

Sawyer County 2017 Open Enrollment Packet

THIS PACKET CONTAINS THE FOLLOWING:

- Sawyer County Open Enrollment Memo
- Sawyer County Benefit Election Form
- 2017 Rates
- WCA/UMR Benefit Plan Summary and Additional Information
- WCA Dental Benefit Summary
- WCA Vision Benefit Summary

Employees making benefit changes, updating personal information or waiving coverage must return the **Sawyer County Plan Change/Election Form.**

PLEASE RETURN ALL FORMS NO LATER THAN NOVEMBER 18th TO:

**Sawyer County Clerk's Office
(715) 638-4866**



TO: Employees **Eligible** and/or **Currently Covered** by Sawyer County Medical, Dental or Vision Insurance

FROM: Tom Hoff

DATE: November 4, 2016

RE: January 1, 2017 Medical, Dental, Vision Open Enrollment & Benefit Updates

Sawyer County is offering an open enrollment period for our health, dental, and vision plans with an effective date of January 1, 2017. Open Enrollment is an opportunity for you to add or delete dependents or elect coverage through Sawyer County and our health, dental, and vision vendor partners. You would also have the option to terminate coverage at this time without a qualifying event. If you are adding coverage, the effective date will be January 1, 2017. If you are cancelling coverage, coverage will end as of December 31, 2016.

Employees who are making a change to their benefits or have a change in personal information (name change, address change, etc.) must complete and turn in a Plan Change/Enrollment Form no later than Friday, November 18th in order to have coverage on 1/1/2017.

If you are not making changes to your current insurance elections or personal information you do not have to complete a Plan Change/Enrollment Form.

Benefit Updates:

Medical Plan:

- WCA will continue to be our Medical Insurance Carrier, but there have been changes to the medical plans:
 - **Plan Design Changes**
 - The Out of Network Maximum Out of Pocket Increased to:
 - Plan 1- \$2,500/4,500/5,500
 - Plan 2-\$3,000/5,000/6,000
 - Plan 3- \$4,500/6,500/7,500
 - Applies to all plans - Physical Occupational and Speech Therapy will now have a Copay of \$25, then the deductible applies, and then the in or out of network coinsurance will apply.
 - Applies to all plans - Urgent Care now will have a \$40 Copay, then the deductible applies, and then the in or out of network coinsurance will apply.
 - **Prescription Drugs**
 - The Pharmacy Benefit Manager will now be CVS Caremark
 - There will now be a separate Maximum Out of Pocket limit that applies to prescription drugs only.
 - Plan 1- \$4,100/8,200/7,200
 - Plan 2- \$3,600/7,700/6,700
 - Plan 3- \$3,100/7,200/6,200

All rates shown are monthly and employees will pay half of the monthly rate on the first paycheck of the month and the remaining half on the second paycheck of the month.

Employee (Monthly) Medical Contributions*			
	Plan 1 In-Network Deductible: \$1,500-Single \$3,000-Ltd.Family \$4,000-Family 100% Coinsurance In network	Plan 2 In-Network Deductible: \$2,000-Single \$3,500-Ltd.Family \$4,500-Family 100% Coinsurance In network	Plan 3 In-Network Deductible: \$2,500-Single \$4,000-Ltd.Family \$5,000-Family 100% Coinsurance In network
Single	\$197.80	\$137.40	\$86.10
Limited Family	\$438.88	\$305.70	\$191.58
Family	\$552.64	\$384.66	\$241.06

* Contributions Illustrated based on full time status.

Commonly Asked Questions:

Will my deductible start over on 1/1/17?

Yes, your deductible will start over and you will need to reach your deductible prior to being covered by coinsurance.

Can I change my elections in the middle of the year?

