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Welcome Messages

# New Hire/General Benefits Guide – Welcome Messages

1. {Company} strives to offer employees and their eligible dependents a competitive and comprehensive benefits package. Now is the time to review the benefit options available for this year. The benefits outlined in this guide are effective {Date} through {Date}.
2. {Company} is pleased to continue to offer a comprehensive benefits package. We implore you to take the necessary steps to educate yourself and make the best choices for you and your family.
3. Here at {Company}, we encourage our employees to learn about their benefits. Explore all the areas of this guide, including plan changes, wellness initiatives and more in order to make the best decision for you and your dependents. Let this guide serve as the map to your health in the year ahead.
4. At {Company}, we are committed to providing our employees and their eligible family members with an affordable benefits package that is comprehensive, while also being flexible enough to suit their needs. This guide is designed to help you make informed decisions when selecting benefits for the plan year. We encourage you to take some time to review this guide and take advantage of the various benefit programs and resources available to you and your family.
5. {Company} offers you and your eligible family members a comprehensive and valuable benefits program. This guide has been developed to assist you in learning about your benefit options and how to enroll. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.
6. Welcome to {Company}, where you are our most valuable asset! We all have different needs that influence the choices we make every day. We encourage you to take the time to carefully review this guide and learn about all the benefits available to you.

# Open Enrollment Guides – Welcome Message

Open Enrollment is your annual opportunity to make changes to your benefits. This guide will outline all of the different benefits {Company} offers so you can identify which offerings are best for you and your family.

Elections you make during Open Enrollment will become effective on {effective date}. If you have questions about any of the benefits mentioned in this guide, please don’t hesitate to reach out to {insert contact/resource}.

Eligibility & Enrollment Information

# Who Is Eligible?

If you’re a full-time employee at {Company}, you’re eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week. In addition, the following family members are eligible for medical, dental and vision coverage:

* [Insert dependent coverage information – to be provided by employer].
* [Insert eligibility chart if there are several classes – to be provided by employer].

# Medicare Eligibility

Are you eligible for Medicare? If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, federal law gives you more choices about your prescription drug coverage. Please see page {XX} for more details.

# How to Enroll

Are you ready to enroll? The first step is to review your current benefits. Verify all of your personal information and make any necessary changes. Once all your information is up to date, it’s time to make your benefit elections. It is important to weigh your options carefully. The decisions that you make during Open Enrollment will remain in place until next Open Enrollment, unless you experience a Qualifying Life Event.

{Insert enrollment instructions}

# When to Enroll

FOR NEW HIRESYou will have {XX days} from your date of hire to complete your benefits enrollment. If you do not enroll within this timeframe, you will not be able to enroll until our next Open Enrollment, unless you experience a Qualifying Life Event.

FOR OPEN ENROLLMENTOpen Enrollment begins on {insert date} and runs through {insert date}. The benefits you choose during Open Enrollment will become effective on {insert date}.

# Making Changes During the Plan Year - Qualifying Life Events

Unless you experience a Qualifying Life Event, you cannot make changes to your benefits until the next Open Enrollment period. Qualifying Life Events include:

* Marriage, divorce or legal separation
* Birth or adoption of a child
* Change in child’s dependent status
* Death of a spouse, child or other qualified dependent
* Change in employment status or a change in coverage under another employer-sponsored plan

You must notify Human Resources within {XX days} of experiencing Qualifying Life Event.

# Spousal Surcharge

If your spouse is eligible for coverage through his or her employer and doesn’t enroll in those benefits, but elects to enroll in {Company’s} benefits, a monthly spousal surcharge will be added to your premium. The monthly spousal surcharge is [insert amount]. If your spouse isn’t eligible for benefits through his or her employer, is not employed or is self-employed, you will not be charged a monthly surcharge if they enroll in {Company’s} benefits.

Open Enrollment Information

# Active Enrollment

This Year’s Open Enrollment will be Active. Active enrollment means that every benefit eligible employee MUST make an election during the Open Enrollment period, regardless of whether or not you are currently enrolled in benefits. If you do not make an election during this time, you will not be enrolled in coverage in the new plan year, effective {insert date}.

# Passive Enrollment

This year’s Open Enrollment will be Passive. Passive enrollment means your current coverage will remain in place and roll-over into the new plan year, unless you want to make changes to your elections and/or covered dependents.

**IMPORTANT:** If you wish to continue to contribute toward a {FSA, HSA} you MUST make that election during Open Enrollment each year. Elections for {FSA, HSA} DO NOT roll-over from one year to the next, in accordance with IRS regulations.

# Open Enrollment Checklist

* Review your Open Enrollment guide
* Review your current benefit elections
* Review your covered dependents
* Make sure your beneficiary information is up-to-date
* Make your benefit elections no later than {insert date}

Glossary of Benefit Terms

**Balance Billing -** Balance billing, sometimes called surprised billing, is a medical bill from a healthcare provider billing a patient for the difference between the total cost of services being charged and the amount the insurance pays.

**Coinsurance** – The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met, and can vary based on the plan design.

**Consumer Driven Health Care (CDHC**) – Health insurance programs and plans that are intended to give you more control over your health care expenses. Under CDHC plans, you can use health care services more effectively and have more control over your health care dollars. CDHC plans are designed to be more affordable because they offer reduced premium costs in exchange for higher deductibles. Health Reimbursement Arrangements (HRAs) and Health Savings Accounts (HSAs) are common examples of CDHC plans.

**Copayment** – A flat fee that you pay toward the cost of covered medical services.

**Covered Expenses** – Health care expenses that are covered under your health plan.

**Deductible** – A specific dollar amount you pay out of pocket before benefits are available through a health plan. Under some plans, the deductible is waived for certain services.

**Dependent** – Individuals who meet eligibility requirements under a health plan and are enrolled to receive benefits from the plan as a qualified dependent.

**Flexible Spending Account (FSA)** – An account that allows you to save tax-free dollars for qualified medical and/or dependent care expenses that are not reimbursed. You determine how much you want to contribute to the FSA at the beginning of the plan year. Most funds must be used by the end of the year, as there is only a limited carryover amount.

**Health Management Organization (HMO)** – A type of health insurance plan that usually limits coverage to care from doctors who work for or contract within a specified network. Premiums are paid monthly, and a small copay is due for each office visit and hospital stay. HMOs require that you select a primary care physician who is responsible for managing and coordinating all of your health care.

**Health Reimbursement Arrangement (HRA)** – An employer-owned medical savings account in which the company deposits pre-tax dollars for each of its covered employees. Employees can then use this account as reimbursement for qualified health care expenses.

**Health Savings Account (HSA)** – An employee-owned medical savings account used to pay for eligible medical expenses. Funds contributed to the account are pre-tax and do not have to be used within a specified time period. HSAs must be coupled with qualified high-deductible health plans (HDHP).

**High Deductible Health Plan (HDHP)** – A qualified health plan that combines very low monthly premiums in exchange for higher deductibles and out-of-pocket limits. These plans are often coupled with an HSA.

**In-network** – Health care received from your primary care physician or from a specialist within an outlined list of health care practitioners.

**Inpatient** – A person who is treated as a registered patient in a hospital or other health care facility.

**Medically Necessary (or medical necessity)** – Services or supplies provided by a hospital, health care facility or physician that meet the following criteria: (1) are appropriate for the symptoms and diagnosis and/or treatment of the condition, illness, disease or injury; (2) serve to provide diagnosis or direct care and/or treatment of the condition, illness, disease or injury; (3) are in accordance with standards of good medical practice; (4) are not primarily serving as convenience; and (5) are considered the most appropriate care available.

**Medicare** – An insurance program administered by the federal government to provide health coverage to individuals aged 65 and older, or who have certain disabilities or illnesses.

**Member** – You and those covered become members when you enroll in a health plan. This includes eligible employees, their dependents, COBRA beneficiaries and surviving spouses.

**Out-of-network** – Health care you receive without a physician referral, or services received by a non-network service provider. Out-of-network health care and plan payments are subject to deductibles and coinsurance.

**Out-of-pocket Expense** – Amount that you must pay toward the cost of health care services. This includes deductibles, copayments and coinsurance.

**Out-of-pocket Maximum (OOPM)** – The highest out-of-pocket amount that you can be required to pay for covered services during a benefit period.

**Preferred Provider Organization (PPO)** – A health plan that offers both in-network and out-of-network benefits. Members must choose one of the in-network providers or facilities to receive the highest level of benefits.

**Premium** – The amount you pay for a health plan in exchange for coverage. Health plans with higher deductibles typically have lower premiums.

**Primary Care Physician (PCP)** – A doctor that is selected to coordinate treatment under your health plan. This generally includes family practice physicians, general practitioners, internists, pediatricians, etc.

**Usual, Customary and Reasonable (UCR) Allowance** – The fee paid for covered services that is: (1) a similar amount to the fee charged from a health care provider to the majority of patients for the same procedure; (2) the customary fee paid to providers with similar training and expertise in a similar geographic area, and (3) reasonable in light of any unusual clinical circumstances

Medical Benefits

{Company} offers the following medical plan options administered by {medical carrier}. Each medical plan includes prescription drug benefits through {PBM/carrier}. To locate participating providers, visit {website}.

[Insert Medical/Rx plan grid(s). [**CLICK HERE**](https://www.csbcreative.com/) to view all plan grid templates, available on the Tools & Resources page on the Creative Solutions Website.]

# Preventive Care Covered 100% In-Network

Preventive care services, such as routine physicals and immunizations for adults and children, are covered 100% in-network—no copays, deductibles or coinsurance!

Embedded vs. Aggregate Deductibles

# Embedded Deductible

The single deductible is embedded in the family deductible, so no one family member can contribute more than the individual deductible amount during the plan year. Once the member meets their single deductible, they will start paying copays and/or coinsurance until they have reached their out-of-pocket maximum.

