

The background of the middle section is a photograph of Michigan Primary School. The building is a two-story brick structure with a grey roof. An American flag flies on a tall pole to the left. The words 'MICHIGAN PRIMARY SCHOOL' are visible on the brick facade. The foreground shows a paved road and a grassy area with young trees and black lampposts.

BENEFITS GUIDE

2023-2024 | Benefits for you and your family.



ENROLLMENT & ELIGIBILITY

WHO'S ELIGIBLE

Team Members

In general, you are eligible to participate in the Benefits Program if you are classified as a Regular Full-Time Employee.

Dependents

When you enroll yourself in the Benefits Program, you may also cover your eligible dependents for medical, dental, vision, and supplemental life insurance coverage.

Eligible dependents include your:

- legal spouse
- children up to age 26
- unmarried child(ren) over age 19 fully dependent on you and incapable of self-support because of a total physical or mental disability
- Domestic partner (You and your partner must satisfy certain requirements. See the Benefits Team for details.)

ELIGIBLE ENROLLMENT CHANGE EVENTS

- New Hire (*effective 60 days after date of hire*)
- Qualifying Life Event (*must report within 30 days of event*)
 - *Marriage*
 - *Birth of Child*
 - *Adoption*
 - *Loss of Coverage*
- Annual Open Enrollment (*once a year for a October 1st effective date*)

WHEN NEW HIRE COVERAGE BEGINS:

If you are an eligible employee, your coverage begins after 60 days from your date of hire, provided you complete the enrollment process within 30 days of becoming eligible.

CHANGING YOUR BENEFITS DURING THE YEAR

Your benefit elections remain in effect for the entire calendar year, unless you have an IRS-qualifying status change (proof will be required). All changes as a result of a qualifying life event must be made within 30 days of the qualifying event.

Eligible qualifying life events include the following:

- Legal marital status – any event that changes your legal marital status, including marriage, death of a spouse, divorce, legal separation or annulment.
- Number of dependents – any event that changes the number of your dependents, including birth, adoption, placement for adoption, divorce or death of a dependent or assuming primary support of the child of an unmarried dependent child.
- Employment status – any event in which employment begins or ends for an eligible dependent; the gain or loss of eligibility due to a change in full-time to part-time status or vice versa.
- Dependent status – any event which causes your married or unmarried dependent up to age 26 to satisfy or cease to satisfy eligibility requirements due to age, or similar circumstances under your plan.
- Medicare eligible status – you or your spouse become Medicare eligible.

If you have a qualifying life event during the plan year that allows for a change in benefit coverage, you can request a change in enrollment that is consistent with your change in status. To do so, notify the Assistant Treasurer within 30 days of the event.

If at any time during the year your enrolled dependents no longer meet the eligibility requirements, please notify the Assistant Treasurer to remove the individuals from coverage.

MEDICAL

OUR MEDICAL PLANS

- Provide a wide range of health care services.
- Provide benefits for covered expenses after you pay a copayment or meet the applicable annual deductible.
- Offer network providers whose pre-negotiated rates will save you money.
- Allow you to use out-of-network providers, if you wish.

Learning as much as possible about the plans can help you make more informed choices regarding your needs and those of your covered dependents. Review the Benefits-at-a-glance chart. The chart will help you make an informed decision about the coverage that best meets your needs and those of your covered dependents.

YOUR OPTIONS FOR MEDICAL COVERAGE

Having access to high quality, affordable health care is a great concern for most people. We are pleased to offer employees and their families medical coverage through self-funding. The company pays the majority of the cost of this coverage and offers two plan choices.

This plan provides high quality, affordable medical care, including doctors' visits, preventive care, hospitalization and emergency care. Refer to the benefit summary comparison charts below to learn as much as possible about the plan options.

HOW THE PLANS WORK

The Preferred Provider Organization (PPO) Plan is administered by JP Farley. This plan give you the freedom of receiving care within the network or from out-of-network providers. When you use providers within the network, the plans pay a higher level of benefits, and you generally won't have to file any claim forms.

If you prefer to go out-of-network for medical care, you will be reimbursed at a lower benefit level. You may also have to file a claim for reimbursement.