*The elections that you make during Open Enrollment will be in place beginning on January 1, 2017 and will remain in effect throughout the entire year unless you experience a qualifying life event. A qualifying event may include, but is not limited to, marriage, divorce, your spouse losing his/her job, and birth/adoption of a child. **Please contact the payroll within 30 days of a qualifying event.***

Dental Plan Updates:

There have been no changes to the dental plan benefits. The rates for 2017 are listed below. All rates shown are monthly and employees will pay half of the monthly rate on the first paycheck of the month and the remaining half on the second paycheck of the month.

Employee (Monthly) Dental Contributions*	
Single	\$38.62
Limited Family	\$102.22
Family	\$129.44

* Contributions Illustrated based on full time status.

Vision Plan Updates:

The \$10 Copay has been eliminated for the Eye Exam to coordinate with the medical plan. All rates shown are monthly and employees will pay half of the monthly rate on the first paycheck of the month and the remaining half on the second paycheck of the month.

Employee (Monthly) Vision Contributions*	
Single	\$11.36
Limited Family	\$21.58
Family	\$27.25

* Contributions Illustrated based on full time status



RETURN TO CINDY LEHNER NO LATER THAN FRIDAY NOVEMBER 18, 2016 AT 4:00 P.M. ALL FIELDS REQUIRED

Sawyer County Health Dental & Vision Plan Change/Election Form Effective Date _____

Full Name (please print) _____

Street Address _____ City _____

State _____ Zip Code _____ Phone # (____) _____

Social Security No. _____ / _____ / _____ Date of Birth _____ / _____ / _____ Gender: _____ Male _____ Female

Reason for change in election: _____ Open Enrollment _____ Qualifying Event – Reason _____

Indicate your decision for enrollment in the following insurance plans

Medical Plan Group Number 76440058 (Plan 1 WCA Group Health Trust/UMR \$2,500/\$4,500/\$5,500 Deductible):

_____ Single \$197.80 _____ Employee +1 \$438.88 _____ Family \$552.64

Medical Plan Group Number 76440058 (Plan 2 WCA Group Health Trust/UMR \$3,000/\$5,000/\$6,000 Deductible):

_____ Single \$137.40 _____ Employee +1 \$305.70 _____ Family \$384.66

Medical Plan Group Number 76440058 (Plan 3 WCA Group Health Trust/UMR \$4,500/\$6,500/\$7,500 Deductible):

_____ Single \$86.10 _____ Employee +1 \$191.58 _____ Family \$241.06

All rates shown are monthly and employees will pay half of the monthly rate on the first paycheck of the month and the remaining half on the second paycheck of the month.

If you or any of your dependents are enrolling in medical insurance and have other insurance, please provide the name of the insurance company and policy number:

If you are waiving medical coverage, please provide a reason: _____

WCA Dental Plan

_____ Single \$38.62 _____ Employee +1 \$102.22

_____ Family \$129.44

_____ Waive dental coverage

WCA Vision Plan

_____ Single \$11.36 _____ Employee +1 \$21.58

_____ Family \$27.26

_____ Waive vision coverage

All rates shown are monthly and employees will pay half of the monthly rate on the first paycheck of the month and the remaining half on the second paycheck of the month.

Dependent Information – Due to the Affordable Care Act, if you are electing medical, dental or vision coverage for your spouse and/or dependents we will need the following information:

Table with columns: Full Name, Date of Birth, Social Security #, Gender, Spouse/Child, Coverage(s). Includes checkboxes for Medical, Dental, Vision, and Remove for multiple dependents.

(If all of your dependent information does not fit on this form, please attach a separate sheet of paper)

I authorize the Sawyer County to make payroll deductions for applicable premiums of the plan(s) for which I enrolled on a pre-tax basis:

Employee Signature _____ Date _____



WCA GROUP HEALTH TRUST

**SAWYER COUNTY
MEDICAL BENEFIT PLAN**

	Renewal Plan Option 1		Renewal Plan Option 2		Renewal Plan Option 3	
PPO Network	UHC Options		UHC Options		UHC Options	
Deductible						
In Network	\$1500/3,000/4,000		\$2,000/3,500/4,500		\$2,500/4,000/5,000	
Out of Network	\$1,500/3,000/4,000		\$2,000/3,500/4,500		\$3,500/5,000/6,000	
Coinsurance						
In Network	100%		100%		100%	
Out of Network	70%		70%		70%	
Maximum Out of Pocket (Medical & Coinsurance Only)						
In Network	\$1,500/3,000/4,000		\$2,000/3,500/4,500		\$2,500/4,000/5,000	
Out of Network	\$2,500/4,500/5,500		\$3,000/5,000/6,000		\$4,500/6,500/7,500	
Maximum Out of Pocket (With OV Copayments)						
In Network	(\$2,500/5,000/6,000)		(\$3,000/5,500/6,500)		(\$3,500/6,000/7,000)	
Out of Network	Unlimited		Unlimited		Unlimited	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Hospitalization	Deductible then 100%	Deductible then 70%	Deductible then 100%	Deductible then 70%	Deductible then 100%	Deductible then 70%
Office Visit(s)	\$25 Copay then Deductible then 100%	\$25 Copay then Deductible then 70%	\$25 Copay then Deductible then 100%	\$25 Copay then Deductible then 70%	\$25 Copay then Deductible then 100%	\$25 Copay then Deductible then 70%
Specialist Office Visit(s)	\$25 Copay then Deductible then 100%	\$25 Copay then Deductible then 70%	\$25 Copay then Deductible then 100%	\$25 Copay then Deductible then 70%	\$25 Copay then Deductible then 100%	\$25 Copay then Deductible then 70%
Routine/Preventative Care	100%	Deductible then 70%	100%	Deductible then 70%	100%	Deductible then 70%
Chiropractic Office Visit(s)	\$25 Copay then Deductible then 100%	\$25 Copay then Deductible then 70%	\$25 Copay then Deductible then 100%	\$25 Copay then Deductible then 70%	\$25 Copay then Deductible then 100%	\$25 Copay then Deductible then 70%
Physical, Occupational, Speech Therapy	\$25 Copay then Deductible then 100%	\$25 Copay then Deductible then 70%	\$25 Copay then Deductible then 100%	\$25 Copay then Deductible then 70%	\$25 Copay then Deductible then 100%	\$25 Copay then Deductible then 70%

Urgent Care	\$40 Copay Deductible then 100%	\$40 Copay Deductible then 70%	\$40 Copay Deductible then 100%	\$40 Copay Deductible then 70%	\$40 Copay Deductible then 100%	\$40 Copay Deductible then 70%
Emergency Care	\$150 Copay then Deductible then 100%		\$150 Copay then Deductible then 100%		\$150 Copay then Deductible then 100%	
High Tech Imaging Coverage	\$100 Copay then Deductible then 100%	\$100 Copay then Deductible then 70%	\$100 Copay then Deductible then 100%	\$100 Copay then Deductible then 70%	\$100 Copay then Deductible then 100%	\$100 Copay then Deductible then 70%
All Other Medical Services	Deductible then 100%	Deductible then 70%	Deductible then 100%	Deductible then 70%	Deductible then 100%	Deductible then 70%

Pharmacy			
Drug Plan			
(Changing to Caremark)	<u>(30 Day Supply)</u> \$10/30/60/100 <u>(90 Day Supply- Retail)</u> \$20/60/120 <u>(90 Day Supply-Mail)</u> \$20/60/120	<u>(30 Day Supply)</u> \$10/30/60/100 <u>(90 Day Supply- Retail)</u> \$20/60/120 <u>(90 Day Supply-Mail)</u> \$20/60/120	<u>(30 Day Supply)</u> \$10/30/60/100 <u>(90 Day Supply- Retail)</u> \$20/60/120 <u>(90 Day Supply – Mail)</u> \$20/60/120
Maximum Out of Pocket (Pharmacy Only)	(\$4,100/8,200/7,200)	(\$3,600/7,700/6,700)	(\$3,100/7,200/6,200)

Get all your answers *quick* and *easy* @ **umr.com**



A UnitedHealthcare Company

Access your health benefits in two clicks

You don't have time to dig through paperwork or wonder where to go for care when you need it. And your health and financial resources are too valuable for second guesses.

