



ABOUT THIS BROCHURE

This brochure is for reference only for the employees of City of Arnold. Benefits may be modified by the city with proper notice to you. This is only a highlight of your benefits. This summary is designed to be an overview of benefits available to employees of City of Arnold and should in no way be construed as a contract. Please refer to the carriers' Summary Plan Description or Certificate of Coverage for a detailed description. Official plan and insurance documents actually govern your rights and benefits under each plan. If a discrepancy exists between this brochure and any of the official plan documents, the official documents will prevail. This version supersedes any existing summaries and is subject to change at anytime with or without notice.



Employee Benefit Overview

Effective September 1, 2015



Employee Benefit Overview

City of Arnold is pleased to provide you with a comprehensive Employee Benefit Program for eligible employees and family members. Our continued philosophy is to provide benefit choices that allow you to make informed decisions. The Benefits Overview, along with available carrier materials, are helpful tools to review your options. If you have any questions regarding these benefits, please contact Finance Department.

Type of Coverage	Who Contributes to plan?
Medical Insurance	City of Arnold & You
Voluntary Dental Insurance	You
Life & AD&D	City of Arnold
Voluntary Life and AD&D	You
Voluntary Short Term Disability	You
Long Term Disability	City of Arnold
Voluntary Vision	You

Eligibility Information:

Benefits for health, life & AD&D, dental and vision, STD and LTD are available for all active full-time employees working 30 hours per week. You become eligible for benefits on the first day of employment. Your Finance Department representative will confirm your eligibility.

Important Notes:

- 1) Your open enrollment period is the only time each year that you may make changes to your Benefit Elections, unless you have a "Change in Status" event.
- 2) A qualified Change in Status may only be made within 30 days from date of the event. Examples include the following:

Death	Marriage	Adoption
Birth	Divorce	Change of employment by spouse

- 3) New employees have **5 business days** from the first day of employment to complete and return all necessary enrollment paperwork.

Life Insurance Beneficiary Forms:

If you have recently had a life event change (marriage, divorce, birth) please remember to update your life insurance beneficiary form. This form indicates who the benefit will be paid to in the event of your death.

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Blue Access & Blue Access Choice[®] PPO
Effective September 1, 2015
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Covered Benefits	Network	Non-Network
Deductible (Single/Family)	\$1,000/\$2,000	\$3,000/\$6,000
Out-of-Pocket Limit (Single/Family)	\$6,350/\$12,700	\$12,700/\$25,400
Physician Home and Office Services (PCP/SCP) Primary Care Physician (PCP)/ Specialty Care Physician (SCP) Including Office Surgeries and allergy serum: <ul style="list-style-type: none"> allergy injections (PCP and SCP) allergy testing MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds, and pharmaceutical products 	\$30/\$60 \$5 10% 10%	40% 40% 40% 40%
Preventive Care Services Services included but not limited to: <ul style="list-style-type: none"> Routine medical exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations¹, Annual diabetic eye exam, Hearing screenings and Vision screenings which are limited to Screening tests (i.e. Snellen eye chart) and Ocular Photo screening Immunizations through age 5 	No cost share No cost share	40% No cost share
Emergency and Urgent Care Emergency Room Services <ul style="list-style-type: none"> facility/other covered services (copayment waived if admitted) Urgent Care Center Services <ul style="list-style-type: none"> MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds, and pharmaceutical products Allergy injections Allergy testing 	\$300 \$50 10% \$5 10%	\$300 40% 40% 40% 40%
Inpatient and Outpatient Professional Services Include but are not limited to: <ul style="list-style-type: none"> Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams 	10%	40%

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Covered Benefits	Network	Non-Network
Inpatient Facility Services Unlimited days except for: <ul style="list-style-type: none"> 60 days Network/Non-Network combined for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis) 90 days Network/Non-Network combined for skilled nursing facility 	10%	40%
Outpatient Surgery Hospital/Alternative Care Facility <ul style="list-style-type: none"> Surgery and administration of general anesthesia 	10%	40%
Other Outpatient Services (including but not limited to): <ul style="list-style-type: none"> Non Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds, and other diagnostic outpatient services. Home Care Services 100 visits (excludes IV Therapy) (Network/Non-Network combined) Durable Medical Equipment, Orthotics and Prosthetics Physical Medicine Therapy Day Rehabilitation programs Hospice Care Ambulance Services 	10%	40%
Outpatient Therapy Services (Combined Network & Non-Network limits apply) <ul style="list-style-type: none"> Physician Home and Office Visits (PCP/SCP) Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: <ul style="list-style-type: none"> Physical/Manipulation therapy excluding Chiropractic Services: 20 visits Occupational therapy: 20 visits Chiropractic Services: 26 visits(Network only) Speech therapy: Unlimited visits Cardiac Rehabilitation: 36 visits Pulmonary Rehabilitation: 20 visits 	NCS 10% \$30/\$60 10%	NCS 10% 40% 40%
Accidental Dental Services \$3,000 per accident (Network and Non-network combined)	Copayments/Coinsurance based on setting where covered services are received	40%

Covered Benefits	Network	Non-Network
Behavioral Health Services²: Mental Health and Substance Abuse (Network and Non-Network) <ul style="list-style-type: none"> Inpatient Facility Services Physician Home and Office Visits (PCP/SCP) Other Outpatient Services, Outpatient Facility @ Hospital/Alternative Care Facility, Outpatient Professional 	Benefits provided in accordance with Federal Mental Health Parity	40%
Human Organ and Tissue Transplants³ <ul style="list-style-type: none"> Acquisition and transplant procedures, harvest and storage. 	No cost share	30%
Prescription Drugs Network Tier structure equals 1/2/3 <ul style="list-style-type: none"> Network Retail Pharmacies: (30-day supply) Includes diabetic test strip Anthem Rx Home Delivery Service: (90-day supply) Includes diabetic test strip <p>Member may be responsible for additional cost when not selecting the available generic drug. Medicare Rx - Wrap</p> <p>Specialty Medications must be obtained via our Specialty Pharmacy network in order to receive network level benefits. Specialty medications are limited to 30 day supply regardless of whether they are retail or mail order.</p>	\$15/\$40/\$75* \$15/\$100/\$187.50*	50% (min \$75) ⁵ Not covered

