



PARK

# The Park School of Baltimore

## Medical, Dental and Vision Benefit Guide

2021

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# AIMS Benefit Trust Health Plan

## Medical, Dental & Vision Benefit Options

**The Park School of Baltimore** is pleased to offer a comprehensive benefit program through AIMS Benefit Trust Health Plan. The plan offers flexibility and choice to meet your needs.

Benefits constitute a substantial and ever-increasing part of employee compensation and our school is committed to offering programs which maximize value and provide security for employees and their families

We are pleased to offer benefits through a large group health plan consortium sponsored by the Association of Independent Maryland and DC Schools (AIMS). The plan is administered by Educators Benefit Services (EBS), a wholly owned subsidiary of AIMS.

### Benefit Options Effective: January 1, 2021

#### UnitedHealthcare Medical

- UHC Choice Plus 90% HSA Plan
- Optimum Choice HMO HSA Plan
- Optimum Choice HMO Plan\*
- UHC Choice Plus 80/60 PPO Plan\*

\*May elect only if previously enrolled in the plan



#### Dental

- UHC Core PPO 20 Dental Plan

#### Vision

- VSP Vision Plan



# Simply Engaged Rewards Program

Simply Engaged is a personal health and wellness program which allows you to earn rewards when you complete these health and wellness actions.

## Earn a Reward

- ✓ Participate in a biometric health screening and get a **\$75 reward**.
- ✓ Complete an online health survey through Rally when you log in to myuhc.com® within 90 days of the start of the program and get a **\$25 reward**.
- ✓ Get a **\$20 reward** each month that you complete a Gym Check-In at least 12 times per month.
- ✓ Complete a health coaching program and get a **\$100 reward**.
- ✓ Complete a Virtual Visit at myuhc.com and get a **\$25 reward**.

## It's easy to start earning rewards

- ✓ Access the Reward Program Overview through **Rally™** when you log in to <http://www.myuhc.com> for specific details regarding your wellness incentive program.



*well*EDUCATED  
A Wellness Strategy for AIMS Member Schools

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# Medical Benefits at a Glance

## UHC Choice Plus 90% HSA Plan

Plan:	UHC Choice Plus 90% HSA Plan*	
	In-Network	Out-of-Network
Deductible		
Individual	\$1,500	\$2,500
Family	\$3,000	\$5,000
Coinsurance (plan pays)	Deductible, then 90%	Deductible, then 70%
Annual Out-Of-Pocket Limit		
Individual	\$3,000	\$4,000
Family	\$6,000	\$7,000
Lifetime Maximum	Unlimited	
Office Visits: PCP / Specialist	Deductible, then 90%	Deductible, then 70%
Preventive Services	100% - No Deductible	Deductible, then 80%
Virtual Visits	Deductible, then 90%	Deductible, then 70%
Mental Health Office Visit	Deductible, then 90%	Deductible, then 70%
X-ray & Diagnostic - Outpatient	Deductible, then 90%	Deductible, then 70%
Laboratory Services	Deductible, then 90%	Deductible, then 70%
Urgent Care	Deductible, then 90%	Deductible, then 70%
In-Patient Hospitalization	Deductible, then 90%	Deductible, then 70%
Out-Patient Surgery	Deductible, then 90%	Deductible, then 70%
Emergency Room	Deductible, then 90%	Deductible, then 90%
Pharmacy	Deductible, then subject to copays until Out-of-Pocket maximum met	Deductible, then subject to copays until Out-of-Pocket maximum met
Retail - 30-Day Supply		
Mail Order - 90-Day Supply		
Tier 1	Retail \$10 / Mail Order \$20	
Tier 2	Retail \$30 / Mail Order \$60	
Tier 3	Retail \$50 / Mail Order \$100	

\*Deductible based on level of coverage.

\*In-Network and Out-of-Network Deductibles and Out-of-Pocket Maximums do not integrate.

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# Medical Benefits at a Glance

## Optimum Choice HMO HSA Plan

Plan:	Optimum Choice HMO HSA Plan In-Network Only
<b>Deductible</b>	
Individual	\$2,000
Family	\$4,000
<b>Coinsurance (plan pays)</b>	Deductible, then 90%
<b>Annual Out-Of-Pocket Limit</b>	
Individual	\$3,000
Family	\$6,000
<b>Lifetime Maximum</b>	Unlimited
<b>Office Visits: PCP / Specialist</b>	Deductible, then 90%
<b>Preventive Services</b>	100% - No Deductible
<b>Virtual Visits</b>	Deductible, then 90%
<b>Mental Health Office Visit</b>	Deductible, then 90%
<b>X-ray &amp; Diagnostic</b>	Deductible, then 90%
<b>Laboratory Services</b>	Deductible, then 90%
<b>Urgent Care</b>	Deductible, then 90%
<b>In-Patient Hospitalization</b>	Deductible, then 90%
<b>Out-Patient Surgery</b>	Deductible, then 90%
<b>Emergency Room</b>	Deductible, then 90%
<b>Pharmacy</b>	Deductible, then subject to copays until Out-of-Pocket Maximum met
Retail - 30-Day Supply	
Mail Order - 90-Day Supply	
Tier 1	Retail \$10 / Mail Order \$20
Tier 2	Retail \$30 / Mail Order \$60
Tier 3	Retail \$50 / Mail Order \$100

# Medical Benefits at a Glance

## Optimum Choice HMO Plan

\*May elect only if previously enrolled in the plan

Plan:	Optimum Choice HMO Plan In-Network Only
<b>Deductible</b>	
Individual	\$0
Family	\$0
<b>Coinsurance (plan pays)</b>	N/A
<b>Annual Out-Of-Pocket Limit</b>	
Individual	\$2,000
Family	\$6,000
<b>Lifetime Maximum</b>	Unlimited
<b>Office Visits: PCP / Specialist</b>	\$20 Copay / \$30 Copay
<b>Preventive Services</b>	\$0
<b>Virtual Visits</b>	\$10 Copay
<b>Mental Health Office Visit</b>	\$20 Copay
<b>X-ray &amp; Diagnostic</b>	\$30 Copay
<b>Laboratory Services</b>	\$0 Copay Lab / \$30 Copay Hospital
<b>Urgent Care</b>	\$50 per visit
<b>In-Patient Hospitalization</b>	\$300 per admit
<b>Out-Patient Surgery</b>	\$30 Copay per procedure
<b>Emergency Room</b>	\$100 Copay
<b>Pharmacy</b>	United Healthcare Pharmacy Benefit
Retail - 30-Day Supply	
Mail Order - 90-Day Supply	
Tier 1	Retail \$10 Copay / Mail Order \$20 Copay
Tier 2	Retail \$30 Copay / Mail Order \$60 Copay
Tier 3	Retail \$50 Copay / Mail Order \$100 Copay