# Aggregate Deductible (aka True Family Deductible)

The entire family deductible must be met before plan pays any benefits. If you cover any dependents under the plan, the full family deductible must be met before the plan pays any benefits. However, once any individual meets the individual out-of-pocket maximum, the plan will begin to pay benefits and that individual has no further liability for the balance of the year. Other members of the family will continue to pay toward the family deductible and out-of-pocket maximum.

Prescription Drug Plan Information

# Mandatory Generic Drugs

Effective {insert date}, we will implement a mandatory generic program.

If a member is prescribed a brand name drug when a generic is available, the generic drug will be filled and the member will be responsible for the applicable generic drug copay. When a prescription drug is not available in a generic form, the member will receive the brand drug and be responsible for the applicable brand drug copay.

If a member chooses to purchase the brand drug when a generic drug is available, the member will be responsible for 1) the brand name drug copay as well as 2) the difference between the negotiated discount price for the generic drug and the brand drug.

If your physician directs that you should only use the brand name drug, he or she should indicate "Dispense as Written" (DAW) on your prescription. This tells the pharmacist that your doctor has ordered that you take only the brand name medication, and it indicates to that you are ONLY required to pay the brand name copayment, and NOT the difference in cost between the brand and generic medications.

Please keep in mind that generic drugs are prescription medications that have the same active ingredients, dosage amounts, strength, safety, and quality as brand-name prescription medications.

# Generic Drugs:

**Safe. Effective. FDA-Approved.**

A generic drug is identical (or bioequivalent) to a brand name drug in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. Although generic drugs are chemically identical to their branded counterparts, they are typically sold at substantial discounts from the branded price.

Generic drugs are reviewed and approved by the U.S. Food and Drug Administration (FDA), just as brand drugs are. According to the FDA, compared to its brand counterpart, a generic drug:

* is chemically the same
* works the same in the body
* is as safe and effective
* meets the same standards set by the FDA

The major difference is that the generic drug often costs much less.

**Are generic drugs as effective as brand-name drugs?** Yes. FDA requires generic drugs have the same high quality, strength, purity and stability as brand-name drugs.

Not every brand-name drug has a generic drug. When new drugs are first made they have drug patents. Most drug patents are protected for 20 years. The patent, which protects the company that made the drug first, doesn't allow anyone else to make and sell the drug. When the patent expires, other drug companies can start selling a generic version of the drug. But first, they must test the drug and the FDA must approve it.

Creating a drug costs lots of money. Since generic drug makers do not develop a drug from scratch, the costs to bring the drug to market are less; therefore, generic drugs are usually less expensive than brand-name drugs. However, generic drug makers must show that their product performs in the same way as the brand-name drug.

**Is there a generic equivalent for my brand-name drug?**

Ask your healthcare provider if there is a generic equivalent for your brand-name drug, or visit **www.fda.com** for a catalog of FDA-approved drug products.

# Maintenance Medications

Maintenance medications are those drugs you may take on a regular basis to treat conditions such as high cholesterol, high blood pressure or diabetes. Depending on your benefit plan, you may have coverage to obtain up to a 90-day supply of covered maintenance medication delivered right to your home through {PBM/carrier}.

# Mail Order

Using the mail order program through {PBM/carrier} for your maintenance medications will SAVE YOU MONEY. You will receive up to a 90-day supply for two retail copays. In addition to the savings you’ll receive, your prescriptions will be delivered right to your home.

A 30-day supply of your maintenance medication purchased at a retail pharmacy costs:

* {insert copay} for generic
* {insert copay} for preferred brand name
* {insert copay} for non-preferred brand name

|  |
| --- |
| How much can you save when you use Mail Order? *Compare for yourself…* |
| **Retail Pharmacy** | **Mail Order** | **Annual Savings** |
| Preferred Brand-Name Copay **$60** | Preferred Brand-Name Copay **$120** | **$240** |
| Annual cost($60 per month x 12 fills) **$720** | Annual cost ($60 per order x 4 fills per year) **$480** |

# Mandatory Mail Order Program

Members are required to use mail order for maintenance medications. Once the initial prescription and two refills are filled at the retail pharmacy (a total of three fills), the mail order program is mandatory for coverage of the ongoing prescriptions. After three refills, if the member does not use the mail order program, they will pay 100% of the prescription cost.

# Cigna 90 Now Program

With the Cigna 90 Now program, your plan covers maintenance medications when you fill them:

* In a 90-day (or three month) supply, and
* At an in-network pharmacy that’s approved to fill 90-day prescriptions.

Choose the pharmacy that’s most convenient for you. You can opt for retail or home delivery. There are thousands of available retail pharmacies, grocery stores, retail chains and wholesale warehouse stores - all of which are places where you may already shop. Every pharmacy in your plan’s network can fill 30-day prescriptions, and a select number of pharmacies can fill 90-day prescriptions.

Use home delivery and get your medication delivered to your door, and more. Home delivery may be a convenient option when you’re taking a medication every day to treat an ongoing health condition. The home delivery pharmacy will ship your medication to you at no extra cost, and they will send you reminders so you don’t miss a dose.

To get started using home delivery call **800.835.3784.**

# Expanded Preventive Medications & Services (for HDHP participants)

{Company} has elected to provide coverage for certain services and prescription drugs that will bypass the HDHP deductible for specific chronic conditions. This means the following will be subject to either copay or coinsurance with no deductible.

|  |  |
| --- | --- |
| Preventive Care for Specified Conditions: | For Individuals Diagnosed with: |
| Angiotensin Converting Enzyme (ACE) inhibitors | Congestive heart failure, diabetes, and/or coronary artery disease |
| Anti-resorptive therapy | Osteoporosis and/or osteopenia |
| Beta-blockers | Congestive heart failure and/or coronary artery disease |
| Blood pressure monitor  | Hypertension |
| Inhaled corticosteroids | Asthma |
| Insulin and other glucose lowering agents | Diabetes |
| Retinopathy screening | Diabetes |
| Peak flow meter | Asthma |
| Glucometer | Diabetes |
| Hemoglobin A1c testing | Diabetes |
| International Normalized Ratio (INR) testing | Liver disease and/or bleeding disorders |
| Low-density Lipoprotein (LDL) testing | Heart disease |
| Selective Serotonin Reuptake Inhibitors (SSRIs) | Depression |
| Statins | Heart disease and/or diabetes |

# GoodRx

Stop paying too much for your prescriptions! GoodRx is a prescription drug price comparison tool which allows you to simply and easily search for retail pharmacies that offer the lowest price for specific medications.

The cost for the same medications — even when using a network retail pharmacy — varies drastically from one drug store to the next. While prescription drug plan copays may be the same no matter which pharmacy you go to, the retail cost to your employer may be greatly reduced when you get your medications from a pharmacy that charges a discounted price. Lower costs to your employer can also help keep your benefits costs down in the long run.

Use GoodRx to compare drug prices at local and mail-order pharmacies and discover free coupons and savings tips. Find huge savings on drugs not covered by your insurance plan – you may even find savings versus your typical copayment!

You can find the lowest price on prescriptions right from your phone or tablet. Download the GoodRx mobile app today for:

* Instant access to the lowest prices for prescription drugs at more than 75,000 pharmacies
* Coupons and savings tips that can cut your prescription costs by 50% or more
* Side effects, pharmacy hours and locations, pill images, and much more!

Learn more and start saving on your prescriptions today at connerstrong.goodrx.com

# Step Therapy

Step Therapy allows those with medical conditions that require taking prescription drugs regularly to receive the treatment they need in an affordable way. The Step Therapy program groups prescription drugs into two categories: first-line and second-line drugs. First-line drugs are generic and often lower-cost prescription drugs proven to be safe and effective. Step Therapy patients are encouraged to try these drugs first, because they usually provide the same health benefit as a more expensive drug, at a lower cost. Second-line drugs are brand-name drugs that are generally only necessary for a small number of patients. Second-line drugs are the most expensive option.

# Prior Authorization

Prior Authorization is a health plan cost-control process by which physicians and other health care providers must obtain advanced approval from a health plan before a specific service is performed for the patient, to qualify for payment coverage. Services that require prior authorization may come in the form of medicine, a medical device or procedure.

# Specialty Pharmacy

{Carrier} Specialty Pharmacy is a feature offered through our prescription drug program with {Carrier}. This program provides an individualized care solution, which includes convenient delivery of specialty medications directly to you and your covered family members.

Specialty drugs typically are used to treat chronic and complex conditions. They tend to have a greater cost than non-specialty brand and generic drugs and often times must be taken on an ongoing basis.

**What are specialty drugs?**

Specialty drugs are typically drugs that are administered (via injections or infusions) at a patient’s home, doctor’s office or outpatient facility. Specialty drugs meet certain criteria including, but not limited to:

* Used to treat rare, complex or chronic diseases
* Require a health care provider to administer
* Have complex storage or shipping requirements
* Require comprehensive patient monitoring and education

**Specialty Pharmacy Benefits:**

* Ongoing, one-on-one counseling and education with specialist pharmacists
* Safe, prompt delivery of specialty medications, including those that require special handling such as syringes
* 24/7 access to pharmacists and nurses who are all trained in handling specific conditions and how their medications are dispensed.
* Proactive outreach, including refill reminders
* Access to the widest list of limited and exclusive distribution drugs on the market
* Nationwide delivery and local nursing support through our large network of pharmacies
* Member self-service and ordering capabilities through Interactive Voice Response (IVR)

For more information about specialty drugs or to get started, visit {website} or call {XXX.XXX.XXXX} to speak with {a/an Carrier} representative.

Dental Benefits

**OPTION 1:**

Dental hygiene and oral health are directly linked to health in other areas of the body. Most people recognize the importance of maintaining good physical health, and having regular physical examinations, but we rarely extend the same consideration to our teeth. The truth is that good dental care is a crucial part of your overall physical health because other systems can be affected by your oral health. For example, taking proper care of your gums can actually help prevent heart disease.