Employee Costs (Monthly Rates)

Medical Plan Employee Contributions (Monthly)			
Health Insurance	Buy-Up		
Sept. 1, 2015 – Dec. 31, 2016	Anthem Premium	City Cost	Employee Cost
Employee	\$598.51	\$522.30	\$76.21
Employee & Spouse	\$1,256.82	\$953.18	\$303.64
Employee & Child(ren)	\$1,137.13	\$874.83	\$262.30
Employee & Family	\$1,735.62	\$1,266.56	\$469.06

Notes:

- All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services)
 - Deductible(s) apply to covered medical services listed with a percentage (%) coinsurance, including 0%. However, the deductible does not apply to Emergency Room Services where a copayment and a percentage (%) coinsurance applies and may not apply to some Behavioral Health services where coinsurance applies.
 - Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.
 - Dependent age: to end of the month which the child attains age 26
 - Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYNs and Geriatrics or any other Network Provider as allowed by the plan.
 - When allergy injections are rendered with a Physicians Home and Office Visit, only the Office Visit cost share applies.
 - No cost share (NCS) means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
 - PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.
 - SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.
 - Certain diabetic and asthmatic supplies have no deductible/copayment/coinsurance (excluding Option M and AQ) up to the maximum allowable amount at network pharmacies, except diabetic test strips.
 - Benefit period = calendar year
 - Elective abortions are not covered.
 - Mammograms (Diagnostic) are no copayment/coinsurance in Network office and outpatient facility settings.
 - Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
 - Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are covered.
 - Private Duty Nursing – limited to 82 visits/Calendar Year and 164 visits/lifetime
1. These covered services for age 6 and above are not subject to the deductible/copayment if you have a flat dollar copayment and if rendered without an office visit
 2. We encourage you to review the Schedule of Benefits for limitations.
 3. Kidney and cornea are treated the same as any other illness and subject to the medical benefits.
 4. **If applicable, all prescription drug expenses except tier 1, (Network Retail/Mail-service combined) apply to the per individual RX deductible. Once the RX deductible is met, the appropriate copayment applies. Also if applicable, the Prescription Drug out of pocket maximum applies to Network Retail and Mail-Service combined. Once the RX deductible is met, the appropriate copayment applies.**
 4. Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.

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Inpatient and Outpatient Professional Services Include but are not limited to: <ul style="list-style-type: none"> Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams 	20%	40%

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Covered Benefits	Network	Non-Network
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Outpatient Surgery Hospital/Alternative Care Facility <ul style="list-style-type: none"> Surgery and administration of general anesthesia 	20%	40%
Other Outpatient Services (including but not limited to): <ul style="list-style-type: none"> Non Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds, and other diagnostic outpatient services. Home Care Services 100 visits (excludes IV Therapy) (Network/Non-Network combined) Durable Medical Equipment, Orthotics and Prosthetics Physical Medicine Therapy Day Rehabilitation programs Hospice Care Ambulance Services 	20%	40%
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Human Organ and Tissue Transplants³ <ul style="list-style-type: none"> Acquisition and transplant procedures, harvest and storage. 	No cost share	30%
Prescription Drugs Network Tier structure equals 1/2/3 <ul style="list-style-type: none"> Network Retail Pharmacies: (30-day supply) Includes diabetic test strip Anthem Rx Home Delivery Service: (90-day supply) Includes diabetic test strip <p>Member may be responsible for additional cost when not selecting the available generic drug. Medicare Rx - Wrap</p> <p>Specialty Medications must be obtained via our Specialty Pharmacy network in order to receive network level benefits. Specialty medications are limited to 30 day supply regardless of whether they are retail or mail order.</p>	\$15/\$40/\$75 \$15/\$100/\$187.50	50% (min \$75) ⁵ Not covered

Employee Costs (Monthly Rates)

Medical Plan Employee Contributions (Monthly)			
Health Insurance	BJC Option		
	Anthem Premium	City Cost	Employee Cost
Sept. 1, 2015 – Dec. 31, 2016			
Employee	566.44	522.30	44.14
Employee & Spouse	1,189.47	953.18	236.29
Employee & Child(ren)	1,076.20	874.83	201.37
Employee & Family	1,642.62	1,266.56	376.06

Notes:

- All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services)
 - Deductible(s) apply to covered medical services listed with a percentage (%) coinsurance, including 0%. However, the deductible does not apply to Emergency Room Services where a copayment and a percentage (%) coinsurance applies and may not apply to some Behavioral Health services where coinsurance applies.
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Precertification:

Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.

Pre-existing Exclusion Period: NONE

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

CITY OF ARNOLD
Blue Preferred® Select (No BJC)
Effective September 1, 2015
00241902



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Blue 8.0		

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Prescription Drugs Network Tier structure equals 1/2/3 <ul style="list-style-type: none"> Network Retail Pharmacies: (30-day supply) Includes diabetic test strip Anthem Rx Home Delivery Service: (90-day supply) Includes diabetic test strip <p>Member may be responsible for additional cost when not selecting the available generic drug.</p>	\$15/\$40/\$75 \$15/\$100/\$187.50	50% (min \$75) ⁵ Not covered
Medicare Rx - Wrap		
Specialty Medications must be obtained via our Specialty Pharmacy network in order to receive network level benefits. Specialty medications are limited to 30 day supply regardless of whether they are retail or mail order.		

