Riverside Elementary School District No. 2

Employee Benefit Packet

2016-2017

The District pays 100% of the premiums for Medical, Dental, Vision, & Basic Life Insurance coverage for the employee only. Please read through the attached packet and review the coverage options available to you. Human Resources would be glad to answer any questions or concerns you may have.

Elisabeth Minzer
Director of Human Resouces
602-477-8919
eminzer@riverside.k12.az.us

Brittany Quisberg
HR Administrative Assistant
602-477-8900 x1121
bquisberg@riverside.k12.az.us

Memo

To: RESD2 Staff

From: Elisabeth Minzer, Director of Human Resources

Re: Group Insurance Contact Information

Below is the contact information for your Group Insurance Benefits in the event that you need to reach them during any break or holiday throughout the school year. If you have any questions or concerns, please feel free to email hr@riverside.k12.az.us or call (602) 477-8919.

Medical Plan: ASBAIT/MERITAIN
Group # 13735
Customer Service: (602) 789-1170
Nurse Support (24/7): (866) 300-8449
http://www.meritain.com/

Dental Plan: DELTA DENTAL
Customer Service: (602) 938-3131
Email: customerservice@deltadentalaz.com
www.deltadental.com

Vision Plan: SIGHTCARE
Group # 38950
Customer Service: (480) 961-1702
www.sightcareaz.com

Life: Prudential
Group # 07684
Customer Service: (888) 598-5671
www.prudential.com

Arizona State Retirement System
3300 N. Central Ave, Phoenix, AZ 85012
Customer Service: (602) 240-2000
www.azasrs.gov

Liberty Mutual
Client # 116952
Agent: Brian Sullivan
13321 W. Indian School Rd, Litchfield, AZ 85340
Office: (602) 388-0965
Email: brian.sullivan@libertymutual.com

403(b) & 457(b) Deferred Compensation Plan:

TSA Consulting Group
P.O. Box 4037
Ft. Walton Beach, FL 32549
Toll Free: (888) 796-3786
www.tsacg.com

MetLife Resources
Agent: Tim Whitney
Office: (602) 569-9542
Email: twhitney@metlife.com

Great American Advisors
12819 E. Summit Dr, Scottsdale, AZ 85259
Office: (480) 661-1201
Cell: (480) 226-2659
Email: tsaking@gaa.net

Private Education in a Public School Setting

Riverside School District No. 2
2016-2017 Group Insurance Benefit Premiums

The District will pay the premium rates for the employee's Medical, Dental, Vision and Basic Life Insurance coverage. ***Employees who waive medical coverage must submit proof of other medical insurance.*** *Costs that are the responsibility of the employee will be deducted through* ***22*** *payroll deductions beginning with the payroll of* ***July 29, 2016 and ending on May 26, 2017.***

MEDICAL – ASBAIT/MERITAIN

CO-PAY GOLD (PPO)	RATE	RESD CONTRIBUTION	EMPLOYEE CONTRIBUTION	EMPLOYEE PER PAY PERIOD RATE
Employee Only	$468.00	$468.00	$0.00	$0.00
Employee + 1 Dependent	$937.00	$468.00	$469.00	$255.82
Employee + Children or Family	$1254.00	$468.00	$786.00	$428.73
VALUE GOLD (PPO)	**RATE**	**RESD CONTRIBUTION**	**EMPLOYEE CONTRIBUTION**	**EMPLOYEE PER PAY PERIOD RATE**
Employee Only	$384.00	$384.00	$0.00	$0.00
Employee + 1 Dependent	$768.00	$384.00	$384.00	$209.45
Employee + Children or Family	$1028.00	$384.00	$644.00	$351.27
Monthly Contribution to Health Saving Account by RESD = **$84.00 Per Month**				
HDHP $2,600 (PPO)	**RATE**	**RESD CONTRIBUTION**	**EMPLOYEE CONTRIBUTION**	**EMPLOYEE PER PAY PERIOD RATE**
Employee Only	$321.00	$321.00	$0.00	$0.00
Employee + 1 Dependent	$640.00	$321.00	$319.00	$174.00
Employee + Children or Family	$856.00	$321.00	$535.00	$291.82
Monthly Contribution to Health Saving Account by RESD = **$147.00 Per Month**				

DENTAL – DELTA DENTAL

PPO PLUS PREMIER	RATE	RESD CONTRIBUTION	EMPLOYEE CONTRIBUTION	EMPLOYEE PER PAY PERIOD RATE
Employee Only	$35.79	$35.79	$0.00	$0.00
Employee + Spouse	$74.74	$35.79	$38.95	$21.25
Employee + Child(ren)	$88.55	$35.79	$52.76	$28.78
Employee + Family	$144.99	$35.79	$109.20	$59.56

VISION – SIGHTCARE

SIGHTCARE	RATE	RESD CONTRIBUTION	EMPLOYEE CONTRIBUTION	EMPLOYEE PER PAY PERIOD RATE
Employee Only	$4.19	$4.19	$0.00	$0.00
Employee + 1 Dependent	$7.53	$4.19	$3.34	$1.82
Employee + Children	$8.36	$4.19	$4.17	$2.27
Employee + Family	$10.87	$4.19	$6.68	$3.64

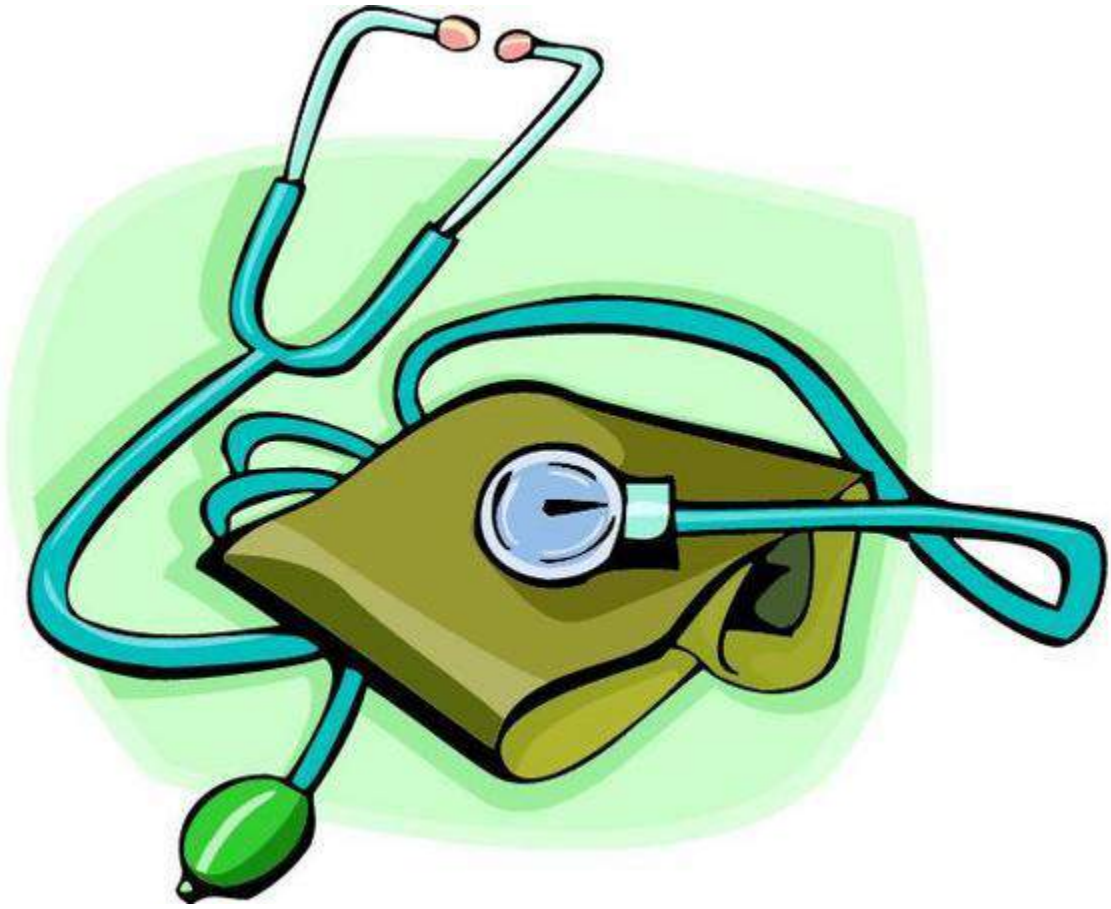
LIFE - PRUDENTIAL

BASIC LIFE & AD&D	RATE	*$40,000.00 Policy Per Employee Basic Life & AD&D*	
Employee	Paid by RESD		
SUPPLEMENTAL LIFE	**EMPLOYEE**	**SPOUSE**	**CHILD(REN)**
Amount Options	$10,000 - $500,000	½ of Employees Benefit up to $100,000	½ of Employees Benefit up to $10,000
RATE	Based on Benefit Amount		
SHORT TERM DISABILITY	**RATE**	*The weekly benefit is 60% of your weekly pre-disability earnings, up to a maximum of $1,000*	
Employee	Based on Annual Salary & Age		

PET – UNITED PET CARE

NUMBER OF PETS	RATE PER PAY PERIOD
1	$5.78
2	$11.02
3	$16.15
4	$21.22

Governing Board Approved 4/21/16



MEDICAL

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Balancing Your Life Means Protecting Your Health

Understanding your medical benefits

Chances are, you try every day to restore a healthy balance to your life, but time gets away from you, or other details come first. Meritain Health is here to help you focus, to support you every step of the way. Read about your benefits in the next sections, and learn all you can about using your plan to make healthy changes. Think of the benefits and programs as an important resource in the protection of your body, mind and spirit!

In this section

- Preventive care
- Online tools with myMERITAIN
- Using your benefits
- Medical management and precertification
- Dental care
- Vision care
- Prescription benefits
- ASBAIT's Nurse Health Coaching
- Employee Assistance Program (EAP)

Preventive care for you and your family—protecting your healthy balance

Question: Which is better: Taking an hour or two out of your busy day to have your annual checkup—or missing hidden symptoms and paying the price in sick days, copays and missed events?

Answer: Nothing makes more sense in these busy times than preventing illness before it happens. That's why your plan offers excellent benefits for preventive services.

Take an easy step towards good health

Your number one way to help yourself and your family stay healthy is with preventive care. When combined with healthy eating and exercise, vaccines and early detection are your key to a long and healthy life. That's why your employer offers many preventive treatments at no cost to you when you visit a doctor in your network.

Your eligible dependents

This benefit plan is open to you and your eligible dependents. An eligible dependent is:

- Your spouse (as defined in your plan documents).
- Your children, natural or adopted.
- Stepchildren.
- A domestic partner (when offered by district).
- Children who have been placed with you for adoption.
- Children for whom you are the legal guardian.

ACA note: Dependent coverage is available for any child (regardless of marital status, residency, student status, etc.) of an employee who is deemed to be the employee's biological, step, foster or adopted child (including a child placed for adoption) until such child reaches age 26.

Please refer to your summary plan description for specific requirements.

Family members covered by a different plan

If you have a family member covered by a different plan:

- You can enroll yourself and your eligible dependents in this plan.
- You can enroll yourself in this plan, but decline benefits for some or all dependent(s).
- You can decline benefits for your whole family.

When your dependents are not eligible for benefits under your plan

Tell your employer if:

- You become divorced or are legally separated from a spouse who was covered under this plan.
- A dependent child ceases to meet the terms of the plan.

To enroll the dependent for COBRA—a special limited-time plan for continuing benefits at your own expense—you must notify your employer within 60 days of that person's change in dependent status.

When you have benefits from two group plans

If you or one of your dependents have benefits under both this plan and another plan, the two plans will coordinate your benefits. One plan will be considered the primary plan (or first payer) and the other will be the secondary plan (pays only after the first plan has paid).

Generally, Meritain Health uses a birthday rule to decide which of the two plans would be the primary plan.

The birthday rule

If both parents provide benefits for a child, then the primary plan is the one from the parent whose birthday comes first in the year.

So, if one parent's birthday is January 12 and the other parent's is April 1, the primary payer will be the plan from the parent whose birthday comes first—January 12. In the unusual case that both parents have the same birthday, the plan of the parent who has provided benefits longest for the child will be primary.

If you say "no" to this plan now

You can refuse the benefits of this plan, but be sure you've looked at the pluses and minuses of that decision. Important: If you don't enroll now, you'll have to wait for your employer to offer an open enrollment period.

If you lose other group benefits that you or your dependents might have, and it's not your fault (for example, the covered person is laid off or let go from a job) you'll be able to sign up for this plan. Likewise, if you have an event such as your own marriage, divorce, or the birth or adoption of a child, you will have another brief period to sign up for this plan without waiting for your employer's open enrollment period. These are considered *qualifying events*.

Open enrollment period

If you waive or decline benefits at first but change your mind later, you can sign up during the time period designated by your employer. Refer to your summary plan description to determine if your plan offers open enrollment.

Special enrollment situations

In these situations, you may be able to add, delete or change your benefit choices.

- Involuntary loss of other benefits
- Marriage
- Birth
- Adoption
- Placement of a child in your home for adoption

If you're adding a dependent to your benefits through a special enrollment situation, let your employer know within 30 or 31 days (varies by district) of the marriage, birth, adoption, etc.; however, this can vary by group.

Changes to preventive care benefits

Your preventive care benefits have been enhanced to provide you and your family with an even greater opportunity to take command of your health and well-being. These benefits include women's preventive services, such as preventive prenatal care, contraceptives, lactation counseling and breast pumps. You won't have to pay anything for these services when:

- The doctor or other healthcare provider is in your network and the main purpose of your visit is to get preventive care.
- You choose generic contraceptives (unless brand name drugs are otherwise allowed under your plan).
- You buy a breast pump according to the guidelines of your benefits plan.

In addition, your benefits plan covers the member share when your provider bills for the following services separately from other services:

- Administration of certain contraceptives, such as the insertion of IUDs or injections
- Women's sterilization procedures

For detailed plan information on your enhanced preventive care benefits, consult your plan document or call the number on your member ID Card. For prescription questions, please contact your Pharmacy Benefit Manager using the number on your ID Card.

Using your medical benefits

Save when you see network providers

The ASBAIT Plan offers a provider network of doctors and other healthcare professionals who have agreed to accept lower amounts than their standard charges, just for members of the ASBAIT Plan. These lower amounts are negotiated and predetermined. That means when you see a network provider, your share of costs is based on a lower charge—so your costs are lower, too.

Network providers are conveniently located in both urban and rural areas. Lower costs and convenient doctors and clinics are important ways that ASBAIT can support your efforts to stay well and have a healthy lifestyle—or to get care as simply as possible when you're sick.

No referrals

You don't have to choose a primary care doctor to direct all of your care or to provide referrals to specialists, but ASBAIT recommends that you build a relationship with a "home base" doctor—one who has all of your records and health history. For best benefits, see specialists that are in the network (called "in-network" or "participating" providers). Remember, if you see providers outside the network, you'll share more of the cost. To be sure the plan pays for charges from any out-of-network provider you choose, call customer service before you receive care.

When it's an emergency

If you can't see a network provider in an emergency, don't worry! Your plan will cover out-of-network emergency charges at the in-network level. For more infomation, refer to your summary plan description.

Helpful tip

You can realize savings while on the road to meeting your annual deductible when you visit doctors and facilities within your provider network.

ASBAIT Network–BCBS of Arizona

Your plan's provider network does not require the selection of a Primary Care Physician (PCP), nor are referrals required in order to receive medical services.

Important: The Arizona School Boards Association Insurance Trust (ASBAIT) Plan contracts with BlueCross/BlueShield of Arizona to use their provider network. This medical benefits plan is provided exclusively by ASBAIT and the member school district with claims being paid by Meritain Health. BlueCross/BlueShield of Arizona is not the name of this plan nor is it the insurance carrier.

To locate a provider in your area, just visit **www.azblue.com/chsnetwork**. Choose ID Cards without alpha prefix.

Special points of interest

- When you need to see your doctor let them know that you have BCBS of AZ and present your ASBAIT medical/Rx card upon your visit.
- By receiving your care and services from a provider in the BlueCross/BlueShield ofArizona Network, you will receive a higher level of benefits (in-network) and therefore have less out-of-pocket expenses.
- The plan/provider network does not require the selection of a PCP, nor are referrals required in order to receive medical services.
- If the need for emergency medical care occurs when traveling outside the plan's network, benefits will be paid as in-network benefits if medical attention was required due to an accident or illness which was serious enough to constitute an "emergency" as defined in the Plan Document.
- Refer to your schedule of benefits for major medical services and benefits.

Nationwide provider access outside of Arizona

When you and your family must seek healthcare services outside of Arizona, you have access to Aetna's broad national provider network of healthcare providers and facilities. Aetna's network contains more than 850,000 participating physicians and ancillary providers, with 6,900 hospitals. When you must visit providers outside of Arizona, the Aetna network will provide in-network benefits. Please note: Transplant services will continue to be administered by BlueCross/BlueShield of Arizona providers only.

