

Employee Benefits Booklet

10/1/18 thru 9/30/19



ORLAND UNIFIED
SCHOOL DISTRICT

Presented by
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Let our experience guide you

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INSURANCE SERVICES, LLC

Notice

The following is strictly a summary of the benefits package provided to you by your employer, **Orland Unified School District**. For a more detailed explanation of your benefits plan, please refer to the benefits booklet that has been pro-vided by the carriers.



Medical

High Plan Option 1





ORLAND UNIFIED SCHOOL DISTRICT HIGH PLAN OPTION 1- 2017 BENEFIT SUMMARY

COVERED CHARGES	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
DEDUCTIBLE, PER CALENDAR YEAR		
Network and Non-Network Deductibles are combined.		
Per Covered Person	\$150	\$150
MAXIMUM OUT-OF-POCKET AMOUNT, PER CALENDAR YEAR		
Network and Non-Network Out-of-Pocket amounts are not combined.		
Per Covered Person	\$3,000	\$15,000
Per Family Unit	\$6,000	\$30,000
COVERED CHARGES		
Percentage Payable by Plan – Unless otherwise stated.	100% after deductible	70% after deductible
Hospital Services		
Inpatient - the semiprivate room rate	100% after deductible	70% after deductible
Ambulatory/Outpatient Surgical Facility	100% after deductible	70% after deductible
Emergency Room Visit Medical Emergency – Includes professional services	100% after deductible	100% after deductible
Emergency Room Visit Non-Medical Emergency – Includes professional services	100% after \$50 copayment and deductible	70% after \$50 copayment and deductible
Mental Disorders and Substance Abuse		
Inpatient	100% after deductible	70% after deductible
Outpatient	100% after \$30 copayment deductible waived	70% after deductible
Physician Services		
Inpatient visits	100% after deductible	70% after deductible
Office visits	100% after \$30 copayment deductible waived	70% after deductible
Office Diagnostic Testing, X-ray and Lab	100% after deductible	70% after deductible
Office Surgery and Supplies	100% after deductible	70% after deductible
Second Surgical Opinion	100% after deductible	70% after deductible
Inpatient/Outpatient Surgery	100% after deductible	70% after deductible
Allergy injections, serum and testing	100% after deductible	70% after deductible
Preventive Care – as defined by Patient Protection Affordable Care Act.		
Routine Well Care – all ages	100% deductible waived	70% after deductible
OTHER SERVICES		
Ambulance Service – Air and Land	100% after deductible	100% after deductible
Acupuncture	100% after deductible \$250 Calendar Year maximum	70% after deductible \$250 Calendar Year maximum
Diagnostic Testing, X-ray & Lab - includes Pre-Admission Testing	100% after deductible	70% after deductible
Durable Medical Equipment	100% after deductible	70% after deductible
Foot Orthotics	100% after deductible	70% after deductible





COVERED CHARGES	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
Home Health Care	100% after deductible	70% after deductible
Hospice Care	100% after deductible \$10,000 Lifetime maximum combined with bereavement counseling	70% after deductible \$10,000 Lifetime maximum combined with bereavement counseling
Bereavement Counseling	100% after deductible \$10,000 Lifetime maximum combined with hospice	70% after deductible \$10,000 Lifetime maximum combined with hospice
Infertility Benefits	100% after deductible	70% after deductible
Coverage for care, supplies and services related to the diagnosis of infertility only.		
Occupational Therapy	100% after deductible	70% after deductible
Organ Transplants	Benefits are based on place and type of service	Benefits are based on place and type of service
Organ Transplant Accommodations, Travel and Lodging for donor and recipient	100% after deductible \$10,000 per transplant maximum	100% after deductible \$10,000 per transplant maximum
Physical Therapy	100% after deductible	70% after deductible
Pregnancy	Benefits are based on place and type of service	Benefits are based on place and type of service
Prosthetics	100% after deductible	70% after deductible
Skilled Nursing Facility – the facility's semiprivate room rate	100% after deductible	70% after deductible
Spinal Manipulation Chiropractic	100% after deductible 18 visits up to \$4,000 Calendar Year maximum	70% after deductible 18 visits up to \$4,000 Calendar Year maximum
Speech Therapy	100% after deductible	70% after deductible
Urgent Care Services – including professional services	100% after \$30 copayment deductible waived	70% after deductible





PRESCRIPTION DRUG BENEFIT		
PRESCRIPTION DRUG DEDUCTIBLE, PER CALENDAR YEAR Deductible applies to Formulary and Non-Formulary Brand Name Drugs.		
Per Covered Person		\$100
Deductibles for prescription drugs do not apply toward meeting annual out-of-pocket medical maximums.		
COVERED CHARGE	NETWORK	NON-NETWORK
If the Covered Person requests a Brand Name medication when a Generic drug is available, the Covered Person will pay the cost difference between the Brand and Generic drug plus the copayment amount. Physician directed brand name drugs would require the Covered Person to pay the Brand Name copayment amount.		
Pharmacy Option (34 Day Supply)		
Generic Drugs	\$7 copayment prescription drug deductible waived	Not Covered
Formulary Brand Name Drugs	\$35 copayment after prescription drug deductible is satisfied	Not Covered
Non-Formulary Brand Name Drugs	50% up to \$70 copayment maximum per perscription; after prescription drug deductible is satisfied	Not Covered
Mail Order Option (90 Day Supply)		
All Maintenance Medications are to be purchased through the Mail Order program. Initial 30 day supply may be obtained at a Participating Pharmacy.		
Generic Drugs	\$7 copayment prescription drug deductible waived	Not Applicable
Formulary Brand Name Drugs	\$35 copayment after prescription drug deductible is satisfied	Not Applicable
Non-Formulary Brand Name Drugs	50% up to \$70 copayment maximum per perscription; after prescription drug deductible is satisfied	Not Applicable
Over the Counter (OTC) Prilosec and Claritin - Pharmacy and Mail Order options		
Over the Counter (OTC) Prilosec and Claritin	\$5 copayment OTC Medications require a prescription from your Physician and must be presented to the Pharmacist or Mail Order program to be filled. The \$5 copayment will not be honored if you obtain the OTC Prilosec or OTC Claritin from the drug store and submit a cash register receipt for reimbursment.	

This is not a guarantee of benefits. Please refer to the current Plan Document for details.



Medical

Middle Plan Option 2





ORLAND UNIFIED SCHOOL DISTRICT MIDDLE PLAN OPTION 2 - 2017 BENEFIT SUMMARY

COVERED CHARGES	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
DEDUCTIBLE, PER CALENDAR YEAR		
Network and Non-Network Deductibles are combined.		
Per Covered Person	\$500	\$500
Per Family Unit	\$1,500	\$1,500
MAXIMUM OUT-OF-POCKET AMOUNT, PER CALENDAR YEAR		
Network and Non-Network Out-of-Pocket amounts are not combined.		
Per Covered Person	\$3,000	\$15,000
Per Family Unit	\$6,000	\$30,000
COVERED CHARGES		
Percentage Payable by Plan – Unless otherwise stated.	80% after deductible	70% after deductible
Hospital Services		
Inpatient - the semiprivate room rate	80% after deductible	70% after deductible
Ambulatory/Outpatient Surgical Facility	80% after deductible	70% after deductible
Emergency Room Visit Medical Emergency – Includes professional services	80% after deductible	80% after deductible
Emergency Room Visit Non-Medical Emergency – Includes professional services	80% after \$50 copayment and deductible	70% after \$50 copayment and deductible
Mental Disorders and Substance Abuse		
Inpatient	80% after deductible	70% after deductible
Outpatient	100% after \$30 copayment deductible waived	70% after deductible
Physician Services		
Inpatient visits	80% after deductible	70% after deductible
Office visits	100% after \$30 copayment deductible waived	70% after deductible
Office Diagnostic Testing, X-ray and Lab	80% after deductible	70% after deductible
Office Surgery and Supplies	80% after deductible	70% after deductible
Second Surgical Opinion	80% after deductible	70% after deductible
Inpatient/Outpatient Surgery	80% after deductible	70% after deductible
Allergy injections, serum and testing	80% after deductible	70% after deductible
Preventive Care – as defined by Patient Protection Affordable Care Act.		
Routine Well Care – all ages	100% deductible waived	70% after deductible
OTHER SERVICES		
Ambulance Service – Air and Land	80% after deductible	70% after deductible
Acupuncture	80% after deductible \$250 Calendar Year maximum	70% after deductible \$250 Calendar Year maximum
Diagnostic Testing, X-ray & Lab - includes Pre-Admission Testing	80% after deductible	70% after deductible



