

City of Lawrence

K A N S A S

2015 Open Enrollment



OCTOBER 20TH – DECEMBER 5TH

Provider Contact Information

Open Enrollment information is also available on the City's [Intranet page](#). Type "Open Enrollment" in the search box.

- ◆ **Medical**
Cigna
1-800-244-6224
www.mycigna.com
PO Box 182223
Chattanooga, TN 37422-7223

- ◆ **Dental**
Delta Dental of Kansas
1-800-234-3375
P.O. Box 789769, Wichita, KS 67278-9679
www.deltadentalks.com

- ◆ **Prescription Drug Coverage**
MedTrak Services
1-800-771-4648 or e-mail:
customerservice@medtrakservices.com
7101 College Blvd Ste 1000
Overland Park, KS 66210-2075
www.medtrakservices.com

- ◆ **Employee Assistance Program**
New Directions Behavioral Health
1-800-624-5544
2020 E. 89th St. Suite 200, Leawood, KS 66206
www.ndbh.com (Login code is: Lawrence)

- ◆ **Flexible Spending Accounts**
ASIFlex
1-800-659-3035 or e-mail: asi@asiflex.com
PO Box 6044, Columbia, MO 65205-6044
www.asiflex.com
Claims fax: 1-866-381-9682
Claims e-mail: claims@asiflex.com

- ◆ **Life Insurance**
Advance Insurance Company of Kansas
(Term Life, AD&D, Dependent Life,
Voluntary Life)
1-800-530-5989
Fax: 1-785-290-0727
1133 SW Topeka Blvd, Topeka, KS 66629-0001
www.advanceinsurance.com

- Minnesota Life Insurance Company**
(Basic & Optional Group Life through
KPERS)
1-877-215-1476
719 SW Van Buren St, Ste 200
Topeka, KS 66603-3715
www.minnesotalife.com

- ◆ **Retirement Plans**
KPERS & KP&F
1-888-275-5737 or e-mail: kpers@kpers.org
Fax: 785-296-6638
611 S Kansas Ave Ste 100
Topeka, KS 66603-3803
www.kpers.org

- Transamerica**
(457 Deferred Compensation Plan)
1-800-755-5801
4333 Edgewood Rd NE
Cedar Rapids, IA 52499
<https://www.trsrretire.com/>

- Voluntary Benefits**
American General
816-460-7206
Hays Companies of Kansas City

Biometric Clinics and Open Enrollment (OE) Meetings

~ October 2014 ~				
Monday	Tuesday	Wednesday	Thursday	Friday
20 <u>Biometrics/Flu Shots*</u> at WellCare Clinic 7:30 - 10:30am <u>*FASTING REQUIRED FOR ALL BIOMETRIC CLINICS</u>	21 <u>Biometrics/Flu Shots*</u> at WellCare Clinic 7:30 - 10:30am	22 <u>Biometrics/Flu Shots*</u> at WellCare Clinic 7:30 - 10:30am <u>Fire Station 5 - OE</u> 8:30 - 9:30am 9:30 - 10:30am	23 <u>Fire Station 5 - OE</u> 8:30 - 9:30am 9:30 - 10:30am	24 <u>Biometrics/Flu Shots*</u> at WellCare Clinic 7:30 - 10:30am <u>Fire Station 5 - OE</u> 8:30 - 9:30am 9:30 - 10:30am
27 <u>Biometrics/Flu Shots*</u> at WellCare Clinic 7:30 - 10:30am	28 <u>Biometrics/Flu Shots*</u> at WellCare Clinic 7:30 - 10:30am	29 <u>Biometrics/Flu Shots*</u> at WellCare Clinic 7:30 - 10:30am	30	31
~ November 2014 ~				
Monday	Tuesday	Wednesday	Thursday	Friday
3	4 <u>Utilities - OE</u> KAW Field Shop 8:00-9:00am	5 <u>Maint Garage - OE</u> 1141 Haskell 8:30-9:30am <u>Police</u> ITC 12:00-1:00pm	6 <u>Utilities - OE</u> KAW Field Shop 7:00-8:00am	7 <u>Utilities - OE</u> WWTP Conf. Room 8:00-9:00am <u>LEAP Service Awards</u> Building 21 11:30 - 1:30pm
10 <u>City Hall - OE</u> Commission Room 9:00-10:00am	11	12 <u>Police - OE</u> ITC 12:00-1:00pm	13 <u>Streets - OE</u> 1120 Haskell 7:30-8:30am	14 <u>Solid Waste - OE</u> 1140 Haskell 11:00-12:00pm
17 <u>City Hall - OE</u> Commission Room 9:00-10:00am	18	19 <u>Parks & Rec - OE</u> Community Building 10 - 11am	20 <u>WRR - OE</u> SWAN Building 11:00-12:00pm	21 <u>Solid Waste - OE</u> 1140 Haskell 11:00-12:00pm
24	25	26		28
~ December 2014 ~				
Monday	Tuesday	Wednesday	Thursday	Friday
1	2	3 <u>Police - OE</u> ITC 12:00-1:00pm	4	5 Open - OE Enrollment Ends
8	9	10 <u>Police - OE</u> ITC 12:00-1:00pm	11	12 Open Enrollment Ends - Police

General Information

◆ Open enrollment deadline is December 5, 2014:

- Make changes to your healthcare benefits
- Enroll in flexible spending
- Sign up for fitness club memberships
- Shared leave donations

◆ Changes you'll see on the January 2, 2015 paycheck:

- Flexible spending deductions
- Changes in KPERS optional term life insurance rates
- United Way contributions
- Fitness club membership deductions
- Healthcare premium changes
- Shared leave donations

◆ Changes you'll see on the January 30, 2015 paycheck:

- KPERS Tier 1 contribution increase from 5% to 6%
- No change to KP&F (contribution rate 7.15%)
- No change to KPERS Tier 2 (Contribution rate 6%)

◆ CHAMP Discounts

Also as part of CHAMP wellness, employees can take advantage of other discount programs which include: **gym memberships, discount fitness classes through Park & Rec and Weight Watchers at Work.** The CHAMP Committee has also secured discounts on products and services at local businesses around Lawrence. You can find more information about all of these programs on the city's <http://intranet/> page under the Special Offers link on the right left side of the main page.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see Health Law Notices located in individual work departments or on the intranet at <http://intranet/>

