

2026

# Employee Benefits Guide

Cass County Government



ApexBenefits

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The employee benefit programs described in this guide are a summary of benefits, and every attempt has been made to ensure its accuracy. The actual provisions of each benefit program will govern if there is any inconsistency between the information in this guide and your group Plan Documents, Summary Plan Descriptions, programs, policies, or contracts or any subsequent change in such plans, programs, policies, or contracts. All information is confidential pursuant to the Health Insurance Portability and Accountability Act of 1996.

# Benefits Overview

Cass County Government offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

## Who is Eligible?

If you are a full-time employee (working 35 or more hours per week), you are eligible to enroll in the benefits described in this guide. The following family members are eligible for medical coverage: legal spouse, subscriber's natural child, stepchild, or child placed by adoption, as well as, subscriber's grandchild, blood relative or other child for whom legal guardianship has been awarded to the subscriber or the subscriber's spouse.

## How to Enroll

Newly hired employees enroll at their new hire orientation with paper applications. There is a 90-day initial employment period that you can use to make your elections, but HR recommends that you enroll at the new hire orientation. Cass County Government also allows for any changes in insurance to be completed at the annual open enrollment meetings which are mandatory for full-time employees. All forms are to be returned to Jeremy Hall.

## How to Enroll

**OPEN ENROLLMENT:** The benefits you elect will be effective January 1, 2026.

You must enroll during Cass County Government's annual Open Enrollment period. If you miss these enrollment opportunities, you must wait until next year's Open Enrollment period unless you have a qualifying life event.

**NEW HIRES:** If you are an Elected Official, your benefits are effective on the date you take office, provided you are scheduled to work one (1) or more hours per week. If you are an Appointed Employee, you are effective on the date you are appointed, provided you are regularly scheduled to work for the Cass County Government for at least thirty-five (35) hours per week. All other Full-Time Employees will be considered eligible for coverage following the date that such an employee:

1. Completes the applicable Waiting Period as described below and
2. Is regularly scheduled to work for Cass County Government on a Full-Time Employment basis for at least thirty-five (35) hours per week.

Employee Classification	Waiting Period
Elected Officials	Zero (0) Days
Appointed Officials	Zero (0) Days
All Others	Ninety (90) Days

## How to Make Changes

A life event change (qualifying event) is a personal change in status which may allow you to change your benefit elections.

Examples of qualifying events include:

- Marital Status Change: Marriage, Divorce, Legal Separation
- Dependent Status Change: Birth, Death, Adoption
- Change in Employment: Full-time to Part-Time or vice versa
- Loss or gain of coverage

If you experience a life event change, you will need to request to change your benefits within 30 calendar days of the event and provide documentation to Human Resources.

## Helpful Contacts

Medical	Imagine360	1.800.903.4360	<a href="http://www.imagine360.com">www.imagine360.com</a>
Rx	True Rx	1.866.921.4047	<a href="http://www.truerx.com">www.truerx.com</a>
Virtual Care	Recuro Health	1.844.715.1724	<a href="http://miBenefits.imagine360.com">miBenefits.imagine360.com</a>
Dental	Delta Dental	1.800.524.0149	<a href="http://www.deltadentalin.com">www.deltadentalin.com</a>
Vision	Delta Vision	1.800.877.7195	<a href="http://www.vsp.com">www.vsp.com</a>
Health Savings Account (HSA)	Logansport Savings Bank	1.574.722.3855	<a href="http://www.logansportsavings.com">www.logansportsavings.com</a>
Clinical Benefits	Unity Healthcare	1.574.732.2552	<a href="http://www.unityhc.com">www.unityhc.com</a>
Wellness Program	Unity Healthcare	1.574.732.2552	<a href="http://www.unityhc.com">www.unityhc.com</a>
Life and AD&D	Standard Insurance Company	1.888.937.4783	<a href="http://www.standard.com">www.standard.com</a>
Additional Voluntary Benefits	Globe Life Patti Enfield	1.574.298.0942	<a href="mailto:penfield.farmheritage@gmail.com">penfield.farmheritage@gmail.com</a>
EAP	Standard Insurance Company	1.877.851.1631	<a href="http://www.healthadvocate.com/standard3">www.healthadvocate.com/standard3</a>
Human Resources	Jeremy Hall	1.574.732.2540 ext 1377	<a href="mailto:Jeremy.hall@co.cass.in.us">Jeremy.hall@co.cass.in.us</a>

## To Find an In-Network Provider

### Multiplan

1. Call 1.888.342.7427 or go to [www.multiplan.com](http://www.multiplan.com)
2. Select “Find a Provider”
3. Choose the **PHCS Network**
4. Choose “Practitioner Only”
5. Use the search field to specify the topic
6. Set your location and begin your search
7. Receive your results and refine as desired

### Community Health Network

See a complete list of providers in your area by visiting: <https://providers.imaginehealth.com/>

# HSA High-Deductible Health Plan

Cass County Government offers a High-Deductible Health Plan (HDHP) with the option for an HSA through a third-party administrator, Imagine360. The HDHP allows you the freedom to use providers in-network and out-of-network as designated in the following chart. This chart gives a side-by-side look at the amounts you pay when you use in-network versus out-of-network providers.

Plan Feature	In-Network	Out-of-Network
Preventive Care Services	Covered in Full	Deductible & Coinsurance
Office Visit		
- Primary care	Deductible & Coinsurance	Deductible & Coinsurance
- Specialist	Deductible & Coinsurance	Deductible & Coinsurance
Annual Deductible		
- Individual / Family	\$2,500 / \$5000	\$2,500 / \$5,000
Employee Coinsurance	10%	10%
Out-of-Pocket (Includes Deductible)		
- Individual / Family	\$3,750 / \$7,500	\$3,750 / \$7,500
Urgent Care	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room	Deductible & Coinsurance	Deductible & Coinsurance
Inpatient Services	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Services	Deductible & Coinsurance	Deductible & Coinsurance
Home Health Care	Deductible & Coinsurance	Deductible & Coinsurance
Therapy (Occupational, Physical, Speech)	Deductible & Coinsurance	Deductible & Coinsurance
X-Ray and Laboratory Services	Deductible & Coinsurance	Deductible & Coinsurance
Mental Health & Substance Abuse Services	Deductible & Coinsurance	Deductible & Coinsurance

Rx Plan Feature	In-Network
Tier 1 – Generic	Deductible & Coinsurance
Tier 2 – Preferred Brand	Deductible & Coinsurance
Tier 3 – Non-Preferred Brand	Deductible & Coinsurance
Tier 4 – Specialty (brand and generic)	Deductible & Coinsurance

Rates	Monthly Employee Contribution
Employee Only	\$30.00
Employee + Spouse	\$120.00
Employee + Child(ren)	\$100.00
Employee + Family	\$180.00

# Medical Benefits with Imagine360

## Imagine360 Services

- Have audited over 75,000 medical claims
- Partnership with Imagine360 and Cass County to reduce medical care costs
- Members utilize a hospital, facility, ambulatory surgical center, or dialysis center.
- The hospital bills the member and sends the bill to Imagine360
- Imagine360 reviews the bill and sends it to their balance bill team
- Imagine360 audits the claim for errors and inappropriate charges and compares billed amounts to the actual costs that the hospital has reported to Medicare for the same or similar services
  - Imagine360 re-prices the claim to a reasonable price at the greater of either Cost Plus 12% or what Medicare would pay plus 20%
  - Imagine advises Imagine360 of the action and Imagine360 issues a check to the hospital for the Allowable amount with a copy of the Imagine360 audit and advises the hospital of their right to appeal
  - Imagine360 issues an EOB to the member with a Notice of Adverse Benefit determination (NOABT) letter and provides Imagine360 contact information
- Hospitals will likely not appeal the bill and accept payment; however, they could balance bill for the amount not paid by insurance. This is where we need your partnership by notifying Imagine360.
- Members are responsible for their deductible and coinsurance amounts due (shown on the EOB).
- Employee/Member notifies Imagine360 that hospital has sent them a bill for payment because we do not know otherwise.
- Imagine360 will review the bill, assign a Member Service Advocate (MSA), and then send you 2 forms for completion so that they can assist you.
- Once your forms are completed and returned, your MSA will acknowledge and then forward them to your assigned attorney.
- Your assigned attorney contacts the hospital in writing to cease further billing amounts above Allowed Amounts.
- Hospitals may continue to bill you. If so, please forward all correspondence to your MSA and/or assigned attorney.

