Wabash City Schools

Building a Legacy of Opportunity for All

2025

WABASH CITY SCHOOLS
BENEFIT ENROLLMENT GUIDE

Encore/Encore Combined

We are pleased to provide you with your Benefit Enrollment Guide. This guide is intended to provide a summary of the benefit programs available to all benefit eligible employees. It is only an overview and you must review specific plan brochures and plan documents for full program details.

TABLE OF CONTENTS

SCAN HERE
www.aga-tpa.com

Automated Group Administration, Inc.
www.aga-tpa.com
7605 Westfield Drive Fort Wayne, IN 46815 | 260-489-6447
AGACustomerService@aga-tpa.com

GENERAL INFORMATION

ELIGIBILITY

Employee Eligibility

BENEFITS BEGIN:	1st of the month following date of hire for full time employment
BENEFITS TERMINATE:	Last day of the month of full time employment

Dependent Children

CHILDREN TO AGE 26 ARE ELIGIBILE FOR COVERAGE

Children are not required to be in school, may be married and eligibility is not restricted based upon residence or tax status.

Enrollment

OPEN ENROLLMENT:

Occur during the month of August with coverage to be effective October 1.

SPECIAL ENROLLMENT:

Employees may change over or evoke the above benefits when any of the qualifying events (changes in family status events) described below occur & only when the change is made within 30 days of the event.

- Marriage/Divorce
- Birth or Adoption
- Death of Spouse/Dep
- Termination of Employment
- Loss of other coverage

Wabash City Schools

Employee Benefits Summary Review

Traditional Plan 1 – Non-Grandfathered

To receive maximum benefits from your medical insurance coverage, you must use a doctor, EPO hospital or facility that is part of the Network.

To locate a Signature Care Provider: 1-800-666-4449 or *www.parkviewtotalhealth.com*

To locate an Encore/Encore Combined Provider: 1-888-446-5844 or *www.encoreconnect.com*

Pre Certification: Managed Care Concepts 1-866-750-2723

Benefits Effective: October 1, 2025

Benefits	EPO Hospital, PPO Providers, No PPO Provider or Hospital Available	PPO Hospital	NON-PPO Providers
Calendar Year Deductible (Embedded)	$750 Individual / $1,500 Family	$1,750 Individual / $3,500 Family	$3,750 Individual / $7,500 Family
Co-Insurance Benefit	90%	80%	60%
Out of pocket maximum *	$750 Individual / $1,500 Family	$3,750 Individual / $7,500 Family	Unlimited
Lifetime Maximum	Unlimited lifetime maximum Unlimited Plan year maximum		
Preventive Care (ACA Preventative) Routine physical exam, pap tests, Immunizations, etc.	100% Benefit; not subject to deductible	100% Benefit; not subject to deductible	Deductible, then 40%
Physician Office Visit	$30 Copay	N/A	Deductible, then 40%
Hospital Services	Deductible, then 10%	Deductible, then 20%	Deductible, then 40%
Maternity Services	Deductible, then 10%	Deductible, then 20%	Deductible, then 40%
Urgent Care Visit	$50 Copay	N/A	Deductible, then 40%
Emergency Room (Copay waived if admitted)	$150 Copay	$150 Copay	Deductible, then 40%
Ambulance Services	Deductible, then 10%	N/A	Deductible, then 10%
Chiropractic Services Limited to 12 visits per calendar year	$30 Copay	N/A	Deductible, then 40%
Physical, Occupational & Speech Therapy Limited to 30 visits per calendar year per service	$30 Copay	$30 Copay	Deductible, then 40%
Mental Health, Alcohol & Substance Abuse Outpatient Care Inpatient Care	 $30 Copay Deductible, then 10%	 $30 Copay Deductible, then 20%	 Deductible, then 40% Deductible, then 40%
Laboratory Services If lab service program used: 100%, not subject to deductible	Deductible, then 10%	Deductible, then 20%	Deductible, then 40%
Retail and Mail Order Prescription Drugs	**Prescription Drug Out of Pocket Maximum $2,600 Individual/ $5,200 Family		
Prescription Drugs** **Retail 34 Day Supply** **Retail at 90 Day Generic**	$20 Copay; Generic $40 Copay; Brand Formulary $80 Copay; Brand Non-Formulary	N/A	Not Covered
Prescription Drugs** **Mail Order 90 Day Supply**	$40 Copay; Generic $80 Copay; Brand Formulary $160 Copay; Brand Non-Formulary	N/A	Not Covered
Injectable & Infusion Drugs Specialty Pharmacy	Deductible, then 10% Does not apply towards out of pocket maximum if Specialty Pharmacy is not used	Deductible, then 20% Does not apply towards out of pocket maximum if Specialty Pharmacy is not used	Deductible, then 40% Does not apply towards out of pocket maximum if Specialty Pharmacy is not used

- * The out-of-pocket limit does NOT include premiums, deductibles, Rx Copays, balance-billed charges, pre-cert penalties and excluded charges.
- Balance billing protection when you use a Network provider
- In-Patient hospital admission and many out-patient procedures require mandatory notification to Managed Care Concepts: 1-866-750-2723

This is an outline of benefits and not to be determined as a contract, for further definitions of covered benefits, see the Summary Plan Description

Third Party Administrator: Automated Group Administration ◆ 7605 Westfield Drive ◆ Fort Wayne, IN 46825 ◆ (260)489-6447 (800)888-6472 ◆ (260) 489-0365 Fax

Please contact the Automated Group Administration Customer Service Line with any questions or concerns you may have. **1-800-888-6472**

Wabash City Schools

Employee Benefits Summary Review

High Deductible Health Plan 2 (H.S.A.) – Non-Grandfathered

To receive maximum benefits from your medical insurance coverage, you must use a doctor, EPO hospital or facility that is part of the Network.

