

SNAPSHOT COMPARISON

	TRADITIONAL PPO	HDP #1	HDP #2
BCBSTX Network	-	-	-
Coverages:			
physician services	-	-	-
prescriptions	-	-	-
preventive care	-	-	-
home health care	-	-	-
substance abuse	-	-	-
prescriptions	-	-	-
Higher Benefit Levels In-network	-	-	-
Calendar Year Deductible	-	-	-
Out-of-Pocket Maximums	-	-	-
Office Visit Copays	-	-	-
Prescription Copays at Pharmacy	-	-	-
Prescription Copays with Mail Order program	-	-	-
Pre-Tax Premium Contributions	-	-	-
Tax-Savings FSA Reimbursement Account	-	-	-
Tax-Savings HSA Reimbursement Account	-	-	-
Employer Contribution to Individual's HSA	-	-	-



Benefits Overview for New Employees

Below is a comparison chart of the FSA Health Care Account and the Health Savings Account. As noted previously, these are IRS-regulated plans and have specific eligibility and benefit rules. Please see additional information on the following pages.

HEALTH SAVINGS ACCOUNT	FLEXIBLE SPENDING ACCOUNT HEALTH CARE ACCOUNT
Must be enrolled in our HDHP to participate. Cannot be enrolled in our Traditional PPO.	Do not need to be enrolled in a medical plan to participate. Can only be associated with a Traditional PPO.
██████ will contribute \$500 Individual/\$1,000 Family	No employer contributions
Balance carries forward year to year	'Use or Lose' rule for unused amounts over \$500 carry over
No time limit on reimbursements as long as HSA was established before medical expenses were incurred	Expense must be incurred during plan year
Higher max annual contributions \$3,400 Self Only \$6,750 Family +\$1,000 Age 55+	\$2,500 max employee contributions
Can change payroll contribution at any time during the plan year with no change in status required	Irrevocable payroll contribution election unless there is a change in status
Portable—you own the account	Not portable
Funds may be used for non-health expenses (with tax plus penalty)	Funds may only be used for deductible health expenses (IRS rules)
More restrictive eligibility (IRS rules)	Some restrictions on eligibility
Reimbursements are based on the current balance in your account	Your full annual election amount is immediately available on January 1 st

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- Author: leisa Subject: Inserted Text Date: 8/19/16, 1:18:31 PM -05'00'
SNAPSHOT
- Author: leisa Subject: Sticky Note Date: 8/22/16, 12:52:31 PM -05'00'
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- Author: leisa Subject: Inserted Text Date: 8/19/16, 4:08:19 PM -05'00'
chiropractic care
- Author: leisa Subject: Inserted Text Date: 8/22/16, 11:59:17 AM -05'00'
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- Author: leisa Subject: Inserted Text Date: 8/22/16, 11:59:30 AM -05'00'
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- Author: leisa Subject: Inserted Text Date: 8/22/16, 12:47:33 PM -05'00'
IRS-regulated
- Author: leisa Subject: Highlight Date: 8/19/16, 1:19:55 PM -05'00'
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- Author: leisa Subject: Highlight Date: 8/19/16, 4:11:24 PM -05'00'
Page 17 says 'use it or lose it.' Language and capitalization should match – pick one.
- Author: leisa Subject: Inserted Text Date: 8/19/16, 4:06:51 PM -05'00'
carryover

THE CHOICE IS YOURS

Choosing the right medical plan is a personal decision and can be somewhat confusing. By reading the information provided on the following pages, using the [MyChoice tool](#) found on the benefit enrollment website, and reviewing the other resources noted throughout this guide, we hope that you will be able to make an informed choice. Please keep in mind, our [Benefits Helpline](#) is available to help you with understanding the options available to you.

IN THE KNOW

Scenario: In January, an individual sees a specialist and has an office visit charge of \$250 and is prescribed a preferred brand drug for \$189.

Under the Traditional PPO, an individual would be responsible for the Specialist Copay of \$40.00, plus the preferred brand copay of \$50.00 for a total of \$90.00 to be applied to the \$2,000 out-of-pocket maximum amount.

Under the HDHP, an individual would be responsible for paying the full charges for both the doctor visit and prescription for a total of \$439.00. The full \$439.00 would be applied to the \$3,000 out-of-pocket expense. Keep in mind, [redacted] would have contributed \$500 to the individual's HSA to enable the employee to cover these expenses.

