

PLAN YEAR 2023 - 2024



EMPLOYEE BENEFITS

ENROLLMENT GUIDE



LINK
Unlimited
Scholars

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This guide provides details on the plans that are being offered as well as the insurance carriers providing them. In this guide you will also find instructions for selecting an in-network provider, important contact information, information about additional value-added benefits provided by the insurance carriers, and much more.

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ELIGIBILITY

Who is Eligible?

If you are a LINK Unlimited Scholars full-time employee, and work at least **30 hours** per week, you are eligible to enroll in the benefits described in this guide. The following family members are eligible as well:

- Your Spouse
- Your dependent child(ren) who are age 26 or younger (until end of the month of 26th birthday)
- Your spouse's dependent child(ren) who are age 26 or younger (until end of the month of 26th birthday)
- Dependent child of any age who is physically or mentally handicapped (provided they meet certain requirements)

How to Enroll

Open enrollment is the one time each year that you can enroll in the group's benefits plans.

Once you have made your elections, you will not be able to change them until next year's open enrollment period unless you experience a qualifying life event.

Contact Lambert Risk Management if you would like to enroll outside of the normal eligibly period due to a Qualifying Life Event (QLE).

OPEN ENROLLMENT

You may add, drop or make changes to your benefits each year during open enrollment. You may also add or drop dependents. Elections you make during open enrollment will take effect on **September 1, 2023**.

New Hire Eligibility

For newly hired employees, benefits are effective the 1st of the month following date of hire.

Qualifying Events

The benefit elections you make during open enrollment (or when you first enroll) remain in effect for the entire year. You cannot change your elections during the year unless you have a qualified change in status, including:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Loss or gain of outside benefit coverage
- Loss or gain of a dependent's eligibility
- Loss or gain of legal guardianship
- Loss or gain of entitlement to Medicare or Medicaid
- Death of a spouse or dependent

When you have a qualified event, you must notify your plan administrator within 30 days of the date of your life event.

Otherwise, you will have to wait until the next open enrollment period to change your benefits. You will be able to change your benefit elections as long as the change is consistent with your qualified life event.

MEDICAL



Your Medical coverage is changing this year and we are excited to announce you will have coverage through United Healthcare.

Medical Option 1: is a **Traditional PPO** plan which provides you the flexibility to go to any contracted provider to ensure you receive the higher level of benefits, there is no need to assign yourself to a primary care physicians. Some services will be covered with Copay (Dr.'s office visits, RX) and many others will be subject to the applicable annual deductible and coinsurance and are subject to a maximum annual out of pocket.

Medical Option 2 – is a Traditional PPO plan which provides you the flexibility to go to any contracted provider to ensure you receive the higher level of benefits, there is no need to assign yourself to a primary care physicians. Some services will be covered with Copay (Dr.'s office visits, RX) and many others will be subject to the applicable annual deductible and coinsurance and are subject to a maximum annual out of pocket.

Medical Option 3: is a High Deductible Health Plan (HDHP) which allows a member to establish a Health Savings Account (HSA) which uses pre-tax dollars to pay for qualified Expenses as determined by the IRS. With this plan, all of your services are subject to the Deductible and coinsurance %.

***Contributions are taken out 24 times per year. In months with three pay periods, contributions will only be taken on the first two pay periods of the month.**

MEDICAL



Having access to high-quality, affordable health care is a great concern for most people. That's why this year, LINK Unlimited Scholars will be moving our medical coverage to United Healthcare. These three plan options feature doctor's visits, preventative care, hospitalization and emergency care.

Carrier Name		United Healthcare					
Network Name		Core		Core		Core	
Plan Name		CVHF / Rx: E82Y		CVGJ / Rx: E82Y		HDHP (HSA) - CVE6 / Rx: E83Y	
Deductible	In-Network	Out-of-Network	In-Network	Out-of-Network	Embedded		
Single	\$500	\$10,000	\$1,500	\$10,000	\$3,000	\$10,000	
Family	\$1,000	\$20,000	\$3,000	\$20,000	\$6,000	\$20,000	
Accumulation Reset	Calendar Year		Calendar Year		Calendar Year		
Benefit							
Coinsurance	0%	30%	20%	50%	0%	50%	
OOP Max (includes deductible)					Embedded		
Single	\$2,500	\$20,000	\$6,100	\$20,000	\$3,000	\$20,000	
Family	\$5,000	\$40,000	\$12,200	\$40,000	\$6,000	\$40,000	
Hospital Services							
Inpatient Hospital	0% after Ded.	30% after Ded.	20% after Ded.	50% after Ded.	0% after Ded.	50% after Ded.	
<i>IP Additional Ded/Copay</i>	\$250 Copay	\$250 Copay	None	None	None	None	
Outpatient Hospital	0% after Ded.	30% after Ded.	20% after Ded.	50% after Ded.	0% after Ded.	50% after Ded.	
<i>OP Additional Ded/Copay</i>	\$250 Copay	\$250 Copay	None	None	None	None	
Emergency Room	\$500 Copay, then 0% after Ded.		\$300 Copay, then 20% after Ded.		0% after Ded.		
Urgent Care	\$50 Copay	30% after Ded.	\$25 Copay	50% after Ded.	0% after Ded.	50% after Ded.	
Office Visits							
PCP	\$30 Copay	30% after Ded.	\$15 Copay	50% after Ded.	0% after Ded.	50% after Ded.	
Specialist	\$60 Copay	30% after Ded.	\$100 Copay	50% after Ded.	0% after Ded.	50% after Ded.	
Virtual	\$0 Copay	Not Covered	\$0 Copay	Not Covered	0% after Ded.	Not Covered	
Preventive Care	0%	30% after Ded.	0%	50% after Ded.	0%	50% after Ded.	
Prescription Drugs		Single	Family	Single	Family	Single	Family
Deductible (Single / Family)	None		None		Medical Deductible Applies		
Rx OOP Max (Single / Family)	Included in Medical OPX		Included in Medical OPX		Included with Medical		
Retail (30 Day Supply) - Network							
Tier 1	\$10 Copay		\$10 Copay		0% after Ded.		
Tier 2	\$40 Copay		\$40 Copay				
Tier 3	\$125 Copay		\$125 Copay				
Tier 4	\$300 Copay		\$300 Copay				
Mail-Order (90 Day Supply) Multiplier	2.5 X Copay		2.5 X Copay		Coinsurance As Above		

