

## 2023-2024 Worth County Benefits

### Pages

1-2	Contact Names, Phone Numbers, Emails
3-7	Medical, Dental, Vision, & Basic Group Life Snapshots
8-10	Summaries of Voluntary Term Life, Short Term & Long Term Disability provided by Partners Benefit Group
11-12	Summaries of Voluntary Coverages offered by Colonial Life & AirMedCare (Emergency Air Transport, Cancer, Accident, Critical Illness, Gap, and Whole Life)
13-20	hpiTPA.com - 24/7 access to your plan and account details HSTConnect - Find Physicians, Facilities dr+ondemand - Connect virtually with a physician VSP Vision Care - Benefits, special offers, find networks
21-25	2023-2024 Medical Summary of Benefits and Coverage
26-32	Lists of Preventive Care Benefits for Adults, Women, & Children
33-38	Glossary of Health Coverage & Medical Terms
39-42	2023 -2024 Dental, Vision, Term Life, Short Term Disability & Long Term Disability Benefit Guide

# 2023-2024 WORTH COUNTY INSURANCE CONTACTS

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O. 912.771.8235  
[mrobinson@lbassi.com](mailto:mrobinson@lbassi.com)

Mimzie  
912.771.8236



Medical

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Tifton, GA 31793  
229.388.8804  
229.382.1222 fax  
[kwillis@partnersbenefit.com](mailto:kwillis@partnersbenefit.com)

Layton  
229.238.3137



Dental

Vision

Term Life

ST Disability

LT Disability

Earl Ellis  
Colonial Life  
PO Box 369  
Nicholls, GA 31554  
C. 912.282.8302  
O. 912.345.2033  
F. 912.345.2063  
[earl.ellis@coloniallife.com](mailto:earl.ellis@coloniallife.com)



Cancer

Crit Illness

Accident

Whole Life

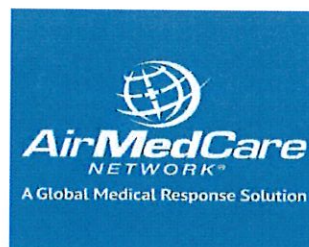
GAP

Fred Taylor  
10 W Nationwide Blvd.  
Columbus, OH 43215  
770-757-3913  
678-404-8081 fax  
877-677-3678  
[taylof2@nationwide.com](mailto:taylof2@nationwide.com)  
[www.nrsforu.com](http://www.nrsforu.com)



Retirement

Wes McAden, Jr  
C. 843.708.6192  
O. 800.793.0010  
[Wes.McAden@airmedcarenetwork.com](mailto:Wes.McAden@airmedcarenetwork.com)  
[membership@airmedcarenetwork.com](mailto:membership@airmedcarenetwork.com)



Air Transport

Beth Connell

C.478.285.0898

[Beth.Connell@gmr.net](mailto:Beth.Connell@gmr.net)



800-532-7575

Health Plans, Inc  
1500 West Park Drive, Suite 330  
Westborough, MA 01581  
Group Number WL5

Log in to **My Plan**, your secure member portal at: **hpiTPA.com** to access all of your account details.  
Download the **HST Connect App** or register online at: **hstconnect.com** to find a provider, hospital, or facility.

Who do you contact?	What do you need?	Contact info:
Pat Umrah Account Executive	Strategic planning Client meetings EE benefit meetings Renewal consultation Report analysis/presentation Offer new programs/services Plan design advice Explain all products & services Contract renewal/execution	Direct: 508-752-2480 x 1019 Mobile: 770-802-9845 Email: <a href="mailto:pmcanuff@healthplansinc.com">pmcanuff@healthplansinc.com</a>
Amie Gaston Funding Specialist	Monthly admin. invoices Banking questions	Direct: 508-475-6835 Email: <a href="mailto:agaston@healthplansinc.com">agaston@healthplansinc.com</a>
Eligibility	Enrollment changes, edits, terms, adds, questions	<a href="mailto:enrollmentmailbox@healthplansinc.com">enrollmentmailbox@healthplansinc.com</a>
Christa Vande Hey Account Manager National Client Mgmt.	Inside back-up to AE Benefit questions Escalated member issues Ad-Hoc reporting requests Needed materials or supplies Portal assistance	Direct: 508-752-2480 x 1027 Email: <a href="mailto:cvandehey@healthplansinc.com">cvandehey@healthplansinc.com</a>
Dr. on Demand  Claim Services 888-811-3419	Member Support  Pre Authorization Pre Certification General benefit questions Member concerns Escalated member issues	Direct: 800-997-6196 Email: <a href="mailto:support@doctorondemand.com">support@doctorondemand.com</a> App: <a href="http://doctorondemand.com/health-plans-inc">doctorondemand.com/health-plans-inc</a>  ID Card CS Phone # and/or via hpiTPA.com ("My Plan") <a href="mailto:PathwayConcierge@urmedwatch.com">PathwayConcierge@urmedwatch.com</a> <a href="mailto:cvandehey@healthplansinc.com">cvandehey@healthplansinc.com</a>

#### LIGHTHOUSE BENEFIT ADVISORS

[Dawn Pantano – 912.771.8230 – dpantano@lbassi.com](mailto:dpantano@lbassi.com) Rx Manager

Benefit Advisors – 912.771.8230

#### SOUTHERN SCRIPTS (now LIVINITI) – PHARMACY

[Tara Escobio – 813.760.1272 – tara.escobio@southernscripts.net – tara.escobio@liviniti.com](mailto:tara.escobio@southernscripts.net)

Customer Service – 800-710-9341

#### RENAISSANCE

[Group & Voluntary Life – 844.368.6485 – www.renaissancebenefits.com](http://www.renaissancebenefits.com)

[Short- & Long-Term Disability – 888.791.5995 - www.renaissancebenefits.com](http://www.renaissancebenefits.com)

Dental – 888.358.9484

Vision – 800.877.7195 – Register online at: **vsp.com** or download the **VSP Vision Care App**



## Medical Benefits for 2023

### HEALTH INSURANCE

Worth County will continue utilizing Prime Health for physicians. The following chart compares the current health benefits to help you decide what plan is best for you.

	Medical Plan
Physician Visit Copay (PCP) (SPC)	\$30 \$50
Deductible (Individual/Family)	\$2,500 / \$7,500
Hospitalization	100% after deductible
Preventive Care	100%; Ded. Waived
Urgent Care	\$30 Copay
Emergency Room Copay	\$350 Copay
Out-of-pocket Maximum (Individual/Family)	\$7,900 / \$15,800

### YOUR COST IN 2023

Below you will find the bi-weekly payroll deductions for the medical plan. These changes will be effective July 1, 2023.

EMPLOYEE BIWEEKLY DEDUCTIONS				
	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Medical	\$40	\$282.46	\$487.63	\$530.76



# Renaissance Low Plan MCY \$1000



## Summary of Coverage

	In Network	Out Of Network
Individual Deductible	\$50	\$50
Family Maximum Deductible	\$150	\$150
Annual Plan Maximum	\$1,000	\$1,000
Allowed Amounts	PPO Fee	90th Percentile
Diagnostic & Preventative Services: Exams/Evaluations, X-rays, Fluoride Treatment, Cleaning/Prophylaxis, Sealants, Brush Biopsy/Cancer Screening, Space Maintainers	100%	100%
Basic Services: Emergency Palliative Treatment, Periodontal Maintenance, Fillings, Simple Extractions, Endodontics, Surgical Extractions	80%	80%
Major Services: Surgical Periodontic, Crowns, Veneers, Bridges, Denturs, Repair to bridges and dentures	0%	0%
Orthodontia: Dependent children up to age 19	0%	0%

	Per Pay Period Pricing
Employee	\$6.91
Employee & Spouse	\$13.94
Employee & Child(ren)	\$16.05
Employee & Family	\$24.31

# Renaissance Dental High Plan MCY \$2500



## Summary of Coverage

	In Network	Out Of Network
Individual Deductible	\$50	\$50
Family Maximum Deductible	\$150	\$150
Annual Plan Maximum	\$2,500	\$2,500
Allowed Amounts	PPO Fee	90th Percentile
Diagnostic & Preventative Services: Exams/Evaluations, X-rays, Fluoride Treatment, Cleaning/Prophylaxis, Sealants, Brush Biopsy/Cancer Screening, Space Maintainers	100%	100%
Basic Services: Emergency Palliative Treatment, Periodontal Maintenance, Fillings, Simple Extractions, Endodontics, Surgical Extractions	80%	80%
Major Services: Surgical Periodontic, Crowns, Veneers, Bridges, Denturs, Repair to bridges and dentures	50%	50%
Orthodontia: Dependent children up to age 19	50% or \$1000 LTM	50% or \$1000 LTM

	Per Pay Period Pricing
Employee	\$16.71
Employee & Spouse	\$34.21
Employee & Child(ren)	\$40.96
Employee & Family	\$59.25

# Renaissance Vision 10-20 Plan B 130



## Summary of Coverage

	In Network	Out Of Network
Eye Exam	\$10 Copay	Reimbursement Available
Eye Glasses (Frames covered every other year)	\$130 allowance	Reimbursement Available
Eyeglass Lenses (Covered every 12 months)	\$20 Copay	Reimbursement Available
Contact Lenses	\$130 allowance	Reimbursement Available
Retinal Imaging	up to \$39 copay	Reimbursement Available

	Per Pay Period Pricing
Employee	\$2.31
Employee & Spouse	\$5.15
Employee & Child(ren)	\$5.85
Employee & Family	\$8.66





## Group Life Insurance

### Summary of Coverage

Plan Features	Basic Life - Group
Employee benefit amount	\$25,000
Maximum benefit amount	\$25,000
AD&D benefit	80%
The following shows how much benefits are reduced at certain ages.	
Age band	Benefit reduction
70	65%
75	50%

*Group life is 100% covered by the employer with the option of employees adding voluntary life.*

**Employees must fill out an EOI form if they exceed the guaranteed issue amount.**

Life insurance isn't a fun thing to think about, but, if you have people who depend on you for financial support, then life insurance is really about protecting them in case something happens to you—your designated beneficiary would collect a financial benefit upon your death.

