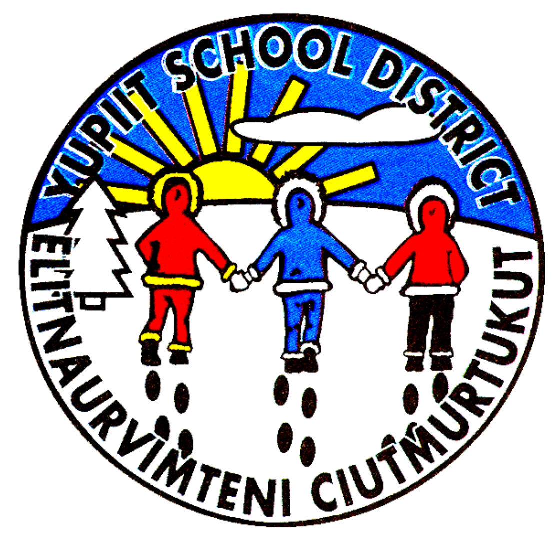
YUPIIT SCHOOL DISTRICT



INSURANCE PLAN INFORMATION
July 2022-July 2023

Deductibles & out of pocket runs from
January 1 – December 31

Who Should I Call If I Have Questions?

Contact	For Help With	Contact Number and Email / Website
Yupiit School District Lucienne Smith, Business Manager	Eligibility, Enrolling, Changes, Forms, Costs, Troubleshooting Benefits	(907) 301-5050 lucienne.smith@akebs.com
RISQ Consulting Support & Advocacy Team	Claims Help, General Benefit Questions, Billing Questions, Healthcare Navigation	(907) 561-RISQ (7477) mybenefits@risqconsulting.com
Madasin Jennings Employee Benefits Account Manager	Advanced day to day help, escalated service issues, compliance questions	(907) 561-RISQ (7477) anelson@risqconsulting.com
Eric Deeg RISQ Sr. Employee Benefits Consultant	Strategic initiatives, annual company planning, significant organizational changes, etc.	(907) 561-RISQ (7477) tstock@risqconsulting.com
Meritain Group # AK115	Medical/Vision, Dental Benefits	(866) 808-2609 www.meritain.com
Insurance Company POS II Provider Network	Find In-Network Providers	(800) 343-3140 www.aetna.com/docfind/custom/mymeritain
Script World Customer Service	Prescription Drugs	(800)362-2667
Office Visit via Mobile Device at no Cost Teledoc 24/7		**www.MyDrConsult.com**
Life, Accidental Death/Dismemberment		(800)-ASKUNUM UNUM (275-8686) www.UNUM.com askunum@unum.com
RISQ Rewards Savings Marketplace	RISQ Rewards discounts and website	customerservice@workingadvantage.com

The information in this guide is presented for illustrative purposes. The text contained in this guide was taken from various documents. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and the actual plan documents the actual plan documents will prevail.

Yupiit School District

MERITAIN

Major Medical

and

Rx

Insurance

YUPIIT SCHOOL DISTRICT
SCHEDULE OF MEDICAL BENEFITS

DEDUCTIBLE PER CALENDAR YEAR (combined with prescription drugs)		MAXIMUM-OUT-OF-POCKET PER CALENDAR YEAR (including deductible and prescription drugs)	
In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
$500 Individual	$2,000 Individual	$6,600 Individual	$10,000
$1,500 Family	$6,000 Family	$13,200 Family	Unlimited Family

MAXIMUM LIFETIME BENEFIT
(per Covered Person)
Unlimited

MAXIMUM CALENDAR YEAR BENEFIT
(per Covered Person)
Unlimited

Details regarding Medical Benefits are in the Medical Benefits section.

Participating Provider vs. Non-Participating Provider Benefit Level

When a Participating Provider is not available within a *50-mile* radius of where care is *received*, will be paid at higher level

Covered services rendered by a Participating Provider will be paid at the Participating Provider benefit level. Covered services rendered by a Non-Participating Provider will be paid at the Non-Participating Provider benefit level. The Participating Provider benefit level will be paid for Non-Participating Provider services when:

Covered Person has no choice of a Participating Provider.

Covered Person has an Emergency Medical Condition requiring immediate care.

Covered Person receives services by a Non-Participating Provider (e.g. anesthesiologists, radiologists, pathologists, etc.) who is under agreement with a Network facility.

Participating Provider submits a specimen to a Non-Participating Provider laboratory.

Covered Person receives services from a Network surgeon who uses a non-Network Assistant Surgeon.