## Important Information

- Each time the member is billed/contacted they should notify Imagine360
- Imagine360 will contact the hospital each time the employee contacts Imagine360
- After 3-6 months the hospital may send the bill to a Collection Agency. This does not mean your credit is impaired.
- Collection agencies will bill you. Please send the notification to Imagine360 within 30 days for them to respond to the Collections Agency.
- Each time that you are billed in any way, please notify Imagine360 ASAP.
- Your MSA will respond to everything sent via phone or email. When the attorney's communications are sent, you will receive a copy of this in the mail. Also, at any point in the process, you can contact either your assigned MSA or your assigned attorney. You will receive the name, phone number, and email address for both your MSA and attorney.

## Helpful Facts to Assist you with any Balance Bills or Collections Notices

### How do I contact Imagine360?

Imagine360 is located at:

961 Pottstown Pike

Chester Springs, PA 19425

Customer Service Phone Number: 1.800.977.7381

Fax: 1.888.560.2447

Email: [bb@imagine360.com](mailto:bb@imagine360.com)

# Price Protection & Billing Support

Your health plan includes built-in price protection so you don't overpay for care. And while you may not have billing questions often, we're always here to answer them.



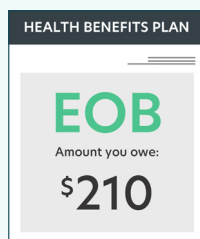
## OUR ROLE: Provide Price Protection

1. After you receive care, your provider sends us a request for payment. This is called a claim.
2. We review claims from providers – including doctors (depending on your plan), hospitals, outpatient surgery centers and skilled nursing facilities – for errors and charges that are more than what your plan allows.
3. If needed, we adjust the amount paid to a provider. **Most providers accept this amount.**

## YOUR ROLE: Keep an Eye on Provider Bills

Occasionally, a provider may bill you the difference between what your plan paid and what the provider charged. This is called a balance bill – and there's an easy way for you to spot one:

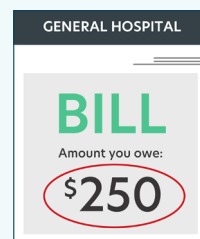
### Compare your Explanation of Benefits (EOB) ...



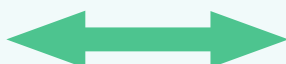
#### From your health plan (not a bill)

Shows what your plan covered and what you owe.

### ... to your provider bill



#### From your healthcare provider



**If they don't match, you have a balance bill.**

## How to Send Us a Balance Bill

Most of the time, you won't have a reason to contact us about a provider bill. But if you ever receive a balance bill or aren't sure, let us know right away. We're here to help make sure you aren't being charged too much for care.

When you contact us, **always include the balance bill and the best number for us to reach you.**



**Email:** [bb@imagine360.com](mailto:bb@imagine360.com)

**This is the fastest way to receive balance bill support.**



**Fax:** 888-560-2447



**Mail:** 1550 Liberty Ridge Dr., Wayne, PA, 19087

Need help? **Just call the member number on your Benefits ID card.**

## Advocating on Your Behalf

Once we receive your balance bill, we'll contact you to explain next steps. Our team does all the work, so you don't have to.

A designated advocacy expert will:

- Manage the bill resolution process on your behalf
- Provide regular updates
- Bring in legal support, if needed, at no cost to you

## Don't Overpay: Helpful Tips

These tips can help keep your care costs fair and reasonable:

- Compare provider bills to your EOBs to check for balance bills.
- Send us balance bills right away.
- Quickly sign the authorization forms that allow us to advocate on your behalf.
- Keep a folder of EOBs and bills you receive, in case questions arise.

Remember, you can always call us at the member number on your Benefits ID card if you have questions about an EOB or a provider bill.



Scan here to learn more about how price protection keeps your care costs as affordable as possible.

24/7 access to your health benefits: [miBenefits.imagine360.com](https://miBenefits.imagine360.com)

We're here to help. Call the number on your Benefits ID card.  
Mon - Thurs: 7 a.m. – 9 p.m. CT | Fri: 7 a.m. – 7 p.m. CT



**imagine360**

# Understanding Your Explanation of Benefits


An Explanation of Benefits (EOB) is a statement from your health plan to let you know how a claim was processed. It shows information about services received, the provider and date of service. It is not a bill.

Pay special attention to the following important areas of your EOB:

1. **Basic information about the claim, including the patient ID and the EOB number.**
2. **This section provides an overview of the services rendered, dates of services, the charges submitted, and how the plan benefits were applied.**
3. **Explanation of the codes used when applying benefits. This box may also include comments regarding your claim. Please read this section to see if you need to take any action.**
4. **This section lists the ineligible charges, any amounts applied to the deductible, as well as the copay and coinsurance amounts. The total due to provider is the amount you owe.**

Compare this amount to any bill you get from your provider. If they do not match, call the number on your Benefits ID card.

If you are ever billed for more than your out-of-pocket responsibility that is listed on your EOB, or have a question about a bill, call us right away at the number on your Benefits ID card.

 **imagine360**  
IMAGINE360  
1550 LIBERTY RIDGE DRIVE  
WAYNE, PA 19087

**ABC Company**  
RETAIN FOR TAX PURPOSES  
**EXPLANATION OF BENEFITS**  
THIS IS NOT A BILL  
Contact us:  
Providers: 123.123.1234  
imagine360.com  
Members: 123.123.1234  
Group #: S123456  
Date: 05/13/2021  
Employee: JOE SMITH  
Patient: MARY SMITH  
Member ID: 123456789  
Document #: 16123456789  
Patient ID: NAHA1234  
EOB#: 2012345-939

**Forwarding Service Requested**  
000720-001081-000001-001081 2009660 3472CK02\_1  
JOE SMITH  
1234 W ANY STREET  
ANY TOWN, US 12345-6789

Provider/ Nature of Service	Dates of Service From To	Charges Submitted	Ineligible	Code **	Discount	Copay	Deductible	% Plan Pays	Benefit Payable
COMMUNITY HOSPITAL OP SURGERY HOSP	02/16/21 02/17/21	\$52759.01	\$40305.75	1				80% 100%	\$3344.92 \$8272.11
AMOUNTS		\$52759.01	\$40305.75						\$11617.03

The percentage(s) payable or any patient deductible(s) or co-pays(s) has been applied in accordance with the schedule of benefits in the Summary Plan Description.

**\*\*EXPLANATION OF CODE\*\***

1- 882-882- THESE CHARGES EXCEED THE PLAN'S ALLOWABLE CLAIM LIMITS; THEREFORE, THE CHARGES HAVE BEEN DENIED AS STATED IN THE EXCLUSIVE AND LIMITATIONS IN YOUR SUMMARY PLAN DESCRIPTION. APPEAL RIGHTS UNDER THIS PLAN ALSO APPLY TO PROVIDERS OF SERVICE.

SEE BACK FOR APPEAL PROCESS

**SUMMARY OF SUBMITTED CHARGES**  
TOTAL SUBMITTED CHARGES \$52759.01  
TOTAL BENEFITS PAID \$11617.03  
TOTAL DISCOUNT  
OTHER INSURANCE CARRIER PAYMENT

**PATIENT RESPONSIBILITY**  
INELIGIBLE CHARGES \$40305.75  
PATIENT'S DEDUCTIBLE  
PATIENT'S CO-PAY  
PATIENT'S COINSURANCE \$836.23  
**TOTAL DUE TO PROVIDER BY MEMBER \$836.23**

YEAR TO DATE ACCUMULATORS

THE PATIENT'S 2021 MEDICAL DEDUCTIBLE SATISFIED IS \$1,000.00

THE 2021 FAMILY MEDICAL DEDUCTIBLE SATISFIED IS \$1,000.00

We're here for you with expert service and support.