Employee Costs (Monthly Rates)

Medical Plan Employee Contributions (Monthly)			
Health Insurance	Base (no BJC option)		
Sept. 1, 2015 – Dec. 31, 2016	Anthem Premium	City Cost	Employee Cost
Employee	\$522.30	\$522.30	\$0.00
Employee & Spouse	\$1,096.80	\$953.18	\$143.62
Employee & Child(ren)	\$992.34	\$874.83	\$117.51
Employee & Family	\$1,514.64	\$1,266.56	\$248.08

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Pre-existing Exclusion Period: NONE

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

Take care of yourself. Use your preventive care benefits.

Getting regular checkups and exams can help you stay well and catch problems early. It may even save your life.



Our health plans offer the services listed in this preventive care flier at no cost to you.¹ When you get these services from doctors in your plan's network, you don't have to pay anything out of your own pocket. You may have to pay part of the costs if you use a doctor outside the network.

Preventive versus diagnostic care

What's the difference? Preventive care helps protect you from getting sick. Diagnostic care is used to find the cause of existing illnesses. For example, say your doctor suggests you have a colonoscopy because of your age when you have no symptoms. That's preventive care. On the other hand, say you have symptoms and your doctor suggests a colonoscopy to see what's causing them. That's diagnostic care.

Child preventive care

Preventive physical exams

Screening tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid level
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and body mass index (BMI)
- Hemoglobin or hematocrit (blood count)
- HPV screening (female)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Counseling for those ages 10–24, with fair skin, about ways to lower their risk for skin cancer
- Oral (dental health) assessment when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Vision screening² when done as part of a preventive care visit

Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Haemophilus influenza type b (Hib)
- Hepatitis A and Hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Polio
- Rotavirus
- Varicella (chickenpox)

Women's preventive care:

- Well-woman visits
- Breast cancer, including exam, mammogram, and, including genetic testing for BRCA 1 and BRCA 2 when certain criteria are met³
- Breast-feeding: primary care intervention to promote
- breast-feeding support, supplies and counseling (female)^{4,5}
- Contraceptive (birth control) counseling
- FDA-approved contraceptive medical services provided by a doctor, including sterilization
- Counseling related to chemoprevention for women with a high risk of breast cancer
- Counseling related to genetic testing for women with a family history of ovarian or breast cancer
- HPV screening⁵
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings: includes, but is not limited to, gestational diabetes, hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, iron deficiency anemia, gonorrhea, chlamydia and HIV⁵
- Pelvic exam and Pap test, including screening for cervical cancer

The preventive care services listed are recommendations as a result of the Affordable Care Act (ACA, or health care reform law). The services listed may not be right for every person. Ask your doctor what's right for you, based on your age and health condition(s). This sheet is not a contract or policy with Anthem Blue Cross and Blue Shield. If there is any difference between this sheet and the group policy, the provisions of the group policy will govern. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for Exclusions and Limitations.

43199MUMENABS Rev. 12/14

Adult preventive care

Preventive physical exams Screening tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit and CT colonography (as appropriate)
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening
- Eye chart test for vision²
- Hearing screening
- Height, weight and BMI
- HIV screening and counseling
- Lung cancer screening for those ages 55-80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years⁶
- Obesity: related screening and counseling
- Prostate cancer, including digital rectal exam and PSA test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Violence, interpersonal and domestic: related screening and counseling

Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A and Hepatitis B
- HPV
- Influenza (flu)
- Meningococcal (meningitis)
- Measles, mumps and rubella (MMR)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles) for those 60 years and older

A word about pharmacy items

For 100% coverage of over-the-counter (OTC) drugs and other pharmacy items listed below, the person receiving the item(s) must meet the age and other specified criteria. You need to work with your in-network doctor or other health care provider to get a prescription for the item(s) and take the prescription to an in-network pharmacy. Even if the item(s) do not “need” a prescription to purchase them, if you want the item(s) covered at 100%, you have to have the prescription.

Child preventive drugs and other pharmacy items — age appropriate:

- Dental fluoride varnish to prevent tooth decay of primary teeth for children from birth to 5 years old
- Fluoride supplements for children from birth through 6 years old
- Iron supplements for children 6-12 months

Adult preventive drugs and other pharmacy items — age appropriate:

- Aspirin use for the prevention of cardiovascular disease including aspirin for men ages 45-79 and women ages 55-79
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
- Tobacco cessation products including select generic prescription drugs, select brand-name drugs with no generic alternative, and FDA-approved over-the-counter products, for those 18 and older

Women's preventive drugs and other pharmacy items — age appropriate:

- Contraceptives including generic prescription drugs, brand-name drugs with no generic alternative, and over-the-counter items like female condoms or spermicides^{5,7}
- Folic acid for women 55 years old or younger
- Vitamin D for women over 65
- Breast cancer risk-reducing medications following the U.S. Preventive Services Task Force criteria (such as tamoxifen and raloxifene)⁶

1. The range of preventive care services covered at no cost share when provided in-network are designed to meet the requirements of federal and state law. The Department of Health and Human Services has defined the preventive services to be covered under federal law with no cost share as those services described in the U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by the Health Resources and Services Administration (HRSA) Guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your Certificate of Coverage or call the Customer Service number on your ID card.
2. Some plans cover additional vision services. Please see your contract or Certificate of Coverage for details.
3. Check your medical policy for details.
4. Breast pumps and supplies must be purchased from an in-network medical provider for 100% coverage; we recommend using an in-network durable medical equipment (DME) supplier.
5. This benefit also applies to those younger than 19.
6. You may be required to get prior authorization for these services.
7. A cost share may apply for other prescription contraceptives, based on your drug benefits.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWi), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation (CompCare), which underwrites or administers the HMO policies; and CompCare and BCBSWi collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