	TRADITIONAL PPO PLAN	
	In-network	Out-of-network
Deductible Individual Family	\$0 \$1,500	\$1,000 \$3,000
Payment Level/Coinsurance	20% after deductible until out-of-pocket is met	50% after deductible until out-of-pocket is met
Inpatient Hospital Copayment	\$350 per admission	\$500 per admission
Out-of-Pocket Maximums In-network includes deductible, coinsurance and copay, excluding prescription copay	\$2,400 individual \$4,700 family	\$4,400 individual \$8,420 (max)
Physician Office Visits (Office visit charge only) Primary Care Physician (PCP) Specialist	\$20 copay \$40 copay	50% after deductible 50% after deductible
Preventive Care (Ages 3 to Adult) Routine physical exams Routine PSA and PAP test Mammograms, as required	0% 0% 0%	50% after deductible 50% after deductible 50% after deductible
Preventive Care (Pediatric) Well Child up to age 3 Pediatric immunizations	0% 0%	50% after deductible 50% after deductible
Emergency Room Services (Emergency use of facility charges only) (\$250 copay per visit for non-emergency use of emergency room)	20% after \$100 copay (copayment waived if admitted)	Care will be provided at in-network levels if it meets the "prudent layperson" definition of an emergency. Otherwise, 50% after plan deductible
Ambulance	20% after deductible	Care will be provided at in-network levels if it meets the "prudent layperson" definition of an emergency. Otherwise, 50% after plan deductible
Hospital Expenses Inpatient Outpatient	\$350 copayment per admission, then 20% after deductible 20% after deductible	\$350 copay per admission, then 50% after deductible. Pre-certification Required. 50% after deductible
Medical/Surgical Expenses	20% after deductible	50% after deductible
Mental Health Inpatient Outpatient	\$350 copay per admission, then 20% after deductible \$30 copay	\$350 copay per admission, then 50% after deductible. Pre-certification Required. 50% after deductible
Substance Abuse Inpatient (admission) Outpatient	\$350 copay per admission, then 20% after deductible \$30 copay	\$350 copay per admission, then 50% after deductible. Pre-certification Required. 50% after deductible
Pre-Tax Reimbursement Accounts (optional)	Flexible Spending Account (FSA)	
Prescriptions Generic Preferred Brand Name Non-Preferred Brand Name Specialty	\$20 copay \$50 copay 20%, min \$30, max \$100 copay	Not Covered Not Covered Not Covered Not Covered
Mail Order Prescriptions Up to a 90-day supply. (Does not apply to specialty drugs.)	Pay 2 copays and receive a 90-day supply	Not Covered
Pre-certification Requirements	Provider's Responsibility	Member's Responsibility

Page: 14

Author: leisa Subject: Sticky Note Date: 8/22/16, 1:06:52 PM -05'00'
The tables on this page and the following page are COMPLETELY UNCLEAR as to what the percentages mean. For instance, on Payment Level/Coinsurance, is the 20% what the plan covers, or what the insured individual is responsible for? Because the Preventive Care is all listed at 0%, it would seem that the percentages are what the insured individual is responsible for, but that's not how these tables usually work. Usually the percentage stated is what the plan covers. In any case, THIS NEEDS TO BE SPELLED OUT!

For example, on page 25 in the Dental Section, it clearly says "Patient Responsibility."

Author: leisa Subject: Sticky Note Date: 8/22/16, 1:09:22 PM -05'00'
Additionally, there is no reason why these table cells should not line up exactly across the page break, as well as making sure the information in subsequent columns lines up exactly with the information in the first column. It would make comparing the plans far easier.

Author: leisa Subject: Highlight Date: 8/22/16, 10:28:26 PM -05'00'
Where is the footnote for the asterisk? This goes for both pages.

