



Northwest  
Allen County  
Schools

# Employee Benefits Enrollment Guide

October 1, 2023



[www.aga-tpa.com](http://www.aga-tpa.com)

7605 Westfield Drive  
Fort Wayne, IN 46825

1-800-888-6472  
fax 260-489-0365

*This is an outline of benefits and not to be determined as a contract, for further definitions of covered benefits, see the Summary Plan Description*

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# Eligibility

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## Eligibility Date:



*Employees are eligible for coverage the first day of the month following date of hire.*

## Open Enrollment Period:



*An open enrollment period will occur as deemed by the Plan Administrator and dates published at the beginning of each school year to be effective at beginning of Plan Year, October 1, of each year.*

## Special Enrollment Period:



*A special enrollment period is a thirty (30) day period during which a person, who declined coverage when eligible, becomes eligible again to enroll because of a qualifying event. Examples of a qualifying event are: marriage, divorce, birth or adoption of a child, or loss of eligibility of coverage on another plan.*

## Dependent Children:



*Children to age 26 are eligible for coverage. Children are not required to be in school, may be married and eligibility is not restricted based upon residence or tax status.*

# Northwest Allen County Schools

## Employee Benefits Summary Review

### Traditional Health Plan 'Plan A+' – SIGNATURE CARE

To receive maximum benefits from your medical insurance coverage, you must use a doctor, EPO hospital or facility that is part of the Network.

*To locate a Signature Care Provider: 1-800-666-4449 or [www.parkview.com/SignatureCareDirectory](http://www.parkview.com/SignatureCareDirectory)*

*Pre Certification: Managed Care Concepts 1-866-750-2723*

**Benefits Effective: October 1, 2023**

Benefits	EPO Hospital, PPO Providers & No PPO Provider or EPO Hospital Available	PPO Hospital	NON-PPO Providers (Out of Network)
<b>Calendar Year Deductible (Embedded)</b>	\$200 Individual / \$400 Family	\$1,200 Individual / \$2,400 Family	\$3,200 Individual / \$6,400 Family
<b>Co-Insurance Benefit</b>	80%	70%	50%
<b>Out of pocket maximum * (includes Deductible)</b>	\$1,000 Individual / \$2,000 Family	\$4,000 Individual / \$8,000 Family	\$20,000 Individual / \$40,000 Family
<b>Lifetime Maximum</b>	Unlimited lifetime maximum Unlimited Plan year maximum		
<b>Preventive Care (ACA Preventive)</b> Routine physical exam, pap tests, Immunizations, etc.	100% Benefit; not subject to deductible	100% Benefit; not subject to deductible	Deductible, then 50%
<b>Physician Office Visit Only</b>	\$20 Copay	N/A	Deductible, then 50%
<b>Specialist Office Visit Only</b>	\$30 Copay	N/A	Deductible, then 50%
<b>Hospital Services</b>	Deductible, then 20%	Deductible, then 30%	Deductible, then 50%
<b>Maternity Services</b>	Deductible, then 20%	Deductible, then 30%	Deductible, then 50%
<b>Urgent Care Visit Only</b>	\$50 Copay	N/A	Deductible, then 50%
<b>Emergency Room (Copay waived if admitted)</b>	\$150 Copay	\$150 Copay	\$150 Copay
<b>Ambulance Services</b>	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%
<b>Chiropractic Services</b> Limited to 24 visits per calendar year	\$30 Copay	N/A	Deductible, then 50%
<b>Physical, Occupational &amp; Speech Therapy</b> Certain limits apply	\$20 Copay	\$20 Copay	Deductible, then 50%
<b>Mental Health, Alcohol &amp; Substance Abuse</b> Outpatient Care Visit Only Inpatient Care	\$20 Copay Deductible, then 20%	\$20 Copay Deductible, then 30%	Deductible, then 50% Deductible, then 50%
<b>Laboratory Services</b> If lab card used: 100% benefit, not subject to deductible	Deductible, then 20%	Deductible, then 30%	Deductible, then 50%
<b>Retail and Mail Order Prescription Drugs</b>	<b>**PBM Prescription Out of Pocket Maximum \$3,600 Individual/ \$7,200 Family</b>		
<b>Prescription Drugs** Retail 30 Day Supply</b>	\$15 Copay; Generic \$30 Copay; Brand Formulary \$60 Copay; Brand Non-Formulary 20% Copay Specialty	N/A	No Coverage
<b>Prescription Drugs** Mail Order 90 Day Supply</b>	\$30 Copay; Generic \$60 Copay; Brand Formulary \$120 Copay; Brand Non-Formulary 20% Copay Specialty	No Coverage	No Coverage
<b>Injectable &amp; Infusion Drugs</b> Specialty Pharmacy	Deductible, then 20% Does not apply towards out of pocket maximum if Specialty Pharmacy is not used	Deductible, then 20% Does not apply towards out of pocket maximum if Specialty Pharmacy is not used	Deductible, then 50% Does not apply towards out of pocket maximum if Specialty Pharmacy is not used
<ul style="list-style-type: none"> <li>* The out-of-pocket limit does NOT include premiums, Rx PBM Copays, balance-billed charges, pre-cert penalties and excluded charges.</li> <li>Balance billing protection when you use a Network PPO provider</li> <li>In-Patient hospital admission requires mandatory notification to Managed Care Concepts: 1-866-750-2723</li> </ul>			
<b>Third Party Administrator:</b> Automated Group Administration ♦ 7605 Westfield Drive ♦ Fort Wayne, IN 46825 ♦ (260)489-6447 (800)888-6472 ♦ (260) 489-0365 Fax <i>This is an outline of benefits and not to be determined as a contract, for further definitions of covered benefits, see the Summary Plan Description</i>			

Please contact the Automated Group Administration Customer Service Line with any questions or concerns you may have. **1-800-888-6472**



# Northwest Allen County Schools

## Employee Benefits Summary Review

### Traditional Health Plan 'Plan A' – SIGNATURE CARE

To receive maximum benefits from your medical insurance coverage, you must use a doctor, EPO hospital or facility that is part of the Network.

*To locate a Signature Care Provider: 1-800-666-4449 or [www.parkview.com/SignatureCareDirectory](http://www.parkview.com/SignatureCareDirectory)*

