



**2022/2023**  
**Hoosier Heartland School**  
**Trust**  
**OPEN ENROLLMENT**

 **Brown & Brown**

# Welcome!

## Eligibility

Hoosier Heartland School Trust (HHST) recognizes the importance of providing a comprehensive benefits program to all of our benefit eligible employees and their dependents. All full-time employees must submit the enrollment form within thirty-one (31) days following eligibility date. In addition, their dependents are eligible for coverage:

## Eligible Dependents

- Legal spouse
- Children under age 26 for Medical, Dental and Vision
- Children who are disabled, live with you, and depend on you for support

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## Enrollment Instructions

### Qualified Status Changes

If you have an eligible change in status, you may make certain changes to your benefit coverage. Eligible changes in status include:

- » Changes in your legal marital status including marriage, death of your spouse, divorce, legal separation or annulment.
- » Changes in your number of dependents including birth, adoption, and placement for adoption or death of a dependent.
- » Employment status changes including the start or end of employment or a change in work hours for you, your spouse or your dependent.
- » Your dependent satisfying or no longer satisfying the eligibility requirements due to age, or other circumstances

To assist in your Open Enrollment decisions, this Enrollment Guide contains a very high level overview of the benefits offered and the corresponding cost. Any changes you make during this time will be effective October 1, 2022.

Please choose your benefits carefully as you will not be able to make any other revisions to your 2022/2023 benefit elections until the following Open Enrollment period for 2023/2024 (unless you have a qualified status change).

	<b>PPO 1</b>	<b>PPO 2</b>	<b>HDHP 1</b>	<b>HDHP 2</b>
	<i>Network / Non-Network</i>	<i>Network / Non-Network</i>	<i>Network / Non-Network</i>	<i>Network / Non-Network</i>
Deductible				
- Individual	\$750 / \$1,500	\$1,500 / \$4,500	\$3,400 / \$6,800	\$6,000 / \$12,000
- Family	\$1,500 / \$3,000	\$3,000 / \$9,000	\$6,750 / \$13,500	\$12,000 / \$24,000
Co-Insurance %	20% / 40%	20% / 40%	0% / 30%	0% / 30%
OOP Max (Incl. Ded)				
- Individual	\$2,000 / \$4,000	\$3,500 / \$10,500	\$5,000 / \$10,000	\$6,550 / \$24,000
- Family	\$4,000 / \$8,000	\$7,000 / \$21,000	\$10,000 / \$20,000	\$13,100 / \$48,000
Routine Care	100% (no ded) Network Only	100% (no ded) Network Only	100% (no ded) / 30%	100% (no ded) / 30%
<b>Prescriptions</b>				
Annual OOP Maximum:				
- Individual	\$5,150	\$3,650		
- Family	\$10,300	\$7,300		
Retail			DEDUCTIBLE FIRST	DEDUCTIBLE FIRST
Tier 1 - Generics	> of \$ 12 or 20% max \$50	> of \$ 12 or 20% max \$50	> of \$ 12 or 20% max \$50	> of \$ 12 or 20% max \$50
Tier 2 - Formulary	> of \$ 25 or 20% max \$50	> of \$ 25 or 20% max \$50	> of \$ 25 or 20% max \$50	> of \$ 25 or 20% max \$50
Tier 3 - Non-Formulary	> of \$ 50 or 20% max \$50	> of \$ 50 or 20% max \$50	> of \$ 50 or 20% max \$50	> of \$ 50 or 20% max \$50
Tier 4 - Specialty Meds <sup>3</sup>	\$100	\$100	\$100	\$100
Mail Order - <i>Network Only</i>				
Tier 1 Generics	> of \$ 24 or 20% max \$100	> of \$ 24 or 20% max \$100	> of \$ 24 or 20% max \$100	> of \$ 24 or 20% max \$100
Tier 2 Formulary	> of \$ 50 or 20% max \$100	> of \$ 50 or 20% max \$100	> of \$ 50 or 20% max \$100	> of \$ 50 or 20% max \$100
Tier 3 Non-Formulary	> of \$100 or 20% max \$100	> of \$100 or 20% max \$100	> of \$100 or 20% max \$100	> of \$100 or 20% max \$100
Tier 4 Specialty Meds <sup>3</sup>	\$100	\$100	\$100	\$100
<b>RATES 09/01/22-08/31/23</b>				
<b>EE</b>	\$1,244	\$944	\$838	\$704
<b>EE /Child(ren)</b>	\$1,979	\$1,593	\$1,390	\$1,159
<b>EE/Spouse</b>	\$2,542	\$2,007	\$1,761	\$1,480
<b>Family</b>	\$3,240	\$2,550	\$2,266	\$1,902

**NOTES:**

- (1) To comply with ACA requirements, all plans must include a combined OOP maximum for both medical and prescription drug coverage – single - \$8,700 / Family - \$17,500.
- (2) HDHP 1 and HDHP 2 are IRS qualified plans.
- (3) On HDHP 1 and HDHP 2 – difference between deductible and out of pocket amounts are accumulated only by additional pharmacy co-pays or coinsurances. Once deductible is met on medical, all medical services are paid at 100%. Pharmacy cost share will continue up to maximum out of pocket amounts.
- (4) All plans are considered Credible as it relates to Medicare Part D requirements.
- (5) Please refer to your SBC (Summary of Benefit Coverage) and certificate booklet for further details.
- (6) PPO 1 and PPO 2 have 4<sup>th</sup> quarter deductible carryover.
- (7) UnitedHealthcare is administering the medical portion of the health plan. RxBenefits/CVS is administering the pharmacy portion.
- (8) 24/7 First Stop Health including mental health option and PriceMD Specialty Program Included in Trust Benefits.

## UNDERSTANDING YOUR HEALTH SAVINGS ACCOUNT (HSA)

**TAX SAVINGS** - An HSA provides you triple tax savings:

- \$ Tax free when you contribute to your account (pre-tax via payroll deduction, or post-tax if you contribute on your own);
- \$ Tax-free earnings through investment; and
- \$ Tax-free withdrawals if money is used for [IRS] qualified medical expenses.

**WHO CAN HAVE AN HSA** - You can contribute to an HSA if you:

- ✓ Have coverage under an HSA-qualified “high deductible health plan” (HDHP) ONLY (other types of insurance like specific injury insurance or accident, disability, dental, vision, or long-term care insurance are permitted);
- ✓ Are not enrolled in Medicare or TRICARE or any other coverage that is not also a HDHP;
- ✓ Cannot be claimed as a dependent on someone else’s tax return;
- ✓ Cannot participate in both Section 125 FSA and HSA (employee OR spouse).

Contributions to your HSA can be made by you, your employer, or both. Total contributions (all sources) are limited annually as per IRS guidelines. Post tax contributions are deducted on your federal income tax return even if you don’t itemize. You can also deposit on a pre-tax basis if your employer agrees to contribute on your behalf through payroll deduction. Once you are enrolled in Medicare, there can be no additional contributions to your HSA; however, you can use accumulated funds to pay for qualified medical expenses.

### ADVANTAGES OF AN HSA - USING YOUR HSA

1. Affordability - the premium for your HDHP will be lower than a non-HDHP plan.
2. Flexibility - funds can be used to pay for “*qualified medical expenses*,”<sup>(1)</sup> or you can save the money for future needs such as:
  - a. Health insurance or medical expenses while unemployed -COBRA premiums;
  - b. Medical expenses after retirement;
  - c. Out-of-pocket expenses when covered by Medicare - including your Medicare and Medicare supplement premiums;
  - d. Long-term care expenses and insurance.
3. Control - you make all the decisions:
  - a. How much money to put into your account;
  - b. To save the account for future expenses or pay current medical expenses;
  - c. Which medical expenses to pay from the account;
  - d. How and when to invest money in your account.
4. Portability - accounts are portable, you keep your HSA even if you:
  - a. Change jobs or change your medical coverage;
  - b. Become unemployed, or move to another state;
  - c. Change your marital status.
5. Ownership - funds remain in the account from year-to-year, just like an IRA; there is no “use it or lose it rule” for HSAs.
6. You can use the money in the account to pay for qualified medical expenses for yourself, your spouse, and your dependent children - even if they are not covered by your HDHP or are covered by another non-HDHP.

**NOTE: (1) Amounts used for purposes other than qualified medical expenses are taxable as income and subject to an additional 20% tax penalty. (2) After you become age 65, the 20% additional tax penalty no longer applies. In addition, if you become disabled and/or enroll in Medicare, the account can be used for other purposes without paying the penalty**

### HIGH DEDUCTIBLE HEALTH PLANS (HDHPs)

In order to open and contribute to an HSA you must be covered only by an HSA-qualified “high deductible health plan.” In general, the HSA-qualified plan deductible must apply to all medical expenses (including prescriptions) covered by the plan. However, plans are permitted to cover preventive/routine care services on a first-dollar basis (with or without a copay) Preventive/routine care can include pre-natal and well-child care, child and adult immunizations, annual physicals, mammograms, pap smears, PSA test, etc.

### HSA CONTRIBUTIONS - Limits are from ALL Sources

You can make a contribution to your HSA each year that you are eligible. Contribution limits are:

- **2022**                      **\$3,650 – Single HDHP Coverage**                      **\$7,300 – Family HDHP Coverage**
- **2023**                      **\$3,850 - Single HDHP Coverage**                      **\$7,750 - Family HDHP Coverage**

**NOTE: Contribution limits are from ALL sources**

*If you are age 55 or older, you can make an additional \$1,000 contribution each year.*

<sup>(1)</sup> IRS Publication 502 will provide you with a list of medical expenses that are approved for use of HSA money. This and other helpful links can be found on the US Treasury website ([www.treas.gov](http://www.treas.gov)) simply by clicking on “Health Savings Accounts.”



# 2023 HSA AND HDHP LIMITS

Each year, the IRS announces inflation-adjusted limits for health savings accounts (HSAs) and high deductible health plans (HDHPs).

The following chart shows the HSA and HDHP limits for 2023 as compared to 2022. It also includes the catch-up contribution limit that applies to HSA-eligible individuals who are age 55 or older, which is not adjusted for inflation and stays the same from year to year.

TYPE OF LIMIT		2022	2023	CHANGE
<b>HSA Contribution Limit</b>	Self-only	\$3,650	\$3,850	<b>Up \$200</b>
	Family	\$7,300	\$7,750	<b>Up \$450</b>
<b>HSA Catch-up Contributions</b> <i>(not subject to adjustment for inflation)</i>	Age 55 or older	\$1,000	\$1,000	No change
<b>HDHP Minimum Deductible</b>	Self-only	\$1,400	\$1,500	<b>Up \$100</b>
	Family	\$2,800	\$3,000	<b>Up \$200</b>
<b>HDHP Maximum Out-of-Pocket Expense Limit</b> <i>(deductibles, copayments and other amounts, but not premiums)</i>	Self-only	\$7,050	\$7,500	<b>Up \$450</b>
	Family	\$14,100	\$15,000	<b>Up \$900</b>



## Thinking About HDHP 1 or HDHP 2?



While there is an element of cost savings to the overall HHST health plan, the advantages of the HDHP/HSA can be significant for those who have selected this health plan choice.

The High Deductible Health Plan (HDHP) is simply that, a comprehensive health plan that includes a higher deductible than what is typical with a traditional plan design. HDHPs are approved by the IRS to be partnered with an individual Health Savings Account \*(HSA). Another difference between an IRS-qualified HDHP and a traditional plan is that ALMOST ALL eligible plan expenses are subject to the deductible, including prescriptions. That means the member will pay the full cost of care until the deductible has been reached. The only exception is that age appropriate routine preventive care services are NOT subject to the deductible and are covered by the plan with no member cost share required.

