

***Marshall
& Sterling***
EMPLOYEE BENEFITS



2022-2023 Benefit Enrollment Guide

Hudson Valley Engineering Associates, P.C.

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Please Note: This enrollment guide is a summary of the benefits provided to benefit eligible employees. Hudson Valley Engineering Associates, P.C. reserves the right to modify, amend, suspend or terminate any plan at any time for any reason without prior notification. The plans described in this guide are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make explanations of the plans in this guide as accurate as possible. However, should there be any discrepancy between this guide and the provisions of the insurance contract or plan documents, the provisions of the insurance contract or plan documents will govern. In addition, you should not rely on any descriptions of these plans, since the written descriptions in the insurance contracts or plan documents will always govern.

This is the only written summary of benefits. Please consult the Plan Document for more detailed information.



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Beacon, NY 12508
Phone: (845) 838-3600
Fax: (845) 838-5311
www.hveapc.com

Dear Employee:

Welcome to our December 2022 Benefits Open Enrollment. Our goal is to provide you and your family with cost-efficient and comprehensive benefits. These programs are reviewed annually to ensure they are in line with the current trends and remain in compliance with government regulations such as the Health Care Reform Legislation. Please read this Benefits Guide to gather important details about your benefits and learn about your contributions as an aid to making your final decisions.

The definition of “full-time” for healthcare benefit eligibility purposes is working on average 30 or more hours per week. Hudson Valley Engineering Associates, P.C. will track your hours and notify you if you are eligible for benefits. More information on eligibility to participate in our healthcare plan can be found in the plan documents, which can be obtained by contacting our Human Resources department.

Open Enrollment

Open Enrollment is the window of opportunity to make changes to your benefit elections or enroll if you previously waived coverage. It is the time of year to make sure that you have enrolled in the health benefits that meet your healthcare needs and fit into your overall financial plan. Ask yourself:

- Does your current coverage meet your family’s needs?
- Did you get married, divorced, have a child or another qualifying status change since you last looked at your benefits?
- Were you covered under a spouse and now would like to be covered primarily by your employer?
- Verify that your enrolled dependents meet the definition of an eligible dependent. Medical coverage is provided for dependent children up to their 26th birthday under Health Care Reform. Other benefit plans are subject to plan age limits.

The Summary of Benefits and Coverage (SBC) for our medical plans, along with the Glossary of Health Coverage and Medical Terms, are also available on iNavigator. Upon request a paper copy will be provided at no charge.

Under the Affordable Care Act, you are required to maintain healthcare coverage for yourself and your dependent children.

Changing Your Benefits After Open Enrollment

After open enrollment you may change your benefits only if you have met a qualified status change, such as loss of other medical coverage, the birth of a child, divorce or a child reaching the coverage maximum age limit.

Please do not hesitate to contact Human Resources with any questions or concerns regarding your benefits.

Sincerely,

Cathy Schatz

Human Resources Manager

iNavigator

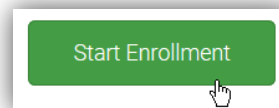


With iNavigator, employees enjoy convenient online access to benefits coverage, 24 hours a day, seven days a week. You can update your personal profile, report life events, make eligible benefits elections and qualifying enrollment changes, and also have access to a complete document library.

- **BEGIN** using iNavigator by going to <https://marshallsterling.employeenavigator.com>
- **FIRST TIME** users will select “Register as a new user” to create a User Name and Password. We highly recommend using a work email for your username, if possible, to help make it easier to remember. You will need your Company Identifier, which is: **hveapc**
- **EXISTING** users will proceed by logging in with their username and password. See below if you have forgotten your username or password.

To Enroll in Benefits

1. If you are a first-time user, after you have completed any onboarding tasks, you will be led to begin your enrollments. If you skip them during registration, or if you are a returning user, click **Start Enrollment** from your home screen.
2. Complete your personal information – please note all fields will be required. Click “Save and Continue”.
3. Complete dependent information. You can “add dependents” and fill out the needed information. When all dependents have been added, click “Save and Continue”
4. From here you will be taken one by one through each benefit your company offers. If a certain benefit allows dependents to be enrolled, you will see a section at the top “Who am I enrolling?”, where you can click off each dependent that you want to enroll on that individual plan.
5. You can select “Compare” to compare plans if more than one is offered or click “Details” for information on an individual plan. There will be a column on the right for helpful resources, which will contain benefit summaries or any other needed information. As you make each selection, click “Save and Continue”
6. If any of your selections require forms to be filled out (i.e. a beneficiary form for a life insurance plan), these forms will immediately pop-up after that benefit has been elected and must be filled out.
7. Lastly, upon completion of enrollment, you will be prompted to sign your benefits, and then may print a copy of your enrollment summary. **Enrollment is not complete until you “Click to Sign” on your enrollment summary and see the checkmark that says, “acknowledged and Submitted”.**



Forgot Your Username and/or Password?

1. Click on “Reset Password”
2. Under “Employees”, select “Click Here”
3. Enter your username and select “Next”
 - If you have forgotten your username, click “Don’t know your username?” Otherwise, skip to step #4. You will be asked for your company identifier (see above), first and last name, and your PIN, which is the last four digits of your SSN. Fill in these fields and select “Request a Reset”. You will see “Password Reset Has Started” and you will be prompted to check your email for instructions. Proceed with step #5.
4. Enter your birth year for verification. You will see “Password Reset Has Started” and you will be prompted to check your email for instructions.
5. Go to your email and click on “Password Reset” and enter new password. Select “Change Password” after entering. Don’t forget—passwords must be between 6 and 20 characters and include both a number and a symbol.
6. You should now be logged in and you will receive an email that your password has been reset.



Eligibility & Enrollments

Eligibility

Employees who are regularly scheduled to work at least 30 hours a week are eligible to participate in the Hudson Valley Engineering Associates, P.C. Benefits Program. If you enroll in coverage, you may also enroll your “eligible dependents” into the following plans: medical, dental, vision, voluntary life insurance and AFLAC.

Additionally, Variable Part Time employee’s who meet the full-time definition defined by the Affordable Care Act (ACA), are eligible to participate in the medical plan(s). If eligible, you may also enroll your “eligible dependents” into a medical plan.

Your “eligible dependents” include:

Eligible Dependents:

- Same or opposite sex spouse or domestic partner
- Unmarried/married dependent children (not their spouse or dependents) to their 26th birthday
- Unmarried/married dependent children (not their spouse or dependents) of any age who are physically or mentally disabled
- Unmarried dependent children to their 26th birthday for life insurance

Termination of Benefits Coverage

Your benefits coverage ends as follows:

Medical, vision, employer paid life/AD&D, long-term disability, short-term disability, and voluntary benefits terminate on the last day of employment.

MetLife Dental will terminate at the end of the month of your termination date.

Medicare Eligible

If you are actively working and you or your spouse is eligible for Medicare benefits, please see the outline below:

Medicare Eligibility Reason	Primary Payor	Secondary Payor
Over 65 years of age	Group Health Plan	Medicare
Due to disability	Medicare	Group Health Plan

New Hires

New hires and newly eligible employees may enroll in the Health and Welfare plans when they first join Hudson Valley Engineering Associates, P.C. New hires must elect benefits within 31 days of their effective date; otherwise, they will have to wait until the next Open Enrollment period to elect benefits.

The following provides an overview of benefit election requirements and effective dates.

Benefit	Action Required	Benefit Effective Date
Medical, Dental, Employer Paid Life/AD&D, LTD, STD & Voluntary Life.	As sociate must actively elect these benefits	As sociates are eligible on the date of hire
Vision	As sociate does not elect these benefits	Be nefits go into effect on the 1st of the month after date of hire

The EPO (Exclusive Provider Organization) medical plans, through the MVP Liberty network, delivers in-network only benefits. The HMO (Health Maintenance Organization) medical plan, through the MVP regional network, provides a regional not a nationwide network. The HMO plan does require a PCP designation. Members must seek care from participating providers, except in the case of a life- or limb-threatening emergency. If care is received from a non-participating provider, the claim will not be paid. **It is the member's responsibility to confirm that the providers and specialists they are seeing participate in the network.**

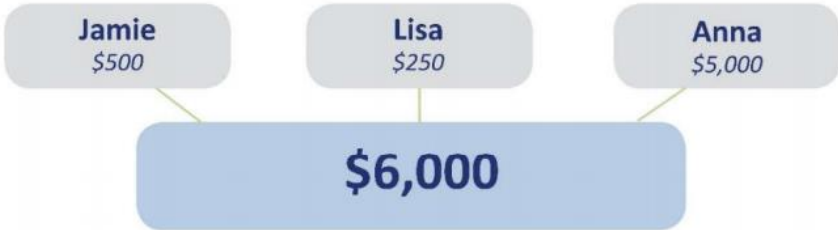
Plan Features	MVP Silver 3 EPO HDHP HSA	MVP Silver 3 HMO HDHP HSA	CDPHP Silver 320 HDHP EPO HSA
	In-Network Only	In-Network Only	In-Network Only
Deductible / Maximum Period	Plan Year (12/1 – 11/30)	Plan Year (12/1 – 11/30)	Plan Year (12/1 – 11/30)
Plan Year Deductibles (Indiv/ Family)	\$2,200 / \$4,400	\$2,200 / \$4,400	\$1,800 / \$3,600
Deductible Type	Aggregate	Aggregate	Aggregate
Plan Year Out-of-Pocket Max (Indiv/ Family)	\$5,200 / \$10,400	\$5,200 / \$10,400	\$6,900 / \$13,800
Out-of-Pocket Type	Embedded	Embedded	Embedded
Medicare Part D Coverage	Creditable	Creditable	Creditable
Referral Needed	No	No	No
Network	National	Regional	National
Preventive Care	Covered in Full	Covered in Full	Covered in Full
Primary Care Visit	\$25 Copay after Deductible	\$25 Copay after Deductible	\$30 Copay after Deductible
Specialist Visit	\$50 Copay after Deductible	\$50 Copay after Deductible	\$40 Copay after Deductible
Diagnostic Lab	PCP: \$25 Copay after Deductible Spec: \$50 Copay after Deductible	PCP: \$25 Copay after Deductible Spec: \$50 Copay after Deductible	\$40 Copay after Deductible
X-Rays	PCP: \$25 Copay after Deductible Spec: \$50 Copay after Deductible	PCP: \$25 Copay after Deductible Spec: \$50 Copay after Deductible	\$40 Copay after Deductible
Advanced Imaging	\$150 Copay after Deductible	\$150 Copay after Deductible	\$40 Copay after Deductible
Prenatal Office Visit	Covered in Full	Covered in Full	Covered in Full
Delivery (Maternity)	\$100 Copay after Deductible	\$100 Copay after Deductible	Covered in Full
Inpatient Services (Maternity)	\$500 Copay after Deductible	\$500 Copay after Deductible	\$1,000 Copay after Deductible
Hospital Outpatient Services	\$200 Copay after Deductible	\$200 Copay after Deductible	\$150 Copay after Deductible
Mental Health Outpatient Services	\$25 Copay after Deductible	\$25 Copay after Deductible	\$30 Copay after Deductible
Emergency Room	\$300 Copay after Deductible	\$300 Copay after Deductible	\$200 Copay after Deductible
Ambulance	\$300 Copay after Deductible	\$300 Copay after Deductible	\$200 Copay after Deductible
Urgent Care	\$50 Copay after Deductible	\$50 Copay after Deductible	\$60 Copay after Deductible
Pediatric Dental	Embedded	Embedded	\$18.45 to max of 3 charge per family
Retail Pharmacy / RX (30 Day Supply)	\$15/\$40/\$60 Copay after Deductible	\$15/\$40/\$60 Copay after Deductible	\$10/\$50/\$80 Copay after Deductible
Mail Order Pharmacy / RX (90 Day Supply)	\$37.50/\$100/\$150 Copay after Deductible	\$37.50/\$100/\$150 Copay after Deductible	\$20/\$100/\$160 Copay after Deductible
Preventative Drugs	Deductible Waived	Deductible Waived	Deductible Waived

▪ Aggregate Deductible: The entire family deductible must be met before copay or coinsurance is applied for any individual family member.
 ▪ Embedded Deductible: Each covered family member only needs to satisfy his/her individual deductible, not the entire family deductible, prior to receiving plan benefits.
 ▪ Inpatient admissions, outpatient surgery, x-rays, high level imaging, mental health and substance abuse require preauthorization. Please refer to your Certificate of Coverage for detailed information.

Embedded vs. Aggregate (non-embedded)

Aggregate (Non-Embedded)

(Family does not meet deductible)



Gomez Family:
\$6,000 deductible

Medical bills this year:

- Jamie: \$500
- Lisa: \$250
- Anna: \$5,000

Embedded

(Anna Meets her deductible)



Health Reimbursement Account

Plan Year: December 1, 2022 to November 30, 2023



HOW your health reimbursement account works:

1 Your employer deposits money into your HRA.



MVP Silver 3 EPO HDHP HAS
MVP Silver HMO HDHP HSA

- \$2,200 Single
- \$4,400 Family

CDPHP Silver 320 EPO HDHP HSA

- \$1,800 Single
- \$3,600 Family

Funding for New Hires will be pro-rated

2 Show your MVP or CDPHP ID card when you visit the doctor or pick up your prescriptions.



3 **Medical Claims**
Your HRA includes an integrated reimbursement feature to automate payment of your medical claims. When you get care that is billed to MVP/CDPHP, payment will automatically be deducted from your HRA and sent to your provider on your behalf.

4 **Pharmacy Claims**

- HRA is designed to pay prescriptions that are subject to the deductible and can be paid for with your Debit Card.
- Preventative drugs are not subject to the deductible; therefore they are not eligible to be paid from the HRA

Substantiation

Always keep your receipts. According to IRS guidelines, all transactions must be verified for coverage. If we cannot verify your transaction automatically, we may send you a substantiation letter requesting you provide a copy of your EOB, plus an itemized receipt showing what you paid.



Filing Claims

MVP ATTN: Flexible Benefits Department
MVP Health Care
PO Box 2207
Schenectady, N.Y. 12301
Fax: (315) 234-6146

CDPHP provides you convenient ways to submit claims for out-of-pocket expenses which are eligible for HRA reimbursements:

- Submit claims online by logging in to member.cdphp.com.
- Mail claims to CDPHP Health Funding, P.O. Box 6130, Albany, NY 12206-0130.

Claim forms can be found online at www.cdphp.com, or by calling 1-877-793-3960. All fields, including the subscriber's signature, are required in order to process payment.

Run-Out Period

The MVP HRA has a 90 day run-out period from December 1, 2022 to February 29, 2023 for the previous HRA plan year (December 1, 2021 to November 30, 2022). If a claim comes in during the run out, MVP will pay it from the HRA in the same way that MVP does during the plan year. If the member paid out-of-pocket for a service, they will need to submit to the HRA for reimbursement. However, if it is discovered that the provider billed MVP and MVP also paid that provider from the HRA (in addition to the member paying the provider out-of-pocket), the member will need to go back to the provider to get a reimbursement.



Dependent Care Flexible Spending Account Overview for MVP Health Care® Members

A Dependent Care Flexible Spending Account (FSA) allows you to save money by making pre-tax deductions directly from your paycheck to cover dependent care expenses.