Eligible employees and their eligible family members may enroll in the {dental carrier} dental plan, which includes 100% coverage for preventive services such as routine dental exams, cleanings and X-rays.

**OPTION 2:**

Did you know dental hygiene and oral health are directly linked to health in other areas of the body?

For example, taking proper care of your gums can actually help prevent heart disease. The Delta Dental plan make it easy to care of your smile and your health, with 100% coverage for preventive services such as routine dental exams, cleaning and X-rays.

[Insert Dental plan grid(s). [**CLICK HERE**](https://www.csbcreative.com/) to view all plan grid templates, available on the Tools & Resources page on the Creative Solutions Website.]

# DHMO vs. DPPO

Under the DHMO plan, members have their choice of skilled primary care dentists from the {dental carrier} network. Select a primary care dentist who will then coordinate any needed referrals to a specialist. Covered services provided by {dental carrier} dentists have preset copayments (dollar amounts), which are listed in your plan booklet. There are no maximums or deductibles.

The DPPO plan preferred provider plan offers the convenience and flexibility of visiting any licensed dentist, anywhere. Covered services are paid based on a percentage — if, for example, fillings are covered at 80%, you

pay the remaining 20%. Get the most plan value by choosing a {dental carrier} PPO dentist. PPO network dentists complete claim forms for you and can help advise you on questions regarding your share of the payment.

# Dental Plan Enhancements (Delta Dental)

Carryover Max Benefit

The Delta Dental Carryover Max benefit feature allows members to carry over part of their unused standard annual maximum in one year to increase benefits for the following year and beyond.

Oral Health Enhancement Option

Eligible members who have been previously treated for periodontal (gum) disease will receive up to four dental cleanings and/or periodontal maintenance procedures per benefit period. If you had periodontal surgery or scaling and root planing in the past while covered by Delta Dental of New Jersey, you are automatically covered! You may have to submit additional information if the procedure was more than 2 years ago.

Vision Benefits

Take care of your vision and overall health while saving on your eye care and eyewear needs. Vision insurance can help you maintain your vision as well as detect various health problems. Health conditions such as diabetes and high blood pressure can be detected early through a comprehensive eye exam.

**IF VISION IS INCLUDED WITH MEDICAL**

If you elect to enroll in the {carrier} medical plan, you will automatically receive the vision benefits outlined below.

**IF VISION IS VOLUNTARY**

Eligible employees have the option of electing the voluntary vision plan outlined below.

Our vision plan is administered by {vision carrier} and provides coverage for a range of vision care including exams, frames, lenses and contact lenses.

[Insert Visionplan grid(s). [**CLICK HERE**](https://www.csbcreative.com/) to view all plan grid templates, available on the Tools & Resources page on the Creative Solutions Website.]

# Hearing Discounts

If you are enrolled in the vision plan, you now have access to the {Plan Name} Hearing Discount Program. This program gives you access to all name brand hearing aid technology by the top tier hearing aid manufacturers at reduced prices (30%-60% below MSRP), maximizing your value and savings.

**What can I expect from my {carrier/vendor} hearing discount plan?**

* A wide selection of digital hearing aids from multiple manufacturers
* All levels of technology, from essential to advanced and premium
* All styles of hearing aids, including discrete inner ear models and the popular mini receiver in-the-canal
* An array of colors to meet your preferences
* Bluetooth, smart phone compatible, wireless and rechargeable models
* Up to 40% savings compared to national average selling prices
* 10% discount on accessories, such as TV streamers
* Warranty which covers repair, damage and loss
* Each hearing aid purchase includes a one year supply of hearing aid batteries at no additional cost

Get started today! Visit {website} or call {phone number} to schedule your free hearing exam with a licensed hearing provider in your area.

Health Savings Account (HSA)

# HSA Overview

If you participate in a qualified High Deductible Health Plan (HDHP) you may be eligible to participate in a Health Savings Account (HSA). An HSA is a great way to save money by allowing you to set aside pre-tax dollars, via payroll deductions, to efficiently pay for qualified healthcare, dental and vision expenses. The funds in your HSA never expire; you may utilize the money you accumulate in your account for future healthcare expenses, even if you change jobs or retire.

# HSA Eligibility

In order to qualify for an HSA, you must be an adult who meets the following qualifications:

* You have coverage under an HSA-qualified, high deductible health plan (HDHP)
* You (or your spouse, if applicable) have no other health coverage (excluding other types of insurance, such as dental, vision, disability or long-term care coverage)
* Are not enrolled in Medicare
* You cannot be claimed as a dependent on someone else’s tax return

For more details on eligibility requirements, visit **www.irs.gov/publications/p969#en\_US\_2019\_publink1000204025**.

# HSA Contributions

The maximum amount that can be contributed to the HSA in a tax year is established by the IRS and is dependent on whether you have individual or family coverage in the HDHP plan. For 2024, the contribution limits are:

* $4,150 for individual coverage
* $8,300 for family coverage
* The annual catch-up contribution for age 55 and older is $1,000.

# HSA Triple Tax Advantages

HSA contributions are tax deductible, you can spend the money tax-free, and any growth is tax free.

# HSA Advantages version #1:

* There is no “use it or lose it” provision with an HSA. If you don’t use the money in your account by the end of the year, don’t worry! Unused funds will roll over year after year.
* You can save and invest unused HSA money for future healthcare needs
* Your HSA is portable. When you retire or leave the company, your HSA funds go with you.

# HSA Advantages version #2:

***Security*** – Your HSA can provide a savings buffer for unexpected or high medical bills.

***Affordability*** – In most cases, you can lower your monthly health insurance premiums when you switch to health insurance coverage with a higher deductible, and these HDHPs can be paired with an HSA.

***Flexibility*** – You can use your HSA to pay for current medical expenses, including your deductible and expenses that your insurance may not cover, or you can save your funds for future medical expenses, such as:

* Health insurance or medical expenses if unemployed
* Medical expenses after retirement (before Medicare)
* Out-of-pocket expenses when covered by Medicare
* Long-term care expenses and insurance

***Portability*** – Accounts are completely portable, meaning you can keep your HSA even if you:

* Change jobs
* Change your medical coverage
* Become unemployed

***Ownership*** – There is no 'use-it-or-lose-it' rule. The funds roll over from year to year and remain in your account until they are used or withdrawn.

# Is an HSA Right for You?

HSAs are a growing trend in health care and offer many advantages, but whether it’s the right choice for you depends on several factors. Comparing HSA/HDHPs to traditional health plans can be difficult, as each has pros and cons. For example, traditional health plans typically have higher monthly premiums, a smaller deductible and fixed copays. You pay less out-of-pocket costs due to the lower deductible, but you will pay more each month in premiums.

HDHPs with HSAs generally have lower monthly premiums and a higher deductible. You may pay more out-of-pocket medical expenses, but you can use your HSA to cover those costs, and you pay less each month for your premium.

The decision is different for each individual. If you are generally healthy and/or have a reasonable idea of your annual health care expenses, then you could save a lot of money from the lower premiums and valuable tax-advantaged account with an HSA/HDHP plan. For example, even someone with a chronic condition could take advantage of an HSA/HDHP plan if he or she has a good idea of his or her annual expenses and then budgets enough money to cover cost of care.

However, if you are older, more prone to illness or unexpected medical conditions, or prefer certainty in medical costs over the possible risk of unexpected out-of-pocket expenses, you may want to stick with a traditional plan. You’ll pay more in monthly premiums, but you will have a lower deductible and fixed copays.

# HSA Qualified Healthcare Expenses

You can use the funds in your HSA to pay for qualified healthcare expenses such as:

* Doctor visits
* Dental care, including extractions and braces
* Vision care, including contact lenses, prescription sunglasses and LASIK surgery
* Prescription medications
* Chiropractic services
* Acupuncture
* Hearing aids and batteries
* Over-the-counter (OTC) medications
* Menstrual care products

# CARES Act and Qualifying Medical Expenses

Under the CARES Act, the definition of a qualifying medical expense now includes certain over-the-counter medications and products. Specifically, the act treats additional over-the-counter medications, along with menstrual care products, as qualified medical expenses that may be paid for using HSAs or other tax-advantaged accounts.

# HSA Case Study

Justin is a healthy 28-year-old single man who contributes $1,000 each year to his HSA. His plan’s annual deductible is $1,500 for individual coverage. Here is a look at the first two years of Justin’s HSA plan, assuming the use of in-network providers. (This example only includes HSA contribution amounts and does not reflect any investment earnings.)

|  |  |  |
| --- | --- | --- |
| **Year 1** |  | **Year 2** |
| HSA Balance | $1,000 |  | HSA Balance | $1,850 |
| Total Expenses:Prescription drugs: $150 | (-$150) |  | Total Expenses:Office visits: $100Prescription drugs: $200 | (-$300) |
| HSA Rollover to Year 2 | $850 |  | HSA Rollover to Year 3 | $1,550 |
| Since Justin did not spend all of his HSA dollars, he did not need to pay any additional amounts out-of-pocket this year. |  | Once again, since Justin did not spend all of his HSA dollars, he did not need to pay any additional amounts out-of-pocket this year. |

# Important Note: HSA and HCFSA

If you are enrolling in the High Deductible Health Plan (HDHP) and elect the HSA, you (or your spouse, if applicable) may not participate in the Healthcare FSA. However, you may elect up to $3,200 in a Limited Purpose FSA (LPFSA), which can be only used for eligible dental and vision expenses.

# Managing Your HSA

Once enrolled, you will receive a kit with your debit card. An HSA is a personal banking account, subject to banking fees. A schedule of fees will be included in the welcome kit. Members can access and manage their accounts online at {website}.