**CITY OF ARNOLD
Dental Highlight Sheet**



Plan 1: Voluntary Dental Low Plan Summary

Effective Date: 1/1/2015

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family
Maximum (per person)	\$750 per calendar year
Allowance	PPO Max
Waiting Period	None
Annual Open Enrollment	Included

Orthodontia Summary - Child Only Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,000
Waiting Period	None

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> • Routine Exam (2 in 12 months) • Bitewing X-rays (1 in 12 months) • Full Mouth/Panoramic X-rays (1 in 3 years) • Periapical X-rays • Cleaning (2 in 12 months) • Fluoride for Children 15 and under (2 in 12 months) • Sealants (age 15 and under) • Space Maintainers 	<ul style="list-style-type: none"> • Restorative Amalgams • Restorative Composites • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Simple Extractions • Complex Extractions • Anesthesia • Pre-Diagnostic Test (age 35 and over) (1 in 2 years) 	<ul style="list-style-type: none"> • Onlays • Crowns (1 in 5 years per tooth) • Crown Repair • Denture Repair • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

Monthly Rates

Employee Only (EE)	\$27.24
EE + Spouse	\$54.48
EE + Children	\$66.28
EE + Spouse & Children	\$98.64

About The Standard

As a leading provider of employee benefits products and services, Standard Insurance Company is dedicated to meeting the unique insurance needs of each customer. More than 27,100 groups trust The Standard for group insurance products and services, and the company covers nearly 7 million employees.

Founded in Portland, Oregon, in 1906, The Standard has built a national reputation for delivering quality insurance products, personalized service and strong financial performance. The Standard wrote its first group insurance policy in 1951, and it remains in force today as a testament to the company's commitment to building successful long-term relationships.

Customer Service

Your local Standard Insurance Company Employee Benefits Sales and Service Office will provide most of the ongoing service for your plan and can be reached at 800.633.8575 during normal business hours. We will assign your company a service representative who will provide regular contact and address questions and concerns related to the plan or the services we provide.

We also make it easy for covered employees and dentists to contact us to confirm eligibility or request claims information by calling **1-800-547-9515**. Our customer service representatives are available Monday through Thursday from 5:00 a.m. until 10:00 p.m. Pacific Time and until 4:30 p.m. Pacific Time on Friday. For plan information any time, access our automated voice response system or go online to standard.com.

Max BuilderSM

This dental plan includes a valuable feature that allows qualifying plan participants to carryover part of their unused annual maximum. A participant earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan participant doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$250	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$125	Max Builder amount is added to the following year's maximum
Annual PPO Bonus	\$50	Additional bonus is earned if the participant sees a network provider
Maximum Carryover	\$500	Maximum possible accumulation for Max Builder and PPO Bonus combined

Dental Network Information

Employees and dependents have access to an extensive nationwide network of member dentists. The cost-saving benefits of visiting a network member dentist are automatically available to all employees and dependents who are covered by any of The Standard's dental plans and who live in areas where the nationwide network is available. To find member dentists in your area, visit: <http://www.standard.com/dental> and click on "Find a Dentist." California Residents: When prompted to select your network, choose the network found on your ID Card.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on January 1.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

This form is a benefit highlight, not a certificate of insurance.

CITY OF ARNOLD
Dental Highlight Sheet



Plan 2: Voluntary Dental High Plan Summary

Effective Date: 1/1/2015

Plan Benefit	In Network	Out of Network
Type 1	100%	100%
Type 2	90%	80%
Type 3	60%	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 \$150/family	\$0/Calendar Year Type 2,3 Waived Type 1 No Family Maximum
Maximum (per person)	\$1,000 per calendar year	\$1,000 per calendar year
Allowance	PPO Max	90th U&C
Waiting Period	None	None
Annual Open Enrollment	Included	Included

Orthodontia Summary - Child Only Coverage

	In Network	Out of Network
Allowance	Discounted Fee	U&C
Plan Benefit	50%	50%
Lifetime Maximum (per person)	\$1,000	\$1,000
Waiting Period	None	None

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

	In Network	
Type 1	Type 2	Type 3
Routine Exam (2 in 12 months)	Restorative Amalgams	Onlays
Bitewing X-rays (1 in 12 months)	Restorative Composites	Crowns
Full Mouth/Panoramic X-rays (1 in 3 years)	Endodontics (nonsurgical)	(1 in 5 years per tooth)
Periapical X-rays	Endodontics (surgical)	Crown Repair
Cleaning (2 in 12 months)	Periodontics (nonsurgical)	Denture Repair
Fluoride for Children 15 and under (2 in 12 months)	Periodontics (surgical)	Prosthodontics (fixed bridge; removable complete/partial dentures)
Sealants (age 15 and under)	Simple Extractions	(1 in 5 years)
Space Maintainers	Complex Extractions	
	Anesthesia	
	Pre-Diagnostic Test (age 35 and over)	
	(1 in 2 years)	
	Out of Network	
Type 1	Type 2	Type 3
Routine Exam (2 in 12 months)	Restorative Amalgams	Onlays
Bitewing X-rays (1 in 12 months)	Restorative Composites	Crowns
Full Mouth/Panoramic X-rays (1 in 3 years)	Endodontics (nonsurgical)	(1 in 5 years per tooth)
Periapical X-rays	Endodontics (surgical)	Crown Repair
Cleaning (2 in 12 months)	Periodontics (nonsurgical)	Denture Repair
Fluoride for Children 15 and under (2 in 12 months)	Periodontics (surgical)	Prosthodontics (fixed bridge; removable complete/partial dentures)
Sealants (age 15 and under)	Simple Extractions	(1 in 5 years)
Space Maintainers	Complex Extractions	
	Anesthesia	
	Pre-Diagnostic Test (age 35 and over)	
	(1 in 2 years)	

Monthly Rates

Employee Only (EE)	\$44.28
EE + Spouse	\$88.56
EE + Children	\$108.32
EE + Spouse & Children	\$161.16

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Max BuilderSM

This dental plan includes a valuable feature that allows qualifying plan participants to carryover part of their unused annual maximum. A participant earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan participant doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Max Builder amount is added to the following year's maximum
Annual PPO Bonus	\$100	Additional bonus is earned if the participant sees a network provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Max Builder and PPO Bonus combined

Dental Network Information

Employees and dependents have access to an extensive nationwide network of member dentists. The cost-saving benefits of visiting a network member dentist are automatically available to all employees and dependents who are covered by any of The Standard's dental plans and who live in areas where the nationwide network is available. To find member dentists in your area, visit: <http://www.standard.com/dental> and click on "Find a Dentist." California Residents: When prompted to select your network, choose the network found on your ID Card.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on January 1.