You may choose to contribute up to the maximum amount of \$5,000 annually, or \$2,500 if married and filing separately.

You should be aware that under federal tax law, you may be able to claim a Child Care Credit on your taxes for certain eligible expenses. You may not use the same expenses under an FSA in order to claim this credit. Each dollar used under the Dependent Care FSA will reduce the amount available for your use under the Child Care Credit or the Dependent Care FSA. Consult with your tax preparation professional for more information.

Eligible Dependent Care Expenses

Eligible expenses under the Dependent Care FSA will include expenses you incur for qualifying dependents for the following types of care:

- Preschools, nursery schools, or daycare centers
- Daycare for dependent children 12 years of age and under, either in or outside of your home
- Non-educational programs for children 12 years of age and under while school is in session (such as after school programs, summer recreational programs, and day camps)
- Non-medical home care for mentally or physically disabled dependents who live with you

These expenses are only reimbursable if they allow you and your spouse to be employed, or for one spouse to be employed while the other is enrolled as a full-time student.



Questions? We're here to help!

Call the MVP Flexible Benefits Department at **1-888-222-9931**
Or visit mvphealthcare.com

Flexible Spending Account administration is provided by MVP Select Care, Inc. The information contained in this document is not a substitute for advice from a tax professional or an attorney.

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.

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Here's something to smile about.

Pediatric dental benefits are included with all MVP New York Small Group plans.

All covered dependents, up to age 19, now have access to preventive, routine, and major services. Best of all, MVP members have the freedom to choose any dentist they want! They simply present their MVP Member ID card when visiting any licensed provider.

Preventive Services

**\$25 co-pay,
No deductible***

Routine Care

**20%
after deductible**

Major Services

**50%
after deductible†**

Medically-necessary Orthodontia

**50%
after deductible†**



Learn more at mvphealthcare.com



Or call 1-800-TALK-MVP (825-5687)

All dental coverage is subject to the medical deductible and out-of-pocket maximum associated with the MVP Member's plan.

NOTE: MVP/Healthplex and Delta Dental standalone plans can be purchased alongside the Small Group embedded pediatric benefit.

For the purposes of coordination of benefits, the embedded pediatric benefit included in medical will be primary. The embedded pediatric dental benefit does not apply to Healthy New York plans.

*Deductible still applies to HDHP plans.

†Pre-authorization required.

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.

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Keep Smiling

Delta Dental PPO™



Save with PPO

Visit a dentist in the PPO¹ network to maximize your savings.² These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.³ Find a PPO dentist at deltadentalins.com.

Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at deltadentalins.com.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.⁴ Log in to your online account to find this date.

Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care⁵, you can save as much as 50% on LASIK procedures and more than 60% on hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

Save with a PPO dentist



PPO



Non-PPO

¹ In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

² You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

³ You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

⁴ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

⁵ Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

Delta Dental PPOSM

Pediatric Basic Plan for Small Businesses

Plan Highlights	Pediatric Benefits (up to age 19)
Deductible	Per enrollee: \$65 Family: \$195
Deductible Waived for Diagnostic and Preventive Services	No
Annual Maximum Maximum the plan will pay each year for services per person.	None
Out-of-Pocket Maximum After this amount is reached, the plan pays 100% of the remaining covered services for that year. Applies only to in-network services.	\$375 for one pediatric enrollee \$750 for two or more pediatric enrollees

Covered Services ^{1,2}	Delta Dental pays	Enrollee pays
Diagnostic and Preventive Services	100%	0%
Basic Services	50%	50%
Major Services	50%	50%
Orthodontic Services Medically necessary (requires prior authorization)	50%	50%
Waiting Period(s)	None	None

¹ Reimbursement to dentists is based on contracted fees. Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Please refer to your plan Policy or Evidence of Coverage for complete limitations and exclusions for this plan.

² Coverage may not be available in all areas. Service area coverage and/or restrictions are listed in the limitations and exclusions.

Delta Dental PPOSM

Pediatric Basic Plan for Small Businesses

SCHEDULE OF BENEFITS

Cost-sharing	Participating provider member responsibility for cost-sharing	Non-participating provider member responsibility for cost-sharing	
Pediatric dental care essential health benefit			
Deductible			
• One (1) Member under Age 19	\$65 each Plan Year	\$65 each Plan Year	The Deductible is a combined In-Network and Out-of-Network Deductible.
• Two (2) or More Members under Age 19	\$195 each Plan Year	\$195 each Plan Year	
Out-of-Pocket Limit			
• One (1) Member under Age 19	\$375 each Plan Year	Not Applicable	
• Two or More Members under Age 19	\$750 each Plan Year	Not Applicable	

Summary of pediatric dental essential health benefit & care	Participating provider member responsibility for cost-sharing	Non-participating provider member responsibility for cost-sharing	Limits
Pediatric dental care			
• Emergency Dental Care	50% Coinsurance after Deductible	50% Coinsurance after Deductible	
• Preventive Dental Care	0% Coinsurance after Deductible	0% Coinsurance after Deductible	Two (2) Cleanings per Plan Year
• Routine Dental Care	0%-50% Coinsurance after Deductible	0% Coinsurance after Deductible	Two (2) Dental Exams per Plan Year Full mouth X-rays or panoramic X-rays at 36 month intervals and bitewing X-rays at six month intervals
• Endodontics	50% Coinsurance after Deductible	50% Coinsurance after Deductible	
• Periodontics	50% Coinsurance after Deductible	50% Coinsurance after Deductible	
• Prosthodontics	50% Coinsurance after Deductible	50% Coinsurance after Deductible	
• Oral Surgery	50% Coinsurance after Deductible	50% Coinsurance after Deductible	
• Orthodontics	50% Coinsurance after Deductible	50% Coinsurance after Deductible	
Orthodontics require Preauthorization			

Pediatric dental care essential health benefit	Participating provider member responsibility for cost-sharing	Non-participating provider member responsibility for cost-sharing	Limits
<ul style="list-style-type: none"> Dental examinations and consultations 	0% Coinsurance after Deductible	0% Coinsurance after Deductible	Two (2) Dental Exams per Plan Year
<ul style="list-style-type: none"> X-rays, full mouth x-rays or panoramic x-rays 	0% Coinsurance after Deductible	0% Coinsurance after Deductible	Full mouth X-rays or panoramic X-rays at 36 month intervals and bitewing X-rays at six month intervals
<ul style="list-style-type: none"> Visits; Simple extractions and other routine dental surgery not requiring hospitalization; In-office conscious sedation; Amalgam, composite restorations and stainless steel crowns; Other restorative materials 	50% Coinsurance after Deductible	50% Coinsurance after Deductible	
<ul style="list-style-type: none"> Temporomandibular Joint (TMJ) Dysfunction 	50% Coinsurance after Deductible	50% Coinsurance after Deductible	

All in-network Preauthorization requests are the responsibility of Your Participating Provider. You will not be penalized for a Participating Provider's failure to obtain a required Preauthorization. However, if services are not covered under the Contract, You will be responsible for the full cost of the services.

Dental



MetLife allows you the freedom to see the dentist of your choice. You can utilize a large network of participating dentists who accept the MetLife Maximum Allowable Charge (MAC) as payment in full after deductible and coinsurance. Dentists who participate in the MetLife network accept MetLife as payment in full after deductible and coinsurance. Non-MetLife dentists may not accept either MAC as payment in full and may balance bill without limit.

Plan Features	PPO Plan	
	In-Network	Out-of-Network
Deductible / Maximum Accumulation Period	Plan Year (1/1 – 12/31)	
Dependent Age Limit	To Age 26	
Network	PDP Plus	N/A
Reimbursement Level	Fee Schedule	N/A
Annual Plan Deductible (Individual / Family)	\$50 / \$150	
Deductible Waived For	Diagnostic & Preventive Services	
Preventive Care (Cleanings, Oral Exams, etc.)	Covered 100%	Covered 100%
Basic Procedures (Extractions, fillings, etc.)	Covered 50% after Deductible	Covered 50% after Deductible
Major Procedures (Crowns, dentures, etc.)	Covered 50% after Deductible	Covered 50% after Deductible
Child Orthodontia (up to age 19)	Covered 50% after Deductible	Covered 50% after Deductible
Plan Year Maximum Benefit	\$1,500	
Orthodontia Lifetime	\$1,000	

- If you visit an out-of-network provider, you are responsible for paying the deductible, coinsurance and the difference between what the provider charges and the Plan pays.
- Certain procedures may require a pre-treatment review.
- Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan.

Learn more about your MetLife benefits



The MetLife Mobile App is available on the iTunes® App Store and Google Play. Download the app, and use it to find a participating dentist, view your claims¹ and to see your ID card.²

MetLife benefits information right from your desktop

The MyBenefits web site is a quick and easy way for you to get the information you need about your MetLife benefits — all in one place. Log in at metlife.com/mybenefits to see how we've taken personalization and integration to a new level.

Personalized homepage to all your MetLife benefits

Get more information on your MetLife benefits, where you can link to detailed coverage information and can perform tasks, such as:

Dental Plans — Easily find a participating dentist or view your benefits, copay or coinsurance amount, and claims¹ online. Plus, you will have access to our extensive Oral Health Library to research important dental topics.

Dental ID cards are available online for you to download and print at your convenience.¹ Cards contain your name, employer's name and group number. Also included are MetLife's claims submission address,¹ website address, customer service telephone number and a service number for International Dental Travel Assistance.³

Additional MyBenefits features include:

- Planning tools that you can use to help you make informed decisions regarding your retirement, benefits coverage as well as other useful information for a variety of everyday topics.
- Forms and documents that you may need are located in the "Tools & Resources" area at the bottom of the MyBenefits home page for you to download.
- In the "News & Updates" section you'll find information from MetLife and your employer such as enrollment dates and new product offerings.
- Online claims tracking and email notifications called eAlerts, which will provide information regarding status changes to your claims for certain benefits.¹

metlife.com/mybenefits

Navigating life together

Davis Vision Direct

DAVIS VISION
EYECARE REFRAMED™

Welcome to Davis Vision!

We are pleased to provide you with information on your vision benefit to help you care for your vision and eye health - a key part of overall health and wellness!

If you are not currently enrolled, please visit our member site at davisvision.com and enter client code 4937 or call 1.888-790-9910 to locate providers or for additional information.

Using your benefits is easy! Just log on to our Member site at davisvision.com and click "Find a Provider," or call us at 1.888.790.9910.

Make an appointment. Tell your provider you are a Davis Vision member with coverage through Davis Vision Direct. Provide your member ID number, name and date of birth, and do the same for your covered dependents seeking vision services. Your provider will take care of the rest!

Your Davis Vision Designer Plan Benefits

100% OF YOUR CALLS & CLAIMS ARE PROUDLY ADMINISTERED IN THE USA

Benefit	Frequency Once every -	In-network Copay	In-network Coverage
Eye Examination	12 months	\$10	After copay, covered in full. <i>Includes dilation when professionally indicated.</i>
Spectacle Lenses	12 months	\$25	After copay, clear glass or plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. (See below for additional lens options and coatings.)
Frame	24 months	\$0	<p>Covered in Full Frames: Any Fashion or Designer level frame from Davis Vision's Collection² (retail value, up to \$160).</p> <p>OR, Frame Allowance: \$130 toward any frame from provider plus 20% off any balance.¹ No copay required.</p>
Contact Lens Evaluation, Fitting & Follow Up Care	12 months	\$25	<p>Davis Vision Collection Contacts: After copay, covered in full.</p> <p>Standard, Soft Contacts: After copay, covered in full.</p> <p>Specialty Contacts³: \$60 allowance less copay plus 15% off balance¹.</p>
Contact Lenses (in lieu of eyeglasses)	12 months	\$0	<p>Covered in Full Contacts: From Davis Vision's Collection², up to: Planned Replacement Disposable Four boxes/multi-packs* Eight boxes/multi-packs*</p> <p>OR, Contact Lens Allowance: \$130 allowance toward any contacts from provider's supply plus 15% off balance.¹ No copay required.</p> <p>OR, Medically Necessary Contacts: Covered in full with prior approval.</p> <p>*Number of contact lens boxes may vary based on manufacturer's packaging.</p>

Significant savings on optional frames, lens types and coatings!

	Member Price
Davis Vision Collection Frames: Premier	\$25
Tinting of Plastic Lenses or Glass Grey #3 Lenses	\$0
Oversize Lenses	\$0
Scratch Resistant Coating	\$0
Ultraviolet Coating	\$12
Anti-Reflective Coating: Standard Premium Ultra	\$35 \$48 \$60
Polycarbonate Lenses	\$0 ⁴ -\$30
High-index Lenses	\$55
Progressive Lenses: Standard Premium Ultra	\$50 \$90 \$140
Polarized Lenses	\$75
Photochromic Lenses (i.e. Transitions®, etc.) ⁵ : Plastic Glass	\$65 \$20
Intermediate Lenses	\$30
Blended Segment Lenses	\$20
Scratch Protection Plan: Single Vision Lenses Multifocal Lenses	\$20 \$40

¹ Additional discounts not applicable at Walmart, Sam's Club or Costco locations.
² The Davis Vision Collection is available at most participating independent provider locations.
³ Including, but not limited to toric, multifocal and gas permeable contact lenses.
⁴ For dependent children, monocular patients and patients with prescriptions of +/- 6.00 diopters or greater.
⁵ Transitions® is a registered trademark of Transitions Optical Inc.

Please note: Your provider reserves the right to not dispense materials until all applicable member costs, fees and copayments have been collected. Contact lenses: Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees are the responsibility of the member. If contact lenses are selected and fitted, they may not be exchanged for eyeglasses. Progressive lenses: If you are unable to adapt to progressive addition lenses you have purchased, conventional bifocals will be supplied at no additional cost; however, your copayment is nonrefundable. May not be combined with other discounts or offers.

General Plan Information	
Eligibility	All eligible employees working 30 or more hours per week
Employee Contribution	None – 100% employer paid
Term Life	
Benefit	Flat \$50,000
Accelerated Death Benefit	50% up to \$50,000
Additional Features	
Portability/Conversion	Included
Waiver of Premium	If disabled before age 60, insurance will continue until age 65 or no longer disabled
Age Reduction Schedule	
At Age 65	35%
At Age 70	50%
At Retirement	Benefit Terminates

Short-Term Disability

Plan Features	Employee Only
Weekly Benefit	60% of weekly earnings to a maximum weekly benefit of \$1,000
Benefits Begin Accident/Sickness	15th day of Accident; 15th day for Sickness
Duration of Benefits	11 weeks
Partial Disability	Included

Long-Term Disability

Plan Features	Employee Only
Monthly Benefit	60% of monthly earnings to a maximum monthly benefit of \$6,000
Elimination Period	90 Days
Duration of Benefits	Social Security normal retirement age
Partial Disability	Included
Definition of Disability	24 Month Own Occupation/Any Occupation thereafter
Pre-Existing Conditions	3 months prior, 12 months after Limitation, Continuity of Coverage

Voluntary Term Life and AD&D

Plan Features	Employee	Spouse	Dep Child(ren)
Benefit Increment	\$10,000	\$5,000	\$5,000
Maximum Benefit	\$300,000 or 5x salary whichever is less	\$150,000 not to exceed 50% of employee benefit	\$10,000 not to exceed 50% of employee benefit
Newly Eligible Guarantee Issue	\$100,000	\$30,000	\$10,000
Accelerated Death Benefit	Included	N/A	N/A
Conversion/Portability	Included		
At Retirement	Benefits Terminate		

- Guarantee Issue on voluntary life & AD&D amounts apply if you elect coverage within 30 days of your initial eligibility date. After 30 days of initial eligibility, you must provide Evidence of Insurability. Evidence of Insurability will be required for any future benefit increases.
- All unmarried dependent children in family unit are covered to from 14 days to age 26.
- Eligible children under 14 days of age receive a \$1,000 benefit

Voluntary Benefits



In case of an accident or illness, Aflac Insurance policies pay cash benefits directly to you, unless assigned, regardless of any other insurance you may have. Use the cash benefits for such expenses as: Deductibles, co-payments, out-of-network charges and any other expenses not picked up by your major medical coverage.

