

Medical Plan

- Benefits, Claims, Provider Look Up, Customer Service: **1-800-282-5385**
- \$20 office visit copay for United Health Care preferred network providers covers office visit fee only and copay does not apply to ded/ooop
- Benefit Percentage paid by plan: 80% in network / 50% non-network
- Deductible: \$1,000 in network / \$1,250 non-network
- Out of Pocket max per individual (x2 per family): \$2,000 in network (no non-network out of pocket max)
 - Emergency Room: \$100 access fee (*does not apply towards deductible or out-of-pocket*)
- Lab Work: PPACA eligible in-network wellness and preventive tests at 100%. Non PPACA wellness benefits will be paid per deductible and benefit percentage. (Note: Quest is not in network) (**Modified benefit for 2015-2016 plan year**)
- Preventive Care - covered at 100% (*when in network*) with no deductible; routine physical exam/general health panel, TB, Well Baby Care/Well Child Care, Carotid Screening. *IEBP Medical Management and Wellness Guide on www.iebp.org provides the wellness CPT codes that are covered at 100% (take to your Dr. to ensure no out-of-pocket cost).*
- Annual Exam Benefit - covered at 100% (*when in network*) with no deductible: Mammograms, PSA (Prostate), Immunizations

Telehealth

- New Vendor “**Healthiest You**”
- Available 24/7/365
- \$10 copay
- Copay applies even if referred to a community provider
- Contact: 1-866-703-1259 or www.healthiestyou.com. **Download Mobile Application for easy access to information and services.**

Healthy Initiatives Incentive Plan - Effective 1/1/2015

- \$150 Incentive for covered individuals 18 years or older who complete all age/gender specific biometric screenings & online Health Power Assessment within the calendar year
- Healthy Initiatives Incentive Plan requirements are covered at 100% if In-Network

Age & Gender Biometric Screenings	Female 18 - 29	Female 30 - 35	Female 36 - 39	Female 40 - 49	Female 50	Female 51 - 73	Female 74+	Male 18 - 39	Male 40 - 50	Male 51 - 70	Male 71+
Health Power Assessment	X	X	X	X	X	X	X	X	X	X	X
Preventive Office Visit	X	X	X	X	X	X	X	X	X	X	X
Lipid Panel	X	X	X	X	X	X	X	X	X	X	X
Comprehensive Metabolic Blood Panel	X	X	X	X	X	X	X	X	X	X	X
TSH			X	X	X	X	X				
PSA										X	
Fecal Occult (including colonoscopy and sigmoidoscopy)				X	X	X	X		X	X	X
Mammogram (*1 per CY for females age 40 thru 49; ** 1 every 2 CY for females age 50-73)				X*	X**	X**					
PAP (every 3 CY for females age 30-50)		X	X	X	X						

Provider Network

- UnitedHealthcare Choice Plus Network
- To find network providers: www.iebp.org or 1-800-282-5385

Prescription Benefits - Maximum Allowable Cost (MAC) A

- OptumRX Network Pharmacies include HEB, Target, Sam's, Brookshire Brothers, CVS Health, Walgreen's and many more. Visit www.OptumRX.com for complete pharmacy network list.
- \$0 Copay for generic 34-day supply (does not apply to all generics)
- \$9 Copay for generic 90-day supply (does not apply to all generics)
- MAC A: If a brand name drug is dispensed and a generic equivalent drug exists, the Covered Individual pays the difference between the brand name/cost share and the generic price in addition to the appropriate copay for the brand/cost share prescription.

Prescription Copays	Retail Copay (34-day supply max unless noted otherwise)	Mail Order Copay (84/90 day supply) Biotech/Specialty Copay (34-day supply)
34-day generic dispensement (does not apply to all generics)	\$0.00 (up to 34-day supply)	N/A
90-day generic dispensement (does not apply to all generics)	\$9.00 (35-90 day supply)	N/A
Mail Order Generics	N/A	\$25.00
Best Price Brand List	\$38.00	\$95.00
Non-Best Price Brand List	\$60.00	\$150.00
Cost Share	\$120.00	\$300.00
Specialty Biotech Prescriptions	N/A	\$100.00 (up to 34-day supply)
Specialty Biosimilar Prescriptions	N/A	\$75.00 (up to a 34 day supply)

***Please refer to the Medication Therapy Management Guide for a list of Pre-Authorization, Step Therapy, and Cost Share drugs and program guidelines.**