However, all other limitations, requirements and provisions of the Plan will apply including the Usual and Customary provision of the Plan. This exception does not apply in the event of consultations and other situations in which the Covered Person and/or the provider selected had the opportunity to select a Participating Provider, and exercised the right to receive services from a Non-Participating Provider. Alaska Regional Hospital will be considered as an Out-of-Network Provider.

BENEFIT DESCRIPTION	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS	ADDITIONAL LIMITATIONS AND EXPLANATIONS
Preventive Services and Routine Well Care			
Note: Constant Benefit Percentages do not accrue toward satisfaction of the Out-of-Pocket Maximum Expense.			
Preventive Services	100% No deductible	Constant 50% after deductible	Includes office visit and any other eligible item or service received at the same time as any preventive service benefit, whether billed at the same time or separately). Includes immunizations as determined as preventive services. Includes items and services covered under the Preventive Services section under Covered Medical Expenses of the Plan.
Routine Well Care	100% No deductible	Constant 50% after deductible	*Routine Immunizations Mammogram (Age 35 and over) - One exam annually *PAP Test (incluing associated office visit - One exam annually *Prostate Screening (including PSA) - One exam annually *Fecal Occult Blood Testing (FOBT) by home kit or referred lab and/or Digital Rectal Exam - One exam annually *Flexible Sigmoidoscopy OR; Routine Colonoscopy - One exam annually *Well Baby Care (Birth to Age 2 years) NOTE: The above items are covered in addition to and to the extent they are not otherwise included for coverage under the Preventive Services section under Covered Medical Expenses.
Medical and Surgical Physician Services			
Teladoc	100% no deductible	Not Covered	
Telemedicine	80% after deductible	Constant 50% after deductible	
Physician Office Visits	First 6 visits per calendar year 100% after $30 copay Remaining office visits per calendar year 80% after deductible	Constant 50% after deductible	Includes diagnosic services performed in the Physician's office.
Specialist Office Visits	First 6 visits per calendar year 100% after $60 copay Remaining office visits per calendar year 80% after deductible	Constant 50% after deductible	Includes diagnostic services performed in the Specialist's office.
Urgent Care	100% after $45 copay no deductible	Constant 50% after deductible	

BENEFIT DESCRIPTION	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS	ADDITIONAL LIMITATIONS AND EXPLANATIONS
Medical and Surgical Physician Services Cont.			
Chiropractic & Massage Therapy	100% after $45 copay no deductible	Constant 50% after deductible	Limited to 24 visits combined per calendar year.
Acupuncture	100% after $45 copay no deductible	Constant 50% after deductible	Limited to 12 visits per calendar year.
Naturopathy	80% after Deductible	Constant 50% after deductible	
Allergy Services	80% after Deductible	Constant 50% after deductible	
Diabetic Education and Instruction	100% no deductible	Constant 50% after deductible	Limited to 1 program per calendar year.
Hearing Examination	80% after Deductible	Constant 50% after deductible	Limited to 1 exam per 2 calendar years. Includes any item or service not otherwise covered under the preventive services provision.
Hearing Aids (Includes Maintenance or Repairs)	80% after Deductible	Constant 50% after deductible	Limited to 1 hearing aid per ear per 2 calendar years.
Non-Preventive Immunizations	80% after Deductible	Constant 50% after deductible	Covered in addition to and to the extent they are not otherwise included for coverage under the Preventive Services section under Covered Medical Expenses.
Inpatient Physician Visits	80% after Deductible	Constant 50% after deductible	
Inpatient Rehabilitation Services and Chronic Pain Care	80% after Deductible	Constant 50% after deductible	Limited to 45 visits combined per calendar year. Benefits include: physical, speech and occupational, including cardiac and pulmonary rehabilitation and chronic pain care.
Outpatient Rehabilitation Services, Chronic Pain Care and Neurodevelopmental Therapy	80% after Deductible	Constant 50% after deductible	Limited to 45 visits combined per calendar year. Benefits include: physical, speech and occupational, including cardiac and pulmonary rehabilitation and chronic pain care.
Surgical Treatment of Morbid Obesity	80% after Deductible	Constant 50% after deductible	Limited to 1 course of treatment per lifetime.
Surgery Professional Fees	80% after Deductible	Constant 50% after deductible	The Plan's payment will be reduced if the requirements of the Medical Management Program section of the Plan are not followed.
Air Travel - Non-Emergent	80% Deductible waived	80% after Deductible	Not subject to Deductible. Two round trips per Calendar Year. **Attending Physician must certify, in writing, that such travel is Medically Necessary.**
Ambulance Services - Ground	80% after Deductible	Paid at the Participating Provider level of benefits	
Ambulance Services - Air	80% after Deductible	80% after Deductible of the allowable rate listed below:	
One way Transport (fixed wing or rotary)	350% of Medicare/CMS Rural Rate*		*NOTE: Amounts paid by the Covered Person in excess of the Medicare/CMS Rural Rate do not accrue toward the Calendar Year Out-of-Pocket Maximum expense.
Fixed Wing air mileage, per statue mile	600% of Medicare/CMS Rural Rate*		
Rotary Wing air mileage, per statue mile	200% of Medicare/CMS Rural Rate*		