Author: leisa Subject: Inserted Text Date: 8/22/16, 12:20:50 PM -05'00'
MyChoice

Author: leisa Subject: Highlight Date: 8/19/16, 1:33:16 PM -05'00'
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Author: leisa Subject: Highlight Date: 8/19/16, 1:22:24 PM -05'00'
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Help Line

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Comments from page 14 continued on next page

THE CHOICE IS YOURS

Choosing the right medical plan is a personal decision and can be somewhat confusing. By reading the information provided on the following pages, using the [My Choice](#) tool found on the benefit enrollment website, and reviewing the other resources noted throughout this guide, we hope that you will be able to make an informed choice. Please keep in mind, our [Benefits Helpline](#) is available to help you with understanding the options available to you.

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Under the HDHP, an individual would be responsible for paying the full charges for both the doctor visit and prescription for a total of \$439.00. The full \$439.00 would be applied to the \$3,000 out-of-pocket expense. Keep in mind, [REDACTED] would have contributed \$500 to the individual's HSA to enable the employee to cover these expenses.

	TRADITIONAL PPO PLAN	
	In-network	Out-of-network
Deductible Individual Family	\$500 \$1,500	\$1,000 \$3,000
Payment Level/Coinsurance	20% after deductible until out-of-pocket is met	50% after deductible until out-of-pocket is met
Inpatient Hospital Copayment	\$350 per admission	\$350 per admission
Out-of-Pocket Maximums In-network includes deductible, coinsurance and copay, excluding prescription copay	\$2,400 individual \$7,200 family	\$4,800 individual \$14,420 family
Physician Office Visits (Office visit charge only) Primary Care Physician (PCP) Specialist	\$30 copay \$40 copay	50% after deductible 50% after deductible
Preventive Care (Ages 3 to Adult) Routine physical exams Routine PSA and PAP test Mammograms, as required	0% 0% 0%	0% after deductible 50% after deductible 50% after deductible
Preventive Care (Pediatric) Well Child up to age 3 Pediatric immunizations	0% 0%	50% after deductible 50% after deductible
Emergency Room Services (Emergency use of facility charges only) (\$250 copay per visit for non-emergency use of emergency room)	20% after \$100 copay (copayment waived if admitted)	Coverage will be provided at in-network levels if it meets the "prudent layperson" definition of an emergency. Otherwise, 50% after plan deductible
Ambulance	20% after deductible	Coverage will be provided at in-network levels if it meets the "prudent layperson" definition of an emergency. Otherwise, 50% after plan deductible
Hospital Expenses Inpatient Outpatient	\$350 copay per admission, then 20% after deductible 20% after deductible	\$350 copay per admission, then 50% after deductible. Precertification Required. 50% after deductible
Medical/Surgical Expenses	20% after deductible	50% after deductible
Mental Health Inpatient Outpatient	\$350 copay per admission, then 20% after deductible \$30 copay	\$350 copay per admission, then 50% after deductible. Precertification Required. 50% after deductible
Substance Abuse Inpatient rehabilitation Outpatient	\$350 copay per admission, then 20% after deductible \$30 copay	\$350 copay per admission, then 50% after deductible. Precertification Required. 0% after deductible
Pre-Tax Reimbursement Accounts (optional)	Flexible Spending Account (FSA)	
Prescriptions Generic Preferred Brand Name Non-Preferred Brand Name Specialty	\$20 copay \$50 copay 20%, min \$50, no max \$100 copay	Not Covered Not Covered Not Covered Not Covered
Mail Order Prescriptions Up to a 90-day supply. (Does not apply to specialty drugs.)	Pay 2 copays and receive a 90-day supply	Not Covered
Precertification Requirements	Provider's Responsibility	Member's Responsibility

