



2019 Benefits Guide

Corporate
&
Branch





Options for Benefits

Insurance Waiting Periods

- All managers will receive insurance effective the first of the month following date of hire.
- All regular employees will receive insurance effective the first of the month following 60 days from date of hire.
- All employees will have a 31-day enrollment period after date of hire to elect or waive coverage.

Insurance Programs

Consider premium, deductibles, co-pays and out of pocket expenses based on specific financial situation. Employees will receive \$25.00 per month as a credit to use for an ancillary coverage. (e.g. dental, vision, disabilities, etc.)

- **United Medical Resources (UMR)** United Medical Resources offers 5 different insurance plans to meet everyone's needs
- **HSA (Health Savings Account) - Optum** Tax free way to save money when enrolled in a High Deductible health plan
- **Lincoln Financial Group**
 - Dental - 3 Dental plan options
 - Vision
 - Life Insurance - Life insurance available for employee, spouse and dependents
 - Short and Long-Term Disability
- **Allstate** Critical Illness and Accident Insurance plans
- **ComPsych** provides Confidential Counseling, Financial Information and Resources, Legal Support and Resources, Work-Life Solutions and Health Care Navigation - **available to all employees, whether they enroll in benefits or not**
- **401K** Safe Harbor 401K Plan - Roth 401K offered - Eligible for 401K after one year of employment and immediate vesting - No waiting period for rollover from previous employer. Our company match is as follows:
 - 100% match on the first 3% of plan compensation plus 50% match on the amount you contribute between 3%-5% of plan compensation.

Pay Dates

Pay is semi-monthly on the 15th and last business day of the month. If the 15th of the month falls on a holiday or weekend, pay will be deposited on the business day preceding the scheduled pay date.

Schedule for Loans Closed on Payroll

Loans with the funding milestone complete are paid out on the following schedule:

- 1st of the month through the 15th: Last business day of the month
- 15th of the month through the last day of the month: 15th of the following month.

Example of milestone complete: 04/01/2015 - 04/15/2015 paid 04/30/2015
04/16/2015 - 04/30/2015 paid 05/15/2015



Employee Cost for Benefits

Monthly - Employee Contribution

UMR Plan Name	UMR HDHP HSA 5000	UMR PPO PPO 3000	UMR HDHP HSA 2700	UMR PPO PPO 1000	UMR PPO PPO 250
Employee Only	\$129.34	\$177.61	\$195.36	\$290.15	\$334.45
Employee + Spouse	\$366.95	\$473.13	\$512.19	\$720.72	\$818.19
Employee + Children	\$277.46	\$359.49	\$389.68	\$550.82	\$626.13
Family	\$532.65	\$682.26	\$737.32	\$1031.15	\$1168.48

Monthly - Employer Contribution Regardless of Plan

Employee Only	\$206.85
Employee + Spouse	\$372.68
Employee + Children	\$294.08
Family	\$509.56



Coverage Contact Information

Medical

United Medical Resources - www.umar.com - 1-800-826-9781

Health Savings Account (HSA) – Optum

New qualified plan members who have selected an HSA will receive information and debit cards directly from Optum. If you have any questions about your account, you can call Optum directly at 866-234-8913 (available 24/7). You may also set up an online account with Optum at <https://www.optumbank.com>

Dental

Lincoln Financial Group

With your dental plan from Lincoln, the coverage is “paperless.” You and your dependents need only provide the dentist with your (the employee’s) Social Security Number or ID number to validate coverage.

While you may choose any dentist, using dentists participating in the network should lower your out-of-pocket expenses. A list of in network dentists may be accessed at www.LincolnFinancial.com. You do not need a referral to see a specialist.

Vision

Lincoln Financial Group

You may choose any provider; however using providers in our network should lower your out-of-pocket expenses. A list of participating providers may be accessed at <http://lvc.lfg.com> or by calling toll-free at 1-800-440-8453.

Vision coverage from Lincoln is “paperless.” You won’t need a card, just your employer’s name and your Social Security Number. You can also visit Lincoln’s website at <http://lvc.lfg.com> to print out an ID card and obtain specific information on your plan. If you have a vision appointment before your coverage is set up with Lincoln you’ll need to pay out-of-pocket and submit a claim form.