# Medical Benefits at a Glance

## UHC Choice Plus 80/60 PPO Plan

**\*May elect only if previously enrolled in the plan**

Plan:	UHC Choice Plus 80/60 PPO Plan*	
	In-Network	Out-of-Network
Deductible		
Individual	\$350	\$700
Family	\$700	\$1,400
Coinsurance (plan pays)	Deductible, then 80%	Deductible, then 60%
Annual Out-Of-Pocket Limit		
Individual	\$3,000	\$3,000
Family	\$6,000	\$6,000
Lifetime Maximum	Unlimited	
Office Visits: PCP / Specialist	\$20 Copay / \$20 Copay	Deductible, then 60%
Preventive Services	\$0	Deductible, then 60%
Virtual Visits	\$10 Copay	Deductible, then 60%
Preventive Services	\$20 Copay	Deductible, then 60%
X-ray & Diagnostic	Deductible, then 80%	Deductible, then 60%
Laboratory Services	Deductible, then 80%	Deductible, then 60%
Urgent Care	80% - No Deductible	Deductible, then 60%
In-Patient Hospitalization	Deductible, then 80%	Deductible, then 60%
Out-Patient Surgery	Deductible, then 80%	Deductible, then 60%
Emergency Room	80% - No Deductible	
Pharmacy	No Deductible	
Retail - 30-Day Supply		
Retail - 90-Day Supply		
Tier 1	Retail \$10 Copay / Mail Order \$20 Copay	
Tier 2	Retail \$30 Copay / Mail Order \$60 Copay	
Tier 3	Retail \$50 Copay / Mail Order \$100 Copay	
*In-Network and Out-of-Network Deductibles and Out-of-Pocket Maximums are calculated separately. They do not cross-apply.		

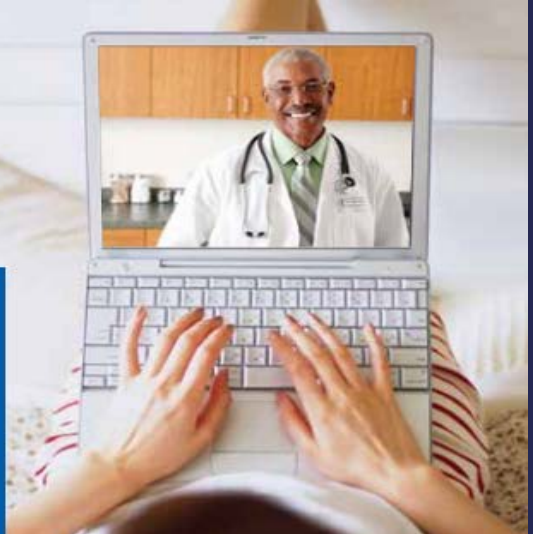
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# Telemedicine

## Virtual Visits

Get access to care online.  
Any where. Any time.



When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Now, you don't have to.

A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription\*, if needed, that you can pick up at your local pharmacy. And, it's part of your health benefits.

### Conditions commonly treated through a virtual visit

Doctors can diagnose and treat a wide range of non-emergency medical conditions, including:

- |   |                      |                  |
|---|----------------------|------------------|
| • Bladder infection/<br>Urinary tract infection | • Diarrhea           | • Rash           |
| • Bronchitis                                    | • Fever              | • Sinus problems |
| • Cold/flu                                      | • Migraine/headaches | • Sore throat    |
|   | • Pink eye           | • Stomach ache   |

### Access virtual visits

Log in to **myuhc.com**® and choose from provider sites where you can register for a virtual visit. After registering and requesting a visit you will pay your portion of the service costs according to your medical plan, and then you will enter a virtual waiting room. During your visit you will be able to talk to a doctor about your health concerns, symptoms and treatment options.

### Use virtual visits when:

- Your doctor is not available
- You become ill while traveling
- You are considering visiting a hospital emergency room for a non-emergency health condition

### Not good for:

- Anything requiring an exam or test
- Complex or chronic conditions
- Injuries requiring bandaging or sprains/ broken bones



To learn more, login to [myuhc.com](https://myuhc.com)

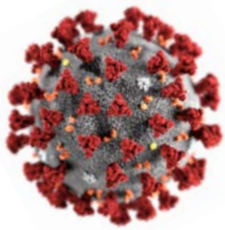
# Dental Benefits at a Glance

## UnitedHealthcare Core PPO 20 Dental Plan

Plan:	UHC Core PPO 20 Dental Plan	
	In-Network	Out-of-Network
<b>Deductible:</b>		
Single	\$50	\$50
Family	\$150	\$150
	<b>Plan Pays</b>	
<b>Preventive Services</b>	<b>100%</b>	<b>100% of allowed benefit amount</b>
	Routine Cleanings	
	X-Rays	
	Topical Fluoride Treatment	
	Oral Examinations	
Preventive Services Applied to Annual Maximum	No	
<b>Basic Services</b>	<b>80%</b>	<b>80% of allowed benefit amount</b>
	Fillings	
	Simple Extractions	
	Endodontics	
	Periodontal Scaling & Root Planing	
	Oral Surgery	
<b>Major Services</b>	<b>50%</b>	<b>50% of allowed benefit amount</b>
	Bridges	
	Crowns	
	Dentures	
	Inlays, Onlays	
	Implants	
<b>Annual Maximum</b>	<b>\$2,000</b>	
Rollover of Unused Annual Maximum to Next Plan Year	Yes, see plan for details	
Benefits Calculated	Based on Discounted Fee	
<b>Orthodontia</b>	<b>50%</b>	<b>50% of allowed benefit amount</b>
<b>Lifetime Maximum</b>	<b>\$1,500</b>	

# Vision Benefits at a Glance

Plan:	VSP Vision	
WellVision Exam	In-Network	Out-of-Network
<b>Wellvision Exam</b>	<b>\$0</b>	<b>Cover Up to \$45</b>
Prescription Glasses		
Standard Frames	\$150 allowance	Cover Up to \$70
Featured Frames	\$200 allowance	
<b>Costco Frames</b>	<b>\$80</b>	
<b>Lenses</b>		
Single Vision, Lined Bifocal, and Lined Trifocal Polycarbonate lenses for dependent children	Included in Prescription Glasses	Cover Up to \$30, \$50, or \$65
Standard Progressive Lenses	Covered	Cover up to \$50
Premium Progressive Lenses	\$95-\$105 allowance	Cover up to \$50
Custom Progressive Lenses	\$150-\$175 allowance	Cover up to \$50
<b>Contacts (instead of glasses)</b>		
Contact Lenses	\$130 allowance	Covered up to \$105
Contact lens exam (fitting and evaluation)	Up to \$60 allowance	
<b>Diabetic Eyecare Plus Program-</b> Services related to diabetic eye disease, glaucoma, and age-related macular degeneration. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	\$20 copay	
<b>Extra Savings</b>	<b>Glasses and Sunglasses</b> - Extra \$20 to spend on featured frame brands. - 20% savings on additional glasses and sunglasses from VSP provider in 12 months	
	<b>Retinal Screening</b> - No more than a \$39 co pay on routine retinal screening as an enhancement to a WellVision exam	
	<b>Laser Vision Correction</b> - Average 15% off the regular price or 5% off promotional price. Only from contracted facility.	