*Pre Certification: Managed Care Concepts 1-866-750-2723*

**Benefits Effective: October 1, 2023**

Benefits	EPO Hospital, PPO Providers & No PPO Provider or EPO Hospital Available	PPO Hospital	NON-PPO Providers (Out of Network)
<b>Calendar Year Deductible (Embedded)</b>	\$500 Individual / \$1,000 Family	\$1,500 Individual / \$3,000 Family	\$3,500 Individual / \$7,000 Family
<b>Co-Insurance Benefit</b>	80%	70%	50%
<b>Out of pocket maximum * (includes Deductible)</b>	\$3,000 Individual / \$6,000 Family	\$6,000 Individual / \$12,000 Family	\$20,000 Individual / \$40,000 Family
<b>Lifetime Maximum</b>	Unlimited lifetime maximum Unlimited Plan year maximum		
<b>Preventive Care (ACA Preventive)</b> Routine physical exam, pap tests, Immunizations, etc.	100% Benefit; not subject to deductible	100% Benefit; not subject to deductible	Deductible, then 50%
<b>Physician Office Visit Only</b>	\$30 Copay	N/A	Deductible, then 50%
<b>Specialist Office Visit Only</b>	\$40 Copay	N/A	Deductible, then 50%
<b>Hospital Services</b>	Deductible, then 20%	Deductible, then 30%	Deductible, then 50%
<b>Maternity Services</b>	Deductible, then 20%	Deductible, then 30%	Deductible, then 50%
<b>Urgent Care Visit Only</b>	\$50 Copay	N/A	Deductible, then 50%
<b>Emergency Room (Copay waived if admitted)</b>	\$150 Copay	\$150 Copay	\$150 Copay
<b>Ambulance Services</b>	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%
<b>Chiropractic Services</b> Limited to 24 visits per calendar year	\$40 Copay	N/A	Deductible, then 50%
<b>Physical, Occupational &amp; Speech Therapy</b> Certain limits apply	\$30 Copay	\$30 Copay	Deductible, then 50%
<b>Mental Health, Alcohol &amp; Substance Abuse</b> Outpatient Care Visit Only Inpatient Care	\$30 Copay Deductible, then 20%	\$30 Copay Deductible, then 30%	Deductible, then 50% Deductible, then 50%
<b>Laboratory Services</b> If lab card used: 100% benefit, not subject to deductible	Deductible, then 20%	Deductible, then 30%	Deductible, then 50%
<b>Retail and Mail Order Prescription Drugs</b>	<b>**PBM Prescription Out of Pocket Maximum \$3,600 Individual/ \$7,200 Family</b>		
<b>Prescription Drugs ** Retail 30 Day Supply</b>	\$15 Copay; Generic \$30 Copay; Brand Formulary \$60 Copay; Brand Non-Formulary 20% Copay Specialty	N/A	No Coverage
<b>Prescription Drugs ** Mail Order 90 Day Supply</b>	\$30 Copay; Generic \$60 Copay; Brand Formulary \$120 Copay; Brand Non-Formulary 20% Copay Specialty	No Coverage	No Coverage
<b>Injectable &amp; Infusion Drugs</b> Specialty Pharmacy	Deductible, then 20% Does not apply towards out of pocket maximum if Specialty Pharmacy is not used	Deductible, then 20% Does not apply towards out of pocket maximum if Specialty Pharmacy is not used	Deductible, then 50% Does not apply towards out of pocket maximum if Specialty Pharmacy is not used
<ul style="list-style-type: none"> <li>* The out-of-pocket limit does NOT include premiums, Rx PBM Copays, balance-billed charges, pre-cert penalties and excluded charges.</li> <li>Balance billing protection when you use a Network PPO provider</li> <li>In-Patient hospital admission requires mandatory notification to Managed Care Concepts: 1-866-750-2723</li> </ul>			
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# Northwest Allen County Schools

## Employee Benefits Summary Review

### High Deductible Health Plan (HSA) – SIGNATURE CARE

To receive maximum benefits from your medical insurance coverage, you must use a doctor, EPO hospital or facility that is part of the Network.

To locate a Signature Care Provider: 1-800-666-4449 or [www.parkview.com/SignatureCareDirectory](http://www.parkview.com/SignatureCareDirectory)

Pre Certification: Managed Care Concepts 1-866-750-2723

**Benefits Effective: October 1, 2023**

Benefits	EPO Hospital, PPO Providers & No PPO Provider or EPO Hospital Available	PPO Hospital	NON-PPO Providers (Out of Network)
<b>Calendar Year Deductible (Embedded)</b>	\$3,000 Individual / \$6,000 Family	\$4,000 Individual / \$8,000 Family	\$6,000 Individual / \$12,000 Family
<b>Co-Insurance Benefit</b>	100%	90%	70%
<b>Out of pocket maximum * (includes Deductible)</b>	\$3,000 Individual / \$6,000 Family	\$6,000 Individual / \$12,000 Family	\$20,000 Individual / \$40,000 Family
<b>Lifetime Maximum</b>	Unlimited lifetime maximum Unlimited Plan year maximum		
<b>Preventive Care (ACA Preventive)</b> Routine physical exam, pap tests, Immunizations, etc.	100% Benefit; not subject to deductible	100% Benefit; not subject to deductible	Deductible, then 30%
<b>Physician Office Visit Only</b>	Deductible, then 0%	N/A	Deductible, then 30%
<b>Specialist Office Visit Only</b>	Deductible, then 0%	N/A	Deductible, then 30%
<b>Hospital Services</b>	Deductible, then 0%	Deductible, then 10%	Deductible, then 30%
<b>Maternity Services</b>	Deductible, then 0%	Deductible, then 10%	Deductible, then 30%
<b>Urgent Care Visit</b>	Deductible, then 0%	N/A	Deductible, then 30%
<b>Emergency Room</b>	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%
<b>Ambulance Services</b>	Deductible, then 0%	Deductible, then 0%	Deductible, then 0%
<b>Chiropractic Services</b> Limited to 24 visits per calendar year	Deductible, then 0%	N/A	Deductible, then 30%
<b>Physical, Occupational &amp; Speech Therapy</b> Certain limits apply	Deductible, then 0%	Deductible, then 10%	Deductible, then 30%
<b>Mental Health, Alcohol &amp; Substance Abuse</b> Outpatient Care Inpatient Care	Deductible, then 0% Deductible, then 0%	Deductible, then 10% Deductible, then 10%	Deductible, then 30% Deductible, then 30%
<b>Laboratory Services</b> Lab card: Discount Available	Deductible, then 0%	Deductible, then 10%	Deductible, then 30%
<b>Retail and Mail Order Prescription Drugs</b>	<b>**Major Medical Deductible First</b>		
<b>Prescription Drugs** Retail 30 Day Supply</b>	Deductible, then 0%; Generic Deductible, then 0%; Formulary Deductible, then 0%; Non-Formulary 20% Copay Specialty (\$2,000 OOP)	N/A	No Coverage
<b>Prescription Drugs** Mail Order 90 Day Supply</b>	Deductible, then 0%; Generic Deductible, then 0%; Formulary Deductible, then 0%; Non-Formulary 20% Copay Specialty(\$2,000 OOP)	Not Covered	No Coverage
<b>Injectable &amp; Infusion Drugs</b> Specialty Pharmacy	Deductible, then 0% Does not apply towards out of pocket maximum if Specialty Pharmacy is not used	Deductible, then 20% Does not apply towards out of pocket maximum if Specialty Pharmacy is not used	Deductible, then 30% Does not apply towards out of pocket maximum if Specialty Pharmacy is not used
<ul style="list-style-type: none"> <li>* The out-of-pocket limit does NOT include premiums, balance-billed charges, pre-cert penalties and excluded charges.</li> <li>Balance billing protection when you use a Network PPO provider</li> <li>In-Patient hospital admission requires mandatory notification to Managed Care Concepts: 1-866-750-2723</li> </ul> <p><b>Third Party Administrator:</b> Automated Group Administration ♦ 7605 Westfield Drive ♦ Fort Wayne, IN 46825 ♦ (260)489-6447 (800)888-6472 ♦ (260) 489-0365 Fax</p> <p><i>This is an outline of benefits and not to be determined as a contract, for further definitions of covered benefits, see the Summary Plan Description</i></p>			

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# Signature Care EPO Network

The Signature Care EPO (Exclusive Provider Organization) network is dedicated to providing members with the best healthcare providers at the best rate. Members receive the highest level of benefit coverage when utilizing one of these EPO facilities.