BENEFIT DESCRIPTION	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS	ADDITIONAL LIMITATIONS AND EXPLANATIONS
Hospital Services, Specialized Treatment Facilities and Services			
Note: Constant Benefit Percentages do not accrue toward satisfaction of the Out-of-Pocket Maximum Expense.			
Diagnostic Charges (X-ray and Laboratory)	80% after deductible	Constant 50% after deductible	
Pre-Admission and Pre-Surgical Testing, within 7 days of a scheduled Inpatient Hospital admission	80% after deductible	Constant 50% after deductible	
Emergency Services due to an Emergency Medical Condition	80% after Deductible	Paid at the Participating Provider level of benefits	
Emergency Services due to a Non-Emergency Medical Condition	$500 copay, then Deductible, then 80%	$500 copay, then Deductible, then Constant 50%	
Hospice Care	80% after Deductible	Constant 50% after deductible	Inpatient limited to 10 days Outpatient limited to 130 visits Respite Care limited to 240 hours The Plan's payment will be reduced if the requirements of the Medical Management Program section of the Plan are not followed.
Hospital Services - Inpatient	80% after Deductible	Constant 50% after deductible	The Plan's payment will be reduced if the requirements of the Medical Management Program section of the Plan are not followed.
Hospital Services - Outpatient	80% after Deductible	Constant 50% after deductible	The Plan's payment will be reduced if the requirements of the Medical Management Program section of the Plan are not followed.
Mental Disorders and Substance Use Disorders - Inpatient Facility and Professional Fees	80% after Deductible	Constant 50% after deductible	The Plan's payment will be reduced if the requirements of the Medical Management Program section of the Plan are not followed.
Mental Disorders and Substance Use Disorders Outpatient Facility and Professional Fees	First 6 visits/calendar yr 100% after $30 copay Remaining office visits 80% after deductible	Constant 50% after deductible	The Plan's payment will be reduced if the requirements of the Medical Management Program section of the Plan are not followed.
Mental Disorders and Substance Use Disorders - Emergency Care (Ambulance and Emergency Services)	80% after Deductible	Paid at the Participating Provider level of benefits	
Sleep Studies	80% after Deductible	Constant 50% after deductible	Sleep Studies performed in clinic or facility are only allowed when an *In-home study is performed first.* The Plan's payment will be reduced if the requirements of the Medical Management Program section of the Plan are not followed.

BENEFIT DESCRIPTION	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS	ADDITIONAL LIMITATIONS AND EXPLANATIONS
Hospital Services, Specialized Treatment Facilities and Services Cont.			
Transplants - Facility and Professional Fees	80% after deductible (Aetna IOE Program)*	Constant 50% after deductible	*Please refer to the Aetna Institute of Excellence (IOE) Program section of this Plan for a more detailed description of this benefit, including travel and lodging maximums. Travel and lodging will be paid at 100% with no Deductible. NOTE: Cornea transplants performed by any provider are covered under the Plan as a separate benefit and paid the same as any other Illness.
Pregnancy (Professional Fees)			See Preventive Services under Medical Benefits for limitations.
Preventive prenatal and breastfeeding support (other than lactation consultations)	100% no Deductible	100% no Deductible	
Lactation consultations	100% no Deductible	100% no Deductible	
All other prenatal and postnatal care	80% after Deductible	Constant 50% after deductible	
Delivery	80% after Deductible	Constant 50% after deductible	
Durable Medical Equipment, Supplies, Prosthetics and Orthotics			
Note: Constant Benefit Percentages do not accrue toward satisfaction of the Out-of-Pocket Maximum Expense.			
Durable Medical Equipment	80% after deductible	Constant 50% after deductible	
Medical Supplies	80% after deductible	Constant 50% after deductible	
Prosthetics	80% after deductible	Constant 50% after deductible	
TMJ Treatment (professional fees)	80% after deductible	Constant 50% after deductible	
Wig after Chemotherapy	80% after deductible	Constant 50% after deductible	Limited to one per 24 months.
All Other Covered Medical Expenses	80% after deductible	50% after deductible	

