



2024

Employee
Benefits Guide



Contents

PHP TPA Services	3
Enrollment	5
Medical Plan	6-8
Network Information	9-11
New Mail Order	12-13
TrueRX Pharmacy Benefits Manager	14-15
App Services Requiring Prior	16
Authorization PHP TPA Member Portal	17
PHP TPA Mobile App	18
24/7 CALL-A-DOC	19
Dental Insurance	20
Vision Insurance	21
FSA - Flexible Spending Account	22
Employee Assistance Program	23-24
Group Term Life Insurance	25-26
Whole Life Insurance	27
Supplemental Benefits	28- 29
What's Next?	30
Forester Call Center	31
Contact Information	32
Where to Find Compliance Notices	33

PHP TPA Services - Your new benefits administrator

What you need to know

The transition to our new benefits administrator, PHP TPA Services, is a mostly seamless process. There are a few steps you can take, however, to avoid any issues or delays in claim payment and your coverage.

- **Use your new ID Cards** Once you receive your new insurance ID cards, be sure to throw out any old cards. You should begin using your new cards on January 1, 2024. Remember to show this new card to any healthcare providers that you visit.
- **Verify Network Participation** Verify that any healthcare providers, facilities, and pharmacies that you use are still in network with your new provider network. Login to your Member Portal at tpaservices.vbagateway.com to link to your network directory search. You may also verify network participation by contacting PHP TPA Services Customer Service.
- **Update your Records** Remember to update others that may have your insurance information on record, like schools or athletic teams, for example.

Contacting PHP TPA Services

1-800-551-7334 or 260-436-9495

customerservice@phpni.com

Member Discounts

PHP has partnered with several area health and wellness organizations, fitness clubs, and others to offer members additional value through discounts for programs and services. Simply show your insurance ID card at a participating organization and receive a variety of special discounts just for being part of the PHP family.

Participating Organizations:

Go to www.phpni.com/i-have-php-insurance/member-discounts for a complete listing of organizations participating in the PHP Member Discount program.

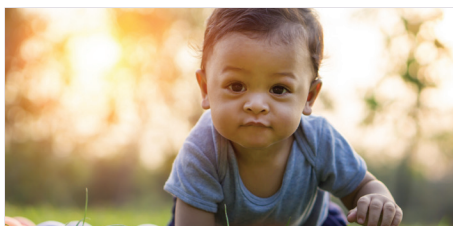
Life happens—for better or worse

Keep PHP informed of changes in your life to maintain health insurance coverage.



MARRIAGE

Notify your employer within 31 days of the event date in order to cover your new spouse on the wedding date. Your employer may require a copy of the marriage license.



BIRTH/ADOPTION

Coverage is not automatically instituted by the hospital stay of the mother. Tell your employer within 31 days of birth/adoption as they may require a birth certificate or adoption order copy.



MOVING DAY

Make sure your employer and PHP have an up-to-date mailing address. You can update your address either with a paper form or through PHP's secure member portal at phpni.com.



DEPENDENT STATUS

Coverage is available for eligible dependents up to age 26. Once a covered dependent reaches age 26, see your Human Resources department for details about continuing medical coverage.



FIRST DAY OF WORK

You must apply for your employee benefits within a period set by your employer. See your employer about the process, paperwork, and timing to complete the needed paperwork.



MEDICARE ELIGIBILITY

If you are 65 or over, Medicare eligibility likely doesn't change eligibility for coverage under your employer's plan. However, Medicare MAY provide additional benefits. Talk to your HR department.



LOSS OF COVERAGE

Generally, loss of OTHER coverage is a qualifying event to enroll in your company's benefits but only if the application is made within 31 days of having lost that coverage.



DIVORCE or DEATH

Notify your employer of a change or any updated life insurance beneficiary information within 31 days of a divorce being final or the loss of a family member.



PLAN TIMING

Most of PHP's medical plans are calculated on a calendar year. Learn more about your plan, deductibles and available reimbursement accounts so you can best utilize your benefits.



TRAVELING WITH PHP

Remember to take your medical ID card, physician's phone number, and list of any maintenance medications you take (including frequency and dosage) with you when you travel.

Contact PHP TPA Services

If you have questions about a life event and how it might impact your health insurance, please contact:

PHP TPA Customer Service:

Phone: 260-436-9495 | Toll Free: 800-551-7334

Email: customerservice@phpni.com

Online Chat: Chat real-time with a customer service rep through your member account at tpaservices.vbagateway.com.

Specific Plan Information can be found at tpaservices.vbagateway.com.

Eligibility

To be eligible for benefits, you must be a full-time or part-time benefits eligible employee of LOGAN. Your spouse and dependents are also eligible for coverage under applicable benefit plans.

Each year, LOGAN conducts a benefits open enrollment, which allows current employees to make changes to their benefit plan elections. Benefits elected during open enrollment are effective from January 1st through December 31st.

New employees will become eligible for benefits effective on the first day of the month following 60 days of employment, provided you have completed the enrollment process and all required information and documents.

Enrollment Changes

As long as you remain eligible, your benefit elections will be in place until December 31st, 2024. However, you may make mid-year changes if you have a qualifying event. Examples of qualifying events that allow you to change your benefits elections during the year are:

- Marriage or divorce
- Birth, adoption or change in the custody of a child
- A change in the employment status of a spouse, impacting your benefit eligibility

If you have a qualifying event, you must change your benefit elections within 30 days of the event. If you do not make a change within 30 days, you must wait until the next open enrollment period. Please contact human resources for more information.

Understanding Health Insurance Terminology

What is a deductible?

It is a set dollar amount determined by your plan that you will pay out of your pocket if you have claims. The deductible accumulates on a calendar year basis and is reset at \$0 each January 1.

What is coinsurance?

After your deductible is met, you then pay a share of your eligible medical expenses. This is called coinsurance.

For LOGAN's Health Plan Option 1 – Traditional PPO, you pay 20% of the charges after the deductible for each covered person on your plan up to the maximum of \$4,500 (\$7,750 for family coverage). This is your share of the coinsurance.

For LOGAN's Health Plan Option 2 – High Deductible PPO, you pay 20% of the charges after the deductible for each covered person on your plan up to the maximum of \$5,950 (\$10,900 for family coverage). This is your share of the coinsurance.

What is my out of pocket maximum?

This is the maximum amount (deductible and coinsurance combined) you are responsible to pay per calendar year. Your out of pocket maximum for LOGAN's Health Plan Option 1 is \$4,500 per person (\$7,750 family). Your out of pocket maximum for LOGAN's Health Plan Option 2 is \$5,950 per person (\$10,900 family).

Medical Plan Details

LOGAN offers eligible full-time employees a choice between two health insurance plan options.

Both the Health Insurance Plans offered by LOGAN

- Are administered by PHP TPA Services and use the PHP Freedom Encore Combined network
- Cover preventive care, such as your annual routine physical and related preventive tests at 100% with no deductible or co-payment
- Cover the same types of medical expenses and have the same exclusions
- Have an unlimited lifetime maximum benefit
- Meet and exceed the minimum coverage requirement under the Affordable Care Act

PHP TPA Services Online Services

- Visit tpaservices.vbagateway.com
- Enter username and password
- Enter the member ID located on your ID card

Don't have an account? Select 'Click here to register and/or enroll.'