Call for more information:  
**260-266-5510**  
**800-666-4449** toll free  
[Parkview.com/EmployerSolutions](http://Parkview.com/EmployerSolutions)

## Allen County facilities

- Parkview Hospital Randalla
- Parkview Regional Medical Center
- Parkview Behavioral Health
- Parkview Ortho Hospital
- Parkview Premier Surgery
- Parkview Inverness Surgery Center
- Parkview Endoscopy Center
- Parkview SurgeryONE

## Other Indiana facilities

- Parkview DeKalb Hospital
- Parkview Huntington Hospital
- Parkview LaGrange Hospital
- Parkview Noble Hospital
- Parkview Wabash Hospital
- Parkview Warsaw
- Parkview Whitley Hospital
- Adams Memorial Hospital
- Cameron Memorial Community Hospital
- Logansport Memorial Hospital

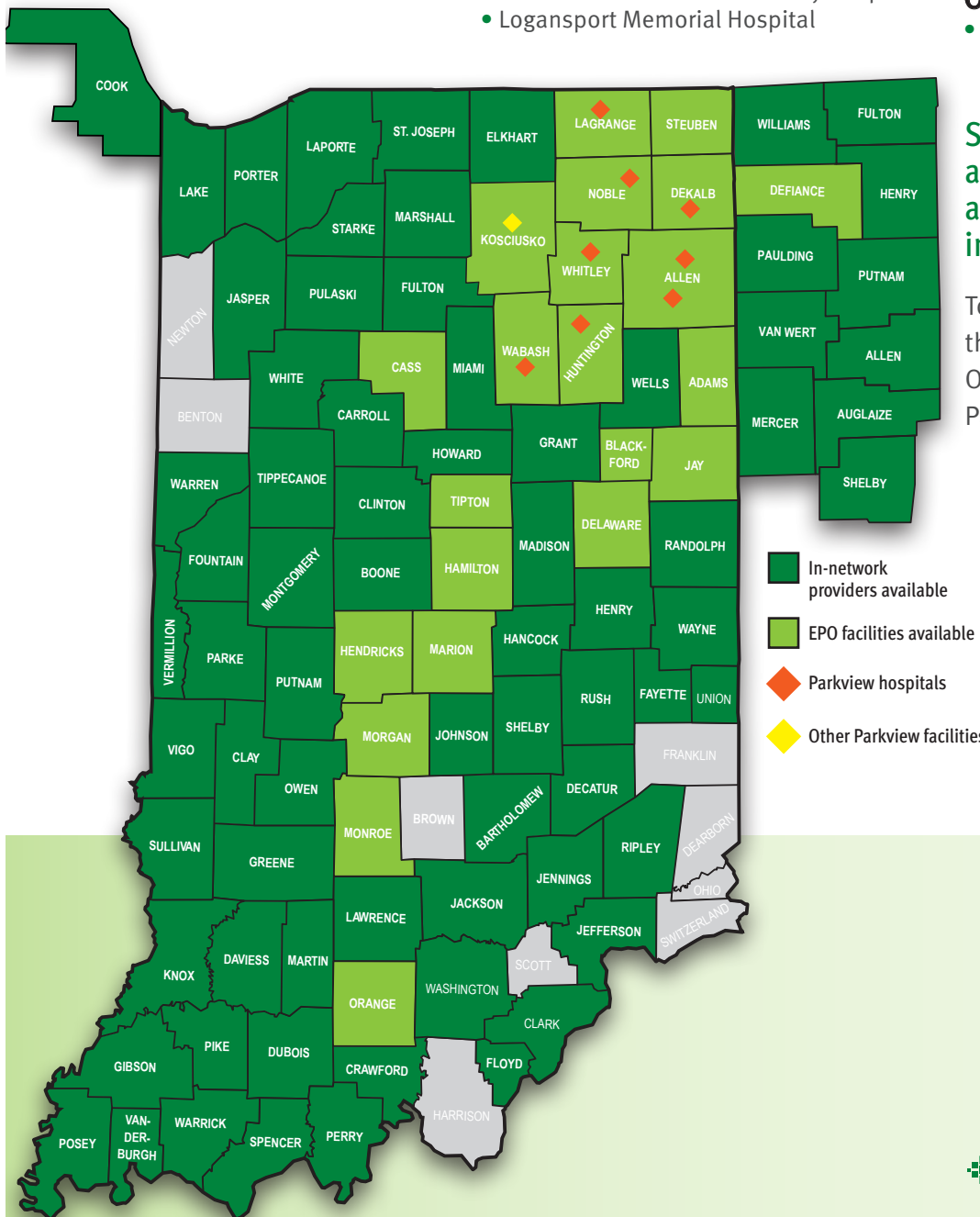
## IU Health System

- IU Health Methodist Hospital
- IU Health Ball Memorial Hospital
- IU Health University Hospital
- IU Health Bloomington Hospital
- Riley Hospital for Children at IU Health
- IU Health Jay

\*for a complete listing of facilities, including additional IU facilities, please go to: [Parkview.com/SignatureCareDirectory](http://Parkview.com/SignatureCareDirectory)

## Ohio facilities

- Community Memorial Hospital (Defiance County)



Signature Care EPO facilities and in-network providers are located in the counties indicated on this map.

To view all Signature Care providers throughout Indiana and northwest Ohio, visit our online directory at [Parkview.com/SignatureCareDirectory](http://Parkview.com/SignatureCareDirectory).

- In-network providers available
- EPO facilities available
- Parkview hospitals
- Other Parkview facilities



# Northwest Allen County Schools

## SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
<b>EXAM SERVICES</b>		
Exam	\$0 copay	Up to \$40
Retinal Imaging	Up to \$39	Not covered
<b>CONTACT LENS FIT AND FOLLOW-UP</b>		
Fit and Follow-up - Standard	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
<b>FRAME</b>		
Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$91
<b>STANDARD PLASTIC LENSES</b>		
Single Vision	\$0 copay	Up to \$30
Bifocal	\$0 copay	Up to \$50
Trifocal	\$0 copay	Up to \$70
Lenticular	\$0 copay	Up to \$70
Progressive - Standard	\$55 copay	Up to \$50
Progressive - Premium Tier 1 - 4	\$85 - 175 copay	Up to \$50
<b>LENS OPTIONS</b>		
Anti Reflective Coating - Standard	\$45	Up to \$5
Anti Reflective Coating - Premium Tier 1 - 3	\$57 - 85	Up to \$5
Photochromic - Non-Glass	Choose	Not covered
Polycarbonate - Standard	\$40	Not covered
Polycarbonate - Standard < 19 years of age	\$0 copay	Up to \$5
Scratch Coating - Standard Plastic	\$0 copay	Up to \$5
Tint - Solid and Gradient	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
<b>CONTACT LENSES</b>		
Contacts - Conventional	\$0 copay; 15% off balance over \$130 allowance	Up to \$91
Contacts - Disposable	\$0 copay; 100% of balance over \$130 allowance	Up to \$91
Contacts - Medically Necessary	\$0 copay; paid in full	Up to \$300
<b>OTHER</b>		
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
<b>FREQUENCY</b>	<b>ALLOWED FREQUENCY - ADULTS</b>	<b>ALLOWED FREQUENCY - KIDS</b>
Exam	Once every plan year	Once every plan year
Frame	Once every other plan year	Once every other plan year
Lenses	Once every plan year	Once every plan year
Contact Lenses	Once every plan year	Once every plan year

(Plan allows member to receive either contacts and frame, or frames and lens services)



**40% OFF**

additional complete pair of prescription eyeglasses

**20% OFF**

non-covered items, including non-prescription sunglasses

### Find an eye doctor (Insight Network)

- 866.804.0982
- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

### Heads Up

You may have additional benefits. Log into [eyemed.com/member](http://eyemed.com/member) to see all plans included with your benefits.

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.