Group life insurance coverage is a employer-sponsored safety net in case the worst happens, with no out-of-pocket costs to you. If you believe you need additional coverage, you may wish to enroll in voluntary life insurance as well.





## Voluntary Term Life Insurance

### Summary of Coverage

Plan Features	Basic Life - Voluntary
<b>Employee Benefit Amount</b>	5 times annual salary, up to \$150,000 <i>Employees must fill out an EOI form if they exceed the guaranteed issue amount.</i>
<b>Minimum Benefit Amount</b>	\$10,000
<b>Maximum Benefit Amount</b>	\$500,000
<b>Spouse Benefit Amount</b>	100% of Employee's benefit up to \$30,000
<b>Minimum Spouse Benefit</b>	\$5,000
<b>Maximum Spouse Benefit</b>	100% of Employee's benefit up to \$250,000
<b>Dependent Benefit Amount</b>	100% of Employee's benefit up to \$10,000
<b>Minimum Dependent Amount</b>	\$10,000
<b>Maximum Dependent Amount</b>	100% of Employee's benefit up to \$10,000
The following shows how much benefits are reduced at certain ages.	
<b>Age band</b>	<b>Benefit reduction</b>
70	Amounts Reduce to 65%
75	Amounts Reduce to 50 %

Voluntary life insurance is similar to group life insurance, except it is paid for by you. It can provide additional financial security to you family in case the worst happens. With voluntary life insurance, you pay a monthly premium and then your beneficiaries receive a guaranteed amount in the event of your death. Plans are typically flexible and allow you to set your contribution and payment amounts, allowing you more control. While this type of insurance isn't fun to think about, it can be a vital lifeline for your family.





## Disability Insurance Short-Term

### Summary of Coverage

Plan Features	Short Term Disability
<b>Employee Benefit Amount</b>	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.
<b>Maximum Benefit Amount</b>	\$1,000
<b>Elimination Period (Accident)</b>	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: On the <b>15th</b> day of your disabling injury.
<b>Elimination Period (Sickness)</b>	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: On the <b>15th</b> day of your disabling injury
<b>Benefit Duration</b>	Up to 11 weeks

Disability insurance is coverage that provides you with income protection should you be unable to work due to an injury or illness. With disability coverage, you are compensated for a portion of your lost income.

Short-term disability (STD) coverage begins 15 days of the event causing your disability. The coverage allows you to continue to receive pay at a fixed weekly amount or a set percentage of your income.

STD lasts for about 11 weeks, although this varies by policy. When STD coverage ends, long-term disability (LTD) coverage typically takes effect.





## Disability Insurance Long-Term

### Summary of Coverage

Plan Features	Long Term Disability
<b>Employee Benefit Amount</b>	Your benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount less other income sources
<b>Maximum Benefit Amount</b>	\$6,000
<b>Elimination Period</b>	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.
<b>Benefit Duration</b>	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.

Disability insurance is coverage that provides you with income protection should you be unable to work due to an injury or illness. With disability coverage, you are compensated for a portion of your lost income.

Long-term disability (LTD) coverage is a type of disability insurance that pays you a set percentage of your regular income after a specified waiting period. For example, if you're covered under short-term disability (STD) insurance as well, the LTD insurance would kick in once the STD policy is exhausted, after 11 weeks.



# It's time to enroll in your benefits

June 13, 2023

Worth Co Board Of Commissioners is pleased to offer a variety of benefits during your upcoming enrollment. Meet with a benefits counselor during open enrollment to find out about all of your benefit options.

## The following Voluntary benefits will be offered during enrollment:

**Group accident insurance** helps offset unexpected covered medical expenses that can result from covered accidental injury.

**Group hospital indemnity insurance** provides a lump-sum benefit for a covered hospital confinement.

**Cancer insurance** provides a benefit to help offset the out-of-pocket medical and indirect, non-medical expenses related to cancer.

**Group specified disease insurance** provides a benefit that can be used to help pay the direct and indirect costs related to a critical illness.

**Whole life insurance** provides a benefit to help protect your family's way of life in the event of your death.

### Earl Ellis

912-282-8302 [earl.ellis@coloniallife.com](mailto:earl.ellis@coloniallife.com)

### Russell Jump

912-389-2961 [russell.jump@coloniallife.com](mailto:russell.jump@coloniallife.com)



## MEMBERSHIP MATTERS!



Why does membership matter? An AirMedCare Network membership doesn't determine if you are flown, but, for the low cost of \$99/year, it protects you from any financial burden if you are transported by an AMCN provider. You are **GUARANTEED TO HAVE NO OUT-OF-POCKET COST** only if transported by us.

AirMedCare Network is an alliance of affiliated air ambulance providers—including Air Evac Lifeteam, Guardian Flight, Med-Trans Corporation and REACH Air Medical Services—providing you financial protection from over 320 locations across 38 states!

### **MANY COMMERCIAL INSURANCE POLICIES HAVE HIGH DEDUCTIBLES AND CO-INSURANCE, WHICH APPLY WHETHER OR NOT YOUR AIR MEDICAL PROVIDER IS IN-NETWORK.**

- A decade ago, only 55% of health benefit plans had a deductible. Today, 81% of them have deductibles and more than 24% are high-deductible plans, requiring patients to pay even more out of pocket. According to the Kaiser Family Foundation, families with high-deductible plans pay an average of \$4,332 out of pocket.
- If you lose your insurance coverage or don't have insurance, membership still guarantees no out-of-pocket expense.
- AMCN has partnered with Teladoc - the most trusted telehealth provider in the world. Serving over 20 million members, Teladoc is available to AMCN members at a discounted rate. Requesting a visit with a doctor is easy anytime, day or night, 24 hours a day, 365 days a year, by web, phone, or with the Teladoc app.
- AMCN membership helps keep our lifesaving air medical service in your area. Since we are all part of the Global Medical Response family of companies, your membership helps to fund the aircraft providing the lifesaving mission.
- Our Patient Accounts Department is staffed with a highly skilled insurance negotiation team. For members and non-members, this team works on your behalf—at no cost to you—as an advocate with your insurance provider. This takes the confusion and burden off of you.

### **Contact your local Membership Sales Manager for questions or to enroll:**

Beth Connell | 478.285.0898 | [amcnrep.com/beth-connell](http://amcnrep.com/beth-connell)  
[beth.connell@gmr.net](mailto:beth.connell@gmr.net) | Track Code: 14516

<https://time.com/money/4044394/average-health-deductible-premium/>

#### **IF YOU HAVE MEDICARE PART A ONLY**

air ambulance isn't covered  
(must have Part B)

#### **IF YOU HAVE MEDICARE PART B**

20% co-pay (approx. \$1,391),  
if the transport is deemed  
medically necessary

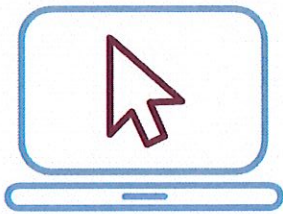
Membership terms and conditions apply. Dispatch decisions are made by emergency medical personnel; membership does not guarantee transport by an AMCN provider.



# Manage your plan online With My Plan

*24/7 access to your plan and account details*

## Register in Minutes!



**1** Go to the website listed on the back of your member ID card (it will be at the top)

*hpiTPA.com*

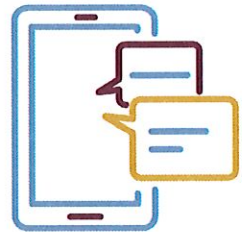
**2** Visit the **Members** section and click the link to **Get Registered**

**3** Enter your information to create your username and password

*If you are a dependent, be sure to have the five-digit home ZIP Code and the last four digits of the employee's (plan subscriber's) social security number.*

## Access all of your account details\* in one secure location anytime, anywhere!

- Review your claims
- Check your benefits
- Access your prescription drug plan
- Search your provider network
- Download a report of your claims
- Request claim reimbursements
- View, print or order your member ID card
- View or print applicable tax forms
- Find a Primary Care Provider (PCP)
- View your health spending account details



\* You will have access to details applicable to your plan. Please note, not all of the items listed above apply for all plans.

*On your mobile device!*



**Have questions? Contact HPI Customer Service at the phone number or website listed on the back of your member ID card.**

# Pathways Concierge

## Healthcare can be confusing—we're here to help

The Concierge team knows all about your benefits and can help you with anything healthcare related. Our services are part of your benefit plan—so we'll never charge you for our help.

### Give us a call with any questions you have about:

- Finding a doctor or hospital
- Your benefit plan
- A bill or a claim
- Your co-pay amounts and when you'll pay them
- The costs you'll pay for a procedure
- Assistance with ancillary benefits
- Your medical condition, prescriptions or care plans—you can speak directly to a nurse



### We can also help you with things like:

- Scheduling appointments and transportation
- Teaching you about your health condition
- Preparing for your upcoming surgery
- Finding other care options that will cost you less
- Matching you to a provider based on distance from you, cost, and quality

***Don't worry, your information is completely confidential and secure, which means we'll never share it with anyone without your permission first.***

### Just one more thing to know:

MedWatch is the name of the company that provides these services. They're part of the Health Plans, Inc. (HPI) family of companies, and they may reach out to you to help you with your healthcare needs.



### How do I contact my concierge?

Call Monday-Friday 8am-8pm ET at the phone number listed on the back of your member ID card



# We've got you covered when it comes to your health care.

Online or over the phone, we're here for you.

Call HPI's Pathways Concierge service if you ever need help. We can answer questions like:

- What benefits do I have?
- Will my provider take my insurance?
- How can I find a new doctor in my PPO network?
- What if my provider asks me to pay up front?
- What hospitals or facilities can I visit?
- What do I do if I get a bill?

**888-340-5487** Monday–Friday, 8am–8pm (ET)

After hours, log in to **My Plan**, your secure member portal at: **hpiTPA.com**

## Know where to go when you need medical care.

### There are two important things to know about your plan:

1. You can visit any hospital or facility that accepts Reference-Based Pricing (RBP).
2. You can see doctors and providers who are in your Preferred Provider Organization (PPO) network (or accept RBP if they're not in the PPO).