PHP TPA Services online services are fast, easy, and free with convenient access to tools and resources such as:

- Claim status (*including copies of Explanations of Benefits - EOBs*)
- Status of medical deductibles and out-of-pocket amounts
- Print temporary ID Cards
- Message center
- Create a request
- Cost Estimator

If you have questions or problems, contact the PHP TPA Services Customer Service team at 800-551-7334.

Medical PHP

2024 Bi-Weekly Medical Payroll Deductions	Traditional PPO Option 1	HDHP PPO Option 2
Employee Only	\$130.51	\$66.29
Employee + Spouse	\$301.14	\$191.60
Employee + Children	\$240.91	\$153.17
Employee + Family	\$421.60	\$265.08

Traditional PPO Health Plan Benefits Summary

PHP has a well-recognized network that includes most of the local doctors, healthcare providers, and facilities you may see for your care. To make the most of your coverage and benefits, always use in-network providers to make the most of your healthcare dollar. Verify that your current or future providers are in-network before you schedule appointments or receive care.

	Traditional PPO In-Network	Traditional PPO Out-of-Network
Deductible: Individual/Family	\$1,500 / \$4,500	\$3,000 / \$9,000
Coinsurance (You Pay)	20%	40%
Out of Pocket Max: Individual/Family	\$4,500 / \$7,750	\$9,000 / \$15,500
Preventive Care	100% - No Deductible	Deductible & Coinsurance
Primary Care Provider	\$30 Copay	Deductible & Coinsurance
Specialist	\$60 Copay	Deductible & Coinsurance
Urgent Care	You Pay \$75	Deductible & Coinsurance
Emergency Room	You Pay \$250 + 20%	Same as In-Network

TrueRx Prescription Drug Program

Rx Deductible: \$50

Individual Max Annual Out of Pocket – \$2,600

Family Max Annual Out of Pocket – \$6,200

Retail (30 day supply)

- Tier 1 – Generic
- Tier 2 – Preferred
- Tier 3 – Non-Preferred
- Tier 4 – Specialty

You Pay 20% After Deductible
 You Pay 20% After Deductible
 You Pay 20% After Deductible
 Not Covered

Mail Order (90 day supply)

- Tier 1
- Tier 2
- Tier 3
- Tier 4

You Pay 20% After Deductible
 You Pay 20% After Deductible
 You Pay 20% After Deductible
 Not Covered

High-Deductible Health Plan Benefits Summary

PHP has a well-recognized network that includes most of the local doctors, healthcare providers, and facilities you may see for your care. To make the most of your coverage and benefits, always use in-network providers to make the most of your healthcare dollar. Verify that your current or future providers are in-network before you schedule appointments or receive care.

	High Deductible PPO In-Network	High Deductible PPO Out-of-Network
Deductible: Individual/Family	\$4,000 / \$8,000	\$8,000 / \$16,000
Coinsurance (You Pay)	20%	40%
Out of Pocket Max: Individual/Family	\$5,950 / \$10,900	\$11,900 / \$21,800
Preventive Care	100% - No Deductible	100% - No Deductible
Primary Care Provider	\$30 Copay	Deductible & Coinsurance
Specialist	\$60 Copay	Deductible & Coinsurance
Urgent Care	You Pay \$75	Deductible & Coinsurance
Emergency Room	You Pay \$250 + 20%	Same as In-Network

TrueRx Prescription Drug Program

Rx Deductible: \$50

Individual Max Annual Out of Pocket – \$2,600

Family Max Annual Out of Pocket – \$6,200

Retail (30 day supply)

Tier 1 – Generic

Tier 2 – Preferred

Tier 3 – Non-Preferred

Tier 4 – Specialty

You Pay 20% After Deductible

You Pay 20% After Deductible

You Pay 20% After Deductible

Not Covered

Mail Order (90 day supply)

Tier 1

Tier 2

Tier 3

Tier 4

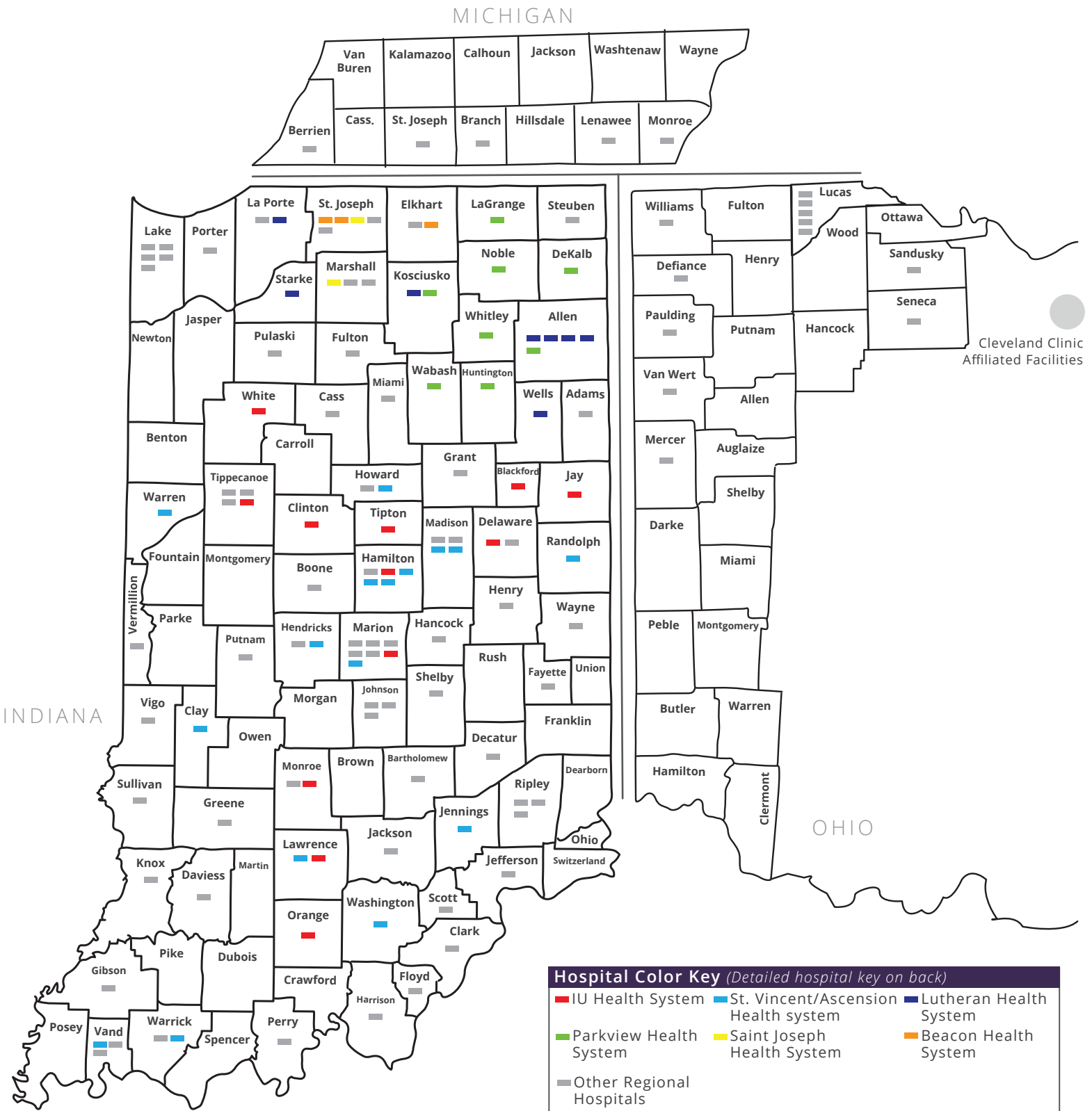
You Pay 20% After Deductible

You Pay 20% After Deductible

You Pay 20% After Deductible

Not Covered

PHP Network Hospitals



Cleveland Clinic
Affiliated Facilities

Additional network coverage in the rest of the United States included through the PHCS/Multiplan network.