- Author: leisa Subject: Highlight Date: 8/19/16, 1:31:58 PM -05'00'
- These should line up directly with the corresponding lines in the first column. Also, "covered" should not be capitalized.
- Author: leisa Subject: Inserted Text Date: 8/19/16, 3:49:35 PM -05'00'
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- Author: leisa Subject: Inserted Text Date: 8/19/16, 3:49:42 PM -05'00'
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- Author: leisa Subject: Inserted Text Date: 8/19/16, 3:49:18 PM -05'00'
- p
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- b
- Author: leisa Subject: Inserted Text Date: 8/19/16, 3:49:57 PM -05'00'
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- Author: leisa Subject: Inserted Text Date: 8/19/16, 3:50:17 PM -05'00'
- Specialty
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	HIGH DEDUCTIBLE HEALTH PLAN (HDHP) OPTION #1		HIGH DEDUCTIBLE HEALTH PLAN (HDHP) OPTION #2	
	In-Network Care	Out-of-network*	In-Network Care	Out-of-network*
Deductible Individual Family	\$300 \$1,500	\$1,000 \$3,000	\$5,000 \$10,000	\$10,000 \$20,000
Payment Level/Coinsurance	0% after deductible is met	0% after deductible is met	0% after deductible is met	0% after deductible is met
Inpatient Hospital Copayment	N/A	N/A	N/A	N/A
Out-of-Pocket maximums	See deductible amount	See deductible amount	See deductible amount	See deductible amount
Physician Office Visits (Office visit charge only) Primary Care Physician (PCP) Specialist	0% after deductible 0% after deductible	0% after deductible 0% after deductible	0% after deductible 0% after deductible	0% after deductible 0% after deductible
Preventive Care (Ages 3 to Adult) Routine physical exams Routine PSA and PAP test Mammograms, as required	0% 0% 0%	0% after deductible 0% after deductible 0% after deductible	0% 0% 0%	0% after deductible 0% after deductible 0% after deductible
Preventive Care (Pediatric) Well Child up to age 3 Pediatric immunizations	0% 0%	0% after deductible 0% after deductible	0% 0%	0% after deductible 0% after deductible
Emergency Room Services (Emergency use of facility charges only) (\$250 copay per visit for non-emergency use of emergency room)	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Ambulance	0% after deductible	0% after deductible	0% after deductible	0% after plan deductible
Hospital Expenses Inpatient Outpatient	0% after deductible 0% after deductible	0% after deductible - Pre-certification Required 0% after deductible	0% after deductible 0% after deductible	0% after deductible - Pre-certification Required 0% after deductible
Medical/Surgical Expenses	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Mental Health Inpatient Outpatient	0% after deductible 0% after deductible	0% after deductible - Pre-certification Required 0% after deductible	0% after deductible 0% after deductible	0% after deductible - Pre-certification Required 50% after deductible
Substance Abuse Inpatient rehabilitation Outpatient	0% after deductible 0% after deductible	0% after deductible - Pre-certification Required 0% after deductible	0% after deductible 0% after deductible	0% after deductible - Pre-certification Required 0% after deductible
Pre-Paid Reimbursement Accounts (optional)	Health Savings Account (HSA)		Health Savings Account (HSA)	
Prescriptions Generic Preferred Brand Name Non-Preferred Brand Name Specialty	0% after deductible	Not Covered	0% after deductible	Not Covered
Mail Order Prescriptions Generic Preferred Brand Name Non-Preferred Brand Name	Pay 100% for each 90 day supply until the deductible has been met, then covered at 100% for remainder of calendar year	Not Covered	Pay 100% for each 90 day supply until the deductible has been met, then covered at 0% then covered at 100% for remainder of calendar year.	Not Covered
Pre-certification Requirements	Providers's responsibility	Member's responsibility	Providers's responsibility	Member's responsibility

Page: 15

- Author: leisa Subject: Highlight Date: 8/19/16, 4:18:43 PM -05'00'
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- Author: leisa Subject: Inserted Text Date: 8/19/16, 4:17:44 PM -05'00'
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- Author: leisa Subject: Inserted Text Date: 8/19/16, 4:18:00 PM -05'00'
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- Author: leisa Subject: Inserted Text Date: 8/19/16, 1:38:10 PM -05'00'
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- Author: leisa Subject: Inserted Text Date: 8/19/16, 1:38:18 PM -05'00'
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- Author: leisa Subject: Sticky Note Date: 8/19/16, 1:37:58 PM -05'00'
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- Author: leisa Subject: Inserted Text Date: 8/19/16, 1:38:24 PM -05'00'
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- Author: leisa Subject: Inserted Text Date: 8/19/16, 1:38:31 PM -05'00'
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- Author: leisa Subject: Inserted Text Date: 8/22/16, 12:03:06 PM -05'00'
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- Author: leisa Subject: Inserted Text Date: 8/19/16, 3:51:49 PM -05'00'
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- Author: leisa Subject: Inserted Text Date: 8/19/16, 3:51:56 PM -05'00'
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- Author: leisa Subject: Inserted Text Date: 8/19/16, 1:41:04 PM -05'00'
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- Author: leisa Subject: Inserted Text Date: 8/19/16, 3:52:02 PM -05'00'
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- Author: leisa Subject: Inserted Text Date: 8/19/16, 3:52:12 PM -05'00'