To locate a Signature Care Provider: 1-800-666-4449 or *www.parkviewtotalhealth.com*

To locate an Encore/Encore Combined Provider: 1-888-446-5844 or *www.encoreconnect.com*

Pre Certification: Managed Care Concepts 1-866-750-2723

Benefits Effective: October 1, 2025

Benefits	EPO Hospital, PPO Providers & No PPO Provider or Hospital Available	PPO Hospital	NON-PPO Providers
Calendar Year Deductible (Embedded)	$3,300 Individual / $6,600 Family	$4,300 Individual / $8,600 Family	$6,300 Individual / $12,600 Family
Co-Insurance Benefit	100%	90%	70%
Out of pocket maximum *	$0 Individual / $0 Family	$3,000 Individual / $6,000 Family	Unlimited
Lifetime Maximum	Unlimited lifetime maximum Unlimited Plan year maximum		
Preventive Care (ACA Preventive) Routine physical exam, pap tests, Immunizations, etc.	100% Benefit; not subject to deductible	100% Benefit; not subject to deductible	Deductible, then 30%
Physician Office	Deductible, then 0%	N/A	Deductible, then 30%
Hospital Services	Deductible, then 0%	Deductible, then 10%	Deductible, then 30%
Maternity Services	Deductible, then 0%	Deductible, then 10%	Deductible, then 30%
Urgent Care	Deductible, then 0%	N/A	Deductible, then 30%
Emergency Room	Deductible, then 0%	Deductible, then 10%	Deductible, then 30%
Ambulance Services	Deductible, then 0%	N/A	Deductible, then 0%
Chiropractic Services Limited to 12 visits per calendar year	Deductible, then 0%	N/A	Deductible, then 30%
Physical, Occupational & Speech Therapy Limited to 30 visits per calendar year per service	Deductible, then 0%	Deductible, then 10%	Deductible, then 30%
Mental Health, Alcohol & Substance Abuse Outpatient Care & Inpatient Care	Deductible, then 0%	Deductible, then 10%	Deductible, then 30%
Laboratory Services Lab service program: Discount Available	Deductible, then 0%	Deductible, then 10%	Deductible, then 30%
Retail and Mail Order Prescription Drugs	**Major Medical Deductible First		
Prescription Drugs** **Retail 30 Day Supply** **DEDUCTIBLE FIRST**	Deductible, then 0%; Generic Deductible, then 0%; Brand Formulary Deductible, then 0%; Brand Non-Formulary	N/A	No Coverage
Prescription Drugs** **Mail Order 90 Day Supply** **DEDUCTIBLE FIRST**	Deductible, then 0%; Generic Deductible, then 0%; Brand Formulary Deductible, then 0%; Brand Non-Formulary	Not Covered	No Coverage
Injectable & Infusion Drugs Specialty Pharmacy	Deductible, then 0% Does not apply towards out of pocket maximum if Specialty Pharmacy is not used	Deductible, then 20% Does not apply towards out of pocket maximum if Specialty Pharmacy is not used	Deductible, then 30% Does not apply towards out of pocket maximum if Specialty Pharmacy is not used

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Wabash City Schools

Employee Benefits Summary Review

High Deductible Health Plan 3 (H.S.A) – Non-Grandfathered

To receive maximum benefits from your medical insurance coverage, you must use a doctor, EPO hospital or facility that is part of the Network.

To locate a Signature Care Provider: 1-800-666-4449 or *www.parkviewtotalhealth.com*

To locate an Encore/Encore Combined Provider: 1-888-446-5844 or *www.encoreconnect.com*

