2019 BENEFITS
DEPENDENT ELIGIBILITY

In accordance with the Patient Protection and Affordable Care Act, married or unmarried adult children that are the natural, adopted or step child of you or your spouse may be covered under your medical plan until the adult child attains age 26.

COPAYMENTS APPLY TOWARDS OUT OF POCKET MAXIMUM

In addition to medical deductibles and coinsurance, copayments (medical & drug) will apply toward the out-of-pocket maximum.

MAKING CHANGES DURING THE YEAR

Please remember that the only time enrollment changes can be made outside of open enrollment is in the case of certain life events which would qualify you for a special enrollment period. Examples of such life events include but are not limited to: birth, adoption, death, and marriage. It is your responsibility to notify Human Resources of a qualifying event. The appropriate paperwork must be submitted within 30 days of the event.

All enrollment forms must be completed and turned in to Human Resources
SIMILARITIES

IN-NETWORK VS OUT-OF-NETWORK
Both the PPO and the HDHP plan will have the same network of doctors that are considered in-network versus out-of-network. Staying in-network for all services, providers, and facilities is imperative for you and your family to receive the richest benefit from your medical coverage.

PREVENTIVE CARE
You will see both plans also cover Preventive Care at 100% on the first day of your plan before satisfying your deductible. Examples of preventive care are:

- Well-child visits
- Annual checkups
- Age and Gender based screenings

FINDING A PROVIDER
To find a UnitedHealthcare Provider, visit UHC.com

WHERE TO SEEK CARE
It can sometimes be difficult deciding where to seek medical help for you and your family members. Going to the emergency room or calling 9-1-1 is always the way to go when it’s an emergency. If you need care, and it is not an emergency, here are alternative options:

1. Call your doctor
2. Visit a retail health clinic
3. Head to urgent care
4. Check in at Virtual Visits online

DIFFERENCES

HOW YOUR BENEFITS PAY ON PPO
If you choose the PPO plan this option has more coverage from day 1 of the plan. This is called first dollar coverage. You will have copays for different services as well as prescriptions before meeting your deductible, which apply directly to your out-of-pocket maximum.

HOW YOUR BENEFITS PAY ON HDHP
The High Deductible Health Plan will not have copays on the first day of the plan. You will start by paying the negotiated rate your carrier has with your providers for any services and prescriptions. You will pay this negotiated rate until satisfying your deductible. You will then pay coinsurance and any copays that may apply to the plan until you have reached your out-of-pocket maximum.

HEALTH SCREENING SURCHARGE
You must have a preventive screening completed before the plan year begins on 1/1/2019 or you will be subject to pay a $50 monthly surcharge.

SPOUSAL SURCHARGE
If you carry your spouse on Montgomery County ESC’s plan and they have access to other group health insurance through their employer, they will need to join their employer’s health insurance and terminate Montgomery County ESC’s or you will be subject to a $100 monthly surcharge.

For any questions on either of these plans, please see your HR or call McGohan Brabender by using the phone number on the last page of this booklet.
## Calendar Year Deductible
(resets every January 1st)
- **In-Network**
  - $200 Individual
  - $400 Family

## Calendar Year Deductible
(resets every January 1st)
- **Out-of-Network**
  - $400 Individual
  - $800 Family

## Embedded Deductible

## Co-Insurance
(after Deductible)
- **In-Network**
  - Plan Pays: 80%
  - You Pay: 20%

## Co-Insurance
(after Deductible)
- **Out-of-Network**
  - Plan Pays: 60%
  - You Pay: 40%

## Preventive Care
- Covered at 100%
- Benefits not available

## Doctor Office Visit
- **In-Network**
  - $25 Copay
- **Out-of-Network**
  - Deductible & Coinsurance

## Urgent Care
- **In-Network**
  - $50 Copay
- **Out-of-Network**
  - Deductible & Coinsurance

## Emergency Room
- **In-Network**
  - $100 Copay
  - Copay waived if admitted
- **Out-of-Network**
  - $100 Copay

## Inpatient Hospital
- **In-Network**
  - $250 Copay
- **Out-of-Network**
  - Deductible & Coinsurance

## Outpatient Surgery
- **In-Network**
  - Deductible & Coinsurance
- **Out-of-Network**
  - Deductible & Coinsurance

## Max Out-of-Pocket
(Includes Ded., Copays, & Co-Ins.)
- **In-Network**
  - $2,700 Individual
  - $5,000 Family
- **Out-of-Network**
  - $5,000 Individual
  - $10,000 Family

## Retail - Prescription Drugs
- **Tier 1:** $10
- **Tier 2:** $25
- **Tier 3:** 35% ($45 min-$60 max)
- **Member Responsible for Network Copay and Difference in Prescription Cost**

