




The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately.** This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit [www.MyAmeriBen.com](http://www.MyAmeriBen.com) or call 1-855-350-8699. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or call 1-855-350-8699 to request a copy.

Important Questions	Answers			Why This Matters:
<b>What is the overall <u>deductible</u>?</b>		<b>Network</b>	<b>Non-Network</b>	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
	<b>Per participant:</b>	\$3,300	\$5,000	
	<b>Per family:</b>	\$6,600	\$10,000	
<b>Are there services covered before you meet your <u>deductible</u>?</b>	<b>Yes.</b> <u>Network</u> preventive care services, wellness care services not defined by PPACA (limited).			This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>co-payment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other <u>deductibles</u> for specific services?</b>	<b>No.</b>			You don't have to meet <u>deductibles</u> for specific services.
<b>What is the <u>out-of-pocket limit</u> for this <u>plan</u>?</b>		<b>Network</b>	<b>Non-Network</b>	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
	<b>Per participant:</b>	\$3,300	\$10,000	
	<b>Per family:</b>	\$6,600	\$20,000	
<b>What is not included in the <u>out-of-pocket limit</u>?</b>	<u>Premiums</u> , <u>balance-billed</u> charges, health care this <u>Plan</u> doesn't cover, pre-certification penalties, and medical food charges.			Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
<b>Will you pay less if you use a <u>network provider</u>?</b>	<b>Yes, for medical:</b> BlueCross® BlueShield® of Arizona. For a list of <u>network providers</u> , call BCBSAZ at 1-800-232-2345 or visit <a href="http://www.azblue.com/CHSNetwork">www.azblue.com/CHSNetwork</a> . <b>Yes, for prescription drugs:</b> Navitus. For a list of retail and mail pharmacies, log on to			This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.

	<a href="http://www.navitus.com">www.navitus.com</a> .	
<b>Important Questions</b>	<b>Answers</b>	<b>Why This Matters:</b>
<b>Do you need a <u>referral</u> to see a <u>specialist</u>?</b>	<b>No.</b>	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
<b>If you visit a health care <u>provider's</u> office or clinic</b>	Primary care visit to treat an injury or illness	No charge after deductible	50% co-insurance after deductible	_____none_____
	<u>Specialist</u> visit	No charge after deductible	50% co-insurance after deductible	_____none_____
	<u>Preventive care/screening/immunization</u>	No charge, deductible waived	Not Covered	AzMT L.I.V.E. on-site wellness screenings and programs will be covered at no charge. Please refer to the Routine Preventive Care provision listed in the plan document for a further description and limitations to this benefit. You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services you need are preventive. Then check what your <u>Plan</u> will pay for.
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	No charge after deductible	50% co-insurance after deductible	_____none_____
	Imaging (CT/PET scans, MRIs)	No charge after deductible	50% co-insurance after deductible	<b>Pre-certification is required.</b> Benefits will be reduced by \$300 per paid <u>claim</u> for non-compliance.

\* For more information about limitations and exceptions, see the plan or policy document at [www.MyAmeriBen.com](http://www.MyAmeriBen.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
<b>If you need drugs to treat your illness or condition</b> More information about <b><u>prescription drug coverage</u></b> is available at <a href="http://www.navitus.com">www.navitus.com</a>	Generic drugs	No charge after deductible/30-day supply or 90-day supply	The amount payable in excess of the amounts shown to the left will be the difference between the non-network pharmacy and the <u>network</u> pharmacy.	<p>The Plan works with the Copay Max Plus Program to obtain <u>co-payment</u> assistance on your behalf. This program applies to certain prescription drugs that have manufacturer-funded <u>co-payment</u> assistance programs available. For additional information on limitations to this benefit, refer to the Summary Plan Description.</p> <p>Preventive prescription medications (including contraceptives) when purchased from a <u>network</u> pharmacy are paid at 100% and the <u>co-payment/deductible</u> (if applicable) is waived.</p> <p>Members who elect a brand name drug when a generic is available will be subject to a penalty equivalent to the cost difference between the brand and generic.</p> <p>Not all <u>prescription drugs</u> are covered. To determine if a specific drug is covered under your <u>Plan</u>, log into your account at <a href="http://www.navitus.com">www.navitus.com</a>.</p> <p>Note: <u>Specialty drugs</u> are only available through the Navitus SpecialtyRx Program Pharmacy.</p>
	Preferred brand drugs	No charge after deductible/30-day supply or 90-day supply		
	Non-preferred brand drugs	No charge after deductible/30-day supply or 90-day supply		
	<u>Specialty drugs</u>	No charge after deductible/30 day supply		

\* For more information about limitations and exceptions, see the plan or policy document at [www.MyAmeriBen.com](http://www.MyAmeriBen.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge after deductible	50% co-insurance after deductible	<p><u>Providers</u> who do not typically contract (e.g. anesthesiologist, pathologists, and assistant surgeons) are to be paid based on the <u>network</u> status of the facility in which the services were rendered.</p> <p><b>Pre-certification is required.</b> Benefits will be reduced by \$300 per paid <u>claim</u> for non-compliance.</p>
	Physician/surgeon fees	No charge after deductible	50% co-insurance after deductible	
If you need immediate medical attention	Emergency room care	No charge after deductible		_____none_____
	<u>Emergency medical transportation</u>	No charge after deductible	50% co-insurance after deductible	_____none_____
	<u>Urgent care</u>	No charge after deductible	50% co-insurance after deductible	_____none_____
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge after deductible	50% co-insurance after deductible	<p>Limited to the semi-private room rate.</p> <p><b>Pre-certification is required.</b> Benefits will be reduced by \$300 per paid <u>claim</u> for non-compliance.</p>
	Physician/surgeon fees	No charge after deductible	50% co-insurance after deductible	

\* For more information about limitations and exceptions, see the plan or policy document at [www.MyAmeriBen.com](http://www.MyAmeriBen.com).



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	No charge after deductible	50% co-insurance after deductible	<b>Pre-certification is required</b> for partial hospitalization and intensive outpatient treatment in excess of twenty (20) visits. Benefits will be reduced by \$300 per paid <u>claim</u> for non-compliance.
	Inpatient services	No charge after deductible	50% co-insurance after deductible	<b>Pre-certification is required.</b> Benefits will be reduced by \$300 per paid <u>claim</u> for non-compliance.
<b>If you are pregnant</b>	Office visits	No charge after deductible	50% co-insurance after deductible	<u>Cost sharing</u> does not apply for <u>preventive services</u> .
	Childbirth/delivery professional services	No charge after deductible	50% co-insurance after deductible	_____none_____
<b>If you are pregnant</b>	Childbirth/delivery facility services	No charge after deductible	50% co-insurance after deductible	_____none_____
<b>If you need help recovering or have other special needs</b>	<u>Home health care</u>	No charge after deductible	50% co-insurance after deductible	Benefit year maximum: Sixty (60) visits per plan participant.
	<u>Rehabilitation services</u>	No charge after deductible	50% co-insurance after deductible	Services include speech, occupational, or physical therapy provided on an inpatient or outpatient basis.  Combined benefit year maximum: Twenty (20) visits per plan participant.  <b>Pre-certification is required</b> for services in excess of the twenty (20) visit limit. Benefits will be reduced by \$300 per paid <u>claim</u> for non-compliance.

\* For more information about limitations and exceptions, see the plan or policy document at [www.MyAmeriBen.com](http://www.MyAmeriBen.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	<u>Habilitation services</u>	No charge after deductible	50% co-insurance after deductible	Coverage for Autism Spectrum Disorder – Behavior Therapy Services ONLY. Behavioral therapy services for the treatment of Autism spectrum disorder are available for plan participants who have been diagnosed with autism spectrum disorder.  <b>Pre-certification is required.</b> Benefits will be reduced by \$300 per paid <u>claim</u> for non-compliance.
If you need help recovering or have other special needs	<u>Skilled nursing care</u>	No charge after deductible	50% co-insurance after deductible	Benefit year maximum: Sixty (60) days per plan participant.  <b>Pre-certification is required.</b> Benefits will be reduced by \$300 per paid <u>claim</u> for non-compliance.
	<u>Durable medical equipment</u>	No charge after deductible	50% co-insurance after deductible	<b>Pre-certification is required</b> for durable medical equipment (DME) in excess of \$3,000. Benefits will be reduced by \$300 per paid <u>claim</u> for non-compliance.
	<u>Hospice services</u>	No charge after deductible	50% co-insurance after deductible	Lifetime maximum: Six (6) months per plan participant.  Services include bereavement counseling; limited to \$300 per plan participant.
If your child needs dental or eye care	Children's eye exam	No charge, deductible waived	Not Covered	This describes benefits provided by your medical <u>Plan</u> . AzMT provides Dental and Vision coverage through stand-alone plans at a low monthly cost. If this is elected, please refer to your vision and/or dental administrator
	Children's glasses	Not Covered	Not Covered	
	Children's dental check-up	Not Covered	Not Covered	

\* For more information about limitations and exceptions, see the plan or policy document at [www.MyAmeriBen.com](http://www.MyAmeriBen.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
				for additional benefits.

#### Excluded Services & Other Covered Services:

##### Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Cosmetic surgery</li> <li>• Dental care (adult and children covered under stand-alone dental plan)</li> <li>• Glasses (adult and children)</li> </ul> | <ul style="list-style-type: none"> <li>• Infertility treatment</li> <li>• Long-term care (except for a facility licensed to provide long term acute care)</li> <li>• Non-emergency care when traveling outside the U.S.</li> </ul> | <ul style="list-style-type: none"> <li>• Private duty nursing</li> <li>• Routine foot care (except when medically appropriate for diabetes, neurological involvement or peripheral vascular disease of the foot or lower leg)</li> <li>• Weight loss programs</li> </ul> |
|---|--|--|

##### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li>• Bariatric surgery [limited to one (1) procedure per lifetime]</li> <li>• Chiropractic care [limited to thirty (30) visits per benefit year]</li> </ul> | <ul style="list-style-type: none"> <li>• Hearing aids [limited to \$1,000 per lifetime]</li> </ul> | <ul style="list-style-type: none"> <li>• Routine eye care (children)</li> </ul> |
|---|--|---|

**Your Rights to Continue Coverage:** You may contact the Plan's COBRA Administrator at AmeriBen, P.O. Box 7186, Boise ID 83707, 1-855-350-8699. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan.

You may contact the third party administrator (TPA) to assist the plan administrator with claims adjudication. The TPA's name, address, and telephone number are:

AmeriBen  
Attention: Appeals Coordination  
P.O. Box 7186  
Boise, ID 83707  
1-855-350-8699

#### Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

\* For more information about limitations and exceptions, see the plan or policy document at [www.MyAmeriBen.com](http://www.MyAmeriBen.com).

**Does this plan meet the Minimum Value Standards? Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-855-350-8699.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-855-350-8699.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-855-350-8699.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-855-350-8699.

*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

**PRA Disclosure Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average **0.08** hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

\* For more information about limitations and exceptions, see the plan or policy document at [www.MyAmeriBen.com](http://www.MyAmeriBen.com).

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall <u>deductible</u>	\$3,300
■ <u>Specialist cost sharing</u>	0%
■ Hospital (facility) <u>cost sharing</u>	0%
■ Other <u>cost sharing</u>	0%

#### This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
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#### In this example, Peg would pay:

Cost Sharing	
Deductibles	\$3,300
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
<b>The total Peg would pay is</b>	<b>\$3,320</b>

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall <u>deductible</u>	\$3,300
■ <u>Specialist cost sharing</u>	0%
■ Hospital (facility) <u>cost sharing</u>	0%
■ Other <u>cost sharing</u>	0%

#### This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
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#### In this example, Joe would pay:

Cost Sharing	
Deductibles	\$2,200
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
<b>The total Joe would pay is</b>	<b>\$2,200</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall <u>deductible</u>	\$3,300
■ <u>Specialist cost sharing</u>	0%
■ Hospital (facility) <u>cost sharing</u>	0%
■ Other <u>cost sharing</u>	0%

#### This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
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#### In this example, Mia would pay:

Cost Sharing	
Deductibles	\$2,800
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$2,800</b>

The plan would be responsible for the other costs of these EXAMPLE covered services.

## We're here for you – in many languages

The law requires us to include a message in all of these different languages. Curious what they say? Here's the English version: "You have the right to get help in your language for free. Just call the Member Services number on your ID card." Visually impaired? You can also ask for other formats of this document.

### Spanish

Usted tiene derecho a obtener asistencia en su idioma sin cargo. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación ¿Tiene alguna deficiencia visual? También puede solicitar este documento en otros formatos.

### Chinese

您有權免費獲得使用您的語言提供的協助。只需撥打印於您的 ID 卡上的會員服務部電話號碼即可。視力障礙？您也可以索取本文件的其他格式。

### Vietnamese

Quý vị có quyền nhận trợ giúp bằng ngôn ngữ của mình, miễn phí. Quý vị chỉ cần gọi đến số điện thoại của Ban Dịch vụ Thành viên trên thẻ ID của quý vị. Quý vị bị khiếm thị? Quý vị cũng có thể yêu cầu các định dạng khác của tài liệu này.

### Korean

귀하는 귀하의 언어로 된 도움을 무료로 받을 권리가 있습니다. 귀하의 ID 카드에 있는 가입자 서비스 번호로 전화하십시오. 시각 장애인이신가요? 다른 형식으로 된 이 문서를 요청하실 수 있습니다.

### Tagalog

May karapatan kang makakuha ng tulong na nasa iyong wika nang libre. Tawagan lang ang numero ng Member Services na nasa iyong ID card. May kapansanan sa paningin? Maaari ka ring humingi ng iba pang mga format ng dokumentong ito.

### Russian

У вас есть право на бесплатное получение помощи на вашем родном языке. Просто позвоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. У вас проблемы со зрением? Вы также можете запросить этот документ в других форматах.

### French Creole

Ou gen dwa jwenn èd nan lang ou gratis. Jis rele nimewo Sèvis Manm ki sou Kat ID ou a gratis Gen pwoblèm vizyèl? Ou ka mande tou pou lòt fòm nan dokiman sa a.

### Arabic

لك الحق في الحصول على هذه المعلومات والحصول على المساعدة بلغتك مجانًا. فقط اتصل برقم خدمات الأعضاء الموجود على بطاقة هويتك. هل تعاني من ضعف البصر؟ يمكنك أيضًا طلب تنسيقات أخرى لهذه الوثيقة.

### French

Vous avez le droit d'obtenir de l'aide dans votre langue gratuitement. Appelez simplement le numéro du Services membres figurant sur votre carte d'identité. Vous êtes une personne malvoyante ? Vous pouvez également demander à accéder à ce document dans d'autres formats.

### Persian

شما حق دارید به زبان خود به صورت رایگان کمک بگیرید. فقط با شماره خدمات اعضا مندرج در کارت عضویت خود تماس بگیرید. آیا دچار اختلال بینایی هستید؟ همچنین می‌توانید فرمت‌های دیگر این سند را درخواست کنید.

### Armenian

Դուք իրավունք ունեք անվճար օգնություն ստանալու ձեր լեզվով: Պարզապես զանգահարեք ձեր ID քարտի վրա գտնվող Անդամների սպասարկման համարին: Տեսողության խանգարում ունեցող եք: Կարող եք նաև խնդրել այս փաստաթղթի այլ ձևաչափեր:

### Japanese

あなたにはあなたの言語で無料で支援を受ける権利があります。IDカードに記載されている会員サービス番号にお電話ください」 視覚障害を

お持ちですか？他の形式でこの文書を要求することもできます。

### Italian

Hai il diritto di ricevere assistenza gratuita nella tua lingua. Basta chiamare il numero del Servizio Membri presente sulla tua tessera identificativa. Hai problemi di vista? È possibile richiedere anche altri formati di questo documento.

### German

Sie haben das Recht, kostenlose Hilfe in Ihrer Sprache zu erhalten. Rufen Sie einfach die Nummer des Mitgliederservices auf Ihrer ID-Karte an. Sehbehindert? Sie können dieses Dokument auch in anderen Formaten anfordern.

### Polish

Masz prawo do bezpłatnej pomocy w swoim języku. Wystarczy zadzwonić pod numer Biura Obsługi Klienta podany na karcie identyfikacyjnej. Masz wadę wzroku? Możesz również poprosić o inne formaty tego dokumentu.

### Pennsylvania Dutch


Du hoscht's Recht fer Hilf griege in dei Schprooch fer nix. Duh yuscht die Member Services Number uffrue uff dei ID Card. Hoscht Druwwel fer sehne? Du kannscht des do Schreiwes in en differnter Weg griege so as du's besser sehne kannscht.

## It's important we treat you fairly

We follow federal civil rights laws in our health programs and activities. Members can get reasonable modifications-as well as free auxiliary aids and services if you have a disability. We don't discriminate, on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English (or have limited proficiency), we offer free language assistance services like interpreters and other written languages. Interested in these services? Call the


Member Services number on your ID card for help (TTY/TDD: 711) or visit our website. If you think we failed in any areas or to learn more about grievance procedures, you can mail a complaint to: Compliance Coordinator, P.O. Box 7186 Boise, ID 83707, or directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>



 **The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit [www.MyAmeriBen.com](http://www.MyAmeriBen.com) or call 1-855-350-8699. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or call 1-855-350-8699 to request a copy.

Important Questions	Answers			Why This Matters:
What is the overall deductible?		Network	Non-Network	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
	Per participant:	\$250	\$500	
	Per family:	\$500	\$1,000	
Are there services covered before you meet your deductible?	Yes. Network preventive care services, wellness care services not defined by PPACA (limited), services which require a co-payment.			This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other deductibles for specific services?	No.			You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?		Network	Non-Network	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
	Per participant:	\$3,000	\$5,000	
	Per family:	\$6,000	\$10,000	
	For Prescription Drugs			
	Per participant:	\$4,100		
	Per family:	\$8,200		
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, health care this Plan doesn't cover, pre-certification penalties, and medical food charges.			Even though you pay these expenses, they don't count toward the out-of-pocket limit.

Important Questions	Answers	Why This Matters:
Will you pay less if you use a <u>network provider</u> ?	<p><b>Yes, for medical:</b> BlueCross® BlueShield® of Arizona. For a list of <u>network providers</u>, call BCBSAZ at 1-800-232-2345 or visit <a href="http://www.azblue.com/CHSNetwork">www.azblue.com/CHSNetwork</a>.</p> <p><b>Yes, for prescription drugs:</b> Navitus. For a list of retail and mail pharmacies, log on to <a href="http://www.navitus.com">www.navitus.com</a>.</p>	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$25 co-payment/visit, deductible waived	50% co-insurance after deductible	_____none_____
	<u>Specialist</u> visit	\$45 co-payment/visit, deductible waived	50% co-insurance after deductible	_____none_____
	<u>Preventive care/screening/immunization</u>	No charge, deductible waived	Not Covered	<p>AzMT L.I.V.E. on-site wellness screenings and programs will be covered at no charge.</p> <p>Please refer to the Routine Preventive Care provision listed in the plan document for a further description and limitations to this benefit.</p> <p>You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services you need are preventive. Then check what your <u>Plan</u> will pay for.</p>
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	20% co-insurance after deductible	50% co-insurance after deductible	There is no charge when labs are received at a free-standing facility.
	Imaging (CT/PET scans, MRIs)	20% co-insurance after deductible	50% co-insurance after deductible	<b>Pre-certification is required.</b> Benefits will be reduced by \$300 per paid <u>claim</u> for non-compliance.

\* For more information about limitations and exceptions, see the plan or policy document at [www.MyAmeriBen.com](http://www.MyAmeriBen.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
<p><b>If you need drugs to treat your illness or condition</b> More information about <b><u>prescription drug coverage</u></b> is available at <a href="http://www.navitus.com">www.navitus.com</a></p>	Generic drugs	\$15 co-payment/ 30-day supply  \$30 co-payment/ 90-day supply	<p>You pay the network pharmacy co-payment plus the difference between the non-network and network pharmacy cost.</p>	<p><u>Prescription drug</u> charges apply to the <u>Prescription Drug out-of-pocket limit</u>.</p> <p>The Plan works with the Copay Max Plus Program to obtain <u>co-payment</u> assistance on your behalf. This program applies to certain prescription drugs that have manufacturer-funded <u>co-payment</u> assistance programs available. For additional information on limitations to this benefit, refer to the Summary Plan Description.</p> <p>Preventive prescription medications (including contraceptives) when purchased from a <u>network</u> pharmacy are paid at 100% and the <u>co-payment/deductible</u> (if applicable) is waived.</p> <p>Members who elect a brand name drug when a generic is available will be subject to a penalty equivalent to the cost difference between the brand and generic.</p> <p>Not all <u>prescription drugs</u> are covered. To determine if a specific drug is covered under your <u>Plan</u>, log into your account at <a href="http://www.navitus.com">www.navitus.com</a>.</p> <p>Note: <u>Specialty drugs</u> are only available through the Navitus SpecialtyRx Program Pharmacy.</p>
	Preferred brand drugs	\$35 co-payment/ 30-day supply  \$80 co-payment/ 90-day supply		
	Non-preferred brand drugs	\$55 co-payment/ 30-day supply  \$130 co-payment/ 90-day supply		
	<u>Specialty drugs</u>	20% co-payment to a maximum of \$300/30-day supply		

\* For more information about limitations and exceptions, see the plan or policy document at [www.MyAmeriBen.com](http://www.MyAmeriBen.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% co-insurance after deductible	50% co-insurance after deductible	<p><u>Providers</u> who do not typically contract (e.g. anesthesiologist, pathologists, and assistant surgeons) are to be paid based on the <u>network</u> status of the facility in which the services were rendered.</p> <p><b>Pre-certification is required.</b> Benefits will be reduced by \$300 per paid <u>claim</u> for non-compliance.</p>
	Physician/surgeon fees	20% co-insurance after deductible	50% co-insurance after deductible	
If you need immediate medical attention	Emergency room care	\$300 co-payment/visit, plus 20% co-insurance after deductible		Co-payment waived if admitted.
	<u>Emergency medical transportation</u>	20% co-insurance after deductible	20% co-insurance after deductible	_____none_____
	<u>Urgent care</u>	\$50 co-pay/visit, deductible waived	50% co-insurance after deductible	_____none_____
If you have a hospital stay	Facility fee (e.g., hospital room)	20% co-insurance after deductible	50% co-insurance after deductible	<p>Limited to the semi-private room rate.</p> <p><b>Pre-certification is required.</b> Benefits will be reduced by \$300 per paid <u>claim</u> for non-compliance.</p>
	Physician/surgeon fees	20% co-insurance after deductible	50% co-insurance after deductible	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$25 co-payment/visit deductible waived	50% co-insurance after deductible	<p><b>Pre-certification is required</b> for partial hospitalization and intensive outpatient treatment in excess of twenty (20) visits. Benefits will be reduced by \$300 per paid <u>claim</u> for non-compliance.</p>
	Inpatient services	20% co-insurance after deductible	50% co-insurance after deductible	<p><b>Pre-certification is required.</b> Benefits will be reduced by \$300 per paid <u>claim</u> for non-compliance.</p>
If you are pregnant	Office visits	20% co-insurance after deductible	50% co-insurance after deductible	<p>First visit to confirm pregnancy is subject to a \$25 co-payment , <u>deductible</u> waived.</p> <p><u>Cost sharing</u> does not apply for <u>preventive services</u>. Depending on the type of services, a <u>co-payment</u>, <u>co-insurance</u>, or <u>deductible</u> may apply.</p>
	Childbirth/delivery professional services	20% co-insurance after deductible	50% co-insurance after deductible	_____none_____

\* For more information about limitations and exceptions, see the plan or policy document at [www.MyAmeriBen.com](http://www.MyAmeriBen.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
<b>If you are pregnant</b>	Childbirth/delivery facility services	20% co-insurance after deductible	50% co-insurance after deductible	_____none_____
<b>If you need help recovering or have other special needs</b>	<u>Home health care</u>	20% co-insurance after deductible	50% co-insurance after deductible	Benefit year maximum: Sixty (60) visits per plan participant.
	<u>Rehabilitation services</u>	20% co-insurance after deductible	50% co-insurance after deductible	Services include speech, occupational, or physical therapy provided on an inpatient or outpatient basis.  Combined benefit year maximum: Twenty (20) visits per plan participant.  <b>Pre-certification is required</b> for services in excess of the twenty (20) visit limit. Benefits will be reduced by \$300 per paid <u>claim</u> for non-compliance.
	<u>Habilitation services</u>	Covered as any other illness depending on provider type, service performed, and place of service.	50% co-insurance after deductible	Coverage for Autism Spectrum Disorder – Behavior Therapy Services ONLY. Behavioral therapy services for the treatment of Autism spectrum disorder are available for plan participants who have been diagnosed with autism spectrum disorder.  <b>Pre-certification is required.</b> Benefits will be reduced by \$300 per paid <u>claim</u> for non-compliance.
	<u>Skilled nursing care</u>	20% co-insurance after deductible	50% co-insurance after deductible	Benefit year maximum: Sixty (60) days per plan participant.  <b>Pre-certification is required.</b> Benefits will be reduced by \$300 per paid <u>claim</u> for non-compliance.
	<u>Durable medical equipment</u>	20% co-insurance after deductible	50% co-insurance after deductible	<b>Pre-certification is required</b> for durable medical equipment (DME) in excess of \$3,000. Benefits will be reduced by \$300 per paid <u>claim</u> for non-compliance.
<b>If you need help recovering or have other special needs</b>	<u>Hospice services</u>	20% co-insurance	50% co-insurance after	Lifetime maximum: Six (6) months per plan

\* For more information about limitations and exceptions, see the plan or policy document at [www.MyAmeriBen.com](http://www.MyAmeriBen.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
		after deductible	deductible	participant. Services include bereavement counseling; limited to \$300 per plan participant.
If your child needs dental or eye care	Children's eye exam	No charge, deductible waived	Not Covered	This describes benefits provided by your medical Plan. AzMT provides Dental and Vision coverage through stand-alone plans at a low monthly cost. If this is elected, please refer to your vision and/or dental administrator for additional benefits.
	Children's glasses	Not Covered	Not Covered	
	Children's dental check-up	Not Covered	Not Covered	

#### Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other <u>excluded services</u> .)			
<ul style="list-style-type: none"> <li>Acupuncture</li> <li>Cosmetic surgery</li> <li>Dental care (adult and children covered under stand-alone dental plan)</li> <li>Glasses (adult and children)</li> </ul>	<ul style="list-style-type: none"> <li>Infertility treatment</li> <li>Long-term care (except for a facility licensed to provide long term acute care)</li> <li>Non-emergency care when traveling outside the U.S.</li> </ul>	<ul style="list-style-type: none"> <li>Private duty nursing</li> <li>Routine foot care (except when medically appropriate for diabetes, neurological involvement or peripheral vascular disease of the foot or lower leg)</li> <li>Weight loss programs</li> </ul>	
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)			
<ul style="list-style-type: none"> <li>Bariatric surgery [limited to one (1) procedure per lifetime]</li> <li>Chiropractic care [limited to thirty (30) visits per benefit year]</li> </ul>	<ul style="list-style-type: none"> <li>Hearing aids [limited to \$1,000 per lifetime]</li> </ul>	<ul style="list-style-type: none"> <li>Routine eye care (children)</li> </ul>	

**Your Rights to Continue Coverage:** You may contact the Plan's COBRA Administrator at AmeriBen, P.O. Box 7186, Boise ID 83707, 1-855-350-8699. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan.

