



EMPLOYEE BENEFITS

2016-2017 PLAN YEAR

Prepared By:



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BENEFITS DIRECTORY

BENEFIT ADVISORS	☎	✉
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Account Manager:		
Katie Clark		katie@ballpeoples.com
MEDICAL	☎	✉
HUMANA	1-866-427-7478	www.myhumana.com
Policy #681242		Claims:
Network:		Humana Claims
National POS-Open Access		P.O. Box 14610
		Lexington, KY 40512
PRESCRIPTION DRUG	☎	✉
Right Source Rx	1-800-379-0092 Specialty Drugs: 1-800-486-2668	www.rightsourcerx.com P.O. Box 745009 Cincinnati, OH 45274-5099
DENTAL	☎	✉
Lincoln Financial	1-800-423-2765	P.O. Box 614008 Orlando, FL 32861 www.lfg.com
Policy #: TBD-New Policy		
Network:		
DentalConnect		
VISION	☎	✉
Lincoln Financial	1-800-440-8453	http://lvc.lfg.com
Policy #: TBD- New Policy		
Network:		
VisionConnect		
LIFE	☎	✉
Lincoln Financial	1-800-423-2765	P.O. Box 2649 Omaha, NE 68103-2649 www.Lincoln4benefits.com
Policy #: 940146107		

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This summary is not an insurance contract. This summary was compiled by employees of Ball*Peoples. Changes, omissions or oversights are possible. Please refer to the actual carrier policy for a full description of benefits.

WELCOME

The Neos Consulting Group benefit program you receive while you are an employee of our company is administered by Ball*Peoples Benefits Group. Our dedicated Account Manager is Katie Clark. Please contact our Account Manager for any escalated or urgent issues.

Your benefit enrollment is very important. Please review the following guidelines to assist you in submitting the appropriate forms and documentation to enroll in the benefit plans offered. Timely submission of your forms will ensure coverage for you and your family members. We urge you to keep this handbook and refer to it when you have questions about your benefits. Should you have any questions or need assistance, please contact your HR Department.

Obtaining Services before you get your Benefit ID Cards

If you change medical plans/carriers during open enrollment or you are a new hire who does not submit their enrollment paperwork in a timely manner, you may not receive your ID card prior to the effective date of your benefits. Until you receive your ID card, you may have to pay for services in full and get reimbursed by the carriers after you have your enrollment information. Be sure to save all of your receipts and contact your HR Department for more information on how to file carrier claims manually for reimbursement.

PLAN ELIGIBILITY

All full-time employees working at least 30 hours per week are eligible to enroll in the insurance benefits provided by Longhorn Title. Employees regarded as part-time or temporary are not eligible for benefits.

Benefits are effective on the first of the month following full-time date of hire.

Enrollment is not automatic. Participation cannot begin without completion of the required enrollment materials.

IF YOU ARE A NEW EMPLOYEE:

You are required to complete and return all enrollment materials within 30 days of your date of hire to ensure that you are enrolled in a timely manner and have access to the benefits on the first day they are effective.

IF YOU ARE A CURRENT EMPLOYEE:

You may begin, stop, or change your coverage elections as a result of a qualified life status change as defined by Section 125 of the Internal Revenue Code and allowed by this plan. Medical plan changes are **NOT** allowed until the next open enrollment period without a qualifying life status change. See the "Qualifying Life Events" section for a complete list.

DEPENDENT ELIGIBILITY

You can enroll dependents on applicable benefit plans. Eligible dependents include:

- Your legal spouse
- Your domestic partner (must complete notarized Affidavit of Domestic Partnership)
- A child under the plan limiting age (26 for medical)
 - *Child* means a natural child, a stepchild, an adopted child, regardless of presence or absence of a child's financial dependency, residency, student status, employment status, marital status, or any combination of those factors.
- Any child of any age who is medically certified as Disabled and dependent on the parent
- A child of your child who is your Dependent for federal income tax purposes at the time application for coverage is made
- A child not listed above whose primary residence is your household and to whom you are legal guardian or related by blood or marriage, and who is dependent upon you for more than one-half of their support as defined by the US Internal Revenue Code.

