and many out-patient procedures require mandatory notification to Managed Care Concepts: 1-866-750-2723

This is an outline of benefits and not to be determined as a contract, for further definitions of covered benefits, see the Summary Plan Description

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Wabash City Schools

Employee Benefits Summary Review

High Deductible Health Plan 3 (H.S.A) – Non-Grandfathered

To receive maximum benefits from your medical insurance coverage, you must use a doctor, EPO hospital or facility that is part of the Network.

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To locate an Encore/Encore Combined Provider: 1-888-446-5844 or www.encoreconnect.com

Pre Certification: Managed Care Concepts 1-866-750-2723

Benefits Effective: October 1, 2024

Benefits	EPO Hospital, PPO Providers & No PPO Provider or Hospital Available	PPO Hospital	NON-PPO Providers
Calendar Year Deductible (Embedded)	\$5,000 Individual / \$10,000 Family	\$6,000 Individual / \$12,000 Family	\$10,000 Individual / \$20,000 Family
Co-Insurance Benefit	100%	90%	70%
Out of pocket maximum *	\$0 Individual / \$0 Family	\$3,000 Individual / \$6,000 Family	Unlimited
Lifetime Maximum	Unlimited lifetime maximum Unlimited Plan year maximum		
Preventive Care (ACA Preventive) Routine physical exam, pap tests, Immunizations, etc.	100% Benefit; not subject to deductible	100% Benefit; not subject to deductible	Deductible, then 30%
Physician Office	Deductible, then 0%	N/A	Deductible, then 30%
Hospital Services	Deductible, then 0%	Deductible, then 10%	Deductible, then 30%
Maternity Services	Deductible, then 0%	Deductible, then 10%	Deductible, then 30%
Urgent Care	Deductible, then 0%	N/A	Deductible, then 30%
Emergency Room	Deductible, then 0%	Deductible, then 10%	Deductible, then 30%
Ambulance Services	Deductible, then 0%	N/A	Deductible, then 0%
Chiropractic Services Limited to 12 visits per calendar year	Deductible, then 0%	N/A	Deductible, then 30%
Physical, Occupational & Speech Therapy Limited to 30 visits per calendar year per service	Deductible, then 0%	Deductible, then 10%	Deductible, then 30%
Mental Health, Alcohol & Substance Abuse Outpatient Care & Inpatient Care	Deductible, then 0%	Deductible, then 10%	Deductible, then 30%
Laboratory Services Lab service program: Discount Available	Deductible, then 0%	Deductible, then 10%	Deductible, then 30%
Retail and Mail Order Prescription Drugs	**Major Medical Deductible First		
Prescription Drugs** Retail 30 Day Supply DEDUCTIBLE FIRST	Deductible, then 0%; Generic Deductible, then 0%; Brand Formulary Deductible, then 0%; Brand Non-Formulary	N/A	No Coverage
Prescription Drugs** Mail Order 90 Day Supply DEDUCTIBLE FIRST	Deductible, then 0%; Generic Deductible, then 0%; Brand Formulary Deductible, then 0%; Brand Non-Formulary	Not Covered	No Coverage
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- In-Patient hospital admission and many out-patient procedures require mandatory notification to Managed Care Concepts: 1-866-750-2723

This is an outline of benefits and not to be determined as a contract, for further definitions of covered benefits, see the Summary Plan Description

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SIGNATURE CARE EPO NETWORK

The Signature Care EPO (Exclusive Provider Organization) Network is dedicated to providing members with the best healthcare providers at the highest level of benefit coverage when utilizing one of these top-tier facilities.

Signature Care top-tier facilities and in-network facilities and providers effective March 1, 2024 are located in the counties indicated on this map.