# COVID-19 Coverage

The following COVID-19 Testing is covered under the plan:

- UnitedHealthCare will waive cost sharing (copayment, coinsurance, and deductible) for COVID-19 diagnostic testing during this national emergency. They are also waiving cost sharing for COVID-19 diagnostic testing related visits during this same time, whether the testing related visit is received in a health care provider's office, an urgent care center, an emergency department or through a telehealth visit.
- Testing must be provided at approved locations in accordance with U.S. Centers for Disease Control and Prevention (CDC) guidelines including FDA approved testing at designated labs around the country.
- During the national public health emergency period, UnitedHealthCare will cover FDA-authorized COVID-19 antibody tests ordered by a physician or appropriately licensed health care professional without cost sharing (copayment, co-insurance or deductible).
- If your health care provider determines you should be tested for COVID-19 and orders the diagnostic test, they should work with local and state health departments to coordinate testing. As long as the testing place is at an FDA approved facility/location and administered in accordance CDC Guidelines, it will be covered.

Employees are encouraged to visit the carrier website for the latest benefit information at [www.myuhc.com](http://www.myuhc.com)

Please contact the EBS office at 410-590-6590 with any questions.



# Medical Plan Options



Medical Insurance coverage is of primary importance to you and your family. We recommend you carefully consider the coverage details of each of the following options before making your election.

The following options are now available to all eligible employees. Please click on the links provided for more information regarding each of the plans:

HMO

- Optimum Choice HMO Plan\*

HMO  
HSA

- Optimum Choice HMO HSA Plan

PPO

- UnitedHealthcare Choice Plus 80/60 Plan\*

HSA

- UnitedHealthcare 90% HSA Plan

LINKS

- [Summary of Benefits and Coverage](#)
- [Benefit Summary](#)
- [Plan Document](#)
- [AIMS Wrap](#)

\*May elect only if previously enrolled in the plan

**PLEASE NOTE:** Benefit Summaries and Plan information for all plans offered by EBS will be included in the links above. Refer only to those options listed above for the selections offered by our school.

The benefits outlined in the Summary of Benefits are brief descriptions of each plan. Please refer to the plan document links or visit the [EBS website](#) for more information. If there is a discrepancy between this summary and the plan document, the plan document will always govern.

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# Dental & Vision Plan Options



The following options are now available to all eligible employees. Please click on the links provided for more information regarding each of the plans:



## Dental

- UHC Core PPO 20 Plan
- \$2000 Annual Maximum

## Vision

- VSP Vision Plan

## Links

- [Benefit Summary](#)
- [Plan Document](#)

**PLEASE NOTE:** Benefit Summaries and Plan information for all plans offered by EBS will be included in the links above. Refer only to those options listed above for the selections offered by our school.

The benefits outlined in the Summary of Benefits are brief descriptions of each plan. Please refer to the plan document links or visit the [EBS website](#) for more information. If there is a discrepancy between this summary and the plan document, the plan document will always govern.

# Finding a Network Provider

- Benefits payable under the PPO & HSA plans are greater if you use an In-Network Provider.
- HMO plans require you to use an in-network provider in order to receive benefits.



Use the links below to find a participating provider:

**\*May elect only if previously enrolled in the plan**

## UHC Choice Plus Plans

- UHC Choice Plus 90% HSA Plan
- UHC Choice Plus 80/60 PPO Plan\*
- [Click Here for Instructions](#)

## UHC HMO Plans

- Optimum Choice HMO HSA Plan
- Optimum Choice HMO Plan \*
- [Click Here for Instructions](#)

## UHC Dental Plans

- Core PPO 20 Plan
- [Click Here for Instructions](#)

## VSP Vision

- VSP Vision Plan
- [Click Here for Instructions](#)

The UnitedHealth Premium Program evaluates doctors for quality and cost efficiency to help you choose a doctor with confidence.

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## 2021 Health Benefits - Employee Costs

### Full-Time Employees

Includes 75-100% Full-Time Equivalency (FTE) or an average of 30 hours or more, per week.

Amounts shown are rounded.

Medical – UnitedHealthcare	Individual		Employee & Spouse/Partner		Employee & Child(ren)		Family	
	annual cost	semi- monthly cost	annual cost	semi- monthly cost	annual cost	semi- monthly cost	annual cost	semi- monthly cost
<i>Optimum Choice HMO HSA</i>	\$560.64	\$23.36	\$6,448.32	\$268.68	\$5,327.04	\$221.96	\$8,410.80	\$350.45
<i>Choice Plus 90% HSA</i>	\$657.36	\$27.39	\$7,559.52	\$314.98	\$6,244.80	\$260.20	\$9,860.40	\$410.85
<i>* Optimum Choice HMO</i>	\$2,540.16	\$105.84	\$11,889.84	\$495.41	\$9,821.76	\$409.24	\$15,508.56	\$646.19
<i>* Choice Plus 80/60 PPO</i>	\$2,646.72	\$110.28	\$12,135.12	\$505.63	\$10,024.56	\$417.69	\$15,828.24	\$659.51
Dental – UnitedHealthcare	Individual		Employee & Spouse/Partner		Employee & Child(ren)		Family	
	annual cost	semi- monthly cost	annual cost	semi- monthly cost	annual cost	semi- monthly cost	annual cost	semi- monthly cost
<i>UHC Dental Core</i>	\$0.00	\$0.00	\$534.96	\$22.29	\$267.84	\$11.16	\$855.84	\$35.66
Vision – VSP Vision	Individual		Employee & Spouse/Partner		Employee & Child(ren)		Family	
	annual cost	semi- monthly cost	annual cost	semi- monthly cost	annual cost	semi- monthly cost	annual cost	semi- monthly cost
<i>VSP Vision</i>	\$78.72	\$3.28	\$157.44	\$6.56	\$168.24	\$7.01	\$269.04	\$11.21

\* Re-enrollment only. Plan is available to current participants only.

## Contribution Limits for Health Savings Accounts (HSA)

IRS 2021 Annual Limits	Individual Coverage	All other Tiers of Coverage	Increase from 2020 Limits	Catch-up Contribut ion Age 55+
Employees enrolled in	\$3,600	\$7,200	\$50 individual \$100 family	\$1,000

•HSA Eligibility: An individual needs to be covered by a qualified high-deductible plan to set up a Health Savings Account and cannot be enrolled in a general purpose FSA, enrolled in Medicare, or claimed as a dependent on someone else's tax return.

•Individuals age 55 and older may add the catch-up contribution amount to their limit every year.

•Mid-year contribution changes are allowed.

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# 2021 Health Benefits - Employee Costs

## Part-Time Employees

Includes 50-74% Full-Time Equivalency (FTE) or an average of 20-29 hours per week.

Amounts shown are rounded.