Note: Please refer to the respective Summary of Benefits and Coverage (SBC) for Full plan details. Carrier SBCs will take precedence over this detailed summary.

Bi-Weekly Employee Contributions (24 times per year)

Plan	CVHF / Rx: E82Y	CVGJ / Rx: E82Y	CVE6 / Rx: E83Y
Employee Only	\$52.20	\$65.17	\$15.00
Employee + Spouse	\$358.34	\$393.76	\$247.75
Employee + Child(ren)	\$255.22	\$283.09	\$239.08
Family	\$548.42	\$597.81	\$313.95

Note: It is the member's responsibility to ensure all providers being used are contracted In-Network providers to receive the highest level of benefits.

Health Savings Account



If enrolling in a high-deductible health plan, you are eligible to contribute money on a pre-tax basis to a Health Savings Account (HSA). The funds within your account can be utilized for eligible medical expenses, are yours to keep and do not expire. Please refer to the below information for Health Savings Account yearly maximums as well as some of the benefits of having a Health Savings Account.

2023 Annual Health Savings Account Contribution Maximums	
Single	\$3,850
Family	\$7,750
55+ Catch Up	\$1,000

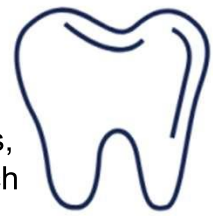
Advantages of a Health Savings Account (HSA)

- **Flexibility**—You can use your HSA to pay for current medical expenses, including your deductible and expenses that your insurance may not cover. You can also save your funds for future medical expenses such as:
 - Health insurance or medical expenses if unemployed
 - Medical expenses after retirement (before Medicare)
 - Out-of-pocket expenses when covered by Medicare
 - Dental and vision expenses for you and your family
- **Tax Savings**—An HSA provides you with triple tax savings:
 - Deductions are taken out pre-tax when you contribute to your account
 - Tax-free earnings through investment of your HSA funds
 - Tax-free withdrawals for qualified expenses
- **Control**—You make the decisions regarding:
 - How much money you will put in the account
 - When to make contributions to the account
 - Whether to save the account for future eligible expenses or pay current expenses
 - Which expenses to pay for from the account
- **Portability**—Accounts are completely portable. You can keep your HSA funds even if you:
 - Change jobs or become unemployed
 - Change your medical coverage.
- **Ownership**—Funds remain in the account from year to year. There is no “use it or lose it” rules for an HSA making it a great way to save money for future eligible expenses!

Who is my HSA vendor?

Employee's wishing to open an HSA beginning 9/1/2023 will open a new account with Further. If you currently hold an HSA through another bank, you have the option to roll your balance into a new Further account. If you wish to continue using your existing HSA, please provide your routing and account number during the online benefits enrollment process.

DENTAL



LINK Unlimited Scholars provides members and dependents with dental benefits, administered by Guardian. Two options are available: DHMO and PPO, with each plan utilizing different networks. The DHMO pays for benefits in-network only, while the PPO pays for benefits both in and out-of-network.

Dental care is an important part of total health care. To help avoid costly and uncomfortable treatments, prevention is the key. Please Review the dental plan highlights chart to learn more about the plan options available.

Option 1: Managed Dental Care plan, you enjoy negotiated discounts from our network dentists. You pay a fixed copay for each covered service. Out-of-network visits are not covered.

