

2021 EMPLOYEE BENEFITS

Eligibility ■ Enrollment ■ Medical ■ Dental
Vision ■ Life



October 26, 2020—November 6, 2020



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YOUR BENEFITS PROGRAM

Pulaski County's most important asset is our people. That's why we offer you an exceptional benefits program with many options, designed to meet your needs. This booklet contains important information about your benefits. Please take the time to review it and share the information with your family.

CLAIM QUESTIONS OR ISSUES

We have a team of account managers to help you resolve any problems you have with your employee benefits. If you have a problem or a question about a claim:

1

Call your insurance carrier's customer service department. Phone numbers can be found on your ID cards and on page 15 of this booklet.

2

If the carrier does not resolve your problem, contact Amy Kurczek at (501) 661-4864 or by email at amy.kurczek@mcgriff.com.

3

If you are still not satisfied after steps 1 and 2, please contact Sonjia Persons at (501) 340-8797, spersons@pulaskicounty.net; or Jaime Pate at (501) 340-8686, jpate@pulaskicounty.net

This booklet provides a summary of plan highlights. Please consult the carrier's contract for complete information on covered charges, limitations, and exclusions. This is not a binding contract. The carrier's contract will prevail. If you have further questions, please contact the carrier or McGriff Insurance Services.

BENEFITS ELIGIBILITY

Full-time employees at Pulaski County are eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week. In addition, child dependents are eligible for medical coverage until their 26th birthday. Spouses are not eligible for medical coverage.

You can enroll the following dependents in our group Medical benefit plans:

- Children under age 26 no matter marital or student status
- Unmarried children of any age if totally disabled and claimed as a dependent on your federal income tax return (documentation of handicapped status must be provided)

Spouses and child dependents are eligible to enroll in all other benefits such as dental, vision and life insurance.

HOW TO ENROLL

The first step is to review your current benefits. Did you move recently or get married? Verify all of your personal information and make any necessary changes.

Once all your information is up to date, it's time to make your benefit elections. The decisions you make during open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.



MAKING CHANGES TO YOUR BENEFITS

Most benefit deductions are withheld from your paycheck on a pre-tax basis (medical, dental, vision) and therefore your ability to make changes to these benefits is restricted by the IRS. Once enrolled, most pre-tax benefit elections cannot be changed until the next annual Open Enrollment period, unless you have a qualifying life status change.

To make benefit changes as a result of a Life Status Change as allowed under Section 125 of the IRS Code, you must:

- Notify Human Resources within 30 days* of the date of the qualifying event
- Provide proof of your life status event

The Most Common Life Status Changes

- Marriage, divorce, legal separation
- Birth or adoption
- Change in your or your spouse's work status that affects your benefits or an eligible dependent's benefits
- Change in eligibility for you or a dependent for Medicaid or Medicare
- Receipt of a Qualified Medical Child

MEDICAL BENEFITS



We encourage you and your dependents to have annual wellness exams. Most in-network preventive exams and well-child exams (including immunizations) are 100% covered by our plan. Preventive exams can detect if you are at risk for or already have a chronic disease such as heart disease, diabetes, hypertension and certain cancers, which are preventable. Talk to your health care provider to find out which screenings are recommended for you and when you need them.

Medical Plan Comparison

	High – Option 1	Mid – Option 2	Low – Option 3 (formerly Option 5) HSA
Services	As of Jan.1, 2021	As of Jan. 1, 2021	As of Jan. 1, 2021
Physician Visit Copay Specialist	\$25 \$50	\$25 \$50	\$30 \$60 After Deductible
Deductible - Individual - Family	\$500 \$1,000	\$1,500 \$3,000	\$3,000 \$6,000
Hospitalization	Outpatient 20% coins. Inpatient 20% coins.	Outpatient 20% coins Inpatient 20% coins	Outpatient \$350 per serv. Inpatient \$750 admit After Deductible
Preventive Care	100%	100%	100%
Coinsurance	80%/20%	80%/20%	100%
Emergency Room Copay	\$250	\$250	\$250
Out-of-pocket Maximum - Individual - Family	\$3,000 \$6,000	\$5,000 \$10,000	\$6,400 \$12,800
Prescription Drugs - Retail/Mail Order - Generic - Preferred	\$10 \$35 \$60	\$10 \$35 \$60	\$10 \$35 \$60 After Deductible