Health Reimbursement Arrangement (HRA)

A Health Reimbursement Arrangement (HRA) is an employer-funded account that is designed to pay for qualified medical expenses. The HRA works in conjunction with {insert plan name(s)} and can be used to pay for out-of-pocket expenses incurred while you work to meet your plan deductible.

HRAs can serve as a way to pay for out-of-pocket health care expenses while still working down a deductible, especially if one has an HDHP. An advantage of an HRA is that it is employer-funded, which means tax-free money.

An HRA can prove to be advantageous for employees who don’t want to reduce their salary through a salary deferral to fund an account, such as with Health Savings Accounts (HSAs) and healthcare Flexible Spending Accounts (FSAs). An HRA is entirely employer-funded, essentially boosting an employee’s salary with tax-free money for healthcare expenses. An HRA, however, provides less flexibility than an HSA or FSA—with those accounts, one can choose how much they want to contribute to the account instead of the employer determining the amount available in the fund. Although an employee can’t choose how much money will be contributed to an HRA, they are still a great way to reduce out-of-pocket health expenses.

Employees may be eligible for an HRA if an employer sponsors the HRA and the employee meets any eligibility requirements established by the employer. Self-employed individuals are not eligible for an HRA. Certain limitations may apply if an individual is considered highly compensated at an organization. Each employer has considerable design flexibility with respect to their HRAs. The employer will set the maximum reimbursement amount under the HRA, which may vary for different groups of employees. For example, an employer may decide to have one maximum limit for employees with self-only health plan coverage, and another maximum limit for employees with family health plan coverage. However, employers are generally prohibited from basing contributions on an employee’s age, length of service or compensation.

If eligible for an HRA, consider how it may help you and your family, and contact HR at your organization for specific information on the offering.

[Insert grid or bullets to show employer contributions for Single/Family]

Flexible Spending Accounts (FSA)

Flexible spending accounts, or FSAs, provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family’s health care and dependent care costs for the next plan year, you can lower your taxable income.

# Healthcare FSA

The Healthcare FSA allows you to set aside pre-tax dollars via payroll deductions to pay for qualified healthcare expenses for you and your dependents. For 2024, the annual maximum amount you may contribute is $3,200 per calendar year.

The Healthcare FSA can be used for:

* Doctor office copays
* Non-cosmetic dental procedures (crowns, dentures, orthodontics)
* Prescription contact lenses, glasses and sunglasses
* LASIK eye surgery

# CARES Act and Qualifying Medical Expenses

Under the CARES Act, the definition of a qualifying medical expense now includes certain over-the-counter medications and products. Specifically, the act treats additional over-the-counter medications, along with menstrual care products, as qualified medical expenses that may be paid for using FSAs or other tax-advantaged accounts.

# Dependent Care FSA

The Dependent Care FSA lets you use pre-tax dollars toward qualified dependent care expenses. The annual maximum amount you may contribute is $5,000 (or $2,500 if married and filing separately) per calendar year.

The Dependent Care FSA can be used for:

* The cost of child or adult dependent care
* The cost for an individual to provide care either in or out of your house
* Nursery schools and preschools (excluding kindergarten)

Alternate Text for eligible DCFSA expenses:

* Au Pair
* After school programs
* Baby-sitting/dependent care to allow you to work or actively seek employment
* Day camps and preschool
* Adult/eldercare for adult dependents

# Limited Purpose FSA

If you are enrolling in the High Deductible Health Plan (HDHP) and elect the HSA, the IRS rules prohibit you from participating in the Healthcare FSA. However, you may elect up to $3,200 in a Limited Purpose FSA, which can be used for dental and vision expenses only.

# Claims Submission Deadline

All eligible claims for FSA expenses incurred between {insert plan year start/end dates} must be submitted to {FSA vendor} by {DATE}.

# FSA Grace Period

{Company’s} Healthcare FSA includes a 2-1/2 month grace period {DATE}. The FSA Grace Period is an extended period of coverage at the end of every plan year that allows you extra time to incur expenses to use your remaining Flexible Spending Account balance after the close of the plan year {DATE}.

# Use-It-or-Lose-It

Flexible Spending Accounts operate under a use-it-or-lose-it rule, meaning that money not used by the end of the plan year does not rollover and must be forfeited, per IRS regulations.

# Healthcare FSA Carryover

{Company} allows up to $640 of unused Healthcare FSA funds to carry over into the {insert plan year} plan year. Amounts over $640 will be forfeited.

# FSA Provisions / COVID-19 Update

If your healthcare or dependent care needs have changed since our last Open Enrollment, we have good news for you! In response to the COVID-19 emergency, {Company} is amending our Flexible Spending Accounts (FSA) to provide the following plan provisions.

**Between now and {DATE}, you have the opportunity to:**

* Increase your existing FSA contribution amount(s)
* Cancel or decrease coverage in an existing Healthcare FSA, Limited Purpose FSA, and/or Dependent Care FSA (election cancellation or decrease will not be allowed to an amount less than amounts already reimbursed to the employee by the FSA in the plan year)

You may only make changes to your FSA election(s) one time during this period.

**Who might benefit from these FSA plan enhancements?**

* Someone who had to postpone an elective procedure but had already set aside money in their FSA to pay for it.
* Anyone who’s been faced with unexpected healthcare expenses and regrets not contributing more toward an FSA this year.
* Families who set aside funds to pay for dependent care expenses, such as daycare or summer camps, but no longer will need these funds due to unforeseen events.

[Insert call to action – how to make these changes, who to contact, where to go for more details.]

# Commuter Benefits

{Company} is pleased to provide our employees with the opportunity to enroll in a spending account specific to work-related transit expenses. Commuter Benefits allow you to pay for eligible work-related transit and parking expenses through pre-tax payroll deductions from your paycheck.

You are able to make changes to your pre-tax election amount on a month to month basis. Once you make your election, you will receive a debit card that can be used to pay for work-related transit and parking expenses. Your debit card is loaded with your pre-tax deductions each time a deduction is taken from your paycheck. Each time you use your debit card to pay for transit purchases, the funds are automatically debited from your transit account.

# Transit & Parking Account Maximum Monthly Contributions

For the 2024 plan year you may contribute:

* **TRANSIT:** up to $315 per month for transportation (mass transit, train, subway, bus fares, ferry rides). Transit requires payment with the {vendor} debit card only.
* **PARKING:** up to $315 per month for parking expenses incurred at or near your work location or near a location from which you commute using mass transit

At the end of the plan year, any balances in either account will remain in your account and be available for your use in the next plan year, unless your employment with {Company} is terminated.

**Carryover & Eligible Expenses**There is no annual “use-it-or-lose-it” rule for Commuter Benefits. While unused amounts cannot be cashed out, they can be carried over to provide transit benefits in subsequent years.

If you need additional information or have questions, please contact Customer Service at {XXX.XXX.XXXX}.

For more information about qualified expenses, please visit [**https://www.irs.gov/publications/p15b#en\_US\_2021\_publink1000193743**](https://www.irs.gov/publications/p15b#en_US_2021_publink1000193743)**.**

Life and AD&D Insurance

Life and Accidental Death & Dismemberment (AD&D) insurance provides protection to those who depend on you financially, in the event of your death or an accident that results in death or serious injury.

# Basic Life Insurance

Life insurance can help provide for your loved ones if something were to happen to you. {Company} provides full-time employees with {benefit amount} in group life and accidental death and dismemberment (AD&D) insurance. {Company} pays for the full cost of this benefit.

|  |
| --- |
| **Basic Life/AD&D Insurance**  |
| **Life/AD&D Benefit** | 1x Salary up to $200,000 MaximumReduces to 65% at age 70 and then to 50% at age 75 |

# Evidence of Insurability (EOI)

Evidence of insurability may be required if:

* You are buying an insurance amount higher than the guaranteed issue amount for your plan.
* You declined coverage when first eligible and wish to purchase additional coverage at open enrollment or after experiencing a qualifying life event.

Disability Benefits

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income.

|  |  |  |
| --- | --- | --- |
|  | **Short-Term Disability** | **Long-Term Disability** |
| **Benefits Begin** | [Insert benefits details in this chart] |  |
| **Benefits Payable** |  |  |
| **Percentage of Income Replaced** |  |  |
| **Maximum Benefit** |  |  |

# Short-Term Disability (STD)

Short-Term Disability (STD) is a type of disability insurance coverage that can help you remain financially stable should you become injured or ill and cannot work.

After seven calendar days of continuous disability, you may receive 85% of your average weekly wages to a maximum benefit of {{COST}} per week in {{YEAR}}. This benefit can be paid for up to 26 weeks of continuous disability.

|  |
| --- |
| Short-Term Disability  |
| **Benefit** | 60% |
| **Maximum Weekly Benefit** | $2,000 |
| **Elimination Period** | 7 Days |
| **Duration of Benefits** | 12 weeks |

# Long-Term Disability (LTD)

Long-Term Disability (LTD) insurance protects workers in the event they become disabled for a prolonged period prior to retirement. LTD policies are often offered through employers as part of a standard benefits package.

{Company/Employee-paid} LTD provides you with income continuation in the event your illness or injury lasts beyond 180 days. This helps ensure you have a continued income if you are unable to work due to a covered sickness or injury. You may receive 60% of your pre-disability earnings to a maximum benefit of {benefit maximum} per month.

|  |
| --- |
| Long-Term Disability  |
| **Benefit** | 60% |
| **Maximum Monthly Benefit** | $15,000 |
| **Elimination Period** | 90 Days |
| **Duration of Benefits** | SSNRA |

Voluntary Benefits

# Voluntary Life Insurance

While {Company} offers basic life insurance some employees may be interested in additional coverage based off their personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage.