### Benefits of an HDHP/HSA

- HDHP premiums are lower than traditional plans.
- Many HHST members also have access to a Trust-sponsored wellness clinic where certain primary care services, lab services, and generic medications are available at no charge.
- The HSA belongs to you so wherever you go, it goes with you.
- No use it or lose it! HHST schools that offer a Section 125 plan have allowed members to take advantage of flexible spending accounts for several years; unlike your FSA dollars, there is no use it or lose it rule with your HSA funds; balances rollover and continue to accumulate year after year.
- Triple tax advantage! An HSA offers a unique tax advantage that lets you keep more of your hard-earned dollars;
  - (1) You can make pretax contributions so every dollar you contribute is a dollar saved; many schools offer payroll deduction for your HSA contribution, making it even easier to save!
  - (2) Any gains on your HSA savings are tax free; you keep 100% of any money your savings or investments earn.
  - (3) Withdrawals from your HSA are also tax free, as long as you use the money to cover expenses the IRS has approved for use to cover out-of-pocket medical expenses for you and your family. **NOTE:** at age 65, HSA dollars can be withdrawn and used as income *without a tax penalty*; however, it will still be subject to your normal income tax.
- You have control over your money. You decide how much to save (up to the IRS contribution limit) as well as what qualified expenses you will pay with your HSA dollars. You can also decide how to invest your money, and unused funds continue to grow year after year.



SEPT 2022 - AUG 2023	HDHP1 Network / Non	HDHP2 Network / Non
** Deductible – Single	\$3,400 / \$6,800	\$6,000 / \$12,000
** Deductible - Family	\$6,750 / \$13,500	\$12,000 / \$24,000
Co-Insurance %	0% / 30%	0% / 30%
OOP -Single	\$5,000 / \$10,000	\$6,550 / \$24,000
OOP – Family	\$10,000 / \$20,000	\$13,100 / \$48,000
Routine Care	100% (no ded) / 30%	100% (no ded) / 30%
Prescriptions	Deductible Applies, then Rx Copays	Deductible Applies, then Rx Copays

Many HHST schools will be holding informational meetings to help you learn more about the HDHP/HSA opportunity; check with your HR Department to see if there is a meeting scheduled for your school.

## Do the Math - Is a HDHP/HSA the right choice for you?

\* IRS eligibility guidelines apply to contributions into a Health Savings Account. If in doubt, please contact your financial advisor.

\*\* Deductibles and out-of-pocket maximums accumulate on a calendar year, January – December.

## **Important Notice from Hoosier Heartland School Trust About Your Prescription Drug Coverage and Medicare**



Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Hoosier Heartland School Trust and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Hoosier Heartland School Trust has determined the prescription drug coverage offered by the Trust on PPO 1, PPO 2, HDHP 1 and HDHP 2 is, on average, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable, you can keep this coverage and not pay a higher premium (penalty) if you later decide to join a Medicare drug plan.
3. You can keep your current coverage from any of the above plans risk free of Medicare Part D penalty once you decide to join. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully- it explains your options.

### **When Can You Join a Medicare Drug Plan?**

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

If you lose your current creditable prescription drug coverage under PPO 1, PPO 2, HDHP 1 or HDHP 2 through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **When Will You Pay a Higher Premium (Penalty) To Join a Medicare Drug Plan?**

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

If you were to be on a plan that is deemed to be not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join. This is informational only. All 4 plans with the Trust are creditable.

### **What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?**

If you decide to join a Medicare drug plan and still meet the eligibility for the Hoosier Heartland School Trust health plan, your current employee coverage will not be affected. You may continue your Hoosier Heartland School Trust employee coverage and elect part D and this plan will coordinate with Part D coverage.

Single	PPO 1	PPO 2	HDHP 1	HDHP2
			Combined Medical Deduct Applies - \$3,400	Combined Medical Deduct Applies - \$6,000
Tier 1	Greater of \$12 or 20 % Max \$50	Greater of \$12 or 20 % Max \$50	Greater of \$12 or 20 % Max \$50	Greater of \$12 or 20 % Max \$50
Tier 2	Greater of \$25 or 20% max of \$50	Greater of \$25 or 20% max of \$50	Greater of \$25 or 20% max of \$50	Greater of \$25 or 20% max of \$50
Tier 3	Greater of \$50 or 20% max of \$50	Greater of \$50 or 20% max of \$50	Greater of \$50 or 20% max of \$50	Greater of \$50 or 20% max of \$50
Tier 4	\$100	\$100	\$100	\$100
Rx Max out-of-pocket	\$5,150	\$3,650	Combined with Medical \$5,000	Combined with Medical \$6,550

If you do decide to join a Medicare drug plan and drop your current Hoosier Heartland School Trust coverage, be aware that you and your dependents may not be able to enroll in the Hoosier Heartland School Trust plan except during an open enrollment period or you experience a qualified HIPAA event.

**For More Information About This Notice Or Your Current Prescription Drug Coverage, contact your Human Resource Department. NOTE:**

You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if the coverage through the Trust changes. You may also request a copy of this notice at any time.

**For More Information About Your Options Under Medicare Prescription Drug Coverage:**

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

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

September 1, 2022  
Hoosier Heartland Trust  
Trust Administrator  
11595 N Meridian St, Ste 250  
Carmel, IN 46032  
(317) 574-5009

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





### **IMPORTANT ANNOUNCEMENT FOR EMPLOYEES and RETIREES**

This notice is to advise you of how you can access current Plan summaries that outline all benefit options available to employees, retirees or dependents that are *currently eligible* for coverage, or *may become eligible* in the future. Coverage is provided by the Hoosier Heartland School Trust.

A Summary of Benefits and Coverage (SBC) for each plan choice is posted to the Trust website and is available for your viewing at [www.mybensite.com/hoosier](http://www.mybensite.com/hoosier).

The SBCs are compliant with federal PPACA format and content requirements.

A printed copy of the SBC will be provided to you *free of charge* upon request. Contact the Benefit Coordinator at your school if you would like to receive a printed copy, or to confirm your eligibility to enroll.



## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov)

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877- KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility –**

INDIANA – Medicaid	
Healthy Indiana Plan for low-income adults 19-64	Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> or 1-877-438-4479
All other Medicaid	Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> or 1-800-403-0864

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

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

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

### Paperwork Reduction Act Statement

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

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



**WOMEN'S HEALTH AND CANCER RIGHTS  
ACT OF 1998 ANNUAL NOTICE**



The HHST group health plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services. These include but are not limited to all stages of reconstruction and surgery to achieve symmetry between the breasts, prosthesis, and complications resulting from a mastectomy, including lymphedema. If you have questions or need more information, contact your Plan Administrator at the phone number on the back of your United Healthcare ID card.



# Benefits designed with care



**Open Enrollment**

**United  
Healthcare**



# Welcome to what care can do



Insurance: It's a good thing to have. It can help protect you from high costs for care and services—whether those costs are planned or unexpected. Another thing it's good for? Keeping you on track through a network of connected care. Use this guide to help you choose a plan that, at the heart of it, works every day to take good care of you.

## Choosing a plan — 3 good questions to ask

### 1 Is your provider in the network?

A network is a group of providers and facilities who've been contracted to deliver health care services, often at a discount. Getting care from within the network may help you save money. If there's a provider you see regularly and want to keep seeing, it's a good idea to first make sure they're in the plan's network.

To find out if your preferred providers are included:

- Go to [uhc.com/providersearch](https://uhc.com/providersearch) > **Medical Directory** > **Employer and Individual Plans**
- Choose the health plan you're considering and add your location to view providers in the network

### 2 What are your health needs?

Thinking about the care you or your family may need in the plan year ahead can help you decide the level of coverage you may need. For example, you may want a plan that offers more coverage if you:

- Have major health care needs
- See doctors or specialists often

- Are anticipating a change, like a growing family or upcoming surgery

If you see the doctor occasionally for things like an annual checkup or minor illnesses, a health plan that offers less coverage may work well for you.

### 3 How do you like to manage your costs?

Some people manage costs by keeping their monthly premium payments low. Others prefer paying higher monthly premiums because it tends to lower other costs, like copays or deductibles. Another good idea is to compare health plan deductible, coinsurance and out-of-pocket limit amounts. Knowing the differences can help you keep your costs in check—and know what to expect, too.



[justplainclear.com](https://justplainclear.com)

For thousands of health care terms defined simply and clearly, this is your site.

## Common health care terms — good info to know

### Coinsurance

The percentage of costs you pay for a covered health care service after your deductible is reached.

### Copayment

Also called a copay, this is a fixed amount of money you may pay for certain covered health services, like a doctor's appointment.

### Deductible

The amount you pay before your plan starts sharing costs for covered services.

### Out-of-pocket limit

The most you could pay for covered services in a plan year.

### Premium

A routine payment that's typically taken out of your paycheck and helps keep your plan active, so you can stay covered.

# How health plans work — an example

## Plan start



You pay 100%\*

At the start of your plan year, you pay 100% of your covered health services until you meet your **deductible**, which is the amount you pay before your plan starts sharing costs.

## Deductible reached

You pay 20%

Your plan pays 80%

Now, your health plan starts to share a percentage of the costs with you —this is your **coinsurance**.\*

## Out-of-pocket limit met

Your plan pays 100%



Here, your plan's got you covered at 100%. Your **out-of-pocket limit** is the most you could pay for covered services in a plan year —copays and coinsurance count toward this.

Along the way, you may also be required to pay a fixed amount—or **copay**—each time you see a provider.

\*Your deductible and coinsurance may vary by plan or service. This example is for illustrative purposes only. Please refer to your official plan documents for coverage details.

## Quick tips, good info — it's all here

As you get ready to choose a plan for the year ahead, it's a good time to brush up on important info. Watch these short videos and you'll be well on your way to choosing the plan that best fits your needs.



### Experience what care can do

Learn about our large network of providers and the programs and services included in the plans.

Watch video: **Why UnitedHealthcare (1:13)**



### See a plan in action

Take a closer look at how copays, deductibles and more work together throughout your plan year.

Watch video: **How a health plan works (1:30)**



## With a PCP, there's a doctor in your corner

Your primary care provider (PCP) is your health guide—someone who can help connect you to the care you need and help you avoid cost surprises. Although your health plan option may not require you and each covered family member to select a PCP,\* it can be a good idea to have one.

### More good reasons to have a PCP



They know your health history and health goals



They provide routine care, such as annual checkups, which may help identify potential health issues earlier



They advise you when to see a specialist and provide referrals if needed\*\*

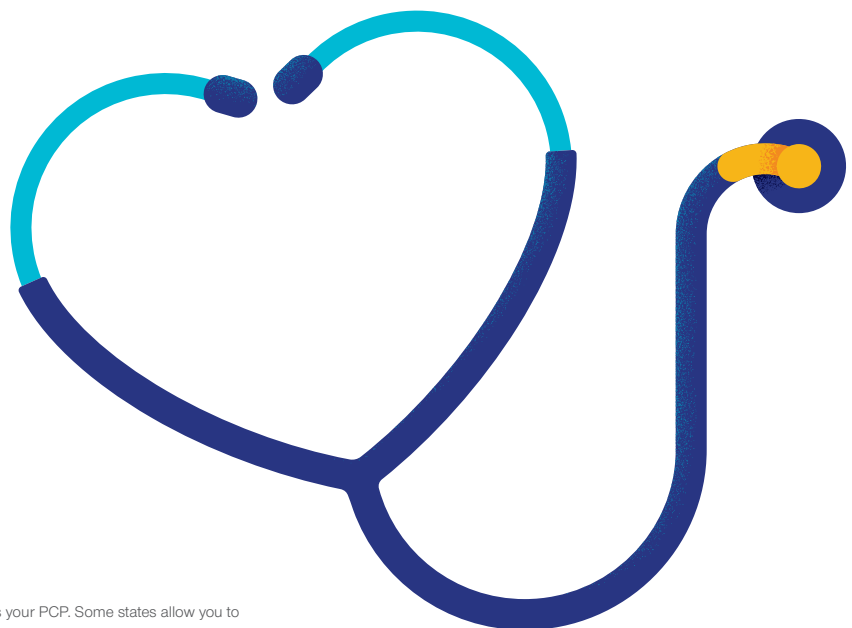
### Look for the blue hearts



To help you find quality and cost-efficient doctors, the UnitedHealth Premium® program uses national, evidence-based, standardized measures to evaluate physicians in various specialties.