INDIANA**Adams County**

- Adams County Memorial Hospital

Allen County

- Dupont Hospital
- Lutheran Downtown Hospital
- Lutheran Hospital
- Parkview Regional Medical Center
- Rehabilitation Hospital

Bartholomew County

- Columbus Regional Hospital

Blackford County

- IU Health Blackford Hospital

Boone County

- Witham Memorial Hospital

Cass County

- Logansport Memorial Hospital

Clark County

- Clark Memorial Hospital

Clay County

- St. Vincent Clay Hospital

Clinton County

- IU Health Frankfort Hospital

Daviess County

- Daviess Community Hospital

Decatur County

- Decatur County Memorial Hospital

DeKalb County

- Parkview DeKalb Hospital

Delaware County

- Central Indiana AMG Specialty Hospital

- IU Health Ball Memorial Hospital

Elkhart County

- Elkhart General Hospital

- Goshen General Hospital

Fayette County

- Reid Hospital and Healthcare Services

Floyd County

- Physicians Medical Center

Fulton County

- Woodlawn Hospital

Gibson County

- Gibson General Hospital

Grant County

- Marion General Hospital

Greene County

- Greene County General Hospital

Hamilton County

- IU Health North Hospital

- Riverview Hospital

- St. Vincent Carmel Hospital

- St. Vincent Fishers Hospital

- St. Vincent Hospital & Health Centers

Hancock County

- Hancock Regional Hospital

Harrison County

- Harrison County Hospital

Hendricks County

- Hendricks Regional Health

- St. Vincent Hospital & Health Centers

Henry County

- Henry County Memorial Hospital

Howard County

- Community Howard Regional Health

- St. Vincent Kokomo Hospital

Huntington County

- Parkview Huntington Hospital

Jackson County

- Jackson County Memorial Hospital

Jay County

- IU Health Jay Hospital

Jefferson County

- King's Daughters' Hospital

Jennings County

- St. Vincent Jennings Hospital

Johnson County

- Community Health Network

- Johnson Memorial Hospital

- Rehabilitation Hospital

Knox County

- Good Samaritan Hospital

Kosciusko County

- Kosciusko Community Hospital

- Parkview Warsaw Hospital

Lake County

- Community Hospital Munster

- Kindred Hospital Indiana

- Regency Hospital of Northwest Indiana

- St. Catherine Hospital

- St. Mary's Medical Center

LaGrange County

- Parkview LaGrange Hospital

La Porte County

- Franciscan Beacon Hospital

- Northwest Health-La Porte

Lawrence County

- IU Health Bedford Hospital

- St. Vincent Dunn Hospital

Madison County

- Community Hospital of Anderson &

- Madison County

- St. Vincent Anderson Regional Hospital

- St. Vincent Mercy Hospital

Marion County

- Community Hospital

- Kindred Hospital Indiana

- IU Health Hospital

- Orthoindy Hospital

- Riley Hospital for Children

- Rehabilitation Hospital of Indiana

- St. Vincent Hospital & Health Centers

Marshall County

- Community Hospital of Bremen

- Doctor's Hospital

- St. Joseph Regional Medical Center

Miami County

- Community Howard Regional Health

Monroe County

- Bloomington Meadows Hospital

- IU Health Bloomington Hospital

Noble County

- Parkview Noble Hospital

Orange County

- IU Paoli Hospital

Perry County

- Perry County Memorial Hospital

Porter County

- Porter Regional Hospital

Pulaski County

- Pulaski Memorial Hospital

Putnam County

- Putnam County Hospital

Randolph County

- St. Vincent Randolph Hospital

Ripley County

- Magaret Mary Community Hospital

- Progressive Cancer Care Center

- Regency Hospital of Porter County

Scott County

- Scott Memorial Hospital

Shelby County

- Major Hospital

St. Joseph County

- Beacon Granger Hospital

- Memorial Hospital of South Bend

- Rehabilitation Hospital of Northern Indiana

- Rivercrest Specialty Hospital

- St. Joseph Regional Medical Center

Starke County

- Northwest Starke Hospital

Steuben County

- Cameron Memorial Community Hospital

Sullivan County

- Sullivan County Community Hospital

Tipecanoe County

- Franciscan Health Lafayette

- IU Health Arnett Hospital

- Lafayette Home Hospital

- River Bend Hospital

Tipton County

- IU Tipton Hospital

Vanderburgh County

- Deaconess Hospital

- Select Specialty Hospital Evansville

- St. Vincent Evansville Hospital

Vermillion County

- Union Community Hospital Clinton

Vigo County

- Union Community Hospital

Wabash County

- Parkview Wabash Hospital

Washington County

- St. Vincent Salem Hospital

Warrick County

- Deaconess Gateway Hospital

- St. Vincent Warrick Hospital

Warren County

- St. Vincent Williamsport Hospital

Wayne County

- Reid Hospital and Healthcare Services

Wells County

- Bluffton Regional Medical Center

White County

- IU White Memorial Hospital

Whitley County

- Parkview Whitley Hospital

PHP Network Hospitals Key

MICHIGAN

Berrien County

- Corewell Health Lakeland Hospital

Branch County

- ProMedica Coldwater Regional Hospital

Lenawee County

- ProMedica Charles and Virginia Hickman Hospital

Monroe County

- ProMedica Monroe Regional Hospital

St. Joseph County

- Sturgis Hospital

OHIO

Cuyahoga County

- Cleveland Clinic

Defiance County

- Community Memorial Hospital
- ProMedica Defiance Regional Hospital

Lake County

- Cleveland Clinic

Lucas County

- ProMedica Bay Park Hospital
- ProMedica Flower Hospital
- ProMedica Russell J. Ebeid Children's Hospital
- ProMedica Toledo Hospital
- ProMedica Wildwood Orthopaedic & Spine Hospital

Mercer County

- Mercer County Hospital

Paulding County

- Paudling County Hospital

Sandusky County

- ProMedica Memorial Hospital

Seneca County

- ProMedica Fostoria Community Hospital

Van Wert County

- Van Wert County Hospital

Williams County

- Community Hospital & Wellness

Questions? Contact PHP TPA Customer Service

800-551-7334 or 260-436-9495
customerservice@phpni.com



WELCOME TO YOUR NEW MAIL ORDER PHARMACY

Your pharmacy benefit plan offers the convenience of medications delivered to your home through WB Rx Express.



WB Rx Express is a family-run pharmacy serving communities for decades. We are the place to go if you want personalized and friendly service that is convenient and accessible. Transfer pharmacies today for the personalized attention you and your loved ones deserve.

Get Started With Your Current Prescriptions In Three Easy Steps:

- 1 Go to wbrxexpress.com and click "Get Started".
- 2 Use the form to enter your name, address, phone number, email address, message (optional) and click the red Submit button.
- 3 WB Rx Express will contact you within two business days to verify your account and medication information.

Is It Really That Simple?