With voluntary life insurance, you are responsible for paying the full cost of coverage through payroll deductions. You can purchase coverage for yourself or for your spouse or your dependent child(ren) as outlined in the chart below.

|  |
| --- |
| Benefit Description  |
| **Employee** | Increments of $10,000 up to 5 times salary or $500,000, whichever is less |
| **Spouse (under age 70)** | Increments of $5,000, up to a maximum of 100% of employee election or $500,000 |
| **Dependent Child** **- Birth to age 6 months****- Over 6 months of age** |  $1,000$5,000 or $10,000 |
| Guaranteed Issue Amounts\*  |
| **Employee** | $150,000 |
| **Spouse (under age 70)** | $25,000 |

\* Guaranteed issue amounts are only available to employees/spouses in their initial eligibility period.

Evidence of Insurability (EOI) is required for elections made outside of the initial eligibility period for any amount elected.

[Refer to or insert rate chart]

# Alternate Supplemental Life Wording (no charts):

**Supplemental Life for You**

You can purchase coverage for yourself in increments of 1, 2, 3, 4, 5, or 6 times your annual salary up to a maximum amount of $1,000,000. The guaranteed issue amount of coverage for your initial enrollment is $300,000. You will be required to submit Evidence of Insurability (EOI) if enrolling after you were first eligible or if increasing your election amount.

**Supplemental AD&D Insurance for You**

Benefit eligible employees can purchase Supplemental AD&D coverage for yourself in increments of 1, 2, 3, 4, 5, or 6 times your annual salary up to a maximum amount of $1,000,000.

**Supplemental Life for Your Spouse**

If you purchase Supplemental Life Insurance for yourself, you may purchase Spousal Life Insurance in increments of $25,000 to a maximum of $100,000. The amount you elect for your spouse may be up to half of the amount you elect for yourself. The guaranteed issue amount of coverage for your initial enrollment is $50,000.

EOI is required for any amount elected over $50,000 after the initial election.

**EXAMPLE:** An employee’s annual salary is $50,000 and the employee elects Supplemental Life Insurance for themselves at 3 times their salary, which is $150,000. The employee can elect to cover their spouse for half of that amount, which is $75,000 but EOI is required and must be approved before coverage becomes effective.

**Supplemental Life for Your Child(ren)**

If you purchase Supplemental Life Insurance for yourself, you may purchase life insurance for your children of $5,000 or $10,000. This benefit covers all of your children up to age 26, regardless of full-time student status, at one rate.

# Supplemental Disability

If you had a disabling injury or illness, how much of your income would be at risk? Supplemental Disability Insurance can provide an additional monthly benefit if you experience a covered disability, so you can focus on your recovery — not your finances. The premium is 100% employee paid with post-tax dollars but, under current tax laws, benefits are tax free.

# Accident Insurance

Accidents happen and they can affect more than just your physical health. With Accident Insurance, you get a benefit to help pay for costs associated with a covered accident or injury. You may utilize the payments as you best see fit.

**Accident Insurance covers:**

* Initial & emergency care
* Hospitalization
* Fractures & Dislocation
* Follow-up care

# Critical Illness

We know that everyone has different needs when coping with a critical illness. With Critical Illness insurance, you get a benefit paid directly to the covered person, unless otherwise assigned, if they are diagnosed with a covered critical illness, such as:

* Cancer
* Heart attack
* Stroke

This plan can help ease some of your financial worries so you can stay focused on your health. You choose how to spend or save your benefit. It can be used for expenses, such as:

* Paying for child care or help around the house
* Travel costs to see a specialist
* Medical treatment and doctor visits
* Copays and deductibles
* Prescription drug costs

# Hospital Indemnity

A hospital stay can happen at any time, and it can be costly. Hospital Indemnity insurance helps you and your loved ones have additional financial protection.

With hospital indemnity insurance, a benefit is paid directly to the covered person, unless otherwise assigned, after a covered hospitalization resulting from a covered injury or illness.

**It can be used for expenses, such as:**

* Copays
* Deductibles
* Coinsurance
* Unexpected costs
* Child care
* Follow-up services
* Help for the home

# Long-Term Care Insurance

Employees and eligible family members may be covered to help with the ever-increasing expense of nursing homes and home care. According to the 2019 Genworth Cost of Care Survey of Nursing Home & Assisted Living Costs, the average daily cost for a New Jersey Nursing Home semi-private room is $350 ($127,750+ per year).

Long-Term Care Benefit Highlights:

* Eligible family members include spouse, parents, parents-in-law, grandparents and grandparents-in-law.
* Nursing Home and Home Care benefits.
* Premiums do not increase as insured gets older.
* Plan is fully portable.

# Auto & Home Insurance

As an employee of {Company}, you are eligible for exclusive Auto & Home Insurance through {carrier} to help provide greater security and protection for what is valuable to you. Some of the advantages of Auto & Home Insurance include:

* Accident forgiveness
* Better Car Replacement
* Roadside Assistance
* 24–Hour Emergency Repair
* Contractor Network Referral Program
* Personal Property Replacement Services

# Legal and ID Theft Plans (Countrywide)

The Personal Legal Protector Plan provides you and your family with affordable access to a number of valuable legal services from network attorneys. Whether you are closing on a house, filing for divorce, facing a traffic violation, need a will, or filing a consumer complaint, receiving legal advice is important. Participating members will receive a 25% discount on attorney hourly rates and a 10% discount on contingency fee matters.

**The Platinum/Protect Max ID Theft Plan** provides identity theft insurance as well as credit monitoring, credit scores and credit reports. In addition to coverage for the employee, you can choose to cover your spouse, dependents, parents, and in-laws. Enhancements to this plan include: quarterly bureau credit reports/scores from 3 bureaus, increase to ID Theft insurance from $25,000 to $1,000,000, Opt Out Option (Junk Mail/Do Not Call List), Checking Account Report (to show history of consumers checking account transactions), Credit Score Tracker and Information & Resource Center.

# Pet Insurance (General Description)

Many American households have at least one pet. In any given year, one in three of these beloved family members will need costly veterinary care, even if it is for routine exam visits and vaccinations. Should a pet become severely ill and need emergency care, costs can sometimes be more than pet owners can bear. With {Carrier/plan name} pet insurance, owners can focus on their pet’s wellbeing without worrying about the cost for care.

{Insert Pet Insurance coverage details}

# Pet Insurance (Nationwide)

Nationwide Pet Insurance, a pioneer in the pet insurance industry, introduced pet insurance in 1982. With all Nationwide plans, you pay your veterinarian at the time of treatment, and then send Nationwide the invoice(s). They will send you a reimbursement check less any applicable deductible for eligible conditions and services.

A Nationwide Pet Insurance policy provides you with the following coverage and key features:

* Use any veterinarian, emergency clinic or specialist
* Accidents and illnesses, including hospitalizations and surgeries
* Chronic and ongoing diseases such as allergies and cancer
* Dental surgeries and diseases
* Prescription medications
* Wellness coverage

Visit www.PetsNationwide.com and then enter {CODE}. You will be directed to {Company} dedicated page. Or call 877-738-7874 and mention that you are an employee of {Company}.

# Pet Insurance (Pet Assure)

Pet Assure’s Veterinary Discount program is affordable, provides immediate savings and is all-around simple. Pet Assure plans have no waiting periods, deductibles, copays, age limits or exclusions (on any in-house medical service). Using a network of veterinarians, take your Pet Assure ID card to any network veterinarian and you will receive a 25% discount on all in-house medical services at every appointment. In addition Pet Assure offers 24/7 Ask-a-Vet helpline.

All in-house medical services and procedures include:

* Dental Cleaning, Exams and X-rays
* Spays & Neuters
* Routine Care & Vaccines
* Diabetes Management
* Cancer Care
* Hospitalization
* Wellness Visits
* Surgical Procedures
* Allergy Treatments
* Sick Visits
* Emergency Care
* Tumor Removal
* Ultrasound
* Parasite Screenings
* Prescription Savings & Mores

# Pet Insurance (Pet Benefit Solutions)

{Company} is pleased to offer three products from Pet Benefit Solutions:

**Pet Assure Veterinary Discount Plan** - offers the following benefits for $4.15 per pay:

* 25% off ALL in-house medical services at a participating veterinarian, no exclusions.
* Lost pet recovery service

Services include wellness exams, emergency care, sick visits, vaccinations, dental cleanings, spay & neuter, surgical procedures, ultrasounds, and more! For a list of participating veterinarians visit {website} click on Pet Assure logo and then click on “Find a Vet”. Type in the Vet’s address or zip.

**PetPlus Prescription Discount Plan** - for $3.46 per pay get access to a prescription discount plan for all your dogs and cats and $1.73 per pay for one dog or one cat, which includes wholesale pricing on brand name pet products, including prescriptions, flea and tick products and more! Also, get access to a 24/7 Pet Help Line powered by whiskerDocs. Visit {website}, click on PETplus logo and then click on “Sample Savings” to get an idea of the discounts available.

**Pets Best Pet Health Insurance Plan** - offers up to 90% reimbursement on accidents and illnesses. You can also choose to add on routine care coverage. With this plan, enjoy low deductibles, no annual limit, online or app claim submission and more! Visit {website}, click on Pets Best logo and then click on “Get a Quote” to generate your pet’s custom quote! This program will be direct billed by Pet Benefit Solutions to you.

Additional Benefit Offerings & Programs

# Telemedicine

{Telemed Provider} is a national network of U.S. board-certified doctors available 24/7/365 to diagnose, treat and prescribe medication when necessary for many common medical issues. {Telemed Provider} uses digital devices such as computers and smartphones, and in most cases, video conferencing. Using Telemedicine is a convenient option when it’s not possible to visit your doctor’s office for non-emergency medical conditions such as:

* Allergies
* Asthma
* Acne
* Pink eye
* Ear infections
* Sinus issues
* Respiratory infections
* Urinary tract infections
* Cold and flu symptoms

Why wait for the care you need? Contact {Telemed Provider} and feel better now! Visit {website} or call {XXX.XXX.XXXX}.