Option 2: PPO plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

Your Dental Plan	Option 1: Managed Dental Care	Option 2: PPO	
Your Network is	First Commonwealth	DentalGuard Preferred	
Plan year deductible		<i>In-Network</i>	<i>Out-of-Network</i>
Individual	No deductible	\$50	\$50
Family limit		3 per family	
Waived for		Preventive	Preventive
Charges covered for you (co-insurance)	<i>Network only</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	You pay a copay for each covered procedure. See	100%	100%
Basic Care	"Plan Details", for	80%	80%
Major Care	more information.	65%	65%
Orthodontia		50%	50%
Annual Maximum Benefit		\$1500	\$1500
Maximum Rollover	Maximum Rollover is not applicable for this plan type.	Yes	
Rollover Threshold		\$700	
Rollover Amount		\$350	
Rollover In-network Amount		\$500	
Rollover Account Limit		\$1250	
Lifetime Orthodontia Maximum	Not Applicable	\$1500	
Office visit copay	\$5	None	
Dependent Age Limits(Non-Student/Student)	26/30 ‡	26/30 ‡	

‡**Family coverage** for spouse and children. The limiting age for unmarried dependents is extended to age 30 if the dependent is a resident of Illinois and has received a release or discharge, other than dishonorable discharge, from military service.

Bi-Weekly Employee Contributions (24 times per year)

Plan	Dental DHMO	Dental PPO
Employee Only	\$3.39	\$11.42
Employee + Spouse	\$6.79	\$23.17
Employee + Child(ren)	\$7.67	\$28.63
Family	\$12.04	\$43.03

DENTAL



A Sample of Services Covered by Your Plan:

		Option 1: Managed Dental Care	Option 2: PPO	
		You Pay	Plan pays (on average)	
		Network only	In-network	Out-of-network
Preventive Care	Cleaning (prophylaxis) Frequency:	\$0	100%	100%
	Fluoride Treatments Limits:	\$0	100%	100%
	Oral Exams	\$0	100%	100%
	Sealants (per tooth)	\$10	100%	100%
	X-rays	\$0	100%	100%
				Once Every 6 Months
Basic Care	Anesthesia*	\$98	80%	80%
	Fillings†	\$20-35	80%	80%
	Perio Surgery	\$150-390	80%	80%
	Periodontal Maintenance Frequency:	\$31	80%	80%
	Repair & Maintenance of Crowns, Bridges & Dentures	\$18-180	80%	80%
	Root Canal	\$130-195	80%	80%
	Scaling & Root Planing (per quadrant)	\$35-55	80%	80%
	Simple Extractions	\$20	80%	80%
	Surgical Extractions	\$50-150	80%	80%
Major Care	Bridges and Dentures	\$550-675	65%	65%
	Dental Implants	N/A	65%	65%
	Inlays, Onlays, Veneers**	\$250-475	65%	65%
	Single Crowns	\$430	65%	65%
Orthodontia	Orthodontia Limits:	\$1895-2195	50%	50%
		Adults & Child(ren)		Child(ren)
Cosmetic Care	Bleaching	\$165	Not Covered	Not Covered
	Deferred Services for Future Employees	None	Orthodontia - 12 Months	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. *General Anesthesia – restrictions apply. †For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

DENTAL



Applicable to Dental PPO Enrollees:

Oral Health Rewards Program

Regular visits to the dentist can help prevent and detect the early signs of serious diseases.

That's why Guardian's Maximum Rollover Oral Health Rewards Program encourages and rewards members who visit the dentist, by rolling over part of your unused annual maximum into a Maximum Rollover Account (MRA). This can be used in future years if your plan's annual maximum is reached.

How maximum rollover works*

Depending on a plan's annual maximum, if claims made for a certain year don't reach a specified threshold, then the set maximum rollover amount can be rolled over.



Automatic rollover

Submit a claim (without exceeding the paid claims threshold of a benefit year), and Guardian will roll over a portion of your unused annual dental maximum.

Plan annual maximum**	Threshold	Maximum rollover amount	In-network only rollover amount	Maximum rollover account limit
\$1,500 Maximum claims reimbursement	\$700 Claims amount that determines rollover eligibility	\$350 Additional dollars added to a plan's annual maximum for future years	\$500 Additional dollars added if only in-network providers were used during the benefit year	\$1,250 The limit that cannot be exceeded within the maximum rollover account

VISION



LINK Unlimited Scholars provides members and dependents with vision benefits, administered by Guardian. The vision plan utilizes the Guardian Vision Network and pays for benefits both in-network and out-of-network.

When you visit an in-network vision provider, benefits are greater and there are no claim forms to file. Plan participants also receive access to discounts on certain vision services and products. When you use an out-of-network provider, you will be responsible for filing claims and will be reimbursed at the scheduled amounts.

Your Vision Plan	Full Feature	
Your Network is	Guardian Vision	
Copay		
Exams Copay	\$ 0	
Materials Copay (waived for elective contact lenses)	\$ 25	
Sample of Covered Services		You Pay:
	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$59
Single Vision Lenses	\$0	Amount over \$30
Lined Bifocal Lenses	\$0	Amount over \$50
Lined Trifocal Lenses	\$0	Amount over \$65
Lenticular Lenses	\$0	Amount over \$100
Frames	80% of amount over \$200	Amount over \$70
Contact Lenses (Elective)	Amount over \$200	Amount over \$120
Contact Lenses (Medically Necessary)	\$0	Amount over \$210
Contact Lenses (Evaluation and fitting)	\$0 (Except at retail chain locations)	No discounts
Cosmetic Extras	Up to 45% off providers UCR	No discounts
Glasses (Additional pair of frames and lenses)	Courtesy discount from most providers up to 20% off providers UCR	No discounts
Laser Correction Surgery Discount	Up to 25% off the national average	No discounts
Hearing	Savings of 30-60%	No discounts
Service Frequencies		
Exams	Every calendar year	
Lenses (for glasses or contact lenses) ^{††}	Every calendar year	
Frames	Every calendar year	
Network discounts (glasses and contact lens professional service)	Courtesy discounts from most providers up to 20% off providers UCR	
Dependent Age Limits (Non-Student/ Student)	26/30	
	Visit www.Guardianlife.com and click on "Find a Provider"	

