

**May 9, 2016—May 31, 2016**

## 2016 Employee Benefits Open Enrollment

It is the goal of Luzerne County Head Start to offer a strong benefits program, while striving to maintain equitable costs. We take seriously our role as decision makers concerning something that so vitally impacts you and your families. We know you rely on the benefits that LCHS offers to keep you and those you love healthy and protected. In turn, we rely on you to take advantage of the benefits so that you remain healthy and productive employees.

### 2016 Benefit Updates

#### Medical & Prescription: Geisinger

- ◆ Geisinger will continue as the medical and prescription insurance carrier.
- ◆ The only change to the benefits is the in-network out-of-pocket maximum is changing to \$6,850 for an individual and \$13,700 for a family and the plan is now the Choice PPO and a PCP selection is no longer required.
- ◆ LCHS will continue to offer the Health Reimbursement Arrangement (HRA) coupled with the medical plan to assist you and your family in meeting the plan's annual deductible.

#### Dental: Delta Dental of PA

- ◆ LCHS has made the decision to move the dental plan to ***Delta Dental***. We reviewed a number of dental programs offered by a number of carriers and we feel that Delta was able to offer us an enhanced program at the best cost.
- ◆ Dental coverage will now include coverage for major services at 50% and orthodontia coverage for children under the age of 19.
- ◆ The plan year will also begin on July 1 and be in line with the plan year for the medical.

#### Voluntary Vision: Superior Vision

- ◆ The MetLife discount vision plan will no longer be available.
- ◆ In its place we are offering a "voluntary" comprehensive vision plan through Superior Vision.

#### Flexible Spending Accounts: DMFlex

- ◆ Medical Flexible Spending and Dependent Care Flexible Spending Accounts are available. This allows you to withhold pre-tax money from your paycheck to help pay for medical, dental, and vision expenses and/or dependent daycare expenses

#### Life and Disability: Cigna

- ◆ There are no changes to these benefits for the new plan year



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#### Summary

This is only a short summary of the medical, dental, vision, life and disability benefits offered for 2016. If there is any discrepancy between what is in this summary and the plan documents, the plan documents will prevail.

## *Employee Service*

## *Representative Team*

*Benefits can be confusing.*

*Insurance companies are hard to reach.*

We understand. Trust the ESR team at **Creative Benefits, Inc.** to help. The team members' combined benefits experience of over 35 years will guide you through the confusion.

Your ESR will assist you with...

- questions or concerns about your benefits;
- a claim that was denied by your insurance;
- a doctor bill for which you are not responsible;
- ordering a new ID card;
- enrolling in benefits for the first time or making changes;
- finding providers that are in your network.

### Your ESR Team

Charmaine Harrison-Tummings

ESR Team Leader

Marie Dantonio

Katelyn Martin

Marlene Loose

Christa Wisneski



Hours of Operation  
**7:30 a.m. to 6:00 p.m. ET**

Toll Free Phone  
**844-231-8414**

Email  
**ESR@creativebenefitsinc.com**

Medical/Dental/FSA Account  
Manager

Anne Demkin

Life and Disability Account  
Manager

Luzan Bent

## The Geisinger Health Plan Network

The Geisinger program gives you the freedom to choose any doctor, specialist, or hospital to provide your care. The choice is yours; but, there are advantages to choosing in-network providers, such as lower copays and reduced out-of-pocket expenses.

To locate a participating doctor or facility:

1. Visit [www.thehealthplan.com](http://www.thehealthplan.com)
2. Under the section titled "Find" located on the left side of the home page; click your area of interest (example, providers or hospitals).
3. Under "Employer Group Plan", select the network **Geisinger Choice PPO**
4. You will have the option to select the type of provider on the next screen,