COVERED CHARGES	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
Durable Medical Equipment	80% after deductible	70% after deductible
Foot Orthotics	80% after deductible	70% after deductible
Home Health Care	80% after deductible	70% after deductible
Hospice Care	80% after deductible \$10,000 Lifetime maximum combined with bereavement counseling	70% after deductible \$10,000 Lifetime maximum combined with bereavement counseling
Bereavement Counseling	80% after deductible \$10,000 Lifetime maximum combined with hospice	70% after deductible \$10,000 Lifetime maximum combined with hospice
Infertility Benefits	80% after deductible	70% after deductible
Coverage for care, supplies and services related to the diagnosis of infertility only.		
Occupational Therapy	80% after deductible	70% after deductible
Organ Transplants	Benefits are based on place and type of service	Benefits are based on place and type of service
Organ Transplant Accommodations, Travel and Lodging for donor and recipient	80% after deductible \$10,000 per transplant maximum	70% after deductible \$10,000 per transplant maximum
Physical Therapy	80% after deductible	70% after deductible
Pregnancy	Benefits are based on place and type of service	Benefits are based on place and type of service
Prosthetics	80% after deductible	70% after deductible
Skilled Nursing Facility – the facility's semiprivate room rate	80% after deductible	70% after deductible
Spinal Manipulation Chiropractic	80% after deductible 18 visits up to \$4,000 Calendar Year maximum	70% after deductible 18 visits up to \$4,000 Calendar Year maximum
Speech Therapy	80% after deductible	70% after deductible
Urgent Care Services – including professional services	100% after \$30 copayment deductible waived	70% after deductible



PRESCRIPTION DRUG BENEFIT		
PRESCRIPTION DRUG DEDUCTIBLE, PER CALENDAR YEAR Deductible applies to Formulary and Non-Formulary Brand Name Drugs.		
Per Covered Person		\$100
Deductibles for prescription drugs do not apply toward meeting annual out-of-pocket medical maximums.		
COVERED CHARGE	NETWORK	NON-NETWORK
If the Covered Person requests a Brand Name medication when a Generic drug is available, the Covered Person will pay the cost difference between the Brand and Generic drug plus the copayment amount. Physician directed brand name drugs would require the Covered Person to pay the Brand Name copayment amount.		
Pharmacy Option (34 Day Supply)		
Generic Drugs	\$7 copayment prescription drug deductible waived	Not Covered
Formulary Brand Name Drugs	\$35 copayment after prescription drug deductible is satisfied	Not Covered
Non-Formulary Brand Name Drugs	50% up to \$70 copayment maximum per perscription; after prescription drug deductible is satisfied	Not Covered
Mail Order Option (90 Day Supply)		
All Maintenance Medications are to be purchased through the Mail Order program. Initial 30 day supply may be obtained at a Participating Pharmacy.		
Generic Drugs	\$7 copayment prescription drug deductible waived	Not Applicable
Formulary Brand Name Drugs	\$35 copayment after prescription drug deductible is satisfied	Not Applicable
Non-Formulary Brand Name Drugs	50% up to \$70 copayment maximum per perscription; after prescription drug deductible is satisfied	Not Applicable
Over the Counter (OTC) Prilosec and Claritin - Pharmacy and Mail Order options		
Over the Counter (OTC) Prilosec and Claritin	\$5 copayment OTC Medications require a prescription from your Physician and must be presented to the Pharmacist or Mail Order program to be filled. The \$5 copayment will not be honored if you obtain the OTC Prilosec or OTC Claritin from the drug store and submit a cash register receipt for reimbursment.	

This is not a guarantee of benefits. Please refer to the current Plan Document for details.



Medical

Low Plan Option 3





ORLAND UNIFIED SCHOOL DISTRICT LOW PLAN OPTION 3 - 2017 BENEFIT SUMMARY

COVERED CHARGES	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
DEDUCTIBLE, PER CALENDAR YEAR		
Network and Non-Network Deductibles are combined.		
Single Plan	\$3,000	\$3,000
Family Plan	\$6,000	\$6,000
FAMILY PLAN DEDUCTIBLE - The HDHP includes an aggregate family deductible. Either one person must satisfy the entire family deductible or the entire family must incur combined expenses totaling the entire family deductible amount before the Plan pays on behalf of any member of the family. When the maximum amount has been incurred by members of a Family Unit toward their Calendar Year deductible, the deductible of all members of that Family Unit will be considered satisfied for that year.		
MAXIMUM OUT-OF-POCKET AMOUNT, PER CALENDAR YEAR		
Network and Non-Network Out-of-Pocket amounts are not combined.		
Single Plan	\$5,000	\$15,000
Family Plan	\$10,000	\$30,000
SINGLE PLAN MAXIMUM OUT-OF-POCKET AMOUNT, PER CALENDAR YEAR - The Plan will pay the designated percentage of Covered Charges until out-of-pocket amount is reached, at which time the Plan will pay 100% of the remainder of Covered Charges for the rest of the Calendar Year unless stated otherwise.		
FAMILY PLAN MAXIMUM OUT-OF-POCKET AMOUNT, PER CALENDAR YEAR - The HDHP includes an aggregate family out-of-pocket amount. Either one person must satisfy the entire family out-of-pocket amount or the entire family must incur combined expenses totaling the entire family out-of-pocket amount. When the Family Plan maximum out-of-pocket amount is satisfied the Plan will pay 100% of the remainder of Covered Charges for the rest of the Calendar Year unless stated otherwise.		
COVERED CHARGES		
Percentage Payable by Plan – Unless otherwise stated.	80% after deductible	70% after deductible
Hospital Services		
Inpatient - the semiprivate room rate	80% after deductible	70% after deductible
Ambulatory/Outpatient Surgical Facility	80% after deductible	70% after deductible
Emergency Room Visit Medical Emergency – Includes professional services	80% after deductible	80% after deductible
Emergency Room Visit Non-Medical Emergency – Includes professional services	80% after \$50 copayment and deductible	70% after \$50 copayment and deductible
Mental Disorders and Substance Abuse		
Inpatient	80% after deductible	70% after deductible
Outpatient	80% after deductible	70% after deductible
Physician Services		
Inpatient visits	80% after deductible	70% after deductible
Office visits	80% after deductible	70% after deductible
Office Diagnostic Testing, X-ray and Lab	80% after deductible	70% after deductible
Office Surgery and Supplies	80% after deductible	70% after deductible
Second Surgical Opinion	80% after deductible	70% after deductible
Inpatient/Outpatient Surgery	80% after deductible	70% after deductible
Allergy injections, serum and testing	80% after deductible	70% after deductible



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HealthComp
Third Party Administrators



COVERED CHARGES	NETWORK PROVIDERS	NON-NETWORK PROVIDERS
Preventive Care – as defined by Patient Protection Affordable Care Act.		
Routine Well Care – all ages	100% deductible waived	70% after deductible
OTHER SERVICES		
Ambulance Service – Air and Land	80% after deductible	70% after deductible
Acupuncture	80% after deductible \$250 Calendar Year maximum	70% after deductible \$250 Calendar Year maximum
Diagnostic Testing, X-ray & Lab - includes Pre-Admission Testing	80% after deductible	70% after deductible
Durable Medical Equipment	80% after deductible	70% after deductible
Foot Orthotics	80% after deductible	70% after deductible
Home Health Care	80% after deductible	70% after deductible
Hospice Care	80% after deductible \$10,000 Lifetime maximum combined with bereavement counseling	70% after deductible \$10,000 Lifetime maximum combined with bereavement counseling
Bereavement Counseling	80% after deductible \$10,000 Lifetime maximum combined with hospice	70% after deductible \$10,000 Lifetime maximum combined with hospice
Infertility Benefits	80% after deductible	70% after deductible
Coverage for care, supplies and services related to the diagnosis of infertility only.		
Occupational Therapy	80% after deductible	70% after deductible
Organ Transplants	Benefits are based on place and type of service	Benefits are based on place and type of service
Organ Transplant Accommodations, Travel and Lodging for donor and recipient	80% after deductible \$10,000 per transplant maximum	70% after deductible \$10,000 per transplant maximum
Physical Therapy	80% after deductible	70% after deductible
Pregnancy	Benefits are based on place and type of service	Benefits are based on place and type of service
Prosthetics	80% after deductible	70% after deductible
Skilled Nursing Facility – the facility's semiprivate room rate	80% after deductible	70% after deductible
Spinal Manipulation Chiropractic	80% after deductible 18 visits up to \$4,000 Calendar Year maximum	70% after deductible 18 visits up to \$4,000 Calendar Year maximum
Speech Therapy	80% after deductible	70% after deductible
Urgent Care Services – including professional services	80% after deductible	70% after deductible
Outpatient Prescription Drug Benefits – Retail and Mail Order Generic, Formulary Brand Name and Non-Formulary Brand Name Drugs	80% after deductible	Not Covered
Please note: All Maintenance Medications are to be purchased through the Mail Order program. Initial 30 day supply may be obtained at a Participating Pharmacy.		