Pre Certification: Managed Care Concepts 1-866-750-2723

Benefits Effective: October 1, 2025

Benefits	EPO Hospital, PPO Providers & No PPO Provider or Hospital Available	PPO Hospital	NON-PPO Providers
Calendar Year Deductible (Embedded)	$5,000 Individual / $10,000 Family	$6,000 Individual / $12,000 Family	$10,000 Individual / $20,000 Family
Co-Insurance Benefit	100%	90%	70%
Out of pocket maximum *	$0 Individual / $0 Family	$3,000 Individual / $6,000 Family	Unlimited
Lifetime Maximum	Unlimited lifetime maximum Unlimited Plan year maximum		
Preventive Care (ACA Preventive) Routine physical exam, pap tests, Immunizations, etc.	100% Benefit; not subject to deductible	100% Benefit; not subject to deductible	Deductible, then 30%
Physician Office	Deductible, then 0%	N/A	Deductible, then 30%
Hospital Services	Deductible, then 0%	Deductible, then 10%	Deductible, then 30%
Maternity Services	Deductible, then 0%	Deductible, then 10%	Deductible, then 30%
Urgent Care	Deductible, then 0%	N/A	Deductible, then 30%
Emergency Room	Deductible, then 0%	Deductible, then 10%	Deductible, then 30%
Ambulance Services	Deductible, then 0%	N/A	Deductible, then 0%
Chiropractic Services Limited to 12 visits per calendar year	Deductible, then 0%	N/A	Deductible, then 30%
Physical, Occupational & Speech Therapy Limited to 30 visits per calendar year per service	Deductible, then 0%	Deductible, then 10%	Deductible, then 30%
Mental Health, Alcohol & Substance Abuse Outpatient Care & Inpatient Care	Deductible, then 0%	Deductible, then 10%	Deductible, then 30%
Laboratory Services Lab service program: Discount Available	Deductible, then 0%	Deductible, then 10%	Deductible, then 30%
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Prescription Drugs** **Mail Order 90 Day Supply** **DEDUCTIBLE FIRST**	Deductible, then 0%; Generic Deductible, then 0%; Brand Formulary Deductible, then 0%; Brand Non-Formulary	Not Covered	No Coverage
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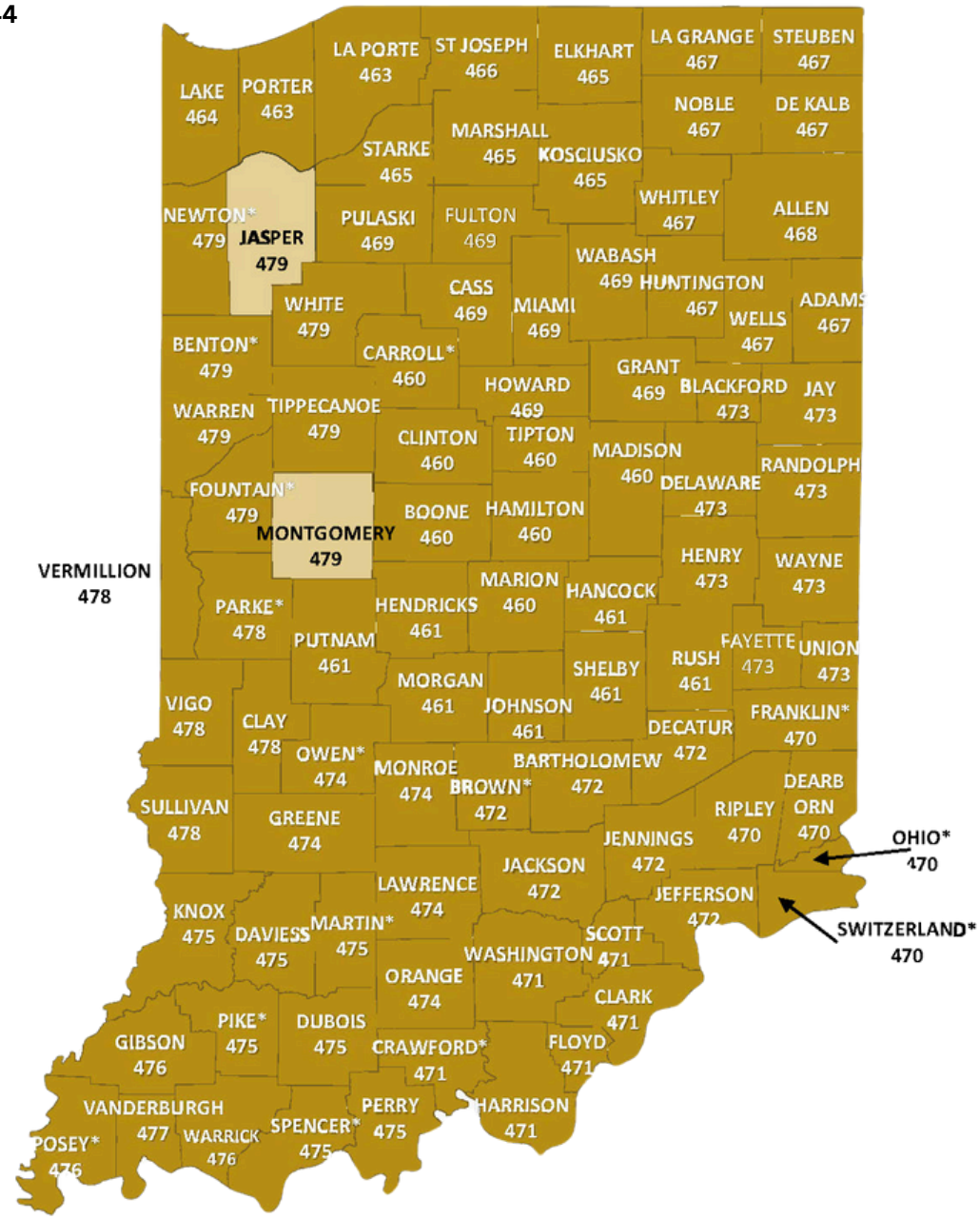
Automated Group Administration, Inc.