You may contact the third party administrator (TPA) to assist the plan administrator with claims adjudication. The TPA's name, address, and telephone number are:

\* For more information about limitations and exceptions, see the plan or policy document at [www.MyAmeriBen.com](http://www.MyAmeriBen.com).

AmeriBen  
Attention: Appeals Coordination  
P.O. Box 7186  
Boise, ID 83707  
1-855-350-8699

**Does this plan provide Minimum Essential Coverage? Yes**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

**Does this plan meet the Minimum Value Standards? Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-855-350-8699.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-855-350-8699.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-855-350-8699.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-855-350-8699.

*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

**PRA Disclosure Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average **0.08** hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall <u>deductible</u>	\$250
■ <u>Specialist co-payment</u>	\$45
■ Hospital (facility) <u>cost sharing</u>	20%
■ Other <u>cost sharing</u>	20%

#### This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
---------------------------	-----------------

#### In this example, Peg would pay:

Cost Sharing	
Deductibles	\$250
Copayments	\$10
Coinsurance	\$2,400
What isn't covered	
Limits or exclusions	\$20
<b>The total Peg would pay is</b>	<b>\$2,680</b>

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall <u>deductible</u>	\$250
■ <u>Specialist co-payment</u>	\$45
■ Hospital (facility) <u>cost sharing</u>	20%
■ Other <u>cost sharing</u>	20%

#### This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
---------------------------	----------------

#### In this example, Joe would pay:

Cost Sharing	
Deductibles	\$250
Copayments	\$600
Coinsurance	\$40
What isn't covered	
Limits or exclusions	\$0
<b>The total Joe would pay is</b>	<b>\$890</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall <u>deductible</u>	\$250
■ <u>Specialist co-payment</u>	\$45
■ Hospital (facility) <u>cost sharing</u>	20%
■ Other <u>cost sharing</u>	20%

#### This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
---------------------------	----------------

#### In this example, Mia would pay:

Cost Sharing	
Deductibles	\$250
Copayments	\$400
Coinsurance	\$400
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,050</b>

The plan would be responsible for the other costs of these EXAMPLE covered services.

## We're here for you – in many languages

The law requires us to include a message in all of these different languages. Curious what they say? Here's the English version: "You have the right to get help in your language for free. Just call the Member Services number on your ID card." Visually impaired? You can also ask for other formats of this document.

### Spanish

Usted tiene derecho a obtener asistencia en su idioma sin cargo. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación ¿Tiene alguna deficiencia visual? También puede solicitar este documento en otros formatos.

### Chinese

您有權免費獲得使用您的語言提供的協助。只需撥打印於您的 ID 卡上的會員服務部電話號碼即可。視力障礙？您也可以索取本文件的其他格式。

### Vietnamese

Quý vị có quyền nhận trợ giúp bằng ngôn ngữ của mình, miễn phí. Quý vị chỉ cần gọi đến số điện thoại của Ban Dịch vụ Thành viên trên thẻ ID của quý vị. Quý vị bị khiếm thị? Quý vị cũng có thể yêu cầu các định dạng khác của tài liệu này.

### Korean

귀하는 귀하의 언어로 된 도움을 무료로 받을 권리가 있습니다. 귀하의 ID 카드에 있는 가입자 서비스 번호로 전화하십시오. 시각 장애인이신가요? 다른 형식으로 된 이 문서를 요청하실 수 있습니다.

### Tagalog

May karapatan kang makakuha ng tulong na nasa iyong wika nang libre. Tawagan lang ang numero ng Member Services na nasa iyong ID card. May kapansanan sa paningin? Maaari ka ring humingi ng iba pang mga format ng dokumentong ito.

### Russian

У вас есть право на бесплатное получение помощи на вашем родном языке. Просто позвоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. У вас проблемы со зрением? Вы также можете запросить этот документ в других форматах.

### French Creole

Ou gen dwa jwenn èd nan lang ou gratis. Jis rele nimewo Sèvis Manm ki sou Kat ID ou a gratis Gen pwoblèm vizyèl? Ou ka mande tou pou lòt fòm nan dokiman sa a.

### Arabic

لك الحق في الحصول على هذه المعلومات والحصول على المساعدة بلغتك مجانًا. فقط اتصل برقم خدمات الأعضاء الموجود على بطاقة هويتك. هل تعاني من ضعف البصر؟ يمكنك أيضًا طلب تنسيقات أخرى لهذه الوثيقة.

### French

Vous avez le droit d'obtenir de l'aide dans votre langue gratuitement. Appelez simplement le numéro du Services membres figurant sur votre carte d'identité. Vous êtes une personne malvoyante ? Vous pouvez également demander à accéder à ce document dans d'autres formats.

### Persian

شما حق دارید به زبان خود به صورت رایگان کمک بگیرید. فقط با شماره خدمات اعضا مندرج در کارت عضویت خود تماس بگیرید. آیا دچار اختلال بینایی هستید؟ همچنین می‌توانید فرمت‌های دیگر این سند را درخواست کنید.

### Armenian

Դուք իրավունք ունեք անվճար օգնություն ստանալու ձեր լեզվով: Պարզապես զանգահարեք ձեր ID քարտի վրա գտնվող Անդամների սպասարկման համարին: Տեսողության խանգարում ունեցող եք: Կարող եք նաև խնդրել այս փաստաթղթի այլ ձևաչափեր:

### Japanese

あなたにはあなたの言語で無料で支援を受ける権利があります。IDカードに記載されている会員サービス番号にお電話ください」 視覚障害を

お持ちですか？他の形式でこの文書を要求することもできます。

### Italian

Hai il diritto di ricevere assistenza gratuita nella tua lingua. Basta chiamare il numero del Servizio Membri presente sulla tua tessera identificativa. Hai problemi di vista? È possibile richiedere anche altri formati di questo documento.

### German

Sie haben das Recht, kostenlose Hilfe in Ihrer Sprache zu erhalten. Rufen Sie einfach die Nummer des Mitgliederservices auf Ihrer ID-Karte an. Sehbehindert? Sie können dieses Dokument auch in anderen Formaten anfordern.

### Polish

Masz prawo do bezpłatnej pomocy w swoim języku. Wystarczy zadzwonić pod numer Biura Obsługi Klienta podany na karcie identyfikacyjnej. Masz wadę wzroku? Możesz również poprosić o inne formaty tego dokumentu.


### Pennsylvania Dutch

Du hoscht's Recht fer Hilf griege in dei Schprooch fer nix. Duh yuscht die Member Services Number uffruffe uff dei ID Card. Hoscht Druwwel fer sehne? Du kannscht des do Schreiwes in en differnter Weg griege so as du's besser sehne kannscht.

## It's important we treat you fairly


We follow federal civil rights laws in our health programs and activities. Members can get reasonable modifications-as well as free auxiliary aids and services if you have a disability. We don't discriminate, on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English (or have limited proficiency), we offer free language assistance services like interpreters and other written languages. Interested in these services? Call the

Member Services number on your ID card for help (TTY/TDD: 711) or visit our website. If you think we failed in any areas or to learn more about grievance procedures, you can mail a complaint to: Compliance Coordinator, P.O. Box 7186 Boise, ID 83707, or directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

 **The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit [www.MyAmeriBen.com](http://www.MyAmeriBen.com) or call 1-855-350-8699. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) or call 1-855-350-8699 to request a copy.

Important Questions	Answers			Why This Matters:
What is the overall deductible?		Network	Non-Network	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
	Per participant:	\$750	\$2,000	
	Per family:	\$1,500	\$4,000	
Are there services covered before you meet your deductible?	Yes. Network preventive care services, wellness care services not defined by PPACA (limited), services which require a co-payment.			This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other deductibles for specific services?	No.			You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?		Network	Non-Network	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
	Per participant:	\$3,500	\$5,000	
	Per family:	\$7,000	\$10,000	
	For Prescription Drugs			
	Per participant:	\$3,600		
	Per family:	\$7,200		
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, health care this Plan doesn't cover, pre-certification penalties, and medical food charges.			Even though you pay these expenses, they don't count toward the out-of-pocket limit.

Important Questions	Answers	Why This Matters:
<b>Will you pay less if you use a <u>network provider</u>?</b>	<p><b>Yes, for medical:</b> BlueCross® BlueShield® of Arizona. For a list of <u>network providers</u>, call BCBSAZ at 1-800-232-2345 or visit <a href="http://www.azblue.com/CHSNetwork">www.azblue.com/CHSNetwork</a>.</p> <p><b>Yes, for prescription drugs:</b> Navitus. For a list of retail and mail pharmacies, log on to <a href="http://www.navitus.com">www.navitus.com</a>.</p>	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
<b>Do you need a <u>referral</u> to see a <u>specialist</u>?</b>	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
<b>If you visit a health care <u>provider's</u> office or clinic</b>	Primary care visit to treat an injury or illness	\$25 co-payment/visit, deductible waived	50% co-insurance after deductible	_____none_____
	<u>Specialist</u> visit	\$45 co-payment/visit, deductible waived	50% co-insurance after deductible	_____none_____
	<u>Preventive care/screening/immunization</u>	No charge, deductible waived	Not Covered	<p>AzMT L.I.V.E. on-site wellness screenings and programs will be covered at no charge.</p> <p>Please refer to the Routine Preventive Care provision listed in the plan document for a further description and limitations to this benefit.</p> <p>You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services you need are preventive. Then check what your <u>Plan</u> will pay for.</p>
<b>If you have a test</b>	<u>Diagnostic test</u> (x-ray, blood work)	20% co-insurance after deductible	50% co-insurance after deductible	There is no charge when labs are received at a free-standing facility.
	Imaging (CT/PET scans, MRIs)	20% co-insurance after deductible	50% co-insurance after deductible	<b>Pre-certification is required.</b> Benefits will be reduced by \$300 per paid <u>claim</u> for non-

\* For more information about limitations and exceptions, see the plan or policy document at [www.MyAmeriBen.com](http://www.MyAmeriBen.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
				compliance.
<b>If you need drugs to treat your illness or condition</b> More information about <b><u>prescription drug coverage</u></b> is available at <a href="http://www.navitus.com">www.navitus.com</a>	Generic drugs	\$15 co-payment/ 30-day supply  \$30 co-payment/ 90-day supply	You pay the network pharmacy co-payment plus the difference between the non-network and network pharmacy cost.	<p><u>Prescription drug</u> charges apply to the <u>Prescription Drug out-of-pocket limit</u>.</p> <p>The Plan works with the Copay Max Plus Program to obtain <u>co-payment</u> assistance on your behalf. This program applies to certain prescription drugs that have manufacturer-funded <u>co-payment</u> assistance programs available. For additional information on limitations to this benefit, refer to the Summary Plan Description.</p> <p>Preventive prescription medications (including contraceptives) when purchased from a <u>network pharmacy</u> are paid at 100% and the <u>co-payment/deductible</u> (if applicable) is waived.</p> <p>Members who elect a brand name drug when a generic is available will be subject to a penalty equivalent to the cost difference between the brand and generic.</p> <p>Not all <u>prescription drugs</u> are covered. To determine if a specific drug is covered under your <u>Plan</u>, log into your account at <a href="http://www.navitus.com">www.navitus.com</a>.</p> <p>Note: <u>Specialty drugs</u> are only available through the Navitus SpecialtyRx Program Pharmacy.</p>
	Preferred brand drugs	\$35 co-payment/ 30-day supply  \$80 co-payment/ 90-day supply		
	Non-preferred brand drugs	\$55 co-payment/ 30-day supply  \$130 co-payment/ 90-day supply		
	<u>Specialty drugs</u>	20% co-payment to a maximum of \$300/30-day supply		

\* For more information about limitations and exceptions, see the plan or policy document at [www.MyAmeriBen.com](http://www.MyAmeriBen.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% co-insurance after deductible	50% co-insurance after deductible	<p>Providers who do not typically contract (e.g. anesthesiologist, pathologists, and assistant surgeons) are to be paid based on the <u>network</u> status of the facility in which the services were rendered.</p> <p><b>Pre-certification is required.</b> Benefits will be reduced by \$300 per paid <u>claim</u> for non-compliance.</p>
	Physician/surgeon fees	20% co-insurance after deductible	50% co-insurance after deductible	
If you need immediate medical attention	Emergency room care	\$300 co-payment/visit, plus 20% co-insurance after deductible		Co-payment waived if admitted.
	<u>Emergency medical transportation</u>	20% co-insurance after deductible	20% co-insurance after deductible	_____none_____
	<u>Urgent care</u>	\$50 co-pay/visit, deductible waived	50% co-insurance after deductible	_____none_____
If you have a hospital stay	Facility fee (e.g., hospital room)	20% co-insurance after deductible	50% co-insurance after deductible	<p>Limited to the semi-private room rate.</p> <p><b>Pre-certification is required.</b> Benefits will be reduced by \$300 per paid <u>claim</u> for non-compliance.</p>
	Physician/surgeon fees	20% co-insurance after deductible	50% co-insurance after deductible	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$25 co-payment/visit deductible waived	50% co-insurance after deductible	<p><b>Pre-certification is required</b> for partial hospitalization and intensive outpatient treatment in excess of twenty (20) visits. Benefits will be reduced by \$300 per paid <u>claim</u> for non-compliance.</p>
	Inpatient services	20% co-insurance after deductible	50% co-insurance after deductible	<p><b>Pre-certification is required.</b> Benefits will be reduced by \$300 per paid <u>claim</u> for non-compliance.</p>
If you are pregnant	Office visits	20% co-insurance after deductible	50% co-insurance after deductible	<p>First visit to confirm pregnancy is subject to a \$25 co-payment, <u>deductible</u> waived.</p> <p><u>Cost sharing</u> does not apply for <u>preventive services</u>. Depending on the type of services, a <u>co-payment</u>, <u>co-insurance</u>, or <u>deductible</u> may apply.</p>
	Childbirth/delivery professional	20% co-insurance	50% co-insurance after deductible	_____none_____

\* For more information about limitations and exceptions, see the plan or policy document at [www.MyAmeriBen.com](http://www.MyAmeriBen.com).



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you are pregnant	services	after deductible	deductible	
	Childbirth/delivery facility services	20% co-insurance after deductible	50% co-insurance after deductible	_____none_____
If you need help recovering or have other special needs	<u>Home health care</u>	20% co-insurance after deductible	50% co-insurance after deductible	Benefit year maximum: Sixty (60) visits per plan participant.
	<u>Rehabilitation services</u>	20% co-insurance after deductible	50% co-insurance after deductible	Services include speech, occupational, or physical therapy provided on an inpatient or outpatient basis.  Combined benefit year maximum: Twenty (20) visits per plan participant.  <b>Pre-certification is required</b> for services in excess of the twenty (20) visit limit. Benefits will be reduced by \$300 per paid <u>claim</u> for non-compliance.
	<u>Habilitation services</u>	Covered as any other illness depending on provider type, service performed, and place of service.	50% co-insurance after deductible	Coverage for Autism Spectrum Disorder – Behavior Therapy Services ONLY. Behavioral therapy services for the treatment of Autism spectrum disorder are available for plan participants who have been diagnosed with autism spectrum disorder.  <b>Pre-certification is required.</b> Benefits will be reduced by \$300 per paid <u>claim</u> for non-compliance.
	<u>Skilled nursing care</u>	20% co-insurance after deductible	50% co-insurance after deductible	Benefit year maximum: Sixty (60) days per plan participant.  <b>Pre-certification is required.</b> Benefits will be reduced by \$300 per paid <u>claim</u> for non-compliance.

\* For more information about limitations and exceptions, see the plan or policy document at [www.MyAmeriBen.com](http://www.MyAmeriBen.com).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need help recovering or have other special needs	<u>Durable medical equipment</u>	20% co-insurance after deductible	50% co-insurance after deductible	<b>Pre-certification is required</b> for durable medical equipment (DME) in excess of \$3,000. Benefits will be reduced by \$300 per paid claim for non-compliance.
	<u>Hospice services</u>	20% co-insurance after deductible	50% co-insurance after deductible	Lifetime maximum: Six (6) months per plan participant. Services include bereavement counseling; limited to \$300 per plan participant.
If your child needs dental or eye care	Children's eye exam	No charge, deductible waived	Not Covered	This describes benefits provided by your medical <u>Plan</u> . AzMT provides Dental and Vision coverage through stand-alone plans at a low monthly cost. If this is elected, please refer to your vision and/or dental administrator for additional benefits.
	Children's glasses	Not Covered	Not Covered	
	Children's dental check-up	Not Covered	Not Covered	

#### Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other <u>excluded services</u> .)			
<ul style="list-style-type: none"> <li>Acupuncture</li> <li>Cosmetic surgery</li> <li>Dental care (adult and children covered under stand-alone dental plan)</li> <li>Glasses (adult and children)</li> </ul>	<ul style="list-style-type: none"> <li>Infertility treatment</li> <li>Long-term care (except for a facility licensed to provide long term acute care)</li> <li>Non-emergency care when traveling outside the U.S.</li> </ul>	<ul style="list-style-type: none"> <li>Private duty nursing</li> <li>Routine foot care (except when medically appropriate for diabetes, neurological involvement or peripheral vascular disease of the foot or lower leg)</li> <li>Weight loss programs</li> </ul>	
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)			
<ul style="list-style-type: none"> <li>Bariatric surgery [limited to one (1) procedure per lifetime]</li> <li>Chiropractic care [limited to thirty (30) visits per benefit year]</li> </ul>	<ul style="list-style-type: none"> <li>Hearing aids [limited to \$1,000 per lifetime]</li> </ul>	<ul style="list-style-type: none"> <li>Routine eye care (children)</li> </ul>	

\* For more information about limitations and exceptions, see the plan or policy document at [www.MyAmeriBen.com](http://www.MyAmeriBen.com).

**Your Rights to Continue Coverage:** You may contact the Plan's COBRA Administrator at AmeriBen, P.O. Box 7186, Boise ID 83707, 1-855-350-8699. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan.

You may contact the third party administrator (TPA) to assist the plan administrator with claims adjudication. The TPA's name, address, and telephone number are:

AmeriBen  
Attention: Appeals Coordination  
P.O. Box 7186  
Boise, ID 83707  
1-855-350-8699

**Does this plan provide Minimum Essential Coverage? Yes**

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

**Does this plan meet the Minimum Value Standards? Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

**Language Access Services:**

Spanish (Español): Para obtener asistencia en Español, llame al 1-855-350-8699.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-855-350-8699.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-855-350-8699.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-855-350-8699.

*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

**PRA Disclosure Statement:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1146**. The time required to complete this information collection is estimated to average **0.08** hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

\* For more information about limitations and exceptions, see the plan or policy document at [www.MyAmeriBen.com](http://www.MyAmeriBen.com).

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall <u>deductible</u>	\$750
■ <u>Specialist co-payment</u>	\$45
■ Hospital (facility) <u>cost sharing</u>	20%
■ Other <u>cost sharing</u>	20%

#### This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
---------------------------	-----------------

#### In this example, Peg would pay:

Cost Sharing	
Deductibles	\$750
Copayments	\$10
Coinsurance	\$2,300
What isn't covered	
Limits or exclusions	\$20
<b>The total Peg would pay is</b>	<b>\$3,080</b>

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall <u>deductible</u>	\$750
■ <u>Specialist co-payment</u>	\$45
■ Hospital (facility) <u>cost sharing</u>	20%
■ Other <u>cost sharing</u>	20%

#### This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
---------------------------	----------------

#### In this example, Joe would pay:

Cost Sharing	
Deductibles	\$400
Copayments	\$600
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
<b>The total Joe would pay is</b>	<b>\$1,000</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall <u>deductible</u>	\$750
■ <u>Specialist co-payment</u>	\$45
■ Hospital (facility) <u>cost sharing</u>	20%
■ Other <u>cost sharing</u>	20%

#### This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
---------------------------	----------------

#### In this example, Mia would pay:

Cost Sharing	
Deductibles	\$750
Copayments	\$400
Coinsurance	\$300
What isn't covered	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,450</b>

The plan would be responsible for the other costs of these EXAMPLE covered services.

## We're here for you – in many languages

The law requires us to include a message in all of these different languages. Curious what they say? Here's the English version: "You have the right to get help in your language for free. Just call the Member Services number on your ID card." Visually impaired? You can also ask for other formats of this document.

### Spanish

Usted tiene derecho a obtener asistencia en su idioma sin cargo. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación ¿Tiene alguna deficiencia visual? También puede solicitar este documento en otros formatos.

### Chinese

您有權免費獲得使用您的語言提供的協助。只需撥打印於您的 ID 卡上的會員服務部電話號碼即可。視力障礙？您也可以索取本文件的其他格式。

### Vietnamese

Quý vị có quyền nhận trợ giúp bằng ngôn ngữ của mình, miễn phí. Quý vị chỉ cần gọi đến số điện thoại của Ban Dịch vụ Thành viên trên thẻ ID của quý vị. Quý vị bị khiếm thị? Quý vị cũng có thể yêu cầu các định dạng khác của tài liệu này.

### Korean

귀하는 귀하의 언어로 된 도움을 무료로 받을 권리가 있습니다. 귀하의 ID 카드에 있는 가입자 서비스 번호로 전화하십시오. 시각 장애인이신가요? 다른 형식으로 된 이 문서를 요청하실 수 있습니다.

### Tagalog

May karapatan kang makakuha ng tulong na nasa iyong wika nang libre. Tawagan lang ang numero ng Member Services na nasa iyong ID card. May kapansanan sa paningin? Maaari ka ring humingi ng iba pang mga format ng dokumentong ito.

### Russian

У вас есть право на бесплатное получение помощи на вашем родном языке. Просто позвоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. У вас проблемы со зрением? Вы также можете запросить этот документ в других форматах.

### French Creole

Ou gen dwa jwenn èd nan lang ou gratis. Jis rele nimewo Sèvis Manm ki sou Kat ID ou a gratis Gen pwoblèm vizyèl? Ou ka mande tou pou lòt fòm nan dokiman sa a.

### Arabic

لك الحق في الحصول على هذه المعلومات والحصول على المساعدة بلغتك مجانًا. فقط اتصل برقم خدمات الأعضاء الموجود على بطاقة هويتك. هل تعاني من ضعف البصر؟ يمكنك أيضًا طلب تنسيقات أخرى لهذه الوثيقة.

### French

Vous avez le droit d'obtenir de l'aide dans votre langue gratuitement. Appelez simplement le numéro du Services membres figurant sur votre carte d'identité. Vous êtes une personne malvoyante ? Vous pouvez également demander à accéder à ce document dans d'autres formats.

### Persian

شما حق دارید به زبان خود به صورت رایگان کمک بگیرید. فقط با شماره خدمات اعضا مندرج در کارت عضویت خود تماس بگیرید. آیا دچار اختلال بینایی هستید؟ همچنین می‌توانید فرمت‌های دیگر این سند را درخواست کنید.

### Armenian

Դուք իրավունք ունեք անվճար օգնություն ստանալու ձեր լեզվով: Պարզապես զանգահարեք ձեր ID քարտի վրա գտնվող Անդամների սպասարկման համարին: Տեսողության խանգարում ունեցող եք: Կարող եք նաև խնդրել այս փաստաթղթի այլ ձևաչափեր:

### Japanese

あなたにはあなたの言語で無料で支援を受ける権利があります。IDカードに記載されている会員サービス番号にお電話ください」 視覚障害を

お持ちですか？他の形式でこの文書を要求することもできます。

### Italian

Hai il diritto di ricevere assistenza gratuita nella tua lingua. Basta chiamare il numero del Servizio Membri presente sulla tua tessera identificativa. Hai problemi di vista? È possibile richiedere anche altri formati di questo documento.

### German

Sie haben das Recht, kostenlose Hilfe in Ihrer Sprache zu erhalten. Rufen Sie einfach die Nummer des Mitgliederservices auf Ihrer ID-Karte an. Sehbehindert? Sie können dieses Dokument auch in anderen Formaten anfordern.

### Polish

Masz prawo do bezpłatnej pomocy w swoim języku. Wystarczy zadzwonić pod numer Biura Obsługi Klienta podany na karcie identyfikacyjnej. Masz wadę wzroku? Możesz również poprosić o inne formaty tego dokumentu.

