

Medical Plan

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

Prescription Benefits - Maximum Allowable Cost (MAC) A

- OptumRX Network Pharmacies include HEB, Target, Sam's, Brookshire Brothers, CVS Health, Walgreen's and many more. Visit www.OptumRX.com for complete pharmacy network list.
- \$5 Copay for generic 34-day supply (does not apply to all generics)
- \$14 Copay for generic 90-day supply at pharmacy (does not apply to all generics)
- MAC A: If a brand name drug is dispensed and a generic equivalent drug exists, the Covered Individual pays the difference between the brand name/cost share and the generic price in addition to the appropriate copay for the brand/cost share prescription.

Prescription Copays	Retail Copay (34-day supply max unless noted otherwise)	Mail Order Copay (84/90 day supply) Biotech/Specialty Copay (34-day supply)
34-day generic dispensement (does not apply to all generics)	\$5.00 (up to 34-day supply)	N/A
90-day generic dispensement (does not apply to all generics)	\$14.00 (35-90 day supply)	\$42.00
Best Price Brand List	\$43.00	\$129.00
Non-Best Price Brand List	\$65.00	\$195.00
Cost Share	\$120.00	\$360.00
Specialty Biotech Prescriptions	N/A	\$100.00 (up to 34-day supply)
Specialty Biosimilar Prescriptions	N/A	\$75.00 (up to a 34 day supply)

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

Telehealth

- New Vendor **Teladoc**, Available 24/7/365:
- \$10 copay due to provider at time of service
- Services have expanded to include Behavioral Health and Dermatology. Fees associated with Behavioral Health and Dermatology will vary but will be less than going to a community provider. Fees will be applied to deductible and Out of Pocket.
- Contact: 1-800- Teladoc or 1-800-835-2362. **Download Mobile Application for easy access to information and services.**

Healthy Initiatives Incentive Plan

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

Effective 1/1/2018 – 12/31/2018 Age & Gender Biometric Screenings	Female 18 - 20	Female 21 - 35	Female 36 - 39	Female 40 - 49	Female 50	Female 51 - 73	Female 74+	Male 18 - 39	Male 40 - 50	Male 51 - 70	Male 71+
Health Assessment Questionnaire	X	X	X	X	X	X	X	X	X	X	X
Preventive Office Visit CPT 99385-99397	X	X	X	X	X	X	X	X	X	X	X
Lipid Panel CPT 80061	X	X	X	X	X	X	X	X	X	X	X
Comprehensive Metabolic Blood Panel CPT 80053	X	X	X	X	X	X	X	X	X	X	X
Thyroid Stimulating Hormone (TSH) CPT 84443			X	X	X	X	X				
Prostate Cancer Screening (PSA) CPT 84153										X	
Fecal Occult (including colonoscopy and sigmoidoscopy) CPT 82270				X	X	X	X		X	X	X
Mammogram (*1 per CY for females age 40 thru 49; ** 1 every 2 CY for females age 50-73) CPT 77061-77067				X*	X**	X**					
PAP (every 3 CY for females age 21-50) CPT 88141; 88155, 88142-88154; 88164-88167, 88174-88175 <i>Regular pap smears remain important and will be required under the IEBP Biometric Screening Guidelines, regardless of a partial or total hysterectomy for a cancerous, pre-cancerous, or non-cancerous condition.</i>		X	X	X	X						

Provider Network

- UnitedHealthcare Choice Plus Network
- To find network providers: www.iebp.org or 1-800-282-5385
- **The medical plan includes a performance based incentive to minimize employees out of pocket costs.**
 - Individual accessing care with a Tier 1 Provider will get an additional 5% plan payment towards their out of pocket costs.
 - Available after the deductible has been met

Dental IV – Mandatory Plan

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| • Voluntary Preferred Provider Network www.iebp.org | Employee | \$28.44 |
| • \$1,500 Calendar Year Maximum | Spouse | \$38.38 |
| • No Deductible for Preventative; \$50 Calendar Year Combined Deductible for Basic/Major | Child(ren) | \$32.66 |
| • Preventive 100%; Basic 80%; Major 50% (Reasonable & Customary) | Family | \$56.80 |