NETWORK MAP

ENCORE*COMBINED*

www.encoreconnect.com
888-446-5844



ENCORECOMBINED® FACILITY & PROVIDER SERVICE AREA

ENCORECOMBINED® PROVIDER ONLY SERVICE AREA

UNDER DEVELOPMENT COUNTY

**These counties do not have a physical hospital*

encore COMBINED®

DENTAL BENEFITS

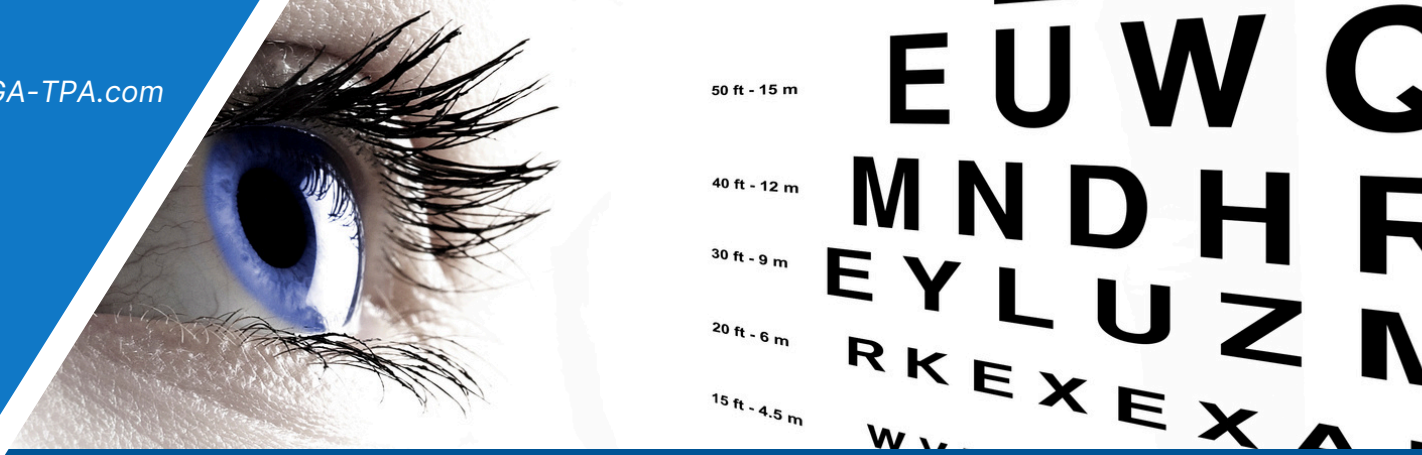
Maintaining good oral hygiene improves your physical health, appearance, and mental well-being. Dental issues are prevalent but can be easily managed. Take care of your teeth and keep your smile radiant with the help of your dental benefit plan.

BENEFIT OVERVIEW	
Annual Deductible	$50 per individual / $150 family
Annual Maximum Benefit	$1,000 per individual
Preventive Dental Services Oral Evaluations, X-rays, Cleanings, Sealants, Fluoride Treatments, Space Maintainers	$0 deductible; 100%
Basic Dental Services Amalgam/Synthetic/Plastic fillings, Extractions, Root Canals, Pulpal Therapy, Periodontia	$50 deductible per individual; 80%*
Major Dental Services** Inlays/Gold Fillings/Crowns, Dentures & precision attachments, Fixed bridgework	$50 deductible per individual; 50%*
Orthodontia** (up to 19 years old)	$0 deductible; 50% $1,000 Lifetime Max

*Combined Deductible for Basic & Major Dental Services

**New Employees Waiting Period for Major Dental Services and Orthodontia is 12 months

Note this is a brief summary of dental benefits, not to be determined a contract. Refer to your Summary Plan Description (SPD) for a complete explanation of your benefits.



VISION BENEFITS

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

BENEFIT OVERVIEW	
Vision Exam - once every 12 months	$25 copay Max benefit $100
Frames - Max benefit every 24 months	$130 allowance
Eyeglass Lenses - One pair every 12 months	Single Vision Lens - $50 allowance* Bifocal Lens - $65 allowance* Trifocal Lens - $75 allowance* *allowance per lens
Contact Lenses - One pair every 12 months	$130 allowance

Note this is a brief summary of vision benefits, not to be determined a contract. Refer to your Summary Plan Description (SPD) for a complete explanation of your benefits.

www.AGA-TPA.com

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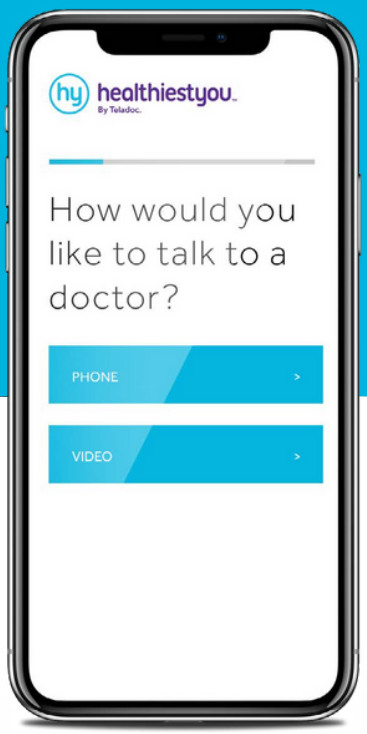
Be your Healthiest You

AGA Automated Group Administration, Inc.