Use the contact information on your Benefits ID card to get in touch with a member experience representative.



# Your Benefits ID Card

## Important information for you and your providers

The card may look different from others you've had, but it has all the information you and your provider need. Here's an overview of all the important information included:

### Front:

<p>Sample Company Name Logo</p> <p><b>1</b></p> <p><u>Medical Plan Network Access:</u></p> <p>Sample Network www.samplenetwork.com</p>	<p>Sample Company Name</p> <p>Group: H88XXXX</p> <p>Employee: JOHN SAMPLE</p> <p>ID: SMPL0001</p> <p><b>2</b></p> <p>Dependent: JANE SAMPLE Dependent: JIMMY SAMPLE</p> <p>Member Services: For help finding providers, questions on claims, or information on your health plan:</p> <ul style="list-style-type: none"><li>Email: <a href="mailto:myplan@imagine360.com">myplan@imagine360.com</a> or</li><li>Call (888) 123-1234</li></ul> <p><b>3</b></p>
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### Back:

<p>Information for Providers: For questions regarding your patient's health plan, summary of benefits, claims status and UR Notification, visit <a href="http://imagine360.com">imagine360.com</a> or call 800.716.2852.</p> <p><i>*Notification of all hospital admissions must be made within 48 hours.*</i></p> <p>NOTICE: Possession of this card or UR Notification does not guarantee coverage or payment for the services or procedure reviewed.</p> <p>Submit Claims to: EDI: Payer ID 48143 Mail: Imagine360 PO Box 749075 Dallas, TX 75374-9075</p> <p><b>4</b></p> <p>For Non-Imagine Facility &amp; Non-Network Professional Claims: <a href="http://www.planlimit.com/imagine360">http://www.planlimit.com/imagine360</a></p>	<p>Member Applicable Ded/ OOPM Amounts Plan Amounts Go Here</p> <p><b>5</b></p> <p>Sample Pharmacy Plan</p> <p>RxBIN: XXX000 RxPCN: SSN RxGRP: H880XXX</p> <p><b>6</b></p>
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Scan this QR code for a video on how to use your Benefits ID card!

- 1 Health System Access:** Here you will find information about the physicians and/or health systems included in your plan. You will also find website information so you can search for providers.  
  
When you go to a provider, present your card at check in. If your provider wants to verify coverage, they can easily contact us at the number on the back of your card. (See #4 below.)
- 2 Group & Member Information Section:** Unique identifying information about your health plan. It lists your group number, member ID, and enrolled member(s). Providers use this information to verify coverage and submit claims.
- 3 Member Services:** Contact information for the Imagine360 member experience team.
- 4 Provider Information:** Contact information specifically for providers who want to verify coverage or ask questions.
- 5 Out-of-Pocket Responsibility:** This section may show your plan deductible, copay amounts, and out-of-pocket maximums.
- 6 Pharmacy Plan:** If your plan has pharmacy benefits, you'll find the details in this section.

We're here for you with expert service and support.

Call the number on your Benefits ID card.

Hours: Mon-Thurs: 7am-9pm CST; Friday: 7am-7pm CST

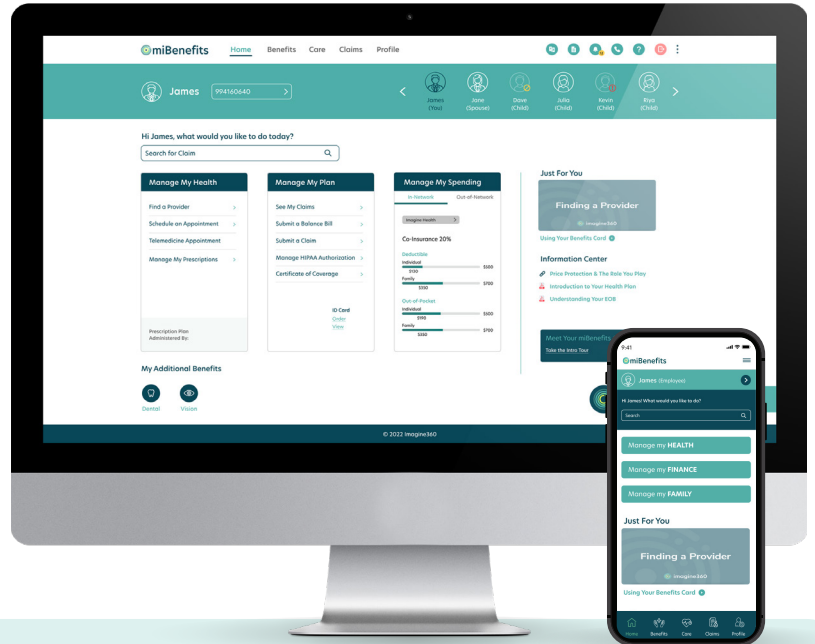


# miBenefits Portal

## Get 24/7 access to your health plan.

### You can easily:

- See your benefits in one place.
- Find and compare providers.
- Track your spending at a glance.
- Review provider claims and how your plan processed them.



**Manage Your Benefits Anytime, Anywhere**  
**Sign up when your plan is live.**

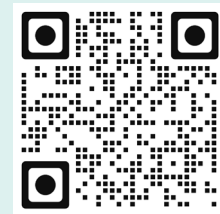
### Register Online

Go to: [miBenefits.imagine360.com](https://miBenefits.imagine360.com).

Click "Sign up here."

### Get the App

Download the free "i360 miBenefits" app.



**Scan here to register  
for the portal.**

# Healthcare Simplified

The miBenefits portal connects you to the tools and resources you need to make informed healthcare decisions.



## Learn About Your Benefits

Get an overview of your plan benefits. Then explore how to do more with them through helpful videos, flyers and other educational materials.



## Access Your Benefits ID Card

Forgot or lost your Benefits ID card? Go to the portal to access it electronically, print a copy or order a replacement.



## Find Providers Right for You

Easily search for and compare providers based on cost, quality and how well they work with your plan.



## Get a Healthcare Spending Snapshot

Quickly view the amounts applied to your individual and family deductibles or out-of-pocket maximums.



## See Claims Information

After you get care, see what your plan covered and what you may owe your provider. You can also file a claim for self-pay reimbursement.



## Manage Your Personal Information

Update personal settings, including your email and portal password. You can also manage your family's HIPAA authorizations.



Scan here to watch a short video on miBenefits features.

24/7 access to your health benefits: [miBenefits.imagine360.com](https://miBenefits.imagine360.com)

We're here to help. Call the number on your Benefits ID card.  
Mon - Thurs: 7 a.m. - 9 p.m. CT | Fri: 7 a.m. - 7 p.m. CT



# Real

**DOCTORS.  
CARE.  
CONVENIENT!**

## 24/7 Virtual Care from Recuro Health

**When you or your family don't feel well, you want to get help right away. You have immediate access – day or night – to a medical professional through Recuro Health.**

### 5 Reasons to choose Recuro's virtual care:

- 1 **CONVENIENCE!** Instead of driving to the doctor, ER or clinic and sitting in a crowded waiting room, you can get an appointment right in the comfort of your own home.
- 2 **SPEED!** Recuro's same-day virtual visits fit your busy schedule and save time. When you're sick, you can see a provider almost immediately. For a wellness or regular visits, you can get an appointment fast – perhaps even the same day!
- 3 **QUALITY CARE.** You'll receive outstanding care from board-certified providers, licensed counselors, psychiatrists, and care coordinators. In most cases, they can diagnose, triage, and treat you right in your virtual visit. This includes filling any prescriptions you might need.
- 4 **SMART.** By choosing virtual care, you'll likely have lower out-of-pocket costs. Your provider will follow up with you to make sure you get all the care you need. If you need to be seen in-person for "hands on" care, your care coordinators can assist you in getting a fast appointment so you can skip the ER or Urgent Care lines.
- 5 **IT'S REALLY EASY!** Download the app, go online or call to get started!

