



North Coast Schools
Medical Insurance Group

Employee Benefits Guide 2022 - 2023

An overview of the benefits provided by
North Coast Schools Medical Insurance Group

ncsmig.org

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INTRODUCTION

As a member of North Coast Schools Medical Insurance Group, enjoying your work and making a valuable contribution to your school district are equally vital. The health, satisfaction and security of you and your family are important, not only to your well-being, but they also play an important role in the success of your district.

North Coast Schools Medical Insurance Group has worked hard to offer a competitive package that includes valuable and competitive benefits plans. These programs reflect our commitment to keeping you healthy and secure. We understand that every situation is unique, and North Coast Schools Medical Insurance Group is offering an overall benefits package that can be shaped to fit your needs.

This benefits guide is a summary description of your North Coast Schools Medical Insurance Group benefit offerings. If there is a discrepancy between this guide and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

We hope this benefits guide, along with our additional communication and decision-making tools, will help you make the best health care choices for you and your family.

UPDATE OF HEALTH CARE REFORM

Effective January 1, 2019 the Tax Cuts and Jobs Act (TJCA) repealed the individual mandate to maintain health insurance or be responsible for a "shared responsibility payment". We hope to keep offering these benefits as a valuable part of your total compensation in the future. However, because we offer you coverage that satisfies all the health reform requirements, you will not qualify for any federal assistance to purchase an individual or family policy on the open market (the "marketplace").



ELIGIBILITY

All employees working **full time (FTE 1.0)** are required to enroll in all available district plans (Medical, Dental and Vision), with no exceptions. Eligible participants may not enroll in Dental or Vision plans separately, they must be a participant in a district Medical health plan in order to have access to the Dental and Vision plans.

Part time employees with an FTE .50 to .99 may enroll in district offered plans.

Part time employees with less than FTE .50 are not eligible to participate in district health plans. Any employee that experiences a reduction of hours below FTE .50 is not eligible to continue participation in any district health plan. However, they may be eligible to continue coverage under COBRA for a limited time. Please consult your employer for COBRA information. *[COBRA is administered by a Navia, a third-party vender. All eligible members will receive correspondence from Navia directly when applicable.]*

New hires must complete the enrollment process within 30 days of your hire date. Coverage is effective on the first day of the month coinciding with or following the date of hire. All coverage requires submission of a completed application form and any required supporting documentation, including official documents required for enrolled dependents.

Failure to enroll on time or submit required documents will make you ineligible to receive benefits until the next Open Enrollment window.

REQUIRED INFORMATION

When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA) otherwise known as Health Care Reform, requires NCSMIG to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.



Open Enrollment NCSMIG offers an annual Open Enrollment period to give members the opportunity to change their Medical plan, enroll eligible part-time employees as new participants, and add eligible dependents not currently enrolled. Changes can be made during this period. Any changes made during Open Enrollment will become effective July 1. Members should receive information from their employer prior to Open Enrollment.

Qualifying Events Eligible employees may enroll or make changes to their benefits elections during the annual Open Enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a "Qualifying Event". These may include, but are not limited to:

- Changes in employment status
- Changes in legal marital status
- Changes in number of dependents
- Taking an unpaid leave of absence
- Family Medical Leave Act (FMLA) leave
- A COBRA-qualifying event
- Entitlement to Medicare or Medicaid

Termination of coverage Your coverage under the benefits plans will end if you no longer meet the eligibility requirements, your contributions are discontinued, or the Group Insurance Policy is terminated. The termination will become effective the last day of the month following the termination trigger (e.g. resignation, retirement, etc.). Coverage may be continued if eligible under COBRA. Please consult with your employer for determination of eligibility and deadlines.

Deadlines For any enrollment, change, or termination requests, a completed application form, along with all required documentation, must be submitted to, and received by, your employer within 30 days from the qualifying event effective date (except for the birth of a child which is 60 days from date of birth).



OVERVIEW OF BENEFITS

North Coast Schools Medical Insurance Group provides an array of benefits that can help you enjoy increased well-being, deal with an unexpected illness or accident, build and protect your financial security, balance your personal and professional life and meet every day needs. These benefits are affordable, comprehensive, and competitive.

The table below summarizes the benefits available to eligible members and their dependents. These benefits are described in greater detail in this booklet.

COVERAGE	CARRIER	CUSTOMER SERVICE	CARRIER LINK
Medical	Blue Shield of California PPO	855.599.2650	www.blueshieldca.com
Pharmacy	CVS Caremark (Pine Plan members have pharmacy coverage through Blue Shield of CA)	866.260.4646	www.caremark.com
Dental	Guardian	800.541.7846	www.guardiananytime.com
Vision	Vision Service Plan (VSP)	800.877.7195	www.vsp.com
Livongo (Diabetes Management Program)	Livongo	800.945.4355	www.livongo.com/NCSMIG



Medical plans are administered by Blue Shield of California and are PPO plans. PPO means you do not need to select a primary care provider, nor do you need a referral to see a specialist (unless the specialist requires one), as long as your providers are in-network. You will maximize your benefits and reduce your out-of-pocket expenses if you choose a provider, facility or supplier who is contracted with a Blue Shield of California PPO network.

Preventive Care is covered at 100% regardless of plan when a preventive primary diagnosis code is utilized. The service must be a covered preventive care benefit by Blue Shield of California. Please consult with Blue Shield of California for more information. Plan documents can be found on our website at www.ncsmig.org under Resources.

Teladoc (flyer on pg. 9) Registered members have access to U.S. licensed doctors 24/7. Doctors can diagnose, treat, and prescribe medications when needed for non-emergency conditions, by phone, web or Teladoc app.

Teladoc Behavioral Health (flyer on pg.10) Registered members, 13 years and older, can receive mental health care by appointment 7 days a week, 7am – 9 pm Pacific time, from a psychiatrist, psychologist, licensed clinical social worker or therapist. Teladoc does not offer a crisis hotline, appointments must be scheduled online. Teladoc is a supplemental service that is not intended to replace care from your physician or mental health professional.

Livongo Diabetes Management Program (flyer on pg. 11) Available for NCSMIG Medical health plan members. When enrolled in Livongo Diabetes Management program you will receive a connected blood glucose meter that offers automatic data uploading, real-time insights and feedback on your readings. access to certified diabetes educators and unlimited test strips and lancets, that can be ordered from your glucose meter to be delivered to your door. All provided at no cost to you.

North Coast Schools Medical Insurance Group



Plan Comparison July 1, 2022

Plan Type	Oak		Spruce		Pine		Maple
	PPO Plan		PPO Plan		PPO HDHP (HSA Compatible)		PPO
Medical Benefits	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network
Network	Blue Shield of California PPO		Blue Shield of California PPO		Blue Shield of California PPO		Blue Shield of California PPO
Lifetime Maximum	Unlimited		Unlimited		Unlimited		Unlimited
Annual Deductible	Annual Deductible is embedded Annual Deductible applies unless indicated otherwise		Annual Deductible is embedded Annual Deductible applies unless indicated otherwise		Annual Deductible is embedded Annual Deductible applies unless indicated otherwise		Annual Deductible is embedded Annual Deductible applies unless indicated otherwise
Individual	\$350		\$500		\$1,500		\$5,000
Family Member / Family	\$1,050		\$1,500		\$2,800 / \$3,000		\$10,000
Out-of-Pocket Maximum (OOPM)	Allows In Network (INN) OOPM to accrue to Out of Network (OON) OOPM and visa versa. If the OON OOPM is met before the INN OOPM is met the OON OOPM can satisfy the plan's OOPM and benefits would be paid at 100% for both INN and OON services. Individual OOPM is Embedded in the Family OOPM		Allows In Network (INN) OOPM to accrue to Out of Network (OON) OOPM and visa versa. If the OON OOPM is met before the INN OOPM is met the OON OOPM can satisfy the plan's OOPM and benefits would be paid at 100% for both INN and OON services. Individual OOPM is Embedded in the Family OOPM		Allows In Network (INN) OOPM to accrue to Out of Network (OON) OOPM and visa versa. If the OON OOPM is met before the INN OOPM is met the OON OOPM can satisfy the plan's OOPM and benefits would be paid at 100% for both INN and OON services. Individual OOPM is Embedded in the Family OOPM		Allows In Network (INN) OOPM to accrue to Out of Network (OON) OOPM and visa versa. If the OON OOPM is met before the INN OOPM is met the OON OOPM can satisfy the plan's OOPM and benefits would be paid at 100% for both INN and OON services. Individual OOPM is Embedded in the Family OOPM
Individual	\$2,000		\$3,000		\$7,000		\$6,350
Family	\$4,000		\$6,000		\$14,000		\$12,700
Professional							
Primary Care Physician (PCP)	\$20 copay; Deductible waived		\$20 copay; Deductible waived		\$0 copay		\$60 copay, Annual Deductible applies after first 3 visits either PCP or Specialist
Specialist	\$30 copay; Deductible waived		\$30 copay; Deductible waived		\$0 copay		\$70 copay, Annual Deductible applies after first 3 visits either PCP or Specialist
Physical Therapy	10%		20%		20%		30%
Home Health Care	10%		20%		20%		30%
Preventive Care							
Baby	\$0 copay; Deductible waived		\$0 copay; Deductible waived		\$0 copay; Deductible waived		\$0 copay; Deductible waived
Adult	\$0 copay; Deductible waived		\$0 copay; Deductible waived		\$0 copay; Deductible waived		\$0 copay; Deductible waived
Hearing Test	\$5,000 Maximum; every 24 months		\$5,000 Maximum; every 24 months		\$5,000 Maximum; every 24 months		\$5,000 Maximum; every 24 months