Yes! Our health care professionals will transfer your medications from your previous pharmacy. In fact, WB Rx Express pharmacists have been taking care of patients for five generations. WB Rx Express promises to treat you like family and answer all of your medication questions with courtesy and clarity.

What To Do If I Get A New Prescription?

Ask your doctor to send your prescription to WB Rx Express by electronic prescribing, phone, fax, or mail. Remember to set up your online account for refill convenience.

WB Rx EXPRESS

1998 State Street, Washington, IN 47501

Phone: 833-391-0126

Fax: 855-899-3925

Ordering Refills

Once your prescription has been received by WB Rx Express, you have three convenient ways to request refills.

1. When allowed, WB Rx Express will automatically enroll you into an auto refill program. This program is designed to ensure you do not miss any doses with the convenience of receiving your medications on schedule in the mail.
2. Refills may be ordered by phone by calling 833-391-0126. Please remember to have your credit card information and the prescription number ready.
3. Download the RxLocal app and refill prescriptions from your phone.

About RxLocal

- To get started, download "RxLocal" from the App Store or Google Play. You will need a WB Rx Express prescription number. The prescription number is in the upper left-hand corner of the label on your medication container.
- Select medication(s) for refill and deactivate medication(s) you are no longer taking.
- Receive notifications when your medication is ready to be filled. You will be prompted to confirm your medication and a tracking number will be provided once it has been fully processed.
- See the date the supply ends from your previous fill. For your safety, refill orders placed too early cannot be filled and may be put on hold until the earliest fillable date.

Delivery Times

Please allow two weeks for delivery from the date you submit your order. Your order will be delivered to the address you requested by United Parcel Services or first-class US mail. In case of emergency, prescriptions can be shipped overnight with an additional charge.

Generic Drugs

Generic medications will be substituted for brand name medications when available and allowed by the prescribing physician. WB Rx Express utilizes only those generic medications rated highest by the FDA.

Service & Safety

WB Rx Express has registered pharmacists to review each prescription for accuracy before dispensing and perform checks to assure all prescriptions are dispensed correctly. We maintain computerized patient profiles to prevent adverse reactions with other prescriptions you are receiving from WB Rx Express. Should any questions arise regarding potential adverse reactions, our pharmacist will contact you or your doctor before dispensing the medication.

Payment Options

WB Rx Express accepts MasterCard, Visa, Discover, American Express, personal checks and money orders. If you are paying by check or money order, WB Rx Express must receive these forms of payment before shipping your order. You can add or update credit card information by contacting WB Rx Express.



HOURS OF OPERATION: Monday-Friday, 8am-8pm EST

Contact WB Rx Express Customer Service at 833-391-0126

INSTANT ACCESS TO YOUR PHARMACY BENEFITS

trueRx App

Scan With Your Phone Camera to Download the Mobile App



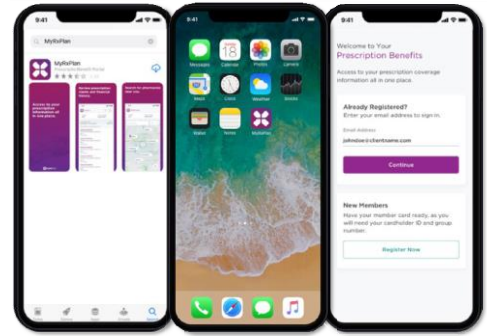
Apple Store (iOS)



Google Play Store (Android)

It's easy to get started:

- 1 Download the app by searching "MyRxPlan" in your app store.
- 2 Register for your online account with your Card Holder ID, Group Number, Your First and Last Name, and Date of Birth.
- 3 Click Save and Continue.
- 4 Finish the Two-Step Verification Process.
- 5 You will see MyRxPlan logo change to the True Rx Health Strategists logo. Click "Got It".



MyRxPlan change to True Rx Health Strategists



Everything at your fingertips:

- View prescription insurance card.
- Review claim history.
- Compare medication pricing.
- Check medication information.
- See coverage and limits.
- Find a pharmacy.

Contact the True Rx Health Strategists Team

Reach us at hello@truerx.com or 866-921-4047



866•921•4047
hello@truerx.com
truerx.com



trueAdvocate

Offer your client True Advocate. This specialty medication solution provides a dedicated case manager to the patient and significantly reduces specialty costs for employers. Patients typically pay \$0 for specialty medications.



A DEDICATED SPECIALTY CASE MANAGER

- 1 Contacts the patient to provide introductory information about True Advocate.
- 2 Sends the advocacy application to the patient.
- 3 Contacts the patient's doctor for required information.
- 4 Submits the completed application to the assistance program.
- 5 Communicates with the assistance program to ensure all necessary information is received for processing.

The cost of the medication is typically approved for \$0 for one year by the assistance program. Medication delivers to the patient's infusion facility or according to the prescribed treatment plan.

Below is a listing of some services that require prior authorization. Failure to prior authorize these services will result in unnecessary claim denials. To request authorization call *Valenz Health* or submit the appropriate request form by:

Phone or Toll-Free:	Fax or Email:	Website:
1-844-408-3108 or 1-877-608-2200	1-863-333-4417 or carecustomerservice@valenzhealth.com	www.valenzhealth.com/login/



Procedures

- Bariatric Treatment
- Capsular Endoscopy
- Cochlear Implants
- Cyber Knife
- Cartilaginous Defect Procedures
(*ACI -Autologous Chondrocyte Implantation, Mosaic plasty, OATS - Osteochondral Autograft*)
- Fetal Surgeries
- Genetic Testing
- Obstructive Sleep Apnea Treatment including surgical procedures
- Oral Surgery (*biopsies or treatment of oral lesions by oral surgeons, Orthognathic Surgery*)
- Proton Beam Treatment
- Radiology - MRI, MRA, CT, PET, Nuclear Medicine, Nuclear Cardiology, 3D Rendering
- Sclerotherapy
- Sinus Endoscopy with Balloon Dilation
- Spine Surgeries (*Artificial Disc, Dorsal Column Stimulators, Spinal Fusions*)
- Total Hips and Knees



Outpatient Services

- ABA Therapy
- Behavioral Health Testing
- Home Health Services
(*Including Drugs*)
- Hospice
- Hyperbaric Oxygen
- IOP & Partial Hospital Programs
- Medical drug preferred formulary drugs
- Out of Network Referrals
- Pain management injection
- Sleep Studies
- Specified joint procedures and surgery
- Spine and neck procedures and surgery
- TPN (*Total Parenteral Nutrition and Home Infusion*)
- Transplantation Services



Reconstructive Procedures

- Abdominoplasty
- Blepharoplasty/Brow Suspension
- Breast Reconstruction
- Mandibular/maxillary reconstruction due to trauma or congenital anomalies
- Scar Revisions or other reconstructive procedures
- Nasal Fracture Repair
- Reduction Mammoplasty
- Rhinoplasty



Durable Medical Equipment *Durable medical equipment is subject to change. Contact PHP Medical Management with questions or to authorize services.*

- AED Garments
- Bi-pap Machines
- Chest Percussion Vest
- CPAP Machines
- CPM Machines
- Custom made oral sleep apnea appliances (*by oral surgeons*)
- Enteral Feedings
- Hospital Beds
- Insulin Pumps
- Lift Chairs
- Oxygen Systems
- Pain Pumps (*I-Flow, etc.*)
- Pneumatic Lymphadema Treatment Devices
- Prosthetics
- Pressure Relief Devices
- Standing Frames
- Stimulators-Bone Growth, Muscle, Neuro, Sacral, Pain
- UV Lights
- Ventilators
- Wigs
- Wheelchairs & Accessories



Medications *See documents below for current listings of medications that require prior authorization:*

- **For Providers:** Prior Auth Drug List
- **For Members:** Drugs that Require Prior Auth
- **Medication** delivered to doctor office/pain pump



Inpatient Services

- All Inpatient Admissions (*including Rehab, Behavioral Health, Hospice, Skilled Nursing, Transitional Care*)
- High Risk OB (*please notify PHP by the 2nd trimester*)
- Multiple Births

Off-Plan Referral Requirements

For referrals to non-participating providers, organizations, or facilities to be considered for coverage, the request for prior authorization of services or care **MUST** be:

1. Submitted at least three (3) working days prior to the scheduled service; **AND**
2. Not available through a PHP participating provider; **AND**
3. Approved by PHP prior to services being rendered.

