Instant Care of Arizona

HELPING YOU UNDERSTAND
Your Benefit Choices

2023

This is a high-level benefits guide of certain benefits your employer offers. The information in this booklet is intended as a general outline of the benefits offered under your employers benefits program and should not be considered legal, investment or other benefits advice. Specific details and plan limitations are provided in the Summary Plan Descriptions (SPD), which is based on the official Plan Documents that may include policies, contracts and plan procedures. The SPD and Plan Documents contain all the specific provisions of the plans. In the event that the information in this brochure differs from the Plan Documents, the Plan Documents will prevail. Benefit plans are subject to change, amendment, or termination without notice to or the agreement of any employee/participant. All protected health information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see the "Notices" Section in the back of this benefits booklet.

**This guide may or may not be applicable to union employees.*

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BENEFITS OFFERED

MY HEALTH

Medical | **ABA**

MY EXTRAS

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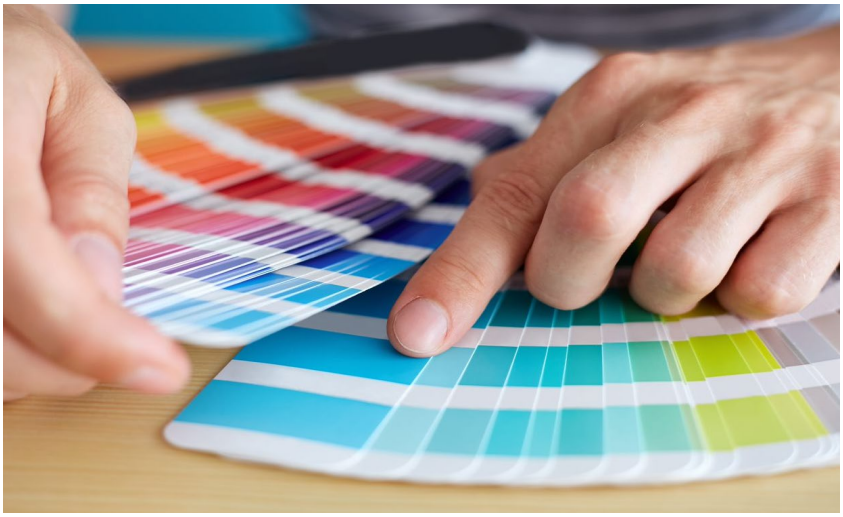
Your Benefit Period

APRIL 1, 2023 – MARCH 31, 2024

Annual Open Enrollment
March 15, 2023 - March 22, 2023

ENROLLMENT INSTRUCTIONS:

1. Read this guide and review this year's plan offerings. They contain important information about your benefit options.
2. Complete your enrollment by visiting the enrollment link provided, by the deadline; and
3. Reach out to Human Resources if you have any questions regarding your benefits.



Helpful Tips To Consider Before You Enroll

1. **Do you plan to enroll an *eligible dependent(s)*?**
   If so, make sure to have their social security numbers and birthdates available. You cannot enroll your dependent(s) without this information.
2. **Have you recently been *married/divorced or had a baby*?**
   If so, remember to add or remove any dependent(s) and/or update your beneficiary designation.
3. **Did any of your covered children reach their 26th birthday *this year*?**
   If so, they may no longer be eligible for benefits, unless they meet specific criteria.

ELIGIBILITY
RULES | REQUIREMENTS

EMPLOYEE ELIGIBILITY
You are eligible to participate if you are full-time and work a minimum of 30 hours per week. Your coverage will be effective 1st of the month following 60 days from your date of hire.

DEPENDENT ELIGIBILITY
You may also enroll eligible dependents for benefits coverage. A **'dependent'** is defined as the **legal spouse** and/or '**dependent child(ren)'** of the plan participant or the spouse.

The term 'child' refers to any of the following:

- A natural (biological) child;
- A stepchild;
- A legally adopted child;
- A foster child;
- A child for whom legal guardianship has been awarded to the participant or the participant's spouse/domestic partner; or
- Disabled dependents may be eligible if requirements set by the plan are met.