Please note: If a preferred provider refers you for covered services to another provider (such as a lab or specialist), make sure the provider you have been referred to is also a preferred provider. If the provider you use is not a preferred provider, your out-of-pocket costs will be higher, even if you are referred by a preferred provider.

NETWORK OF PROVIDERS

To find a list of network providers, contact Cigna at 1-800-997-1654 or visit www.cigna.com

You can also register for an account via jpfarley.com or the JP Farley App!

****The information provided in this benefits guide is intended for general reference purposes only. While we have taken care to ensure its accuracy, errors and omissions may occur. This guide should not be considered a legally binding document and is subject to updates and changes in the union contract. For precise and up-to-date details, refer to the official contract documents and consult the Assistant Treasurer. We are not liable for any inaccuracies or outcomes resulting from the use of this guide.*

MEDICAL AT-A-GLANCE

MEDICAL BENEFITS-AT-A-GLANCE – Certified Plan

Type of Services	In-Network You Pay	Out-of-Network* You Pay
Deductible (per calendar year) (Individual / Family)	\$200/\$400	\$200/\$400
Coinsurance Limit:	\$500/\$1,000	\$1,000/\$2,000
Out-pocket-limit:	\$7,350/\$14,700	Unlimited
Office Visit		
Primary Care Visit: Illness or Injury	\$20/visit	\$20/Visit
Specialist Visit	\$20/visit	Deductible, then 20%
Annual Routine Visit/Physical Exam & Well Child Care	No Charge	\$20/Visit
Counseling Office Visit	Deductible, then 10%	Deductible, then 20%
Coinsurance	10%	20%
Emergency Services		
Emergency – Emergency Room	\$110/visit, then 100%	\$110/visit, then 100%
Urgent Care	\$20/visit, ded does not apply	Deductible, then 50%
Inpatient / Outpatient Services		
Inpatient Hospital	\$0 with Nurse Navigator Deductible, then 10%	Deductible, then 20%
Outpatient Surgical	\$0 with Nurse Navigator Deductible, then 10%	Deductible, then 20%
Rehabilitation Services	Deductible, then 10%	Deductible, then 20%
Other Services		
Inpatient Mental Health, Behavioral Health, or Substance Abuse	Deductible, then 10%	Deductible, then 20%
Imaging (CT/PET scan, MRI)	\$0 with Nurse Navigator Deductible, then 10%	Deductible, then 20%
Diagnostic Test (x-ray, blood work)	\$0 with Nurse Navigator Deductible, then 10%	Deductible, then 20%
Prescription Drug Coverage		
Prescription Deductible	N/A	
Retail Rx (30-day)		
Tier 1	\$3 Copay / \$0 Generic's at Hoffman's Pharmacy	
Tier 2	\$15 Copay	
Tier 3	\$30 Copay	
Tier 4	Applicable Copay Applies	



**\$0 COPAYS ON ALL GENERIC DRUGS
ONLY AT HOFFMAN'S PHARMACY**

MEDICAL AT-A-GLANCE

MEDICAL BENEFITS-AT-A-GLANCE – Classified Plan

Type of Services	In-Network You Pay	Out-of-Network* You Pay
Deductible (per calendar year) (Individual / Family)	\$200/\$400	\$200/\$400
Out-of-pocket Maximum (includes deductible, coinsurance, and medical/Rx copays) Individual/Family (per calendar year)	\$200/\$400	\$200/\$400
Office Visit		
Primary Care Visit: Illness or Injury	\$20/Visit	\$20/Visit
Specialist Visit	\$20/visit	Deductible, then 20%
Annual Routine Visit/Physical Exam & Well Child Care	No charge	\$20/Visit
Counseling Office Visit	\$20/visit	Deductible, then 20%
Coinsurance	10%	20%
Emergency Services		
Emergency – Emergency Room	\$110/visit, ded does not apply	\$110/visit, then 100%
Urgent Care	\$20/visit	\$20/visit
Inpatient / Outpatient Services		
Inpatient Hospital	Deductible, then 10%	Deductible, then 20%
Outpatient Surgical	Deductible, then 10%	Deductible, then 20%
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**\$0 COPAYS ON ALL GENERIC DRUGS
ONLY AT HOFFMAN'S PHARMACY**

HOW TO READ YOUR ID CARD

Your plan provides provider, hospital, and facility access through the Cigna Network. Claims will be processed according to the plan document.