Looking for an Aetna provider? It's easy!

Visit Aetna's DocFind at
http://www.aetna.com/docfind/custom/mymeritain/

You can use DocFind anywhere you have Internet access. If you have questionswhile searching for a healthcare professional, simply click on the Contact DocFind link located at the top of any DocFind page to send us a comment or question.

Support for your health journey

ASBAIT and your employer want you to get the best, most appropriate care, when and where you need it. That's why your plan includes the extra expertise of ASBAIT's Medical Management program. The Medical Management nurses are like personal health consultants who can help you make decisions about certain types of care you and your doctor may be considering. Registered nurses review treatment plans, then help to assure that you get the right treatment in the right setting, when you need it.

How to obtain precertification

For non-emergency procedures and hospital admissions: The covered person or the physician must contact Medical Management prior to the admission or in advance of the procedure. Medical Management will review the request for services and contact the physician for any records or additional information necessary to thoroughly evaluate the need for services.

For emergency procedures or hospital admissions: The covered person, the physician, the hospital admissions clerk or anyone associated with the covered person's treatment, must notify Medical Management by telephone within 48 hours of the procedure or admission.

Questions about ASBAIT medical management?
You can contact a medcial management nurse at **1.8555ASBAIT or 1.855.527.2248**

Precertification of a procedure does not guarantee benefits

All benefit payments are determined by Meritain Health, in accordance with the provisions of this plan. The program is designed as a cost-containment program to maximize the plan benefits and reduce unnecessary hospitalizations, surgical procedures and other diagnostic services. Once a precertification has been received, it is valid for a period of 90 days.

Before you get care, call medical management

The following items and/or services must be precertified before any medical services are provided:

- Chemotherapy: All settings including services rendered in a physician's office.
- Dialysis: All settings including services rendered in a physician's office.
- Durable Medical Equipment in excess of $1,500.
- Hospice care
- Inpatient admissions, including inpatient admissions to a skilled nursing facility, extended care facility, rehabilitation facility and inpatient admissions due to a mental disorder or substance use disorder.
- Radiation: All settings including services rendered in a physician's office.
- Imaging, limited to the following: CT/MRA/MRI/PET scans, scintimammography, capsule endoscopy and U.S. bone density (heel).
- Morbid obesity surgery
- Transplants
- Outpatient surgical procedures, (not including surgery rendered in a physician's office.)
- Pain management injections, including services rendered in a physician's office.
- Oncotype diagnostic testing.

Failure to comply with the precertification requirements may result in penalties which you will be responsible for. A 20 percent reduction in benefits may be taken, or you may be disqualified from benefits altogether.

Your doctor may request precertification for you, however you are ultimately responsible for making sure precertification is obtained when required.

On-site biometric screenings

A biometric is a measure of your body's performance and health. If your employer agrees to participate, we come to you—at your work place—to help you get a picture of your current health. The program is voluntary.

Here's how it works

Professionals will conduct a health risk assessment—a confidential survey about your personal health and history—right at your work place. In a private setting, they'll take your blood pressure and draw a blood sample for a blood chemistry profile. This will be used to determine your health today.

Once you've completed the blood draw, you'll be able to view a personalized, confidential report showing your results. The report will include any "heads-up" messages about areas you might need to discuss with your doctor.

ASBAIT's Nurse Health Coaching

If you have an ongoing medical condition, you are far from alone. According to a recent study, nearly 50 percent of Americans have medical conditions of one kind or another. These conditions cause major limitations in daily living for almost 1 out of 10.

However, by adopting healthy behaviors, such as eating nutritious foods, being physically active and avoiding tobacco use, you can reduce or eliminate complications associated with your condition.

Controlling your condition

The goal of ASBAIT's Nurse Health Coaching Program is to help you control your chronic condition, rather than allowing the condition to control you. At the same time, the program will help you set achievable steps and goals to assist you with living a healthy lifestyle.

ASBAIT's Nurse Health Coaching program helps members manage the following conditions:

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Chronic pain (caused by arthritis or lower backpain)
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Diabetes
- Hyperlipidemia
- Hypertension

Participating in the program

If you are invited to participate in ASBAIT's Nurse Health Coaching Program and you choose to do so, you will promptly receive information about the program's resources and educational opportunities. You may also enroll yourself if you think you will benefit from the program.

Getting the assistance you need

As a program participant, you will be assigned a personal nurse coach. Your nurse coach is a registered nurse that uses motivational techniques to build your self-confidence in managing your condition and identifies ways you can get and stay healthy.

Specifically, your nurse coach will:

- Help you set targets and goals, such as lowering your blood sugar, controlling your blood pressure and reducing your cholesterol.
- Provide information on warning signs and symptoms and what to do if they occur.
- Help you comply with your physician's plan of care.
- Provide educational resources specific to your needs.
- Direct you to local community resources.

Think you may benefit from the program?

If you think you would benefit from the program but you have not been contacted, please call **1.855.527.2248**. We are ready to help you manage your condition and maximize the quality of your life.

Alliance Work Partners: Your Employee Assistance Program

Alliance Work Partners (AWP) is your EAP provider, offering you and your family valuable, confidential services at no cost to you. Designated to help you manage daily responsibilities, life events, work stresses or issues affecting your quality of life, AWP is available to take your call 24 hours a day, 7 days a week.

Key provisions of the EAP:

- 1–5 short term counseling session per problem per year, which includes assessment, referral and crisis services
- Dependents age 26, or under, and the employee's household members are eligible to use the confidential EAP
- The EAP is available at no cost to the employee or family member and is confidential
- Legal and financial services
- Work Life services
- Nurseline
- HelpNet services—access to online materials

The EAP nurseline: Call anytime, day or night!

What do you do when you're not sure WHAT to do?:

- When you don't know where to go for care (is it really an emergency?).
- When it's 4 a.m. and your child can't stop coughing?
- When you've taken a tumble and your ankle is swelling?

Alliance Work Partners

For further information or assistance regarding this beneficial program, contact AWP.
Toll free: 1.800.343.3822
TDD: 1.800.448.1823
Email: AM@alliancewp.com

Now you can call the EAP Nurseline to talk to a registered nurse who will listen and give you professional, seasoned advice, making sure you get care in the right place at the right time. One more great support feature for plan participants: Our nurse counselors can connect you to community resources, like support groups, classes and seminars.

- Stress
- Grief
- Marital
- Relationships
- Substance Abuse
- Emotional Health
- Family
- Occupational
- Legal
- Financial

Guidance and confidential counseling for you and your family: EAP Teen Line: 1.800.334.TEEN (8336).

Visit your EAP website at alliancewp.com

Create a customized account by going to:

- Go to **http://www.alliancewp.com**
- Click *login* at the top right
- Initital login:
  Email: **ASBAITmember**
  Password: **AWP4me** (case sensitive)
- You'll be prompted to create your own unique username and password

Safe Ride Program

For those occasional moments when calling a cab is the right thing to do, the Safe Ride Program is available—another FREE and CONFIDENTIAL program for you and your family. AWP will reimburse the cost of cab fare (up to 50 miles one way) when you choose to call a cab rather than drive or ride with someone who has had too much to drink. For more details please call AWP's 24-hour toll-free number: **1.800.343.3822**.

Your prescription for a healthier budget

When you need prescriptions filled, you have your easy-to-use prescription drug benefit. But to get the most from your benefits plan, it pays to be a wise consumer.

Your prescription drug benefit is administered by **Catamaran (OptumRx)**.

Catamaran, your pharmacy benefit administrator, has combined with OptumRx. The companies have joined forces to deliver enhanced pharmacy benefit services and a better health care experience for our members.

This name change does not affect your plan benefits, your ID card, the pharmacies you can use, the drugs covered by your plan or the amount you pay for them.

Controlling your prescription copay

In many cases, you can control how much your share of costs will be when you fill a prescription. How? Generic drugs cost less to manufacture, and they're just as effective as the name brands. You'll save money when you request them because generics have a lower copay than preferred or non-preferred drugs. Visit **www.mycatamaranrx.com** for a drug formulary, which lists which drugs are considered preferred or non-preferred.

Prescription drug copays

Service	Retail	90-day mail order**
Mandatory generic	$15	$30
Preferred brand-name* (when no generic is availale)	20% ($25 min; $80 max)	20% ($50 min; $175 max)
Non-preferred brand-name (when no generic is availale)	30% ($40 min; $110 max)	30% ($80 min; $225 max)
Specialty drug (BriovaRX)	20% ($100 min; $150 max)	NA
HDHP plans	80%, after ded	80%, after ded
HDHP $3000	100%, after ded	100%, after ded

**Please note: If you purchase a brand-name drug while a generic is available, you will be charged the brand-name copay PLUS the cost difference between the generic and the brand-name drug.*

*** Mandatory Mail Order Program—This plan will allow maintenance medications to be filled at retail in 30 day quantities only. For members who would like to purchase a 90 day supply of maintenance medications, the mail order option must be chosen.*

If your prescription is subject to **prior authorization** or step care, the pharmacist will make contact with the prescriber. You may also contact Catamaran (OptumRx) Customer Services at **1.877.665.6609** (same phone number as the Pharmacy Help Desk) for more information.

Why generics make sense

Consider all of the compelling reasons to protect your pocketbook with the lower-price generic drugs:

- Generics can cost up to 75 percent less than their brand-name equivalents.
- FDA testing is exactly the same for generic and brand-name drugs.
- Generics contain the same active ingredients as the original, brand-name drug, in the same amounts and dosages.
- Generic drugs sometimes look different from the original brand-name drug in color or shape, but only because they may have different inactive ingredients that won't change how the drug works.
- Nearly half of all brand-name drugs have generic equivalents—but you may have to ask for them.
- Generics have the lowest copay under this plan, so you save on every prescription.

Specialty drugs

BriovaRX is a specialty pharmacy that works as a support system for you and your providers. BriovaRX delivers patient care personalized to meet your individual needs. They will work with you to ensure you are comfortable with your medications, dosing and potential side effects. A staff member will stay in contact with you throughout treatment and notify your physician of any adverse events or complicatins as they arise.

To learn more about your specialty medication serivce, visit **BriovaRX.com** or contact the customer service team at **855.4Briova** (**855.427.4682**).

Maintenance drugs

You may fill maintenance drugs at the retail pharmacy however, you will only be able to fill 30 day quantities at a time subject to retail copays.

To receive a three month supply of your maintenance medication for two months copay, you must use the mail order service.

Contact Catamaran (OptumRx)
Contact the Pharmacy Help Desk/ Customer Service at: **1.855.312.6103**.

Important Contact Information

Important plan contacts

What do you need help with?	Who to contact	
My ASBAIT benefits	Meritain Health Customer Service	1.866.300.8449 or 1.602.789.1170
My prescription drug benefits	Catamaran (OptumRx) Clinical Prior Authorization	1.855.312.6103 1.877.655.6609
Precertification	ASBAIT Medical Management	1.8555ASBAIT or 1.855.527.2248
EAP/Nurseline	Alliance Work Partners (AWP)	1.800.343.3822
Health U-Safe U Wellness Program	Edwards Risk Management	1.800.575.2657
Nurse Health Coaching	Meritain Health	1.855.527.2248

Claims and customer service information

Balancing healthcare costs: What you pay and what the plan pays.

Your Benefits Schedule shows how much you pay for care, and how much the plan pays. It's a listing of what is and isn't included in your benefits plan. For more detailed information, see your summary plan description (SPD).

For example: After you pay your annual deductible and any up-front copays, the plan begins to pay a percentage of your provider's charges, for example 80%. The remaining percentage, for example 20%, is your responsibility—your "out-of-pocket" costs. You're protected from financial hardship by a maximum out-of-pocket amount each year—the most you'll have to pay before the plan covers costs at 100%.

Claims and customer service

Meritain Health has been the claims administrator for ASBAIT since 1996. All claims adjudication and customer service inquiries are handled by Meritain Health staff members. Correspondence regarding your claims will be sent from our office. The goal of our Customer Service department is to ensure that school employees understand their plan features and receive immediate assistance regarding claims issues, from a highly-qualified and trained staff member. You will be treated with respect, as we are responsible to you for first call resolution with results. It is our goal to not only meet, but exceed your expectations. If you have any questions regarding your benefit plan(s) please contact Meritain Health Customer Service at 1.602.789.1170, or toll free at 1.866.300.8449.

Claim submission

Mail your claim forms and attachments to:
Meritain Health
P.O. Box 853921
Richardson, TX 75085-3921

24-hour access to online tools with myMERITAIN

Your Meritain Health member website at **www.meritain.com** is designed to provide a secure, user and family-friendly, one-stop-shop for you to access the account and claims information you can use to manage your health and wellness.

We're committed to providing you with all the basics you expect, along with added features to support a healthy lifestyle, assist you with medical decisions, and give insight into the maximization of your healthcare dollars.

Your online tools and resources

With myMERITAIN you can:

- Look up health and wellness topics.
- Keep track of your Flexible Spending Account (FSA).
- Find the status of a claim.
- Find in-network doctors, clinics and hospitals.
- Look up prescription and over-the-counter drug information.
- Order ID Cards.
- View plan documents.

Your secure member site

First, visit **www.meritain.com**. Return users, just sign in using your username and password. The first time you access the site, you will be prompted to re-register with a new username and password for enhanced security. Then take advantage of the smart, safe resources your health plan offers, right at your fingertips.

New users can create an account by following the easy instructions. You'll need your health plan ID Card the first time. Remember, each member of your family can have an account, too.

If you need help registering for myMERITAIN, you can contact Meritain Health Customer Service at 1.866.300.8449 or 1.602.789.1170.

On-the-go access to your Meritain Health benefits

Now you can get benefits information when and where you need it—right from your smart phones and tablets. It's all part of the new Mobile Capabilities for members from Meritain Health. And it's available now.

Easy to access and easy to use

1. **First, simply register for your mobile account through www.meritain.com.**
   (If you've already registered to access your personal information on myMERITAIN—you can skip this step. Simply log in to myMERITAIN through the browser on your smart device to access your account.) *
2. **From any mobile device, just log into myMERITAIN.** Once you do, your mobile features will be ready to use. You'll find quick-to-navigate displays you can easily use with your device's touch screen.

** For best results, we recommend you register for your mobile account using a desktop computer.*

If you have any questions about how to register or use Meritain Health's Mobile Capabilities, we can help. Simply call Meritain Health Customer Service at 1.866.300.8449 or 1.602.789.1170.

You may not always be in front of your computer. But now, you'll always be able to find the healthcare information you need to help you get the most out of your healthcare benefits. It is one more way Meritain Health is working hard to help you be your healthiest self.

Privacy regulations

Members over 18 years of age have partially protected information according to HIPAA Privacy Regulations.

Members over 18 having difficulty creating an account with their SSN, please contact Meritain Health Customer Service at **1.866.300.8449 or 1.602.789.1170**.

Wellness resources right at your fingertips

The more health tools, the merrier! That's why you have online access to the ASBAIT Wellness Portal through **www.meritain.com**. You can access the ASBAIT Wellness Portal around the clock, from any computer or smart phone. It gives you the resources you need to take control of your wellness.

Your online health tools

After you register for the ASBAIT Wellness Portal, you'll gain access to a variety of wellness resources, including:

- An online health assessment.
- Multi-media health tools, such as recommended health actions and activities, videos, webinars, audio files and more.
- A customizable personal health record.
- The option to create and share information with a personal care team.

If you have any questions about the ASBAIT Wellness Portal, you can call Meritain Health Customer Service at **1.866.300.8449 or 1.602.789.1170.**

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at **www.meritain.com** or by calling Meritain Health, Inc. at **(866) 300-8449**.

Important Questions	Answers	Why this Matters:
What is the overall **deductible**?	For participating **providers:** **$0** For non-participating **providers:** **$900** person / **$2,700** family	You must pay all the costs up to the **deductible** amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the **deductible** starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the **deductible**.
Are there other **deductibles** for specific services?	No.	You don't have to meet **deductibles** for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an **out-of-pocket limit** on my expenses?	Yes. For participating **providers**: **$6,350** person / **$12,700** For non-participating **providers:** **Unlimited**	The **out-of-pocket limit** is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the **out-of-pocket limit**?	Premiums, balance-billed charges and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the **out-of-pocket limit.**
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for *specific* covered services, such as office visits.
Does this plan use a **network** of **providers**?	Yes. Blue Cross® Blue Shield® of Arizona. See **www.azblue.com** or call **(800) 232-2345** for a list of participating **providers**.	If you use an in-network doctor or other health care **provider**, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network **provider** for some services. Plans use the term in-network, **preferred**, or participating for **providers** in their **network**. See the chart starting on page 2 for how this plan pays different kinds of **providers**.
Do I need a referral to see a **specialist**?	No.	You can see the **specialist** you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about **excluded services**.