# Telemedicine Dermatology

**Add section for Dermatology if applicable:**

[Telemedicine provider] gives you fast access to a network of leading, board-certified dermatologists who can diagnose and treat various skin, hair, and nail conditions online. Doctors can review imagery and prescribe approved medications.

# Telemedicine Telepsychiatry

**Add section for Telepsychiatry if applicable:**

Members have access to high-quality virtual care for a wide variety of behavioral issues, without the obstacles of conventional in-office options. Members can speak with board-certified psychiatrists, licensed psychologists/therapists from wherever they feel most comfortable.

[Telemedicine provider] allows plan members to access a counselor or psychiatrist from the comfort of their own home. While in person behavioral health appointments can take weeks to set up, [Telemedicine provider] behavioral health appointments can be made several days in advance with occasional availability the next day.

# Array AtHome Care (for Cigna and Aetna members)

Get the behavioral health support you need from the comfort of your home

Array makes it easy to access psychiatry and therapy clinicians through convenient, online video calls. Need to talk? Array can help.

Array services include:

* Psychiatric Assessments - Use if you have a difficult or lengthy history of mental illness, need a diagnosis or are referred by your primary doctor or therapist.
* Medication Management - Use if your psychiatry clinician includes medication as a part of your treatment plan; these are check-ins to find the right medication dose.
* Talk Therapy - Use if you are experiencing stress, worry, sadness, relationship issues, an inability to focus or other potentially long-term problems.

To get started, visit arraybc.com or contact the Array Care Navigation Team at 1.800.442.8938.

# Aetna Concierge: Your Personal Assistant for Healthcare

**To speak with a Concierge call** 833-770-1097

An Aetna Concierge representative can help you locate an in-network doctor, confirm if a service is covered, provide a cost estimate for a procedure, and much more! This service is available from Monday through Friday from 8am-6pm. If you call after regular Concierge hours, your call will be handled by Non-Concierge Member Services Representatives who will be able to assist with general claims/benefits questions.

# Employee Assistance Program (EAP)

***There are times when you cannot go it alone. With {insert program name}, you don’t have to.***

**SAMPLE INTRO WORDING #1:**

Sometimes we experience difficulties that cannot be resolved without the assistance of a trained professional. Unresolved issues with substance abuse, stress, anxiety, home life, and work life can affect or undermine our quality of living.

**SAMPLE INTRO WORDING #2:**

Life can be unpredictable, and it’s not always easy. So it’s a big deal to know there’s help available when you need it. That’s what the Employee Assistance Program (EAP), provided by [vendor name], is all about.

With an EAP, you and your family household members have access to free, confidential resources to help handle life’s everyday - and not so every day - challenges.

**HOW THE EAP WORKS**

The {insert program name} provides eligible employees and their families assistance with behavioral healthcare services that can help begin the process of resolving emotional or substance abuse issues. You and the members of your household are entitled to seven (7) face-to-face or telephonic meetings per year. The encounter with the counselor through the EAP is completely confidential.

{Insert program name} can help you through uncertain times, by acting as your advocate whenever you or your dependents need treatment of the following:

* Emotional Difficulties/Depression
* Family/Relationship Problems
* Stress/Anxiety Issues
* Grief and Loss Issues
* Alcohol/Drug Abuse or Addiction
* Anger/Rage Issues
* Eating Disorders
* Life Transition Problems
* Gambling Problems
* Other Behavioral Addictions

For personal and confidential assistance, contact {insert program name} at XXX.XXX.XXXX. Regular business hours are from 9:00 am to 5:00 pm. After hours, the 24 Hour Emergency Hotline at XXX.XXX.XXXX.

# Consumerism/RBP/Transparency Tools

Consumer health plans are not designed to require a patient to shop around during an emergency. Rather, they empower patients to know their marketplace beforehand, so that in the case of an emergency the patient knows where they feel most comfortable receiving care.

The freedom created within the consumer driven model means that during an emergency a patient can act on personal choice or go to the medical facility that makes the most geographic sense, rather than being forced to seek treatment within a specified network as with many traditional insurance plans. The consumer driven model is all about educating the patient. An educated patient who better understands health care and health costs is empowered to make their own decisions that ultimately have a positive effect on both the system and the patient. Reports from insurance companies’ first-year HSA offerings prove that these models do work and are successful in driving down health care costs.

Both a traditional plan and a consumer driven health plan (CDHP) require some out-of-pocket expenses, but a high deductible health plan (HDHP) with an HSA has proven about 43 percent savings each year compared to a traditional plan based on premiums alone. That leaves substantial pre-tax dollars that have the potential to be put away for a health situation in the future.

# Reference Based Pricing (RBP)

Keeping health care expenses to a minimum requires cooperation from everyone. Those who constantly utilize expensive medical services can sometimes raise costs for the whole group. With this in mind, not only is it cost-effective for you to choose a less expensive procedure, but that decision can also help lower everyone’s overall costs.

To help encourage this cost-conscious attitude, some employers implement a method called reference-based pricing (RBP).

**How it Works**

RBP works by setting spending limits on certain medical procedures or services—meaning you would only be covered up to the established limit for these services and would have to pay the cost difference out of pocket. However, limits are only set on “shoppable” services. These are services where you can take time to make a decision based on price and quality, like for prescriptions, lab tests or joint replacements. In all of these examples, there are lower-cost options that are typically the same quality as the more expensive alternatives.

RBP is most commonly applied to procedures with fluctuating costs. For instance, colonoscopies may range from $400 to $6,000, depending on the physician. In this case, an organization using RBP might set the spending limit to the median price of the procedure, based on market findings.

**RBP enables you to choose the best option for your health and budget, while illuminating potentially unnecessary costs.**

If you use a health facility that charges above the spending limit for a specific procedure, you will need to cover the difference out of pocket. The RBP method helps encourage participants to shop for the most affordable procedure, instead of simply choosing the most expensive option without comparing alternatives. This method saves you money, while lowering overall costs for the group.

**Personal Value**

Having established limits on specific services means you must consider cost, in addition to quality, when choosing where to have a procedure. This requires research on your part, but, more importantly, this encourages active participation in your health care. RBP enables you to choose the best option for your health and budget, while illuminating potentially unnecessary costs.

# Reference Based Pricing (RBP) FAQs

**What is RBP?**

Your health plan now uses reference-based pricing to pay providers a fair and reasonable amount for eligible healthcare claims based on the average cost paid by Medicare and an additional percentage determined by your employer. With this change, you’ll no longer be limited by a PPO network. You are free to seek care from any provider of your choosing.

**What will this cost me?**
You are still responsible for copayments, coinsurance, and deductibles.

**What if I receive bills or collection notices for unpaid charges?**
In the unlikely event this occurs, contact the {Carrier/Vendor} at {phone number}.

**What if I’m uncertain if my provider visit will be charged as a “facility” claim?**When in doubt, we suggest visiting a provider that participates in the {carrier} network. If your visit is coded as a “professional” claim, this will ensure your benefits are paid at the in-network level.

# OMNIA Networks (Horizon BCBSNJ)

OMNIA Health Plans give enrolled members the option to use any hospital participating in their Horizon Hospital Network. All network hospitals and all physicians, other health care professionals and ancillary providers that participate in the broad Horizon Managed Care Networks will incur lower cost sharing when they use OMNIA Tier 1-designated physicians, hospitals, ancillary providers and other health care professionals.

# IBC High Performance Networks

A High Performance Network, as defined by Independence Blue Cross, includes providers who consistently deliver both higher quality and lower cost health care. Quality care is patient-centered and involves evidence-based practices. A High Performance Network also ensures transparency in the standards used to assess and compare care.

# Always Consider Your In-Network Options First

You will typically pay less for covered services when providers, facilities and labs are in-network with your medical plan. In-network providers agree to discounted fees. You are responsible only for any copay or deductible that is included in your plan design. The amount you are required to pay out-of-pocket for out-of-network services may be significant.

Balance billing occurs when providers bill a patient for the difference between the amount they charge and the amount that the patient’s insurance pays. The amount that insurers pay providers is almost always less than the providers’ “retail price.” Some providers will bill the patient for the difference, or balance; this is called balance billing.

# In-Patient vs. Observation: Knowing the Difference Is Important

The difference between inpatient and observation status is important because benefits and provider payments are based on this status. Patients admitted under observation status are considered outpatients, even though they may stay in the hospital and receive treatment in a hospital bed.

Hospital admission status may affect coverage for services such as skilled nursing. Some health plans, including Medicare, require a three-day hospital inpatient stay minimum before covering the cost of rehabilitative care in a skilled nursing care center. However, observation stays regardless of length, do not count towards the requirement.

A new law requires hospitals to give Medicare patients notice of an observation status within 36 hours. This status determines how the hospital bills your health plan. Even if you are NOT under Medicare, when you or your family member arrives at the hospital, you can ask questions like:

* Is the patient’s status inpatient or observation?
* How long will the hospital stay be?
* Will there be a need for specialized skilled or rehab care after discharged?

Asking these questions throughout the hospital stay is important because hospitals can change the status from one day to the next. You can ask to have the status changed, but it is important to do so while still in the hospital. If necessary, you can request the hospital’s patient advocate for assistance.

# Urgent Care vs. ER

Urgent Care centers can be the perfect option for those that need medical attention for conditions that are not life threatening. You may opt out of an ER visit and instead visit Urgent Cares for the following:

* Minor fractures
* Back pain
* Minor headaches
* Nausea, vomiting, diarrhea
* Blood work
* Ear or sinus pain
* Cough or sore throat
* Lab services
* Animal bites
* Stitches
* Sprains and strains
* Mild asthma
* Allergies
* Minor allergic reactions
* Cold or flu symptoms

Emergency rooms will treat these problems also, but typically minor conditions such as these are not prioritized and those suffering from them can experience lengthy wait times. 90 percent of urgent care patients wait 30 minutes or less to see a provider, and 84 percent are in and out within an hour. Urgent care centers are typically more affordable than an ER visit, and there are convenient locations situated in places like shopping centers and commercial plazas.