Coverage Contact Information

Life and Disability

Lincoln Financial Group

Life and Disability Insurance programs are managed by Lincoln. For assistance or additional information contact Lincoln Financial Group at (800) 423-2765 or log on to www.LincolnFinancial.com

If you enrolled in life insurance through Lincoln, you should have also chosen one or more beneficiaries to receive your insurance benefit in the event of your death. If you haven't already done so, please update or add your beneficiaries in Workday.

If you elected a coverage amount for life insurance higher than the Guaranteed Issue maximum, you will need to complete and return a Statement of Health form to Lincoln. This form is available from your employer, in the Workday website. If this form is not completed and returned to Lincoln, you will only receive the Guaranteed Issue amount of coverage for life insurance.

If you have any questions regarding the Statement of Health, you can contact Lincoln directly at 1-800-423-2765.

Fax (Disability Claims): 877-843-3950

Fax (Life Claims): 800-462-4660

MAILING ADDRESS:

Life Claims and/or Appeals:

Lincoln Financial Group

Attn: Life Benefits

P.O. Box 2649

Omaha, NE 68103-2649

PLEASE NOTE: When you enroll in life insurance through Lincoln, you also receive free will preparation and estate resolution services from LifeKeys[®] services, provided by ComPsych[®] Corporation. With will preparation services you can create your will online — easily and economically. Follow a step-by-step guide through the entire process, and then use online instructions to execute your will. If your beneficiaries need quick legal information, they can call one of LifeKeys[®] services in-house attorneys. Or, if they need in-depth information, guidance or representation, they will be referred to a qualified attorney in their area. To access LifeKeys services: Call 1-855-891-3684 or visit GuidanceResources.com (First-time user: Web ID = LifeKeys)

Using Your Benefits

Here are some reminders and extras that you might not be aware of regarding your new benefits. As always, if you have any benefits related questions, please visit the benefits portal within workday .

Qualifying Life Events

If you've had a big change in your life, you may be able to change your health insurance outside the annual open enrollment period. The following events may qualify you for a special enrollment period:

- Marriage
- Birth, adoption or placement for adoption
- Divorce
- Change in coverage under a spouse's plan (Loss or Gain)
- Change in coverage under another employment based group health plan (Loss or Gain)
- Exhaustion of COBRA
- Change in employment status (Part-time to Full-time)
- Change in Medicaid eligibility (Loss or Gain)
- Change of SCHIP eligibility (Loss or Gain)

If you experience one of the above events during the year, you have 31 days to request a change to your benefit elections. All requests must be made in Workday documentation relating to the change will be required.

Once you submit your request, your employer receives email notification of your life event. They review your request, along with any proof documents you've submitted, and approve or deny it. The system notifies your insurance companies of any changes that you initiated and your employer has approved to your coverage. Please note that any enrollment changes due to life events must typically be submitted and approved within 31 days of the event.

Remember, you can log in and review the status of Life Event requests at any point during this process in Workday. Now, when things change, the portal is your first and only stop - saving you time and ensuring accurate processing of allowable family status changes throughout the year.

Carriers can take up to 30 days to process enrollment and this means that your group number, member ID and ability to make insurance claims will not be available until your enrollment is completed by the insurance carriers. Please note that your access to the carrier websites Listed above may not be available until after your benefits effective date.