Travel related expenses for treatment in distant medical centers, including airfare, hotels and meals. Everyday living expenses like house (or rent) payments, groceries and utility bills. Lost income, resulting in a “double whammy” if the healthy spouse has to leave work to care for the recuperating one.

Current Policy Holders Please Note: Aflac upgrades its policies from time-to-time and employees are not automatically enrolled in the new plan. Short Term Disability monthly benefits does not automatically increase with a salary increase. An application is required for any coverage change and may require a change in premium. You are strongly encouraged to speak with the Aflac Rep to review your personal plans each year.

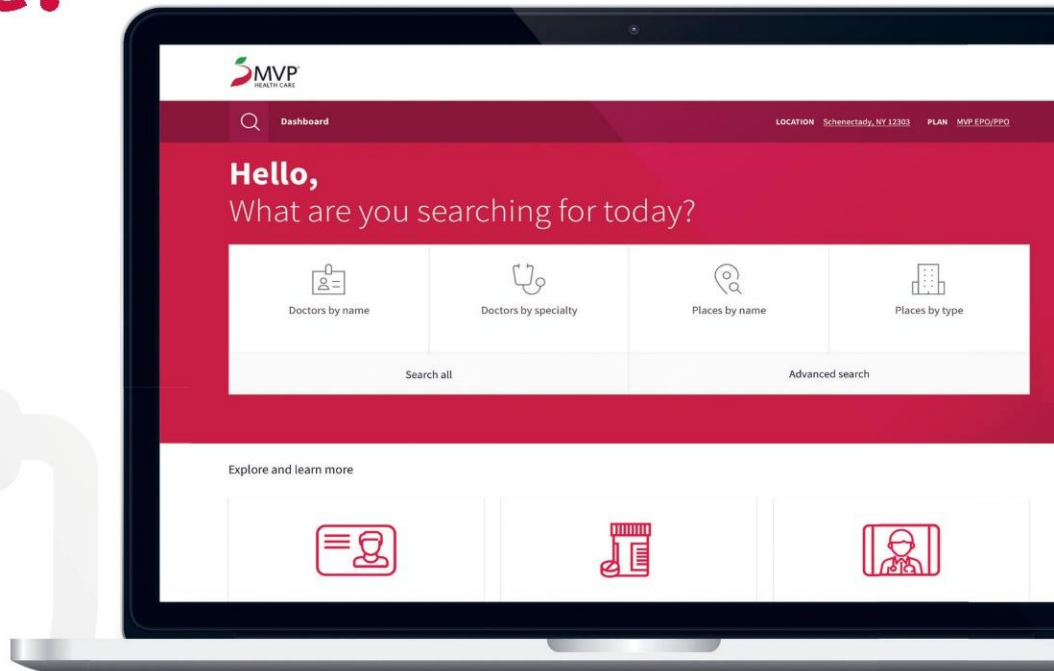
Accident Advantage	
Provides cash benefits in the event of an accident. Helps with expenses associated with unexpected injuries and throughout recovery.	
<ul style="list-style-type: none"> ▪ Specific Sum Injury Benefits ▪ Home Modification Benefits ▪ Emergency Treatment Benefit ▪ Hospital Confinement Benefits ▪ Rehabilitation Unit Benefits 	<ul style="list-style-type: none"> ▪ Follow-Up Treatment Benefits ▪ Physical Therapy Benefits ▪ X-Ray/ Diagnostic Imaging Benefits ▪ Transportation, Lodging and Ambulance ▪ Optional Accidental Death & Dismemberment
Cancer Care with Optional Heart Attack and Stroke Rider	
Helps protect your income and savings by providing critical cash benefits to care for yourself or a loved one throughout all phases of cancer diagnosis and treatment.	
<ul style="list-style-type: none"> ▪ Initial Diagnosis Benefit ▪ Chemotherapy and Radiation Benefits ▪ Hospital Confinement / Surgical Benefits ▪ Experimental Treatment Benefits 	<ul style="list-style-type: none"> ▪ Transportation, Lodging and Ambulance ▪ Wellness Benefit Paid Yearly ▪ Optional coverage for heart attack, stroke, end-stage renal failure and cardiac arrest



To Cancel Existing Coverage an Aflac Cancellation Form must be signed prior to the annual renewal date. If there is no contact with the Rep, coverage will automatically roll over with no benefit or premium change. **Pre-Tax Deductions** can only be changed at open enrollment unless the change is made within 30 days after a qualifying event.

Find a doctor online, **anytime.**

MVP Health Care[®] makes it easier than ever to find in-network providers based on your MVP plan. With just a few clicks, you can find providers and specialists near you, view provider profiles, find a lab, or locate the nearest participating urgent care center.



Begin your search.

Visit mvphealthcare.com/findadoctor and choose how to begin your search. Simply *Sign In* to your online account or enter your MVP Member ID number to get the most accurate list of providers. If you don't know your Member ID number, select *Find a Doctor* and enter your location and plan type.

Choose how you search.

Search by a doctor's name or specialty, or the place name or type. Start entering your search text and the results will begin to populate.

Compare providers.

Based on your preferences, you can filter and compare providers by how far they are from your home, whether they are accepting new patients, which languages they speak, and more. When your search is complete, you can download or print a directory of your custom results.

Questions? We're here to help.

Visit mvphealthcare.com/findadoctor to view resources, like an instructional video or frequently asked questions. Or, call **1-800-TALK-MVP** (825-5687).



Welcome to WellBeing Rewards

Earn \$600 on your path to well-being!

MVP Health Care® is committed to helping you along your path to better health. By making healthy choices, you can earn up to \$600, per contract, per calendar year, with WellBeing Rewards.*

Earning Rewards is Simple

Earn up to \$200 for completing health-related activities. Each point is equal to \$1 and can be redeemed in increments of \$50.

Personal Health Assessment <i>Required</i>	50 points
Biometric Screening/Health Risk Screening	100 points
Online Classes <i>(10 points each class completed)</i>	50 points
Quarterly Well-Being Challenges <i>(25 points each challenge completed)</i>	100 points
Email Tips Sign-Up	10 points

Well-Being Attestations

Preventive Screening	30 points
Health Care Literacy	10 points
Physical Fitness	10 points
Mind & Spirit	10 points
Surroundings	10 points
Social	10 points

New! Preventive Screenings

Mammogram	30 points
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New! Diabetic Screenings

Diabetic Retinal Eye Exam	20 points
Diabetic Blood Test (Hba1c)	20 points
Diabetic Urine Test for Protein	20 points

New! Colorectal Cancer Screenings

Points earned for completion of one screening

Colonoscopy	30 points
FIT Test	20 points
Cologuard®	20 points

Track Activity Effortlessly with Connected!

Collect up to \$200 more for tracking your activity with a wearable fitness device or an online app.**

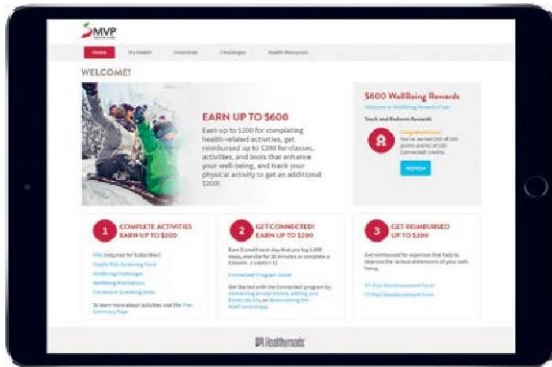
Connected! Activity Tracking

8,000 Steps, 30-Minute Workout, or one Workout via the ASHConnect™ app	1 credit per day
--	-------------------------

Receive Reimbursements

MVP will reimburse you up to \$200 for expenses associated with activities, tools, and online apps that enhance your well-being, like sport memberships, mindfulness apps, park passes, and more.

Getting Started



1 Access Your MVP Online Account
Visit mvphealthcare.com and *Sign In* or *Register*, then select *Begin Your Path to Well-Being*.

2 Complete Activities and Earn Points
Your well-being homepage is where you see what tasks you have completed and if any still need your attention. From here you can download the *Well-Being Reimbursement* form. Follow the instructions on the form to receive reimbursements.

3 Redeem Your Earned Points
Points can be redeemed in increments of \$50, but you must complete the Personal Health Assessment before the Redeem button will be available on your well-being homepage.

! Issues logging into your MVP online account?
Call MVP eSupport at **1-888-656-5695**.

Important Dates to Remember

January 15

Your program will reset on your well-being homepage, and it will include credit for all activities completed January 1 and forward of the new calendar year.

December 1

The Health Risk Screening form must be submitted to receive points for the calendar year.

December 31

All points must be redeemed, or they will be forfeited permanently.

Well-Being Discounts

Get discounts on popular health and fitness brand products and services, including athletic apparel and gear, activity tracking devices, and fitness equipment with the ChooseHealthy® program.

Enroll in the Active&Fit Direct™ program for access to 11,000+ fitness centers and 1,500+ digital fitness videos for a low monthly fee.

Learn More About MVP WellBeing Rewards

Visit mvphealthcare.com and *Sign In*, then select *Begin Your Path to Well-Being*. Or call the MVP Customer Care Center at the number on the back of your MVP Member ID card.

* This benefit is not available on Vermont Individual and Small Group Standard plans or New York Essential plans. \$600 WellBeing Rewards is offered as a buy-up option on self-funded plans.

** The Healthyroads® program and MVP Health Care do not cover the cost of wearable fitness devices/apps.

WellBeing Rewards is administered in part by Healthyroads, Inc. (Healthyroads). Healthyroads, a well-being program operated by American Specialty Health Management, Inc., (ASH Management), may use and/or provide your plan sponsor, or other entities that have contracted with your plan sponsor to administer your plan, with information (such as program activity points) involving your participation in our programs so that your plan sponsor or its contracted entity can administer the applicable incentive program. ASH Management may also use personal information obtained from your participation in our programs to provide you with other Healthyroads services on behalf of your plan sponsor. By participating in this program, you acknowledge that ASH Management may use and/or provide this information as stated above. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact your plan sponsor and they will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status. Incentives may be taxable income that you are responsible to report.

The Healthyroads program is provided by American Specialty Health Management, Inc. (ASH Management), the ChooseHealthy program is provided by ChooseHealthy, Inc., and the Active&Fit Direct program is provided by American Specialty Health Fitness, Inc., all subsidiaries of American Specialty Health, Inc. (ASH). ASHConnect, Healthyroads, ChooseHealthy, and Active&Fit Direct are registered trademarks of ASH and used with permission herein. Other names and logos may be trademarks of their respective owners. Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.

When you need care...

Start with

GiaSM



Helping you get the right care, right away!

Chronic issues, sudden symptoms, questions and concerns...we all need care from time to time. And, when you do, you want expert answers...fast. **Start with GiaSM—included free with your health plan from MVP Health Care[®] (MVP)!**

Gia is your ultimate 24/7 health care connection.

Talk with a medical professional by phone or online chat, anywhere and anytime. Within minutes, get referred to the care you need—from urgent and emergency care to everyday health needs such as prescription refills and blood tests. Gia can connect you to MVP's FREE telemedicine services or, when necessary, in-person care from nearby doctors, specialists, labs, pharmacies, and more.

Health questions? Gia has the answers.

Use Gia's simple but powerful search tool, giving you helpful and relevant health information you can trust.

It's just one more way that MVP is making health insurance more convenient, more supportive, and more personal for you.

 **Ready to get started?**
See reverse for more details.



It's easy to get started with *Gia*SM

1. Download the free **Gia by MVP** app or visit **GoAskGia.com**.

The **Gia by MVP** app is available on the App Store® or on Google Play.™



2. Create an account.

All members 18 and older can create their own Gia account. If registering via the Gia app, launch the app, select *Create New Account*, and follow the prompts.

If registering via **GoAskGia.com**, complete the required fields, and follow the additional prompts.

Have your MVP Member ID card handy!



You'll be asked to provide basic information, such as your name and email, date of birth, and MVP Subscriber or Member ID. Once your health insurance information is verified, your account will be created.

Note: Through Gia's *Family Consult* feature, you can start a visit for any covered dependents under the age of 18.

In an emergency, you or any of your covered dependents can select *Tap to Connect Now* at any time, without logging in.

3. Start with Gia.

Once you've created an account, simply choose how you want to connect.

- Use the **Gia by MVP app**
- Visit **GoAskGia.com**
- Call **1-877-GoAskGia** (1-877-462-7544)



Telemedicine services from MVP Health Care are provided by UCM Digital Health, Amwell and Physera at no cost-share for members. (Plan exceptions may apply.) Members' direct or digital provider visits may be subject to co-pay/cost-share per plan. MVP Health Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-946-8010 (TTY: 1-800-662-1220).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-844-946-8010 (TTY: 1-800-662-1220).

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Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.

Lower your health care costs with MVP preferred providers.




MVP Health Care® preferred providers give you lower-cost options for laboratory, radiology, and ambulatory/outpatient surgery services—without compromising quality.

Pay as little as \$0!

If your plan is not subject to an annual deductible, medically necessary services are covered in full from day one with MVP preferred providers.

If your plan is subject to an annual deductible, you can save on out-of-pocket costs with MVP preferred providers until your deductible is met, then medically necessary services are covered in full.

How much money can you save with an MVP preferred provider?

	Non-Preferred Provider	MVP Preferred Provider	Your Savings
 Laboratory Service (Comprehensive Metabolic Screening and Lipid Panel)	\$172	\$40	\$132
 Radiology Service (Abdominal MRI)	\$1,184	\$757	\$427
 Ambulatory/Outpatient Surgery Service (Cataract Surgery)	\$4,990	\$1,452	\$3,538

The figures above are averages of what MVP members with access to preferred providers could pay. Costs may vary based on location and facility.



Find an MVP preferred provider near you.

Visit mvphealthcare.com/findadoctor and *Sign In* to your online account, then provide your location and select *Preferred Provider Facilities* to see a list of participating facilities.

Or, call the MVP Customer Care Center at the number on the back of your MVP Member ID card.

MVP preferred providers are not available on Vermont plans, New York Individual Standard plans, Healthy New York plans, and self-funded plans. Preferred providers are not available in all counties.

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.