This is not a guarantee of benefits. Please refer to the current Plan Document for details.



Pharmacy

Costco Mail Order





PRESCRIPTIONS FOR HOME DELIVERY

Ordering New & Refill Prescriptions Online With Costco Mail Order

Create an Account

The screenshot shows the Costco Pharmacy website interface. At the top, there is a navigation bar with links: View Warehouse Savings, Find a Warehouse, Get Email Offers, Customer Service, Sign In / Register (highlighted with a red box and a red arrow), and Cart. Below the navigation bar is a search bar labeled 'Search Medications'. The main content area features a large banner for 'Home Delivery' with the text 'Fill your prescription online and have it delivered to your home' and a 'Get Started' button. To the right of the banner are several service tiles: 'Full Service Travel Immunization Program', 'Auto-Refill Program', 'The Path to a Healthy Heart', 'Medicare Plan Finder', 'Warehouse Pickup', and 'Customer Service'. Each tile includes a brief description and a 'Learn More' link. At the bottom right, there is a 'Kirkland Signature' logo and a 'Manage Prescriptions' section with links for 'Fill New Prescriptions', 'Refill Prescriptions', 'Prescription Status', and 'Transfer from Warehouse'.

- Visit: pharmacy.costco.com
- Click 'Sign In/Register' and then 'Create Account' to get started on your pharmacy account

Create an Account

Sign In

Sign in to access your Costco.com account.

Email Address

Password

☐ Remember Me

Sign In

Forgot Password?

New to Costco.com?

Create Account



Create Account

Register a new Costco.com account.

Email Address

Password

Confirm Password

Membership Number (optional) ?

Register

☒ Yes, I would like to receive emails about special offers and new product information from Costco. Costco will not rent or sell your email address.

Executive Members need to enter their membership number above in order to earn a 2% Reward on qualified purchases.

Non-members may be assessed an additional surcharge for purchases (does not apply to prescription items).

By creating an account you agree to Costco.com terms and conditions of use.

Already have an account? [Sign In](#)

- The member will need to enter their own email address and create a password.
- A Costco membership number is not required to use the pharmacy.
- Please note: each family member will need to be registered under a separate email address for a patient profile to be completed.

Patient Profile

To complete a profile for the Mail Order Pharmacy a member will need to place their cursor over “Pharmacy” for the drop down menu and click “Patient Profile”. Once in the profile member’s will need to complete the following sections:

- 1) Account & Patient Info
- 2) Insurance
- 3) Payment Method & Billing address
- 4) Addresses
- 5) Privacy

The screenshot displays the Costco Pharmacy website interface. At the top, the Costco Pharmacy logo is on the left, and navigation links for 'View Warehouse Savings', 'Find a Warehouse', 'Get Email Offers', 'Customer Service', 'Sign In / Register', and 'Cart' are on the right. A search bar for 'Search Medications' is also present. The main navigation menu includes 'Shop All Departments', 'Business Delivery', 'Optical', 'Pharmacy' (highlighted with a red box and a red arrow), 'Services', 'Photo', 'Travel', 'Membership', and 'Locations'. Below the 'Pharmacy' menu, a dropdown list shows 'Shop Pharmacy', 'Refill Prescriptions', 'Transfer Prescriptions', 'New Prescriptions', 'Prescription Status', 'Patient Profile' (highlighted with a red box and a red arrow), and 'Immunizations'. To the right of the dropdown, there is a 'Costco Member Prescription Program' section with a 'Learn More >' link. Further right, a 'Manage Prescriptions' section includes links for 'Fill New Prescriptions', 'Refill Prescriptions', 'Prescription Status', and 'Transfer from Warehouse', along with a 'KIRKLAND Prescription' logo. The background features a banner for 'Home Delivery' with the text 'Fill your prescription have it delivered to you' and a 'Get Started >' button. A photo of a smiling pharmacist is also visible.

Section 1 - Account & Patient Info:

- **Patient information:** In this section a member will need to provide their name, birthdate, and gender.
- **Preferences:** A member will need to provide if they prefer child resistant packaging, generic medications when applicable, and if they want refill reminders.
- **Preferences:** Members will need to provide if they have any drug allergies, what their medical conditions are, and what medications they are currently taking.

New Patient: Please complete the Account & Patient Info, Insurance, Payment Method, Addresses, and Privacy tabs. Click "Complete Registration" when finished.

* Required fields

Account & Patient Info Insurance Payment Method Addresses Privacy

Need Help?

PATIENT INFORMATION

Information on this account pertains to the patient listed below. Please review and make changes as needed.

PATIENT FIRST NAME: * MI: M.I. PATIENT LAST NAME: * DATE OF BIRTH: * GENDER: *
 Patient First Name Patient Last Name MM/DD/YYYY Male Female

PREFERENCES

☒ Yes, use child resistant packaging.
☒ Yes, substitute a generic equivalent when available.
☒ Yes, I request refill reminders and that prescription details be included in my emails for all prescriptions on this account.

DO YOU HAVE ANY DRUG ALLERGIES ? * ☒ Yes ☐ No

☐ Aspirin ☐ Codeine ☐ Erythromycin
☐ Penicillin ☐ Sulfa Drugs

LIST OTHER ALLERGIES:

DO YOU HAVE ANY MEDICAL CONDITIONS ? * ☒ Yes ☐ No

☐ Angina ☐ Arthritis ☐ Asthma
☐ Chronic Heartburn ☐ Congestive Heart Failure ☐ Diabetes Mellitus
☐ Epilepsy ☐ Glaucoma ☐ High Blood Pressure
☐ High Cholesterol/Lipid ☐ Hypothyroidism ☐ Kidney Stones
☐ Liver Disease ☐ Seasonal Allergies ☐ Ulcer

LIST OTHER MEDICAL CONDITIONS:

ARE YOU CURRENTLY TAKING ANY MEDICATIONS ? ☒ Yes ☐ No

List the name of all current medications, separated by commas. Strength and dosage information is NOT necessary:

Section 2 – Insurance:

This section is where a member will select their plan from the drop down menu and enter in their prescription insurance card details.

* Required fields

Account & Patient Info Insurance Payment Method Addresses Privacy

Would you like us to bill a prescription insurance plan? * ☒ Yes ☐ No

Select plan name: -- Please Select --

PRESCRIPTION INSURANCE CARD

MEMBER ID#: * Member ID#

POLICYHOLDER NAME: * Policyholder Name

PLAN NAME: * Plan Name

RELATIONSHIP TO CARDHOLDER: -- Please Select --

GROUP #: * Group #

POLICYHOLDER DATE OF BIRTH: * MM/DD/YYYY

INSURANCE PHONE: * Insurance Phone

Example: (425) 555-1212

Need Help?

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Section 3 — Payment Method:

- Members will need to provide their billing address as it appears on their payment method they choose to use.
- Members may choose to not enter a payment method at this time, however once an order is placed members will need to add the payment method to their profile.
- If a payment method is not saved there may be problems, or delays, with an order not going through or a possible cancellation if the member does not provide a payment method.
- Address nickname:** This is a required field and must be filled out with any nickname member wishes to enter.

Account & Patient Info
Insurance
Payment Method
Addresses
Privacy

Need Help?

Please enter the following information exactly as it appears on your credit card statement.

BILLING ADDRESS

FIRST NAME *

First Name

M.I.

M.I.

LAST NAME *

Last Name

COMPANY NAME

COUNTRY *

United States

STREET ADDRESS *

Address Line 1

Address Line 2

CITY *

STATE / PROVINCE *

Select

ZIP / POSTAL CODE *

PHONE NUMBER *

EMAIL *

ADDRESS NICKNAME ?

ENTER NICKNAME

PAYMENT METHOD (OPTIONAL)

CREDIT CARD TYPE: *

VISA

CREDIT CARD NUMBER: *

EXPIRATION DATE: *

NAME ON CARD: *

Previous
Next

Section 4— Addresses:

- A member will also need to provide their shipping address.
- If the address is the same as the billing address members may select “Use Billing Address” for auto fill.
- **Address nickname:** This is a required field and must be filled out, however the name chosen can not be the same as the billing nickname.