**Delta Dental PPO<sup>SM</sup> (Point-of-Service)**  
Coverage effective October 1, 2018

	<b>Delta Dental PPO Dentist</b>	<b>Delta Dental Premier<sup>®</sup> Dentist</b>	<b>Non-participating Dentist</b>
	<b>Plan Pays</b>	<b>Plan Pays</b>	<b>Plan Pays*</b>
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Sealants</b> - to prevent decay of permanent teeth	100%	100%	100%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	100%
<b>Radiographs</b> - X-rays	100%	100%	100%
<b>Basic Services</b>			
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	80%	80%	80%
<b>Minor Restorative Services</b> - fillings and crown repair	80%	80%	80%
<b>Endodontic Services</b> - root canals	80%	80%	80%
<b>Periodontic Services</b> - to treat gum disease	80%	80%	80%
<b>Oral Surgery Services</b> - extractions and dental surgery	80%	80%	80%
<b>Other Basic Services</b> - misc. services	80%	80%	80%
<b>Major Services</b>			
<b>Major Restorative Services</b> - crowns	50%	50%	50%
<b>Relines and Repairs</b> - to bridges, dentures, and implants	50%	50%	50%
<b>Prosthetic Services</b> - bridges, dentures, and implants	50%	50%	50%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> - braces	50%	50%	50%
<b>Orthodontic Age Limit</b> -	Up to age 19		

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

**Maximum Payment** - \$1,500 per person total per calendar year on Diagnostic & Preventive, Basic Services, and Major Services. \$1,000 per person total per lifetime on Orthodontics.

**Deductible** - \$25 deductible per person total per calendar year limited to a maximum deductible of \$75 per family per calendar year on all services except Diagnostic and Preventive Services, Sealants, Brush Biopsy, X-rays, and Orthodontic Services.

The deductible met under the previous carrier for the period January 1, 2018, through September 30, 2018, will be applied to the 2018 calendar year deductible with Delta Dental. It is the subscriber's responsibility to provide Delta Dental with adequate documentation of the deductible met under the previous carrier.

**Note** - This document is only intended to provide a brief description of your benefits. Please refer to your Certificate and summary for a complete description of benefits, exclusions, and limitations.

**Welcome to Indiana's largest dental benefits family!**

As a member of Delta Dental of Indiana, you have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier.

- It's easy to find a dentist! Four out of five dentists nationwide participate in our network.
- You have superior access to care and fee savings because of our agreements with participating dentists.
- Our dentists cannot balance bill you, which means more money in your pocket!
- No troublesome paperwork! Network dentists will fill out and file your claims.
- Pay only your copayments and/or deductibles when you receive care from network dentists - there are no hidden fees.
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

**Quality Dental Program**

With our quick and accurate claims processing, we pay more than 90% of claims in 10 days or less. Delta Dental also offers world-class customer service from our BenchmarkPortal Certified Center of Excellence call center.

**Online Access**

Our online Consumer Toolkit lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more - all at your own convenience.

**A Healthy Smile**

Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

**Questions?**

If you have questions, please call our Customer Service team at (800) 524-0149 or look online at [www.DeltaDentalIN.com](http://www.DeltaDentalIN.com).

# TOOLS TO SAVE YOU MONEY



## TrueScripts

1-844-257-1955 or [memberportal.truescripts.com](http://memberportal.truescripts.com)

The TrueScripts Member Portal gives you 24/7 access to your plan information, claims history, and other tools and resources that will help you save money and get the most out of your prescription benefits. Our friendly Member Care team is available to address any concerns discreetly and with a professional attitude, toll free Monday-Friday 8:00 a.m.-6:00 p.m.

*See attached for more details.*

## HealthiestYou

1-866-703-1259 or [www.healthiestyou.com](http://www.healthiestyou.com)

With HealthiestYou you can connect to a doctor, get treatment, and get prescriptions, 24 hours a day, 7 days a week over the phone or via the mobile app. Using HealthiestYou can SAVE YOU TONS OF MONEY and no more sitting around in waiting rooms. And best of all, it's FREE. *See attached for more details.*

## Managed Care Concepts Chronic Care

1-866-750-2723

Managed Care Concepts Chronic Care Program is a set of coordinated services designed to help members manage chronic medical conditions such as asthma, diabetes, hypertension, congestive heart failure, coronary artery disease and/or obesity.

*See attached for more details.*

## Direct Imaging

(260)-212-1901 or [www.DirectImagingLLC.net](http://www.DirectImagingLLC.net)

Direct Imaging LLC, a subsidiary of DirectCare LLC, is a freestanding outpatient imaging services (MRI, CT, Ultrasound and X-rays) facility that offers the most affordable out-of-pocket cost in the area. At Direct Imaging, we use the most advanced Siemens MRI technology, equipped with 1.5 Tesla scanners. To meet other imaging needs, we also offer Siemens 64 slice CT Scanner, Digital X-Ray and Ultrasound. *See attached for more details.*

## Lab Service Program

1-888-522-2677 or [www.labcorp.com](http://www.labcorp.com) | 1-800-646-7788 or [www.labcard.com](http://www.labcard.com)

The LabCorp and Quest programs allows you to obtain substantial discounts on certain outpatient laboratory testing.

*See attached for more details.*

## EPIC Hearing

1-877-606-3742 or [www.epichearing.com](http://www.epichearing.com)

EPIC's Hearing Service Plan offers a national alliance of independent ear physicians and audiologists dedicated to high-quality hearing care. Your EPIC benefit ensures substantial savings on name-brand hearing aids and products to protect and improve your hearing.

## Daavlin Home Phototherapy

1-800-322-8546 or [www.daavlin.com](http://www.daavlin.com)

Phototherapy is the use of a special type of medical light to treat skin conditions such as Psoriasis, Vitiligo, Eczema, and CTCL. Daavlin offers personal-sized phototherapy products that can be used in the comfort and convenience of your own home. This safe and easy treatment is now available to you at a highly discounted price. *See attached for more details.*

*For more information go to [www.aga-tpa.com](http://www.aga-tpa.com)*



# Northwest Allen County Schools

## ***WHY USE THE NACS HEALTH & WELLNESS CENTER?***

### **NO CO-PAY**

Employees using NACS insurance can take advantage of our onsite clinic free of charge

### **NO COST FOR MEDICATIONS FILLED AT THE CLINIC**

We have many of the most commonly prescribed medications in generic form, including medications for the treatment of:

- Hypertension
- High Cholesterol
- Diabetes
- Strep Throat
- Upper Respiratory Infection
- Sinus Infection/Congestion
- Urinary Tract Infection

### **CONVENIENT LOCATION**

3905 Carroll Road, Door 27, Fort Wayne, IN

Phone: (260) 373-7525

### **CONVENIENT HOURS** *(Subject to change)*

Monday: 1:00 pm- 6:30 pm

Tuesday: 6:30 am - 11:00 am

Wednesday: 3:00 pm - 6:30 pm

Thursday: 6:30am -9:30 am; 3:00 pm-6:30 pm

Friday: CLOSED

*To schedule your first clinic visit or to inquire about same day appointments, please call 260-373-7525. If you have established a relationship with the NACS clinic and have an active MyChart account, you can begin scheduling appointments by accessing your MyChart account.*

### **LAB SERVICES**

Lab services available during all hours of operation, with a skilled phlebotomist dedicated to lab draws Thursday morning during clinic hours.

### **PHYSICIAN COVERAGE**

A physician covers Monday, Thursday and Friday; a Nurse Practitioner covers Tuesday and Wednesday at the NACS Health & Wellness Center.

### **ACCESS ONLINE**

Visit [www.nacshealthwellness.org](http://www.nacshealthwellness.org) for the most up-to-date information.



**PARKVIEW**  
PHYSICIANS GROUP

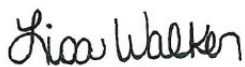
## Welcome, NW Allen County Schools, to TrueScripts!