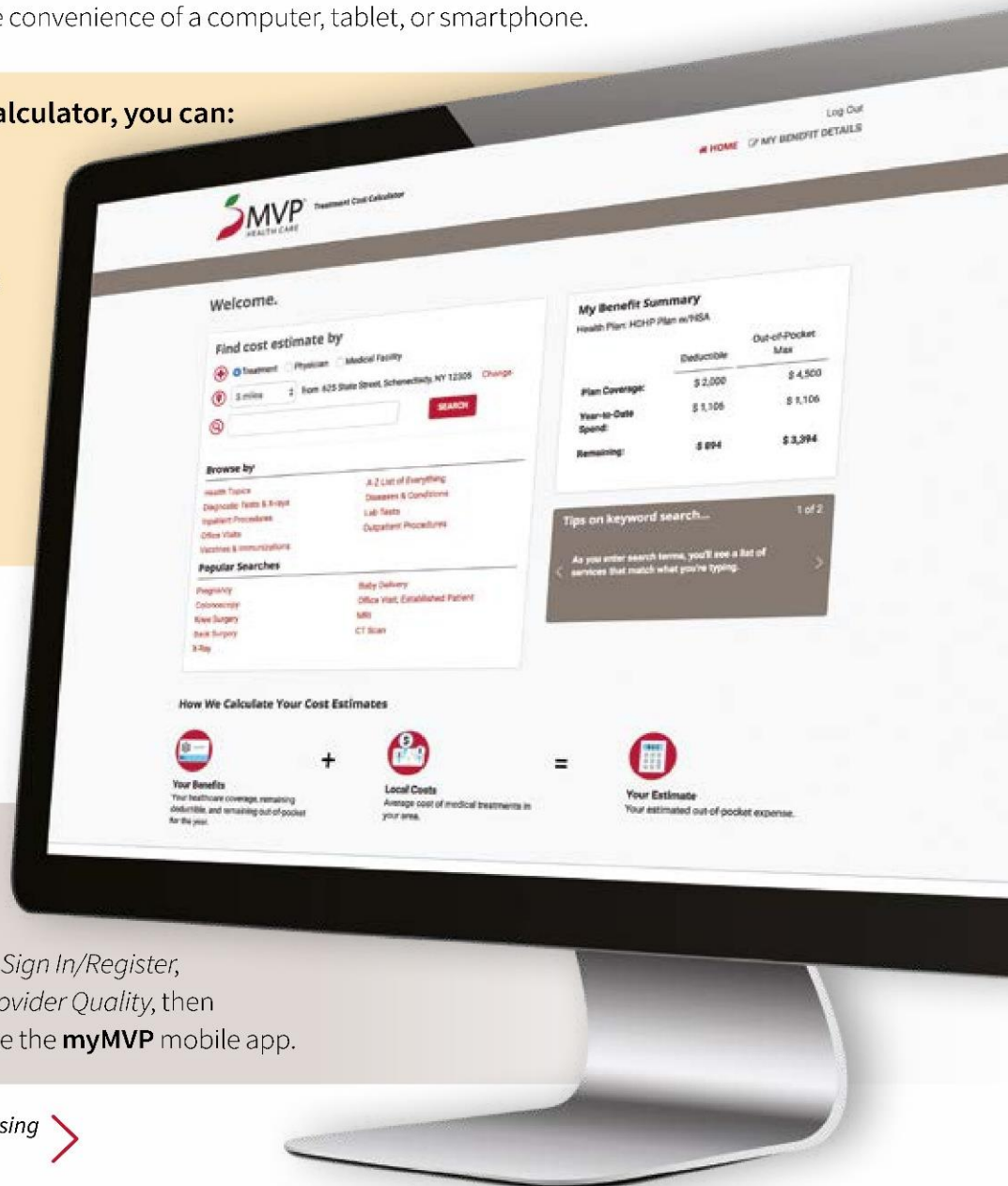
Take Control of Your Health Care With the Treatment Cost Calculator

Powered by IBM Watson Health™

Health care costs for the same service can vary significantly within the same market. MVP Health Care® makes it easy for you to compare these costs, navigate your options, and better manage your care—all from the convenience of a computer, tablet, or smartphone.

With the Treatment Cost Calculator, you can:

- Access cost estimates for hundreds of medical treatments and services
- Compare costs from different providers and types of facilities in your area
- Estimate out-of-pocket costs
- Research and plan your health care expenses



The Treatment Cost Calculator is available free to MVP members.

Visit mvphealthcare.com and Sign In/Register, then select *Treatment Cost & Provider Quality*, then *Treatment Cost Calculator*, or use the **myMVP** mobile app.

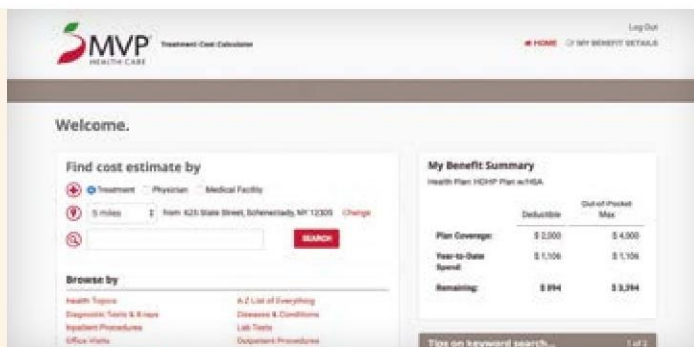
See other side for a simple guide to using the Treatment Cost Calculator. >

Know your options and choose the one that makes sense for you.

STEP 1

Search

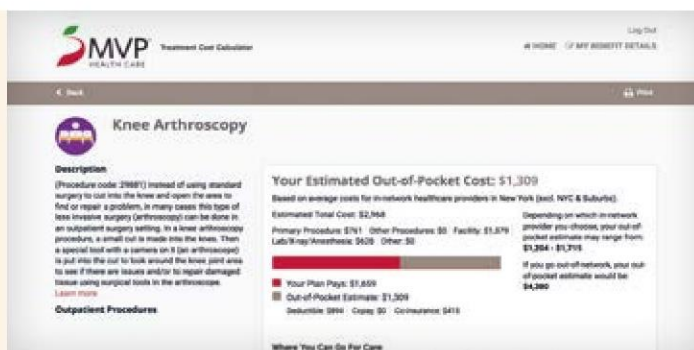
for a medical treatment, physician, or facility



STEP 2

Review

an estimate of your costs (based on your health plan benefits and provider network)



STEP 3

Identify

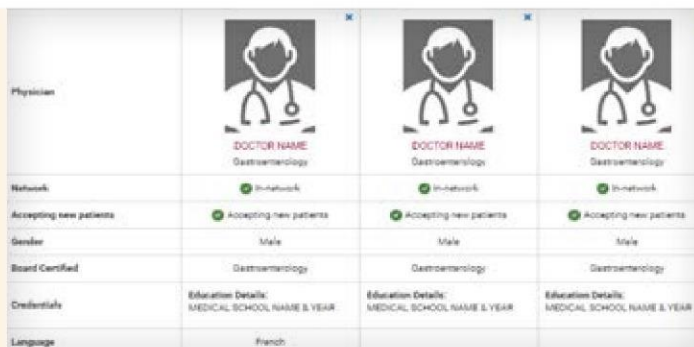
doctors, hospitals, and clinics nearby



STEP 4

Compare

cost estimates by doctor or facility



Questions? We're here to help.

Call 1-800-TALK-MVP (825-5687) Or visit mvphealthcare.com





Pharmacy Benefits Overview



Your MVP Health Care® (MVP) pharmacy benefits cover thousands of medications on the MVP approved drug list. Choose from a vast selection of participating pharmacies, or take advantage of convenient mail and specialty pharmacy services through CVS Caremark®, MVP's Pharmacy Benefit Manager for retail, specialty, and mail service prescription drug coverage. Generally, benefits are available for up to a 30-day supply of medically necessary prescription medications at a participating local retail pharmacy and may allow up to a 90-day supply through the CVS Caremark Mail Service Pharmacy.

The MVP Prescription Drug Formulary

The MVP Formulary is our approved list of covered medications that are proven safe and effective, and provide clinical value to treat your condition. The Formulary also lists medications that require prior authorization, are subject to step therapy* or quantity limits, or are available through mail delivery.

Formulary Co-Pays

The Formulary is divided into tiers to make it easier for you and your doctor to choose the most appropriate, lowest cost drug. Check your prescription drug rider, schedule of benefits, or summary plan description to find your co-pay for each tier.

- **Tier 1**—With the lowest co-pay, drugs in Tier 1 generally include FDA-approved generic drugs that are as safe and effective as their brand-name counterparts.
- **Tier 2**—At a mid-range co-pay, these are preferred brand-name drugs and also may include generics.
- **Tier 3**—This highest co-pay tier includes brand-name drugs and new drugs that are in the review process.

Brand/Generic Difference Program

FDA-approved generic drugs have a lower co-pay and offer the same clinical benefits as the brand-name drug. If you and your doctor determine that you must use the brand-name drug, you may be responsible for the generic co-pay plus the difference in cost between the generic and the brand-name drug.

Specialty Medications

CVS Specialty® dispenses injectable and oral medications that treat specialty conditions or are high cost, and provides these valuable services:

- Pharmacy-trained clinical teams, which include pharmacists and nurses, offer support and answer patient and physician questions about medications for complex medical conditions.
- Ancillary supplies, such as syringes and needles, are provided at no additional cost.

To learn how to order a prescription or to see if a medication is available through the specialty pharmacy, visit mvphealthcare.com and select *Members*, then *Prescription Benefits*. You can also check with your local retail CVS Pharmacy® to see if your specialty medication is available.

Mail Service Pharmacy

If your benefit allows, maintenance medications that are taken on a regular basis are available by mail service. Save time and money when you buy these drugs in larger quantities and have them delivered right to your door. Your co-pay for a 90-day supply of medication will generally be less than going to a local retail pharmacy monthly for the same amount of medication.



Visit mvphealthcare.com and select *Members*, then *Prescription Benefits* for the current Formulary and Preventive Drug lists. If you have questions about your Prescription Drug Benefit, call the MVP Customer Care Center at the number on the back of your MVP Member ID card.

*In some cases, MVP may require you to first try one drug to treat your medical condition before covering another drug for that condition.

This is a summary of certain general aspects of MVP Health Care Prescription Drug Benefits, which may vary by employer plan, product, or service area. Check with your employer for details. Consult your plan documents for a complete list of covered benefits, limitations, and exclusions. Formulary information is available by calling the MVP Customer Care Center. Pharmacies and providers participating in our network and mail order vendors are independent contractors and are neither employees nor agents of MVP Health Care or its affiliates. This summary is not an offer of coverage. If there are any differences between the information contained herein and a specific plan document, the plan document will be controlling.

CVS Caremark employees are trained regarding the appropriate way to handle your private health information. 106-52484A/081120

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Preventive Care Drug List

Revised March 2022

Preventive Drugs are medications that MVP Health Care, in conjunction with its Pharmacy & Therapeutics (P&T) Committee, has determined may prevent the onset of a disease or condition when taken by a person who has developed risk factors for a disease or condition that has not yet manifested itself or has not become clinically apparent (asymptomatic), or may prevent the recurrence of a disease or condition from which a person has recovered.

High-Deductible Health Plans (HDHPs) may provide benefits only after a deductible has been met. However, Federal regulations do allow safe harbor coverage for qualifying preventive services and medications (those listed below) prior to the deductible being met. The preventive safe harbor does not include any drug or medication used to treat an existing illness, injury, or condition. A rider to allow this preventive coverage is required.

Medications on the Preventive Care Drug List are subject to Formulary and Tier status as well as pharmacy management programs such as prior authorization, step therapy, brand/generic difference pricing, and/or quantity limits. Refer to the Prescription Drug Formulary online at mvphealthcare.com for more detailed information about coverage and Tier information.

This list is not a guarantee of coverage. Your specific plan documents determine your benefits, limitations, and exclusions. While every effort has been made to ensure accuracy, some information may be out of date. The Preventive Care Drug List is subject to change based on decisions made by the P&T Committee.

For drugs on this list that have a generic equivalent, the member will be responsible for an additional cost share of the difference in cost between the brand and the generic drug. Some plan designs do not cover brand drugs when a generic is available.

If you need more information about the content of this list, contact the MVP Customer Care Center at the phone number listed on the back of your MVP Member ID card.

Asthma

Accolate
Advair
Diskus
Advair HFA
Aerospan **EX**

Alvesco **EX**
Arnuity Ellipta
Asmanex
Breo Ellipta
Budesonide INH

Dulera **EX**
Flovent Diskus
Flovent HFA
Montelukast Pulmicort
Flexhaler QVAR

Symbicort
Zafirlukast
Zyflo CR **EX**

EX Excluded drug. Medical exception approval required. **PA** Prior authorization is required.

*Select strengths are excluded. Please refer to the Prescription Drug Formulary document for specific strengths.

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Behavioral Health

Abilify/ODT	Duloxetine HCL	Loxapine	Remeron
Abilify Maintena	Effexor XR	Maprotiline HCL	Rexulti
Amitriptyline HCL	Emsam	Mirtazapine/ODT	Risperdal
Amoxapine	Equetro	Nardil	Risperidone
Anafranil	Escitalopram Oxalate	Nefazodone HCL	Saphris
Aripiprazole/ODT	Fanapt	Nortriptyline HCL	Seroquel/XR
Aristada	Fazaclo	Nuplazid PA	Sertraline
Asenapine	Fetzima	Olanzapine/ODT	Surmontil
Bupropion HCL	Fluoxetine DR	Paliperidone ER	Thioridazine HCL
Bupropion HCL ER (SR)	Fluoxetine HCL	Parnate	Thiothixene
Bupropion HCL ER (XL)	Fluphenazine HCL	Paroxetine HCL/ER	Tranlycypromine
Celexa	Fluvoxamine /ER	Paxil	Trazodone
Chlorpromazine HCL	Forfivo XL EX	Perphenazine	Trifluoperazine HCL
Citalopram	Haloperidol	Perseris	Trintellix
Clomipramine HCL	Imipramine HCL	Pexeva	Venlafaxine HCL/ER
Clozapine/ODT	Invega	Phenelzine Sulfate	Vraylar
Clozaril	Invega Sustenna	Pristiq	Wellbutrin SR
Cymbalta	Latuda	Prochlorperazine	Wellbutrin XL EX
Desipramine HCL	Lexapro	Protriptyline HCL	Ziprasidone HCL
Desvenlafaxine ER	Lithium/ER	Prozac	Zoloft
Doxepin HCL	Lithobid	Quetiapine /ER	Zyprexa

Blood Pressure Control

Accupril	Bumetanide	Dynacirc CR	Kerlone
Accuretic	Bystolic	Dyrenium	Labetalol
Acebutolol	Byvalson	Edarbi	Lasix
Aceon	Calan/SR	Edarbyclor	Levatol
Adalat CC	Candesartan/HCT	Edecrin	Lisinopril/HCTZ
Aldactone	Captopril/HCTZ C	Enalapril/HCTZ	Lopressor/HCT
Altace	ardizem CD/LA	Epaned	Lotensin/HCT
Amiloride/HCTZ	Cardura/XL	Eplerenone	Losartan/HCTZ
Amlodipine	Carvedilol	Eprosartan	Lotrel
Amlodipine/Benazepril	Catapres-TTS EX	Exforge/HCT	Matzim LA
Amlodipine/Valsartan	Catapres EX	Felodipine ER	Mavik
Amlod/Valsart/HCTZ	Chlorthalidone	Fosinopril/HCTZ	Maxzide
Amlod/Olmesartan	Chlorothiazide	Furosemide	Methyclothiazide
Atacand/HCTZ	Clonidine	Guanfacine	Methyldopa/HCTZ
Atenolol	Coreg/CR	Hydralazine	Micardis/HCT
Atenolol/Chlorthal	Corgard	Hydrochlorothiazide	Microzide
Avalide	Corzide	Hyzaar	Minipress
Avapro	Cozaar	Indapamide	Moexipril/HCTZ
Azor EX	Demadex	Inderal LA	Nadolol
Benazepril/HCTZ	Diltiazem/ER/CD	Innopran XL	Nadolol/Bendroflum
Benicar/HCT	Diovan/HCT DIURIL	Inspra	Nicardipine
Betapace	Doxazosin	Irbesartan/HCTZ	Nifedipine/ER
Betaxolol	Dutoprol EX	Isoptin SR	Nisoldipine
Bisoprolol/HCTZ	Dyazide	Isradipine	Norvasc

EX Excluded drug. Medical exception approval required. **PA** Prior authorization is required.