Use the level that corresponds to Percentage of Full-Time Employment (FTE), or average hours:

50-61% FTE, 20-24 hours = 60% level

62-74% FTE, 25-29 hours = 70% level

≥ 75% FTE= Full-Time (This classification applies to Health Insurance eligibility level, only), see Full-Time Rate Sheet

60% Level	Individual		Employee & Spouse/Partner		Employee & Child(ren)		Family	
	annual cost	semi-monthly cost	annual cost	semi-monthly cost	annual cost	semi-monthly cost	annual cost	semi-monthly cost
Medical - UnitedHealthcare								
Optimum Choice HMO HSA	\$2,579.28	\$107.47	\$9,027.60	\$376.15	\$7,457.76	\$310.74	\$11,775.12	\$490.63
Choice Plus 90% HSA	\$3,023.76	\$125.99	\$10,583.28	\$440.97	\$8,742.96	\$364.29	\$13,804.32	\$575.18
* Optimum Choice HMO	\$4,906.56	\$204.44	\$14,913.60	\$621.40	\$12,319.68	\$513.32	\$19,452.48	\$810.52
* Choice Plus 80/60 PPO	\$5,013.12	\$208.88	\$15,158.88	\$631.62	\$12,522.48	\$521.77	\$19,772.40	\$823.85
Dental - United Healthcare								
UHC Dental Core	\$213.84	\$8.91	\$748.80	\$31.20	\$481.68	\$20.07	\$1,069.68	\$44.57
Vision - VSP Vision								
VSP Vision	\$78.72	\$3.28	\$157.44	\$6.56	\$168.24	\$7.01	\$269.04	\$11.21
70% Level	Individual		Employee & Spouse/Partner		Employee & Child(ren)		Family	
	annual cost	semi-monthly cost	annual cost	semi-monthly cost	annual cost	semi-monthly cost	annual cost	semi-monthly cost
Medical - UnitedHealthcare								
Optimum Choice HMO HSA	\$2,074.80	\$86.45	\$8,382.72	\$349.28	\$6,925.20	\$288.55	\$10,933.92	\$455.58
Choice Plus 90% HSA	\$2,432.16	\$101.34	\$9,827.28	\$409.47	\$8,118.48	\$338.27	\$12,818.40	\$534.10
* Optimum Choice HMO	\$4,314.96	\$179.79	\$14,157.60	\$589.90	\$11,695.20	\$487.30	\$18,466.56	\$769.44
* Choice Plus 80/60 PPO	\$4,421.52	\$184.23	\$14,403.12	\$600.13	\$11,898.00	\$495.75	\$18,786.48	\$782.77
Dental - UnitedHealthcare								
UHC Dental Core	\$160.32	\$6.68	\$695.28	\$28.97	\$428.16	\$17.84	\$1,016.16	\$42.34
Vision - VSP Vision								
VSP Vision	\$78.72	\$3.28	\$157.44	\$6.56	\$168.24	\$7.01	\$269.04	\$11.21

\* Re-enrollment only. Plan is only available to participants currently enrolled.

## Contribution Limits for Health Savings Accounts (HSA)

IRS 2021 Annual Limits	Individual Coverage	All other Tiers of Coverage	Increase from 2020 Limits	Catch-up Contribution Age 55+
Employees enrolled in HDHP*	\$3,600	\$7,200	\$50 individual \$100 family	\$1,000

•HSA Eligibility: An individual needs to be covered by a qualified high-deductible health plan to set up a Health Savings Account and cannot be enrolled in a general purpose FSA, enrolled in Medicare, or claimed as a dependent on someone else's tax return.

•Individuals age 55 and older may add the catch-up contribution amount to their limit every year.

•Mid-year contribution changes are allowed.

# Understanding Health Savings Accounts (HSA)

An HSA plan has two components:

- A qualified high deductible health insurance plan (HDHP)
- An Individual Tax-Exempt Trust (savings/investments)
  - The trust account is designed to pay for routine medical expenses/and or provide savings for the future. Money put into the account can be used either during the year or accumulated in the account.
  - Allowable medical expenses are defined by the IRS, and are much broader than most insurance carriers (i.e. includes dental, vision). Individuals can deduct dollars contributed to the HSA account from their gross income, resulting in tax-free medical dollars. The account is similar to an IRA account, however it is for qualified medical expenses.

*"Balances roll from year to year, so you don't need a crystal ball to forecast medical expenses in the next year"*



## Benefits of an HSA

- **Control** - You can use the HSA to pay for any qualified medical expense, as defined by the IRS. There's no need for preauthorization of services, unless explicitly stated by the plan.
- **Savings and Investments**—Unlike premiums, unused HSA dollars remain in the HSA until you use them later.
- **Flexibility** – "Health Care" dollars can pay for items identified by the health insurance plan, but also a much broader definition as defined by the IRS which includes dental, vision, orthodontia, over the counter medicine and others (not all of these are applied to deductible) These may be expenses individuals are currently routinely paying for using post-tax dollars.
- **Portability** - If you leave your current employer, you can take your HSA (the account) with you.
- **Tax savings** - Your contributions to the HSA are made with pre-tax dollars, lowering your taxable income.
- **No Use-it-or-lose-it Requirement** - Balances roll from year to year, so you don't need a crystal ball to forecast medical expenses in the next year

## 2021 Health Saving Account Contribution Limits

Individual Coverage	\$3600
Family Coverage	\$7200
Catch-up contribution Age 55+	\$1000

## HSA Eligibility

An individual needs to be covered by a QUALIFIED high-deductible health plan to set up a Health Savings Account.

In addition, individuals cannot be:

- Covered by a health plan that is not a qualified high-deductible plan, (including a general purpose FSA set up by the individual or their spouse)
- Claimed as a dependent on someone else's tax return.
- Entitled to Medicare benefits (age 65 or older)

# HSA Eligible Medical Expenses

- Acupuncture
- Alcoholism treatment
- Ambulance
- Artificial limb
- Artificial teeth
- Breast reconstruction surgery (mastectomy-related)
- Chiropractor
- Contact lenses and solutions
- Cosmetic surgery (if due to trauma or disease)
- Dental treatment (X-rays, fillings, braces, extractions, etc.)
- Diagnostic devices (such as blood sugar test kits for diabetics)
- Doctor's office (including physicians, surgeons, specialists or other medical practitioners) visits and procedures
- Drug addiction treatment
- Drugs, prescription
- Eyeglasses and exams (for medical reasons)
- Eye surgery (such as laser eye surgery or radial keratotomy)
- Fertility enhancements

***"Dental expenses and Eyeglasses are eligible HSA expenses"***

For more information on eligible expenses:

- [Publication 503, Child and Dependent Care Expenses](#)
- [Publication 502, Medical and Dental Expenses](#)



- Hearing aids (and batteries for use)
- Hospital services
- Laboratory fees
- Long-term care (for medical expenses and premiums)
- Nursing home
- Nursing services
- Operations/surgery (excluding unnecessary cosmetic surgery)
- Osteopath
- Physical Therapy
- Psychiatric care
- Psychologist
- Special education (for learning disabilities)
- Speech Therapy
- Stop-smoking programs (including nicotine gum or patches)
- Vasectomy
- Weight-loss program (to treat a specific disease diagnosed by a physician)
- Wheelchair

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# HSA offered through Optumbank

## **Optumbank HSA Online Enrollment *for new participants:***

Please use the link provided below for new enrollment. A new account must be set-up before contributions via payroll deductions can be elected. You will be asked to provide Park's Group #: 717578PRK. Once you have enrolled online, please use Park's Health Plan Enrollment Form to elect your per pay contribution amounts.

<https://enrollhsa.optumbank.com/hsaAppWeb/WelcomeAction.do>

After your enrollment is processed, Optumbank will send a welcome kit with your account number, a HSA debit card and a Personal Identification Number (PIN) for your debit card.