### Pennsylvania Dutch

Du hoscht's Recht fer Hilf griege in dei Schprooch fer nix. Duh yuscht die Member Services Number uffruhe uff dei ID Card. Hoscht Druwwel fer sehne? Du kannscht des do Schreiwes in en differnter Weg griege so as du's besser sehne kannscht.

## It's important we treat you fairly

We follow federal civil rights laws in our health programs and activities. Members can get reasonable modifications-as well as free auxiliary aids and services if you have a disability. We don't discriminate, on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English (or have limited proficiency), we offer free language assistance services like interpreters and other written languages. Interested in these services? Call the

Member Services number on your ID card for help (TTY/TDD: 711) or visit our website. If you think we failed in any areas or to learn more about grievance procedures, you can mail a complaint to: Compliance Coordinator, P.O. Box 7186 Boise, ID 83707, or directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

# Introducing MyAmeriBen.com and MyAmeriBen Mobile



## Check Claims

See the status of claims 24/7.  
View general summaries and  
details of reports.



## Share ID Card Digitally

Never lose your card again. Its'  
easy to download and send  
straight to providers.



## Chat with Support

Contact online support specialists  
in real time or submit a question  
to be answered via email or chat.



## Access Benefit Information

View information including your  
plan documents, benefit  
information, and provider networks.



## Upload Documents

Use your smartphone's  
camera to instantly upload  
claims documents.

## Start managing all your resources all in one place — register today.

### Desktop

1. Visit: [myameriben.com](https://myameriben.com)
2. Click "Register" (if you've already registered enter your username and password enjoy managing all your resources in one place).
3. Fill out the form using your full legal name
4. Create a secure password with at least eight characters including one special character (!@#\$\$&\*).
5. Submit and accept the Terms and Conditions.

### Mobile Device

1. Visit the App Store or Google Play and search for "MyAmeriBen Mobile." Download and open the app on your device.
2. If you've already registered on MyAmeriBen.com use the same username and password. If you haven't registered yet, tap "Create an Account" and follow the steps.
4. Accept the licensing agreement.
5. Confirm your identity.

## Need help registering?

Call AmeriBen Customer Care 855-350-8699 from 6:00 a.m. - 6:00 p.m., Monday - Friday







# Precertification Reminder

## Planning medical care?

Ensure you're covered by checking if precertification (prior authorization) is required.

### Key Services That Often Require Precertification:

- Hospital Admissions
- Inpatient & Outpatient Surgery
- Advanced Imaging (MRI, CT, PET)
- Physical, Occupational & Speech Therapy
- Chemotherapy & Radiation
- Home Health
- Dialysis, Transplants
- Orthotics/Prosthetics (over \$3,000)
- Durable Medical Equipment (over \$3,000)
- Genetic Testing (in excess of \$1,000)
- Clinical Trials
- Non-emergent air ambulance
- Intensive Outpatient Programs
- Partial Hospitalizations
- Non-invasive pre-natal testing
- Dental services required for medical procedures
- Specialty infusions/injectable medications in excess of \$3,000 per infusion/ injection

### Precertification Steps:

Have your provider contact AmeriBen Medical Management at 855-778-9053

### What You Can Do:

Share this flyer with your provider.  
Remind them to obtain prior authorization.  
Confirm authorization with your provider before the service.

### Need Assistance?

Call AmeriBen Medical Management  
855-778-9053



# Case Management

## AmeriBen's Case Management supports you and your family

### Personalized care at no extra cost

Navigating a health diagnosis or hospitalization can be challenging. AmeriBen Case Management is here to support you by coordinating care and simplifying the insurance process. Our services, part of your company benefits, include:

- **Communication coordination:** Connecting you with doctors, hospitals, and insurers.
- **Cost management:** Assisting with precertification and finding in-network providers.
- **Care transition:** Facilitating smooth transitions and follow-ups after hospitalization.
- **Expert support:** Registered nurses and behavioral health managers provide confidential, personalized care.

### Care when you need it

Registered nurses and behavioral health case managers offer confidential services to ensure you and your family receive personalized, high-quality, and cost-effective care.



### Questions?

- Call: 855-778-9053
- Visit: [MyAmeriBen.com](https://myameriben.com)
- Email: [casemanagement@ameriben.com](mailto:casemanagement@ameriben.com)



# Emergency Room or Urgent Care?

Making the right choice ensures quicker, cost-effective care.

## Make Informed Choices

### Urgent Care

Ideal for non-life-threatening issues such as:

- Severe headaches
- Cold or sore throat
- Rashes or minor swelling
- Earaches
- Minor cuts and burns

Time: Around 30 minutes per visit,

Cost: \$100-\$150

### Emergency Room

Best for severe conditions like:

- Chest pain
- Loss of consciousness
- Major trauma or bleeding
- Uncontrollable pain
- Coughing or vomiting blood
- Confusion or mental changes

Time: About 2.25 hours per visit,

Cost: \$1,389



### Unsure?

- Call your doctor or urgent care for advice.
- Know your nearest urgent care and ER locations for peace of mind.



# Understanding your health plan

Working together to streamline healthcare and manage costs so you receive the most effective and appropriate care and medications.



## Important things to remember:

- Ensure your provider has your ID card.
- Match bills received from providers with the Explanation of Benefits (EOB) from AmeriBen. If missing an EOB, contact your provider.
- Review EOBs carefully and pay providers directly. For claim questions, call Member Services at 855-350-8699

## The four key elements to your health plan:

### 1. Third party administrator — AmeriBen

AmeriBen handles and processes your health insurance claims. After receiving services, claims are sent to AmeriBen for processing and payment, based on the plan language. 855-350-8699

### 2. Utilization management (precertification review) — AmeriBen

Some health services require precertification. Utilization management reviews if services will be covered but doesn't guarantee benefits or eligibility. Failure to pre-certify may lead to covering the full cost of care. 855-778-9053

### 3. Preferred network (EPO providers) — Blue Cross Blue Shield of Arizona

Choose in-network providers to minimize costs. Out-of-network care costs more. Using network providers reduces expenses for both you and your employer.

### 4. Pharmacy benefit manager provider — Navitus

For prescription coverage, RxBenefits provides lower fees for medications. Contact RxBenefits at 866-333-2757. This information is on your ID card.





# When claims are pending

## Important information about your claims

If a claim is pending or on hold, it might be due to missing information. The two most common areas needing follow-up are:

### 1. Your coordination of benefits

A coordination of benefit (COB) is a system used when you have coverage from multiple insurance plans. It determines which insurer pays first and coordinates payments so your total benefits are maximized without duplicating payments. To update or double-check your most current COB form, go to [myameriben.com](https://myameriben.com).

### 2. An accident-related claim

You or your dependents might receive a questionnaire if your claim is accident-related. These claims can involve third-party insurers, like auto insurance. Your health plan needs to know if it shares responsibility for your healthcare expenses.

#### What you need to do

- Complete questionnaires carefully.
- Provide any missing information promptly to avoid claim denial.

#### Need help?

Call our customer care at 855-350-8699





# GROUP HEALTH BENEFIT ENROLLMENT AND CHANGE FORM



GROUP # \_\_\_\_\_ DIVISION \_\_\_\_\_

P.O. Box 7186 Boise, ID 83707

## LOCATION

Do Not Write in this Area ~ For AmeriBen/IEC Group Use Only				
Dep _____	Rx _____	ID _____	Misc _____	Eff. Date _____ / _____

Employee Information				
Employee Last Name		First Name		Middle Initial
Mailing Address			Social Security #	
City		State		ZIP
Gender <input type="checkbox"/> F <input type="checkbox"/> M	Date of Birth (Month Day Year)		Daytime Phone Number	Marital Status <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D
Date of Full Time Employment (Month Day Year)			Date Eligible for Benefits (Month Day Year)	

Reason Codes & Dependent Information (Employee Enrollment Required)	
Reason for Enrollment:	<input type="checkbox"/> New Hire <input type="checkbox"/> Open Enrollment Period <input type="checkbox"/> Marriage <input type="checkbox"/> Birth/Adoption <input type="checkbox"/> Divorce <input type="checkbox"/> Other _____ <input type="checkbox"/> Loss of other Group Health Coverage (proof required)
Employee Coverage Desired	<input type="checkbox"/> Medical/RX <input type="checkbox"/> Dental <input type="checkbox"/> Vision <b>**Employee Coverage and any Dependents coverage must ALL be the same</b> <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee +Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family
Reason for Disenrollment:	<input type="checkbox"/> Divorce <input type="checkbox"/> Dependent Child reached limiting age <input type="checkbox"/> Death <input type="checkbox"/> Termination <input type="checkbox"/> Other _____
Date of Marriage, Birth/Adoption, Loss of Other Coverage, Divorce, Death or Child Reached Limiting Age: _____	
Have you or your dependents had insurance within the last 62 days? <input type="checkbox"/> Yes (Please provide creditable coverage letter) <input type="checkbox"/> No	

ENROLLMENT OR DISENROLLMENT: Complete this section for each person who wants to enroll (add) or drop coverage										
	First and Last Name	MI	Gender	DOB	SS#	Child lives with employee?	Indicate A = Add D = Drop	Type of Coverage:		
								Medical	Dental	Vision
1	Employee									
2	Spouse									
3	Child									
4	Child									
5	Child									
6	Child									

Other Coverage Information																						
1. Does the policyholder have any other insurance in addition to the policy with Arizona Metro Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes <input type="checkbox"/> Medical <input type="checkbox"/> Dental	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>If this section is not completed, the processing of your claims may be delayed.</b> </div>																					
2. Do any dependents (spouse/children) have other insurance in addition to the policy with Arizona Metro Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes <input type="checkbox"/> Medical <input type="checkbox"/> Dental																						
Do you or your dependents have Medicare coverage? <input type="checkbox"/> Yes <input type="checkbox"/> Part A <input type="checkbox"/> Part B <input type="checkbox"/> ESRD <input type="checkbox"/> No																						
<b>(If NO to both questions above please disregard the rest of this section and sign &amp; date the bottom of this form)</b>																						
	<table border="1"> <tr> <th></th> <th>Medical</th> <th>Dental</th> </tr> <tr> <td>Name &amp; Date of Birth for Policy Holder</td> <td></td> <td></td> </tr> <tr> <td>Other Insurance Name &amp; Phone Number</td> <td></td> <td></td> </tr> <tr> <td>Other Insurance Address</td> <td></td> <td></td> </tr> <tr> <td>Policy Number or SS#</td> <td></td> <td></td> </tr> <tr> <td>Effective Date of Policy</td> <td></td> <td></td> </tr> <tr> <td>Name &amp; Birth date of all other dependents covered under this policy</td> <td></td> <td></td> </tr> </table>		Medical	Dental	Name & Date of Birth for Policy Holder			Other Insurance Name & Phone Number			Other Insurance Address			Policy Number or SS#			Effective Date of Policy			Name & Birth date of all other dependents covered under this policy		
	Medical	Dental																				
Name & Date of Birth for Policy Holder																						
Other Insurance Name & Phone Number																						
Other Insurance Address																						
Policy Number or SS#																						
Effective Date of Policy																						
Name & Birth date of all other dependents covered under this policy																						
<b>If your dependent children are covered under another policy and the natural parents are divorced or separated, insurance regulations require the following information:</b>																						
a. Do parents have joint custody? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please provide the name of the parent with primary custody _____																						
b. If divorced, is any court order in place mandating which policy pays first? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, please submit a copy of the divorce decree</b>																						

The group benefits available through the group policy of my employer have been explained to me and I understand the scope of the benefits. I hereby apply for benefits to which I am entitled or to which I may become entitled under the terms of the group policy or policies issued to the policyholder. I authorize the deduction from my earnings of any contribution I am required to make toward the cost of this benefit. I acknowledge by signing this form that all the information provided is true and correct to the best of my knowledge. Misrepresentation of information can result in cause for termination, loss of coverage and criminal and/or civil prosecution. I understand that if I do not enroll myself or my dependents, I must read and sign the waiver portion of this form.

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

Dependent Child(ren) status if over 19				
Name		Date of Birth		Social Security Number
<input type="checkbox"/>	Full Time Student _____ # of credit hours	Name/Address of School		
<input type="checkbox"/>	Married	Date of Marriage		
<input type="checkbox"/>	In Military	Date of Enlistment		
<input type="checkbox"/>	Employed Full Time	Date of Employment		
Name		Date of Birth		Social Security Number
<input type="checkbox"/>	Full Time Student _____ # of credit hours	Name/Address of School		
<input type="checkbox"/>	Married	Date of Marriage		
<input type="checkbox"/>	In Military	Date of Enlistment		
<input type="checkbox"/>	Employed Full Time	Date of Employment		
Life Insurance Beneficiary Designation				
Beneficiary Designation (Full Name)		Relationship		SS#
Mailing Address		City	State	ZIP
Contingent Beneficiary Designation (Full Name)		Relationship		SS#
Mailing Address		City	State	ZIP

Waiver of Coverage	
<b>**COMPLETE AND SIGN THIS SECTION ONLY IF WAIVING COVERAGE**</b>	
<input type="checkbox"/> <b>Medical/Rx, Dental, Vision</b> benefits are being waived for -Name of Person(s) _____ for the following reason(s) _____	
<input type="checkbox"/> <b>Medical/Rx, Dental, Vision</b> benefits are being waived for -Name of Person(s) _____ for the following reason(s) _____	
<input type="checkbox"/> <b>Medical/Rx, Dental, Vision</b> benefits are being waived for -Name of Person(s) _____ for the following reason(s) _____	
Name of Spouse's Group Plan/Employer _____	
Other Coverage _____	
<ul style="list-style-type: none"> <li>Group benefits available through the group policy of my employer have been explained to me and I understand the scope of the benefits.</li> <li>I waive coverage for myself and/or my dependents and elect not to participate.</li> <li>I understand that I am waiving this coverage even though my employer may be providing the coverage at little or no cost to me.</li> <li>I understand that by waiving enrollment because of other health insurance coverage, I may in the future be able to enroll in this plan, provided that I request enrollment within 30 days after other coverage ends. Please provide the other coverage when you or your dependents are enrolled elsewhere. In addition, I understand if I have a new dependent as a result of marriage, birth, adoption or placement for adoption, I may be able to enroll myself or my dependents provided that I request enrollment within 30 days of the status change.</li> <li style="color: red;">If you waive coverage and have no other coverage, or if you do not indicate that your reason for waiving is because you have other coverage, and then later enroll with us, you are a late enrollee and are subject to an 18 month pre-existing period.</li> <li>I acknowledge by signing this form that all the information provided is true and correct to the best of my knowledge.</li> </ul>	
<b>**Signature of Employee</b> _____ <b>Date</b> _____	
<b>**COMPLETE AND SIGN ONLY IF WAIVING COVERAGE**</b>	



Dear Arizona Metropolitan Trust Employee:

Balancing work and home life can sometimes be a challenge. We are pleased to announce that SupportLinc is available with emotional wellbeing and work-life balance resources to help keep you at your best. Administered by CuraLinc Healthcare, your program offers guidance to address and resolve everyday issues at no cost to you or your family.

Features include:



**In-the-moment support.** Reach a licensed clinician by phone 24/7/365 when you call for assistance to help resolve work-related pressures, depression, stress, anxiety, grief, relationship problems, substance use or other emotional health concerns.



**Short-term counseling.** Access no-cost in-person or virtual (video) counseling sessions with a counselor available at the time and place most convenient for you.



**Coaching.** Get assistance from a Coach to boost your emotional fitness, learn healthy habits, establish new routines, build your resilience and more.



**Work-life benefits.** Receive expert consultations for financial and legal issues. Work-life specialists also provide referrals that help address everyday needs such as child or elder care, pet care, home improvement, auto repair, travel, education and housing needs.



**Web portal and mobile app.** Get help navigating life's challenges from the convenience of your computer, phone or tablet. Simply create a personal profile to access all the valuable information and resources your program offers.



**Text therapy.** Exchange text messages, voice notes and resources with a licensed counselor through the Textcoach® mobile and desktop app, Monday-Friday.



**Self-guided digital therapy.** Strengthen your mental health and overall wellbeing at your own pace with Animo's self-guided digital resources and daily inspiration to foster meaningful and lasting behavior change.



**Digital group support.** Join confidential moderated group sessions hosted by licensed counselors through the Virtual Support Connect platform on topics such as stress, grief, mindfulness, preventing burnout and more.



**Mental Health Navigator.** Take the guesswork out of your emotional fitness! Complete a short assessment and receive personalized guidance for accessing program support and resources.

All requests for information or assistance are free and completely confidential. You can contact SupportLinc 24/7/365. Access support whenever needed, wherever it is most convenient for you.



1-888-881-5462



supportlinc.com  
group code: azmt



support@curalinc.com



Download  
the mobile  
app today!

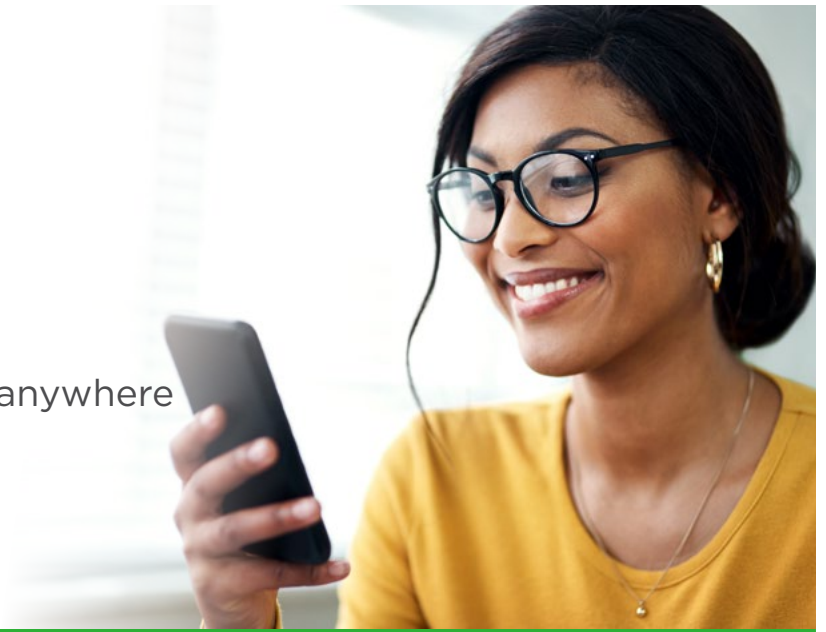
Support for everyday issues. Every day.



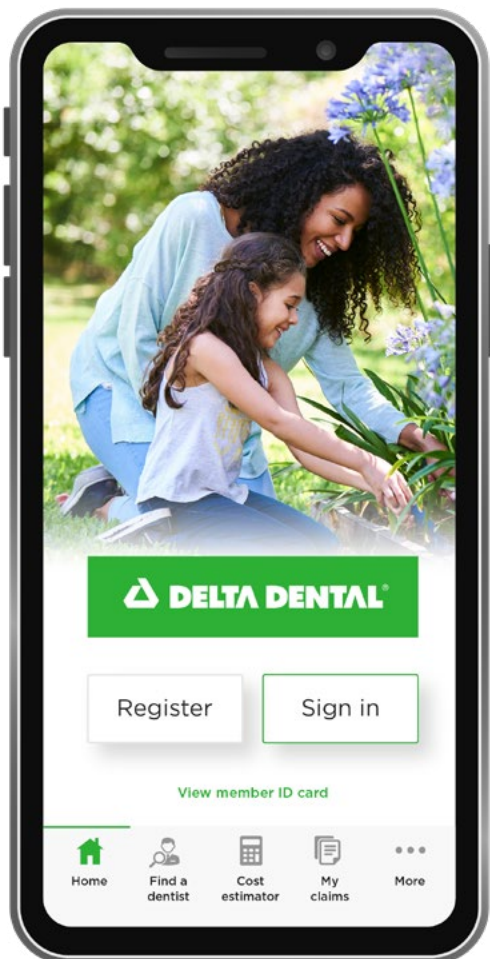


# Delta Dental Mobile App

Manage your oral health anytime, anywhere



Your oral health is important to Delta Dental — and to your overall health! We've designed our mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are! Search for a dentist near you, view ID cards and more, right on your mobile device.



## Getting started

The Delta Dental Mobile App is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental Mobile App. Or, scan the QR code below. You will need an internet connection in order to download and use most features of our free app.

## Logging in to view benefits

Delta Dental members can sign in using the username and password they use to sign in to our website. If you haven't registered for an account yet, you can do that within the app. If you've forgotten your username or password, you can also retrieve these via the Delta Dental Mobile App.



SCAN TO DOWNLOAD  
DELTA DENTAL MOBILE APP

# Delta Dental Mobile App features

Sign in to access the full range of tools and resources



## Mobile ID card

No need for a paper card. View and share your ID card from your phone, and easily save it to your device for quick access, including Apple Passbook and Google Wallet.



## Find a dentist

It's easy to find a dentist near you. Search and compare dental offices to find one that suits your needs. Save your family's preferred dentists to your account for easy access.



## Dental Care Cost Estimator

Find out what to expect with our Dental Care Cost Estimator. Our easy to use tool provides estimated cost ranges on common dental care needs for dentists in your area, now with the option to select your dentist for tailored cost estimates.



## Save your preferred dentist for quick access

Save your favorite dentists using the Delta Dental Mobile App for quick access to contact information making it easy to schedule your routine cleaning.



## My claims

Look up detailed claims information for your dentist visits over the last 18 months.

## Secure access to your benefits

You must sign in each time you access the secure portion of the mobile app. No personal health information is ever stored on your device. For more details on security, our Privacy Policy can be viewed by clicking the lock icon on the main menu.

Please note information displayed may vary based on your particular coverage. For more information on your coverage, contact your Delta Dental company. "Delta Dental" refers to the national network of 39 independent Delta Dental companies that provide dental benefits and is a registered trademark of Delta Dental Plans Association.

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

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Arizona Dental Insurance Service, Inc. dba Delta Dental of Arizona. DDPA-0009-rev0622





# Finding a Network Dentist

Delta Dental has the largest network in Arizona and nationally, so it's very likely your dentist is in the Delta Dental network.<sup>1</sup>

## On the Web

It's easy to find a Delta Dental dentist near you with our provider search tool:

1. Go to [deltadentalaz.com/find](https://deltadentalaz.com/find)
2. Choose a specialty and your plan network from the drop-down menus
3. In the Search By Current Location question, choose **Yes** or **No**

- **Yes** – The tool will use the location data from your web browser to give you a list of nearby dentists
- **No** – You'll need to enter the zip code to search within to get a list of nearby dentists

4. Click **Find Dentists** to see a list of nearby dentists meeting your search criteria

### Need a Dentist?

Delta Dental has the largest network of dentists nationwide. Find the one that's right for you.

Specialty:

Any Speciality



Plan Network:

Select plan network



Dentist last name:

Dentist last name

Search by current location?



Yes



No

Find Dentists

## Understanding the Delta Dental Networks

**Delta Dental PPO™** provides the lowest out-of-pocket costs. That's because PPO dentists agree to accept lower reimbursements for services.

**Delta Dental Premier®** provides a wider selection of dentists while keeping out-of-pocket costs affordable.

You may visit any network dentist, but you will save the most money by visiting a PPO dentist.



Out-of-network  
dentist



**Premier**  
dentist



**PPO**  
dentist

## Don't know which network your dental plan uses?

For dentist search purposes, your plan type is your network. You can usually find your plan name on your Delta Dental ID card or by signing in to the member portal. If you need help, feel free to contact Delta Dental of Arizona's customer service team at 800.352.6132. or via chat at [deltadentalaz.com](https://deltadentalaz.com).



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





# Encuentre un Dentista de Delta

Delta Dental cuenta con la red más grande de proveedores en Arizona y a nivel nacional, por lo que es muy probable que su dentista sea participante en la red Delta Dental<sup>1</sup>.

## En la Web

Es fácil encontrar un dentista de Delta Dental en su área con nuestra herramienta de búsqueda de proveedores:

1. Accede el sitio **deltadentalaz.com/find**
2. De los menús desplegables, elija la especialidad del proveedor (Specialty) y el nombre de su plan (Plan Network).
3. El botón, Search by Current Location es para hacer la búsqueda por ubicación actual. Elija **Sí** o **No**.
  - **Sí** - La herramienta utilizará los datos de ubicación de su navegador web para darle una lista de dentistas en su área
  - **No** - Tendrá que introducir el código postal para obtener una lista de dentistas cercanos.
4. Haga clic en **Find Dentists** para ver una lista de dentistas que cumplen con sus criterios de búsqueda.

### Need a Dentist?

Delta Dental has the largest network of dentists nationwide. Find the one that's right for you.

Specialty:

Any Speciality



Plan Network:

Select plan network



Dentist last name:

Dentist last name

Search by current location?



Yes



No

Find Dentists

## ¿Cuáles son las redes de Delta Dental?

**Delta Dental PPO™** ofrece los mejores ahorros a su bolsillo debido a que los dentistas de PPO acuerdan a un descuento en los reembolsos por sus servicios.

**Delta Dental Premier®** ofrece una selección más amplia de dentistas y a la misma vez mantiene los costos de bolsillo asequibles.

**Ud. puede visitar cualquier dentista participante en la red, pero va a ahorrar más con un dentista de PPO.**



Dentista  
No-Participante



Dentista  
Premier



Dentista  
PPO

## ¿Sabe cuál red se incluye en su plan dental?

Para fines de buscar dentistas, el nombre de su plan identifica su red. Normalmente puede encontrar el nombre de su plan en su tarjeta de identificación de Delta Dental o por iniciar sesión en el portal para miembros. Si necesita ayuda, no dude en comunicarse con el equipo de atención al cliente de Delta Dental de Arizona al 800.352.6132, o por chat en [deltadentalaz.com](https://deltadentalaz.com)

## Sistema Telefónico Automatizado

También puede buscar un dentista a través de nuestro sistema telefónico automatizado por llamar al 800.352.6132 y seguir las indicaciones para encontrar un dentista. Se puede buscar dentistas de Delta Dental por código postal, especialidad y nombre de plan.