Guardian Vision

- * ^{††}Benefit includes coverage for glasses or contact lenses, not both.
- * The contact lens allowance is applied to the cost of the contacts and the fitting and evaluation when the member utilizes an OON provider.
- * Complete eyeglasses must be purchased at one time from one provider. For example, if a member purchases only lenses, he or she cannot purchase frames later in the same benefit period. The member is not eligible for new vision materials until the next benefit period.

Bi-Weekly Employee Contributions (24 times per year)

Employee Only	\$2.37
Employee + Spouse	\$3.98
Employee + Child(ren)	\$4.06
Family	\$6.43

LIFE INSURANCE



Life and Accidental Death and Dismemberment (AD&D) Insurance

LINK Unlimited Scholars provides employees with \$10,000 basic life and AD&D (accidental death and dismemberment) insurance coverage through Guardian. Additional voluntary life coverage is available for purchase through payroll deductions.

Voluntary Life and Accidental Death and Dismemberment (AD&D) Insurance:

LINK Unlimited Scholars provides employees with the opportunity to elect additional voluntary life coverage in the following increments:

Employee: Amounts in \$10,000 increments . Minimum \$20,000 to a max of \$300,000.

Spouse: \$5,000 increments to a max of \$250,000. Not to exceed employee benefit amount.*

Child: \$10,000*

****Employee must elect coverage in order to elect spouse and child coverage. If your eligible dependent is totally disabled, your dependent's coverage will begin on the date your eligible dependent is no longer disabled***

This coverage is portable and convertible and includes waiver of premium as well as accelerated life benefits.

Voluntary Life and AD&D Open Enrollment Details:

- Guardian includes a guarantee issue of \$100,000 for employees, \$25,000 for spouses, and \$10,000 for children. Enrolling up to these amounts does not require medical questions.
- **Amounts above the guarantee issue require that the Evidence of Insurability (EOI) form be completed.**
- Please complete beneficiary information in the CGO HRIS Online Enrollment Portal.
- Note: the premium paid for child coverage is based on the cost for one child but does not increase when covering additional children.

Rates per \$1,000 of Benefit	
Under 30	\$0.121
30-34	\$0.129
35-39	\$0.168
40-44	\$0.236
45-49	\$0.357
50-54	\$0.578
55-59	\$0.922
60-64	\$1.484
65-69	\$3.269
70-74	\$5.945
Child(ren) Rate	\$0.162/\$1,000 per Unit

Calculate Per-Paycheck Cost for Voluntary Life Insurance

_____	÷ \$1,000	x _____	=	_____	÷ 2	=	_____
Coverage Amount		Age Rate		Monthly Premium			Bi-Weekly Paycheck Deduction (24 times per year)

EMPLOYER-PAID DISABILITY



Disability insurance pays a percentage of your salary if you become disabled, meaning that you are not able to work for a period of time due to sickness or injury (excluding on-the-job injuries, which are covered by workers compensation insurance). LINK Unlimited Scholars provides employees with both Long-Term and Short-Term disability insurance at no cost to employees.

Short-Term Disability (STD)

Employees are automatically covered by short-term disability (STD) coverage through Guardian, which provides income replacement in a weekly benefit following an elimination period of 7 days for an injury/accident or illness. The benefit amount is equal to 66% of your weekly income, up to a maximum of \$2,308 per week. The benefit duration is a maximum of 25 weeks.

Long-Term Disability (LTD)

Employees are automatically covered by a long-term disability plan through Guardian, which provides for a percentage of income replacement following 180 days (6 months) of disability. LTD begins immediately after the STD has been exhausted. If disabled, employees will receive a monthly benefit equal to 66.7% of their normal monthly income, up to a maximum of \$6,000 per month.

The long term disability plan carries a 3-month lookback with a 12-month waiting period, meaning that Guardian will not pay long term disability benefits for injuries or illnesses that occurred within 3 months prior to an employee's effective date on the plan. Disability benefits for that specific injury or illness will be paid on once the employee has been enrolled for 12 months.



PROVIDER FINDER



Find a Provider with United Healthcare

Step 1: Go to www.myuhc.com

Step 2: select "Find a Doctor"

The screenshot shows the United Healthcare website interface. At the top, there is a sign-in section with the heading "Sign in for a personalized view of your benefits" and subtext "Easy access to plan information anytime anywhere. Get the most out of your coverage." Below this are two buttons: "Returning Member? Sign In >" and "New Member? Register >". A red arrow points from the "Sign In >" button down to the "Find a doctor" option in the provider search menu.