The chart provided below explains who is eligible for coverage under each benefit plan type:

Line of Coverage	When coverage ends
Medical	The **last day of the month** the child turns **age 26**
Spouses are Eligible for:	**Medical**

Qualifying Life Events

If you have a Qualifying Life Event and want to request a mid-year change, you must notify Human Resources and complete your election changes within 30 days following the event. Be prepared to provide documentation to support the Qualifying Life Event.

Common life events include; Marriage, Divorce, New Dependent, Loss/gain of available coverage by you or any of your dependents.

A full list of qualifying events can be found in the 'Required Notices' section of this benefits guide.

IMPORTANT

You cannot make changes to these elections during the year unless you experience a qualified family status change, which must be reported to Human Resources within 30 days of the event.

If you separate from employment, COBRA continuation of coverage may be available as applicable by law. COBRA Continuation details can be found in the notices section of this employee benefit guide.

MEDICAL
HEALTH | PLAN COMPARISON

ASSURED BENEFITS ADMINISTRATORS

BENEFITS	MEC with 4 Office Visits
Preventative Health	100%
Telehealth	Included
Outpatient Services	
Provider Office Visits	$10 copay/4 office visits
Illness or Injury	$10 copay/4 office visits (copay applies to office visits only)
Network Access	Included
Prescription Drugs	Prescription Drug Card 100% for preventative prescriptions only
Specialty Drugs	Not Covered
Inpatient Services	
Illness or Injury	Not Covered
Surgeon (Illness)	Not Covered
Anesthesiologist (Illness)	Not Covered
Emergency Room Services	
Illness or Injury	Not Covered

MEDICAL MONTHLY RATES	ABA MEC Plan
Employee Only	$31.00
Employee + Spouse	$47.00
Employee + Child(ren)	$52.00
Employee + Family	$67.00

PREVENTATIVE CARE

The following list briefly summarizes the preventive care services required by the ACA and covered under this plan. For the most updated and comprehensive list of ACA requirements with details, limitations and exclusions, visit www.healthcare.gov.

FOR ALL ADULTS

- Abdominal aortic aneurysm one-time screening
- Alcohol misuse screening and counseling
- Aspirin use
- Blood pressure and cholesterol screening
- Colorectal and lung cancer screening
- Depression screening
- Diabetes (Type 2) screening
- Diet and obesity screening and counseling
- Hepatitis B Hepatitis C screening
- HIV and syphilis screening
- Immunization vaccines
- Sexually transmitted infection (STI) prevention counseling
- Tobacco use screening

FOR WOMEN

- Anemia screening
- Breast cancer genetic test counseling (BRCA)
- Breast cancer mammography screenings
- Breast cancer chemoprevention counseling
  Breastfeeding support and counseling
- Cervical cancer screening
- Chlamydia, gonorrhea and syphilis screening
- Contraception
- Domestic and interpersonal violence counseling
- Folic acid
- Gestational diabetes screening
- Hepatitis B screening
- HIV screening and counseling
- Human Papillomavirus (HPV) DNA testing
- Osteoporosis screening
- Rh incompatibility screening
- Sexually transmitted infections counseling
- Tobacco use screening and interventions
- Urinary tract or other infection screening
- Well-woman visits

FOR CHILDREN

- Alcohol and drug use assessments
- Autism screening
- Behavioral assessments
- Blood pressure screening
- Cervical dysplasia screening
- Depression screening
- Developmental screening
- Dyslipidemia screening
- Fluoride chemoprevention supplements
- Gonorrhea preventive medication
- Hearing screening
- Height, weight and body mass index (BMI) measurements
- Hematocrit or hemoglobin screening
- Hemoglobinopathies or sickle cell screening
- Hepatitis B screening
- HIV screening
- Hypothyroidism screening
- Immunization vaccines
- Iron supplements
- Lead screening
- Medical history throughout development
- Obesity screening and counseling
- Oral health risk assessment
- Phenylketonuria (PKU) screening
- Sexually transmitted infection (STI) prevention counseling and screening
- Tuberculin testing
- Vision screening

LYRIC HEALTH

24/7/365 Telemedicine

No crowded waiting rooms. No Driving. See a doctor when you need a doctor.