INELIGIBLE DEPENDENTS:

Please review the eligibility requirements described above. Any ineligible dependents must be removed from your coverage as soon as they become ineligible. Here are examples of some ineligible dependents:

- Anyone who is not your legal spouse or child as defined above
- Dependents no longer covered by a court order
- Dependent child(ren) with coverage available through another employer group

QUALIFYING LIFE EVENTS

You have **30 days** from the date of any qualified life status change to notify your HR Department and complete any applicable change forms. If you do not make your eligible changes during the 30-day change period, your changes **CANNOT** be made until the next Annual Open Enrollment period. The list below includes some common examples of qualified life events:

- Marriage
- New baby – coverage will be effective as of the date of birth
- Divorce
- Employment status change – part-time to full-time
- Loss or gain of other coverage – coverage will be effective on the first of the month following the last day of your previous coverage
- Child turns age 26

MEDICAL INSURANCE



When visiting a facility or physician that is in-network you will have significantly lower costs than an out of network facility or physician. The explanation of medical benefits below is meant to cover the more common uses of the insurance and how the plan would pay at in-network providers. For a more detailed explanation of your benefits; including out of network benefits, refer to the additional carrier information found online via the Humana portal.

	\$1,000-80% OPT 9	\$2,000-80% OPT 12
	Your Cost at In-Network Providers	Your Cost at In-Network Providers
<i>LIFETIME MAXIMUM</i>	Unlimited	Unlimited
<i>OFFICE VISITS</i>		
<i>Primary Care</i>	\$25 Copay	\$40 Copay
<i>Specialist</i>	\$40 Copay	\$75 Copay
<i>Urgent Care</i>	\$100 Copay	\$100 Copay
<i>Preventive Care</i>	No Charge	No Charge
<i>DEDUCTIBLE</i>		
<i>Individual</i>	\$1,000	\$2,000
<i>Family</i>	\$2,000	\$4,000
<i>OUT-OF-POCKET MAXIMUM</i>	*Includes Deductible*	*Includes Deductible*
<i>Individual</i>	\$4,000	\$7,150
<i>Family</i>	\$8,000	\$14,300
<i>HOSPITAL/EMERGENCY ROOM</i>		
<i>Inpatient Services</i>	20% after Deductible	20% after Deductible
<i>Emergency Room</i>	20% after \$400 Copay	20% after \$500 Copay
<i>OUTPATIENT</i>		
<i>Outpatient Surgery</i>	20% after Deductible	20% after Deductible
<i>Outpatient Services (CT Scan, MRI, PET Scan)</i>	20% after Deductible	20% after Deductible
<i>PRESCRIPTION DRUGS</i>		
<i>Level 1</i>	\$10 Copay	\$10 Copay
<i>Level 2</i>	\$30 Copay	\$45 Copay
<i>Level 3</i>	\$50 Copay	\$75 Copay
<i>Level 4</i>	25/35% Co-Insurance	25/35% Co-Insurance
<i>Mail Order</i>	2.5 x Copay for 90 days	2.5 x Copay for 90 days

WAIVING MEDICAL COVERAGE

You may decide that you do not want medical coverage with us. In the event that you waive coverage, you cannot enroll in this health plan unless you experience a qualifying life status change or during the next open enrollment period

TRANSITIONING TO THE PLAN

If you are moving from another carrier, you will need to notify your doctors and pharmacy of your new carrier as well as policy and ID number. Please ensure that your doctors are in the new carrier network and that your prescriptions are on the formulary list. See the carrier website for more information. You will receive an ID card in the mail in 7-10 business days after implementation is complete.

PAYING FOR YOUR MEDICAL BENEFITS

Your employer makes a significant investment in your medical benefits by paying 100% of the employee only cost for the \$2,000-80% OPT 13 Plan. You are responsible for any dependent cost through payroll deductions. Medical deductions are based on your effective date and any retroactive changes will be collected from the next available paycheck. Please see Rate Sheet for plan pricing. Please be sure to regularly review your payroll deductions to ensure accuracy

Registration on carrier website:

We highly recommend that you register as a member with all carriers to gain access to additional benefit information as well as perks for being a member. You will need to have your ID card handy when registering.

1. Visit www.myhumana.com
2. Select "Register"
3. Select "Register Now"
4. Choose "Members"

PRESCRIPTION DRUG INFORMATION

For more information on how prescription drugs are covered, please visit the Humana Pharmacy website at www.humanapharmacy.com. You will need to click on "search by drug name" to see how your prescription is covered. If your medications are not on the formulary list, you may need to talk to your doctor about switching to an equivalent drug or filing an appeal.

