

# WHAT DOES THAT WORD EVEN MEAN?

TERM	DEFINITION
<b>Annual Deductible</b> (Jan 1 through Dec 31)	The amount you are required to pay per calendar year before certain benefits are paid for by the plan. Once you meet the deductible amount, expenses are covered by the plan based on the coinsurance percentage. This deductible starts over every January 1st.
<b>Annual Out-of-Pocket Maximum</b> (Jan 1 through Dec 31)	The most you pay in a calendar year for covered services that are subject to coinsurance/copays. The deductible is included in this amount. If you reach the annual out-of-pocket maximum, the plan pays 100% of covered in-network eligible expenses for the remainder of the plan year. Office visits and prescription copays are included in the annual out-of-pocket maximum for our medical plans. This maximum starts over every January 1st.
<b>Balance Billing</b>	When you are billed for the difference between the provider's actual charge and the amount reimbursed under the medical or dental plan. This occurs when you go outside of the preferred provider network. Balance billing does not apply towards out-of-pocket maximum.
<b>Coinsurance</b>	The percentage you pay for covered expenses.
<b>Copayments or Copays</b>	The flat dollar amount you pay for certain in-network services.
<b>Explanation of Benefits (EOB)</b>	Provides information about how your claim was processed by the insurance company. The EOB details what portion of the claim was paid by the insurance company and what portion is your responsibility.
<b>Health Savings Account (HSA)</b>	A special, tax-advantaged, interest-bearing account to help plan and pay for qualified health care expenses (including plan deductible) while covered by a qualified high deductible health plan.
<b>High Deductible Health Plan (HDHP)</b>	A plan with a higher deductible than a traditional insurance plan. You pay more health care costs yourself before the insurance company starts to pay its share (your deductible). A high deductible plan (HDHP) can be combined with a health savings account (HSA), allowing you to pay for certain medical expenses with money free from federal taxes.
<b>In-Network</b>	A group of doctors, hospitals and other healthcare providers that contract with a plan vendor to provide quality healthcare services at favorable rates.
<b>Preferred Provider Organization (PPO)</b>	A healthcare arrangement designed to provide healthcare services at a discounted cost for members to use designated providers (the network), but which also provides coverage (at a lower level) for services received from providers that are not part of the network.
<b>Pre-Existing Condition</b>	3/12 for LTD: The policy will not cover any disabilities during the first 12 months after the effective date that is caused or contributed by any sickness or injury for which treatment was received during the 3 months prior to the effective date of coverage.
<b>Usual, Customary, and Reasonable (UCR) Charges</b>	Healthcare charges that are determined by your health plan vendor and are based on the range of fees charged by doctors with comparable training and experience for the same or similar service in your area. When you receive in-network care, UCR charges do not apply. You are responsible for amounts over UCR for out-of-network care.

# CHOOSING YOUR BENEFIT PLAN

Choosing the benefit plan that is right for you is an important financial decision. To get the most out of LVB’s benefit offering, follow the steps below and consider all of your options.

## STEP 1

Gather the benefit information that both you and your spouse are eligible for and make sure you have some time to make your decision before either of you have to make benefit elections.

## STEP 2

Time for the comparison. If you and your spouse both have insurance options, it’s important to look at them closely. Review the following questions to compare the two evenly.

- What level of coverage do we fall into? Employee only, Employee + Spouse, Employee + Child(ren) or Family?
- Does it benefit us financially to both elect our own, separate coverage or is it less expensive for everyone to be covered by LVB’s plan? To decide this, look at Deductibles, Out of Pocket Maximums & Health Savings Contributions.

## STEP 3

If you’ve decided to elect LVB’s coverage at any level, the proper paperwork will be made available in HR. We’ll help associates through the election process and answer any questions you and your family still have about your options.