HEALTH INSURANCE PREMIUMS 2021

Good news! Despite rising health care costs and unprecedented changes resulting from health care reform, we are pleased to announce there are no premium increases for the new plan year. To be eligible for these reduced premiums, annually you must complete the *“Tobacco Use Certification Form”* available in your HR department. *If you are not a current tobacco or nicotine user, monthly payroll deductions will remain as shown below:*

NON - TOBACCO RATES

Employee Cost Per Month		
	Employee Only	Employee & Child(ren)
High Opt 1	\$135.79	\$653.01
Mid Opt 2	\$89.10	\$566.63
Low Opt 3 (formerly Option 5)	\$0.00	\$393.95

SMOKING CESSATION

Employees who use tobacco or other nicotine products (including vaping) will pay the standard, undiscounted premium rates for 2021. Those who complete the alternative program, Quit for Life*, and attest they have not used tobacco or nicotine for three consecutive months, can also attain the discounted rates. The rates listed below are the rates for those who continue to use any form of tobacco or inhaled nicotine products:

TOBACCO RATES

Employee Cost Per Month		
	Employee Only	Employee & Child(ren)
High Opt 1	\$155.79	\$691.01
Mid Opt 2	\$107.10	\$601.63
Low Opt 3 (formerly Option 5)	\$15.00	\$422.95

Quit For Life®

SMOKING CESSATION

Employees who use tobacco or other nicotine products (including vaping) will pay the standard, undiscounted premium rates for 2021. Those who complete the alternative program, Quit for Life*, and attest they have not used tobacco or nicotine for three consecutive months can also attain the discounted rates. The rates listed below are the rates for those who continue to use any form of tobacco or inhaled nicotine products:

Pulaski County and United Healthcare will continue to offer the Quit For Life® Program for 2021.

The program offers proven, personal support to help you quit for good — in whatever way works for you. Choose from a variety of tools to customize a plan to break free from tobacco.

SUPPORT FROM A QUIT COACH®

Talk with a coach by phone as little or as much as you want. Your coach knows what you're going through and is here to:

- Help you create a realistic quit plan
- Offer quit tips that really work
- Help you take advantage of free*quit aids
- Discuss ways to overcome cravings and break through obstacles
- Provide advice and motivation if things get tough

QUIT-SMOKING MEDICATIONS

Worried about fighting off cravings? We'll help you decide if prescription or over-the-counter medications might be right for you. Plus, we'll check to see if you qualify for complimentary* nicotine replacement therapy like patches or gum.

QUIT GUIDE

This comprehensive booklet breaks down the five steps to quitting. Learn how to choose and prepare for your quit day, deal with cravings, select the appropriate quit medicine, control your environment and get social support.

TEXTS

Get timely tips, reminders and motivation from Text2QuitSM to help you control cravings and stay on track.

MEMBERS ONLY WEBSITE

Get exclusive online access to track your progress and connect with others trying to quit.

Take the first step toward your smoke-free life today.

1-866-QUIT-4-LIFE

myquitforlife.com/Pulaski

STOP SMOKING



Pulaski County is encouraging all employees to stop smoking and using other tobacco and nicotine products. In 2021 Pulaski County will be providing the tools and incentives to help employees make it happen.