At **umr.com**, there are no hassles and no waiting – just the answers you're looking for, anytime, night or day.

Log in now to:

Check your benefits
and see what's covered

Look up what you owe
and how much you've paid

Find a doctor in your network

Learn about medical conditions
and treatment options

Access tools and trusted resources
to help you live a healthier life

Getting started

If you already have an account, go to **umr.com** and enter your username and password in the upper-right corner. If it's your first time visiting us, click **New user? Register here** to open an account. Make sure you have your ID card handy and follow the steps to get started.



Fictionalized data



Want a
quick tour?

Use the QR code reader on
your smart phone to watch
a short video.

Note: The images shown reflect available features within our desktop site. These features may or may not be available to all users, depending on your individual and/or company benefits.

You don't need a Ph.D. to understand your benefits

We've made it easy to find the top things people want to know. Choose **Benefits & coverage** from myMenu to find out:

- What health care services are covered?
- What's the cost difference between an in-network and out-of-network service?
- What's your deductible, and are you close to reaching it?
- Is there a copayment for your office visit? If so, how much?

Did your dog eat your ID card?

No worries. It's easy to get a replacement online.

Just click **ID card** in the myMenu to see a copy of your card. With a couple more clicks you can have a new card mailed to your home.

Can't wait for the mailman? Print a temporary copy from our desktop site. Or, use your smart phone to view your ID card or fax a copy to your doctor's office.



Claim search

I want to view:

Claims for

- ALL
- Cade Blank (0960/1945)
- Elizabeth Blank (03/21/1968)
- Samuel Blank (0429/2003)
- Joseph Blank (08/21/1997)
- Karyn Blank (07/21/1993)

Claim type

- Medical
- Dental

Time period

- ALL
- Last 30 days
- Last 6 months

Status

- ALL
- Completed
- In-progress
- Denied
- Pre-treatment estimate

Search

[Advanced member search](#)

CLAIMS

Need help understanding your health benefits? The health insurance 101 video series can help.

[Go to YouTube](#)

Claim search results

Subscriber: Cade Blank, 89834427 | My Favorite Company, 76888888

You are viewing: All members, Medical claims, all Claims

Claim activity [Download](#) [Print](#)

Filter your results:

CLAIM NUMBER	SERVICE DATE	FAMILY MEMBER	PROVIDER	STATUS	BILLED AMOUNT	PLAN PAYS	YOU OWE	EOB
12276222218	09/10/13	Karyn	Alba, Jessica	C	\$1,000.00	\$990.00	\$10.00	View
12276222010	09/10/13	Cade	Alba, Jessica	C	\$1,000.00	\$990.00	\$10.00	View
12276222206	09/09/13	Karyn	Alba, Jessica	C	\$900.00	\$890.00	\$10.00	View
12276222009	09/09/13	Cade	Alba, Jessica	C	\$900.00	\$890.00	\$10.00	View
12276222205	09/08/13	Karyn	Alba, Jessica	C	\$800.00	\$790.00	\$10.00	View
12276222008	09/08/13	Cade	Alba, Jessica	C	\$800.00	\$790.00	\$10.00	View
12276222208	09/07/13	Karyn	Alba, Jessica	C	\$790.00	\$690.00	\$10.00	View
12276222017	09/07/13	Cade	Alba, Jessica	C	\$790.00	\$690.00	\$10.00	View
12276222208	09/06/13	Karyn	Alba, Jessica	C	\$650.00	\$590.00	\$10.00	View
12276222024	09/06/13	Cade	Alba, Jessica	C	\$650.00	\$590.00	\$10.00	View
12276222205	09/05/13	Karyn	Alba, Jessica	C	\$550.00	\$490.00	\$10.00	View
12276222005	09/05/13	Cade	Alba, Jessica	C	\$550.00	\$490.00	\$10.00	View
12276222204	09/04/13	Karyn	Alba, Jessica	C	\$490.00	\$390.00	\$10.00	View
12276222004	09/04/13	Cade	Alba, Jessica	C	\$490.00	\$390.00	\$10.00	View
12276222104	09/04/13	Cade	Alba, Jessica	C	\$450.00	\$390.00	\$10.00	View
12276222204	09/03/13	Karyn	Alba, Jessica	C	\$390.00	\$290.00	\$10.00	View