HOW DO I GET ACCESS?

- Call 866.223.8831 or log onto your member portal to schedule a consultation with a state licensed physician.
- Member speaks to a Care Coordinator who will triage and update the patient's Electonic Health Record (EHR).
- Member consults with Physician who recommends a treatment plan, and if medication(s) is prescribed, it's sent electronically.

www.getlyric.com

Use Lyric Health's telehealth visits for non-emergency conditions, pediatric care and behavioral issues.

When you have a non-emergency condition and:

- your doctor is not available;
- you become ill while traveling;
- When you are considering visiting a hospital emergency room for a non-emergency health condition.

**Your covered children may also use Lyric Health when a parent or legal guardian is present for the visit.*

Examples of Non-Emergency Conditions:

- ✓ Bladder infection
- ✓ Bronchitis
- ✓ Diabetes
- ✓ Fever
- ✓ Pink eye
- ✓ Rash
- ✓ Seasonal flu
- ✓ Sinus
- ✓ Sore throat
- ✓ Stomach virus

Advantages of MYTELEMEDICINE

- ✓ Save time by not having to wait for appointments or in waiting rooms for hours on end
- ✓ Save money by avoiding costly emergency room and urgent care copays
- ✓ Have the peace of mind that licensed doctors and nurses are always just a call or click away

HOW DOES IT WORK?

With Lyric Health, you can talk to a doctor by phone or online video to get a diagnosis, treatment option, and prescriptions (if medically necessary). Just use your phone, computer, or tablet to get a quick diagnosis by a U.S. licensed physician.

70%

of low acuity illness can be taken care of **virtually**

GLOSSARY OF TERMS

Dependent Verification Services (DVS) – Service used to verify dependent proof of relationship when adding dependents to benefit plans.

Beneficiary – A person designated by you, the participant of a benefit plan, to receive the benefits of the plan in the event of the participant's death.

- **Primary Beneficiary –** A person who is designated to receive the benefits of a benefit plan in the event of the participant's death
- **Contingent Beneficiary** – A person who is designated to receive the benefits of a benefit plan in the event of the Primary Beneficiary's death

Charges – The term "charges" means the actual billed charges. It also means an amount negotiated by a provider, directly or indirectly, if that amount is different from the actual billed charges.

Coinsurance – The percentage of charges for covered expenses that an insured person is required to pay under the plan (separate from copayments)

Deductible – The amount of money you must pay each year to cover eligible expenses before your insurance policy starts paying.

Dependents – Dependents are your:

- Lawful spouse through a marriage that is lawfully recognized.
- Dependent child (married or unmarried) under the age of 26 including stepchildren and legally adopted children.

Proof of relationship documentation will be required in order to add dependents to your plan(s). Employees will receive request for documentation.

Emergency Services – Medical, psychiatric, surgical, hospital, and related health care services and testing, including ambulance service, that are required to treat a sudden, unexpected onset of a bodily injury or serious sickness that could reasonably be expected by a prudent layperson to result in serious medical complications, loss of life, or permanent impairment to bodily functions in the absence of immediate medical attention. Examples of emergency situations include uncontrolled bleeding, seizures or loss of consciousness, shortness of breath, chest pains or severe squeezing sensations in the chest, suspected overdose of medication or poisoning, sudden paralysis or slurred speech, burns, cuts, and broken bones.

The symptoms that led you to believe you needed emergency care, as coded by the provider and recorded by the hospital, or the final diagnosis – whichever reasonably indicated an emergency medical condition – will be the basis for the determination of coverage provided such symptoms reasonably indicate an emergency.