## **Optumbank HSA *for current participants:***

If you have already established an Optumbank Account which you are currently contributing to, your elections will continue into 2021 unless you submit a Health Plan Enrollment Form indicating otherwise. You are not limited to Open Enrollment to make changes; HSA elections can be changed throughout the year.

For assistance with the online enrollment process or for general questions about the account, please contact Optumbank Customer Care at (800) 790-9361.

# Flexible Spending Accounts (FSA) administered through TASC

For those with **out-of-pocket health care expenses** (who are not participating in the HSA) or for work-related **dependent care costs**, FSA accounts are a way to save on taxes while getting reimbursed for eligible expenses. Contributions to spending accounts are made through payroll deductions on a pretax basis reducing taxable income. This benefit is available to employees who work 50% of full time or more. Please read the next few pages for further information and online enrollment instructions.



For employees currently enrolled:

Elections do not carry forward from 2020.

If you wish to elect 2021 contributions, please go to: [www.tasconline.com](http://www.tasconline.com) and follow the steps to establish your 2021 election amounts.

**The 2021 FSA Contribution Maximums are:**

**Health Flexible Spending Account: \$2,750**

**Dependent Care Spending Account: \$5,000**

**Important Notes:**

- FSA health care- balances up to \$500 can rollover to the next year and are excluded from IRS limits.
- FSA Dependent Care-an employee and spouse may both elect \$2,500 in their respective FSAs even if working for the same employer. 2021 elections can apply to costs incurred through March 15<sup>th</sup>, 2022.
- Both-unused funds are not returned to participants, so plan carefully! When enrolling on-line, add direct deposit information; or refunds are loaded onto FSA debit cards.
- HSA and FSA-employees may have either an HSA *or* a FSA for medical purposes, but not both. A FSA (medical) balance must be depleted before contributing to an HSA. You may have an HSA and an FSA when the FSA is used solely for dependent care.
- Medicare participants may enroll in an FSA but not an HSA.

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## Valuable pre-tax benefits with convenient tools

**Why not use pre-tax dollars to pay for medical co-pays, prescriptions, and/or daycare fees, thereby reducing your taxable income and increasing your take-home pay? It's a no-brainer.**

The pre-tax advantages of a Flexible Spending Account (FSA) allow you to save up to 30% on your eligible healthcare and/or dependent care expenses every year. Consider how much you spend on these costs for you and your qualified dependents in one year and how much you could save by using pre-tax dollars.

### How it Works

FlexSystem FSA is offered through your employer and is administered by TASC. When you choose to enroll in a FlexSystem Healthcare and/or Dependent Care FSA, you determine the dollar amount you want to contribute to each account based on your estimated expenses for the upcoming Plan Year. Your contributions will be deducted in equal amounts from each paycheck, **pre-tax**, throughout the Plan Year.

**The more you contribute to these accounts, the more you reduce your taxable gross salary. And with less taxes taken, your take-home pay increases!**

Your total annual Healthcare FSA contribution amount is available immediately at the start of the Plan Year. Dependent Care FSA funds are available up to the current account balance only.

### Online Enrollment and Contributions

Annual FSA contributions are set by your employer, but are limited to the IRS maximums per Plan Year. View current IRS limits at: [www.tasconline.com/biz-resource-center/benefits-limits/](http://www.tasconline.com/biz-resource-center/benefits-limits/)

Use our [online tax-savings calculator](#) to help determine how much you should contribute to each FlexSystem account per year.

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### The TASC Card Convenience

Enjoy easy access to your FSA funds with the swipe of a card instead of out-of-pocket spending and requesting a reimbursement!

### Pre-Tax Savings Example

	<u>Without FSA</u>	<u>With FSA</u>
Gross Monthly Pay:	\$3,500	\$3,500
<u>Pre-Tax Contributions</u>		
Medical/Dental Premiums	\$0	-\$125
Medical Expenses	\$0	-\$75
Dependent Care Expenses	\$0	-\$400
TOTAL:	\$0	-\$600
Taxable Monthly Income	\$3,500	\$2,900
Taxes (federal, state, FICA):	-\$968	-\$802
Out-of-pocket Expenses:	-\$600	\$0
Monthly Take-home Pay:	\$1,932	\$2,098

**Net Increase in Take-Home Pay = \$166/mo!**

For illustration only. Actual dollar amounts may vary.

### Carryover puts your mind at ease!

When your employer elects the Carryover option with your Healthcare FSA Plan, up to \$500 of any leftover healthcare funds may be carried over into the next Plan Year with no cost or penalty.



Multiple self-service tools available to easily manage your FlexSystem account(s) and TASC Card transactions:

MyTASC Online: [www.tasconline.com](http://www.tasconline.com)

MyTASC Mobile App: [www.tasconline.com/mobile](http://www.tasconline.com/mobile)

MyTASC Text Messaging (SMS)

## How to Access Your FSA Funds

As eligible expenses are incurred, you have two options to access your available FlexSystem FSA funds:

**1) TASC Benefits Card:** upon enrollment into the Plan, you will receive a TASC Card in the mail, which can be used to pay for eligible expenses at the point of purchase. Simply swipe your TASC Card where MasterCard is accepted.

With smart card technology, the TASC Card automatically pays for and substantiates most eligible expenses without requiring any paperwork.

**2) Request a Reimbursement:** simply submit a request for reimbursement to FlexSystem using one of the following methods:

- Submit via MyTASC Mobile App (free download)
- Submit via MyTASC Text Message (SMS)
- Download Request for Reimbursement form online (paper)

Your reimbursement is direct deposited into your **MyCash account** or a designated bank account. MyCash funds are accessible via your TASC Card to be used for *any* type of purchase or ATM cash withdrawal.

## Eligible Expenses

FlexSystem FSA funds may only be used for eligible expenses under your healthcare FSA and/or dependent care FSA. Some eligible expenses include:

- Medical/dental office visit co-pays
- Dental/Orthodontic care services
- Eye exams and prescription glasses/lenses
- Prescriptions
- Vaccinations
- Daycare Fees

A complete list can be found at [www.irs.gov](http://www.irs.gov) in IRS Publications 502 & 503. Please note insurance premiums are NOT eligible for reimbursement.

## Important Considerations

### *FSA Funds do not Rollover:*

It is important to be conservative in making elections because any unused funds left in your FSA at the close of the Plan Year are not refundable to you (the exception to this rule is for the Healthcare FSA where funds (up to \$500) may carryover to the next Plan Year Healthcare FSA as elected by your employer). You are urged to take precautionary steps, such as tracking account balances on the FlexSystem website and/or using the Interactive Voice Response System, to avoid having funds remaining in your account at year-end.

### *Changing Elections During the Plan Year:*

You may change your FSA elections during the Plan Year only if you experience a change of status such as:

- a marriage or divorce
- birth or adoption of a child, or
- a change in employment status

Refer to the *Change of Election Form* (available from your employer) for a complete list of circumstances acceptable for changing elections mid-year.