### Keep up on preventive care

Preventive care—such as routine wellness exams and certain recommended screenings and immunizations—is covered by most of our plans at no additional cost when you see network providers. A preventive care visit may be a good time to help establish your relationship with your PCP and create a connection for future medical services.



\*Some health plans may allow you to choose a facility rather than a doctor as your PCP. Some states allow you to choose a specialist, like an OB/GYN, as your PCP.

\*\*Some health plans may require a referral prior to seeing another network physician or specialist.



## It's so easy to connect to your plan

You'll get personalized digital tools that help you check in on your plan whenever you want—which makes it easier to stay on top of your benefit details.



### myuhc.com

#### Your personalized member website

Built to help you manage your plan 24/7, **myuhc.com**® gives you access to all your plan info in one place, so you can:

- Find and estimate the cost of care
- See what's covered
- View claim details
- Check your plan balances
- Find network doctors

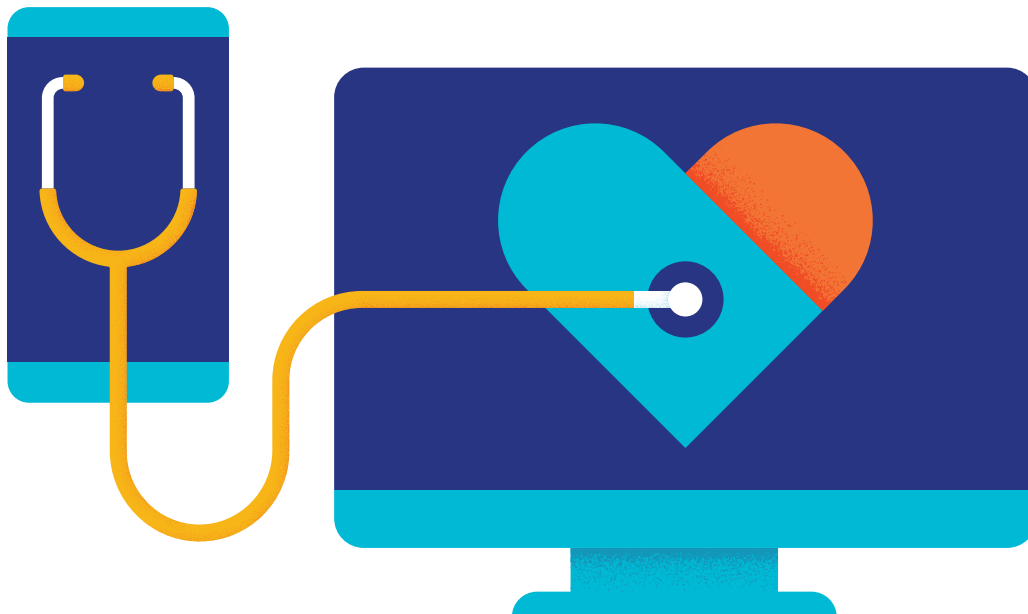


### UnitedHealthcare app

#### Your app for on-the-go access

When your health plan's right at your fingertips, you can manage your benefits anytime, anywhere. Download the UnitedHealthcare® app to:

- Find nearby care options in your network
- See your claim details and view progress toward your deductible
- View and share your health plan ID card
- Video chat with a doctor 24/7



# Here's the fine print

## We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

**Mail:** UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UT 84130

**Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free member phone number listed on your ID card.

You can also file a complaint with the U.S. Dept. of Health and Human Services:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.

**Phone:** Toll-free **1-800-368-1019, 1-800-537-7697** (TDD)

**Mail:** U.S. Dept. of Health and Human Services  
200 Independence Avenue SW, Room 509F  
HHH Building  
Washington, DC 20201

We provide free services to help you communicate with us such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (**Vietnamese**), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русским (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تويوغللا تدعاسملا تامدخ ناف، (**Arabic**) تويبرعلا تدحتت تنك اذا: هي بنيت على عجردملا ينجاملما فتاهلا مقرب لاصتالا يجرؤي. لكل عحاتم تيناجملا كتب تصاخلا فيرعتهلا قاطب.

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisyè sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniłmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ACHTUNG: Falls Sie Deutsch (**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप हिंदी (**Hindi**) बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

DÍÍ BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yáníliti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódi ninaaltsoos nit'izi bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

Administrative services provided by United HealthCare Services, Inc. or their affiliates.

The UnitedHealth Premium® designation program is a resource for informational purposes only. Designations are displayed in UnitedHealthcare online physician directories at myuhc.com®. You should always visit myuhc.com for the most current information. **Premium designations are a guide to choosing a physician and may be used as one of many factors you consider when choosing a physician. If you already have a physician, you may also wish to confer with him or her for advice on selecting other physicians. You should also discuss designations with a physician before choosing him or her. Physician evaluations have a risk of error and should not be the sole basis for selecting a physician.** Please visit myuhc.com for detailed program information and methodologies.

Members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the Website or Mobile application terms of use under Find Care & Costs section.

The UnitedHealthcare® app is available for download for iPhone® or Android®. Android is a registered trademark of Google LLC. iPhone is a registered trademark of Apple, Inc.

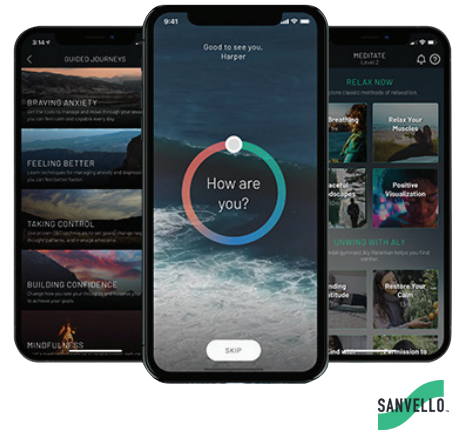
Apple, App Store and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. Google Play and the Google Play logo are registered trademarks of Google Inc.

Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.



# Say hello to Sanvello

Access on-demand self-help for stress, anxiety and depression



Sanvello™ is an app that offers clinical techniques to help dial down the symptoms of stress, anxiety and depression—anytime. Connect with tools that are there for you right as symptoms come up, each designed to help you stay engaged every day for benefits you can feel. The Sanvello app is available to you and covered family members age 13 and over at no extra cost as part of your plan’s behavioral health benefits.



### Daily mood tracking

Answer questions each day to help capture your current mood, identify patterns and self-assess your progress.



### Meditation tools

Explore classic methods of relaxation—like deep breathing and positive visualization—in the moment when you need them.



### Guided journeys

Use clinical techniques for a range of needs to help you feel more in control and build long-term life skills.



### Personalized progress

Track where you are, set goals and make strides through weekly check-ins—Sanvello creates a roadmap to help you with self-improvement.



### Community support

Connect with peer communities in the field and share advice, stories and insights—anononymously, anytime.

## Upgrade to Premium at no extra cost

- Download and open the app
- Create an account and choose “Upgrade through insurance”
- Search for and select UnitedHealthcare, then enter the information available on your health plan ID card

Learn more

[sanvello.com](https://sanvello.com) or [info@sanvello.com](mailto:info@sanvello.com) | Download the app



# United Healthcare

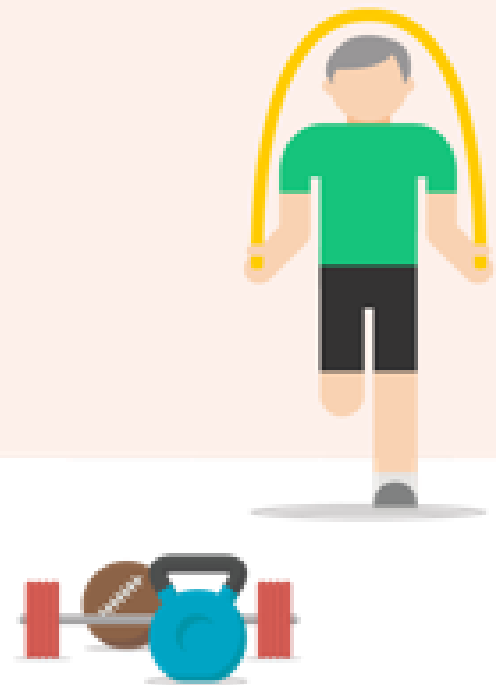
Apple, App Store and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. Google Play and the Google Play logo are registered trademarks of Google Inc. The Sanvello Mobile Application should not be used for urgent care needs. If you are experiencing a crisis or need emergency care, call 911 or go to the nearest emergency room. The information contained in the Sanvello Mobile Application is for educational purposes only; it is not intended to diagnose problems or provide treatment and should not be used as a substitute for your provider’s care. Please discuss with your doctor how the information provided may be right for you. Premium access is available for members at no additional cost as part of their benefit plan. Sanvello premium is not available for all groups in New York and is subject to change. Refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on your health plan ID card. Participation in the program is voluntary and subject to the terms of use contained in the Application.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.



# Real Appeal<sup>®</sup>

WEIGHT LOSS SUPPORT



**Awareness Campaign Opportunity**

**Opt-Out Deadline:  
July 29, 2022**



# Campaign Opportunity

Automated campaign to drive increased Real Appeal member enrollments



Drives Real Appeal member registration, leading to improved health and lower medical costs



Fully funded by Real Appeal, at no cost to employer



Fully managed by Real Appeal requiring no promotional commitment from employer



# Campaign Overview

## Overview

Campaign fully funded and managed by Real Appeal in partnership with UHC for UHC employer groups/members.