### What you should do before you get care\*:



**Before your appointments:** Make sure your providers participate in your PPO network. If they don't, you'll still be covered, but check to see if they accept the RBP process for the best cost.



**Before you schedule a procedure or service at a hospital or facility:** Have your provider call to precertify your services, then check to see if it is an RBP-friendly provider.

### How to do it:

- Call **Pathways Concierge**, or
- Log in to your **My Plan** account and click the link(s) under **My Provider Network(s)**.

## RBP in a nutshell.

*RBP is a payment process that works by reimbursing hospitals, facilities, and some physicians based on the value and quality of care. Your plan and your provider agree to a price based on Medicare costs, plus a percentage. Before you schedule a procedure or service at a hospital or facility, check to see if it's RBP-friendly and pre-certify your services to avoid being balance-billed.*

Your member ID card has important contact and plan information for you and your providers:

1 Visit us online: hpiTPA.com

2 Pathways Concierge  
Call 888-340-5487

3 Provider Services  
Call 800-532-7675

4 Pharmacy  
Visit us online or call  
Rx benefit

5 Submit Claims  
Health Plans, Inc.  
PO Box 5199  
Westborough, MA 01581  
WebMD payor #: 44273

Pre-authorization is required, per Plan document, for all hospital admissions and all services provided at a hospital, surgical center, outpatient facility or dialysis center 7-10 days prior to admission or service via Precertify Services number above. Failure to comply may result in a reduction of benefits. Emergency admissions must be reported within 48 hours or by the next regular working day following admission. Pre-

1 Find a doctor in your network

2 Get answers to questions about your plan

3 Providers precertify hospital/facility services

4 Learn about your prescription drug plan

5 Submit claims to HPI

Sample ID card back



Scan code to contact  
Pathways Concierge

## Pathways Concierge



**888-340-5487** Monday–Friday, 8am–8pm (ET)



**hpiTPA.com**

*\*If you are having a medical emergency, call 911  
or go to your nearest emergency room*



# Find RBP-Friendly Providers with HST Connect

Your Reference-Based Pricing (RBP) health plan gives you 24/7 access to the HST Connect mobile app.

## What you should do before you get started



**To find a physician or specialist**, first, check your PPO network search tool to make sure your providers participate in your PPO network. If they don't, use the HST Connect app to check if they have a RBP acceptance rating.



**To find a hospital or facility**, use the HST Connect app to check RBP acceptance ratings.

## How to register

To download the app, search HST Connect in the Apple® App Store or Google Play™.

1. When you open the app for the first time, click **Register**



2. Enter your registration information, including your HPI Member ID and Group ID (located on your member ID card), first and last name, and birth date.

Registration

Step 1 of 4

Member ID

Group ID

First Name

Last Name

3. Create a username, password and security questions.

4. Read and agree to the terms and conditions of use.

Agree to continue

CANCEL NEXT

5. Review your information and click **Submit**.

Continued on next page >

## Check Hospital/Facility Ratings

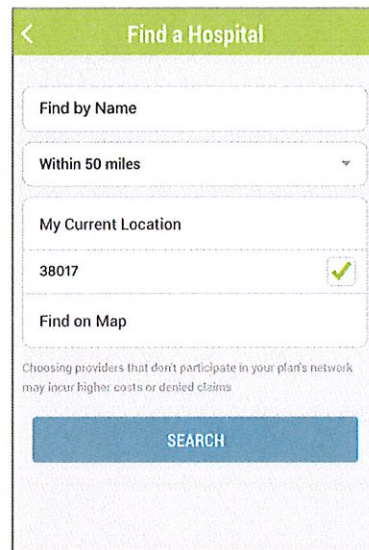
To find a hospital or facility, use the HST Connect app to check RBP acceptance ratings. (If your doctor or specialist is not in your PPO, you can also check the app to see if they are RBP-friendly.)

### Here's how:

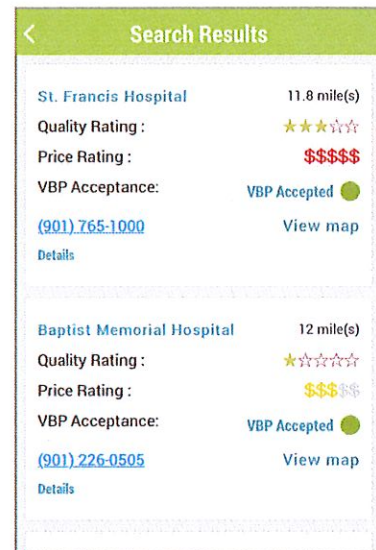
1. Click **Find a Provider**, then click **Find a Hospital**







2. Search for a hospital or facility by name or location.

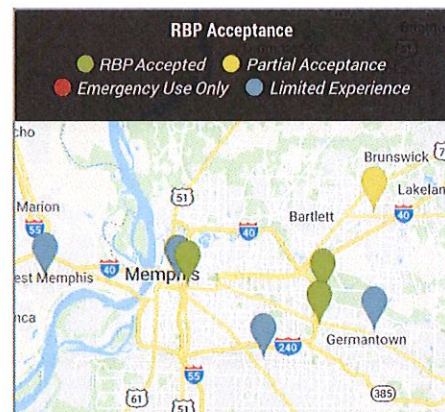


3. View search results.



## RBP Acceptance Ratings

-  **RBP Accepted:** Facility has accepted RBP.
-  **Emergency Use Only:** Facility has not accepted RBP and has given pushback.
-  **Partial Acceptance:** Facility has experience with RBP and has given pushback on certain procedures.
-  **Emergency Use Only:** Not enough experience with RBP to determine acceptance rate.



*If you are having a medical emergency, call 911 or go to your nearest emergency room.*



102121

### For All Questions

Contact Pathways Concierge at the phone number listed on your member ID card, Monday through Friday, 8am to 8pm (ET).



# See a doctor now, wherever you are.

*Access to a licensed professional at your fingertips*

## It's fast and easy

- Connect virtually with a physician in minutes<sup>1</sup>
- Video visits held online or through the mobile app
- Pay only your office visit/PCP-level cost share
- Referrals are not required
- Paperless prescriptions are sent directly to your pharmacy<sup>2</sup>

## Medical Urgent Care Visits

Doctors can diagnose, treat and write prescriptions for many conditions, including:

- Coughs/colds/flu
- Sore/strep throat
- Pediatric issues
- Sinus and allergies
- Nausea/diarrhea
- Rashes and skin issues
- Women's health
- Sports injuries

## Behavioral Health Visits<sup>3</sup>

Psychologists support you using talk therapy, while psychiatrists will also look for biological imbalances and can prescribe medicine as part of a treatment plan.<sup>4</sup>

<sup>1</sup> Availability more limited during overnight hours.

<sup>2</sup> Doctor On Demand physicians do not prescribe Schedule I-IV DEA controlled substances, and may elect not to treat or prescribe other medications based on what is clinically appropriate.

<sup>3</sup> Doctor On Demand is not meant for crisis or emergency mental health situations. If you are experiencing a crisis or emergency, call 911 or go to your nearest emergency room. Psychology visits are typically available within 48 hours to one week and psychiatry visits are typically available within 2-3 weeks.

<sup>4</sup> Doctor on Demand psychiatrists can prescribe medications when necessary for treatment; however, Doctor On Demand does not prescribe any controlled substances. In these cases, alternatives with less potential for abuse and dependence may be offered.

**dr+** on demand



## How it works

1. Download the app on your mobile device or access [doctorondemand.com/health-plans-inc](https://doctorondemand.com/health-plans-inc)
2. Create your account and enter insurance (choose Health Plans, Inc.) and pre-consult information.
3. Complete a questionnaire of current symptoms and medical history.
4. Pay cost-share via app or website.
5. Consult with a Doctor On Demand board certified provider.
6. Receive email follow up after the visit to share with your PCP, or request that it be sent directly to your PCP.

*The details of your consultation will not be forwarded to your PCP without your consent.*



or web video visits at  
[doctorondemand.com/health-plans-inc](https://doctorondemand.com/health-plans-inc)



Scan code to download the  
Doctor On Demand app



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**Have questions about Doctor On Demand? Contact Member Support**  
at 800-997-6196 or [support@doctorondemand.com](mailto:support@doctorondemand.com).

**For questions about your plan benefits or eligibility, contact HPI Customer**  
Service at the phone number or website on the back of your member ID card.

**hpi**



# How To Register



- 1 Go to **doctorondemand.com/health-plans-inc** (or download the Doctor On Demand app), and click the **Register** button.



Scan code to download the Doctor On Demand app

- 2 Enter your email address and date of birth, then create a password to begin setting up your profile.

- 3 Enter your name, phone number/type, and gender, then click **Continue**.

- 4 **Important:** In the Health Insurance screen, type and select the full name "**Health Plans, Inc.**" then click **Continue**.

- 5 Enter your HPI member ID number, then click **Submit**.

- 6 The screen will confirm that your insurance has been accepted and display your copayments (if applicable).

For assistance with website/app, billing, or other issues, contact Doctor On Demand Member Support at 800-997-6196 or [support@doctorondemand.com](mailto:support@doctorondemand.com).

For questions about your plan benefits or eligibility, contact HPI Customer Service at the phone number or website on the back of your member ID card.



Check Out [vsp.com](https://vsp.com)



As a VSP® member, you have access to **vsp.com** and the VSP Vision Care App. Both offer easy navigation and a personalized dashboard, so you can get the benefit information you need, exactly when you need it.

**vsp.**  
vision care

### Your VSP Dashboard



Once logged in, **My Dashboard** is your homepage. You'll find a quick view of your benefit information, access to your claim history, and you can print your Member ID Card, plus more.

### Personalized Benefits Section



The **My Benefits** tab shows your benefits history and an explanation of how you and your dependents can use your benefits.

### Special Offers and Savings



We put our members first by providing exclusive offers from VSP and leading industry brands, totaling more than \$3,000 in savings. Log in to your VSP account and take advantage of these offers and save even more.

### Improved Find a Doctor Page



The search capabilities are endless on the **Find a Doctor** page. View a map and use the drop-pin functionality to find the right VSP network practice location for you. You can also filter by business hours or appointment availability. Look for the orange **Premier Program** banner to find a VSP network eye doctor that will help you maximize your savings!