Total Administrative Services Corporation  
2302 International Lane | Madison, WI 53704-3140  
[www.tasconline.com](http://www.tasconline.com) | 800.422.4661

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FX-4245-092415

# How to Enroll Online

## Determine Your FSA Elections

To enroll in FlexSystem, you must first choose which Flexible Spending Account(s) you wish to participate in for the Plan year.

*FSA Healthcare*

*FSA Dependent Care*

Then you must determine your elections to be contributed pre-tax into each type of FSA from every payroll over the course of the Plan year. Your elections are specific to each FSA and may only be used for expenses incurred for that account type, meaning that dollars set aside for dependent care may be used for dependent care expenses only and not for medical expenses, etc.

## Easy Online Enrollment

Online enrollment into the FlexSystem is available 24-hours a day from the convenience and privacy of your own home. Once you are enrolled, you may access your FlexSystem account balances online at any time.

Client ID #4900-0808-3868

### *New Enrollees (new to the Plan):*

You must obtain the Client ID from your employer. Then go to [www.tasconline.com/tasconline/flexsystem/enroll](http://www.tasconline.com/tasconline/flexsystem/enroll) to establish your personal Username and Password. (Please note, a valid e-mail address is required to authenticate your account. If you do not have an e-mail address, you may set one up for free with an e-mail hosting service such as Gmail, Hotmail, Yahoo, etc.) Follow the system prompts to enroll.

### *Renewing Enrollees:*

If you have forgotten your Password, simply select the "Forgot my password" link. An e-mail with your password will be sent to your e-mail address. You may also use your 12-digit TASC ID located on your Request For Reimbursement Form in place of your Username to log in.

### *Steps to Re-Enroll Online:*

1. Go to [www.tasconline.com](http://www.tasconline.com).
2. Login using your username and password.
3. Click the green Continue button on the Participant Manager screen.
4. Select the appropriate Plan from the drop down menu. Select the benefits you wish to enroll in by clicking on "Elect" next to the benefit name.
5. Enter the total yearly election amount (repeat for each benefit desired).
6. Enter your direct deposit information and click Submit.

For enrollment assistance, call a FlexSystem Customer Care Representative at 1-800-422-4661.

[www.tasconline.com](http://www.tasconline.com) • 2302 International Lane • Madison, WI 53704-3140 • 800-422-4661 • Fax: 608-245-3623



FX-4247-101111

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## Introducing Your New Employee Assistance Program

We are excited to announce that as of 1-1-2021, we have partnered with BHS as our new Employee Assistance Program (EAP) provider.

Ensuring that you have access to timely and high-quality resources that help you be at your best is a top priority for AIMS. This new program is **free, highly confidential and is available 24/7** to all employees, faculty and staff, and household members.

Here are some of the highlights of the available services:

- Master's level clinician for in-the-moment support and guidance when you need someone to talk to
- Behavioral health resource navigation including short-term counseling support
- Consult with a legal or financial expert
- Request childcare or eldercare referrals
- Browse lifestyle management resources
- Enjoy the perks of the discount program
- Participate in a training or the monthly webinar series

To connect with a Care Coordinator, call **800-327-2251**. You can also:

Visit the MyBHS portal at [portal.bhsonline.com](https://portal.bhsonline.com) and enter username: EDUCATORS to connect via Live Chat or request services through an online form

Download the BHS App on your phone for quick one-touch dialing and access to the MyBHS portal (search "BHS App")

We sincerely hope that you will take advantage of this free resource and welcome your feedback as you begin to interact with BHS.



# You May Call the EAP for Brief In-The-Moment Support

## 10 minutes, 15 minutes, whatever time you have

Provided by BHS, your Employee Assistance Program (EAP) provides you with access to master's level clinicians who are available to listen and talk with you about any issue you may be facing.

Taking care of yourself can be challenging even without the added stress created by COVID-19, social unrest, and other issues in our lives.

### When You Call BHS:

- 1 You will immediately be connected with a care coordinator, who is a **Master's Level Clinician**.
- 2 The Care Coordinator will provide in-the-moment support and if requested can arrange for ongoing support through the EAP.
- 3 Keep your Care Coordinator's name, email, and phone number handy and call him or her if you decide additional support would be helpful.
- 4 BHS is here to assist you as you manage the day-to-day challenges you are facing.



#### Program Cost

This is a **FREE\*** benefit provided and paid for by your employer at no cost to you.



#### Confidentiality

The EAP is confidential. BHS follows all federal and state privacy laws. Information about your problem cannot be released without your written permission.



#### Available 24/7

Services are available 24-hours a day, 7-days a week.

**Call your EAP to get started.**

**800-327-2251**

For more information about EAP services, visit us online at

**portal.BHSONline.com**

and type your company password

\* If you require a referral for long-term treatment, costs may be incurred. These are often covered by your health insurance plan.

# BENEFIT ELIGIBILITY AND ENROLLMENT INFORMATION

- Regular Full-time employees working **30** hours or more per week are eligible to participate in the medical, dental and vision benefits offered by the school.
- **Regular Part-time** employees working **20-29** hours or more per week are eligible to participate in the medical, dental and vision benefits offered by the school.
- **Benefits are effective the 1<sup>st</sup> of the month coincident with or following date of hire.**
- **“Full-time” classification applies to Health Benefits eligibility only.**

Note: Variable Hour, Part-time and Seasonal Employees hours will be measured in accordance with the guidelines established by the Affordable Care Act (ACA). Eligibility and Effective dates will be established based on hours worked during the applicable measurement period. Please contact Human Resources with any questions you might have.

## NOTICE OF SPECIAL ENROLLMENT RIGHTS

**Benefit selections can not be changed until the next open enrollment period, unless you experience any of the following:**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents:

- **lose eligibility for that other coverage , or**
- **if the employer stops contributing towards your or your dependents’ other coverage.** However, **you must request enrollment within 30 days** after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of

- **marriage,**
- **birth,**
- **adoption, or placement for adoption,**

you may be able to enroll yourself and your dependents. However, **you must request enrollment within 30 days after** the marriage, birth, adoption, or placement for adoption.

Two additional special enrollment events are available to you and your eligible dependents. They are:

- **Becoming ineligible for Medicaid or the Children’s Health Insurance Program (CHIP).** If you or your dependents become ineligible for Medicaid or CHIP, you may be able to enroll yourself and your dependents in the Medical Plan. You must request enrollment within *60 days*.
- **Becoming eligible for Premium Assistance through CHIP.** If you or your dependents become eligible for premium assistance through CHIP, you may be able to enroll yourself and your dependents in the Medical Plan. **You must request enrollment within 60 days.**
- If your dependents become eligible for CHIP, you will NOT be able to drop coverage for those dependents until Open Enrollment, unless eligibility is due to another special enrollment event such as loss of employment.

For more details about these special enrollment opportunities, please consult your plan document.

To request a special enrollment, contact the BusinessOffice.