North Coast Schools Medical Insurance Group



Plan Comparison July 1, 2022

Plan Type	Oak		Spruce		Pine		Maple	
	PPO Plan		PPO Plan		PPO HDHP (HSA Compatible)		PPO	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Medical Benefits								
Hospital Services								
Inpatient	10%	\$500/admission then 30%	20%	\$500/admission then 40%	20%	30%	30%	50%
Outpatient	10%	30%	20%	40%	20%	30%	30%	50%
Urgent Care	\$20 copay; Deductible waived	30%	\$20 copay; Deductible waived	40%	\$0 copay	30%	\$60/PCP copay for the first 3 visits, before the deductible	50%
Emergency Room	\$100 copay, then 10% Copay waived if admitted		\$100 copay, then 20% Copay waived if admitted		\$100 copay, then 20% Copay waived if admitted		\$100 copay, then 30% Copay waived if admitted	
Lab & X-Ray								
Diagnostic Lab	10%	30%	20%	40%	20%	30%	30%	50%
X-Ray	10%	30%	20%	40%	20%	30%	30%	50%
Durable Medical Equipment								
Maternity								
Office Visits	\$20 copay; Deductible waived	30%	\$20 copay; Deductible waived	40%	No Charge	30%	\$60/PCP or \$70/Specialist copay, Annual Deductible applies after first 3 visits	50%
Hospitalization	10%	\$500/admission then 30%	20%	\$500/admission then 40%	20%	30%	30%	50%
Mental Health & Chemical Dependency								
Inpatient	10%	\$500/admission then 30%	20%	\$500/admission then 40%	20%	30%	30%	50%
Outpatient	\$20 copay; Deductible waived	30%	\$20 copay; Deductible waived	40%	No Charge	30%	\$60 copay, Annual Deductible applies after first 3 visits either PCP or Specialist	50%
Teladoc								
Telephonic Visits & Behavioral Health	\$0 copay; Deductible waived	N/A	\$0 copay; Deductible waived	N/A	During the National Pandemic Only \$0 copay; Deductible waived	N/A	\$0 copay; Deductible waived	N/A
Chiropractic								
Office Visits	10%	30% limited to \$25/visit 24 visit annual maximum	20%	40% limited to \$25/visit 24 visit annual maximum	20%	30% limited to \$25/visit 24 visit annual maximum	30%	50% limited to \$25/visit 24 visit annual maximum

North Coast Schools Medical Insurance Group

Plan Comparison July 1, 2022



Plan Type	Oak		Spruce		Pine		Maple	
	PPO Plan		PPO Plan		PPO HDHP (HSA Compatible)		PPO	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Medical Benefits	Carved out to CVS/Caremark		Carved out to CVS/Caremark		Carved out to CVS/Caremark		Carved out to CVS/Caremark	
Prescription Drug Benefit	Not Applicable		Not Applicable		Not Applicable		Not Applicable	
Annual Deductible	The individual OOPM is embedded in the family OOPM		The individual OOPM is embedded in the family OOPM		See Medical Deductible		See Medical Deductible	
Out of Pocket Maximum (OOPM):	\$4,600 / \$9,200		\$3,600 / \$7,200		See Medical OOPM		The individual OOPM is embedded in the family OOPM	
Individual Member	Maximum 30-day supply		Maximum 30-day supply		Maximum 30-day supply		Maximum 30-day supply	
Family Member / Family	\$4,600		\$3,600		3 copays		\$250	
Retail:	\$4,600 / \$9,200		\$3,600 / \$7,200		Note, 90-day supply of maintenance prescriptions for		\$250 / \$500	
Tier 1 (Normally Generic)	Maximum 90-day supply		Maximum 90-day supply		30% up to a \$150 coinsurance per RX		Maximum 90-day supply	
Tier 2 (Normally Preferred)	\$10		\$10		\$10		\$19	
Tier 3 (Normally Non-Preferred)	\$30		\$30		\$30		\$50	
Tier 4 (Normally Non-Preferred)	\$40		\$40		\$40		\$75	
	N/A		N/A		30% up to a \$150 coinsurance per RX		N/A	
Mail Order:	Maximum 90-day supply		Maximum 90-day supply		Maximum 90-day supply		Maximum 90-day supply	
Tier 1 (Normally Generic)	\$15		\$15		\$15		\$38	
Tier 2 (Normally Preferred)	\$45		\$45		\$45		\$100	
Tier 3 (Normally Non-Preferred)	\$80		\$80		\$80		\$150	
Tier 4 (Normally Non-Preferred)	N/A		N/A		30% up to a \$300 coinsurance per RX		N/A	
Specialty Drugs	Prior Authorization may be required; Must be Dispensed by a CVS/Caremark Specialty facility.		Prior Authorization may be required; Must be Dispensed by a CVS/Caremark Specialty facility.		Prior Authorization may be required; Must be Dispensed by a CVS/Caremark Specialty facility.		Prior Authorization may be required; Must be Dispensed by a CVS/Caremark Specialty facility.	
	0% if enrolled in PrudentRX; 30% otherwise		0% if enrolled in PrudentRX; 30% otherwise		0% if enrolled in PrudentRX; 30% otherwise		0% if enrolled in PrudentRX; 30% otherwise	
	NOTE: If a Specialty Drug is not on the Advanced Control Specialty Drug list, see Caremark.com, than the normal Tier copay applies.		NOTE: If a Specialty Drug is not on the Advanced Control Specialty Drug list, see Caremark.com, than the normal Tier copay applies.		NOTE: If a Specialty Drug is not on the Advanced Control Specialty Drug list, see Caremark.com, than the normal Tier copay applies.		NOTE: If a Specialty Drug is not on the Advanced Control Specialty Drug list, see Caremark.com, than the normal Tier copay applies.	

Notes & Assumptions

Deductible Definitions:

- **Embedded:** In a health plan with an embedded deductible no individual on a family plan will pay higher than the individual deductible amount.
- **Aggregate:** In a health plan with an aggregate deductible, benefits are not covered for any individual on a family plan until the family deductible amount has been met.

DISCLAIMER: This information is intended as a summary only; benefits may contain limitations and exclusions. Refer to your Summary Plan Description for detailed information.



Don't let sickness **slow you down.**

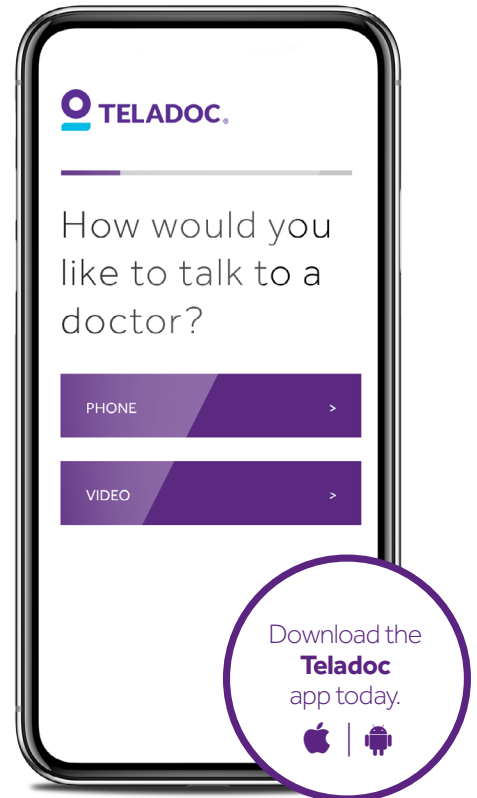
Talk to a doctor by
phone or video 24/7.

Teladoc is included in your health benefits.

We're here to help you and your family feel better while traveling, at work, or at home—day or night. Wherever you are, you've got access to doctors all year long by phone or video.