2015 Benefits

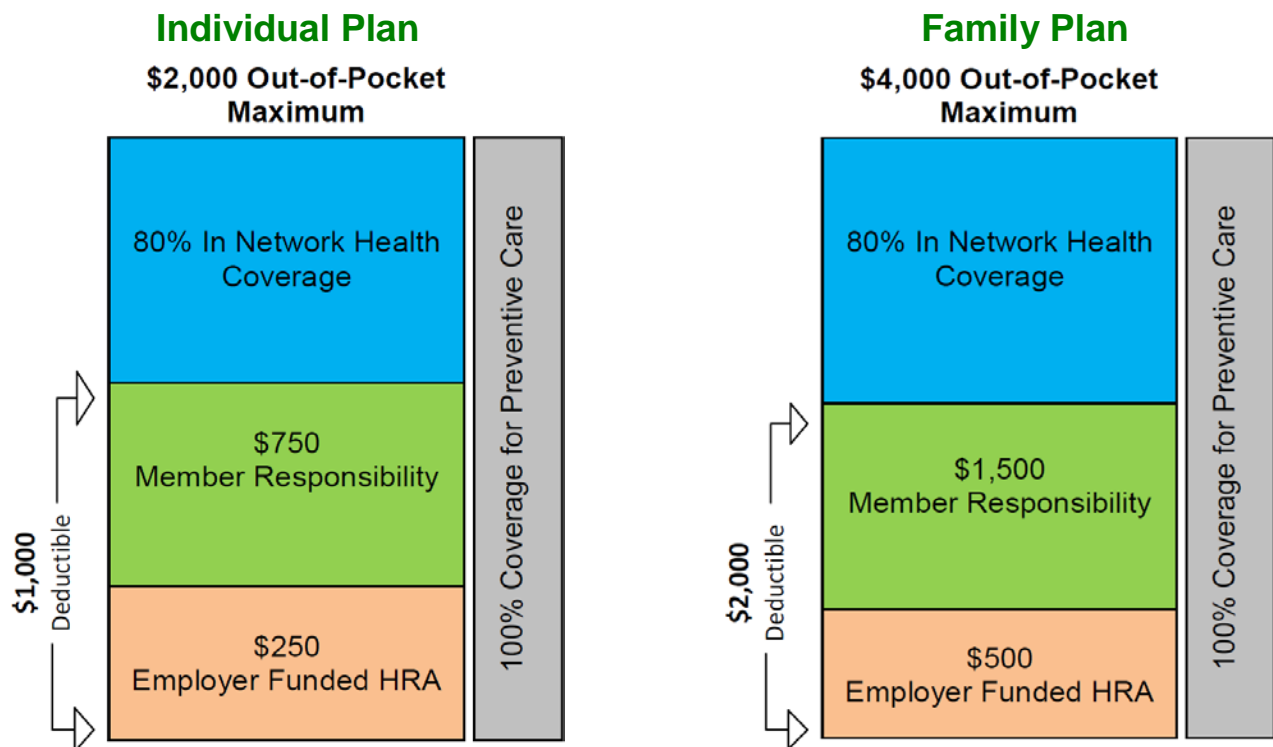


◆ Medical

- Health Reimbursement Account (HRA)

An HRA is a program that allows an employer to set aside funds to help pay for employees' medical expenses. The funds provided to the employee in their Health Reimbursement Account are tax free. The use of Health Reimbursement Accounts provides employees incentives (i.e. rollover features) to be active participants in their healthcare spending (smart consumers).

How the Health Reimbursement Account works:



- The City will fund \$250 to the HRA for an individual and \$500 for a family. These funds will be available for use on Jan. 1st for medical claims only (cannot be used for Rx or Dental).
- The HRA funds help offset your deductible of \$1,000 for an individual / \$2,000 family.
- Preventive (routine) medical services such as yearly physicals/exams will continue to be paid at 100% by the plan (will not use HRA funds).
- Claims for non-preventive services will first be paid for with funds out of the HRA.
- Once you have used all of the funds in the HRA, you will pay the costs of claims until you reach the remainder of the deductible.
- Once you have met the deductible, eligible claims will be paid at 80% by the plan (you pay 20%).
- You continue to pay 20% until the out of pocket maximum of \$2,000 individual / \$4,000 family has been met

(amounts include deductible). (**Please note:** Any copayments for emergency room visits do not go toward your out of pocket maximum.)

- **One family member can use all of the HRA funds in a family plan.**
- No one on a family plan will have to meet more than an individual deductible or out of pocket maximum.
- Unused HRA funds can be rolled over from year to year. The maximum rollover is \$1,900.
- To view your claims and HRA balances log onto www.mycigna.com.

PLEASE NOTE – YOU WILL **NOT** RECEIVE NEW CIGNA ID CARDS FOR 2015. KEEP THE ONES YOU CURRENTLY HAVE. IF YOU NEED DUPLICATE COPIES OF CARDS PLEASE CONTACT CIGNA AT 1-800-244-6224 OR LOG ONTO WWW.MYCIGNA.COM.

◆ Vision (no changes)



CIGNA Vision plan (no changes for 2015)

- Covers one routine eye exam at 100% for every person on your plan.
- This does not include a contact lens exam.
- Minimum 20% discount glasses
- Must use a network provider to receive 100% routine benefit and discount
- Ask your current provider if they accept Cigna Vision or log onto www.MyCigna.com to find a list of participating providers.
- No new vision cards for 2015.
- If you do not have a CIGNA Vision ID card call 877-478-7557

◆ Prescription Plan



- **New**

Specialty Medications will now have a separate out of pocket maximum

- Name brand and generic 30 day supply \$25 + 20%
- Out of pocket maximum \$1,000 individual, \$2,000 family

All other medications

- Generics 20%
- Name brand 30 day supply \$25 + 20%
- Name brand 90 day supply \$50 + 20%
- Out of pocket maximum \$1,000 individual, \$2,000 family

- **Generic Incentive**

If you have a prescription for a brand name medication, **that has a generic available**, and you decline to fill the prescription with that generic medication, you will pay the brand copay (\$25 + 20%) plus the difference between the generic cost and brand name cost. This provision would still apply even after meeting your out of pocket maximum for the plan year. **The “Dispense as Written” (DAW) provision will no longer be in effect.**

- **Step Therapy**

Step therapy programs help manage the rising cost of prescription drugs in certain therapeutic classes, and the overall cost of health care. A “step” approach encourages the safe, cost-effective use of medication by first trying lower-cost medications (Step 1) whenever appropriate. In cases where alternative medications are not appropriate for you to use, your physician can provide documentation to request an exception to the step therapy program (i.e. you’ve tried the lower costing alternative and did not have desirable results) and you may move to Step 2 medications.

The following classes of medications are currently in the city’s Step Therapy Program with MedTrak:

- High Cholesterol
- Antidepressants SSRIs/DNRIs
- Acne (oral agents)
- Narcolepsy
- Acid Reflux

The following Step Therapy programs will be added January 1, 2015. If you are currently taking any Step 2 medication in these classes you will be grandfathered.

- Acne (topical agents)
- Atopic Dermatitis
- Blood Pressure ARB and ARB Combinations
- Blood Pressure Beta-Blockers
- Blood Pressure Calcium Channel Blockers
- Hay Fever Nasal Steroid Inhalers
- Muscle Spasms
- Osteoporosis
- Overactive Bladder
- Migraines
- Prostate Health
- Pain
- Insomnia
- Guot
- Postherpetic Neuralgia

Refer to page 13 for a list of Step 1 and 2 medications in each class. For more information regarding the Step Therapy program contact MedTrak Services at 1-800-771-4648.

- Affordable Care Act (ACA) and your prescription plan

Page 14 contains a list of ACA items that are covered under the Rx plan at a \$0 copay when the prescription is filled with a generic alternative. If there is no generic available in the same class of medication, the brand name will be covered with a \$0 copay.



◆ Delta Dental (no changes)

Deductible: N/A

Maximum Benefit Payment per person: Unlimited

Preventative/Diagnostic (exams, cleanings, x-rays*): Covered at 100% of the allowable charge, twice per year

*Panoramic x-rays are covered at 80% once per year

Basic (simple extractions, fillings, periodontics): Covered at 80% of the allowable charge

Major (crowns, dentures, oral surgery): Covered at 50% of the allowable charge

Please see the Summary of Dental Plan Benefits for more detailed information

Premium Contributions

Regular Full-Time	Employer Contribution Per Pay Period (26)	Employee Contribution Per Pay Period (26)
Employee Only (Single)	\$252	\$7
Employee Plus Children	\$429	\$75
Employee Plus Spouse	\$474	\$81
Employee Plus Dependents (Family)	\$670	\$130
Regular Part-Time & Extraboard Firefighters	Employer Contribution Per Pay Period (26)	Employee Contribution Per Pay Period (26)
Employee Only (Single)	\$252	\$7
Employee Plus Children	\$252	\$252
Employee Plus Spouse	\$252	\$303
Employee Plus Dependents (Family)	\$252	\$548
Retiree	Employer Contribution Per Month	Retiree Contribution Per Month
Retiree Only (Single)	\$112	\$449
Retiree Plus Children	\$0	\$1,091
Retiree Plus Spouse	\$0	\$1,203
Retiree Plus Dependents (Family)	\$347	\$1,386



City of Lawrence WellCare Clinic

The WellCare Clinic with services provided by Lawrence Memorial Hospital is open to **all** employees (full time and part time regular) and members of the healthcare plan ages 18 and older.

WellCare Clinic Mission

The mission of the WellCare Clinic is to provide one on one consultation with employees by a qualified health professional in a HIPAA protected environment in order to examine and take steps to improve personal lifestyle habits that affect overall health.

- The clinic will work with employees on an individual basis to establish and maintain an effective relationship with a primary care physician as well as utilize resources provided by the City and the clinic in order to make appropriate steps toward a healthier lifestyle.
- The clinic will offer high quality, affordable health care for minor medical conditions to members of the health care plan.