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# Required Notices



The following notices are provided in compliance with State and Federal regulations related to Employee Benefit Plans. **They contain important information about the benefits provided by your plan.**

Click on the links below to access each notice or document:

## For All Employees Eligible for the Health Plan

- [Coverage Options Notice](#) (formerly known as the Exchange Notice)
- [Employer CHIP Notice](#)
- Medicare Part D Creditable Coverage Notice
  - Will be provided under separate cover to Medicare eligible employees.
- [Notice of Special Enrollment Rights](#)
- [Summary of Benefits and Coverage \(SBC\)](#)

## For All Employees Enrolled in the Health Plan

- [Summary of Benefits and Coverage](#)
- [Employer CHIP Notice](#)
- Medicare Part D Creditable Coverage Notice
  - Will be provided under separate cover to Medicare eligible employees.
- [Summary Plan Description \(SPD\), and Summaries of Material Modification \(SMMs\)](#)
- [Newborns and Mothers Health Protection Act\\*](#)
- [Patient Protections Notice\\*](#)
- [Women's Health and Cancer Rights Act\\*](#)
- [Maryland Physician Compensation Disclosure](#)

*\*Copies of these Notices can also be found in your plan SPD.*

You have the right to request and obtain a paper version of these documents. Please contact your HR Department to make your request.



# Contact Information

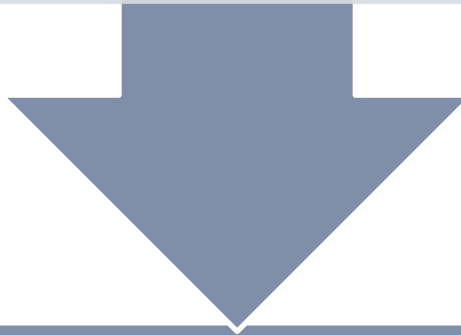
Coverage	Contact	Phone	Website
Medical	UnitedHealthcare	1-844-333-2619	<a href="http://www.myuhc.com">www.myuhc.com</a>
Dental	UnitedHealthcare	877-816-3596	<a href="http://www.myuhc.com">www.myuhc.com</a>
Vision	VSP Vision	800-877-7195	<a href="https://aims-acpt.vspforme.com/?view=pre">https://aims-acpt.vspforme.com/?view=pre</a>
UHC Health Savings Accounts	Optum Bank	800-791-9361	<a href="http://www.optumbank.com">www.optumbank.com</a>
BHS	Employee Assistance Program	1-800-327-2251	<a href="https://portal.bhsonline.com/">https://portal.bhsonline.com/</a>
All	EBS Member Advocate Service	410-590-6590	<a href="http://ebsonline.net">ebsonline.net</a>

# Next Steps:

## Review Benefit Options



Review Benefit Summaries and Plan Document information



## Complete Enrollment



Complete the 2021 [Online Enrollment Instructions](#) if you are changing coverage and/or if you are waiving medical, dental, and vision coverage. Please see pages 32-34 for Online Enrollment instructions. Complete [TASC](#) online enrollment for FSAs. Contact Paula Sherman for questions 410-339-4166.



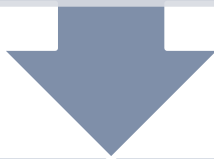
# Important Information

## Medical ID Cards

Medical ID Cards will be mailed to your home address within ten business days after your enrollment is processed.

You may obtain a temporary ID card online from UHC before your card arrives in the mail.

Click here for instructions: [UnitedHealthCare](#). Please allow 48 hours after enrollment for your benefit information to be updated on myuhc.com.



## Dental ID Cards

UnitedHealthcare  
Dental ID Cards will be mailed to your home address within ten business days after your enrollment is processed.

[Click here](#) for instructions on how to print a UnitedHealthcare ID Card online. Please allow 48 hours after enrollment for your benefit information to be updated on myuhc.com.



## HSA Debit Cards

HSA Debit Cards will be delivered to your home address in a nondescript envelope within 10 days after you open your HSA account at Optum Bank.



## No Vision Cards


## Park School Online Enrollment

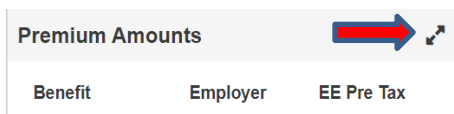
To enroll or to waive benefits, click on the following link: [AIMS HEALTH PLAN ONLINE ENROLLMENT](#)

1. Click on [Register New User](#) in the middle of the screen.
2. Choose a username and enter a valid email address. Click Submit
3. **Verify your identity** by entering your SSN (no dashes) in the Participant ID Box. Participant ID and SSN are the same.
  - Enter your **Last Name**. If your last name includes a suffix, enter it with no punctuation, i.e. "DOE JR"
  - Enter your home address **5-digit zip code**.
  - Enter your **Date of Birth in mm/dd/yyyy** format. Click **Next**. If you receive an error message, Click **OK**, and double-check your information. Correct any mistakes, and click **Next** again. If you still receive the error message, please **contact EBS at 410-590-6590** for assistance.
4. **Enter a password** between 1 and 20 characters in the Enter Password box. Enter the same password again in the Verify Password box. Enter a Password Hint in the box. Click **Submit**.
5. On the Welcome Screen, click on the **Enrollment** option at the top of the screen.
6. Click on **Enrollment Wizard** to enroll or to waive in benefits. Click on **Open Enrollment**. Click **Next**.
7. **The Enrollment Wizard will lead you through a series of screens where you will:**
  - Verify your demographic data
  - Provide dependent Name, Social Security Number and Date of Birth for any dependents to be enrolled in benefits, including voluntary dependent life insurance.
  - Elect benefits (Please Note: If you enroll in an HSA you cannot enroll in the Healthcare FSA or vice versa)
  - Provide Primary Care Provider information if you are enrolled in a UnitedHealthcare HMO plan.

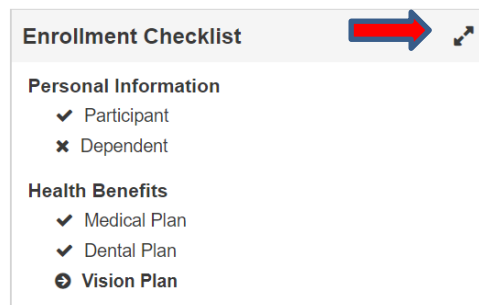


## NOTES & TIPS:

- **ALWAYS** use the  button at the bottom of the screen if changes are needed. **NEVER** use the back arrow from your Internet Browser.
- The **Benefit Enrollment** screen displays your progress on the left side, and the available options specific to your School.
- The **Exit** option at the bottom allows you to exit the program while saving any information entered to that point. All other exit options will cancel the enrollment and data will be lost.
- You must choose **Elect** to enroll in a benefit. Then choose the desired Plan, if the benefit is elected. The Enrollment Level can be chosen from the drop-down box OR covered dependents can be elected at the bottom and the associated Enrollment Level will automatically be populated.
- Clicking the arrows shown below will update the Premium Amounts and keep a running total for all plans chosen.