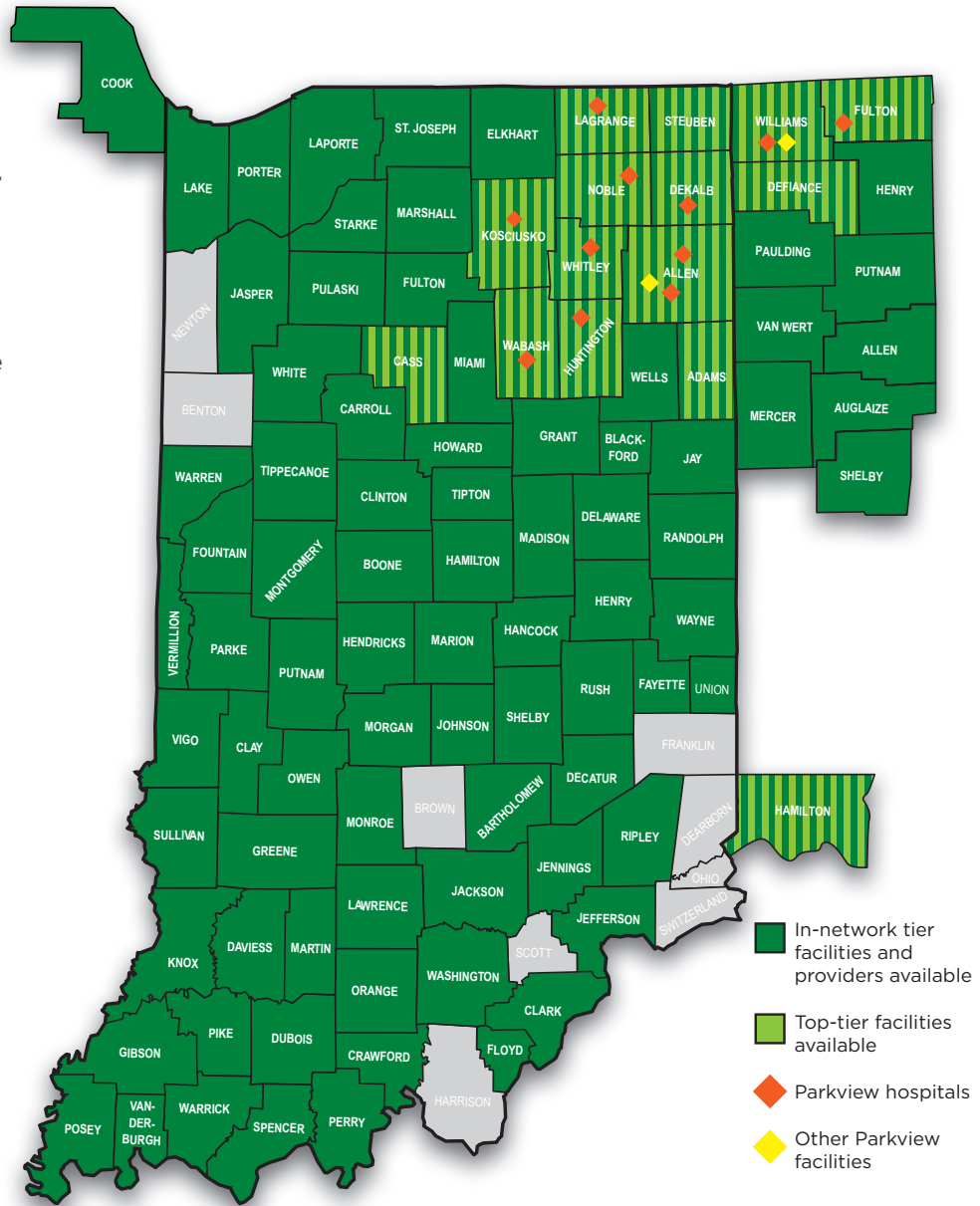
TOP-TIER/TIER 1 FACILITIES:

Parkview Facilities

- Parkview Archbold
- Parkview Behavioral Health Institute
- Parkview Bryan Hospital
- Parkview DeKalb Hospital
- Parkview Endoscopy Center
- Parkview Hospital Randallia
- Parkview Huntington Hospital
- Parkview LaGrange Hospital
- Parkview Montpelier Hospital
- Parkview Noble Hospital
- Parkview Ortho Hospital
- Parkview Premier Surgery
- Parkview Regional Medical Center
- Parkview Southwest
- Parkview SurgeryONE
- Parkview Wabash Hospital
- Parkview Warsaw
- Parkview Whitley Hospital

Other Facilities

- Adams Memorial Hospital
- Cameron Memorial Community Hospital
- Cincinnati Children's Hospital
- Community Memorial Hospital
- Logansport Memorial Hospital



To view all Signature Care providers throughout Indiana and northwest Ohio, visit our online directory at Parkview.com/SignatureCareDirectory

Dental Coverage

Summary of Dental Benefits

Effective October 1, 2024

<u>Benefit</u>	<u>Deductible</u>	<u>Percentage</u>	<u>Maximum</u>
1. Preventive	\$0 per person	100%	\$1,000 per person
2. Basic	*\$50/person \$150/family	80%	per calendar year for
3. Major	*\$50/person \$150/family	50%	Levels #1, #2, and #3
4. Orthodontia	\$0 per person	50%	\$1,000 Lifetime Max

*Combined Deductible for Levels #2 & #3

Definition of Levels of Benefits

Level 1:

1. Two prophylaxis treatments, including scaling and polishing, per Calendar Year
2. Two dental examinations per Calendar Year.
3. Four bitewing x-rays per Calendar Year.
4. One full mouth x-ray in a period of five (5) continuous Calendar Years.
5. One full mouth fluoride treatment per Calendar Year.
6. Space maintainers for deciduous teeth; and
7. Sealants (to age 19)

Level 2**

1. Amalgam, synthetic or plastic fillings.
2. Extractions, cysts and neoplasms.
3. Root canals and pulpal therapy; and
4. Emergency palliative treatments; and
5. Periodontia.

Level 3**

1. Inlays, gold fillings and crowns.
2. Dentures and precision attachments thereto; and
3. Fixed bridgework

Level 4**

1. Orthodontia (to age 19)

**Late Entrant – Waiting Period for Level 2, 3, & 4 is 12 months

This is an outline of benefits and not to be determined as a contract, for further definitions of covered benefits, see the Summary Plan Description.