The primary purpose of this mission:

- To improve overall health of our employees and health plan members
- To encourage early and less costly disease intervention
- Lower direct healthcare costs
- Reduce lost work time
- Decrease unnecessary healthcare utilization
- Increase employee productivity

This mission is fulfilled through of a full range of wellness services including:

- Examination of health indicators such as blood pressure and cholesterol
- Education on care for chronic illnesses such as diabetes, high blood pressure and heart disease
- Coordination of activities for disease prevention and health improvement
- Nutritional counseling
- Care for minor injuries

Clinic Hours and Location

The clinic is located inside Lawrence Memorial Hospital across from the Business Health Center. Parking is available on the corner of 4th and Maine Streets (4th Street Health Plaza building). Take stairs or elevator down 1 floor and follow hallway to the end. You may also enter through the emergency room doors and take a left at the first hallway.

Hours of operation:

Monday	7:30 am – 12:30pm
Tuesday	Closed
Wednesday	12pm – 5pm
Thursday	7:30am – 12:30pm
Friday	12pm – 5pm
Saturday/Sunday	Closed

To schedule an appointment call 785-505-3112

CHAMP Wellness Program



Don't forget to fill out your 2015 CHAMP Wellness Participation Form at <https://lawrence.wufoo.com/forms/2015-champ-incentive-points-program-participation/> BY DECEMBER 12, 2014!

Dates on this form DO NOT have to be exact.

This is for money that you get in January 2015

◆ Wellness Program Participation for 2016 money!

You can log onto your Cerner Health Account by going to www.lmh.org and clicking on the LMH WellCare link in the top, right hand corner of the LMH homepage.

Tier 1 (required to move onto Tier 2 or 3)

- Complete the Personal Health Assessment (PHA);
- Complete your biometric screening/blood draw
 - Blood work from your doctor can be accepted but it cannot be older than 3 months
- Attend your initial advisor visit
 - FIRE FIGHTERS – AT SAME TIME AS ANNUAL PHYSICAL
 - ALL OTHER EMPLOYEES – NO LATER THAN FEBRUARY 1, 2015

Tier 2 - \$150 incentive (not required to move to Tier 3)

12 months tobacco free or enrolled in Cigna Quit Today Tobacco Cessation Program or KANQuit Program

Tier 3 - \$150 incentive

Log at least **300** points through your Cerner Health Account between the dates of October 1, 2014 and September 30, 2015.

Cigna Programs

◆ CIGNA Your Health First® - Condition Management Programs

Cigna offers confidential programs, free to members, which provide personalized support and information for members with high-cost, chronic conditions. Members can enroll by calling the Your Health First team toll free at, 1.866.797.5833 or visit www.myCIGNA.com. CIGNA also contacts members who are identified, through claims data, with chronic conditions to inform them about these programs and to enroll them.

Available Your Health First programs® include:

- | | |
|---------------------------|-------------------------------|
| • Asthma | • Heart Disease |
| • Coronary Artery Disease | • Acute Myocardial Infarction |
| • Heart Failure | • Angina |
| • COPD | • Diabetes – Type 1 and 2 |
| • Metabolic Syndrome | • Peripheral Artery Disease |
| • Low Back Pain | • Osteoarthritis |
| • Depression | • Bi-Polar |
| • Anxiety | |

◆ 24-Hour Health Information Line

Cigna's Health Information Line offers 24-hour guidance on medical treatment. Call for live support and speak with a specialist trained as a registered nurse. The number is listed on your member ID card.

Flexible Spending Accounts



What are Flexible Spending Accounts (FSA's)?

FSA's are tax-favored accounts that allow participants to set aside money pretax for eligible health care and dependent care costs. When you enroll in a Flexible Spending Account, you decide how much to contribute for the entire Plan Year. The money is then deducted from your paycheck, pre-tax (before Federal & State income taxes and FICA taxes are deducted) in equal amounts over the course of the plan year (26 pay periods). Go to www.asiflex.com to find out more about how FSA's work.

General FSA Information

- Visit the [Medical Expense Calculator](#) on ASI's website to help you estimate out of pocket costs for the plan year. **Remember**, FSA's are use-it-or-lose-it plans. If you do not incur enough expenses to use the money in the account, you will not be reimbursed for the difference.
- **Medical Flexible Spending** – Plan Year Contribution Limit is **\$2,500** (This is a per employee limit. If your spouse has access to a flexible spending plan, they can also contribute up to \$2,500; depending on the employers' maximum).
 - **You may roll over up to \$500 of unused funds to the following plan year. Any unused amount over \$500 will be forfeited.**
- **Dependent Care Flexible Spending** – Plan Year Contribution Limit is **\$5,000** per household (\$2,500 if married and filing separate tax returns).
- Submit a [General Claim Form](#) to ASI Flex to request reimbursement of incurred expenses.
- You have the option to choose a DEBIT CARD for your 2015 medical flexible spending. There is a \$12/year fee for the card that will be deducted from your annual election. (Example: If you choose to contribute the maximum \$2,500 you will have \$2,488 available for medical reimbursements.) To find out more about the debit card option visit <http://www.asiflex.com/debitcards.html>.

FSA Enrollment – you'll need to enroll using your SSN

- To enroll online through ASI's website go to <https://enroll.asiflex.com>.
- The employer code is *LAWRENCE*.
- You can choose reimbursement through direct deposit or chose the debit card option.
- When you finish the enrollment process a confirmation page will appear. Print this for your records.
- If you need to make a change to your enrollment after it is submitted, you must go through the process again. The last enrollment that is submitted is the one that will be saved for the 2015 year.

KPERS

Tier 1 Changes	Contribution Rate	Benefit Multiplier
Prior to January 1, 2014	4%	1.75%
January 1, 2014 – December 31, 2014	5%	1.85% (on all future service. Past service stays at 1.75%)
January 1, 2015 and beyond	6%	
Tier 2 Changes	Contribution Rate	Benefit Multiplier
Prior to January 1, 2014	6%	1.75%
January 1, 2014 and beyond	6%	1.85% (on all service, not just years of service after January 1, 2014)

American General Life Companies

American General Supplemental Benefits

Supplemental Vision and Emergency Care supplemental plans are pre-tax benefits. Therefore you are able to make changes (add or delete dependents, add or drop coverage etc...) to either of those plans during this open enrollment period. Changes take effect on January 1, 2015.

- Universal Life Insurance
- Accident Insurance
- Critical Illness Insurance
- Vision Insurance
- Short Term Disability Insurance

If you are currently enrolled in any of the plans listed above or need to make changes to your benefits, please contact American General at the numbers below:

Universal Life Policies:

Administrative Questions (Including Claims)
Customer Service: 800-231-3655

Critical Illness and Emergency Accident:

Customer Service (A&H Division): 800-811-2696

STD and Vision:

Customer Service: 877-672-1648
FAX 877-672-1650
STD Claims: 888-762-2250 option 2
FAX 888-598-0575

To enroll in any of the benefits above, contact the City's benefits consultants, Hays Companies, at 816-460-7206.

