

2017
ENROLLMENT GUIDE





MEDICAL PLAN

		2	
CARRIER		ealthcare	
PLAN TYPE	Flex Free AKD2 Rx-NO		
Strong Mt. Will	NETWORK	NON-NETWORK	
DEDUCTIBLE	\$5,000 Ind / \$10,000 Fam	\$10,000 Ind / \$20,000 Fam	
TYPE	Embedded	Embedded	
CO-INSURANCE	100%	50/50%	
OUT-OF-POCKET WITH DEDUCTIBLE & CO-PAYS	\$6,850 Ind / \$13,700 Fam	\$20,000 Ind / \$40,000 Fam	
PHYSICIAN	新疆域域的		
OFFICE VISITS	Covered in Full	Ded. & Co-Ins.	
	(After 3rd visit Ded. Apply)	1	
PREVENTIVE CARE	Covered in Full	Ded. & Co-Ins.	
FACILITY			
PROFESSIONAL SERVICES	100% after Ded.	Ded. & Co-Ins.	
SERVICES			
INPATIENT HOSPITAL	\$050.0 D # D !	\$250 Co-Pay,	
IN ATIENT HOSFITAL	\$250 Co-Pay after Ded.	then Ded. & Co-Ins.	
		#252.Q D	
OUTPATIENT FACILITY	\$250 Co-Pay after Ded.	\$250 Co-Pay, then Ded. & Co-Ins.	
	a	then bed. a co-ms.	
EMERGENCY ROOM	10/7	Covered as Network Benefit	
URGENT CARE	Covered in Full	Ded. & Co-Ins.	
PRESCRIPTION DRUGS	(After 2nd visit Ded. Apply)		
THEOREM HOW BROOK		Tier 1: \$10	
RETAIL	Tier 1: \$10	Tier 2: \$35 Tier 3: \$60	
	Tier 2: \$35	(Specialty: \$10/\$100/\$300)	
		then the difference between	
	(Specialty: \$10/\$100/\$300)	the	
	· ·	network and non-network	
	Tier 1: \$25	charges ·	
	Tier 2: \$87.50		
MAIL ORDER	Tier 3: \$150	Not Covered	
ws.	90 day mail order		
	(Specialty: Not Covered)		
LIFETIME MAXIMUM PER INDIVIDUAL	Unlim	ited	
BENEFIT PERIOD	Calenda	Calendar Year	
PRE-EXISTING CONDITION CLAUSE	None		

<u>Disclaimer</u>

This benefit overview only summarizes your benefit plans. If there is a discrepancy between the information in this overview and the official plan documents, the plan documents will always govern. While the company intents to continue these plans, it reserves the right to change, amend or terminate them at any time for any reason.



Mobile Health Information with UnitedHealthcare Health4Me®

Smartphone access to health resources



Health4Me - UnitedHealthcare Commercial Plans

Available to more than 13 million UnitedHealthcare plan participants in employer-sponsored health plans

Members can:

- Access a registered nurse 24/7 for care questions via NurseLineSM
- Have instant access to their digital health plan ID card, deductible, and co-pay information
- Manage prescriptions, find pharmacies and check claims
- View and edit their Personal Health Record, download and view claims
- Locate a nearby in-network physician, hospital or medical facility, based on GPS functionality
- Estimate health care costs for more than 755 services across 500 episodes of care
- Pay medical bills with their credit card, debit card, health savings account or bank account
- Track physical activity, including wirelessly connecting to a Fitbit device
- Stream content from UHC.TVSM, an internet TV channel with health and wellness information

Health4Me – UnitedHealthcare Medicaid Beneficiaries

Available to UnitedHealthcare Community Plan beneficiaries in 17 states*

Medicaid beneficiaries can:

- Access personal health plan details, including a digital ID card, plan summary, and member handbook
- Track processed claims and review their history of care
- Locate nearby physicians, hospitals or medical facilities
- Access to NurseLine to obtain health information from a nurse 24 hours a day (optional feature)
 - * Arizona, Delaware, Iowa, Kansas, Louisiana, Maryland, Michigan, Mississippi, Nebraska, New Jersey, New York, Ohio, Pennsylvania, Tennessee, Texas, Washington and Wisconsin.

Health4Me - Guest Access

Available to the general public

Guests can:

- Access quality and cost information
- Find market average prices for more than 755 common medical services across 500 episodes of care based on local price information





It's quick and easy to start using myHealthcare Cost Estimator.

Step 1: Visit myuhc.com or Health4Me

If you have not registered for myuhc.com, you'll need your health plan ID card or Social Security number to get started. Once you're logged in, click "Estimate Health Care Costs" on the right side of the page.

Step 2: Search for a condition or treatment

Once you've entered your ZIP code, you can search by treatment or condition. Try phrases like backache, X-ray, eyes itch, etc. Then hit the search button.

Step 3: Get a quick estimate

You'll be taken to a page with a quick estimate, based on real average market costs in the search area. This page includes the potential duration of treatment as well as a breakdown of estimated costs. If you want to see estimates for specific doctors and locations, click on "personalize your estimate."