Late Entrant Provision

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

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**CITY OF ARNOLD
Eye Care Highlight Sheet**



Plan 1: Voluntary Vision Choice Balanced Care Vision I Plan Summary

Effective Date: 1/1/2015

	VSP Choice Network	Out of Network
Deductibles		
	\$10 Exam	\$10 Exam
	\$25 Eye Glass Lenses or Frames*	\$25 Eye Glass Lenses or Frames
Annual Eye Exam	Covered in full	Up to \$45
Lenses (per pair)		
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	15% discount	No benefit
	See Additional Balanced Care Vision I Features.	
Elective	Up to \$130	Up to \$105
Medically Necessary	Covered in full	Up to \$210
Frames	\$130	Up to \$70
Frequencies (months)		
Exam/Lens/Frame	12/12/24	12/12/24
	Based on date of service	Based on date of service

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

Lens Options (participant cost)*

	VSP Choice Network	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children	No benefit
	\$33 adults	
Solid Plastic Dye	\$15	No benefit
	(except Pink I & II)	
Plastic Gradient Dye	\$17	No benefit
Photochromatic Lenses (Glass & Plastic)	\$31-\$82	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit

*Lens Option participant costs vary by prescription, option chosen and retail locations.

Monthly Rates

Employee Only (EE)	\$9.36
EE + Spouse	\$20.16
EE + Children	\$16.28
EE + Spouse & Children	\$27.08

CITY OF ARNOLD Eye Care Highlight Sheet



Additional Balanced Care Vision I Choice Network Features

Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact lens fit & follow up exam allowance, the cost of the fitting and evaluation is deducted from the contact allowance.
Additional Glasses	20% discount off the retail price on additional pairs of prescription glasses (complete pair).
Frame Discount	VSP offers a 20% discount off the remaining balance in excess of the frame allowance.
Laser VisionCare	VSP offers an average discount of 15% on LASIK and PRK. The maximum out-of-pocket per eye for participants is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

Eye Care Plan Participant Service

Balanced Care Vision I eye care from The Standard features the money-saving eye care network of VSP. Customer service is available to plan participants through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

VSP Call Center: 1-800-877-7195

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday
- Interactive Voice Response available 24/7

Locate a VSP provider at: standard.com/services

View plan benefit information at: vsp.com

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

This form is a benefit highlight, not a certificate of insurance.

CITY OF ARNOLD
Eye Care Highlight Sheet



Plan 2: Voluntary Vision Choice Balanced Care Vision II Plan H Summary

Effective Date: 1/1/2015

	EyeMed Access Network	Out of Network
Deductibles		
	\$10 Exam	No deductible
	\$25 Eye Glass Lenses	
	Covered in full	Up to \$35
Annual Eye Exam		
Lenses (per pair)		
Single Vision	Covered in full	Up to \$25
Bifocal	Covered in full	Up to \$40
Trifocal	Covered in full	Up to \$55
Lenticular	20% discount	No benefit
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams		
Standard	Standard: Participant cost up to \$55	No benefit
Premium (Allowance)	Premium: 10% off of retail	No benefit
Elective	Up to \$115	Up to \$100
Medically Necessary	Covered in full	Up to \$200
Frames	\$110	Up to \$45
Frequencies (months)		
Exam/Lens/Frame	12/12/24	12/12/24
	Based on date of service	Based on date of service

Lens Options (participant cost)

	EyeMed Access Network	Out of Network
Progressive Lenses		No benefit
Standard	Standard: \$65 + lens deductible	
Premium	Premium: lens cost - 20% discount - \$120 allowance + Standard Progressive cost	
Std. Polycarbonate	\$40	No benefit
Tint (solid and gradient)	\$15	No benefit
Scratch Resistant Coating	\$15	No benefit
Anti-Reflective Coating	\$45	No benefit
Ultraviolet Coating	\$15	No benefit
Lasik or PRK	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No benefit

Monthly Rates

Employee Only (EE)	\$8.24
EE + Spouse	\$17.76
EE + Children	\$14.32
EE + Spouse & Children	\$23.84

CITY OF ARNOLD

Eye Care Highlight Sheet



Additional Balanced Care Vision II H Features

EyeMed In-Network Discounts	15% discount off the remaining balance in excess of the conventional contact lens allowance. 20% discount off the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses.
EyeMed In-Network Secondary Purchase Plan	Participants receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Participants receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.
Contact Lens Replacement by Mail Program	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit EyeMedvisioncare.com for details.

Eye Care Plan Participant Service

Balanced Care Vision II eye care from The Standard features the money-saving eye care network of EyeMed Vision Care. Customer service is available to plan participants through EyeMed's well-trained and helpful service representatives. Call or go online to locate the nearest EyeMed Access network provider, view plan benefit information and more.