Step Therapy Information

Therapeutic Class	Step 1 Medications	Step 2 Medications
High Cholesterol	Atorvastatin, Lovastatin, Pravastatin, Simvastatin	Altoprev, Crestor, Fluvastatin, (Lescol), Lescol XR, Livalo
Antidepressants SSRIs/DNRIs	Citalopram, Fluoxetine, Fluvoxamine, Paroxetine/CR, Sertraline, Bupropion IR/SR/ ER	Escitalopram (Lexapro), Luvox CR, Pexeva, Prozac Weekly, Livalo, Aplenzin, Forfivo XL
Acne (oral agents)	Generic alternative for the following name brands: Periostat, Vibramycin, Vibratab), Monodox), Minocycline Minocin)	Adoxa, Doryx, Monodox, Solodyn, Dynacin
Narcolepsy	Metadate CD, Methylin Chewable, Methylphenidate/ CR/ER, Ritalin LA	Provigil, Nuvigil
Acid Reflux	Omeprazole, Pantaprazole, Nexium	Aciphex, Dexilant, Prevacid, Zegerid
Blood Pressure ARB and ARB Combinations	Candesartan, Losartan, Valsartan, Telmisartan, Eprosartan, Ibersartan/HCT, Losartan/HCT, Valsartan/HCT, Telmisartan/HCT	Benicar, Edarbi, Benicar /HCT, Teveten /HCT, Edarbyclor
Blood Pressure Beta-Blockers	Nadolol, Pindolol, Propranolol/Er, Timolol	Innopran XL, Levatol
Blood Pressure Calcium Channel Blockers	Amlodipine, Felodipine, Nifedipine SR	Dynacirc, Sular
Hay Fever Nasal Steroid Inhalers	Fluticasone, Flunisolide	Beconase AQ, Nasonex, Omnaris, Qnasl, Rhinocort AQ, Veramyst
Muscle Spasms	Carisoprodol 350mg, Chlorzoxazone 500mg, Cyclobenzaprine, Methocarbamol, Orphenadrine, Tizanadine	Armix, Carisoprodol 250mg, Fexmid, Lorzone, Skelaxin
Osteoporosis	Alendronate, Ibandronate, Risedronate	Actonel, Atelvia, Fosamax D
Overactive Bladder	Flavoxate, Oxybutynin/SR, Tolterodine/ER, Trospium/ER	Enablex, Gelnique Gel, Oxytrol Patch, Toviaz, Vesicare
Migraines	Naratriptan, Rizatriptan/MLT, Sumatriptan, Zolmitriptan	Axert, Frova, Relpax, Treximet, Zomig spray
Prostate Health	Alfuzosin, Doxazosin, Finasteride, Tamsulosin, Terazosin	Cardura XL, Jalyn, Avodart, Rapaflo
Insomnia	Zolpidem, Zolpidem CR	Intermezzo, Edluar, Zolpimist
Gout	Allopurinol	Uloric
Postherpetic Neuralgia	Gabapentin	Gralise, Horizant
Atopic Dermatitis	Fluocinonide cream, ointment, solution, or gel	Vanos Cream
Acne (topical agents)	Tretinoin cream, tretinoin gel	Tretin-X cream, Atralin gel
Pain	Tramadol, Tramadol ER 100mg, 200mg, 300mg	Conzip SR, Tramadol 150mg ER

The Affordable Care Act (ACA) requirements below apply to medications dispensed pursuant to a written prescription and subject to FDA guidelines.

Preventive Care Medications and Coverage Requirements under the ACA:

Medication	Copay	Limits
Aspirin 81 mg	\$0; N/A to Deductible	Ages 45 through 78 for Males; Ages 55 through 78 for Females; OTC Generics and Legend Generics
Fluoride Supplements (Oral)	\$0; N/A to Deductible	Ages 6 Months through Age 6; Allow OTC
Folic Acid (400 mcg and 800 mcg only)	\$0; N/A to Deductible	Ages 11 through 48 for Females; OTC Generics and Legend Generics
Iron Supplements	\$0; N/A to Deductible	Ages 6 Months through 12 Months; OTC Generics and Legend Generics
Smoking Deterrents (Oral, gum, lozenges, patches, oral inhaler, and nasal inhaler)	\$0; N/A to Deductible	OTC and Legend medications per FDA guidelines, Limit two treatment cycles per calendar year
Vitamin D2, D3 Products, and calcium Vitamin D < 1,000 IU	\$0; N/A to Deductible	Age 65 and older; OTC Generics and Legend Generics
Bowel Preps (Bisacodyl, Mag Citrate, Milk of Magnesia, PEG 3350-Electrolyte)	\$0; N/A to Deductible	Age 50 through 75; OTC Generics and Legend Generics; Limit 2 prescriptions per year
Breast Cancer Prevention (for preventive use)	\$0; N/A to Deductible	Ages 35 or older for Females; OTC Generics and Legend Generics

Vaccines

Medication	Copay	Limits
HPV Vaccine	\$0; N/A to Deductible	Ages 9 through 26; Allow up to a \$25 admin fee
Influenza Vaccine	\$0; N/A to Deductible	Allow up to a \$25 admin fee
Shingles Vaccine	\$0; N/A to Deductible	Ages 60 or above; Allow up to a \$25 admin fee
Pneumonia Vaccine	\$0; N/A to Deductible	Ages 65 or above with some exceptions for below age 65; Allow up to a \$25 admin fee

Women's Contraceptives

Method	Copay
Hormonal (Oral drugs, patches, rings, injectables)	\$0 copay*; N/A to Deductible
Barrier (Diaphragms, female condoms, spermicides, cervical caps, sponges)	\$0 copay*; N/A to Deductible; Allow OTC
Emergency "Morning After" Pill	\$0 copay*; N/A to Deductible; Allow OTC
Implants IUDs	\$0 copay*; N/A to Deductible

*Note: Brand Drugs with a generic equivalent will be covered at a \$0 copay to the Plan's members when the prescriber has indicated "Dispense as Written" (DAW1) on the prescription. On the other hand, members requesting the Brand Drug over the Generic equivalent (DAW2) will be subject to the standard copay by the member.



City of Lawrence

Corporate Rate Fitness Club Memberships 2015

Human Resources Use Only

Employee # _____

Ded. code: _____

Amount: _____

Max: _____

Start date: _____

End date: _____

One of CHAMP's most popular programs is discounted memberships to local fitness clubs that employees can pay for through convenient payroll deduction. **Eligible participants include City of Lawrence full and part time regular employees, extra board firefighters, and their immediate family members.**

The program works like this:

- You sign a membership agreement directly with the fitness club. You are bound by the terms and conditions in your agreement with the club.
- Most clubs require an annual agreement (unless otherwise noted).
- New memberships are allowed the first of each month throughout the year.
- Memberships that begin February 1 and later will be prorated based on the annual rate.
- The City will pay the club quarterly for your membership.
- You authorize the City of Lawrence in writing to collect reimbursement from you through payroll deduction for paying the cost of the membership in advance.
- **Should you terminate your employment with the City of Lawrence, you would need to work directly with the fitness club to continue paying for your membership and your rate is subject to change.**

To authorize payroll deduction, please read the following and sign:

- ▶ I understand that the City of Lawrence will be paying for my membership quarterly and will be reimbursed by my payroll deductions beginning with the January 2, 2015 paycheck as authorized above or by deduction of the balance due for the quarter from my final paycheck.
- ▶ If my employment terminates for any reason, I understand I will be responsible for payment of the balance due for the current quarter out of my last paycheck and will be responsible for paying the club directly for the remainder of the membership year.

Print Name

Signature

Date

The City of Lawrence Health Activities Management Program (CHAMP) was created to develop and implement a city-wide wellness program for the purposes of increasing the general health and well-being of our employees and thereby reducing health plan costs, sick leave usage, and health risks of City employees.

Fitness Club Membership - 2015 Rates

✓ Choose your membership - see next page for more club information

	Annual Rate	Per Pay Period
Body Boutique (enrollment form available from HR)		
<input type="checkbox"/> Individual	\$494.59	\$19.03
<input type="checkbox"/> Mother/Daughter	\$683.73	\$26.30
Jazzercise (enrollment form available from HR)		
<input type="checkbox"/> Individual	\$456.48	\$17.56
Genesis (enrollment form available from HR)		
<input type="checkbox"/> Individual	\$456.00	\$17.54
<input type="checkbox"/> Couple	\$576.00	\$22.16
<input type="checkbox"/> Family	\$691.00	\$26.58
OrthoKS Full (enrollment form available from HR)		
<input type="checkbox"/> Individual	\$300.00	\$11.54
<input type="checkbox"/> Couple	\$450.00	\$17.31
OrthoKS Pool Only (enrollment form available from HR)		
<input type="checkbox"/> Individual	\$225.00	\$8.66
<input type="checkbox"/> Couple	\$432.00	\$16.62
The Summit (enrollment form available from HR)		
<input type="checkbox"/> Individual	\$391.32	\$15.06
<input type="checkbox"/> Couple	\$586.98	\$22.58
<input type="checkbox"/> Family	\$913.08	\$35.12
Title Boxing (enrollment form available from HR)		
<input type="checkbox"/> Individual	\$642.22	\$24.71
<input type="checkbox"/> Family (up to 5 members)	\$1,077.60	\$41.45
Underground Lab (enrollment form available from HR)		
<input type="checkbox"/> Private coaching 12 month contract	\$3,276.00	\$126.00
<input type="checkbox"/> Private coaching 6 month contract	\$1,638.00	\$126.00
<input type="checkbox"/> Small group	\$1,800.00	\$69.24
<input type="checkbox"/> Large group	\$1,080.00	\$41.54
<input type="checkbox"/> Studio use only	\$564.00	\$21.70
Family packages also available - see attached		
Bikram Yoga (membership form available at the club)		
<input type="checkbox"/> Individual	\$999.00	\$38.43
<input type="checkbox"/> Copule	\$1,799.00	\$69.20
Omni Universal Training (membership form available at the club)		
<input type="checkbox"/> Individual no contract	\$720.00	\$27.70