As your prescription benefit management company, we work with you and NW Allen County Schools as a team to achieve the best possible value from your prescription benefit plan. We strive to provide cost-effective solutions without interfering with the quality of your healthcare. Here are some key points to keep in mind effective 10/1/2022:

1. You will be receiving **new insurance ID cards** from AGA (TPA) with the TrueScripts pharmacy billing information. It is imperative that you present this card to your pharmacy when filling prescriptions on or after 10/1/2022 this includes refills. We also suggest telling the pharmacy staff you have switched to TrueScripts – this will minimize any confusion and delays in filling your prescription.
2. **90-day supply prescriptions** can conveniently be filled at any retail pharmacy or filled through our mail order provider listed on the attached form. A new prescription will be needed for your healthcare provider for 90-day fills at the retail pharmacy or mail order. Since your provider should be able to call this into your pharmacy of choice, an office visit typically will not be required.
3. If you have a **Prior Authorization** in place for a medication or taking a **Specialty Medication**, please contact our Member Care staff prior to 10/1/2022 to prevent disruption at the pharmacy. If you are not sure if a prior authorization is in place for any of your current medications, please contact us and we will verify if one is required.
4. The TrueScripts Member Portal gives you 24/7 access to your plan information, claims history, and other tools and resources that will help you save money and get the most out of your prescription benefits. To register, please visit [memberportal.truescripts.com](http://memberportal.truescripts.com).

Our friendly Member Care team is available to address any concerns discreetly and with a professional attitude. Please contact us toll free Monday-Friday 8:00 a.m.-6:00 p.m. EST at (844) 257-1955 with any questions. Again, welcome to TrueScripts. We look forward to a long and successful partnership with you!

Your Account Management Team,



Lisa M. Walker  
Director of Account Management



Anne Leischner  
Account Executive



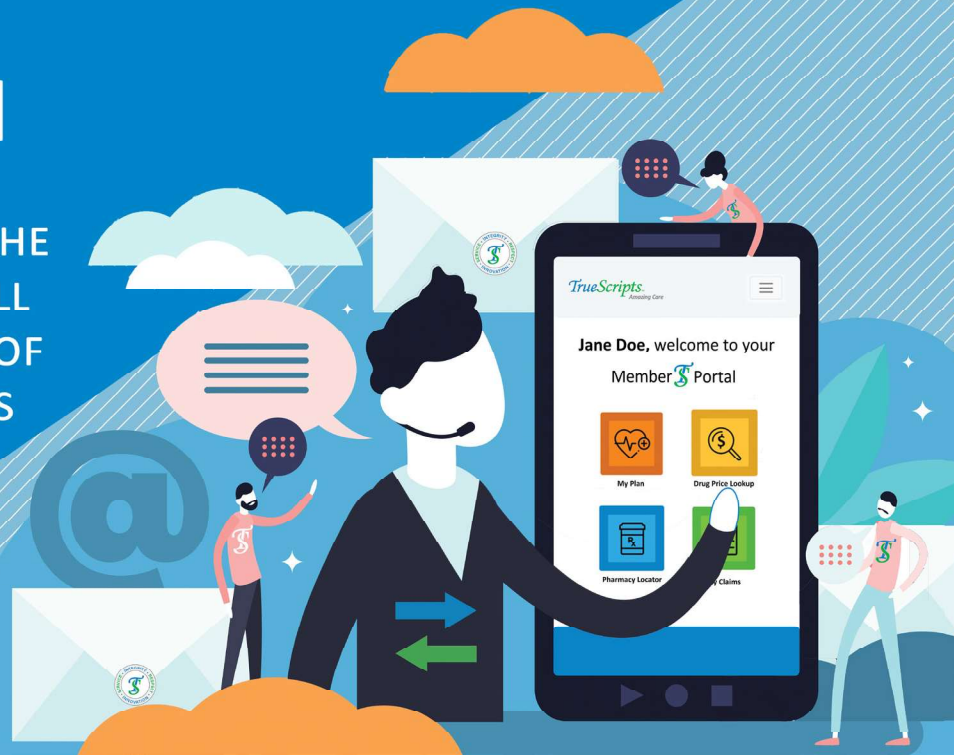
Briana Alvarez  
Account Manager

*In case you need to fill a prescription and have not received your new ID card from AGA, please present this letter to your pharmacy staff. For your member ID number, please contact TrueScripts Member Care at (844) 257-1955 or your pharmacy can contact the pharmacy help desk at (855) 326-2159.*

# Member Portal

KEEPING YOU CONNECTED TO THE TOOLS & RESOURCES THAT WILL HELP YOU GET THE MOST OUT OF YOUR PRESCRIPTION BENEFITS

[memberportal.truescripts.com](https://memberportal.truescripts.com) **Get Started!**



## Drug Price Lookup

Drug prices can vary significantly from pharmacy to pharmacy. Our Drug Price Lookup tool allows you to quickly and easily check real-time pricing on your medications so that you always get the best price!



## Pharmacy Locator

With more than 70,000 pharmacies in the TrueScripts network, you are sure to find one convenient to you. To search our database of pharmacies, just enter your preferred location into our Pharmacy Locator tool.



## My Plan

Access your plan structure to identify individual and family out-of-pocket and deductible amounts, as well as co-pay amounts for various types of drugs.



## My Claims

Track claims information, including co-pay totals, for you and your eligible dependents.

Additional resources, including money-saving tips and member forms, are located inside the TrueScripts Member Portal as well. This portal is intended to serve as an added layer of service for our members. Our team of clinical experts and care specialists are also available to provide assistance and **Amazing Care!**

**TrueScripts**<sup>™</sup>  
Amazing Care

**We Are Experts in Prescription Benefits.**

And we are here for **you!**

[PartnerWithUs@TrueScripts.com](mailto:PartnerWithUs@TrueScripts.com)

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# KEEPING YOU CONNECTED

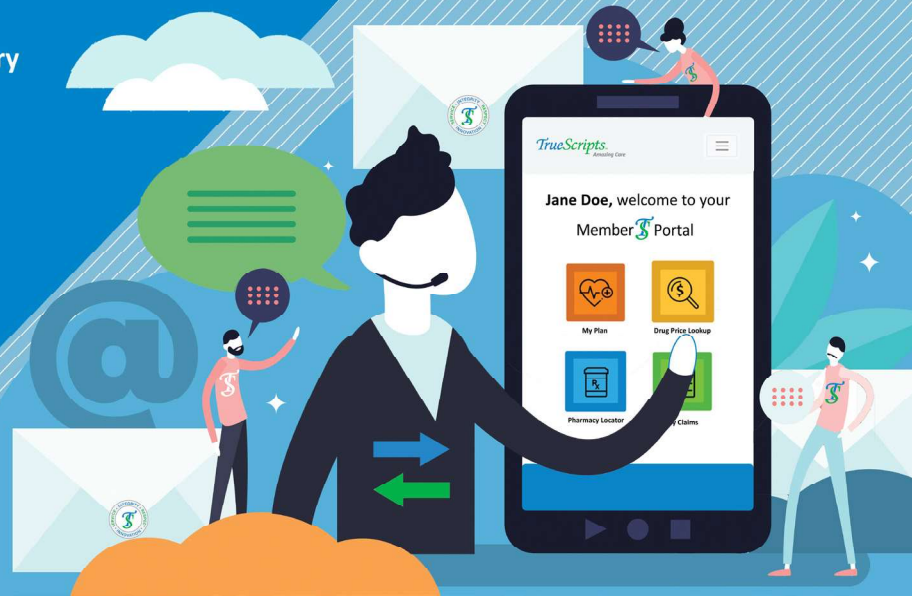
## Member Portal

- Your Personal Plan Information & Claims History
- Real-Time Drug Price Lookup
- Pharmacy Locator
- Other Member Forms & Resources
- 24 Hours a Day, 7 Days a Week



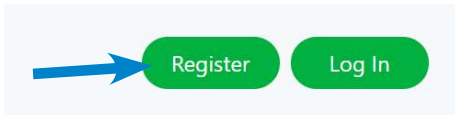
Scan above  
or  
Enter below

[memberportal.truescripts.com](https://memberportal.truescripts.com) **Get Started!**



## Follow these instructions to register for the TrueScripts Member Portal:

- Enter the URL above into your web browser or click “Get Started” if viewing this document electronically. You can also scan the QR code from your mobile device to begin the registration process.
- On the Member Portal landing page, choose “Register” from the top navigation bar.