## Target Audience

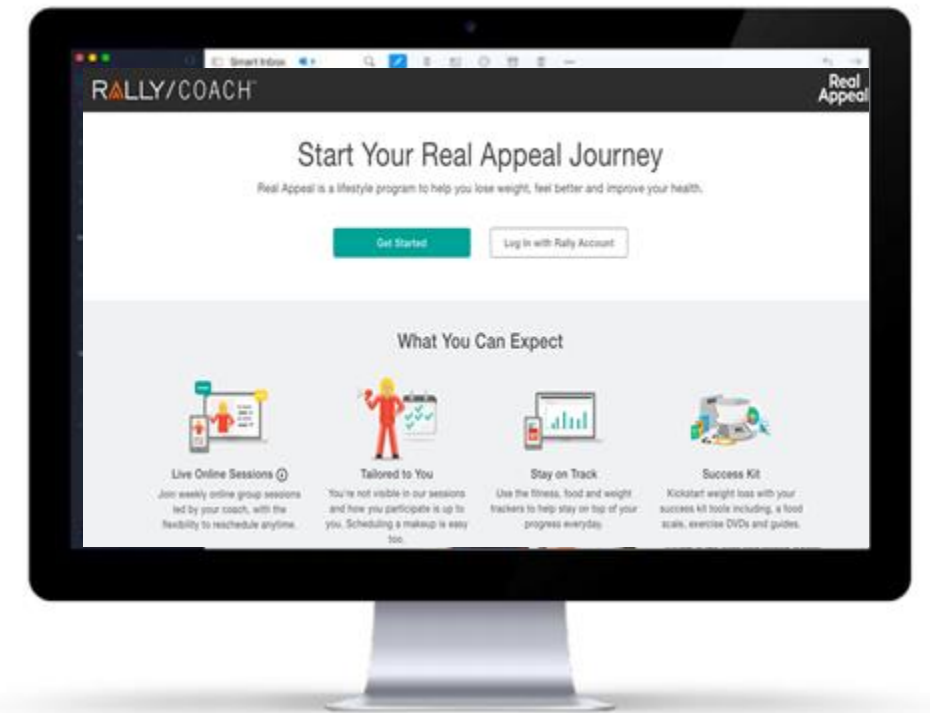
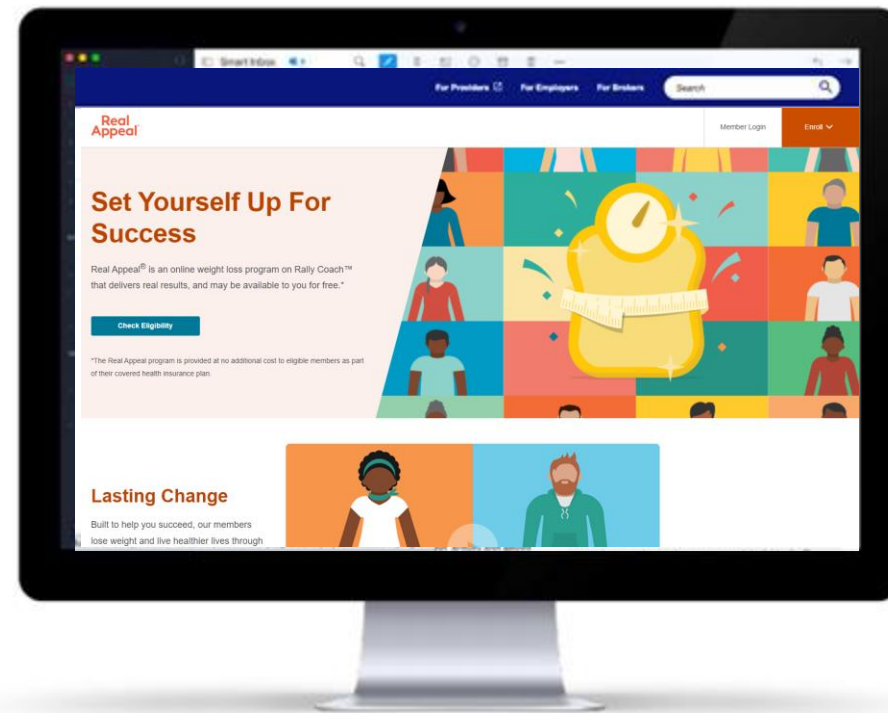
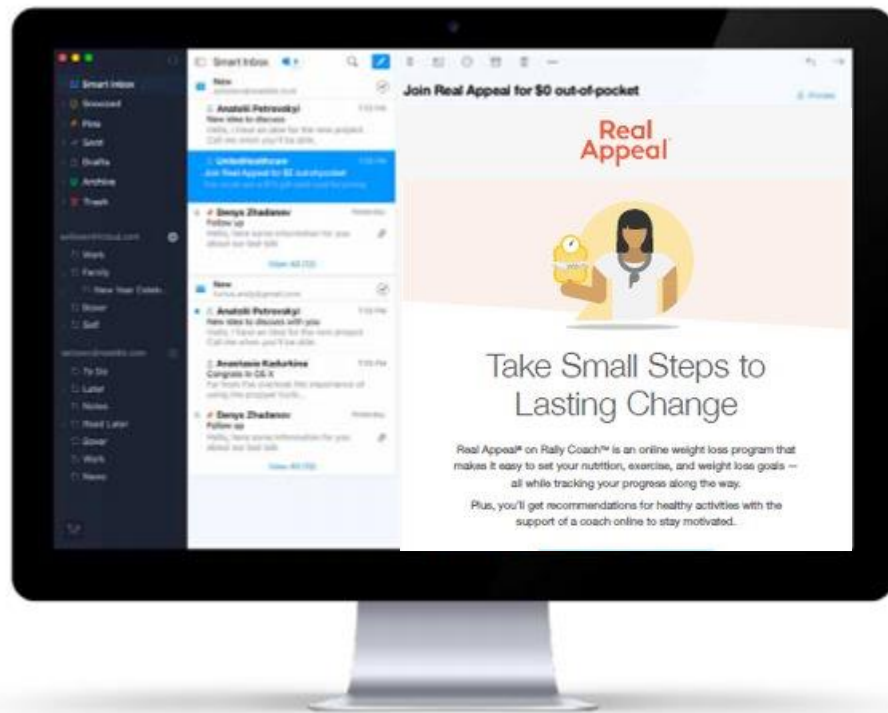
UnitedHealthcare members with an email on file who are eligible for Real Appeal and have not already signed up.

## Communication Plan

Two campaigns with multi-touch (up to 3) emails deployed by UHC, under the Real Appeal brand, no custom configuration. Campaigns scheduled for launch in August and October 2022.



# Member Experience



**Email directs user to [enroll.realappeal.com](https://enroll.realappeal.com)**

**Landing page directs user to Real Appeal enrollment**




# Email Creative Reference

Campaign creative is in review currently

Email 1

**Real Appeal**



## Take Small Steps to Lasting Change

Real Appeal® on Rally Coach™ is an online weight loss program that makes it easy to set your nutrition, exercise, and weight loss goals — all while tracking your progress along the way.

Plus, you'll get recommendations for healthy activities with the support of a coach online to stay motivated.

[Get Started](#)

Be sure to have your health insurance ID card handy when enrolling.



**Goal-setting and tracking.** Simple to access. Set achievable nutrition, exercise, and weight loss goals, then track your progress from your daily dashboard.



**Support and guidance.** Committed to you. Stay focused on your goals with online group sessions led by coaches and a caring community of members.



**Tools and resources.** Delivered to your door.

Email 2

**Real Appeal**



## Support and Guidance for Losing Weight

Join Real Appeal® on Rally Coach™ today to get the help you need to stay focused on reaching your weight loss goals. Choose from 1:1 online coach support with the option to connect via video, and the support from group sessions along with access to a passionate community of members. Online sessions are designed to fit many different schedules, with the flexibility to reschedule anytime. Members choose how to participate.

[Get Started](#)

Be sure to have your health insurance ID card handy when enrolling.

**Demond**  
Tusaville, FL  
Lost 82 lbs.

"I can't stress enough how impactful the online support group was for me. You aren't alone."




Real Appeal members who attended four or more sessions during the program lost 10 pounds on average. Talk to your doctor before starting any weight loss program.

[Get Started](#)

The Real Appeal program is available to eligible members at no additional cost as part of your health benefits. The Real Appeal program is educational in nature and is not a substitute for medical advice.

Email 3

**Real Appeal**



## Begin a Weight Loss Success Story


Finding your "why" can be a significant motivator to start losing weight and to keep it off. No matter what your reasons are, Real Appeal® on Rally Coach™ can help you find lasting success from the comfort of home — with online coaching, motivating group sessions, and a variety of helpful resources.

[Enroll Now](#)

Be sure to have your health insurance ID card handy when enrolling.

**Crystal**  
Fort Wayne, IN  
Lost 200 lbs.

"Real Appeal has given me the tools, the strength, the confidence that I needed to run a half marathon."



Real Appeal members who attended four or more sessions during the program lost 10 pounds on average. Talk to your doctor before starting any weight loss program.



# Next Steps & Timeline

## Campaign Opt-Out

Opt-out requires written approval through email. In an effort to secure campaign deployment dates, we are unable to accommodate opt-out requests received post deadline.

Key Milestones	
Campaign Opt-Out Deadline	July 29, 2022, 4pm Central (Opt-out will apply to August and October campaign flights)
Campaign/Flight #1 – August/September	
Email 1 Deployment	August 23-24, 2022
Email 2 Deployment	August 30-31, 2022
Email 3 Deployment	September 13-14, 2022
Campaign/Flight #2 - October	
	Targeting October 4, 11, and 18





**Welcome to  
RxBenefits!**

**RxBenefits** is your Pharmacy Benefit Optimizer (PBO).

- We partner with the country's largest Pharmacy Benefit Managers (PBMs) to bring greater discounts, enhanced access, and improved Member Services Welcome Team to our clients and their employees.
- *Your pharmacy benefits coverage will be with CVS/caremark.*

## **How Can We Help?**

You have access to our **Member Services**, available Monday through Friday, 7:00 a.m. – 8:00 p.m. Central. Our knowledgeable representatives can assist you with questions such as:



**NOTE:** Your benefits are still being provided by CVS/caremark, but **RxBenefits** administers the services for a more personal and manageable approach. You should contact **RxBenefits** at **800.334.8134** with any pharmacy-related questions.

- Effective 9/01/2022, your pharmacy coverage will continue with CVS/caremark, administered by **RxBenefits**
- As part of your pharmacy benefits plan, you will receive:
  - *Friendly, high-touch service from RxBenefits' professional Member Services Team*
  - *Commitment to issue resolution*
  - *Access to **caremark.com** to review medication tiers, drug pricing, local pharmacies, plan details and ways to maximize benefits. New members will need to create an account.*

There are more than 68,000 pharmacies in the CVS/caremark network, including most national chains and many independent stores



*For questions or concerns, members can contact RxBenefits' **Member Services Team***

**800.334.8134**

*Monday through Friday  
7:00 a.m. – 8:00 p.m. Central*

**CustomerCare@RxBenefits.com**

# Your Plan Details – PPO (Plan 1)



Maximum Out of Pocket (MOOP): \$5,150 individual/\$10,300 family

Tier	1-30 Day Supply Retail	90-Day Supply Mail	90-Day Supply Retail
Generic/Tier 1	\$12 or 20%	\$24 or 20%	\$24 or 20%
Preferred Brand/Tier 2	\$25 or 20%	\$50 or 20%	\$50 or 20%
Non-Preferred Brand/Tier 3	\$50 or 20%	\$100 or 20%	\$100 or 20%
Specialty Medications	\$12/\$25/\$50 or 20%	N/A	N/A

**NOTE:**

Some medications could require a prior authorization or have a limited quantity. If you have an existing authorization in place, you will not need to get a new authorization.

Drugs that fall under the Affordable Care Act are covered at 100%

\*Deductible waived for preventive drugs, however, copays will apply

# Your Plan Details – PPO (Plan 2)



Maximum Out of Pocket (MOOP): \$3,650 individual/\$7,300 family

Tier	1-30 Day Supply Retail	90-Day Supply Mail	90-Day Supply Retail
Generic/Tier 1	\$12 or 20%	\$24 or 20%	\$24 or 20%
Preferred Brand/Tier 2	\$25 or 20%	\$50 or 20%	\$50 or 20%
Non-Preferred Brand/Tier 3	\$50 or 20%	\$100 or 20%	\$100 or 20%
Specialty Medications	\$12/\$25/\$50 or 20%	N/A	N/A

**NOTE:**

Some medications could require a prior authorization or have a limited quantity. If you have an existing authorization in place, you will not need to get a new authorization.