### VSP Vision Care App

Scan the QR code below to download the VSP Vision Care App from the **Apple App** or **Google Play Stores**. Get instant access to your benefit coverage, Member ID Card, Exclusive Member Extras, and more.



Create a [vsp.com](https://vsp.com) account to get the most out of your vision benefits.



 **The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-888-811-3419. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider or other underlined terms see the Glossary. You may view the Glossary at [healthcare.gov/sbc-glossary](http://healthcare.gov/sbc-glossary) or call 1-888-811-3419 to request a copy.

Important Questions	Answers	Why This Matters:
<b>What is the overall deductible?</b>	Single Plan: \$2,500 employee Family Plan: \$2,500 person/\$7,500 family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
<b>Are there services covered before you meet your deductible?</b>	Yes. Preventive services and physician office visits are some of the services covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at <a href="http://healthcare.gov/coverage/preventive-care-benefits">healthcare.gov/coverage/preventive-care-benefits</a> .
<b>Are there other deductibles for specific services?</b>	No.	You don't have to meet deductibles for specific services.
<b>What is the out-of-pocket limit for this plan?</b>	Single Plan: \$7,900 employee Family Plan: \$7,900 person/\$15,800 family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit is met.
<b>What is not included in the out-of-pocket limit?</b>	Premiums, balance-billing, if necessary, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
<b>Will you pay less if you use a network provider?</b>	Yes. See <a href="http://hpiTPA.com">hpiTPA.com</a> or call 1-888-811-3419 for a list of network providers.	This plan uses a provider network. You pay less if you use a provider in the plan's network. You pay the most if you use an out-of-network provider and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance-billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
<b>Do you need a referral to see a specialist?</b>	No.	You may see a specialist you choose without a referral.





All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	Physician and Facility-Based Services	Limitations, Exceptions, & Other Important Information
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 <u>copay</u> /visit; <u>deductible</u> waived	You may have to pay for services that aren't preventive. Ask your provider if services are <u>preventive</u> . Then check what your plan will pay.
	Specialist visit	\$50 <u>copay</u> /visit; <u>deductible</u> waived	
	Preventive care/ <u>Screening/Immunizations</u>	No charge; <u>deductible</u> waived	
If you have a test	<u>Diagnostic test</u> (X-rays, Blood Work)	<u>deductible</u> only*	*No charge ( <u>deductible</u> waived) @ LabCorp in Albany & Tifton
	<u>Imaging</u> (CT/PET scans, MRIs)	<u>deductible</u> only*	<u>Preauthorization</u> required for Imaging. *No charge ( <u>deductible</u> waived) @ Open MRI of Tifton & American Health Imaging Albany
If you need drugs to treat your illness or condition. More information about <b>prescription drug coverage</b> is available at <a href="http://hpiTPA.com">hpiTPA.com</a>	Generic drugs---	Retail (30 days) Mail Order (90 days)	<u>Deductible</u> waived Certain <u>prescription</u> drugs are subject to Step Therapy. You may be required to use different <u>prescription</u> drug or pharmaceutical product(s) first. Out-of-Network Pharmacies not covered
	Preferred brand drugs---	Retail (30 days) Mail Order (90 days)	
	Non-preferred brand drugs---	Retail (30 days) Mail Order (90 days)	
	<u>Specialty drugs</u> ---	Not covered	
	<u>Facility fee</u> (Hospital, Ambulatory Surgical Center, etc.)	<u>deductible</u> only	
If you have outpatient surgery	<u>Physician/surgeon fees</u>		<u>Preauthorization</u> required
	<u>Emergency room care</u>	\$350 <u>copay</u> /visit; <u>deductible</u> waived	<u>Copay</u> waived if admitted
	<u>Emergency medical transportation</u>	<u>deductible</u> only	None
If you need immediate medical attention	<u>Urgent care</u>	\$30 <u>copay</u> /visit; <u>deductible</u> waived	None
	<u>Facility fee</u> (e.g., hospital room)		<u>Preauthorization</u> required
	<u>Physician/surgeon fees</u>	<u>deductible</u> only	





All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	Physician and Facility-Based Services	Limitations, Exceptions, & Other Important Information
If you need mental health, behavioral health, substance abuse services	Outpatient services--- Intensive outpatient treatment	\$30 <u>copay/visit</u> ; <u>deductible</u> waived <u>deductible</u> only	<u>Preauthorization</u> required for Intensive outpatient treatment
	Inpatient services	<u>deductible</u> only	<u>Preauthorization</u> required
	Office visits--- Prenatal Care Postnatal Care	No charge; <u>deductible</u> waived <u>deductible</u> only	Maternity care may include tests & services described in the SBC (i.e. ultrasound). Requires prenotification prior to delivery and <u>preauthorization</u> for stays over 48 hrs (normal delivery) or 96 hrs (caesarean)
If you are pregnant	Childbirth/delivery professional services	<u>deductible</u> only	
	Childbirth/delivery facility services	<u>deductible</u> only	
	Home health care	<u>deductible</u> only	<u>Preauthorization</u> required. 100 visits/yr
	Rehabilitation services---	<u>deductible</u> only	<u>Preauthorization</u> required for Inpatient.
	Outpatient	\$50 <u>copay/visit</u> ; <u>deductible</u> waived	20 visits/yr combined for Occupational, Physical & Speech therapies (requires <u>preauthorization</u> after 13 visits each)
If you need help recovering or have other special health needs	Habilitation services---	Not covered	n/a
	Early Intervention Developmental Delay	Not covered	n/a
	Skilled nursing care	<u>deductible</u> only	<u>Preauthorization</u> required
	Durable medical equipment	<u>deductible</u> only	<u>Preauthorization</u> required for insulin pumps/supplies, equipment over \$2,500, Out-of-Network providers
	Hospice services	<u>deductible</u> only	<u>Preauthorization</u> required
If your child needs dental or eye care	Children's eye exam	Not covered	n/a
	Children's glasses	Not covered	n/a
	Children's dental check-up	Not covered	n/a



## Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)	
<ul style="list-style-type: none"><li>• Acupuncture</li><li>• Cosmetic surgery</li><li>• Infertility treatment</li><li>• Private duty nursing</li><li>• Specialty drugs</li></ul>	<ul style="list-style-type: none"><li>• Bariatric Surgery</li><li>• Dental care (routine child &amp; adult)</li><li>• Long term care</li><li>• Routine eye care (adult &amp; child)</li><li>• Weight loss programs</li><li>• Chiropractic care</li><li>• Habilitation Services</li><li>• Non-emergency care when traveling outside U.S.</li><li>• Routine foot care</li></ul>
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)	
<ul style="list-style-type: none"><li>• Hearing aids (\$3,000/48 months to age 19)</li></ul>	

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

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, you can contact the plan at 1-888-811-3419. You may also contact the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).

## Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

## Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

## Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-888-811-3419

Portuguese (Português): De assistência em Português, ligue 1-888-811-3419

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-888-811-3419

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





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

### Peg is Having a Baby

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

- The plan's overall deductible \$2,500
- Specialist copayment \$50
- Hospital (facility) deductible
- Other deductible

**This EXAMPLE event includes services like:**

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

Total Example Cost	\$12,700
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**In this example, Peg would pay:**

Cost Sharing	
Deductibles	\$2,500
Copayments	\$10
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$2,570</b>

### Managing Joe's type 2 Diabetes

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

- The plan's overall deductible \$2,500
- Specialist copayment \$50
- Hospital (facility) deductible
- Other deductible

**This EXAMPLE event includes services like:**

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

Total Example Cost	\$5,600
--------------------	---------

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

Cost Sharing	
Deductibles	\$900
Copayments	\$700
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$1,620</b>

### Mia's Simple Fracture

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

- The plan's overall deductible \$2,500
- Specialist copayment \$50
- Hospital (facility) deductible
- Other copayment \$50

**This EXAMPLE event includes services like:**

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

Total Example Cost	\$2,800
--------------------	---------

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

Cost Sharing	
Deductibles	\$1,300
Copayments	\$700
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,000</b>



# Preventive care benefits for adults

All Marketplace health plans and many other plans must cover the following list of preventive services without charging you a copayment or coinsurance. This is true even if you haven't met your yearly deductible.

## IMPORTANT

These services are free only when delivered by a doctor or other provider in your plan's network.

1. Abdominal aortic aneurysm one-time screening (<http://healthfinder.gov/HealthTopics/Category/doctor-visits/screening-tests/talk-to-your-doctor-about-abdominal-aortic-aneurysm>) for men of specified ages who have ever smoked
2. Alcohol misuse screening and counseling (<http://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/heart-health/drink-alcohol-only-in-moderation>)
3. Aspirin use (<http://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/heart-health/talk-with-your-doctor-about-taking-aspirin-every-day>) to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
4. Blood pressure screening (<http://healthfinder.gov/HealthTopics/Category/doctor-visits/screening-tests/get-your-blood-pressure-checked>)
5. Cholesterol screening (<http://healthfinder.gov/HealthTopics/Category/doctor-visits/screening-tests/get-your-cholesterol-checked>) for adults of certain ages or at higher risk
6. Colorectal cancer screening (<http://healthfinder.gov/HealthTopics/Category/doctor-visits/screening-tests/get-tested-for-colorectal-cancer>) for adults 45 to 75
7. Depression screening (<http://healthfinder.gov/HealthTopics/Category/doctor-visits/screening-tests/talk-with-your-doctor-about-depression>)
8. Diabetes (Type 2) screening (<http://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/diabetes/take-steps-to-prevent-type-2-diabetes>) for adults 40 to 70 years who are overweight or obese
9. Diet counseling (<http://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/diabetes/eat-healthy>) for adults at higher risk for chronic disease
10. Falls prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over, living in a community setting
11. Hepatitis B screening for people at high risk, including people from countries with 2% or more Hepatitis B prevalence, and U.S.-born people not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence.