- Enter your personal information to complete the registration process.  
*\*Note that you will need to have your Member ID card readily available*
- Check your email to verify and complete your account set-up.
- Once inside the portal, quickly access important information and helpful resources from your Member Dashboard. The Drug Price Lookup and Pharmacy Locator tools will help you find the pharmacies nearest you with the best price for your medications.



My Plan



My Claims



Drug Price Lookup



Pharmacy Locator

If you have any questions along the way, please call us at the number below.  
Our team is prepared to provide you with *Amazing Care!*

**TrueScripts**<sup>™</sup>  
Amazing Care

**We are Experts in Prescription Benefits.**

Questions? Please call and speak to a care specialist who will answer your questions. **844-257-1955**



# 100% FREE TO YOU! NO CO-PAY

GETTING STARTED IS AS EASY AS

1 2 3

**Your employer has partnered with RxFREE4Me to make several medications 100% FREE.**

All insulin, most brand drugs, and many more are available to you. RxFREE4Me offers 24/7 customer support with over 1.2 million members served.

Start saving today and enroll in less than 5 minutes.

1

Call (866) 750-2723  
or email [faxinbox@mcc-tx.com](mailto:faxinbox@mcc-tx.com)

2

Answer a few brief questions

3

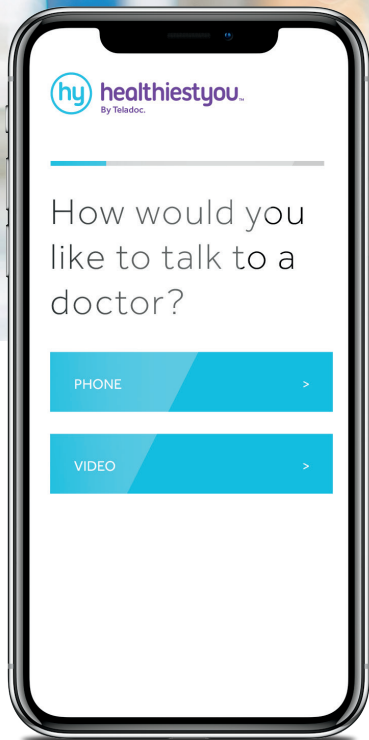
Receive your Rx FREE

**CONTACT US TO START SAVING TODAY!**



Nationwide Pharmacy | 24/7 Member Support | [RxFree4Me.com](http://RxFree4Me.com)  
[faxinbox@mcc-tx.com](mailto:faxinbox@mcc-tx.com) | (866) 750-2723 | Fax: (409) 886-5715

# Wherever you go, talk to a doctor for free by phone or video 24/7.



Download the HealthiestYou app, create an account, complete your medical history, and talk to a doctor for free whenever you need to.

**Take control of your health with free doctor visits 24/7 at home or on the go.**



**See a doctor 24/7**

Talk to a licensed doctor by phone or video from anywhere



**Save money**

Find the lowest-cost prescriptions in your area



**Find a pharmacy nearby**

Locate a pharmacy near you to pick up prescriptions from your doctor visit\*

\*Medicine is prescribed when medically necessary



**Download the HealthiestYou app today.**



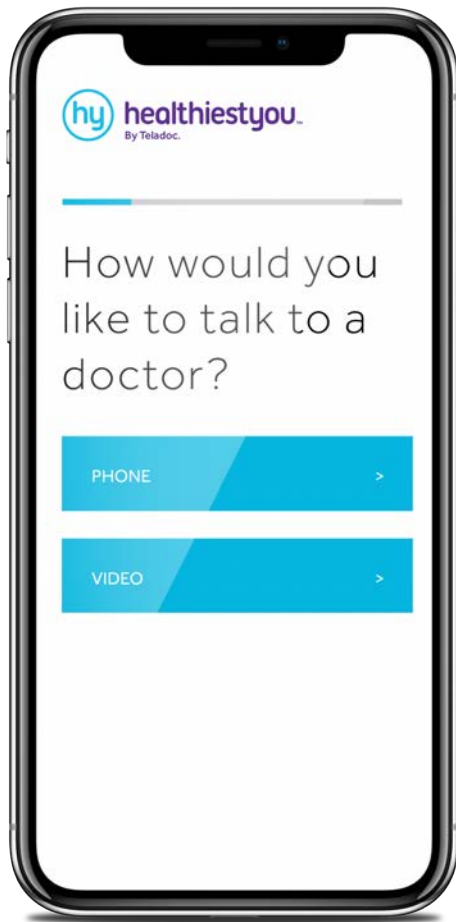


healthiestyou.<sup>™</sup>  
By Teladoc.

Be your Healthiest You



# Set up your HealthiestYou account in 4 easy steps.



Download the app to connect to doctors for free by phone or video 24/7, shop the lowest-cost prescriptions, and much more.

- 1 Download the app**  
Search "HealthiestYou" in the app store or on Google Play.
- 2 Set up your account**  
Once you've downloaded the app, select "Register," then choose "Employee" as your membership type.
- 3 Enter basic contact information**  
Type in your last name, date of birth, and ZIP code.
- 4 Type in your security information**  
Enter a valid email address, password, the best number for our doctors to reach you, your preferred language, and accept terms and conditions.



All doctor visits are free. Download the app today!  | 

HealthiestYou.com | 866-703-1259



HealthiestYou is now part of Teladoc Health, the global leader in virtual care.

Teladoc Health, Inc., on its own behalf and on behalf of its affiliates and/or wholly owned subsidiaries including but not limited to Best Doctors, Inc.; HealthiestYou, Inc.; Teladoc Physicians, P.A., collectively referred to as "Teladoc Health," "we," "us," or "our"), owns and operates the websites located at www.teladoc.com, www.bestdoctors.com, www.askbestdoctor.com, members.bestdoctors.com, www.healthiestyou.com, and various mobile applications (collectively, the "site" or "sites"). Through these sites we operate various online services that enable eligible individuals ("members") to receive various types of healthcare information and telehealth services ("services"). The sites also have public portions that allow anyone to educate themselves on the services available from Teladoc Health. 10E-207B\_347083860\_05282019

# Managed Care Concepts: Chronic Care Program

Managed Care Concepts Chronic Care Program is a set of coordinated services designed to help members manage chronic medical conditions such as asthma, diabetes, hypertension, congestive heart failure, coronary artery disease and/or obesity.

Chronic Care Programs (or disease management programs as they were known in the past) focus on chronic conditions, such as the ones listed above, because they are conditions where good self-management has been shown to produce a positive clinical impact.

Chronic Care Management helps in accomplishing risk reversal by focusing on:

- Employee Awareness/Education
- Behavior Modification Programs
- Nutrition/Exercise Strategies
- Healthy Lifestyle Coaching
- Medical Follow-Up

## HOW MUCH DOES THIS COST?



The program is provided to you at NO ADDITIONAL COST and is 100% confidential!

This program includes, but is not limited to:

- Telephonic Coaching by trained nurse coaches
- Unlimited inbound calls to your nurse coach
- Educational Materials mailed to your home or via email
- Coordination of services with your physicians and/or other healthcare providers.

## IF YOU WISH TO PARTICPATE:



Contact the *WELL*-Managed Chronic Care Program at 1-866-750-2723 and ask to speak to a chronic care nurse manager for more information. Members can self-refer to the program.