Fitness Club Membership - 2015 Rates

✓ Choose your membership - see next page for more club information

	Annual Rate	Per Pay Period
Individual with contract	\$576.00	\$22.16
Couple no contract	\$1,392.00	\$53.54
Couple with contract	\$1,008.00	\$38.77
Individual open gym only no contract	\$348.00	\$12.89

Personal Training and Active Release Therapy also available - see attached

Baldwin Athletic Club (membership form available at the club)

Platinum Individual - 24 hr access, unlimited tanning, classes, training and juice bar	\$4,188.00	\$161.08
Gold Individual - 24 hr access, tanning, classes, training 2x/month and juice bar	\$2,988.00	\$114.93
Silver Individual - 24 hr access, unlimited tanning and training	\$2,388.00	\$91.85
Nickel Individual - 24 hr access, unlimited tanning and classes	\$1,788.00	\$68.77
Brass Individual - 24 hr access, unlimited tanning	\$960.00	\$36.93
24 hour access gym only	\$660.00	\$25.39

Platinum couple - 24 hr access, unlimited tanning, classes, training and juice bar	\$5,460.00	\$210.00
Gold couple - 24 hr access, tanning, classes, training 2x/month and juice bar	\$4,260.00	\$163.85
Silver couple - 24 hr access, unlimited tanning and training	\$3,660.00	\$140.77
Nickel couple - 24 hr access, unlimited tanning and classes	\$2,460.00	\$94.62
Brass couple - 24 hr access, unlimited tanning	\$1,788.00	\$68.77
24 hr access gym only couple	\$1,200.00	\$46.16

Ala Carte options also available - see attached

OmTree Shala (membership form available at the club)

Unlimited no contract	\$840.00	\$32.31
Unlimited with contract	\$600.00	\$23.08

Individual classes and 5 or 10 class cards also available - see attached

Body Boutique

785-749-2424

2330 Yale Rd.

Full class schedule online at www.bodybofitness.com

- New members will need to purchase an ID tag for \$10 at the club
- Individual or Mother/Daughter membership – Daughter must be between 12 and 18 yrs old
- Daughter add-ons must purchase two 30 minute teen training sessions for a total of \$60 paid by the employee directly to Body Boutique.

Jazzercise

785-331-4333

3115 W 6th St, Ste I

Full class schedule online at www.jazzercise.com

Genesis Health Club

785-749-6762 – 2339 S. Iowa St.

785-842-4966 – 3201 Mesa Way

www.genesishealthclubs.com

Membership includes:

- Unlimited access to the North and South locations
- One free personal fitness assessment with a personal trainer
- One free personal training session with a personal trainer
- If the two above personal training sessions are completed, the member is entered into our Results Based Training program and receives a personal training session each month for the remainder of their membership.

OrthoKansas

785-838-7846

1112 W. 6th St., Ste 124

<http://orthokansasllc.com/services/aquatic-classes-wellness-programs.php>

- Full membership includes use of gym and pool
- Pool only membership includes full use of pool (aqua classes and open swim times)

The Summit

913-683-4774

901 New Hampshire/Lower Level

www.thesummitlawrence.com

Title Boxing

785-856-2696

1520 Wakarusa

www.titleboxingclub.com

- All packages will include 2 FREE personal training sessions

OmTree Shala

785-841-YOGA

1405 Massachusetts St.

<http://omtreeshala.com/>

Bikram Yoga

785-832-9642

711 West 23rd St.

<http://www.bikramyogaks.com/#/home/>

The Underground Lab

785-312-9682

919 E. 29th St.

www.uglfitness.com

Private coaching – 12 individual sessions every month with programmed workouts tailored specifically to your goals

Small Group Coaching – 12 sessions every month to work out with a group no more than 6 people.

Large Group Coaching – 12 workouts per month with a group ranging from 10 – 18 participants.

Studio Pass – receive access to use the facility for our own personal workouts during business hours.

Family training packages:

Small group coaching \$130 per person per month

Large group coaching \$60 per person per month

Omni Universal Training

785-424-0619

712 E. 9th St.

<http://omniuniversaltraining.com/>

Personal Training rates:

- \$25 per session for 50 to 70 minute sessions
- \$22.50 per session with at least 6 session commitment (must attend at least 2 sessions a week)
- \$22.50 per session with at least 12 session commitment (must attend at least 1 session a week)
- \$18.00 per session with at least 6 session commitment (must attend at least 3 a week)

Active Release Therapy is programmed to use specific exercises, assisted stretching and equipment to increase range of motion and decrease tightness. Focus on relieving pain associates with movement or deducing tightness that restricts full extension, contraction or relaxation of muscles.

Active Release Therapy rates:

- \$25 for 1 hour session
- \$15 for 30 minute session
- \$20 for three 1 hour sessions (must commit to 3 sessions)

Baldwin Athletic Club

785-594-2582

912 Ames St.

<http://www.baldwinathleticclub.com/>

A la Carte rates PER MONTH:

- Training
 - \$75 – Single sessions
 - \$50 each for 4 – 8 sessions
 - \$500 – Unlimited (includes nutrition goals, driven training, pain treatments, shakes and tanning)
- Classes
 - \$15 per class
 - \$55 – GFit 3x per week
 - \$40 – Yoga 2x per week
 - \$99 – unlimited
- Juice Bar
 - \$40 – unlimited
- Tanning
 - \$45 – unlimited (members)
 - \$65 – unlimited (non-members)

BENEFITS ENROLLMENT/CHANGE FORM

Please complete all applicable sections. Health, Dental and Prescription coverages are bundled.

TYPE OF ENROLLMENT

- Open Enrollment New Hire
 Add dependent* Cancel dependent*

*Must have a qualifying event

QUALIFYING EVENT:

- Divorce/Marriage Birth
 Loss of other coverage/Eligible for other coverage

1. Employee Data (please print)

NAME (FIRST, MI, LAST)

DATE OF HIRE

STREET ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

SOCIAL SECURITY NUMBER

GENDER

DATE OF BIRTH



2. Health Plan Coverage (Health, Dental and Rx)

- Employee Only
 Employee + Spouse
 Employee + Children
 Employee + Family

3. Dependent Information (If you are enrolling a spouse or domestic partner, please complete the appropriate Affidavit)

NAME (FIRST, LAST)

GENDER M/F

RELATIONSHIP TO EMPLOYEE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

NAME (FIRST, LAST)

GENDER M/F

RELATIONSHIP TO EMPLOYEE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

NAME (FIRST, LAST)

GENDER M/F

RELATIONSHIP TO EMPLOYEE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

NAME (FIRST, LAST)

GENDER M/F

RELATIONSHIP TO EMPLOYEE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

4. Other insurance information

Do you or your dependents have additional health coverage? YES NO

If yes, please provide name of carrier, member ID number and person(s) covered. _____

Do you or your dependents have additional dental coverage? YES NO

If yes, provide name of carrier, member ID number and person(s) covered. _____

Signature – The information provided above is true and correct to the best of my knowledge.

Date

Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act.

FOR PAYROLL USE ONLY:

START DATE:

END DATE:

NOTES:

ABT: _____

BENEFIT: _____

ABT: _____

BENEFIT: _____

DEDUCTION: _____

**Affidavit of Spouse (including common law married and same-sex) or Domestic Partner
City of Lawrence, KS**

This affidavit is to attest that the persons below are in a valid marriage (including common law and same-sex) or a domestic partnership for the purposes of adding a spouse/partner and/or their dependent children to the employee's healthcare coverage.