EyeMed Customer Care Center: 1-866-289-0614

- Service representative hours: 8 a.m. to 11 p.m. ET Monday through Saturday, 11 a.m. to 8 p.m. ET Sunday
- Interactive Voice Response available 24/7

Locate an EyeMed provider at: standard.com/services

View plan benefit information at: eyemedvisioncare.com

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

This form is a benefit highlight, not a certificate of insurance

**CITY OF ARNOLD
Eye Care Highlight Sheet**



Plan 3: Voluntary Vision Choice Balanced Care Vision III Plan Summary

Effective Date: 1/1/2015

Deductibles	\$20 Calendar Year Exam, Eye Glass Lenses or Frames*
Maximum Calendar Year Annual Eye Exam Lenses (per pair)	None
Single Vision	Up to \$50
Bifocal	Up to \$40
Trifocal	Up to \$60
Lenticular	Up to \$75
Progressive	Up to \$80
Contacts Elective/Medically Necessary	Up to \$100
Frames	\$80
Frequencies (months) Exam/Lens/Frame	12/12/24
	Based on date of service***

*Deductible applies to the first service received

***Please submit claims within 90 days of the date of service so that the plan can consider benefits (subject to State requirements).

Monthly Rates

Employee Only (EE)	\$6.04
EE + Spouse	\$13.00
EE + Children	\$10.48
EE + Spouse & Children	\$17.44

Eye Care Plan Participant Service

Balanced Care Vision III eye care from The Standard was designed specifically for the associates of **CITY OF ARNOLD**. The Standard makes sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions.

Customer Service

We also make it easy for covered employees and providers to contact us to confirm eligibility or request claims information by calling **1-800-547-9515**. Our customer service representatives are available Monday through Thursday from 5:00 a.m. until 10:00 p.m. Pacific Time and until 4:30 p.m. Pacific Time on Friday. For plan information any time, access our automated voice response system or go online to standard.com.

View plan benefit information at: standard.com

Section 125

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This form is a benefit highlight, not a certificate of insurance.

Benefits at a Glance for the City of Arnold
Group Policy# 138161
Effective Date May 1, 2008



Group Basic Life and Accidental Death and Dismemberment Insurance

Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible employee's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by the City of Arnold.

Eligibility

Eligible Employee

An active employee of the employer working at least 32 hours each week OR an Elected Official of the employer. An eligible employee does not include a temporary or seasonal employee, full-time member of the armed forces, leased employee or an independent contractor.

Class Definition

- Class 1 Active employees
- Class 2 Elected Officials

Waiting Period Before Becoming Eligible for Insurance

Employees become eligible on the date they become an eligible employee.

Benefits

Employee Coverage Amount

The Basic Life coverage amount is:

- Class 1 \$40,000
- Class 2 \$20,000

AD&D Insurance

For accidental loss of life, the amount of this insurance benefit is equal to the employee Basic Life coverage amount. For other covered losses, the amount of this benefit is a percentage of the AD&D insurance coverage amount.

Age Reductions

Under this policy, insurance coverage reduces by 35 percent at age 65, by 50 percent at age 70, and by 65 percent at age 75.

*Benefits at a Glance for the City of Arnold
Group Policy# 138161
Effective Date May 1, 2008*



Other Life Features & Services

- Right to Convert Provision
- Portability of Insurance Provision
- Waiver of Premium (Class 1 Only)
- Repatriation Benefit
- Accelerated Benefit (Class 1 Only)
- MEDEX® Travel Assist
- Standard Secure Access account payment option

Other AD&D Features

- Seat Belt Benefit
- Air Bag Benefit
- Family Benefits Package
- Line of Duty Benefit (Class 1 Only)
- Expanded AD&D Package

This information is only a brief description of the group Basic Life/AD&D insurance policy sponsored by the City of Arnold. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and the employer may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for employees who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Additional Voluntary Life Insurance

Standard Insurance Company has developed this document to provide you with information about the optional coverage you may select through the City of Arnold. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please refer to the Additional Life Employee Brochure included in your packet or check with your human resources representative.

Employer Plan Effective Date

The group policy effective date is May 1, 2008. The City of Arnold will provide Basic Life with AD&D coverage from The Standard. If you qualify for Basic Life, you may also apply for Additional Life coverage to supplement your Basic Life amount.

Eligibility

To be eligible for this plan:

- You must be insured for Basic Life
- You must be an active employee of City of Arnold, excluding Elected Officials, temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors
- You must be regularly working at least 32 hours each week
- For Dependents Life insurance – Your spouse or children must not be full-time member(s) of the armed forces

Employee Coverage Amount

You may elect Additional Life coverage in units of \$10,000 to a maximum of \$300,000.

If you wish to become insured for an amount of Additional Life in excess of \$140,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases are also subject to medical underwriting approval.

Dependents Life insurance from Standard Insurance Company is also available with this plan. However, you must elect Additional Life insurance for yourself in order to elect Dependents Life insurance.

Spouse Coverage Amount

This coverage is available in units of \$5,000 to a maximum of \$50,000, but not to exceed 50 percent of your combined Basic and Additional Life coverage. The minimum you can elect is \$10,000.

If you elect an amount for your spouse greater than \$10,000, the excess will be subject to medical underwriting approval. All late applications and requests for coverage increases will also require medical underwriting approval.

Coverage Amount for Children

You may elect \$5,000 or \$10,000 of Dependents Life insurance for your eligible children. This amount may not exceed 50 percent of your combined Basic and Additional Life coverage. All late applications will be subject to medical underwriting approval.

Child means your unmarried child regardless of student status to age 26.