Fictionalized data

Buried in paperwork? A single click lets you track all your claims

Check in at your convenience to see if a claim has been processed and what you might owe. Get more details by selecting the explanation of benefits (EOB) link. This will tell you the type of services provided, the amount billed and the amount paid, if any.

You can choose to receive a secure e-mail any time you have a new EOB. If you're not ready to give up paper completely, you can print out copies from our claims center.

Don't be surprised by unexpected costs

- Know the price you'll pay ahead of time. Search treatments or procedures in the **Health cost estimator**.
- Get your in-network discount. Use **Find a provider** to look up doctors and facilities near you.

Helpful apps, calculators, videos and health information all in one place

Choose **Health center** from the myMenu and select the tile shortcuts that interest you.

- Online health information: up-to-date and ad-free
- Our top picks for healthy eating and exercise
- Free tools, apps and calculators

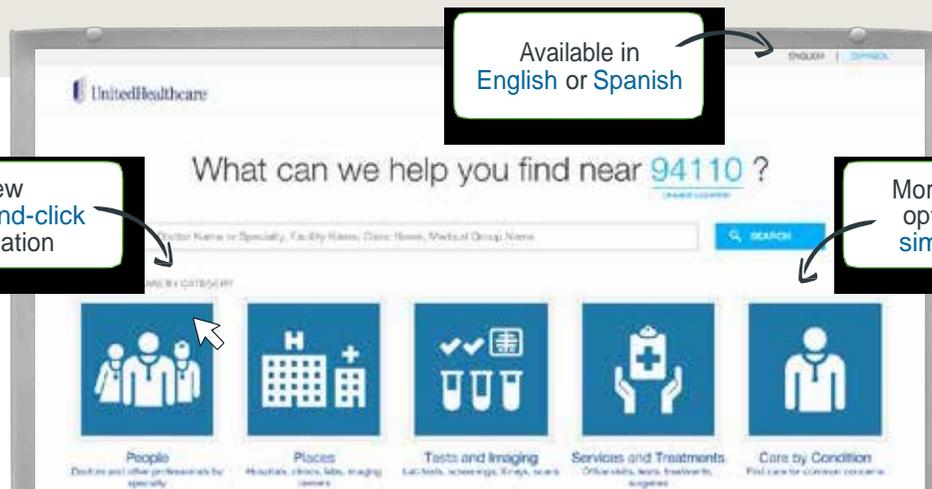
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Easy peasy ...

Finding a UnitedHealthcare network provider through umr.com has never been easier

A simpler, more personal search experience

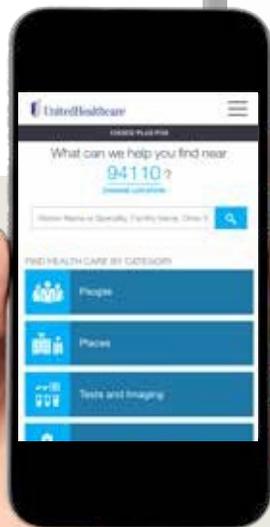
UMR has adopted an even simpler approach to help you find a UnitedHealthcare network provider, facility or service. We've enhanced your search experience in a variety of ways.