**Call now to start your journey to better health!**

# Managed Care Concepts: Healthy Track

Successfully managing your life with diabetes can be challenging. Healthy Track is a platform of healthcare services designed to get and keep you on a “healthy track”. This is accomplished through the FDA approved Blood Glucose Monitor which provides real time data and comprehensive Nurse Navigator support.

## WHAT IS INCLUDED?



Healthy Track includes a Blood Glucose Monitor and a portal system, as well as 24-hour access to the Diabetic Care Line (1-866-751-2723) and full access to the Health Track Nurse Support line (1-866-750-2723).

The Blood Glucose Meter accurately tests glucose levels and automatically sends the results to the patient’s secure and personal on-line portal, which can be shared with healthcare professionals or individuals involved in patient care. The meter has an intuitive user interface and is easy to use, including a color LCD screen, rechargeable battery and the ability to store up to 450 readings.

## WHY USE HEALTHY TRACK?



The portal system eliminates the need for traditional paper logbooks and contains features for running test history reports. In addition, the system can be programmed to send text message alerts of test results to any mobile phone or to your physician!

## HOW DO I PARTICIPATE?



Call the Diabetic Nurse Line Support at 1-866-751-2723 to begin!



# Lab Service Program

LabCorp and QuestSelect are programs offered by your employer that helps you and your covered dependents save money on covered laboratory services when testing is performed at LabCorp or Quest.

## DO I HAVE TO USE THE LAB SERVICE PROGRAM?



You are not required to use the discount program; however, by participating in the program, you and your covered dependents can save money on covered laboratory services.

## HOW DO I TAKE ADVANTAGE OF THE PROGRAM?



Simply present a physician's order for covered laboratory testing and your insurance card with the LabCorp or Quest logo at any LabCorp or Quest specimen collection lab.

## WHERE CAN I GO TO RECEIVE DISCOUNTED TESTING?



To locate a specimen collection lab near you, use the Find A Lab feature on LabCorp's website at [www.labcorp.com](http://www.labcorp.com) or by phone at 1-888-522-2677. To locate a Quest collection lab near you, visit [www.QuestSelect.com](http://www.QuestSelect.com) or call 1-800-646-7788.

The screenshot shows the LabCorp website's 'Find a Lab Near You' page. It features a search bar with fields for 'Locate Me', 'Enter address or zip code', and a dropdown for 'Select Service'. Below the search bar, there is an 'Advanced Search' section with a note: 'Not all lab locations offer all services. Not sure about which service to select? [Learn more](#) about testing services.' Another note states: 'Labcorp patient service centers do not collect specimens for the COVID-19 swab test. Labcorp patient service centers do collect blood specimens for the COVID-19 antibody test. Not sure what test you need? [Learn more](#) about the different COVID-19 tests available to you.' There are three main sections: 'No appointment? No problem. Walk-ins are welcome.', 'Prefer to make an appointment?', and three icons for 'Lab Locations', 'Testing Services', and 'Appointments'.

The screenshot shows the Quest Diagnostics website's 'Appointment / Location' search interface. It includes a navigation bar with 'Home', 'For Patients', 'For Physicians & Hospitals', 'For Companies & Organizations', and 'Contact Us'. The search form has three main sections: 'Location' (City, State, ZIP), 'Reason for testing' (Labcard-Routine, PADCheck Testing), and 'Date / Time' (Friday, Feb 20, 2015, 9:00 AM). There is a 'Find' button and a checkbox for 'See locations on map'. Below the search form, there is a section for 'MyQuest' and 'Authorized VBZIP Search user'.

# Imaging Discount Services (MRI, CT, Ultrasound, X-Ray)

Direct Imaging LLC, a subsidiary of DirectCare LLC, is a freestanding outpatient imaging services (MRI, CT, Ultrasound and X-rays) facility, located at 1355 Getz Rd, Suite B, Fort Wayne, IN 46804, that offers the most affordable out-of-pocket cost in the area. You are not required to use the discount program; however, by participating in the program, you and your covered dependents can save money on covered imaging services.

## Professional interpretation

- All exams are interpreted by Summit Radiology board-certified radiologists
- Images and reports are available through their secure, HIPPA-compliant website or via CD

## Fast and Efficient

Results are sent within 24 hours, but can be sent STAT upon request.

## One Flat Rate

⚙ The low pricing includes the cost of your exam and the radiologists interpretation. No hidden costs or fees.

## Lower Out-of-pocket Cost

⚙ The Direct Imaging program helps you and your covered dependents save money on covered imaging services when testing is performed at Direct Imaging in Fort Wayne. This program allows you to receive substantial discounts on imaging services, and in some cases may be free.

## Advanced Technology

***MOST ADVANCED INDEPENDENT FREE-STANDING IMAGING FACILITY IN FORT WAYNE***

⚙ High quality 1.5 Tesla MRI, 64 Slice CT, Digital X-Ray, and Ultrasound



## Same or Next-day Appointments

⚙ Being a "Patient" isn't about waiting. They will find a time that works for you.

## Rapid Results

⚙ The technology ecosystem allows for a quick report turn-around time, in most instances within 24 hours. Providers can secure access to view images anywhere and have the ability to burn onto a CD.

## Comfort and Convenience

⚙ Getting an MRI might feel like a big step. They will do their best to make it a comfortable and relaxing experience.

**SAME DAY OR NEXT DAY APPOINTMENTS  
MONDAY – FRIDAY 8AM – 5PM**

# Direct Imaging

MRI . CT Scan . Ultrasound . X-Ray

[www.DirectImagingLLC.net](http://www.DirectImagingLLC.net)

**P: 260.212.1901**

**Fax: 260.999.5889**

*Next to Meijer on Illinois Rd.*



1355 Getz Rd, Suite B, Fort Wayne, IN 46804  
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# Daavlin Home Phototherapy Benefit

Phototherapy is a safe and highly effective treatment for such skin diseases as psoriasis, eczema, and vitiligo, as well as many others. It can take place in a clinical setting or be prescribed for use in the patient's home. For best results, phototherapy treatments need to occur about three times a week for several weeks to months depending on the disease. Home phototherapy is popular because it is easy for patients to maintain consistency in their treatment schedule

Most phototherapy performed today uses Narrowband UVB. This is the most therapeutic band of light and treatments are quite brief, typically just seconds to minutes in duration! Patients simply expose the affected skin to the light - there is no need for other drugs or medications. Once the treatment is over, patients can go about their day as normal.

## HOW MUCH DOES THIS COST?

**i** The program is provided to you at a substantial discount, or in some cases AT NO COST!

## WHAT ARE THE RISKS?

**i** Contrary to other therapies, phototherapy can be prescribed for many types of patients. Pregnant women, children, the elderly, and those with compromised immune systems can all benefit from this safe and effective treatment. Side effects are mild and temporary. Examples are dry skin, itching, or occasional erythema.