Employee Rates

If you elect Additional Life insurance, your monthly premium rate for this plan is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Employee's Age (as of January 1)	Rate (Per \$1000 of Total Coverage)	To calculate your premium:	
<30	\$0.08	1. Amount Elected: Write this amount on the Additional/Optional Life Requested Amount line on your Enrollment and Change Form.	Line 1:
30-34	\$0.09		
35-39	\$0.13		
40-44	\$0.23		
45-49	\$0.40	2. Line 1 divided by \$1,000 = Line 2.	Line 2:
50-54	\$0.62		
55-59	\$1.02	3. Select your rate from the rate table and enter on Line 3.	Line 3:
60-64	\$1.50		
65-69	\$2.55		
70-74	\$4.01	4. Line 2 multiplied by Line 3 = Your monthly cost.	
75+	\$8.02		Line 4:

Spouse Rates

If you elect Dependents Life insurance for your spouse, your monthly premium rate for this coverage is indicated in the table below. Premiums for this coverage will be deducted directly from your paycheck.

Spouse's Age (as of January 1)	Rate (Per \$1000 of Total Coverage)	To calculate your premium:	
<30	\$0.08	1. Amount Elected: Write this amount on the Dependent Life Spouse Requested Amount line on your Enrollment and Change Form.	Line 1:
30-34	\$0.09		
35-39	\$0.13		
40-44	\$0.23		
45-49	\$0.40	2. Line 1 divided by \$1,000 = Line 2.	Line 2:
50-54	\$0.62		
55-59	\$1.02	3. Select your rate from the rate table and enter on Line 3.	Line 3:
60-64	\$1.50		
65-69	\$2.55		
70-74	\$4.01	4. Line 2 multiplied by Line 3 = Your monthly cost.	
75+	\$8.02		Line 4:

Child(ren) Rates

If you elect Dependents Life insurance for your eligible child(ren), your monthly premium rate for this coverage is \$0.50 for \$5,000 or \$1.00 for \$10,000 regardless of the number of eligible children covered. Premiums for this coverage will be deducted directly from your paycheck.

Employee Coverage Effective Date

Please contact your human resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An eligibility waiting period of 0 days
- An evidence of insurability requirement, if applicable
- An active work requirement. This means that if you are not actively at work on the day before the scheduled effective date of insurance, including Dependents Life insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Age Reductions

Under this plan, coverage reduces by 35 percent at age 65, by 50 percent at age 70, and by 65 percent at age 75. If you, or your spouse, are age 65 or over, ask your human resources representative for the amount of coverage available.

Suicide Exclusion

This plan includes an exclusion for death resulting from suicide or other intentionally self-inflicted injury. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death. This is subject to state variations.

Waiver of Premium Provision

The Standard may continue your Life insurance without premium payments if you:

- Become totally disabled while insured under the group policy
- Are under the age of 60
- Complete the waiting period of 180 days
- Give us satisfactory proof of loss

Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage. Please see your human resources representative for additional information. This is subject to state variations.

When Spouse and Child Coverage Ends

Your brochure includes information about when your insurance ends. Any spouse and child coverage will automatically end on the earliest of the following:

- Five months after the date you die
- The date your Life insurance ends
- The date Dependents Life insurance terminates under the group policy
- The date the City of Arnold's coverage under the group policy for Dependents Life insurance terminates
- The date the last period ends for which a premium was paid for your Dependents Life insurance
- When the dependent ceases to be an eligible dependent
- For your spouse, the date of your divorce
- For a child who is disabled, 90 days after we mail you a proof of disability request, if proof is not given

Group Insurance Certificate

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the group policy and does not modify it in any way. The controlling provisions are in the group policy issued by Standard Insurance Company.

*Benefits at a Glance for the City of Arnold
Group Policy# 138161
Group Policy- Effective Date February 1, 2005
(Details outlined in this summary are effective as of January 1, 2013)*



Group Long Term Disability Insurance

Group Long Term Disability (LTD) insurance from Standard Insurance Company helps provide financial protection for insured members by promising to pay a monthly benefit in the event of a covered disability.

The cost of this insurance is paid by the City of Arnold.

Eligibility

Definition of a Member

You are a member if you are a regular employee of the City of Arnold, actively working at least 32 hours each week, and a citizen or resident of the United States or Canada. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.

Eligibility Waiting Period

If you are already a member on the date the group policy is effective, you are eligible on that date. If you become a member after the group policy effective date, you are eligible on the first day of the month that follows or coincides with 180 days of membership.

Benefits

Monthly Benefit

60 percent of the first \$13,333 of monthly predisability earnings, reduced by deductible income (e.g., work earnings, workers' compensation, state disability, etc.)

Maximum Monthly Benefit

\$8,000

Minimum Monthly Benefit

\$100 or 15 percent of the LTD benefit before reduction by deductible income, whichever is greater

Benefit Waiting Period

90 days

Definition of Disability

For the benefit waiting period and the first 24 months for which LTD benefits are payable, being unable- as a result of physical disease, injury, pregnancy or mental disorder- to perform with reasonable continuity the material duties of your own occupation and suffering a loss of at least 20 percent of predisability earnings when working in your own occupation.

After that, being unable - as a result of physical disease, injury, pregnancy or mental disorder- to perform with reasonable continuity the material duties of any occupation:

- That you are able to perform, due to education, training or experience,
- That is available at one or more locations in the national economy, and
- In which you can be expected to earn at least 60 percent of predisability earnings within 12 months of returning to work, regardless of whether you are working in that, or any other, occupation.