- **Copayments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is $1,000, your **coinsurance** payment of 20% would be $200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If a non-participating **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if a non-participating **provider** hospital charges $1,500 for an overnight stay and the **allowed amount** is $1,000, you may have to pay the $500 difference. (This is called **balance billing**.)
- This plan may encourage you to use participating **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or an illness	$30 copay/visit	50% coinsurance	Copay applies per visit regardless of what services are rendered.
	Specialist visit	$40 copay/visit	50% coinsurance	
	Other practitioner office visit	$30 copay/visit for chiropractor	50% coinsurance for chiropractor	Limited to 20 visits per year.
	Preventive care/ screening/immunization	Preventive services: No charge Routine care: No charge for the first $300 per year, then 90% Flu vaccines/pneumonia & shingles vaccinations: No charge Hearing exam: $30 copay/ exam	No charge for flu vaccines, pneumonia and shingles vaccinations Hearing exam: 50% coinsurance All other routine care: Not covered	Hearing exams limited to 1 per year. No deductible for flu vaccines, pneumonia and shingles vaccinations for non-participating providers.
If you have a test	Diagnostic test (x-ray, blood work)	Single service costing less than $500: $30 copay. Single service costing $500 or more: $50 copay	50% coinsurance	For any tests performed at a participating provider freestanding laboratory, you pay $30 copay.
	Imaging (CT/PET scans, MRIs)	For a single service costing less than $500: $30 copay. For a single service costing $500 or more: $50 copay	50% coinsurance	Precertification required. Failure to precertify will result in a 20% penalty.

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition. More information about **prescription drug coverage** is available at www.myCatamaranrx.com	Generic drugs	$15 copay (retail) / $30 copay (mail order) per prescription	Not Covered	Covers up to a 30-day supply (retail prescription); 90-day supply (available only by mail order). Copay applies per prescription. Plan requires pharmacies to dispense generic drugs when available. If you choose a preferred or non-preferred drug over a generic equivalent, you will be responsible for the cost difference between the generic & preferred drug as well as the preferred or non-preferred copay, even if a DAW prescription is written by the physician. No charge for preventive drugs. Diabetic medications will have $5 copay (retail) /$10 copay (mail order) for generic and $10 copay (retail)/$30 copay (mail order) for brand name when enrolled in the Catamaran Diabetic Sense Program. This plan will allow maintenance medications to be filled at retail in 30 day quantities only and will be subject to appropriate copay upon each 30 day refill. Member must choose mail order to receive a 90 day quantity on a maintenance drug and benefit from paying only 2 copays for a 3 month (90 day supply).
	Preferred drugs	20% copay ($25 min, $80 max) (retail) / 20% copay ($50 min, $175 max) (mail order)	Not Covered	
	Non-preferred drugs	30% copay ($40 min, $110 max) (retail) / 30% copay ($80 min, $225 max) (mail order)	Not Covered	
	Specialty drugs	20% copay ($100 min, $150 max)	Not Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	$75 copay/occurrence	50% coinsurance	Precertification required unless performed in an office setting. Failure to precertify will result in a 20% penalty. For participating physician office surgery under $1,000 cost is $30 copay/occurrence (PCP) or $40 copay/occurrence (specialist). Surgery over $1,000 cost is $50/occurrence (PCP & specialist).
	Physician/surgeon fees	$75 copay/occurrence	50% coinsurance	
If you need immediate medical attention	Emergency room services	$150 copay/visit (facility) / $40 copay (professional & ancillary)	$150 copay/visit (facility) / $40 copay (professional & ancillary) for medical emergency/50% coinsurance (non-medical emergency all charges)	Non-participating deductible only applies to non-emergency professional & ancillary charges. Non-participating providers paid at the participating provider level of benefits for medical emergency only. Copay will not apply if you are admitted directly to the hospital as an inpatient.
	Emergency medical transportation	$50 copay per trip (ground) / $200 copay per trip (air)	$50 copay per trip (ground) / $200 copay per trip (air)	Non-participating providers paid at the participating provider level of benefits.

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
	Urgent Care	$50 copay/visit	$50 copay/visit + 50% coinsurance	----------none----------
If you have a hospital stay	Facility fee (e.g., hospital room)	$250 copay/admission	$300 copay/admission + 50% coinsurance	Precertification required. Failure to precertify will result in a 20% penalty.
	Physician/surgeon fee	$30 copay/visit (PCP) / $40 copay/visit (specialist) / $75 copay/visit (surgeon)	50% coinsurance	
If you have mental health , behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	$75 copay/occurrence (outpatient) / $30 copay/ visit (office visit)	50% coinsurance	----------none----------
	Mental/Behavioral health inpatient services	$250 copay/admission (facility charge) / $30 co-pay/visit (professional fees)	$300 copay/admission + 50% coinsurance	Precertification required. Failure to precertify will result in a 20% penalty.
	Substance use disorder outpatient services	$75 copay/occurrence (outpatient) / $30 copay/ visit (office visit)	50% coinsurance	----------none----------
	Substance use disorder inpatient services	$250 copay/admission (facility charge) / $30 co-pay/visit (professional fees)	$300 copay/admission + 50% coinsurance	Precertification required. Failure to precertify will result in a 20% penalty.
If you are pregnant	Prenatal and postnatal care	$300 copay/pregnancy (combined with delivery and inpatient services)	50% coinsurance	There is no charge for preventive prenatal care and certain breastfeeding support and supplies from a participating provider**.**
	Delivery and inpatient services	$300 copay (professional fees-combined with prenatal and postnatal care) / $250 copay (facility charges)	50% coinsurance (professional fees) / $300 copay/admission + 50% (facility charges)	Precertification required for inpatient Hospital stays in excess of 48 hrs (vaginal delivery) or 96 hrs (c-section). Failure to precertify will result in a 20% penalty. Baby counts towards the mother's expense.
If you need help recovering or have other special health needs	Home health care	$30 copay/visit	50% coinsurance	Limited to 60 visits per calendar year. Home health care supplies not subject to the calendar year maximum.
	Rehabilitation services	$30 copay/visit	50% coinsurance	Includes physical, speech & occupational therapy. Limited to a 60 visits per year per type of therapy.
	Habilitation services	Not Covered	Not Covered	This exclusion will not apply to expenses related to the diagnosis, testing and treatment of autism and to expenses covered as a preventive service.
	Skilled nursing care	$250 copay/admission	$300 copay/admission + 50% coinsurance	Limited to 60 days per 12 months. Precertification required. Failure to precertify will result in a 20% penalty.

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
	Durable medical equipment	$30 copay (rental) / $200 copay (purchase)	50% coinsurance	Precertification required for any item in excess of $1,500. Failure to precertify will result in a 20% penalty.
	Hospice service	$30 copay/visit (outpatient) / $250 copay/admission (inpatient)	50% coinsurance (outpatient) / $300 copay/admission, then 50% coinsurance (inpatient)	Bereavement counseling is not covered. Precertification of hospice services required. Failure to precertify will result in a 20% penalty.
If your child needs dental or eye care	Eye exam	Not Covered	Not Covered	Covered under stand alone vision plan.
	Glasses	Not Covered	Not Covered	Covered under stand alone vision plan.
	Dental check-up	Not Covered	Not Covered	Covered under stand alone dental plan.

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- **Acupuncture**
- **Bereavement counseling**
- **Cosmetic surgery**
- **Dental care (covered under stand alone dental plan)**
- **Glasses (covered under stand alone vision plan)**
- **Habilitation services (except autism & preventive services)**
- **Infertility treatment (except diagnosis)**
- **Long-term care**
- **Non-emergency care when traveling outside the U.S.**
- **Private-duty nursing (except for home health care & hospice)**
- **Routine eye care (covered under stand alone vision plan)**
- **Routine foot care**
- **Weight loss programs**

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- **Bariatric surgery (for the treatment of morbid obesity only)**
- **Chiropractic care**
- **Hearing aids**

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- **Amount owed to providers: $7,540**
- **Plan pays $6,420**
- **Patient pays $1,120**

Sample care costs:	
Hospital charges (mother)	$2,700
Routine obstetric care	$2,100
Hospital charges (baby)	$900
Anesthesia	$900
Laboratory tests	$500
Prescriptions	$200
Radiology	$200
Vaccines, other preventive	$40
Total	**$7,540**
Patient pays:	
Deductibles	$0
Copays	$970
Coinsurance	$0
Limits or exclusions	$150
Total	**$1,120**

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- **Amount owed to providers: $5,400**
- **Plan pays $3,800**
- **Patient pays $1,600**

Sample care costs:	
Prescriptions	$2,900
Medical Equipment and Supplies	$1,300
Office Visits and Procedures	$700
Education	$300
Laboratory tests	$100
Vaccines, other preventive	$100
Total	**$5,400**
Patient pays:	
Deductibles	$0
Copays	$1,520
Coinsurance	$0
Limits or exclusions	$80
Total	**$1,600**

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at **www.meritain.com** or by calling Meritain Health, Inc. at **(866) 300-8449**.

Important Questions	Answers	Why this Matters:
What is the overall **deductible**?	For participating **providers**: **$750** person / **$1,500** family; For non-participating **providers**: **$3,000** person / **$9,000** family	You must pay all the costs up to the **deductible** amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the **deductible** starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the **deductible**.
Are there other **deductibles** for specific services?	No.	You don't have to meet **deductibles** for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an **out-of-pocket limit** on my expenses?	For participating **providers**: **$5,000** person / **$10,000** For non-participating **providers**: **Unlimited**	The **out-of-pocket limit** is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the **out-of-pocket limit**?	Premiums, balance-billed charges & health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the **out-of-pocket limit.**
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for *specific* covered services, such as office visits.
Does this plan use a **network** of **providers**?	Yes. Blue Cross® Blue Shield® of Arizona. See **www.azblue.com** or call **(800) 232-2345** for a list of participating **providers**.	If you use an in-network doctor or other health care **provider**, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network **provider** for some services. Plans use the term in-network, **preferred**, or participating for **providers** in their **network**. See the chart starting on page 2 for how this plan pays different kinds of **providers**.
Do I need a referral to see a **specialist**?	No.	You can see the **specialist** you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about **excluded services**.

- **Copayments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is $1,000, your **coinsurance** payment of 20% would be $200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If a non-participating **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if a non-participating **provider** hospital charges $1,500 for an overnight stay and the **allowed amount** is $1,000, you may have to pay the $500 difference. (This is called **balance billing**.)
- This plan may encourage you to use participating **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or an illness	$35 copay/visit	50% coinsurance	Deductible does not apply for participating providers. Copay applies per visit regardless of what services are rendered.
	Specialist visit	$45 copay/visit	50% coinsurance	
	Other practitioner office visit	$35 copay/visit for chiropractor	50% coinsurance for chiropractor	Deductible does not apply for participating providers. Limited to 20 visits per year.
	Preventive care/ screening/immunization	Preventive services: No charge Routine care: No charge for the first $300 per year, then 90% Flu vaccines/ pneumonia & shingles vaccinations: No charge Hearing exam: $35 copay/ exam	No charge for flu vaccines, pneumonia and shingles vaccinations Hearing exam: 50% coinsurance All other routine care: Not covered	Deductible does not apply for participating providers. No deductible for flu vaccines, pneumonia and shingles vaccinations for non-participating providers. Hearing exams limited to 1 per year.
If you have a test	Diagnostic test (x-ray, blood work)	25% coinsurance	50% coinsurance	Deductible does not apply for any tests performed at a participating provider freestanding laboratory.
	Imaging (CT/PET scans, MRIs)	25% coinsurance	50% coinsurance	Precertification required. Failure to precertify will result in a 20% penalty.
If you need drugs to treat your illness	Generic drugs	$15 copay (retail) / $30 copay (mail order)	Not Covered	Deductible does not apply. Covers up to a 30-day supply (retail prescription); 90-day supply (available only by mail

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
or condition. More information about **prescription drug coverage** is available at www.myCatamaranrx.com	Preferred drugs	20% copay ($25 min, $80 max) (retail) / 20% copay ($50 min, $175 max) (mail order)	Not Covered	order). Copay applies per prescription. Plan requires pharmacies to dispense generic drugs when available. If you choose a preferred or non-preferred drug over a generic equivalent, you will be responsible for the cost difference between the generic & preferred or non-preferred drug as well as the preferred or non-preferred copay, even if a DAW prescription is written by the physician. No charge or deductible for preventive drugs. Diabetic medications will have a $5 copay (retail)/$10 copay (mail order) for generic and $10 copay (retail)/$30 copay (mail order) for brand name when enrolled in the Catamaran Diabetic Sense Program. This plan will allow maintenance medications to be filled at retail in 30 day quantities only and will be subject to appropriate copay upon each 30 day refill. Member must choose mail order to receive a 90 day quantity on a maintenance drug and benefit from paying only 2 copays for a 3 month (90 day supply).
	Non-preferred drugs	30% copay ($40 min, $110 max) (retail) / 30% copay ($80 min, $225 max) (mail order)	Not Covered	
	Specialty drugs	20% copay ($100 min, $150 max)	Not Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	25% coinsurance	50% coinsurance	Precertification required unless performed in an office setting. Failure to precertify will result in a 20% penalty. For participating physician office surgery under $1,000 cost is $35 copay/occurrence (PCP) or $45 copay/occurrence (specialist) with no deductible. Surgery over $1,000 cost is 25% coinsurance after deductible (PCP & specialist).
	Physician/surgeon fees	25% coinsurance	50% coinsurance	
If you need immediate medical attention	Emergency room services	25% coinsurance	25% coinsurance (medical emergency) / 50% coinsurance (non-medical emergency)	Non-participating providers paid at the participating provider level of benefits for medical emergency only.
	Emergency medical transportation	25% coinsurance per trip (ground) / $200 copay/trip + 25% coinsurance (air)	25% coinsurance per trip (ground) / $200 copay/trip + 25% coinsurance (air)	Non-participating providers paid at the participating provider level of benefits.
	Urgent Care	$50 copay/visit + 25% coinsurance	$50 copay/visit + 50% coinsurance	Deductible does not apply for participating providers.

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you have a hospital stay	Facility fee (e.g., hospital room)	$250 copay/admission + 25% coinsurance	$300 copay/admission + 50% coinsurance	Deductible does not apply for participating provider facility fees. Precertification required. Failure to precertify will result in a 20% penalty.
	Physician/surgeon fee	25% coinsurance	50% coinsurance	
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	25% coinsurance (outpatient) / $35 copay/visit (office visit)	50% coinsurance	Deductible does not apply to office visits for participating provider
	Mental/Behavioral health inpatient services	$250 copay/admission + 25% coinsurance (facility charge) / 25% coinsurance (professional fees)	$300 copay/admission + 50% coinsurance	Deductible does not apply for participating provider facility fees. Precertification required. Failure to precertify will result in a 20% penalty.
	Substance use disorder outpatient services	25% coinsurance (outpatient) / $35 copay/visit (office visit)	50% coinsurance	Deductible does not apply to office visits for participating provider
	Substance use disorder inpatient services	$250 copay/admission + 25% coinsurance (facility charge) / 25% coinsurance (professional fees)	$300 copay/admission + 50% coinsurance	Deductible does not apply for participating provider facility fees. Precertification required. Failure to precertify will result in a 20% penalty.
If you are pregnant	Prenatal and postnatal care	25% coinsurance	50% coinsurance	There is no charge for preventive prenatal care and certain breastfeeding support and supplies from a participating provider**.**
	Delivery and all inpatient services	$250 copay/admission + 25% coinsurance (facility charges) /25% coinsurance (professional fees)	50% coinsurance (professional fees) / $300 copay/admission + 50% (facility charges)	Deductible does not apply for participating provider facility fees. Precertification required for inpatient Hospital stays in excess of 48 hrs (vaginal delivery) or 96 hrs (c-section). Failure to precertify will result in a 20% penalty. Baby counts towards the mother's expense.
If you need help recovering or have other special health needs	Home health care	25% coinsurance	50% coinsurance	Limited to 60 visits per calendar year. Home health care supplies not subject to the calendar year maximum.
	Rehabilitation services	$35 copay/visit	50% coinsurance	Deductible does not apply for participating providers. Includes physical, speech & occupational therapy. Limited to 60 visits per year per type of therapy.
	Habilitation services	Not Covered	Not Covered	This exclusion will not apply to expenses related to the diagnosis, testing and treatment of autism and to expenses covered as a preventive service.

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
	Skilled nursing care	$250 copay/admission + 25% coinsurance	$300 copay/admission + 50% coinsurance	Deductible does not apply for participating providers. Limited to 60 days per 12 months. Precertification required. Failure to precertify will result in a 20% penalty.
	Durable medical equipment	25% coinsurance	50% coinsurance	Precertification required for any item in excess of $1,500. Failure to precertify will result in a 20% penalty.
	Hospice service	25% coinsurance (outpatient) / $250 copay/admission + 25% coinsurance (inpatient)	50% coinsurance (outpatient) / $300 copay/admission + 50% coinsurance (inpatient)	Deductible does not apply for participating provider inpatient services. Bereavement counseling is not covered. Precertification of hospice services required. Failure to precertify will result in a 20 penalty.
If your child needs dental or eye care	Eye exam	Not Covered	Not Covered	Covered under stand alone vision plan.
	Glasses	Not Covered	Not Covered	Covered under stand alone vision plan.
	Dental check-up	Not Covered	Not Covered	Covered under stand alone dental plan.