Vision Coverage

Summary of Vision Benefits

Effective October 1, 2024

Not Subject to the Major Medical Calendar Year Deductible

Vision Exam

- *One Exam Every 12 Months*

Co-pay	\$25
Benefit Percentage.....	100%
Maximum Benefit	\$100

Frames

- *One Set Every 24 Months*

Co-pay	\$0
Benefit Percentage.....	100%
Maximum Benefit.....	\$130

Eyeglass Lenses

- *One Pair of Lenses Every 12 Months*

Co-pay	\$0
Benefit Percentage.....	100%
Maximum Benefit:	
Single – Each Lens.....	\$50
Bifocal – Each Lens	\$65
Trifocals – Each Lens.....	\$75

Contact Lenses

- *One Pair of Contacts Every 12 Months*

Co-pay	\$0
Benefit Percentage.....	100%
Maximum Benefit for Elective Contact Lenses	\$130 (pair)

This is an outline of benefits and not to be determined as a contract, for further definitions of covered benefits, see the Summary Plan Description.



Paydhealth

1-877-869-7772

Paydhealth is designed to improve access to specialty drugs. This program will assist you in reducing the cost of your medication by seeking sources of alternate funding for specialty drugs on the Select Drugs and Products List. If you have any questions regarding the Select Drugs and Products Program, please call the Specialty Contact Center. *See attached for more details.*

HealthiestYou

1-866-703-1259 or www.healthiestyou.com

With HealthiestYou you can connect to a doctor, get treatment, and get prescriptions, 24 hours a day, 7 days a week over the phone or via the mobile app. Using HealthiestYou can SAVE YOU TONS OF MONEY and no more sitting around in waiting rooms. And best of all, it's FREE. *See attached for more details.*

Managed Care Concepts Chronic Care

1-866-750-2723

Managed Care Concepts Chronic Care Program is a set of coordinated services designed to help members manage chronic medical conditions such as asthma, diabetes, hypertension, congestive heart failure, coronary artery disease and/or obesity. *See attached for more details.*

Direct Imaging

(260)-212-1901 or www.directcarellc.net/directimaging

Direct Imaging LLC, a subsidiary of DirectCare LLC, is a freestanding outpatient imaging services (MRI, CT, Ultrasound and X-rays) facility that offers the most affordable out-of-pocket cost in the area. At Direct Imaging, we use the most advanced Siemens MRI technology, equipped with 1.5 Tesla scanners. To meet other imaging needs, we also offer Siemens 64 slice CT Scanner, Digital X-Ray and Ultrasound. *See attached for more details.*

Lab Service Program

1-888-522-2677 or www.labcorp.com | 1-800-646-7788 or www.QuestSelect.com

The LabCorp and Quest programs allows you to obtain substantial discounts on certain outpatient laboratory testing. *See attached for more details.*

EPIC Hearing

1-877-606-3742 or www.epichearing.com

EPIC's Hearing Service Plan offers a national alliance of independent ear physicians and audiologists dedicated to high-quality hearing care. Your EPIC benefit ensures substantial savings on name-brand hearing aids and products to protect and improve your hearing.

Daavlin Home Phototherapy

1-800-322-8546 or www.daavlin.com

Phototherapy is the use of a special type of medical light to treat skin conditions such as Psoriasis, Vitiligo, Eczema, and CTCL. Daavlin offers personal-sized phototherapy products that can be used in the comfort and convenience of your own home. This safe and easy treatment is now available to you at a highly discounted price. *See attached for more details.*

For more information go to www.aga-tpa.com

The Magellan Rx Mobile App

On-hand prescription drug management tools

The Magellan Rx app can help you understand and maximize your prescription drug benefits. Get access to real-time updates, medication information and drug cost savings tools in the palm of your hand!



Check the status of your prescriptions



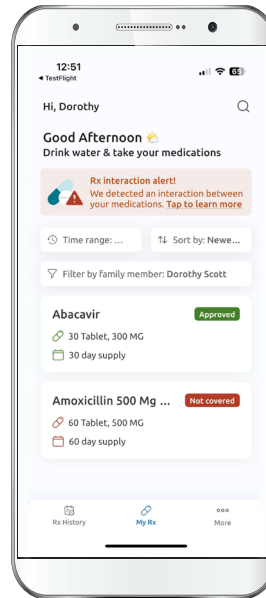
Price a drug



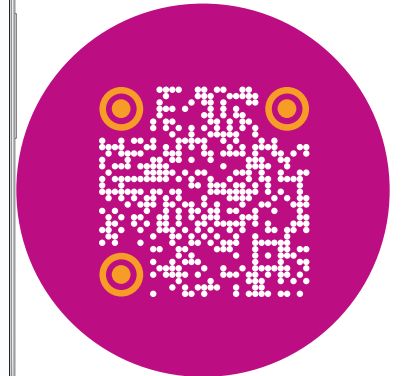
Get prescription information



View Rx claims history for you and your minor dependents



Check out this video to learn how to use the Magellan Rx Mobile App!