Urgent Care is in-network with most major insurance providers, Medicare, Medicaid, worker’s compensation and motor vehicle insurance.

# Urgent Care (Alternate)

Avoid long waits at the Emergency Room and reduce your out-of-pocket costs by utilizing Telemedicine and Urgent Care Centers for ailments that are not life-threatening. Both of these options provide fast, effective care—when you need care fast.

**KNOW WHERE TO GET CARE**

Visits to the ER can be very costly, so before you go to the ER, consider whether your condition is truly an emergency or if you can receive care from Telemedicine or at an Urgent Care Center instead.

|  |  |  |
| --- | --- | --- |
| **Telemedicine** | **Urgent Care Center** | **Emergency Room** |
| * Cold/Flu
* Allergies
* Animal/insect bite
* Bronchitis
* Skin problems
* Respiratory infection
* Sinus problems
* Strep throat
* Pink eye/Eye irritation
* Urinary issues
 | * Allergic reactions
* Bone x-rays, sprains or strains
* Nausea, vomiting, diarrhea
* Fractures
* Whiplash
* Sports injuries
* Cuts and minor lacerations
* Infections
* Tetanus vaccinations
* Minor burns and rashes
 | * Heart attack
* Stroke symptoms
* Chest pain, numbness in limbs or face, difficulty speaking, shortness of breath
* Coughing up blood
* High fever with stiff neck, confusion or difficulty breathing
* Sudden loss of consciousness
* Excessive blood loss
 |

# CVS Minute Clinics

CVS Minute Clinics offer a broad range of services to keep you and your family healthy. In addition to diagnosing and treating illnesses, injuries and skin conditions, they provide wellness services including vaccinations, physicals, screenings and monitoring for chronic conditions.

**About CSV Minute Clinics**

* Located in select CVS pharmacies and Target stores nationwide
* No appointment necessary
* Visits usually last less than 30 minutes
* A record of your visit can be sent to your family doctor
* Open seven days a week with convenient evening hours

**CVS Minute Clinic practitioners can:**

* Treat common illnesses, like strep throat, ear ache, pink eye and sinus infection
* Treat minor injuries and skin conditions
* Provide vaccinations such as flu, pneumonia and hepatitis A/B
* Write prescriptions when appropriate
* Treat patients 18 months and older

For more information or to find your nearest location, visit **www.minuteclinic.com**. Or, call the MinuteClinic call center at 1-866-389-ASAP (2727) for clinic locations and current wait times

# CVS HealthHUB

CVS HealthHUB offers an expanded range of health services and wellness products for everyday care and chronic conditions.

**Health Hubs offer the following services:**

* Nutritional Counseling
* Durable Medical Equipment
* A Health Concierge
* Enhanced Minute Clinic service offerings
* Enhanced Pharmacist counseling services
* Community programs and meeting spaces

To learn more or to find a HealthHUB location, visit **CVS.com/HealthHUB**.

# HealthJoy

Using benefits can be complicated. HealthJoy makes it simple and is here to help your family anytime, anywhere. HealthJoy is the company’s benefits experience platform. Through personalized guidance and AI technology, HealthJoy empowers YOU to understand and use your benefits.

HealthJoy is the first stop for all of your healthcare and employee benefits needs. This service is provided for free and is personalized for you. You’ll have instant access to an up-to-date benefits wallet with all of your benefit ID cards.

**How Can HealthJoy Help You?**

* You can send benefits questions to HealthJoy’s healthcare LIVE concierge team.
* Use HealthJoy’s provider search to choose in-network providers and find the best value and quality care based on your benefits.
* Have an expert review or negotiate your medical bills.
* Spouses and dependents (age 18 and over) can use HealthJoy to access online medical consultations and support.

**HealthJoy Includes:**

* Digital benefits wallet with all of your benefit ID cards.
* Employee Assistance Program (EAP)
* Online Doctor Consultations
* Healthcare Concierge
* Prescription Drug Savings Review
* Medical Bill Review
* Appointment Booking
* Provider Recommendations
* HSA/FSA Support

Download the HealthJoy app from the App Store or Google Play or call HealthJoy at 877.500.3212.

Population Health, Wellness
and Disease Management Programs

# General Wellness Program Announcements

**Sample intro wording #1:**

[Company name] truly cares about the well-being of our employees, which is why we are working to promote programs to encourage, educate, and support employees in making healthy lifestyle choices on a daily basis.

**Sample intro wording #2:**

At [company name], we value each of our employees and believe that your health is one of our top priorities. We also recognize that your health and well-being is important to the health of our business. Because of this, we are excited to launch the employee wellness program, [enter name of program].

The [enter wellness program name] program is here to help you achieve better health and give you the tools necessary for a successful wellness journey. Living a healthier life can be rewarding and we hope you will follow this path with us.

Join us in building a Culture of Well-being within [company name] as we strive for a healthier future. I look forward to our shared success as individuals and as an organization.

Signed by C-Suite Executive or Head of Company

# Coaching

Living a healthy lifestyle takes practice. People often need guidance to determine their strengths and to stay on track with ongoing personal goals. [Company name] is offering added support through the [vendor name] coaching program.

Your personal Wellness Coach will be ready to help you develop personalized health improvement plans that are important to you on topics like:

* Nutrition & Diet
* Tobacco Cessation
* Weight Loss
* Pain/Symptom Management
* Fitness & Exercise
* Stress Management
* Blood Pressure
* Body Composition
* Hydration
* (add/delete topics as needed)

# Financial Wellness Programs

Easing your financial worries has many positive outcomes on your wellbeing. Studies suggest that financial worries can affect your health.

Financial wellness reminds you to save often because you never know what unexpected events may be around the corner. By planning ahead and taking the necessary steps today, you’ll be better equipped to handle surprise expenses and prepare yourself for retirement.

For more information, contact [company name].

# Diabetes Management

Managing a health condition can be tough – but it doesn’t have to be. The [vendor name] program provides you with all the tools, supplies and support you need to stay on track. [Vendor name’s] fully integrated diabetes program can help you improve your numbers and as a result, your health and wellbeing.

# Livongo (general overview – all services)

**An Easy Way to Fit Health into Your Life**

Livongo is a holistic program that empowers people with health challenges to live better and do more. The best part? It’s all paid for by your employer or health plan so it’s 100% at no cost to you. Livongo’s programs give you access to monitoring, personalized insights, expert support, and more — all working together to help you improve and simplify your health.

**Diabetes Management** - Make diabetes management easier.

* Connected meter and real-time insights
* Unlimited strips shipped right to you
* 24/7 support from expert coaches

**High Blood Pressure -** Simplify managing your blood pressure.

* Connected blood pressure monitor
* Personalized insights after each check
* One-on-one support from expert coaches

**Weight Management** - Take the guesswork out of weight loss.

* Connected smart scale
* Unlimited one-on-one coaching
* Mini guided challenges & more

**Healthy Living & Diabetes Prevention** - Lower your risk of developing type 2 diabetes.

* Connected smart scale
* Unlimited one-on-one coaching
* Community support & more

**Behavioral Health** - Get support for life's challenges.

* Customized program
* Proven tools & helpful resources
* Dedicated support

# Livongo – Diabetes Management Program

When you join Livongo you receive health monitoring devices, unlimited strips and lancets, personalized insights, support from health coaches you can trust, and more.

**More Than a Standard Meter:**

The Livongo meter is connected and provides real-time tips and automatically uploads a member’s blood glucose readings, making log books a thing of the past.

**Strips at No Cost to Members:**

Members get the strips and lancets they need at no extra cost. When members are about to run out, Livongo ships more strips and lancets, right to their door.

**Coaching Anytime and Anywhere:**

Livongo coaches are Certified Diabetes Educators who are available anytime by phone, text, or mobile app to give members guidance on their nutrition and lifestyle.

# Livongo – Hypertension Management Program

Livongo helps you manage your blood pressure, at no cost to you. The Livongo hypertension program includes a cellular-connected blood pressure monitor that transmits data, as well as Health Nudges for managing blood pressure.

# Hinge Health

***Conquer back or joint pain without drugs or surgery***

You and your eligible family members get free access to Hinge Health’s programs for back, knee, hip, shoulder, or neck pain, which include:

* A free tablet computer and wearable sensors
* Unlimited 1-on-1 health coaching
* Personalized exercise therapy



To learn more call 855-902-2777, or apply at [www.HingeHealth.com/company](http://www.HingeHealth.com/company).

# 98point6

***Care From Anywhere – 24/7***

98point6 provides on demand, text-based care from the convenience of an app. Their board certified physicians cover the full spectrum of primary care– from medical questions, to diagnosis and treatment, to prescriptions and labs. Whether you have a health question while cooking dinner or your child is spiking a fever at 2 am, 98point6 can help.

With no appointments, no travel and no waiting rooms, 98point6 can address a wide variety of conditions including:

* Itchy or sore throat
* Rashes
* Seasonal allergies
* Muscle sprains and strains
* Stomach flu/ gastroenteritis
* Urinary Tract Infections (UTIs)

**Eligibility:**

Employees and dependents age 18 and older who are enrolled in a {Company} medical plan are eligible for this benefit.

Download the mobile app and set up your account today through the App Store, Google Play or by going to www.98point6.com/company.



Non-Tobacco User / Tobacco Surcharge /
Tobacco Cessation

# Tobacco Surcharge

**Non-Tobacco User Credits sample #1:**

Effective [date], medical contributions will contain a Tobacco User surcharge. All employees enrolled in a [company name] medical/prescription drug plan will see a rate for “Tobacco Users” as well as “Non-Tobacco Users”. If you certify that you are a Tobacco User, your health insurance premiums will be $\_\_\_ per month higher than a Non-Tobacco User.