SCHEDULE OF PRESCIPTION DRUG BENEFITS

BENEFIT DESCRIPTION	PARTICIPATING PHARMACY	NON-PARTICIPATING PHARMACY
Pharmacy Option		
(90-day supply, 1 copay per 30-day supply)		
Generic Drugs	$10 Copay, then 100%	50% subject to Deductible
Preferred Brand Name Drugs	$30 Copay, then 100%	50% subject to Deductible
Non-Preferred Brand Name Drugs	$60 Copay, then 100%	50% subject to Deductible
Preventive Drugs (including Birth Control)	100%	50% subject to Deductible
Specialty Pharmacy Program: 30-day Supply		
Value Specialty Drugs	30% up to $100 copay, then 100%	Not Covered
Formulary Specialty Drugs	50% up to $400 copay, then 100%	Not Covered
Non-Formulary Specialty Drugs	50% up to $600 copay, then 100%	Not Covered
Mail Order (90-day supply)		
Generic Drugs	$20 Copay, then 100%	N/A
Preferred Brand Name Drugs	$60 Copay, then 100%	N/A
Non-Preferred Brand Name Drugs	$120 Copay, then 100%	N/A
Preventive Drugs (including Birth Control)	100%	

Reimbursement for a brand name drug is limited to the cost of the generic drug equivalent, if one is available, unless your Physician has indicated "dispense as written" for the prescription drug.

Specialty Pharmacy Program

NOTE: Specialty Drugs MUST be obtained directly from the specialty pharmacy after one refill at the retail pharmacy. Specialty drugs are high cost drugs used to treat chronic diseases, including, but not limited to: HIV/Aids, Rheumatoid Arthritis, Cancer, Hepatitis, Hemophilia, Multiple Sclerosis, Infertility and Growth Hormone Deficiency. Specialty drugs must be obtained directly from the specialty pharmacy program. For additional information, please contact the Prescription Drug Card Program Manager.

Preventive Drug means items which have been identified by the U.S. Department of Health and Human Services (HHS) as a preventive service. You may view the guidelines established by HHS by visiting the following website:

https://www.healthcare.gov/what-are-my-preventive-care-benefits

For a paper copy, please contact the Plan Administrator.

Details regarding Prescription Drug Benefits are in the Prescription Drug Benefits section.

SCHEDULE OF DENTAL AND VISION BENEFITS

BENEFIT DESCRIPTION	
CALENDAR YEAR DENTAL DEDUCTIBLE	$50
DENTAL BENEFITS	**Plan Pays**
Type I - Diagnostic & Preventive (not Subject to Deductible)	100%
Type II - Basic	80%
Type III - Major*	50%
Type IV - Orthodontic*	50%
MAXIMUM BENEFITS	
Calendar Year Maximum - Types, I, II, III Combined	$3,000
Lifetime Maximum - Type IV	$1,000

* You must be a Covered Person in this Plan for 6 consecutive months before being eligible for benefits under Type IV services (Orthodontia)
* If expected charges exceed $500, you are not required to, but you may want to, submit an itemized statement of dental charges for pre-authorization. This allows the Plan to determine the amount of benefit payable. You will then know your financial responsibility. **A pre-authorization will not guarantee benefits payable if the work is started or completed after termination of coverage.**

VISION BENEFITS	**Plan Pays**
Examination	100%
Lenses & Frames (per pair)	
• Single Vision	80%
• Bifocal	80%
• Trifocal	80%
• Lenticular	80%
Contact Lenses (12-month supply)	80%

Limitations:
One complete eye exam per Covered Person per Calendar Year; and
Lenses (including contact lenses) and hardware are limited to a maximum benefit of $300 per Covered Person per Calendar Year.

Note: The dental and vision benefits provided under this Plan are limited-scope benefits and are offered separately from any medical coverage offered under the Plan. An employee has a separate right to enroll in the dental and vision benefits under the Plan. If an employee chooses to enroll in such dental and vision benefits, the employee will be charged a contribution amount that is separate from what the employee is charged for any other benefit offered under the Plan. The amount of an employee's contribution will be communicated during the annual open enrollment period.

Improve your overall health with dental benefits

It's amazing how important your oral health can be to your body's total balance and wholeness. Did you know that good dental care not only helps to prevent periodontal disease, but can also add as many as six years onto your life? That's just one of the reasons why this plan includes dental care benefits for you and your enrolled dependents. Regular check-ups can keep your smiles bright and beautiful.