VOLUNTARY DENTAL INSURANCE



All eligible employees have the option to enroll in the comprehensive dental plan offered through Lincoln Financial Group. This benefit is a voluntary benefit and paid 100% by the employee. You are responsible for all employee and dependent cost through payroll deductions.

Lincoln Financial does issue dental ID Cards to members. Dependents will not be listed on the member's ID Card. Providers will call the membership phone number listed on the ID card to verify benefits.

	Dental Plan Your Cost at In-Network Providers
<i>NETWORK</i>	Dental Connect
<i>DEDUCTIBLE (Calendar Year)</i>	
<i>Individual</i>	\$50
<i>Family</i>	\$150
<i>SERVICES</i>	
Preventive <i>Routine exams, cleanings (2 per year), fluoride, x-rays</i>	0% (Deductible Waived)
Basic <i>Fillings, extractions, oral surgery, endodontics, periodontics</i>	20%
Major <i>Crown, bridges, dentures</i>	50%
<i>ORTHODONTIA</i>	
<i>All Members</i>	None
<i>WAITING PERIODS</i>	
	None
<i>MAXIMUMS (Calendar Year)</i>	
<i>Preventive, Basic, Major</i>	\$1,500 per member
<i>Orthodontia:</i>	None
<i>Out of Network Reimbursement</i>	90th

PPO Dental Plan

A PPO plan allows the member to see in and out of network providers. This would be a good plan to choose if you do not want to change your current dentist even if they are not in the carrier network. In-network benefits are paid on a percentage basis and an annual deductible will apply. Once you have reached the stated annual maximum, the dental carrier will not pay out any more for claims for that member.

Registration on carrier website:

We highly recommend that you register as a member with all carriers to gain access to additional benefit information as well as perks for being a member. You will need to have your ID card handy when registering.

1. Visit www.lfg.com
2. Select "Log-In/Register"
3. Select "Register"

FILING A CLAIM

If you are using an in-network dentist, they will file all claims on your behalf. Out of network providers may require you to submit claims for processing. See your HR Department for claim forms.

FINDING A PROVIDER

Please visit the Lincoln website at www.lfg.com to find a list of providers in your area. You will need to use the network names listed on the Benefits Directory page for the corresponding plan while performing the search to create the most accurate list.

VOLUNTARY VISION INSURANCE



Lincoln Financial will serve as the vision insurance provider for this plan year. This benefit is a voluntary benefit and paid 100% by the employee. You are responsible for all employee and dependent cost through payroll deductions. This plan will allow you to improve your health through a comprehensive eye exam, while saving you money on your eye care purchases.

	In-Network
Network	Access Vision
Exam	\$10 Copay
Contact Lens Options: <i>Standard fit and follow-up</i>	Covered Up to \$55
Frames	\$130 allowance; 20% off balance
Standard Plastic Lenses: <i>Single Vision</i> <i>Bifocal</i> <i>Trifocal</i>	\$25 Copay \$25 Copay \$25 Copay
Contact Lenses <i>Disposable</i>	*Contacts are in-lieu of glasses* \$150 Allowance
Laser Vision Correction <i>LASIK or PRK</i>	15% off Retail
Frequency <i>Exam</i> <i>Frames</i> <i>Lenses or Contacts</i>	Once every 12 months Once every 12 months Once every 12 months

FINDING A PROVIDER

Please visit the Lincoln website at www.lfg.com to find a list of providers in your area. You will need to use the network name listed on the Benefits Directory page for the corresponding plan while performing the search to create the most accurate list.

LIFE & AD&D INSURANCE



Neos Consulting Group will provide all full-time employees with a \$50,000 Basic Life and Accidental Death & Dismemberment for the employee at no cost.

EMPLOYER PAID TERM LIFE & AD&D	
Term Life Insurance/ Accidental Death & Dismemberment (AD&D) Full-Time Employees	\$50,000
Guarantee Issue Full-Time Employees	\$50,000
Age Reduction Schedule	35% at age 60; 60% at age 70; 75% at age 75

LOW COST GENERICS PROGRAMS

Many pharmacies have established their own discounted generics programs to help individuals save money on generic prescriptions. These programs are not associated with your medical insurance benefits so you would **NOT** show the pharmacy your insurance card when using these programs. Due to the fact that a claim is not being submitted to your medical carrier, you do not get deductible credit for any purchased prescriptions but the lower cost of these drugs is often less than the listed copays on the medical plans.