Drugs that fall under the Affordable Care Act are covered at 100%

\*Deductible waived for preventive drugs, however, copays will apply

# Your Plan Details – HDHP (Plan 1)



Deductible: \$3,400 individual/\$6,750 family

Maximum Out of Pocket (MOOP): \$5,000 individual/\$10,000 family

Tier	1-30 Day Supply Retail	90-Day Supply Mail	90-Day Supply Retail
Generic/Tier 1	\$12 or 20%	\$24 or 20%	\$24 or 20%
Preferred Brand/Tier 2	\$25 or 20%	\$50 or 20%	\$50 or 20%
Non-Preferred Brand/Tier 3	\$50 or 20%	\$100 or 20%	\$100 or 20%
Specialty Medications	\$12/\$25/\$50 or 20%	N/A	N/A

**NOTE:**

Some medications could require a prior authorization or have a limited quantity. If you have an existing authorization in place, you will not need to get a new authorization.

Drugs that fall under the Affordable Care Act are covered at 100%

\*Deductible waived for preventive drugs, however, copays will apply



# Your Plan Details – HDHP (Plan 2)



Deductible: \$6,000 individual/\$12,000 family

Maximum Out of Pocket (MOOP): \$6,550 individual/\$13,100 family

Tier	1-30 Day Supply Retail	90-Day Supply Mail	90-Day Supply Retail
Generic/Tier 1	\$12 or 20%	\$24 or 20%	\$24 or 20%
Preferred Brand/Tier 2	\$25 or 20%	\$50 or 20%	\$50 or 20%
Non-Preferred Brand/Tier 3	\$50 or 20%	\$100 or 20%	\$100 or 20%
Specialty Medications	\$12/\$25/\$50 or 20%	N/A	N/A

**NOTE:**

Some medications could require a prior authorization or have a limited quantity. If you have an existing authorization in place, you will not need to get a new authorization.

Drugs that fall under the Affordable Care Act are covered at 100%

\*Deductible waived for preventive drugs, however, copays will apply

Specialty medications are covered when purchased through CVS Specialty Pharmacy



*CVS Specialty Pharmacy can be contacted at 800.318.6108  
Members can also contact the RxBenefits Member Services team for assistance.*

Now on the **CVS/caremark mobile app** it's more convenient than ever to view and refill all your mail, retail, and specialty prescriptions from one place with the new Integrated Pharmacy App Experience.



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**Easy Refills** - Refill all your mail orders and specialty prescriptions in one place

---

**Manage and Track** – View all your orders in one easy-to-manage list and track the status for all your prescriptions

---

**Flexible Pick Up and Delivery** – Transfer all your prescriptions to CVS/caremark or choose to pick up at a CVS pharmacy

---

**View Prescription Spend** – See total costs for yourself and your family in one view to make budgeting easier

Visit [caremark.com](https://www.caremark.com) or Download the CVS/caremark mobile app today to refill all your prescriptions.



## *Q: Are my drugs covered?*

**A:** You can access a copy of the most current Preferred Drug List at [www.caremark.com](http://www.caremark.com) or by contacting RxBenefits Member Services Team at **800.334.8134**. Formularies change, so your medications may not be in the same tier level as last year, so please review the preferred drug list since it may provide lower cost alternatives for your medications. Also, discussing generics with your physician could save you money.

## *Q: If my coverage is with CVS/caremark, why do I need to call RxBenefits?*

**A:** Your benefits are being provided by CVS/caremark, but RxBenefits administers the services for a more personal, manageable approach. You should contact RxBenefits for any pharmacy-related questions.

## *Q: What happens if my questions require contact with CVS/caremark?*

**A:** RxBenefits' Member Services Team reps have access to the CVS/caremark systems. If RxBenefits needs to contact CVS/caremark to resolve an issue, they will stay on the line, explain the issue, and continue to monitor your problem until it is resolved.



*For questions or concerns, members can contact RxBenefits'*

*Member Services Team*

**800.334.8134**

*Monday through Friday*

*7:00 a.m. – 8:00 p.m. Central*

***CustomerCare@RxBenefits.com***



# Questions?

## Member Services

800.334.8134

[CustomerCare@RxBenefits.com](mailto:CustomerCare@RxBenefits.com)

RxBenefits' Welcome Team is available Monday through Friday, 7:00 a.m. – 8:00 p.m. Central.

On weekends, holidays, and after-hours, members are given the option to speak with a CVS representative or leave a message for us to return their call.



# Virtual Counseling and Telemedicine Introduction





# About Your Benefits

# Telemedicine and Virtual Mental Health Solution



Confidential diagnosis and treatment are provided conveniently via **phone and video**.



Get connected to a doctor or counselor in **MINUTES!** Available at any time, **24/7**.



**Easy to use mobile app!** Get help at home, work, or when traveling.



When appropriate, a doctor may prescribe a **medication**.



Doctors and counselors licensed in **50 states**. Use FSH from home, work, or when traveling.



**No cost** to medical-enrolled employees or their covered dependents!

**65%**

of consultations result  
in a prescription

Sore Throat

Skin Rash / Injury / Infection

Other Medical Question

Stomach Pain/Issue

Other Skin Issue

Urinary Tract Infection

Pink Eye

Flu

Sinus Issue

Tooth Ache

Rx Refill

Other Eye Issue

Body Injury or Pain

Yeast Infection

Ear Ache

Cold Sore / Herpes

Allergies

Medication Question

Other Gynecologic Issue

Cough

Life Stress

Family Issues

Anxiety

Grief

Parenting Stress

Lifestyle Changes

Relationship Issues

Other Concerns

Work Stress

Depression

Substance Use

# Not sure if it can be treated?

- Err on the side of care!
- Request a visit to ask medical questions to a certified doctor.
- Doctors can advise on next steps for your medical concern.

# Using First Stop Health



# Patient Experience

## Request

Request a doctor or counselor visit via app, web or phone.



## Intake

Answer questions about why you'd like to speak to a doctor or counselor, as well as any personal information.



## Visit

Doctors will call in < 5 minutes (on average), and a counselor will call at the chosen appointment time.



## Follow Up

After your visit, you can access your sick note, Rx, doctor instructions, and rate your visit on the app.

**Claim Your Account**

Request a Visit



Everything you'd want in going to the doctor without physically going.

— Angie, MS



When you or a loved one feels under the weather, the last thing you want to deal with is finding a doctor, scheduling an appointment, and making the time to get there. Now, you don't have to.

With First Stop Health Telemedicine from First Stop Health, LLC, you can visit a doctor via phone or video — whenever, wherever.

We'll make your life easier when:

- **You're sick.** Save time and money! Call a doctor for diagnosis and treatment for a wide variety of health issues, including sinus infection, cold and flu, pink eye, and more.
- **A loved one is sick.** Your membership includes your immediate family members.
- **You run out of a prescription while traveling.** If appropriate, a doctor will send in a refill to a pharmacy of your choice.\*

Doctors are available on-demand, 24/7 — even on holidays.

Talk to a Doctor in MINUTES

Talk to a Doctor

Questions about telemedicine and coronavirus? Visit our [COVID-19 Resource Center](#).



Costs \$0



Provided by First Stop Health, LLC



Includes immediate family members

3 Ways to Talk to a Doctor

App • Web • 888-921-7867

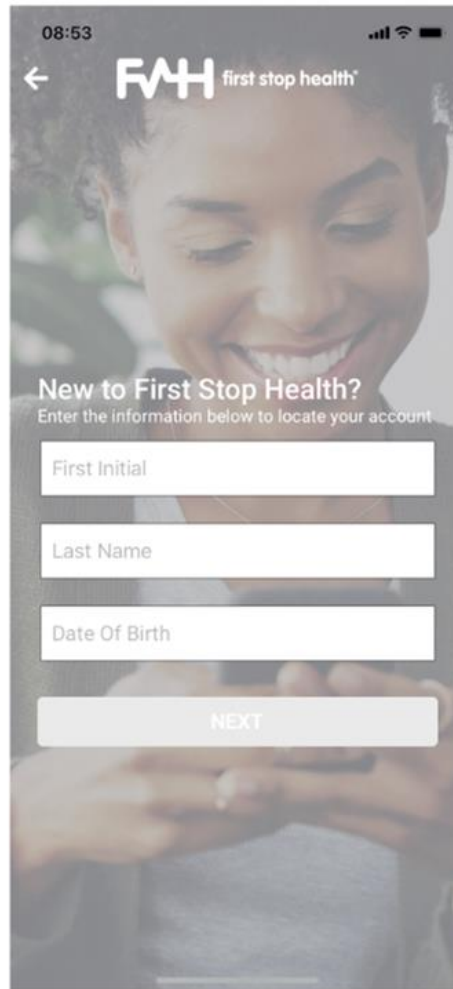
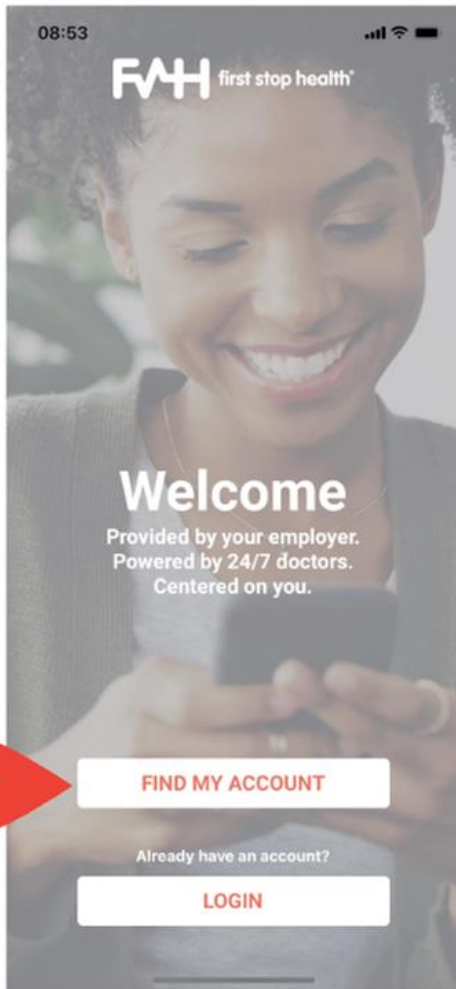
\*Prescription costs applicable to your medical plan. You received this email because First Stop Health, LLC asked us to contact you. [Unsubscribe](#)  
First Stop Health, LLC • 233 N. Michigan Ave., Suite 1400 • Chicago, IL 60601 USA

Care you will ❤️.