## Mail Order - Prescription Drugs
(90 day supply)
- **Tier 1:** $20
- **Tier 2:** $50
- **Tier 3:** 35% ($90 min-$120 max)
- **Not Covered**

## Annual Drug Max Out-of-Pocket
- **In-Network**
  - $3,000 Individual
  - $6,000 Family

---

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Employee Pays (with screenings)</th>
<th>Board Pays</th>
<th>Total Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$101.17</td>
<td>$573.31</td>
<td>$674.48</td>
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<tr>
<td>Employee + Spouse</td>
<td>$296.77</td>
<td>$1,187.09</td>
<td>$1,483.86</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$249.30</td>
<td>$997.20</td>
<td>$1,246.50</td>
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<tr>
<td>Employee + Family</td>
<td>$416.82</td>
<td>$1,667.30</td>
<td>$2,084.12</td>
</tr>
</tbody>
</table>
### Calendar Year Deductible
(resets every January 1st)
- **In-Network**
  - **Individual:** $2,700
  - **Family:** $5,000
- **Out-of-Network**
  - **Individual:** $5,000
  - **Family:** $10,000

### Embedded Deductible

### Co-Insurance
(after Deductible)
- **In-Network**
  - **Plan Pays:** 100%
  - **You Pay:** 0%
- **Out-of-Network**
  - **Plan Pays:** 80%
  - **You Pay:** 20%

### Preventive Care
Covered at 100%

### Doctor Office Visit
100% After Deductible

### Urgent Care
100% After Deductible

### Emergency Room
100% After Deductible

### Inpatient Hospital
100% After Deductible

### Outpatient Surgery
100% After Deductible

### Retail - Prescription Drugs
100% After Deductible

### Mail Order - Prescription Drugs
(90 day supply)
100% After Deductible

### Max Out-of-Pocket
(Includes Ded., Copays, & Co-Ins.)
- **In-Network**
  - **Individual:** $2,700
  - **Family:** $5,000
- **Out-of-Network**
  - **Individual:** $10,000
  - **Family:** $20,000

### Coverage Type
<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Employee Pays (with screenings)</th>
<th>Board Pays</th>
<th>Total Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$80.94</td>
<td>$458.64</td>
<td>$539.58</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$237.42</td>
<td>$949.68</td>
<td>$1,187.10</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$198.57</td>
<td>$794.27</td>
<td>$992.84</td>
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<tr>
<td>Employee + Family</td>
<td>$332.38</td>
<td>$1,329.54</td>
<td>$1,661.92</td>
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</table>
HSA OVERVIEW

HOW AN HSA WORKS

Montgomery County ESC offers a Health Savings Account to any employee enrolled in the High Deductible Health Plan and is eligible according to the IRS rules and regulations. This is a pre-tax savings account you can contribute money to directly from your paycheck. These savings can be spent on eligible expenses or saved until you need to use them. 100% of these funds roll over year to year and they stay with you even if you make a career change. You will be responsible for tracking all receipts and expenses you use your HSA card on for at least 7 years. If you are ever audited by the IRS you will need to show proof of your expenses and if deemed non-qualified, you could be subject to tax and a 20% penalty.

WHO IS ELIGIBLE FOR AN HSA?

Any Individual:
- Covered by a high deductible health plan
- Is NOT covered by any first dollar coverage
- Is NOT enrolled in Medicare, Medicaid, Tricare
- Is NOT claimed as a dependent on someone else’s tax return

For a complete list of qualified and non-qualified expenses you can visit: www.irs.gov/pub/irs-pdf/p502.pdf

MONTGOMERY COUNTY ESC HSA CONTRIBUTION

- $1,350 for Employee Only
- $2,500 for all others (Employee/Spouse, Employee/Child(ren), Family)

MCESC Contributions are prorated throughout the year
MCESC will provide a hardship advancement when approved

2019 MAXIMUM HSA CONTRIBUTIONS PER CALENDAR YEAR

- 3,500 for Employee Only
- $7,000 for all others (Employee/Spouse, Employee/Child(ren), Family)
- $1,000 Catch up contributions for age 55+

Maximums include any employer HSA contribution
WHAT IS A GENERAL PURPOSE FSA?
A Flexible Spending Account (FSA) is a tax free account you can use to pay for eligible medical, dental, and vision expenses.

HOW IT WORKS
During open enrollment each year, you decide how much your qualifying expenses will possibly be in the coming year. Based on your elections, contributions are made through payroll deductions into your Flexible Spending Account. These deposits are made on a tax free basis. As expenses are incurred, you may request reimbursements from your account, which are also tax free. As an added bonus, your FSA elections will be available for use on day one of the plan year.

Unlike the HSA, unused FSA funds do not carryover to the next year. It is a “use it or lose it” concept. It is generally recommended that your contributions be predictable expenses.