### Get Started NOW!

Download the "Recuro Care" mobile App, visit [miBenefits.imagine360.com](https://miBenefits.imagine360.com) and click on "Care" or call 844-715-1724.



## Virtual Care for a Range of Conditions

**Board-certified providers, licensed counselors, psychiatrists, and care coordinators are all ready to help you. There will be a \$10 consultation fee per visit.**

### Urgent Care

**Get 24/7 on-demand care from a dedicated team of providers for a wide range of both common and complex medical issues including:**

- Upper respiratory infections
- COPD
- Urinary tract infections
- Asthma
- Diabetes
- Flu
- Dermatology

### Virtual Primary Care

**You can make regular scheduled appointments (including same-day appointments depending on availability) for routine and ongoing care from a designated board-certified, compassionate primary care provider. Care includes:**

- Wellness visits
- Scheduling labs and imaging
- Weight management
- Prescriptions
- Routine preventive screenings
- Smoking cessation
- Nutrition counseling
- Chronic condition management

### Counseling and Psychiatry

**Get scheduled consults for confidential mental health services or substance abuse counseling in the privacy of your own home for conditions like:**

- Anxiety
- Alcohol or drug abuse
- Mental health evaluation
- Marital & relationship issues
- Grief counseling
- New prescriptions
- Depression
- Child or family issues
- Caring for the caregiver
- Parenting
- Sexual, physical or mental abuse
- Maintenance medication refills

**See a real doctor. Get real care. Enjoy real convenience.**



**Download the “Recuro Care” mobile app, visit [miBenefits.imagine360.com](https://miBenefits.imagine360.com) or call 844-715-1724.**

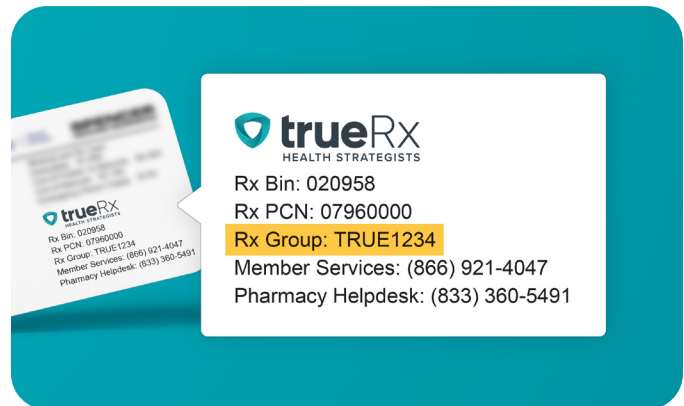


# YOUR PHARMACY BENEFIT MEMBER PORTAL INSTRUCTIONS

1. Visit [truerx.myrxplan.com](https://truerx.myrxplan.com) and **Click on the Register Now button**.
2. From your pharmacy or medical/pharmacy insurance card, enter the following:

- ✓ Cardholder ID
- ✓ Rx Group Number  
**NOTE:** Your Rx Group Number will start with the letters TRUE. Please enter TRUE and the numbers that follow it (shown).
- ✓ First and Last Name
- ✓ Date of Birth

**Click Continue**



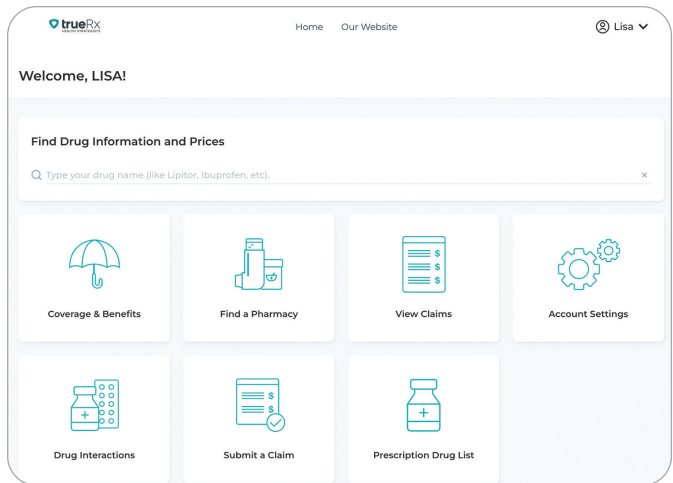
3. Enter your cell phone number, email address, and create a password. **Click Finish** to submit.
4. A verification code will be sent to your cell phone. Enter it. **Click the Checkbox** for Trust this Device **Click Verify**.
5. From the login screen in step one, click on the Log In button and enter your email address and password **Click Continue** to sign in.

**We're here to answer any additional questions.**

Reach us at [hello@truerx.com](mailto:hello@truerx.com) or **866-921-4047**.

## To View Medication Prices

- In the Find Drug Information and Pricing field near the top of the page, **enter your medication name**.
- **Choose the appropriate strength of the drug prescribed for you** (for example, 10 mg), the total quantity of pills, and the days supply (30 days, 60 days, etc.). Please note the quantity information button: this is not how many pills you take daily, but the quantity you pick up at the pharmacy.



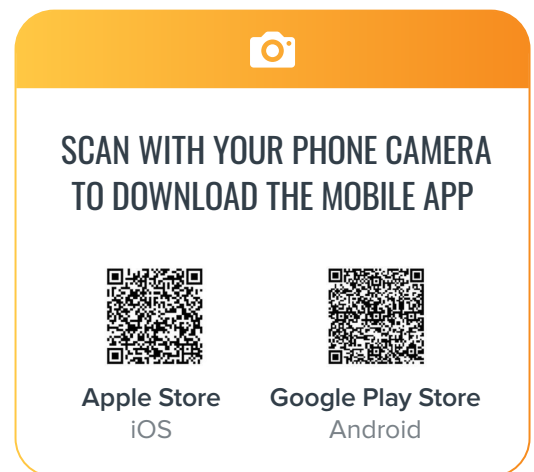
## To View Your Insurance Card

- **Click on Coverage and Benefits**. You will be able to see your insurance card, along with buttons that allow you to print the card or order a new card if needed.

## To View Pharmacies Near You

- **Click Find a Pharmacy**.
- Enter your zip code and **Click Search**.
- Choose your favorite pharmacy by **Selecting Set as Default** under default status.

You can also view claims, change your account settings, see drug interactions, and submit a claim through the member portal.



We're here to answer any additional questions.

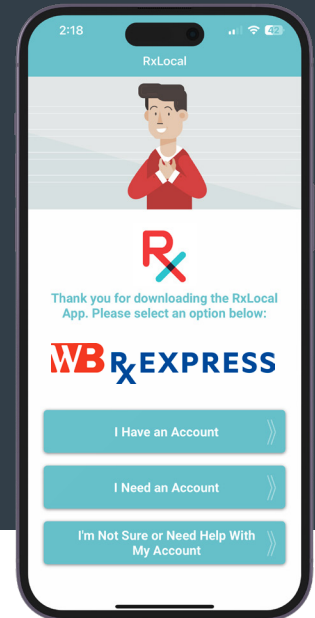
Reach us at [hello@truerx.com](mailto:hello@truerx.com) or 866-921-4047.



866-921-4047  
[hello@truerx.com](mailto:hello@truerx.com)  
[truerx.com](https://truerx.com)

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# WELCOME TO YOUR PRESCRIPTION HOME DELIVERY SERVICE





## True Rx Health Strategists Offers Mail Order Service with WB Rx Express

WB Rx Express is a mail order pharmacy offering you personalized care to ensure a seamless patient experience. We support you every step of the way to start your home delivery service. We make it easy to manage, refill, and get information about your medications.