Comments from page 15 continued on next page

	HIGH DEDUCTIBLE HEALTH PLAN (HDHP) OPTION #1		HIGH DEDUCTIBLE HEALTH PLAN (HDHP) OPTION #2	
	In-Network Care	Out-of-network*	In-Network Care	Out-of-network*
Deductible Individual Family	\$500 \$1,500	\$1,000 \$3,000	\$5,000 \$10,000	\$10,000 \$20,000
Payment Level/Coinsurance	0% after deductible is met	0% after deductible is met	0% after deductible is met	0% after deductible is met
Inpatient Hospital Copayment	N/A	N/A	N/A	N/A
Out-of-Pocket Maximums	See deductible amount	See deductible amount	See deductible amount	5% deductible amount
Physician Office Visits (Office visit charge only) Primary Care Physician (PCP) Specialist	0% after deductible 0% after deductible	0% after deductible 0% after deductible	0% after deductible 0% after deductible	0% after deductible 0% after deductible
Preventive Care (Ages 3 to Adult) Routine physical exams Routine PSA and PAP test Mammograms, as required	0% 0% 0%	0% after deductible 0% after deductible 0% after deductible	0% 0% 0%	0% after deductible 0% after deductible 0% after deductible
Preventive Care (Pediatric) Well Child up to age 3 Pediatric immunizations	0% 0%	0% after deductible 0% after deductible	0% 0%	0% after deductible 0% after deductible
Emergency Room Services (Emergency use of facility charges only) (\$250 copay per visit for non-emergency use of emergency room)	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Ambulance	0% after deductible	0% after deductible	0% after deductible	0% after plan deductible
Hospital Expenses Inpatient Outpatient	0% after deductible 0% after deductible	0% after deductible – Precertification Required 0% after deductible	0% after deductible 0% after deductible	0% after deductible – Precertification Required 0% after deductible
Medical/Surgical Expenses	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Mental Health Inpatient Outpatient	0% after deductible 0% after deductible	0% after deductible – Precertification Required 0% after deductible	0% after deductible 0% after deductible	0% after deductible – Precertification Required 50% after deductible
Substance Abuse Inpatient rehabilitation Outpatient	0% after deductible 0% after deductible	0% after deductible – Precertification Required 0% after deductible	0% after deductible 0% after deductible	0% after deductible Precertification Required 0% after deductible
Pre-Tax Reimbursement Accounts (optional)	Health Savings Account (HSA)		Health Savings Account (HSA)	
Prescriptions Generic Preferred Brand Name Non-Preferred Brand Name Specialty	0% after deductible	Not Covered	0% after deductible	Not Covered
Mail Order Prescriptions Generic Preferred Brand Name Non-Preferred Brand Name	Pay 100% for each 90 day supply until the deductible has been met, then covered at 100% for remainder of calendar year	Not Covered	Pay 100% for each 90 day supply until the deductible has been met, then covered at 0% then covered at 100% for remainder of calendar year.	Not Covered
Precertification Requirements	Providers's responsibility	Member's responsibility	Providers's responsibility	Member's responsibility