Dental plan deductibles and plan maximum

Deductible	
Per individual	$50
Annual maximum	$3,000

Covered dental services

Preventive and diagnostic	
Subject to deductible?	NO
Plan payment	100%
Basic restorative	
Subject to deductible?	YES
Plan payment	80%
Major restorative	
Subject to deductible?	YES
Plan payment	50%
Orthodontic treatment**	
Subject to deductible?	YES
Plan payment	50%
Lifetime maximum	$1,000

****Must be a covered person in this plan for 6 consecutive months before being eligible for orthodontic benefits.**

Vision care—part of any balanced healthcare picture

To lead your busy life, you need to protect your vision, so your benefit plan includes eye care. Visit any vision care provider. Some providers may require you pay for your care at the time you receive it. If they do, you can download a claim form from **www.meritain.com** and send the completed claim to Meritain Health at the address shown on your ID Card. You'll be reimbursed for the covered services shown below:

Routine eye exams, 1 per calendar year	100%
Vision hardware (Lenses, frames, contacts)	80%
Vision hardware calendar year maximum, per individual	$300

Your prescription for a healthier budget

Your prescription drug benefit—available when you need prescriptions filled—is administered by Meritain Health Pharmacy Solutions, powered by Express Scripts. They provide unbeatable resources for our plan participants. The Express Scripts pharmacy network includes more than 96 percent of all independent and chain pharmacies nationwide.

Controlling your prescription copay

To get the most from your benefits plan, it pays to be a wise consumer. In many cases, you can control how much your share of costs will be when you fill a prescription. How? Generic drugs cost less to manufacture and they're just as effective as the name brands. You'll save money when you request them because generics have a lower copay than preferred or non-preferred drugs.

Note: To see whether a prescription drug is generic, preferred or non-preferred, check the list in the appendix of this packet.

The final step toward better balance and better living

After you've completed enrollment, your employer has approved it, and after any waiting period has passed, your benefits will be effective.

Your Meritain Health ID card will be on its way to you soon. The card shows Meritain Health as your health plan administrator. Keep it in your wallet and carry it with you.

Sample ID card

Lost ID card?

Contact Meritain Health at **1.866.808.2609**, or visit **www.meritain.com** to order new cards.

Until you receive your ID card

Not to worry—If you need to see your doctor but you don't have your ID card yet, just tell the clinic staff that you're a member of this plan. The clinic will contact Meritain Health Customer Service to verify your benefits.

- Your health care plan includes a network of providers you can visit for health care services. When you visit providers in this network, you will receive the best service rate. Call the provider information number for participating providers.
- Your name, identification number, medical group number and your group name, are used to identify you and your covered dependents' benefits.
- Please ensure that you precertify with medical management, if required.
- All claims should be submitted to Meritain Health at the address listed on the back of your card.
- You or your provider can call Meritain Health to verify eligibility of benefits or check on your claims status.
- You can call for information on a doctor or specialist who is close to you and serves your specific needs.

Need to fill a prescription before you receive your ID card?

If you need a prescription before you get your new Meritain Health ID card, just pay for your prescription and send Express Scripts a completed prescription drug claim form (see the appendix for a copy). Send your receipt and the completed claim form to the address shown on the form and you'll be reimbursed up to plan limits, minus any copay.

- Your pharmacy coverage information is listed on the front of your card, and includes the Meritain Health Pharmacy Solutions customer service number.

Reach a doctor 24/7

The Teladoc™ solution

Teladoc is the on-demand healthcare solution that gives you the medical care you need, when you need it. You can talk to a doctor anytime, anywhere about non-emergent medical conditions.

Benefits of Teladoc

Saves time and money

Quicker recovery from illness

Convenient prescriptions

Choice of consultation method

Great health means peace of mind

With Teladoc, you can talk to a doctor 24/7/365 by phone, online video or mobile app. Use Teladoc for medical advice and care when:

- ✓ Your primary care doctor is not open.
- ✓ You are at home, traveling or do not want to take time off work to see a doctor.
- ✓ You need a prescription or refills*.

**Please note, there is no guarantee you will be prescribed medication.*

Highly qualified, experienced doctors

When you use Teladoc, your medical questions will be answered by a highly qualified doctor. Teladoc doctors are:

- Experienced—with an average of over 10-15 years in practice.
- Progressive—using the latest technology to provide excellent care.
- U.S. board certified and state licensed.
- Specially trained in telemedicine.