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



**Delta Dental PPO plus Premier™**  
**Summary of Benefits**  
**For Group# 4720 High Plan**  
**Arizona Metropolitan Trust (AZMT)**

This Summary of Benefits should be read along with your Dental Benefits Booklet. Your Dental Benefits Booklet provides additional information about your Group Plan Sponsor's dental plan administered by Delta Dental, including information about plan exclusions and limitations. If a statement in this Summary of Benefits conflicts with a statement in the Dental Benefits Booklet, the statement in this Summary of Benefits applies to you and you should ignore the conflicting statement in the Dental Benefits Booklet. The percentages below are applied to your Group Plan Sponsor's dental plan allowance for each service and it may vary due to the dentist's network participation.\*

**Group Plan Sponsor** – Arizona Metropolitan Trust (AZMT)

**Dental Claims Administrator** – Delta Dental of Arizona

**Benefit Year** – July 1 through June 30

**Deductible** – \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to oral exams, preventive services, X-rays, sealants, periodontal maintenance, and orthodontic services.

**Benefit Maximum Payment** – \$4,000 per person total per Benefit Year on all services except orthodontic services. \$2,000 per person total per lifetime on orthodontic services.

**Child Age Limit** – To age 26

**Student Age Limit** – To age 26

**Covered Services** –

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non-Participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> – exams, cleanings, fluoride, and space maintainers	100%	100%	80%
<b>Sealants</b> – to prevent decay of permanent teeth	100%	100%	80%
<b>Radiographs</b> – X-rays	100%	100%	80%
<b>Periodontal Maintenance</b> – cleanings following periodontal therapy	100%	100%	80%
<b>Basic Services</b>			
<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	80%	80%	60%
<b>Minor Restorative Services</b> – fillings	80%	80%	60%
<b>Endodontic Services</b> – root canals	80%	80%	60%
<b>Periodontic Services</b> – to treat gum disease	80%	80%	60%
<b>Oral Surgery Services</b> – extractions and dental surgery	80%	80%	60%
<b>Other Basic Services</b> – misc. services	80%	80%	60%
<b>Major Services</b>			
<b>Crown Repair</b> – to individual crowns	50%	50%	40%
<b>Major Restorative Services</b> – crowns	50%	50%	40%
<b>Relines and Repairs</b> – to bridges, implants, and dentures	50%	50%	40%
<b>Prosthodontic Services</b> – bridges, implants, and dentures	50%	50%	40%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> – braces	50%	50%	50%
<b>Orthodontic Age Limit</b> –	from the age of 8 - No Age Limit	from the age of 8 - No Age Limit	from the age of 8 - No Age Limit

\* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.

## Frequencies and Limitations

- Oral exams are payable twice per benefit year.
- Prophylaxes (cleanings) are payable three times per benefit year. Scaling (equivalent to one cleaning) is payable once in any two-year period. Full mouth debridement (equivalent to one cleaning) is payable once in any five-year period.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.
- Fluoride treatments are payable twice per benefit year for people age 17 and under.
- Sealants are payable once per tooth in any three-year period for bicuspid and first and second molars for people age 18 and under. The surface must be free from decay and restorations. Preventive resin restoration on molars is payable once per lifetime for people age 15 and under with moderate to high caries risk. Treatment of an active, non-symptomatic carious lesion by topical application of a caries arresting or inhibiting medicament is payable twice per tooth per calendar year for people age 18 and under.
- Bitewing X-rays are payable once per benefit year. Full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any three-year period.
- Space maintainers and recement or rebond of space maintainers are payable once per area per lifetime for people age 13 and under. Distal shoe space maintainers are payable once per area per lifetime for people age eight and under.
- Endodontic treatment is payable once per tooth per lifetime. Endodontic retreatment is payable once per tooth in any three-year period.
- Root planing and scaling is payable once per quadrant in any two-year period. Only two quadrants of root planing and scaling can be performed on the same day.
- Crowns over implants are payable once per tooth in any five-year period. Services related to crowns over implants are payable.
- Implants and prefabricated and custom fabricated abutments are payable once per tooth in any five-year period and subject to a \$1,000 maximum per tooth. Implant-related services are payable.
- Silver amalgam and composite resin (white) restorations are payable once per surface in any two-year period.
- Porcelain and resin facings on crowns are optional treatment.
- Crowns and onlays and associated procedures (cores, substructures) are payable once per tooth in any five-year period.
- Oral surgery, including simple and surgical extractions, is payable.
- Fabrication of athletic mouthguard is payable once in any two-year period for people age 18 and under. Occlusal guards are not payable.

## Special Health Care Needs

Members diagnosed with "special health care needs" (as defined below) that significantly impair the Member's ability to obtain routine covered dental services, may be eligible for additional services, including:

- Additional visits, consultations and/or exams
- Up to four total dental cleanings per benefit year
- Treatment delivery modifications, which may include limited anesthesia, when necessary for dental staff to provide oral health care

"Special health care needs" are any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition requiring medical management, health care intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.

Special health care needs may include:

- Intellectual and neurodevelopmental disabilities
- Environmental or congenital injuries leading to disability
- Chromosomal abnormalities
- Syndromes or sequences with craniofacial or airway abnormalities
- Other sequences that require special dental care needs
- Any other syndrome, sequence, or abnormality which is not otherwise specified but has a significant deleterious effect in activities of daily living and/or requires significant modification at home and/or in care settings

Special health care needs does not include anxiety, depression, or a fear of dentists or dental treatment (odontophobia).

In evaluating whether you qualify for this special health care needs benefit, your dentist will determine whether they need to change or add new equipment, increase procedure time, and/or change or require additional therapeutic regimes and/or techniques in order to treat you. In making the assessment, your dentist may ask you for documentation evidencing your special health care need. Your dentist will submit the required paperwork to us, and we will determine if you qualify for this benefit. There is no age limit on the special health care need benefit.

**Payment for Orthodontic Service** – When orthodontic treatment begins, your Dentist will submit a treatment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon treatment plan, Delta Dental will make an initial payment to you or your Participating Dentist upon insertion of the appliances or initial banding, equal to 50% of Delta Dental's stated Copayment on the Maximum Payment for Orthodontic Services as set forth in this Summary of Benefits. Provided Member has current eligibility on the date of service 12 months from the date the appliances or initial banding were placed, Delta Dental will make an additional payment equal to the balance of Delta Dental's stated Copayment on the Maximum Payment for Orthodontic Services. Maximum Payment for Orthodontic Services equals the lesser of Delta Dental's total Copayment for Orthodontic Services, the Maximum Payment per person total per lifetime on orthodontic services or the fee charged by your provider for orthodontic services.

**Eligible People** – As defined by the Employer Group. The Subscriber pays the full cost of this plan.

Enrollees and dependents choosing this Dental Plan are required to remain enrolled for a minimum of 12 months. Should a Subscriber or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Subscriber is enrolled (except under COBRA) and must be enrolled in the same plan as the Subscriber. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

**Dual Spouse** – If you and your Spouse are both eligible to enroll in this Dental Plan as Subscribers, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Subscribers under this Dental Plan.

Coverage ends at the end of the month that the Subscriber and/or Dependent is no longer eligible.



**Delta Dental PPO plus Premier™**  
**Summary of Benefits**  
**For Group# 4720 Low Plan**  
**Arizona Metropolitan Trust (AZMT)**

This Summary of Benefits should be read along with your Dental Benefits Booklet. Your Dental Benefits Booklet provides additional information about your Group Plan Sponsor's dental plan administered by Delta Dental, including information about plan exclusions and limitations. If a statement in this Summary of Benefits conflicts with a statement in the Dental Benefits Booklet, the statement in this Summary of Benefits applies to you and you should ignore the conflicting statement in the Dental Benefits Booklet. The percentages below are applied to your Group Plan Sponsor's dental plan allowance for each service and it may vary due to the dentist's network participation.\*

**Group Plan Sponsor** – Arizona Metropolitan Trust (AZMT)

**Dental Claims Administrator** – Delta Dental of Arizona

**Benefit Year** – July 1 through June 30

**Deductible** – \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to oral exams, preventive services, X-rays, sealants, periodontal maintenance, and orthodontic services.

**Benefit Maximum Payment** – \$2,000 per person total per Benefit Year on all services except orthodontic services. \$2,000 per person total per lifetime on orthodontic services.

**Child Age Limit** – To age 19

**Student Age Limit** – To age 19

**Covered Services** –

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non-Participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> – exams, cleanings, fluoride, and space maintainers	100%	100%	80%
<b>Sealants</b> – to prevent decay of permanent teeth	100%	100%	80%
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<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> – braces	50%	50%	50%
<b>Orthodontic Age Limit</b> –	from the age of 8 - No Age Limit	from the age of 8 - No Age Limit	from the age of 8 - No Age Limit



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Special health care needs may include:

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- Chromosomal abnormalities
- Syndromes or sequences with craniofacial or airway abnormalities
- Other sequences that require special dental care needs
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**Dual Spouse** – If you and your Spouse are both eligible to enroll in this Dental Plan as Subscribers, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Subscribers under this Dental Plan.

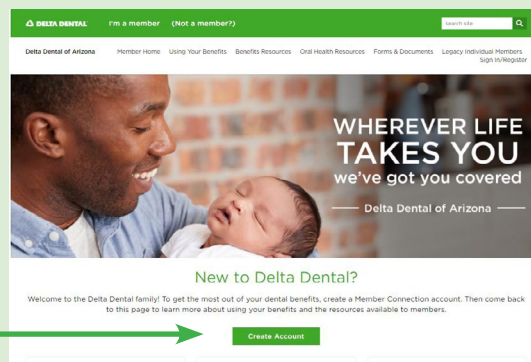
Coverage ends at the end of the month that the Subscriber and/or Dependent is no longer eligible.

# Register for the Member Portal

1

Go to [deltadentalaz.com/member](https://deltadentalaz.com/member) and click **Create Account**.

Note: We recommend waiting until your effective date to register for the member portal.



2

Validate your membership:

- Enter your first and last name.
- Enter the primary enrollee's member ID or social security number.
- Enter your date of birth.
- Select the member type that applies to you.
- Click **Proceed to Register**.

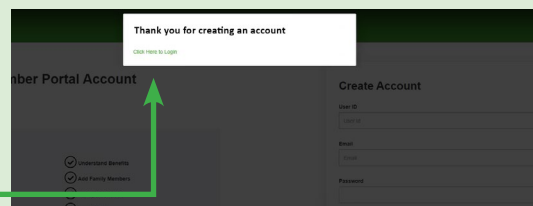
3

Create your account:

- Choose a user ID and password.
- Enter your email address.
- Click **Submit**.

4

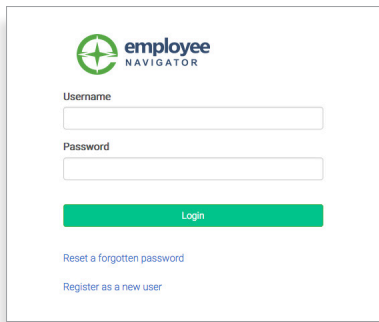
You have successfully created your account. Follow the prompt to login using your new user ID and password.



Once registered, you can easily access benefits and claims information, print a temporary ID card, search for a dentist, set paperless preferences, view EOB history and more.



# ENROLL IN YOUR BENEFITS: One step at a time



**employee NAVIGATOR**

Username

Password

**Login**

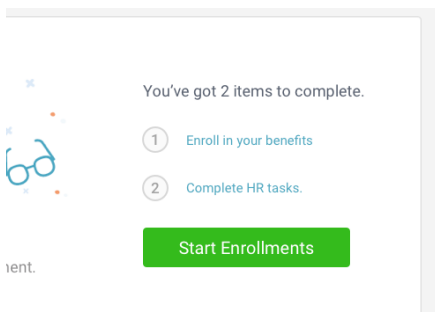
[Reset a forgotten password](#)

[Register as a new user](#)

## Step 1: Log In

Go to <http://www.employeenavigator.com/benefits/Account/Register>

- **First time users:** **Register as a new user** by entering your first name, last name, Company Identifier (**AZTRUST**), last 4 of SSN, and DOB
- **Returning users:** Go to <https://www.employeenavigator.com> and **Log in** with the username and password you selected. Click **Reset a forgotten password**



You've got 2 items to complete.

- 1 Enroll in your benefits
- 2 Complete HR tasks.

**Start Enrollments**

## Step 2: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

### TIP

Have dependent details handy. To enroll a dependent in coverage you will need their name, date of birth, and gender.

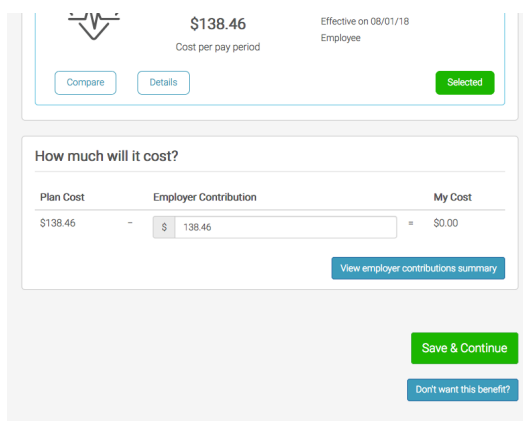
## Step 3: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

### Who am I enrolling?

- ☒ Myself
- ☐ Elizabeth Reynolds (Spouse)
- ☐ Gwen Reynolds (Child)



**\$138.46**  
Cost per pay period

Effective on 08/01/18  
Employee

**Selected**

How much will it cost?

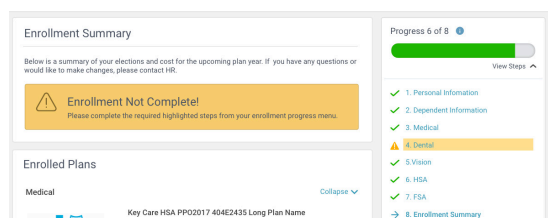
Plan Cost	Employer Contribution	My Cost
\$138.46	\$ 138.46	\$0.00

**Save & Continue**

**Don't want this benefit?**

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.



**Enrollment Summary**

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions or would like to make changes, please contact HR.

**Enrollment Not Complete!**  
Please complete the required highlighted steps from your enrollment progress menu.

**Enrolled Plans**

Medical

Key Care HSA PPO2017 404E2435 Long Plan Name

Progress 6 of 8

- 1. Personal Information
- 2. Dependent Information
- 3. Medical
- 4. Dental
- 5. Vision
- 6. HSA
- 7. FSA
- 8. Enrollment Summary

## Step 6: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.



# Save Money with Gallagher Marketplace

Clients saved \$400+ on auto insurance in 2024.\*

Get a free, no-obligation quote and save on your home and auto insurance with over 40 carriers nationwide.

Looking for more savings? Our program offers significant savings on things you are already buying — like pre-paid legal services, identity theft protection, pet insurance, renters insurance and boat or RV insurance, as well as extended vehicle warranties and an employee discount program — all in one centralized hub.

## Discover what benefits your organization offers through Gallagher Marketplace.

The value	The convenience
<ul style="list-style-type: none"> <li>Whether full-time, part-time or contract workers, all employees and their families are eligible.</li> <li>Compare real, no-obligation quotes from multiple carriers on one site.</li> <li>Potential cost savings compared to shopping on your own.</li> <li>Call and talk to licensed insurance advisors to help understand and find the policy that meets your needs.</li> </ul>	<ul style="list-style-type: none"> <li>Enroll any time of the year, not just during open enrollment.</li> <li>Monthly, quarterly and annual payment option available.</li> <li>Schedule a callback from licensed insurance advisors for a time that's most convenient.</li> <li>All programs are portable so you can keep the coverage no matter where life takes you.</li> </ul>

## How it works

- 1 Visit [Gallagher Marketplace](#) to see your available benefits.
- 2 Select a product to view more details.
- 3 Click on the partner link to learn more, get a free no-obligation quote or apply for coverage.
- 4 Enter your employer name when prompted.



Scan the QR code to learn more.

**AJG.com** The Gallagher Way. Since 1927.

\*Insurance is subject to availability and individual eligibility. Savings based on 2024 Insuramatch customer survey.

Consulting and insurance brokerage services to be provided by Gallagher Benefit Services, Inc. and/or its affiliate Gallagher Benefit Services (Canada) Group Inc. Gallagher Benefit Services, Inc. is a licensed insurance agency that does business in California as "Gallagher Benefit Services of California Insurance Services" and in Massachusetts as "Gallagher Benefit Insurance Services." Neither Arthur J. Gallagher & Co., nor its affiliates provide accounting, legal or tax advice.

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# Health Savings Account (HSA) Enrollment Verification Form

## Section 1: HSA Owner Information – PLEASE PRINT

First Name	MI	Last Name
Social Security Number (Last 4 Digits)		Telephone Number (Day)
Address Line 1 – Street Address		
Address Line 2		
City	State	ZIP Code

## Section 2: Attach Requested Documentation

Please include the documentation that was requested by Inspira Financial along with this form.
--

## Section 3: Signature

Authorized Signature 	Date
--	------

Send this form and requested documents to one of the following:

**Mail:** Inspira Financial  
HSA Operations  
PO Box 3317  
Carol Stream, IL 60132-3317

**Fax:** 402-943-1567

**Email:** [hsacip@inspirafinancial.com](mailto:hsacip@inspirafinancial.com)

Be sure to send your documents securely.





## HEALTH SAVINGS ACCOUNT (HSA)

# Save now — and for your future

If you're on a high-deductible health plan (HDHP), you can use an HSA to pay your required deductible with pretax funds.

With an HSA, you may be able to contribute up to \$4,300\* per individual or \$8,550\* per family (pretax) annually. If you are 55 or older, you can contribute an extra \$1,000.

### Check HSA eligibility

You're eligible if you're enrolled in a qualified high-deductible health plan, with a few exceptions. They include:

- Other health plan coverage that pays out-of-pocket expenses before you meet your plan deductible, such as Medicare or TriCare coverage
- A general-purpose health care flexible spending account or health reimbursement arrangement in the same year
- Veterans Affairs medical benefits used in the last three months, unless the hospital care or medical services were for a service-connected disability
- Someone claiming you as a dependent on their tax return

### Use your HSA to save

Adding an HSA to your health plan can help grow your savings after meeting immediate health care expenses.

#### → Triple tax benefit

Your contributions are tax-free, and remain completely tax-free when used for qualified health care expenses.

#### → Invest tax-free

You can invest your HSA funds in an investment account, where your money may grow tax-free.\*\*

#### → Take it with you

Your HSA isn't tied to an employer, health plan, or retirement. If you have an HSA elsewhere, you can transfer the balance to your new one. And your unused funds roll over from year to year.



## Helpful HSA tips

- 1 Check IRS contribution limits and eligible expense items on your employer's plan document or at **inspirafinancial.com**.
- 2 Access the record of your HSA expense payments on the Inspira website.
- 3 If you use your HSA for ineligible expenses, you'll need to pay income taxes. Plus, a 20% penalty tax on that amount, unless you're age 65 or older or disabled at the time.

## Choose your way to pay

Once funds are available in your HSA, Inspira makes it easy to pay for your eligible expenses.

### → Pay with your Inspira Card™

When you use it, your expense is automatically paid from your account.

### → Pay yourself back

Pay for eligible expenses with cash, a check, or your personal credit card. Then withdraw funds from your HSA to pay yourself back and have your payment deposited directly into your checking or savings account.

### → Pay expenses online

Use our digital tools to set up easy repeat payments.

## Use the Inspira Mobile™ app

It's the easiest way to manage your account and view alerts; make payments, withdrawals, and deposits; use our barcode scanner to see if an item is an eligible expense.

An HSA allows tax-free payment of medical expenses, many over-the-counter products, and prescriptions, as well as vision and dental expenses. Find a list of which expenses may not be covered on the Inspira website.

## ⇒ Realize the savings potential of an HSA

For more information visit **inspirafinancial.com** or scan the QR code.



\*The maximum contribution limits are subject to change annually. 2025 IRS limits included.

\*\*Please note that not all states provide favorable income tax treatment for HSAs.

Inspira Financial Health, Inc. does not provide legal, tax, or financial advice. Please contact a professional for advice on eligibility, tax treatment, and other restrictions. Inspira and Inspira Financial are trademarks of Inspira Financial Trust, LLC.

This material is for informational purposes only. It is not an offer of coverage and it does not constitute a contract. Health savings accounts (HSAs) are individual accounts administered by Inspira Financial Health. There may be fees associated with your HSA. HSAs are subject to eligibility requirements and restrictions. State taxes may apply.

In case of a conflict between your plan documents and the information in this material, the plan documents will govern. Eligible expenses may vary from employer to employer. Please refer to your employer's Summary Plan Description ("SPD") for more information about your covered benefits. Information is believed to be accurate as of the production date; however, it is subject to change.





## HEALTH SAVINGS ACCOUNT (HSA) & MEDICARE

# Learn about your HSA and Medicare

Your team at Inspira Financial can help answer all your questions about how your HSA works with Medicare. Here are some of the basics to get you started.

### Can I have an HSA and Medicare?

- You aren't eligible to enroll in or contribute to an HSA if you're enrolled in Medicare.
- If you had an existing HSA when you enrolled in Medicare, you can still use your HSA funds to pay for eligible expenses for yourself, your spouse, and/or tax dependents.
- You can no longer make or receive contributions to the HSA on or after the date of your enrollment in Medicare.

### If my spouse is enrolled in Medicare and I'm not, can I have an HSA?

Yes. If you're eligible to open and contribute to an HSA, you can — regardless of your spouse being enrolled in Medicare. You can also still contribute up to the family maximum if you remain covered on a family high-deductible health plan (HDHP). And you can use your HSA to pay for your spouse's health care expenses even if they are enrolled in Medicare.

### Are there penalties if I use my HSA when I begin receiving Medicare benefits?

No. The only time you may incur penalties is if you use your HSA funds for an expense that isn't eligible.

### Are Medicare premiums an eligible HSA expense?

If you are the HSA holder and are age 65 or older, Medicare premiums are a qualified expense. But if you're not 65 or older, Medicare premiums for coverage of the spouse or dependent (who is 65 or older) generally aren't qualified expenses.

### I'm 65 and have Medicare and still have coverage through my employer health plan. May I use my HSA funds to pay my employer coverage?

It depends on how you pay for your employer's health plan. If you pay those premiums with pretax money from your pay, then the answer is no. If you pay the premiums with after-tax money, then you can use the HSA funds for this expense.

### **Which insurance premiums are eligible HSA expenses?**

Eligible expenses include: long-term care insurance, health care continuation coverage, health care continuation coverage while receiving unemployment compensation (for you, your spouse, or a dependent) or Medicare, and other health care coverage if you are over 65. Medicare supplemental policies aren't eligible expenses.

### **What are other eligible HSA expenses?**

Eligible expenses include office visit copays, dental expenses, and vision care, to name a few. An extensive list of eligible HSA expenses can be found at [inspirafinancial.com](https://inspirafinancial.com).

### **If my spouse and I are enrolled in my employer's HSA-qualified plan and I enroll in Medicare, can my spouse open an HSA?**

Yes, if your spouse is otherwise HSA-eligible. Individuals don't have to be the medical plan subscriber to be HSA-eligible. You or your spouse can make tax-deductible contributions into the HSA, up to the family maximum, if you remain covered on a family HDHP (even if only your spouse is HSA-eligible). For some couples, this provision in the law allows them to continue to contribute to an HSA (and build income-tax-free balances for distribution in retirement) for several years after the older spouse enrolls in Medicare.

### **If I'm not HSA-eligible, can I enroll in my employer's HSA-qualified medical plan?**

Yes. HSA eligibility refers to your ability to open and contribute to an HSA, not whether or not you can enroll in a medical plan.

### **Can I make income-tax-free distributions from my HSA for non-qualified medical expenses when I turn 65?**

No. However, once you turn 65 or meet Social Security's definition of disabled, you can make distributions for items that aren't HSA-qualified without incurring the 20% additional tax (penalty) otherwise assessed on non-qualified medical expenses.

### **What happens if I delay enrolling in Medicare?**

If you delay enrolling in Medicare, you may receive up to six months of retroactive Medicare coverage. That period of retroactive coverage will be a period of Medicare entitlement. You'll lose your HSA eligibility on the retroactive entitlement date, not the date you applied for Medicare coverage, making you ineligible to contribute to an HSA for those prior six months.

### **I became eligible for Medicare during the year. Can I continue to contribute to my HSA?**

Starting with the month that you're enrolled in Medicare, you are no longer eligible to contribute to an HSA. However, you can still use your funds for eligible expenses.

⇒ **Get answers to your questions about Medicare and your HSA**

For more information visit [inspirafinancial.com](https://inspirafinancial.com)

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In case of a conflict between your plan documents and the information in this material, the plan documents will govern. Eligible expenses may vary from employer to employer. Please refer to your employer's Summary Plan Description ("SPD") for more information about your covered benefits. Information is believed to be accurate as of the production date; however, it is subject to change.



## Health Savings Account (HSA) Transfer Request Form Instructions

(Transferring funds from your Current HSA to your  
HSA at Inspira Financial)

As the owner of your HSA, you must complete Sections 1, 2, and 3 of the enclosed form. Below are a few reminders as you complete the form. **If you have employer or employee payroll contributions, please do not submit this form until the final contribution has been made.**

- ☐ Section 1: Be sure to include your Phone Number. We or your current Trustee or Custodian may have to call you with follow-up questions.
- ☐ Section 2: Select only one transfer type.
- ☐ Section 3: Include the Account Number for the HSA you will be transferring to Inspira Financial. Your current Trustee or Custodian will be able process your request more quickly if they have all of the information on the form.
- ☐ Certification and Signature section: Sign and date the form.