The provider search menu includes the following options:

- Find a doctor**: Find a doctor, medical specialist, mental health care provider, hospital or lab. [Find a Provider >](#)
- Find a pharmacy**: Find a local pharmacy that's convenient for you. [Find a Pharmacy >](#)
- Find a dentist**: Find a local dentist or dental care in your area. [Find a Dentist >](#)
- Find a vision provider**: Find a vision provider within a large national network that offers convenience and choice. [Find a Vision Provider >](#)

Step 3: select "Medical Directory" to find a primary care physician, hospitals, etc.

What type of provider are you looking for?

The screenshot shows the provider selection screen with three options:

- Medical Directory**: Find a doctor, medical specialist, hospital or lab. (This option is highlighted with a red box and a red arrow pointing to it from the text above.)
- Behavioral Health Directory**: Find a mental health and substance use provider or facility.
- Dental Directory**: Find a dentist or specialist.

PROVIDER FINDER



Step 4: Select “Employer and Individual Plans”



To search for doctors, clinics or facilities, choose a type of plan.

- 
Employer and Individual Plans
Select from among the UHC family of health plans (does not include State Exchange, Medicare, or Medicaid plans)
- 
State Exchanges
Find Health Insurance Marketplace providers for individuals, families, and small businesses
- 
Medicare Plans
Find UHC plans by county
- 
Medicaid Plans
Find UHC plans by state

Step 5: Select “Core” depending on your selected plan in the “what Plan are you look for?” list



What plan are you looking for?

Compass Plus Member ID card

Core

Core Essential

Core Essential Premier

Core HMO / Core Essential HMO






Step 6: here you can search for specific providers, for specific hospitals, or by zip code

What type of Medical Care can we help you find near:

Chicago, IL 60659 [Change Location >](#)

Search for provider, service, or condition

Find Health Care by Category

- 
People
Doctors, medical groups, and other professionals by specialty
- 
Places
Hospitals, clinics, labs, imaging centers, medical suppliers
- 
Services and Treatments
Providers for office visits, tests, treatments, surgeries
- 
Care by Condition
Find care for common concerns
- 
Cost Estimates
Treatment for common conditions

PROVIDER FINDER



Dental

Guardian Dental

1. Go to **www.guardiananytime.com**
2. Click on **Find a Provider** at the top of the screen
3. Select the appropriate Plan Type:
DHMO: Managed Dental Care
PPO: DentalGuard Preferred
You can then search by zip code or Dentist Last Name

Vision

Guardian Vision (Avesis)

1. Go to **www.guardiananytime.com**
2. Click on **Find a Provider** at the top of the screen
3. Click on **Find a Vision provider** at the top of the screen
4. Click the blue **Avesis** button
5. You can then search by zip code, city and state or Provider's Last Name



VALUE ADDED SERVICES



How to register on myuhc.com®

By registering on myuhc.com, you can find the answers to your health and benefits questions and the information you need in one easy-to-use, convenient location online.

Registration is quick and simple:

1. Go to myuhc.com.
2. Click the *Register Now* button.
3. Enter name, date of birth and account numbers from your health plan ID card or your Social Security number and date of birth.
4. Create a Username and Password.
5. Enter your email address and optional phone numbers, and choose security questions.
6. Review and agree to the website policies, and be sure to keep the email opt-in checked so you receive relevant news and wellness information.

By registering, if applicable, you will also receive Health Statements, Explanation of Benefits, Claim Letters, Regulatory Notices and other important information electronically. You may choose to receive free paper communications at any time by changing your Mailing Preferences.

On myuhc.com you can:

- ▶ Check past and current statements and claim status.
- ▶ Review eligibility and look up benefits.
- ▶ Find a hospital or doctor, including UnitedHealth Premium® designated physicians.
- ▶ Print a temporary health plan ID card or request a replacement card.
- ▶ Compare hospitals for quality and cost at the procedure level.
- ▶ “Chat” with a nurse online in real-time.
- ▶ Take a health assessment and participate in online programs that help you set goals to achieve health objectives.
- ▶ Learn about health conditions, symptoms and the latest treatment options.
- ▶ Use the Personal Health Record to organize and store all your health data in one convenient, confidential place.

Start managing your health care benefits online today at myuhc.com.



VALUE ADDED SERVICES



Mail Service Member Select Program

The ideal blend of cost-saving performance and flexibility



Leverage the power of OptumRx® Mail Service Pharmacy

Increasing mail service usage is a proven strategy for controlling rising pharmacy costs. Yet when it comes to mail service programs, many employers are sensitive about employee satisfaction. The Mail Service Member SelectSM program provides an effective balance between achieving cost savings through greater mail service usage and providing employees a choice in how they receive their maintenance medications.

A more flexible mail service solution

The new Mail Service Member Select program allows employers to capitalize on the many advantages of a mail service benefit, while giving members the flexibility to fill their maintenance medications via mail service or at a retail pharmacy. Members are automatically enrolled in Mail Service Member Select and can begin realizing the benefits of mail service pharmacy immediately. If members choose not to participate in the program, they will need to take an active step to disenroll in order to continue filling their maintenance drugs at a local pharmacy at their retail cost share amount. The ability to disenroll from mail service helps maintain member satisfaction, while continuing to help manage pharmacy benefit costs.