Account & Patient Info Insurance Payment Method **Addresses** Privacy

Need Help?

Please enter your default shipping address.

SHIPPING ADDRESS **Use Billing Address**

FIRST NAME * M.I. M.I.
First Name

LAST NAME *
Last Name

COMPANY NAME

STREET ADDRESS *
Address Line 1
Address Line 2

CITY *

STATE/PROVINCE *
Select

ZIP / POSTAL CODE *

PHONE NUMBER *

EMAIL *

ADDRESS NICKNAME * ?
ENTER NICKNAME

Previous Next

Section 5 – Privacy:

This section reviews the Costco Health Center Notice of Privacy Practices including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and protected health information ("PHI").

- For the profile to be completed (registered) this section must confirmed as being reviewed.
- Once done a member may select "Complete Registration".

* Required fields

Account & Patient Info	Insurance	Payment Method	Addresses	Privacy
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You authorize Costco to use and disclose personal health information as stated below and in Costco's Health Centers Notice of Privacy Practices.

WHAT IS PROTECTED?

[Back to top](#)

The federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as modified by the Health Information Technology for Economic and Clinical Health Act ("HITECH"), requires that Costco Health Centers safeguard health information about you called "protected health information," or "PHI," created, received, maintained or transmitted in the course of providing services to you through the Costco Health Centers. PHI is health information that can be used to identify you and that relates to (1) your physical or mental health condition, (2) the provision of

☐ I have reviewed the Costco Health Center Notice of Privacy Practices effective September 23, 2013 (the "Notice") and understand that all my medical information will be used by Costco in accordance with the Notice.

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[Complete Registration](#)

Ordering a New Prescription

On the Home Delivery main page members need to click "Fill New Prescriptions"

In this section:

- Doctor's info
- Prescription Info
- Shipping option
- Optional Additional or Special Comments

The screenshot shows the Costco Home Delivery website interface. At the top, a navigation bar includes links for 'Manage Prescriptions', 'Fill New Prescriptions' (highlighted with a red circle and arrow), 'Refill Prescriptions', 'Prescription Status', and 'Transfer from Warehouse'. Below this is a large banner for 'Home Delivery' with the text 'Fill your prescription online and have it delivered to your home' and a 'Get Started >' button. To the right of the banner are several service tiles: 'Full Service Travel Immunization Program', 'Auto-Refill Program', 'The Path to a Healthy Heart', 'Medicare Plan Finder', 'Customer Service', 'Warehouse Pickup', 'Pet Medications', 'Health & Wellness Clinics', and 'CDIABETES.com'. Each tile includes a brief description and a 'Learn More >' or 'View Schedule >' link. The bottom of the page features the Costco Pharmacy logo and the text 'Mail Order' and 'PRESCRIPTIONS FOR HOME DELIVERY'.

Step 1: Provide Prescription Info

Members will need to provide the details of their prescription when ordering:

- Physician information and how the prescription will be provided (mailed or faxed into the pharmacy).
- The Prescription drug name and if the member wants it filled with generic or brand.
- Choose their shipping method for their order.
- If any special requests are needed the member may provide it in the comment box at the bottom of the page.

Fill New Prescriptions

1. Profile > 2. Prescription Info > 3. Confirm

Use this page to provide us with contact information for your physician, identify the prescription you would like filled, and choose a shipping option for your order.

* Required Fields

PHYSICIAN INFORMATION

PHYSICIAN'S NAME *

YOUR ORIGINAL PRESCRIPTION

Do you have a written prescription? Select one of these options: *

- ☐ I will mail a prescription to Costco.
I have a written prescription.
- ☐ My doctor will call or fax Costco.
I do not have a written prescription.



PHYSICIAN PHONE *

PHYSICIAN'S CITY *

PHYSICIAN'S STATE *

Select

PRESCRIPTION INFORMATION

Click Search for Drug to find out and fill in each prescription drug name. Using this search function will automate drug and formulation matching, and will speed the processing of your prescription request.

Select drug or Enter drug information

Search for Drug

Prescription drug name

☒ Use generics if possible

Search for Drug

Prescription drug name

☒ Use generics if possible

Search for Drug

Prescription drug name

☒ Use generics if possible

Add More Prescriptions

SHIPPING OPTION

Shipping Option*	Cost	Processing Time	Shipping Time	Avg Time to Delivery
<input checked="" type="radio"/> Standard USPS	FREE	1 to 4 days	5 to 10 days	6 to 14 days
<input type="radio"/> Three Day Shipping	\$10.95 flat fee	1 to 4 days	3 days	3 to 6 days
<input type="radio"/> Two Day Shipping	\$13.95 flat fee	1 to 4 days	2 days	2 to 5 days

* Expedited services provided by UPS. Weekend delivery not included. PO Boxes are not accepted. Shipping to Alaska & Hawaii may require an additional 1-2 Days

ADDITIONAL COMMENTS

Please type any special instruction here (optional).

Step 2: Confirm Your Request

- The member has the option of reviewing their order, and choosing the delivery preference, before completing their prescription order request.
- If the information is accurate the member would click “Complete Prescription Request” to place their home delivery prescription order.

Confirm Refill Request

1. Profile > 2. Prescription Info > 3. Confirm

Please verify your order details then select a delivery preference, below.

PRESCRIPTIONS IN THIS ORDER

RX#	Drug Name	Qty	Price	Remove
581-1234567	SINGULAIR 10 MG TABLET	30	\$0.00	<input type="checkbox"/>

Subtotal: \$0.00

Shipping: \$0.00

Estimated Total: \$0.00

Update

Your estimated price is calculated using your previous co-payment amount plus any additional shipping charges. Your actual price may vary, depending on quantity requested, current purchase price for the medication, and any applicable prescription insurance coverage.

DELIVERY PREFERENCE

When would you like us to ship your order?

☒ Ship my order as soon as my prescription is ready. My credit card will be charged automatically, as soon as my order is completed and shipped.

☐ Notify me by email when my prescription and insurance (if applicable) have been verified. I will return to the site to review the billing and shipping information and complete my order at a later date. I will not be charged until I complete my order.

PRESCRIPTION WILL BE SHIPPED TO

Add/Change Shipping Address

Home Address

Test Patient
123 Lane Rd
City name, ST 12345
Phone: (123) 456-7890
testpatient@email.com

PRESCRIPTION WILL BE BILLED TO

Add/Change Billing Address

Test Patient
123 Lane Rd
City name, ST 12345
Phone: (123) 456-7890
testpatient@email.com

SHIPPING OPTION

Standard USPS - \$0.00
6 to 14 days to delivery.

CREDIT CARD INFORMATION

Add/Change Credit Card
Costco Visa
*****1234

Modify Prescription Request

Complete Prescription Request

25

Step 3: Receive Your Order

- The Mail Order Pharmacy requests members allow 1-4 business days for processing once a prescription order has been received by the pharmacy.
- Please be advised the processing time may vary if there are delays due to insurance approval or payment.
- After your prescription is processed, and payment is confirmed, your order will be shipped via the shipping method selected.

Thank You for Your Order

Please see [Next Steps](#) for further action

Next Steps:

If you have a written prescription, please send to:

Costco Pharmacy (#581)
802 134th St Sw Ste 140
Everett, WA 98204-7314

If your doctor will fax your prescription, please call or fax to:

Call: (800) 607-6861 or
Fax: (800) 633-0334

All calls and faxes must originate from your doctor and will be verified.

Please include patient's name, date of birth and phone number on each prescription.

You will receive an email when your prescription has been shipped.

Additional Info:

For further assistance, please click on the helpful links below:

[Prescription Status](#) - Monitor the progress of your order.

[Fill Prescription](#) - Quickly and easily place another prescription request.

[Drug Information](#) - To view drug information.

[Contact Us](#) - Email or phone a customer service representative or pharmacist.

[Health Information](#) - Learn smart tips for managing various medical conditions.

[NatureMade Vitamins](#) - #1 Pharmacist Recommended Supplement Brand in 9 Categories.