*Benefits at a Glance for the City of Arnold
Group Policy# 138161
Group Policy- Effective Date February 1, 2005
(Details outlined in this summary are effective as of January 1, 2013)*



Maximum Benefit Period

If you become disabled before age 62, LTD benefits may continue until age 65 or to the Social Security Normal Retirement Age (SSNRA) or 3 years 6 months, whichever is longest. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins:

Age	Maximum Benefit Period
62	To SSNRA, or 3 years 6 months, whichever is longer
63	To SSNRA, or 3 years, whichever is longer
64	To SSNRA, or 2 years 6 months, whichever is longer
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

Other Features and Services

- 24 hour coverage, including coverage for work-related disabilities
- Employee Assistance Program
- Reasonable Accommodation Expense Benefit
- Rehabilitation Incentive Benefit
- Rehabilitation Plan Provision
- Return to Work Incentive
- Return to Work Responsibility
- Survivors Benefit
- Temporary Recovery Provision
- Waiver of Premium while LTD benefits are payable

This information is only a brief description of the group LTD insurance policy sponsored by the City of Arnold. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and the City of Arnold may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy are available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

*Voluntary Short Term Disability Coverage Highlights
City of Arnold*



Voluntary Short Term Disability Insurance

Standard Insurance Company has developed this document to provide you with information about the optional coverage you may select through the City of Arnold. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please refer to the Voluntary Short Term Disability (STD) Employee Brochure included in your packet or check with your human resources representative.

Employer Plan Effective Date

The group policy effective date is January 1, 2005.*

*Details outlined in this summary are effective as of January 1, 2013.

Eligibility

To become insured, you must be:

- A regular, full-time employee of the City of Arnold excluding temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors
- Actively at work at least 32 hours each week
- A citizen or resident of the United States or Canada

Employee Coverage Effective Date

Please contact your human resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An eligibility waiting period (check with your human resources representative)
- An evidence of insurability requirement, if applicable
- An active work requirement. This means that if you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Benefit Amount

Your weekly benefit is 60 percent of your insured predisability earnings reduced by deductible income. Please contact your human resources representative for information regarding what is included in predisability earnings.

Plan Maximum Weekly Benefit: \$1,000

Plan Minimum Weekly Benefit: \$15

Benefit Waiting Period

The benefit waiting period is the period of time that you must be continuously disabled before benefits become payable.

Accidental injury: 30 days

Other disabilities: 30 days

*Voluntary Short Term Disability Coverage Highlights
City of Arnold*



If you do not apply for this coverage within 31 days of becoming eligible, your benefit waiting period for non- accidents will be 60 days if you file a claim during the first 12 months after your coverage takes effect. This longer benefit waiting period will not apply to you if you were required to submit evidence of insurability for your coverage.

Maximum Benefit Period

If you become disabled, benefits may continue during disability up to 90 days. If you are eligible to receive benefits under an employer-sponsored Long Term Disability (LTD) plan, STD benefits may continue during disability up to 90 days, minus the length of the benefit waiting period. STD benefits cease to be payable when LTD benefits begin.

When Benefits End

STD benefits end automatically on the earliest of:

- The date you are no longer disabled
- The date your maximum benefit period ends
- The date you die
- The date benefits become payable under any other disability insurance plan under which you become insured through employment during a period of temporary recovery
- The date LTD benefits become payable to you under an employer-sponsored LTD plan
- The date you fail to provide proof of continued disability and entitlement to benefits

Rates

If you have questions regarding how to determine your weekly earnings, please contact your human resources representative.

Age <i>(as of 1-1-13)</i>	Rate <i>(Per \$10 of STD benefit)</i>	To calculate your monthly payroll deduction, use the formula indicated below:		
<30		1. Enter your average weekly earnings, not to exceed \$1,667, on Line 1. 2. Multiply your weekly earnings (Line 1) by 0.60 and enter on Line 2. 3. Select your rate from the rate table and enter on Line 3. 4. Multiply Line 2 by the amount entered on Line 3. 5. Divide the amount entered on Line 4 by 10 and enter on Line 5. The amount shown on Line 5 is your estimated monthly payroll deduction.	Line 1:	
30-34	\$0.378		Line 2:	
35-39	\$0.409		Line 3:	
40-44	\$0.298		Line 4:	
45-49	\$0.261		Line 5:	
50-54	\$0.309			
55-59	\$0.360			
60+	\$0.496			
	\$0.606			

Group Insurance Certificate

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the group policy and does not modify it in any way. The controlling provisions are in the group policy issued by Standard Insurance Company.

Glossary of Common Benefit Coverage Terms

AD&D – Accidental Death and Dismemberment.

Allowed Amount – Maximum amount on which payment is based for covered health care services. Also called negotiated rate.

Balance Billing – When a provider bills you for the difference between the provider's charge and the allowed amount.

Beneficiary – The person or party named by the owner of the life insurance policy (the insured) to receive the policy benefit.

COBRA – Federal legislation that provides continuation of coverage to participants who lose their coverage in group health plans. The plan must be sponsored by employers with 20 or more employees.

Co-insurance – Your share of the costs of a covered health care service, calculated as a percent (for example 20%). The percentage you pay after meeting your deductible.

Contribution – Your portion of the premium paid for having coverage.

Deductible – The amount you owe for health care services before your health insurance or plan begins to pay.

Disability Elimination Period – The period of time between the date the disability commences and the beginning of the benefit payment period. It is the period of time during which an employee must be disabled before payment of benefits begins.

Evidence of Insurability – Late enrollees or employees requesting life insurance amounts above the Guarantee Issue must provide proof of their insurability. This includes completing a medical questionnaire.

Explanation of Benefits (EOB) – A statement sent by the insurance company to covered individuals explaining what actions have been taken on your claims. An EOB will show payments, denials and/or patient responsibility. It is not a bill.

Flexible Spending Account (FSA) – An account that allows you to save tax free dollars for qualified medical and/or dependent care expenses that are not reimbursed.

Grievance – A complaint that you communicate to your health insurer or plan.

Network – The facilities, providers and suppliers your insurer or plan has contracted with to provide health care services.

Out-of-Pocket Limit – The most you pay during a policy period before your health insurance or plan begins to pay 100% of the allowed amount. This amount includes only your deductible and coinsurance amounts.

Preauthorization – A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or medical equipment is medically necessary. Preauthorization *is not* a promise your health insurance or plan will cover the cost.

UCR (Usual, Customary and Reasonable) – The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service.