## How To Get Started

**Your Prescription Home Delivery Service Starts January 2024.**

**Once your pharmacy benefits are active, you will:**

- 1. RECEIVE** an email and a text message notification containing mail order information for your current prescription(s).
- 2. VISIT** [wbrxexpress.com](https://wbrxexpress.com) and click  Login or download the RxLocal App by searching "RxLocal" and look for the icon: 
- 3. CREATE** your RxLocal profile:
  - ✓ Enter your name, birth date, and phone number.
  - ✓ Use the prescription identification number provided in your email.
  - ✓ Click agree to terms and services.
  - ✓ View your medication profile and order your prescription(s).
- 4. CALL** WB Rx Express at **833-391-0126**.

This is an important initial call to ensure you receive personalized service, including your medication(s) delivery is on time, your shipping address is correct, and your payment information is updated.
- 5. RECEIVE** a confirmation text with shipment notification and delivery tracking number.



If you do not receive an email with a prescription identification number, **VISIT [wbrxexpress.com](https://wbrxexpress.com) and click [Sign Up](#)**. Complete the form and WB Rx Express will contact you within two business days to start the enrollment process.

**Monday-Friday, 8am-8pm ET**

**PHONE:** 833-391-0126 | **FAX:** 855-899-3925 | [wbrxexpress.com](https://wbrxexpress.com)  
1998 State St. Washington, IN 47501



## The Easiest Way to Transfer Prescriptions

Ask your doctor to send your prescription(s) to WB Rx Express by electronic prescribing, calling 833-391-0126 or by fax at 855-899-3925.

## Ordering Refills

### Your Mail Order Service Starts January 2024.

Once your first prescription has been received, you have three convenient ways to request future refills

- WB Rx Express will enroll you into an automatic refill program after your initial fill. This program is designed to ensure you do not miss any doses with the convenience of receiving your medications on schedule.
- Download the RxLocal App or visit **wbrxexpress.com** and click “Login RxLocal” to refill prescriptions from your phone.
- Refills may be ordered by phone by calling 833-391-0126. Please remember to have your credit card information and prescription number ready.

Please notify WB Rx Express 14 days prior to needing a refill or not wanting your medication to automatically refill. Expedited shipping is available for a fee.

## Limitations of Mail Order

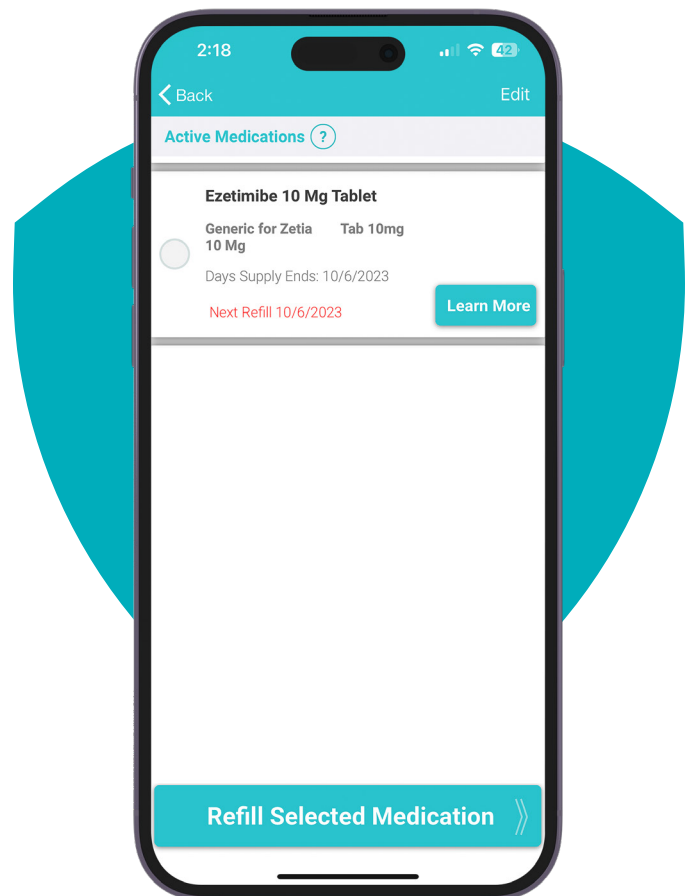
- Please use your local pharmacy for a 30-day or less supply of medication.
- For your safety, refill orders placed too early cannot be filled and may be put on hold until the earliest fillable date.
- True Rx Health Strategists and WB Rx Express take the opioid crisis seriously. To protect abuse of these medications, WB Rx Express does not deliver controlled substances via mail order. Please fill all controlled substances at your local pharmacy.

## Payment Options

WB Rx Express accepts MasterCard, Visa, Discover, and American Express.

## RxLocal App Features

- After initial setup, login to the App and simply select refill my prescriptions and follow the prompts.
- You can receive notifications when your medication is ready to be filled, set up reminders to take medications, view health information including drug allergies, or send a message to the pharmacy.



**Monday-Friday, 8am-8pm ET**

**PHONE:** 833-391-0126 | **FAX:** 855-899-3925 | [wbrxexpress.com](http://wbrxexpress.com)  
1998 State St. Washington, IN 47501

**WB** **Rx** **EXPRESS**



# SPECIALTY MEDICATION



Nikki Donnelly,  
Specialty Services Assistant Manager

True Advocate is a specialty medication program providing you with a dedicated case manager to help lower your specialty medication cost. You will know your case manager by name. Your case manager works side by side with you to ensure great care.

## Your Dedicated Case Manager Will:

1. **CONTACT** you to provide introductory information about the program and answer any questions.
2. **SEND** the Advocacy application form to you
3. **CONTACT** the doctor requesting necessary information about your prescription(s):
4. **SUBMIT** the completed application to the assistance program
5. **COMMUNICATE** with the assistance program to ensure all necessary information is received for processing and approval.

Your cost of the medication is typically approved for \$0 for one year by the assistance program. Medication delivers to your infusion facility or your home, according to your prescribed treatment plan,

We're here to answer any additional questions.

Reach us at [hello@truerx.com](mailto:hello@truerx.com) or 866-921-4047.



866-921-4047  
[hello@truerx.com](mailto:hello@truerx.com)  
[truerx.com](http://truerx.com)

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# Dental

Cass County Government offers dental benefits through Delta Dental, which allows you to seek treatment from the dentist of your choice. To reduce out of pocket costs, use an in-network provider. Selecting a Delta Dental PPO dentist removes the risk of balance billing.

Dental Benefits	In Network	Out of Network
<b>Annual Deductible</b>		
- <b>Individual</b>	\$25	\$25
- <b>Family</b>	\$75	\$75
<b>Annual Benefit Maximum (per insured person)</b>	\$1,000	\$1,000
<b>Preventive/Diagnostic</b> Includes: semi-annual cleanings, basic x-ray treatment and fluoride treatments (up to age 17), and sealants (up to age 15)	Plan pays 100%	Plan pays 100%
<b>Basic Restorative</b> Basic and major endodontics, periodontics, and oral surgery	Plan pays 80% after deductible	Plan pays 80% after deductible
<b>Major Restorative</b> Crowns, inlays, onlays, bridges and dentures	Plan pays 50% after deductible	Plan pays 50% after deductible
<b>Orthodontia Benefits</b>	Plan pays 50%	Plan pays 50%
<b>Lifetime Orthodontia Maximum</b>	\$1,000	\$1,000

Rates	Monthly Employee Contribution
<b>Employee Only</b>	\$15.00*
<b>Family</b>	\$40.00*

\*Premiums only apply if you DO NOT elect Medical Plan Coverage.



# Vision

Cass County Government's Vision benefits are provided by Delta Vision utilizing the VSP Network. VSP offers you one of the largest vision care networks in the industry with a wide selection of experienced ophthalmologists, optometrists, and opticians. Go to an in-network provider to maximize your benefits!