This document must be signed, notarized and submitted with a benefits enrollment/change form to Human Resources.

<u>Employee Information (Please Print)</u>	<u>Spouse/Domestic Partner Information (Please Print)</u>
_____	_____
First, Middle Initial, Last	First, Middle Initial, Last

I hereby certify that the Spouse/Domestic Partner listed above is my (check appropriate certification):

Spouse – opposite gender only

- We were legally married in the state of _____ on _____ (date) and possess a valid marriage license.

Common Law Spouse – We declared our Common Law marriage on _____ (date) and we are common law married in the State of Kansas in accordance with the following:

- We live in the same household as husband and wife;
- We consent to being married to the other;
- We hold ourselves out as a married couple to the public;
- We are each at least 18 years of age;
- We are each mentally competent to consent to marriage;
- We are not related by blood to a degree of closeness that would prevent marriage under the laws of the state in which we reside;
- Neither of us is currently married to another person (which means that any prior marriage, including common law, has been terminated by death or divorce).
- We understand that in order to remove a common law spouse from healthcare coverage due to divorce we must present a court-issued divorce decree.

Domestic Partner – We declared our Domestic Partnership on _____ (date) and we are domestic partners in accordance with the following:

- We share a common permanent residence (we understand it is not necessary that the legal right to possess the common residence be in both our names);
- We have agreed to be in a relationship of mutual interdependence;
- We both contribute to the maintenance and support of the household (we understand we are not required to contribute equally to the household);
- Neither one of us is married to a third individual or a member of a domestic partnership with a third individual;
- We are each at least 18 years of age;
- Each of us has the mental capacity to contract;
- We are not related by blood to a degree of closeness that would prevent marriage under the laws of the state in which we reside.
- We understand that the employees' cost of health insurance coverage for domestic partners and their children cannot be paid on a pre-tax basis from the employee's paycheck. Furthermore, if the domestic partner is not considered a "tax dependent" under federal or state law, The City of Lawrence must include, in the employees' gross income, the fair market value of the health insurance benefits provided to domestic partners and their children. This is known as "imputed income" and it will likely affect the employees' taxable income and increase the employee's tax liability.

Same-sex, legally married spouse

- We were legally married in the state of _____ on _____ (date) and possess a valid marriage license.
- We understand that the employees' cost of health insurance for a same-sex spouse and their children can be paid on a pre-tax basis and there will be no imputed income for federal tax purpose. However, since Kansas does not recognize same-sex marriage, the City of Lawrence must include, in the employees' gross STATE income, the fair market value of the health insurance benefits provided to a same-sex spouse and their children. This is known as "imputed income" and it will likely affect the employees' taxable income and increase the employee's tax liability.

The following children qualify as dependents of the Spouse/Domestic Partner listed above according to Internal Revenue Code (IRC) Section 152(a)(9).

Last Name	First Name	MI	Date of Birth	Gender

I certify that they have read and understand the foregoing Affidavit and that all information set forth in this Affidavit is true and correct. I will provide evidence that the eligibility requirements above have been met and/or verification of our joint responsibility and shared financial obligations with spouse/domestic partner upon request by the City of Lawrence.

I understand that if we no longer meet the above criteria my spouse/domestic partner is no longer eligible for the City of Lawrence Healthcare Plan and I will contact Human Resources within 30 days of a change in status.

Signatures:

Employee

Date

Sworn to (or affirmed) and subscribed before me on this _____ day of _____, 20 _____

Notary Public of Kansas (Signature) My Commission Expires: _____

Return to Human Resources, 2nd Floor City Hall, 785-832-3204



Flexible Spending Account Agreement Form

Print clearly and return this completed Agreement to Human Resources/Benefits Dept.

Employer Name			
Name (Last, First, MI)		Social Security Number or ID Number	
Street Address	City	State	ZIP Code
Effective Date of Election	Type of Election		Date of Birth-MM/DD/YY
	<input type="checkbox"/> Open Enrollment Election <input type="checkbox"/> New Hire Election		

Dependent Care Flexible Spending Account (DCFSA) Election - Child/elder daycare expenses		
Qualified expenses are those incurred primarily for the protection and well-being of a child or elder dependent while you work. DO NOT include medical expenses for your dependents in the DCFSA election. Include these expenses in your election for the Health Care FSA program below.		
Plan Year Salary Reduction Amount (Maximum \$5,000, or \$2,500 if married and filing separate income tax returns)	Per Pay Period \$ _____	Plan Year Election \$ _____

Health Care Flexible Spending Account (FSA) Election – Medical, dental, vision, hearing care expenses		
Qualified expenses include medical, dental, vision, and hearing expenses for you & your tax dependents that are not reimbursed under any other source.		
Plan Year Salary Reduction Amount (Maximum of \$2,500; or other amount as described in your employer Plan)	Per Pay Period \$ _____	Plan Year Election \$ _____

Claim reimbursement is sent directly to a bank account of your choice, and you will be notified by email/text alert each time reimbursement is issued.

Note: If you have previously signed up for this option and do not wish to change the information ASIFlex has on file from a previous year, there is no need to complete the following section.

Please use account information below to set up direct deposit to my bank account and send email/text alerts of my account activity. Attach a voided check or copy of a check to this form. Note: Standard text message charges may apply from your wireless provider.

Name of Financial Institution/Bank _____ Bank Routing Number (9-digit) _____
 Account number _____ Type of Account: Checking Savings
 Email: _____ Cell Phone: _____ Mobile Carrier: _____

Mail a check to my home address. ASIFlex and your employer are not responsible for lost or delayed mail.

I understand:

- I have elected to have pretax deductions from my pay based on the number of pay periods as set up by my employer during the plan year, and that this election will continue until this Agreement is amended or terminated as allowed under the Plan.
- Pretax deductions reduce my compensation for tax purposes which reduces my Social Security benefits.
- I cannot change or terminate my election unless I experience a qualified change in status as allowed under the Plan.
- My employer may change my election if necessary in order to satisfy certain provisions of the Internal Revenue Code.
- My election and this Agreement will cease upon termination of employment.
- Complete claims with correct supporting documentation must be submitted timely as described in the Plan in order to be considered for reimbursement.
- Expenses for which I claim a tax deduction under my income tax return cannot also be reimbursed under this Plan.
- Unused funds are forfeited at the end of the Plan Year as defined in the Plan.
- The Dependent Care FSA and Health Care FSA benefits, and my rights and obligations under this plan, as specified in my employer's Plan materials.
- This Agreement cancels any prior election agreement I have made under the Plan and cannot be changed except as stated in my employer's Plan.

Employee Signature _____

Date _____

Questions? Visit ASIFlex at www.asiflex.com. Email asi@asiflex.com. Call 1-800-659-3035 (TTY 1-866-908-6043).

Benny

Your card for Better Benefits!



The FSA Benny Card provides a convenient method to pay for out-of-pocket medical expenses for you, your spouse and/or any tax dependents. The IRS has stringent regulations regarding appropriate use of the Benny Card, as far as **where the card can be used**, and **when follow-up documentation is required (use of the card DOES NOT eliminate all of the paperwork)**. The card is a great benefit, but it is important that you take a moment and understand how it works.

Where can the cards be used?

Per IRS regulations, the FSA Debit Card can only be used at Health Care Providers (based upon the Merchant Category Code) and at stores that have implemented an Inventory Control System.

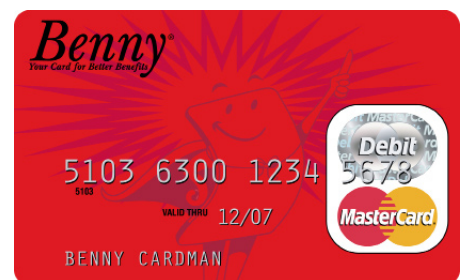
- 1) Health Care Merchant Category Codes (MCC):** Every merchant that accepts credit cards has an MCC, which is a general category that is assigned when the merchant applies for the right to accept credit cards. The FSA debit card will work to pay providers that have an MCC that indicates the merchant is a health care provider (hospital, doctor, dentist, optometrist, chiropractor, etc.).
- 2) Inventory Control System Restriction:** The IRS also allows a card to be used at retail stores that have an FSA Inventory Control System in place that only allows FSA-eligible items to be paid for with your FSA debit card. Please note that if you have a medical condition that allows you to claim expenses that are not normally eligible, the card will not be able to pay for these expenses at these stores. You will have to pay with a separate form of payment and submit a claim. The card will work at these stores, even if the MCC does not indicate it is a health care provider. A list of stores with this system in place now (and some expected in the future) is available online, at www.asiflex.com/debitcards. **Purchases at these stores should never require follow-up documentation!!** Please note that as of 7/1/2009, IRS regulations require all pharmacies to have the Inventory Control System in place, or your card will be declined.