[Print](#)

Reordering a Refill Online

On the Home Delivery main page members need to click "Refill Prescriptions"

In this section:

- Select Refills
- Review refill Order
- Confirmation Page

Manage Prescriptions
Fill New Prescriptions
Refill Prescriptions
Prescription Status
Transfer from Warehouse
KIRKLAND

< Home Delivery
Fill your prescription online and have it delivered to your home
Get Started >

Full Service Travel Immunization Program
Are you "Really" ready for your trip?
Learn More >

Auto-Refill Program
Sign up to have your prescriptions refilled automatically, without having to visit the Home Delivery Pharmacy.
Learn More >

The Path to a Healthy Heart
Be good to your ticker with heart-friendly tips, recipes and advice.
Learn More >

Medicare Plan Finder
Find Medicare insurance in your area.
Learn More >

Customer Service
Get answers to your questions:
• About Home Delivery
• How to use the Home Delivery Pharmacy
• Business Prescription Insurance
• Frequently-Asked Questions
• Contact Us

Warehouse Pickup
Looking to pick up a prescription at one of our warehouse locations?
Visit Warehouse Pickup >

CDIABETES.com
The Costco Healthy Living with Diabetes Online Magazine.
Visit >

Health & Wellness Clinics
Attend a health and wellness clinic at a warehouse near you.
View Schedule >

Pet Medications
Fill your pet's medication at your local Costco Pharmacy.
Learn More >

Patient Access Services
Language Translation
Learn More >

Step 1: Select Your Refills

- A member may select a prescription (that has been shipped) they would like refilled from their refill page once logged in.
- Members have the option to add a prescription to our Auto-Refill Program per an email notification they will receive and need to consent to.
- Again, please allow 1-4 business days for processing, and the processing time may vary if a refill authorization is required, delays due to insurance approval, or payment.

Refill Prescriptions

1. Profile > **2. Prescription Info** > **3. Confirm**

The following prescriptions are available for refill, subject to the approval of your physician. Use the Manage Inactive Prescriptions link to organize your prescriptions in groups under active or inactive status depending on how frequently they are used. Visit the Prescription Auto Refill Program help page for more information about setting up an auto refill.

If you wish to make changes to quantity, strength, or directions for any medication, please request a New Prescription.

* Required Fields

ACTIVE PRESCRIPTIONS Manage Inactive Prescriptions

Select	RX #	Drug Name	Qty	Refills Left	Last Ordered	Auto Refill ON OFF
<input type="checkbox"/>	581-1234567	SINGULAIR 10 MG TABLET	30	3	10/16/2017	<input checked="" type="radio"/>
<input type="checkbox"/>	581-1234568	SYNTHROID 100 MCG TABLET	30	3	10/16/2017	<input type="radio"/>
Make Selected Items Inactive						Items Per Page : 24 48 96 Page : 1

SHIPPING OPTION

Shipping Option†	Cost	Processing Time	Shipping Time	Avg Time to Delivery
<input checked="" type="radio"/> Standard USPS	FREE	1 to 4 days	5 to 10 days	6 to 14 days
<input type="radio"/> Three Day Shipping	\$10.95 flat fee	1 to 4 days	3 days	3 to 6 days
<input type="radio"/> Two Day Shipping	\$13.95 flat fee	1 to 4 days	2 days	2 to 5 days

† Expedited services provided by UPS. Weekend delivery not included. PO Boxes are not accepted. Shipping to Alaska & Hawaii may require an additional 1-2 Days

Refill Selected Prescriptions

Step 2: Review Refill Order

- Same as when the member places an order for a new prescription, the member has the option of reviewing their order, choosing the delivery preference, and updating their payment method before completing their refill order request.
- If the information is accurate the member would click “Complete Prescription Request” to place their home delivery prescription order.

Confirm Refill Request

1. Profile > **2. Prescription Info** > **3. Confirm**

Please verify your order details then select a delivery preference, below.

PRESCRIPTIONS IN THIS ORDER

RX#	Drug Name	Qty	Price	Remove
581-1234567	SINGULAIR 10 MG TABLET	30	\$0.00	<input type="checkbox"/>

Update

Subtotal: \$0.00

Shipping: \$0.00

Estimated Total: **\$0.00**

Your estimated price is calculated using your previous co-payment amount plus any additional shipping charges. Your actual price may vary, depending on quantity requested, current purchase price for the medication, and any applicable prescription insurance coverage.

DELIVERY PREFERENCE

When would you like us to ship your order?

☒ Ship my order as soon as my prescription is ready. My credit card will be charged automatically, as soon as my order is completed and shipped.

☐ Notify me by email when my prescription and insurance (if applicable) have been verified. I will return to the site to review the billing and shipping information and complete my order at a later date. I will not be charged until I complete my order.

PRESCRIPTION WILL BE SHIPPED TO

Add/Change Shipping Address

Home Address

Test Patient
123 Lane Rd
City name, ST 12345
Phone: (123) 456-7890
testpatient@email.com

PRESCRIPTION WILL BE BILLED TO

Add/Change Billing Address

Test Patient
123 Lane Rd
City name, ST 12345
Phone: (123) 456-7890
testpatient@email.com

SHIPPING OPTION
Standard USPS - \$0.00
6 to 14 days to delivery.

CREDIT CARD INFORMATION
Add/Change Credit Card
Costco Visa
*****1234

Modify Prescription Request

Complete Prescription Request

Step 3: Confirmation Page

- An order confirmation email will be sent once the order has been submitted.
- Members will also receive an order confirmation email, detailing the order (drug name, strength, quantity, cost) once it is being filled.
- Lastly members will receive a shipping conformation email with the order tracking number.

Thank You for Your Order

You will receive an email when your order has been confirmed

Additional Info:

For further assistance, please click on the helpful links below:

[Prescription Status](#) - Monitor the progress of your order.

[Fill Prescription](#) - Quickly and easily place another prescription request.

[Drug Information](#) - To view drug details and information.

[Contact Us](#) - Email or phone a customer service representative or pharmacist.

[Health Information](#) - Learn smart tips for managing various medical conditions.

[NatureMade Vitamins](#) - #1 Pharmacist recommended supplement brand in 9 categories.

Auto Refill Program

- Before each auto-refill is processed an email is sent to the member for their consent.
- Members must click the “Yes, Refill Prescription” button (within 72 hours) to start the refill process. If they do not the refill will not be placed and will be removed from auto-fill.
- Refill, and auto refill, email notifications are sent (approximately) 65 days into a 90 day supply fill.

- Members order(s) are charged to their saved payment type to reduce any delays.

- The auto-refill program assists members with being less likely to run out of their maintenance drugs and stay on track with their medications.

Prescription Auto Refill Program

To ensure you will never run out of your medication, Costco Online Pharmacy will regularly fill and ship your medications to you. You will never need to request a refill again.

To set up individual prescriptions for Auto Refill you click the on and off button in the Auto Refill column to turn Auto Refills on and off by prescription. This can be done while on Refill Prescription page or Prescription Status page.

What to expect on Auto Refill?

Before each refill is processed in our system, an email will be sent to you for final confirmation. You will have 72 hours to check the consent, “Yes, Refill Prescription” button to start the refill process. If you do not respond with a consent via email or by phone within 72 hours, your auto refill prescription will be disenrolled from the auto refill program and will not ship. To reactivate the auto refill at a later date, please visit Prescription Status page or Refill Prescription page. A valid credit card must be on file to use this service. Please note auto refills will not be available for controlled substance medications and non-maintenance medications.



Order Refill	Rx #	Drug Name	Qty	Refills Left	Last Ordered	Auto Refill
<input type="checkbox"/>	581-2104064	ANDRODERM 2 MG/24HR PATCH	180	4	1/3/2013	<input type="radio"/> ON <input type="radio"/> OFF
<input type="checkbox"/>	581-2104067	ANDROGEL 1.625(2.5G) GEL PCKT	3	3	1/3/2013	<input type="radio"/> ON <input type="radio"/> OFF
<input type="checkbox"/>	581-2104068	DEPO-TESTOSTERONE 100 MG/ML VL	10	10	1/5/2013	<input type="radio"/> ON <input type="radio"/> OFF
<input type="checkbox"/>	581-2104069	FORTESTA 10MG GEL PUMP	60	0	1/5/2013	<input type="radio"/> ON <input type="radio"/> OFF

Page: 1

Prescription Status

- Members can track the status of their orders by logging onto their account and clicking on the corresponding tab.
- For detailed information on their ordered prescription members need to click the prescription number.
- If members have further questions regarding their order, they may call our **Costco Mail Order Pharmacy Member Service Center** for a live agent to address any questions, or concerns, a member has.

Prescription Status

Patient: Test Patient

In Process Available Refills Prescription History

Need Help?

Select	Status	Rx #	Drug Name	Qty	Price	Order Date	Type
	In Process	581-1234567	ALENDRONATE SODIUM 70 MG	90	\$12.59	10/16/2017	Refill

Page: 1

Visit Flexible Spending Account (FSA) for order information specific to these areas. Visit the Costco.com Order Status page to view all other Costco.com orders.