How Mail Service Member Select works

Mail Service Member Select allows members two retail pharmacy fills of their maintenance medication* before a decision is required. Members must either enroll their maintenance medications in the OptumRx Mail Service Pharmacy or they can disenroll their medications from mail service and continue to refill their maintenance prescriptions at a retail pharmacy. If no decision is made, and the member continues to fill maintenance medication prescriptions at a retail pharmacy, the member may pay 100% of the drug cost until a decision is made.

With Mail Service Member Select, members may disenroll from mail service for one year at a time by notifying OptumRx by phone or online through their pharmacy benefit website. This decision must be confirmed annually. Members who disenroll may continue filling maintenance medications at their standard cost.

Member communication and education

Members are notified of the Mail Service Member Select program by phone and by mail after their initial fill at a retail pharmacy. The communications explain the benefits of OptumRx Mail Service Pharmacy and their options to disenroll from the program. After the second retail fill, they are contacted again with similar communications. Members will receive an annual notification letter about 30 days prior to the expiration date informing them they will need to renew their option another year if they wish to continue filling at retail.

The many benefits of the mail service pharmacy include:



Cost savings: Members may pay less for their medication with an up to three-month supply through OptumRx Mail Service Pharmacy.



Convenience: Members receive home delivery of their medication with free standard shipping. This means fewer trips to the retail pharmacy.



24/7 access: Members can speak with a pharmacist who can answer questions anytime, any day.

Please Note...

- RX Pre-Authorization: You/your Doctor may need to obtain UHC's preauthorization to obtain certain drugs (specialty) before they are dispensed
- RX Step Therapy: You may be required to use a lower-cost drug(s) prior to benefits under your policy being available for certain higher costing drugs.
- Tier 1 contraceptives are covered at No Charge.
- **Please reach out to HR if you would like a copy of the 2023 UHC Drug List to check that your medication is covered by your pharmacy plan.**

Please visit myuhc.com or call the toll-free member phone number on the back of your ID card for more information on your prescription drugs or how to set up mail order through OptumRx.

VALUE ADDED SERVICES

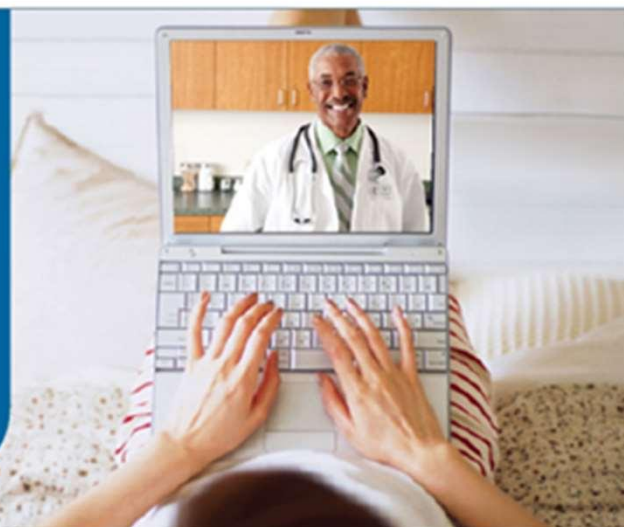


Virtual Visits

- Virtual Visits will let you visit a virtual provider group, see and speak to a doctor 24 hours a day/7 days a week using your mobile phone, tablet or computer.
- During the virtual visit, members can obtain a diagnosis and a prescription, which can be sent to your local pharmacy.
- Virtual visits are covered under member health plans and subject to the plan benefits
- For more information regarding Virtual Visits, contact United HealthCare's Customer Service Department at **(800) 357-0978**.

Virtual Visits

Access to care online at any time



When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Now, you don't have to.

A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription*, if needed, that you can pick up at your local pharmacy. And, it's part of your health benefits.

Conditions commonly treated through a virtual visit

Doctors can diagnose and treat a wide range of non-emergency medical conditions, including:

- Bladder infection/ Urinary tract infection
- Diarrhea
- Rash
- Bronchitis
- Fever
- Sinus problems
- Cold/flu
- Migraine/headaches
- Sore throat
- Pink eye
- Stomach ache

Access virtual visits

Log in to myuhc.com® and choose from provider sites where you can register for a virtual visit. After registering and requesting a visit you will pay your portion of the service costs according to your medical plan, and then you will enter a virtual waiting room. During your visit you will be able to talk to a doctor about your health concerns, symptoms and treatment options.