Pharmacy Prior Authorization

- Contact PHP's Pharmacy Department at **260-432-6690, ext. 339** for a list of prescription drugs that require prior authorization.
- Routine updates are provided to the physician's office through **PHARMACY-FACTS**.

24/7 Online Tools and Resources

Set-up your new member portal at tpaservices.vbagateway.com! Take advantage of valuable tools and resources that are available to you with your PHP TPA health plan, such as:



Eligibility and claims details



Provider Finder



Virtual ID cards



Secure messaging and online chat



Cost estimator

Save money with the Cost Estimator by comparing cost estimates for common healthcare services among providers in your network. Use this tool to display total costs, out-of-pocket amounts, and more

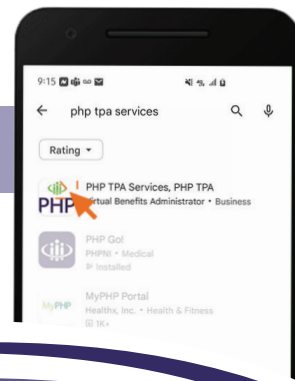
Setting up your member portal is easy!

- 1 Visit tpaservices.vbagateway.com.
- 2 Select 'Click here to register and/or enroll.'
- 3 Click 'Member' from the drop-down box and enter the required information.

<p>Username *</p> <input type="text"/>	<p>Register & Enroll</p> <p>Click here to register and/or enroll.</p>
<p>Password *</p> <input type="password"/>	<p>Supported Browsers</p> <p>Current and prior major release of and on a rolling basis. We recommend .</p>
<p>LOG IN</p> <p>I forgot my username or password</p>	

Access your portal on the go with the PHP TPA Services Mobile App

Search for **PHP TPA Services** from the **Apple App Store** or **Google Play**. Once downloaded, login using your member portal credentials.

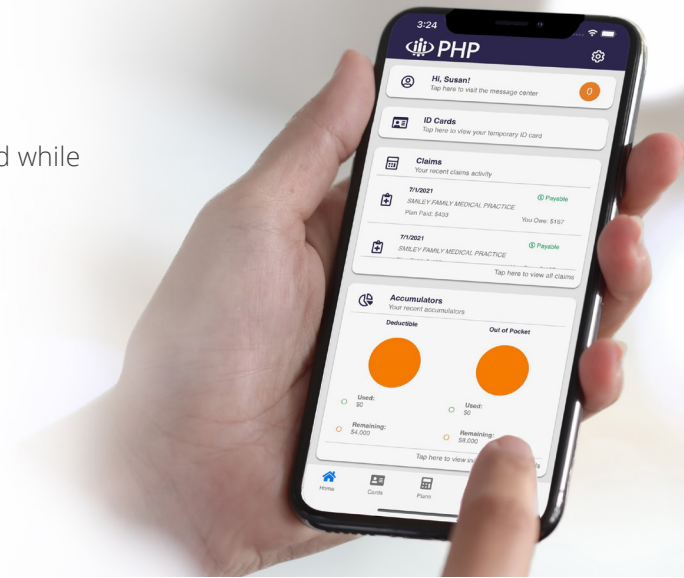


Access to Your Member Portal—Anytime, Anywhere

Interact with your health plan using the **PHP TPA Services** app straight from your mobile device. You can perform several self-service functions in real time, without the need for calling customer service!

With the app you'll have...

- 1 24/7 access to your health plan**
Empowers you with the information you need while on the go.
- 2 Information to stay up-to-date**
Helps you to make informed choices about your healthcare.
- 3 Daily convenience**
Quick, no waiting access to your health plan information.



Here are some benefits of going mobile:



Eligibility and claims details



Virtual ID cards



Provider Finder

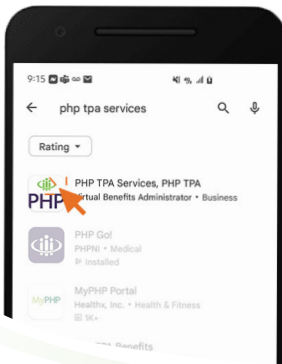


Secure messaging and online chat



Cost estimator

Download the PHP TPA Services app today!



To get started, search for **PHP TPA Services** from the **Apple App Store** or **Google Play**. Once downloaded, login using your member portal credentials.



Search PHP TPA Services or scan the QR codes.

Available on the App Store



Get it on Google play



247calladoc.com
1-844-DOC-24HR

Sneezing, runny nose, itchy eyes?

Spring allergy symptoms can make your life miserable. But when you have 24/7 Call-A-Doc, you don't have to suffer or stay indoors. A free call or click puts you in touch with a licensed, U.S.-based physician who can diagnose and treat you, at your convenience, wherever you happen to be. The sooner you call, the sooner you'll feel better, so you can enjoy your life again.

Care is there when you need it.

Our highly qualified doctors can help you feel better fast by treating:

- ✓ Ear infections
- ✓ Cold and flu symptoms
- ✓ Urinary tract infections
- ✓ Pink eye (conjunctivitis)
- ✓ Allergies and sinus problems
- ✓ Respiratory infections
- ✓ Acne and skin rashes
- ✓ Plus so much more!

When can I use 24/7 Call-A-Doc?

24/7 Call-A-Doc is for nonemergency issues when you can't get in to see your primary care physician.* Give us a call or click when:

- ✓ You need care right now
- ✓ You're thinking about visiting the ER or urgent care for a nonemergency health concern
- ✓ You need a short-term prescription refill
- ✓ You're out of town on business or pleasure

Keep your primary care physician in the loop.

With your consent, 24/7 Call-A-Doc will provide a record of your consultation to your PCP. Just ask!

You have the option to enroll in an open access, comprehensive dental insurance plan, administered by PHP TPA Services. You do not need to be enrolled in the health insurance plan to enroll in dental insurance.

NOTE: You may experience differing levels of reimbursement for services as they are based on usual and customary charges. Please contact PHP TPA Services Customer Service for more information.

Type of Service	Member Cost Share
<u>Calendar Year Deductible</u>	
Single	\$50
Family	\$150
<u>Annual Dental Maximum per Person</u>	\$1,000
<u>Preventive Services</u>	
Oral Exams & Cleanings, Bitewing X-rays & Fluoride Treatments (to age 18), Space Maintainers (to age 16)	100%
<u>Basic Services</u>	
Fillings, Simple Extractions, Endodontics, Periodontics	80%
<u>Major Services – must be on plan 6 mos.</u>	
Major Restorative Services, Crowns, Bridges, Dentures	50%
<u>Orthodontia for Children to Age 19</u>	
Coinsurance	50%
Lifetime Max per Individual	\$1,000

This is a partial listing of benefits and services only. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of the Dental Certificate.