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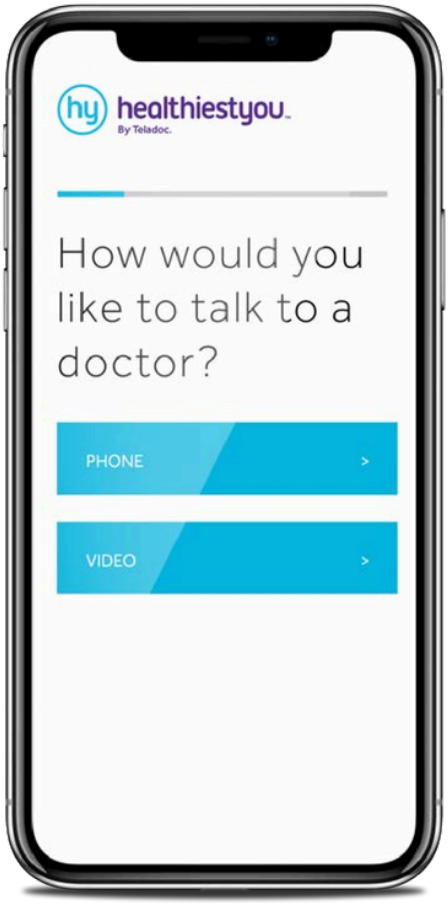
Set up your HealthiestYou account in 4 easy steps.



Download the app to connect to doctors for free by phone or video 24/7, shop the lowest-cost prescriptions, and much more.

1 Download the app
Search "HealthiestYou" in the app store or on Google Play.

2 Set up your account
Once you've downloaded the app, select "Register," then choose "Employee" as your membership type.

3 Enter basic contact information
Type in your last name, date of birth, and ZIP code.

4 Type in your security information
Enter a valid email address, password, the best number for our doctors to reach you, your preferred language, and accept terms and conditions.

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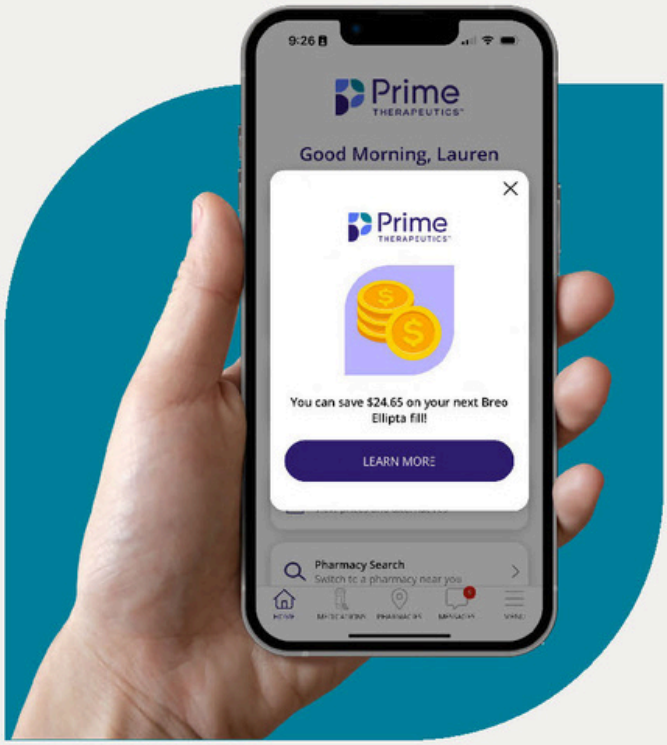
HealthiestYou.com | 866-703-1259

Download on the App Store | GET IT ON Google Play

Prime THERAPEUTICS™

INTRODUCING

PrimeCentral™



Your one-stop app to manage your medications

WHEN TO USE PRIMECENTRAL:

To Find Savings

Get alerted of cost-saving opportunities and take action with a single tap.

With Your Doctor

Search for meds and choose the best option at the point of prescribing.

Before the Pharmacy

Check pricing and verify coverage details to avoid surprises at the pharmacy counter.

To Stay Informed

Access your Rx benefits card and turn on notifications to stay up-to-date.

Scan to Download!

Download on the App Store

GET IT ON Google Play

PrimeTherapeutics.com

PrimeCentral replaces the previous app and requires a new login. Information in the app is personalized to each member. Savings alert above is for illustrative purposes only.

Welcome to Prime Therapeutics

Prime Therapeutics (Prime) is your pharmacy benefit manager. We want you to have the best and simplest experience, and we're focused on getting you the meds you need when and how you need them.

Please show your member ID card and prescription at any network pharmacy to get your drugs. We offer a large network of major chains, regional pharmacies and independent stores. Visit our website at **PrimeTherapeutics.com/Member/Documents** to view a list of network pharmacies.

Reaching Prime

If you or your provider have questions about your pharmacy benefits, please call the customer service number on your member ID card (TTY: 711). We are open 24 hours a day, 7 days a week. You can also visit our website at **PrimeTherapeutics.com** to learn more about us.

In the event you need a quick refill or if a natural disaster occurs, please contact customer service. We can work with a local pharmacy to help you with an urgent request.

Making the most of your benefits

The choices you make play a key role in how well your pharmacy benefits work. Here are a few helpful tips:

- **Ask for generics:** When generic drugs are a choice, they can help you save money. Generic drugs often cost less and work as well as brand-name drugs.
- **Take your drugs as directed:** Taking drugs as prescribed is one of the best things you can do to stay healthy and avoid medical problems. Missing doses, stopping drugs early or swapping drugs with other people can lead to problems that can impact your health.
- **Get over-the-counter (OTC) products:** Some drugs that used to be offered only by prescription (e.g., Claritin, Prilosec and Zyrtec) are now offered OTC. Ask your doctor if an OTC drug is right for you.