## Access your account through:

- Welcome email buttons
- Going to [fshealth.com](https://fshealth.com)
- Downloading the app





Verify account and create a login with credentials:

- Name
- Date of Birth
- Last 4 digits of SSN

Go to [www.fshealth.com](http://www.fshealth.com)  
Click 'Find my Account' to login for the first time  
For returning users, click 'Member Login'

Coronavirus: Looking for information about testing, a sick note or a return to work note? [Click here.](#)



FIND MY ACCOUNT MEMBER LOGIN

First Stop Health Login

LOG IN [Forgot password](#)

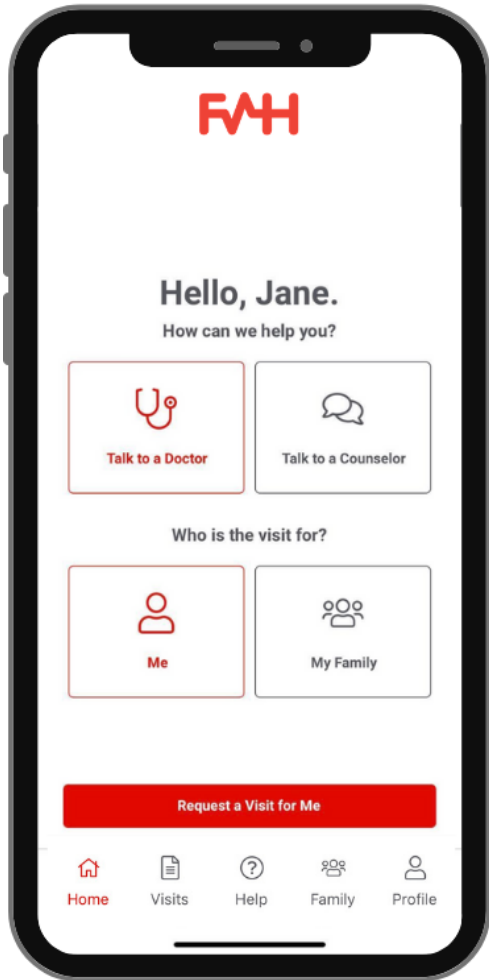
***Don't hesitate to contact us with questions about logging in!***

# **3 Ways to Request a Visit**

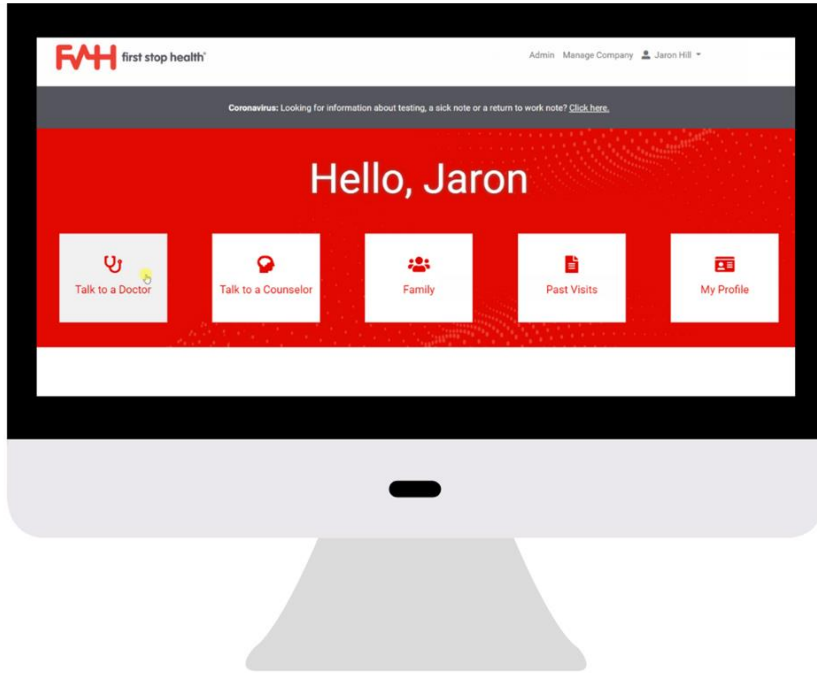
# Mobile App

With the app, you can:

- Request a telemedicine or counseling visit
- Add and manage family members
- Update preferences and information
- Contact FSH
- Rate your visit
- View doctor visit information
  - Listen to past visits
  - Review doctor instructions
  - Download your sick note



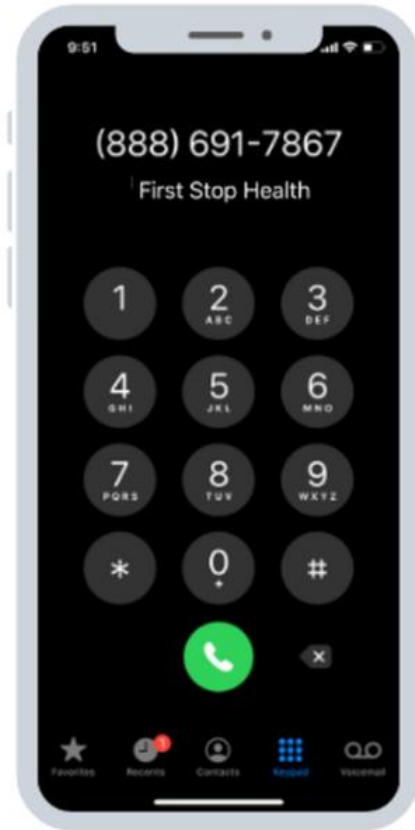
# Dashboard



Same features as on app!



# Just Call!



Call 888-691-7867

**Save our number now!**

**Intake - Visit - Follow Up**

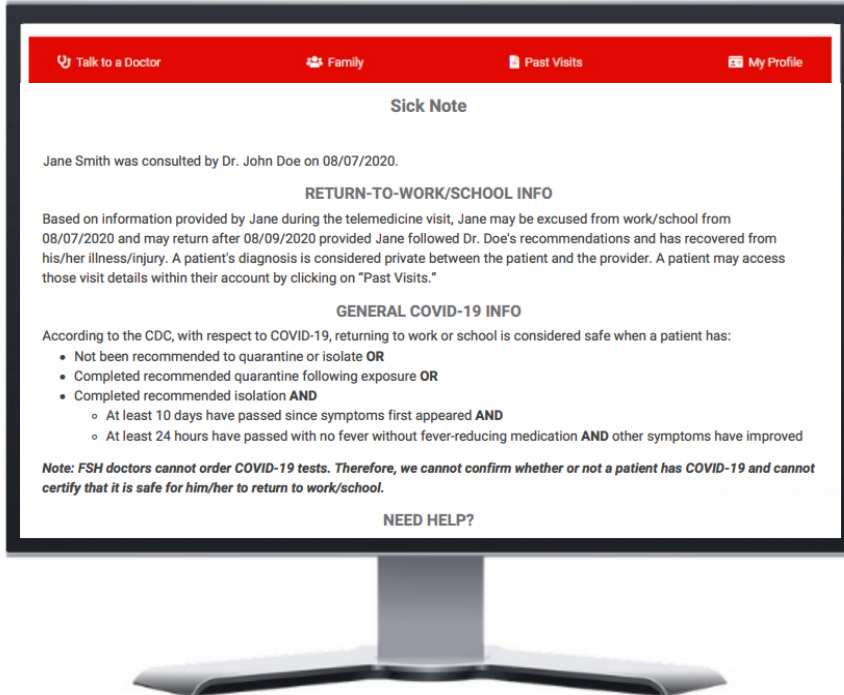
# Intake & Visit Process

- 1 Log into App or Web**  
*(You can also just call)*
- 2 Select “Talk to a Doctor” or “Talk to a Counselor”**
- 3 Select Primary Symptom or Concern**
- 4 Provide Medical Info, Current State, and Visit Type**
- 5 Confirm Contact Info**
- 6 Receive doctor call or schedule counseling appointment**

# After Your Visit

- Through the app or website, you can find:
  - Instructions from your doctor
  - A recording of your visit
  - A sick note, if you requested one during your visit
  - Which pharmacy you selected to use
  - What medication you were prescribed (if any)
- Obtaining your prescription:
  - Your prescription should take < 30 minutes to be filled
  - Prescription costs are not covered by First Stop Health

# Sick Note



Patients may request a sick note during intake.

Sick notes can be downloaded from the mobile app or dashboard following the visit.

Patients may receive up to 4 days\* per illness and 10 days in any 12-month period.

*\* Can be extended to 14 days for COVID-19 related symptoms*

# Patient FAQs

# How much does it cost?

Both virtual counseling and telemedicine appointments are FREE!

Prescriptions are available when appropriate; costs applicable to your medical plan.

# Who can use this service?

Telemedicine and counseling services are provided to medical-enrolled employees and their covered dependents.



# Who will I be speaking to?

Doctors are licensed in all 50 states and are board certified.

Licensed, experienced counselors hold masters-level degrees or higher and are available nationwide.

# How long will it take to speak to a doctor?

For telemedicine, a doctor will call within a few minutes of requesting an appointment.

For virtual counseling, an operator will call immediately. They will help you to schedule an appointment with a counselor in your related area of concern.

# Can I use this when I'm traveling?

Yes! You can use First Stop Health from all 50 states.

# Will I get anything from First Stop Health?

Yes! If you have a valid address on file with your employer, you will receive a welcome letter about one month after your membership start date.

If you have a valid email address on file with your employer, you will receive periodic monthly emails.



# Need help troubleshooting?

For pharmacy questions, issues logging in, and any help you may need, our team is available.

- **App:** Click the “Help” tab
- **Call:** 888-691-7867 and press 2
- **Email:** [member\\_services@fshealth.com](mailto:member_services@fshealth.com)

# Watch the 1-minute overview videos!

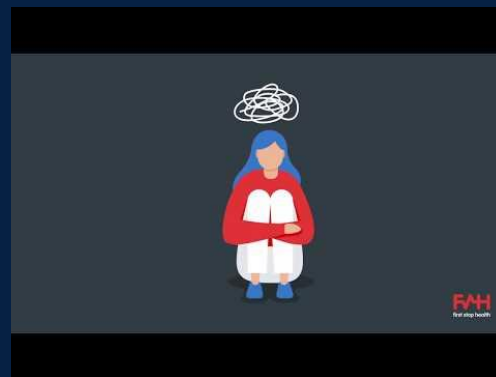
## Talk to a Doctor

<https://youtu.be/y-gMYDdQxSE>



## Talk to a Counselor

<https://youtu.be/Gc62jgrC-4w>



# Care At Your Fingertips, 24/7

## Telemedicine and Virtual Counseling from Hoosier Heartland School Trust

You have 24/7 access to doctors and counselors via phone or video with telemedicine and virtual counseling. Both services are provided to benefit-enrolled employees and their dependents or FREE.



### **Talk to a doctor 24/7**

Get treatment within minutes for minor injuries, illnesses, and prescriptions.

- Cough & Sore Throat
- Infection (Sinus, Ear, UTI, etc.)
- Skin Rash
- Muscle/Joint Pain
- Medication Refill\*

### **Talk to a counselor**

Sometimes, you just need someone to talk to. Talk to a licensed counselor to work through:

- Anxiety
- Depression
- Marital/Relationship
- Substance Use
- Work/Life Stress

\*Doctors can write prescriptions when needed. Prescription costs are applicable to your medical plan.

“Always cordial, caring, and very upbeat! Thank you for making us feel better mentally as well as physically!” – Helen from Ohio

**Get the app** ↓



Use the last 4 digits of your SSN to log in.

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- Workplace Issues

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“Always cordial, caring, and very upbeat! Thank you for making us feel better mentally as well as physically!” – Helen from Ohio

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Use the last 4 digits of your SSN to log in.



# FAQs



## **What is the Hendricks Regional Health Orthopedic Center of Excellence?**

The Center is an orthopedic and spine surgery program that brings high-quality, award-winning care together with nationally recognized patient experience.

## **What steps do I need to take to start the surgery process?**

**Step 1:** See a healthcare provider to have your joint or muscle pain evaluated. This can be through your primary care office or your employer Wellness Clinic. You may also contact Hendricks Regional Health for an appointment with a sports medicine physician at (317) 718-4263 at our Avon, Brownsburg or Danville locations.

**Step 2:** If your provider recommends you for surgery, you will call the scheduling line at (317) 386-5630 and give your name, date of birth, trust name and other clinical information to schedule a virtual or in-person visit with a Hendricks Regional Health orthopedics provider.