The Magellan Rx app is available on the **Apple app store** and **Google play store**.

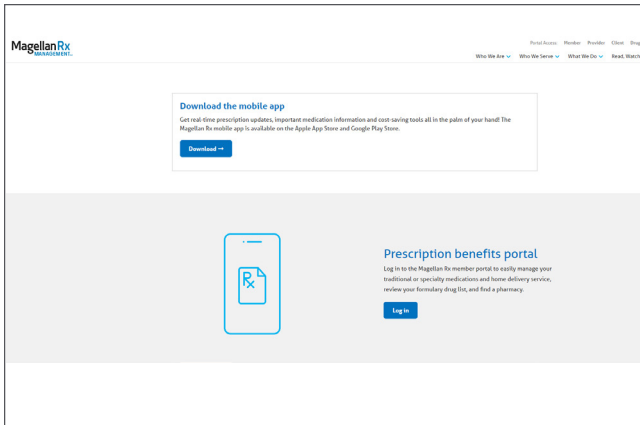
Search for **"Magellan Rx"** in your app store to download the app!

Questions?

Contact Magellan Rx Customer Service 24/7 at 1.800.424.0472 with any questions about your prescription benefits.

Member Portal Guide

Our secure member portal makes it easy for you to order refills, view claims and more!

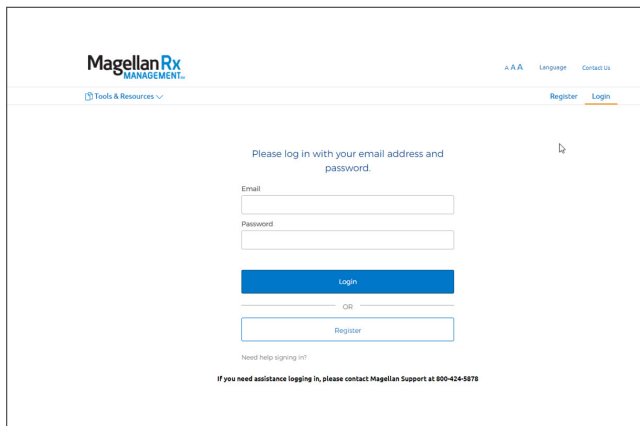


STEP ONE

Visit **magellanrx.com** and select **Portal Access: Member** at the top of the page.

Scroll down to the **Prescription benefits portal** and click on the blue **Log in** button.

Or, go directly to **magellanrx.com/member/login**.

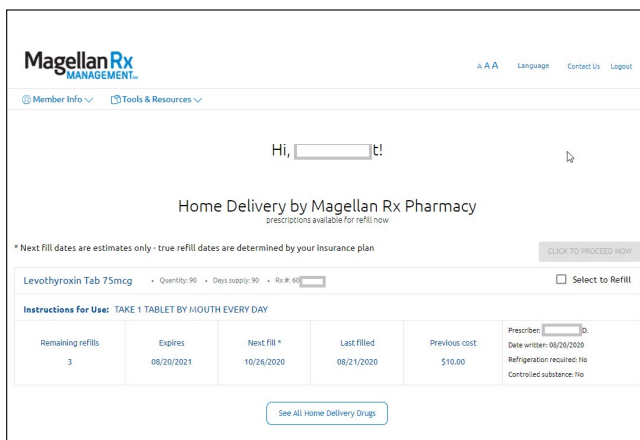


STEP TWO

Log in. You will need to complete the one-time registration process the first time you log in.

To register, fill out the registration form. Click on the confirmation link sent to the email you registered with within 24 hours. You will need to re-register if you don't click on the link within 24 hours.

The link will take you to the member login page. This completes your registration.



STEP THREE

Get to know your dashboard to:

- Access your ID card
- View recent claims
- Renew and refill home delivery prescriptions
- Access your formulary, and more!



Watch this video to learn more about the features of the member portal!

ADDITIONAL RESOURCES:

Pharmacy Name	Address	Phone	Distance	Other Info	Default Pharmacy
MARTINS PHARMACY	10252 STAPLES HILL ROAD GLEN ALLEN, VA 23060	804-755-4207	0.46		<input type="checkbox"/>
RITE AID PHARMACY 11245	9101 STAPLES HILL ROAD RICHMOND, VA 23228	804-501-2275	1.44		<input type="checkbox"/>
CVS PHARMACY	9167 STAPLES HILL RD RICHMOND, VA 23228	804-672-6613	1.70		<input type="checkbox"/>
WALMART PHARMACY 10-1523	11400 WEST BROAD STREET RD GLEN ALLEN, VA 23060	804-360-0792	1.80		<input type="checkbox"/>
TARGET PHARMACY	9001 STAPLES HILL RD RICHMOND, VA 23228	804-672-3350	1.88		<input type="checkbox"/>
KROGER PHARMACY 8519	9000 STAPLES HILL RD HENRICO, VA 23228	804-977-9515	1.93	Drive Thru	<input type="checkbox"/>

Smart Pharmacy Locator

- Locate pharmacies in your area
- Set default pharmacy

MagellanRx
MANAGEMENT

Tools & Resources

Formulary and Clinical Documents

Optimal Member Education

PLAN INFORMATION
View the Pharmacy Network List
How to Safely Dispose of Sharps, Syringes, Needles, Lancets

STANDARD FORMULARY
View the Standard Drug Look Up
View the Standard Specialty Drug List

PRECISION FORMULARY
View the Precision Drug Look Up
View the Precision Exclusion List by Drug Class
View the Precision Specialty Drug List

The benefits information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or copayments/co-insurance may change year to year.