When do I have to turn in paperwork?

Certain situations will allow FSA debit card transactions to be electronically substantiated, meaning that no follow-up documentation will be required. If a transaction cannot be electronically substantiated, you will receive a request for follow-up documentation from ASIFlex. Transactions are considered to be electronically substantiated if they:

- Match a co-payment, or any combination of co-payments up to five times the highest, for the health insurance plan(s) that you have elected through your employer (please note that if you use the card to pay for your spouse's co-payment, you will be required to submit supporting documentation);
- Occur at a retail outlet that has implemented the Inventory Control System; or
- Are recurring expenses for the exact same amount at the same provider and have been substantiated once via a paper claim. An example of this is if you go see a chiropractor once a month and you are assessed a fee of \$23.11 for each visit. This amount does not match a co-payment, so you will be prompted for documentation the first time. When you submit your documentation, please include a note stating that this is a recurring expense. Future transactions at the same provider, for the same amount, will not require follow-up documentation.

All other transactions will prompt a request for a detailed statement of services.



Please note: There is a \$12 annual fee for the Debit Card. This fee will be deducted from your annual election.



Contact ASIFlex with Questions: **Phone:**
Email:
Web:

(800) 659-3035
asi@asiflex.com
www.asiflex.com

ASIFlex FSA Debit Card Application

Please print all fields clearly to avoid spelling errors.



Employer		Social Security Number (must be included or no card will be issued)		
Last Name:		First Name, Middle Initial		
Street Address:	City:	State:	Zip:	
Daytime Phone:	Home Phone:	Date of Birth: mmddyyyy (must be included or no card will be issued)		
Email Address (must be included or no card will be issued)		Employee Identification Number (if available)		

- ✓ The debit card is optional.
- ✓ If you do want a card, you have to complete this application. If you do not apply for the card, you will file claims and ASIFlex will reimburse you by direct deposit or check.
- ✓ Two debit cards, both in the name of the actual FSA participant, will be issued from an approved application. The card provider mails these cards directly to you approximately 10-14 business days from ASIFlex's processing of the application. There is a \$5.00 charge for additional or replacement cards.
- ✓ Please note that as mentioned on the reverse side of this application, **you will be required to submit substantiating documentation for some debit card transactions.** ASIFlex will notify you when follow-up documentation is required; **until you receive this notification, please do not submit support for these items.**
- ✓ **Always select the "credit" option when you present the card** at a merchant or a provider, even though the card is referred to as a "debit card." There is no PIN number associated with this FSA debit card.
- ✓ **There is an additional fee for the card of \$12/year that will be deducted from your available balance.** There is no refund on this fee if you use up your funds early or terminate employment.

I hereby state that the above information is accurate, to the best of my knowledge. Additionally, I certify that the FSA debit card will only be used to purchase eligible medical care expenses, as defined in Code §213(d) of the Internal Revenue Code and that I will not seek reimbursement from any other source for the expenses paid for with the FSA debit card.

Participant's Signature:

Date:

The application must be sent directly to ASI. Please fax application, toll-free,
to: 1-877-879-9038 or
Mail to: ASI, P O Box 6044, Columbia, MO 65205-6044

2015 PAYROLL SCHEDULE

Quarter	Pay Period	Period Starts	Period Ends	Pay Date
1	1	December 14, 2014	December 27, 2014	January 2, 2015
	2	December 28, 2014	January 10, 2015	January 16, 2015
	3	January 11, 2015	January 24, 2015	January 30, 2015
	4	January 25, 2015	February 7, 2015	February 13, 2015
	5	February 8, 2015	February 21, 2015	February 27, 2015
	6	February 22, 2015	March 7, 2015	March 13, 2015
	7	March 8, 2015	March 21, 2015	March 27, 2015
2	8	March 22, 2015	April 4, 2015	April 10, 2015
	9	April 5, 2015	April 18, 2015	April 24, 2015
	10	April 19, 2015	May 2, 2015	May 8, 2015
	11	May 3, 2015	May 16, 2015	May 22, 2015
	12	May 17, 2015	May 30, 2015	June 5, 2015
	13	May 31, 2015	June 13, 2015	June 19, 2015
3	14	June 14, 2015	June 27, 2015	July 3, 2015
	15	June 28, 2015	July 11, 2015	July 17, 2015
	16	July 12, 2015	July 25, 2015	July 31, 2015
	17	July 26, 2015	August 8, 2015	August 14, 2015
	18	August 9, 2015	August 22, 2015	August 28, 2015
	19	August 23, 2015	September 5, 2015	September 11, 2015
	20	September 6, 2015	September 19, 2015	September 25, 2015
4	21	September 20, 2015	October 3, 2015	October 9, 2015
	22	October 4, 2015	October 17, 2015	October 23, 2015
	23	October 18, 2015	October 31, 2015	November 6, 2015
	24	November 1, 2015	November 14, 2015	November 20, 2015
	25	November 15, 2015	November 28, 2015	December 4, 2015
	26	November 29, 2015	December 12, 2015	December 18, 2015
	27	December 13, 2015	December 26, 2015	December 31, 2015

2015 Observed Holidays

New Year	Thursday, January 1	Labor Day	Monday, September 7
Martin Luther King Jr. Day	Monday, January 19	Thanksgiving	Thursday, November 26
Presidents Day	Monday, February 16	Day After Thanksgiving	Friday, November 27
Memorial Day	Monday, May 25	Christmas	Friday, December 25
Independence Day	Friday, July 3		

Customer reference guide



Understanding your PREVENTIVE CARE HEALTH COVERAGE

Getting the right preventive care services at the right time can help you stay healthier by:

- Preventing certain illnesses and health conditions from happening; or
- Detecting a health problem at a stage that may be easier to treat.

That's why your Cigna plan covers designated preventive care services. When you receive care in-network, it generally is at a lower cost to you. Depending on your plan, in-network preventive care services may be covered at 100% – but be sure to check your plan materials for details about your specific medical plan.

To make sure you get the care you need – without any unexpected out-of-pocket costs – it's important for you to understand the following:

- What a preventive care service is; and
- Which services your health plan will cover.

What is a preventive care service?

Preventive care services are provided when you don't have any symptoms and haven't been diagnosed with the health issue connected with the preventive service. For example, a flu vaccination is given to prevent the flu before you get it. Other

preventive care services like mammograms can help detect an illness when there aren't any symptoms. Even if you're in the best shape of your life, a serious condition with no signs or symptoms may put your health at risk. During a wellness exam, you and your doctor will determine what tests and health screenings are right for you based on your age, gender, personal health history and current health.

Even when your appointment is for a preventive exam, you may receive other services during that exam that are not preventive care services. For example, your doctor may check on a chronic condition such as heart disease. When your doctor determines that you have a medical issue present, the additional screenings and tests after this diagnosis are no longer considered preventive. These services are covered under your plan's medical benefits, not your preventive care benefits. This means you may be responsible for paying a different share of the cost than you do for preventive care services.


The charts on the following pages outline the various services and supplies considered as preventive care under your plan. If you have additional questions about preventive care services, talk to your doctor or call Cigna at the toll-free number on the back of your ID card.

GO YOU[®]



Offered by: Connecticut General Life Insurance Company,
Cigna Health and Life Insurance Company, and their affiliates.