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*Medical*

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# BENEFITS



# HEALTH SAVINGS ACCOUNT

## WHO IS ELIGIBLE FOR AN HSA?

Anyone who is:

- Enrolled LVB's high deductible health plan.
- Not covered under any other medical plan that has copays.
- Not enrolled in Medicare, Medicaid, or TriCare or have received VA benefits in the last three months.
- Not eligible to be claimed as a dependent on someone else's tax return, such as a person under 26 who is still on their parent's plan.

## HOW MUCH CAN I CONTRIBUTE?

The maximum contribution for 2024 is **\$4,150** for individual coverage and **\$8,300** for employee with dependent(s) coverage on a pre-tax basis. Individuals age 55 and older are eligible to make a catch-up contribution of an additional \$1,000 annually.

## QUALIFIED MEDICAL EXPENSES.

HSA funds can be used for a variety of qualified medical, dental and visions expenses, including:

- Acupuncture
- Birth control
- Chiropractor
- Contact lenses
- Dental treatment
- Prescription eyeglasses
- Fertility
- enhancement
- Hearing aids
- Lab work
- Medical supplies
- Physical exams
- Prescriptions
- Orthodontia
- Radiology
- Stop-smoking programs
- Surgery (non-cosmetic)
- Therapy
- and more....

For a complete listing of the IRS allowable expenses, visit: [www.irs.gov/forms-pubs/about-publication-502](https://www.irs.gov/forms-pubs/about-publication-502)

## WHAT ARE THE ADVANTAGES?

- Unused money rolls over from year to year in an interest bearing savings account.
- **No** "use it or lose it" rule.
- Withdrawals for eligible expenses are exempt from federal income tax.
- Participants will receive a debit card for easy access to funds.
- Tax benefits:
  - » HSA contributions are excluded from federal income tax.
  - » HSA growth is tax-deferred.
  - » HSA funds can be used for your eligible expenses as well as any dependent you claim on your taxes, even if they are not covered under your health plan.





# YOUR MEDICAL INSURANCE OPTION



Search for the United Healthcare Choice Plus In-Network Providers: [myuhc.com](http://myuhc.com)

Category	Cost per Pay (Before Incentive)		Non-Nicotine User(s)		Cost Per Pay
Employee	\$44.00	-	\$10.00	=	\$34.00
Employee + Child(ren)	\$59.00	-	\$10.00	=	\$49.00
Employee + Spouse	\$104.00	-	\$10/adult	=	\$84.00
Family	\$108.00	-	\$10/parent	=	\$88.00

CATEGORY	BENEFIT	
	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	Individual: \$5,000 Family: \$10,000	Individual: \$10,000 Family: \$20,000
Out of Pocket Max	Individual: \$7,500 Family: \$15,000	Individual: Unlimited Family: Unlimited
Preventive Care	Covered 100%. No deductible	Covered 55% after deductible
Physician Office Visits	Covered 75% after deductible	Covered 55% after deductible
In-Patient Professional Facility Services		
Out-Patient Professional Facility Services		
Urgent Care		
Behavioral Health Services Hospice Care Services	Covered 75% after deductible	Covered 75% after deductible
Emergency Room		
Ambulance		
Prescription Drug • Retail (1-30 day supply)	After deductible... Generic - \$10 Brand - \$35 Non-preferred Brand & Specialty - \$60	
Prescription Drug • Retail (31-90 day supply)	After deductible... Generic - \$25 Brand - \$87.50 Non-preferred Brand (Specialty not included) - \$150	

# YOUR HEALTHCARE CONCIERGE



**HEALTHCARE IS COMPLICATED.**  
*HealthJoy Makes it Simple.*

You can become engaged with HealthJoy to ensure that you have the lowest possible medical costs all year and the best access to care by following these 2 easy steps:

- Download HealthJoy to your smart phone and register as a member starting the first week of January.
- Provide HealthJoy with the list of doctors, pharmacies and labs that you want to go see.