WHAT IS A LIMITED PURPOSE FSA?
An individual contributing to an HSA may not simultaneously have a General Purpose health FSA that reimburses out of pocket medical expenses. However, HSA owners can have a Limited FSA. If you are currently contributing to, or plan to contribute to an HSA, a Limited FSA might be just what you need.

The difference between a General Purpose health FSA and Limited Purpose FSA is the expenses that are eligible for reimbursement.

A Limited FSA only allows for reimbursement of dental, vision or post-deductible medical expenses.

WHAT IS A DEPENDENT CARE ACCOUNT?
This is a Work-Related Dependent Care Account. This account offers tax-free reimbursement for certain day care expenses incurred so that you and your spouse can work.

WHAT DO I NEED TO DO?
Sitting down with the decision makers of your household and deciding how much your estimated eligible expenses will be for the year will be a great way to save money through this account because it is a use it or lose it account. Once you have an amount you would like to contribute, fill out the correct paperwork and notify your HR department.
Virtual Visits
Get access to care online.
Any where. 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
- Bronchitis
- Cold/flu
- Diarrhea
- Fever
- Migraine/headaches
- Pink eye
- Rash
- Sinus problems
- Sore throat
- 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

* Prescription services may not be available in all states.
Access to virtual visits and prescription services may not be available in all states or for all groups. Go to myuhc.com for more information about availability of virtual visits and prescription services. Always refer to your plan documents for your specific coverage. Virtual visits are not an insurance product, health care provider or a health plan. Virtual visits are an internet based service provided by contracted UnitedHealthcare providers that allow members to select and interact with independent physicians and other health care providers. It is the member's responsibility to select health care professionals. Care decisions are between the consumer and physician. Virtual visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations. Members have cost share responsibility and all claims are adjudicated according to the terms of the member's benefit plan. Payment for virtual visit services does not cover pharmacy charges; members must pay for prescriptions (if any) separately.

Not good for:
- Anything requiring an exam or test
- Complex or chronic conditions
- Injuries requiring bandaging or sprains/ broken bones

UnitedHealthcare
Your EPC Wellness Program Launches October 1, 2018!

Don’t miss out on $100!

WHO? Benefits elected employees are eligible to participate.
WHAT? A wellbeing program designed to help you maintain or improve your health.
WHEN? The program will begin on October 1, 2018. You must complete your activities by May 31, 2019. You must redeem your $100 gift card by September 30, 2019.

Participating in the EPC Wellness Program can help reduce stress, increase energy, and lead to better quality of life. Register or log-in to www.epcwellness.org. Upon login you will be prompted to complete your Personal Health Assessment. This is required to participate.

Select from this list of wellbeing activities to start earning your rewards!
- Complete two wellness workshops of your choice
  OR
- Successfully complete one of three wellness challenges

Step It Up
October 15, 2018 – November 12, 2018

Choose to Lose
January 14, 2019 – February 11, 2019

Habits for Health
April 22, 2019 – May 20, 2019

Questions? Contact your EPC Wellness Account Manager by emailing questions@epcwellness.org or calling 844.283.8779.
Montgomery County ESC provides dental coverage through Delta Dental. Your dental plan is designed to encourage you to visit the dentist and help ensure your basic dental needs are met in a timely, cost-effective manner. This dental benefit is contributory, which means you share the premium cost with your employer. While you have the freedom to choose any dentist, if you use a network provider you can take advantage of a higher level of benefits and discounted fees. You may also use your HSA or FSA to offset the cost of dental services.

Dependent children are eligible to stay on Montgomery County ESC’s dental plan until the end of their 26th birth month. The orthodontia benefit extends to age of 19 for dependent children.

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td>$25 Individual</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$50 Family</td>
</tr>
<tr>
<td><strong>Preventive</strong></td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Basic</strong></td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Major</strong></td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Contract Period Maximum</strong></td>
<td></td>
<td>$1,500 per Individual</td>
</tr>
<tr>
<td><strong>Orthodontia</strong></td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Orthodontia Maximum (Lifetime)</strong></td>
<td></td>
<td>$1,000 per Individual</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Adult &amp; Child)</td>
</tr>
<tr>
<td><strong>Benefit Period</strong></td>
<td>Calendar Year</td>
<td></td>
</tr>
</tbody>
</table>

To find a Delta Provider, visit deltadental.com

Network: PPO or Premier

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Employee Pays</th>
<th>Board Pays</th>
<th>Total Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$5.78</td>
<td>$23.10</td>
<td>$28.88</td>
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<tr>
<td>Employee + Spouse</td>
<td>$12.16</td>
<td>$48.62</td>
<td>$60.78</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$12.13</td>
<td>$48.51</td>
<td>$60.64</td>
</tr>
<tr>
<td>Employee + Family (Non-Union)</td>
<td>$16.75</td>
<td>$67.01</td>
<td>$83.76</td>
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<tr>
<td>Employee + Family (Union)</td>
<td>$28.76</td>
<td>$55.00</td>
<td>$83.76</td>
</tr>
</tbody>
</table>
Montgomery County ESC offers voluntary vision insurance through Vision Service Plan. You are responsible for the total cost of the coverage. However, you can use your HSA or FSA to offset the cost of vision services. You can receive benefits from any optometrist, ophthalmologist, or optician of your choice. However if you visit a network provider, your out-of-pocket costs will generally be lower than if you visit an out-of-network provider.