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- **Acupuncture**
- **Bereavement counseling**
- **Cosmetic surgery**
- **Dental care (covered under stand alone dental plan)**
- **Glasses (covered under stand alone vision plan)**
- **Habilitation services (except autism & preventive services)**
- **Infertility treatment (except diagnosis)**
- **Long-term care**
- **Non-emergency care when traveling outside the U.S.**
- **Private-duty nursing (except for home health care & hospice)**
- **Routine eye care (covered under stand alone vision plan)**
- **Routine foot care**
- **Weight loss programs**

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- **Bariatric surgery (for the treatment of morbid obesity only)**
- **Chiropractic care**
- **Hearing aids**

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

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Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- **Amount owed to providers: $7,540**
- **Plan pays $4,990**
- **Patient pays $2,550**

Sample care costs:	
Hospital charges (mother)	$2,700
Routine obstetric care	$2,100
Hospital charges (baby)	$900
Anesthesia	$900
Laboratory tests	$500
Prescriptions	$200
Radiology	$200
Vaccines, other preventive	$40
Total	**$7,540**
Patient pays:	
Deductibles	$750
Copays	$20
Coinsurance	$1,630
Limits or exclusions	$150
Total	**$2,550**

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- **Amount owed to providers: $5,400**
- **Plan pays $3,410**
- **Patient pays $1,990**

Sample care costs:	
Prescriptions	$2,900
Medical Equipment and Supplies	$1,300
Office Visits and Procedures	$700
Education	$300
Laboratory tests	$100
Vaccines, other preventive	$100
Total	**$5,400**
Patient pays:	
Deductibles	$750
Copays	$890
Coinsurance	$270
Limits or exclusions	$80
Total	**$1,990**

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at **www.meritain.com** or by calling Meritain Health, Inc. at **(866) 300-8449**.

Important Questions	Answers	Why this Matters:
What is the overall **deductible**?	For participating **providers**: **$2,600** person / **$5,200** family; For non-participating **providers**: **$8,000** person / **$16,000** family	You must pay all the costs up to the **deductible** amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the **deductible** starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the **deductible**.
Are there other **deductibles** for specific services?	No.	You don't have to meet **deductibles** for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an **out-of-pocket limit** on my expenses?	For participating **providers**: **$6,350** person / **$12,700** family; For non-participating **providers**: **$20,000** single / **$30,000** family	The **out-of-pocket limit** is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the **out-of-pocket limit**?	Premiums, balance-billed charges & health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the **out-of-pocket limit.**
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for *specific* covered services, such as office visits.
Does this plan use a **network** of **providers**?	Yes. Blue Cross® Blue Shield® of Arizona. See **www.azblue.com** or call **(800) 232-2345** for a list of participating **providers**.	If you use an in-network doctor or other health care **provider**, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network **provider** for some services. Plans use the term in-network, **preferred**, or participating for **providers** in their **network**. See the chart starting on page 2 for how this plan pays different kinds of **providers**.
Do I need a referral to see a **specialist**?	No.	You can see the **specialist** you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about **excluded services**.
Is a Health Savings Account (HSA) available under this plan option?	Yes.	An HSA is an account that may be set up by you or your employer to help you plan for current and future health care costs. You may make contributions to the HSA up to a maximum amount set by the IRS.

- **Copayments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is $1,000, your **coinsurance** payment of 20% would be $200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If a non-participating **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if a non-participating **provider** hospital charges $1,500 for an overnight stay and the **allowed amount** is $1,000, you may have to pay the $500 difference. (This is called **balance billing**.)
- This plan may encourage you to use participating **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or an illness	20% coinsurance	50% coinsurance	----------none----------
	Specialist visit	20% coinsurance	50% coinsurance	
	Other practitioner office visit	20% coinsurance for chiropractor	50% coinsurance for chiropractor	Limited to 20 visits per year.
	Preventive care/ screening/ immunization	Preventive services: No charge Routine care: No charge for the first $300 per year, then 90% Flu vaccines/pneumonia & shingles vaccinations: No charge Hearing exam: 20% coinsurance	No charge for flu vaccines, pneumonia and shingles vaccinations Hearing exam: 50% coinsurance All other routine care: Not covered	Deductible does not apply for participating providers. No deductible for flu vaccines, pneumonia and shingles vaccinations for non-participating providers. Hearing exams limited to 1 per year.
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	50% coinsurance	----------none----------
	Imaging (CT/PET scans, MRIs)	20% coinsurance	50% coinsurance	Precertification required. Failure to precertify will result in a 20% penalty.
If you need drugs to treat your illness	Generic drugs	20% coinsurance	Not Covered	Major medical deductible applies. Covers up to a 30-day supply (retail prescription); 90-day supply (available only
	Preferred drugs	20% coinsurance	Not Covered	

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
or condition. More information about **prescription drug coverage** is available at www.myCatamaranrx.com	Non-preferred drugs	20% coinsurance	Not Covered	by mail order). Plan requires pharmacies to dispense generic drugs when available. If you choose a preferred or non-preferred drug over a generic equivalent. No charge or deductible for preventive drugs. This plan will allow maintenance medications to be filled at retail in 30 day quantities only. For members who would like to purchase a 90 day supply of maintenance medications, the mail order option must be chosen, which could result in additional cost savings.
	Specialty drugs	Paid the same as generic, preferred and non-preferred drugs.	Not Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	50% coinsurance	Precertification required unless performed in an office setting. Failure to precertify will result in a 20% penalty.
	Physician/surgeon fees	20% coinsurance	50% coinsurance	
If you need immediate medical attention	Emergency room services	20% coinsurance	20% (medical emergency) / 50% coinsurance (non-medical emergency)	Non-participating providers paid at the participating provider level of benefits for medical emergency only.
	Emergency medical transportation	20% coinsurance per trip (ground) / $200 copay/trip + 20% coinsurance (air)	20% coinsurance per trip (ground) / $200 copay/trip + 20% coinsurance (air)	Non-participating providers paid at the participating provider level of benefits.
	Urgent Care	$50 copay/visit + 20% coinsurance	50% coinsurance	The copay applies to all services during a visit.
If you have a hospital stay	Facility fee (e.g., hospital room)	$250 copay/admission + 20% coinsurance	50% coinsurance	Precertification required. Failure to precertify will result in a 20% penalty.
	Physician/surgeon fee	20% coinsurance	50% coinsurance	
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	20% coinsurance	50% coinsurance	----------none----------
	Mental/Behavioral health inpatient services	$250 copay/admission + 20% coinsurance (facility charge) 20% coinsurance (professional fees)	50% coinsurance	Precertification required. Failure to precertify will result in a 20% penalty.

Common Medical Event	Services You May Need	Your Cost If You Use a Participating Provider	Your Cost If You Use a Non-Participating Provider	Limitations & Exceptions
	Substance use disorder outpatient services	20% coinsurance	50% coinsurance	----------none----------
	Substance use disorder inpatient services	$250 copay/admission + 20% coinsurance (facility charge) 20% coinsurance (professional fees)	50% coinsurance	Precertification required. Failure to precertify will result in a 20% penalty.
If you are pregnant	Prenatal and postnatal care	20% coinsurance	50% coinsurance	There is no charge and the deductible does not apply to preventive prenatal care and certain breastfeeding support and supplies from a participating provider**.**
	Delivery and all inpatient services	20% coinsurance (professional fees) / $250 copay/admission + 20% coinsurance (facility charges)	50% coinsurance	Precertification required for inpatient Hospital stays in excess of 48 hrs. (vaginal delivery) or 96 hrs. (C-section). Failure to precertify will result in a 20% penalty. Baby counts towards the mother's expense.
If you need help recovering or have other special health needs	Home health care	20% coinsurance	50% coinsurance	Limited to 60 visits per calendar year. Home health care supplies not subject to the calendar year maximum.
	Rehabilitation services	20% coinsurance	50% coinsurance	Includes physical, speech & occupational therapy Limited to 60 visits per year per type of therapy.
	Habilitation services	Not Covered	Not Covered	This exclusion will not apply to expenses related to the diagnosis, testing and treatment of autism and to expenses covered as a preventive service.
	Skilled nursing care	$250 copay/admission + 20% coinsurance	50% coinsurance	Limited to 60 days per 12 months. Precertification required. Failure to precertify will result in a 20% penalty.
	Durable medical equipment	20% coinsurance	50% coinsurance	Precertification required for any item in excess of $1,500. Failure to precertify will result in a 20% penalty.
	Hospice service	20% coinsurance (outpatient) / $250 copay/admission + 20% coinsurance (inpatient)	50% coinsurance	Bereavement counseling is not covered. Precertification of hospice services required. Failure to precertify will result in a 20% penalty.
If your child needs dental or eye care	Eye exam	Not Covered	Not Covered	Covered under stand alone vision plan.
	Glasses	Not Covered	Not Covered	Covered under stand alone vision plan.
	Dental check-up	Not Covered	Not Covered	Covered under stand alone dental plan.

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Bereavement counseling
- Cosmetic surgery
- Dental care (covered under stand alone dental plan)
- Glasses (covered under stand alone vision plan)
- Habilitation services (except autism & preventive services)
- Infertility treatment (except diagnosis)
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing (except for home health care & hospice)
- Routine eye care (covered under stand alone vision plan)
- Routine foot care
- Weight loss programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Bariatric surgery (for the treatment of morbid obesity only)
- Chiropractic care
- Hearing aids

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- **Amount owed to providers: $7,540**
- **Plan pays $3,650**
- **Patient pays $3,890**

Sample care costs:	
Hospital charges (mother)	$2,700
Routine obstetric care	$2,100
Hospital charges (baby)	$900
Anesthesia	$900
Laboratory tests	$500
Prescriptions	$200
Radiology	$200
Vaccines, other preventive	$40
Total	**$7,540**
Patient pays:	
Deductibles	$2,600
Copays	$250
Coinsurance	$890
Limits or exclusions	$150
Total	**$3,890**

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- **Amount owed to providers: $5,400**
- **Plan pays $2,190**
- **Patient pays $3,210**

Sample care costs:	
Prescriptions	$2,900
Medical Equipment and Supplies	$1,300
Office Visits and Procedures	$700
Education	$300
Laboratory tests	$100
Vaccines, other preventive	$100
Total	**$5,400**
Patient pays:	
Deductibles	$2,600
Copays	$0
Coinsurance	$530
Limits or exclusions	$80
Total	**$3,210**

DENTAL

PAGES 33 - 37

DELTA DENTAL®

RIVERSIDE SCHOOL DISTRICT NO. 2
Delta Dental PPO plus Premier℠ Provider Network
Benefits Effective: July 1, 2016

Covered Services	Delta Dental		Non Delta Dental Dentist[1]
	PPO Dentist	Premier Dentist	
Annual Maximum Benefit (Combination of in and out-of-network)	**$1,500**	**$1,500**	**$1,500**
Lifetime Orthodontia Maximum (Combination of in and out-of-network)	**$1,500**	**$1,500**	**$1,500**
Annual Deductible (Individual/Family) (Combination of in and out-of-network)	**$50/150**	**$50/150**	**$50/150**
Preventive Services (Does not apply toward the Annual Maximum Benefit)			
• Exams, evaluations or consultations: Two in a benefit year. • Full mouth/Panorex or vertical bitewings X-rays: Once in a 3-year period. • Bitewing X-rays: Two in a benefit year. • Periapical X-rays: As needed. • Routine Cleanings: Limited to two in a benefit year. One difficult cleaning may be exchanged for one routine cleaning. However, the difficult cleaning is limited to once in a 5-year period. • Topical Application of Fluoride: For children to age 18 - Two in a benefit year. • Space Maintainers: For missing posterior primary (baby) teeth up to age 14. • Sealants: For children up to age 19 - Once in a 3-year period for permanent molars and bicuspids.	100%	100%	100%
Basic Services			
• Fillings: Silver amalgam and for front teeth only, synthetic tooth color fillings. One per surface every two years. • Stainless Steel Crowns • Emergency (Palliative Treatment): Treatment for the relief of pain. • Endodontics: Root canal treatment (permanent teeth). Pulpotomy primary (baby) teeth. • Periodontics: Treatment of gum disease - Non-surgical once every two years. Surgical once every three years. • Oral Surgery: Simple extractions. • Oral Surgery: Surgical extractions.	80%[2]	80%[2]	80%[2]
Major Services			
• Prosthodontics: Bridges, partial dentures, complete dentures - 5-year waiting period for replacement last performed. • Bridge and Denture Repair: Repair of such appliances to their original condition, including relining of dentures. • Implant- Implants are only a benefit to replace a single missing tooth once in a five (5) year interval from the date the procedure was last performed. • Restorative: Crowns and onlays - 5-year waiting period for replacement last performed.	50%[2]	50%[2]	50%[2]
Orthodontic Services			
• Benefit for children ages 8-19. Children must be banded prior to age 17. Payable in two payments - upon initial banding and 12 months after. The orthodontic maximum is separate from the annual maximum for your other dental benefits.	50%	50%	50%

[1] Members may incur higher out-of-pocket costs when seeing a Non Delta Dental dentist.

[2] Deductible applies to these services.

BENEFITS ARE SUBJECT TO ALL PROVISIONS, TERMS & CONDITIONS OF THE GROUP CONTRACT

Dependent Age Limit: 26 | Predetermination recommended for services over $250.

You are enrolled in a Delta Dental PPO plus Premier plan. You and your family members may visit any licensed dentist. There are three levels to choose from:

- **PPO Dentist** -- Payment is based on the PPO dentist's allowable fee or the actual fee charged, whichever is less.
- **Premier Dentist** -- Payment is based on the Premier Maximum Reimbursable Amount (MRA), filed fee, or the fee actually charged, whichever is less.
- **Non Delta Dental Dentist** -- Payment is based on the non-participating dentist Table of Allowance. Members are responsible for the difference between the non-participating dentist Table of Allowance and the full fee charged by the dentist.

To Find A Dentist - www.deltadentalaz.com **Customer Service Phone # 1.800.352.6132**

With Delta Dental of Arizona's **CheckUp Plus™** program*, preventive and diagnostic services are no longer deducted from your annual plan maximum – giving you more money to use when you need it most.

Maximize your maximum.

Potential Savings Impact of **CheckUp Plus™**

Example assumes two routine checkups (exams, X-rays, cleanings) per year covered at 100% with a $1,000 annual maximum. Sealants and any other services that are part of your plan's diagnostic and preventive category may be covered under CheckUp Plus.

Plan maximum $ remaining after 2nd checkup

WITH CheckUp Plus	100%	SAVE UP TO **$300** of your $1,000 annual maximum‡
WITHOUT CheckUp Plus	70%	YOU SAVE **$0** of your $1,000 annual maximum

For example, receive exams, routine X-rays, fluoride applications and cleanings† without subtracting from your annual plan maximum.

Good oral health is essential to full body wellness. You need regular checkups to help prevent tooth decay and detect disease early.

We think you should be rewarded for taking care of your body. That's why CheckUp Plus is included in most plans.*

CheckUp Plus allows you to take advantage of preventive and diagnostic dental services without eating away at your yearly plan maximum. Protect your mouth, protect your money and maximize your maximum with CheckUp Plus today!

DELTA DENTAL®

deltadentalaz.com | 800.352.6132

* Please check with your benefits adminstrator to confirm participation in CheckUp Plus. † Please check with your benefits administrator to confirm specific plan benefits. ‡ Actual savings may vary.

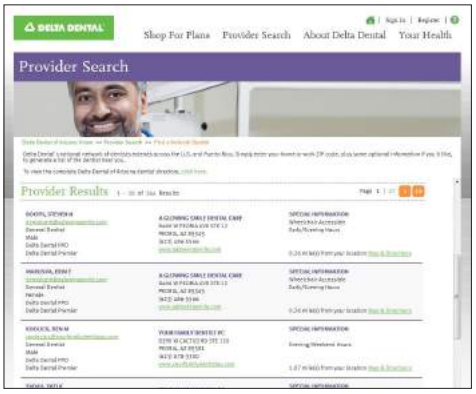
DDAZ-0001-rev 03/15

Finding a Network Dentist

Delta Dental of Arizona has the largest dentist network in the state. With more than 87% of Arizona's practicing dentists enrolled, it's very likely your dentist is in the Delta Dental network.* Nationally, Delta Dental also boasts the largest network, giving members more than 148,000 dentists to choose from.†

On the Web

It's easy to find a Delta Dental dentist near you with our provider search tool:



1. Go to **deltadentalaz.com** and click **Provider Search** in the top menu.
2. Select **Find a Network Dentist**.
3. Enter your search criteria. You can search by address, zip code, dentist name or practice name. Click **Search.**
4. A list of results will display. If necessary, you can also narrow the search by network, specialty, language, gender or any other available information.