Dental

2024 Bi-Weekly Dental Payroll Deductions	Dental Plan
Employee Only	\$12.30
Employee + Family	\$33.43

Vision Service Plan

You have the option to enroll in a vision insurance plan through Vision Service Plan (VSP). You may visit www.vsp.com to find participating providers in your area. No ID Card is necessary for your provider to file claims with VSP.

Benefits When Using a Participating VSP Provider		Copay
Well Vision Exam	<ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • One every calendar year 	\$10
Frame	<ul style="list-style-type: none"> • \$120 allowance for a wide selection of frames • 20% off amount over your allowance • Every 12 months 	\$30
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children • Every 12 months 	Included in Prescription Glasses
Lens Enhancements	<ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average 35 – 40% off other lens enhancements • Every 12 months 	\$0 \$80 - \$90 \$120 - \$160
Contacts (in lieu of glasses)	<ul style="list-style-type: none"> • \$120 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) • Every 12 months 	Up to \$60

Dependent children are covered up to age 26.



2024 Bi-Weekly Vision Payroll Deductions	Vision Plan
Employee Only	\$4.28
Employee + Family	\$9.68

Flexible Spending Account

How it works:

- You set aside money for your FSA from your paycheck before taxes are taken out.
- Then use your pre-tax FSA funds throughout the plan year to pay for eligible health care or dependent care expenses.
- Your 2024 FSA Funds must be used for expenses incurred in the year 2024.
- It is important to keep all receipts as you may need to demonstrate to the IRS that your distributions were for qualified expenses.
- You save money on expenses you're already paying for.

HEALTH FSA ELIGIBLE EXPENSES

- Medical expenses: co-pays, co-insurance, and deductibles
- Dental expenses: exams, cleanings, X-rays, and braces
- Vision expenses: exams, contact lenses and supplies, eyeglasses, and laser eye surgery
- Professional services: physical therapy, chiropractor, and acupuncture
- Prescription drugs and insulin
- Over-the-counter health care items: bandages, pregnancy test kits, blood pressure monitors, etc.

DEPENDENT CARE FSA ELIGIBLE EXPENSES

- Care for your child who is under age 13
- Before and after-school care
- Baby sitting and nanny expenses
- Day care, nursery school, and preschool
- Summer day camp
- Care for a relative who is physically or mentally incapable of self-care and lives in your home

- **The annual maximum contribution amount for the Health FSA is \$3,200.**
- **The annual maximum contribution amount for the Dependent Care FSA is \$5,000 (or \$2,500 per parent if married and filing separately) per calendar year.**
- **The maximum FSA amount you may rollover is \$610 of your 2023 funds to your 2024 contribution.**
- **Refer to your FSA documentation for more information.**

Employee Assistance Program Logan Community Resources-EAP Services



Logan Community Resources offers eligible employees and the family members living in their households an Employee Assistance Program with New Avenues, Inc. New Avenues offers confidential counseling through a network of licensed clinicians located close to your home or workplace. These trained professionals are ready to help you deal with family or work/life issues that may be causing your life to feel out of balance.

*All services are strictly confidential and at **no cost** to the employee or family members.*

Common Questions...

WHO IS ELIGIBLE?

- ◆ All full-time and part-time employees and their spouses/domestic partners living in the household and children up to age 26.
- ◆ Per Diem, temporary employees, volunteers, and student/interns are excluded.
- ◆ Starts first date of active employment.
- ◆ Eligibility runs through the last day of employment.
- ◆ Services will only be covered if the employee calls New Avenues for authorization prior to their first session.

WITH WHAT TYPES OF PROBLEMS CAN NEW AVENUES COUNSELORS HELP?

- ◆ Stress
- ◆ Anxiety
- ◆ Workplace Issues
- ◆ Personal Concerns
- ◆ Substance Abuse
- ◆ Grief
- ◆ Marriage/Family/Relationship problems

HOW MANY COUNSELING SESSIONS DO I HAVE?

- ◆ There are **3** Face-to-Face EAP sessions per employee family per contract year.
- ◆ The contract year runs from **January 1st** through **December 31st**.

WHAT IF I NEED MORE THAN 3 SESSIONS?

Once you have used your EAP sessions, you are responsible for fees incurred for additional sessions. You may choose to continue services under the terms of your health plan benefit. (See your health plan SPD for a description of covered services). New Avenues makes every attempt to arrange your EAP sessions with a counselor who is in your health plan network so you may continue with the same person.

HOW DO I ACCESS MY FACE-TO-FACE EAP SESSIONS?

Just call New Avenues at: **800-731-6501** or **574-232-2131**. Select option **#2**. Services are strictly **confidential** and there is **no out-of-pocket cost** to you or to your family members.

Structured Telephonic Counseling & iCONNECTYOU APP for you mobile devices

In addition to face-to-face counseling, New Avenues offers telephonic counseling (855-492-3625) as well as an array of online support services available 24/7. You may also download the iCONNECTYOU App from the App Store (iphone) or Google Play (android) and register using the passcode 34952 to have 24/7 access to mental health professionals.

Visit our website at www.NewAvenuesOnline.com

New Avenues Toll Free # 800-731-6501



YOUR PATH TO WELL-BEING

We help employees manage life's challenges and balance work and family to achieve a healthy life.

RESOURCES AVAILABLE at NewAvenuesOnLine.com ARE:

WORK-LIFE RESOURCE CENTER: Your Password is: **CompleteEAP.**

A web-based information center containing a wealth of articles, useful tips, interactive tools and links as well as access to Structured Telephonic Counseling (855-492-3625) offering live counselors that can be accessed 24/7 from the comfort of your home. Don't forget to sign up for the Savings Center, a free program where you will have access to savings of up to 25% on name-brand, everyday, and luxury items. Access the Work-Life Resource Center under the Employee Assistance tab on our home-page.

NEW AVENUES PROVIDER DIRECTORY:

A listing of licensed and credentialed counselors and therapists in the New Avenues EAP Network.

NEWS:

Articles on a variety of topics, such as Parenting, Child Care, Responsibility, Financial Assistance, that provide tips for improving the well-being of your professional and personal life. Don't miss the monthly featured articles on topics such as: Home Buying, Connecting with your loved ones, Importance of sleep, and Stress relief techniques.

ADDITIONAL RESOURCES AVAILABLE ARE:

[MEDLINEplus Drug Information](#)

A comprehensive guide to more than 9,000 prescription and over the counter medications.

[PubMed](#)

Click onto Health Information and then Medline/PubMed. PubMed is a service of the National Library of Medicine and provides access to over 11 million citations from MEDLINE and additional life science journals.

[Facts for Families from the American Academy of Child & Adolescent Psychiatry](#)

Specific to children and adolescents. This site offers information on a number of issues and diagnoses for this age group.

[Surgeon General Reports](#)

The U.S. Surgeon General's office has produced three landmark reports covering mental health topics. Reports on Mental Health, Suicide Prevention, Children's Mental Health, and Youth Violence can be accessed through this site.