There's more than one way to reach a doctor

By phone
Just call **1.800.362.2667.**

Online
Simply request a video consultation online at **www.MyDrConsult.com**.

On the go
You can download the Teladoc mobile app by visiting the **App Store** or **Google Play**.

Common conditions treated:

- ✓ Allergies
- ✓ Bronchitis
- ✓ Cold/flu
- ✓ Headaches/migraines
- ✓ Eye/ear infections
- ✓ Rash/skin infections
- ✓ Sinus infections
- ✓ Stomachache/diarrhea
- ✓ Urinary tract infections
- ✓ Many other conditions

Our members love Teladoc

"We had a good experience with the doctor. She called and talked to me, and gave great service. I had no problem picking up my prescription. This is a really good service."

Contact a Teladoc physician at 1.800.362.2667, or by visiting www.MyDrConsult.com.

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Your Sleep Study Benefits

Yupiit School District

When you think of ways to improve or maintain your health, you may tend to focus mainly on diet and exercise. One of the most important things you can do to take care of yourself is something easily overlooked—getting enough sleep.

Great News! Yupiit School District provides coverage for sleep studies.

Please note: Your plan provides coverage for sleep studies performed in a clinic or facility, only if it is needed ***after*** an in-home sleep study is performed.

In-network	Out-of-network
80 percent, after deductible	**50 percent, after deductible** Does not accumulate towards calendar year out-of-pocket maximum

Questions? Just call Meritain Health® at the number located on the back of your ID Card.

www.meritain.com | © 2019-2020 Meritain Health, Inc.

Your member portal

Your Meritain Health member website at **www.meritain.com** is designed to provide a secure, user and family-friendly, one-stop-shop for you to access the account and claims information you can use to manage your health and wellness.

We're committed to providing you with all the basics you expect, along with added features to support a healthy lifestyle, assist you with medical decisions, and give insight into the maximization of your healthcare dollars.

Your online tools and resources

With an account you can:

- Look up health and wellness topics.
- Find the status of a claim.
- Find in-network doctors, clinics and hospitals.
- Access your Prescription Benefit Manager's site where you can look up prescription and over-the-counter drug information.
- Order ID Cards.

Your secure member site

First, visit **www.meritain.com**. Return users, just sign in using your username and password. Then take advantage of the smart, safe resources your health plan offers, right at your fingertips.

New users can create an account by following the easy instructions. You'll need your health plan ID Card the first time. Remember, each member of your family can have an account, too.

If you need help registering, you can contact Meritain Health Customer Service at 1.866.808.2609.

Privacy regulations

Members over 18 years of age have partially protected information according to HIPAA Privacy Regulations.

Members over 18 having difficulty creating an account with their SSN, please contact Meritain Health Customer Service at **1.866.808.2609**

Members have the right to ask their health plan to place restrictions on (i) the way the health plan uses or discloses their PHI for treatment, payment or healthcare operations; and (ii) the health plan's disclosure of their PHI to persons who may be involved in their healthcare or payment thereof (e.g., family members, close friends).

Using your medical benefits

Save when you see network providers

Your plan offers a provider network of doctors and other healthcare professionals who have agreed to accept lower amounts than their standard charges, just for members of this plan. These lower amounts are negotiated and predetermined. That means when you see a network provider, your share of costs is based on a lower charge—so your costs are lower, too. Network providers are conveniently located in both urban and rural areas. Lower costs and convenient doctors and clinics are important ways that Meritain Health can support your efforts to stay well and have a healthy lifestyle—or to get care as simply as possible when you're sick.

Remember: If you go outside the network, you still have benefits, but your share of costs may be higher, and the amount you pay will not be based on a lower rate.

Helpful tip

You can realize savings while on the road to meeting your annual deductible when you visit doctors and facilities within your provider network.

No referrals

You don't have to choose a primary care doctor to direct all of your care or to provide referrals to specialists, but Meritain Health recommends that you build a relationship with a "home base" doctor—one who has all of your records and health history. For best benefits, see specialists that are in the network (called in-network or participating providers). Remember, if you see providers outside the network, you'll share more of the cost.

When it's an emergency

If you can't see a network provider in an emergency, don't worry! Your plan will cover out-of-network emergency charges at the in-network level. For more infomation, refer to your Summary Plan Description.

Helpful tip

It's important to know what is covered under your health plan. This can help you to plan for the cost of your healthcare expenditures. For more information, refer to your Summary Plan Description.