12. Hepatitis C screening (<http://healthfinder.gov/HealthTopics/Category/doctor-visits/talking-with-the-doctor/hepatitis-c-screening>) for adults age 18 to 79 years
13. HIV screening (<http://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/hiv-and-other-stds/get-tested-for-hiv>) for everyone age 15 to 65, and other ages at increased risk
14. PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use
15. Immunizations (<http://healthfinder.gov/HealthTopics/Category/doctor-visits/shotsvaccines/get-important-shots>) for adults — doses, recommended ages, and recommended populations vary:
  - o Chickenpox (Varicella) (<http://www.vaccines.gov/diseases/chickenpox/index.html>)
  - o Diphtheria
  - o Flu (influenza)
  - o Hepatitis A
  - o Hepatitis B
  - o Human Papillomavirus (HPV)
  - o Measles
  - o Meningococcal
  - o Mumps
  - o Whooping Cough (Pertussis)
  - o Pneumococcal
  - o Rubella
  - o Shingles
  - o Tetanus
16. Lung cancer screening for adults 50 to 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
17. Obesity screening and counseling (<http://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/diabetes/watch-your-weight>)
18. Sexually transmitted infection (STI) prevention counseling (<http://healthfinder.gov/healthtopics/category/health-conditions-and-diseases/hiv-and-other-stds>) for adults at higher risk
19. Statin preventive medication for adults 40 to 75 at high risk
20. Syphilis screening (<http://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/hiv-and-other-stds/syphilis-testing-questions-for-the-doctor>) for adults at higher risk
21. Tobacco use screening (<http://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/diabetes/quit-smoking>) for all adults and cessation interventions for tobacco users
22. Tuberculosis screening for certain adults without symptoms at high risk

# Preventive care benefits for women

All Marketplace health plans and many other plans must cover the following list of preventive services for women without charging a copayment or coinsurance. This is true even if you haven't met your yearly deductible.

## IMPORTANT

These services are free only when delivered by a doctor or other provider in your plan's network.

## Services for pregnant women or women who may become pregnant

1. Breastfeeding support and counseling (<http://healthfinder.gov/HealthTopics/Category/pregnancy/getting-ready-for-your-baby/breastfeed-your-baby>) from trained providers, and access to breastfeeding supplies, for pregnant and nursing women
2. Birth control (<http://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/hiv-and-other-stds/choose-the-right-birth-control>): Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt "religious employers." Learn more about contraceptive coverage.
3. Folic acid (<http://healthfinder.gov/HealthTopics/Category/nutrition-and-physical-activity/nutrition/get-enough-folic-acid>) supplements for women who may become pregnant
4. Gestational diabetes screening (<http://healthfinder.gov/HealthTopics/Category/doctor-visits/talking-with-the-doctor/gestational-diabetes-screening-questions-for-the-doctor>) for women 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes
5. Gonorrhea screening (<http://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/hiv-and-other-stds/get-tested-for-chlamydia-and-gonorrhea>) for all women at higher risk
6. Hepatitis B screening (<http://healthfinder.gov/HealthTopics/Category/pregnancy/doctor-and-midwife-visits/have-a-healthy-pregnancy>) for pregnant women at their first prenatal visit
7. Maternal depression screening for mothers at well-baby visits (PDF, 1.5 MB)
8. Preeclampsia prevention and screening for pregnant women with high blood pressure
9. Rh incompatibility screening (<http://healthfinder.gov/HealthTopics/Category/pregnancy/doctor-and-midwife-visits/have-a-healthy-pregnancy>) for all pregnant women and follow-up testing for women at higher risk
10. Syphilis screening (<http://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/hiv-and-other-stds/syphilis-testing-questions-for-the-doctor>)
11. Expanded tobacco intervention and counseling (<http://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/diabetes/quit-smoking>) for pregnant tobacco users



12. Urinary tract or other infection screening (<http://healthfinder.gov/HealthTopics/Category/pregnancy/doctor-and-midwife-visits/have-a-healthy-pregnancy>)

Get more information about services for pregnant women from [HealthFinder.gov](http://healthfinder.gov)

(<http://healthfinder.gov/HealthTopics/Category/pregnancy/doctor-and-midwife-visits/have-a-healthy-pregnancy>)

## Other covered preventive services for women

1. Bone density screening (<http://healthfinder.gov/HealthTopics/Category/doctor-visits/screening-tests/get-a-bone-density-test>) for all women over age 65 or women age 64 and younger that have gone through menopause
2. Breast cancer genetic test counseling (BRCA) (<http://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/cancer/talk-with-a-doctor-if-breast-or-ovarian-cancer-runs-in-your-family>) for women at higher risk
3. Breast cancer mammography screenings (<http://healthfinder.gov/HealthTopics/Category/doctor-visits/screening-tests/get-tested-for-breast-cancer>)
  - o Every 2 years for women 50 and over
  - o As recommended by a provider for women 40 to 49 or women at higher risk for breast cancer
4. Breast cancer chemoprevention counseling (<http://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/cancer/talk-with-a-doctor-if-breast-or-ovarian-cancer-runs-in-your-family>) for women at higher risk
5. Cervical cancer screening
  - o Pap test (also called a Pap smear) for women age 21 to 65
6. Chlamydia infection screening (<http://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/hiv-and-other-stds/get-tested-for-chlamydia-and-gonorrhea>) for younger women and other women at higher risk
7. Diabetes screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before
8. Domestic and interpersonal violence screening and counseling for all women
9. Gonorrhea screening (<http://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/hiv-and-other-stds/get-tested-for-chlamydia-and-gonorrhea>) for all women at higher risk
10. HIV screening and counseling (<http://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/hiv-and-other-stds/get-tested-for-hiv>) for everyone age 15 to 65, and other ages at increased risk
11. PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative women at high risk for getting HIV through sex or injection drug use
12. Sexually transmitted infections counseling (<http://healthfinder.gov/healthtopics/category/health-conditions-and-diseases/hiv-and-other-stds>) for sexually active women
13. Tobacco use screening and interventions (<http://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/diabetes/quit-smoking>)
14. Urinary incontinence screening ↗ for women yearly
15. Well-woman visits (<http://healthfinder.gov/HealthTopics/Category/everyday-healthy-living/sexual-health/get-your-well-woman-visit-every-year>) to get recommended services for all women

# Preventive care benefits for children


Most health plans must cover a set of preventive health services for children at no cost. This includes Marketplace and Medicaid coverage.

## IMPORTANT

These services are free only when delivered by a doctor or other provider in your plan's network.

## Coverage for children's preventive health services



All Marketplace health plans and many other plans must cover the following list of preventive services for children without charging you a copayment or coinsurance. This is true even if you haven't met your yearly deductible.

1. Alcohol, tobacco, and drug use assessments (<http://www.healthfinder.gov/HealthTopics/Category/parenting/healthy-communication-and-relationships/talk-to-your-kids-about-tobacco-alcohol-and-drugs>) for adolescents
2. Autism screening (<http://healthfinder.gov/HealthTopics/Category/parenting/doctor-visits/make-the-most-of-your-childs-visit-to-the-doctor-ages-1-to-4>) for children at 18 and 24 months
3. Behavioral assessments for children: Age 0 to 11 months (<http://healthfinder.gov/HealthTopics/Category/parenting/doctor-visits/make-the-most-of-your-babys-visit-to-the-doctor-ages-0-to-11-months>), 1 to 4 years (<http://healthfinder.gov/HealthTopics/Category/parenting/doctor-visits/make-the-most-of-your-childs-visit-to-the-doctor-ages-1-to-4>), 5 to 10 years (<http://healthfinder.gov/HealthTopics/Category/parenting/doctor-visits/make-the-most-of-your-childs-visit-to-the-doctor-ages-5-to-10>), 11 to 14 years (<http://healthfinder.gov/HealthTopics/Category/parenting/doctor-visits/make-the-most-of-your-childs-visit-to-the-doctor-ages-11-to-14>), 15 to 17 years (<http://healthfinder.gov/HealthTopics/Category/parenting/doctor-visits/make-the-most-of-your-teens-visit-to-the-doctor-ages-15-to-17>)
4. Bilirubin concentration screening  (PDF, 609 KB) for newborns
5. Blood pressure screening for children: Age 0 to 11 months (<http://healthfinder.gov/HealthTopics/Category/parenting/doctor-visits/make-the-most-of-your-babys-visit-to-the-doctor-ages-0-to-11-months>), 1 to 4 years (<http://healthfinder.gov/HealthTopics/Category/parenting/doctor-visits/make-the-most-of-your-childs-visit-to-the-doctor-ages-1-to-4>), 5 to 10 years (<http://healthfinder.gov/HealthTopics/Category/parenting/doctor-visits/make-the-most-of-your-childs-visit-to-the-doctor-ages-5-to-10>), 11 to 14 years (<http://healthfinder.gov/HealthTopics/Category/parenting/doctor-visits/make-the-most-of-your-childs-visit-to-the-doctor-ages-11-to-14>), 15 to 17 years (<http://healthfinder.gov/HealthTopics/Category/parenting/doctor-visits/make-the-most-of-your-teens-visit-to-the-doctor-ages-15-to-17>)
6. Blood screening for newborns
7. Depression screening (<http://healthfinder.gov/HealthTopics/Category/doctor-visits/screening-tests/get-your-teen-screened-for-depression>) for adolescents beginning routinely at age 12
8. Developmental screening (<http://healthfinder.gov/HealthTopics/Category/parenting/doctor-visits/watch-for-signs-of-speech-or-language-delay>) for children under age 3