To learn more, login to myuhc.com

Use virtual visits when:

- ▶ Your doctor is not available
- ▶ You become ill while traveling
- ▶ You are considering visiting a hospital emergency room for a non-emergency health condition

Not good for:

- ▶ Anything requiring an exam or test
- ▶ Complex or chronic conditions
- ▶ Injuries requiring bandaging or sprains/ broken bones



VALUE ADDED SERVICES



Simply Engaged

- Register by logging in to www.myuhc.com to access the Rewards Program through Overview Rally. Rally shows you how to make simple changes to your daily routine, set smart goals and stay on target
- Allows you earn rewards through the following health and wellness actions.
 - Participate in biometric screenings
 - Complete an online health survey via myuhc.com within 90 days of start of program
 - Visit a participating fitness center
 - Complete a telephone-based health coaching program
 - Complete at least 3 Missions through the Rally experience
 - Use myHealthcare Cost Estimator on myuhc.com

Find Network Laboratories to Save Money

- Using a network laboratory
 - You may not know what laboratory your doctors or providers use, but it is important that they send you or your lab samples to a participating laboratory within the UHC network.
- Talk to your Doctor when you need lab work
 - Take an active role in your healthcare and learn which laboratories participate in our network.
 - To locate a laboratory in the UnitedHealthcare Network, visit myuhc.com or call the customer service number on your health plan ID card.
 - Your doctor can access a list of participating laboratories by visiting www.unitedhealthcareonline.com

Care24 Services

- Employee Assistance Program (EAP) available 24 hours a day, 7 days a week which can be accessed by calling (888) 887-4114.
 - This trusted source of information and support lets you speak directly with an experienced registered nurse or master's-level specialist any time. Simply Call the Care24 toll-free number whenever you have a health-related question. Registered nurses can help you with questions about health conditions or symptoms and provide information that can help you choose appropriate care, for your needs.
 - ✓ Find a doctor in your area for specific medical treatments.
 - ✓ Health coaching can help you improve your health and save money
 - ✓ Emotional Support from master's-level specialists is available when you need help dealing with life's challenges.
 - ✓ The health information library consists of more than 1,100 messages to provide you with useful health and wellness information.
 - Myuhc.com offers customer service, information on hospitals and doctors, pharmacy services, health news, resources and more. You can also chat with a live nurse for personal online conversations, 24 hours a day.

VALUE ADDED SERVICES



WILL PREP SERVICE: Available to employees enrolled in Voluntary Life Insurance:

WillPrep

Protect the ones you love with a range of dedicated services designed to help you provide for your family.

WillPrep Services includes a range of different resources that make it easier for you to prepare a will.

These range from a library of online planning documents to accessing experienced professionals that can help you with the more complicated details.

How it can help



Access simple documents including wills and power of attorney letters



Speak with consultants to discuss estate planning



Prepare your will with the assistance or support of an attorney



How to access

To access WillPrep Services, you'll need a few personal details.



Visit

willprep.uprisehealth.com



Username

WillPrep



Password

GLIC09

For more information or support, you can reach out by phoning **1 877 433 6789**.

EMPLOYEE ASSISTANCE PROGRAM: Available to All employees and their families:

Employee Assistance Program

We all need a little support every now and then.

Guardian's Employee Assistance Program gives you and your family members access to confidential personal support, across everything from stress management and nutrition to handling legal or financial issues.

The services available include consultations with experienced professionals, as well as access to resources and discounts designed to help you in a variety of different ways.

How it can help



Consultative services are available to provide direct support and assistance



Work/life assistance that can help you save money and balance commitments



Access legal and financial assistance and resources – including WillPrep Services



How to access

To access the WorkLifeMatters Employee Assistance Program, you'll need a few personal details.



Visit

worklife.uprisehealth.com



Access Code

worklife

For more information or support, you can reach out by phoning **1 800 386 7055**. The team is available 24 hours a day, 7 days a week¹.

SUPPORT



Insurance Carrier Contacts

Benefit	Administrator	Call	Visit
Medical	United Healthcare	800-357-0978	www.myuhc.com
Dental HMO	Guardian	800-494-4542	www.guardiananytime.com
Dental PPO	Guardian	800-302-4542	www.guardiananytime.com
Vision	Guardian	833-447-2646	www.guardiananytime.com
Life/AD&D	Guardian	800-525-4542	www.guardiananytime.com
Disability – STD	Guardian	800-268-2525	www.guardiananytime.com
Disability – LTD	Guardian	800-538-4583	www.guardiananytime.com
HSA Vendor	HSA Bank	800-357-6246	www.hsabank.com

Your Employee Benefits Team Contacts



Yolanda Hawthorne, MBA Sr. Account Manager

(312) 319-7234

yolanda_hawthorne@lambent-rms.com

Michael G. Robinson, LUTCF CEO

(312) 220-0201

mike_robinson@lambent-rms.com

IMPORTANT NOTICES

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs

Notice of Patient Protections

You do not need prior authorization from LINK Unlimited Scholars Inc. Welfare Benefit Plan, or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit the UHC website at www.myuhc.com.

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

IMPORTANT NOTICES

Notice of Special Enrollment Rights (cont'd.)

If you or your dependent(s) lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the loss of CHIP or Medicaid coverage.

If you or your dependent(s) become eligible to receive premium assistance under a state CHIP or Medicaid, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days of the determination of eligibility for premium assistance from state CHIP or Medicaid.

To request special enrollment or obtain more information, contact TOINETTE GUNN at 2221 S State St, Chicago, IL 60616, (312) 264-4212, tgunn@linkunlimited.org

Women's Health and Cancer Rights Act (WHCRA) Notices

Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: \$0 deductible (in-network) and 0% coinsurance (in-network) and \$0 deductible (out-of-network) and 0% coinsurance (out-of-network). If you would like more information on WHCRA benefits, refer to your UHC certificate or UHC website at www.myuhc.com.

Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? [Refer to your UHC certificate booklet for more information.](#)

Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Mental Health Parity and Addiction Equity Act (MHPAEA) Disclosure

The Mental Health Parity and Addiction Equity Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For information regarding the criteria for medical necessity determinations made under the LINK Unlimited Scholars Inc. Welfare Benefit Plan with respect to mental health or substance use disorder benefits, refer to your UHC certificate or UHC website at www.myuhc.com.

Employer's Children's Health Insurance Program (CHIP) Notice

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

IMPORTANT NOTICES

Employer's Children's Health Insurance Program (CHIP) Notice (cont'd.)

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility:

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext. 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-800-541-5555	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone: 1-800-403-0864
IOWA – Medicaid and CHIP (Hawki)	MONTANA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
KANSAS – Medicaid	NEBRASKA – Medicaid
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178
KENTUCKY – Medicaid	NEVADA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Medicaid Website: http://dhcfnv.gov/ Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	NEW HAMPSHIRE – Medicaid
Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://www.maine.gov/dhhs/ofl/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710

IMPORTANT NOTICES

MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	VERMONT – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://mywvhpp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://wyequalitycare.acs-inc.com Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

IMPORTANT NOTICES

Medicare Part D Creditable Coverage Notice

Important Notice from LINK Unlimited Scholars Inc. about Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with LINK Unlimited Scholars Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. LINK Unlimited Scholars Inc. has determined that the prescription drug coverage offered by the LINK Unlimited Scholars Inc. Welfare Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current LINK Unlimited Scholars Inc. coverage will not be affected. Plan participants can keep their prescription drug coverage under the group health plan if they select Medicare Part D prescription drug coverage. If they select Medicare Part D prescription drug coverage, the group health plan prescription drug coverage will coordinate with the Medicare Part D prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your current LINK Unlimited Scholars Inc. coverage, be aware that you and your dependents will be able to get this coverage back, but only at the groups Open Enrollment.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with LINK Unlimited Scholars Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage

Contact the person listed for further information: call Toinette Gunn at (312) 264-4212. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through LINK Unlimited Scholars Inc. changes. You also may request a copy of this notice at any time.

For More Information about Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

IMPORTANT NOTICES

For More Information about Your Options Under Medicare Prescription Drug Coverage (cont'd):

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 09/01/2023
Name of Entity/Sender: LINK Unlimited Scholars
Contact--Position/Office: Dr. Toinette Gunn, President
Address: 2221 S State St, Chicago, IL 60616
Phone Number: (312) 264-4212

Genetic Information Nondiscrimination Act (GINA) Disclosures

Genetic Information Nondiscrimination Act of 2008

The Genetic Information Nondiscrimination Act of 2008 ("GINA") protects employees against discrimination based on their genetic information. Unless otherwise permitted, your Employer may not request or require any genetic information from you or your family members.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Your Rights Under USERRA

If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military. Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g.... pre-existing condition exclusions) except for service-connected illnesses or injuries.

Enforcement

The U.S. Department of Labor Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations. For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at <http://www.dol.gov/vets>. An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>.

IMPORTANT NOTICES

EHB Benefit	EHB Category	Employer Plan Covered Benefit?
Accidental Injury – Dental	Ambulatory	Yes
Allergy Injections and Testing	Ambulatory	Yes
Bone anchored hearing aids	Ambulatory	Yes
Durable Medical Equipment	Ambulatory	Yes
Hospice	Ambulatory	Yes
Infertility (Fertility) Treatment	Ambulatory	Yes
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Yes
Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Yes
Private-Duty Nursing	Ambulatory	Yes
Prosthetics/Orthotics	Ambulatory	Yes
Sterilization (vasectomy men)	Ambulatory	Yes
Temporomandibular Joint Disorder (TMJ)	Ambulatory	Yes
Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Yes
Emergency Transportation/ Ambulance	Emergency services	Yes
Bariatric Surgery (Obesity)	Hospitalization	Yes
Breast Reconstruction After Mastectomy	Hospitalization	Yes
Reconstructive Surgery	Hospitalization	Yes
Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Yes
Skilled Nursing Facility	Hospitalization	Yes
Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Yes
Diagnostic Services	Laboratory services	Yes
Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Yes
Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Yes
Opioid Medically Assisted Treatment (MAT)	MH/SUD	Yes
Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Yes
Tele-Psychiatry	MH/SUD	Yes
Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Yes
Pediatric Dental Care	Pediatric Oral and Vision Care	Yes
Pediatric Vision Coverage	Pediatric Oral and Vision Care	Yes

IMPORTANT NOTICES

EHB Benefit	EHB Category	Employer Plan Covered Benefit?
Maternity Service	Pregnancy, Maternity, and Newborn Care	Yes
Outpatient Prescription Drugs	Prescription drugs	Yes
Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Yes
Contraceptive/Birth Control Services	Preventive and Wellness Services	Yes
Diabetes Self-Management Training and Education	Preventive and Wellness Services	Yes
Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Yes
Mammography - Screening	Preventive and Wellness Services	Yes
Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Yes
Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Yes
Preventive Care Services	Preventive and Wellness Services	Yes
Sterilization (women)	Preventive and Wellness Services	Yes
Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Yes
Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Yes