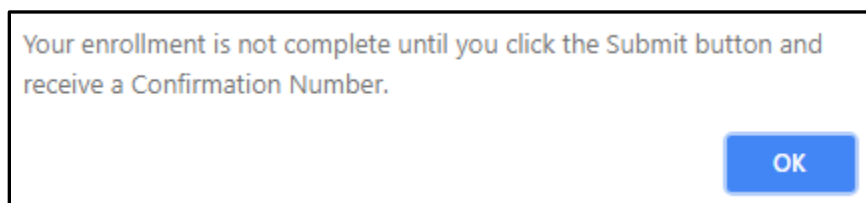
Premium Amounts		
Benefit	Employer	EE Pre Tax



Enrollment Checklist	
<b>Personal Information</b>	
<input checked="" type="checkbox"/>	Participant
<input checked="" type="checkbox"/>	Dependent
<b>Health Benefits</b>	
<input checked="" type="checkbox"/>	Medical Plan
<input checked="" type="checkbox"/>	Dental Plan
<input checked="" type="checkbox"/>	Vision Plan

8. When all Benefits have been chosen, an **Enrollment Summary** will be displayed, summarizing the demographic, dependent, benefits and premium information. Please review this carefully for any errors and use the back button at the bottom of the page to correct any errors. You may use the print option at the bottom of this page or wait until the final page, but you must click **SUBMIT** to continue.

Note: If you use the PRINT option, you will receive the below notification. Please be sure to click SUBMIT.



Your enrollment is not complete until you click the Submit button and receive a Confirmation Number.

OK

9. Finally, an **Enrollment Confirmation Statement** will be displayed, summarizing your demographic, dependent, benefits and premium information. We recommend you use the print option at the bottom of the page and keep a copy for your records.

10. **Your enrollment will not be complete until you click**

Done

After you click **Done** you will return to the Welcome Screen, where you can click Logout.

**The Enrollment process is now complete.  
If you have any questions, feel free  
to contact EBS at 410-590-6590**



**Educators Benefit Services**



# Additional Resources

Our carriers provide a number of tools and resources to help you manage your health care and costs. The following is a sample of some of the options you have. Please visit the carrier's website for all of the options available to you.

## UnitedHealthcare (UHC)

- Participant Website: [www.myuhc.com](http://www.myuhc.com)
- [How to register on myuhc.com](#)
- [How Can I get Drug Pricing Online?](#)
- [Optum Rx Pharmacy Benefits](#)
- [myHealthcare Cost Estimator](#)
- [Preventive Care](#)
- [Wellness Tools](#)
- [Simply Engaged Wellness Program](#)
- [Claim Form](#)

## VSP

- Participant Website: <https://aims-acpt.vspforme.com/?view=pre>

## Behavioral Health Services (BHS) – Employee Assistance Program

- Participant Website: <https://portal.bhsonline.com/>
  - Access Code: Educators

# Health4Me helps you find your way

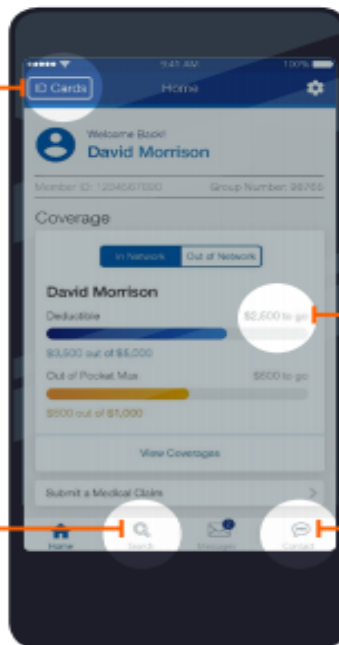
For on-the-go access  
to your health plan,  
put the UnitedHealthcare  
**Health4Me® mobile app**  
in your pocket.



Access  
your  
health plan  
ID card.



Find  
nearby  
care and  
compare  
costs.



View  
claims and  
account  
balances.



Talk with  
a doctor  
or nurse.



**Put your health plan at your  
fingertips.** Download the Health4Me  
app today at [uhc.com/health4me](https://uhc.com/health4me).

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# NurseLine<sup>SM</sup>

For the right care at the right place.



When you have a health concern, it can be difficult and time-consuming to find the information you need to get the right care. With telephone and online access to experienced registered nurses, you'll get the help you need to make more informed health care decisions.



## Your health advocate.

One toll-free number connects you with a registered nurse who will take the time to understand what is going on with your health and provide you with personalized information. As part of your health plan benefits, nurses are available 24 hours a day, seven days a week, at no additional cost to you.



## Your one-stop source.

Whether it's midnight and your baby has a 102-degree temperature, you need help managing your diabetes or you're not sure if you need a doctor, urgent care clinic or simply advice, NurseLine can help guide you to the care and services you need.



## Here for you 24/7.

To talk with a NurseLine nurse, call the member number on your health plan ID card.

## NurseLine is here to help you:

- Chat with a nurse live on [myuhc.com](https://myuhc.com)®.
- Understand your symptoms.
- Decide where to go for care.
- Learn more about a diagnosis.
- Explore treatment options.
- Understand medications.
- Find a doctor, hospital or specialist and see if a doctor is in your network and accepting new patients.

**With quicker  
access to behavioral  
health care, you  
get help when and  
where you need it.**



### **Telemental Health offers private appointments from the comfort of home.**

Some people who need behavioral health care may not receive it because it can be difficult to find a provider or get a timely appointment.

Telemental Health may be a good solution — and it's already part of your health care benefits. This service uses video-calling technology to provide real-time access to a behavioral health professional — with no travel and less wait time for appointments.

#### **The value of Telemental Health.**

- Included as part of your company's behavioral health benefits through UnitedHealthcare.
- Helps give you convenient access to care.
- Features the largest nationwide proprietary network<sup>1</sup> of over 3,000 Telemental Health providers in all 50 states.

Secure technology meets or exceeds American Telemedicine Association (ATA) and Health Insurance Portability and Accountability Act (HIPAA) security standards.

**People who access care  
more quickly may be  
more likely to engage in  
their treatment and have  
better outcomes.**



**4.38 out of 5**  
are satisfied with provider.<sup>2</sup>



**4.35 out of 5**  
overall patient experience.<sup>2</sup>



**To learn more or schedule a Telemental Health visit, open [myuhc.com](https://myuhc.com)<sup>®</sup>  
and click on Mental Health to go to [LiveandWorkWell.com](https://LiveandWorkWell.com).**





## Get support for your precious delivery.

If you're thinking about having a baby or have one on the way, the **Maternity Support Program** is here to provide information and support — throughout your pregnancy and after giving birth.

When you enroll in the program, you'll be able to work with a maternity nurse who is available to answer your questions and help you with things like:

- Choosing a doctor or nurse midwife, and help you with finding a pediatrician or other specialist
- Information to help you take care of yourself and the health of your baby — even if your pregnancy is considered high-risk
- Support to help you manage your health — physically and emotionally — before and after your baby is born

**Whatever your journey, we're here to help.**

**Get started today.**



**1-877-201-5328**

[myuhc.phs.com/maternitysupport](https://myuhc.phs.com/maternitysupport)

Monday-Thursday, 8:00 a.m.–8:00 p.m. and Friday,  
8:00 a.m.–5:00 p.m. Central Time

This service is available at no extra cost as part of  
your benefit plan. (TTY: 711)



**Download now: the UnitedHealthcare Healthy Pregnancy<sup>SM</sup> app.**

- Track milestones.
- Set reminders.
- Get daily tips.
- Find resources.



Available from the App Store® or Google Play™.