9. Dyslipidemia screening [↗](#) (PDF, 609 MB) for all children once between 9 and 11 years and once between 17 and 21 years, and for children at higher risk of lipid disorders
10. Fluoride supplements (<http://healthfinder.gov/HealthTopics/Category/parenting/doctor-visits/take-care-of-your-childs-teeth>) for children without fluoride in their water source
11. Fluoride varnish for all infants and children as soon as teeth are present
12. Gonorrhea preventive medication (<http://healthfinder.gov/HealthTopics/Category/pregnancy/doctor-and-midwife-visits/talk-with-your-doctor-about-newborn-screening>) for the eyes of all newborns
13. Hearing screening for all newborns (<http://healthfinder.gov/HealthTopics/Category/pregnancy/doctor-and-midwife-visits/talk-with-your-doctor-about-newborn-screening>); and regular screenings [↗](#) (PDF, 609 KB) for children and adolescents as recommended by their provider
14. Height, weight and body mass index (BMI) measurements [↗](#) (PDF, 609 KB) taken regularly for all children
15. Hematocrit or hemoglobin screening (<http://healthfinder.gov/HealthTopics/Category/parenting/doctor-visits/make-the-most-of-your-childs-visit-to-the-doctor-ages-1-to-4>) for all children
16. Hemoglobinopathies or sickle cell screening (<http://healthfinder.gov/HealthTopics/Category/pregnancy/doctor-and-midwife-visits/talk-with-your-doctor-about-newborn-screening>) for newborns
17. Hepatitis B screening for adolescents at higher risk
18. HIV screening (<http://healthfinder.gov/HealthTopics/Category/health-conditions-and-diseases/hiv-and-other-stds/get-tested-for-hiv>) for adolescents at higher risk
19. Hypothyroidism screening (<http://healthfinder.gov/HealthTopics/Category/pregnancy/doctor-and-midwife-visits/talk-with-your-doctor-about-newborn-screening>) for newborns
20. PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adolescents at high risk for getting HIV through sex or injection drug use
21. Immunizations for children from birth to age 18 — doses, recommended ages, and recommended populations vary:
  - Chickenpox (Varicella)
  - Diphtheria, tetanus, and pertussis (DTaP)
  - Haemophilus influenza type b
  - Hepatitis A
  - Hepatitis B
  - Human Papillomavirus (HPV)
  - Inactivated Poliovirus
  - Influenza (flu shot)
  - Measles
  - Meningococcal
  - Mumps

- [Pneumococcal](#)
- [Rubella](#)
- [Rotavirus](#)

22. [Lead screening for children](#)  at risk of exposure
23. [Obesity screening and counseling](http://healthfinder.gov/HealthTopics/Category/parenting/nutrition-and-physical-activity/help-your-child-stay-at-a-healthy-weight) (<http://healthfinder.gov/HealthTopics/Category/parenting/nutrition-and-physical-activity/help-your-child-stay-at-a-healthy-weight>)
24. [Oral health risk assessment](#)  (PDF, 609 KB) for young children from 6 months to 6 years
25. [Phenylketonuria \(PKU\) screening](http://healthfinder.gov/HealthTopics/Category/pregnancy/doctor-and-midwife-visits/talk-with-your-doctor-about-newborn-screening) (<http://healthfinder.gov/HealthTopics/Category/pregnancy/doctor-and-midwife-visits/talk-with-your-doctor-about-newborn-screening>) for newborns
26. [Sexually transmitted infection \(STI\) prevention counseling and screening](http://healthfinder.gov/healthtopics/category/health-conditions-and-diseases/hiv-and-other-stds) (<http://healthfinder.gov/healthtopics/category/health-conditions-and-diseases/hiv-and-other-stds>) for adolescents at higher risk
27. Tuberculin testing for children at higher risk of tuberculosis: Age [0 to 11 months](#) (<http://healthfinder.gov/HealthTopics/Category/parenting/doctor-visits/make-the-most-of-your-babys-visit-to-the-doctor-ages-0-to-11-months>), [1 to 4 years](#) (<http://healthfinder.gov/HealthTopics/Category/parenting/doctor-visits/make-the-most-of-your-childs-visit-to-the-doctor-ages-1-to-4>), [5 to 10 years](#) (<http://healthfinder.gov/HealthTopics/Category/parenting/doctor-visits/make-the-most-of-your-childs-visit-to-the-doctor-ages-5-to-10>), [11 to 14 years](#) (<http://healthfinder.gov/HealthTopics/Category/parenting/doctor-visits/make-the-most-of-your-childs-visit-to-the-doctor-ages-11-to-14>), [15 to 17 years](#) (<http://healthfinder.gov/HealthTopics/Category/parenting/doctor-visits/make-the-most-of-your-teens-visit-to-the-doctor-ages-15-to-17>)
28. [Vision screening](http://healthfinder.gov/HealthTopics/Category/doctor-visits/screening-tests/get-your-childs-vision-checked) (<http://healthfinder.gov/HealthTopics/Category/doctor-visits/screening-tests/get-your-childs-vision-checked>) for all children
29. [Well-baby and well-child visits](#)

## More information about preventive services for children

- [Preventive services for children age 0 to 11 months](http://healthfinder.gov/HealthTopics/Category/parenting/doctor-visits/make-the-most-of-your-babys-visit-to-the-doctor-ages-0-to-11-months) (<http://healthfinder.gov/HealthTopics/Category/parenting/doctor-visits/make-the-most-of-your-babys-visit-to-the-doctor-ages-0-to-11-months>)
- [Preventive services for children age 1 to 4 years](http://healthfinder.gov/HealthTopics/Category/parenting/doctor-visits/make-the-most-of-your-childs-visit-to-the-doctor-ages-1-to-4) (<http://healthfinder.gov/HealthTopics/Category/parenting/doctor-visits/make-the-most-of-your-childs-visit-to-the-doctor-ages-1-to-4>)
- [Preventive services for children age 5 to 10 years](http://healthfinder.gov/HealthTopics/Category/parenting/doctor-visits/make-the-most-of-your-childs-visit-to-the-doctor-ages-5-to-10) (<http://healthfinder.gov/HealthTopics/Category/parenting/doctor-visits/make-the-most-of-your-childs-visit-to-the-doctor-ages-5-to-10>)
- [Preventive services for children age 11 to 14 years](http://healthfinder.gov/HealthTopics/Category/parenting/doctor-visits/make-the-most-of-your-childs-visit-to-the-doctor-ages-11-to-14) (<http://healthfinder.gov/HealthTopics/Category/parenting/doctor-visits/make-the-most-of-your-childs-visit-to-the-doctor-ages-11-to-14>)
- [Preventive services for children age 15 to 17 years](http://healthfinder.gov/HealthTopics/Category/parenting/doctor-visits/make-the-most-of-your-teens-visit-to-the-doctor-ages-15-to-17) (<http://healthfinder.gov/HealthTopics/Category/parenting/doctor-visits/make-the-most-of-your-teens-visit-to-the-doctor-ages-15-to-17>)



# Glossary of Health Coverage and Medical Terms

- This glossary defines many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your [plan](#) or [health insurance](#) policy. Some of these terms also might not have exactly the same meaning when used in your policy or [plan](#), and in any case, the policy or [plan](#) governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or [plan](#) document.)
- Underlined text indicates a term defined in this Glossary.
- See page 6 for an example showing how [deductibles](#), [coinsurance](#) and [out-of-pocket limits](#) work together in a real life situation.

## Allowed Amount

This is the maximum payment the [plan](#) will pay for a covered health care service. May also be called "eligible expense," "payment allowance," or "negotiated rate."

## Appeal

A request that your health insurer or [plan](#) review a decision that denies a benefit or payment (either in whole or in part).

## Balance Billing

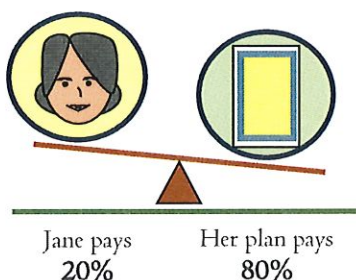
When a [provider](#) bills you for the balance remaining on the bill that your [plan](#) doesn't cover. This amount is the difference between the actual billed amount and the [allowed amount](#). For example, if the provider's charge is \$200 and the allowed amount is \$110, the provider may bill you for the remaining \$90. This happens most often when you see an [out-of-network provider](#) ([non-preferred provider](#)). A [network provider](#) ([preferred provider](#)) may not balance bill you for covered services.

## Claim

A request for a benefit (including reimbursement of a health care expense) made by you or your health care [provider](#) to your health insurer or [plan](#) for items or services you think are covered.

## Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the [allowed amount](#) for the service. You generally pay coinsurance **plus** any [deductibles](#) you owe. (For example, if the [health insurance](#) or [plan's](#) allowed amount for an office visit is \$100 and you've met your [deductible](#), your coinsurance payment of 20% would be \$20. The [health insurance](#) or [plan](#) pays the rest of the allowed amount.)



(See page 6 for a detailed example.)

## Complications of Pregnancy

Conditions due to pregnancy, labor, and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section generally aren't complications of pregnancy.

## Copayment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service.

## Cost Sharing

Your share of costs for services that a [plan](#) covers that you must pay out of your own pocket (sometimes called "out-of-pocket costs"). Some examples of cost sharing are [copayments](#), [deductibles](#), and [coinsurance](#). Family cost sharing is the share of cost for [deductibles](#) and [out-of-pocket](#) costs you and your spouse and/or child(ren) must pay out of your own pocket. Other costs, including your [premiums](#), penalties you may have to pay, or the cost of care a [plan](#) doesn't cover usually aren't considered cost sharing.

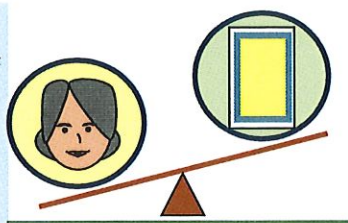
## Cost-sharing Reductions

Discounts that reduce the amount you pay for certain services covered by an individual [plan](#) you buy through the [Marketplace](#). You may get a discount if your income is below a certain level, and you choose a Silver level health plan or if you're a member of a federally-recognized tribe, which includes being a shareholder in an Alaska Native Claims Settlement Act corporation.



## Deductible

An amount you could owe during a coverage period (usually one year) for covered health care services before your [plan](#) begins to pay. An overall deductible applies to all or almost all covered items and services. A [plan](#) with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A [plan](#) may also have only separate deductibles. (For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible.)



Jane pays 100%      Her plan pays 0%

(See page 6 for a detailed example.)

## Diagnostic Test

Tests to figure out what your health problem is. For example, an x-ray can be a diagnostic test to see if you have a broken bone.

## Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care [provider](#) for everyday or extended use. DME may include: oxygen equipment, wheelchairs, and crutches.