HealthJoy can reach out to each of your providers and make sure that your next appointment is easy and the lowest possible cost.

## WHO IS ELIGIBLE TO ACCESS HEALTHJOY?

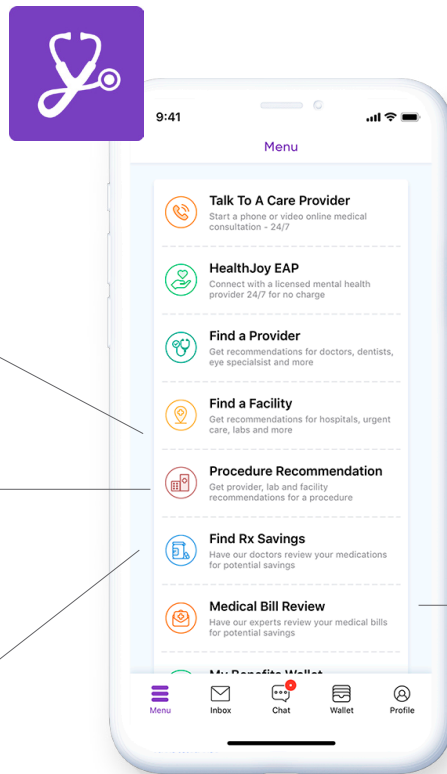
HealthJoy is available to employees enrolled in the medical plan and their dependents.

## TELEHEALTH VIRTUAL VISITS

Virtual Visits will be available for you and your family via HealthJoy. It is completely free and will provide all of these resources and Telehealth visits right inside the app. Through the HealthJoy app you can connect with a provider on-line from any location, and receive a diagnosis and personalized treatment plan, including prescriptions for common medications.

### Example of minor medical needs:

Rash | Sinus Problems | Stomach Ache | Fever

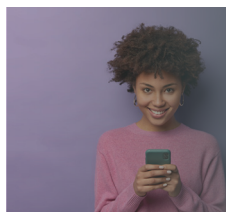


Need help with a Finding a Dentist? Simply tap here!

Need help with a Medical Bill? Simply tap here!

Want to find Rx Savings? Simply tap here!

Need help with a Procedure Recommendation? Simply tap here!



**START THE CONVERSATION TODAY**

Call 855-947-6900

# SURGERY BENEFIT



WellBridge Surgical provides quality surgical services at transparent, up-front prices. The next time you need to have an outpatient procedure, contact Wellbridge about having your doctor or surgeon perform the procedure at Wellbridge. Services at WellBridge facilities qualify as in-network under our medical plan.

## LEARN MORE TODAY!

Call | 317-696-2710

Email | [info@wellbridgesurgical.com](mailto:info@wellbridgesurgical.com)

Visit | [www.wellbridgesurgical.com](http://www.wellbridgesurgical.com)

1

### YOU'RE CONSIDERING SURGERY

Whether you have been referred by your doctor, or you simply think you might need surgery, call WellBridge and schedule a consultation.

2

### CONSULT WITH A WELLBRIDGE SURGEON

The surgeon performs an examination and discusses your options with you.

3

### YOUR PROCEDURE IS SCHEDULED

The WellBridge team will take it from here!



# SAVING MONEY ON PRESCRIPTIONS



## HOW CAN TRUESCRIPTS HELP?

TrueScripts manages your prescription drug benefits. PBMs reduce prescription drug costs and improve convenience and safety by negotiating more affordable rates, processing claims, and managing formularies so you know what medication is covered on your health plan.

### **NEW FOR 2024!**

### **PRICEPROTECTOR+, POWERED BY GOODRX**

You might have heard of—or even used—the GoodRx discount program in the past. GoodRx offers coupons to help you save on your prescriptions, but in the past it wasn't compatible with your medical insurance. Now TrueScripts makes it easier for you to get the greatest savings possible while getting credit toward your deductible and out-of-pocket maximum.