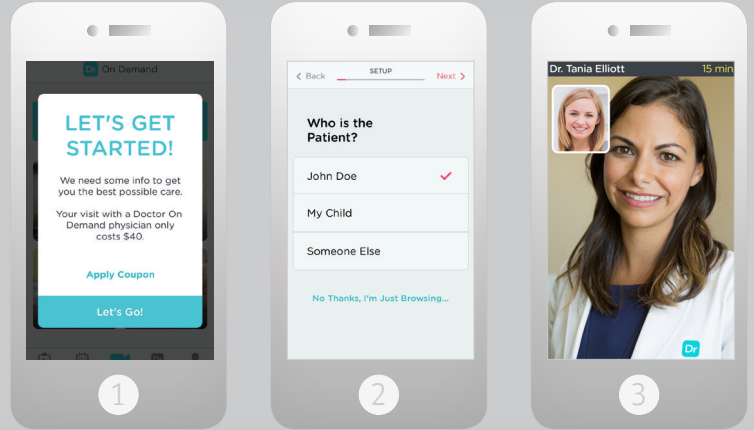
Below is a brief summary of some of the programs for the major pharmacy providers. Be sure to check with your pharmacy to see what programs they offer if they are not listed below.

 <p>www.heb.com/pharmacy \$4, \$8 or \$12 for 30-day Supply \$10, \$20 or \$30 for 90-day Supply</p>	 <p>www.walmart.com/pharmacy \$4 for 30-day Supply \$10 for 90-day Supply</p>
 <p>www.costco.com Member Prescription Program Offers a discount on all branded and generic prescription medications</p>	 <p>www.target.com/pharmacy/generics \$4 for 30-day Supply \$10 for 90-day Supply</p>
 <p>www.cvs.com/healthsavingspass \$11.99 for 90-day Supply 10% off at MinuteClinic</p>	 <p>AT THE CORNER OF HAPPY & HEALTHY™ www.walgreens.com/pharmacy 30-day Supply: \$5(tier 1) \$10(tier 2) \$15 (tier 3) 90-day Supply: \$10 (tier 1)\$20 (tier 2) \$30 (tier 3) \$20 Individual/\$35 Family Membership Fee</p>



Talk to a telemedicine doctor for \$40 or less.
Based on your plan, your co-payment or retail clinic benefit cost may be less.

- 1 Download the app
- 2 Enter your Humana information
- 3 See an MD within minutes



No appointments required

There are many ways to sign up and start seeing a doctor:

- Visit www.doctorondemand.com/humana
- Download the Doctor On Demand mobile app, available on the App Store and Google Play



What can be treated by telemedicine

Telemedicine should be considered when your primary care doctor is unavailable, after-hours or on holidays for non-emergency needs. Many urgent care ailments can be treated with telemedicine, such as:

- Colds, sore throat, and flu symptoms
- Upper respiratory infections
- Allergies and sinus infections
- Ear and eye problems
- Skin conditions

Telemedicine is not for emergency situations such as chest pain, abdominal pain or shortness of breath.

Humana.

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Limitations on medical and prescription services delivered via telemedicine vary by state. Telemedicine is not a substitute for emergency care and is not intended to replace your primary care provider or other providers in your network. This material is provided for informational use only and should not be construed as medical advice or used in place of consulting a licensed medical professional.

Humana Health Plans are offered by the Family of Insurance and Health Plan Companies including Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License # 00235-0008, The Dental Concern, Inc., The Dental Concern, Ltd., Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc. – A Health Maintenance Organization or insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, Humana Insurance of Puerto Rico, Inc. License # 00187-0009, Emphesys Insurance Company, or HumanaDental Insurance Company or administered by Humana Insurance Company or HumanaDental Insurance Company. For Texas residents: Preferred Provider Benefit Plans are insured by Humana Insurance Company and Health Maintenance Organizations are offered by Humana Health Plan of Texas, Inc.-A Health Maintenance Organization.

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