Drug Lookup Tool

- View formulary drug lists
- Look up specific drug details
- Find out if there are any special requirements for your medications, like step therapy or prior authorization

MagellanRx
MANAGEMENT

Price a Drug

SEARCH

SEARCH BY DRUG NAME OR NUMBER

SEARCH BY QUANTITY AND DOSAGE

SEARCH BY PHARMACY FOR PRICING

You can select up to 5 pharmacies for pricing

Map

Price a Drug

- Ability to select from previously filled drug and see dosage and strength options based on the drug selected
- Comparative drug pricing for up to three retail pharmacies
- Drug pricing messages in clear, understandable language
- Auto-complete feature assists in searching for a drug

Login today at magellanrx.com.

If you have any questions about your prescription benefits, please call us at 1.800.424.0472.



Select Drugs and Products ProgramSM

At Magellan Rx Management, we are partnering across the industry to provide a connected healthcare experience that truly leads humanity to healthy, vibrant lives. We are dedicated to giving you the best service and resources to help you and your family make better healthcare decisions.

The **Select Drugs and Products ProgramSM** is administered by *paydhealth* and is designed to improve access to specialty drugs. This program will assist you in reducing the cost of your medication by seeking sources of alternate funding for specialty drugs on the Select Drugs and Products List.

You must specifically enroll in the Select Drugs and Products Program in order to take advantage of these benefits. All specialty drugs listed on the Select Drugs and Products List require that you seek prior review and that your case be submitted to alternate funding before your benefit will apply. If you do not participate in the program, you will have a 100% reduction in your payable benefit for specialty medication.

If you are taking a specialty drug, you will be contacted by a Program Case Coordinator. Your Case Coordinator will provide you with further information regarding the Select Drugs and Products Program and walk you through the enrollment process and requirements. If you have any questions regarding the Select Drugs and Products Program, please call the Specialty Contact Center at 877.869.7772 (8:00 a.m. – 8:00 p.m. EST).



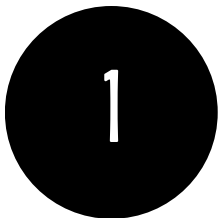
100% FREE TO YOU! NO CO-PAY

GETTING STARTED IS AS EASY AS

1 2 3

Your employer has partnered with RxFREE4Me to make several medications 100% FREE.

All insulin, most brand drugs, and many more are available to you. RxFREE4Me offers 24/7 customer support with over 1.2 million members served. Start saving today and enroll in less than 5 minutes.



**Call (866) 750-2723
or email faxinbox@mcc-tx.com**



Answer a few brief questions



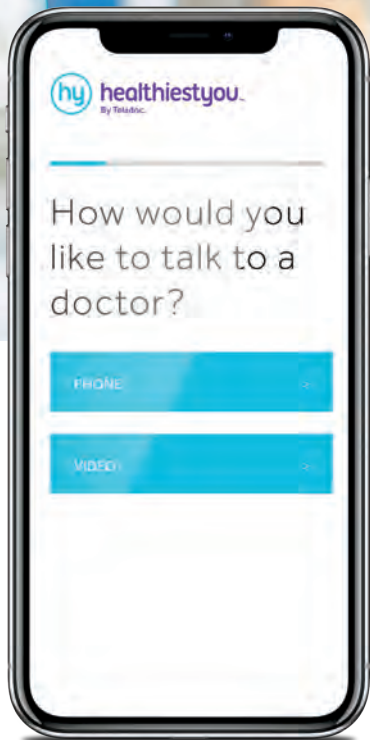
Receive your Rx FREE

CONTACT US TO START SAVING TODAY!



Nationwide Pharmacy | 24/7 Member Support | RxFree4Me.com
faxinbox@mcc-tx.com | (866) 750-2723 | Fax: (409) 886-5715

Wherever you go, talk to a doctor for free by phone or video 24/7.



Download the HealthiestYou app, create an account, complete your medical history, and talk to a doctor for free whenever you need to.

Take control of your health with free doctor visits 24/7 at home or on the go.



See a doctor 24/7

Talk to a licensed doctor by phone or video from anywhere



Save money

Find the lowest-cost prescriptions in your area



Find a pharmacy nearby

Locate a pharmacy near you to pick up prescriptions from your doctor visit*

*Medicine is prescribed when medically necessary



Download the HealthiestYou app today.