## Emergency Medical Condition

An illness, injury, symptom (including severe pain), or condition severe enough to risk serious danger to your health if you didn't get medical attention right away. If you didn't get immediate medical attention you could reasonably expect one of the following: 1) Your health would be put in serious danger; or 2) You would have serious problems with your bodily functions; or 3) You would have serious damage to any part or organ of your body.

## Emergency Medical Transportation

Ambulance services for an [emergency medical condition](#). Types of emergency medical transportation may include transportation by air, land, or sea. Your [plan](#) may not cover all types of emergency medical transportation, or may pay less for certain types.

## Emergency Room Care / Emergency Services

Services to check for an [emergency medical condition](#) and treat you to keep an [emergency medical condition](#) from getting worse. These services may be provided in a licensed hospital's emergency room or other place that provides care for [emergency medical conditions](#).

## Excluded Services

Health care services that your [plan](#) doesn't pay for or cover.

## Formulary

A list of drugs your [plan](#) covers. A formulary may include how much your share of the cost is for each drug. Your [plan](#) may put drugs in different [cost-sharing](#) levels or tiers. For example, a formulary may include generic drug and brand name drug tiers and different [cost-sharing](#) amounts will apply to each tier.

## Grievance

A complaint that you communicate to your health insurer or [plan](#).

## Habilitation Services

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

## Health Insurance

A contract that requires a health insurer to pay some or all of your health care costs in exchange for a [premium](#). A health insurance contract may also be called a "policy" or "[plan](#)."

## Home Health Care

Health care services and supplies you get in your home under your doctor's orders. Services may be provided by nurses, therapists, social workers, or other licensed health care [providers](#). Home health care usually doesn't include help with non-medical tasks, such as cooking, cleaning, or driving.

## Hospice Services

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

## Hospitalization

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. Some [plans](#) may consider an overnight stay for observation as outpatient care instead of inpatient care.

## Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.



### **In-network Coinsurance**

Your share (for example, 20%) of the [allowed amount](#) for covered health care services. Your share is usually lower for in-network covered services.

### **In-network Copayment**

A fixed amount (for example, \$15) you pay for covered health care services to [providers](#) who contract with your [health insurance](#) or [plan](#). In-network copayments usually are less than [out-of-network copayments](#).

### **Marketplace**

A marketplace for [health insurance](#) where individuals, families and small businesses can learn about their [plan](#) options; compare plans based on costs, benefits and other important features; apply for and receive financial help with [premiums](#) and [cost sharing](#) based on income; and choose a [plan](#) and enroll in coverage. Also known as an “Exchange.” The Marketplace is run by the state in some states and by the federal government in others. In some states, the Marketplace also helps eligible consumers enroll in other programs, including Medicaid and the Children’s Health Insurance Program (CHIP). Available online, by phone, and in-person.

### **Maximum Out-of-pocket Limit**

Yearly amount the federal government sets as the most each individual or family can be required to pay in [cost sharing](#) during the [plan](#) year for covered, in-network services. Applies to most types of health [plans](#) and insurance. This amount may be higher than the [out-of-pocket limits](#) stated for your [plan](#).

### **Medically Necessary**

Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms, including habilitation, and that meet accepted standards of medicine.

### **Minimum Essential Coverage**

Minimum essential coverage generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of minimum essential coverage, you may not be eligible for the [premium tax credit](#).

### **Minimum Value Standard**

A basic standard to measure the percent of permitted costs the [plan](#) covers. If you’re offered an employer [plan](#) that pays for at least 60% of the total allowed costs of benefits, the [plan](#) offers minimum value and you may not qualify for [premium tax credits](#) and [cost-sharing reductions](#) to buy a [plan](#) from the [Marketplace](#).

### **Network**

The facilities, [providers](#) and suppliers your health insurer or [plan](#) has contracted with to provide health care services.

### **Network Provider (Preferred Provider)**

A [provider](#) who has a contract with your [health insurer](#) or [plan](#) who has agreed to provide services to members of a [plan](#). You will pay less if you see a [provider](#) in the [network](#). Also called “preferred provider” or “participating provider.”

### **Orthotics and Prosthetics**

Leg, arm, back and neck braces, artificial legs, arms, and eyes, and external breast prostheses after a mastectomy. These services include: adjustment, repairs, and replacements required because of breakage, wear, loss, or a change in the patient’s physical condition.

### **Out-of-network Coinsurance**

Your share (for example, 40%) of the [allowed amount](#) for covered health care services to [providers](#) who don’t contract with your [health insurance](#) or [plan](#). Out-of-network coinsurance usually costs you more than [in-network coinsurance](#).

### **Out-of-network Copayment**

A fixed amount (for example, \$30) you pay for covered health care services from [providers](#) who do *not* contract with your [health insurance](#) or [plan](#). Out-of-network copayments usually are more than [in-network copayments](#).

### **Out-of-network Provider (Non-Preferred Provider)**

A [provider](#) who doesn’t have a contract with your [plan](#) to provide services. If your [plan](#) covers out-of-network services, you’ll usually pay more to see an out-of-network provider than a [preferred provider](#). Your policy will explain what those costs may be. May also be called “non-preferred” or “non-participating” instead of “out-of-network provider.”

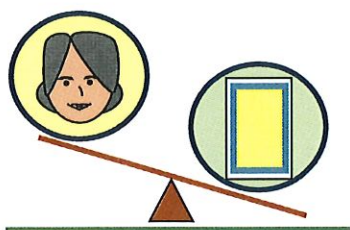


### Out-of-pocket Limit

The most you *could* pay during a coverage period (usually one year) for your share of the costs of covered services.

After you meet this limit the [plan](#) will usually pay 100% of the [allowed amount](#). This limit helps you plan for

health care costs. This limit never includes your [premium](#), [balance-billed](#) charges or health care your [plan](#) doesn't cover. Some [plans](#) don't count all of your [copayments](#), [deductibles](#), [coinsurance](#) payments, out-of-network payments, or other expenses toward this limit.



Jane pays

0%

Her plan pays

100%

(See page 6 for a detailed example.)

### Physician Services

Health care services a licensed medical physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), provides or coordinates.

### Plan

Health coverage issued to you directly (individual plan) or through an employer, union or other group sponsor (employer group plan) that provides coverage for certain health care costs. Also called "health insurance plan," "policy," "health insurance policy," or "[health insurance](#)."

### Preauthorization

A decision by your health insurer or [plan](#) that a health care service, treatment plan, [prescription drug](#) or [durable medical equipment \(DME\)](#) is [medically necessary](#). Sometimes called "prior authorization," "prior approval," or "precertification." Your [health insurance](#) or [plan](#) may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your [health insurance](#) or [plan](#) will cover the cost.

### Premium

The amount that must be paid for your [health insurance](#) or [plan](#). You and/or your employer usually pay it monthly, quarterly, or yearly.

### Premium Tax Credits

Financial help that lowers your taxes to help you and your family pay for private [health insurance](#). You can get this help if you get [health insurance](#) through the [Marketplace](#) and your income is below a certain level. Advance payments of the tax credit can be used right away to lower your monthly [premium](#) costs.

### Prescription Drug Coverage

Coverage under a [plan](#) that helps pay for [prescription drugs](#). If the plan's [formulary](#) uses "tiers" (levels), prescription drugs are grouped together by type or cost. The amount you'll pay in [cost sharing](#) will be different for each "tier" of covered [prescription drugs](#).

### Prescription Drugs

Drugs and medications that by law require a prescription.

### Preventive Care (Preventive Service)

Routine health care, including [screenings](#), check-ups, and patient counseling, to prevent or discover illness, disease, or other health problems.

### Primary Care Physician

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), who provides or coordinates a range of health care services for you.

### Primary Care Provider

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law and the terms of the [plan](#), who provides, coordinates, or helps you access a range of health care services.

### Provider

An individual or facility that provides health care services. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, and rehabilitation center. The [plan](#) may require the provider to be licensed, certified, or accredited as required by state law.

### Reconstructive Surgery

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries, or medical conditions.



## Referral

A written order from your [primary care provider](#) for you to see a [specialist](#) or get certain health care services. In many health maintenance organizations (HMOs), you need to get a referral before you can get health care services from anyone except your [primary care provider](#). If you don't get a referral first, the [plan](#) may not pay for the services.

## Rehabilitation Services

Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. These services may include physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

## Screening

A type of [preventive care](#) that includes tests or exams to detect the presence of something, usually performed when you have no symptoms, signs, or prevailing medical history of a disease or condition.

## Skilled Nursing Care

Services performed or supervised by licensed nurses in your home or in a nursing home. Skilled nursing care is **not** the same as "skilled care services," which are services performed by therapists or technicians (rather than licensed nurses) in your home or in a nursing home.

## Specialist

A [provider](#) focusing on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

## Specialty Drug

A type of [prescription drug](#) that, in general, requires special handling or ongoing monitoring and assessment by a health care professional, or is relatively difficult to dispense. Generally, specialty drugs are the most expensive drugs on a [formulary](#).