Prescription Details

Patient: Test Patient Prescription #: 581-1234567 Costco Order #: Status: In Process Physician: Who, Doctor MD, City name, WA (425) 123-4567 Medication: ALENDRONATE SODIUM 70 MG Quantity: 90 Price: \$12.59 Refills Left: 0 Auto Refill: NO	Delivery Preference: Self Checkout Shipping Option: Location to mail the original hardcopy of your prescription: Costco Pharmacy 802 134th St Sw Ste 140 Everett, WA 98204-7314 Phone: (800) 607-6861 Fax: (800) 633-0334
--	--

Prescription History

Members are able to view their Prescription history for up to 180 days and track their orders under the prescription details.

Home > Prescription status

HOME DELIVERY

Home Delivery

Refill Prescriptions

Transfer Prescriptions

New Prescriptions

Prescription Status

Patient Profile

DRUG PRICING & INFORMATION

Prescription Status

Patient: Test Patient

In Process Available Refills Prescription History

Need Help?

Ship Date	Order #	Rx #	Drug Name	Qty	Price	Order Date	Status
10/24/2017	669453229	581-3044272	SYNTHROID 100 MCG TABLET	30	\$9.00	10/16/2017	Shipped
10/24/2017	669453229	581-3044273	METFORMIN 500 MG TABLET	30	\$9.00	10/16/2017	Shipped
10/24/2017	669453229	581-3044274	LISINOPRIL 40 MG TABLET	30	\$9.00	10/16/2017	Shipped
10/24/2017	669453229	581-3044275	SINGULAIR 10 MG TABLET	30	\$3.00	10/16/2017	Shipped
10/24/2017	669453229	581-3044276	ATENOLOL 50 MG TABLET	30	\$12.59	10/16/2017	Shipped

Page: 1

Prescription Status

Patient: Test Patient

In Process Available Refills Prescription History

Need Help?

Prescription Details

Ship Date

10/24/2017

10/24/2017

10/24/2017

10/24/2017

Patient:

Prescription #:

Costco Order #:

Status:

Physician:

Medication:

Quantity:

Price:

Refills Left:

Auto Refill:

Test Patient

581-3044272

669453229

Shipped

Who, Doctor MD,
City name, WA
425-123-4567

SYNTHROID 100 MCG TABLET

30

\$9.00

0

NO

Delivery Preference:

Date Shipped:

Shipping Options:

Tracking #:

Location to mail the original hardcopy of your prescription:

Self Checkout

10/24/2017

Standard USPS

9274890197025553000083383

Costco Pharmacy

802 134th St Sw Ste 140

Everett, WA 98204-7314

Phone: (800) 607-6861

Fax: (800) 633-0334

Costco | Mail Order **PHARMACY**

PRESCRIPTIONS FOR HOME DELIVERY

If you have further question please
email or call the Costco Mail Order
Pharmacy Member Service Center at:

Phone: 1-800-607-6861

Email: webpharmacy@costco.com

Hours of Operation:

Monday-Friday, 5:00 a.m. to 7:00 p.m. PST.

Saturday, 9:30 a.m. to 2:00 p.m. PST.

Sun Life Financial

Dental
\$3000 Annual Maximum



Benefit Summary

Presented by: Sun Life Financial

Effective: October 1, 2018

Plan: K1900984

Eligibility

You are eligible to participate if you are a full-time employee, as defined by your employer, at active work and working in the United States. Other employer defined eligibility requirements may apply. Temporary or seasonal workers are not eligible.

Plan Description

Calendar Deductible – Individual		\$0
Calendar Deductible – Family		n/a
Deductible Applies		n/a
Calendar Year Maximum Benefit		\$3,000
Orthodontia		Applies to Adult & Child
Orthodontia Deductible		None
Orthodontia Annual Maximum		\$1,000
Coinsurance		Highlights of Covered Services
Class I: Diagnostic & Preventive	100%	Oral evaluations, routine cleanings, bitewing X-rays, fluoride treatments, sealants, intraoral complete series X-rays or panoramic film and other X-rays, harmful habit appliance(bruxism), implants.
Class II: Basic	100%	Fillings, space maintainers, simple extractions, stainless steel crowns, root canal therapy, oral surgery, biopsy, periodontics, crowns, inlays/ onlays, general anesthesia and intravenous sedation
Class III: Major	50%	Full and partial dentures, bridges, repairs
Class IV: Adult & Child Orthodontia	50%	Orthodontic extractions, full or partial bands, appliances (removable and fixed).

Assurant® Dental Network, the dental network for your plan, includes 120,000+ unique dentists][Assurant Focus Dental Network®, the dental network for your plan, includes 100,000+ unique dentists] contracted with Dental Health Alliance, L.L.C. ® (DHA®) and dentists under access arrangements with other dental networks. To find a dentist in your area, or to nominate your dentist to participate in our network, go to www.sunlife.com/findadentist under PPO plan select your network, or call Customer Service at 800.733.7879.

Pre-Estimation: If the charge for any dental treatment is expected to exceed \$300, Sun Life recommends a dental treatment plan be submitted to Claims for review before treatment begins.

Commonly asked questions about Dental benefits:

Q: What are my deductibles?

A: Your plan has a \$0 per person deductible.

Q: Can I see my own dentist?

A: You are free to use the dentist or specialist of your choice. However, when you choose a dentist in your plan's PPO network, you may save money. Using a network dentist may lower your out-of-pocket costs and may make your annual maximum go further.

Q: Do I have any waiting periods?

A: No.

Q: Who are eligible dependents?

A: Those qualified to be covered under your dental plan include your spouse or domestic partner or party to a civil union and your children less than age 26. See your plan document for additional eligibility details.

Customer Service	Claims
Sun Life Financial PO Box 981624 El Paso, TX 79998-1624 800.733.7879	Sun Life Financial PO Box 2940 Clinton, IA 52733-2940 800.442.7742 Electronic Claims: Payor 70408

For more information regarding claims and services, please visit our website at: www.sunlife.com/findadentist, under PPO Plan, select your network, or call us at 800.733.7879.

This summary provides only a general overview and does not contain or describe all plan details. The plan document determines all plan features and benefits. Please consult your plan documents for a complete description, including all applicable limitations, exclusions, reductions, and restrictions. Please contact Sun Life for additional information.



The importance of submitting a Pre-Determination when expenses exceed \$300

You may be surprised to discover that treatment of dental disease cost over \$65 billion dollars annually!¹ The cost for treating dental disease is more than cancer, diabetes, and arthritis.

The good news is most dental disease is preventable. Your dental plan is designed to cover most preventive services at no cost to keep your smile a healthy one. Should you need more of the major services, your plan is designed to pay a portion with some out-of-pocket expense.

We highly recommend a pre-determination for any of those major services that are expected to exceed \$300.

Pre-determination facts:

- A pre-determination is an estimate of how much of a proposed treatment plan will be covered under your dental program.
- A pre-determination allows you, the member, to figure costs before receiving major treatment.

- A pre-determination is designed to help avoid any mis-understanding between you, your dentist, and us as to how much will be paid for any dental services.

**Dental Claims Center awarded
2005 Center of Excellence.**

Dental Claims / Customer Service:

Sun Life Financial

PO Box 2940

Clinton, IA 52733

800.442.7742

Electronic Claims: Payor 70408

www.assurantemployeebenefits.com
will take you to Sun Life Financial

¹National Center for Chronic Disease
Prevention

Products and services marketed by
Assurant Employee Benefits are underwritten and/
or provided by Union Security Insurance Company.



Medical Eye Services

Vision
12/12/24



ORLAND UNIFIED SCHOOL DISTRICT

BENEFIT SUMMARY

When your employees choose a participating provider (and have met the deductible, if applicable) they pay nothing additional for frames costing up to \$125 retail and lenses up to 61 mm eyesize. If they select a non-participating provider, they are reimbursed up to the amounts listed below.