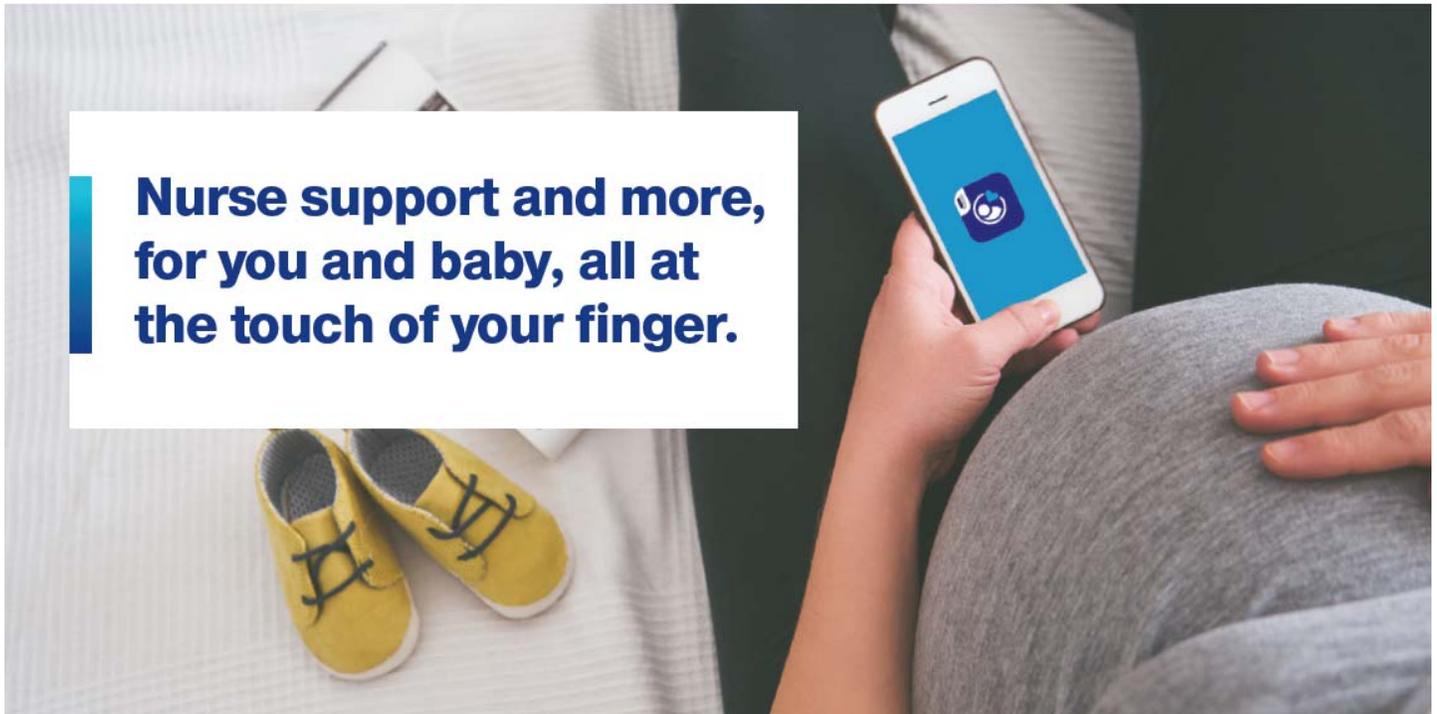
Employees who smoke, use tobacco products, or use other nicotine products will continue to pay the increased premium rate for 2021. If you do not wish to pay the higher premiums, below are the options available to you in order to participate in the discounted non user rates:

1. If you do not currently smoke, use other tobacco products, vape or use other products containing nicotine, you must **annually** attest to this using the **“Tobacco Use Certification Form”** available in your department.
2. You may at any time enroll in the Quit For Life® Program, be free of using any tobacco or nicotine product for 3 consecutive months, complete the coaching program and present the completion certificate to the Human Resources Department for verification.

Information on stop smoking programs is available using the telephone numbers and web site information included in this document or from Pulaski County’s Wellness Coordinator.

HEALTHY PREGNANCY

Tools | Healthy Pregnancy app



**Nurse support and more,
for you and baby, all at
the touch of your finger.**

With the UnitedHealthcare Healthy Pregnancy® app, you get access to resources to help you manage the health of you and your baby throughout your pregnancy.



24/7 nurse support

One-click connection to a live nurse — anytime, day or night.



Medically approved pregnancy information

Check symptoms, learn what to expect during labor or your next doctor visit, and more.