J.P. FARLEY
WE HAVE A BETTER PLAN.

1 **Member Information**

AACS

Employee: John Doe
Plan Sponsor: Ashtabula Area City Schools
Group #: 9121213
ID Number: 000000000
Coverage: Family

2 **Medical Plan**

Cigna

Plan Access Details
To find a Cigna provider, visit www.mycigna.com. Benefits not insured by Cigna or affiliates.

3 **Pharmacy Plan**

trueRx
HEALTH STRATEGISTS

Rx Bin #: 020958
PCN: 07960000

This identification card does not guarantee eligibility or coverage.

FRONT

4 **Utilization**

FAILURE TO OBTAIN PRE-AUTHORIZATION WILL RESULT IN BENEFIT PAYMENT REDUCTION. Pre-admission certification is mandatory on all non-emergency hospital admissions 72 hours prior to admission, and all emergency admissions up to 48 hours following admission. Pre-certification is also required for home health care, hospice, rehabilitation services, all durable medical equipment over \$1,500, speech therapies, skilled nursing facility, orthotics/prosthetics, sleep studies, therapeutic radiology, inpatient substance abuse/mental disorder treatment and certain outpatient diagnostic and surgical procedures. For pre-certification instructions please call (800) 634-0173 and obtain a benefit summary (see eligibility box). Refer to [www.infarley.com](#) for additional information.

5 **Eligibility**

To verify eligibility, benefits & claim status call (800) 634-0173 or (440) 250-4300, press 1, and follow the prompts to obtain a benefits. Additional instructions can be found online at www.infarley.com/providers/. Providers may also register online for benefit access.

6 **Pharmacy Provider Support**

Pharmacy Benefit Manager
Member Services: (866) 921-4047
www.TRUERX.COM

7 **Claim Submission**

MAIL ALL MEDICAL CLAIMS TO:

EDI Payor ID: Cigna
Mail Submission: P.O. Box 188061
Chattanooga, TN 37422-8061
(440)250-4300 or (800) 634-0173 or benefits@infarley.com

Possession of this card or obtaining pre-certification does not guarantee coverage or payment of the service or procedure reviewed. Please call the number on the card to verify eligibility.

BACK

- 1 Subscriber and Plan Information**
- 2 Provider Access Information:** Cards that state “This plan provides access to all eligible providers” allow plan members to utilize any provider they choose. Providers should refer the Claim Submission box (7) for additional instructions.
- 3 Pharmacy Access Information:** Provides plan details to the pharmacy for processing of medications.
- 4 Utilization:** Provides preauthorization/precertification instructions.
- 5 Eligibility Information:** Follow these instructions to obtain information about a member’s eligibility and benefits or check the status of a claim.
- 6 Pharmacy Provider Support:** Provides additional pharmacy benefit manager information to the pharmacy for processing of medications.
- 7 Claim Submission:** The EDI/ mailing address will be located here. This box provides claim submission instructions for providers to submit a claim for processing.

MEDICAL PLAN



When you visit your provider show them your ID Card.

Your plan ID card provides the instructions needed to submit a claim to your plan for processing.

J.P. Farley is available to assist you and your provider in understanding and accessing your benefit plan.

Provider Access

Preferred provider access is provided by the Cigna Network. The incentive to use preferred providers takes the form of greater benefits paid by the plan and lower out-of-pocket expenses for you. Should you choose to see an out-of-network provider you may be responsible for some additional charges as outlined in your plan document.

Find A Provider

J.P. Farley provides your plan access to healthcare providers through Cigna's "PPO, Choice Fund PPO" network.

Call: Cigna at 1-800-997-1654 for assistance.

Online Access: Select the Cigna link at jpfarley.com/provider-networks to visit Cigna.com. Follow the prompts to "Find a Doctor." Select "PPO, Choice Fund PPO" network when prompted for your network.

Cost and Quality Tools

Following enrollment, members can also access additional Cost and Quality Tools.

Precertification

Must be obtained as required by your plan document, for services that may include inpatient hospitalization, surgery, diagnostic testing, imaging studies, mental health services, etc. Your provider should obtain precertification on your behalf per the instructions on your ID Card. When providers call, they will be connected to Cigna precertification line.