Medical Benefits - UMR

	\$250 PPO	\$1,000 PPO	\$3,000 PPO	\$2,700 HSA	\$5,000 HSA
Calendar Year Deductible <i>Amount Employee pays before coinsurance percentages</i>	\$250 Single \$750 Family	\$1,000 Single \$3,000 Family	\$3,000 Single \$6,000 Family	\$2,700 Single \$5,400 Family	\$5,000 Single \$10,000 Family
Coinsurance	90%	80%	80%	100%	75%
Out-of-Pocket Maximum	\$4,000 Single \$8,000 Family	\$4,000 Single \$8,000 Family	\$6,250 Single \$12,500 Family	\$4,500 Single \$9,000 Family	\$6,000 Single \$12,000 Family
Emergency Room Charge <i>Copay is waived if immediately admitted to the hospital</i>	\$250	\$250	Deductible/Coinsurance	\$250 after Deductible	Deductible/Coinsurance
Office Visit (Primary Care/Specialty)	\$25 / \$50	\$25 / \$50	\$35 / \$70	\$25 after Deductible / \$50 after Deductible	Deductible/Coinsurance
Urgent Care	\$75	\$75	\$100	\$75 after deductible	Deductible/Coinsurance
Retail Prescription Drug—30 Day Supply	\$10/Generic \$35/Preferred \$60/Non Preferred	\$10/Generic \$35/Preferred \$60/Non Preferred	\$10/Generic \$35/Preferred \$60/Non Preferred	\$10/Generic \$35/Preferred \$60/Non Preferred After Deductible	\$10/Generic \$35/Preferred \$60/Non Preferred After Deductible
Mail-Order Prescription Drug—90 Day Supply	\$25/Generic \$87.50/Preferred \$150 Non Preferred	\$25/Generic \$87.50/Preferred \$150 Non Preferred	\$25/Generic \$87.50/Preferred \$150 Non Preferred	\$25/Generic \$87.50/Preferred \$150 Non Preferred After Deductible	\$25/Generic \$87.50/Preferred \$150 Non Preferred After Deductible
	\$250 PPO	\$1,000 PPO	\$3,000 PPO	\$2,700 HSA	\$5,000 HSA
Single	\$334.45	\$290.15	\$177.61	\$195.36	\$129.34
Employee + Spouse	\$818.19	\$720.72	\$473.13	\$512.19	\$366.95
Employee + Child(ren)	\$626.13	\$550.82	\$359.49	\$389.68	\$277.46
Family	\$1168.48	\$1031.15	\$682.26	\$737.32	\$532.65

Dental Benefits – Lincoln Financial Group			
	Lincoln Value Plan	Lincoln Basic Plan	Lincoln Enhanced Plan
Calendar Year Deductible	In-Network: \$0 Single/\$0 Family Out of Network: \$50 Single/ \$150 Family	In-Network: \$0 Single/\$0 Family Out of Network: \$50 Single/\$150 Family	In-Network: \$0 Single/\$0 Family Out of Network: \$50 Single/\$150 Family
Annual Maximum For Preventative, Basic, and Major services	In-Network: \$750 per person Out of Network: \$500 per person	In-Network: \$1,000 Out of Network: \$750	In-Network: \$1,500 Out of Network: \$1,000
Preventative Services <i>Oral Exams, Bitewing X-rays, Fluoride, Sealants, Periodontal Maintenance, Labs</i>	100%	100%	100%
Basic Services <i>Panoramic X-rays, Consultations, Palliative Treatment, Injections, Fillings, Steel/Resin Crowns, Extractions, Surgery, Anesthesia, Endodontics, Periodontics, Occlusal Adjustment</i>	In-Network: 80% Out of Network: 50%	In-Network: 80% Out of Network: 50%	In-Network: 90% Out of Network: 80%
Major Services <i>Bridges, Dentures, Crowns, Inlays, Onlays, Implants</i>	Does Not Cover	In-Network: 50% Out of Network: 25%	In-Network: 60% Out of Network: 50%
Orthodontia Services <i>\$2,000 Lifetime Maximum Exams, X-rays, Extractions</i>	Does Not Cover	Does Not Cover	In-Network: 50% Out of Network: 50%
Single	\$19.88	\$30.00	\$44.82
Employee + Spouse	\$40.15	\$60.58	\$90.55
Employee + Child(ren)	\$39.37	\$59.38	\$89.65
Family	\$64.23	\$95.11	\$145.77

Vision Benefits – Lincoln Financial Group		
	In-Network	Out of Network
Copays	Exam: \$10 Materials: \$25	N/A
Eye Exam <i>Every 12 months</i>	100% after Copay	Up to \$40
Frames <i>Every 24 months</i>	100% (Up to \$130)	Up to \$45
Eyeglass Lenses	Single Vision: 100% after Copay Bifocal: 100% after Copay Trifocal: 100% after Copay Lenticular: 100% after Copay	Single Vision: Up to \$40 Bifocal: Up to \$60 Trifocal: Up to \$80 Lenticular: Up to \$80
Contact Lenses <i>Every 12 months</i>	Covered contact lens selection: 100% after Copay Elective contact lenses: Up to \$125 Medically necessary contact lenses: 100% after Copay	Covered contact lens selection: Up to \$125 Elective contact lenses: Up to \$125 Medically necessary contact lenses: Up to \$210
	Monthly Employee Contribution	
Single	\$4.97	
Employee + Spouse	\$9.42	
Employee + Child(ren)	\$11.04	
Family	\$15.53	

