

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: **85%** Premium Care Providers / **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.
- 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

Employee \$
Spouse \$
Child(ren) \$
Family \$

Prescription Benefits – Choice MTMP Plan with MAC A

- **Choice MTMP Plan** – Select Formulary with Cost Share medications
- **MAC A** – If a brand name drug is dispensed and a generic alternate drug exists, you pay the difference between the brand name and generic price plus the brand name copay.
 - The cost difference between the brand name and the generic price does **not** apply to your deductible or out of pocket.

Preferred Network Pharmacies <i>HEB and Walmart (not Sam's Club)</i>	1-30 Day Supply	31-60 Day Supply	61-90 Day Supply
Generic medications	\$5	\$10	\$15
Preferred branded medications	\$38	\$76	\$114
Non-Preferred branded medications	\$60	\$120	\$180
Cost-Share medications ^A	\$150	\$300	\$450

National/Broad Network Retail Pharmacies	1-30 Day Supply	31-60 Day Supply ^B	61-90 Day Supply ^B
Generic medications	\$10	\$20	\$30
Preferred branded medications	\$43	\$86	\$129
Non-Preferred branded medications	\$65	\$130	\$195
Cost-Share medications ^A	\$150	\$300	\$450

Value Based Benefits for Chronic Conditions <i>(Diabetes, Hypertension and High Cholesterol)</i> ^C	1-30 Day Supply	31-60 Day Supply ^B	61-90 Day Supply ^B
Generic medications	\$0	\$5	\$10
Preferred branded medications	\$38	\$76	\$114
Non-Preferred branded medications	\$60	\$120	\$180

Mail Order/Home Delivery	Up to 90 Day Supply	1-30 Day Supply	31-60 Day Supply	61-90 Day Supply
Generic medications	\$15	not available	not available	not available
Preferred branded medications	\$114	not available	not available	not available
Non-Preferred branded medications	\$180	not available	not available	not available
Cost-Share medications ^A	not available	\$150	\$300	\$450

BriovaRx Specialty Pharmacy (<i>mail delivery only</i>)	1-30 Day Supply	31-60 Day Supply	61-90 Day Supply
Biosimilar and generic specialty medications ^D	\$75	not available	not available
Specialty medications ^D	\$100	not available	not available

Affordable Care Act Benefits <i>(Prescription required for all medications, including over the counter/OTC)</i>	1-30 Day Supply	31-60 Day Supply	61-90 Day Supply
Smoking cessation medications - Nicorette Gum, Nicotine Replacement Lozenge, Nicotine Replacement Patch, Nicotrol Inhaler, Nicotrol Nasal Spray. <i>Quantity limits apply (six month's supply per plan year).</i>	\$0	<i>not available</i>	<i>not available</i>
Preventative statin medications – Includes low to mid-strength statin medications, atorvastatin, lovastatin, and simvastatin. Lovastatin covered without a prior authorization.	\$0	<i>not available</i>	<i>not available</i>
Other preventative medications – aspirin (men aged 45-79, women aged 55-79); folic acid (women of childbearing age); fluoride tablets and solution (for children aged zero to five years old – toothpastes and rinses do not qualify); chemoprevention supplements, iron deficiency supplements; vitamin D (65 years and over); and bowel preparation medications OTC (Bisacodyl EC Tab, magnesium citrate solution, polyethylene glycol 3350).	\$0	<i>not available</i>	<i>not available</i>

- A. **Cost Share** medications are certain branded and generic medications for which there are lower cost therapeutic alternative medications. These therapeutic alternatives should provide equal or similar medication therapy for a covered individual when properly dosed. Cost share medications are identified in the Cost Share Copay Drugs section of the Medication Therapy Management Guide.
 - B. 31-60 day and 61-90 day supplies are available at participating OptumRx Retail-90 pharmacies. To determine if your pharmacy is a Retail-90 pharmacy, you may call OptumRx's Member Customer Service at (888) 543-1369.
 - C. **Value Based Benefits** for Diabetes, Hypertension and High Cholesterol - not all medications qualify (e.g., Cost Share prescription copays and medication exclusions). Refer to the Medication Therapy Management Guide for the Value Based Prescription list.
 - D. **Specialty medications** are typically medications requiring special storage, handling, administration and patient monitoring; may be taken for complex or rare patient conditions; and/or could be biotechnology medications. Specialty medications are limited to a 30 day supply per prescription fill.
- OptumRx **Preferred Network Pharmacies** include HEB and Walmart only (not Sam's Club).
 - OptumRx **National/Broad Network Pharmacies** include HEB, Walmart, Target, Sam's Club, Brookshire Brothers, CVS, Kroger, Savon, Tom Thumb, Randalls, United, Costco, Medicine Shoppe, Walgreens and many, many more.