Automated Phone System

You can also find a dentist through our automated phone system by calling 800.352.6132. Just Select option 5 and follow the automated instructions. Delta Dental dentists can be searched by zip code and network. The name, address and phone number for each dentist will be listed in alphabetical order.

Understanding the Delta Dental Networks

Delta Dental PPO provides the lowest out-of-pocket costs. That's because PPO dentists agree to accept lower reimbursements for services.

Delta Dental Premier provides a wider selection of dentists while keeping out-of-pocket costs economical.

You may visit any network dentist, but you will save the most money by visiting a PPO dentist.

Non-participating dentist | **Premier** dentist | **PPO** dentist

Don't know which network your dental plan uses?

Your Delta Dental ID card should list the network affiliated with your plan. If not, feel free to contact Delta Dental of Arizona's customer service team for help at 602.938.3131 or 800.352.6132.

DELTA DENTAL®

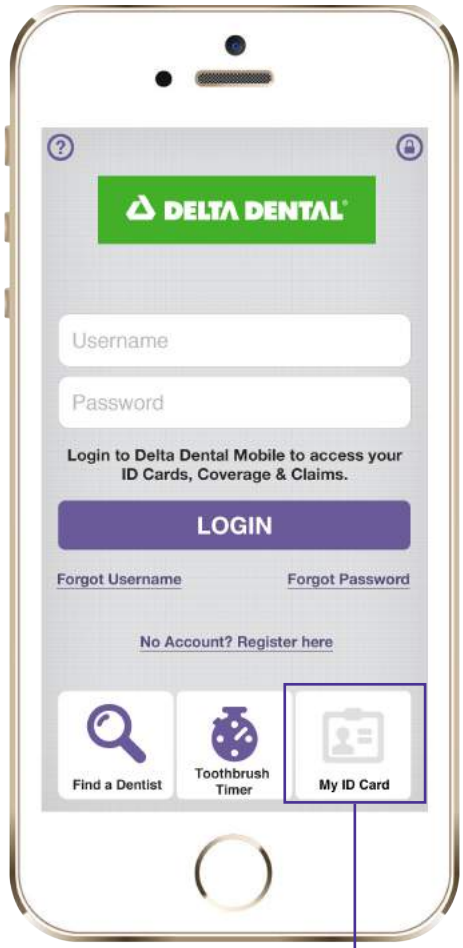
DDAZ-0021-rev0315

DELTA DENTAL

Delta Dental Mobile

Manage your benefits anytime, anywhere

Your dental health is important to Delta Dental – and to your overall health! We want to make it easy for you to make the most of your dental benefits so you can maximize your health, wherever you are. Delta Dental's mobile app gives you access to dentist search, claims and coverage, ID cards and more, right on your mobile device. We even have a toothbrush timer built in to make sure you keep up with your daily oral health routine!



New Feature! Log in to save your ID card to the app home screen for easy access. No need to login or have internet access! When saved, this icon will appear in purple.

Getting Started

Delta Dental's mobile app is available for smartphones and tablets using iOS (Apple) or Android. To download and install the app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental. Or, if you have a QR Code Reader installed on your phone, scan the code at right. You will need an internet connection in order to download and use most features of our free app.

SCAN TO DOWNLOAD DELTA DENTAL MOBILE

Using the App Without Logging In

Anyone can use Delta Dental Mobile without logging in to access our Find a Dentist and Toothbrush Timer tools, conveinently located on the home screen. You also have the option to save your ID card to the home screen for easy access without logging in.

Logging In to View Benefits

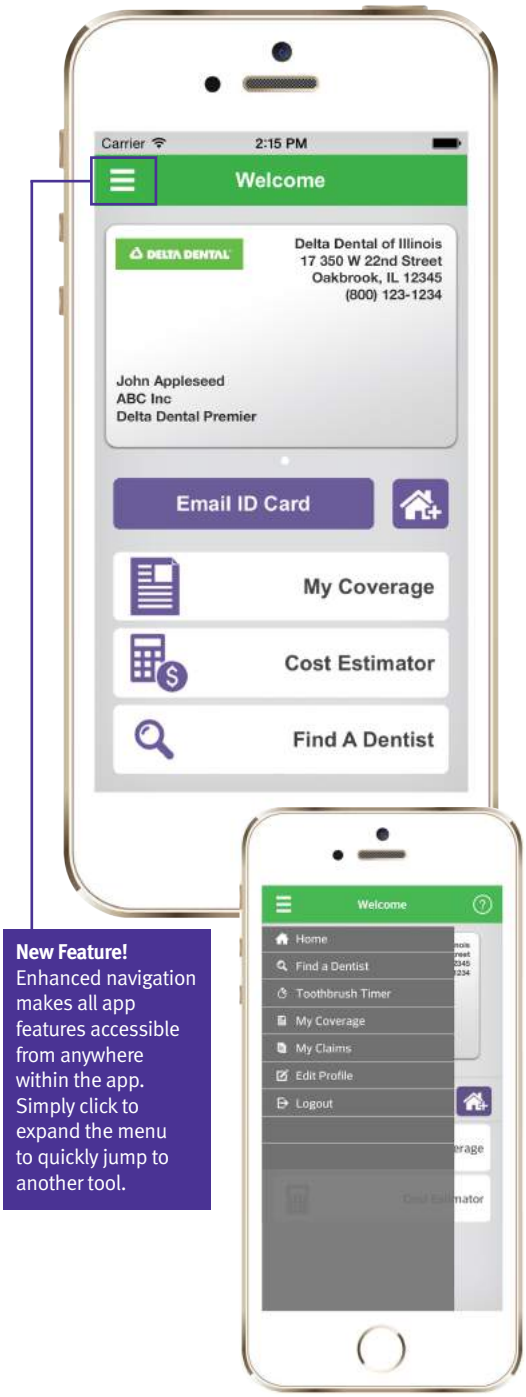
Delta Dental subscribers can log in using the username and password they use to log in to our website. If you haven't registered, there is a link on the home screen to register for an account. If you've forgotten your username or password, you can also retrieve these via Delta Dental Mobile.

Securely Access Your Benefits

You must enter your username and password each time you access the secure portion of the app. No personal health information is ever stored on your device. For more details on security, our Privacy Policy can be viewed via a link on the Login page of the app.

Delta Dental Mobile Features

Log in to access the full range of tools and resources



New Feature! Enhanced navigation makes all app features accessible from anywhere within the app. Simply click to expand the menu to quickly jump to another tool.

Subscriber ID Card

Our most used feature is now on the landing page! Simply log in to view your ID card, show it at the dental office, or email it to a dependent or dentist.

TIP: Use the Save to Home button to save your ID card on your device to access without logging in.

My Coverage and Claims

Simply click My Coverage on the main menu to check your coverage information or see claims status. Within the coverage section, you can review your plan type, benefit levels and contact information for your Delta Dental company, as well as details on your deductibles and maximums.

Within the claims section you can check the status of your most recent dental claims. Click on a specific claim to view details of that visit with the option to email the claim information.

TIP: To check coverage and claims for a dependent, click the Find Dependent Information button from the Overview page and enter name and date of birth. You'll then be able to view Overview, Details and Claims information for that dependent.

New Feature! Dental Care Cost Estimator

Find out what to expect with our Dental Care Cost Estimator. Our easy to use tool provides estimated cost ranges for common dental care needs for dentists in your area. See what dentists charge both in and out of network for the most common dental treatments. Your benefits may pay a portion of that cost, and you may also be required to pay a portion of the cost yourself. *(Please note: not available in all geographic areas.)*

Find a Dentist

Search for dentists and specialists in your area that have the qualities that matter most to you. Find an office close to work or home, and filter by gender, language spoken or accessibility features. Once you've found a dentist that fits your needs, save your dentist to your contacts, call to schedule a visit or navigate directly to their office with the touch of your finger.

TIP: Our tool defaults to your plan network (when logged in) and General Dentist to make searching for an in-network dentist simple. You can also choose to use your device's GPS to determine your location rather than inputing a zip code, or search using your dentist's last name to see if they are in our dentist network.

VISION

PAGES 39 - 42

WHEN WILL MY BENEFITS BEGIN?

You will be eligible on your plan's effective date or upon your enrollment eligibility date.

WHAT TYPE OF FRAMES ARE COVERED?

Your retail frame allowance through Nationwide Vision is $100. The inside chart indicates the number of covered frames available when members elect to use a Nationwide Vision office. For the Preferred Provider Network or the Out-of-Network benefits a retail dollar allowance is provided that the member may use toward their frame purchase.

IF I CHOOSE CONTACTS, CAN I GET GLASSES?

No, you can choose the benefit allowance for either contact lenses OR eyeglasses as stated in your benefit description.

WHAT DOES THE CONTACT ALLOWANCE COVER?

The allowance indicated for contact lenses is the dollar amount the member may use to purchase contact lens product through a Nationwide Vision office. If a Preferred Provider Doctor is used it is an allowance towards the fitting fee and contacts lens purchase and if an Out-of-Network provider is used it is an allowance towards the exam, fitting and contact lens purchase.

WHAT ARE MEDICALLY NECESSARY CONTACT LENSES?

Medically Necessary contact lenses are typically covered for members with the following conditions:
a) following cataract surgery,
b) to correct extreme visual acuity problems that cannot be corrected with spectacle lenses, (If you cannot be corrected to better than 20/70 with spectacle lenses)
c) certain conditions of anisometropia,
d) keratoconus.

WHAT IF I RECEIVE SERVICES FROM AN OUT-OF-NETWORK PROVIDER?

The member must pay the Out-of-Network Provider their usual and customary fees for their services then submit itemized receipts to SightCare along with your name, address, and Social Security number.

You will be reimbursed according to the plan's Out-of-Network Reimbursement Schedule, provided you submit your claim within 6 months of the date you receive services. There is no assurance that the reimbursement schedule will be sufficient to pay for the examination, lenses, or frames.

Services provided through an Out-of-Network Provider are subject to the eligibility, availability, copayments, and limitation provisions of the plan as described in the Group Services Agreement and are "In Lieu" of services provided by a Nationwide Vision or the Preferred Provider Network.

SPECIAL LASIK DISCOUNT

SightCare members are entitled to receive a LASIK allowance of $ 200, if the member elects not to use their eye examination, eyeglass, or contact lens benefit. The LASIK Procedure must be done through Nationwide™ Vision Laser & Eye Center located at 2222 East Camelback Road. The price of the procedure is based upon the prescription. The LASIK Fee includes the pre and postoperative care of the patient. In addition, should an enhancement be required during the first year, patients would receive it at no additional charge. Nationwide™ Vision offers a free no obligation consultation for members interested in learning more about the LASIK procedure. Call Nationwide™ Vision Laser & Eye Center at (602) 26-LASIK.

WHO DO I CALL WITH QUESTIONS?

You may call our Customer Service Department at (480) 961-1702.

Monday - Friday 8:00 am to 5:00 pm

All Nationwide Vision locations are on-line with SightCare's eligibility and verification system. Therefore, verification can be done in the evenings and on the weekends so the member is not inconvenienced. Preferred Providers are not on-line and must call on a weekday to obtain verification and authorization.

RIGHT TO APPEAL

In the event we do not authorize or pay a claim we must notify you of your right to appeal that decision. You may call our customer service number at (480) 961-1702 to have a Health Care Appeals Packet sent to you.

ITEMS NOT COVERED

All options not specifically named in the plan can be purchased at the specified discount or co-payment of the plan. There is no benefit for professional services or materials connected with:

1. Orthoptics or vision training, subnormal vision aids, aniseikonic lenses, plano (nonprescription) lenses, or glasses secured when there is no prescription change.

2. Lenses and frames furnished under this plan which are lost or broken will not be replaced except at the normal intervals when services are otherwise available.

3. Medical or surgical treatment of the eyes.

4. Services or materials provided as a result of any Workmen's compensation law or similar legislation, or obtained through or required by government agency or program whether, federal, state or any subdivision thereof.

5. Any eye examination required by an employer as a condition of employment, unless it is obtained at the normal interval for such services.

SC100TOP-001

SightCare™

Vision Plan

Benefit Schedule

RIVERSIDE SCHOOL

Certificate of Coverage

Employer Paid - 100
Multiple Network
$10 - Exam CoPay
$10 - Materials CoPay
Frequency A

SIGHTCARE™, INC. CORPORATE OFFICE
220 NORTH MCKEMY
CHANDLER, ARIZONA 85226
(480) 961-1702

INTRODUCING SIGHTCARE, INC.

SightCare, Inc. is a licensed non-profit optometric service corporation in the State of Arizona, whose mission is to provide and administer consistently high quality optometric service plans that are accessible, accountable, and cost effective.

SightCare's Exclusive Provider Network (EPN) of Nationwide Vision offices and Preferred Provider Network (PPN) are staffed with licensed Doctors of Optometry and Ophthalmology, along with professionally trained staff to give you quality care and products.

WHAT ARE MY BENEFITS?

The following services are available to members who choose to receive services through SightCare's Exclusive Provider Network Nationwide Vision, after the copayment, (if applicable) is met:

Eye Examination	$ 0 Copayment
Material Copayment	$ 10 Copayment
Frame Allowance	Up to $100
Standard Lenses	
Single Vision	100% Covered
Bifocal FT-28	100% Covered
Trifocal 7x28	100% Covered
Progressive (standard)	$ 30 CoPayment
Options	
Lens Options	20% Discount
OR	
Contact Lenses	
Elective/Cosmetic*	$ 100 Allowance
Medically Necessary	$ 250 Allowance

*(Contact lenses are in place of spectacle lenses and frame.)

A summary of benefits is on the right hand side.

HOW OFTEN ARE SERVICES AVAILABLE?

Eye Examination	12 Months*
Lenses (pair)	12 Months*
Frame	24 Months*
Contact Lens Benefit	12 Months*

* From the Group's Effective Date

IS THERE A CO-PAYMENT ON MY PLAN?

Yes, $ 10 CoPay applies toward the exam.
$ 10 CoPay applies toward the materials.

You pay required copayments directly to Nationwide Vision or the Preferred Provider locations. **The copayments and benefits between networks are different** and are based upon the specific provider network the member elects to use for services.

HOW DO I USE THE PLAN?

There are no forms or authorization codes you need to obtain. Simply call any Nationwide Vision or Preferred Provider Doctor location to schedule an appointment and inform the office you are a SightCare member. The office will verify eligibility prior to your appointment. When you arrive for your appointment, present your SightCare identification card. It's that easy!

WHERE ARE SERVICES OBTAINED?

SightCare's Exclusive Provider Network of Nationwide Vision offices or any of the Participating Provider Doctors may be used to obtain services. Benefits for this plan are dependent upon the Provider Network chosen. If a Provider outside of these two networks is chosen, benefits will be paid based upon the Out-of-Network allowance. Upon receipt of Out-of-Network claims, members will be reimbursed within 10 to 15 working days.

NATIONWIDE VISION FULL SERVICE PROVIDER

All Nationwide Vision locations are full-service providers. This means that you can have your eye's examined, pick out your glasses, obtain your contact lenses at the same location. You do not need to take your prescription to another location to have it filled.

Plan Benefits

Plan Feature	Nationwide Vision Network (EPN)	OR	SightCare Doctor Network (PPN)	OR	Out-of-Network Allowance
Eye Examination	**$ 0 CoPayment**				
Eyeglass or Contact Lens	100% Covered		**$10 CoPayment**		$ 35
Contact Lens Fitting Fee	100% Covered		See CL's* Section		See CL's* Section
	(When used with CL Benefit)				
Ancillary Testing for Exams					
Dilation	100% Covered		100% Covered		See Exam Allowance
Visual Fields Testing	20% discountt		20% discount**		Not Covered
Frames	**$10 Material CoPay**		**$10 Material CoPay**		
Frame Allowance	Up to $100		Up to $100		$ 45
			(Wal-Mart/Sam's Club $74)		
Standard Lenses					
Single Vision	100% Covered		100% Covered		$ 25
Bifocal FT-28	100% Covered		100% Covered		$ 40
Trifocal 7x28	100% Covered		100% Covered		$ 50
Lenticular	100% Covered		100% Covered		$ 75
Progressive (std.)	$ 30 Co-Pay		$ 50 Allowance***		$ 40
All Other Progressive (std.)	$ 79.99 Allowance*		$ 50 Allowance***		$ 40
	(*Then 20% Discount)		(*** Then 20% Discount)		
Options					
Polycarbonate (under 18 yrs.)	100% Covered		20% Discount**		Not Covered
Lens Options	20% Discount		20% Discount**		Not Covered
	In Lieu of Eyeglasses (frame & lenses)				
			$10 Material CoPay		
Contact Lens			$ 100 Allowance		$ 100 Allowance
Product Allowance	**$10 Material CoPay**		towards Fitting		towards Fitting
Elective/Cosmetic	Up to $100		and CL's		and CL's purchase.
Medically Necessary	Up to $250		Up to $250		Up to $ 250
In Lieu of Exam, Eyeglasses (frame & lenses) or Contact Lenses					
LASIK Benefit	$200 Allowance		Not Covered		Not Covered
2nd Pair	**2nd Pair Purchases**				
Frames	25% Discount		Not Covered		Not Covered
Lenses	25% Discount		Not Covered		Not Covered
Options	25% Discount		Not Covered		Not Covered
Replacement Lenses					
Disposable	10% Discount		Not Covered		Not Covered
Conventional	20% Discount		Not Covered		Not Covered

Notations:
/*Options & Upgrades: Wal-Mart & Sam's Club does not provide any additional discounts from their everyday low price.
*CL's = See Contact Lens Section
EPN = Exclusive Provider Network - Nationwide Vision Offices Only.
PPN = Preferred Provider Network - SightCare Independent Doctor Network.
Out-of-Network = Member must pay first and then submit receipts to SightCare to be reimbursed.