<u>Plan Feature</u>	<u>Plan Benefit</u>	
	<i>Coverage for Participating Providers</i>	<i>Non-Participating Provider Allowance</i>
Deductible: \$ 0		
Comp Examination - Every 12 months		
Ophthalmologic	<i>Paid in Full</i>	<i>\$40.00</i>
Optometric	<i>Paid in Full</i>	<i>\$40.00</i>
Std Lenses (per pair) – Every 12 months		
Single Vision Lenses	<i>Paid in Full</i>	<i>\$4000</i>
Bifocal Lenses	<i>Paid in Full</i>	<i>\$60.00</i>
Trifocal Lenses	<i>Paid in Full</i>	<i>\$80.00</i>
Frames¹ - Every 24 months		
	<i>\$125.00</i>	<i>\$45.00</i>
Contact Lenses (per pair) Every 12 months		
Cosmetic or Convenience (Hard or Soft) in lieu of lenses and frame	<i>\$105.00</i>	<i>\$105.00</i>
Medically Necessary ²	<i>Paid in Full</i>	<i>\$250.00</i>

¹Employees are responsible for the difference between the allowable amount and the charges for more expensive frame styles. This applies regardless of whether the frame is dispensed by a participating or non-participating provider.

²Contact lenses are medically necessary following cataract surgery; or when visual acuity cannot be corrected to 20/70 in the better eye, except through the use of contacts; or when necessitated by anisometropia or certain conditions of keratoconus. Prior authorization by MES is required.

This information represents a summary of plan benefits and is not a contract. Please refer to the group contract for more details.

OBTAINING BENEFITS

1. Obtain a claim form.
2. Make an appointment with any eye care specialist.
3. Complete appropriate section of claim form (Part 1) and present it to the provider at the time of visit.

Participating providers submit claim forms to MES for direct payment. When a non-participating provider is used, reimbursement is made to the insured up to the Schedule of Allowances. Members must provide an itemized billing, a copy of the prescription and a completed claim form to MES.

UNUM

**Life AD&D
\$15,000**





Orland Unified School District

Life/AD&D

Employer Paid Plan Highlights - Plan Date As Of 10/01/2018

LIFE & AD&D INSURANCE

Eligibility	Active employee working a minimum of 30 hours per week in the United States with the employer.
Benefit Amount	\$15,000
Waiver of Premium	If you become disabled and are no longer able to work, your premium payments may be waived during this period of disability. Please see plan documents for additional information.
Accelerated Death Benefit	100% to \$250,000
Portability	If you retire, reduce your hours or leave your Employer, you can take this coverage with you according to the terms of the contract
Life Planning Financial And Legal Resources	Included
Employee Assistance Program	Included
Life Benefit Reduction	65% at age 65 and 42% at age 70
Premium	Employer Paid

Contact your Plan Administrator for further questions about your coverage.

This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Details may differ from state to state.

Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.

*Once in life insurance benefit reduction the policy holder will remain in reduction without any further increases in benefit.

UNUM

Voluntary Life AD&D





Orland Unified School District

Voluntary Life/AD&D

Employee Paid Plan Highlights - Plan Date As Of 11/01/2018

LIFE & AD&D INSURANCE*

Eligibility	Active employee working a minimum of 30 hours per week in the United States with the employer.
Employee Benefit Amount	\$10,000 increments up to the lesser of 5 X Annual salary or maximum of \$500,000
Employee Guarantee Issue	\$130,000
Spouse Benefit Amount	Up to 100% of Employee amount in increments of \$5,000 up to \$500,000
Spouse Guarantee Issue	\$30,000
Child Benefit Amount	Up to 100% of Employee amount in increments of \$2,000 up to \$10,000
Waiver of Premium	If you become disabled and are no longer able to work, your premium payments may be waived during this period of disability. Please see plan documents for additional information.
Accelerated Death Benefit	100% to \$250,000
Portability	If you retire, reduce your hours or leave your Employer, you can you can take this coverage with you according to the terms of the contract
Life Planning Financial And Legal Resources	Included
Life Benefit Reduction	67% at age 70 and 45% at age 75
Premium	Employee Paid

Term Life Coverage Monthly Rates				AD&D Coverage Monthly Rates		
Age Band	Employee per \$10,000	Spouse/DP per \$5,000	Child per \$2,000	AD&D Cost Per:	Monthly Rate:	
			\$0.480	Employee:	\$10,000	\$0.240
- 24	\$0.480	\$0.240		Spouse/DP:	\$5,000	\$0.120
25-29	\$0.600	\$0.270		Child:	\$2,000	\$0.048
30-34	\$0.720	\$0.360	NOTE: The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have.	NOTE: Rates shown are your monthly deduction.		
35-39	\$1.080	\$0.540		Your rate is based on your actual age as of the effective date.		
40-44	\$1.200	\$0.600		Your spouse's age is based on their age as of the effective date.		
45-49	\$1.800	\$0.900		Your rate will increase as you age and move to the next age band.		
50-54	\$2.760	\$1.380				
55-59	\$5.160	\$2.580				
60-64	\$7.200	\$3.600				
65-69	\$13.440	\$6.720				
70-74	\$24.720	\$12.360				
75+	\$24.720	\$12.360				

*In order to purchase Life or AD&D coverage for your Spouse/DP and /or child, you must purchase Life coverage for yourself.

Employee: Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. **Dependent:** Insurance coverage will be delayed if that dependent is totally disabled on the date that insurance would otherwise be effective. Exception: infants are insured from live birth. "Totally disabled" means that, as a result of an injury, a sickness or a disorder, your dependent is confined in a hospital or similar institution; is unable to perform two or more activities of daily living (ADLs) because of a physical or mental incapacity resulting from an injury or a sickness; is cognitively impaired; is receiving or is entitled to receive any disability income from any source due to any sickness or injury; is receiving chemotherapy radiation therapy or dialysis treatment; or has a life threatening condition. Contact your Plan Administrator for information about how to apply for coverage. This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Details may differ from state to state.

*Once in life insurance benefit reduction the policy holder will remain in reduction without any further increases in benefit.

Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.



Underwritten by:
Unum Life Insurance
Company of America
2211 Congress Street,
Portland, Maine 04122

Voluntary Life and Accidental Death and Dismemberment Insurance

Enrollment Form

Orland Unified School District

Employee Information

Name: _____
Date of Birth: _____
Sex: Male _____ Female _____
Hours worked/week: _____

Social Security #: _____
Annual Salary: _____
Date of Hire: _____

Spouse Information (only necessary if electing spouse coverage)

Name: _____
Date of Birth: _____

Social Security #: _____

Please CIRCLE coverage amount for: **EMPLOYEE Life**

Please note: Employees can elect to up to the lesser of 5x salary or \$500,000.

The monthly premium corresponds to your age as of 11/1/2018.

	Age	15-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000		\$0.480	\$0.600	\$0.720	\$1.080	\$1.200	\$1.800	\$2.760	\$5.160	\$7.200	\$13.440	\$24.720	\$24.720
\$30,000		\$1.440	\$1.800	\$2.160	\$3.240	\$3.600	\$5.400	\$8.280	\$15.480	\$21.600	\$40.320	\$74.160	\$74.160
\$50,000		\$2.400	\$3.000	\$3.600	\$5.400	\$6.000	\$9.000	\$13.800	\$25.800	\$36.000	\$67.200	\$123.600	\$123.600
\$100,000		\$4.800	\$6.000	\$7.200	\$10.800	\$12.000	\$18.000	\$27.600	\$51.600	\$72.000	\$134.400	\$247.200	\$247.200
\$130,000		\$6.240	\$7.800	\$9.360	\$14.040	\$15.600	\$23.400	\$35.880	\$67.080	\$93.600	\$174.720	\$321.360	\$321.360
\$150,000*		\$7.200	\$9.000	\$10.800	\$16.200	\$18.000	\$27.000	\$41.400	\$77.400	\$108.000	\$201.600	\$370.800	\$370.800
\$200,000*		\$9.600	\$12.000	\$14.400	\$21.600	\$24.000	\$36.000	\$55.200	\$103.200	\$144.000	\$268.800	\$494.400	\$494.400
\$250,000*		\$12.000	\$15.000	\$18.000	\$27.000	\$30.000	\$45.000	\$69.000	\$129.000	\$180.000	\$336.000	\$618.000	\$618.000
\$300,000*		\$14.400	\$18.000	\$21.600	\$32.400	\$36.000	\$54.000	\$82.800	\$154.800	\$216.000	\$403.200	\$741.600	\$741.600
\$350,000*		\$16.800	\$21.000	\$25.200	\$37.800	\$42.000	\$63.000	\$96.600	\$180.600	\$252.000	\$470.400	\$865.200	\$865.200
\$400,000*		\$19.200	\$24.000	\$28.800	\$43.200	\$48.000	\$72.000	\$110.400	\$206.400	\$288.000	\$537.600	\$988.800	\$988.800
\$500,000*		\$24.000	\$30.000	\$36.000	\$54.000	\$60.000	\$90.000	\$138.000	\$258.000	\$360.000	\$672.000	\$1,236.000	\$1,236.000

Want an amount not shown? Choose your benefit amount and calculate cost on page 2.