Dental IV – Mandatory Plan

- Voluntary Preferred Provider Network www.iebp.org
- \$1,500 Calendar Year Maximum
- No Deductible for Preventative; \$50 Calendar Year Combined Deductible for Basic/Major
- Preventive 100%; Basic 80%; Major 50% (Reasonable & Customary)

Online Open Enrollment

- Bring social security numbers for all of your dependents
- Bring a copy of any insurance cards for other coverage for coordination/integration of benefits

Summary of Key Benefit Changes (this is not a comprehensive list)

MEDICAL

- New Telemedicine Provider "Healthiest You" (previously TelaDoc)
 - ✓ \$10 copay per call for covered individual
 - ✓ Physicians are able to diagnose medical problem for appropriate levels of care & prescribe Rx (exceptions: pain relievers, mental health, lifestyle RX)
 - ✓ Contact at 1-866-703-1259 & www.healthiestyou.com
- Preferred Lab
 - ✓ Updated to comply with PPACA no-cost share benefits for preventive lab tests. 100% network PPACA wellness/preventive tests. Non PPACA Wellness benefits will accumulate to deductible/ benefit percentage/out of pocket maximums. Reminder: Quest is not UHC network provider and charges will apply to OON ded/OOP.
- **Beginning 7/1/16 all medical plans will include a performance based incentive to minimize employees out of pocket costs. Individual accessing care with a Tier 1 Provider will get an additional 5% plan payment towards their out of pocket costs**
 - a. Available after the deductible has been met
- Semi-Private Hospital Room
 - ✓ Room/board charges allowed semi-private room rate, unless hospital bills as facility with no semi-Private Rooms. If semi-private room is available but private room accessed, plan allows up to cost of semi-private room rate. Private rooms reviewed for adjudication if private room only facility.

- Network
 - ✓ Beginning 7/1/16 all medical plans will include a performance based incentive to minimize employees out of pocket costs.
 - **Individual accessing care with a Tier 1 Provider will get an additional 5% plan payment towards their out of pocket costs** Available after the deductible has been met Tier 1 providers are proven, performance based outcome / clinical outcome is recognized based on utilization review. It could be that a doctor is not Tier 1 because they do not have enough utilization.
 - Tier 1 providers are not available in all areas. Preferred Provider Network information login to www.iebp.org.
 - Deleted Secondary Networks. Reference Based Pricing using Medicare 110% fee schedule for non network re-pricing for non network claims.

PRESCRIPTION

- Medication Therapy Management Program has been updated.
 - ✓ RX copayments \$0; \$38; \$60; \$120; \$100 (\$75 generic) biotech – no changes
 - ✓ Formulary Updated
 - ✓ New: Not all Biotech drugs require prior-authorization
 - ✓ \$120 Cost Share drug list – no changes
 - ✓ OPTUM Single Sign on www.iebp.org or direct at OptumRX.com

DENTAL PLANS

Voluntary Dental Preferred Provider Network on www.iebp.org

Employee Paperwork for Open Enrollment

- **Add/drop dependents on medical and/or dental plans.** Request for Change requests must be received during the 30 day open enrollment period. *Change in dependent coverage requires a qualifying event outside of open enrollment period.*
- **Complete Eligibility Checklist** during open enrollment each year. **(Required)** Adding dependents requires supporting documentation.
- **Complete Other Coverage Form** during open enrollment if dependents enrolled on medical or dental plans.

IEBP Resource Information

- My Health Portal – Visit www.iebp.org, then click on “LOGIN” to register to review benefit books, access informative guide books, search for preferred providers, and review claims.
- Prescription Information – Sign on to www.Optumrx.com.
- My IEBP Mobile – phone app for TML MultiState IEBP available in your cell phone’s app store.
- Pricing Transparency Concierge Service – Pricing information available from IEBP Professional Health Coaches.
- Customer Care – Benefit questions and review claims at 1-800-282-5385 between 8:30 AM to 5:00 P.M. Claims assistance available on www.iebp.org, too.
- Billing & Eligibility – Seek prescription assistance at 1-800-348-7879 between 8:30 AM to 5:00 PM.
- Medical Management – Contact for required ‘Notifications’ prior to seeking certain services at 1-800-847-1213. Note: Notification approvals do not constitute eligible benefits; contact Customer Care Department for verification of eligible benefits.