**Please Mail this completed transfer form to your current custodian for processing.**

**Do not mail this form to Inspira Financial as it will delay the processing of this request.**

**Note you must already have an open HSA with Inspira for us to accept this transfer.**

Please consult with a tax advisor if you have any questions prior to completing this form.

**Note:** Some Trustees or Custodians may require their own form in addition to this form. Please check with your current Trustee or Custodian for any specific requirements.







# An individual's guide to the health savings account (HSA)

**20TH EDITION / 2025 LIMITS**

**UPDATED: NOVEMBER 2024**





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## Publisher's note

These health savings account (HSA) guidelines have been a valuable resource for millions of Americans since 2004. It's an easy-to-understand handbook that gives you the information you need to know about HSAs. But, even with this information, you need to review your own situation.

Not everything in this guide may apply to you. You first need to decide if a HSA is right for you. If you do have an HSA, you need to decide how much you want to contribute. You also need to decide how you want to use it. If you need tax or legal advice, please speak with your own tax or legal advisor. They can help you understand how an HSA will work for you.

## About Inspira Financial

Inspira is one of the nation's leading account-based third-party administrators providing innovative benefits administration and technology solutions for health care spending and saving accounts, COBRA, and commuter benefit programs. The company powers the development and delivery of complete health care benefits administrative services for both people and businesses.

Inspira pioneered the first platform that combines benefit financial accounts, wellness, and eligibility management all in one. This platform houses nearly two million participants and several million eligible lives, combines over two decades of tax-advantaged account administration experience with a suite of wellness and engagement services that are integrated to form a powerful solution. Our complete solution is designed to educate you on health care issues, engage you in wellness activities through customized programs and incentives, and empower you to make your own health care decisions.

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## Learn about using a health savings account (HSA)

You can use an HSA to pay for qualified medical expenses. You can use it as you have expenses. Or you can save the funds for future expenses. You decide when you use your funds. You also decide what expenses you pay for with your HSA funds. You can also invest the funds. You must have a qualified high deductible health plan (HDHP) to contribute to an HSA.

### An HSA offers triple tax savings

- Pretax or tax-deductible contributions.<sup>1</sup>
- Tax-free interest and investment earnings.<sup>2</sup>
- Tax-free distributions, when used for qualified medical expenses.

Anyone can contribute to your HSA. This includes you, your employer, your spouse, or anyone else. You can then make tax-free withdrawals to pay for eligible medical expenses. This includes expenses for you, your spouse, and your tax dependents. This is true even if you have a self-only HDHP.

HSAs are portable — that means you keep your HSA even if you change employers or stop working. Unlike a flexible spending account (FSA), there is no “use-it-or-lose-it” rule with HSAs. If you don’t use funds, they remain in your HSA each year. They also continue to earn tax-free interest and have no income limits.

If you invest your HSA funds, they remain in the investment account, like an IRA or 401(k). This all means that HSAs have the potential for long-term, tax-free savings.

<sup>1</sup> You should consult a tax advisor. Tax references are at the federal level. State taxes may vary.

<sup>2</sup> HSA earnings may be taxable in some states. Investment products are not FDIC insured, have no bank guarantee, and may lose value.





## Know the basic rules of an HSA

### Qualified high-deductible health plan (HDHP)

You must have a qualified HDHP. There are some rules about what makes the HDHP qualified for HSA. We'll cover those later in this guide. You also can't be enrolled in Medicare or Tricare; be someone else's tax dependent; or have any non-permitted coverage.

### Ownership

- The money in your HSA is yours to keep. Even if your employer makes contributions to your HSA, those funds are yours. This is true even if you change employers or are no longer working.
- You're in charge of your HSA funds. This makes you the decision maker. When you spend your own money, you'll likely ask more about the cost of your health care — making you a more savvy consumer.

### Withdrawals

- You can use your HSA for expenses that you incur after you've opened your HSA. This means that you have to incur the expenses after you have the HSA. You can't use any funds for medical care that you had before you opened the HSA. There is no time limit for when you actually reimburse yourself.

- You must keep all receipts and records. These will show that you used your HSA funds to pay for eligible medical expenses. You also want these receipts in case you are audited by the Internal Revenue Service (IRS).
- You decide if, when, and how much to spend from your HSA. You also decide if you want to use the funds now or save them for the future.
- If you use your funds to pay for a non-eligible expense, you will have to pay income taxes on that amount. You may also have to pay a 20% tax penalty. This penalty does not apply however if you are age 65 or older or you are disabled at the time you make this withdrawal to pay for a non-eligible expense, but you would still have to pay income taxes on that amount.

### Contributions

Anyone can contribute to your HSA. This includes you, your spouse, your employer, and anyone else. No matter who contributes to your HSA, you get the tax benefit for the contribution.

## Eligibility

### Qualified high deductible health plan (HDHP)

- To be eligible for an HSA, you must have a qualified HDHP.
- An HDHP has a higher deductible than most health plans. With this type of plan, you first pay a deductible. Your coverage level (self-only vs. family) sets your deductible. A self-only plan covers just you. A family plan covers you and at least one other person. Once you pay the deductible, then the plan pays for medical care according to its terms. A qualified HDHP has the following elements:
  - › Minimum deductibles
  - › Limit on out-of-pocket expenses
  - › Allowance to cover preventive care

### Minimum deductibles

A qualified HDHP must have a minimum deductible, which is set each year by the IRS. This means that the plan can't have a deductible that is less than this. If it does, it is not a qualified plan for the HSA. A deductible is set for the plan year.

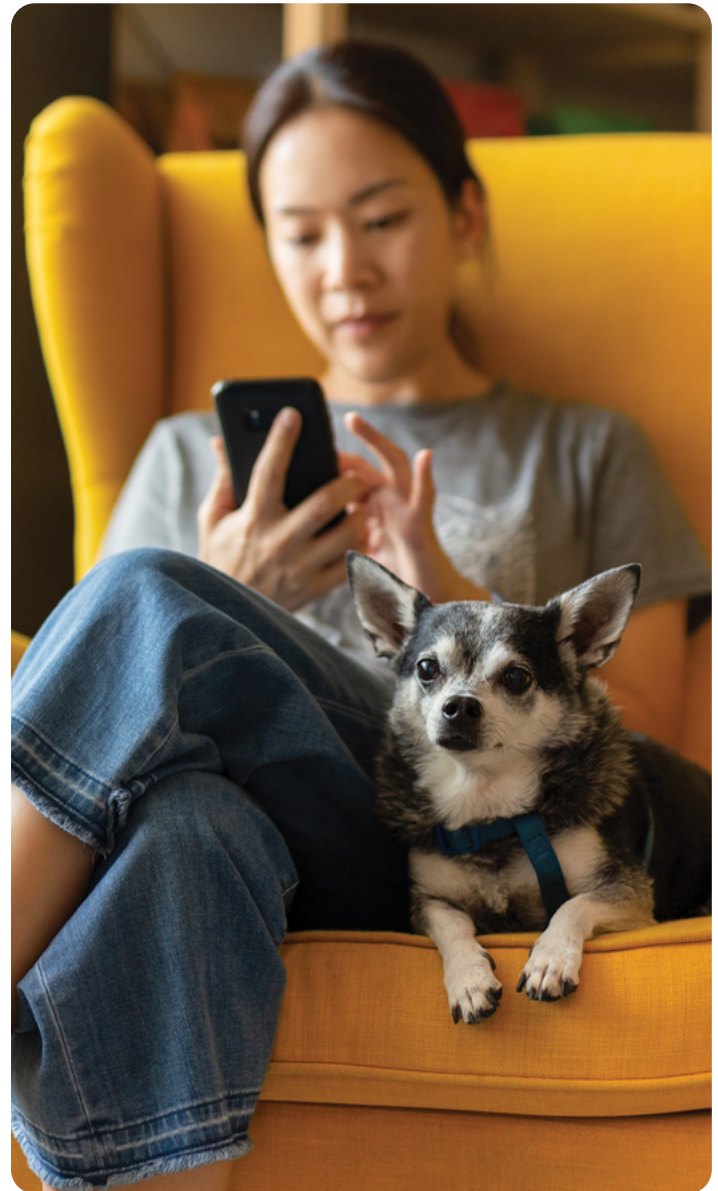
MINIMUM ANNUAL DEDUCTIBLE	2025
Self-only coverage	\$1,650
Family coverage	\$3,300

### Limit on out-of-pocket expenses

A qualified HDHP has a limit for what you pay out-of-pocket, which is set each year by the IRS. This limit is for the plan year and is the maximum amount that you may pay for deductibles, copays, and co-insurance. These maximum amounts apply just to in-network services; maximum out-of-pocket expenses for out-of-network services may be higher.

**Note:** This does not include what you pay for premiums and/or contributions; lifetime limits; and expenses that the plan does not cover.

MAXIMUM OUT-OF-POCKET LIMIT	2025
Self-only coverage	\$8,300
Family coverage	\$16,600



### Preventive care

The HDHP may cover preventive care while you are still meeting the deductible. As described in the Affordable Care Act and in IRS Notice 2004-23 and Notice 2019-45, this could include regular checkups as well as routine gynecological and well-child exams. As of July 17, 2019, certain medicines and services related to specific chronic conditions including asthma, congestive heart failure, depression, diabetes, heart disease, hypertension, and osteoporosis. It also includes counseling to prevent illness, disease, or other health problems. For your reference, a listing of recommendations and guidelines can be found [here](#).

### Allowable other coverage

In general, to be eligible for an HSA, you can't have any coverage other than the HDHP. However, there are some other plans that you may have and still be eligible for the HSA. These include the following:

- Workers' compensation
- Medical liability for personal property (for example, car insurance)
- Coverage for a specific illness or disease
- A daily fixed amount for a hospital stay
- Dental
- Vision
- Long-term care (LTC)
- Employee assistance program (EAP)
- Wellness

In addition, receipt of Veterans Affairs (VA) hospital care or medical services "for a service-connected disability" will not adversely affect an individual's ability to make HSA contributions, regardless of when the VA care or services were provided. For this purpose, a "service-connected disability" is a disability that was incurred or aggravated in the line of duty in the active military, naval, or air service.



### Flexible spending account (FSA) and health reimbursement arrangement (HRA)<sup>3</sup>

- You can pair an HSA with a limited purpose FSA (LPFSA) or HRA (LPHRA). The LPFSA and LPHRA reimburse for dental, vision, and preventive care.
- You can have a post-deductible HRA or a post-deductible LHRA. They reimburse expenses that you incur after you meet your plan deductible.
- You can have a combination of limited purpose and post-deductible.

### Non-permitted coverage

- You can't have other health coverage that pays for out-of-pocket health care expenses before you meet your plan deductible.
- You or your spouse can't have an active health care flexible spending account (FSA) or health reimbursement arrangement (HRA) in the same year.
- If you are enrolled in Medicare or Medicaid, you're not eligible for an HSA. If you had an HSA when you enrolled in Medicare or Medicaid, you can still use the funds. You just can't contribute to the account. **Note:** If you are eligible for Medicare but not yet enrolled, you can still contribute to the HSA.
- If you are enrolled in Tricare, you're not eligible for an HSA. (Tricare is health coverage for people in the military.) If you had an HSA when you started on Tricare, you can still use the funds. You just can't contribute to the account.
- You can't be claimed as a dependent on another person's tax return.

<sup>3</sup>All spending accounts have limitations and exclusions; please refer to your employer's plan documents for specific information about your plan.



## Contributions

### Contribution rules

- You must have a qualified HDHP to contribute to an HSA.
- After the HSA is opened, you can deposit funds into the HSA any time during the year and in any amount up to the annual pretax limit, which includes any employer contribution.
- You can contribute up to the tax filing deadline for the year. For most people, that is April 15 of the next year.
- If you no longer have an HDHP, you can't continue to contribute to your HSA. However, you can still contribute up to your annual limit for the time you were eligible for the HSA. This means that you can contribute for the months that you had the HDHP. You can do this up until the tax filing deadline. See the Proration Rule section below. **Note:** You can continue to spend the HSA funds for eligible expenses. Each year the IRS sets the contribution limits for the next year. These limits are for HDHP coverage (self-only vs. family). These limits are the most that you can contribute for the year to an HSA. These amounts may change each year for the cost-of-living adjustment.

MAXIMUM CONTRIBUTION PER YEAR	2025
Self-only coverage	\$4,300
Family coverage	\$8,550

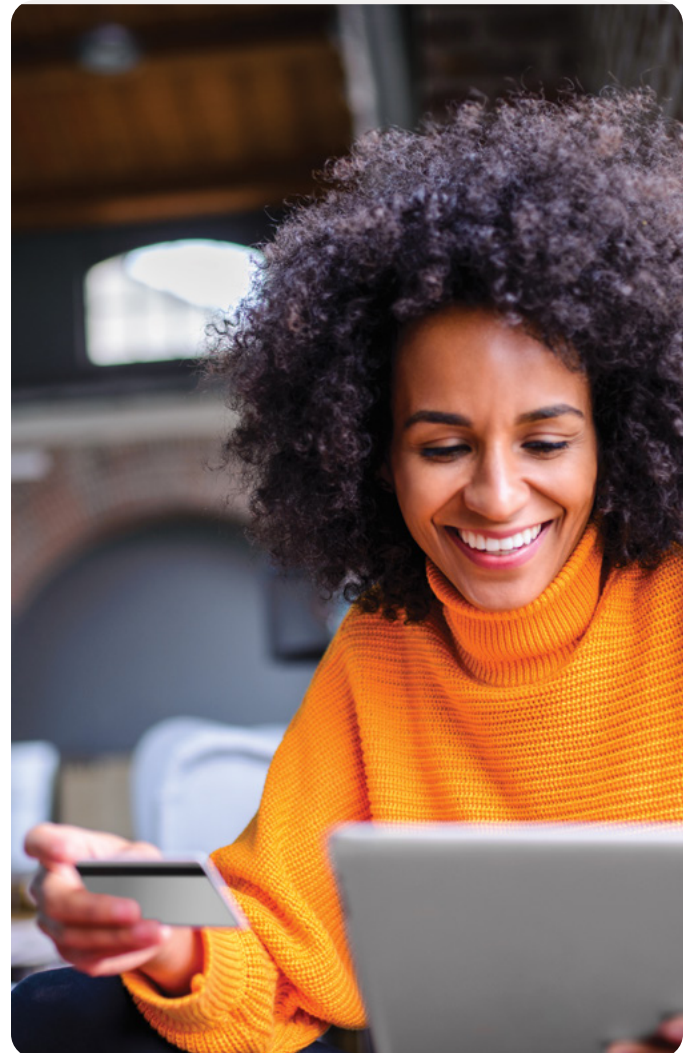
- Deposits to an HSA must be made in cash.
- If you are married and either you or your spouse has a family HDHP, then both of you have family coverage. This is true even if one of you has a family plan and the other one has a self-only plan. Each of you can have an HSA. This means that together you can contribute up to the family limit. You can't each contribute up to the family limit.
  - › If you each have a self-only plan, then you can each contribute up to the self-only limit to your respective HSA.
  - › If you have a family plan with a deductible for each person you can still contribute only up to the family limit.

### Let's look at an example

You have a \$4,000 deductible for each person. You and your spouse are on the plan. The contribution limit for the two of you is the family limit for the year. Between the two of you, you can contribute up to that amount.

### Under age 26, covered on parents' health insurance

- Adult children up to age 26 who are covered on an employee's health plan and do not have other non-permitted coverage, can open their own HSA if covered under the family's HDHP.
- This means that the adult child can contribute up to the family IRS maximum for the given tax year into their own HSA.
- The dependent's contributions will not reduce the amount their parents can deposit into their accounts.



### Last-month rule

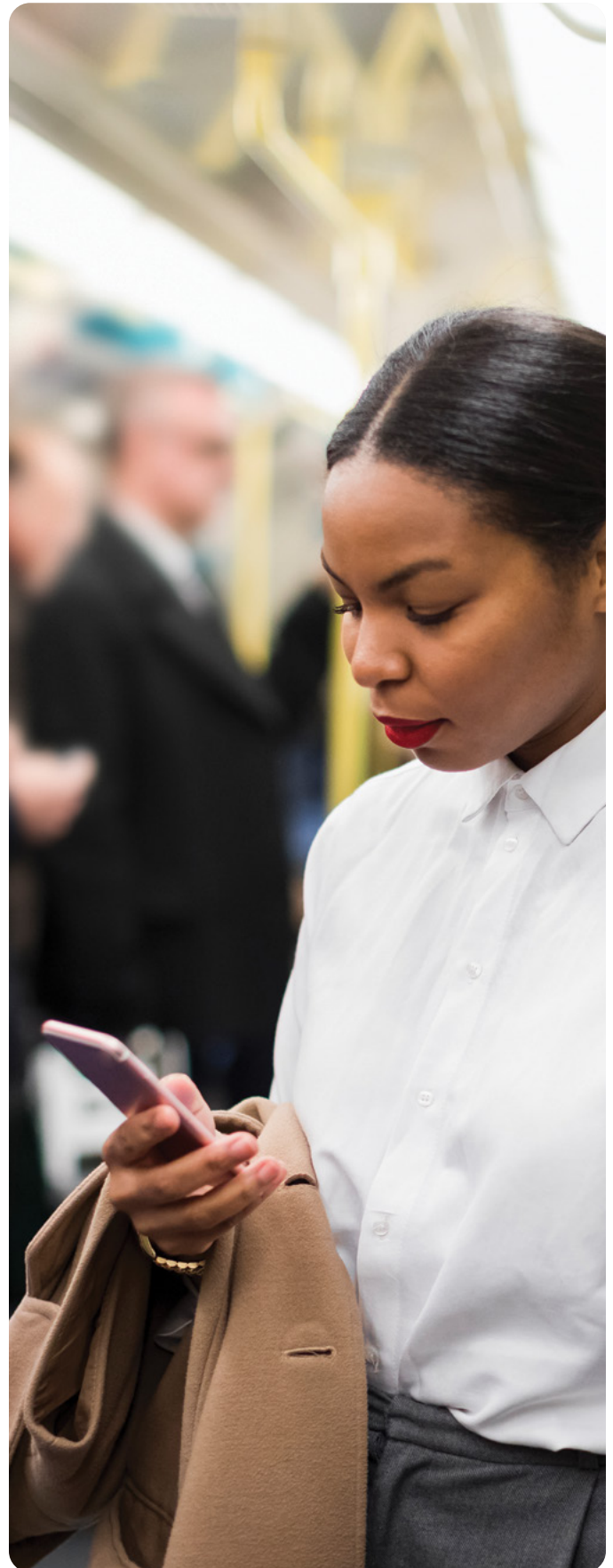
Sometimes an employee does not have the HDHP for the entire year. They may start at some point after Jan. 1. This would be true for late enrollees, new hires, and for plan years that do not start on Jan. 1.

- If you have an HDHP on Dec. 1, you can contribute to the HSA as if you were eligible all year. You would have to stay in the HDHP through the “testing period.” The testing period starts with the month of December. It continues through the end of the next year. This is a total of 13 months. If you do not stay in an HDHP through the testing period, then the contributions for the months that you did not have the HDHP are no longer tax-free. You would also have to pay a 10% penalty.
- If you have a self-only HDHP on Jan. 1 and end the year with a family HDHP, the last-month rule applies. Since you would have a family plan on Dec. 1, you can contribute as if you had a family plan all year. You would then have to meet the testing period. That means that you must have an HDHP through the end of the next tax year.

### Proration

- If you have an HDHP for part of the year but not on Dec. 1, then the proration rule applies. This means that you contribute to the HSA just for the months that you’re eligible. To prorate, you would calculate your contribution for each month that you’re eligible. How much you can contribute for each month is based on the plan you have on the first day of the month.
- If you have a family HDHP on Jan. 1 and end the year with a self-only HDHP, you will have to prorate your contributions. You would have to prorate for the months when you had a family plan. You would then have to do this for the months when you had a self-only plan. Then you add those amounts together to determine your maximum contribution amount for the year.

**Note:** With proration, there is no testing period.





## Rollovers

The term “rollover” has several meanings.

**Funds in the HSA roll over from year to year:** Funds remain in the HSA from year to year. There is no use-it-or-lose-it rule for HSAs.

### **You can roll over funds from one HSA to another**

**HSA:** You can roll over funds from an archer medical savings account (MSA) into your HSA. You can also roll over from one HSA to another HSA. You must complete this within 60 days of withdrawing the funds. You can do this once a year. The rollover amount does not count toward your contribution limit.

### **You can roll over funds from an IRA to an HSA:**

If you have an IRA, you can make a one-time transfer of funds to your HSA. This is a tax-free trustee-to-trustee transfer. The amount of this transfer counts toward your annual contribution limit. This is based on the HDHP plan (self-only vs. family) that you have in the month of the transfer. **Note:** This is not allowed for a simplified employee pension (SEP) IRA or a savings incentive match plan for employees of small employers (SIMPLE) IRA.

- There is a “testing period.” You must remain in the HDHP through the end of the testing period. The testing period starts in the transfer month. It continues through the next 12 months. This is a total of 13 months.
- If you do not have an HDHP through the end of the testing period, you will have to pay income taxes on the transfer amount. You may also have to pay a 10% penalty tax.

**Note:** If you change from a self-only plan to a family plan, you can do a second transfer. The amount of the second transfer however is limited to the difference between the contribution limits between a self-only and a family plan.

## Trustee-to-trustee transfers

If you instruct one bank or trustee to move HSA funds to another HSA with a different bank or trustee, this is a trustee-to-trustee transfer. This is not a rollover. You can do this as often as you want. The transferred amount does not count toward your contribution limit.

## Catch-up contributions

- If you are 55 and older you can contribute an additional \$1,000 to your HSA. This is a “catch-up” contribution. You can do this each year that you are eligible for an HSA. Once you enroll in Medicare you are no longer permitted to make these contributions.
- If you have to prorate contributions for the year, then you would also do this for your “catch-up” contribution.
- If you have a family HDHP that covers your spouse, and your spouse is age 55 or older, they can make a catch-up contribution. If your spouse wants to do this, they would have to open their own HSA. Only one person can own an HSA. This means that your spouse can’t contribute their catch-up contribution to your HSA.

**Note:** This is assuming that your spouse is not yet enrolled in Medicare.





## Medicare

- If you have a family HDHP and are not yet enrolled in Medicare, you may still contribute up to the family limit plus catch-up contribution, if applicable, even if your spouse is enrolled in Medicare. Your spouse would not be able to contribute to an HSA.
- Once you enroll in Medicare, you are no longer eligible to make contributions to your HSA. Your eligibility to make contributions to the HSA will cease beginning on the first day of the month that you have enrolled in Medicare. For example, if you enroll on Aug. 13, 2025, you may not contribute to your HSA beginning on Aug. 1. You are, however, able to contribute for the portion of the year that you were not covered by Medicare (in the above example, Jan. 1, 2025–July 31, 2025). You must prorate both your regular contribution amount as well as the catch-up contribution, if applicable.
- Going forward, even though you are no longer eligible to contribute to an HSA, you may continue to use your HSA funds.
- You can treat your Medicare premiums as qualified medical expenses if you are 65 or older.
- If you delay enrolling in Medicare, you may receive up to six months of retroactive Medicare coverage. That period of retroactive coverage will be a period of Medicare entitlement. You will lose your HSA eligibility on the retroactive entitlement date, not the date you applied for Medicare coverage, making you not eligible to contribute towards an HSA for those prior six months. So, for example, you delayed Medicare enrollment and are now 68. You've now signed up for Medicare in Sept. Based on the Medicare entitlement rule, you would not be eligible to make any HSA contributions for the preceding six months (March through August). You will need to remove any excess contributions to avoid tax penalties. To avoid a tax penalty, you should stop contributing to your HSA at least six months before you apply for Medicare.
- As a reminder, if you need tax or legal advice, please speak with your own tax or legal advisor.

## Excess contributions

The amount that you can contribute to an HSA each year is based on several factors. These include your level of HDHP coverage (self-only or family); how long you had the HDHP; and your age. If you contribute more to the HSA than what you can contribute for the year, you have an "excess contribution."

- If you have an excess contribution, you should withdraw that amount as well as any earnings on that amount. You have until the tax filing deadline to do this. For most people, the tax filing deadline is April 15 of the following year. You will have to pay income tax on this amount. However, you will not have to pay a tax penalty.
- If you don't withdraw the excess contribution by the tax filing deadline, you must also pay a 6% excise tax. This tax applies to the excess amount and its earned interest. You will have to pay this excise tax each year that you leave the excess in the HSA. You can use the excess toward the annual contribution limit of another year. If you do that, you will not have to pay the excise tax again.

**Note:** If you fail to meet a testing period (for the last month-rule or a rollover from an IRA), you can't treat that amount as an excess contribution. You'll still have to pay income and penalty taxes for that amount.

## COBRA

COBRA continuation applies to the HDHP offered by your employer. If your employer offers COBRA, then COBRA continuation applies to the HDHP, but your employer is not required to continue to make HSA contributions during the COBRA continuation period.

## Spending rules

### Qualified expenses

- You may use your HSA to pay for qualified medical care expenses. The medical care can be for you, your spouse, or your tax dependents. This is true even if you have a self-only HDHP.
- You can use your HSA funds when you have to pay for eligible expenses out-of-pocket. This includes what you pay for deductibles, co-insurance, and copays.
- You can also use your HSA funds to pay for some insurance premiums.
  - › Long-term care (LTC) insurance<sup>4</sup>
  - › COBRA health care continuation
  - › Health care coverage while receiving unemployment benefits
- You can use your HSA funds for Medicare premiums and other health insurance if age 65 and older, not including Medicare supplement
- You can use your HSA for expenses incurred on or after the effective date of the HSA.

You can find more information in IRS Publications 969 and 502. You can find them at **IRS.gov**. You can also go to Table C for a sample list of qualified medical expenses and Table D for a sample list of non-qualified medical expenses. These two tables are at the end of this guide. Please note that Publication 502 contains guidance on what medical expenses are deductible on an individual's federal income tax form based on Internal Revenue Code Section 213(d), but that some expenses such as insurance premiums, which would be deductible under IRC 213(d), can't be reimbursed from an HSA.