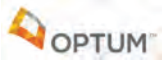


Voluntary Life & ADD Insurance – Lincoln Financial Group	
Employee	<p>Amount: \$25,000 Increments, no more than 5x salary Minimum Amount: \$25,000 Maximum Amount: \$500,000 Guarantee Issue: \$150,000</p> <p>Benefit Reduction: 50% at age 70, termination at retirement Accelerated Death Benefit, Portability, Conversion Benefits</p> <p>Accidental Death and Dismemberment Insurance: Amount: \$25,000 Increments, no more than 5x salary Maximum Amount: \$500,000 Benefit Reduction: 50% at age 70</p>
Spouse	<p>Amount: \$5,000 Increments, no more than 50% employee amount Minimum Amount: \$5,000 Maximum Amount: \$100,000 Guarantee Issue: \$50,000</p> <p>Benefit Reduction: 65% at age 70, termination at employee retirement or employee age 70 – whichever occurs first Accelerated Death Benefit, Portability, Conversion Benefits</p> <p>Accidental Death and Dismemberment Insurance: Amount: \$5,000 Increments, no more than 50% employee amount Maximum Amount: \$100,000 Benefit Reduction: 35% at employee age 65</p>
Child	<p>Amount: \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000 Child: Age 6 month to 19 years old Children ages 14 days to 6 month benefit is \$100 Children from birth to age 14 days is no benefit</p> <p>Minimum Amount: \$1,000 Maximum Amount: \$10,000 Guarantee Issue: \$10,000</p> <p>Accelerated Death Benefit, Portability, Conversion Benefits</p> <p>Accidental Death and Dismemberment Insurance: Amount: \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000 Maximum Amount: \$10,000</p>



Long Term Disability – Lincoln Financial Group			
	Basic Plan	Enhanced Plan	Premier Plan
Coverage Amount	40% of Salary	50% of Salary	60% of Salary
Maximum Benefit	\$10,000 not to exceed 40% of monthly salary	\$10,000 not to exceed 50% of monthly salary	\$10,000 not to exceed 60% of monthly salary
Maximum Benefit Duration	5 years or to age 70	Later of age 65 or Normal Social Security Retirement Age	Later of age 65 or Normal Social Security Retirement Age
Elimination Period	180 days		
Own Occupation Period	24 months own occupation, any occupation thereafter		
Pre-Existing Condition	You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 12 months		
Benefit Limitations	Mental Illness: 24 months Substance Abuse: 24 months Specified Illness: 24 months		

Short Term Disability – Lincoln Financial Group	
Weekly Benefit	Any \$50 increment with a minimum of \$100
Maximum Weekly Benefit	Maximum of \$2,000 per week, not to exceed 60% of salary
Elimination Period	Benefits commence after: Accident: 7 th day Illness: 7 th day
Duration	26 weeks
Pre-Existing Condition	You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy 12 months



HEALTH SAVINGS ACCOUNT

Plan	Maximum Annual Contributions (pre-tax)	Account Features
Health Savings Account	Single: \$3,450 Family: \$6,850 Catch up: an additional \$1,000 if you are over 55	Account earns interest tax-free and balances roll over Ability to invest assets over \$2,000 A Debit Mastercard® and free online banking

Plan	Fees (Monthly)
Health Savings Account	\$3.95



CRITICAL ILLNESS INSURANCE

Plan	Benefit Amount	Heart Attack, Stroke, Major Organ Transplant, End-Stage Renal Failure, Alzheimer's, Invasive Cancer	Coronary Artery Bypass, Carcinoma in situ
Value	\$10,000	Pays 100% of Benefit Amount	Pays 25% of Benefit Amount (payable once)
Basic	\$15,000	Pays 100% of Benefit Amount	Pays 25% of Benefit Amount (payable once)
Enhanced	\$20,000	Pays 100% of Benefit Amount	Pays 25% of Benefit Amount (payable once)

Plan	Monthly Rates (Based on age, smoker status & family size)
Value	\$12.52 and up
Basic	\$15.52 and up
Enhanced	\$18.52 and up