Using Prime's handy member portal

Visit our secure member portal at **PrimeTherapeutics.com/Member** to get helpful tools and info, like:

- Real-time prescription updates
- Prescription refill alerts
- Severe drug-drug interaction alerts
- Drug facts
- Tools to manage costs
- Pharmacy claims records

Checking the drug list

Your prescription drug benefit includes a drug list that helps you get safe, high-quality prescription drugs at the best price possible. Think about asking your provider to prescribe you generic or preferred products. You are using the **Accord**™ drug list.

Visit **PrimeTherapeutics.com/Member/Documents** to view drug lists. With our drug list search tool, you can:

- Look up a drug
- Find out which tier the drug is on
- Learn about rules and coverage limits (see right column)

If you need more help, please contact customer service.

Coverage limits and other restrictions

A team of doctors and pharmacists built and maintains the drug list. Some products may have limits based on your plan setup.

- **Prior authorization:** Certain products require prior authorization, which means your provider will need to submit a request that must be approved before the product is covered.
- **Quantity limits:** Some products have a limit on the amount that is covered, often shown as a maximum quantity that can be dispensed over a certain amount of time.
- **Step therapy:** In some cases, you may need to try one or more products to treat your condition before you move to this product.

To find out if a drug is subject to these rules or limits, review the drug list on **PrimeTherapeutics.com/Member/Documents** or call the pharmacy phone number on your member ID card.

Using home delivery by Prime Therapeutics Pharmacy

With home delivery, you can get up to a 90-day supply of many of the drugs you may take every day at a lower price. To get started, ask your provider to write two prescriptions: one for a 30-day supply to fill right away at your local pharmacy, and one for a 90-day supply with refills, to start your home delivery service. Then, choose one of the options below:

- Ask your provider to **ePrescribe** to Prime Therapeutics Pharmacy LLC (Home Delivery, Orlando).
- Ask your provider to **fax** your prescription to **888.282.1349**. Faxed orders need to come from a doctor's office and include patient info and diagnosis.
- **Mail** us your 90-day prescription and home delivery order form with payment to Prime Therapeutics Pharmacy, P.O. Box 620968, Orlando, FL 32862. Visit **PrimeTherapeutics.com/PatientForms** to find home delivery order forms.

Prime THERAPEUTICS™

PAYDHEALTH

Select Savings

Powered by Select Drugs and Products℠ Program

Save money on specialty drugs for you and your family

As your pharmacy benefit manager, Prime Therapeutics is here to help you and your family get affordable access to medicines — including high-cost specialty drugs. Your benefit plan now includes Select Savings powered by Select Drugs and Products Program. This program can help lower your health care costs by finding alternative funding sources for select high-cost specialty drugs.

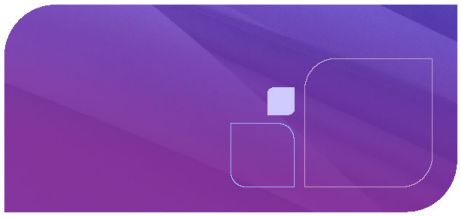
A few things you need to know

Signing up for the program may greatly reduce your out-of-pocket costs for specialty drugs. In some cases, you'll pay nothing at all.

Select Savings connects you to programs that help you pay for your specialty drugs.

Costs paid by alternative funding sources won't count toward your deductible or out-of-pocket maximum amounts.*

* A deductible is the amount you pay for health care services before your plan begins to pay. Your deductible is counted toward your out-of-pocket maximum each year.
An out-of-pocket maximum is the most you pay for health care services in a plan year.



A case coordinator will reach out with what you need to know about the program. They will walk you through signing up and answer any questions you have.

Please be ready to provide personal and financial details. Many programs available through alternative funding sources are based on need.

Note: If you are prescribed a qualified specialty drug, you must start using Select Savings before the pharmacy can fill your prescription.

Questions? Please call Select Drugs and Products Program at **877.869.7772**. Their team is available 8 a.m.–8 p.m. Central Time (CT).

RxFree4me

Your employer has partnered with RxFREE4Me to make several medications 100% FREE.

Most insulin, most prescription brand name drugs, and many more are available to you. RxFREE4Me offers 24/7 customer support with over 1.2 million members served.

Start saving today and enroll in less than 5 minutes.

Have your Rx and provider info ready

Call (866) 750-2723 or email Faxinbox@mcc-tx.com

Answer a few brief questions

Receive your qualifying Rx FREE

100% FREE TO YOU!

NO CO-PAY

Nationwide Pharmacy | 24/7 Member Support | RxFree4Me.com

faxinbox@mcc-tx.com | (866) 750-2723 | Fax: (409) 886-5715

www.AGA-TPA.com

MANAGED CARE CONCEPTS *We Can.*

CHRONIC CARE PROGRAM

Managed Care Concepts Chronic Care Program is a set of coordinated services designed to help members manage chronic medical conditions such as asthma, diabetes, hypertension, congestive heart failure, coronary artery disease and/or obesity.

100% CONFIDENTIAL

NO COST TO YOU

STRICTLY VOLUNTARY

Call now to start your journey to better health!