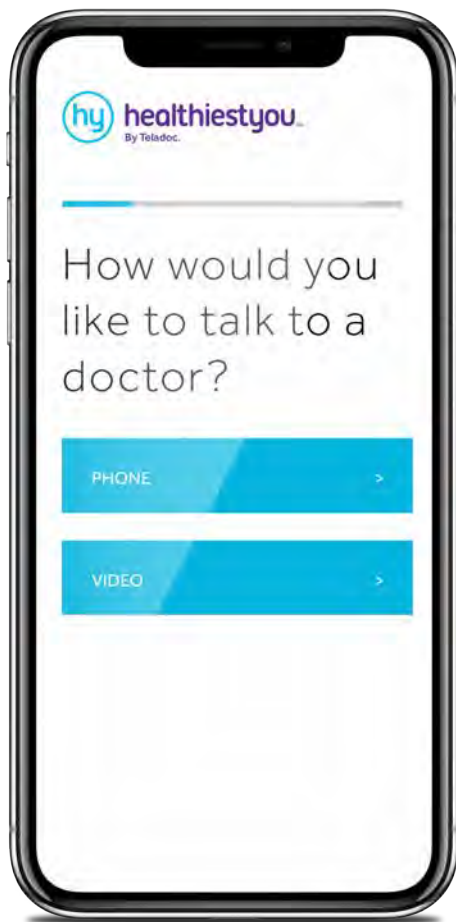
Teladoc Health, Inc., encompasses consumer brands: Teladoc, Best Doctors, Advance Medical, and HealthiestYou

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HealthiestYou is now part of Teladoc Health, the global leader in virtual care.

Teladoc Health, Inc., on its own behalf and on behalf of its affiliates and/or wholly owned subsidiaries including but not limited to Best Doctors, Inc.; HealthiestYou, Inc.; Teladoc Physicians, P.A., an Equal Opportunity Employer; and HealthiestYou, P.A. (collectively referred to as "Teladoc Health," "we," "us," or "our"), owns and operates the websites located at www.teladoc.com, www.bestdoctors.com, www.askbestdoctor.com, members.bestdoctors.com, www.healthiestyou.com, and various mobile applications (collectively the "site" or "sites"). Through these sites we operate various online services that enable eligible individuals ("members") to receive various types of healthcare information and telehealth services ("services"). The sites also have public portions that allow anyone to educate themselves on the services available from Teladoc Health. 10E-207B_347083860_05292019

Set up your HealthiestYou account in 4 easy steps.



Download the app to connect to doctors for free by phone or video 24/7, shop the lowest-cost prescriptions, and much more.

- 1 Download the app**
Search "HealthiestYou" in the app store or on Google Play.
- 2 Set up your account**
Once you've downloaded the app, select "Register," then choose "Employee" as your membership type.
- 3 Enter basic contact information**
Type in your last name, date of birth, and ZIP code.
- 4 Type in your security information**
Enter a valid email address, password, the best number for our doctors to reach you, your preferred language, and accept terms and conditions.



All doctor visits are free. Download the app today!  | 

HealthiestYou.com | 866-703-1259



Managed Care Concepts: Chronic Care Program

Managed Care Concepts Chronic Care Program is a set of coordinated services designed to help members manage chronic medical conditions such as asthma, diabetes, hypertension, congestive heart failure, coronary artery disease and/or obesity.

Chronic Care Programs (or disease management programs as they were known in the past) focus on chronic conditions, such as the ones listed above, because they are conditions where good self-management has been shown to produce a positive clinical impact.

Chronic Care Management helps in accomplishing risk reversal by focusing on:

- Employee Awareness/Education
- Behavior Modification Programs
- Nutrition/Exercise Strategies
- Healthy Lifestyle Coaching
- Medical Follow-Up

HOW MUCH DOES THIS COST?



The program is provided to you at NO ADDITIONAL COST and is 100% confidential!

This program includes, but is not limited to:

- Telephonic Coaching by trained nurse coaches
- Unlimited inbound calls to your nurse coach
- Educational Materials mailed to your home or via email
- Coordination of services with your physicians and/or other healthcare providers.

IF YOU WISH TO PARTICPATE:



Contact the *WELL*-Managed Chronic Care Program at 1-866-750-2723 and ask to speak to a chronic care nurse manager for more information. Members can self-refer to the program.

Call now to start your journey to better health!

Managed Care Concepts: Healthy Track

Successfully managing your life with diabetes can be challenging. Healthy Track is a platform of healthcare services designed to get and keep you on a “healthy track”. This is accomplished through the FDA approved Blood Glucose Monitor which provides real time data and comprehensive Nurse Navigator support.

WHAT IS INCLUDED?



Healthy Track includes a Blood Glucose Monitor and a portal system, as well as 24-hour access to the Diabetic Care Line (1-866-751-2723) and full access to the Health Track Nurse Support line (1-866-750-2723).

The Blood Glucose Meter accurately tests glucose levels and automatically sends the results to the patient’s secure and personal on-line portal, which can be shared with healthcare professionals or individuals involved in patient care. The meter has an intuitive user interface and is easy to use, including a color LCD screen, rechargeable battery and the ability to store up to 450 readings.