*Select strengths are excluded. Please refer to the Prescription Drug Formulary document for specific strengths.

Blood Pressure Control (continued)

Nymalize	Reserpine	Tiazac	Verapamil/ER
Olmесartan/HCTZ	Sotalol	Timolol (Oral)	Verapamil ER PM
Perindopril	Spironolactone/HCTZ	Toprol XL	Verelan
Pindolol	Sular	Torsemide	Verelan PM
Prazosin	Tarka	Trandate	Zaroxolyn
Prestalia	Tekturna/HCT	Trandolapril	Zebeta
Prinivil	Telmisartan/Amlodipine	Trandolapril/VERAP	Zestoretic EX
Procardia/XL	Tenex	Triamterene/HCTZ	Zestril
Propranolol/ER	Tenoretic	Tribenzor	Ziac
Qbrelis	Tenormin	Twynsta	
Quinapril/HCTZ	Terazosin	Valsartan/HCTZ	
Ramipril	Teveten	Vasotec	

Cholesterol Lowering

Antara	Fenofibrate*	Lovastatin	Simvastatin
Atorvastatin	Fibricor	Lovaza	Tricor
Atorvastatin/AMLOD	Fluvastatin/XL	Mevacor	Triglide
Caduet	Gemfibrozil	Niacin ER	Trilipix
Cholestyramine	Juxtapid PA	Niaspan	Vascepa
Colestid	Lescol/XL	Omega-3 Acid EE	Vytorin
Colestipol	Lipitor	Pravachol	Welchol
Crestor	Lipofen	Pravastatin	Zetia
Ezetimibe	Livalo	Prevalite	Zocor
Ezetimibe/Simvastatin	Lofibra	Questran/Light	Zypitamag
Fenofibric Acid	Lopid	Rosuvastatin	

Coagulation Disorder

Aggrenox	Cilostazol	Eliquis	Pradaxa EX
Agrylin	Clopidogrel	Jantoven	Warfarin
Anagrelide	Coumadin	Persantine	Xarelto
Aspirin/Dypridamole	Dipyridamole	Plavix	Zontivity
Brilinta	Effient	Pletal	

Insulin Therapy

Admelog EX	Humalog Mix 75-25 EX	Lantus/Solostar	Novolog/FlexTouch
Afrezza EX	Humulin 70-30/Kwikpen EX	Levemir/FlexTouch	Soliqua
Apidra/Solostar	Humulin N/Kwikpen EX	Novolin 70-30	Toujeo
Basaglar	Humulin R EX	Novolin N	Tresiba
Fiasp	Humulin R U-500 vial and KwikPen	Novolin R	
Humalog KwikPen EX		Novolog Mix 70-30	
Humalog Mix 50-50 EX			

EX Excluded drug. Medical exception approval required. **PA** Prior authorization is required.

*Select strengths are excluded. Please refer to the Prescription Drug Formulary document for specific strengths.

Diabetic Drugs

Acarbose	Glipizide/Metformin	Jardiance	Repaglinide
Actoplus Met	Glucophage/XR	Jentaducto/XR	Riomet
Actos	Glucotrol/XL	Kombiglyze XR EX	Rybelsus
Adlyxin	Glucovance	Metformin/ER	Starlix
Amaryl	Glumetza PA	Micronase	Symlin
Bydureon	Glyburide	Miglitol	Synjardy/XL
Byetta	Glyburide Micro	Nateglinide	Tanzeum
Chlorpropamide	Glyburide/Metformin	Nesina EX	Tolazamide
Cycloset	Glynase	Onglyza EX	Tolbutamide
Diabeta	Glyset	Ozempic	Tradjenta EX
Duetact	Glyxambi	Pioglitazone	Trijardy XR
Farxiga	Invokamet	Pioglitazone/Glimepiride	Trulicity
Fortamet PA	Invokana	Pioglitazone/Metformin	Victoza
Glimepiride	Janumet/XR	Prandimet	Xigduo XR
Glipizide/ER	Januvia	PrandippRecose	

Bone Density

Actonel	Boniva	Fosamax	Risedronate
Alendronate	Calcitonin NS	Fosamax Plus D	
Atelvia	Etidronate	Ibandronate	
Binosto	Evista	Raloxifene	

Vitamins, Minerals, and Combinations

Most brand and generic are included: prenatal vitamins; prescription multivitamins with Fluoride and Iron.

EX Excluded drug. Medical exception approval required. **PA** Prior authorization is required.

*Select strengths are excluded. Please refer to the Prescription Drug Formulary document for specific strengths.



MVP Members Save at CVS Pharmacy

Save 20% In Store and Online

Prescription benefits from MVP include a discount on CVS Pharmacy brand health-related items*.

- **Save 20% on thousands of products**, including over-the-counter medications (such as allergy, cold and flu, or pain relievers), contact lens solution, first aid, and oral hygiene products.
- Use your discount at any CVS Pharmacy location or online at **cvs.com**.
- This program is included with most MVP prescription plans at no additional cost to you.

Start Saving Today

If you already have an MVP ExtraCare Health Card, just present it when you make purchases at CVS. New members can visit bit.ly/extracarehealth to get started, or call **1-800-SHOP-CVS** if you need help.

Online and On-the-Go with MVP and CVS Caremark

Your MVP membership comes with a variety of online tools to help you with your prescription drug benefits. *Sign In* to your member account at **mvphealthcare.com** and select *Pharmacy (CVS Caremark)*. Stay up to date on medication costs, manage your personal health and wellness information, and search for generic medication alternatives to save money.

Find Ways to Save

From using generic medicines to setting up mail order service for maintenance medications, you can choose the right ways to save money based on your plan and prescriptions.

Order Prescriptions

Purchase qualified maintenance drugs—at a savings to both you and MVP—and have them delivered right to your door. Use the *Find a Pharmacy* tool at **mvphealthcare.com** to locate participating pharmacies near your home or within a specific zip code.

Get information About Medications

Learn more about specific drug interactions and possible side effects.

Download the CVS Caremark Mobile App

- Refill and renew mail service prescriptions.
- Identify unknown pills from the Pill Identifier.
- Check for drug interactions among medications.
- Check order status and prescription history.
- Check drug coverage and costs.
- Find local pharmacies.

Visit **caremark.com/mobile** for more information.



*The 20% discount is restricted to items purchased for the cardholder, spouse, or dependents.

†Excludes prescriptions, alcohol, tobacco, lottery tickets, postage stamps, gift cards, money orders, prepaid cards, and photofinishing, and is not valid on other items reimbursed by a governmental program. Some exclusions apply. Not available with all plans.

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.

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myHealthSpend Mobile App

The myHealthSpend mobile app from MVP Health Care® provides a single access point for participants to manage their spending accounts.

Have multiple spending accounts? Manage your Flexible Spending Account (FSA), Health Reimbursement Arrangement (HRA), and/or Health Savings Account (HSA) in one place.

- ✓ View details on account balances and recent transactions.
- ✓ Get email alerts.
- ✓ Contact an administrator from the mobile app via email or mobile phone.
- ✓ Use the same username/password as the WealthCare Member Portal—no need to register your mobile device—just download, login, and go!
- ✓ Stronger authentication support (picture/passphrase, device identification, and challenge questions).
- ✓ View demographic details, dependents, card details, and card PIN.
- ✓ Register new users directly from your mobile device.




MSG&DATA rates may apply.



**Download the free
myHealthSpend app!**

Visit the App Store™ or Google Play™ to download myHealthSpend on your mobile device.

See the myHealthSpend app user guide  on the reverse side

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and countries.

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Lower your health care costs with preferred provider facilities.

MVP Health Care® preferred provider facilities give you lower-cost options for laboratory, radiology, and ambulatory/outpatient surgery services—without compromising quality.

Pay as little as \$0!

If your plan is not subject to an annual deductible, medically necessary services are covered in full from day one at MVP preferred provider facilities.

If your plan is subject to an annual deductible, you can save on out-of-pocket costs at MVP preferred provider facilities until your deductible is met, then medically necessary services are covered in full.

How much money can you save by visiting a preferred provider facility?

	Facility A Non-Preferred	Facility B Preferred	Your Savings
 Laboratory Service (Comprehensive Metabolic Screening and Lipid Panel)	\$172	\$40	\$132
 Radiology Service (Abdominal MRI)	\$1,184	\$757	\$427
 Ambulatory/Outpatient Surgery Service (Cataract Surgery)	\$4,990	\$1,452	\$3,538

The figures above are averages of what MVP members with access to preferred provider facilities could pay. Costs may vary based on location and facility.

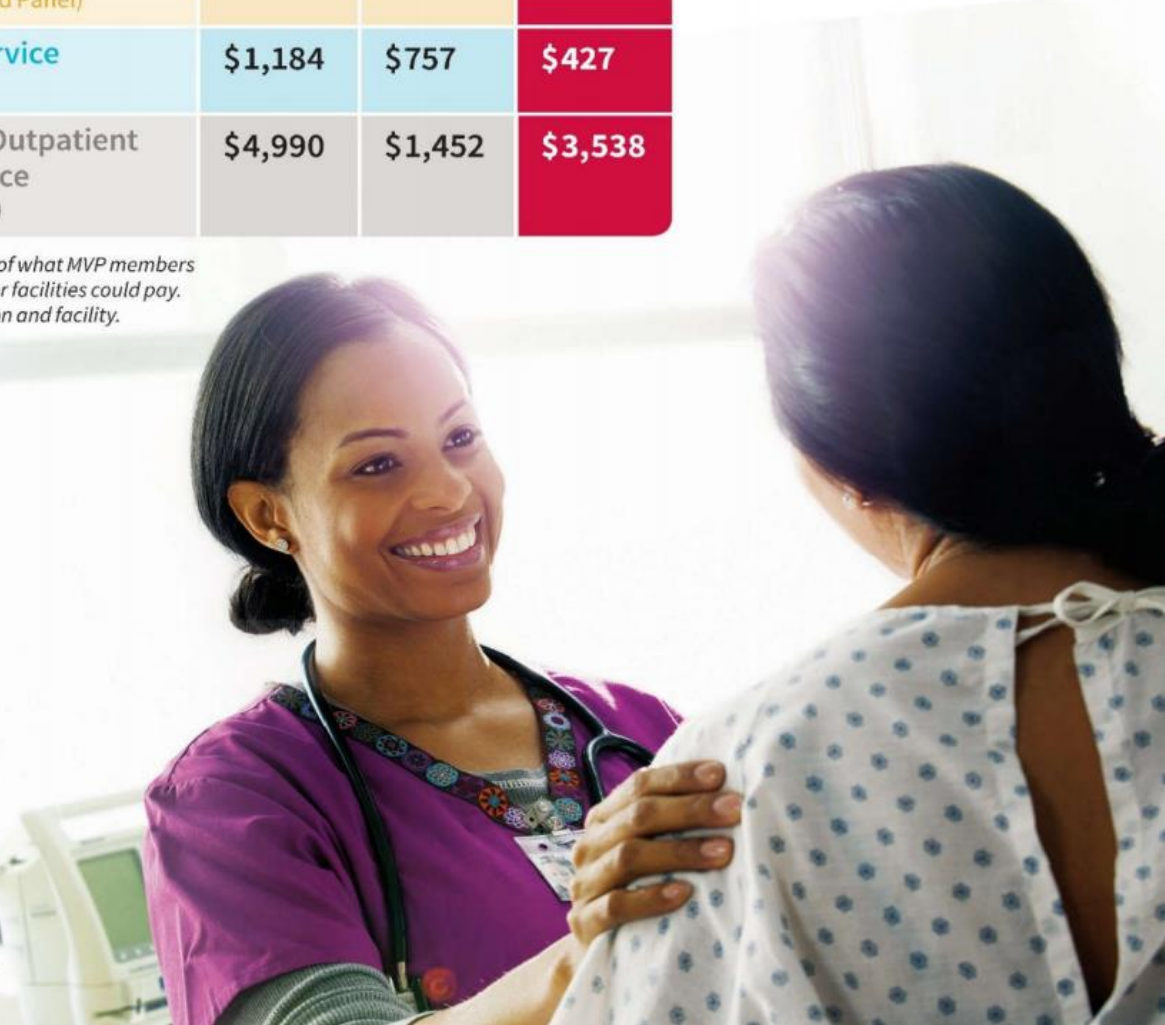
Find an MVP preferred provider facility near you.

Visit mvphealthcare.com and select *Find a Doctor*, then *Find a Facility*.

Or, call the MVP Customer Care Center phone number listed on the back of your MVP Member ID card.

MVP preferred provider facilities are not available on Vermont plans, New York Individual Standard plans, some New York Large Group plans, Healthy New York plans, and self-funded plans. Preferred provider facilities are not available in all counties. Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.

MVPCOMM0140 (07/2019) ©2019 MVP Health Care



MVP Preferred Provider Facilities in Your Network and Area

MVP Health Care® preferred provider facilities are the highest-rated and lowest-cost facilities for laboratory, radiology, and ambulatory/outpatient surgery services in your network. At a preferred provider facility, you will continue to receive high-quality services while saving on out-of-pocket costs!

Visit mvphealthcare.com and select *Find a Doctor*.

Select *Find a Facility*.

Search by MVP Member ID or select from the *Search by MVP Plan Type* drop-down menu, then select *Next*.

Helpful Tip: Your Member ID number and your Plan Type can be found on your MVP Member ID card.

Select an *Enter a Search Location* option and enter your search criteria. You may also select a *Facility Type* and/or enter a *Facility Name* if you already have a specific service or facility in mind.

Please Note: Only services which fall under the category of Laboratory, Radiology, and Ambulatory/Outpatient will appear as preferred provider facilities in the results.

Select the *Show Only Preferred Provider Facilities* box, then select *Search*.