SIGHTCARE™ PROVIDER DIRECTORY

AJO

Daniel Bray, O.D. — 24 Plaza, (520) 387-7633

ANTHEM

Nationwide™ Vision — 39508 N. Daisy Mtn Dr., Ste. #150, (623) 551-6192
Arizona Eye Care — 3655 W. Anthem Way, (623) 879-3937

APACHE JUNCTION

Nationwide™ Vision — 10735 E. Apache Trail, Ste. C-107, (480) 354-7976
Southwestern Eye Center — 110 S. Idaho Road, Ste. 160, (480) 982-0241
Jason Moulton, O.D. — 11518 E. Apache Tr., Suite 125, (480) 380-5116
Wal-Mart — 2555 W. Apache Trail, (480) 380-3800

AVONDALE

Lilien Vogl, O.D. — 10750 W. McDowell Rd., Ste. A100, (623) 877-3007
Wal-Mart — 13055 W. Rancho Santa Fe. Blvd., (623) 935-4010
Sam's Club — 1459 N. Dysart Rd., (623) 882-3859

BUCKEYE AZ

Nationwide™ Vision — 860 S. Watson Rd., Ste. 107, (623) 386-8802
Wal-Mart — 1060 S. Watson., (623) 474-6728

BULLHEAD CITY

Nationwide™ Vision — 2840 Highway 95, Ste. 416-418, (928) 704-1808
Kevin Wogalter, O.D. — 3640 Hwy 95, Ste. 100, (928) 704-0010
Rhett Burgener, O.D. — 3640 Hwy 95, Ste. 100, (928) 704-0010
Riverview Vision — 3640 Hwy 95, Ste. 100, (928) 704-0010
Sam's Club — 600 Hwy 95, Ste 200, (928) 754-3900
Wal-Mart — 2840 Hwy 95, (928) 758-7222

CASA GRANDE

Nationwide™ Vision — 1275 E. Florence Blvd., Ste. 2, (520) 426-1600
Southwestern Eye Center — 560 N. Camino Mercado, Ste. 1 (520) 426-9224
Eyemasters — 917 N. Promenade Pkwy., (520) 836-8946
Professional Eyecare Associates — 545 N. Peart Rd., (520) 316-5590
Wal-Mart (NVA) — 1741 E. Florence Blvd., (520) 836-3357

CAVE CREEK

Nationwide™ Vision — 29834 N. Cave Creek, Ste. B112, (480) 515-9321

CHANDLER

Nationwide™ Vision — 2050 N. Alma School, (480) 786-1075
Nationwide™ Vision — 6050 W. Chandler Blvd., Ste. 2 (480) 961-0793
Nationwide™ Vision — 3165 S. Alma School, Ste. 18, (480) 917-8964
Eyemaster's — 3111 W. Chandler Blvd., Ste. 1124, (480) 782-9380
Kirk Reed, O.D. — 590 N. Alma School, Ste. 23-A, (480) 821-2020
The Eye Center — 2055 N. Alma School, Ste. 18 (480) 899-0188
Chanchai Karouna, O.D. — 1901 W. Warner, Ste 1, (480) 812-2010
Loc Pham, O.D. — 1901 W. Warner, Ste 1, (480) 812-2010
Thomas Babu, O.D. — 3900 W. Ray Rd., Ste 1, (480) 820-9880
Charles Kesner, O.D. — 3900 W. Ray Rd., Ste1 (480) 820-9880
Vasvi Babu, O.D. — 3900 W. Ray Rd., Ste1 (480) 820-9880
Gino Carmoli, O.D. — 3900 W. Ray Rd., Ste1 (480) 820-9880
Carey Shifrin, O.D. — 3900 W. Ray Rd., Ste1 (480) 820-9880
Patricia Stamper, O.D. — 3900 W. Ray Rd., Ste1 (480) 820-9880
Jacqueline Lucas, O.D. — 2350 W. Ray Rd., Ste1 (480) 963-6287
Jennifer Hoeppner, O.D. — 1020 E. Ray Rd., Ste 2 (480) 726-3445
James Wiley, O.D. — 1900 W. Chandler, Ste 13 (480) 726-9800
Christopher Heetland, O.D. — 4925 S. Alma School, Ste 1 (480) 883-0900
David Thomas, O.D. — 4925 S. Alma School, Ste 1 (480) 883-0900
Joseph Quaranta, O.D. — 2211 E. Pecos Rd., Ste 1 (480) 812-2211
Leslie Cucuzza-Falcon, O.D. — 1100 S. Dobson Rd., Ste 103 (480) 857-8400
Sam's Club — 1375 S. Arizona Ave., (480) 726-9383
Sam's Club — 700 N. 54th Street, (480) 893-1555

CHANDLER

Wal-Mart — 2750 E. Germann Rd, (480) 812-2930
Wal-Mart — 1175 S. Arizona Ave., (480) 726-0841

CLIFTON

Barnet Dulaney Perkins Eye Center, PLLC — 264858 US Hwy. 191, (928) 865-4191

COOLIDGE

Southwestern Eye Center — 371 W. Central, (520) 723-3000
Wal-Mart — 1695 N. Arizona Blvd., (520) 723-0945

COTTONWOOD

Wal-Mart — 2003 E. Rodeo Dr., (928) 634-0444
Southwestern Eye Center — 270 S. Candy Lane, (928) 634-4202

EL MIRAGE

Wal-Mart — 12900 W. Thunderbird, (623) 583-1321

FLAGSTAFF

Nationwide™ Vision — 801 South Milton, (928) 213-1400
Flagstaff Vsion — 1135 S. Plaza Way, (928) 779-5600
Eyemaster's — 4650 N. Highway 89, Sp. C-2 (928) 526-1911
Barnet Dulaney Perkins Eye Center, PLLC — 1030 N. San Francisco, Ste130 (928) 779-0500
Sam's Club — 1851 E. Butler Ave., (928) 774-9444

FOUNTAIN HILLS

Vasvi Babu, O.D. — 13125 LaMontana, Ste. 1, (480) 816-0102
Thomas Babu, O.D. — 13125 LaMontana, Ste. 1, (480) 816-0102
Charles Kesner, O.D. — 13125 LaMontana, Ste. 1, (480) 816-0102
Gino Carmoli, O.D. — 13125 LaMontana, Ste. 1, (480) 816-0102
Carey Shifrin, O.D. — 13125 LaMontana, Ste. 1, (480) 816-0102
Patricia Stamper, O.D. — 13125 LaMontana, Ste. 1, (480) 816-0102

GILBERT

Nationwide™ Vision — 1672 E. Guadalupe Road, Ste. 111, (480) 892-6495
Nationwide™ Vision — 3755 S. Gilbert Road, Ste. 107, (480) 988-6847
Nationwide™ Vision — 115 E. Williams Field Road, Ste. 102, (480) 732-7895
Perspectades — 1040 S. Gilbert Road, Ste. 101, (480) 899-8776
Kianoush Kian, M.D. — 3303 E. Baseline Road, Ste. 104, (480) 632-2020
Paul Woolf, O.D. — 1660 N. Higley Road, Ste. 101, (480) 830-1212
Sam's Club — 1225 N. Gilbert Rd., (480) 926-9006
Wal-Mart — 5290 S. Power Rd., (480) 988-0012
Wal-Mart — 2501 S. Market Street., (480) 224-6900
Sam's Club — 2621 S. Market Street., (480) 722-9976

GLENDALE

Nationwide™ Vision — 5026 W. Cactus Road, Ste. 4, (602) 547-9124
Nationwide™ Vision — 20329 N. 59th Avenue, Ste. A-8, (623) 362-2349
Nationwide™ Vision — 9524 W. Camelback Road, (623) 872-8822
John Schrolucke, O.D. — 5140 W. Peoria, Ste. 16, (623) 487-1100
Barbara Lee, O.D. — 6120 W. Bell Road, Ste. 130, (602) 843-2900
Stuart Bark, O.D. — 6120 W. Bell Road, Ste. 130, (602) 843-2900
Kimberly Zimmerman, O.D. — 6120 W. Bell Road, Ste. 130, (602) 843-2900
Susan Kaplan O.D. — 6120 W. Bell Road, Ste. 130, (602) 843-2900
David Kaplan, O.D. — 6120 W. Bell Road, Ste. 130, (602) 843-2900
Beth Frankel, O.D. — 5620 W. Thunderbird, Ste. H-3, (602) 547-2002
Cody Quamberg, O.D. — 5620 W. Thunderbird, Ste. H-3, (602) 547-2002
Jerry Wuster, M.D. — 5620 W. Thunderbird, Ste. H-3, (602) 547-2002
Jon Astle, M.D. — 5620 W. Thunderbird, Ste. H-3, (602) 547-2002
Craig Suiter, M.D. — 5620 W. Thunderbird, Ste. H-3, (602) 547-2002
Robert Clanton, O.D. — 6666 W. Peoria Avenue, Ste. 109, (623) 979-6876
Mark Jaffe, O.D. — 6666 W. Peoria Avenue, Ste. 109, (623) 979-8876
Brian Easley — 4901 W. Bell Road, Ste. 4, (602) 978-6217
Eyemaster's — 7700 W. Arrowhead Towne Center, (623) 486-2020
Sam's Club — 18501 N. 83rd Ave., (623) 825-9257
Wal-Mart — 18551 N. 83rd Ave., (623) 825-1129

GLENDALE

Wal-Mart — 5845 W. Bell Rd., (602) 978-8205
Wal-Mart — 5010 N. 95th Ave., (623) 872-0058
Wal-Mart — 5605 W. Northern Ave., (623) 934-6920

GLOBE

Gary Gustason, M.D. — 5860 S. Hospital Drive, Ste. 101, (928) 425-5203

GOODYEAR

Nationwide™ Vision — 14175 W. Indian School Rd Bypass, Ste. D2, (623) 536-2575
Nationwide™ Vision — 1170 N. Estrella Parkway Ste., A-105, (623) 932-0428
Vsion Wellness Center — 15525 W. Roosevelt St., Ste. 108, (623) 925-2121
Wal-Mart — 1100 N. Estrella Parkway., (623) 925-9575

GREEN VALLEY

Dale Sarratt, O.D. - Alvernon Optical, Inc. — 101--69 S. La Canada, (520) 625-5657
Kenneth Welsh, O.D. - Alvernon Optical, Inc. — 101--69 S. La Canada, (520) 625-5657
Barnet Dulaney Perkins Eye Center, PLLC — 1131 S. La Canada Drive, Ste. 201 (520) 625-8562

HIGLEY

Kent Knep, O.D. — 1425 S. Higley Road., Ste. 103 (480) 840-6888

HOLBROOK

V. Craig Stuart, O.D. — 421 E. Iowa, (928) 524-6171

KINGMAN

Kevin Wogalter, O.D. — 2215 Hualapai Mtn. Road, (928) 718-1005
Rhett Burgener, O.D. — 2215 Hualapai Mtn. Road, (928) 718-1005
Riverview Vsion — 2215 Hualapai Mtn. Road, (928) 718-1005
Michael Stagner, M.D. — 2403 Stockton Hill Road, Ste. 1, (928) 753-2900
Southwestern Eye Center — 1919 Florence Ave., (928) 753-5454
Nationwide™ Vision — 3505 Stockton Hill Rd., Ste. 180, (928) 757-7670
Wal-Mart — 3396 Stockton Hill Road, (928) 692-0555

LAKE HAVASU

Gregory Simpson, O.D. — 1987 McCulloch Blvd., Ste. 108 (928) 453-3777
Rhett Burgener, O.D. — 14 Scott Drive, (928) 854-3555
Kevin Wogalter, O.D. — 14 Scott Drive, (928) 854-3555
Riverview Vsion — 14 Scott Drive, (928) 854-3555
Southwestern Eye Center — 2005 Injo, Ste. 102, (928) 505-3696
Wal-Mart — 5695 Highway #95, (928) 764-3755

LAKE SIDE

Southwestern Eye Center — 5658 Highway 260, Ste. 104, (928) 537-5614

MARANA

Wal-Mart — 8280 N. Cortaro, (520) 744-3652

MARICOPA

Wal-Mart — 41650 W. Maricopa Casa Grande, (520) 568-0846

MESA

Nationwide™ Vision — 1950 E. University, Ste. 4, (480) 844-7097
Nationwide™ Vision — 5846 East McKellips, (480) 396-3653
Nationwide™ Vision — 955 W. Southern, Ste. 122, (480) 835-4440
Nationwide™ Vision — 1025 S. Power Road, Ste. 102, (480) 325-6277
Nationwide™ Vision — 9115 E. Baseline Road., Ste. C-103, (480) 373-8887
Nationwide™ Vision — 5052 S. Power Road., Ste. 105, (480) 988-3581
Mark Krasemann, O.D. — 8003 E. Apache Trail, (480) 996-1601
Douglas Miner, O.D. — 1635 N. Greenfield Road, Ste. 136 (480) 219-2412
Susan Reckell, O.D. — 555 N. Gilbert Road, Ste. 101, (480) 827-9184
Judy Breshears, O.D. — 555 N. Gilbert Road, Ste. 101, (480) 827-9184
Libbi Tracy, O.D. — 555 N. Gilbert Road, Ste. 101, (480) 827-9184
Terri Geiske, O.D. — 3535 E. Brown Road, Ste. 101, (480) 218-0663
Gail Schechter, O.D. — 3535 E. Brown Road, Ste. 101, (480) 218-0663
Jeffrey Rakowsky, O.D. — 4419 E. Main, Ste. 109, (480) 830-1292
Heather Betsko, O.D. — 777 W. Southern, Ste. 515, (480) 461-3937
Southwestern Eye Center — 4760 Falcon Drive, (480) 985-7400
Southwestern Eye Center — 1055 S. Stapley Drive, (480) 833-9100

MESA

Barnet Dulaney Perkins Eye Center, PLLC — 6335 E. Main Street, (602) 955-1000
Barnet Dulaney Perkins Eye Center, PLLC — 1837 W. Guadalupe Road, Ste. 118., (602) 955-1000
Eyemaster's — 1660 S. Alma School Road, Ste. 101, (480) 345-9883
Eyemaster's — 6555 E. . Southern Avenue, Ste. 2410, (480) 985-7239
Eyemaster's — 1938 S. Dobson Road, (480) 894-2020
Wal-Mart — 1955 S. Stapley Drive, (480) 892-9009
Wal-Mart — 4505 East McKellips, (480) 641-6728
Wal-Mart — 1710 S. Greenfield Rd., (480) 892-3814
Wal-Mart — 1606 S. Signal Butte Rd., (480) 358-1122
Wal-Mart — 240 W. Baseline Rd., (480) 668-9501
Wal-Mart (NVA) — 6131 E. Southern Ave., (480) 830-7174
Wal-Mart (NVA) — 857 N. Dobson Rd., (480) 668-6962

MIAMI

Barnet Dulaney Perkins Eye Center, PLLC — 2250 E. Hwy. 60, Ste. D (928) 425-8989

NOGALES

Nationwide™ Vision — 204 Mariposa Road, Ste. 24, (520) 287-3233
Southwestern Eye Center — 1815 N. Mastick Way, (520) 761-3533
Wal-Mart — 100 W. White Park Dr., (520) 281-4974

ORO VALLEY

Barnet Dulaney Perkins Eye Center, — 1171 E. Rancho Vistoso Blvd, Ste. 163 (520) 825-4548

PAYSON

Wal-Mart — 300 N. Beeline Hwy., (928) 474-0029

PEORIA

Nationwide™ Vision — 7857 W. Bell, Ste. 107, (623) 878-6948
Nationwide™ Vision — 9069 W. Olive, Ste. 112, (623) 486-9663
Nationwide™ Vision — 24654 N. Lake Pleasant, Ste. 102, (623) 825-0334
Dan Leber, O.D. — 20542 N. Lake Pleasant Rd., (623) 572-9090
Wal-Mart — 21655 N., Lake Pleasant Pkwy., (623) 537-4595