Re-claiming your time

With some health plans, paperwork can put you over the edge. Time-consuming and complicated, claim forms rob you of precious time and the balance you seek. That's why Meritain Health network providers file your claims for you. Pay your copay (if applicable), and you're on your way!

Appendix

In this section

- Glossary of terms
- Important contact information
- Summary of benefits
- Enrollment forms
- Claim forms
- Preferred drug listing (formulary)

Glossary of terms

Ambulatory surgery

Surgery performed at an ambulatory surgical facility (a licensed public or private facility), which does not provide services or accommodations for a patient to stay overnight.

Copay

An amount of money that a participant is required to pay each time he or she visits a healthcare provider or fills a prescription.

Deductible

The annual out-of-pocket amount that a plan participant is responsible for paying before the health plan covers his or her medical costs according to the terms of the plan. Until a person meets the annual deductible, he or she pays the full cost of healthcare services received, unless the service is not subject to the annual deductible as stated in the benefit schedule.

Meritain Health Member Portal

Your online health information portal and your personal connection to your plan. Here you can order prescriptions, find healthcare providers, research health topics and get answers to your questions about healthcare. The personal information used to access **www.meritain.com** is confidential. You may need the information on your ID Card to log in for the first time.

Provider network

Organization that negotiates special, lower rates for healthcare services provided by physicians and other care providers who are within the network. Providers who belong to a network are called participating or in-network providers.

Usual and customary charge

Your plan reimburses charges from non-participating or out-of-network providers that are equal to, or less than, usual and customary charges. Usual and customary charges are the amounts most frequently charged for the same service:

- In the same geographic area; and
- By other providers in the same or similar medical area.

The fees charged by non-participating providers may exceed the usual and customary charges recognized by your plan. In such cases, Meritain Health will process an amount equal to the usual and customary charge for the healthcare service you received, and you will be reimbursed for a portion of that amount according to your plan's out-of-network benefits.

Yupiit School District

UNUM

Life and
Accidental Death
and/or Dismemberment
Insurance

Financial Security Adds to Peace of Mind

Responsible, hardworking people have a lot on their minds. That's why your employer has included benefits that can protect your family if you're not able to provide your regular financial support. They're good for your peace of mind—and peace of mind is good for your health and well-being.

Life and AD&D insurance

These important coverages protect your beneficiaries against the financial hardship that the loss of your income might cause.

You can call UNUM at 1.800.275.8686, or John Stackhouse at 1.907.825.3600 or Gina Bosnakis at 1.888.533.96669 to learn more about your life coverage.

Yupiit School District
UNUM Life Insurance Summary

LIFE INSURANCE	
Employees working 17.5 hours or more per week	2.5 times your salary rounded to closest $1,000 to a maximum of $150,000
Accidental Death or Dismemberment	Same as above. If accidental death the 2.5 times your salary benefit is in addition to the life insurance
Dismemberment benefit paid for	Loss of: both hands; both feet; both eyes, 1 hand & 1 foot; 1 hand & sight of 1 eye; 1 foot and sight of 1 eye; speech and hearing
Reduction of benefit	At age 70 benefit reduces to 65% At age 75 benefit reduces to 50% Based on assumption of retirement income
Accelerated Benefit	If you have a terminal condition, you can take 50% of your total life insurance benefit up to $100,000 to use for anything (not necessarily medical expenses)

DISABILITY INSURANCE	
Employees working 17.5 hours or more per week	66 & 2/3% of your pre-disability earnings to a maximum of $5,000/month
When your LTD kicks in	After you have been disabled for 90 days
Return to Work Assistance	Rehabilitation assistance with possible financial incentive; dependent care up to $350/month/dependent - $1,000/month max
Waiver of Premium	If you are not able to return to work due to your disability, your life insurance and disability payments will continue at no cost to you (as long as you are considered disabled on this LTD plan)
Worldwide Travel Assistance	If you travel more than 100 miles from home you and your family* will have coverage for emergencies anywhere in the world for things such as Rx replacement; translation; repatriation
Survivor Benefit	If you are covered under this plan for 180 consecutive days, your beneficiary may receive a lump sum payment equal to 3 months of your gross disability payment

Better benefits at work.

Help, when you need it most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.

Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver™ — helps you save on medical bills

HELP

Who is covered?

Unum's EAP services are available to all eligible employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

Employee Assistance Program — Work/Life Balance

Toll-free 24/7 access:

- 1-800-854-1446 (multi-lingual)
- www.unum.com/lifebalance

Turn to us, when you don't know where to turn.