Evidence of Insurability (EOI) – Proof that you are insurable based on the requirements of the insurance carrier. *For example, the results of a blood test or a doctor's signature on a form may be required for you to be covered by/for Optional Life insurance.*

Explanation of Benefits — The health insurance company's written explanation of how a medical claim was paid. It contains detailed information about what the company paid and what portion of the costs are your responsibility.

Health Reimbursement Account (HRA) – The Health Reimbursement Account (HRA) is an employer-funded account that reimburses you for eligible out-of-pocket medical expenses. The HRA is only available to employees who are enrolled in the HRA Plan.

In-Network – The term "in-network" refers to health care services or items provided by your Primary Care Physician (PCP) or services/items provided by another participating provider and authorized by your PCP or the review organization. Authorization by your PCP or the review organization is not required in the case of mental health and substance abuse treatment other than hospital confinement solely for detoxification.

Emergency Care that meets the definition of "emergency services" and is authorized as such by either the PCP or the review organization is considered in-network.

Out-of-Network - The term "out-of-network" refers to care that does not qualify as in-network.

Maximum Out of Pocket — The most money you will pay during a year for coverage. It includes deductibles, copayments and coinsurance, but is in addition to your regular premiums. Beyond this amount, the insurance company will pay all expenses for the remainder of the year.

Medically Necessary/Medical Necessity – Required to diagnose or treat an illness, injury, disease, or its symptoms; in accordance with generally accepted standards of medical practice; clinically appropriate in terms of type, frequency, extent, site, and duration; not primarily for the convenience of the patient, physician, or other health care provider; and rendered in the least intensive setting that is appropriate for the delivery of the services and supplies.

Participating Provider – A hospital, physician, or any other health care practitioner or entity that has a direct or indirect contractual arrangement with Cigna to provide covered services with regard to a particular plan under which the participant is covered.

Post-Tax – An option to have the payment to your benefits deducted from your gross pay after your taxes have been withheld. Therefore, your tax contributions will be calculated based on a higher amount. Your statutory deductions (federal income tax, Social Security, Medicare) will be calculated based on a higher amount.

Pre-Tax – An option to have the payment to your benefits deducted from your gross pay before your taxes have been withheld. Therefore, your tax contributions will be calculated based on a lesser amount. Your statutory deductions (federal income tax, Social Security, Medicare) will be calculated based on a lesser amount.

Primary Care Dentist (PCD) – The term "Primary Care Dentist" means a dentist who (a) qualifies as a participating provider in general practice, referrals, or specialized care; and (b) has been selected by you, as authorized by the provider organization, to provide or arrange for dental care for you or any of your insured dependents.

Primary Care Physician (PCP) – The term "Primary Care Physician" means a physician who (a) qualifies as a participating provider in general practice, obstetrics/gynecology, internal medicine, family practice, or pediatrics; and (b) has been selected by you, as authorized by the provider organization, to provide or arrange for medical care for you or any of your insured dependents.

Proof of Relationship Documentation – Documents that show a dependent is lawfully your dependent. Documents can include marriage certificates, birth certificates, adoption agreements, previous years' tax returns, court orders, and/or divorce decrees showing your or your spouse's responsibility for the dependent.

IMPORTANT CONTACT INFORMATION

Have Questions? Please see the chart below for provider customer service phone numbers and website addresses. If you need any other assistance, contact your HR Representative.

PROVIDER	CONTACT INFORMATION
Medical **Assured Benefits Administrators**	1-800-247-7114 www.abadmin.com
Telemedicine **Lyric Health**	(866) 223-8831 www.getlyric.com
Human Resources **Instant Care of Arizona**	Blaine Kaehr bkaehr@instantcareaz.com (602) 993-0297
Benefits Broker | NFP	Shelby Parker, Senior Account Executive Shelby.Parker@nfp.com (405) 513-8902 Jill Zamudio, Senior Account Manager II Jill.Zamudio@nfp.com (405) 513-8965

Instant Care of Arizona

This Benefit Enrollment Guide Is Provided By:

NFP