Tracking tools and resources

Built-in weight tracker, baby kick counter and reminders, plus access to your pregnancy benefits, cost estimator tools and more.



Download the app to take your first step to a healthier pregnancy.



Apple and App Store are registered trademarks of Apple, Inc. Google Play is a trademark of Google, Inc. Registration is required to access the UnitedHealthcare Healthy Pregnancy app.

This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for your information only. It is provided as part of your health plan. Program nurses and other representatives cannot diagnose problems or suggest treatment. This program is not a substitute for your doctor's care. Please discuss with your doctor how the information provided is right for you. Your health information is kept confidential in accordance with the law. This is not an insurance program and may be discontinued at any time.

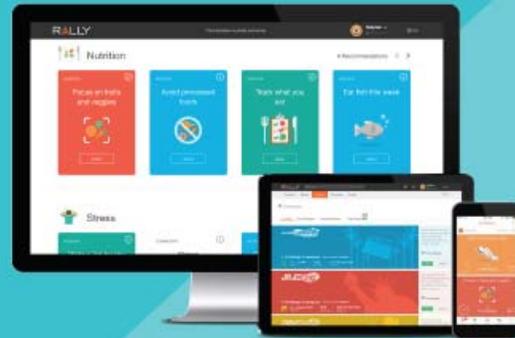
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Personalized health recommendations, just for you.

Rally® can help you get healthier, one small step at a time.



Rally is designed to help you make changes to your daily routine, set smart goals and track your progress. You'll get personalized recommendations to help you move more, eat better and improve your health—and have fun doing it.

Start with the quick Health Survey and get your Rally AgeSM, a measure to help you assess your overall health. Rally will then recommend missions for you: activities designed to help improve your diet, fitness and mood. Start easy, and level up when you're ready.

Plus, on Rally there are lots of ways to earn Rally Coins, which you can use for chances to win rewards. Rack up Rally Coins for taking healthy actions, like joining missions, completing healthy activities, or pushing yourself in a Challenge.

Rally is available at no additional cost to you, as part of your health plan benefits.

Get started today at myuhc.com®.



Get Your Rally Age



Build Healthy Habits



Win Cool Stuff



Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

Rally Health provides health and well-being information and support as part of your health plan. It does not provide medical advice or other health services, and is not a substitute for your doctor's care. If you have specific health care needs, consult an appropriate health care professional. Participation of the health survey is voluntary. Your responses will be used in accordance with law to provide health and wellness recommendations and to conduct other plan activities. Your Health Age is based on self-disclosed information, including any applicable biometric screening data.

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VIRTUAL MEDICAL VISITS



Pulaski County and United Healthcare have included access to Virtual medical visit as part of the 2021 medical plan. A Virtual Visit is a convenient and cost saving way to start feeling better faster.

With a Virtual Visit, you can see and talk to a doctor via mobile device or computer — 24/7, no appointment needed. The doctor can give you a diagnosis and prescription,* if needed. And with a UnitedHealthcare plan, your cost is \$50 or less.

To get started with a Virtual Visit, go to uhc.com/virtualvisits.

Get care in 20 minutes or less!

Use a Virtual Visit for these minor medical needs:

- Bladder infection/Urinary tract infection
- Rash
- Bronchitis
- Sinus problems
- Cold/flu
- Sore throat
- Fever
- Stomachache

Prepare for your Virtual Visit.

Have these 3 items ready to register and complete your Virtual Visit:

- Health plan ID card
- Credit card
- Pharmacy location



HEALTH SAVINGS ACCOUNTS

Health savings accounts (HSAs) are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs). HDHPs offer lower monthly premiums in exchange for a higher deductible (the amount you pay before insurance kicks in).



WHAT ARE THE BENEFITS OF AN HSA?

- It is portable. The money in your HSA is carried over from year to year and is yours to keep, even if you leave the company.
- It is a tax-saver—HSA contributions are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you'll pay less in taxes.
- It saves you money. HDHPs have lower monthly premiums, meaning less money is being taken out of your paycheck.