**Medical Customer Service**  
**1-800-447-4000**

**Prescription Customer Service**  
**1-800-988-4861**

**Mental Health and Substance Abuse**  
**1-800-577-3742**

## Payroll Contributions:

### Geisinger Health Plan & Delta Dental

		12 Month 26 Pays	10 Month 20 pays
Medical Emp/Child	Dental Emp/Child	\$38	\$83
Medical Emp/Child	Dental Emp/Spouse	\$40	\$85
Medical Emp/Child	Dental Family	\$56	\$105
Medical Emp/Child	Dental Individual	\$25	\$66
Medical Emp/Spouse	Dental Emp/Child	\$95	\$182
Medical Emp/Spouse	Dental Emp/Spouse	\$97	\$184
Medical Emp/Spouse	Dental Family	\$112	\$204
Medical Emp/Spouse	Dental Individual	\$82	\$165
Medical Family	Dental Emp/Child	\$100	\$203
Medical Family	Dental Emp/Spouse	\$101	\$205
Medical Family	Dental Family	\$117	\$225
Medical Family	Dental Individual	\$86	\$185
Medical Individual	Dental Emp/Child	\$29	\$37
Medical Individual	Dental Emp/Spouse	\$30	\$39
Medical Individual	Dental Family	\$46	\$59
Medical Individual	Dental Individual	\$15	\$20

## Superior Vision

	12 Month 26 Pays	10 Month 20 pays
Individual	\$3.32	\$4.32
Emp/Child	\$7.42	\$9.64
Emp/Spouse	\$6.64	\$8.63
Family	\$11.50	\$14.95

## Cash Outs

Waiving out of the medical and dental insurance will allow you to receive \$75/pay for 12 month employees and \$98/pay for 10 month employees. If you wish to enroll in just the dental, your cash out payments will be adjusted. Please see HR for more information.

# 2016 Medical/Rx Plan At a Glance

	<b>Choice PPO</b>
<b>Full Plan Deductible</b>	\$1,500 Individual / \$3,000 Family
<b>Member Responsibility</b>	<b>\$500 Individual / \$1,000 Family</b>
<b>HRA Responsibility</b>	\$1,000 Individual / \$2,000 Family
<b>Coinsurance</b>	100%
<b>Out-of-Pocket Maximum</b> (includes deductible, coinsurance, and copays)	\$6,850 Individual / \$13,700 Family
<b>Office Visits</b>	
<b>Primary Doctor Visit</b>	\$15 copay
<b>Specialist Visit</b>	\$25 copay
<b>Preventive Tests</b> Health Care Reform Preventive Schedule	100% no deductible
<b>Therapy Visits</b> Physical and Occupational, Speech	\$25 copay
<b>Chiropractic Care</b>	\$15 copay
<b>Mental Health Outpatient</b>	\$15 copay
<b>Durable Medical Equipment</b>	\$0; no deductible
<b>Diagnostic Lab</b>	\$0; after deductible
<b>Diagnostic Radiology</b>	\$0; after deductible
<b>Complex Radiology</b>	\$0; after deductible
<b>Hospital</b>	
<b>Inpatient Hospital Care</b>	\$0; after deductible
<b>Outpatient Surgery</b>	\$0; after deductible
<b>Emergency Room</b> —waived if admitted	\$100 copay
<b>Urgent Care Centers</b>	\$15 copay
<b>Out-Of-Network</b>	
<b>Deductible</b>	\$2,000 Individual / \$4,000 Family
<b>Coinsurance</b>	80%
<b>Coinsurance Maximum</b> (does not include deductible or copays)	\$2,000 Individual / \$4,000 Family
<b>Prescriptions</b>	
<b>Retail</b> —30-day supply	\$10/\$20/\$35 copay
<b>Mail Order</b> —90-day supply	\$20/\$40/\$70 copay



## Rx Plan Features

- ◆ Some medications require prior-authorization. Your provider may request this through the Pharmacy Service Team at 1-800-988-4861.
- ◆ Certain drugs require the use of a contracted vendor for purchase. Please contact the Pharmacy Service Team.
- ◆ A brand formulary drug with a generic equivalent will be covered at the highest copay.

Some exclusions include, but are not limited to, weight loss medications, drugs for cosmetic purposes, erectile dysfunction drugs, and over-the-counter medications

## Mail Order

A mail order program is available for maintenance drugs under which you would be responsible for two or two times the copay for a 90 day supply.

## Health Reimbursement Arrangement

An HRA is a tax-free savings account that belongs to your employer that you can use to pay for deductible related expenses on the HDHP plan.