[National Council for Alcohol and Drug Abuse](#)

Provides education, information, health and hope to the public.

To access these and other helpful links follow the *Resource* link under *Our Company*

Confidentiality Notice:

"New Avenues and the clinical providers in it's network are required by law to report any cases of suspected child abuse, elder abuse, or threats of physical harm to one's person or other individuals."



Toll Free: 800-731-6501

Basic Life and AD&D Insurance

LOGAN full time employees automatically receive a \$15,000 Basic Life and AD&D benefit through Reliance Standard. LOGAN provides this benefit to you at no cost.

Supplemental Term Life Insurance

Term Life insurance is an important part of your benefits. It's not easy to think about, but an unexpected death in the family could burden the surviving family members with large expenses on less income. Purchasing additional term life insurance could assist your loved ones with mortgage payments, funeral expenses, medical expenses, childcare expenses, etc.

Guaranteed issue amounts are available to you one time as a new hire at your initial benefits eligibility.

If you are not a new hire electing benefits for the first time, you must complete a health questionnaire, and coverage is not guaranteed.

Term Life Benefit*	Employee	Spouse	Dependent Child
*Term Life: Benefit paid to designated beneficiary upon death of insured. Coverage is for a certain term and has no cash value.	Choice of \$10,000 increments up to \$500,000. Not to exceed 5 times your salary. Benefit reduction at age 70 and older.	Choice of \$5,000 increments up to \$125,000. Employee must elect coverage for spouse to be eligible. Not to exceed 50% of employee elected amount.	Choice of \$2,500 increments up to \$10,000 for children 6 Months to Age 26; (Birth to 6 Months limited to \$250). Employee must elect coverage for child(ren) to be eligible.
Minimum Amount	\$10,000	\$5,000	\$2,500
Maximum Amount	\$500,000	\$125,000	\$10,000
Guarantee Issue* *Available amounts shown are offered to any eligible applicant (employee and dependent(s) without regard to health status if you enroll during the initial new employee waiting period. No medical questions are asked on the application unless the amount applied for exceeds the amounts shown.	\$100,000 of coverage is available on a guaranteed acceptance basis within your new employee waiting period. \$10,000 of coverage is available on a guaranteed acceptance basis for new employees 70 and over.	\$25,000 of coverage is available on a guaranteed acceptance basis within your waiting period. \$10,000 of coverage is available on a guaranteed acceptance basis for spouses 70 and over.	No health questions required for eligible children.

Continued next page >

AD&D Benefit*	Employee	Spouse	Dependent Child
Amount *AD&D (Accidental Death & Dismemberment): Double indemnity for accidental death or a percentage of the benefit payable per covered non-work-related accidental injury.	The benefit amount is equal to the life amount elected by you. Cost included in the schedule.	Employee must elect coverage for dependent to be eligible.	Employee must elect coverage for dependent to be eligible.

Benefit Reduction	Employee	Spouse	Dependent Child
Benefits will reduce:	<ul style="list-style-type: none"> • 35% at age 65 • Add'l 25% of the original amount at age 70 • Add'l 20% of the original amount at age 75 	<ul style="list-style-type: none"> • 35% at employee age 65. • Add'l 25% at employee age 70 • Add'l 20% at employee age 75 	N/A

Additional Benefits

Accelerated Death Benefit	Cash advance against the death benefit available if insured has a terminal illness.
Portability	You may continue your term insurance coverage when employment ends by paying the required premiums.
Conversion	You may apply to convert your term life insurance to a whole life policy at termination of employment.

Eligibility	Employee	Spouse & Dependents
	All full-time active employees working 35 or more hours per week in an eligible class are eligible for coverage on the policy effective date. A delayed effective date will apply if the employee is not actively at work.	Cannot be in a period of limited activity* on the day coverage takes effect. *Period during which a dependent is confined to a health care facility and/or unable to perform what would be considered regular.

Whole Life Insurance

Group Whole Life Insurance Protection from Atlantic America® (previously known as BankersWorksite) offers coverage that not only extends your own financial protection when faced with an unexpected event, but also offers guaranteed benefits to help the ones you love continue to live their lives while helping to keep their financial health intact.

Policy Benefits

- Guaranteed death benefit. Benefits do not reduce with age.
- Guaranteed Level premiums
- Guaranteed cash value
- Coverage can be taken with you if you change jobs or retire. Rates and benefit amount remain the same.
- Guaranteed coverage with no medical questions

What's the difference between Whole Life and Term Life Insurance?

Product	Group Term Life	Voluntary Term Life	Group Whole Life
Type	Employer paid	Voluntary	Voluntary
Scheduled reduction in benefits at age 65-70	Benefits reduce	Benefits reduce	No reduction in benefits
Protection Period	While employed only	While employed only	Through entire working period, and retirement

* The statements regarding term and whole life insurance are general and actual plans may be different than represented above.

Coverage Election and Guaranteed Issue Amounts

Employee:

Elect \$10,000 to \$100,000, in \$10,000 increments

Guaranteed Issue: \$100,000 of coverage - no health questions

Spouse:

Elect \$10,000 to \$30,000, in \$10,000 increments

Guaranteed Issue: \$30,000 of coverage - Available to spouses age 18-60 - no health questions

Dependent Child(ren) & Grandchild(ren):

Coverage option: \$10,000 (employee must be enrolled in Whole Life)

Guaranteed issue: \$10,000 of coverage; no health questions

Issue: children ages 15 days through 24 years old; terminates at age 26

LOGAN offers a variety of supplemental plans that replace your income if you cannot work due to personal illness or injury. Detailed plan information and premiums for each benefit are outlined in Paylocity – Enterprise Benefits.

Voluntary Short Term Disability (STD) – Plan Features

Short-Term disability insurance provides you with weekly income if you become disabled due to injury or illness, including maternity.

- STD benefits begin on the 15th day of a disability, whether your disability is due to injury or sickness.
- Employees can choose from \$100 to \$1,500 in increments of \$25, with a weekly benefit not to exceed 65% of weekly earnings. The benefit is reduced by other income you may receive, including Social Security.
- You are eligible to receive STD benefits for up to 24 weeks, provided you remain disabled.

Voluntary Long Term Disability (LTD) – Plan Features

Long Term Disability insurance helps protect you and your family's income in the event of a long-term illness or disability. You may elect LTD in addition to Short Term Disability, or by itself.

- LTD benefits begin on the 181st day of a disability due to an injury or illness.
- Your monthly benefit is equal to 60% of your salary to a maximum of \$5,000.
- The monthly benefit is reduced by Social Security or other income you receive.
- LTD benefits continue to age 65, provided you remain disabled.
- Benefits are generally tax-free.
- Pre-existing condition limitation: If you become disabled due to a pre-existing condition during the first 12 months that you are covered, the benefit will not be paid.

LOGAN offers a variety of supplemental plans that replace your income if you cannot work due to personal illness or injury. Detailed plan information and premiums for each benefit are outlined in Paylocity – Enterprise Benefits.

Critical Illness Insurance

- Pays money directly to you when you are diagnosed with specific critical illnesses
- This money can help you pay out-of-pocket medical expenses and help with other out-of-pocket costs that aren't covered by health insurance
- Examples of critical illnesses are heart attacks, strokes, cancer, paralysis, coma, and major organ failure. Please refer to the certificate of coverage for a complete list and provisions.