### Non-qualified medical expenses

You can use your HSA funds for a non-qualified medical expense; however, you will have to pay income taxes on that amount. You may also have to pay a 20% tax penalty.

If you are age 65 or older or disabled at the time you use your HSA funds for a non-qualified medical expense, you will not have to pay the 20% penalty. You would still have to pay income taxes on this amount.

### Mistaken distribution

If you used HSA funds for a non-qualified medical expense, you can return the money to your HSA. You would have to do this before the tax filing deadline for the year in which you knew, or should have known, that the withdrawal was a mistake. If you return the money before the deadline, you will not have to pay a penalty for this.

### Record-keeping

You should keep all your receipts showing how you used your HSA funds. There are two key reasons to do this. One is to show that you used your funds for qualified medical expenses. The other is in case you are audited by the IRS.

### Beneficiaries of the HSA

You should choose a beneficiary when you set up your HSA. If the named beneficiary is your spouse, an HSA will be created in their name, all investments, if any, will be liquidated into cash and then the entire fund balance will be transferred directly to the new HSA. If you name someone other than your spouse as the designated beneficiary, then upon your death the account will no longer be considered an HSA, and the fair market value of the HSA becomes taxable to the designated beneficiary in the year in which you die. If there is no designated beneficiary, the HSA will become an asset of your estate and the fair market value will be included on your final income tax return.



<sup>4</sup> The premiums for long-term care insurance that you can treat as qualified medical expenses are subject to limits based on age and are adjusted annually.

## Tax rules

Tax reporting is required for an HSA. We'll report your contributions to and distributions from your HSA to the IRS. We will also report them to you. You must use IRS Form 8889 to report your HSA activity. You must file this form with your Form 1040.

WHO	WHAT	WHEN	WHY
HSA accountholder	<p>Completes Form 8889 with your income tax return.</p> <p>If you have any excess contributions, use Form 5329.</p>	Prior to the annual tax filing deadline.	<p>To show contributions to and distributions from your HSA.</p> <p>Only needed if you have excess contributions that you have not withdrawn.</p>
Employer	<p>Sends Form W-2 that includes HSA contribution information.</p> <p>HSA contributions made through a cafeteria plan are included in Box 12 using a code of "W."</p>	In January (for the prior tax year).	<p>To report HSA contributions made through a cafeteria plan.</p> <p><b>Note:</b> Some employers don't offer pretax contributions.</p>
Custodian	<p>Sends Form 1099-SA to you.</p> <p>Sends Form 5498-SA to you.</p> <p>We also send copies to the IRS.</p>	In January for Form 1099-SA and in May for Form 5498 SA.	<p>Reports annual distribution information for use in tax preparation and filing</p> <p><b>Note:</b> Many custodians send Form 5498-SA at the end of May. This will include HSA contributions made through the tax filing deadline.</p>





### Tax reporting — employer

- If you contribute pretax from your pay, your employer will report these on your W-2. Your amount for the year will be in Box 12. They will use a code of "W." **Note:** The IRS defines your pretax contributions as employer contributions.
- Your employer may contribute to your HSA. If so, they will also report this amount on your W-2. Your employer will combine this amount with your contributions. The full amount will be in Box 12. **Note:** This does not include any post-tax contributions you make on your own to your HSA.

### Tax reporting — custodian

- Inspira is the custodian of the HSA you have with your employer. We must report all contributions to your HSA. We will report them on Form 5498-SA. This form also includes the Fair Market Value (FMV) of your HSA. The FMV will be as of Dec. 31 of that year. We have until May 31 of the next year to mail this form to you. This form will include contributions through the tax filing deadline. You can contribute to your HSA up until the tax filing deadline. For most people, this is April 15 of the following year.
  - › We will also report any excess contributions on Form 5498-SA. This is true even if we returned the funds to you.
- We must also report distributions from your HSA. We will report these distributions on Form 1099-SA. We must mail this form by Jan. 31 to you. It will include distributions through Dec. 31 of the previous year. Distributions include:
  - › Withdrawals
  - › Debit card purchases
  - › Check payments to providers
  - › Bill payment transactions
  - › Return of excess contributions

### Tax reporting — account owner

- You must report your HSA activity on Form 8889. This includes contributions to and withdrawals from the HSA. You must include this form as part of your federal income tax return (Form 1040).
- If you have to report excess contributions, you must do so on Form 5329. You only have to report them if you left them in the HSA. If you did not have any or you removed them, you do not have to file this form.
- You can get Forms 8889 and 5329 as well as instructions for the forms on the IRS website, **IRS.gov**. You may also call the IRS at **800-TAX-FORM** or visit an IRS office in person.

### Contributions

- If you have an excess contribution you should remove it from the HSA. If you do this in a timely manner, you will have to report that excess amount plus any interest on Form 1040; however, you will not owe any excise taxes on the amount of the excess contribution. You will report it as "Other Income."
- If you do not remove the excess, then you must report it. You will do this on Form 8889. You will then report that amount on Form 5329. You will also have to calculate and pay an excise tax on this amount.

### Trustee-to-trustee transfers

You do not have to report a trustee-to-trustee transfer. With a trustee-to-trustee transfer, the funds pass directly from one custodian to the other. If you accept a payout from an HSA and then direct the funds to another custodian, that is not a trustee-to-trustee transfer. That is a rollover.

### Rollover

You can do one rollover per year. You must complete this within 60 days of withdrawing the funds.

### State taxes

Most states follow the federal tax law for pretax contributions to your HSA. This means that if you contribute pretax to an HSA you will not pay federal and state income taxes on those amounts. However, some states do not allow this. For those states, you would still have to pay state income taxes on your HSA salary contributions. Please consult with your tax advisor or your state department of revenue to determine how state taxes may impact your HSA.

## Table A

### ALLOWABLE HSA INVESTMENTS

Bank accounts
Annuities
Certificates of deposit
Stocks
Bonds
Mutual funds

**Note:** An HSA custodian or trustee may limit or restrict certain types of investments.

### DISALLOWABLE HSA INVESTMENTS

**Collectables:** including any work of art, antique, metal, gem, stamp, coin, alcoholic beverage, or other personal property as described in Section 408(m)(3) of the Internal Revenue Code

Life insurance contracts
--------------------------



## Table B

Allowable expenditures on long-term care insurance

To use HSA funds for long-term care (LTC), your LTC insurance contract must meet the following requirements.

1. Be guaranteed renewable
2. Not provide for cash surrender value or other money that can be paid, assigned, pledged, or borrowed
3. Provide that refunds, other than refunds on the death of the insured or complete surrender or cancellation of the contract, and dividends under the contract, must be used only to reduce future premiums or increase future benefits
4. Generally, may not pay or reimburse expenses incurred for services or items that would be reimbursed under Medicare, except where Medicare is a secondary payer, or the contract makes per diem or other periodic payments without regard to expenses

There is a limit to how much of your HSA funds you can use to pay for LTC premiums. These amounts may change each year for inflation. The amounts issued by the IRS are below.

### ALLOWABLE LONG-TERM CARE PREMIUM AMOUNTS

AGE	2025 (2024)
40 or under	Up to \$480 (\$470)
41 to 50	Up to \$900 (\$870)
51 to 60	Up to \$1,800 (\$1,760)
61 to 70	Up to \$4,810 (\$4,710)
71 or over	Up to \$6,020 (\$5,880)

Source: IRS Revenue Procedure: 2021-45

## Table C

You use the HSA funds to pay for qualified medical expenses. You're responsible for determining if you're paying for qualified medical expenses. Qualified medical expenses are the costs of diagnosis, cure, mitigation, treatment, or prevention of disease, and the cost for treatments affecting any part or function of the body. It is not for general health. See IRS Publications 969 and 502 for more information.

### SAMPLE LIST OF HSA QUALIFIED MEDICAL EXPENSES FROM YOUR HSA

Acupuncture	Alcoholism treatment	Ambulance	Artificial limb
Artificial teeth	Bandages	Gynecologist	Medicare deductibles
Car, special hand controls (for disability)	Certain capital expenses (for the disabled)	Cosmetic surgery (if due to trauma or disease)	Christian Science practitioners
COBRA premiums	Contact lenses	Chiropractors	Crutches
Dental treatment	Dermatologist	Diagnostic devices	Fertility enhancement
Guide dog	Drugs (prescription)	Eyeglasses	Hospital services
Drug addiction treatment (inpatient)	Birth control pills (by prescription)	Health institute (if prescribed by physician)	Disabled dependent care expenses
Hearing aids	Home care	Insulin	Laboratory fees
LASIK surgery	Lead-based paint removal	Learning disability fees (prescription)	Legal fees (if for mental illness)
Personal care services (for chronically ill)	Lodging (for out-patient treatment)	Long-term care (medical expenses)	Long-term care insurance (up to allowable limits)
Meals (associated with receiving treatments)	Medical conferences (for ill spouse/dependent)	Medicare premiums (except medicare supplement)	Breast reconstruction surgery (mastectomy)
Nursing care	Orthopedist	Obstetrician	Nursing homes
Operations-surgical	Operating room costs	Optician	Ophthalmologist
Osteopath	Optometrist	Orthopedic shoes	Orthodontia
Organ transplant (including donor's expenses)	Intellectual disability (specialized homes)	Over-the-counter medicines or drugs	Out-of-pocket expenses while enrolled in medicare
Pediatrician	Oxygen and equipment	Podiatrist	Life-care fees
Prenatal care	Post-nasal treatments	Prosthesis	Prescription medicines
Psychiatric care	PSA test	Psychoanalysis	Psychiatrist
Special education for children (ill or disabled)	Transportation expenses for health care	Telephones and television for hearing impaired <sup>5</sup>	Qualified long-term care services
Psychologist	Smoking cessation programs	Spinal tests	Specialists
Sterilization	Splints	Radium treatment	Surgery
Therapy	Psychoanalyst	Transplant	Vaccines
Vitamins (if prescribed)	Weight loss programs	Wheelchair	Wig (hair loss from disease)
X-rays			

**Note:** This isn't a complete list

<sup>5</sup>Only the cost above regular equipment is an eligible expense.



Table D

SAMPLE LIST OF NON-QUALIFIED MEDICAL EXPENSES FROM YOUR HSA

Advance payment for future medical expenses	Athletic club membership
Boarding school fees	Babysitting (for healthy children)
Commuting expenses for the disabled	Bottled water
Cosmetics and hygiene products	Controlled substances
Diaper service	Dancing lessons
Electrolysis or hair removal	Domestic help
Hair transplant	Funeral expenses
Household help	Health programs at resorts, health clubs, and gyms
Illegal operations and treatments	Illegally procured drugs
Maternity clothes	Medigap premiums
Nutritional supplements	Premiums for life or disability insurance
Premiums for accident insurance	Premiums for your HSA-qualified health plan
ScIENTOLOGY counseling	Social activities
Special foods/beverages	Swimming lessons
Teeth whitening	Travel for general health improvement

**Note:** This isn’t a complete list







Inspira Financial Health, Inc. does not provide legal, tax, or financial advice. Please contact a professional for advice on eligibility, tax treatment, and other restrictions. Inspira and Inspira Financial are trademarks of Inspira Financial Trust, LLC.

This material is for informational purposes only. It is not an offer of coverage and it does not constitute a contract. In case of a conflict between your plan documents and the information in this material, the plan documents will govern. Eligible expenses may vary from employer to employer. Please refer to your employer's Summary Plan Description ("SPD") for more information about your covered benefits. Information is believed to be accurate as of the production date; however, it is subject to change.

Investment services are offered through an independent, third-party registered investment advisor. The HSA investment account is an optional, self-directed service, and Inspira Financial Health does not provide investment advice. By transferring funds into an HSA investment account, you will be exposed to a number of risks, including the loss of principal, and such funds are not FDIC or NCUA insured, or guaranteed by Inspira Financial Health. You should always read the prospectus for the funds you intend on purchasing. The prospectus describes the funds, investment objectives and strategies, their fees and expenses, and the risks inherent to investing in each fund. Investing through the Inspira Financial Health platform is subject to the terms and conditions of the Health Savings Account Custodial Agreement and the Investment Agreement. System response and account access times may vary due to a variety of factors, including trading volumes, market conditions, system performance, and other factors.

# Reimbursement Accounts Enrollment Form

## Employer Use Only

Employer ID Number \_\_\_\_\_

Re-enrollment ☐ New ☐ Change ☐

Effective Date \_\_\_\_\_

1st Payroll Deduction Date \_\_\_\_\_

Payroll Mode W B S M Q

Division Code \_\_\_\_\_

### A. Personal Information (Be sure to print clearly and complete each section.)

Employer Name			
Employee First Name	MI	Last Name	Employee Social Security Number
Employee Street Address			
City	State	ZIP Code	
Employee email	Date of Birth (MM/DD/YYYY)	Date of Hire (MM/DD/YYYY)	

### B. Election Information (Check the box to tell us if you wish to enroll or not.)

<input type="checkbox"/> Yes, I wish to participate in the Benefit Choice(s) offered below. I authorize payroll deductions on a pre-tax basis in the amount(s) listed below. I know this election is for the entire Plan year. <input type="checkbox"/> No, I don't wish to enroll in either Benefit Choice at this time.				
BENEFIT CHOICES	PER PAY PERIOD AMOUNT		NUMBER OF PAY PERIODS	PLAN YEAR AMOUNT
<b>Health Care Flexible Spending Account (FSA)</b> • Your employer's Plan sets the minimum and maximum contribution amounts, up to the Internal Revenue Service (IRS) limit. • If you're enrolled in a Health Savings Account (HSA), you <u>can't enroll in a Health Care FSA</u> .	\$ _____.	X	_____	= \$ _____.
<b>Limited Purpose Flexible Spending Account (LPFSA)</b> • Only available if you're enrolled in a Health Savings Account (HSA).	\$ _____.	X	_____	= \$ _____.
<b>Dependent Care Flexible Spending Account (DCFSA)</b> • Your employer's Plan sets the minimum contribution amount. The maximum contribution amount is \$5,000, as set by the IRS. • If you're married and your spouse is disabled, a full-time student earns less than you or if you file separate tax returns, your contribution limit may be lower. Review your Plan for more information. You can also refer to IRS Publication 503 at <a href="https://www.irs.gov">irs.gov</a> .	\$ _____.	X	_____	= \$ _____.

### By signing this, you agree to the following statements:

- I know that if I or my spouse has an HSA, I may only participate in a Limited Purpose FSA.
- I know this election is for the entire Plan year.
- I know that the only way to change my election during the Plan year is if I have a change in status or become ineligible to participate. The new election must be consistent with my change in status. I must apply for it within 30 calendar days of the change or as allowed by the Plan, and my employer must approve it.
- My employer will change or cancel this election, if needed, to comply with the Internal Revenue Code.
- If I elect the DCFSA, I understand that the IRS sets the maximum salary contribution allowed. My tax filing status and if married, my spouse's income limits the amount. I know I must file IRS Form 2441 with my income tax return.
- I know that I will forfeit any amounts left in my account at the end of the Plan year, unless my Plan allows carryover for the FSA or LPFSA. This is defined in the Plan.
- I know that funds cannot be transferred between these accounts.
- I know that for FSA and/or DCFSA I need to complete and submit a new Enrollment Form for each Plan year. If I don't complete and return an Enrollment Form during Open Enrollment, I won't be able to participate in these accounts for that Plan year.
- If I elect the FSA and/or DCFSA, I understand that when I elect pre-tax salary deductions, Social Security and Medicare taxes are not withheld from those amounts.
- If I elect the FSA/LPFSA and/or DCFSA, I understand that I can't claim the amount of salary deductions on my or my spouse's income tax returns.
- I know that if my employment ends, I can only claim medical expenses incurred through my period of coverage. This is defined in the Plan.
- I know that I have to include documentation with each claim to show that the expense is eligible for reimbursement.
- If I use my Inspira Financial Debit Card, I agree to use the card for eligible expenses only and to keep all itemized receipts and statements. I agree to read and adhere to the cardholder statement I receive with the card. I know the card may be turned off if I don't comply with the card rules or if my employment ends and I no longer have this account.
- When I use my Inspira Financial Debit Card or submit a claim, I haven't been reimbursed and I won't seek reimbursement elsewhere.

### C. Pre-Authorization for Direct Deposit (If you are already enrolled in direct deposit or do not wish to, ignore this section.)

<input type="checkbox"/> I authorize Inspira Financial to initiate a credit and/or debit entry to my account for my Inspira Financial reimbursements. This agreement is to remain in full effect until written notification is supplied by me to Inspira Financial terminating this agreement. <b>A "VOIDED" CHECK OR SAVINGS DEPOSIT SLIP MUST ACCOMPANY DIRECT DEPOSIT APPLICATION</b>
--

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

## Beneficiary Designation



### Securian Life Insurance Company Minnesota Life Insurance Company

Administered by Ochs, Inc.

Group Customer Service • 400 Robert Street North, Suite 1880, St. Paul, MN 55101-2025

#### INSTRUCTIONS

1. Clearly print or type the information.
2. Sign and date the completed form.
3. Return to:

#### GENERAL BENEFICIARY INFORMATION

- Completing this Beneficiary Designation form will revoke all current beneficiary designations.
- The same person(s) cannot be named as both a primary and contingent beneficiary.
- If you need more space, attach an additional sheet of paper with all of the information required. Be sure to sign and date this additional information page.
- To receive a death benefit, a beneficiary must survive the insured. If the named beneficiary does not survive the insured, that beneficiary's portion shall be equally distributed to the remaining beneficiaries within that category.
- When the signed and completed beneficiary form has been accepted, you will be mailed a confirmation.
- **Primary Beneficiary:** This is the individual(s), trust, charity, or estate that you want to receive the insurance benefit. You can divide the insurance proceeds between primary beneficiaries. The total shares must equal 100%.
- **Contingent Beneficiary:** If all the primary beneficiary(ies) are no longer living, eligible, or able to receive the benefits, it will be paid to the contingent beneficiary(ies) designated. You can divide the insurance proceeds between your named contingent beneficiaries. The total shares must equal 100%.
- **Naming Minor Children:** You may name your children (by name) directly, or to a trust. Minors cannot directly receive life insurance proceeds; however, they may be paid to a court-appointed guardian or held until the minor child is legal age.
- **Trust:** Provide the trust name, effective date and tax ID or Social Security number (if applicable) - i.e., "John Smith Trust dated 01/01/20xx."
- **Charity:** Provide the full name, address, tax ID number.

CONTINUE ON TO NEXT PAGE

Securian Financial is the marketing name for Securian Life Insurance Company and Minnesota Life Insurance Company. Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in Saint Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.

# Beneficiary Designation

Securian Life Insurance Company • Minnesota Life Insurance Company

Employer name		Policy number
Insured's name (first, middle initial, last)		ID (or last four of SSN)
Address (street, city, state, zip)		Email address
Insured's date of birth	Policyowner (if different than insured)	Policyowner's phone number

**This designation applies to selected coverage(s).** If this section is left blank, your designation will apply to all coverages. If your beneficiary(ies) are different by coverage, use a separate beneficiary form for each coverage.

<input type="checkbox"/> All coverages	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

## PRIMARY BENEFICIARY(IES) - The person or persons named will receive the benefit.

Beneficiary full name/trust name	Date of birth/trust date	Tax ID (SSN or EIN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	

**Total Primary Shares Must Equal 100%**

## CONTINGENT BENEFICIARY(IES) - Receives a benefit ONLY if all primary beneficiaries are no longer living.

Beneficiary full name/trust name	Date of birth/trust date	Tax ID (SSN or EIN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	
Beneficiary full name	Date of birth	Tax ID (SSN)	Share %
Address (street, city, state, zip) and phone number		Relationship to insured	

**Total Contingent Shares Must Equal 100%**

## SIGNATURE REQUIRED - This beneficiary form revokes all prior designations.

Insured or policyowner's penned signature		Date
<b>X</b>		
<b>Community Property State Consent for current and former residents of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin.</b> If you are married and live in, or previously lived in, a community property state and name someone other than your spouse as beneficiary, you may have your spouse sign below to waive his or her rights to any community property interest in the benefit. You should consult with a qualified tax advisor and/or seek legal advice if you have any questions in connection with the Beneficiary Designation.		
As the Insured's spouse, I do hereby consent to the beneficiary designation(s) indicated on this form and waive any right that I may have to the proceeds of such insurance under applicable community property laws. My spouse may withdraw this designation at any time but may not designate a different primary beneficiary without my consent.		
Signature of spouse	Please print spouse name clearly	Date signed
<b>X</b>		





## AzMT - Town of Wickenburg Group Term Life and Accidental Death and Dismemberment (AD&D) Insurance

Insurance products issued by Minnesota Life Insurance Company or Securian Life Insurance Company and administered by Ochs.

### **Life and AD&D Insurance Coverage Available - No Health Questions!**

There are many reasons to consider Life and AD&D Insurance and there are certain times in which you can enroll for coverage without answering health questions. **Below is a summary of those options.**

#### **INITIAL ELIGIBILITY OPPORTUNITY**

Initial eligibility refers to the first time an employee is eligible for coverage.

- ✓ **Employee** - up to **\$300,000**
- ✓ **Spouse** - up to **\$30,000**
- ✓ **Child** - **all coverage**
- ✓ **Voluntary AD&D** - **all coverage**

#### **ANNUAL ENROLLMENT OPPORTUNITY**

Available during your employer's annual enrollment period.

- ✓ **Employee** - add or increase by **\$10,000** provided the resulting amount does not exceed \$300,000 of total coverage
- ✓ **Child** - **all coverage**
- ✓ **Voluntary AD&D** - **all coverage**

#### **QUALIFIED FAMILY STATUS CHANGE**

If you experience a family status change, check with your employer within 31 days to confirm guaranteed coverage availability.

#### **LOOKING FOR A HIGHER AMOUNT OF COVERAGE?**

A full list of your Life Insurance coverage options is outlined on the following pages. To apply for coverage other than the above, health questions and underwriting approval is required.





## Your Basic and Supplemental Life and Voluntary AD&D Insurance Coverages:

### Basic Life Coverage - 100% employer paid & automatically enrolled

<b>Basic term life</b>	<b>Non-Key Employees:</b> <b>\$20,000</b>	✓ Includes a matching AD&D benefit
	<b>Key Employees:</b> <b>\$50,000</b>	✓ Includes a Line of Duty benefit ✓ Coverage reduces beginning at age 75

### Supplemental Life Coverage - 100% employee paid

<b>Supplemental term life</b>	Elect in <b>\$10,000</b> increments Maximum <b>\$750,000</b>	
<b>Spouse term life</b>	Elect in <b>\$5,000</b> increments Maximum <b>\$250,000</b>	✓ Not to exceed 100% of the employee's basic and supplemental coverages combined
<b>Child term life</b>	<b>\$2,500, \$5,000, \$7,500, \$10,000 or \$15,000</b>	
<b>Voluntary AD&amp;D</b> (employee or family)	Elect in <b>\$10,000</b> increments Maximum <b>\$500,000</b>	✓ Family benefit is a percentage of the employee's elected AD&D amount: Spouse w/children - 40%; Spouse no children - 50% Each child w/spouse - 10%; Each child no spouse - 15%

If your spouse or child is eligible for employee coverage, they cannot be covered as a dependent. Only one employee may cover a dependent child. It is the employee's responsibility to notify their employer when dependents are no longer eligible.

## Monthly Cost:

Employee or Spouse Supplemental Life		
Age	Employee Rate per \$1,000	Spouse Rate per \$1,000
<25	\$0.060	\$0.049
25-29	\$0.060	\$0.049
30-34	\$0.080	\$0.050
35-39	\$0.090	\$0.066
40-44	\$0.124	\$0.093
45-49	\$0.201	\$0.141
50-54	\$0.307	\$0.214
55-59	\$0.496	\$0.356
60-64	\$0.660	\$0.538
65-69	\$1.270	\$0.914
70-74	\$2.060	\$1.624
75*	\$7.532	\$3.340

\*Rates beyond age 75 are available upon request.  
Rates increase with age and all rates are subject to change.

### Here's how to calculate your monthly premium:

Total supplemental term life coverage amount	\$ _____
÷ 1,000	\$ _____
× your rate (based on your age)	\$ _____
<b>= Monthly premium</b>	<b>\$ _____</b>

### Here's how Riley calculated their monthly premium:

Riley elected a total supplemental term life coverage amount of	\$150,000
÷ 1,000	\$150.00
× Riley's rate (based on their age of 42)	\$0.124
<b>= Riley's monthly premium</b>	<b>\$18.60</b>

Child Life				
\$2,500	\$5,000	\$7,500	\$10,000	\$15,000
\$0.325	\$0.650	\$0.975	\$1.300	\$1.950

One premium covers all eligible children from live birth to age 26

Voluntary AD&D	
Employee	Family*
\$0.030 per \$1,000	\$0.045 per \$1,000

\*One premium covers all eligible children from live birth to age 26



## Why Life Insurance?

No matter where you are in life, there are many reasons to consider Life Insurance. Group Life Insurance protects you and your family from the unexpected loss of life and income during working years. AD&D Insurance provides additional financial protection if the insured's death or dismemberment is due to a covered accident, whether it occurs at work or elsewhere. Life and AD&D Insurance benefits are disbursed to you and/or your beneficiaries to help pay for things like:

- ✓ Your mortgage or rent
- ✓ Childcare or education costs
- ✓ Medical bills or other expenses
- ✓ Funeral and burial costs

## How much Life Insurance do I need?

To estimate the amount of Life Insurance you need, you'll want to determine what you must protect in the event of your death. Determine your needs today.

