



consulting  
group

# EMPLOYEE BENEFITS

## 2018 PLAN YEAR

**efg&m Benefits**  
*Driving Better Outcomes*

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## BENEFITS DIRECTORY

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<b>Account Manager:</b> Kayla Fanning		<a href="mailto:Kayla@efgmbenefits.com">Kayla@efgmbenefits.com</a>
<b>MEDICAL</b> HUMANA <b>Policy #681242</b> <b>Network:</b> National POS-Open Access	 1-866-427-7478	 <a href="http://www.myhumana.com">www.myhumana.com</a> <b>Claims:</b> Humana Claims P.O. Box 14610 Lexington, KY 40512
<b>PRESCRIPTION DRUG</b> Right Source Rx	 1-800-379-0092 Specialty Drugs: 1-800-486-2668	 <a href="http://www.rightsourcerx.com">www.rightsourcerx.com</a> P.O. Box 745009 Cincinnati, OH 45274-5099
<b>DENTAL</b> Lincoln Financial <b>Policy #: 00001D033951-00000</b> <b>Network:</b> DentalConnect	 1-800-423-2765	 P.O. Box 614008 Orlando, FL 32861 <a href="http://www.lfg.com">www.lfg.com</a>
<b>VISION</b> Lincoln Financial <b>Policy #: 000010225791</b> <b>Network:</b> VisionConnect	 1-800-440-8453	 <a href="http://lvc.lfg.com">http://lvc.lfg.com</a>
<b>LIFE</b> Lincoln Financial <b>Policy #: 940146107</b>	 1-800-423-2765	 P.O. Box 2649 Omaha, NE 68103-2649 <a href="http://www.Lincoln4benefits.com">www.Lincoln4benefits.com</a>

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**This summary is not an insurance contract. This summary was compiled by employees of efg&m L.P. 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 Efg&m L.P.. Our dedicated Account Manager is Kayla Fanning. Please contact our Account Manager for any escalated or urgent issues.

Your benefit enrollment is very important. We utilize Maxwell Health as our benefits portal. Please review the following guidelines to assist you in submitting the appropriate enrollment and documentation to enroll in the benefit plans offered. Timely submission 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. Benefit information is stored year round in Maxwell Health both on the web and via the smartphone app.

### 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 in a timely manner, you may not receive your ID card prior to the effective date or 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 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 Neos Consulting Group. 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 via Maxwell Health online.

### IF YOU ARE A NEW EMPLOYEE:

You are required to complete enrollment 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 changes via Maxwell Health. 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.

	<b>\$1,000-80% OPT 1</b>	<b>\$2,000-80% OPT 2</b>
	Your Cost at In-Network Providers	Your Cost at In-Network Providers
<b>LIFETIME MAXIMUM</b>	Unlimited	Unlimited
<b>OFFICE VISITS</b>		
Primary Care	\$30 Copay	\$30 Copay
Specialist	\$60 Copay	\$60 Copay
Urgent Care	\$100 Copay	\$100 Copay
Preventive Care	No Charge	No Charge
<b>DEDUCTIBLE</b>		
Individual	\$1,000	\$2,000
Family	\$2,000	\$4,000
<b>OUT-OF-POC KET MAXIMUM</b>	*Includes Deductible*	*Includes Deductible*
Individual	\$4,500	\$6,500
Family	\$9,000	\$13,000
<b>HOSPITAL /EMERGENCY ROOM</b>		
Inpatient Services	20% after Deductible	20% after Deductible
Emergency Room	20% after \$450 Copay	20% after \$500 Copay
<b>OUTPATIENT</b>		
Outpatient Surgery	20% after Deductible	20% after Deductible
Outpatient Services (CT Scan, MRI, PET Scan)	20% after Deductible	20% after Deductible
<b>PRESCRIPTION DRUGS</b>		
Level 1	\$10 Copay	\$10 Copay
Level 2	\$40 Copay	\$35 Copay
Level 3	\$75 Copay	\$55 Copay
Level 4	25/35% Co-Insurance	25/35% Co-Insurance
Mail Order	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. Please look out for that via mail as they come in a small, easy to miss envelope!

## 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 2 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 or Maxwell Health 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](http://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](http://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.

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

	<b>In-Network</b>
<b>Network</b>	Access Vision
<b>Exam</b>	\$10 Copay
<b>Contact Lens Options:</b> <i>Standard fit and follow-up</i>	Covered Up to \$55
<b>Frames</b>	\$130 allowance; 20% off balance
<b>Standard Plastic Lenses:</b> <i>Single Vision</i> <i>Bifocal</i> <i>Trifocal</i>	\$25 Co pay \$25 Co pay \$25 Co pay
<b>Contact Lenses</b> <i>Disposable</i>	*Contacts are in-lieu of glasses* \$150 Allowance
<b>Laser Vision Correction</b> <i>LASIK or PRK</i>	15% off Retail
<b>Frequency</b> <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](http://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. Members are responsible for updating beneficiary information and will not be asked to do this if you have a qualifying life event. Please ask HR for a Lincoln form to update this anytime.

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.

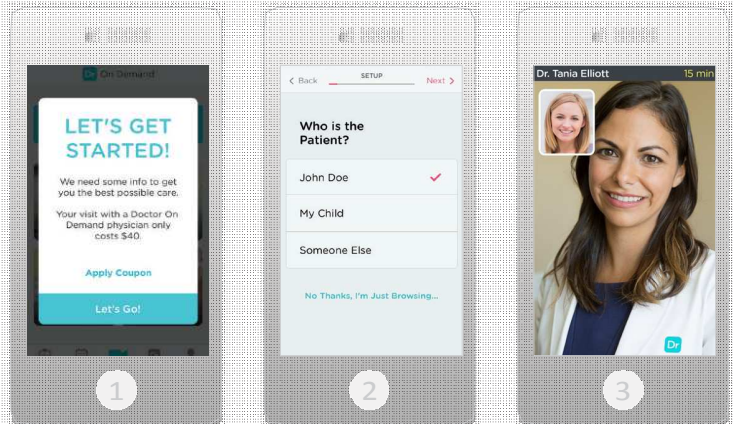
Below is a brief summary of some of the programs for the major pharmacy providers. Be sure to check with your pharmacy to see what programs they offer if they are not listed below.

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

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## NOTES:

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# efg&m Benefits

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