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- Author: leisa Subject: Inserted Text Date: 8/19/16, 3:52:22 PM -05'00'
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- Author: leisa Subject: Inserted Text Date: 8/19/16, 3:52:38 PM -05'00'
- Specialty
- Author: leisa Subject: Highlight Date: 8/19/16, 1:45:28 PM -05'00'
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- Author: leisa Subject: Inserted Text Date: 8/19/16, 3:52:54 PM -05'00'
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- Author: leisa Subject: Inserted Text Date: 8/19/16, 3:53:00 PM -05'00'
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- Author: leisa Subject: Inserted Text Date: 8/19/16, 3:53:06 PM -05'00'
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- Author: leisa Subject: Inserted Text Date: 8/19/16, 3:53:14 PM -05'00'
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- Author: leisa Subject: Sticky Note Date: 8/19/16, 10:23:32 PM -05'00'
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- Author: leisa Subject: Inserted Text Date: 8/19/16, 10:20:56 PM -05'00'
your
- Author: leisa Subject: Inserted Text Date: 8/19/16, 10:21:31 PM -05'00'
e
- Author: leisa Subject: Inserted Text Date: 8/19/16, 10:21:36 PM -05'00'
f
- Author: leisa Subject: Inserted Text Date: 8/19/16, 10:21:43 PM -05'00'
b
- Author: leisa Subject: Sticky Note Date: 8/19/16, 10:25:18 PM -05'00'
I'd prefer
- Annual Enrollment and employee did not previously elect coverage
- Author: leisa Subject: Inserted Text Date: 8/19/16, 10:21:56 PM -05'00'
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- Author: leisa Subject: Inserted Text Date: 8/19/16, 10:22:01 PM -05'00'
e
- Author: leisa Subject: Inserted Text Date: 8/19/16, 10:22:08 PM -05'00'
c
- Author: leisa Subject: Inserted Text Date: 8/22/16, 12:54:16 PM -05'00'
7
- Author: leisa Subject: Highlight Date: 8/22/16, 1:22:12 PM -05'00'
Wrong subhead! Swap with the one below. Text order below subheads is correct.
- Author: leisa Subject: Cross-Out Date: 8/22/16, 1:25:46 PM -05'00'
1.
- Author: leisa Subject: Highlight Date: 8/22/16, 1:22:18 PM -05'00'
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- Author: leisa Subject: Sticky Note Date: 8/22/16, 1:46:32 PM -05'00'
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LONG-TERM DISABILITY

Long-term Disability (LTD) provides you with long-term income protection if you become disabled from a covered injury or sickness. LTD benefits will pay a percentage of the employee's monthly salary up to a maximum monthly benefit.

Please review the benefit summary located in the pocket of this enrollment guide for more information.

2016 VOLUNTARY LTD RATES

\$0.546 per \$100 per month covered payroll

WHEN DO I NEED TO SUBMIT A STATEMENT OF HEALTH?

	Employee
Newly Eligible For Benefits	No
Annual Enrollment and I did not Previously Elect Coverage	Yes

WHAT IF I DON'T COMPLETE AN SOH?

SOH is available during the enrollment process at www.benefitsolver.com. One can also be requested from our Benefit Help Line at 1.844.266.7032.

HOW DO I SUBMIT AN SOH?

If the carrier does not receive an SOH within 30 days of your benefit effective date, the coverage will not be approved. You will have to wait until the next Annual Enrollment Period to re-elect and submit an SOH at that time.

IN THE KNOW

When selecting coverage for both short-term and long-term disability, if coverage is not elected when initially eligible, you may enroll during Annual Enrollment, or within 30 days of a change in status. You MUST first complete a Statement of Health to be submitted to MetLife for review and approval. Pre-existing condition limitation may apply.





RESOURCES

MY BENEFITS APP

You and your family have access to a portal and mobile app that puts all the benefits information you need in one spot. They are easy to navigate—you can find what you need in just a few clicks.

And, it's not just about benefits. You'll find wellness information, details about company events, Healthcare Bluebook, and much more.

Get Started Today!

Download The Pocketpal app that puts key benefit details at your fingertips!

Customize It

You can store pictures of your ID cards (no more frantic searches as you walk out the door). Input your doctor's info, Rx list, questions for the school nurse, etc. Learn more on the benefits portal. You will also have access to Healthcare Bluebook our cost and quality transparency tool.

Get Engaged!

Go to www.tangohealth.com to find:

- Benefit details:
 - Highlights of all plans available to you
 - Side-by-side comparisons
 - Descriptions that are easy to understand
 - Tips on how to make the most of them—spend less money, get quality care
 - Detailed documents if you want them.
- Wellness Articles
- Info about company/HR programs and events
- Links to all contacts and providers, and more



COMPLETE HSA TRAINING ON THE TANGO SYSTEM

Several educational videos are available for employees to learn more about managing their HSA, changing contributions, reimbursing for medical expenses made outside of the HSA, and more. Visit <https://support.tangohealth.com/hr/en-us/courses/266765110-using-the-Tango-Health-Website>

You can contact Tango directly by phone: **866.384.8549**, email: support@tangohealth.com or you can browse our help forums at <https://support.tangohealth.com>.

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