Diabetes (Value Based Generic Copay)

- glimepiride
- glipizide
- glyburide
- glyburide/metformin
- metformin
- metformin ER (generic Glucophage XR only)
- pioglitazone

Insulin (Value Based Brand Copay)

- Humulin - vials only
- Humalog - vials only
- Lantus - vials only

High Blood Pressure (Value Based Generic Copay)

- amlodipine
- atenolol
- benazepril
- benazepril/hctz
- carvedilol
- clonidine
- diltiazem ER
- doxazosin
- furosemide
- hydrochlorothiazide (hctz)
- lisinopril
- lisinopril/hctz
- metoprolol
- propranolol
- verapamil
- verapamil ER/SR

High Cholesterol (Value Based Generic Copay)

- atorvastatin
- lovastatin
- simvastatin

- www.OptumRx.com is an important price transparency resource to ensure you are purchasing your prescriptions from the most cost effective pharmacy.
 - Find Drug Pricing based on your benefits
 - Locate a Pharmacy by Zip code
 - Refill your mail order prescriptions, transfer prescriptions, and set up text message medication reminders
- Please refer to the Medication Therapy Management Guide for a list of Cost Share, Pre-Authorization and Step Therapy prescriptions and program guidelines.

Telehealth | Teladoc

- Available 24/7/365
- Services include Medical, Behavioral Health, and Dermatology. Fees associated with Behavioral Health and Dermatology will vary but will be less than going to a community provider. Fees will be applied to Deductible and Out of Pocket.
- Contact 1-800-Teladoc or 1-800-835-2362
- Download Mobile App for easy access to information and services

Medical	\$10 Copay
Behavioral Health	SBC
Psychotherapy	SBC
Dermatology	SBC

Healthy Initiatives Incentive Plan Removed

Provider Network

- UnitedHealthcare Choice Plus Network
- To find In Network providers, visit www.iebp.org or call 1-800-282-5385
- Premium Care Physicians - the medical plan includes a performance based incentive to minimize your out of pocket costs. When accessing care with a Premium Care Physician, the plan pays an additional 5% (after you have met your deductible).
- ~~Quest Labs is Out of Network~~

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)

Employee
Spouse
Child(ren)
Family

"New" Vision B Plan – Mandatory Plan

- No Preferred Provider Network
- Annual Eye Exam: \$85
- \$225 Calendar Year Maximum Payment Allowable for glasses, contacts, lenses, etc.

Employee
Family

Section 125 Cafeteria Plan (Flexible Spending Account) Renewal Date: 01/01/2019

- Employee funded, Pre-tax: \$2,700 annual maximum election
- Optional Dependent Care Account: \$5,000 annual maximum election
- Debit Card: Pays for substantiated eligible unreimbursed medical expenses
- Premium Conversion –shelter dependent contributions

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

MEDICAL

- Notification Requirements have been updated to support the UHC contracted provider agreements.
 - If emergency or planned admission notification is received seventy-two (72) hours or more after admission, or twenty-four (24) hours after the mother's discharge, the network provider and facility reimbursement will be reduced by 100% of the daily contract rate for non-notified days.
 - **Member is not responsible for this penalty. The provider may not balance bill the covered individual.**
- One (1) Mammogram per calendar year (whether billed as preventive or diagnostic)
- Morbid Obesity requires monthly health coaching
- Cochlear Implants not subject to Hearing Evaluation/Appliance benefit maximum

PRESCRIPTION

- Previous plan covered up to 34 day or 90 day supply. Updated prescription distribution includes up to a 30 day supply; 31-60 day and 61-90 day supplies are available at participating OptumRx Retail-90 pharmacies. To determine if your pharmacy is a Retail-90 pharmacy, call OptumRx Customer Service at (888) 543-1369.
- **Cost Share** Copay for a 30-day supply has increased from \$120 to \$150. Letters will be mailed to affected individuals.
- Most ADHD generic extended release medications covered for children 18 and under.
- **Split Fill Program** allows ½ of regular prescribed supply for ½ of regular copay for the first three months for select oncology drugs: Afinitor, Bosulif, Cabometyx, Erivedge, Inlyta, Nexavar, Odomzo, Sprycel, Sutent, Tarceva, Targretin, Verzenio, Votrient, Xalkori, Zolanza, and Zykadia.
- **Smart Fill 90-day Supply Program** allows 90 day supply at 3 times the copay for certain HIV, MS, RA, and transplant drugs.
- **Over the counter/OTC** prescriptions are excluded for proton pump inhibitors, non-sedating antihistamines, and nasal steroids. In most cases, these drugs are available over the counter for less than the brand copay. Some overrides may occur for child liquid formulations.

Open Enrollment

- Bring social security numbers for all of your dependents.
- **Add/drop dependents on medical, dental or vision 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.*
- **Adopt or increase Additional Life Insurance.** Request for Change required with Medical Statement required for all increases/adoption of optional life plans during open enrollment except for Voluntary AD&D (if offered by employer).
- **If you are adding a dependent for the first time,** supporting documentation must be submitted to IEBP within 60 days of the coverage effective date or dependent/spouse eligibility and claims will be placed on hold.

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.
- Cost Estimator – Compare Prices among providers with the Cost Estimator tool by logging in to www.iebp.org.
- Customer Care – Benefit questions and review claims at 1-800-282-5385 between 7:00 AM to 6:00 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.