## **Will I have to visit Hendricks Regional Health before the surgery, or can this be done virtually?**

Some patients may have the option to be seen virtually for their pre-surgical appointment. This depends on the type of surgery needed and the patient's medical history.

## **If I have already received testing from another health system or another provider, will you need to redo all the lab, imaging services and evaluations?**

If you've had medical tests or evaluations to assist in determining a diagnosis recent enough, and we can get your records, you may not have to be re-tested or re-evaluated. If we don't have enough information, we may request follow up testing and evaluations as necessary to determine if surgery is your best option.

## **How much will the surgery cost me?**

The surgery itself has no out-of-pocket cost (the most expensive part), but check with your trust for details. You may incur charges for pre-surgical evaluation and post-operative therapy. Costs may be partially offset by shared savings ranging from \$500 to \$1,500\* which you will receive from your trust after the surgery.

## **How do I get the shared savings check?**

If you have surgery at the Hendricks Regional Health Orthopedic Center of Excellence, your trust will issue you a shared savings check ranging from \$500 to \$1,500\* after surgery.

## **If I live far away, will I have to come back for physical therapy at Hendricks Regional Health?**

No, we have a statewide network of physical therapy partners that are happy to care for you close to your home. Physical therapy services will apply toward your existing health plan coverage. However, you may have one therapy session at Hendricks Regional Health the day after your procedure.

## **If I live far away, will hotel accommodations be included?**

A one-night hotel stay may be provided and arranged by our Concierge when determined necessary by your surgeon.



## What orthopedic surgeries and procedures are included through the Center of Excellence program?

- ACL Reconstruction
- Cervical Fusion
- Carpal Tunnel Release
- Cubital Tunnel Release
- Foot & Ankle Procedures:
  - » Ankle Exostectomy
  - » First Ray Procedures
  - » Hammertoe
- Ganglion Cyst Excision
- Gastrocnemius Recession
- Joint Replacement Procedures:
  - » Ankle
  - » Hip
  - » Knee
  - » Shoulder
- Knee Arthroscopy
- Ligament & Tendon Repair
- Lumbar Decompression Laminectomy
- Muscle Repair
- Posterior Lumbar Fusion
- Rotator Cuff Repair
- Shoulder Arthroscopy
- Labral Repair of Shoulder
- Trigger Finger Release



Scan here to visit [Hendricks.org/COE](https://Hendricks.org/COE) and learn more.

Or call: **(317) 386-5630**.







## Hendricks Regional Health

### Orthopedic Center of Excellence

The Hendricks Regional Health (Hendricks) Orthopedic Center of Excellence is the premier destination in Indiana for comprehensive orthopedic and spine care. Our Center of Excellence provides non-trauma surgical services to our partners' employees.

Employees receive exceptional, personalized care, rooted in Hendricks' values and unique culture — all with little or no out-of-pocket costs and a seamless experience. Plus, when employees travel to Hendricks for their procedure, a one-night hotel stay may be provided and arranged by our Concierge when determined necessary by their surgeon.

We hope to become your partner of choice in supporting the overall health and satisfaction of your employees.

### Why Hendricks?

A commitment to delivering healthcare service excellence is the Hendricks way.

- Prioritized patient experience
- Top-notch quality ratings
- Excellent clinical outcomes
- World-class physicians and staff
- Demonstrated cost savings
- Effective employer partnerships
- Full continuum of care



Scan here to visit [Hendricks.org/COE](https://Hendricks.org/COE) and learn more.

Or call: **317-386-5630**.



## Meet the Team

### Surgery



**Tyler Beckley, D.O.**  
Orthopedics  
Sports Medicine



**Justin Miller, M.D.**  
Orthopedics Spine



**Brad Prather, M.D.**  
Orthopedics  
Sports Medicine



**Kyle Ritter, M.D.**  
Orthopedics  
Sports Medicine



**Chad Waits, M.D.**  
Orthopedics  
Sports Medicine



**Nicole Drilling, P.A.**  
Orthopedics  
Sports Medicine



**Jane Clark, P.A.**  
Sports Medicine



**Kate McFarland, P.A.**  
Orthopedics  
Sports Medicine



**Jeana Gregory, P.A.**  
Orthopedics  
Sports Medicine

### Sports Medicine



**Mark Booher, M.D.**  
Sports Medicine



**Robin Fean, M.D.**  
Sports Medicine



**David Harsha, M.D.**  
Sports Medicine



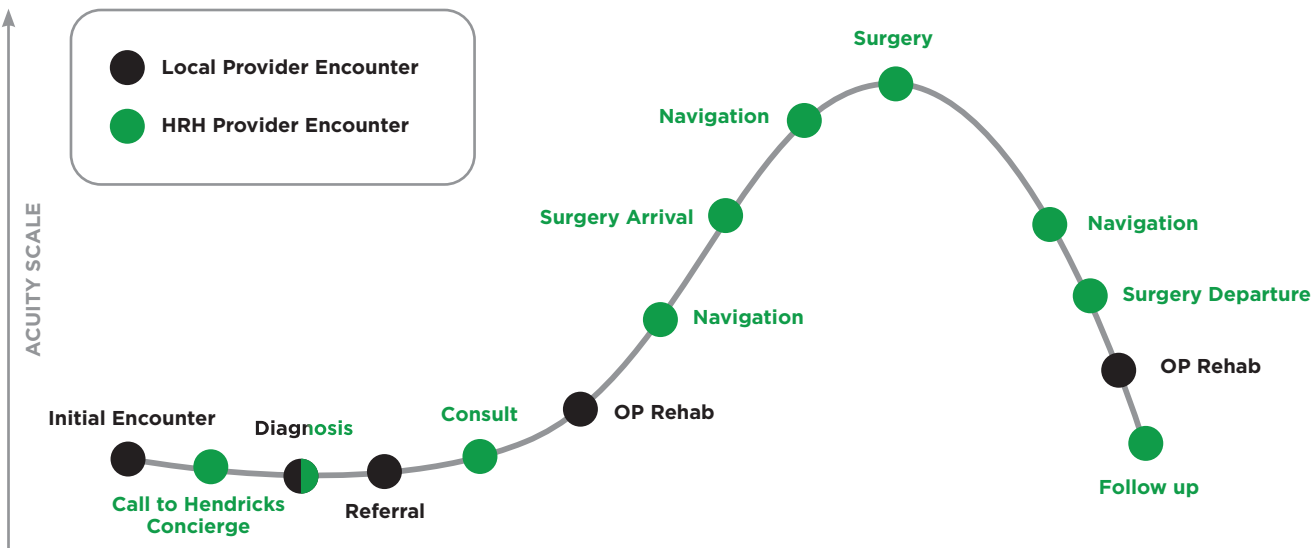
**Zac Ritchie, M.D.**  
Family Medicine  
Sports Medicine



*We deliver care*

**in a comprehensive and integrated fashion.**

Our model is unique because it provides consistency with both the navigator element as well as the physician caring for the patient. We may use telemedicine and other approaches to ensure seamless care after the procedure/when patient returns home.



**Surgeries & Procedures**

The following is a list of orthopedic surgeries and procedures included through the Center of Excellence program:

- ACL Reconstruction
- Cervical Fusion
- Carpal Tunnel Release
- Cubital Tunnel Release
- Foot & Ankle
- Ankle Exostectomy
- First Ray Procedures
- Hammertoe
- Ganglion Cyst Excision
- Gastrocnemius Recession
- Joint Replacement
- Ankle
- Hip
- Knee
- Shoulder
- Knee Arthroscopy
- Ligament & Tendon Repair
- Lumbar Decompression Laminectomy
- Muscle Repair
- Posterior Lumbar Fusion
- Rotator Cuff Repair
- Shoulder Arthroscopy
- Labral Repair of Shoulder
- Trigger Finger Release

**96%**

of Hendricks Orthopedics & Sports Medicine patients said they would recommend this practice.

**95%**

of patients rated their provider as a 9 or 10/10.

**1 of 7**

hospitals in the nation to receive Healthgrades' highest patient experience award for 14 consecutive years.





## WEB RESOURCES

### **HOOSIER HEARTLAND SCHOOL TRUST**

[mybensite.com/hoosier](http://mybensite.com/hoosier)

Login: hoosier

Password: maessu

The Trust website contains a vast array of information about the Trust and benefits available to our members. You'll find benefit summaries, side-by-side comparison of the health plans, a prescription listing, customer service numbers, links to help you discover the benefits of opening a Health Savings Account, as well as other valuable resources.

### **United HealthCare**

[myuhc.com](http://myuhc.com)

We encourage you to register on the United HealthCare (UHC) website. You will gain access to your ID cards, be able to estimate your costs, find a provider, view your claims and much more. **Health4Me** is a mobile app that puts your health plan at your fingertips.

### **Telemedicine Options**

**First Stop Health**

[888-691-7867](tel:888-691-7867) or [app2.fshealth.com](http://app2.fshealth.com)

Virtual Visits provides access to a doctor via the internet. They can diagnose and prescribe medications as needed. Consider downloading the app so it's available when you might need it.

### **CVS/Caremark**

[caremark.com](http://caremark.com)

Registering on the Caremark website is simple and provides you the ease of refilling your prescriptions online. You can also track how much you've spent and where you might have saving opportunities.



## HOOSIER HEARTLAND SCHOOL TRUST EMPLOYEE ENROLLMENT FORM

<b>Madison Special Services Use Only</b>		
Employee Date of Hire:	Employee Occupation:	Coverage Effective Date:
Is Income Reported by W-2?	Hours Worked Per Week:	Retirement Date:

**Section A – Waiver of Coverage (This section must be completed for employee and / or any eligible dependent not enrolling the group health plan when initially eligible due to coverage elsewhere)**

Name of person waiving:	Coverage is provided by [ ] Spouse [ ] Parent [ ] No Coverage
Name of person waiving:	Coverage is provided by [ ] Spouse [ ] Parent [ ] No Coverage
Name of person waiving:	Coverage is provided by [ ] Spouse [ ] Parent [ ] No Coverage
Name of person waiving:	Coverage is provided by [ ] Spouse [ ] Parent [ ] No Coverage

I certify that I have been given an opportunity to apply for group health coverage through the Trust and I am declining as indicated above. I understand that I will be able to enroll in the future only during the next annual open enrollment period, OR if I or my eligible dependent(s) experience a qualifying event as defined by HIPAA guidelines. I also understand that if I have a new dependent as a result of marriage, birth, adoption or placement for adoption, I may be able to enroll myself and my dependents at that time. All enrollment forms must be received within 31 days of the event.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section B – Medical Coverage Selection Information**

Circle One	Active 0157	Retiree 0161	COBRA 0165	Active 0158	Retiree 0162	COBRA 0166	Active 0159	Retiree 0163	COBRA 0167	Active 0160	Retiree 0164	COBRA 0168
Employee	<input type="checkbox"/>	PPO 1		<input type="checkbox"/>	PPO 2		<input type="checkbox"/>	HDHP 1		<input type="checkbox"/>	HDHP 2	
EE/Child(ren)	<input type="checkbox"/>	PPO 1		<input type="checkbox"/>	PPO 2		<input type="checkbox"/>	HDHP 1		<input type="checkbox"/>	HDHP 2	
EE/Spouse	<input type="checkbox"/>	PPO 1		<input type="checkbox"/>	PPO 2		<input type="checkbox"/>	HDHP 1		<input type="checkbox"/>	HDHP 2	
Family	<input type="checkbox"/>	PPO 1		<input type="checkbox"/>	PPO 2		<input type="checkbox"/>	HDHP 1		<input type="checkbox"/>	HDHP 2	