## IF YOU WISH TO PARTICIPATE:

**i** Discuss this option with your physician and then contact AGA at 1-800-888-6472 to start the process!



# QicLink Benefits Exchange

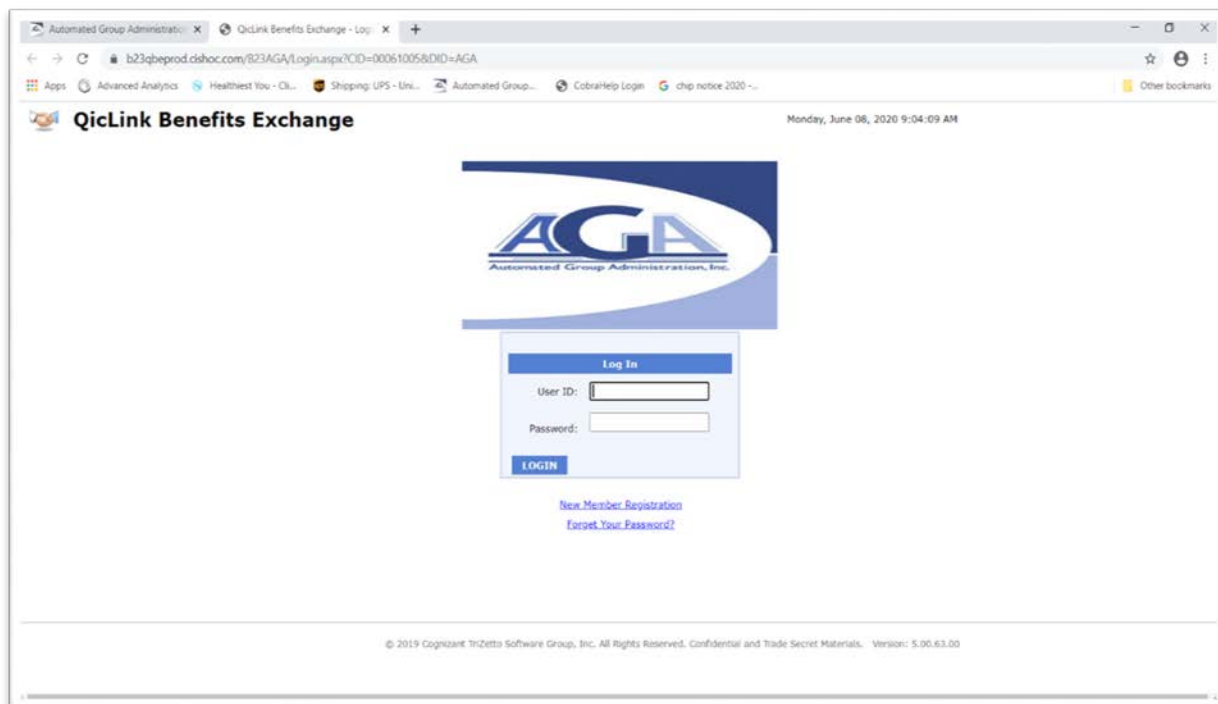
QicLink Benefit Exchange (QBE) provides Internet access to claim information for members. As a QBE member, you will have access to the following features:

- View member information
- View deductible and out of pocket information
- Submit request for ID cards
- View or print copies of explanations of benefits (EOB's)
- Access links to healthcare management-related websites

## HOW DO I REGISTER?



QBE can be accessed through the [www.agg-tpa.com](http://www.agg-tpa.com) website. Or visit <https://b23qbeprod.cishoc.com/AGA>. Click on New Member Registration. Enter your group number (6XXX), your Member ID from your insurance card and your date of birth.



## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility –**

<b>ALABAMA Medicaid</b>	<b>ALASKA Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
<b>ARKANSAS Medicaid</b>	<b>CALIFORNIA Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>COLORADO Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>FLORIDA Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html">https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html</a> Phone: 1-877-357-3268



<p align="center"><b>GEORGIA Medicaid</b></p> <p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>  Phone: 678-564-1162, Press 1  GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>  Phone: (678) 564-1162, Press 2</p>	<p align="center"><b>INDIANA Medicaid</b></p> <p>Healthy Indiana Plan for low-income adults 19-64  Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>  Phone: 1-877-438-4479  All other Medicaid  Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  Phone 1-800-457-4584</p>
<p align="center"><b>IOWA Medicaid and CHIP (Hawki)</b></p> <p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>  Medicaid Phone: 1-800-338-8366  Hawki Website:  <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>  Hawki Phone: 1-800-257-8563  HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>  HIPP Phone: 1-888-346-9562</p>	<p align="center"><b>KANSAS Medicaid</b></p> <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>  Phone: 1-800-792-4884  HIPP Phone: 1-800-766-9012</p>
<p align="center"><b>KENTUCKY Medicaid</b></p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a>  KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>  Phone: 1-877-524-4718  Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p align="center"><b>LOUISIANA Medicaid</b></p> <p>Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p align="center"><b>MAINE Medicaid</b></p> <p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>  Phone: 1-800-442-6003  TTY: Maine relay 711  Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofa/applications-forms">https://www.maine.gov/dhhs/ofa/applications-forms</a>  Phone: 1-800-977-6740  TTY: Maine relay 711</p>	<p align="center"><b>MASSACHUSETTS Medicaid and CHIP</b></p> <p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>  Phone: 1-800-862-4840  TTY: (617) 886-8102</p>
<p align="center"><b>MINNESOTA Medicaid</b></p> <p>Website:  <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>  Phone: 1-800-657-3739</p>	<p align="center"><b>MISSOURI Medicaid</b></p> <p>Website:  <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>
<p align="center"><b>MONTANA Medicaid</b></p> <p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084  Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>	<p align="center"><b>NEBRASKA Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 1-855-632-7633  Lincoln: 402-473-7000  Omaha: 402-595-1178</p>

<b>NEVADA Medicaid</b>	<b>NEW HAMPSHIRE Medicaid</b>
<p>Medicaid Website: <a href="http://dhcfnv.gov">http://dhcfnv.gov</a>  Medicaid Phone: 1-800-992-0900</p>	<p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
<b>NEW JERSEY Medicaid and CHIP</b>	<b>NEW YORK Medicaid</b>
<p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Medicaid Phone: 609-631-2392  CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710</p>	<p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>
<b>NORTH CAROLINA Medicaid</b>	<b>NORTH DAKOTA Medicaid</b>
<p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>  Phone: 919-855-4100</p>	<p>Website:  <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>  Phone: 1-844-854-4825</p>
<b>OKLAHOMA Medicaid and CHIP</b>	<b>OREGON Medicaid</b>
<p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742</p>	<p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>  Phone: 1-800-699-9075</p>
<b>PENNSYLVANIA Medicaid and CHIP</b>	<b>RHODE ISLAND Medicaid and CHIP</b>
<p>Website:  <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a>  Phone: 1-800-692-7462  CHIP Website: <a href="http://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">Children's Health Insurance Program (CHIP) (pa.gov)</a>  CHIP Phone: 1-800-986-KIDS (5437)</p>	<p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>  Phone: 1-855-697-4347, or  401-462-0311 (Direct RItE Share Line)</p>
<b>SOUTH CAROLINA Medicaid</b>	<b>SOUTH DAKOTA Medicaid</b>
<p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>  Phone: 1-888-549-0820</p>	<p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>  Phone: 1-888-828-0059</p>
<b>TEXAS Medicaid</b>	<b>UTAH Medicaid and CHIP</b>
<p>Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a>  Phone: 1-800-440-0493</p>	<p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a>  CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>  Phone: 1-877-543-7669</p>
<b>VERMONT Medicaid</b>	<b>VIRGINIA Medicaid and CHIP</b>
<p>Website: <a href="http://www.vermont.gov/health/insurance/hipp">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a>  Phone: 1-800-250-8427</p>	<p>Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a>  <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a>  Medicaid/CHIP Phone: 1-800-432-5924</p>
<b>WASHINGTON Medicaid</b>	<b>WEST VIRGINIA Medicaid and CHIP</b>
<p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a>  Phone: 1-800-562-3022</p>	<p>Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a>  <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>  Medicaid Phone: 304-558-1700  CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<b>WISCONSIN Medicaid and CHIP</b>	<b>WYOMING Medicaid</b>
<p>Website:  <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>  Phone: 1-800-362-3002</p>	<p>Website:  <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a>  Phone: 1-800-251-1269</p>

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### **Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

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OMB Control Number 1210-0137 (expires 1/31/2026)