The maximum amount that you can contribute to an HSA in 2021 is \$3,600 for individual coverage and \$7,200 for family coverage.

Additionally, if you are age 55 or older, you may make an additional catch-up contribution of \$1,000.

You may change your contribution amount at any time throughout the year as long as you don't exceed the annual maximum.

DENTAL BENEFITS



Visit Your Dentist Regularly

Regular preventive visits to your dentist can help protect your health, and we are talking about more than just your mouth. Recent studies have linked gum disease to damage elsewhere in the body. According to the Centers for Disease Control and Prevention, there may be associations between oral infections and diabetes, heart disease, stroke, and preterm, low-weight births. Research is underway to further examine these connections.

Our plan covers preventive services at 100% in-network, with no deductible for preventive services.

Summary	
Calendar Year Deductible	\$50 individual \$150 family
Out-of-Network Reimbursement (In-network claims paid at the contracted rate)	Maximum Amount Charged
Preventive Services Oral exams, dental cleanings, X-rays, fluoride treatments, sealants, etc.	100% no deductible
Basic Services Fillings, simple oral surgery, non-surgical periodontics	80% after deductible
Major Services Oral surgery, root canal, crowns, bridges, and dentures	50% after deductible
Maximum Annual Benefit (Per individual per calendar year)	\$1,000

Dental Rates	
Coverage Tier	Employee Cost Per Month
Employee	• \$19.96
Employee + 1	• \$38.22
Employee + 2 or more	• \$72.96

VISION CARE

DeltaVision

Delta Vision members can take care of their vision and have routine eye exams, while saving money on all of their eye care needs. Did you know?

Taking care of your vision can also mean early detection for symptoms of:

- Diabetes
- Hypertension
- High cholesterol
- Tumors
- Thyroid disorders
- Neurological disorders

A qualified vision care professional can help treat and manage:

- Cataracts
- Corneal diseases
- Diabetic retinopathy
- Eye infections
- Glaucoma
- Macular degeneration



Benefits	In-Network
Exam	\$10 copay
Materials	\$10 copay
Frames	\$100—\$130 allowance
Contact Lenses*	\$130 allowance
<ul style="list-style-type: none"> ▪ Examination ▪ Frames ▪ Lenses and Contact Lenses 	Once every 12 months Once every 24 months Once every 12 months

Vision	
Coverage Tier	Employee Cost Per Month
Employee	\$7.62
Employee + 1	\$13.34
Employee + 2	\$19.80

*Contacts are in lieu of lenses and frames benefits.

BASIC & VOLUNTARY LIFE

Why buy Voluntary Life coverage?

Voluntary Life provides a lump sum cash benefit to surviving dependents to cover immediate costs such as funeral expenses or ongoing living expenses. Voluntary life insurance benefits often help survivors adjust to the loss of income related to the death of a wage earner, or provide funds for college or retirement for the survivors.

Group Life

Pulaski County provides all employees a benefit equal to \$10,000 of basic employee life insurance and employee accidental death and dismemberment insurance, \$5,000 for spouse and \$2,000 for child(ren) at **NO COST** to you through USABLE Life.

Voluntary Life Insurance

In addition to the insurance provided at no cost to you by Pulaski County, you can purchase additional voluntary life coverage for yourself, and additional life for your spouse and child(ren) through USABLE Life. You must purchase employee coverage to be able to purchase coverage for your spouse and/or child(ren). Employees between ages 65-69 are only eligible for a guaranteed issue amount of \$20,000.

Is there an Age Reduction Schedule for Group Life?

Yes. Coverage amounts for Life and AD&D Insurance for you will reduce to 65% of the original amount when you reach age 65, and will reduce to 50% of the original amount when you reach age 70. It will terminate at retirement.

EMPLOYEE VOLUNTARY LIFE
You are guaranteed issued up to \$130,000 in coverage as a new hire once you have satisfied your waiting period.
SPOUSE VOLUNTARY LIFE
Your spouse is guaranteed issued up to \$30,000 in coverage once you have satisfied your waiting period as a new hire.
CHILD VOLUNTARY LIFE
Your child is guaranteed issued up to \$10,000 in coverage once you have satisfied your waiting period as a new hire.