ACCIDENT INSURANCE

Plan	Payment upon accidental injury	Hospitalization due to injury	Death due to Accident
Value	Scheduled payment according the injury	\$500 initial payment, \$100 per day	\$20,000
Basic	Scheduled payment according the injury (2x Basic Payment)	\$1,000 initial payment, \$200 per day	\$40,000
Enhanced	Scheduled payment according the injury (3x Basic Payment)	\$1,500 initial payment, \$300 per day	\$60,000

Plan	Single	Spouse / Partner	Child(ren)	Family
Value	\$8.84	\$15.52	\$17.01	\$20.72
Basic	\$15.52	\$28.88	\$31.86	\$39.28
Enhanced	\$22.20	\$42.24	\$46.70	\$57.84

Glossary of Health Coverage and Medical Terms

- This glossary has many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your plan. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)
- **Bold blue** text indicates a term defined in this Glossary.
- See page 4 for an example showing how **deductibles**, **co-insurance** and **out-of-pocket limits** work together in a real life situation.

Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your **provider** charges more than the allowed amount, you may have to pay the difference. (See **Balance Billing**.)

Appeal

A request for your health insurer or **plan** to review a decision or a **grievance** again.

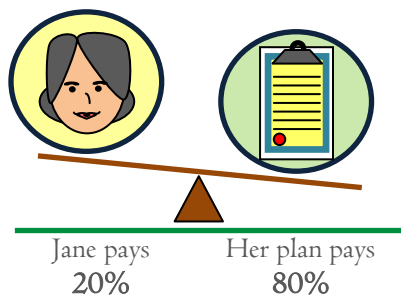
Balance Billing

When a **provider** bills you for the difference between the provider's charge and the **allowed amount**. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A **preferred provider** may **not** balance bill you for covered services.

Co-insurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the **allowed amount** for the service.

You pay co-insurance **plus** any **deductibles** (See page 4 for a detailed example.)



Complications of Pregnancy

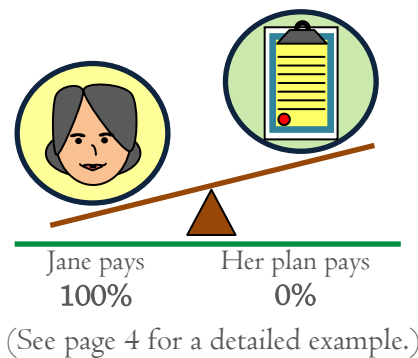
Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section aren't complications of pregnancy.

Co-payment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible

The amount you owe for health care services your **health insurance** or **plan** covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.



Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care **provider** for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

Emergency Medical Condition

An illness, injury, symptom or condition so serious that a reasonable person would seek care right away to avoid severe harm.

Emergency Medical Transportation

Ambulance services for an **emergency medical condition**.

Emergency Room Care

Emergency services you get in an emergency room.

Emergency Services

Evaluation of an **emergency medical condition** and treatment to keep the condition from getting worse.

Excluded Services

Health care services that your **health insurance** or **plan** doesn't pay for or cover.

Grievance

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

Habilitation Services

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance

A contract that requires your health insurer to pay some or all of your health care costs in exchange for a **premium**.

Home Health Care

Health care services a person receives at home.

Hospice Services

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.

In-network Co-insurance

The percent (for example, 20%) you pay of the **allowed amount** for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network co-insurance usually costs you less than **out-of-network co-insurance**.

In-network Co-payment

A fixed amount (for example, \$15) you pay for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network co-payments usually are less than **out-of-network co-payments**.

Medically Necessary

Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Network

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

Non-Preferred Provider

A **provider** who doesn't have a contract with your health insurer or **plan** to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your **health insurance** or plan, or if your health insurance or plan has a "tiered" **network** and you must pay extra to see some providers.

Out-of-network Co-insurance

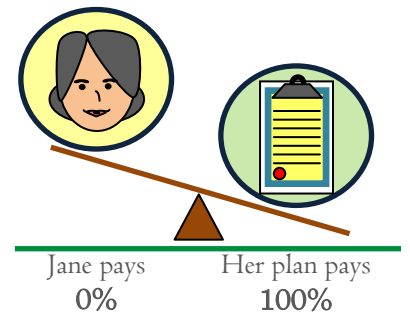
The percent (for example, 40%) you pay of the **allowed amount** for covered health care services to providers who do **not** contract with your **health insurance** or **plan**. Out-of-network co-insurance usually costs you more than **in-network co-insurance**.