Please CIRCLE coverage amount for: **SPOUSE Life**

Please note: You may elect up to 100% of the Employee amount. Employee coverage must be elected to enroll spouse.

The monthly premium corresponds to your age/your spouse's age as of 11/1/2018.

	Age	15-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000		\$0.240	\$0.270	\$0.360	\$0.540	\$0.600	\$0.900	\$1.380	\$2.580	\$3.600	\$6.720	\$12.360	\$12.360
\$10,000		\$0.480	\$0.540	\$0.720	\$1.080	\$1.200	\$1.800	\$2.760	\$5.160	\$7.200	\$13.440	\$24.720	\$24.720
\$15,000		\$0.720	\$0.810	\$1.080	\$1.620	\$1.800	\$2.700	\$4.140	\$7.740	\$10.800	\$20.160	\$37.080	\$37.080
\$25,000		\$1.200	\$1.350	\$1.800	\$2.700	\$3.000	\$4.500	\$6.900	\$12.900	\$18.000	\$33.600	\$61.800	\$61.800
\$30,000		\$1.440	\$1.620	\$2.160	\$3.240	\$3.600	\$5.400	\$8.280	\$15.480	\$21.600	\$40.320	\$74.160	\$74.160
\$50,000*		\$2.400	\$2.700	\$3.600	\$5.400	\$6.000	\$9.000	\$13.800	\$25.800	\$36.000	\$67.200	\$123.600	\$123.600
\$100,000*		\$4.800	\$5.400	\$7.200	\$10.800	\$12.000	\$18.000	\$27.600	\$51.600	\$72.000	\$134.400	\$247.200	\$247.200
\$150,000*		\$7.200	\$8.100	\$10.800	\$16.200	\$18.000	\$27.000	\$41.400	\$77.400	\$108.000	\$201.600	\$370.800	\$370.800
\$200,000*		\$9.600	\$10.800	\$14.400	\$21.600	\$24.000	\$36.000	\$55.200	\$103.200	\$144.000	\$268.800	\$494.400	\$494.400
\$250,000*		\$12.000	\$13.500	\$18.000	\$27.000	\$30.000	\$45.000	\$69.000	\$129.000	\$180.000	\$336.000	\$618.000	\$618.000

Want an amount not shown? Choose your benefit amount and calculate cost on page 2.

Please CIRCLE coverage amount for: **CHILD Life**

Benefit	Rate	Note: The amount you select will cover EACH child. Employee coverage must be elected to enroll your child(ren).
\$2,000	\$0.480	
\$4,000	\$0.960	
\$6,000	\$1.440	
\$8,000	\$1.920	
\$10,000	\$2.400	

* REQUIRES MEDICAL EVIDENCE OF INSURABILITY. *(PLEASE COMPLETE EVIDENCE OF INSURABILITY FORM)

Life Election and Calculation Worksheet - Complete ONLY if you wish to elect a different amount than what is available on the front page of this form.

Please enter desired coverage amount then calculate using your monthly cost using your age-specific rate per \$10,000 (employee) or \$5,000 (spouse) below.

Employee	Age	15-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000		\$0.480	\$0.600	\$0.720	\$1.080	\$1.200	\$1.800	\$2.760	\$5.160	\$7.200	\$13.440	\$24.720	\$24.720

Spouse	Age	15-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000		\$0.240	\$0.270	\$0.360	\$0.540	\$0.600	\$0.900	\$1.380	\$2.580	\$3.600	\$6.720	\$12.360	\$12.360

		Enter Age		Specific Rate as Shown		Calculate Monthly Cost	
Enter Desired Coverage Amount				Above			
Employee	\$ _____	÷	\$10,000	x	\$ _____	=	\$ _____
Spouse	\$ _____	÷	\$5,000	x	\$ _____	=	\$ _____

Accidental Death & Dismemberment (AD&D) Coverage Enrollment

Please enter desired coverage amount for AD&D in highlighted section. Then calculate monthly cost using the formula shown.

Please note: Employees can elect up to the lesser of 5x salary up to \$500,000. Spouse coverage may be up to 100% of the employee amount. Maximum child coverage is \$10,000

Enter Desired Coverage Amount		Monthly Rate		Calculate Monthly Cost	
Employee	\$ _____	÷	\$10,000	x	\$0.240 = \$ _____
Spouse	\$ _____	÷	\$ 5,000	x	\$0.120 = \$ _____
Children	\$ _____	÷	\$ 2,000	x	\$0.048 = \$ _____

BENEFICIARY INFORMATION – Designate your beneficiary (ies) below.

Name	Relation to You	Benefit
		%
		%

If the beneficiary (ies) named above are not living, then pay:

Name	Relation to You	Benefit
		%
		%

☐ **CERTIFICATION:** By signing I have read and understand the “Exclusions and limitations” listed on the highlight sheet. I have read and understand the **INFORMATION ABOUT DELAYED EFFECTIVE DATES and EXCLUSIONS*** as outlined below and on the highlight sheet provided. All statements are true to the best of my knowledge and belief. I understand that a copy of this form will be made available to me at my request. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change, or if I’ve made an error completing this form.

☐ **At this time I choose to decline coverage for myself, my spouse and dependents.** I understand that if I elect coverage in the future, I may need to complete evidence of insurability relative to my health status in order for Unum to determine my eligibility for coverage.

Employee Signature _____

Date _____

*Eligible employees must be actively at work to apply for coverage. Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

Note: Coverage amounts for Life and AD&D Insurance for you and your dependents will reduce as you age. Refer to your highlight sheet for the reduction schedule. Coverage may not be increased after a reduction.

Please refer to your certificate booklet for your complete plan description. If the terms of this highlight summary or your certificate differ from your policy, the policy will govern.

UNUM EAP



Help, when you need it most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.



Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver™
— helps you save on medical bills



Who is covered?

Unum's EAP services are available to all eligible employees, their spouses or domestic partners, dependent children, parents and parents-in-law.



Employee Assistance Program (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Job stress, work conflicts
- Family and parenting problems
- Anger, grief and loss
- And more

Work/Life Balance

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child care
- Elder care
- Legal questions
- Identity theft
- Financial services, debt management, credit report issues
- Even reducing your medical/dental bills!
- And more

Help is easy to access:

Online/phone support: Unlimited, confidential, 24/7.

In-person: You can get up to 3 visits available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

Employee Assistance Program — Work/Life Balance

Toll-free 24/7 access:
1-800-854-1446 (multi-lingual)
www.unum.com/lifebalance

Turn to us, when
you don't know
where to turn.

* The counselors must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority.

Unum's Employee Assistance Program and Work/Life Balance services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance.

Services are not valid after coverage terminates. Please contact your Unum representative for details. Insurance products are underwritten by the subsidiaries of Unum Group.

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Contact Information



Carrier Contact Information

◆ Insurance Contact ◆ InterWest Insurance Services, Inc.

- Rose Krepelka or Paula Anderson
- (530) 897-3149 Phone ◆ (530) 891-7749 Fax • (800) 873-3725 Toll Free

◆ Medical ◆ Customer Service, Eligibility & Benefits

- HealthComp: (800) 442-7742
- Group No: E70
- Claims Address:

Submit all California Medical Claims to:

Anthem Blue Cross
P. O. Box 60007
Los Angeles, CA 90060-007

Submit Non-CA Medical Claims to:

HealthComp Administrators
P. O. Box 45018
Fresno, CA 93718-5018

Pre-Authorization and Pre-Review:

Anthem Blue Cross: (800) 274-7767
Outside CA: HealthComp (800) 755-7247

- Web Page: healthcomp.com

◆ Medical RX ◆ Costco

- Pharmacy: (800) 607-6861
- Web Page: costcohealthsolutions.com

◆ Dental ◆ Sun Life Financial

- Group No: K1900984
- Claims Address: P. O. Box 2940
- Claims Address: 2323 Grand Boulevard
Kansas City, MO 64108
- Customer Service: (800) 442-7742
- Web Page: assurantemployeebenefits.com
will take you to Sun Life Financial

◆ Vision ◆ Medical Eye Services (MES)

- Group No: 021444
- Claims Address: P. O. Box 25209
Santa Ana, CA 92799
- Customer Service: (800) 877-6372
- Fax: (888) 335-8227
- Web page: mesvision.com

◆ Life/Voluntary Life - UNUM

- Policy No: TBD
- Customer Service: (800) 275-8686 askunum
- Web Page: unum.com