Get treated for:

- Flu
- Sore throats
- Pink eye
- Bronchitis
- Sinus infections
- Rashes
- Allergies
- And more



Talk to a doctor 24/7 for free




Visit blueshieldca.com/Teladoc

Call 1-800-TELADOC (835-2362) | Download the app  

Three options for care:

Teladoc, urgent care centers and emergency rooms

Sometimes you can't wait for a doctor's appointment – and you don't have to. You have three options to choose from, depending on your situation. Here is some helpful information on when and where to get quick care.

	 Teladoc	 Urgent care centers	 Emergency rooms
Staff	Licensed medical doctors	Licensed medical doctors, nurses, physician assistants, medical assistants and other urgent care staff	Licensed doctors, nurses, physician assistants, medical assistants and other hospital staff
How to access care	<ul style="list-style-type: none"> • Access 24/7/365. • Available via phone, video, or Teladoc mobile app <p>Call 1-800-Teladoc (835-2362) or go to Teladoc.com/bsc to schedule a consultation via phone or video. Video consultation is available 7 a.m. to 9 p.m.</p>	<ul style="list-style-type: none"> • Hours/days of service vary by center. • Centers are standalone or adjacent to hospitals. <p>To find a network urgent care center, go to blueshieldca.com/find-a-doctor/help.</p>	<ul style="list-style-type: none"> • Access 24/7. • ERs are located in many hospitals. <p>In an emergency, call 911 or go immediately to the nearest ER.</p>
When to use	<ul style="list-style-type: none"> • If you are considering the ER or an urgent care center for a non-emergency issue. • On vacation, a business trip or away from home. • For short-term prescription refills. 	In situations where your doctor is not available and in-person non-emergency care is needed. (Examples include animal bites and sprains.)	If you are experiencing a life-threatening or disabling condition.
Examples of conditions treated	<ul style="list-style-type: none"> • Cold and flu symptoms • Allergies • Bronchitis • Ear infection • Rash, skin problems • Pink eye • Respiratory infection • Sinus problems • Medical counseling <p>If appropriate, the Teladoc doctor can write a short-term prescription and have it sent to the pharmacy of your choice.</p>	<ul style="list-style-type: none"> • Cough, sore throat* • Respiratory infections* • Earaches* • Burning with urination* • Colds, sinus infections, allergies* • Back pain, body aches • Eye irritation, swelling or pain • Sprains, muscle strains • Minor cuts, scrapes • Nausea, vomiting, diarrhea • Animal bites <p>* Conditions that can also be treated by Teladoc.</p>	<ul style="list-style-type: none"> • Injury, with loss of consciousness or fainting • Uncontrolled bleeding • Sudden numbness of limbs or face, difficulty speaking • Severe shortness of breath or difficulty breathing • Severe chest pain or pressure • Major injuries, vehicle accidents, stab wounds • Poisoning • Sudden, severe abdominal pain • Vomiting blood • Broken bones
Wait time	Less than 22 minutes	Usually less than an hour ¹	Immediate care for emergencies, 5.5 hours (330 minutes) for non-emergency care ²

See the back page of this flyer for your out-of-pocket costs for these care options.





Teladoc



Urgent care centers



Emergency rooms

Out-of-pocket cost			
Oak PPO Plan	\$0	\$20.00	\$100.00 / 10%
Spruce PPO Plan	\$0	\$20.00	\$100.00 / 20%
Pine PPO Plan	\$0	\$0	\$100.00 / 20%
Maple PPO Plan	\$0	\$60.00	\$100.00 / 30%

1 Johns Hopkins Medicine Health Alerts (posted November 18, 2009, reviewed January 2011), Urgent Care or the ER – Which is the Right Choice www.johnshopkinshealthalerts.com/alerts/healthy_living/JohnsHopkinsHealthyLivingHealthAlert_3247-1.html.

2 America's Emergency Care Environment, A State-by-State Report Card – 2014: American College of Emergency Physicians. Blue Shield and the Shield symbol are registered trademarks of the BlueCross

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Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulations and may not be available in certain states. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services. Teladoc phone and video consultations are available 24 hours a day, seven days a week.

BlueShield Association, an association of independent Blue Cross and Blue Shield plans.



Skip the trip to the ER.

Talk to a doctor by phone or video.

When it's not an emergency, you've got Teladoc. Our doctors are here for you 24/7, by phone or video.



Avoid the long wait times of an urgent care or the ER



Our licensed physicians help with conditions like the flu, bronchitis, rashes, sinus infections, and more



Talk to a doctor from wherever you are for free

Feel better without leaving the house for free

Visit blueshieldca.com/Teladoc

Call 1-800-TELADOC (835-2362) | Download the app  



Find your healthy weight.

Sustainable strategies for reducing your risk of type 2 diabetes.

Make healthy living your reality with the Diabetes Prevention Program – in-person, digital, and on-the-go support to help you lose weight and reduce your risk of developing type 2 diabetes.

See the reverse side for program details.



Are you at risk for diabetes?

More than 86 million Americans have prediabetes – and most don't even know it. Prediabetes means that blood sugar levels are higher than normal but not high enough yet to be classified as type 2 diabetes. Certain factors can increase one's risk of developing diabetes or prediabetes such as:

- **Weight:** Having a body mass index (BMI) over 25
- **Age:** Being age 40 or older
- **Ethnicity:** Being of Hispanic or African American origin
- **Activity level:** Having a more sedentary lifestyle

Support that's right for you

The Diabetes Prevention program offers:

- **In-person support:** Connect with a personal health coach.
- **Digital access:** Get peer support and real-time guidance.
- **Tools and resources:** You may be eligible to receive a wireless scale, activity tracker, and easy-to-understand tips.

Most participants lose 5% to 7% of their total body weight, which, according to the Centers for Disease Control and Prevention, results in a 58% risk reduction in developing type 2 diabetes.

See if you qualify

The Diabetes Prevention Program is brought to you in partnership with Solera Health. It is available as a covered benefit to eligible Blue Shield members at no additional cost.

Find out if you're eligible for the program by taking the following steps:

1. Visit **www.solera4me.com/bsca**.
2. Answer a few questions.
3. Get your results.
4. Select the program of your choice.

The Diabetes Prevention Program is provided by Solera Health, an independent company.

Wellvolution is a registered trademark of Blue Shield of California. Blue Shield and the Shield symbol are registered trademarks of the BlueCross BlueShield Association, an association of independent Blue Cross and Blue Shield plans.

Visit **solera4me.com/bsca** to see if you are eligible.

Modern Diabetes Management, At No Cost to You



Livongo helps you stay on top of your health. It comes with an advanced meter, unlimited strips and lancets, and on-demand coaching.

PROGRAM BENEFITS

- ✓ An advanced blood glucose meter
- ✓ Unlimited strips and lancets
- ✓ Personalized insights
- ✓ One-on-one coaching
- ✓ Guidance on healthy habits



**GET
STARTED**



Text **"GO NCSMIG"** to **85240** to learn more & join

You can also join by visiting join.livongo.com/NCSMIG/register or call **(800) 945-4355** and use registration code:: **NCSMIG**

The program is offered to you and your family members with diabetes and coverage through the company health plan.

Las comunicaciones del programa Livongo están disponibles en español. Al inscribirse, podrá configurar el idioma que prefiera para las comunicaciones provenientes del medidor y del programa. Para inscribirse en español, llame al (800) 945-4355 o visite bienvenido.livongo.com/NCSMIG



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Unveiling your personal
proven path to real health

Tap into decades of research and leading technology
for a more productive and healthy lifestyle

Wellvolution® offers the largest curated collection of scientifically-backed
apps and programs designed to help you:



Prevent and
reverse disease



Manage stress



Sleep better



Eat healthier



Move more



Ditch cigarettes

A digital health platform and in-person support network

Focus

Stay on track and
progress along the
proven path

Support

Receive digital
reminders, motivation,
and engagement

Results

All backed by real
science for real,
positive changes

Wellvolution

blue
california 



NCSMIG Medical plans have prescription drug coverage through CVS/Caremark. Members enrolled on the Pine Plan have prescription drug coverage with Blue Shield of CA. Please consult your Summary Plan Description documents for additional information.

Register at Caremark.com



When you register at Caremark.com, you'll get access to tools and resources that make managing your pharmacy benefits easier and more convenient.

There are three easy ways to register:

- Go to Caremark.com, click the "Register Now" button, and follow the instructions
- Download the CVS Caremark mobile app and create an account
- Call the number on the back of your prescription ID card and a representative will get you started with a personalized registration email or text

Once you've registered, you can:

- Refill your prescriptions
- Check the status of your order
- View and manage your profile information, including shipping addresses, payment methods, and notifications
- Set up and update family access
- Review your coverage and track annual spending
- Locate network pharmacies near you
- Check medication costs and find opportunities to save money

Use your Caremark.com login and password to manage your pharmacy benefits anywhere, anytime with the CVS Caremark mobile app.