Employee Assistance Program (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Job stress, work conflicts
- Family and parenting problems
- Anger, grief and loss
- And more

Work/Life Balance

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child care
- Elder care
- Legal questions
- Identity theft
- Financial services, debt management, credit report issues
- Even reducing your medical/dental bills!
- And more

Help is easy to access:

- **Online/phone support:** Unlimited, confidential, 24/7.
- **In-person:** You can get up to 3 visits available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

* The counselors must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority.

Unum's Employee Assistance Program and Work/Life Balance services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Insurance products are underwritten by the subsidiaries of Unum Group.

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Don't forget this travel essential!

Pack your worldwide emergency travel assistance phone number and leave travel worries at home

Whether traveling for business or pleasure, one phone call connects you to:

- Multi-lingual, medically certified crisis management professionals
- A state-of-the-art global response operations center
- Qualified medical providers around the world

With the Assist America Mobile App, you can:

- Call Assist America's Operation Center from anywhere in the world with the touch of a button
- Access pre-trip information and country guides
- Search for local pharmacies (U.S. only)
- Download a membership card
- View a list of services
- Search for the nearest U.S. embassy
- Read Assist Alerts

Download and activate the app today from the Apple App Store or Google Play.

Reference Number:
01-AA-UN-762490

If you experienced a medical emergency while traveling, would you know who to call?

Whenever you travel 100 miles or more from home — to another country or just another city — be sure to pack your worldwide emergency travel assistance phone number! Travel assistance speaks your language, helping you locate hospitals, embassies and other "unexpected" travel destinations. Add the number to your cell phone contacts, so it's always close at hand! Just one phone call connects you and your family to medical and other important services 24 hours a day.

Use your travel assistance phone number to access:

- Hospital admission assistance*
- Emergency medical evacuation
- Prescription replacement assistance
- Transportation for a friend or family member to join a hospitalized patient
- Care and transport of unattended minor children
- Assistance with the return of a vehicle
- Emergency message services
- Critical care monitoring
- Emergency trauma counseling
- Referrals to Western-trained, English-speaking medical providers
- Legal and interpreter referrals
- Passport replacement assistance

24/7 services anywhere in the world

Unum's travel assistance services are provided by Assist America, Inc., a leading provider of global emergency assistance services through employee benefit plans. Assist America's medically certified personnel are ready to help 24 hours a day, 365 days a year, and can connect you with pre-qualified, English-speaking and Western-trained medical providers anywhere in the world.

MORE You can access travel assistance services through the **phone number on your travel assistance wallet card**. If you have misplaced your card, contact your human resources department and ask for a replacement.

If you need travel assistance anywhere in the world, contact us day or night:

- **Within the U.S.:** 1-800-872-1414
- **Outside the U.S.:** (U.S. access code) +609-986-1234
- **Via e-mail:** medservices@assistamerica.com

Reference number: 01-AA-UN-762490

Employer's name (please write above)

For reference only. Not actual card.

Travel assistance FAQs

Q. Which countries can I travel to?

A. Assist America's services have no geographical exclusions. Its worldwide network stands ready to help wherever your travels take you.

Q. Is my family covered?

A. Your spouse and dependent children up to age 19 (or the age specified by your medical plan) are covered. Spouses and children traveling on business for their employers are not eligible to access these services during those trips.

Q. Are pre-existing conditions excluded?

A. No. Whether your medical emergency is the result of a new or pre-existing condition, Assist America's trained representatives will help you find qualified medical care and facilities.

Q. What about sports-related injuries?

A. Whether you've been involved in recreational or extreme sporting, worldwide emergency travel assistance will provide support for all your medical needs.

Q. Who pays for the services I use if I have a travel emergency?

A. Assist America arranges and pays for 100% of the services the company provides, with no caps or charge-backs to either you or your employer. But you must call Assist America first — you can't be reimbursed for services you arrange on your own.

* Hospital admission is coordinated by Assist America, Inc. It may require a validation of your medical insurance or an advance of funds to the foreign medical facility. You must repay any expenses related to emergency hospital admissions to Assist America, Inc. within 45 days. Worldwide emergency travel assistance services, provided by Assist America, Inc., are available with select Unum insurance offerings. Terms and availability of service are subject to change and prior notification requirements. Services are not valid after coverage terminates. Please contact your Unum representative for details. All emergency travel assistance must be arranged by Assist America, which pays for all services it provides. Medical expenses such as prescriptions or physician, lab or medical facility fees are paid by the employee or the employee's health insurance.

Insurance products underwritten by the subsidiaries of Unum Group.

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