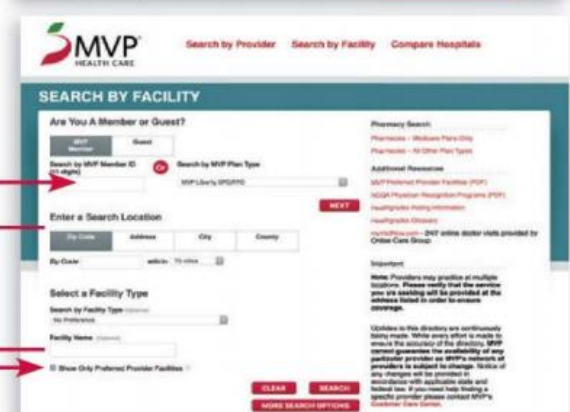
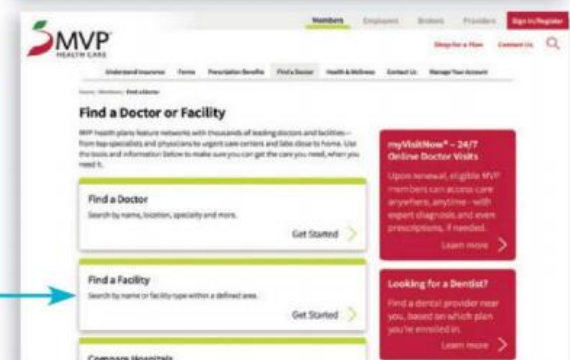
Helpful Tip: If you would like to compare preferred provider facilities to non-preferred provider facilities, leave this box unchecked and look for the blue “Preferred Provider Facilities” icon under the facility name in the search results.

Preferred provider facilities search results are displayed.

Questions? We're here to help.

Call the MVP Customer Care Center number listed on the back of your MVP Member ID card.

MVP preferred provider facilities are offered on 2019 Individual Non-Standard plans, NY Small Group plans, and select NY Large Group plans. Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.



myHealthSpend

Mobile App User Guide

Getting Started

Your login credentials for the WealthCare Portal and **myHealthSpend** are the same. After downloading the application, the login screen will provide two options:

- **If you already have a user ID** on the WealthCare Portal or **myHealthSpend**, you can enter it and select *Sign In*. You may be asked some security questions, and then be prompted to enter your password.
- **If this is your first time logging in** to both the WealthCare Portal and **myHealthSpend**, you will need to register before you can access the application.

Register

- **Complete the registration form.** You will need to select a username, and create and confirm a password. You will need your employee ID and employer ID to register (note: If you have already registered on the WealthCare Portal, you will use the same login credentials to access **myHealthSpend**). To obtain your employee ID and employer ID, contact the MVP Flexible Benefits Department at **1-888-222-9931**. You can also register by using the number on your MVP CareFund Debit Card, instead of the employer ID, if available.
- Next, you will choose a picture and passphrase, then select and answer four security questions, before completing your registration. These are the same steps that are required when registering on the WealthCare Portal.

Main Navigation Screen Overview

Once you are registered and/or signed in, you will see the main navigation screen, with buttons leading to all areas of the application.

- **Accounts**—View your benefit accounts and transaction details. Select any benefit account from the accounts screen, and you will be given the option to access account details and transactions for that account.
- **Claims**—The claims screen allows you to submit new claims, as well as view and edit pending claims. If you have a receipt to substantiate your claim, you will be able to take a photo of it with your mobile device and attach it to a pending claim.
- **My Expenses**—See a list of your expenses and request reimbursement for them.
- **Cards**—View card details, access your PIN, and mark your card as lost or stolen.
- **Alerts**—Access important messages from your administrator.
- **Profile**—View personal demographic information for yourself and your dependents.
- **Contact Us**—View contact information for the administrator of your employer's benefit accounts.
- **Log Out**—Sign out of the application.

These same screens can be easily accessed at any time by selecting the three horizontal lines menu symbol found in the upper right corner of every page in the application.

Questions?

Use MVP's Spending Account Resources!

For questions regarding your HRA and/or FSA, contact the MVP Spending Accounts Team at **1-888-222-9331**.

For questions regarding your HSA, contact the MVP Customer Care Center at **1-888-MVP-MBRS (687-6277)**.





Thousands of Doctors to Serve You

Find the right provider or facility for you.

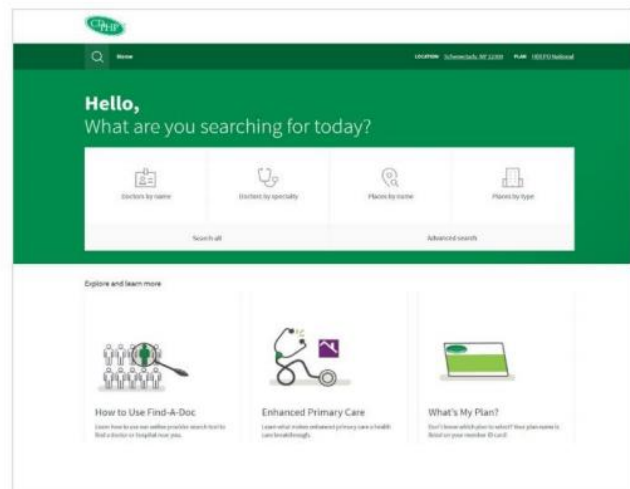
Go online

Go to findadoc.cdphp.com. Then follow these three easy steps:

1. Enter your location.
2. Choose your plan.
3. Select by doctor, specialty, place, or type. Click “Advanced search” to enter more detailed criteria.

NARROW YOUR SEARCH RESULTS Choose from one of the options shown on the left side of the results page, including gender, specialty, language, and more.

NEED ADDITIONAL HELP? Call member services at the number on your ID card and a friendly member service representative can provide you with details on our network, or send you a directory.



TIPS

TRY DOCTOR ON DEMAND®

You can visit a doctor from the comfort of home through your mobile device or computer. Doctor On Demand treats many medical and mental health conditions and is available 24/7. Learn more at doctorondemand.com/cdphp/join or download the free app today.

Discrimination is Against the Law

Capital District Physicians’ Health Plan, Inc. (CDPHP®) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Multi-language Interpreter Services

ATENCIÓN: Si habla otro idioma que no es el inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación de miembro (TTY: 711).

注意：如果您使用的語言不是英語，您可以免費獲得語言援助服務。請致電您會員ID卡上的電話（聽力障礙電傳：711）。



Quality Care – Anytime, Anywhere

Connect with a doctor from your phone, tablet, or computer 365 days a year, 24/7.

A Doctor’s Touch at the Touch of a Button

Through live video, meet with a board-certified doctor anytime you need. The doctor can discuss your medical and/or mental health history, review symptoms, recommend treatment, and prescribe medication if needed. So there are no surprises, at the beginning of each visit you’ll be told how much you have to pay out of pocket*. A Doctor On Demand® visit cost is comparable to what you pay when you see your doctor for a sick visit.

What’s more, your primary care physician (PCP) can receive relevant notes from Doctor On Demand regarding your appointment to better coordinate your care. Check with your PCP at your next visit.

Treatment for Hundreds of Health Conditions

Don’t have time to wait at urgent care but need a doctor? Doctor On Demand physicians treat a wide variety of common medical issues, such as:

- ▶ Allergies
- ▶ Colds, coughs, congestion, and flu
- ▶ Depression and anxiety
- ▶ Heartburn and indigestion
- ▶ High blood pressure
- ▶ Migraines
- ▶ Pink eye
- ▶ Rashes
- ▶ Sprains
- ▶ Urinary tract infections
- ▶ And more!

How to Get Started

1. Visit doctorondemand.com/cdphp/join or download the app from the App Store or Google Play on your smartphone.
2. Register for your free account.

FOR WEBSITE USERS: Click **Join Now** on the upper right side of the homepage, then follow the screen prompts.

FOR APP USERS: Click **Sign Up** on the bottom right corner of the app, then follow the screen prompts.

During the registration process, be sure to add CDPHP® as your insurance provider and include your group/member ID number to receive the correct pricing.

Visit doctorondemand.com/cdphp/join to learn more.



* Costs vary by plan type.



2023 Pharmacy Benefit Changes

CDPHP® recognizes the critical role prescription drugs play in the health and safety of our members, which is why we have made strategic investments in the future of our pharmacy strategy. Starting on January 1, 2023, the following changes will go into effect:

New Pharmacy Benefit Manager

We are proud to announce Capital Rx as our new pharmacy benefit manager (PBM). By partnering with Capital Rx, CDPHP aims to stem the tide of rising drug prices through greater transparency, as well as a new pricing model that more accurately and fairly sets the cost of drugs.

- Capital Rx will help CDPHP manage pharmacy benefits by processing and paying prescription drug claims, and more. Capital Rx does not fill prescriptions.
- **Impact:** This change applies to any CDPHP health plan with a pharmacy benefit for all lines of business.

Commercial and Medicare Pharmacy Network

Members with commercial and Medicare plans will continue to have access to the same pharmacies they have had in the past.

- Members will not need to change to a different pharmacy, unless they are impacted by one of changes listed below (Rx for Less or mail order programs).
- Although CVS is still in the CDPHP pharmacy network, we recommend switching to a different pharmacy because CVS pharmacies typically have higher costs for prescription medications.
- CDPHP offers local, personalized service with ConnectRx pharmacy locations in Clifton Park, Watervliet, and Latham.
- **Impact:** All CDPHP commercial and Medicare Advantage plans with a pharmacy benefit.

Rx for Less Savings Program

Rx for Less is a program for CDPHP members with a prescription drug rider, offering deep discounts on a specific list of drugs.

- In 2023, the Rx for Less program is nearly doubling in size with the addition of six new chain pharmacies, plus multiple independent pharmacies.
- CVS has opted out of this program, so members will no longer receive the Rx for Less discount at CVS pharmacies.
- Members will need to take action if they would like to continue to receive the discount on Rx for Less prescriptions.
- **Impact:** Rx for Less is available for commercial plans with prescription benefits (including self-funded plans) and Medicare Advantage.

FLIP OVER FOR MORE →

Mail Order Pharmacy Services

Our prescription mail-order service will now be administered by Walmart Home Delivery. This service is best for members who take medications to treat chronic conditions.

- Members will need to take action if they would like to continue to receive maintenance medications delivered to their home.
- **Impact:** The mail order service is available for commercial plans with prescription benefits (including self-funded plans) and Medicare Advantage.

Specialty Prescriptions

No change. CDPHP will continue to use CVS Specialty to provide members specialty medications for conditions such as cystic fibrosis, Chron's disease, rheumatoid arthritis, and more.

- Local options may become available and CDPHP will inform members when there are more details.
- Members on specialty medications will not have any changes to their specialty prescriptions or the process to fill/receive specialty prescriptions.
- **Impact:** All CDPHP commercial and Medicare Advantage plans with a pharmacy benefit.



Important Pharmacy Benefit Changes

Prescription drugs play an important role in keeping you healthy, and CDPHP is always looking for new ways to help you access medications at the most affordable price and with the best outcomes. With this in mind, we're making multiple improvements to our pharmacy benefits starting January 1, 2023.

NEW PHARMACY BENEFIT MANAGER

Capital Rx will be the new CDPHP pharmacy benefit manager (PBM) replacing CVS Caremark. PBMs manage prescription drug benefits on behalf of health insurers. Capital Rx is not a pharmacy.

By teaming up with Capital Rx, CDPHP aims to stem the tide of rising drug prices through greater transparency, as well as a new pricing model that more accurately and fairly sets the cost of drugs.

You'll continue to have access* to national pharmacy chains and supermarkets, including CVS, Walgreens, Walmart, Rite Aid, Price Chopper/Market 32, Hannaford, Kinney Drugs, and Wegmans, as well as most other pharmacies you've had in the past.

NEW ID CARDS

All CDPHP members will receive a new member ID card in the mail by the end of December 2022. The new ID card includes new pharmacy claim processing information.

Be sure to use the new ID card at your pharmacy and doctor's office starting January 1, 2023.

SPECIALTY MEDICATIONS

CVS Specialty will continue to be our national specialty pharmacy. You will not have any changes to specialty prescriptions or the process to fill/receive specialty prescriptions.

Read about all 2023 pharmacy benefit changes at cdphp.com/RxChanges. You can also view your prescription benefit coverage details at member.cdphp.com.

** Applies to members who have health plans through their employer, Medicare Advantage, Child Health Plus, and Essential Plan. The pharmacy network for Medicaid and Medicaid HARP will differ.*

NEW MAIL ORDER PARTNER AND HOME DELIVERY OPTIONS

Skip the trip to the pharmacy and have prescriptions delivered right to your door – all at no extra cost!

Free Home Delivery with ConnectRx

Our very own pharmacies, ConnectRx, offer free and personalized home delivery services in the broader Capital Region. With locations in Watervliet, Clifton Park, and Latham, you can pick up your prescriptions in-person or have them delivered. Visit pharmacyconnectrx.com to learn more.

Walmart Home Delivery is the new CDPHP mail order pharmacy

Our prescription mail-order service will now be managed by Walmart Home Delivery. Walmart Home Delivery is a prescription mail order company, so you will not need to visit a retail Walmart location when using this service. This service is perfect for members who take medications to treat chronic conditions. On or after January 3, 2023, call the pharmacy number on the back of your member ID card to set up your account, provide your payment information, and have current mail order prescription refills transferred from Caremark to Walmart Home Delivery (transfers only apply to unexpired refills for non-controlled substances). Members who currently use this service will also receive separate communications about this change.

PRESCRIPTION SAVINGS OPPORTUNITIES

CDPHP members can save on prescription medications through the Rx for Less program. Many generic prescription drugs are available for as little as a penny a pill. Starting in 2023, the program is doubling in size with the addition of multiple chain pharmacies, plus independent pharmacies. **The Rx for Less pharmacies are:** ConnectRx, Hannaford, Market 32/Price Chopper, ShopRite, and Walmart. Starting January 1, 2023: Walgreens, Rite Aid, Food Lion, Kinney Drugs, Stop & Shop, Giant Foods, and multiple independent pharmacies.



Save on prescriptions at more pharmacies!

PLEASE NOTE: CVS has opted to be removed from the Rx for Less program. You can still fill prescriptions at CVS pharmacies after December 31, 2022, but the Rx for Less discount will no longer apply. If you are currently filling an Rx for Less medication at CVS and would like to continue receiving a discount on prescriptions through the Rx for Less program, you can transfer applicable prescriptions to a different Rx for Less retail pharmacy.

Switch to a different Rx for Less pharmacy by downloading the CDPHP ConnectRx, On the Go app. You can also call the pharmacy you would like to switch to and let them know you want to transfer your prescriptions there.

To learn more, visit cdphp.com/save.



Manage Prescriptions in the Palm of Your Hand

Download the CDPHP ConnectRx, On the Go app to change pharmacies quickly and easily, plus view prescriptions and cost-saving alternatives. To download the app, text **RX** to **237471** or scan the QR code.



All pharmacy network changes are pending NYS Department of Health approval.



A plan for life.



Rx for Less

Medications for as Low as a Penny a Pill

With Rx for Less, CDPHP® members with prescription drug benefits can get deep discounts on specified generic drugs when purchased at the following pharmacies:

- ▶ ConnectRx
- ▶ Food Lion
- ▶ Giant Food
- ▶ Hannaford
- ▶ Kinney Drugs
- ▶ Market 32/
Price Chopper
- ▶ Rite Aid
- ▶ ShopRite
- ▶ Stop & Shop
- ▶ Walgreens
- ▶ Walmart
- ▶ Multiple independent pharmacies

For more details, go to cdphp.com/save. If you're a CDPHP Medicare Advantage member, you can view your Rx for Less drug list online at that page.