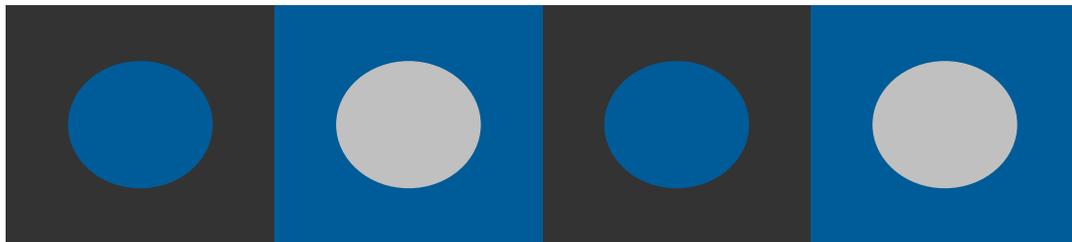
Monthly Cost for Every \$10,000 of Employee Life Insurance Coverage											
Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Non-smoker	\$0.40	\$0.53	\$0.70	\$1.13	\$1.86	\$3.01	\$4.65	\$6.49	\$10.69	\$17.89	\$34.08
Smoker	\$0.54	\$0.72	\$0.95	\$1.52	\$2.51	\$4.06	\$6.27	\$8.75	\$14.40	\$24.10	\$45.91

Dependents	<p>Spouse: Elected in \$10,000 increments up to \$300,000</p> <p>Children: \$5,000: \$0.75 \$10,000: \$1.50</p>
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*Spouse's rate based upon employee's individual age.

BENEFIT RESOURCES

Plan	Description
Medical (PPO) - United Healthcare	Provides benefits for office visits, preventive care, prescription drugs, and hospital service
Dental - Delta Dental	Provides benefits for preventive services, restorative care, periodontics, root canals and majors services
Vision - Delta Vision	Provides benefits for yearly eye exam, lenses, frames or contacts
Group Life & AD&D - USABLE	Provides \$10,000 in life insurance and accidental death for employee, \$5,000 for spouse & \$2,000 for child(ren)
Voluntary Group Life & AD&D — USABLE	\$130,000 guarantee issue coverage for you the employee, \$30,000 guarantee issue coverage for Spouse, \$10,000 guarantee issue coverage for child(ren)



Carrier	Web/Email	Phone Number
Medical - United Healthcare	www.MyUHC.com	1-866-633-2479
Dental - Delta Dental	www.deltadental.com	501-835-3400
Vision - Delta Vision	www.deltadental.com	501-835-3400
Life Insurance - USABLE	www.usablelife.com	501-375-7200

TERMS TO KNOW

Deductible - Amount an employee pays out of pocket prior to the insurance company paying a percentage of the provider charges.

Coinsurance - The amount of payment split between the employee and the insurance company. Example: Insurance company pays 80% and employee pays 20% of the charges after the deductible is met.

Out of Pocket Maximum - The maximum an employee is responsible for paying out of pocket in any one calendar year, prior to the insurance company paying the entire eligible amount for the remainder of the calendar year.

Network Providers - Doctors, Hospitals and other healthcare providers who have an agreement/contract with insurance companies agreeing to charge a discounted amount for services they render.

Pre-Authorization - Certain procedures or hospitalizations may require that the provider receive authorization. The provider is typically the one to go through this process with the insurance company and obtain pre-authorization.