Available in English or Spanish

New point-and-click navigation

More category options with simple icons



A mobile-friendly interface

Simpler language and descriptions



NOTE: Go to umr.com and click the Find a Provider tile to access the enhanced interface



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Earn from the mistakes of others

Find medical billing errors and you may be eligible for a cash reward

Hospital billing is a complex process that is prone to human error. In fact, numerous studies show that many hospital bills contain errors or excessive charges.

Since you are probably paying co-payment portions of your medical bills, it's definitely in your best interest to request itemized bills from your health care providers and check for any questionable items.

After all, if you double-check a restaurant or utility bill, it makes sense to also review a hospital bill that may run several thousand dollars. By doing so, you might also qualify for a medical bill review incentive!

How the medical bill review incentive works

When you or a member of your family receives services from a physician, dentist, hospital or clinic, check your bill carefully. If you find errors that reduce the plan's costs, you could be eligible for a monetary incentive for identifying and correcting the errors.

Examples of errors you may find include:

- Incorrect arithmetic
- Drugs or supplies that were not received
- Treatments or services that were not received

Should you find such errors:

- Report them to the provider of the service and request a corrected, itemized bill
- Send UMR a copy of the original bill with the errors circled and a copy of the new bill showing the provider's corrections

If you're correct, you could be eligible to receive a percentage of the amount found in error on the bill!



*For more information,
call us at*
800-826-9781



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Teladoc

24/7 physician access is just a call or click away

Medical consultations by telephone are not new. In fact, more than 36 million Americans have been treated using this approach over the past 10 years. UMR now offers this cost-effective delivery system along with online video consultations to plan sponsors through Teladoc.

Teladoc is a national network of U.S. board-certified physicians who use electronic health records, telephone consultations and online video consultations to diagnose, recommend treatment and write short-term, non-DEA-controlled prescriptions, when appropriate. Physicians are available 24 hours a day, 365 days a year. Members of any age can conveniently access quality care from their home, work or on-the-go as opposed to more expensive and time-consuming alternatives like the doctor's office or emergency room.

Cost control for you and your employees

With a flat fee for each and every consultation, Teladoc can help you and your members address the escalating costs of health care. How? By providing a medical care option that costs less and takes much less time on average than a primary care physician visit or trip to the emergency room. Teladoc can also help you increase employee productivity as well as reduce absenteeism.

Whether the consultation fee is paid by the member or the plan sponsor, the end result is a significant savings on health care costs.

Addressing access to care

Through Teladoc, members have access to care seven days a week. Telephonic consultations are available 24 hours a day, 365 days a year. Phone consultations are not available in Idaho or Arkansas. Face-to-face online video consultations with board-certified physicians are available every day between 7 a.m. and 9 p.m. in all local time zones. Video consultations are available in all states except Arkansas and Texas.

With either option, there's no need to leave the house or the office. All that's required is a telephone and for video consultations, a computer, Internet connection and web cam. Now that's convenient access to health care!

Not only that, but members don't have to wait 3-7 days to get an appointment with a doctor. After the member requests a medical consultation, the average time for a return call from a Teladoc physician is less than one hour – oftentimes in fewer than 30 minutes. And it gets better. Teladoc guarantees a return call within one hour or the medical consultation is free.

(Continued on back)

About Teladoc

Teladoc provides a network of state-licensed primary care physicians providing cross-coverage consultations seven days a week. Teladoc physicians diagnose routine, non-emergency, medical problems via telephone or online video consultation, recommend treatment and prescribe short-term, non-DEA-controlled medication when necessary. For more information about Teladoc, visit www.Teladoc.com



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Prompt care guaranteed

After the member requests a medical consultation, the average time for a return call from a Teladoc physician is less than one hour. In fact, Teladoc guarantees a return call within one hour or the medical consultation is free.

Disclaimers: Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written and operates subject to state regulations. Teladoc does not prescribe DEA-controlled substances. Teladoc physicians reserve the right to deny care for potential misuse of services. Teladoc, Inc. © 2013

How does Teladoc work?

Becoming a member is simple and convenient.