WHY USE HEALTHY TRACK?



The portal system eliminates the need for traditional paper logbooks and contains features for running test history reports. In addition, the system can be programmed to send text message alerts of test results to any mobile phone or to your physician!

HOW DO I PARTICIPATE?



Call the Diabetic Nurse Line Support at 1-866-751-2723 to begin!



Lab Service Program

LabCorp and QuestSelect are programs offered by your employer that helps you and your covered dependents save money on covered laboratory services when testing is performed at LabCorp or Quest.

DO I HAVE TO USE THE LAB SERVICE PROGRAM?



You are not required to use the discount program; however, by participating in the program, you and your covered dependents can save money on covered laboratory services.

HOW DO I TAKE ADVANTAGE OF THE PROGRAM?



Simply present a physician's order for covered laboratory testing and your insurance card with the LabCorp or Quest logo at any LabCorp or Quest specimen collection lab.

WHERE CAN I GO TO RECEIVE DISCOUNTED TESTING?



To locate a specimen collection lab near you, use the Find A Lab feature on LabCorp's website at www.labcorp.com or by phone at 1-888-522-2677. To locate a Quest collection lab near you, visit www.QuestSelect.com or call 1-800-646-7788.

The screenshot shows the LabCorp website's 'Find a Lab Near You' page. It features a search bar with fields for 'Locate Me', 'Enter address or zip code', and a dropdown for 'Select Service'. Below the search bar, there is an 'Advanced Search' section with a note: 'Not all lab locations offer all services. Not sure about which service to select? [Learn more](#) about testing services.' Another note states: 'Labcorp patient service centers do not collect specimens for the COVID-19 swab test. Labcorp patient service centers do collect blood specimens for the COVID-19 antibody test. Not sure what test you need? [Learn more](#) about the different COVID-19 tests available to you.' There are three main sections: 'No appointment? No problem. Walk-ins are welcome.', 'Prefer to make an appointment?', and three icons for 'Lab Locations', 'Testing Services', and 'Appointments'.

The screenshot shows the Quest Diagnostics website's 'Appointment / Location' search interface. It includes a navigation menu with 'Home', 'For Patients', 'For Physicians & Hospitals', 'For Companies & Organizations', and 'Contact Us'. The search form has three main sections: 'Location' (City, State, ZIP), 'Reason for testing' (Labcard-Routine, PADCheck Testing), and 'Date / Time' (Friday, Feb 20, 2015, 9:00 AM). There is a 'Find' button and a checkbox for 'See locations on map'. Below the search form, there is a section for 'MyQuest' and 'Authorized VBZIP Search user'.

Direct Imaging (Yellow card Services)

Direct Imaging LLC, a subsidiary of Direct Care LLC, is a freestanding outpatient imaging services (MRI, CT, Ultrasound and X-rays) facility that offers the most affordable out-of-pocket cost in the area.



Who We Are

At Direct Imaging, we use the most advanced Siemens MRI technology, equipped with 1.5 Tesla scanners. To meet other imaging needs, we also offer Siemens 64 slice CT Scanner, Digital X-Ray and Ultrasound.

Our Services

Professional interpretation

- All exams are interpreted by Summit Radiology board-certified radiologist
- Images and reports are available through secure, HIPPA-compliant website or via CD

Fast and Efficient

- Results are sent within 24 hours, STAT upon request.

Why Direct Imaging?

- One Flat Rate
- Lower Out-of-pocket Cost
- Advanced Technology
- Same or Next-day Appointments
- Rapid Results
- Comfort and Convenience

Show your YELLOW ID Card for Imaging/Lab Benefit

 <p>Automated Group Administration www.aga-tpa.com 260-489-6447</p>		<p>OUTPATIENT IMAGING AND LAB BENEFIT CARD</p>
<p>Group# Group Name Subscriber Subscriber # AGA</p>	<p>Contacts Eligibility/Benefits/Claims Questions: 260-489-6447 or 800-839-6472 (out of area)</p> <p>Claims Status www.aga-tpa.com</p>	
<p>Benefits are not payable if claims are not filed within 6 months after the date charges are incurred as required by the Plan</p>	<p>UTILIZATION REVIEW Pre-Certification is required for outpatient MRI and CT Scans</p> <p>Managed Care Concepts 896-750-2723</p>	

 <p>Automated Group Administration Payer ID: 37280 7605 Westfield Drive Fort Wayne, IN 46825</p>		<p>labcorp</p> <p>Payer Code: APGPS LabCorp.com 1-888-522-2677</p>
<p>IMAGING</p> <p>1) Requires Physician Orders - Fax Orders to 260.999.5885 2) Must schedule with Direct Imaging at 260.212.1901</p>	<p>Direct Imaging (260) 212-1901 MRI, CT Scan, Ultrasound, X-Ray</p> <p>1355 GETZ ROAD FORT WAYNE, IN 46804 www.directimagingllc.net</p>	

*Information on this card is subject to change

If you have an imaging need, let your provider know you would like to go to Direct Imaging.