* If you are a tobacco user and enrolled in one of the medical/prescription drug plans and attest that you will complete an eligible Tobacco Cessation program by [date], you will qualify for a $\_\_\_ credit per month. See Human Resources for more details and how to enroll.
* Those tobacco users who indicate they will complete a qualified Tobacco Cessation program by [date] and do not, will lose their $\_\_\_ credit per month, retroactive to the start of our plan year [date].

What is a “Non-Tobacco User”?

A non-smoker/non-vaper/non-tobacco user is defined as an individual who has not smoked a cigarette, e-cigarette, cigar, e-cigar, pipe, e-pipe, e-hookah, or used tobacco/chew products or electronic smoking devices of any kind in any form in the last 180 days.

**Non-Tobacco User Credits Sample #2:**

All employees and their covered spouses/partners enrolled in a [company name] medical/prescription drug plan are eligible to earn non-tobacco user credits. If you and your enrolled spouse/partner certify that you are both non-tobacco users, you will pay less for your medical and prescription drug coverage.

* We offer a $\_\_\_ credit per pay period for employees who are certified, non-tobacco users and enrolled for coverage under one of the [company name] medical/prescription drug plans.
* An additional $\_\_\_ non-tobacco user credit applies to spouses/partners who are certified non-tobacco users and enrolled in medical/prescription drug coverage.

**What is a “Non-Tobacco User”?**

A non-smoker/non-vaper/non-tobacco user is defined as an individual who has not smoked a cigarette, e-cigarette, cigar, e-cigar, pipe, e-pipe, e-hookah, or used tobacco/chew products or electronic smoking devices of any kind in any form in the last 180 days.

# Tobacco Cessation Program

**Sample #1:**

If you and/or your spouse/partner are enrolled in one of the [company name] medical/prescription drug plans and complete the [vendor name] Tobacco Cessation Program before [date], you are then eligible to receive the non-tobacco user credit.

The company [pays for/reimburses] the cost of the Tobacco Cessation Program for all benefits-eligible employees and covered spouses/partners interested in quitting.

PLEASE NOTE: To be eligible for the Tobacco Cessation Program, dependents must be enrolled in the [company name] medical plan and over the age of 18.

**\*could include wording from general Freedom From Smoking flyer since it’s a common program clients offer**

**Sample #2:**

If you and your spouse (if applicable) both sign the Non-tobacco certification form before [date], you will be eligible to earn an additional [Amount] per month premium reduction beginning [date]. Employee only will earn an additional [Amount] per month.

COMPLETE A NON-TOBACCO USER CERTIFICATION DURING OPEN ENROLLMENT or complete a tobacco cessation program through American Lung Association’s Freedom from Smoking Plus program by [date].

Visit **www.freedomfromsmoking.org** and click Join Now. The cost of the program is $99.95. Upon completion of the program, submit your completion certificate to HR and you will be reimbursed the full cost of the program and receive the premium reduction retroactive to the beginning of the program.

# Disease Management/Chronic Care Programs

**Importance of managing chronic disease**

{Insert program name} drills down to the root cause of soaring healthcare costs: unhealthy lifestyles and behaviors. Identifying these behaviors and detecting health conditions with the potential for high-dollar costs are important steps in helping you gain control over long-term healthcare spending. {Insert program name} targets members at all risk levels to give you and your family the resources needed to properly manage your condition.

**Disease management: the process**

The disease management program promotes better self-management to identified members, so you can achieve clinical improvements based on evidence-based care guidelines.

CSB Value-Added Services

# BenefitPerks Rewards Program

With CSB Benefit Perks, members gain access to premium discounts on valuable services and items.

CSB Benefit Perks is a discount and rewards program provided by Conner Strong & Buckelew (CSB) that is available to all employees at no additional cost. The program allows employees to receive discounts and cash back for hand-selected shopping online at major retailers.

Use the Benefit Perks website to browse through categories such as: Automotive, Beauty, Computer & Electronics, Gifts & Flowers, Health & Wellness and much more! Employees can also print coupons to present at local retailers and merchants for in-person savings, including movie theatres and other services.

Start saving today by registering online at **connerstrong.corestream.com.**

# Benefits Member Advocacy Center (MAC)

Don’t get lost in a sea of benefits confusion! With just one call or click, the Benefits MAC can help guide the way!

The Benefits Member Advocacy Center (“Benefits MAC’), provided by Conner Strong & Buckelew, can help you and your covered family members navigate your benefits.

**Contact the Benefits MAC to:**

* Find answers to your benefits questions
* Search for participating network providers
* Clarify information received from a provide or your insurance company, such as a bill, claim, or explanation of benefits (EOB)
* Guide you through the enrollment process or how you can add or delete coverage for a dependent
* Rescue you from a benefits problem you’ve been working on
* Discover all that your benefits have to offer!

**You can contact Benefits MAC in any of the following ways:**

* Via phone: 800.563.9929, Monday through Friday, 8:30 am to 5:00 pm
* Via the web: www.connerstrong.com/memberadvocacy
* Via e-mail: cssteam@connerstrong.com
* Via fax: 856.685.2253

Member Advocates are available Monday through Friday, 8:30 am to 5:00 pm (Eastern Time). After hours, you will be able to leave a message with a live representative and receive a response by phone or email during business hours within 24 to 48 hours of your inquiry.

# Guardian Nurses

Guardian Nurses is a team of Registered Nurses who have one goal: To make the healthcare system work for patients and families.

What does Guardian Nurses do?When you turn to Guardian Nurses, you get answers to your questions and a nurse advocate to help you navigate the healthcare system so that it works for you. A registered nurse gets to know you, your situation and your needs. Your nurse gathers the best available information and explains it in plain language so that you can make the best possible decisions for yourself or a loved one. Then your nurse becomes your personal guide and champion, advocating for you with doctors, hospitals, insurance companies, nursing homes, equipment suppliers, community services — anyone and everyone involved in your care. Your nurse will even go with you to your doctors' appointments and assist with various other healthcare needs.

Your Guardian Nurse:

* Provides guidance and advocacy during hospitalizations
* Researches treatment options so you have reliable information
* Explains everything so you can make the best possible decisions
* Makes appointments and participates if needed
* Gets supplies or healthcare equipment
* Coaches to help manage chronic health conditions
* Facilitates care and treatment
* Expedites specialists’ appointments
* Assists with discharge planning

To contact Guardian Nurses, call 215.836.0260, press 3 or email NewReferral@guardiannurses.com

# Guardian Nurses/Mobile Care Coordinator

Guardian Nurses offers health care support when you need it most.

Your Guardian Nurse will:

* Visit you in the hospital or at home to assess your care needs
* Be your guide, coach and advocate for complex healthcare issues
* Make appointments so you can be seen as quickly as possible
* Go with you to see doctors, to ask questions and to get answers
* Identify providers for all care needs and second opinions
* Provide decision support when you are thinking about treatments or surgery
* Explain a new diagnosis to help you make informed decisions

 To request help from our Mobile Care Coordinator or the team at Guardian Nurses, call 609-472-1412.

# BenePortal

Your Benefits Information - All in One Place!

At {Company}, employees have access to a full-range of valuable employee benefit programs. With BenePortal, you and your dependents can review your current employee benefit plan options online, 24/7!

Use BenePortal to access benefit plan documents, insurance carrier contacts, forms, guides, links and other applicable benefit materials. BenePortal is mobile-optimized, making it easy to view your benefits on-the-go. Simply bookmark the site in your phone’s browser or save it to your home screen for quick access.

BenePortal features include:

* Secure online access - with NO login required!
* Direct links to benefits enrollment sites
* Plan summaries
* Wellness resources
* Carrier contacts
* Downloadable forms
* GoodRx
* Benefit Perks Discount Program
* And more!

Simply go to www.samplebenefitsportal.com to access your benefits information today!

# HUSK Marketplace

Achieving optimal health and wellness doesn’t have to be complicated or expensive. Access exclusive best-in-class pricing with some of the biggest brands in fitness, nutrition, and wellness with HUSK Marketplace.

Gyms & Fitness CentersHUSK Marketplace members can access exclusive savings and flexible membership options to a variety of facilities. From national chains to specialty studios, HUSK and something for every workout.

HUSK NutritionHUSK Nutrition provides evidence-based virtual health and nutrition programs. You will meet with a Registered Dietician who will implement a complete 1-on-1 nutrition program specifically designed to answer your nutrition related questions, meet your health goals, individual needs, and busy lifestyle.

Home Equipment & TechWhatever your fitness level is, HUSK has exclusive equipment and wearable technology to help support you on your wellness journey. Whether you want to monitor an everyday activity or start a new fitness routine, find the best products and deals here.

On-Demand FitnessTake advantage of all the benefits of group exercise classes in the comfort of your own home. HUSK’s streaming membership options will take your wellness and workouts to the next level.

Mental HealthWe all need help sometimes. We all go through difficulties and struggles. HUSK Mental Health connects you with licensed therapists through technology. Our therapists empower you through guidance and support using evidence-based practices.

Visit **https://marketplace.huskwellness.com/connerstrong**

# HealthyLearn

An apple a day isn’t enough…
HealthyLearn covers over a thousand health and wellness topics in a simple, straightforward manner. The data and information is laid out in an easy-to-follow format. HealthyLearn includes the following interactive features and services:

* Ask the Coach
* Rotating Health Tip-of-the-Day
* Symptom Checker
* A to Z Encyclopedia
* Health News
* Medical Self-Care Guides for Adults, Children, Adolescents and Seniors
* Women and Men Guides
* Pain Management Guide
* Mental Health Guide
* Home Safety Guide
* Wellness and Disease Management
* Tobacco Cessation
* Stress Management
* Nutrition and Weight Loss
* Health Trackers
* Monthly Wellness Newsletter
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