1-866-750-2723

Reducing Risk by Focusing on:

Awareness/Education | Nutrition Exercise Strategies | Behavior Modification Program | Healthy Lifestyle Coaching | Medical Follow-up

Program Includes but not limited to:

Virtual Coaching by trained nurse coaches
Unlimited inbound calls to your nurse coach
Educational Materials mailed to your home or via email
Coordination of services with physicians and/or other healthcare providers

www.AGA-TPA.com

MANAGED CARE CONCEPTS *We Can.*

HEALTHY TRACK PROGRAM

Successfully managing your life with diabetes can be challenging. Healthy Track is a platform of healthcare services designed to get and keep you on a "healthy track". This is accomplished through the FDA approved Blood Glucose Monitor which provides real time data and comprehensive Nurse Navigator support.

Additional supplies available: test strips & lancets, continuous glucose monitors (CGM) and insulin pumps.

The Blood Glucose Meter accurately tests glucose levels and automatically sends the results to the patient's secure and personal on-line portal, which can be shared with healthcare professionals or individuals involved in patient care. The meter has an intuitive user interface and is easy to use, including a color LCD screen, rechargeable battery and the ability to store up to 450 readings.

The portal system eliminates the need for traditional paper logbooks and contains features for running test history reports. In addition, the system can be programmed to send text message alerts of test results to any mobile phone or to your physician!

Managed Care Concepts

1-866-750-2723

Hours Monday - Friday 8:00 - 4:00

www.AGA-TPA.com

CARELINK

(888) 604-DMED

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- **Nebulizer**
- **Oxygen concentrators**

OTHER DME & SUPPLIES

- **Back Brace**
- **Ostomy Supplies**
- **And hundreds more!**

*Not all plans cover these benefits at 100%. Review your Plan Document prior to receiving services.

AGA Automated Group Administration, Inc.

CARELINK DME | M-F, 8 a.m. - 5 p.m. CT | (888) 604-DMED (3633)

LAB SERVICE PROGRAM

Laborp and QuestSelect are programs offered by your employer that helps you and your covered dependents save money on covered laboratory services when testing is performed at LabCorp or Quest Diagnostics.

LOCATE A SPECIMEN COLLECTION LAB SITE:*

For LABCORP visit *www.labcorp.com*
or call 1-888-522-2677

labcorp

For QUEST SELECT visit *www.questselect.com*
or call 1-800-646-7788

QuestSelect™
Formerly Lab Card®
QuestSelect.com • 800-646-7788

Simply present a physician's order for covered lab testing and your **YELLOW** insurance card with the LabCorp or Quest logo at the LabCorp or Quest specimen collection lab site.

SAMPLE LAB CARD

*refer to your insurance card for covered lab logo

Direct Imaging
(Yellow card Services)

Direct Imaging LLC, a subsidy of Direct Care LLC, is a freestanding outpatient imaging services (MRI, CT, Ultrasound and X-rays) facility that offers the most affordable out-of-pocket cost in the area.

Who We Are

At Direct Imaging, we use the most advanced Siemens MRI technology, equipped with 1.5 Tesla scanners. To meet other imaging needs, we also offer Siemens 64 slice CT Scanner, Digital X-Ray and Ultrasound.

Our Services

Professional interpretation

- All exams are interpreted by Summit Radiology board-certified radiologist
- Images and reports are available through secure, HIPPA-compliant website or via CD

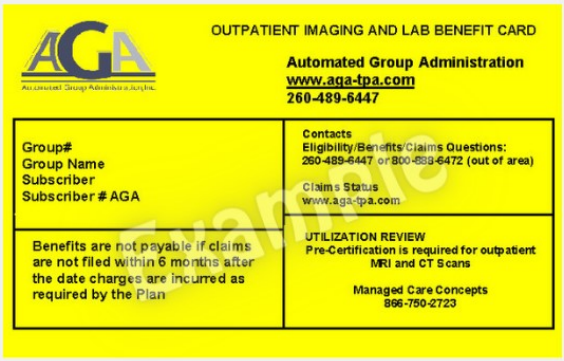
Fast and Efficient

- Results are sent within 24 hours, STAT upon request.

Why Direct Imaging?

- One Flat Rate
- Lower Out-of-pocket Cost
- Advanced Technology
- Same or Next-day Appointments
- Rapid Results
- Comfort and Convenience

Show your YELLOW ID Card for Imaging/Lab Benefit


OUTPATIENT IMAGING AND LAB BENEFIT CARD

Automated Group Administration
www.aga-tpa.com
260-489-6447

Group#
Group Name
Subscriber
Subscriber # AGA

Contacts
Eligibility/Benefits/Claims Questions:
260-489-6447 or 800-888-6472 (out of area)

Claims Status
www.aga-tpa.com

Benefits are not payable if claims are not filed within 6 months after the date charges are incurred as required by the Plan

UTILIZATION REVIEW
Pre-Certification is required for outpatient MRI and CT Scans

Managed Care Concepts
866-750-2723

Example


Automated Group Administration
Payor ID: 37280
7605 Westfield Drive
Fort Wayne, IN 46825

IMAGING
1) Requires Physician Orders--Fax Orders to 260-999-5889
2) Must schedule with Direct Imaging at 260-212-1901

Direct Imaging
(260) 212-1901
MRI . CT Scan . Ultrasound . X-Ray
1355 GETZ ROAD
FORT WAYNE, IN 46804
www.directimagingllc.net

labcorp
Payer Code: APGPS
LabCorp.com
1-888-522-2677

Example

*Information on this card is subject to change

If you have an imaging need, let your provider know you would like to go to Direct Imaging.