Visit [Caremark.com/GetStarted](https://www.caremark.com/GetStarted) and register today or download the CVS Caremark mobile app



Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.
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Outpatient Prescription Drug Coverage

Plan Year July 2022 - June 2023

This Prescription Drug Coverage Summary is to be added to the Blue Shield Schedule of Benefits for all North Coast Schools' Medical Insurance Group plans with the exception of the Pine Plan.

Covered Services	Oak	Spruce	Maple
Pharmacy Network	CVS/Caremark	CVS/Caremark	CVS/Caremark
Annual Deductible	Not Applicable	Not Applicable	Not Applicable
Out of Pocket Maximum (OOPM)			
• Individual Member	\$4,600	\$3,600	\$250
• Family Member/Family	\$4,600/\$9,200	\$3,600/\$7,200	\$250/\$500
Retail Prescriptions			
• Generic	30-Day Maximum Supply	30-Day Maximum Supply	30-Day Maximum Supply
• Preferred	\$10.00	\$10.00	\$19.00
• Non Preferred	\$30.00	\$30.00	\$50.00
Mail Prescriptions			
• Generic	90-Day Maximum Supply	90-Day Maximum Supply	90-Day Maximum Supply
• Preferred	\$15.00	\$15.00	\$38.00
• Non Preferred	\$45.00	\$45.00	\$100.00
Specialty Prescription			
• Generic	Prior Authorization may be required; Must be dispensed by a CVS/Caremark Specialty Facility	Prior Authorization may be required; Must be dispensed by a CVS/Caremark Specialty Facility	Prior Authorization may be required; Must be dispensed by a CVS/Caremark Specialty Facility
• Preferred	30-Day Maximum Supply	30-Day Maximum Supply	30-Day Maximum Supply
• Non Preferred	\$15.00	\$15.00	\$38.00
	\$45.00	\$45.00	\$100.00
	\$80.00	\$80.00	\$150.00

1. Amounts paid through copayments and any applicable pharmacy deductible accrues to the member's medical calendar year out-of-pocket maximum. Please refer to the Summary Plan Description for exact terms and conditions of coverage. Please note that if you switch from another plan, your prescription drug deductible credit, if applicable, from the previous plan during the calendar year will not carry forward to your new plan.
2. Drugs obtained at a non-participating pharmacy are not covered, unless Medically Necessary for a covered emergency.
3. Select drugs require prior authorization by CVS/Caremark for medical necessity, or when effective, lower cost alternatives are available.
4. If the member requests a brand drug when a generic drug equivalent is available, the member is responsible for paying the Generic drug copayment plus the difference in cost to NCS between the brand drug and its generic drug equivalent.
5. Coinsurance is calculated based on the contracted rate. When the Participating Pharmacy's contracted rate is less than the Member's Copayment or Coinsurance, the Member only pays the contracted rate.
6. Network Specialty Pharmacies dispense Specialty drugs which require coordination of care, close monitoring, or extensive patient training that generally cannot be met by a retail pharmacy. Network Specialty Pharmacies also dispense Specialty drugs requiring special handling or manufacturing processes, restriction to certain Physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty drugs are generally high cost.
7. Specialty Drugs are available from a Network Specialty Pharmacy. A Network Specialty Pharmacy provides specialty drugs by mail or upon member request, at an associated retail store for pickup. Oral anticancer medications are not subject to the calendar year pharmacy deductible, if applicable.

Note: This plan's prescription drug coverage is on average equivalent to or better than the standard benefit set by the Federal government for Medicare Part D (also called creditable coverage). Because this plan's prescription drug coverage is creditable, you do not have to enroll in a Medicare prescription drug plan while you maintain this coverage. However, you should be aware that if you have a subsequent break in this coverage of 83 days or more anytime after you were first eligible to enroll in a Medicare prescription drug plan, you would be subject to a late enrollment penalty in addition to your Part D premium.



Maintenance Choice®

Save with 90-day supplies



Maintenance Choice helps keep your medication as affordable as possible. But you may need to make a few changes to enjoy these savings.

Make sure your medication is covered

Start filling medications you take regularly (such as asthma or high blood pressure medications) in 90-day supplies at CVS Pharmacy® or CVS Caremark® Mail Service Pharmacy. **If you fill in 30-day supplies or at another pharmacy, they won't be covered and you'll pay the entire cost.**

How to start saving with 90-day supplies

Filling in 30-day supplies or at another pharmacy? You'll need to transfer your prescriptions. Don't worry, we make it easy.

1. For pickup at CVS Pharmacy, visit [Caremark.com/MoveMyMeds](https://www.caremark.com/MoveMyMeds)
2. For Rx Delivery by Mail, visit [Caremark.com/RxDelivery](https://www.caremark.com/RxDelivery)
3. Don't want to save with 90-day supplies? You can opt out by calling the Customer Care number on your member ID card



Pick up your 90-day supplies at any CVS Pharmacy or get delivery from CVS Caremark Mail Service Pharmacy.

For savings opportunities and personalized support,
visit [Caremark.com](https://www.caremark.com) (after your benefits begin).

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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On-the-Go Prescription Flexibility?

There's an App for That.

As our lives become more mobile, we are finding even more ways to enjoy the freedom and flexibility of staying connected and getting things done anytime, anywhere. At CVS Caremark, our goal is to bring you expert care and innovative solutions that simplify your life.

As the first Prescription By Mail provider to bring you a way to order and manage your prescriptions from your mobile device, we help you seamlessly connect with Caremark.com—all so you can sync without saving personal data for secure, real-time transactions.

Why Go Mobile?

Once you download the free app to your mobile device you can log in and register to:

- Refill a prescription
- Confirm order status
- See prescription history
- Use FastStart®
- Check drug cost
- Find a pharmacy
- Contact CVS Caremark
- View a digital version of your Member ID card

Ready to go mobile?

Visit **www.caremark.com** to download the free app and start enjoying the ease of ordering and managing your prescriptions on the go, today.





DENTAL BENEFIT DETAILS

NCSMIG members have dental coverage through Guardian. Your dental benefits are designed to save you money and protect your health. You may use a dentist of your choice, however utilizing a Guardian contracted dentist will reduce your out-of-pocket expenses and maximize your dental benefit. Guardian is committed to making it as easy as possible for you to use and understand your dental benefits.

BENEFITS AT-A-GLANCE

PLAN	CALENDAR YEAR MAXIMUM	ORTHODONTICS	PROSTHODONTICS
D-15	\$1,500	NA	50% Guard/50% Mbr
D-20	\$2,000	70% Guard/30% Mbr up to \$1,500 Lifetime Max	50% Guard/50% Mbr
D-30	\$3,000	75% Guard/25% Mbr up to \$2,500 Lifetime Max	75% Guard/25% Mbr

WHAT ARE MY DENTAL COSTS?

Your Pre-Determination Review Guardian will gladly assist you and your dentist by determining what benefits could be payable for services and procedures over \$300. Simply have your dentist fax your treatment plan to Guardian at 509-465-3404 for a pre-determination review. This includes orthodontic treatment if it's included in your plan.

View/print your ID card at GuardianAnytime.com If you do not have your ID card to use, simply provide your group ID number to your dental office at the first visit. However, if you'd like to print out a copy of your ID card, visit the Forms and Materials section of www.guardiananytime.com – it's fast and easy.

Real time assistance Speak to a live representative about your benefits, claims inquiries, or help using www.guardiananytime.com.



Register on Guardian Anytime today

Take advantage of self-service to access and manage your Guardian coverage

In response to the coronavirus, Guardian is working to minimize service disruption that could include longer wait times and delays. In addition, the explanation of benefits (EOB) on dental claims will now be delivered electronically using Guardian Anytime.

Now more than ever, our self-service options will save you time and keep you informed. We urge you to register on Guardian Anytime today.

Registering is easy

View [video](#) or follow these simple instructions.

- 1 Go to our [self-registration page](#) (guardianlife.com/login) and choose **Member** as your User Role.
 - Please note, for Dependent User Role registration, you will need the Member's Group ID Number(s) and Social Security Number.
- 2 Fill in your member information and Group ID Number(s) included on the right. **If your group number is not listed, please contact your employer since it is needed for registration.**
- 3 Create a username and password, click **Submit**, and you're done.

Already registered? [Log in](#) to your account anytime.