PHOENIX

Nationwide™ Vision — 6815 N. 19th Avenue, Ste. 130, (602) 242-5293
Nationwide™ Vision — 4280 E. Indian School Road., Ste 107 (602) 952-8667
Nationwide™ Vision — 1820 N. 75th Avenue, Ste. 102, (623) 849-0428
Nationwide™ Vision — 3202 E. Greenway, Ste. 1631, (602) 788-8413
Nationwide™ Vision — 18631 N. 19th Avenue, Ste. 130, (623) 516-4710
Nationwide™ Vision — 4302 E. Ray Road, (480) 704-0626
Nationwide™ Vision — 6135 N. 35th Avenue, Ste. 139, (602) 973-5868
Nationwide™ Vision — 610 E. Baseline, Ste. C3B, (602) 269-9771
Nationwide™ Vision — 21001 North Tatum Boulevard, (480) 538-9811
Nationwide™ Vision — 1650 E. Camelback Road, (602) 277-3348
Nationwide™ Vision — 7625 W. Buckeye Road, Ste. 105 (623) 478-9969
Nationwide™ Vision — 2501 Happy Valley Road, Ste. 32-1050 (623) 869-0253
Nationwide™ Vision — 10645 N. Tatum Road, Ste. C-100 (480) 991-0494
Jon Astle, M.D. — 300 E. Osborn Road, Ste. 160, (602) 254-7255
Jerry Wurster, M.D. — 300 E. Osborn Road, Ste. 160, (602) 254-7255
Craig Suiter, M.D. — 300 E. Osborn Road, Ste. 160 (602) 254-7255
Cody Quamberg, O.D. — 300 E. Osborn Road, Ste. 160, (602) 254-7255
Dana Bates, O.D. — 300 E. Osborn Road, Ste. 100, (602) 200-0770
Amy Birr, O.D. — 300 E. Osborn Road, Ste. 100, (602) 200-0770
Buena Vista Optical — 300 E. Osborn Road, Ste. 100, (602) 285-9215
Bryan Fuller, O.D. — 4665 E. Cactus, (602) 953-3850
James McPhalen, O.D. — 4665 E. Cactus, (602) 953-3850
Bruce Newman, O.D. — 20819 N. Cave Creek Rd., #102, (602) 788-8080
Gary Shapiro, O.D. — 112 W. McDowell Road, (602) 254-3169
Peter Ryan, O.D. — 112 W. McDowell Road, (602) 254-3169
Peter Ryan, O.D. — 2425 E. Camelback, (602) 224-5772

TEMPE

Nationwide™ Vision	2040 E. Rio Salado Pkwy, Ste. 120, (480) 966-4992
Nationwide™ Vision	1825 E. Guadalupe Road, Ste. F107, (480) 730-1884
Charles Kesner, O.D.	307 E. Southern Ave, (480) 967-4801
Vasvi Babu, O.D.	307 E. Southern Ave, (480) 967-4801
Thomas Babu, O.D.	307 E. Southern Ave, (480) 967-4801
Patricia Stamper, O.D.	307 E. Southern Ave, (480) 967-4801
Gino Carmoli, O.D.	307 E. Southern Ave, (480) 967-4801
Carey Shirin, O.D.	307 E. Southern Ave, (480) 967-4801
Southwestern Eye Center	6101 S. Rural Rd., Ste. 115 (480) 517-0047
Wal-Mart	1360 W. Elliot Rd., (480) 345-8686

TUCSON

Nationwide™ Vision	4663 E. Speedway Blvd., (520) 322-0873
Nationwide™ Vision	4386 N. Oracle Rd, Ste. 100 (520) 877-4435
Nationwide™ Vision	3880 W. Ina Road, Ste. 132, (520) 579-9641
Nationwide™ Vision	8812 E. Broadway, (520) 296-8200
Nationwide™ Vision	3788 S. 16th Ave, (520) 388-9741
Nationwide™ Vision	7046 E. Golf Links, (520) 790-0080
Nationwide™ Vision	7860 N. Oracle Rd, (520) 797-2700
Nationwide™ Vision	1685 W. Valencia, Ste. 141, (520) 807-5721
Nationwide™ Vision	1370 N. Silverbell Rd, Ste. 140, (520) 882-7700
Nationwide™ Vision	5960 W. Arizona Pavilions Dr, Ste. 130, (520) 682-1318
Barnet Dulaney Perkins Eye Center, PLLC	698 E. Wetmore, Ste 100, (520) 690-5707
Paul Cinalli, O.D. - Alvernon Optical, Inc.	440 N. Alvernon Way, Ste. 101, (520) 327-6211
Paula Peterson, O.D. - Alvernon Optical, Inc.	440 N. Alvernon Way, Ste 101, (520) 327-6211
Kenneth Lord, O.D. - Alvernon Optical, Inc.	6987 N. Oracle, (520) 297-2501
James Liston, O.D. - Alvernon Optical, Inc.	7123 E. Tanque Verde Rd., (520) 296-1726
David Tetrault, O.D. - Alvernon Optical, Inc.	2894 N. Campbell Ave., (520) 323-3937
Victor Arias, O.D. - Alvernon Optical, Inc.	4747 E. Sunrise Dr., (520) 299-4000
Monica Diamos, O.D.	3801 N. Campbell Ave., Ste. E (520) 327-2400
Fashion Eye Center	6163 E. Broadway (520) 790-7498
Fashion Eye Center	6159 E. Broadway (520) 790-2020
Fashion Eye Center	7043 N. Oracle Rd. (520) 887-2040
Eyemaster's	5870 E. Broadway Blvd. Space 506, (520) 745-0229
Eyemaster's	4631 N. Oracle Rd., (520) 408-1200
Sam's Club	4701 N. Stone Ave., (520) 292-9789
Wal-Mart	7635 N. La Cholla Blvd., (520) 297-0840
Wal-Mart	7150 E. Speedway, (520) 751-1882
Wal-Mart (NVA)	1650 W. Valencia, (520) 573-3264

WICKENBURG

John Schroucke, O.D.	25 W. Yavapai St, (520) 684-2880

WILLCOX

Southwestern Eye Center	780 Rex Allen Drive (928) 384-2427

WINSLOW

V Craig Stuart, O.D.	122 West 3rd St., (520) 289-3388
Wal-Mart	700 Mikes Pike St., (928) 289-4641

YUMA

Nationwide™ Vision	270 West 32nd Street, (928) 726-7757
Southwestern Eye Center	2149 West 24th Street, (928) 726-4120
Corona Optique	2149 West 24th Street, (928) 726-1100
Wal-Mart	2900 S. Pacific Ave., (928) 344-0992
Wal-Mart	2501 S. Ave. B., (928) 317-2776
Sam's Club	1462 S. Pacific Ave., (928) 783-3684

***Nationwide Vision Provider Network*
***Sightcare Private Doctor Network*
***Wal-Mart & Sam's Club Doctor Network*

PROVIDER DIRECTORY NOTICE

The providers listed in this brochure represent all the participating providers in SightCare's Arizona Directory at the time of printing.

PRIOR TO SCHEDULING AN APPOINTMENT, MEMBERS SHOULD ALWAYS CONFIRM THAT THE PROVIDER IS STILL AN ACTIVE SIGHTCARE™ PROVIDER.

SightCare™ is actively adding providers to their network. As a result, the directory may not reflect the most current participating providers due to additions, changes or deletions. You may call a SightCare™ provider service representative to confirm a participating provider status at (480) 961-1702

WHAT ARE MY VISION CARE BENEFITS, RESCHEDULING OF APPOINTMENTS AND BUSINESS HOURS?

Insured members receive a brochure outlining their Vision care benefits. The brochure indicates the following important information that should be reviewed before scheduling an appointment.

- Benefit Frequency
- Plan CoPayments
- Overview of Covered Benefits
- Benefit Difference between Networks

As a courtesy to the SightCare™ Providers, in the event that you need to cancel or reschedule your appointment, please provide at least 24 hours notice to allow the office staff the opportunity to reschedule your appointment time.

Revised 9/10

HOW DO I ACCESS MY BENEFITS?

You may elect services from any participating provider. Simply call the provider of your choice. Be sure when scheduling your appointment to identify yourself as a SightCare™ covered member. To assist the provider, please have the following information available when calling to schedule an appointment:

- Name of the Insured
- Insured's Identification Number
- If a Dependent, Relationship to the Insured
- Name of the Insured's Employer

When arriving for your appointment, be sure to inform the office staff that you are a SightCare™ member and present your SightCare™ Identification Card.

WHY UTILIZE A PARTICIPATING SIGHTCARE™ PROVIDER?

Selecting a participating SightCare™ provider assures direct payment to the doctor for covered services, as well as guarantee to quality and cost control. You will only be responsible for non-covered items or items that exceed your benefit allowance at the time of service.

WHAT IF I ELECT TO USE A NON-PARTICIPATING SIGHTCARE™ PROVIDER?

Members are required to pay the provider their full fee for services and/or materials received. You may then submit an itemized receipt for reimbursement. Reimbursement will be based upon the Out-Of-Network schedule. Please be aware that there is no assurance that the Out-Of-Network schedule will be sufficient to pay for the examination, lenses or frame.

Members must submit their Out-Of-Network claim within six (6) months of the date of service to be eligible for reimbursement.

SightCare™

ARIZONA'S PREMIER VISION PLAN

CUSTOM BROAD PROVIDER DIRECTORY FOR ARIZONA

SIGHTCARE™, INC. CORPORATE OFFICE
220 NORTH MCKEMY
CHANDLER, ARIZONA 85226
(480) 961-1702

BUSINESS HOURS
MONDAY THROUGH FRIDAY
8:00A.M. TO 6:00P.M.
(480) 961-1702 Phone
(480) 893-8172
WEBSITE: ww.sightcareaz.com

LIFE

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RIVERSIDE SCHOOL DISTRICT #2

Insurance Benefit Summary

Dear Valued Employee:

RIVERSIDE SCHOOL DISTRICT #2 is very pleased to provide you with the following Insurance as employee benefits at no cost to you.

Basic Term Life Insurance in the amount of $40,000.

Basic Accidental Death & Dismemberment (AD&D) Insurance in the amount of $40,000.

Because you may need additional coverage, we offer you an opportunity to purchase optional coverage from The Prudential Insurance Company of America (Prudential) at competitive group rate. The pages that follow this letter describe the additional insurance that you may purchase.

Your coverage will begin on the effective date of coverage if you are actively at work. If you apply for an amount that requires evidence of good health, your coverage will be effective on the date of approval for the amount requiring evidence if you are actively at work on that date. Otherwise, your coverage will begin on the date you return to active work. See your Booklet-Certificate for details.

Peace of Mind from Prudential

Prudential's resources, financial strength, and stability allow us to honor our long-term commitments. That means that we'll be here when you and your family need us. We've been a top insurance provider for over 130 years. Plus, we have the advanced technology and caring professionals to provide your beneficiaries with the kind of customer support they want and deserve. Our Customer Service Representatives are well-trained, knowledgeable professionals who can quickly answer your family's questions. By choosing Prudential, you give yourself peace of mind, knowing you are providing for your loved ones (www.prudential.com).

For more information about Prudential's Group Insurance, visit us online at: www.prudential.com/gi

Enrolling is easy!

Simply complete the following enrollment form and return it. Don't miss out on this valuable employee benefit!

Optional Employee Term Life

If you are enrolled in Basic Life, you may also enroll in Optional Employee Term Life. You may elect to purchase coverage amounts in increments of $10,000 from $10,000 to $500,000, not to exceed 5 times your covered annual earnings.

- During the initial enrollment period get up to $100,000 - no medical questions asked - when enrolling when first eligible. If you choose a coverage amount over $100,000, you will need to provide evidence of insurability satisfactory to Prudential.
- During annual enrollment periods, if you have not been previously denied coverage, you may select to increase your current coverage amount by up to $40,000, without providing evidence of insurability satisfactory to Prudential.
- Late entrants are required to provide evidence of insurability satisfactory to Prudential to enroll in all coverage amounts. A late entrant is someone who is enrolling more than 31 days after they were first eligible.
- Coverage will be reduced as you age by 35% at age 65 and 50% at age 70.

Optional Term Life Insurance For You

To determine the monthly cost of your coverage, please see the chart below.

Age	$10,000	$20,000	$30,000	$40,000	$50,000	$60,000	$70,000	$80,000	$90,000	$100,000	$110,000	$120,000	$130,000
0-19	$0.35	$0.70	$1.05	$1.40	$1.75	$2.10	$2.45	$2.80	$3.15	$3.50	$3.85	$4.20	$4.55
20-24	$0.35	$0.70	$1.05	$1.40	$1.75	$2.10	$2.45	$2.80	$3.15	$3.50	$3.85	$4.20	$4.55
25-29	$0.42	$0.84	$1.26	$1.68	$2.10	$2.52	$2.94	$3.36	$3.78	$4.20	$4.62	$5.04	$5.46
30-34	$0.56	$1.12	$1.68	$2.24	$2.80	$3.36	$3.92	$4.48	$5.04	$5.60	$6.16	$6.72	$7.28
35-39	$0.63	$1.26	$1.89	$2.52	$3.15	$3.78	$4.41	$5.04	$5.67	$6.30	$6.93	$7.56	$8.19
40-44	$0.70	$1.40	$2.10	$2.80	$3.50	$4.20	$4.90	$5.60	$6.30	$7.00	$7.70	$8.40	$9.10
45-49	$1.05	$2.10	$3.15	$4.20	$5.25	$6.30	$7.35	$8.40	$9.45	$10.50	$11.55	$12.60	$13.65
50-54	$1.62	$3.24	$4.86	$6.48	$8.10	$9.72	$11.34	$12.96	$14.58	$16.20	$17.82	$19.44	$21.06
55-59	$3.02	$6.04	$9.06	$12.08	$15.10	$18.12	$21.14	$24.16	$27.18	$30.20	$33.22	$36.24	$39.26
60-64	$4.64	$9.28	$13.92	$18.56	$23.20	$27.84	$32.48	$37.12	$41.76	$46.40	$51.04	$55.68	$60.32
65-69	$8.92	$17.84	$26.76	$35.68	$44.60	$53.52	$62.44	$71.36	$80.28	$89.20	$98.12	$107.04	$115.96
70-74	$14.47	$28.94	$43.41	$57.88	$72.35	$86.82	$101.29	$115.76	$130.23	$144.70	$159.17	$173.64	$188.11
75-79	$14.47	$28.94	$43.41	$57.88	$72.35	$86.82	$101.29	$115.76	$130.23	$144.70	$159.17	$173.64	$188.11
80-84	$14.47	$28.94	$43.41	$57.88	$72.35	$86.82	$101.29	$115.76	$130.23	$144.70	$159.17	$173.64	$188.11
85+	$14.47	$28.94	$43.41	$57.88	$72.35	$86.82	$101.29	$115.76	$130.23	$144.70	$159.17	$173.64	$188.11

Age	$140,000	$150,000	$160,000	$170,000	$180,000	$190,000	$200,000	$250,000	$300,000	$350,000	$400,000	$450,000	$500,000
0-19	$4.90	$5.25	$5.60	$5.95	$6.30	$6.65	$7.00	$8.75	$10.50	$12.25	$14.00	$15.75	$17.50
20-24	$4.90	$5.25	$5.60	$5.95	$6.30	$6.65	$7.00	$8.75	$10.50	$12.25	$14.00	$15.75	$17.50
25-29	$5.88	$6.30	$6.72	$7.14	$7.56	$7.98	$8.40	$10.50	$12.60	$14.70	$16.80	$18.90	$21.00
30-34	$7.84	$8.40	$8.96	$9.52	$10.08	$10.64	$11.20	$14.00	$16.80	$19.60	$22.40	$25.20	$28.00
35-39	$8.82	$9.45	$10.08	$10.71	$11.34	$11.97	$12.60	$15.75	$18.90	$22.05	$25.20	$28.35	$31.50
40-44	$9.80	$10.50	$11.20	$11.90	$12.60	$13.30	$14.00	$17.50	$21.00	$24.50	$28.00	$31.50	$35.00
45-49	$14.70	$15.75	$16.80	$17.85	$18.90	$19.95	$21.00	$26.25	$31.50	$36.75	$42.00	$47.25	$52.50
50-54	$22.68	$24.30	$25.92	$27.54	$29.16	$30.78	$32.40	$40.50	$48.60	$56.70	$64.80	$72.90	$81.00
55-59	$42.28	$45.30	$48.32	$51.34	$54.36	$57.38	$60.40	$75.50	$90.60	$105.70	$120.80	$135.90	$151.00
60-64	$64.96	$69.60	$74.24	$78.88	$83.52	$88.16	$92.80	$116.00	$139.20	$162.40	$185.60	$208.80	$232.00
65-69	$124.88	$133.80	$142.72	$151.64	$160.56	$169.48	$178.40	$223.00	$267.60	$312.20	$356.80	$401.40	$446.00
70-74	$202.58	$217.05	$231.52	$245.99	$260.46	$274.93	$289.40	$361.75	$434.10	$506.45	$578.80	$651.15	$723.50
75-79	$202.58	$217.05	$231.52	$245.99	$260.46	$274.93	$289.40	$361.75	$434.10	$506.45	$578.80	$651.15	$723.50
80-84	$202.58	$217.05	$231.52	$245.99	$260.46	$274.93	$289.40	$361.75	$434.10	$506.45	$578.80	$651.15	$723.50
85+	$202.58	$217.05	$231.52	$245.99	$260.46	$274.93	$289.40	$361.75	$434.10	$506.45	$578.80	$651.15	$723.50

Optional Spouse Term Life

If you are electing Optional Life coverage, you may also elect Dependent Term Life Insurance for your spouse. Purchase coverage for your spouse in increments of $5,000 from $5,000 to $100,000, not to exceed 50% of your Optional Life coverage amount.