## UCR (Usual, Customary and Reasonable)

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

## Urgent Care

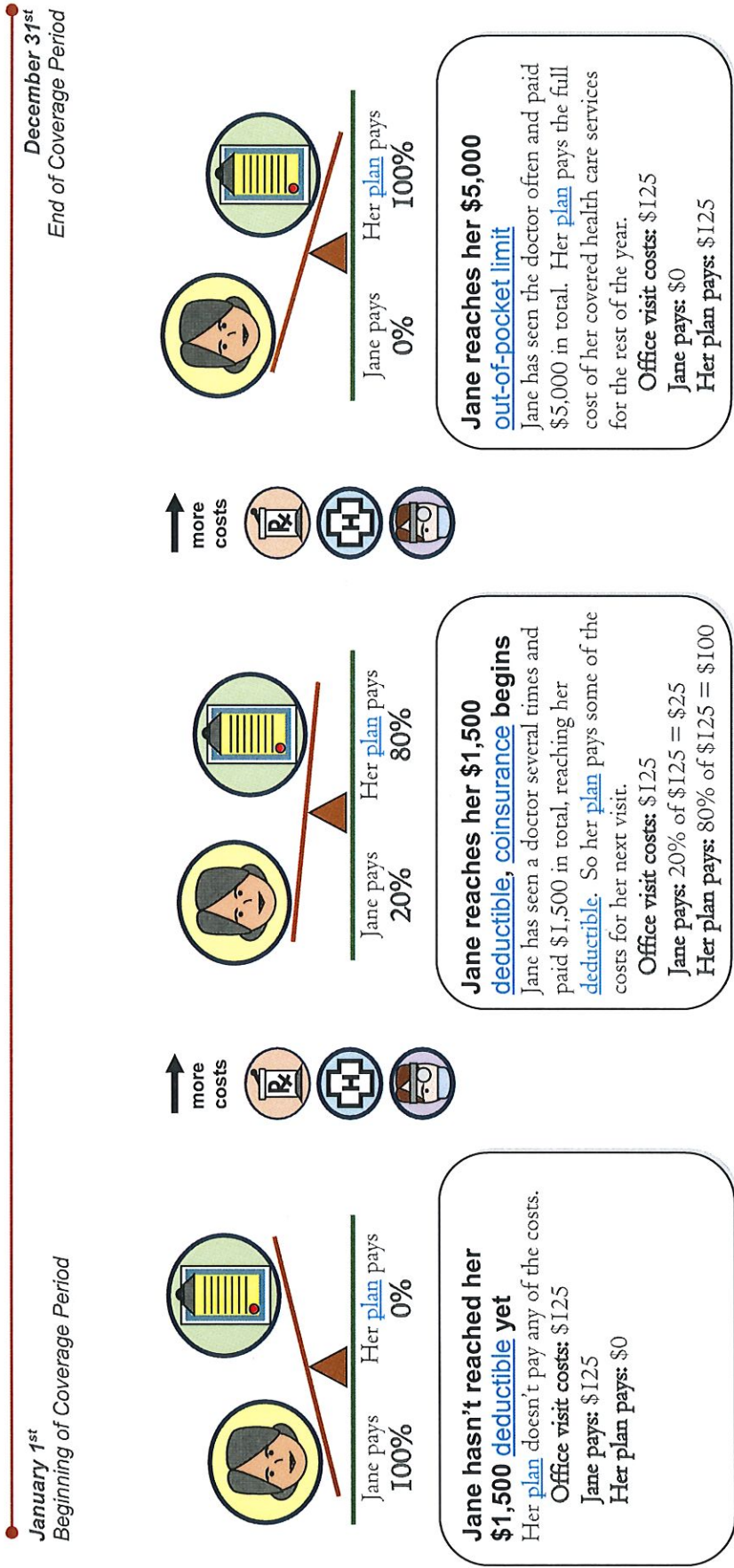
Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe as to require [emergency room care](#).

# How You and Your Insurer Share Costs - Example

Jane's Plan Deductible: \$1,500

Coinurance: 20%

Out-of-Pocket Limit: \$5,000



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Partners Benefit Group  
INSURANCE. EXPERIENCE. SERVICE.

## Worth County Board of Commissioners Employee Benefit Guide

- Dental
- Vision
- Group Basic Term Life and AD&D
- Voluntary Employee Life and AD&D
- Short Term Disability
- Long Term Disability



**Plan Year 2023-2024**





**DENTAL: Renaissance**

	Low Plan	High Plan
<b>Annual Deductible</b>		
Individual	\$50	\$50
Family Maximum	\$150	\$150
	In Network: Negotiated Fee Out-of-network: 90% R&C	In-Network: Negotiated Fee Out-of-network: 90% R&C
<b>Type A: Preventive Services</b>	100%	100%
	Routine Oral Exam, Cleanings, Bitewings, Full Mouth & Panoramic X-rays, Sealants & Fluoride (for dependent children up to age 19)	Routine Oral Exam, Cleanings, Bitewings, Full Mouth & Panoramic X-rays, Sealants & Fluoride (for dependent children up to age 19)
<b>Type B: Basic Services</b>	80% Space Maintainers (for dependent children up to age 19), Simple Extractions, Fillings, Non-Surgical Periodontics and Periodontal Maintenance	80% Oral Surgery, Endodontics/Root Canals, Fillings, Simple/Surgical Extractions, General Anesthesia/I.V. Sedation, Non-Surgical Periodontics and Periodontal Maintenance
<b>Type C: Major Services</b>	N/A	80% (Bridges, Crowns, Inlays, Onlays, Dentures, Surgical Periodontics)
<b>Orthodontia:</b> Dependent Children coverage to age 19	N/A	\$1,000 lifetime max
<b>Annual Plan Maximum</b>	\$1,000 per person	\$2,500 per person

*Dependent Children can be covered up to 26 years of age for Dental, Vision and VTL*

Contributions	Bi-Weekly	Monthly	Bi-Weekly	Monthly
Employee	\$6.91	\$14.98	\$16.71	\$36.21
Employee + Spouse	\$13.94	\$30.21	\$34.21	\$74.12
Employee + Child(ren)	\$16.05	\$34.78	\$40.96	\$88.75
Employee + Family	\$24.31	\$52.68	\$59.25	\$128.38

**GROUP BASIC TERM LIFE/AD&D: Renaissance**

Term Life/AD&D Coverage: \$25,000

Age Reductions: 65% at age 70; 50% at age 75

This Basic Life coverage is paid by Worth County Board of Commissioners



### **VOLUNTARY LIFE/AD&D: Renaissance**

Employee: Increments of \$10,000 up to the lesser of 5 times annual salary or \$500,000

Guarantee issue: \$150,000 (At initial Offering up to age 70)

Annual One-Up: \$10,000

Spouse: Increments of \$5,000 to a maximum of \$250,000, not to exceed 100% of employee amount.

Guarantee issue for spouse (initial): \$30,000

Annual One-Up: \$5,000

Child: Birth to age 26 years old: \$10,000.

Age Reductions: 65% at age 70  
50% at age 75

### **SHORT TERM DISABILITY: Renaissance**

Maximum Weekly Benefit \$1,000

Weekly Benefit Percentage 60% Plan

Benefit Begins 15<sup>th</sup> day for accident & sickness

Maximum Benefit Period: 11 Weeks

Pre-Ex: 3/6 Months

### **LONG TERM DISABILITY: Renaissance**

Monthly Benefit 60%

Maximum Monthly Benefit \$6,000

Benefit Waiting Period 90 Days

Maximum Benefit Period To Social Security Normal Retirement Age

Pre-Ex: 3/12

### **VISION: Renaissance**

#### **Frequency**

#### **Exam and Lenses**

12 Months

#### **Frames**

24 Months

#### **Exam**

\$10 co-pay

#### **Eyeglasses:**

Frames covered every other plan year

\$130 allowance (20% off remaining balance)

#### **Eyeglass Lenses:**

Covered every 12 months

Single Vision Lenses: \$20 co-pay  
Bifocal Lenses: \$20 co-pay  
Trifocal Lenses: \$20 co-pay  
Lenticular Lenses: \$20 co-pay

#### **Contributions**

Bi-Weekly

Monthly

#### **Contact lenses:**

Covered every 12 months

\$130 allowance

Employee

\$2.31

\$5.00

Employee + Spouse

\$5.15

\$11.15

Employee + Child(ren)

\$5.85

\$12.67

Employee + Family

\$8.66

\$18.77

**\*Retinal Imaging: Up to \$39 co-pay**

**\*Exam: Standard Contact Lens Fit & Follow up: Up to \$60 co-pay**

**\*Premium Progressive Lenses (See Evaluation & Fitting):**

**STAND. / PREM. / CUST.**

**\$55 / \$95 - \$105 / \$150 - \$175**

**Savings of 20-25% on other lens enhancements**

*The above vision benefits are with an In-Network Provider. Out-of-Network Reimbursement information can be located on the Mutual of Omaha complete benefit summary.*



## QUALIFYING EVENT

A **qualifying event** is a change in an employee's personal life that may impact their eligibility or dependents eligibility for benefits.

When experiencing a qualifying event, employees have **30 days** from the date of the event to submit a change to their elected benefits. If the 30-day time period has passed, employees must wait until annual open enrollment (which occurs during the month of May every year with an effective date of July 1) to make the desired change. Any changes made must be consistent with the qualifying event experienced. An example of a qualifying event is marriage, divorce, birth, adoption, change in spouse's employment/insurance status.

**IMPORTANT:** You must submit the proper paperwork to Kim Stripling, Human Resources, or Partners Benefit Group within 30 days of the qualifying event to be eligible to change your benefit elections.

## CONTACT INFORMATION

### Partners Benefit Group

Karen Willis & Layton Fillion

### Customer Service Representative:

Layton Fillion

1476 Carpenter Rd, Tifton GA 31793

Ph: 229.238.3137

Toll Free: 888.386.5773

Fax: 229.382.1222

[lfillion@partnersbenefit.com](mailto:lfillion@partnersbenefit.com)

### General Human Resource Questions:

Kim Stripling

Ph: 229.776.8200

[kstripling@worthcountyboc.com](mailto:kstripling@worthcountyboc.com)

### Group Life and Voluntary Life/AD&D: Renaissance

Customer Service: 844-368-6485

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

### Short & Long Term Disability: Renaissance

Customer Service: 888-791-5995

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

### Dental: Renaissance

Customer Service: 888-358-9484

### Vision: Renaissance

#### VSP Network

Customer Service: 800-877-7195

## HOW TO FIND AN IN-NETWORK PROVIDER

**For DENTAL:** Go to [www.renaissancebenefits.com](http://www.renaissancebenefits.com), scroll down until you see "Find a Doctor" Click on "Find a Doctor" Then click find a Dentist for Dental Coverage, select "employer sponsor plan" "No" then enter the zip code you wish to find a doctor near, click search. You will then see a list of doctors in your area for Dental coverage.

**For VISION:** Go to [www.renaissancebenefits.com](http://www.renaissancebenefits.com), scroll down until you see "Find a Doctor" Click on "find a Doctor" then "Find an eye Doctor" enter the zip code you wish to find a doctor near, click search. You will then see a list of doctors in your area for vision coverage.

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer and carriers. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance, Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.