Vision Benefits	In Network	Out of Network
<b>Routine Exam (one per 12 months)</b>	\$20 copay	\$45 copay
<b>Lenses (1 pair every 12 months)</b> Includes single vision, lined bifocal and lined trifocal lenses. Polycarbonate lenses included.	\$20 copay	Single Up to \$30 Bi-Focal up to \$50 Tri-Focal up to \$65
<b>Frames (one every 24 months)</b>	\$150 Allowance	\$70 Allowance
<b>Contact Lenses (once every 12 months)</b>	\$150 Allowance	\$105 Allowance

Rates	Monthly Contribution
<b>Employee Only</b>	\$5.83*
<b>Family</b>	\$16.08*

\*Premiums only apply if you DO NOT elect Medical Plan Coverage.



# Health Savings Account (HSA)

If you participate in the High Deductible Health Plan (HDHP), you are qualified to set aside funds in a Health Savings Account (HSA) before taxes are deducted to pay for eligible medical, dental and vision expenses. An HSA is similar to a Flexible Spending Account in that you are eligible to pay for health care expenses with pre-tax dollars, but an HSA has some additional advantages:

- Unused money in an HSA is not forfeited at the end of the year; it is carried forward
- Funds roll over each year

Your HSA is yours to keep which means, you can take it with you if you change jobs or retire. If you have any money remaining in your HSA after your retirement, you may withdraw the money as cash. Cass County Government will contribute to your HSA on a pro-rated basis quarterly. HSA highlights include:

## Triple Tax Advantage

- Contributions are tax-free
- Investment earnings are tax-free
- Withdrawals for qualified health care expenses are tax-free

## Employee Eligibility Rules

- You must be enrolled in the Cass County Government Qualified High-Deductible Health Plan to open an HSA account
- You cannot be covered by another health insurance, including a spouse's plan that is not a qualified HDHP/CDHP
- You cannot be enrolled in Medicare A or B or Medicaid or TriCare
- You cannot be claimed as a dependent on another person's tax return

## 2026 Annual Maximum HSA Contributions (including employee and employer)

- \$4,400 for single coverage
- \$8,750 for family coverage
- Additional \$1,000 catch-up contribution for individuals aged 55 and older

## Funds are only available after they've been deposited

**Cass County Government will contribute:**

- \$250 for Employee Only Coverage
- \$500 for Employee + Dependent Coverage
- Quarterly deposits of 25%

## You have the option to use the HSA:

- To pay for "qualified medical expenses":
- Expenses covered under the medical plan (i.e., deductible, coinsurance)
- Other IRS-approved expenses not covered under the medical plan such as dental or vision (IRS213d)
- Note: Withdrawals for non-qualified expenses will be taxed and include a 20% penalty
- For tax dependents, even if they are not enrolled in your medical plan
- To save the money in the account
- Funds roll over each year
- Pay retiree medical expenses
- Earn interest/investment earnings
- You OWN the account and can take the funds with you even if you leave Cass County Government

**IMPORTANT NOTE: You must open an HSA account before services are rendered to be eligible.**

To set up your HSA, please contact Human Resources.

# Clinic Benefits

## Who is Eligible and When?

All Full-Time employees (regardless of medical coverage) and any dependents, ages 2 and up, enrolled in Cass County Medical coverage are eligible.

**100% of the costs are fully covered by Cass County Government.**

## Benefits you receive

For eligible employees, spouses, dependents, the following services will be offered:

- Family Medicine (including children 2+ years)
- Immunizations
- Lab Draws On-Site Medication Dispensing for Non-Controlled Substances
- Minor Office Procedures
- Women's Wellness Exams
- Wellness Assessment and Plan
- DOT Physicals
- Sports Physicals

### Location:

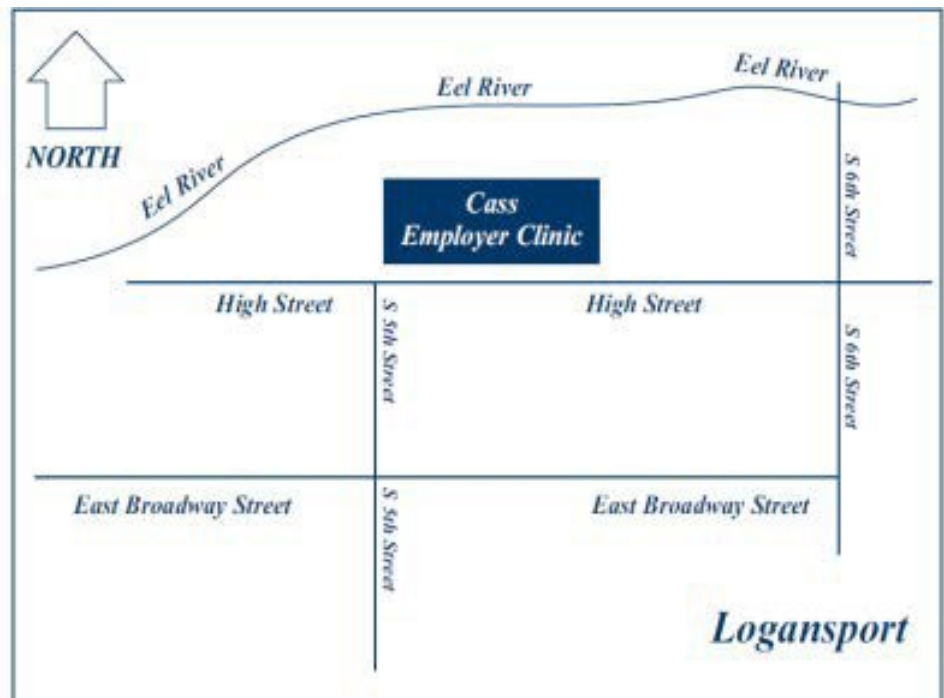
502 High Street  
Logansport, IN 46947  
Phone: 574.372.2552

### Provider Office Hours:

Monday: 7:00 am – 4:00 pm  
Wednesday: 10:00 am – 7:00 pm  
Friday: 7:00 am – 4:00 pm

### Phones open for scheduling:

Monday: 7:00 am – 4:00 pm  
Tuesday: 7:30 am – 4:30 pm  
Wednesday: 10:00 am – 4:30 pm  
Thursday: 7:30 am – 4:30 pm  
Friday: 7:00 am – 4:00 pm



# Cass County Government | 2026 Wellness Program

*Eligible employees and spouses may participate to gain the incentive towards a discounted health plan deductible.*



STEP	TIME PERIOD TO COMPLETE	REQUIREMENTS	IMPORTANT INFORMATION	INCENTIVE WHEN COMPLETED
1	December 1, 2025 - March 31, 2026	Get annual lab draw completed.  Complete Health Risk Assessment (HRA) online at: <a href="http://www.surveymonkey.com/r/CEC_HealthRiskAssessment">www.surveymonkey.com/r/CEC_HealthRiskAssessment</a>	Step 1 must be completed before moving on to Step 2.	\$500 Deductible Credit
2	January 1 - March 31, 2026	Schedule and attend your Initial Wellness Visit at the Clinic.	HRA and lab results will be reviewed at this visit.  You will receive a Wellness Score based on the Provider's Assessment after this visit.	
3	April 1 - June 30, 2026  July 1 - September 30, 2026	Complete Your 2nd Wellness Visit (if applicable).  Complete your 3rd Wellness Visit (if applicable).	The number of sessions was determined by your Provider's Assessment Score.  Score 0-3 = Initial Wellness Visit Only Score 4-5 = Initial Visit + 1 Add'l. Visit Score 6 or higher = Initial Visit + 2 Add'l. Visits	\$500 Deductible Credit  *incentive after all Wellness Visits are complete

**CALL TO SCHEDULE FOR LAB AND WELLNESS APPOINTMENTS IN ADVANCE AT: 574-732-2552**

***502 High Street | Logansport, IN 46947 | PH: 574.732.2552***

## Basic Life / AD&D

Life insurance can help provide for your loved ones if something were to happen to you. Cass County Government provides full-time employees with \$30,000 in Group Basic Life and Accidental Death and Dismemberment (AD&D) insurance.