How do I access my HRA online?  
With a computer or any mobile device, you can register and log in to your member website at [www.geisinger.connectyourcare.com](http://www.geisinger.connectyourcare.com)

In one safe and convenient location you can:

- View your HRA balance
- Track payments
- View educational materials
- Sign up for email notices when there is activity on your account
- View your plan activity statements

Access your Account details 24/7  
by logging onto

[www.geisinger.connectyourcare.com](http://www.geisinger.connectyourcare.com)

or

by calling 877-292-4040.

**What is a Health Reimbursement Arrangement?** A Health Reimbursement Arrangement (HRA) is an account that is funded by LCHS to cover a portion of the in-network deductible for you and your family.

**Total Geisinger Plan Deductible:**

**Individual: \$1,500**

**Employee + 1 or More Dependents: \$3,000**

**Total Member Responsibility:** (Must be met prior to LCHS funding with the HRA)

**Employee Only: \$500**

**Employee + 1 or More Dependents: \$1,000**

**HRA Responsibility:**

**Employee Only: \$1,000**

**Employee + 1 or More Dependents: \$2,000**

**What health services does the HRA cover?** Any service to which the in-network deductible applies. The deductible will be covered by the HRA account once the member deductible portion is met.

**How does the HRA work?** There is no need to file claims. When Geisinger receives notice of a claim they will process it against your deductible and automatically send it to Connect Your Care to be processed against your HRA. If an HRA payment is applicable, it will be automatically sent to your provider.

**Do I have to do anything to file a claim?** No, everything happens between Connect Your Care and the provider. All you have to do is show your doctor your ID card.

## Medical Services and Deductibles

Only certain services under Geisinger Health Plan apply to the deductible and subsequently the HRA. Below is a sampling of services that apply to the deductible and those that do not.

**NO DEDUCTIBLE APPLIES**

- Office Visits
- Preventative Testing
- Prescriptions
- Emergency Room Visits

**DEDUCTIBLE APPLIES**

- In-Patient Hospital Stays
- Lab work
- Radiology
- Outpatient Surgery

# Healthy Rewards

Earn money for fitness activities

Need motivation to exercise? Already work out regularly? Healthy Rewards is a reimbursement program that helps members pay for fitness activities. Be rewarded for making good choices!

## How does it work?

- Reimbursement up to \$100/single and \$200/family
- Members (policyholder only) must complete an online Health Risk Assessment (HRA) to be eligible
- Activities considered include:
  - Fitness center memberships
  - Exercise classes
  - Race fees
  - School athletic fees
  - Swimming lessons
  - Gymnastics
  - Sports camps
  - Sports fees
  - Karate and more!

## How do I get it?

Contact us today by calling the phone number on the back of your member ID card!

OR

Visit [thehealthplan.com](http://thehealthplan.com) for more information.



"Like" us today!  
[facebook.com/GeisingerHealthPlan](https://facebook.com/GeisingerHealthPlan)



See reverse side for instructions on the HRA!

  
GEISINGER  
HEALTH PLAN®

  
GEISINGER  
CHOICE®

\*Healthy Rewards is not available for Geisinger Gold, Geisinger Health Options or GHP Kids members. Reimbursement is subject to approval by Geisinger Health Plan and Geisinger Choice. The policyholder is the only member required to take an HRA, but each member must fill out the Health Rewards Reimbursement Form.





Delta Dental is the new dental carrier for your dental coverage.

With Delta, you have three network levels to choose from: in-network PPO; in-network Premier; or out-of-network. The PPO network of dentists accept reduced fees for covered services (typically lower than the Premier network dentists), so you will usually pay the least when you visit a PPO network dentist. Premier network dentists also accept a discounted fee, but not quite as low as the PPO dentists, so you may have higher coinsurance share for services performed by a Premier dentist. For out-of-network services, you will be balance-billed for the difference between Delta Premier network's allowance and the provider's charge (in addition to the coinsurance).

To set up a personal profile, locate a dentist or obtain benefit information, please visit [www.deltadentalins.com](http://www.deltadentalins.com)

Or by calling 1-800-932-0783

Participating providers are located in the Delta Dental PPO or Premier Networks.

# 2016 Dental Plan At a Glance

Benefits below may be subject to age or frequency limitations.

If the charge for any dental treatment is expected to exceed \$300, have your dentist submit a predetermination before treatment begins.