- During the initial enrollment period get up to $25,000 - no medical questions asked - when enrolling when first eligible. If you choose a coverage amount over $25,000, you will need to provide evidence of insurability satisfactory to Prudential.
- Late entrants are required to provide evidence of insurability satisfactory to Prudential to enroll in all coverage amounts. A late entrant is someone who is enrolling more than 31 days after they were first eligible.
- If your spouse or other dependent is confined for medical care or treatment at home or elsewhere, coverage will begin when confinement ends.
- Spouse coverage will be reduced as the employee ages by 35% at age 65 and 50% at age 70.

Optional Term Life For Your Spouse

To determine the monthly cost of your spouse's coverage, please see the chart below.

Age	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$35,000	$40,000	$45,000	$50,000	$55,000	$60,000	$65,000
0-19	$0.19	$0.38	$0.57	$0.76	$0.95	$1.14	$1.33	$1.52	$1.71	$1.90	$2.09	$2.28	$2.47
20-24	$0.23	$0.45	$0.68	$0.90	$1.13	$1.35	$1.58	$1.80	$2.03	$2.25	$2.48	$2.70	$2.93
25-29	$0.25	$0.50	$0.75	$1.00	$1.25	$1.50	$1.75	$2.00	$2.25	$2.50	$2.75	$3.00	$3.25
30-34	$0.28	$0.56	$0.84	$1.12	$1.40	$1.68	$1.96	$2.24	$2.52	$2.80	$3.08	$3.36	$3.64
35-39	$0.36	$0.71	$1.07	$1.42	$1.78	$2.13	$2.49	$2.84	$3.20	$3.55	$3.91	$4.26	$4.62
40-44	$0.46	$0.92	$1.38	$1.84	$2.30	$2.76	$3.22	$3.68	$4.14	$4.60	$5.06	$5.52	$5.98
45-49	$0.68	$1.36	$2.04	$2.72	$3.40	$4.08	$4.76	$5.44	$6.12	$6.80	$7.48	$8.16	$8.84
50-54	$1.07	$2.14	$3.21	$4.28	$5.35	$6.42	$7.49	$8.56	$9.63	$10.70	$11.77	$12.84	$13.91
55-59	$1.77	$3.53	$5.30	$7.06	$8.83	$10.59	$12.36	$14.12	$15.89	$17.65	$19.42	$21.18	$22.95
60-64	$3.22	$6.43	$9.65	$12.86	$16.08	$19.29	$22.51	$25.72	$28.94	$32.15	$35.37	$38.58	$41.80
65-69	$5.44	$10.88	$16.32	$21.76	$27.20	$32.64	$38.08	$43.52	$48.96	$54.40	$59.84	$65.28	$70.72
70-74	$9.54	$19.08	$28.62	$38.16	$47.70	$57.24	$66.78	$76.32	$85.86	$95.40	$104.94	$114.48	$124.02
75-79	$16.15	$32.30	$48.45	$64.60	$80.75	$96.90	$113.05	$129.20	$145.35	$161.50	$177.65	$193.80	$209.95
80-84	$28.23	$56.46	$84.69	$112.92	$141.15	$169.38	$197.61	$225.84	$254.07	$282.30	$310.53	$338.76	$366.99
85+	$125.50	$250.99	$376.49	$501.98	$627.48	$752.97	$878.47	$1003.96	$1129.46	$1254.95	$1380.45	$1505.94	$1631.44

Age	$70,000	$75,000	$80,000	$85,000	$90,000	$95,000	$100,000
0-19	$2.66	$2.85	$3.04	$3.23	$3.42	$3.61	$3.80
20-24	$3.15	$3.38	$3.60	$3.83	$4.05	$4.28	$4.50
25-29	$3.50	$3.75	$4.00	$4.25	$4.50	$4.75	$5.00
30-34	$3.92	$4.20	$4.48	$4.76	$5.04	$5.32	$5.60
35-39	$4.97	$5.33	$5.68	$6.04	$6.39	$6.75	$7.10
40-44	$6.44	$6.90	$7.36	$7.82	$8.28	$8.74	$9.20
45-49	$9.52	$10.20	$10.88	$11.56	$12.24	$12.92	$13.60
50-54	$14.98	$16.05	$17.12	$18.19	$19.26	$20.33	$21.40
55-59	$24.71	$26.48	$28.24	$30.01	$31.77	$33.54	$35.30
60-64	$45.01	$48.23	$51.44	$54.66	$57.87	$61.09	$64.30
65-69	$76.16	$81.60	$87.04	$92.48	$97.92	$103.36	$108.80
70-74	$133.56	$143.10	$152.64	$162.18	$171.72	$181.26	$190.80
75-79	$226.10	$242.25	$258.40	$274.55	$290.70	$306.85	$323.00
80-84	$395.22	$423.45	$451.68	$479.91	$508.14	$536.37	$564.60
85+	$1756.93	$1882.43	$2007.92	$2133.42	$2258.91	$2384.41	$2509.90

All benefit features may not be available in all states. Premiums may increase as you age. Cost of insurance for all coverages, may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to this coverage are governed by the Certificate. Rates may be subject to change. Rates will not be changed on an individual basis.

Optional Child Term Life

If you are electing Optional Life coverage, you may also elect Dependent Term Life Insurance for your child(ren). Purchase coverage for your child(ren) in increments of $1,000 from $1,000 to $10,000, not to exceed 50% of your Optional Life coverage amount.

- There are no health requirements for this coverage.
- Your children include your natural children, legally adopted children, stepchildren and foster children who depend on you for support. Child Dependent Term Life coverage has one rate that covers all eligible children.
- Eligible children are unmarried from 14 days, up to age 19, or up to age 25 if a full-time student at an accredited college/university.

Optional Term Life for Your Child(ren)

To determine the monthly cost of your child(ren)'s coverage, please see the chart below.

$1,000	$2,000	$3,000	$4,000	$5,000	$6,000	$7,000	$8,000	$9,000	$10,000
$0.09	$0.17	$0.26	$0.35	$0.44	$0.52	$0.61	$0.70	$0.78	$0.87

All benefit features may not be available in all states. Premiums may increase as you age. Cost of insurance for all coverages, may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to this coverage are governed by the Certificate. Rates may be subject to change. Rates will not be changed on an individual basis.

Optional AD&D

If you are enrolled in Optional Life and Dependent Life, you may also enroll in Optional Accidental Death and Dismemberment. You may elect to purchase an Optional AD&D Insurance coverage amount equal to your Optional Term Life Insurance coverage amount, and you may also elect coverage for your spouse and/or child(ren).

- You may elect to purchase coverage for your spouse equal to the spouse optional life coverage that you elect.
- You may elect to purchase coverage for your child equal to the child optional life coverage that you elect.
- Coverage will be reduced as you age by 35% at age 65 and 50% at age 70.
- If your spouse or other dependent is confined for medical care or treatment at home or elsewhere, coverage will begin when confinement ends.
- Your children include your natural children, legally adopted children, stepchildren and foster children who depend on you for support.
- Eligible children are unmarried from live birth, up to age 19, or up to age 25 if a full-time student at an accredited college/university.
- Spouse coverage will be reduced as the employee ages by 35% at age 65 and 50% at age 70.
- There are no health requirements for this coverage.

Optional Accidental Death and Dismemberment Insurance Costs

To determine the monthly cost of your coverage, please see the chart below.

$10,000	$20,000	$30,000	$40,000	$50,000	$60,000	$70,000	$80,000	$90,000	$100,000	$110,000	$120,000	$130,000
$0.15	$0.30	$0.45	$0.60	$0.75	$0.90	$1.05	$1.20	$1.35	$1.50	$1.65	$1.80	$1.95

$140,000	$150,000	$160,000	$170,000	$180,000	$190,000	$200,000	$250,000	$300,000	$350,000	$400,000	$450,000	$500,000
$2.10	$2.25	$2.40	$2.55	$2.70	$2.85	$3.00	$3.75	$4.50	$5.25	$6.00	$6.75	$7.50

To determine the monthly cost of your spouse's coverage, please see the chart below.

$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$35,000	$40,000	$45,000	$50,000	$55,000	$60,000	$65,000
$0.10	$0.20	$0.30	$0.40	$0.50	$0.60	$0.70	$0.80	$0.90	$1.00	$1.10	$1.20	$1.30

$70,000	$75,000	$80,000	$85,000	$90,000	$95,000	$100,000
$1.40	$1.50	$1.60	$1.70	$1.80	$1.90	$2.00

To determine the monthly cost of your child(ren)'s coverage, please see the chart below.

$1,000	$2,000	$3,000	$4,000	$5,000	$6,000	$7,000	$8,000	$9,000	$10,000
$0.01	$0.02	$0.03	$0.04	$0.05	$0.06	$0.07	$0.08	$0.09	$0.10

All benefit features may not be available in all states. Premiums may increase as you age. Cost of insurance for all coverages, may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to this coverage are governed by the Certificate. Rates may be subject to change. Rates will not be changed on an individual basis.

Optional Short Term Disability

If you elect coverage, your weekly Short Term Disability benefits will be 60% of your weekly pre-disability earnings, up to a maximum of $1,000.

- You are considered disabled when you are unable to perform the material and substantial duties of your regular occupation, you have a 20% or more earnings loss and you are under the regular care of a doctor.
- If you meet the definition of disability, your benefits will begin on the 15th day following a non-occupational injury or the 15th day following a non-occupational sickness.
- The maximum period of payment is 26 weeks.
- A disability due to a pre-existing condition that begins within the first 12 months of the effective date of coverage is excluded from coverage. A pre-existing condition is an injury or sickness for which you received medical treatment, consultation, diagnostic measures, prescribed drugs or medicines, or for which you followed treatment recommendations during the 3 months prior to your effective date of coverage.
- Late entrants are required to provide evidence of insurability satisfactory to Prudential. A late entrant is someone enrolling more than 31 days after they were first eligible.
- The Short Term Disability benefit amount is reduced by deductible sources of income which may include benefits from statutory plans, unemployment income, and salary continuation.
- The minimum weekly benefit is $50.

Short Term Disability for You

If you would like to calculate the monthly cost of your STD benefits:

Step 1	**Indicate your Annual Earnings in the box to the right.**	**=$**
Step 2	**Divide your annual earnings by 52 to get your weekly earnings.**	**=$**
Step 3	**Multiply your weekly earnings by 60% and round to the nearest dollar.**	**=$**
Step 4	**Compare your result in step 3 to $1,000. Write the lesser of the two in the box to the right.**	**=$**
Step 5	**Multiply the result of step 4 by the rate indicated for your age in the chart below.This is your Monthly Cost.**	**=$**

STD Rate Chart

Age Band	Monthly Cost Per $10 of Weekly Benefit	Age Band	Monthly Cost Per $10 of Weekly Benefit
0-19	$0.029	**45-49**	$0.049
20-24	$0.035	**50-54**	$0.058
25-29	$0.061	**55-59**	$0.074
30-34	$0.081	**60-64**	$0.090
35-39	$0.061	**65-69**	$0.111
40-44	$0.040	**70+**	$0.138

All benefit features may not be available in all states. Premiums may increase as you age. Cost of insurance for all coverages, may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to this coverage are governed by the Certificate. Rates may be subject to change. Rates will not be changed on an individual basis.

PET INSURANCE

PAGES 51 - 53

For Equine & Mobile Veterinarians: Refer to Provider List.

***** Veterinary Specialists can be found online at www.unitedpetcare.com or on a separate directory**

****** These savings apply only to those medications received in the veterinarian's office. Prescriptions filled at outside pharmacies do not qualify for these savings.**

Appointments must be canceled prior to scheduled time or a $15.00 missed appointment charge will be incurred.

UPC is not insurance and is not regulated by the Department of Insurance.

SPECIAL FEATURES

No Deductibles
No Claim Forms
No Limit on Visits
No Prior Authorization Required
No Pre-Existing Condition Exclusions
No Age Limitations

UPC Program Limitations and Exclusions:

- Services which are of a degree of complexity as cannot be performed by the professionals within the UPC Veterinary Group.
- Veterinary services not specifically described in the Schedule for Members.
- Visits to or services performed by a veterinarian not part of the UPC Veterinary Group.
- Services that cannot be performed because of the general health of the animal.
- Emergency services not provided by your Primary Care Veterinarian.
- Any experimental procedures.

Private Education in a Public School Setting

EMPLOYEES

Group Pet Healthcare Program

For pet owners of
Dogs, Cats, Birds, Exotics, Ferrets, Pocket Pets, Rabbits & Reptiles

Provided by
United Pet Care, L.L.C.
Choice Plan

HIGHLIGHTS OF THE PET HEALTHCARE PROGRAM

United Pet Care, L.L.C. (UPC) offers a pet healthcare program that includes preventative, diagnostic, surgical, emergency and special areas of care. In-office medications are also included in the UPC Program. Members are responsible for the dollar amount and/or the difference from the savings (see "Schedule for Members") listed under "Member Payment /Savings" which is paid directly to the veterinarian's office.

WHAT IS THE LOW COST?

	Monthly	Per Pay Period
One Pet	$10.60	$5.78
Two Pets	$20.20	$11.02
Three Pets	$29.60	$16.15
Addl. Pets	$ 9.30	$5.07

The United Pet Care membership is for a period of one (1) year.

IT'S EASY TO JOIN:

1. Fill out the enclosed membership form. Be sure to list every pet that you wish to include in the program.
2. You will find a number next to each veterinary facility on the enclosed list of 'Participating Veterinarians". Please select a veterinarian (do not choose a participating veterinarian with 'Special Areas of Care') and place the number next to the veterinary facility on the membership form, in the box marked 'Veterinary Center Selection'.
3. Payment will be made through payroll deduction. Enrollment forms must be turned into your **Human Resources Department** for processing.

FOR MORE INFORMATION CALL:

(602) 266-5303

UNITED PET CARE

6232 N. 7th Street, Ste. 202

Phoenix, Arizona 85014

www.unitedpetcare.com

CHOICE
Schedule for Members

DOGS/CATS

PREVENTATIVE CARE	MEMBER PAYMENT
All Office Visits	$35.00
Annual Exam**	No Charge
Health Certificate**	No Charge
Annual Vaccines: Canine/Feline**	No Charge
(** $35.00 office visit charge applies)	

ADDITIONAL PROCEDURES	MEMBER SAVINGS
Hospitalization	25%
All Surgeries	20%
Anesthesia	20%
Transfusions	20%
Fluid Therapy	20%
Veterinary Specialists***	10 - 20%
Puppy/Kitty Program	25%
Spay/Neuter or Dental	25%
[First procedure at 25% savings, second procedure at 20% savings, within membership year]	
All other procedures at General Veterinarian's Office	20%

EMERGENCY VISITS	MEMBER PAYMENT
Regular Hours	$50.00
After Hours	$50.00

MEDICATIONS: Inpatient/Outpatient	MEMBER SAVINGS
Antibiotics	20%
Antihistamines	20%
Antiparasitics	20%
Cardiovascular/Respiratory	20%
Chemotherapy	20%
Dental Products	20%
Diuretics	20%
Gastrointestinal	20%
Medicated Shampoo	20%
Hormone/Anti-Inflamatories	20%
Hospital Injectibles	20%
Hospital Medications	20%
Insecticides	20%
Opthalmics	20%
Otics	20%
Outpatient Injectibles	20%
Topicals	20%
Tranquilizers	20%
Urinary	20%
Vitamins	20%
All other medication	20%

BIRDS/EXOTICS/FERRETS/ POCKET PETS/RABBITS/REPTILES

PROCEDURES	MEMBER PAYMENT/SAVINGS
All Office Visits - Member Payment	$35.00
Standard Procedures	20%
Laboratory Test	20%
Medications****	20%
Surgery	20%
Hospitalization	20%
All other procedures	20%
All medication	20%