Care Management

Nurses are available to assist you at 440.992.7000 x113

PRESCRIPTION PLAN



**Customer Service Number:
1-866-921-4047**

When you visit your pharmacy to fill a prescription show them your ID Card.

Your plan ID card provides the instructions needed to submit a claim to your plan for processing.

Pharmacy Access

Enrollment in the medical plan provides members access to the pharmacy benefit and the TrueRx Pharmacy network.

Find A Pharmacy

Access to A TrueRx pharmacy network is provided by your medical plan.

Call: J.P. Farley at 800-573-2598 for assistance.

Online Access: Select the TrueRx link at www.jpfarley.com/pharmacy-networks

Following enrollment members can also register for access to J.P. Farley's website or download the app for additional plan information, including access to claims and eligibility.



Retail Pharmacies

Generic medications are usually obtained at a lower cost at retail pharmacies.

One-time or initial 30-day medication supply



Mail Order

Maintenance medications (90-day supply)

Contact your Nurse Navigator for assistance at 440.992.7000 x113



CONCIERGE NURSE NAVIGATOR

***"Making Smart Healthcare Decisions FREE,
and Bad Decisions EXPENSIVE."***

CONCIERGE SERVICES - Let's find the highest-quality outcomes for YOU!

- Choosing facilities that deliver proven high-quality care
- Choosing doctors and facilities that gladly accept your health plan
- Help maximizing your benefits and reducing your out of pocket
- Understanding your diagnosis and treatment options
- When is a second opinion appropriate?

**Call ahead when you need to have an: Inpatient
Stay - Outpatient Procedure/Surgery Diagnostic Test/
Service**

SAVE ON YOUR DEDUCTIBLE

WHY SEEK QUALITY FIRST?

- Less misdiagnosis
- Lower infection rates
- Less complications
- Lower readmission rates
- Less patient harm and death rates
- Appropriateness in care

**Call your Concierge Nurse Navigator
at 440.992.7000 x 113**

Or email cindy@mynursenavigators.com
Assistance navigating the complex healthcare system.



CONCIERGE NURSE NAVIGATOR

What qualifies for a **WAIVED DEDUCTIBLE** under the **Concierge Nurse Navigator** program?

- **Imaging** – CT Scan, MRI, Ultrasound, Echocardiogram, etc.
- **Specialists** – Cardiology, Orthopedics, Vascular, etc.
- **Scheduled Inpatient/Outpatient Surgeries** – Hip Replacement, Heart Bypass Surgery, Knee Replacement, etc.
- **Scheduled Outpatient Procedures** – Colonoscopy, Heart Catheterization, etc.
- **Second Opinions** – with a highly qualified physician or Center of Excellence

**Call your Concierge Nurse Navigator
at 440.992.7000 x 113**

Or email cindy@mynursenavigators.com
Assistance navigating the complex healthcare system.

DIRECT PRIMARY CARE

Committed to YOU, not a Hospital

\$0 COST TO YOU!



\$0 Copays. \$0 Deductible

Affording Great Care is
Never a Problem



Primary Care at its Best

Longer Time with Your
Doctor means Better
Health Outcomes



24/7/365

Care When You Need It



Worksite Weekly Visits

Making Seeing Your
Doctor Simple & Easy

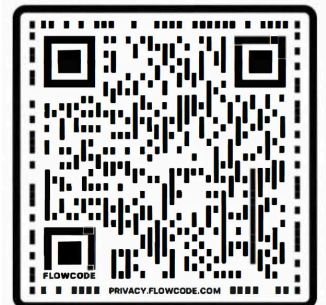
Restoring Primary Care

Local & Independent

Dr. Brad Schneider

Enroll in This Free Program
Provided by The City of
Ashtabula Today by
Scanning the QR Code
or by

Visiting AshtabulaDoctor.com



MEDICAL SUPPLIES

MEDICAL PRODUCTS AND SERVICES



Call your
Concierge Nurse Navigator at
(440) 992-7000 ext 113



ConnectDME is the leading provider of supplies direct to home. We are committed to caring and providing you solutions that make it easy to choose and receive the products needed to live your best life. We help keep life simple: from product awareness and order status, to insurance coverage details, we are advocates through the complexities of healthcare. For over 90 years, customers have trusted us to get supplies easily, urgently, and accurately.