Contact Us



(260) 212-1901



www.DirectImagingLLC.net



1355 Getz Rd, Suite B
Fort Wayne, IN 46804



Daavlin Home Phototherapy Benefit

Phototherapy is a safe and highly effective treatment for such skin diseases as psoriasis, eczema, and vitiligo, as well as many others. It can take place in a clinical setting or be prescribed for use in the patient's home. For best results, phototherapy treatments need to occur about three times a week for several weeks to months depending on the disease. Home phototherapy is popular because it is easy for patients to maintain consistency in their treatment schedule

Most phototherapy performed today uses Narrowband UVB. This is the most therapeutic band of light and treatments are quite brief, typically just seconds to minutes in duration! Patients simply expose the affected skin to the light - there is no need for other drugs or medications. Once the treatment is over, patients can go about their day as normal.

HOW MUCH DOES THIS COST?

i The program is provided to you at a substantial discount, or in some cases AT NO COST!

WHAT ARE THE RISKS?

i Contrary to other therapies, phototherapy can be prescribed for many types of patients. Pregnant women, children, the elderly, and those with compromised immune systems can all benefit from this safe and effective treatment. Side effects are mild and temporary. Examples are dry skin, itching, or occasional erythema.

IF YOU WISH TO PARTICIPATE:

i Discuss this option with your physician and then contact AGA at 1-800-888-6472 to start the process!



QicLink Benefits Exchange

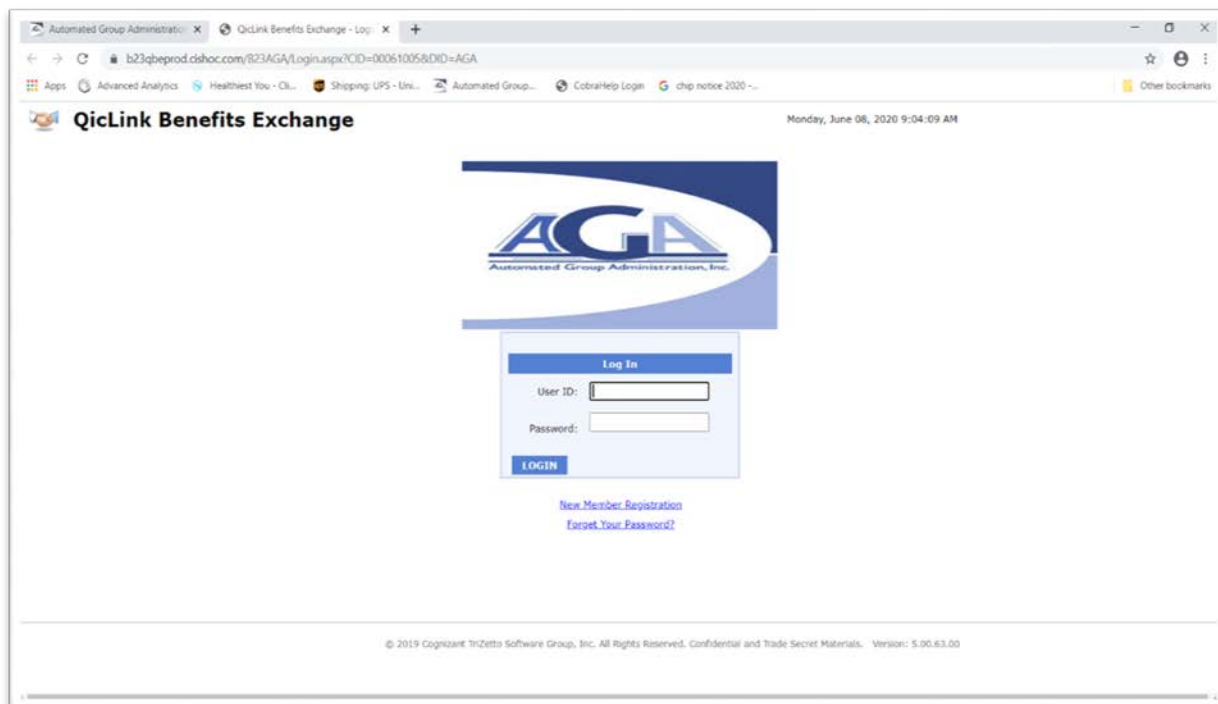
QicLink Benefit Exchange (QBE) provides Internet access to claim information for members. As a QBE member, you will have access to the following features:

- View member information
- View deductible and out of pocket information
- Submit request for ID cards
- View or print copies of explanations of benefits (EOB's)
- Access links to healthcare management-related websites

HOW DO I REGISTER?



QBE can be accessed through the www.agg-tpa.com website. Or visit <https://b23qbeprod.cishoc.com/AGA>. Click on New Member Registration. Enter your group number (6XXX), your Member ID from your insurance card and your date of birth.



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, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofa/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 1/31/2026)

NOTES



Automated Group Administration, Inc.

For more information visit
www.agga-tpa.com