\$50 Health Screening Benefit

To help prevent Critical Illness and for early detection of potential critical health problems, this plan includes annual Health Screening Benefit for screening tests during the year. For Employee, Spouse and Children if applicable. This benefit pays \$50 for one health screening benefit performed during a twelve month period for the Insured, his/her insured dependents. One health screening will be paid per twelve months for each insured, up to a maximum of 4 per family.

Covered Health Screening Tests Include:

- **Ultrasound screening (of breast, abdominal aorta for abdominal aortic aneurysms, carotid arteries or for cancer detection)**
- **Mammography**
- **Various blood tests**
- **Chest x-ray**
- **Colonoscopy**
- **Fasting blood glucose test**
- **Bone marrow testing**
- **Flexible sigmoidoscopy**
- **Hemoccult stool analysis**
- **Pap test**
- **PSA (blood test for prostate cancer)**
- **Stress test on a bicycle or treadmill**

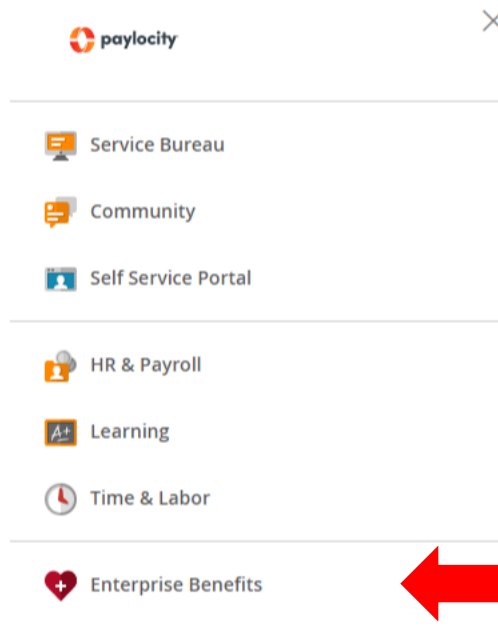
Accident Insurance

- Pays a lump sum benefit directly to you for accidental injuries
- This benefit can help offset the out-of-pocket expenses that health insurance doesn't pay, such as deductibles and coinsurance
- This plan also offers an annual \$50 health screening benefit.

What's Next?

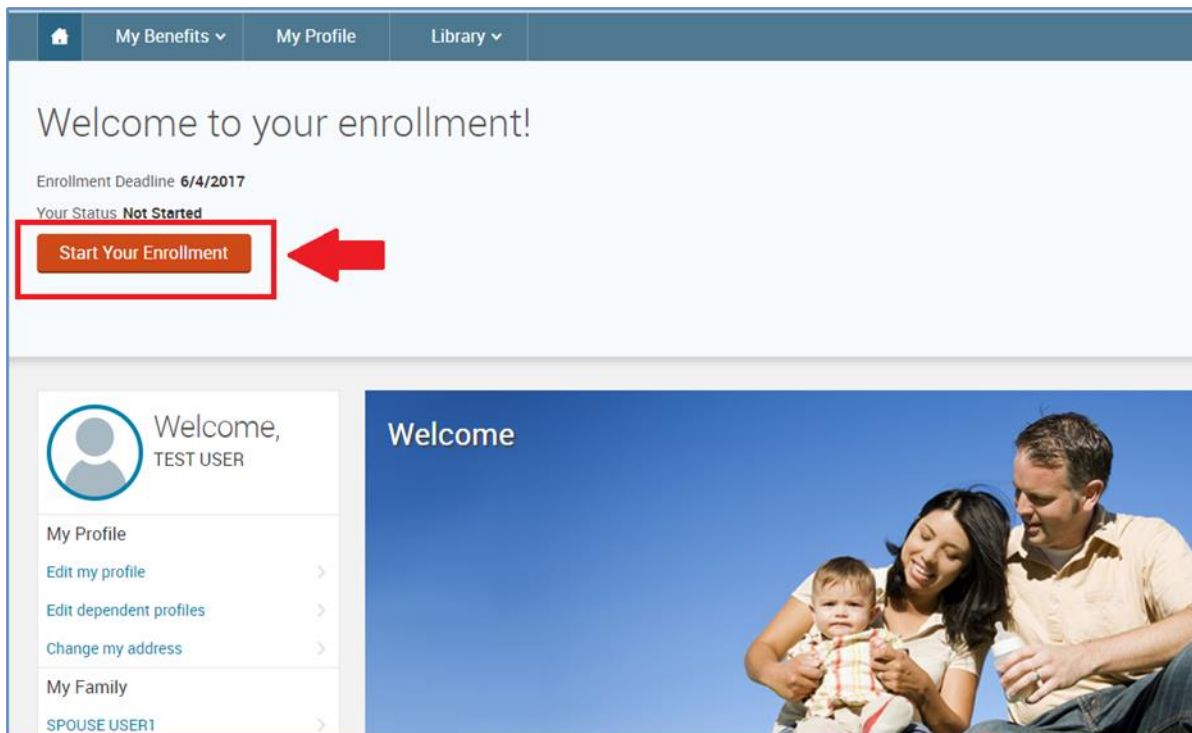
You have the ability to log straight into the Web Benefits site via Web Pay, using Single Sign On. Once you enter your Web Pay profile, you can access Web Benefits at the top of the screen by selecting:

Web Pay>Enterprise Web Benefits



****For successful navigation of the site, do NOT use the “back” button in your internet browser, as this will automatically log you out of the site. To navigate through the site, use the navigation bar located on the left hand side of the screen.**

From the Home Page, click on **START YOUR ENROLLMENT.**



Forester Call Center

Do you have questions or need help with deciding which benefits are best for you? LOGAN is again offering Forester Benefits to help you make the best enrollment decisions for you and your family.

Simply go on-line to ForesterBenefits.com/logan-appt, or use the QR code below.



FORESTER
BENEFITS MANAGEMENT

Benefits Contact Information

For enrollment questions and assistance, call Forest Benefits at 855-886-2776

Plan	Carrier Name	Website	Customer Service
Medical	PHP TPA Services	tpaservices.vbagateway.com	800-551-7334
Pharmacy	TrueRx	truerx.com	866-921-4047
Pharmacy Advocacy	True Advocacy	hello@truerx.com	866-921-4047
Dental	PHP TPA Services	tpaservices.vbagateway.com	800-551-7334
Vision	VSP	vsp.com	800-877-7195
Health & Dependent Care FSA	Paylocity	Paylocity Self Service >Spending Account or Mobile App	1-800-631-FLEX
Employee Assistance Program	New Avenues	NewAvenuesOnline.com	800-731-6501
Term Life and Supplemental Plans	Reliance Standard	reliancestandard.com	Forester Benefits 855-886-2776
Whole Life	Bankers Fidelity	Mycoverage. bankersworksite.com	888-683-7940

Compliance Notices

Important group health plan notices are available on Paylocity's self service portal. These notices contain important information about your benefits. ***The notices must be reviewed and acknowledged annually.***

NOTICES INCLUDE:

- **Notice of Special Enrollment Rights**
- **Notice of Patient Protection**
- **Women's Health and Cancer Rights Act**
- **Newborns and Mothers' Health Protection Act Notice**
- **Michelle's Law**
- **HIPAA Notice of Privacy Practices**
- **Medicare Part D Notice (Creditable)**
- **Medicaid and CHIP Notice**
- **Surprise Medical Billing Notice**

A paper copy is available free of charge upon request. Contact HR for additional information.