With PriceProtector+, TrueScripts will automatically apply GoodRx discount card pricing if it is lower than the cost through your medical plan. No shopping around, no forms to send in, no headaches!

*Learn more about PriceProtector+.* 

## ACCESS PHARMACY RESOURCES ON YOUR TRUESCRIPTS MEMBER PORTAL

Register online at [memberportal.truescripts.com](https://memberportal.truescripts.com) to manage your pharmacy benefits.

TrueScripts member portal features:

- Recent claim history
- Network pharmacy locator
- Drug price lookup—check real-time pricing on medication!
- Live chat available Mon-Fri, 8 a.m. to 6 p.m. ET

## QUESTIONS?

Call 844-257-1955





# FREE PRESCRIPTIONS

*Provided by Elect Rx*

With ElectRx, you can receive eligible prescription drugs at a significantly reduced cost, in some instances, for free!

## AVAILABLE MEDICATIONS INCLUDE:

- Jardiance
- Trulicity
- Farxiga
- Invokana
- Januvia
- Tradjenta
- Xigduo XR
- Janumet XR
- Glyxambi
- Invokamet

## GET STARTED TODAY!

Call ElectRx Customer Service: **855-353-2879**

- Have your medication list handy
- Easy enrollment in the program
- Questions regarding condition and allergies

Have your doctor write a script with 3 refills and ask them to fax it directly to ElectRx at **833-353-2879**

Automated reminder notification of pending renewal/refill. Shipping takes 5-15 days from date of completed requirements.

**QUESTIONS?** Email Customer Service at [info@ElectRx.com](mailto:info@ElectRx.com)



# IMPORTANCE OF PREVENTIVE CARE

## WHY DO YOU NEED PREVENTIVE CARE?

Your health coverage covers specific preventive care services at no out-of-pocket cost when completed by an in-network provider. Even when you're feeling fine, a serious condition with no symptoms may put your health at risk. Taking advantage of available services at the right time can help you stay healthier by:

- » Identifying minor issues now before they develop into a major issue later
- » Preventing certain illnesses and conditions
- » Proactively detecting health problems at early stages, when treatments may be more successful

## WHAT IS PREVENTIVE CARE?

Services are considered preventive when you don't have any symptoms or diagnosed health issues connected with the preventive service. These services are often provided as part of your wellness exam. You and your doctor will determine what services are right for you based on your:

Age | Gender | Personal health history | Current health

## WHAT IS NOT PREVENTIVE CARE?

If you have been diagnosed by a doctor with a health issue, the additional screenings and tests following this diagnosis are no longer considered preventive. Your health coverage still provides coverage for these services, but they are not covered under your preventive benefit.

## WHAT'S YOUR SHARE OF COST?

LVB's health plan covers preventive care services at 100%—no additional cost to you—when you go to an in-network provider. Check your plan materials for details about your specific medical plan's coverage and the provider directory for a list of healthcare professionals and facilities in your plan's network.



# IMPORTANT

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# BENEFIT CONTACTS

BENEFIT	PROVIDER	PHONE	WEBSITE / EMAIL
Medical + Pharmacy	UnitedHealthcare	888-826-9781	<a href="http://myuhc.com">myuhc.com</a>
Healthcare Concierge	HealthJoy	855-947-6900	Download the App!
Prescription	TrueScripts	844-257-1955	<a href="http://www.truescripts.com">www.truescripts.com</a>
Prescription	ElectRx	833-353-2879	<a href="mailto:info@electrx.com">info@electrx.com</a>
Dental	MetLife	800-942-0854	<a href="http://www.MetLife.com">www.MetLife.com</a>
Vision	VSP	800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Life and AD&D Coverage Voluntary Life Coverage Short Term Disability Voluntary Long Term Disability	MetLife	Life and AD&D: 800-275-4638 Disability: 800-275-4638	<a href="http://www.MetLife.com">www.MetLife.com</a>