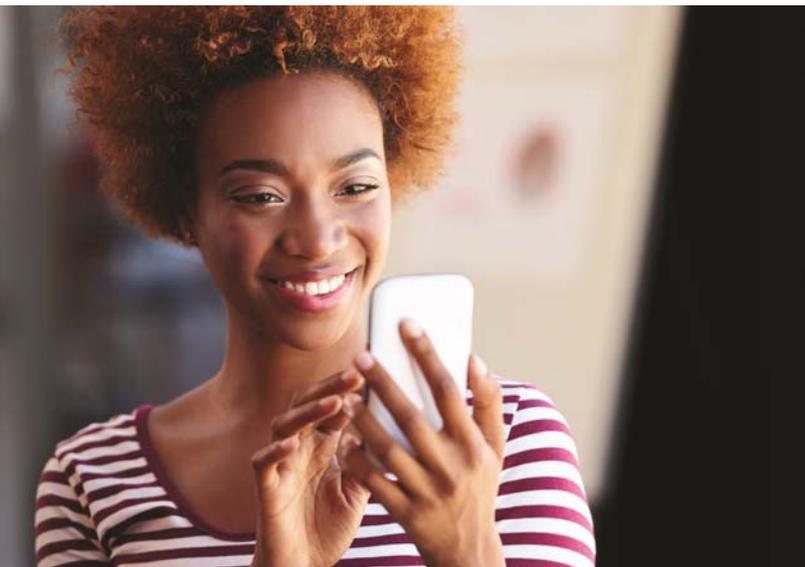
Pre-Determination - If you are having a major procedure done, your doctor or dentist can submit a pre-determination to the insurance company, so you can know in advance of treatment how much of the bill you will be responsible for paying.

Explanation of Benefits (EOB) - The EOB is mailed to the employee after a claim is received and processed by the insurance company. The EOB will describe how the claim was processed and outline what portion of the charges are applied to the deductible, what portion the employee is responsible for, and explain if there is a denial or error processing the claim.

Appeal - If your health insurance company doesn't pay for a specific health care provider or service, you have the right to appeal the decision and have it reviewed by an independent third party.

Guaranteed Issue - The maximum amount of voluntary life & AD&D insurance you can choose when making your initial election that does not require the answering of medical questions.

Evidence of Insurability (EOI) - The form containing medical questions that are required to be answered if you decide to elect voluntary life & AD&D insurance after you have previously declined coverage, or if you decide to increase your current coverage. This may also be needed if you decide to add disability coverage after you have previously declined.



INSURANCE COMPANY WEBSITES AND APPS

Registering on your insurance company websites and downloading the smart phone apps gives you instant access to valuable resources. In most cases you can access:

- Specific plan details
- ID cards
- In-network provider search
- Your claims history
- Other tools and resources

NOTICES

HIPAA PRIVACY AND SECURITY – NOTICE OF PRIVACY PRACTICES

Summary: HHS regulations require that participants be provided with a detailed explanation of their privacy rights, the plan's legal duties with respect to protected health information, the plan's uses and disclosures of protected health information, and how to obtain a copy of the Notice of Privacy Practices.

HIPAA PORTABILITY – NOTICE OF SPECIAL ENROLLMENT RIGHTS

Summary: This notice describes a group health plan's special enrollment rules including the right to special enroll within 30 days of the loss of other coverage or of marriage, birth of a child, adoption, or placement of a child for adoption, or within 60 days of a determination of eligibility for a premium assistance subsidy under Medicaid or CHIP.

COBRA – FIRST NOTICE OF COBRA RIGHTS

Summary: This notice advises covered employees, covered spouses, and covered dependents of the right to purchase a temporary extension of group health coverage when coverage is lost due to a qualifying event.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT NOTICE (CHIPRA)

Summary: This annual notice notifies employees of potential state opportunities for premium assistance to help pay for employer-sponsored health coverage.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE (WHCRA)

Summary: Participants and beneficiaries of group health plans who are receiving mastectomy-related benefits can choose to have breast reconstruction following a mastectomy.

PRESCRIPTION DRUG COVERAGE AND MEDICARE

Summary: Entities that offer prescription drug coverage on a group basis to active and retired employees and to Medicare Part D eligible individuals – must provide, or arrange to provide, a notice of creditable or non-creditable prescription drug coverage to Medicare Part D eligible individuals who are covered by, or who apply for, prescription drug coverage under the entity's plan. This creditable coverage notice alerts the individuals as to whether or not their prescription drug coverage is at least as good as the Medicare Part D coverage.