Cass County Government pays for the full cost of this benefit, meaning you are not responsible for paying any monthly premiums. Contact HR if you would like to update your beneficiary information.

## Voluntary Life / AD&D

While Cass County Government offers Basic Life insurance, some employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future? Depending on your needs, you may want to consider buying supplemental coverage.

With Voluntary Life insurance, you are responsible for paying the full cost of coverage through biweekly payroll deductions. You can purchase coverage for yourself or for your spouse in \$10,000 increments. The minimum coverage level is \$10,000 and the maximum is \$300,000. The chart below outlines the monthly costs of purchasing additional coverage.

Who Can Enroll	Benefit Amounts	Maximum Amount	Guaranteed Issue (GI) Amount
Employee	\$10,000 minimum	\$300,000	<b>\$100,000</b> (amounts over GI subject to medical underwriting) *
Spouse	\$10,000 minimum*	\$150,000*	<b>\$10,000</b> (amounts over GI subject to medical underwriting) *
Children	\$10,000*	\$10,000*	N/A

\*Coverage amounts for your spouse and children cannot exceed 50% of employee elected amount.

Monthly Rates		Voluntary Life Calculator	
Employee/Spouse Age	Rate per \$1,000	Enter amount of Voluntary Life coverage desired	\$ _____
29 and Under	\$0.080	Divide Line 1 by 1,000	\$ _____
30-34	\$0.090	Select your rate from the rate table above	\$ _____
35-39	\$0.120	Multiply Line 2 by Line 3 for your estimated monthly premium	\$ _____
40-44	\$0.190	Multiply Line 4 by 12 and then divide that total by 26 to get your estimated bi-weekly premium	\$ _____
45-49	\$0.290		
50-54	\$0.450		
55-59	\$0.770		
60-64	\$0.860		
65-69	\$1.450		
70-74	\$2.580		
75 and over	\$9.770		
Child(ren)	\$0.700 / \$1,000		



## Easy Access and First-Person Connections

### The Standard's Uncommon Approach to EAP Services

For employees, asking for help can feel hard or scary, especially during uncertain times. Standard Insurance Company (The Standard) makes it easy with the Employee Assistance Program (EAP) in connection with our Group Long Term Disability plans.

Take advantage of our EAP services to enjoy enhanced quality and support in five key ways:

#### 1. Multiple access points make connecting easy.

To make EAP services easily accessible and add value for all generations in the workforce, employees can contact counselors 24/7 by phone, online, live chat, and email. **There's even a mobile EAP app.** Assistance is immediate and personal with no hand-offs.

#### 2. Continuity of care leads to high satisfaction.

Employees using EAP services work with a master's-level counselor throughout the assessment, referral and follow-up process, ensuring continuity of care.

#### 3. Clinical phone consultations build relationships.

Clinical phone consultations build relationships. Our philosophy differs from a traditional call center that may simply provide a referral. Care managers develop a relationship with the EAP member: Identifying the reason for the call, providing immediate support, making referrals and screening for any risk concerns. They also educate the EAP member about the benefits offered through the EAP Program.

#### 4. Referrals to counseling sessions are simple and stress-free.

Prior to providing a referral, the care manager identifies if the EAP member would like face-to-face or virtual counseling. If face-to face is preferred, the care manager will call the affiliate counselor with the member to schedule an appointment. If the member prefers virtual counseling, the care manager confirms the member has access and assists them with signing up for counseling.

#### 5. Case management supports specialized referrals.

Case management supports specialized referrals. When EAP members need specialized services, the care manager empowers the member by educating them about available resources and helping with referral options.



**We're committed to an innovative approach that eliminates barriers and delivers person-to-person service and continuity from the first point of contact.**

**continued on reverse**

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR | [standard.com](http://standard.com)

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

The EAP service is provided through an arrangement with Health Advocate<sup>SM</sup>, which is not affiliated with The Standard, to groups of 10 – 2,499 covered employees. This service is only available while insured under The Standard's Long Term Disability (LTD) policy. The Standard may change providers or terminate service at any time. Health Advocate is solely responsible for providing and administering the service.

EAP Differentiators  
(6/23)

## The Standard's Enhanced EAP Services At-A-Glance

Service Feature	Highlights
Multiple Access Points	<p>Employees have 24/7 direct access to master's-level counselors, including:</p> <ul style="list-style-type: none"> <li>• Phone, chat or email</li> <li>• Website</li> <li>• Mobile device application</li> </ul>
Clinical Services	<p>Telephone assessment and referral using evidence-based evaluation tools for:</p> <ul style="list-style-type: none"> <li>• Addictions</li> <li>• Depression, anxiety and stress</li> <li>• Relationships and parenting</li> </ul> <p>Six short-term problem-resolution sessions per presenting problem per year (distance sessions available by phone or video)</p>
Case Management	Coordinated telephone intake, case management and follow up by a master's-level counselor ensures continuity of care.
Clinical Referrals	Referrals are provided to experienced, licensed/credentialed counselors in the employee's community.
WorkLife Services	<ul style="list-style-type: none"> <li>• Legal and financial questions</li> <li>• Identity theft resolution services</li> <li>• Child care, elder care, adoption and education</li> <li>• Daily living concerns</li> </ul>
Online and Mobile Resources	<ul style="list-style-type: none"> <li>• Employee website: articles, self-search locators, financial calculators, online legal documents, health assessments and more</li> <li>• HR and People Leader information available online</li> <li>• Mobile application: on-the-go information and access to EAP services</li> </ul> <p>The app is available for free on iOS and Android devices. Just search <b>Health Advocate</b> or scan the QR Code to begin using today.</p> 
Management Consultation Services	<ul style="list-style-type: none"> <li>• Consultation on troubled employees in the workplace and case management support following a referral to the program</li> <li>• Follow-up with HR/management to evaluate the effectiveness of the intervention</li> <li>• EAP and Drug Free Workplace policy development consultations</li> </ul>
Utilization Reports	Electronic utilization reports are available by request.
Communication Materials	Print and online resources include EAP brochure, poster, monthly emails, monthly live webinars and manager email pushes.
Critical Incident Stress Management Services	<ul style="list-style-type: none"> <li>• Unlimited telephonic support</li> <li>• Ten hours of on-site crisis support, per incident, in the event of a catastrophic workplace incident affecting a group of employees (e.g., robbery, assault, employee injury or death in the workplace)</li> </ul>
Additional On-Site Services	Available on a fee-for-service basis.

Patti Enfield (574)298-0942

Michele Burton (513)659-3786



**Globe Life**  
Family Heritage Division

***Life Happens, We Can HELP!*** ↩

100% Return of Premium Supplemental Policies  
- money back guarantee minus any claims paid -

## ★ ATTENTION ALL EMPLOYEES!! ★

Full-time, Part-time & Temp workers are all eligible

*These plans work with or without health insurance, and are designed to pay THOUSANDS of dollars to YOU in the event of an emergency*

**Optional Insurance (for you or your whole family). Supplemental coverage pays money to you and your family for Major illnesses, Accidents and Injuries...Stay healthy and get a REFUND!**

In addition to injuries, there are many other things that can affect your income.

- ▶ **Cancer** (Affects 1 out of 2 men and 1 out of 3 women)
- ▶ **Heart Attack or Stroke** (Every 29 seconds someone suffers from a heart attack)
- ▶ **Other Hospitalization** (1 in 8 people will be hospitalized THIS YEAR)

What makes coverage with Family Heritage different?:

- ▶ Pays **CASH** directly to you (remember health insurance pays doctor bills only).
- ▶ Pays in addition to sick pay, disability or any other coverage you have (even if primary insurance is through your spouse).
- ▶ Designed to help out with lost income and the indirect costs not covered by health insurance: co-payments, travel expenses, housing costs, etc.
- ▶ Covers everyone in your family 24 hours a day, at work or at home, and whether you can work or not.
- ▶ Premiums are **AFFORDABLE** (starting at \$10/week). Rates DO NOT increase with age or claims.