Check out our Life Insurance calculator: [click here.](#)

Or scan here:



## Naming a Beneficiary:

Naming a beneficiary is an important right of Life Insurance ownership; this determines who receives the death benefit. It is recommended that you review and update your beneficiaries periodically. Events such as marriage, birth/adoption of children, divorce or death may change how you want your Life Insurance benefit paid.

## Continuation:

If you are no longer eligible for coverage as an active employee, you may be eligible to continue your coverage after employment. No health questions are needed and rates are generally higher than active rates. If you would like to continue your coverage, be sure to enroll within 31 days of your current coverage ending.

**Questions? Contact Ochs. Email: [ochs@ochsinc.com](mailto:ochs@ochsinc.com) Phone: 800-392-7295**

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Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life Insurance Company is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in St. Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.

Products are offered under policy form series MHC-96-13180.2 and 02-30428.

Securian Financial is the marketing name for Securian Financial Group, Inc. and its subsidiaries. Securian Life Insurance Company and Minnesota Life Insurance Company are subsidiaries of Securian Financial Group, Inc.

**Ochs, Inc.**

A Securian Financial Company

400 Robert Street N, Ste. 1880, St. Paul, MN 55101

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# Group Life Insurance Enrollment

Minnesota Life Insurance Company - A Securian Company  
Group Customer Service • 400 Robert Street North • St. Paul, Minnesota 55101-2098



**MINNESOTA LIFE**

**EMPLOYER NAME:**

**POLICY NUMBER:**

1. Return completed and signed form to
2. Please complete the Group Life Evidence of Insurability form for coverage that is not guaranteed.

## A. EMPLOYEE INFORMATION

First name	Middle initial	Last name		
Email address				
Street address		City	State	Zip code
Date of birth		Date of employment	Salary	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

## B. SPOUSE INFORMATION Is your spouse also an employee covered under this policy? ☐ Yes ☐ No

First name	Middle initial	Last name		
Email address			Marriage date	
Date of birth	Social Security number		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

## C. CHILDREN INFORMATION

List of names and dates of birth for your eligible children:

## D. AUTHORIZATION

I authorize my employer to make these change(s) and to withdraw any premiums from my salary to pay for supplemental insurance coverage.

Employee signature <b>X</b>	Daytime phone number	Evening phone number	Date signed
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# Group Life Insurance Evidence of Insurability

**MINNESOTA LIFE**

Minnesota Life Insurance Company - A Securian Company

Administered by Ochs, Inc • 400 Robert Street North • 18-3789 • St. Paul, MN 55101-2098

Phone 1-800-392-7295 • Fax 651-665-3791

**EMPLOYER NAME:****POLICY NUMBER:****EMPLOYEE INFORMATION** (always complete for coverage that requires evidence of insurability)

First name	Middle initial	Last name	Email address	
Street address		City	State	Zip code
Date of birth		Annual salary	Date of employment	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Total amount of insurance requested				

**SPOUSE INFORMATION** (only complete if coverage requires evidence of insurability)

First name	Middle initial	Last name	Email address	
Date of birth	Social Security number		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Total amount of insurance requested				

**CHILDREN INFORMATION** (only complete if coverage requires evidence of insurability; list names and dates of birth)

			Total amount of insurance requested
--	--	--	-------------------------------------

**HEALTH QUESTIONS** (always complete for coverage that requires evidence of insurability)

Employee		Spouse		Children		Employee Height	Weight	Spouse Height	Weight	Occupation
Yes	No	Yes	No	Yes	No					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. During the past three years, have you for any reason consulted a physician(s) or other health care provider(s) or been hospitalized?				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Have you ever had, or been treated for, any of the following: heart, lung, kidney, liver, nervous system, or mental disorder; high blood pressure; stroke; diabetes; cancer or tumor; drug or alcohol abuse including addiction?				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Have you ever been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS), or any disorder of your immune system; or had any test showing evidence of antibodies to the AIDS virus (a positive HIV test)?				

If you answer "Yes" to any question, please provide additional information below or on a separate sheet of paper.

**ADDITIONAL HEALTH INFORMATION** (provide details for every "Yes" answer to the health questions)

NAME	DATE	NAME AND ADDRESS OF DOCTOR, CLINIC, HOSPITAL	REASON FOR CONSULTATION	DIAGNOSIS AND TREATMENT

**FOR OFFICE USE ONLY:**

Employee		Spouse		Children		Dependent Life Package - Coverage Code 94	
Current in force	U/W applied for	Current in force	U/W applied for	Current in force	U/W applied for	U/W applied for	U/W applied for
\$	\$	\$	\$	\$	\$	Spouse \$	Child \$

**PLEASE READ & SIGN NEXT PAGE & SEND ALL PAGES TO**

**EMPLOYER NAME:****POLICY NUMBER:****AUTHORIZATION**

To determine my insurability or for claim purposes, I authorize any physician, practitioner, hospital, clinic, or other medical or medically-related facility, the Veteran's Administration or other government support facility, insurance company or Medical Information Bureau (MIB) to give information about me or my physical or mental health, including alcohol or drug abuse, to Minnesota Life Insurance Company ("the Company") and its reinsurers. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases.

I also authorize any person(s), medical practitioner, institution, insurance company or Medical Information Bureau (MIB) to give any medical or nonmedical information about me including alcohol or drug abuse, to the Company and its reinsurers. I authorize all said sources, except MIB, to give such information to any agency employed by the Company to collect and transmit such information. I understand in determining eligibility for insurance or benefits, this information may be made available to underwriting, claims, medical and support staff of the Company. I authorize the Company, or its reinsurers, to make a brief report of my personal health information to MIB.

This protected health information is to be disclosed under this Authorization so the Company may: 1) underwrite my application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with the Company.

This Authorization shall remain in force for 24 months following the date of my signature below. A copy of this Authorization is as valid as the original. I understand I am entitled to receive a copy of this Authorization. I understand that I have the right to revoke this Authorization in writing, at any time, by sending a written request for revocation to the Company. I understand that a revocation does not apply to any action that was taken in reliance on this Authorization or to the Company's legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that there is a possibility of re-disclosure of any information disclosed pursuant to this authorization and that information, once disclosed, may no longer be protected by federal rules governing privacy and confidentiality. I understand that if I refuse to sign this Authorization to release my complete medical record, the Company may not be able to process my application, or if coverage has been issued may not be able to make any benefit payments.

**CONSUMER PRIVACY NOTICE**

To underwrite your insurance request, the Company may ask for additional personal information, such as an insurance medical exam; lab tests; medical records from your insurance company, physician or hospital; a report from the Medical Information Bureau (MIB), a non-profit organization of life insurance companies that exchanges information among its members. Information about your insurability is confidential. Without your express authorization, the Company or its reinsurers may send your information to government agencies that regulate insurance; or, without identifying you, to insurance organizations for statistical studies. If you apply to a MIB member company for life or health insurance, or submit a benefits claim for benefits to a member company, the MIB, upon request, will supply the member company with the information in its file. You or your authorized representative have the right to: receive by mail or to copy your personal information in the Company or MIB files, including the source and who received copies within the past two years; to correct or amend personal information in these files; to know specific reasons why coverage was not issued as applied for; and to revoke your authorization at any time. At your written request, within 30 days the Company will explain in writing how to learn what is in your file, its source, how to correct or amend it or how to learn why coverage was not issued as applied for. You can send the Company a written statement as to why you disagree. If we correct or amend the information, we will notify you and anyone who may have received the information. If we do not agree with your statement, we will notify you and keep your statement in your file.

**For further information about your file or your rights, you may contact:**

Group Division Underwriting  
Minnesota Life Insurance Company  
400 Robert Street North  
St. Paul, Minnesota 55101-2098  
Telephone: (800) 872-2214

**For information about the MIB, you may contact:**

MIB  
50 Braintree Hill, Suite 400  
Braintree, MA 02184-8734  
MIB Telephone: (866) 692-6901  
MIB TTY: (866) 346-3642  
Website: www.mib.com

I have read this Authorization and Consumer Privacy Notice and I understand I or my authorized representatives can receive copies. The answers provided on this application are representations of the person signing below. The answers given are true and complete. It is understood that Minnesota Life Insurance Company shall incur no liability because of this application unless and until it is approved by the Company and the first premium is paid while my health and other conditions affecting my insurability are as described in this application. I authorize my employer to withdraw premiums from my salary to pay for this coverage. I understand that false or incorrect answers to the above questions may lead to rescission of coverage. If coverage is rescinded, an otherwise valid claim will be denied.

Employee name (please print)		Date of birth	
Employee signature <b>X</b>	Daytime phone number	Evening phone number	Date signed
Spouse name (please print)		Date of birth	
Spouse signature <b>X</b>	Daytime phone number	Evening phone number	Date signed



Frequently Asked Questions

What is the difference between Traditional Mail Order and the Online Ordering service?

Traditional Mail Order requires you to order all your prescriptions via mail or phone. You must complete the included patient profile form and submit it to Costco Mail Order Pharmacy. Traditional Mail Order also accepts personal checks and Electronic Funds Transfer as forms of payment.

Online Ordering service requires you to order all your new prescriptions online at **pharmacy.costco.com**. You should discard the included patient profile form and create an online account. Please remember that each individual receiving medications must have their own unique email address in order to create an online account. All communication between you and the pharmacy will be done via email.

How do I get more patient profile forms if I choose to use the Traditional Mail Order service?

Contact Costco Mail Order Pharmacy at 1-800-607-6861.

When do I need to place my order?

It is Costco’s goal to have your order in your hands 14 days after Costco receives it at the processing facility. Please allow a few extra days when placing an order for the first time. Please remember to calculate the amount of time it may take for your prescription(s) request to leave your household and reach the facility. Once Costco receives your order, it will leave the facility within one to four days. Costco offers free standard shipping. Expedited shipping options are available for an additional fee. If you do not receive your order in 14 days, please contact Costco Mail Order Pharmacy at the toll-free number provided.

How can I ensure my order will not be delayed?

Please ensure you are providing Costco with a valid shipping address and valid payment information. Please ensure your name, address and phone number are written legibly on all submitted documents including the original prescription(s). Your physician must provide complete directions for use. Costco cannot dispense an order without valid instructions; “use as directed” will not be accepted. Please ensure your prescription is written for the maximum days supplied allowed by your plan (usually 90 days) and contains additional refills.

How do I pay for my order?

Costco requires payment with every prescription order. The shipment of your prescription order may be delayed if: Costco does not receive payment in full at the time of order, if you have an unpaid balance with Costco Mail Order Pharmacy, or if your forms are not filled out completely. For your convenience and for quick and secure payments, Costco accepts Visa®, MasterCard and Discover credit cards. If you utilize Costco’s Traditional Mail Order service, you may also make a payment by mailing a personal check with your order or supplying a voided check for Electronic Funds Transfer. Please refer to your benefits plan for co-pay information. Typically, orders paid with a credit card are processed up to two days faster.

How will I know the cost of my prescription order?

It is your responsibility to know the co-pay(s) for your prescription order. For additional information, please contact your benefits provider.

Where is my order being shipped from?

The Costco Mail Order Pharmacy is located in Corona, Ca. Costco will ship anywhere in the United States. Please be aware that shipping times may vary depending on where you are located in the country.

When I receive my order, what will be included in the package?

Each package will include your prescription medication, prescription label and a drug monograph. All prescription bottles will be sealed with child-safety caps to prevent them from opening during shipment. If you select easy-open caps, they will be included in the package for you to switch once your package has safely arrived.



Costco Mail Order Pharmacy Contact Information

**Costco Mail Order Pharmacy**  
215 Deininger Circle  
Corona, CA 92878-4711

**Costco Mail Order Pharmacy Customer Service**  
**1-800-607-6861 phone**  
**1-888-545-4615 fax**

Monday through Friday 5 a.m. to 7 p.m. (PST)  
Saturday 9:30 a.m. to 2 p.m. (PST)

Visit us online at:  
**pharmacy.costco.com**



From our pharmacy to you  
**Mail Order Prescriptions**

# Costco Mail Order Pharmacy Ordering Instructions

The Costco Mail Order Pharmacy is an extension of your current prescription drug benefit. Mail Order service allows you to take advantage of the convenience of having your maintenance medications delivered to your home or workplace.

Costco Mail Order Pharmacy offers two great ordering services: Traditional Mail Order and Online Ordering.



## 1. Traditional Mail Order

Costco Mail Order Pharmacy offers you a Traditional Mail Order service. To use this service, you will submit all new orders and refills by mail or phone. Please read the following details on how to utilize our Traditional Mail Order

service. If you would like to place your orders online using a computer, please skip the following section and follow the instructions under the Online Ordering portion of this document.

### How do I begin using the Traditional Mail Order service?

Complete the included Traditional Mail Order Patient Profile form and submit it to the Mail Order Pharmacy.

### How do I order a new prescription using the Traditional Mail Order service?

If you need to start your medication immediately or do not have enough to last you at least two weeks, request two prescriptions from your prescriber: One for an initial short-term supply of your maintenance medication that your local retail pharmacy can fill

immediately, and a second for a 90-day supply, including refills that can be submitted to Costco Mail Order Pharmacy.

- Send both your new 90-day supply prescription and your completed Mail Order Patient Profile form to the Costco Mail Order Pharmacy using the provided postage-paid envelope. If you do not have a written prescription, please obtain one from your prescriber.
- Costco Mail Order Pharmacy does not hold prescriptions. Please send only prescriptions to be ordered immediately. Once an order has been processed, it cannot be stopped. Costco cannot accept returns.

### How do I order a refill using the Traditional Mail Order service?

- **Mail:** Each prescription order you receive will contain a Refill Order Form. Complete the form and return it to Costco Mail Order Pharmacy.
- or
- **Phone:** Call 1-800-607-6861. Costco’s 24-hour automated telephone system guides you through the refill-ordering process. Be sure to have your prescription number available.

### What form of payment may I use for Traditional Mail Order service?

For your convenience and to make quick and secure payments, Costco accepts Visa®, MasterCard and Discover credit cards. Costco Mail Order Service also accepts personal checks and Electronic Funds Transfer with a voided check. You must refer to your benefits plan for co-pay information. Typically, orders paid with a credit card are processed up to two days faster.



## 2. Online Ordering

Costco Mail Order Pharmacy also provides an Online Ordering service. If you choose to utilize Online Ordering, it is helpful that you are familiar with basic online purchasing processes, and that you have frequent access to your email account.

Most communication between you and Costco Mail Order Pharmacy will be through email. When using this service, all orders for new prescriptions must be initiated online at **pharmacy.costco.com**. If you would prefer not to use our Online Ordering service, please refer to the Traditional Mail Order section of this document.

### How do I set up an account online?

Visit **pharmacy.costco.com**. Click Sign In/Register. Select Create Account, and enter your email address and a password. Please note: Each patient (self, spouse, dependent(s), etc.), independent of whether or not they are covered by the plan, must have his or her own unique email address to create an online account. Enter all required information to set up your online patient account including information regarding drug allergies, medical conditions, brand/generic preferences, etc.

### How do I order a new prescription using the Online Ordering service?

If you need to start your medication immediately or do not have enough to last you at least two weeks, request two prescriptions from your prescriber: One for an initial short-term supply of your maintenance

medication that your local retail pharmacy can fill immediately, and a second for a 90-day supply, including refills that can be submitted to Costco Mail Order Pharmacy.

- Visit **pharmacy.costco.com**. Click the “New Prescriptions” link and follow the steps below:
  1. Log in.
  2. Provide prescription information, including physician name, drug name and shipping method.
  3. Confirm your order and mail the prescription to the address provided.
- Costco Pharmacy will begin processing your order once this request and the original prescription is received at our facility.
- Costco Mail Order Pharmacy does not hold prescriptions. Please send only prescriptions to be ordered immediately. Once an order has been processed, it cannot be stopped. We cannot accept returns.

### How do I order a refill using the Online Ordering service?

- **Phone:** Call 1-800-607-6861. Costco’s 24-hour automated telephone system guides you through the refill ordering process. Be sure to have your prescription number available.
- or
- **Online:** Visit **pharmacy.costco.com**. Click the “Refill Prescriptions” link.

### What form of payment may I use for the Online Ordering service?

For your convenience and to make quick and secure payments, Costco accepts Visa®, MasterCard and Discover credit cards.

## Helping Patients Manage Healthcare Complexity

Navitus provides guidance to connect patients to the clinical and financial solutions they need to make the most of their pharmacy benefit.

### Getting Started is Easy!

1. Talk to your pharmacist to see if your drug has copay assistance. They may also be able to help you enroll.
2. If you have questions or need help signing up, call our Access team at 855-847-3556.
3. Only the amount you pay out-of-pocket will apply to your annual deductible and/or maximum out-of-pocket.



## Frequently Asked Questions

### How do I know if my drug has copay assistance?

Visit the drug manufacturer's website to see if they have a copay program for your drug. Many high-cost brand and specialty drugs are eligible for copay assistance. Most generic drugs are not eligible.

### Will I have to reenroll in copay assistance?

Some programs may need you to reenroll once a year. Please contact the manufacturer or your pharmacy to confirm your continued enrollment.

### Where can I find out more information about my plan benefits?

You can find additional details in your Summary Plan Description (SPD) document, which is usually located in your benefit enrollment information.

### What if I am not eligible for my medication's copay assistance program?

If you are not eligible, call Customer Care to discuss your options. There may be other assistance programs available.



## Experience Convenient Access to Your Pharmacy Benefits with the Navitus Member Portal

Have questions about your  
pharmacy benefits? Answers  
are just a click away!

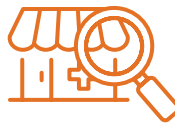
Tools to help you make the most of your pharmacy benefits are at your fingertips, 24 hours a day, 7 days a week. Log in to Navitus' secure member portal at [www.navitus.com](http://www.navitus.com) or visit your plan's website for access to:



Cost  
Information



Medication  
History



Pharmacy  
Search



Drug  
Search



Drug Side Effect and  
Interaction Search

Plus, the portal has more resources to help you including formulary listings and a self-service section with commonly used forms. You can also find information about mail order and convenient 90-day refills options (if applicable).\*

### Get Started Today!

Visit the secure member portal at [www.navitus.com/members](http://www.navitus.com/members) or your plan's website, or call the number on the back of your pharmacy ID card for more information or assistance with registration.

\* The Navitus member portal is for active members only. Available features may vary by plan..

## Get Easy Access to Your Prescription Benefits with Navitus' Mobile App

Enjoy greater convenience at your fingertips!

With our mobile app you can:

- Compare medication prices to find the lowest cost option for you
- Locate the most convenient network pharmacies
- Save your preferred pharmacies for quick and easy access
- See medication and benefit information
- Access your member ID card
- View and manage your current medications



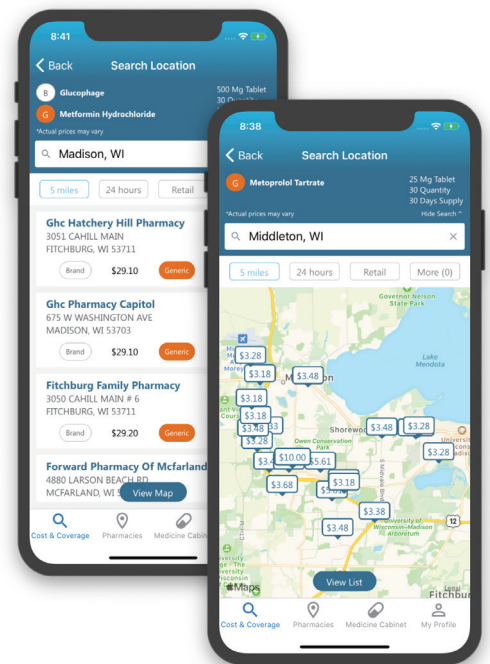
With just a few taps you can get help to make more informed prescription decisions and be on your way to better health. It's easy to use our mobile app. Just scan the QR code below to download now.

### For Mobile App Account Assistance Contact Customer Care:

Open 24 hours a day, 7 days a week

844-268-9789

**Download the Navitus Prescription Benefits mobile app today!\***



*Price data is for display purposes only*

\* Registration is simple and secure and may require your member ID. The app is available to iOS and Android users. You must be 18 years old or older and currently covered under Navitus' pharmacy benefit plan. Hover your phone's camera over the code to download the app.



# VOLUNTARY BENEFITS

We are pleased to introduce **Voluntary Benefits through Securian** for you and your eligible dependents. These plans can help you pay for your out-of-pocket expenses related to a hospital stay, accident, and/or an illness or injury. The best part is that the money for each claim is paid to you, so you can utilize the cash payout for medical expenses or other priorities like rent, mortgage, or groceries. Additional benefit information can be found in Securian's Benefit Summary. These benefits are available to all full-time employees.

ACCIDENT PLAN	
Plan Highlights	Securian's Accident plan provides cash payments directly to you to help cover out-of-pocket costs, such as deductibles or coinsurance.
Covered Benefit	Full schedule of benefits payable for accidental injuries including initial/follow-up treatment, ambulance trips, medical imaging, surgeries, concussion, dislocations and fractures, hospital stays, AD&D, health screening benefit and much more. Some benefits are payable once per covered accident; while others are once per plan year. See Benefit Summary for detailed information and scheduled of benefits and exclusions.
Monthly Premium	Employee: \$9.14 Employee + Spouse: \$14.97 Employee & Child(ren): \$20.29 Family: \$29.08

Sample Accident plan payout

Daily Hospital  
\$200

Fractured Skull  
\$9,000

Hospital Admission  
\$1,000



Follow-up Visit  
\$150

Physical Therapy  
\$150 per visit up to 30

Ambulance  
\$400

\$14,575  
Paid directly to you

CRITICAL ILLNESS PLAN	
Plan Highlights	<p>Securian's Critical illness insurance provides a lump-sum payment for an insured person diagnosed with any of the following critical illnesses while insurance is in effect for the insured person. Cancer, Heart Attack, Stroke, Organ Transplant, Kidney Failure.</p> <ul style="list-style-type: none"> <li>You have the option of purchasing <b>\$10,000, \$20,000, or \$30,000</b> with no medical questions asked.</li> <li>There are no pre-existing condition limitations</li> </ul>
Monthly Rate (for \$10,000 coverage)	<p>These rates depend on benefit amount elected and your age. Rates below are for a \$10,000 benefit amount.</p> <p>Under 25: \$3.48 Ages 25-29: \$4.88 Ages 30-34: \$6.89 Ages 35-39: \$8.25 Ages 40-44: 9.48 Ages 45-49: \$12.17 Ages 50-54: \$17.45 Ages 55-59: \$24.50 Ages 60-64: \$35.05 Ages 65-69: \$47.11 Ages 70+: \$68.25</p>

# VOLUNTARY BENEFITS

We are also excited to offer **Hospital Indemnity through Securian** for you and your eligible dependents. This plan will help cover hospital costs for your initial admission and per day during your stay. The best part is that the money for each claim is paid to you, so you can utilize the cash payout for medical expenses or other priorities like rent, mortgage, or groceries. Additional benefit information can be found in Securian's Benefit Summary. These benefits are available to all full-time employees.

HOSPITAL INDEMNITY PLAN DESIGN	
Plan Features	
Plan Highlights	<p>Hospital indemnity coverage eases the financial impact of an employee's hospitalization by providing a lump sum payment to help cover the costs associated with a hospital stay. Hospital indemnity coverage can be used to supplement medical insurance to help handle additional out-of-pocket costs that can add up. This can include: Copayments, Coinsurance, Deductibles, and Incidental hospital expenses or other expenses such as transportation and lodging needs. The benefit also provides:</p> <ul style="list-style-type: none"> <li>- Family coverage</li> <li>- No Pre-Existing Condition Limitations</li> <li>- Guarantee issue</li> <li>- Portable</li> <li>- No Lifetime Maximum</li> <li>- Hospital Confinement</li> </ul>
Initial Hospital Admission	\$1,000
Daily General Hospital / ICU Confinement	\$200 General (Up to 30 Days) / \$400 ICU (Up to 10 Days)
Newborn Routine Coverage	\$200 (Up to 3 days)
Pregnancy	Covered, no waiting period
Monthly Premium	<p>Employee: \$20.04  Employee + Spouse: \$44.12  Employee &amp; Child(ren): \$31.17  Family: \$57.84</p>

All of these plans include a \$50 wellness benefit, which means if you get your annual screenings completed with your primary care physician you will be eligible for a \$50 payout. If you have all three plans, you get \$50 from each plan for a total of \$150.

To learn more and enroll in these benefits, visit <https://www.employeenavigator.com/benefits/Account/Register>

Enter your information and AZMT PIN which is **AZTRUST**

# What is group accident insurance?

Accident insurance provides a lump sum cash payment to you if you suffer an injury due to an accident covered under the policy. You may use the money however you wish.

Policies vary, but some let you enroll your dependents for coverage too.

## What accident insurance covers

Accident insurance is not medical insurance. You may use the cash benefit any way you want, whether it's to help pay medical expenses or daily living expenses. Accident insurance typically includes benefits for:

- Emergency room treatment
- Ambulance
- Dislocations
- Fractures

Certain limitations apply. Be sure to check your policy for possible exclusions before enrolling.



## Learn more

Visit your employer's benefits site to learn more about the coverage options and cost.

## How does it work?



Janet elects coverage offered by her employer.



Janet slips off a stair and takes a tumble. She breaks her lower leg and wrist and, though she doesn't need surgery, spends 2 days in the hospital.



Janet gets a payment from Securian Financial.



Janet uses the money to pay her mortgage and obtain a cleaning service.

Your actual experience may vary from this experience



### How do I file a claim?

Visit [securian.com/benefits](https://securian.com/benefits)

- Select "Employer" under report a new claim
- Select "Start a new claim"
- Answer all questions to the best of your ability



### Why accident insurance?

Learn how accident insurance can protect your financial future by watching a brief video at [LifeBenefits.com/videos/AI](https://LifeBenefits.com/videos/AI)

This is a summary of plan provisions related to the insurance policy issued by Securian Life Insurance Company. In the event of a conflict between this summary and the policy and/or certificate, the policy and/or certificate shall dictate the insurance provisions, exclusions, all limitations and terms of coverage.