	In-Network	Out-of-Network
Benefit Maximum	\$1,250	\$1,250
Annual Deductible	None	None
Reimbursement Level	PPO MAC	PPO MAC
<b>DIAGNOSTIC &amp; PREVENTIVE</b>		
Exams	100%	100%
Bitewing X-Rays/Full Mouth X-Rays	100%	100%
Cleanings (once per 6 month period)	100%	100%
Fluoride Treatments	100%	100%
Space Maintainers	100%	100%
Sealants	100%	100%
<b>BASIC SERVICES</b>		
Amalgam & Composite Restorations	100%	100%
Non-Surgical Periodontics	100%	100%
Endodontic	100%	100%
Simple Extractions	100%	100%
<b>MAJOR SERVICES</b>		
Surgical Periodontics	50%	50%
Implants	50%	50%
Crowns/Inlays/Onlays	50%	50%
Bridges	50%	50%
Dentures	50%	50%
<b>ORTHODONTICS</b> (Dependent Children under the age of 19)		
Appliances	50%	50%
Orthodontia Lifetime Max/Child	\$1,000	\$1,000



For out-of-network services, you will be balance billed for the difference between Delta's allowance and the provider's charge (in addition to the coinsurance).

NEW

## 2016 Vision Plan At a Glance

Superior Vision is your provider for your voluntary vision plan.

To locate a participating vision providers, visit:

[www.superiorvision.com](http://www.superiorvision.com)

In the "Locate a Provider" box, choose the "Superior National" network and enter your zip code.

Or call customer service at  
1-800-507-3800

What's the benefit of getting a regular eye exam?

It is more than just testing your vision; eye exams can assist in the early detection of:

- Glaucoma
- Diabetes
- Cataract
- High Blood Pressure
- Astigmatism

Be sure to have your family checked, the American Optometric Association recommends that children receive an eye exam as early as 6 months of age.



	In-Network	Out-of-Network Reimbursement
<b>EXAMINATIONS</b>	Every 12 Months	
<b>Exams</b>	Covered in full	Up to \$52—Ophthalmologist Up to \$44—Optometrist
<b>STANDARD LENSES</b>	Every 12 Months	
<b>Single</b>	Covered in full	Up to \$28
<b>Bifocal</b>	Covered in full	Up to \$41
<b>Trifocal</b>	Covered in full	Up to \$59
<b>Progressive</b>	Covered in full to the lined trifocal amount, member is responsible for difference	Up to \$59
<b>CONTACT LENS FITTING</b>		
<b>Standard Lens Fitting</b>	\$30 Copay then covered in full	Not Applicable
<b>Specialty Lens Fitting</b>	\$30 Copay; covered up to \$50 allowance	Not Applicable
<b>CONTACT LENSES (in lieu of lenses/frames) - Every 12 Months</b>		
<b>Conventional</b>	\$100 retail allowance	Up to \$80
<b>Medically Necessary</b>	Covered in full	Up to \$210
<b>FRAMES</b>	Every 24 Months	
<b>At providers location</b>	\$100 retail allowance	Up to \$47

**Discount Feature:** Look for the providers in the directory who accepts discounts, as some do not; please verify their services and discounts.

- \* Frames: 20% discount off amount over allowance
- \* Lens Options: 20% off retail
- \* Progressives: 20% off amount over standard progressive retail.
- \* LASIK Discount—15% - 50% discount
- \* Non-Covered Exam and Materials
  - \* Exams, frames, & prescription lenses: 30% off retail
  - \* Lens options, contacts, other prescription materials: 20% off retail
  - \* Disposable contacts: 10% off retail



# DMFlex—Flexible Spending Accounts

## Up to \$500 Rollover Provision

As a reminder LCHS, adopted the IRS "rollover" provision for healthcare FSA participants, which means you will no longer have to "use it or lose it" at the end of the FSA plan year. Instead, you are allowed to carry over up to \$500 of unused funds. You are still permitted to submit expenses incurred during the plan year up to 60 days after the end of the plan year.

This rollover provision does NOT apply to the dependent care account.