**Section C – Employee/Application Information (all fields must be completed)**

First Name	MI	Last Name	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth mm/dd/yyyy	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced
Home Address (include PO Box if applicable)			City	State		Zip
Home Phone ( ) ( )			Work Phone ( ) ( )			
Email Address				Document Preference <input type="checkbox"/> NO PREFERENCE <input type="checkbox"/> ONLINE <input type="checkbox"/> PAPER		

**Section D – Spouse Information (all fields must be completed)**

First Name	MI	Last Name	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth mm/dd/yyyy
------------	----	-----------	-------------------	---	-----------------------------

Is your spouse employed?  
 Yes      If yes, please provide name of employer: \_\_\_\_\_  
 No

Does your spouse have medical coverage through his/her employer?  
 Yes  
 No

Section E – Family Information – (all fields must be completed for each covered dependent)					
First Name	MI	Last Name	Social Security #	Relationship / Sex: <input type="checkbox"/> Child <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Female	Date of Birth mm/dd/yyyy
First Name	MI	Last Name	Social Security #	Relationship / Sex: <input type="checkbox"/> Child <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Female	Date of Birth mm/dd/yyyy
First Name	MI	Last Name	Social Security #	Relationship / Sex: <input type="checkbox"/> Child <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Female	Date of Birth mm/dd/yyyy
First Name	MI	Last Name	Social Security #	Relationship / Sex: <input type="checkbox"/> Child <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Female	Date of Birth mm/dd/yyyy
First Name	MI	Last Name	Social Security #	Relationship / Sex: <input type="checkbox"/> Child <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Female	Date of Birth mm/dd/yyyy

**Section F – Other Health Coverage**

List yourself and any family members to be enrolled in this plan who will be covered by other health coverage on this plan's effective date:

Provide name & address of insurance carrier: \_\_\_\_\_

Policyholder Name: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Group/Account/Policy ID Number: \_\_\_\_\_ Effective Date of Coverage: \_\_\_\_\_

If you and/or your dependent(s) are enrolled in Medicare or Medicaid, please complete the following:

Enrollees Name:	Medicare/Medicaid ID #	Medicare Part A Effective Date:	Medicare Part B Effective Date:
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**Section G – Prior Health Coverage**

Have you or other family members to be enrolled in this plan had other coverage in the past 2 years?

Yes (*complete information below*)

No

List yourself and any other family members who have had prior coverage:	Name of Insurance Carrier:
	Group/Account/Policy ID Number:
	Coverage Effective Date:
	Coverage Termination Date:
	Reason for Termination:
	<input type="checkbox"/> Divorce/Legal Separation
	<input type="checkbox"/> Death of Spouse
	<input type="checkbox"/> COBRA Coverage Exhausted
	<input type="checkbox"/> Termination of Employment
	<input type="checkbox"/> Employer Premium Contribution Ceased
	<input type="checkbox"/> Other - Please explain _____

If the relationship of a dependent is an adopted child or child for whom you have legal custody, you must provide a copy of legal documentation. All enrollments must be submitted within 31 days of the qualifying event. All required documentation must accompany this form in order to process the enrollment.

By signature, I declare that the information provided is complete and correct. By electing coverage under this Plan, I also agree to have the applicable premium deductions made. I accept that I am responsible to notify my employer of any change that would make me or any dependent ineligible for benefits under the Trust group health plan.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your coverage is issued by a multiple employee welfare arrangement. The multiple welfare arrangement may not be subject to all of the insurance laws and regulations of Indiana. State guaranty funds are not available for your multiple employer welfare arrangement.

HHST Office Use Only			
Spouse: Marriage Certificate _____	Child: Birth Certificate _____	UHC _____	
Current Tax/Bill Doc _____	Court Order/Adoption Decree _____		2019/2020







**NOTICE OF PRIVACY PRACTICES  
HOOSIER HEARTLAND SCHOOL TRUST HEALTH PLANS**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU  
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO  
THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

The Hoosier Heartland School Trust maintains group health plans, including Medical and Prescription Drug (collectively, the "Plan"), that are required to comply with a new federal regulation governing health privacy. This new regulation, commonly referred to as the HIPAA Health Privacy Rule, imposes significant restrictions upon the Plan and provides participants with extensive rights. The Plan is required to provide you with the following information in connection with the new federal regulation.

**USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

The Plan may use and disclose information that relates to your physical or mental health, your receipt of health care services, or payment information relating to your health care. This information may either identify you or could reasonably be used to identify you. Use and disclosure of this information is permissible only to the extent provided by the Health Privacy Rule.

It will be necessary for the Plan to obtain an Authorization from you if the Plan intends to use or disclose your health information and the use or disclosure is not permitted or required by the Health Privacy Rule. It will not be necessary for the Plan to obtain an Authorization in the following situations:

1. Treatment: The Plan may use or disclose your protected health information to assist in your treatment. For example, the Plan may provide your information to a physician who is taking care of you if you suffer an injury or illness. The Plan may also provide this information in limited circumstances to members of your family to the extent the information is directly relevant to his or her involvement in your medical care.

2. Payment: The Plan may use or disclose your protected health information to assist in payment for health care services. For example, the Plan may use this information to determine your eligibility or coverage under the Plan and in the process of reviewing your health benefit claims. However, the Plan is generally prohibited by Indiana state law from requesting or using genetic information about you with respect to any decision by the Plan involving coverage or benefits. The Plan may also use your protected health information in connection with risk adjustments, billing and collection activities, obtaining payment under a contract for reinsurance (including stop-loss

insurance and excess loss insurance) and utilization review activities. The Plan also retains the right to use this information to review health care services for medical necessity, coverage, justification of charges and similar activities.

3. Health Care Operations: The Plan may use or disclose your protected health information to assist in Plan operations. For example, the Plan may use this information to conduct quality assessment and improvement activities or to review health plan performance. In addition, the information may be used for underwriting and other activities relating to the creation, renewal, or replacement of a contract of health insurance or health benefits, and ceding, securing, or placing a contract for reinsurance of risk relating to health care claims. The Plan may conduct or arrange for medical review, legal and auditing services, including fraud and abuse detection and compliance programs. In addition, protected health information may be used for business planning and development, such as conducting cost-management and planning analyses relating to managing and operating the entity. Finally, the Plan may use the information for business management and general administrative activities, including those related to implementing and complying with the Health Privacy Rule, customer service, resolution of internal grievances, sale or transfer of assets, creating de-identified information or a limited data set.

4. As Required by Law: The Plan may use or disclose your protected health information as required by law.

5. Public Health Risks: The Plan may disclose your protected health information for certain public health activities. Such disclosures may be necessary to prevent or control disease, injury or disability.

6. Situations of Abuse: The Plan may disclose your protected health information in certain instances of abuse, neglect or domestic violence.

7. Law Enforcement: The Plan may disclose your protected health information to law enforcement officials for law enforcement purposes in certain circumstances.

8. Disaster Relief Efforts: The Plan may disclose your protected health information to a public or private entity authorized by law or its charter to assist in disaster relief efforts to the extent the information is used for notification purposes.

9. Coroners, Medical Examiners and Funeral Directors: The Plan may disclose your protected health information to coroners, medical examiners and funeral directors to assist them in carrying out their duties.

10. Organ and Tissue Donation: The Plan may disclose your protected health information if you are an organ or tissue donor to the extent necessary to facilitate the organ or tissue donation and transplantation.

11. Public Safety: The Plan may disclose your protected health information to the extent necessary to prevent a serious and imminent threat to the health or safety of a person or the public.

12. Government Activities: The Plan may disclose your protected health information for specialized government functions, including military activities, national security and intelligence activities.

13. Workers' Compensation: The Plan may disclose your protected health information to the extent necessary to comply with workers' compensation or other similar programs that provide benefits for work-related injuries or illness without regard to fault.

14. Inmates: If you are an inmate of a correctional institution or are otherwise under the custody of law enforcement, the Plan may disclose your protected health information to the correctional institution or law enforcement body.

15. Marketing: In very limited circumstances set forth in the Health Privacy Rule, the Plan use or disclose your protected health information during a face-to-face encounter with you or in connection with a promotional gift of nominal value.

Except as provided above or otherwise permitted by the Health Privacy Rule, the Plan may use and disclose your protected health information **only** upon your written Authorization. You may generally revoke an Authorization at any time unless the Plan: (i) has taken action in reliance upon the Authorization; or (ii) in certain instances, if the Authorization was obtained as a condition of obtaining insurance coverage.

### YOUR LEGAL RIGHTS

You have the following rights with respect to protected health information that we maintain about you:

1. You have the right to request restrictions on certain uses and disclosures of your health information to carry out treatment, payment or health care operations. You may also request restrictions on uses and disclosures of your information to family members, relatives and close personal friends who are involved with your care or payment for your health services. The Plan is not required to agree to these requested restrictions.

2. You have the right to receive confidential communications of your protected health information. Specifically, you may request to receive communications by alternative means or at alternative locations. Your request will be honored only if you submit a written request to the Privacy Official that states that disclosure of all or a portion of your protected health information would endanger you.

3. You have the right to inspect and copy your protected health information. Should you wish to exercise this right, please provide a written request to the Privacy Official. Generally, the Plan is required to respond within 30 days of your request. If the Plan grants the request, it must generally provide you with access to your information in the form or format that you request. The Plan may impose reasonable, cost-based fees if you request a copy of your information.

4. You have the right to amend your protected health information. You must request such amendment in writing and you must provide a reason to support the requested amendment. The Plan must generally act upon your request within sixty days. The Plan may deny your request for the reasons set forth in the Health Privacy Rule.

5. You have the right to receive an accounting of disclosures of your health information to the extent provided in the Health Privacy Rule. Please submit any request for an accounting in writing to the Privacy Official. The Plan must generally respond to your request within 60 days. In the event that the request is granted, the Plan will provide a record of disclosures of protected health information made by the Plan during the previous six-year period (or any lesser period requested). The accounting will not include disclosures made before the Effective Date of this Notice. The accounting will provide the date of each disclosure and a brief description of the purpose of the disclosure. In the event that the Plan has made multiple disclosures to the same person or entity for a single purpose, the Plan is only required to provide detailed information with respect to the first disclosure.

6. You have the right to obtain a paper copy of this Notice from the Plan upon request, even if you have previously agreed to receive the Notice electronically.

#### **DUTIES OF THE PLAN**

The Health Privacy Rule requires the Plan to comply with the following duties and obligations.

1. The Plan is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.

2. The Plan is required to abide by the terms of its Notice currently in effect.

3. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information maintained by the Plan. You will receive a revised Notice by mail unless you have previously agreed to receive the Notice electronically.

4. The Plan does not currently maintain a website. In the event that one is established, a copy of this Notice will be posted to the website.

5. You may complain to the Plan and to the Secretary of Human Services if you believe that your privacy rights have been violated. **YOU WILL NOT BE RETALIATED AGAINST FOR FILING A COMPLAINT.** You may submit a complaint in writing by (a) delivering it personally; (b) registered or certified mail, return receipt requested, postage prepaid; (c) prepaid overnight courier. The complaint should be submitted to:

Privacy Official  
Hoosier Heartland School Trust  
11595 N Meridian St, Ste 250  
Carmel, IN 46032

6. If you have any questions or concerns about the Plan or your legal rights under federal law, you may contact:

Privacy Official  
Hoosier Heartland School Trust  
11595 N Meridian St, Ste 250  
Carmel, IN 46032

7. This Notice shall be effective on April 14, 2004. Once effective, this Notice will remain in effect until a new Notice is issued.

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