Registration

- The member completes an online medical history disclosure (MHD)
- Teladoc builds a portable, HIPAA-compliant electronic health record (EHR)

Consultation by phone

- The member calls Teladoc to request a consultation. Note – consultations may also be requested via the member's online account
- The Teladoc member is placed in the consult queue for pickup by a U.S.-based, board-certified physician. The physician reviews the EHR, including the medical history, before placing a call to the member
- The physician concludes the consult and documents notes into the member's EHR. If appropriate, a Teladoc nurse will call in a prescription into the member's pharmacy of choice

Consultation by online video

- The member calls Teladoc to request a consultation. Note – consultations may also be requested via the member's online account
- The member is placed in the consult queue for pickup by a U.S.-based, board-certified physician
- An appointment reminder notification will be sent prior to the consultation
- The physician reviews the EHR, including the medical history, before placing a call to the member

- The member accesses the consult through their Teladoc online account and telephone
- If appropriate, a Teladoc nurse will call in a prescription into the member's pharmacy of choice

Post consultation

- The physician updates the member's medical record
- Teladoc generates a customer survey via email or mail within three days

What is a medical history disclosure (MHD) and electronic health record (EHR)?

An MHD is similar to the information an individual provides during his or her first visit to a PCP. It includes past medical history, previous surgeries, chronic illnesses, medications, allergies, etc.

An EHR is the member's medical history plus all previous Teladoc consultation notes. The EHR is stored on a HIPAA-compliant secure server and available to members online. This makes the EHR portable so members can access it real-time and share it with their primary care physician.

For more information about Teladoc services available through UMR, contact your UMR sales representative or account manager.



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CVS Caremark® Value Priced Generics Drug List

The **CVS Caremark Value Priced Generics Drug List** offers access to select generic medications under your plan that can be filled at a lower cost either through a participating pharmacy in the CVS Caremark retail network or through CVS Caremark Mail Service Pharmacy.

Acyclovir	Fluconazole	Meloxicam
Albuterol	Fluoxetine	Metformin
Amoxicillin	Folic Acid	Metoclopramide
Atenolol	Furosemide	Metoprolol Tartrate
Benazepril	Glimepiride	Nortriptyline
Benzonatate	Glipizide	Paroxetine
Bisoprolol/Hydrochlorothiazide	Glyburide	Penicillin VK
Bupirone	Guanfacine	Prazosin
Carvedilol	Hydralazine	Prednisone
Cephalexin	Hydrochlorothiazide	Prochlorperazine
Chlorhexidine Gluconate	Hydrocortisone	Promethazine
Ciprofloxacin	Ibuprofen	Ranitidine
Citalopram	Ipratropium Neb	Sotalol Spironolactone
Clonidine	Lactulose	Sulfamethoxazole/Trimethoprim
Cyclobenzaprine	Lidocaine Lisinopril	Terazosin
Dextromethorphan/Promethazine	Lisinopril/Hydrochlorothiazide	Timolol
Dextromethorphan/Guaifenesin	Lithium Carbonate	Trazodone
Dicyclomine	Lovastatin	Triamcinolone
Enalapril/Hydrochlorothiazide	Medroxyprogesterone	Trihexyphenidyl
Estradiol		Verapamil
Famotidine		

The Value Priced Generics Drug List represents a summary of products included in the CVS Caremark Price Program. This is not an all inclusive list. Products that are not represented on this list may be subject to plan-specific copayment. Void where prohibited by law. Your prescription benefit plan design may apply restrictions, regardless of the drugs appearance in this document.

Log in to Caremark.com to check coverage and copay information for a specific medicine. For more details, call Customer Care using the number on the back of your prescription benefit ID card.

Copay means the amount a plan member is required to pay for a prescription in accordance with a Plan. Certain drugs or dosages may be subject to additional costs or copays. The Value Priced Generics Drug List is based on commonly prescribed doses. This list is subject to change without notice.

CVS Caremark may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.