HEALTH CARE REFORM NOTICE: NOTICE OF EXCHANGE/ MARKETPLACE

Summary: Employer must provide all employees with an Exchange Notice that includes a description of services provided by the Exchange. The notice must explain the premium tax credit available if a qualified health plan is purchased through the Exchange. The employee must also be informed that they may lose the employer contribution to any benefit plans offered by the employer if a health plan through the Exchange is elected.

MEDICAL PRE-TAX PREMIUMS PLAN

Summary: Enrollment in a pre-tax premium plan authorizes premiums for group health plan benefits to be payroll deducted on a pre-tax basis.

WELLNESS PROGRAM DISCLOSURE

If it is unreasonably difficult due to a medical condition for you to achieve the standard for reward or if it is medically inadvisable for you to attempt to achieve the standard for reward under your employer's wellness program, please contact your employer's Human Resources representative to develop another way for you to qualify for the wellness program reward.

WHERE TO GO GUIDE

The cost for care and time you wait can vary greatly depending on where you go. Below is a simple guide to choosing the right place to go for health care. In addition to clinical settings, you have access to Virtual Medicine for virtual visits.

	Conditions Treated*	Your Cost & Time
Emergency Room		
For the immediate treatment of critical injuries or illness. If a situation seems life-threatening, call 911 or go to the nearest emergency room. Open 24/7.	<ul style="list-style-type: none"> ■ Sudden numbness, weakness ■ Uncontrolled bleeding ■ Seizure or loss of consciousness ■ Shortness of breath ■ Chest pain ■ Head injury/major trauma ■ Blurry or loss of vision ■ Severe cuts or burns ■ Overdose 	<ul style="list-style-type: none"> ■ Costs are highest ■ No appointment needed ■ Wait times may be long, averaging over 4 hours
Urgent Care Center		
For conditions that are not life threatening. Staffed by nurses and doctors and usually have extended hours.	<ul style="list-style-type: none"> ■ Minor cuts, sprains, burns, rashes ■ Fever and flu symptoms ■ Headaches ■ Chronic lower back pain ■ Joint pain ■ Minor respiratory symptoms ■ Urinary tract infections 	<ul style="list-style-type: none"> ■ Costs are lower than an ER visit ■ No appointment needed ■ Wait times vary
Doctor's Office		
The best place to receive routine or preventive care, track medications, or get a referral to see a specialist.	<ul style="list-style-type: none"> ■ General health issues ■ Preventive services ■ Routine checkups ■ Immunizations and screenings 	<ul style="list-style-type: none"> ■ May include coinsurance and/or deductible ■ Appointment usually needed ■ May have little wait time
Convenience Care Clinic		
Staffed by nurse practitioners and physician assistants. Treat minor medical concerns that are not life threatening. Located in retail stores and pharmacies, they're often open nights and weekends.	<ul style="list-style-type: none"> ■ Common cold/flu ■ Rashes or skin conditions ■ Sore throat, earache, sinus pain ■ Minor cuts or burns ■ Pregnancy testing ■ Vaccinations 	<ul style="list-style-type: none"> ■ Costs are same or lower than office visit ■ No appointment needed ■ Wait times typically 15 minutes or less
Virtual Medicine		
Virtual visits with a doctor anytime 24/7/365 via computer with webcam capability or smartphone mobile app.	<ul style="list-style-type: none"> ■ Cold and flu symptoms such as a cough, fever and headaches ■ Allergies ■ Sinus infections ■ Family health questions 	<ul style="list-style-type: none"> ■ Cost is lower than office visit ■ No appointment needed ■ Immediate, private, and secure visits



*List is not all inclusive. To find a specific health care facility or doctor, go to your medical carrier's website or call the number on your ID card. The listing of a health care professional or facility in the online directory does not guarantee that the services rendered by that professional or facility are covered under your specific medical plan. Check your official plan document for information about the services covered under your plan benefits. The information provided here is for informational purposes only. During a medical emergency, you should always visit the nearest hospital or call 911 for assistance.