Contact Us

(260) 212-1901
www.DirectImagingLLC.net
1355 Getz Rd, Suite B
Fort Wayne, IN 46804

Direct Imaging
MRI . CT Scan . Ultrasound . X-Ray

www.AGA-TPA.com

800-322-8546
www.Daavlin.com

Daavlin

HOME PHOTOTHERAPY

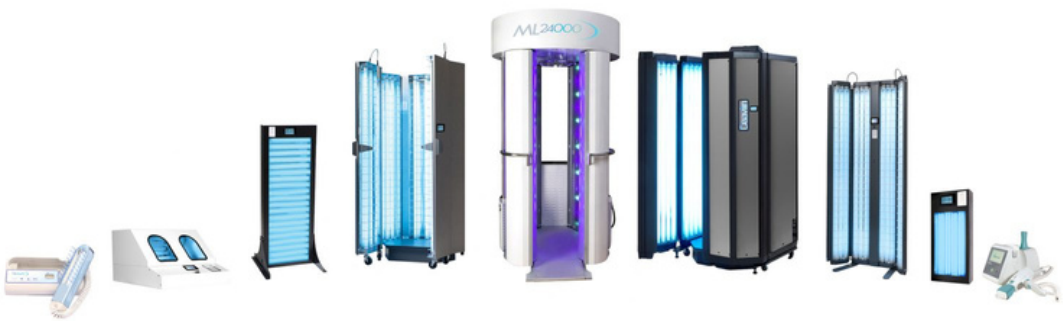
Phototherapy is a safe and highly effective treatment for such skin diseases as psoriasis, eczema, and vitiligo, as well as many others. It can take place in a clinical setting or be prescribed for use in the patient's home. For best results, phototherapy treatments need to occur about three times a week for several weeks to months depending on the disease. Home phototherapy is popular because it is easy for patients to maintain consistency in their treatment service.

Contrary to other therapies, phototherapy can be prescribed for many types of patients. Pregnant women, children, elderly, those with compromised immune systems can all benefit from this safe & effective treatment. Side effects are mild and temporary. Examples of side effects are dry skin, itching or occasional erythema.

The program is provided to you at a substantial discount - in some cases at NO COST!

1-800-322-8546

Most phototherapy performed today uses Narrowband UVB. This is the most therapeutic band of light and treatments are quite brief, typically just seconds to minutes in duration. Patients simply expose the affected skin to the light - there is no need for other drugs or medication. Once the treatment is over, patients go about their day as normal.



QICLINK
BENEFITS EXCHANGE

QicLink Benefit Exchange (QBE) provides Internet access to claim information for members. As a QBE member, you will have access to the following features:

- View member information
- View deductible and out of pocket information
- Submit request for ID cards
- View or print copies of explanations of benefits (EOB's)
- Access links to healthcare management-related websites

HOW DO I REGISTER?

QBE can be accessed through www.aga-tpa.com website.

Or visit https://b23qbeprod.cishoc.com/AGA Click on New Member Registration. Enter your group number (6XXX), your Member ID from your insurance card and your date of birth.

SCAN HERE to register

CONTACTS

BENEFIT	WEBSITE	PHONE NUMBER
Medical Automated Group Administration	www.aga-tpa.com	260-489-6447
HealthiestYou	www.healthiestyou.com	866-703-1259
PRIME Therapeudics	www.primetherapeutics.com	800-424-0472
Paydhealth	www.primetherapeutics.com	877-869-7772
RxFree4Me	www.rxfree4me.com	866-750-2723
Managed Care Concepts (MCC) Chronic Care & Healthy Track		866-750-2723
CareLink		888-604-3633
LabCorp	www.labcorp.com	888-522-2677
QuestSelect	www.questselect.com	800-646-7788
Direct Imaging	www.directimagingllc.net	260-212-1901
Daavlin Home Phototherapy	www.daavlin.com	800-322-8546
EPIC Hearing	www.epichearing.com	877-606-3742

REQUIRED LEGAL NOTICES

Below is a compilation of the frequently issued notices. Should you have any questions or require further information, please reach out to your Human Resources representative.

COBRA General Notice

Notice of the right to purchase temporary extension of group health coverage when coverage is lost due to a qualifying event. See 29 CFR § 2590.606-1. For more information, visit dol.gov/agencies/ebsa/laws-and-regulations/laws/COBRA.

Notice of Special Enrollment Rights

Notice describing the 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 for adoption. See 29 CFR §2590.701-6(c) for prescribed requirements as well as a model notice.

Employer CHIPRA Notice

Employer (rather than plan) must inform employees of possible premium assistance opportunities available in the state they reside. A model notice is available at dol. gov/agencies/ebsa/laws-and-regulations/ laws/chipra. See 75 FR 5808-11 for more prescribed requirements.

Newborns' Act Description of Rights

Notice must include a statement describing any requirements under federal or state law that relate to a hospital length of stay in connection with childbirth. If the federal law applies in some areas in which the plan operates and state law applies.

Mental Health Parity and Addiction Equity Act (MHPAEA)

Criteria for Medically Necessary Determination Notice must provide beneficiaries the criteria for medically necessary determinations with respect to mental health/substance use disorder benefits.

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

Notice describing required benefits for mastectomy-related reconstructive surgery, prostheses, and treatment of physical complications of mastectomy.

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

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

For more information, visit www.healthcare.gov. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply.

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