SAWYER COUNTY

Dental Summary

Effective Date: 1/1/16

Benefit Period: January – December

Network: Open

Benefits	In Network	Out of Network
Deductible – single/family		\$25/\$50
Calendar Year Maximum		\$1,250 paid
Preventive Services		100%
Oral exams		
Routine cleaning		
Bitewing and full mouth x-rays		
Fluoride treatments		
Sealants		
Pulp vitality tests		
<i>Refer to Plan Document for frequency and age limitations.</i>		
Basic Services		80%
Emergency services		
Fillings		
Anesthesia		
Extraction of teeth		
Oral Surgery		
Stainless steel crowns		
Space maintainers		
Pulpotomies & root canal treatments		
Periodontics		
Denture repair		
Onlays and crowns		
Bruxism appliances		
Prosthodontic Services		Not covered
Orthodontic Services		50%
Orthodontic diagnosis, treatment and appliances		
Orthodontic Lifetime Maximum		\$1,000 paid for covered dependent children under 19 years of age

This is only a summary. Please refer to your Plan Document for specifics of your Plan.

IMPORTANT MESSAGE ABOUT YOUR PLAN

PRE-DETERMINATION

You should request predetermination for dental services or a series of dental services that are required for crowns and orthodontics. The Plan Administrator will advise You what expenses may be covered under the Plan, taking into account alternate procedures, services or courses of treatment based upon professionally endorsed standards of dental care. Predetermination is not a guarantee of benefits.

Continued....

Predetermination is only valid for 180 days. If treatment begins more than 180 days after the date of Predetermination, You should submit another treatment plan. Predetermination is not a guarantee of payment. Payment of Covered Expenses is subject to all Plan provisions. To be a Covered Expense, the work must be done while coverage is in effect.

ALTERNATE PROCEDURES

In all cases in which You or Your Dentist select a more expensive service or supply than that which is DENTALLY NECESSARY, the Plan will pay only the portion of the charge for the service or supply which is DENTALLY NECESSARY.

OPTIONAL TREATMENT

The Plan will only pay up to the amount that is Dentally Necessary. In all cases where a more expensive service is selected than what is Dentally Necessary, the difference in cost will not be covered. The Plan will only pay for the amount that is needed to restore the tooth or dental arch to contour and function.

UMR Customer Service: 1-800-826-9781



SAWYER COUNTY

Vision Summary

Effective Date: 1/1/16

Benefit Period: January – December

Network: Open

Benefits	In Network	Out of Network
Deductible – single/family		No Deductible
Exams (including eye refractions) <i>Note: If you are covered under Sawyer County’s Vision Plan and Medical Plan, the routine vision exams Will be payable under the Vision Plan.</i>		Coordinates with the medical plan
Lenses Single Vision Bifocal Trifocal Lenticular		\$25 copay per visit, then 100% Limited to once per calendar year This copay is combined for all vision materials (lenses, frames and contact lenses)
Contact Lenses (Elective) (Including maintenance/fitting fees)		\$25 copay per visit, then 100% Limited to \$125 paid per calendar year This copay is combined for all vision materials (lenses, frames and contact lenses) Benefits are not payable if eyeglasses have already been paid for during the same calendar year
Frames		\$25 copay per visit, then 100% up to a maximum benefit paid of \$150 per calendar year This copay is combined for all vision materials (lenses, frames and contact lenses)

This is only a summary. Please refer to your Plan Document for specifics of your Plan.

IMPORTANT MESSAGE ABOUT YOUR PLAN

This plan is designed to cover visual needs, rather than cosmetic materials.

No benefits will be payable for the following material options:

- Blended lenses
- Contact lenses (except noted)
- Low vision
- Cosmetic lenses
- Tinted lenses, except Pink #1 and #2
- Optional cosmetic processes
- The laminating or coating of a lens or lenses
- Oversize lenses
- Photochromatic lenses
- Progressive multifocal lenses
- UV protected lenses

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