Effective January 1, 2023

Drug Label Name	Quantity Example	Rx For Less Price
ANTI-INFLAMMATORY		
DICLOFENAC SOD 50MG EC, 75MG EC TAB	90	\$0.90
IBUPROFEN 400 MG, 600 MG, 800 MG TAB	90	\$0.90
INDOMETHACIN 25 MG CAP	90	\$0.90
MELOXICAM 7.5 MG, 15 MG TAB	90	\$0.90
NAPROXEN 375 MG, 500 MG TAB	90	\$0.90
ASTHMA		
ALBUTEROL NEB 0.083%	150	\$5.00
IPRATROPIUM NEB 0.2 MG/ML	150	\$3.00
MONTELUKAST 10MG TAB	90	\$0.90
BEHAVIORAL HEALTH		
BUSPIRONE 5 MG, 10 MG TAB	90	\$0.90
CITALOPRAM 20 MG, 40 MG TAB	90	\$0.90
ESCITALOPRAM 10MG, 20MG TAB	90	\$0.90
FLUOXETINE 10 MG, 20MG CAP	90	\$0.90
LITHIUM CARBONATE 150 MG, 300 MG CAP	90	\$0.90
NORTRIPTYLINE 10 MG, 25 MG CAP	90	\$0.90
FAROXETINE 10 MG, 20MG TAB	90	\$0.90
QUETIAPINE 50 MG, 100 MG TAB	90	\$4.50
QUETIAPINE 200 MG, 300 MG TAB	90	\$18.00
RISPERIDONE 0.25 MG, 0.5 MG, 1 MG, 2 MG TAB	90	\$0.90
SERTRALINE 25 MG, 50 MG, 100 MG TAB	90	\$0.90
TRAZODONE 50 MG, 100 MG, 150 MG TAB	90	\$0.90
VENLAFAXINE 37.5 MG, 75 MG, 150 MG CAP SR 24HR	90	\$0.90
BLOOD THINNER		
WARFARIN/JANTOVEN 1 MG - 10 MG TAB	90	\$0.90
CARDIAC/BLOOD PRESSURE		
ACE INHIBITORS		
BENAZEPRIL HCL 5 MG, 10 MG, 20 MG, 40 MG TAB	90	\$0.90
ENALAPRIL MALEATE 2.5 MG, 5 MG, 10 MG, 20 MG TAB	90	\$0.90
ENALAPRIL-HCTZ 5-12.5 MG, 10-25 MG TAB	90	\$0.90
FOSINOPRIL SODIUM 10 MG, 20MG, 40 MG TAB	90	\$0.90
LISINOPRIL 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG TAB	90	\$0.90
LISINOPRIL-HCTZ 10-12.5 MG, 20-12.5 MG, 20-25 MG TAB	90	\$0.90
QUINAPRIL 5 MG, 10 MG, 20 MG, 40 MG TAB	90	\$4.50
QUINAPRIL-HCTZ 10-12.5 MG, 20-12.5 MG TAB	90	\$4.50
RAMIPRIL 1.25 MG, 2.5 MG, 5 MG, 10 MG CAP	90	\$4.50

MORE DRUGS ON THE NEXT PAGE ➡

Drug Label Name	Quantity Example	Rx For Less Price
ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)		
IRBESARTAN TAB 75 MG, 150 MG, 300 MG TAB	90	\$18.00
LOSARTAN POTASSIUM 25 MG, 50 MG, 100 MG TAB	90	\$0.90
BETA-BLOCKERS		
ATENOLOL 25 MG, 50 MG , 100 MG TAB	90	\$0.90
ATENOLOL-CHLORTHAL 50-25 MG, 100-25 MG TAB	90	\$0.90
BISOPROLOL-HCTZ 2.5-6.25 MG, 5-6.25 MG, 10-6.25 MG TAB	90	\$0.90
CARVEDILOL 3.125 MG, 6.25 MG, 12.5 MG, 25 MG TAB	90	\$0.90
METOPROLOL ER SUC 25 MG, 50 MG, 100 MG TAB	90	\$0.90
METOPROLOL TARTRATE 25 MG, 50 MG, 100 MG TAB	90	\$0.90
PROPRANOLOL 10 MG, 20 MG, 40 MG, 80 MG TAB	90	\$0.90
CALCIUM CHANNEL BLOCKERS		
AMLODIPINE 2.5 MG, 5 MG, 10 MG TAB	90	\$0.90
DILTIAZEM 30 MG, 60 MG, 90 MG, 120 MG TAB	90	\$0.90
VERAPAMIL 80 MG, 120 MG TAB	90	\$0.90
DIURETICS		
BUMETANIDE 0.5 MG, 1 MG, 2MG TAB	90	\$0.90
FUROSEMIDE 20 MG, 40 MG, 80 MG TAB	90	\$0.90
HYDROCHLOROTHIAZIDE 12.5 MG CAP	90	\$0.90
HYDROCHLOROTHIAZIDE 25 MG, 50 MG TAB	90	\$0.90
SPIRONOLACTONE 25 MG, 50 MG TAB	90	\$0.90
TRIAMTERENE-HCTZ 37.5-25 MG CAP	90	\$0.90
TRIAMTERENE-HCTZ 37.5-25 MG, 75-50 MG TAB	90	\$0.90
OTHER – CARDIAC		
CLONIDINE 0.1 MG, 0.2 MG, 0.3 MG HCL TAB	90	\$0.90
GUANFACINE 1 MG, 2 MG TAB	90	\$0.90
TERAZOSIN 1 MG, 2 MG, 5 MG, 10 MG CAP	90	\$0.90
CHOLESTEROL (STATINS)		
ATORVASTATIN 10 MG, 20 MG, 40 MG, 80 MG TAB	90	\$10.00
LOVASTATIN 10 MG, 20 MG TAB	90	\$1.00
LOVASTATIN 40 MG TAB	90	\$5.00
PRAVASTATIN SODIUM 10 MG, 20 MG, 40 MG TAB	90	\$15.00
SIMVASTATIN 10 MG, 20 MG, 40 MG, 80 MG TAB	90	\$1.00
DIABETES		
GLIMEPIRIDE 1 MG, 2 MG, 4 MG TAB	90	\$0.90
GLIPIZIDE 5 MG, 10 MG TAB	90	\$0.90
GLIPIZIDE XL 2.5 MG, 5 MG, 10 MG TAB	90	\$0.90
METFORMIN HCL 500 MG, 850 MG, 1,000 MG TAB	90	\$0.90
METFORMIN HCL ER 500 MG, 750 MG TAB	90	\$0.90
GOUT		
ALLOPURINOL 100 MG, 300 MG TAB	90	\$0.90
OSTEOPOROSIS		
ALENDRONATE SODIUM 35 MG, 70 MG TAB *	12	\$3.00
STEROIDS		
PREDNISON 5 MG, 10 MG TAB	90	\$0.90
VITAMINS/SUPPLEMENTS		
FOLIC ACID 1 MG TAB	90	\$0.90

Rx for Less pricing is not applicable to mail-order drugs. Drugs and prices are subject to change at anytime.

* Dosing schedule for Alendronate is 1 tab per week. Price shown is for 12 tabs (90-day supply).





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As a CDPHP[®] member, you can receive a 20 percent discount* on thousands of eligible CVS Health Brand health-related items at CVS Pharmacy[®] or online at CVS.com.

Save on products you may already be using every day, such as:

- ▶ Vitamins
- ▶ Eye drops
- ▶ First aid care
- ▶ Allergy relief
- ▶ Pain relievers
- ▶ Cold medicine
- ▶ Stomach remedies



Visit www.cdphp.com/CVS to activate your benefit and start saving!



* The 20 percent discount is restricted to items purchased for the cardholder, spouse, or dependents. Excludes prescriptions, alcohol, tobacco, lottery tickets, postage stamps, gift cards, money orders, pre-paid cards, photofinishing, and CVS.com purchases, and are not valid on other items reimbursed by a governmental program. Medicare members, be advised that these products and services are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the CDPHP grievance process.

Discrimination is Against the Law

Capital District Physicians' Health Plan, Inc. (CDPHP[®]) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Multi-language Interpreter Services

ATENCIÓN: Si habla otro idioma que no es el inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación de miembro (TTY: 711).

注意：如果您使用的語言不是英語，您可以免費獲得語言援助服務。請致電您會員ID卡上的電話（聽力障礙電傳：711）。

Capital District Physicians' Health Plan, Inc. | CDPHP Universal Benefits, Inc. | Capital District Physicians' Healthcare Network, Inc. 20-15097

Don't play a guessing game. Call for a CDPHP® Price Check™!

Shopping around is about gathering information and making educated decisions. We think you should have that option when it comes to health care. That's why we created CDPHP® Price Check, a new cost estimator service that gives you more planning power when it comes to your health care expenses.

CDPHP Price Check is designed to create cost transparency by giving you estimated costs on a range of health care services before you choose a provider. Just call CDPHP at the number on your member ID card and a member services representative will provide an estimate based on the type of service and locations where it can be performed. Armed with this information, you'll have more control over your health care as you compare prices and plan for expenses in advance of a service rather than when you receive the bill.

We encourage you to take the mystery out of health care costs by using CDPHP Price Check.

Call the number on your member ID card to receive a cost estimate for the following services:

- ▶ Carpal Tunnel Release
- ▶ Cataract Removal
- ▶ Cesarean Section
- ▶ CT Scan Abdomen and/or Pelvis
- ▶ CT Scan Chest
- ▶ Electrocardiogram (EKG)
- ▶ Gall Bladder Removal (outpatient) – Cholecystectomy
- ▶ Inguinal Hernia Repair
- ▶ MRI Arm Joint (Shoulder, Elbow, Wrist)
- ▶ MRI Brain
- ▶ MRI Knee
- ▶ MRI Lower Back
- ▶ MRI Neck
- ▶ Tonsil and Adenoid Removal
- ▶ Total Hip Replacement
- ▶ Total Knee Replacement
- ▶ Upper Endoscopy Procedure
- ▶ Vaginal Delivery
- ▶ Vasectomy

This information is an estimate based on historical claims data and not a guarantee of the actual price for your treatment. Your actual cost may be higher or lower depending on factors including which provider you choose, when and where the services are provided, and any complications or additional services required for your specific condition. CDPHP Price Check is not available for members with Medicare, Medicaid, HARP, or Child Health Plus.



PRICE CHECK™

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Multi-language Interpreter Services

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注意：如果您使用的語言不是英語，您可以免費獲得語言援助服務。請致電您會員ID卡上的電話（聽力障礙電傳：711）。

CDPHP® Health Resources



Helping Members Get and Stay Healthy

CaféWell®

An interactive health and wellness website that provides personalized activities. Earn Life Points® that can be redeemed for gift cards*. Log in at member.cdphp.com and click on the CaféWell box to get started.



The CDPHP Care Team

Talk one-on-one with a nurse, registered dietitian, or pharmacist to get more information on a variety of health issues, ask questions about medications, receive help monitoring your health, and more. Call [1-888-942-3747](tel:1-888-942-3747) to chat with the team between 9 a.m. and 5 p.m. Monday through Friday.

Doctor On Demand®

Live video doctor visits 24/7 for physical and mental health from your smartphone, tablet, or computer. Visit doctorondemand.com/cdphp/join to register for your free account.



Foodsmart™

A nutrition platform that helps you make healthier food choice at home and on the go. Receive meal planning support, recipes, supermarket deals, and more. Log in at member.cdphp.com and click on the CaféWell box to register.



Mental Health Support

Receive personal assistance for mental health concerns by calling [1-888-320-9584](tel:1-888-320-9584) between 8 a.m. and 6 p.m. Monday through Friday. For urgent help after hours, call the crisis hotline at [1-855-293-0785](tel:1-855-293-0785).

Kick The Smoking Habit

Quit smoking or vaping with digital, phone-based, group, or one-on-one programs. Visit cdphp.com/quitsmoking for details.



Family Building Support with Ovia Health

Is your family growing? With Ovia Health, you'll receive maternity and family benefits that support you through your entire parenthood journey. Join the program that best aligns with your current family building goals: Ovia Fertility, Ovia Pregnancy, or Ovia Parenting. Visit cdphp.com/familyhealth for more details.



For more health resources, visit www.cdphp.com/wellness

* Life Points are available on most employer group plans.

Helping Members Save Money

Fitness Reimbursement

Eligible members can be reimbursed up to \$600 per plan year (\$400 for subscriber, \$200 combined for covered dependents) for going to the gym, youth sports fees, or for taking digital classes. Call the number on your ID card to determine eligibility. For details, visit cdphp.com/FitnessReimbursement.



Weight Management Reimbursement

Eligible members can be reimbursed up to \$100 for participating in a qualifying weight management program. To learn more, visit cdphp.com/weight-management.



Rx for Less

Get discounts on specific generic drugs when purchased at participating retailers. Visit www.cdphp.com/less for more information.



MyFitRx™ and Kids on the Move Reimbursement

Eligible members can be reimbursed up to \$50 per benefit year for completing MyFitRx (for ages 16+) or Kids on the Move (ages 7-15). MyFitRx is available at CDPHP Fitness Connect at the Ciccotti Center and the Champlain Valley Physician's Hospital. Kids on the Move is available at CDPHP Fitness Connect at the Ciccotti Center. To learn more, visit cdphp.com/fitness.



Maternal Health Education Reimbursement

Eligible members can be reimbursed up to \$75 for in-person or digital maternal health education classes. To learn more, visit cdphp.com/pregnancy.



In Your Community

Free CDPHP Wellness Classes

As a CDPHP member, you have access to online fitness classes you can take from home. To learn more, go to cdphp.com/classes.



CDPHP Customer ConnectSM

Ask questions about your claims and benefits, request ID cards, enroll in a health plan, and more. Visit cdphp.com/CustomerConnect for locations and more.



For more information, please check your policy for specific wellness benefit eligibility information.



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注意：如果您使用的語言不是英語，您可以免費獲得語言援助服務。請致電您會員ID卡上的電話（聽力障礙電傳：711）。

21-17294 | 1121

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Thomas P. DiNapoli, State Comptroller

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*Tax and other benefits are contingent on meeting other requirements and certain withdrawals are subject to federal, state, and local taxes.

Important legal information

Investment returns are not guaranteed, and you could lose money by investing in the plan.

A plan of regular investment cannot ensure a profit or protect against a loss.

Before you invest, consider whether your or the designated beneficiary's home state offers any state tax or other benefits that are only available for investments in that state's qualified tuition program.

For more information about New York's 529 College Savings Program *Direct Plan*, obtain a Disclosure Booklet and Tuition Savings Agreement by visiting ny529atwork.org or by calling 800-420-8580. This includes investment objectives, risks, charges, expenses, and other information. You should read and consider them carefully before investing.