Services available to you on Guardian Anytime

- Submit claims and track status* including receiving email alerts when dental claims are paid
- View EOB for all of your dental services
- View your summary of benefits
- Find dental cost estimates and educational information
- Check status of evidence of insurability
- Print dental ID card
- Access forms and materials related to your coverage

Your Guardian Group ID Number(s):

If more than one number is listed, please enter all numbers to register for Guardian Anytime.

481333

The Guardian Life Insurance
Company of America
New York, NY

guardianlife.com

*Available on all products except Life.

The Guardian Life Insurance Company of America (Guardian), New York, NY GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America®



Guardian Teledentistry

It is important to ensure our members have access to dental care – and teledentistry helps make that happen.

That's why Guardian is helping to provide an easy-to-use teledentistry option for when you or your family need urgent care and you don't have a dentist or your dentist is not available.*

Simply schedule an appointment and you will receive a secure, password-protected video conference link to use. Guardian Teledentistry is covered by your dental plan.**

During your virtual visit, a dental care professional can help you:

- Determine if you have a serious condition that requires urgent treatment
- Suggest things you can do at home to relieve your symptoms
- Assess toothaches, infections, and provide prescription medications if needed
- Offer guidance and advice
- Refer you to a Guardian network dentist if further care is needed

To get started, simply visit www.virtudent.com/guardianteledentistry or call 1-800-506-8305.



What are some concerns you can get help with?

- A loose or lost crown
- Breaking a tooth or a filling
- Bleeding or swollen gums
- Pain or tooth sensitivity
- Tooth discoloration
- Grinding or clenching your teeth
- Muscle soreness or discomfort while chewing
- Oral sores or lesions

Ask your employer for more information.

The Guardian Life Insurance Company of America

New York, NY

guardianlife.com

2020-110101 (10/22)

*Teledentistry administrative services are provided by Virtudent, a third-party dental services company. **Standard plan limitations and exclusions apply. DentalGuard Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides DENTAL insurance only. Policy Form # GP-1-DG2000, et al, GP-1-DEN-16. GUARDIAN® is a registered service mark of The Guardian Life Insurance Company of America® ©Copyright 2020 The Guardian Life Insurance Company of America, New York, N.Y.

Guardian members can straighten and brighten their teeth from home!

Look and feel better about your smile today!

Guardian dental members can save with exclusive discounts on byte® doctor-directed, custom clear orthodontic aligners and BrightByte Pro teeth whitening kits!

Invisible aligners with a lifetime guarantee

Fast results: Exclusive HyperByte® using High Frequency Vibration (HFV) reduces discomfort and speeds up results of treatment.

Doctor directed: Licensed dental professionals will customize personalized treatment, and provide remote monitoring.

Lifetime guarantee: If your teeth ever move, shift, turn, rotate, byte will help get it fixed at no cost. For life.

BrightByte Pro LED teeth whitening kits

Safe and easy: Cutting-edge cold light technology removes deep stains, safely and efficiently.

Results in days: By using just 10 minutes a day, you can see whiter teeth in as few as three days. Perfect for regular whitening maintenance or as prep for a special event.



Visit
go.byteme.com/guardian
to get started.

Learn more about byte and how Guardian members can save on innovative treatments from home at go.byteme.com/guardian.

The Guardian Life Insurance
Company of America
New York, NY
guardianlife.com

DentalGuard is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Policy Form # GP-1-DG2000, et al., GP-1-DEN-16, GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America, New York, NY. © Copyright 2021 The Guardian Life Insurance Company of America. All rights reserved. The Guardian Life Insurance Company does not own or operate byte®. Products and services are provided through a third party arrangement between Guardian and byte®. Guardian assumes no responsibility for non-Guardian products or services offered by byte.

VISION BENEFIT DETAILS



Vision services are provided through Vision Service Plan (VSP). VSP does not issue cards to members. The Social Security number of the insured participant will be utilized. The following is a summary of your vision benefits when utilizing a contracted provider. **(Note: Out of network benefits are available, but coverage will be reduced. Participants may be responsible for filing out of network claims.)**

PLAN	PREMIUM	COPAY	EXAM	FRAME	LENS
A	\$17	\$15	Every 12 months	Every 24 months	Every 24 months
B	\$18	\$15	Every 12 months	Every 24 months	Every 12 months
C	\$22	\$15	Every 12 months	Every 12 months	Every 12 months

BENEFIT	PLAN DESCRIPTION	COPAY
WellVision Exam	Focuses on your eyes and overall wellness	\$15 for exam and glasses
Frame	<ul style="list-style-type: none"> > \$150 featured frame brands allowance > \$130 frame allowance > 20% savings on the amount over your allowance > \$70 Walmart/Sam's Club/Costco frame allowance 	Combined with exam
Lenses	<ul style="list-style-type: none"> > Single vision, lined bifocal, and lined trifocals lenses > Impact-resistant lenses for dependent children 	Combined with exam
Lens Enhancements	<ul style="list-style-type: none"> > Tints and Photochromic lenses > UV Protection > Impact-resistant lenses for adults > Anti-reflective coating > Progressive lenses > Average savings of 40% on other lens enhancements 	\$0 \$0 \$10 \$30 \$40
Contacts (Instead of glasses)	<ul style="list-style-type: none"> > \$130 allowance for contacts and contact lens exam (fitting and evaluation) > 15% savings on a contact lens exam (fitting and evaluation) 	\$0
Essential Medical Eye Care	<ul style="list-style-type: none"> > Retinal screening for members with diabetes > Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration > Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members > Limitations and coordination with your medical coverage may apply. Ask you VSP doctor for details 	\$20
Lightcare	> \$130 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts	\$15
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> > Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. > 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision exam. Or get 20% from any VSP provider within 12 months of your last WellVision exam. Routine Retinal Screening <ul style="list-style-type: none"> > No more than \$39 copay on routine retinal screening as an enhancement to a WellVision Exam Laser Vision Correction <ul style="list-style-type: none"> > Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 	

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, inc., is the legal name of the corporation through which VSP does business.

VSP DIABETIC EYECARE PLUS PROGRAM

VSP® Vision Care is committed to providing members with the best eye care, as well as helping you manage your overall health.



That's why we offer the VSP Diabetic Eyecare Plus ProgramSM. This plan allows you to receive additional follow-up medical eye care services from your VSP doctor, who knows your eyes best.



WHAT'S COVERED UNDER THE DIABETIC EYECARE PLUS PROGRAM

Members with diabetes who do not have diabetic eye disease receive a covered-in-full retinal screening (digital imaging of the inside of the eye). These retinal photographs help your doctor establish a baseline to monitor and track changes in your eyes over time.

If you have diabetic eye disease, glaucoma, or age-related macular degeneration, you can also receive:

- Additional services that track and monitor diabetic eye disease progression
- Follow-up medical eye exams deemed necessary by your VSP doctor
- An additional eye exam with refraction for changes in vision due to diabetes medication(s)

DID YOU KNOW?

VSP members can save up to 75% on test strips and other diabetes care supplies. Visit vsp.com/simplevalues to access your savings.

THE PROOF IS IN THE VISION PLAN

- Visit your VSP doctor whenever needed—services are covered with just a copay.² No referral is needed.
- At your appointment, tell them you have VSP. There's no ID card necessary.
- We'll handle the rest—there are no claim forms to complete when you see a VSP doctor.

**Find the VSP doctor who's right for you at
vsp.com or call 800.877.7195.**

1. National Eye Institute, <https://www.nei.nih.gov/learn-about-eye-health/eye-conditions-and-diseases/diabetic-retinopathy> 2. The VSP Primary EyeCare Plan is considered supplemental medical eye care coverage. Your health insurance carrier should be billed as the primary payer when other coverage exists and your doctor participates on the health plan's network. Contact your VSP doctor for more information.

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eyeconic

vsp
Vision Care

SAVE TIME AND MONEY WITH EYECONIC.



Use your VSP® vision benefits to purchase contacts, glasses, and sunglasses online with Eyeconic®.

The best part? **You'll save an additional 20% on eyewear**, just for being a VSP member. Here's how to start saving:



1. **Find your product.** More than 50 brands you know and love. All at the best possible price when you apply your benefits.



2. **Customize your order.** Choose your lenses, upload your prescription, and see your savings in real time.



3. **We do the rest.** Eyeconic is the only site where you can buy eyewear with your VSP insurance—in-network.

MORE REASONS TO LOVE EYECONIC:

- Free shipping and returns
- A free frame adjustment or contact consultation—on us
- Save up to \$120 on contacts with an annual supply discount
- See yourself in any pair with our Virtual Try-On tool
- Choose from 50+ popular brands like CALVIN KLEIN, Cole Haan, Nike, ACUVUE, Biofinity, DAILIES, and more

START SAVING NOW. CHECK OUT EYECONIC.COM® TODAY.