Group accident insurance is underwritten by Securian Life Insurance Company, a New York authorized insurer and is headquartered in St. Paul, MN. Product availability and features may vary by state.

Securian Financial is the marketing name for Securian Financial Group, Inc., and its subsidiaries. Securian Life Insurance Company is a subsidiary of Securian Financial Group, Inc.



INSURANCE  
INVESTMENTS  
RETIREMENT

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

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# What is group hospital indemnity insurance?

Group hospital indemnity insurance provides a predetermined daily benefit amount while the insured is in the hospital. The benefit can be used to help pay out-of-pocket and non-covered costs, plus additional living expenses.

## Why do I need this coverage?

Hospitalization is a lot more common than you may realize. When it happens, it can be costly. Along with rising healthcare costs and deductibles, a hospital stay can mean lost wages and other unexpected bills.

## What are some of the features?

Check with your employer to see which of these are available in your employer's plan:

- No health questions asked during an eligible event
- More than one benefit payment may be payable for a single, covered hospital stay
- Take your coverage with you if you leave your employer
- Dependents receive the same benefit amounts as employees

## Are there limitations?

This policy provides limited benefits. This policy has exclusions, limitations, reduction of benefits and terms under which the policy may be continued in force or discontinued. Product availability and features may vary by state.



## Learn more

Visit your employer's benefits site to learn more about the coverage options and cost.



## How does it work?



**John elects coverage**  
offered by his employer.



**John is painting and falls off his ladder** He breaks his arm and though he doesn't need surgery, spends two days in the hospital.



**John gets a payment**  
from Securian Financial.



**John uses the money** to pay for groceries and a lawn service.

Your actual experience may vary from this experience



## How do I file a claim?

Visit [securian.com/benefits](https://securian.com/benefits)

- Select "Employer" under report a new claim
- Select "Start a new claim"
- Answer all questions to the best of your ability



## Why hospital indemnity insurance?

Learn how hospital indemnity insurance can protect your financial future by watching a brief video at [LifeBenefits.com/videos/Hi](https://LifeBenefits.com/videos/Hi)

This is a summary of plan provisions related to the insurance policy issued by Securian Life Insurance Company. In the event of a conflict between this summary and the policy and/or certificate, the policy and/or certificate shall dictate the insurance provisions, exclusions, all limitations and terms of coverage.

Group hospital indemnity insurance is underwritten by Securian Life Insurance Company, a New York authorized insurer and is headquartered in St. Paul, MN. Product availability and features may vary by state.

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INSURANCE  
INVESTMENTS  
RETIREMENT

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

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F72083-41 Rev 4-2022 DOFU 4-2022  
2108205

# How to file a supplemental health claim

It's easy to file a supplemental health claim and receive the benefits you're entitled to. You can use payments any way you choose to cover costs such as copays, deductibles, child care and more.

## Information needed to initiate the claim

- Insured's full name
- Date of birth
- Address
- Employer name
- Employee Social Security number
- Date of event

## How to submit the claim

Go to [securian.com/benefits](https://securian.com/benefits)

- Select "Employer" under report a new claim
- Select "Start a new claim"
- Answer all questions to the best of your ability

If documentation is required, you may securely upload the information with your claim. If you do not have the necessary documents available at the time of submission, the claims examiner will request them from you.

## What happens once the claim is submitted?

The examiner will review your claim and documentation and make a decision or reach out to you if additional information is needed. The examiner will also review all benefits you are enrolled in and will issue as many payments as possible based on your benefits and initial documentation provided.

1. Securian claims processing results as of 12/31/2023.

Insurance products are issued by Securian Life Insurance Company, a New York authorized insurer headquartered in St. Paul, MN. Securian Financial is the marketing name for Securian Financial Group, Inc., and its subsidiaries. Securian Life Insurance Company is a subsidiary of Securian Financial Group, Inc.



**Supplemental health claims are paid within 1.5 days after receiving proof!<sup>1</sup>**



If you have questions, need assistance or want to file your claim over the phone, call Securian Financial at **1-888-658-0193**.

# What is group critical illness insurance?

Critical illness insurance provides a lump sum cash payment to you if you are diagnosed with a condition covered under the policy.

## Why critical illness insurance makes sense

Critical illnesses are expensive. It's easy to understand how unpaid medical bills can threaten a family's financial future. While you can't prevent a critical illness in your family, you can help protect your finances with additional, cost-effective coverage.

## What are some of the features?

Check with your employer to see which of these are available in your employer's plan:

- You may be eligible to apply for coverage without answering any health questions.
- Take your coverage with you if you leave your employer.
- A recurrence benefit offers an additional payout if you are diagnosed with certain conditions more than once while you're covered.

## Are there limitations?

This policy provides limited benefits. This policy has exclusions, limitations, reduction of benefits, and terms under which the policy may be continued in force or discontinued. Product availability and features may vary by state.



## Learn more

Visit your employer's benefits site to learn more about the coverage options and cost.



**Jill elects coverage** from the plan offered by her employer.



**A year later** she suffers a heart attack (as defined in the policy). She recovers fully.



**Jill gets a payment** from Securian.



**Jill uses the money** to pay for child care while she recovers.



## How do I file a claim?

Visit [securian.com/benefits](https://securian.com/benefits)

- Select "Employer" under report a new claim
- Select "Start a new claim"
- Answer all questions to the best of your ability



## Why critical illness insurance?

Learn how critical illness insurance can protect your financial future by watching a brief video at [LifeBenefits.com/videos/CI](https://LifeBenefits.com/videos/CI)

**This policy provides limited benefits.** This policy has exclusions, limitations, reduction of benefits, terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact Securian Financial Group. This is a summary of plan provisions related to the insurance policy issued by Securian Life or Minnesota Life. In the event of a conflict between this summary and the policy and/or certificate, the policy and/or certificate shall dictate the insurance provisions, exclusions, all limitations and terms of coverage. All elections or increases are subject to the actively at work requirement of the policy. Products are offered under policy form series 13-31600, 14-32000 or a state variation thereof. Product availability and features may vary by state.

Group critical illness insurance is underwritten by Securian Life Insurance Company, a New York authorized insurer and is headquartered in St. Paul, MN. Product availability and features may vary by state.

Securian Financial is the marketing name for Securian Financial Group, Inc., and its subsidiaries. Securian Life Insurance Company is a subsidiary of Securian Financial Group, Inc.



INSURANCE  
INVESTMENTS  
RETIREMENT

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

400 Robert Street North, St. Paul, MN 55101-2098  
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1576691



Your care. Your way.  
**Access your Teladoc  
Health benefits anytime.**



Scan the code to activate  
your benefits

### General Medical

Talk to a board-certified doctor or pediatrician 24/7 for non-emergency conditions.

Prescription refills • sinus infections • allergies • stomach bug • COVID-19 advice • and more

### Dermatology

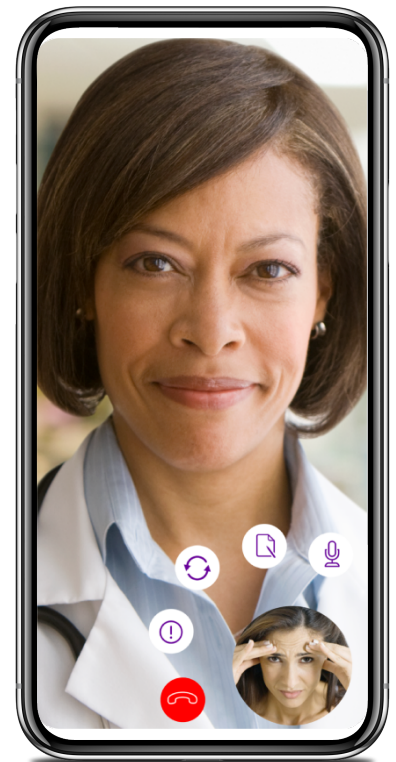
Upload images and details of your skin issue in the Teladoc Health app. A dermatologist will review them and provide a treatment plan within 24 hours. Follow up via in-app messaging for 7 days after your results.

Eczema • psoriasis • poison ivy • rashes • rosacea • and more

### Nutrition



Talk to a registered dietitian to achieve your healthiest self.

Weight management • diabetes • digestive issues • custom meal plans • food allergies • and more



## Set up your account or log in to get started today

Visit [Teladoc.com](https://www.teladoc.com)

Call 1-800-TELADOC (835-2362) | Download the app  | 



# Group Accidental Death and Dismemberment Insurance Employee and Family Enrollment

**MINNESOTA LIFE****Minnesota Life Insurance Company** - A Securian Company

400 Robert Street North • 18-3789 • St. Paul, Minnesota 55101-2098

Employer name		Policy number		Unit
Employee name		Social Security number		Date of birth
Street address		City	State	Zip code
Occupation		Employee location		Insurance class
Date employed	Monthly salary \$	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you actively working at your employer's normal place of business at least _____ hours per week?	
Beneficiary		Relationship		
<input type="checkbox"/> I would like to enroll in the Employee Plan OR <input type="checkbox"/> I would like to enroll in the Family Plan		Total amount of voluntary AD&D insurance requested \$_____ Effective Date: _____		

I understand that Minnesota Life Insurance Company shall incur no liability until the first premium is paid, and that premiums for the contributory insurance will be deducted from my pay.

Applicant's signature <b>X</b>	Daytime telephone number	Date signed
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02-30431

EdF83536 7-2015

# A Look at Your VSP Vision Coverage

With VSP and Arizona Metropolitan Trust,  
your health comes first.



**Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.**

## **Value and savings you love.**

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

## **Provider choices you want.**



With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

## **Shop online and connect your benefits.**



Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

## **Quality vision care you need.**

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

## **Using your benefit is easy!**

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

**vsp**  
vision care

More Ways  
to Save

Extra

**\$20**

to spend on

**Featured Frame Brands†**

bebe

Calvin Klein

COLE HAAN

DRAGON.

FLEXON

LONGCHAMP  
PARIS



and more

See all brands and offers  
at **vsp.com/offers**.



Up to

**40%**

Savings on

**lens enhancements‡**

Enroll through your employer today.  
Contact us: **800.877.7195** or **vsp.com**

Your VSP Vision Benefits Summary

Arizona Metropolitan Trust and VSP provide you with a choice of affordable vision plans. Choose the eye care essentials, or upgrade to give your eyes extra love.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

07/01/2025



BENEFIT	DESCRIPTION	COPAY
Standard Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"><li>Focuses on your eyes and overall wellness</li><li>Routine retinal screening</li><li>Every plan year*</li></ul>	\$10 Up to \$39
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"><li>Retinal imaging for members with diabetes covered-in-full</li><li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li><li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li><li>Available as needed</li></ul>	\$20 per exam
PRESCRIPTION GLASSES		
FRAME*	<ul style="list-style-type: none"><li>\$170 Featured Frame Brands allowance</li><li>\$150 frame allowance</li><li>20% savings on the amount over your allowance</li><li>\$150 Walmart/Sam's Club frame allowance</li><li>\$80 Costco frame allowance</li><li>Every plan year</li></ul>	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"><li>Single vision, lined bifocal, and lined trifocal lenses</li><li>Impact-resistant lenses for dependent children</li><li>Every plan year</li></ul>	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"><li>Standard progressive lenses</li><li>Premium progressive lenses</li><li>Custom progressive lenses</li><li>Average savings of 30% on other lens enhancements</li><li>Every plan year</li></ul>	\$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"><li>\$150 allowance for contacts; copay does not apply</li><li>Contact lens exam (fitting and evaluation)</li><li>Every plan year</li></ul>	Up to \$60

BENEFIT	DESCRIPTION	COPAY
Premium Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"><li>Focuses on your eyes and overall wellness</li><li>Routine retinal screening</li><li>Every plan year*</li></ul>	\$10 Up to \$39
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"><li>Retinal imaging for members with diabetes covered-in-full</li><li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li><li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li><li>Available as needed</li></ul>	\$20 per exam
PRESCRIPTION GLASSES		
FRAME*	<ul style="list-style-type: none"><li>\$245 Featured Frame Brands allowance</li><li>\$225 frame allowance</li><li>20% savings on the amount over your allowance</li><li>\$225 Walmart/Sam's Club frame allowance</li><li>\$120 Costco frame allowance</li><li>Every plan year</li></ul>	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none"><li>Single vision, lined bifocal, and lined trifocal lenses</li><li>Every plan year</li></ul>	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none"><li>Standard progressive lenses</li><li>Impact-resistant lenses</li><li>Premium progressive lenses</li><li>Custom progressive lenses</li><li>Average savings of 30% on other lens enhancements</li><li>Every plan year</li></ul>	\$0 \$0 \$25 \$25
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"><li>\$175 allowance for contacts; copay does not apply</li><li>Contact lens exam (fitting and evaluation)</li><li>Every plan year</li></ul>	Up to \$60

ADDITIONAL SAVINGS	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"><li>Discover all current eyewear offers and savings at <a href="https://vsp.com/offers">vsp.com/offers</a>.</li><li>20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.</li></ul>
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"><li>Average of 15% off the regular price; discounts available at contracted facilities.</li></ul>
	<b>Exclusive Member Extras for VSP Members</b> <ul style="list-style-type: none"><li>Contact lens rebates, lens satisfaction guarantees, and more offers at <a href="https://vsp.com/offers">vsp.com/offers</a>.</li><li>Save up to 60% on digital hearing aids with TruHearing®. Visit <a href="https://vsp.com/offers/special-offers/hearing-aids">vsp.com/offers/special-offers/hearing-aids</a> for details.</li><li>Enjoy everyday savings on health, wellness, and more with VSP Simple Values.</li></ul>

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to [vsp.com](https://vsp.com) to find an in-network provider.

\*Plan year begins in July

†Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

‡Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

+Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington. Premier Edge is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on [vsp.com](https://vsp.com).

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VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare and VSP Premier Edge are trademarks of Vision Service Plan. Flexon and Dragon are registered trademarks of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 102898 VCCM

Classification: Restricted

## Key Contact Information



### For Information About

### Contact

- Locating a VSP® Provider
- Member inquiries about benefits, claims, or eligibility

**Member Services**  
**vsp.com**  
**Phone: 800.877.7195**

- Employer resources
- Manage eligibility
- Billing and reporting
- Member support and communications
- Doctor directory

**Three easy steps to get started on Employers site:**

- Go to [vsp.com](https://vsp.com).
- Click on the [Employers](#) tab.
- To land directly on the Employers site in the future, Bookmark [visionbenefits.vsp.com](https://visionbenefits.vsp.com).

- Evidence of coverage
- Schedule A or 5500 forms
- Contracts
- Member communications
- Benefit clarification
- Open enrollment support
- Resource Center password reset

**Client Support**  
Phone: [800.216.6248](tel:800.216.6248), option 4  
Email: [vspcentral@vsp.com](mailto:vspcentral@vsp.com)

- Account reconciliation
- Billing
- Posting receivables

**VSP Billing**  
[800.216.6248](tel:800.216.6248), option 3  
Email: [vspbilling@vsp.com](mailto:vspbilling@vsp.com)

- ANSI 834
- Loading automated membership
- Electronic file specifications
- Electronic file inquiries
- FTP setup

**Membership Support**  
Phone: [800.216.6248](tel:800.216.6248), option 2  
Email: [vspcentral@vsp.com](mailto:vspcentral@vsp.com)

- Plan design
- Renewals
- Customized rates/pricing

**August Foote**  
**Client Manager**  
[916.407.5440](tel:916.407.5440), Ext. 113241  
[August.Foote@vsp.com](mailto:August.Foote@vsp.com)

# Frequently Asked Questions

At VSP Vision Care, we're dedicated to offering a benefit that's simple to use and worry-free. Here are answers to questions we're asked most about our services for members.



## VSP Member Services



QUESTIONS	ANSWERS
What's the best way to communicate and promote the VSP® benefit to members?	We have a variety of member communication tools designed to increase awareness and understanding of the VSP benefit. They're easy to read and provide all the benefit information members need. Please review the enclosed Member Communications Overview, and then contact the Client Support Team at <b>800.216.6248</b> for more information or to order the tools you need.
Do members need an ID card?	An ID card or Member Vision Card isn't required for members to receive services or care. Members simply call a VSP network provider to schedule an appointment and tell them that they're a VSP member. The network provider and VSP handle the rest. If a member wishes to have an ID card, they can create an account and log in at <b>vsp.com</b> to print one.
How do members obtain a list of VSP network providers?	<p>They should visit <b>vsp.com</b> or contact VSP at <b>800.877.7195</b>. Clients registered for the <b>Manage Your Plan</b> section at <b>vsp.com</b> can download customized VSP network provider lists as PDF or Excel files.</p> <p>Members and dependents have instant access through <b>vsp.com</b> to check coverage and eligibility, find a VSP network provider, and learn more about eye care wellness.</p>
If members have questions about plan coverage, eligibility, or eye care wellness information, where should I direct them?	Members can also call VSP Member Services any time at <b>800.877.7195</b> or access our automated benefits information system to check eligibility or find a network provider. VSP Member Services is available Monday to Saturday, from 6:00 a.m. to 5:00 p.m., (Pacific Time); Closed on Sunday. <b><i>Please note these new hours are effective January 1, 2022.</i></b>
Can we link our intranet or website to the VSP website?	Yes. To make it easy for members to find <b>vsp.com</b> , add the following code to your website: <b>vsp.com&gt;VSP&lt;/a&gt;</b> .
What is my client ID number to register for the <b>Manage Your Plan</b> section?	<p>You'll receive your client ID number with your welcome call or email.</p> <p>Each month's bill contains your client ID number, along with the active division and class number(s). Or, contact the Client Support Team at <b>800.216.6248</b> for your client ID number.</p>



QUESTIONS	ANSWERS
What if a member is dissatisfied with a VSP network provider, or the materials received through the VSP benefit?	Our Member Promise Program guarantees complete member satisfaction with services received from a VSP network provider. If a member isn't happy with the services or products from a VSP network provider when using their VSP benefit, please have them contact VSP Member Services at <b>800.877.7195</b> .
Can members choose any eye care provider?	Yes. If VSP out-of-network coverage is included in your plan, members can obtain services from any provider they choose, including national or retail chains. Reimbursement for out-of-network services is according to a schedule with the same copays and limitations as services through VSP network providers. However, VSP can't guarantee satisfaction or extend discounts when using an out-of-network provider.
How do members collect reimbursement after visiting an out-of-network provider?	<p>When services and/or materials are obtained from an out-of-network provider, members have two reimbursement choices:</p> <ol style="list-style-type: none"> <li>1. Most out-of-network providers will submit a request for reimbursement on behalf of VSP members. This means members won't need to pay their entire bill up front and will only be responsible for paying applicable copays and any balance above their out-of-network schedule.</li> <li>2. Members can pay the provider directly and submit a claim to VSP for reimbursement, using the following procedure: <ol style="list-style-type: none"> <li>A. Visit the <b>Benefits and Claims</b> section of <b>vsp.com</b> to begin a claim.</li> <li>B. The member should fill out the claim form completely and submit an itemized receipt or statement that includes: <ul style="list-style-type: none"> <li>• Doctor name or office name</li> <li>• Name of Patient</li> <li>• Date of Service</li> <li>• Each service received and the amount paid</li> </ul> </li> <li>C. Submit claims online at <b>vsp.com</b> or by mail to: <p><b>VSP</b>  <b>PO Box 495918</b>  <b>Cincinnati, OH 45249-5918</b></p> </li> </ol> </li> </ol> <p>Please note that claims for reimbursement must be filed within 12 months of the date of service. Members will be reimbursed according to the out-of-network reimbursement schedule.</p>

# AzMT L.I.V.E.

## Early Detection Through Preventive Screenings

- Preventive and early detection screenings are brought onsite to provide members a convenient and timely way to protect their health. Preventive screenings and services brought onsite through the AzMT Wellness Program are covered at **100%** for eligible AzMT medical plan members

On-site events include, but are not limited to, the following:

- Health Risk Assessment
- Skin Cancer Screenings
- Cardiac and Organ Screenings
- Mammograms

\* Preventive screenings and services are subject to change. Watch for emails and flyers with more details.



<div><b>2025-26 WELLNESS PROGRAM CALENDAR</b></div>			
JULY	AUGUST	SEPTEMBER	OCTOBER
 <a href="https://join.personifyhealth.com/azmt">join.personifyhealth.com/azmt</a> Cardiac & Organ Screenings	Cardiac & Organ Screenings 		Mammography Screenings 
NOVEMBER	DECEMBER	JANUARY	FEBRUARY
Mammography Screenings Wellness Seminar 		HAPPY NEW YEAR 	Health Risk Assessments Health is wealth 
MARCH	APRIL	MAY	JUNE
Health Risk Assessments Health is wealth 	Open Enrollment 	Skin Cancer Screenings 	Skin Cancer Screenings Wellness Seminar 

- Preventive screenings and services are subject to change. Watch for emails and flyers with more details.
- Preventive screenings and services brought onsite through the AzMT Wellness Program are covered 100% for eligible AzMT medical benefit plan members.
- For questions, contact [Kingman.GBS.ArizonaMetropolitanTrust@ajg.com](mailto:Kingman.GBS.ArizonaMetropolitanTrust@ajg.com).

# Digital Physical Therapy

Sword Health

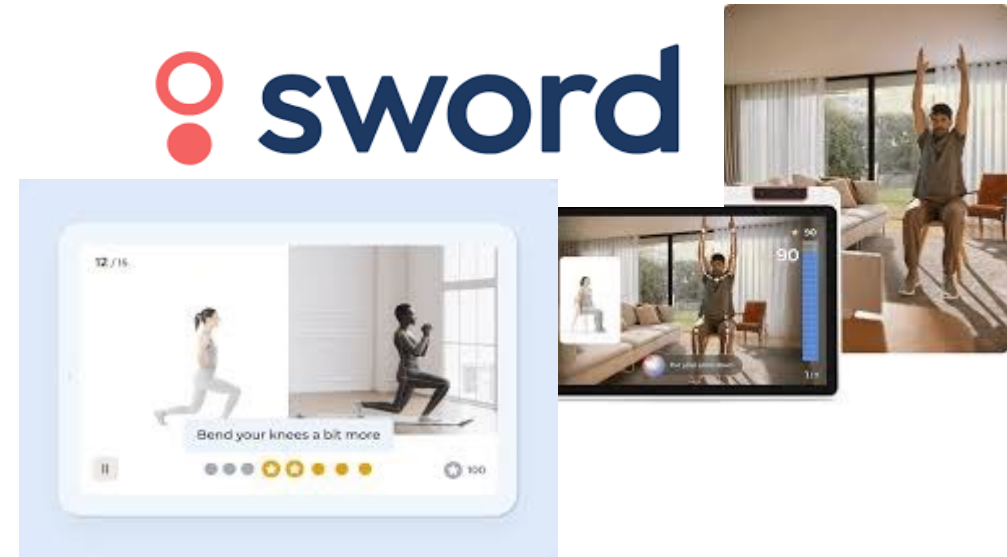


## Thrive

Movement is medicine. Sword uses sensor technology to deliver a physical therapy program that can be done anywhere, anytime. All the movement data is then shared with your paired physical therapist, who adapts the program based on actual performance.

## Bloom

Bloom is a new, digital pelvic-therapy solution that can help women who have suffered from urinary leaking, bowel disorders, pelvic pain, and more. Bloom can be for women in all stages of life including pregnancy, postpartum, menopause and postmenopause.



# Personify Health

Personify Health is a wellness portal designed to help you track your healthy habits, create new ones, learn about health topics that are important to you, and much more! By engaging in the portal, you earn points that can be redeemed for big rewards.

- Healthy Habit Tracking
- Daily Cards
- Health Guides
- Health Journeys
- Personal challenges
- Team Challenges
- REWARDS!



Earn up to  
\$100 a year!

## Commit today. Celebrate tomorrow.

What you start today affects where you'll be tomorrow, no matter what your personal health goals are. Arizona Metropolitan Trust offers a free wellbeing program with support to help you get there.

Scan the QR code  
with a smartphone to  
download the app:



**Join Personify Health today!**

[join.personifyhealth.com/azmt](https://join.personifyhealth.com/azmt)



~personify HEALTH™

# Stay Informed!

## Monthly Wellness Newsletter

Each month AzMT offers a free digital wellness newsletter that includes health information and upcoming events in the L.I.V.E. wellness program.

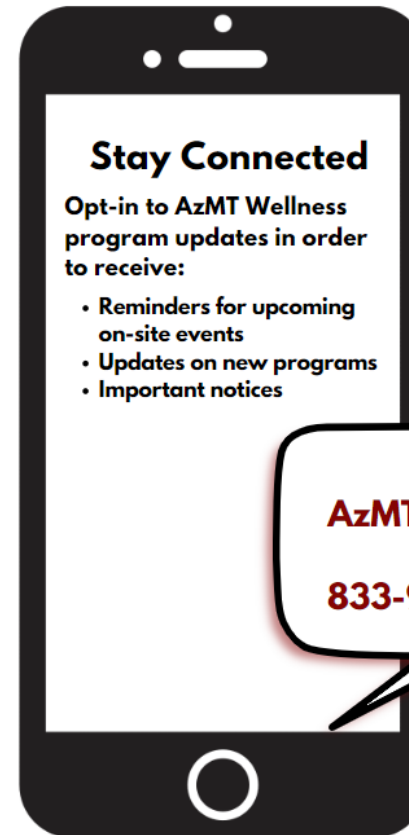
Opt-in to the newsletter by scanning the QR code. Members can sign up with the email of their choice.



## Text Message Notifications

Text messages are sent out as reminders for upcoming on-site screenings and services.

Text AzMTwellness to 833-942-4521 to opt in!



Text  
**AzMTWellness**  
to  
**833-942-4521**