The Comptroller of the State of New York and the New York State Higher Education Services Corporation are the Program Administrators and are responsible for implementing and administering the *Direct Plan*. Ascensus Broker Dealer Services, Inc., serves as Program Manager and, in connection with its affiliates, provides recordkeeping and administrative support services and is responsible for day-to-day operations of the *Direct Plan*. The Vanguard Group, Inc., serves as the Investment Manager. Vanguard Marketing Corporation markets, distributes, and underwrites the *Direct Plan*.

No guarantee: None of the State of New York, its agencies, the Federal Deposit Insurance Corporation (FDIC), The Vanguard Group, Inc., Ascensus Broker Dealer Services, Inc., nor any of their applicable affiliates insures accounts or guarantees the principal deposited therein or any investment returns on any account or investment portfolio.

New York's 529 College Savings Program currently includes two separate 529 plans. The *Direct Plan* is sold directly by the Program. You may also participate in the *Advisor Plan*, which is sold exclusively through financial advisors and has different investment options and higher fees and expenses as well as financial advisor compensation.



Enroll in LifeLock Identity Theft Protection



WHAT IS IDENTITY THEFT

Thieves pretend to be you to take over or open new accounts, file fake tax returns, rent or buy properties, or do other criminal things in your name.



HOW LIFELOCK WORKS

LifeLock protection alerts you to suspicious activity¹ and helps fix ID theft issues with dedicated US-based specialists. We'll spend up to \$1M to help make things right.²



WHY LIFELOCK

Free credit monitoring services alone aren't enough. DIY identity monitoring isn't realistic. Your bank only monitors transactions on existing accounts. These are just a few reasons to choose LifeLock Identity Theft Protection.

QUESTIONS TO CONSIDER

- **Do I really need to worry about identity theft?**
Yes. Identity theft is America's fastest growing crime.¹ Simply put, it's when someone uses your personal information for their gain and your loss.
- **Why is restoring my identity so difficult?**
Proving that 'you are you' can be time-consuming and expensive. Filing paperwork, disputes, and insurance claims can take weeks, months and even years. LifeLock's team of specialists will work with you to help clear your name, retain lawyers and other experts if needed, and pay court fees.
- **Doesn't my bank's credit card service have me covered?**
Your bank monitors transactions on your existing account. They may not see accounts opened using your identity at another bank – or an application for a student loan, welfare check, or cellular plan in another state either.
- **Can't I just wait for identity theft before getting LifeLock® protection?**
Your identity is exposed every day. If your personal information is stolen, it may show up on the dark web months before you're notified of a data breach. Plus, thieves may wait years before using your personal info.

¹ No one can prevent all identity theft.

² LifeLock does not monitor all transactions at all businesses.

³ Fastest alerts require member's current email address. Phone alerts made during normal local business hours. Whitehouse.gov, (2016). 'FACT SHEET: Cybersecurity National Action Plan', (accessed March 29, 2016)

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When a threat is detected, LifeLock notifies members by phone, text or email.³

See reverse for more information and rates.

MPA0137



The relevant, voluntary benefit

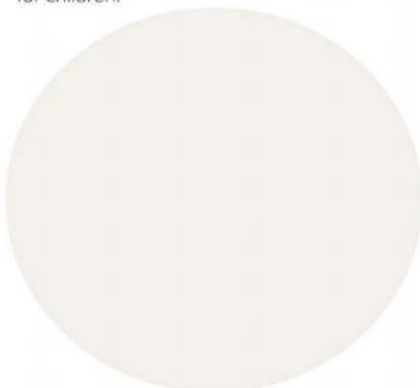
CHOOSE THE LIFELOCK SERVICE THAT'S RIGHT FOR YOU.

LIFELOCK BENEFIT ELITE (only available as a payroll deducted employee benefit) includes searching hundreds of millions of transactions per second for potential threats to your identity and to financial assets – your 401(k) and investment accounts.[†]

Also includes scanning for misuse of your Social Security number, change of address and court records scanning for use of your identity to commit crimes.

LIFELOCK ULTIMATE PLUS™ service provides some peace of mind knowing you have LifeLock's most comprehensive identity theft protection available. Enhanced services include bank account application and takeover alerts, online credit reports and credit scores.[†]

LIFELOCK JUNIOR® (if dependents under age 18 are enrolled) protection helps safeguard your child's Social Security number and good name with proactive identity theft protection designed specifically for children.^{††}



SERVICE PLAN OPTIONS* - 52 DEDUCTIONS		LifeLock Benefit Elite	LifeLock Ultimate Plus™
	Employee Only [18 and over]	\$1.96	\$5.88
	Employee + Spouse/Domestic Partner	\$3.92	\$11.76
	Employee + Children†	\$5.43	\$8.33
	Employee + Family††	\$5.39	\$14.22

SERVICE FEATURES	LifeLock Benefit Elite	LifeLock Ultimate Plus™
LifeLock Identity Alert® System†	✓	✓
Lost Wallet Protection	✓	✓
Address Change Verification	✓	✓
Black Market Website Surveillance	✓	✓
LifeLock Privacy Monitor™ Tool	✓*	✓
Reduced Pre-Approved Credit Card Offers	✓	✓
Live Member Service Support	✓	✓
Identity Restoration Support	✓	✓
Fictitious Identity Monitoring	✓	✓
Court Records Scanning	✓	✓
Data Breach Notifications	✓	✓
Investment Account Activity Alerts†	✓	✓
\$1 Million Service Guarantee†	✓	✓
Credit Card, Checking & Savings with Account Activity Alerts†	✓*	✓
Stolen Fund Reimbursement†	Up to \$1 Million*	Up to \$1 Million
Online Annual Credit Report		✓
Online Annual Credit Score		✓
Checking and Savings Account Application Alerts		✓
Bank Account Takeover Alerts†		✓
Credit Inquiry Alerts†		✓
Online Annual Tri-Bureau Credit Reports & Scores		✓
Monthly Credit Score Tracking		✓
File-Sharing Network Searches		✓
Sex Offender Registry Reports		✓
Priority Live Member Service Support		✓

* Feature effective January 1, 2017.

No one can prevent all identity theft. †LifeLock does not monitor all transactions at all businesses.

†† Children under the age of 18 will receive a product designed specifically for minors, LifeLock Junior service. Enrollment in LifeLock service is limited to employees and their eligible dependents.

† LifeLock Junior™ membership is available as an added membership to an adult LifeLock plan.

† Stolen Funds Reimbursement and Service Guarantee benefits for State of New York members are provided under a Master Insurance Policy issued by State National Insurance Company. Benefits for all other members are provided under a Master Insurance Policy underwritten by United Specialty Insurance Company. Under the Service Guarantee LifeLock will spend up to \$1 million to hire experts to help your recovery. Under the Stolen Funds Reimbursement, LifeLock will reimburse stolen funds up to \$100,000 for Benefit Elite membership (up to \$1 million for Benefit Elite membership effective January 1, 2017), and up to \$1 million for Ultimate Plus membership. Please see the policy for terms, conditions and exclusions at LifeLock.com/legal.

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Personal Insurance Solutions

Since 1864, Marshall & Sterling Insurance has been the name synonymous with outstanding insurance coverage and customer service. Marshall & Sterling provides exceptional insurance coverage with unparalleled service and support for our valued clients.

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- ◆ Motorcycle
- ◆ Boat and RV
- ◆ Life Insurance
- ◆ Personal Umbrella
- ◆ Vacation Homes
- ◆ Antique Cars
- ◆ Collectibles
- ◆ Unique Risks
- ◆ Wealth Management

Regardless of size, whether you have a large country estate, or a starter home or apartment, Marshall & Sterling is your first choice to find the right insurance protection at the right price. Our breadth of experience and knowledge provides our clients with virtually all forms of insurance, tailored to meet your unique, diverse and particular needs.

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Our People Are Your Best Insurance

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Millbrook, NY 12545
www.marshallsterling.com/kelly-sherman

Kelly Sherman
845-677-3434, office
845-245-8996, cell
ksherman@marshallsterling.com



Resources

Before Enrolling, be sure to:

- **Consider your options.** Make sure you get the coverage that best suits your needs. Discuss with your spouse, partner or other family members to consider all sources of benefits coverage.
- Our insurance carriers offer a number of tools and resources available through their web sites that can help support your decision-making process. You can reach the carriers at:

Keep this guide handy - refer to the information in this guide to help you make wise benefit choices.

MVP Healthcare	www.mvphealthcare.com	(877) 742-4181
CDPHP	www.cdphp.com	(518) 641-3140
CDPHP HRA Health Funding Department	www.cdphp.com	(518) 641-3770 or 1-877-793-3960
MVP HRA Department	www.mywealthcare.com	(888) 222-9931
MVP PediatricDental	www.mvphealthcare.com	(877) 825-5678
MetLife Dental	www.metlife.com/mybenefits	(877) 638-2862
Davis Vision	www.davisvision.com	(888) 790-9910
Anthem	www.anthem.com	(866) 551-0326
Aflac	www.aflac.com	Deana Brennan Aflac Representative (845) 351-0080 ext.100 deana_brennan@us.aflac.com

Marshall & Sterling – CSR: Alicia Mahoney

amahoney@marshallsterling.com

Marshall & Sterling – ASCR: Paige Panetta

ppanetta@marshallsterling.com



Contact our Team: (866) 573-4768



New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to find health insurance that meets your needs and fits your budget. The Marketplace offers “one stop shopping” to find and compare private health options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October for coverage starting as early as January 1.

Can I save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution – as well as your employee contribution to employer-offered coverage – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60% of such costs.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact:

Cathy Schatz
Human Resources Manager
702 Chestnut Ridge Rd
Chestnut Ridge, NY 10977
(845) 414-9300 ext. 205
cschatz@hveapc.com

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60% of such costs.

General Group Health Plan Notices

Patient Protection Disclosure Notice

If your health plan generally allows the designation of a primary care provider, you have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from your health insurance carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in your network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

The Women's Health and Cancer Rights Act of 1998

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prosthesis and complications resulting from a mastectomy, including lymph edema? Contact your employer for more information.

The Women's Health and Cancer Rights Act (WHCRA), signed into law on October 21, 1998, contains protections for patients who select breast reconstruction in connection with a mastectomy. Plans offering coverage for a mastectomy must also cover reconstructive surgery and other benefits related to a mastectomy.

Women's Health and Cancer Rights Act (WHCRA):

- Applies to group health plans for plan years starting on or after October 21, 1998.
- Applies to group health plans, health insurance companies or HMOs, if the plan or coverage provides medical and surgical benefits with respect to mastectomy.
- Requires coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient.

Under WHCRA, mastectomy benefits must include coverage for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis and treatment of physical complications of the mastectomy, including lymph edema;

Under WHCRA mastectomy benefits may be subject to annual deductibles and coinsurance consistent with those established for other benefits under the plan or coverage. Therefore, the following **in-network** copays, deductibles and coinsurance apply:

Benefit	MVP Silver 3 EPO HDHP HSA	MVP Silver 3 HMO HDHP HSA	CDPHP Silver 320 HDHP EPO HSA
Deductible	\$2,200 / \$4,400	\$2,200 / \$4,400	\$1,800 / \$3,600
PCP Office Visit	\$25 Copay after Deductible	\$25 Copay after Deductible	\$30 Copay after Deductible
Specialist Office Visit	\$50 Copay after Deductible	\$50 Copay after Deductible	\$40 Copay after Deductible
Inpatient Hospital Admission	\$500 Copay after Deductible	\$500 Copay after Deductible	\$1,000 Copay after Deductible
Emergency Room	\$300 Copay after Deductible	\$300 Copay after Deductible	\$200 Copay after Deductible

The law also contains prohibitions against:

- Plans and issuers denying patients eligibility or continued eligibility to enroll or renew coverage under the plans to avoid the requirements of WHCRA.
- Plans and issuers providing incentives to, or penalizing, physicians to induce them to provide care in a manner inconsistent with the WHCRA.

If you would like more information on WHCRA benefits, call your plan administrator.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependent(s), including your spouse, because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependent(s) in this plan if you or your dependent(s) lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependent's other coverage). However, you must request enrollment within "30 days" after your or your dependent's other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, this special enrollment opportunity will not be available when other coverage ends unless you provide a written statement now explaining the reason that you are declining coverage for yourself or your dependent(s). Failing to accurately complete and return this form for each person for whom you are declining coverage will eliminate this special enrollment opportunity for the person(s) for whom a statement is not completed, even if other coverage is currently in effect and is later lost. In addition, unless you indicate in the statement that you are declining coverage because other coverage is in effect, you will not have this special enrollment opportunity for the person(s) covered by the statement. (See the paragraph below, however, regarding enrollment in the event of marriage, birth, adoption or placement for adoption.)

If you have a new dependent as result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must enroll within "30 days" after the marriage, birth, adoption, or placement for adoption.

A special enrollment opportunity may be available in the future if you or your dependent(s) lose other coverage. This special enrollment opportunity will not be available when other coverage ends, however, unless you provide a written statement now explaining the reason that you are declining coverage for yourself or your dependent(s). Failing to accurately complete and return this form for each person for whom you are declining coverage will eliminate this special enrollment opportunity for the person(s) for whom a statement is not completed, even if other coverage is currently in effect and is later lost. In addition, unless you indicate in the statement that you are declining coverage because other coverage is in effect, you will not have this special enrollment opportunity for the person(s) covered by the statement. (See the paragraph above, however, regarding enrollment in the event of marriage, birth, adoption or placement for adoption.)

Effective April 1, 2009 special enrollment rights also exist in the following circumstances:

- If you or your dependent(s) experience a loss of eligibility for Medicaid or your State Children's Health Insurance Program (SCHIP) coverage; or
- If you or your dependent(s) become eligible for premium assistance under an optional state Medicaid or SCHIP program that would pay the employee's portion of the health insurance premium.

Note: In the two above listed circumstances only, you or your dependent(s) will have sixty (60) days to request special enrollment in the group health plan coverage. An individual must request this special enrollment within sixty (60) days of the loss of coverage described at bullet one, and within sixty (60) days of when eligibility is determined as described at bullet two.

To request special enrollment or obtain more information, contact your HR representative.

Cathy Schatz
Human Resources Manager
702 Chestnut Ridge Rd
Chestnut Ridge, NY 10977
(845) 414-9300 ext. 205
cschatz@hveapc.com

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

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list includes states where employees currently reside which offer a premium assistance program as of July 31, 2021. Contact your State for more information on eligibility.

If you reside in a different state, please contact HR for more information on whether or not a premium assistance program is available there, as well as State contact information if applicable.

NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831

To see if any other states offer a premium assistance program, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor
Employee Benefits Security Administration**
www.dol.gov/agencies/ebsa
 1-866-44-EBSA (3272)

**U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services**
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

Important Notice About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with your employer and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

A plan's prescription drug coverage is considered creditable coverage if the amount the plan expects to pay on average for prescription drugs for individuals covered by the plan is the same or more than what standard Medicare prescription drug coverage would be expected to pay on average.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Your Employer has determined that the prescription drug coverage they offer is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered **Creditable Coverage**. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with your employer and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact Marshall & Sterling at (866) 573-4768.

Marshall & Sterling

EMPLOYEE BENEFITS

*Contact our team for all your
insurance needs!*



www.marshallsterling.com

- Employee Benefits
- Personal Home, Renter's & Auto
- Disability Insurance
- Long-Term Care
- Business Insurance
- Life Insurance
- Wealth Management