To check you balance visit:

[www.mywealthcareonline.com/DMFlex](http://www.mywealthcareonline.com/DMFlex)

Or call

1-800-353-9436

A **healthcare flexible spending account (FSA)** lets you set aside pretax dollars to pay for expenses not reimbursed under your medical, dental, or vision plans. You can contribute as little as or as much as **\$2,550** every calendar year. The list of eligible expenses is large, though most people use the funds to pay for out-of-pocket expenses such as copays, dental expenses, vision expenses or out-of-network expenses.

A **dependent care account (DCA)** means you can pay for daycare expenses with pretax dollars so that you and your spouse can work or go to school. These fund can be used for children under the age of 13 and other individuals that you are legally responsible to care for and that you can claim as dependents on your tax return.

Up to **\$5,000** can be set aside, or up to **\$2,500** if you are married and file separate returns.

## Plan Year

**July 1, 2016 to June 30, 2017**

Medical Expense Account Maximum Election - \$2,550

Dependent Care Account Maximum Election - \$5,000 or \$2,500 if married and filing separately.



## Debit Cards

A debit card is automatically issued when you enroll in the healthcare flexible spending account. If you already have a debit card from the current plan year and the expiration date is still valid and you re-enroll for 2016 it will remain active; a new card will not be issued.

## Filing a Claim

**Medical Account** - The debit card can be used at point of purchase. You may be asked to submit substantiation of purchase, it is recommended to retain your receipts. A paper claim may also be filed.

**Dependent Account** - Claims can only be submitted for dollars that have been payroll deducted. *You are not able to pay in advance for dependent care.*

## See the Difference

	With FSA	Without FSA
Income Before Taxes	\$25,000	\$25,000
Pre-Tax Expenses (FSA Election)	(\$1,000)	- \$0
Taxable Income	\$24,000	\$25,000
Taxes (15%)	(\$3,600)	(\$3,750)
After Tax Expenses (Medical)	\$0	(\$1,000)
Take home Pay	\$20,400	\$20,250

# 2016 Life/AD&D Insurance and Long Term Disability



Life/Accidental Death & Dismemberment—Paid by LCHS	
Life & AD&D Benefit	1x Salary to \$100,000
Guarantee Issue	\$100,000
Reduction Schedule	To 65% at age 65, 50% at age 70
Waiver of Premium	Included for employees under age 60 years of age after 9 months
Conversion/Portability	Included: Allows a terminated employee to continue life coverage on an individual basis but the cost of coverage is higher for conversion.
Accelerated Death Benefit	Included: this allows the insured to access a portion of their life insurance while still living, if they have been diagnosed with a terminal illness.
Benefits Terminate	At retirement or termination of employment
Long Term Disability (LTD) —Paid by LCHS	
LTD Benefit	60% of earnings to a maximum of \$4,000/month
Benefits Begin After	90 days of disability
Definition of Disability	Own Occupation for 24 months
Pre-Existing Condition Limitations	3/12 - A pre-existing condition is defined as one you sought treatment for 3 months prior to being covered.
Partial/Residual Disability	Included
Benefit Duration	Social Security Normal Retirement Age (SSNRA)

# Important Contacts



## **Creative Benefits Inc** [www.creativebenefitsinc.com](http://www.creativebenefitsinc.com)

Employer Service Representative Team— 1-844-231-8414  
esr@creativebenefitsinc.com

Benefit Questions

New Cards

Claim/Provider Invoice Questions

Help Finding a Provider

## **Geisinger** [www.thehealthplan.com](http://www.thehealthplan.com)

Medical Customer Service 1-800-447-4000

Prescription Customer Service 1-800-988-4861

Mental Health and Substance Abuse 1-800-577-3742

## **Delta Dental** [www.deltadentalins.com](http://www.deltadentalins.com)

1-800-932-0783

## **Superior Vision** [www.superiorvision.com](http://www.superiorvision.com)

1-800-507-3800

## **DMFlex** [www.mywealthcareonline.com/DMFlex](http://www.mywealthcareonline.com/DMFlex)

1-800-353-9436

## **Cigna Life & Disability**

Benefit Questions—Please call Luzan Bent at Creative Benefits—1-866-306-0200

# Questions?



Contact:  **Creative Benefits, Inc.**  
strategies to insure your success

Anyone on the ESR team is ready to help with your questions!

**844-231-8414**

**ESR@creativebenefitsinc.com**

Or contact your Human Resources Department