Section 125 Cafeteria Plan (Flexible Spending Account), renewal date: 1/1/2019

- Employee funded, Pre-tax: \$2,650 annual maximum election
- Optional Dependent Care Account: \$5,000 annual maximum election
- Debit Card: Pays for substantiated eligible unreimbursed medical expenses
- Premium Conversion –shelter dependent contributions

Online Open Enrollment

- Bring social security numbers for all of your dependents
- Bring a copy of any insurance cards for other coverage for coordination/integration of benefits
- If you are adding a dependent for the first time, supporting documentation must be submitted to IEBP within 60 days of the coverage effective date or dependent/spouse eligibility and claims will be placed on hold.

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

MEDICAL

- ✓ Notification Requirements have been updated
- ✓ One (1) Mammogram per calendar year (regardless of whether billed as preventive or diagnostic)
- ✓ Occupational, Physical, Aquatic and Speech Therapy - 48 aggregating visits per calendar year
- ✓ Remember, the Lab Benefit has been updated to comply with ACA. Lab benefits will accumulate to deductible for Diagnostic lab work. Quest remains Out-of-Network.
- ✓ Ambulance: Ground (\$1,500) + Air (\$9,000) pays up to the capped benefit no longer subject to UCR.
- ✓ Individuals accessing care with a **Premium Care Physician** will get an additional 5% plan payment towards their Benefit Percentage after deductible is met. **Premium Care Physicians** are not available in all areas. For Preferred Provider Network information, login to www.iebp.org.

PRESCRIPTION

- ✓ Medication Therapy Management Program has been updated
Mail Order Prescription copay have increased from 2 1/2 times retail copay to **3 times copay**.
 1. The formulary, step therapy, and prior authorization requirements have been updated. Topical non-narcotic pain medications are excluded.
 2. The popularity of pharmacy compounding has grown in recent years due to profit potential for pharmacies. A thoughtful and comprehensive approach is needed to help members address the safety and rising costs of compound prescriptions. As a result, OptumRx has enhanced the Pharmacy Compound Network Management Strategy. Compound claims filled at non-credentialed pharmacies. **To locate a credentialed pharmacy, members can access the NCCP Pharmacy Locator Guide or call the OptumRx phone number on the ID card.**

DENTAL PLANS

Voluntary Dental Preferred Provider Network on www.iebp.org

Employee Paperwork for Open Enrollment

- **Add/drop dependents on medical or dental.** Request for Change requests must be received during the 30 day open enrollment period. *Change in dependent coverage requires a qualifying event outside of open enrollment period.*
- **If you are adding a dependent for the first time,** supporting documentation must be submitted to IEBP within 60 days of the coverage effective date or dependent/spouse eligibility and claims will be placed on hold.
- **Complete Other Coverage Form** during open enrollment if dependents enrolled on medical or dental plans.
- **Complete FSA forms** (1/1/2019) enrollment forms must be completed by all employees during open enrollment each year.

IEBP Resource Information

- My Health Portal – Visit www.iebp.org, then click on “LOGIN” to register to review benefit books, access informative guide books, search for preferred providers, and review claims.
- Prescription Information – Sign on to www.Optumrx.com.
- My IEBP Mobile – phone app for TML MultiState IEBP available in your cell phone’s app store.
- Cost Estimator – Compare Prices among providers with the Cost Estimator tool by logging in to www.iebp.org.
- Customer Care – Benefit questions and review claims at 1-800-282-5385 between 7:00 AM to 6:00 P.M. Claims assistance available on www.iebp.org, too.
- Billing & Eligibility – Seek prescription assistance at 1-800-348-7879 between 8:30 AM to 5:00 PM.
- Medical Management – Contact for required ‘Notifications’ prior to seeking certain services at 1-800-847-1213. Note: Notification approvals do not constitute eligible benefits; contact Customer Care Department for verification of eligible benefits.