Classification: Public

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VSP, Eyeconic, and eyeconic.com are registered trademarks of Vision Service Plan. All other brands or marks are the property of their

BROWSE WITH BENEFITS

Your vision and wellness come first with VSP. Now, your benefit includes eyeconic.com, an eyewear store for VSP members.

Eyeconic® seamlessly connects your eyewear, your insurance coverage, and the VSP® doctor network. Plus, you get the convenience of online shopping along with the personal touch from a VSP doctor.



eyeconic®

ONLINE SHOPPING WITH BENEFITS

Online shoppers will love:

- A huge selection of contact lenses and designer frames 24/7—and the Virtual Try-On tool.
- Free shipping and returns.*
- Free frame adjustment or contact lens consultation.
- Verification of your prescriptions and the 25-point inspection process to ensure your eyewear is just right.

IT'S EASY TO USE YOUR VSP BENEFIT

1. **Create an account at vsp.com.** Review your vision benefit and access your eligibility and coverage information, including how to apply your benefits at Eyeconic.
2. **Find superior eye care near you.** The decision is yours—choose a conveniently located VSP doctor or any out-of-network provider. Visit **vsp.com** or call **800.877.7195** to find the best provider for you.
3. **Check out Eyeconic and browse the frame brands you love.** You can connect to your VSP benefits, upload your prescription, and order your glasses following your WellVision Exam®.



ALREADY USED YOUR BENEFITS FOR THE YEAR?

As a VSP member, you still receive 20% savings on glasses and sunglasses at Eyeconic.

Experience eyeconic.com®, a convenient new retail option.

*Terms and conditions apply. Visit eyeconic.com/faqs for more details.

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SAVE UP TO 60% ON BRAND-NAME HEARING AIDS

Like vision loss, hearing loss can have a huge impact on your quality of life. However, the cost of a pair of quality hearing aids usually costs more than \$5,000¹, and few people have hearing aid insurance coverage.

TruHearing® makes hearing aids affordable by providing exclusive savings to all VSP® Vision Care members. You can save up to 60% on a pair of hearing aids with TruHearing. What's more, your dependents and even extended family members are eligible, too.

In addition to great pricing, TruHearing provides you with:

- Three provider visits for fitting and adjustments
- 45-day trial
- Three-year manufacturer warranty for repairs and one-time loss and damage replacement
- 48 free batteries per hearing aid for non-rechargeable models

Plus, with TruHearing you'll get:

- Access to a national network of more than 6,000 hearing healthcare providers
- Discounted pricing on a wide selection of the latest brand name hearing aids
- High quality, low cost batteries delivered to your door

Best of all, if you already have a hearing aid allowance from your health plan or employer, you can combine it with TruHearing prices to reduce your out-of-pocket expense even more!

TruHearing®

truhearing.com/vsp

HERE'S HOW IT WORKS:

Contact TruHearing.

Call **877.396.7194**. You and your family members must mention VSP.

Schedule exam.

TruHearing will answer your questions and schedule a hearing exam with a local provider.

Attend appointment.

The provider will perform a hearing exam, make a recommendation, order the hearing aids through TruHearing, and fit them for you.

Learn more about this VSP Exclusive Member Extra at truhearing.com/vsp or call 877.396.7194 with questions.

1. Based on a 2018 third-party survey of nationwide provider and manufacturer retail pricing.

VSP is providing information to its members but does not offer or provide any discount hearing program. The relationship between VSP and TruHearing is that of independent contractors. VSP makes no endorsement, representations, or warranties regarding any products or services offered by TruHearing, a third-party vendor. The vendor is solely responsible for the products or services offered by them. If you have any questions regarding the services offered here, you should contact the vendor directly.

TruHearing offers individuals the opportunity to purchase hearing aids at discounted prices, including individuals covered by self-funded health plans not subject to state insurance or health plan regulations. TruHearing is not insurance and not subject to state insurance regulations. TruHearing provides discounts to certain healthcare groups for hearing aid sales and services; TruHearing provides fitting, programming, and three adjustment visits at no cost; the member is obligated to pay for testing, and all post-fitting hearing care services, but will receive a discount from those healthcare providers who have contracted with TruHearing. Not available directly from VSP in the states of Washington and California.

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LIFE INSURANCE BENEFIT DETAILS

If you are an active member of NCSMIG you are enrolled in a Guardian Life Insurance plan at no cost to you or your district.

PLAN FEATURES	GUARDIAN LIFE
Employee Benefit	Your employer provides \$5,000 Basic Term Life coverage for all eligible employees
Guarantee Issue	Guarantee Issue coverage up to \$5,000 per employee
AD&D Benefit	Your Basic Life coverage includes Enhanced Accidental Death and Dismemberment coverage
Portability	Yes, with age and other restrictions, including evidence of insurability
Conversion	Yes, with restrictions
Waiver of Premium	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met
Benefit Reduction	35% at age 65 and 50% at age 70

Remember to complete a Guardian Life Beneficiary Designation form. This form can be found at www.NCSMIG.org. Forms must be returned to your district.



ADDITIONAL BENEFITS

EAP – WorkLifeMatters Employee Assistance Program (flyer on pg. 17-18)

As a NCSMIG member you have access to a number of resources through the WorkLifeMatters Employee Assistance Program. This program provides you with confidential, personal, and web-based support – from stress management, dependent/elder care, nutrition and fitness to legal and financial issues. Website: www.ibhworklife.com

User Name: Matters

Password: wlm70101

Guardian Travel Aid (flyer on pg. 19-20) Available to NCSMIG members and their dependents. Travel Aid ensures assistance when travelers need help the most – whether it's a medical emergency or simply replacing travel documents. [www.TravelAid/UnitedHealthcare Globalibhtravelaid.com](http://www.TravelAid/UnitedHealthcareGlobalibhtravelaid.com)

410-453-6330 or 800-527-0218

Organization ID 329111.

AirMedCare Network Member Discount If you or your family member have a medical emergency, AirMedCare's alliance of affiliated air ambulance helicopters and airplanes can provide medical transport to an emergency treatment facility. As a NCSMIG member you can receive a discount on your annual membership. The Membership enrollment form is available on the NCSMIG website at www.ncsmig.org

The Pulse Quarterly Newsletter Stay updated on events, plan updates and health information through our quarterly newsletter, The Pulse. Archives can be found at www.ncsmig.org.



Employee Assistance Program Overview

Employee Assistance Program (EAP) consultative services

Face-to-face counseling — up to 3 visits per employee/household member per issue

Telephonic counseling — unlimited, 24/7 consultations with master's- and doctoral-level counselors

Bereavement — support available through telephonic or face-to-face sessions; online resources available on EAP website

Online modules and coaching — learn, develop, and practice new skills to improve mental fitness; includes a well-being check, online modules selected specifically for you, and up to 3 coaching sessions

EAP website resources — comprehensive website that includes articles, videos, FAQs, etc.; additionally, individuals can chat online with an EAP consultant or email an EAP counselor through the website

Work/Life assistance & resources

Work/Life services — unlimited 24/7 access to Work/Life specialists (subject matter experts) in the areas of: family and care giving, health and wellness, emotional well-being, daily living, balancing work and life responsibilities

Child and elder care referral — unlimited telephonic consultation with a Work/Life specialist (part of Work/Life services)

Employee discounts — access to discounts on a large number of products and services, from gym memberships to dental, vision and pharmacy items, entertainment, restaurants, computers, cars, and much more

Medical bill negotiation tools — information and guidance on negotiating medical bills

Legal/financial assistance & resources*

Legal consultation — unlimited telephonic support and free initial 30-minute face-to-face consultation with an attorney, with a 25% discount on attorney services thereafter; online legal forms; extensive online law library



Financial consultation — unlimited telephonic support for financial problems or planning needs; 30 days of financial coaching; extensive online financial library and calculators

ID theft — free consultation with a trained Fraud Resolution specialist who will assist with ID theft resolution and education; ID theft educational materials available online

Will preparation — online self-service documents available on EAP website; 30-minute consultation (part of Legal Consultation offering) can be used for estate planning/will preparation

Legal document preparation — online self-service documents available on the EAP website

Tax consultation — tax questions only can be answered as part of the Financial Consultation offering

Online self-service documents — examples include, but are not limited to living trust, will, power of attorney, deeds

Resources for managers

Introductory employee orientation — complimentary webinars with on-site orientation available for additional hourly fees

Supervisor/employee training — complimentary webinars with on-site orientation available for additional hourly fees

Critical incidence response services — \$280 per hour, per counselor; no additional fee for travel time or travel expenses

Supervisor/manager telephone consultation — unlimited 24/7 telephonic support

Employee EAP referrals — managers or supervisors can refer an employee directly at any time

Utilization reports (to employer) — online access to self-service reporting

EAP promotional materials — flyers, posters, short video clips, and newsletters provided



worklife.uprisehealth.com

Access code: worklife

Contact your Guardian Group sales consultant for more information.