### Examples of Claim Payouts

#### **INJURCARE PLUS** **24-hour coverage + ICU**

- Initial Hospitalization: **\$3,200**
- 5 days hospital  
(@ \$800/day): **\$4,000**
- Broken Leg: **\$10,000**
- 6 Physical Therapy Sessions  
(@ \$200/each): **\$1,200**
- Ambulance: **\$1,200**

**TOTAL PAID TO PATIENT=**  
**\$19,600**

#### **CANCERCARE PLUS** **Cancer + Hospital ICU**

- Diagnosis: **\$6,000**
- 10 days hospital  
(@ \$800/day): **\$8,000**
- Surgery: **\$16,000**
- 30 Chemo treatments  
(@ \$480/treatment): **\$14,400**
- Travel: **\$5,500**

**TOTAL PAID TO PATIENT=**  
**\$49,900**

#### **CARDIACARE PLUS –** **Heart/Stroke + ICU**

- Diagnosis: **\$6,000**
- 6 days hospital  
(@ \$800/day): **\$4,800**
- Surgery: **\$8,000**
- Ambulance: **\$1,200**
- 2 days ICU: **\$3,200**

**TOTAL PAID TO PATIENT=**  
**\$23,200**

**All policies offer 100% return of premiums paid, less any claims filed.**

# Glossary of Terms

Open enrollment is the time of year reserved for you to make changes to your benefit elections, and unfamiliar terms can make this process confusing. Use these definitions of common enrollment terms to help you navigate your benefits options.

**Coinsurance:** The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met and can vary based on the plan design.

**Consumer Driven Health Care (CDHC):** Health insurance programs and plans that are intended to give you more control over your health care expenses. Under CDHC plans, you can use health care services more effectively and have more control over your health care dollars. CDHC plans are designed to be more affordable because they offer reduced premium costs in exchange for higher deductibles. Health Reimbursement Arrangements (HRAs) and Health Savings Accounts (HSAs) are common examples of CDHC plans.

**Copayment:** A flat fee that you pay toward the cost of covered medical services.

**Covered Expenses:** Health care expenses that are covered under your health plan.

**Deductible:** A specific dollar amount you pay out of pocket before benefits are available through a health plan. Under some plans, the deductible is waived for certain services.

**Dependent:** Individuals who meet eligibility requirements under a health plan and are enrolled in the plan as a qualified dependent.

**Employee Contribution:** The amount you pay for a health plan in exchange for coverage.

**Flexible Spending Account (FSA):** An account that allows you to save tax-free dollars for qualified medical and/or dependent care expenses that are not reimbursed. You determine how much you want to contribute to the FSA at the beginning of the plan year. Most funds must be used by the end of the year, as there is only a limited carryover amount.

**Health Management Organization (HMO):** A type of health insurance plan that usually limits coverage to care from doctors who work for or contract within a specified network. Premiums are paid monthly, and a small copay is due for each office visit and hospital stay. HMOs require that you select a primary care physician who is responsible for managing and coordinating all of your health care.

**Health Reimbursement Arrangement (HRA):** An employer-owned medical savings account in which the company deposits pre-tax dollars for each of its covered employees. Employees can then use this account as reimbursement for qualified health care expenses.

**Health Savings Account (HSA):** An employee-owned medical savings account used to pay for eligible medical expenses. Funds contributed to the account are pre-tax and do not have to be used within a specified time period. HSAs must be coupled with qualified high-deductible health plans (HDHP).

**High Deductible Health Plan (HDHP):** A qualified health plan that combines very low monthly premiums in exchange for higher deductibles and out-of-pocket limits. These plans are often coupled with an HSA.

**In-network:** Health care received from your primary care physician or from a specialist within an outlined list of health care practitioners.

**Inpatient:** A person who is treated as a registered patient in a hospital or other health care facility.

**Medically Necessary (or medical necessity):** Services or supplies provided by a hospital, health care facility or physician that meet the following criteria: (1) are appropriate for the symptoms and diagnosis and/or treatment of the condition, illness, disease or injury; (2) serve to provide diagnosis or direct care and/or treatment of the condition, illness, disease or injury; (3) are in accordance with standards of good medical practice; (4) are not primarily serving as convenience; and (5) are considered the most appropriate care available.

**Medicare:** An insurance program administered by the federal government to provide health coverage to individuals aged 65 and older, or who have certain disabilities or illnesses.

**Member:** You and those covered become members when you enroll in a health plan. This includes eligible employees, their dependents, COBRA beneficiaries and surviving spouses.

**Out-of-network:** Health care you receive without a physician referral, or services received by a non-network service provider. Out-of-network health care and plan payments are subject to deductibles and copayments.

**Out-of-pocket Expense:** Amount that you must pay toward the cost of health care services. This includes deductibles, copayments, and coinsurance.

**Out-of-pocket Maximum (OOPM):** The highest out-of-pocket amount paid for covered services during a benefit period.

**Preferred Provider Organization (PPO):** A health plan that offers both in-network and out-of-network benefits. Members must choose one of the in-network providers or facilities to receive the highest level of benefits.

**Primary Care Physician (PCP):** A doctor that is selected to coordinate treatment under your health plan. This generally includes family practice physicians, general practitioners, internists, pediatricians, etc.

# Federal Notices

The following notices are provided to inform you of your rights as an employee. Click the read more links for more information.

## Newborns' & Mothers' Health Protection Act

The Newborns' and Mothers' Health Protection Act (the Newborns' Act) provides protections for mothers and their newborn children relating to the length of their hospital stays following childbirth. Under the Newborns' Act, the plan may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours (96 hours in the case of a cesarean section), unless the attending provider (in consultation with the mother) decides to discharge earlier.

Read more: <https://www.dol.gov/general/topic/health-plans/newborns>

## Women's Health & Cancer Rights Act Of 1998

In accordance with the Women's Health and Cancer Rights Act of 1998, covered members who undergo a mastectomy, and who elect breast reconstruction in connection with the mastectomy, are entitled to coverage for: Reconstruction of the breast on which the mastectomy was performed; Surgery and reconstruction of the other breast to produce a symmetric appearance; Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient. The coverage may be subject to coinsurance and deductibles consistent with those established for other benefits.

## USERRA

The Uniformed Services Employment and Reemployment Rights Act (USERRA) Advisor assists veterans in understanding employee eligibility and job entitlements, employer obligations, benefits and remedies under USERRA. Your right to continued participation in the Plan during leaves of absence for active military duty is protected by USERRA. Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted. If the absence is for more than 31 days and not more than 12 weeks, you may continue to maintain your coverage under the Plan by paying premiums.

Read more: <https://www.dol.gov/agencies/vets/programs/userra>

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage. If you or your children aren't eligible, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov).

Click this link for contact information for applicable states: [new model Employer CHIP Notice](#)

# Health Insurance Marketplace Coverage Options and Your Health Coverage

Under the Affordable Care Act (ACA), employers covered by the Fair Labor Standards Act (FLSA) are required to provide a notice to employees about the health insurance marketplace/exchanges of the state(s) in which they operate. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer. You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Access this statement and forms can be found at: <https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/model-notice-for-employers-who-offer-a-health-plan-to-some-or-all-employees.pdf>

## Employer Notice

### Terms of Use: Your Medical Information & Your Rights

This notice from your employer describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have questions, please contact your benefits administrator.

Read more: <https://apexbg.com/terms-of-use-your-medical-information-your-rights/>

The employee benefit programs described in this guide are effective in 2026. The information in this guide is a summary of your employers' benefits, and every attempt has been made to ensure its accuracy. The actual provisions of each benefit program will govern if there is any inconsistency between the information in this guide and your employer's formal Plan Documents, Plans, Summary Plan Descriptions, programs, policies, or contracts or any subsequent change in such plans, programs, policies, or contracts.