Out-of-network Co-payment

A fixed amount (for example, \$30) you pay for covered health care services from providers who do **not** contract with your **health insurance** or **plan**. Out-of-network co-payments usually are more than **in-network co-payments**.

Out-of-Pocket Limit

The most you pay during a policy period (usually a year) before your **health insurance** or **plan** begins to pay 100% of the **allowed amount**. This limit never includes your **premium**, **balance-billed** charges or health care your health



(See page 4 for a detailed example.)

insurance or plan doesn't cover. Some health insurance or plans don't count all of your **co-payments**, **deductibles**, **co-insurance** payments, out-of-network payments or other expenses toward this limit.

Physician Services

Health care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

Plan

A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

Preauthorization

A decision by your health insurer or **plan** that a health care service, treatment plan, **prescription drug** or **durable medical equipment** is **medically necessary**. Sometimes called prior authorization, prior approval or precertification. Your **health insurance** or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Preferred Provider

A **provider** who has a contract with your health insurer or **plan** to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your **health insurance** or plan has a "tiered" **network** and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

Premium

The amount that must be paid for your **health insurance** or **plan**. You and/or your employer usually pay it monthly, quarterly or yearly.

Prescription Drug Coverage

Health insurance or **plan** that helps pay for **prescription drugs** and medications.

Prescription Drugs

Drugs and medications that by law require a prescription.

Primary Care Physician

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Primary Care Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.

Provider

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility licensed, certified or accredited as required by state law.

Reconstructive Surgery

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries or medical conditions.

Rehabilitation Services

Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Skilled Nursing Care

Services from licensed nurses in your own home or in a nursing home. Skilled care services are from technicians and therapists in your own home or in a nursing home.

Specialist

A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a **provider** who has more training in a specific area of health care.

UCR (Usual, Customary and Reasonable)

The amount paid for a medical service in a geographic area based on what **providers** in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the **allowed amount**.

Urgent Care

Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require **emergency room care**.

How You and Your Insurer Share Costs - Example

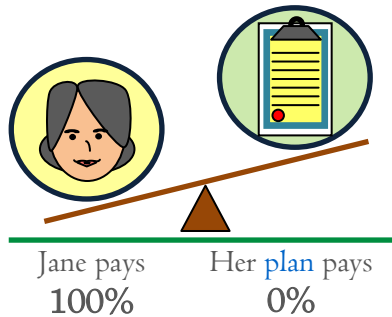
Jane's Plan Deductible: \$1,500

Co-insurance: 20%

Out-of-Pocket Limit: \$5,000

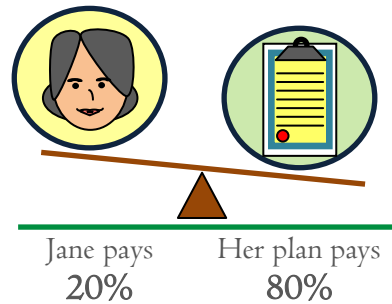
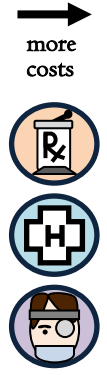
January 1st
Beginning of Coverage Period

December 31st
End of Coverage Period



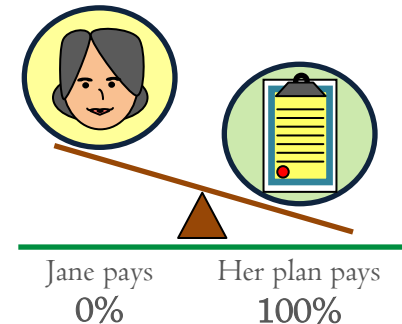
Jane hasn't reached her \$1,500 deductible yet. Her plan doesn't pay any of the costs.

Office visit costs: \$125
Jane pays: \$125
Her plan pays: \$0



Jane reaches her \$1,500 deductible, co-insurance begins. Jane has seen a doctor several times and paid \$1,500 in total. Her plan pays some of the costs for her next visit.

Office visit costs: \$75
Jane pays: 20% of \$75 = \$15
Her plan pays: 80% of \$75 = \$60



Jane reaches her \$5,000 out-of-pocket limit. Jane has seen the doctor often and paid \$5,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.

Office visit costs: \$200
Jane pays: \$0
Her plan pays: \$200