**The Guardian Life Insurance
Company of America**
New York, NY
guardianlife.com

*Legal/financial assistance & resources services are not available in the state of New York. The Employee Assistance Program and WillPrep Services are provided by Uprise Health, and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of the Employee Assistance Program or WillPrep Services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program and services. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and Uprise Health reserve the right to discontinue the Employee Assistance Program or WillPrep Services at any time without notice. Legal services will not be provided in connection with or preparation for any action against Guardian, Uprise Health, or your employer. The Employee Assistance Program and WillPrep Services are not insurance benefits and may not be available in all states. Guardian, its subsidiaries, agents, and employees do not provide tax, legal, or accounting advice. Consult your tax, legal, or accounting professional regarding your individual situation. GUARDIAN® and the GUARDIAN G® logo are registered service marks of The Guardian Life Insurance Company of America®

2022-131767 (1/24)

PROGRAM DEFINITIONS

The following definitions apply:

“Dependent” means the Member’s legal spouse; the Member’s unmarried children from birth and under age 19; or under age 23, if enrolled as a full-time student in an accredited college, university, vocational or technical school; and children whose support is required by a court decree. Children include natural children, stepchildren and legally adopted children. They must be primarily dependent on the Member for support and maintenance and must live in a parent-child relationship with the Member. A spouse or child who is insured under this Policy as a Member will not be eligible as a Dependent.

“Enrollment Period” means the period of time for which You are validly enrolled for UHCG PLUS and for whom We have received the appropriate enrollment fee. “Expatriate” means individual traveler whose trips exceed 90 consecutive days or whose travel exceeds 180 days in a 12-month period.

“Home Country” means the country as shown on Your passport or the country where You have Your permanent residence.

“Host Country” means a country or territory You are visiting or in which You are living which is not Your Home Country.

“Injury” means an identifiable accidental injury caused by a sudden, unexpected, unusual, specific event that occurs during Your Enrollment Period.

“Illness” means a sudden and unexpected sickness that manifests itself during Your Enrollment Period.

“UnitedHealthcare Global Physician Advisors” means physicians, retained by UHCG to provide us with consultative and advisory services, including the review and analysis of the quality of medical care You are receiving.

“We,” “Us,” “UHCG,” and “Our” means UnitedHealthcare Global.

“You” and “Your” means a person validly enrolled for PLUS and for whom We have received the appropriate enrollment fee.

CONDITIONS AND LIMITATIONS

The services described are available to You only during Your Enrollment Period and only when you are 100 or more miles away from Your permanent residence in Your Home Country or Expatriates without regard to the distance from Your Expatriate residence.

We will only cover the transportation costs under the Medical Evacuation and Repatriation Services if We have given Our prior approval or if those services are coordinated by Us.

We have sole discretion in making the determination as to whether we will cover the cost of Emergency Medical Evacuations. Our decision will be based on medical considerations, including the opinions of the treating physicians. Our UHCG Physician Advisors and Our medical director with respect to Your condition and ability to travel. We will determine the appropriate method, destination, and timing of any evacuation. The destination will be the nearest facility capable of providing appropriate care, as determined by Us.

We have sole discretion in making the coverage determination for Your Transportation After Stabilization. Our determination will be based on Your need for

continuing medical care. We will not return You to Your Home Country for the sole sake of Your convenience.

In the event We are arranging transportation by commercial air under the Medical Evacuation and Repatriation Services, and You hold an original return airline ticket, We may use that ticket and are only responsible for any applicable change fees.

We will only direct-pay any transportation costs under the Medical Evacuation and Repatriation Services to the transportation providers, unless otherwise approved by Us in advance.

We are not responsible for the availability, quality, results of, or failure to provide any medical, legal or other care or service caused by conditions beyond Our control. This includes Your failure to obtain care or service or where the rendering of such care or service is prohibited by U.S. law, local laws, or regulatory agencies.

Your legal representative shall have the right to act for You and on Your behalf if You are incapacitated or deceased.

EXPENSES NOT COVERED

We shall not be responsible for any costs or expenses arising from:

1. Hospital or medical expenses of any kind or nature.
2. Travel arrangements that were neither coordinated by nor approved by Us in advance.
3. Your traveling against the advice of a physician or traveling for the purpose of obtaining medical treatment.
4. Suicide, attempted suicide, or willful self-inflicted injury.
5. Taking part in military or police service operations.
6. The commission of, or attempt to commit, an unlawful act.
7. Injury or illness caused by or contributed to by use of drugs or alcohol.
8. Pregnancies, except in the case of a major, vital complication during the first two trimesters of pregnancy which presents a clear and significant risk of death or imminent serious injury or harm to the mother or fetus.
9. Initial transportation to local facilities, including ground ambulance fees, except as arranged by Us.
10. Mountaineering or rock climbing necessitating the use of guides or ropes, spelunking, parachuting, hang gliding, deep sea diving utilizing hard helmet with air hose attachment, racing of any kind other than on foot, bungee jumping, operating a vehicle when not properly licensed, or participating in professional sports unless otherwise agreed in writing by Us prior to Your Enrollment Period.
11. Psychiatric, psychological, or emotional disorders.
12. Incidental expenses, including but not limited to accommodations, local transportation, meals, telephone, and facsimile charges.
13. Subsequent evacuations for the same or related medical condition, regardless of location.
14. Services not otherwise shown as covered.

REIMBURSEMENT TO INTEGRATED BEHAVIORAL HEALTH

You or a responsible party on Your behalf shall either pay the cost of medical care and treatment, including hospital expenses directly or shall reimburse Us upon demand for all such costs and expenses which may be imposed upon Us by health care providers for the cost of medical care and treatment, including hospital expenses, or related assistance services either authorized by You or deemed to be advisable and necessary by Us under urgent medical circumstances, to the extent that such expenses are not Our responsibility. Such reimbursement shall be without regard to the specific terms, conditions, or limitations of any insurance policies or benefits available to You.

We shall be fully and completely subrogated to Your rights against parties who may be liable for the payment of, or a contribution toward the payment of, the costs and expenses of assistance services provided by Us or medical care and treatment, including hospital expenses, in the event that We pay or contribute to the payment of them. You must assign to Us any and all rights of recovery under any such insurance plans, including any occupational benefit plan, health insurance, or other insurance plan or public assistance program, up to the sum of any payments by Us.

Prepare for the Unexpected

TravelAid

Powered by UnitedHealthcare Global PLUS

Guardian

IBH
INTEGRATED BEHAVIORAL HEALTH

Please keep this document with you while you travel.

A comprehensive program providing you with 24/7 emergency medical, security, and travel assistance - including emergency medical evacuation and repatriation - when you are outside your home country or 100 or more miles away from your permanent residence in your home country. (Expatriates are eligible regardless of distance from your expatriate home.)

PROGRAM DESCRIPTION

How To Access TravelAid/UnitedHealthcare Global PLUS

Services

24 hours a day, 7 days a week, 365 days a year

Your UHCG identification card is your key to travel security. If you have a medical or travel problem, simply call us for assistance. Our toll-free and collect-call telephone numbers are printed on your ID card. Either call the toll-free number of the country you are in, or call the Emergency Response Center collect at:

Baltimore, Maryland +1-410-453-6330

A UnitedHealthcare Global Assistance Coordinator will ask for your name, your company or group name, the UHCG ID number shown on your ID card, and a description of your situation. We will immediately begin assisting you. A full listing of services follows.

If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center. We will then take the appropriate action to assist you and monitor your care until the situation is resolved.

UnitedHealthcare Global PLUS provides You with Medical Assistance Services, Travel Assistance Services, Medical Evacuation and Repatriation Services, Personal Security Services and Worldwide Destination Intelligence as described below. These services are subject to certain Conditions, Limitations, and Exclusions also described below.

UnitedHealthcare Global

8501 LaSalle Road, Suite 200
Baltimore, MD 21286
1-410-453-6330
www.ibhtravelaid.com

UNITEDHEALTHCARE GLOBAL EMERGENCY RESPONSE CENTER: United States, Baltimore, MD 1-410-453-6330

TOLL FREE ACCESS - The numbers below must be dialed from within the country.
If your location is not listed or the call will not go through, call the 24-hour Emergency Response Center COLLECT.