Step 4: Select a provider

If you don't already have a doctor in mind, myHealthcare Cost Estimator can help you find one. This page shows you estimates for specific doctors and locations offering services for your search. You'll be able to compare them based on their estimated cost, see quality ratings and which one is nearest to you.

Step 5: Get your final estimate

When you're done, you can see your Final Estimate, which includes estimated costs from the doctor or location you've chosen, along with up-to-date out-of-pocket estimated costs, based on your benefits and current level of coverage.











Disclaimer

This benefit overview only summarizes your benefit plans. If there is a discrepancy between the information in this overview and the official plan documents, the plan documents will always govern. While the company intents to continue these plans, it reserves the right to change, amend or terminate them at any time for any reason.

2017AFENERIC

MEDICAL PLAN DEFINITIONS:

- The medical plan has an <u>embedded deductible</u>. No one family member may contribute more than the individual deductible amount to the family deductible. Once the single deductible has been satisfied, benefits for that member are payable subject to coinsurance. Once the family deductible has been satisfied, benefits for the family are payable subject to coinsurance.
- Deductibles run on a calendar year basis and will reset to \$0 every January 1st.
- Co-Payment: A flat dollar amount that you pay for certain healthcare services (such as office visits). Co-payments apply to the out-of-pocket max. Once the out-of-pocket max is met, you will have no further expenses as long as you use network providers and your services are covered.
- Co-Insurance: The percentage of cost that the plan and you share for covered healthcare expenses. For example, the plan may pay 80% of the cost and then you may pay 20%. In this case, 20% is your co-insurance. Your network co-insurance is a percent of the discounted charges that your carrier has negotiated.

2017/BENERIIS



DENTAL PLAN

Choice of plan options:	PPO In-Network / Out-of-Network	
Individual Deductible (Family = 3x)	\$50 / \$50	
Office Visit Copay	None	
Preventive Coinsurance	100% / 100%	
Basic Coinsurance	100% / 100%	
Major Coinsurance	60% / 60%	
Annual Plan Maximum	\$1,000 / \$1,000	
Orthodontia Coinsurance	50% / Not Covered	
Orthodontia Lifetime Maximum	\$1,000 / Not Covered	

VISION PLAN

Vision Plan Details:	Frequency	In-Network	Out-of-Network
Eye Exam	Every 12 months	\$10 copayment	\$50 allowance
Materials	Every 12 months	\$20 copayment	Allowance varies
Frames	Every 24 months	\$130 allowance	\$48 allowance
Elective Contacts	Every 12 months*	\$130 allowance	\$120 allowance

^{*}Contact lens benefit is available every 12 months, however you may not utilize the contact lens benefit in addition to lenses for frames/glasses within the same 12 months.

Disclaimer

2017 BENEFITS



VOLUNTARY LIFE INSURANCE

- Employee coverage in maximum of \$150,000; \$100,000 Guarantee Issue (GI applies to new hires only
- Spousal coverage in maximum of \$75,000, not to exceed 50% of employee amount; \$10,000 Guarantee
 Issue (GI applies to new hires only)
- Coverage for child(ren) available; \$10,000 maximum per child
- Employee pays 100% of the insurance premium

VOLUNTARY SHORT TERM DISABILITY INSURANCE

- STD Benefit begins after 7 days of injury or 7 days of illness
- STD benefit pays up to 66% of pre-disability earnings to a maximum of \$1,000 per week
- Employee pays 100% of the insurance premium

VOLUNTARY LONG TERM DISABILITY INSURANCE

- LTD benefit begins after 180 days of continuous injury or illness
- LTD benefit pays up to 60% of pre-disability earnings to a maximum of \$5,000 per month
- Employee pays 100% of the insurance premium



Additional Services at McGohan Brabender

CUSTOMER CARE TEAM

If you have a question or issue come up with one of your benefits, call the appropriate carrier using the phone number provided on the back of your identification card. If your initial contact with the carrier does not reach a desired resolution, contact our Customer Care Team. Our dedicated problem-solvers and experienced advocates are here to assist you when issues arise with claims, billing or benefits.

Monday-Friday, 8am-5pm

Phone: 937-260-4300 or 877-635-5372

Fax: 937-499-1160

Email: customerservice@mcgohanbrabender.com

INDIVIDUAL COVERAGE

Needing coverage for individuals such as dependents, students, early retirees, unemployed or self-employed individuals, etc.?

Greg Pfander

Phone: 937-293-1600

E-mail: gpfander@mcgohanbrabender.com

RetireMED®iQ

RetireMED[®]iQ is an independent health plan advisory service specializing in both Medicare and the Health Insurance Marketplace. Their services are provided **at no cost** and include:

- Trusted guidance to their ideal health plan
- Annual stress-free renewal advice
- Year-round support with complex health plan issues

Locations: Dayton and Cincinnati Advisory Centers

Phone: 1-844-388-6565 www.retiremed.com

PRESCRIPTIONS

Search for the cheapest price for your generic drugs at www.medtipster.com/mb