Wellness exams












SERVICE	GROUP	AGE, FREQUENCY
Well-baby/well-child/well-person exams, including annual well-woman exam (includes height, weight, head circumference, BMI, blood pressure, history, anticipatory guidance, education regarding risk reduction, psychosocial/behavioral assessment)		<ul style="list-style-type: none"> • Birth, 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months • Additional visit at 2–4 days for infants discharged less than 48 hours after delivery • Ages 3 to 21 once a year • Ages 22 and older periodic visits, as doctor advises

The following routine immunizations are currently designated preventive services:

SERVICE	SERVICE
Diphtheria, Tetanus Toxoids and Acellular Pertussis (DTaP, Tdap, Td)	Meningococcal (MCV)
Haemophilus influenzae type b conjugate (Hib)	Pneumococcal (pneumonia)
Hepatitis A (HepA)	Poliovirus (IPV)
Hepatitis B (HepB)	Rotavirus (RV)
Human papillomavirus (HPV) (age and gender criteria apply depending on vaccine brand)	Varicella (chickenpox)
Influenza vaccine	Zoster (shingles)
Measles, mumps and rubella (MMR)	

You may view the three immunization schedules on the CDC website: [cdc.gov/vaccines/schedules/](https://www.cdc.gov/vaccines/schedules/).

Health screenings and interventions

SERVICE	GROUP	AGE, FREQUENCY
Alcohol misuse screening		All adults
Anemia screening		Pregnant women
Aspirin to prevent cardiovascular disease ¹		Men ages 45–79; women ages 55–79
Autism screening		18, 24 months
Bacteriuria screening		Pregnant women
Breast cancer screening (mammogram)		Women ages 40 and older, every 1–2 years
Breast-feeding support/counseling, supplies ²		During pregnancy and after birth
Cervical cancer screening (pap test) HPV DNA test with pap test		Women ages 21–65, every 3 years Women ages 30–65, every 5 years
Chlamydia screening		Sexually active women ages 24 and under and older women at risk
Cholesterol/lipid disorders screening		<ul style="list-style-type: none"> • Screening of children and adolescents (after age 2, but by age 10) at risk due to known family history; when family history is unknown; or with personal risk factors (obesity, high blood pressure, diabetes) • All men ages 35 and older, or ages 20–35 if risk factors • All women ages 45 and older, or ages 20–45 if risk factors
Colon cancer screening		<p>The following tests will be covered for colorectal cancer screening, ages 50 and older:</p> <ul style="list-style-type: none"> • Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) annually • Flexible sigmoidoscopy every 5 years • Double-contrast barium enema (DCBE) every 5 years • Colonoscopy every 10 years • Computed tomographic colonography (CTC)/virtual colonoscopy every 5 years - Requires precertification
















 = Men,  = Women,  = Children/Adolescents

Health screenings and interventions

SERVICE	GROUP	AGE, FREQUENCY
Congenital hypothyroidism screening		Newborns
Contraception counseling/education. Contraceptive products and services ^{13,4}		Women with reproductive capacity
Depression screening	  	Ages 12-18, All adults
Developmental screening		9, 18, 30 months
Developmental surveillance		Newborn 1, 2, 4, 6, 12, 15, 24 months. At each visit ages 3 to 21
Diabetes screening	 	Adults with sustained blood pressure greater than 135/80
Discussion about potential benefits/risk of breast cancer preventive medication		Women at risk
Dental caries prevention (Evaluate water source for sufficient fluoride; if deficient prescribe oral fluoride ¹)		Children older than 6 months
Domestic and interpersonal violence screening		All women
Fall prevention in older adults (physical therapy, vitamin D supplementation ¹)	 	Community-dwelling adults ages 65 and older with risk factors (coverage effective upon your plan's start or anniversary date on or after 5/1/13)
Folic acid supplementation ¹		Women planning or capable of pregnancy
Genetic counseling/evaluation and BRCA1/BRCA2 testing		Women at risk <ul style="list-style-type: none"> Genetic counseling must be provided by an independent board-certified genetic counselor or clinical geneticist prior to BRCA1/BRCA2 genetic testing BRCA1/BRCA2 testing requires precertification
Gestational diabetes screening		Pregnant women
Gonorrhea screening		Sexually active women at risk
Hearing screening (not complete hearing examination)		All newborns by 1 month. Ages 4, 5, 6, 8, and 10 or as doctor advises
Healthy diet/nutrition counseling	  	Ages 6 and older - to promote improvement in weight status. Adults with hyperlipidemia, those at risk for cardiovascular disease or diet-related chronic disease
Hemoglobin or hematocrit		12 months
Hepatitis B screening		Pregnant women
HIV screening and counseling	  	Pregnant women; adolescents and adults 15 to 65 years; younger adolescents and older adults at risk; sexually active women, annually
Iron supplementation ¹		6-12 months for children at risk
Lead screening		12, 24 months
Metabolic/hemoglobinopathies (according to state law)		Newborns
Obesity screening	  	Ages 6 and older. All adults
Oral health evaluation/assess for dental referral		12, 18, 24, 30 months. Ages 3 and 6
Osteoporosis screening		Age 65 or older (or under age 65 for women at risk). Computed tomographic bone density study requires precertification
PKU screening		Newborns
Ocular (eye) medication to prevent blindness		Newborns
Prostate cancer screening (PSA)		Men ages 50 and older or age 40 with risk factors
Rh incompatibility test		Pregnant women
Sexually transmitted diseases counseling		Sexually active women, annually

 = Men,  = Women,  = Children/Adolescents

Health screenings and interventions

SERVICE	GROUP	AGE, FREQUENCY
Sexually transmitted infections (STI) screening	  	All sexually active adolescents. All adults at risk
Sickle cell disease screening		Newborns
Skin cancer prevention counseling to minimize exposure to ultraviolet radiation	  	Ages 10–24
Syphilis screening	  	Individuals at risk; Pregnant women
Tobacco use/cessation interventions	 	All adults; Pregnant women
Tuberculin test		Children and adolescents at risk
Ultrasound aortic abdominal aneurysm screening		Men ages 65–75 who have ever smoked
Vision screening (not complete eye examination)		Ages 3, 4, 5, 6, 8, 10, 12, 15 and 18 or as doctor advises

 = Men,  = Women,  = Children/Adolescents

Other coverage: Your plan supplements the preventive care services listed above with additional services that are commonly ordered by primary care physicians during preventive care visits. These include services such as urinalysis, EKG, thyroid screening, electrolyte panel, Vitamin D measurement, bilirubin, iron and metabolic panels.



- 1 Subject to the terms of your plan's pharmacy coverage, certain drugs and products may be covered at 100%. Your doctor is required to give you a prescription, including for those that are available over-the-counter, for them to be covered under your Pharmacy benefit. Cost sharing may be applied for brand name products where generic alternatives are available. Please refer to Cigna's "No Cost Preventive Medications by Drug Category" Guide for information on drugs and products with no out-of-pocket cost.
- 2 Subject to the terms of your plan's medical coverage, breast-feeding equipment rental and supplies may be covered at the preventive level. Your doctor is required to provide a prescription, and the equipment and supplies must be ordered through CareCentrix, Cigna's national durable medical equipment vendor. Precertification is required for some types of breast pump equipment.
- 3 Examples include oral contraceptives; diaphragms; hormonal injections and contraceptive supplies (spermicide, female condoms); emergency contraception.
- 4 Subject to the terms of your plan's medical coverage, contraceptive products and services such as some types of IUD's, implants and sterilization procedures may be covered at the preventive level. Check your plan materials for details about your specific medical plan.

These preventive health services are based on recommendations from the U.S. Preventive Services Task Force (A and B recommendations), the Advisory Committee on Immunization Practices (ACIP) for immunizations, the American Academy of Pediatrics' Periodicity Schedule of the Bright Futures Recommendations for Pediatric Preventive Health Care, the Uniform Panel of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children and, with respect to women, evidence-informed preventive care and screening guidelines supported by the Health Resources and Services Administration. For additional information on immunizations, visit the immunization schedule section of www.cdc.gov. This document is a general guide. Always discuss your particular preventive care needs with your doctor.

Exclusions

This document provides highlights of preventive care coverage generally. Some preventive services may not be covered under your plan. For example, immunizations for travel are generally not covered. Other non-covered services/supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational). For the specific coverage terms of your plan, refer to the Evidence of Coverage, Summary Plan Description or Insurance Certificate.

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