- CPAPs, BiPAPs
- CPAP Supplies
- Nebulizers
- Joint & Back Braces
- Boot Walkers
- Knee-Wheelers
- Catheters
- Sleep Study
- Bone Stimulators
- TENS Units
- Cold/Heat Therapy
- Breast Pumps
- Compression Therapy

ZERO COPAY 100% BENEFIT

FREE No cost to you or your family

FREE Shipping & handling and Next-day shipping

FREE In-home setup and training

DIABETIC SUPPLIES



Call your
Concierge Nurse Navigator at
(440) 992-7000 ext 113



DiaThrive opened in 1928 as a small corner pharmacy in Ohio and has grown to become a leading nationwide provider of medical supplies. Our decades of experience enable us to offer you the largest selection of products and brands, comprehensive insurance coverage and hassle-free ordering.

QUALITY DIABETES TESTING SUPPLIES

Supplies delivered straight to your door at NO COST to you.

- FDA-approved
- Accurate and reliable
- Delivered every 3 months



MEDICARE

ARE YOU OR A PARENT ELIGIBLE FOR MEDICARE?

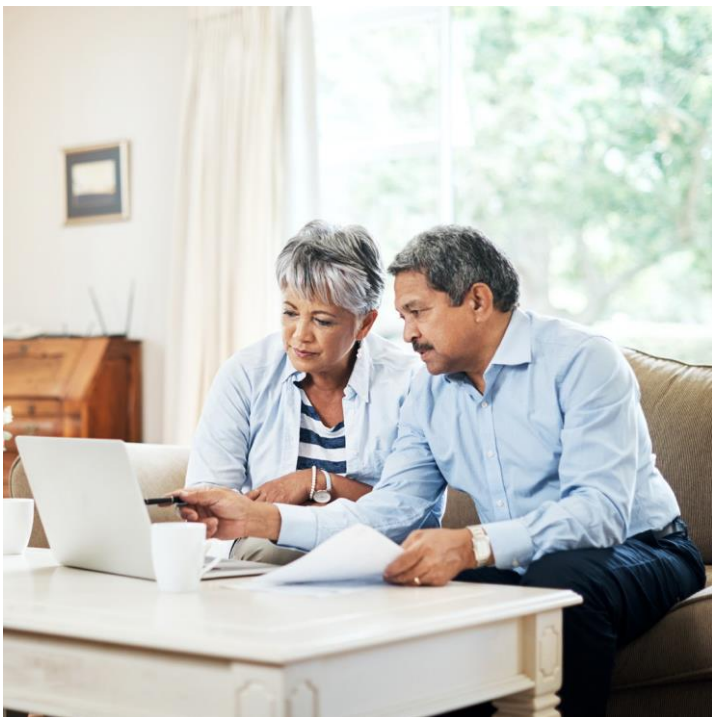
Medicare is the health insurance program run by the Federal Government. It is available to those 65 and older, those under 65 with certain disabilities, and those with end-stage renal disease.

Personalized service is available to you and your family members so you can choose the right Medicare coverage for your individual situation. Call our Medicare Enrollment Experts by contacting your **Nurse Navigator** at **440-992.7000 x113** or email **cindy@mynursenavigators.com** for answers to these and all your Medicare questions:

- When do I enroll in Medicare?
- How do I enroll in Medicare?
- What are the four parts of Medicare?
- What is the right type of Medicare coverage for me?

These services are provided by a knowledgeable and licensed specialist at no charge to you. They will:

- Identify the plans and companies that meet your personal needs.
- Look up the doctors and hospitals you use to make sure they are part of the plan provider list.
- Look up the prescription drugs you take to make sure they are covered.
- Review and explain the plan benefits and coverage.
- Provide Monthly Premium rates.
- Help you complete your enrollment application and in some cases take your application over the phone.
- Obtain your application approval from the insurance company.





CONTACT INFORMATION

Plan/Carrier	Website	Phone Number	Policy Number
Medical Benefits JP Farley Corporation	www.jpfarley.com	Member Services: 1-800-573-2598	Group #9121213
Nurse Navigator Concierge Nurse Navigators	www.mynursenavigators.com	440-992-7000 x113	Group #9121213

People Operations Team

Denise Kelly

440-992-1213

Assistant Treasurer