Australia and Tasmania:	1-800-127-9017	Mexico:	001-800-101-0061
Belgium:	0800-29-5810	Netherlands:	0800-022-8662
Bolivia:	0800-1-7539	New Zealand:	1-800-1-11-0033
Canada (northern region):	0800-801-2334	Philippines:	1-800-1-11-0033
China (southern region):	1088888804527-0218	Portugal:	1-800-84-4266
Dominican Republic:	10811800-527-0218	Republic of Ireland (Ireland):	1-800-409-529
Egypt (inside Cairo):	1-888-567-9777	Republic of South Africa:	800-9-02379
Egypt (outside of Cairo):	2-510-0200/877-5604-1151	Singapore:	800-1100452
Finland:	022-510-0200/877-5604-1151	South Korea:	00798-11-004-7101
France and Monaco:	0800-11-4402	Spain and Malaga:	900-98-4407
Germany:	0800-1-811401	Switzerland and Liechtenstein:	0800-55-0029
Greece:	00-800-4412-8821	Thailand:	001-800-11-471-0661
Hong Kong:	800-96-4421	Turkey:	00-800-4491-4834
Indonesia:	001-803-1471-0621	U.K., N. Ireland, Isle of Jersey, the Channel Isles and Isle of Man:	1-809-41-0172
Israel:	1-809-41-0172	United States, Canada, Puerto Rico:	800-877-204
Italy, Vatican City, and San Marino:	800-877-204	US Virgin Islands, Bermuda:	1-800-527-0218
Japan:	00531-11-4065		

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MEDICAL ASSISTANCE SERVICES

Worldwide Medical and Dental Referrals: We will provide referrals to help You locate appropriate treatment or care.

Monitoring of Treatment: Our Assistance Coordinators will continually monitor Your case. In addition, Our UnitedHealthcare Global Physician Advisors provide Us consultative and advisory services, including review and analysis of the quality of medical care You are receiving.

Facilitation of Hospital Payments: Upon securing payment or a guarantee to reimburse, We will either wire funds or guarantee required emergency hospital admittance deposits. You are ultimately responsible for the payment of the cost of medical care and treatment, including hospital expenses.

Transfer of Insurance Information to Medical Providers: We will assist You with hospital admission, such as relaying insurance benefit information, to help prevent delays or denials of medical care. We will also assist with discharge planning.

Medication, Vaccine and Blood Transfers: In the event medication, vaccines, or blood products are not available locally, or a prescription medication is lost or stolen, We will coordinate their transfer to You upon the prescribing physician's authorization, if it is legally permissible.

Dispatch of Doctors/Specialists: In an Emergency where You cannot adequately be assessed by telephone for possible evacuation, or You cannot be moved and local treatment is unavailable, We will send an appropriate medical practitioner to You.

Transfer of Medical Records: Upon Your consent, We will assist with the transfer of medical information and records to You or the treating physician.

Continuous Updates to Family, Employer, and Home Physician: With Your approval, We will provide case updates to appropriate individuals You designate in order to keep them informed.

Hotel Arrangements for Convalescence: We will assist You with the arrangement of hotel stays and room requirements before or after hospitalization.

Replacement of Corrective Lenses and Medical Devices: We will coordinate the replacement of corrective lenses or medical devices if they are lost, stolen, or broken during travel.

TRAVEL ASSISTANCE SERVICES

Replacement of Lost or Stolen Travel Documents: We will assist You in taking the necessary steps to replace passports, tickets, and other important travel documents.

Emergency Travel Arrangements: We will make new reservations for airlines, hotels, and other travel services in the event of an illness or Injury.

Transfer of Funds: We will provide You with an emergency cash advance subject to Us first securing funds from You or Your family.

Legal Referrals: Should You require legal assistance, We will direct You to an attorney and assist You in securing a bail bond.

Translation Services: Our multilingual Assistance Coordinators are available to provide immediate verbal translation assistance in a variety of languages in an emergency; otherwise We will provide You with referrals to local interpreter services.

Message Transmittals: You may send and receive emergency messages toll-free, 24-hours a day, through Our Emergency Response Center.

Emergency Pet Housing and/or Pet Return: We will coordinate arrangements for temporary boarding or the return of a pet left unattended as a result of Your Injury or illness.

WORLDWIDE DESTINATION INTELLIGENCE

Pre-Travel Information: Upon Your request, We can provide continuously updated destination intelligence for 173 countries covering subject areas such as weather, currency and culture.

Travel and Health Information: Upon Your request We can provide You with continuous updates on travel and health information such as immunizations, vaccinations, regional health concerns, entry and exit requirements, and transportation information.

Real-time Security Intelligence: Upon Your request We will provide You with the latest authoritative information and security guidance for over 173 countries and 283 cities. Our global security database is continuously updated and includes intelligence from thousands of worldwide sources.

MEDICAL EVACUATION & REPATRIATION SERVICES

Emergency Medical Evacuation: If You sustain an Injury or suffer a sudden and unexpected illness and adequate medical treatment is not available in Your current location, We will arrange and pay for a medically supervised evacuation to the nearest medical facility. We determine to be capable of providing appropriate medical treatment. Your medical condition and situation must be such that, in the professional opinion of the health care provider and UHCG, You require immediate emergency medical treatment, without which there would be a significant risk of death or serious impairment.

Transportation to Join a Hospitalized Member: If You are traveling alone and are or will be hospitalized for more than seven consecutive days, We will coordinate and pay for economy round-trip airfare for a person of Your choice to join You.

Return of Dependent Children: If Your Dependent child(ren) age 18 or under are present but left unattended as a result of Your Injury or illness, We will coordinate and pay for one-way economy airfare to send them back to Your Home Country. We will also arrange and pay for the services and transportation expenses of a qualified escort, if required and as determined by UHCG.

Transportation After Stabilization: Following emergency medical evacuation and stabilization, We will coordinate and pay for one-way economy airfare to Your point of origin. If following stabilization We determine that hospitalization or rehabilitation should occur in Your Home Country, We will alternatively coordinate and pay for Your

transportation there.

Repatriation of Mortal Remains: If You sustain an Injury or suffer a sudden and unexpected illness that results in Your death, We will assist in obtaining the necessary clearances for Your cremation or the return of Your mortal remains. We will coordinate and pay for the expenses of the preparation and transportation of Your mortal remains to Your Home Country.

SECURITY AND POLITICAL EVACUATION SERVICES

Political Evacuation Services: In the event of a threatening political situation, such as military uprising or coup, We will assist you in making evacuation arrangements, including flight arrangements, securing visas, and logistical arrangements such as ground transportation and housing. In more complex situations, We will assist You in making arrangements with providers of specialized security services.

Security Evacuation Services: In the event of a threatening security situation, such as rioting, or other violent situations, We will assist You in making evacuation arrangements, including flight arrangements, securing visas, and logistical arrangements such as ground transportation and housing. In more complex situations, We will assist You in making arrangements with providers of specialized security services.

Transportation After Political or Security Evacuation: Following a Security or Political Evacuation and when safety allows, We will coordinate Your return to either Your Host Country or Your Home Country.

Disclosure

TravelAid services are provided by Integrated Behavioral Health, Inc., and UnitedHealthcare Global. The Guardian Life Insurance Company of America (Guardian) does not provide any part of TravelAid services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the policy can provide the actual terms, services, limitations and exclusions. We are not responsible for availability, quality, result of or failure to provide any medical, legal or other care or service caused by conditions beyond Our control. Guardian and IBH reserve the right to discontinue TravelAid at any time. TravelAid services may not be available in all states.

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Always carry your ID Card with you. Listed on the back of the card are the telephone numbers for the worldwide UnitedHealthcare Global network. When you call UHCG, be prepared to provide your TravelAid ID number, organization's name, your name and a description of the situation.



Organization:
TravelAid ID: 329111

Notice to Physicians/Hospitals: Call UnitedHealthcare Global immediately for benefits verification and procedures. Call 24 hours a day (multilingual). If you do not have access to a phone, email for assistance. assistance@uhcglobal.com
www.ibhtravelaid.com



CONTACT INFORMATION

If you are an active member of NCSMIG you are enrolled in a Guardian Life Insurance plan at no cost to you or your district.

Blue Shield of California	855.599.2650 www.blueshieldca.com
Teladoc 24/7 Physicians	800.835.2362 www.blueshield.com/teladoc
Blue Shield 24/7 Nurse Line	877.304.0504
CVS Caremark	866.260.4646 www.caremark.com
Vision Service Plan (VSP)	800.877.7195 www.vsp.com
Guardian Dental	800.541.7846 www.guardiananytime.com
EAP	800.386.7055 www.worklife.uprisehealth.com
Livongo	800.945.4355 www.membersupport@livongo.com

DISCLAIMER

The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.