Dependent children are eligible to stay on Montgomery County ESC’s Vision plan until the end of their 26th birth month.

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>Benefit Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examinations</td>
<td>$10 Copay</td>
<td>Up to $50</td>
<td>Every 12 months</td>
</tr>
<tr>
<td>Lenses</td>
<td>$15 Copay</td>
<td>Up to $50</td>
<td>Every 12 months</td>
</tr>
<tr>
<td>Single, Bifocal, Trifocal</td>
<td>$15 Copay</td>
<td>Up to $75</td>
<td>Every 12 months</td>
</tr>
<tr>
<td>Frames</td>
<td>$15 Copay, then</td>
<td>Up to $70</td>
<td>Every 12 months</td>
</tr>
<tr>
<td></td>
<td>$150 Allowance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contacts</td>
<td>$130 Allowance</td>
<td>Up to $105</td>
<td>Every 12 months</td>
</tr>
<tr>
<td>Laser Correction Surgery</td>
<td>Discount</td>
<td></td>
<td></td>
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</table>

To find a VSP Provider, visit vsp.com or call 800.877.7195

Network: VSP Signature

<table>
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<tr>
<th>Coverage Type</th>
<th>Employee Pays (Monthly)</th>
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<tr>
<td>Employee</td>
<td>$9.48</td>
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<tr>
<td>Employee + Family</td>
<td>$22.20</td>
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</table>
Montgomery County ESC offers Basic Life and AD&D insurance through Unum. Basic Life and AD&D is offered to all benefit eligible employees and is paid completely by Montgomery County ESC’s Board.

**BASIC LIFE/AD&D INSURANCE**

100% paid for by Board

**Employee:** Flat $60,000 benefit

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**COMPASS**

- No Cost to the Employee/ Available to anybody eligible for benefits
- Healthcare costs vary by 300% locally. The same CT scan costs $500 to $1,500 depending on where you go
- Compass is a patient advocacy firm that can lower your healthcare costs by shopping for you
- All providers are board certified and accredited
- Dedicated representative through telephone or email

**Your Compass Health Pro:** Erin Vardas
erin.vardas@compasphs.com
800-513-1667 x430
HOW TO ENROLL
Medical, Dental, Vision, & Basic Life

STEPS...

1. https://epc-online.benelogic.com
2. First initial, last name and last 4 of SSN (Jdoe1234)
3. Last four digits of your SSN (1234)
4. Click “GO” on your home page and it will walk you through the process
Additional Services at McGohan Brabender

For any questions throughout the year please feel free to contact your account team at McGohan Brabender. We can help you navigate and find any answers you may have. If you have a specific question and you would like guidance on where you can get answers for things such as billing issues, retirement benefits, financial help etc. see below for McGohan Brabender’s contacts information as well as our partners we work closely with. All of these benefits are free for you to use.

<table>
<thead>
<tr>
<th>CONCERNING</th>
<th>WHO</th>
<th>PHONE</th>
<th>E-MAIL/WEBSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Questions</td>
<td>McGohan Brabender</td>
<td>(937) 293-1600</td>
<td><a href="http://www.mcgohanbrabender.com">www.mcgohanbrabender.com</a></td>
</tr>
<tr>
<td>Claims/Billing/ Benefits Questions</td>
<td>McGohan Brabender Advocates Team</td>
<td>(937) 260-4300 or (877) 635-5372</td>
<td><a href="mailto:mbadvocates@mcgohanbrabender.com">mbadvocates@mcgohanbrabender.com</a></td>
</tr>
</tbody>
</table>
| Individual Coverage            | Cornerstone Broker                | Visit: www.mcgohanbrabender.com  
Click on the “Service Menu”  
Click “Individual Medical and RetireMed IQ”  
Click “Request Ticket”       |
| Retirement Benefits            | RetireMED iQ                      | 1 (866) 600-4266          | www.retiremed.com/MB                      |
| Financial Assistance           | Everhart Advisors                 | (800) 293-2347           | info@mcgohanbrabender.com                 |

Disclaimer
This benefit overview only summarizes your benefit plans. If there is a discrepancy between the information in this overview and the official plan documents, the plan documents will always govern. While the company intends to continue these plans, it reserves the right to change, amend or terminate them at any time for any reason.