



Prepared and Presented by Higginbotham

- Medical
- Teladoc
- OptumHealth Bank
- Dental
- Vision
- Disability
- Life

PLAN YEAR

October 1, 2019 -September 30, 2020

IMPORTANT CONTACTS

Carrier	Customer Service	<u>Web Site</u>
United Healthcare (Medical)	(800) 357-0978	www.myuhc.com
Teladoc (Telemedicine)	(800) 835-2362	www.teladoc.com
OptumHealth Bank (HSA)	(866) 234-8913	www.optumhealthbank.com
CIGNA (Dental)	(800) 244-6224	www.mycigna.com
Davis Vision (Vision)	(888) 790-9910	www.davisvision.com
Sun Life (Disability Claims)	(800) 247-6875	www.sunlife.com
Sun Life (Life/AD&D Claims)	(800) 247-6875	www.sunlife.com
Higginbotham		
Amy Yokeley	(817) 347-7031	ayokeley@higginbotham.net
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This guide is a summary and the terms of the plan will control in the event of any conflict.

NBA Referees Benefits Lineup

This guide has been designed to provide you with information about the benefit choices available to you. Choosing the best benefit options for you and your family is important, so please take the time to review this information carefully.

During week the week of September 23rd, the NBA will be holding an annual enrollment period during which Referees may make changes to their current **medical, dental and vision** insurance coverage elections. Any changes will be effective as of October 1, 2019.



Network - Choice Plus

Type of Plan	New Jersey Choice Plus PPO AOSV / 2V	
Lifetime Maximum	Unlimited	
Deductible (PER POLICY YEAR)		
Individual	\$250	
Family	\$500	
Coinsurance	90%	
Copays		
Office Visit	\$15	
Specialist	\$15	
Virtual Visits	\$15	
Hospital Admission	Ded + 10%	
Outpatient Surgery	Ded + 10%	
Urgent Care	\$50	
Emergency Room - Facility	\$100	
Preventive Care Services Copays		
Office Visit	\$0	
Specialist	\$0	
Lab, X-Ray or Other Preventive Tests	\$0	
Prescription Drugs Copays		
<u>Retail Pharmacy / Mail Order</u>	Up to 31 Day Supply	Up to 90 Day Supply
Tier 1	\$10	\$25.00
Tier 2	\$35	\$87.50
Tier 3	\$60	\$150.00
Maximum Out of Pocket (includes Deductible, Coinsurance and Copays)		
Individual	\$3,500	
Family	\$7,000	
Out of Network Benefits		
Type of Plan	New Jersey Choice Plus PPO AOSV / 2V	
Lifetime Maximum	Unlimited	
Deductible (PER POLICY YEAR)		
Individual	\$1,000	
Family	\$2,000	
Coinsurance	70%	
Copays		
Physician's Services	Ded + 30%	
Hospital Per Admission Copay	Ded + 30%	
Emergency Room - Facility	\$100	
Maximum Out of Pocket		
Individual	\$7,000	
Family	\$14,000	

HSA Medical Benefit Summary



		Network—Choice Plus	
Type of Plan		New Jersey Choice Plus AXU9 (HSA) / S5	
Lifetime Maximum		Unlimited	
Deductible (PER POLICY YEAR)			
Individual		\$1,350	
Family		\$2,700*	
Coinsurance		100%	
Copays			
Office Visit		Deductible	
Specialist		Deductible	
Virtual Visits		Deductible	
Hospital Admission		Deductible	
Outpatient Surgery		Deductible	
Urgent Care		Deductible	
Emergency Room - Facility		Deductible	
Preventive Care Services Copays			
Office Visit		0%	
Specialist		0%	
Lab, X-Ray or Other Preventive Tests		0%	
Prescription Drugs Copays		MEDICAL DEDUCTIBLE APPLIES**	
<u>Retail Pharmacy / Mail Order</u>		Up to 31 Day Supply	Up to 90 Day Supply
Tier 1		\$7	\$17.50
Tier 2		\$25	\$62.50
Tier 3		\$45	\$112.50
Maximum Out of Pocket (includes Deductible, Coinsurance and Copays)			
Individual		\$3,500	
Family		\$6,850	
Out of Network Benefits			
Type of Plan		New Jersey Choice Plus AXU9 (HSA) / S5	
Lifetime Maximum		Unlimited	
Deductible (PER POLICY YEAR)			
Individual		\$3,250	
Family		\$6,500*	
Coinsurance		80%	
Copays			
Physician's Services		Ded + 20%	
Hospital Per Admission Copay		Ded + 20%	
Emergency Room - Facility		Deductible	
Maximum Out of Pocket			
Individual		\$7,000	
Family		\$14,000	

*No one in the family is eligible for benefits until the family coverage deductible is met.

**The deductible and out-of-pocket applies to both medical and pharmacy expenses. The full amount UHC has contracted with the pharmacy must be paid for prescriptions (not just the copayment), until the deductible has been satisfied. Once the deductible is satisfied, prescriptions will be subject to the copayment. If the Out-of-Pocket maximum is reached, copayments will not longer apply.

Telemedicine



Teladoc® gives you 24/7/365 access to U.S. board-certified doctors

Top 10 Diagnoses



1. Sinus Problems
2. Urinary Tract Infection
3. Pink Eye
4. Bronchitis
5. Nasal Congestion
6. Nasal Congestion
7. Allergies
8. Flu
9. Cough
10. Ear Infection

Prescription Management



- Use of antibiotics limited to short durations; patient education and physician reminders for appropriate use.
- No prescribing of DEA-Controlled Substance, medication for psychiatric illness or lifestyle drugs.
- Generic drugs automatically recommended

Step 1. Medical history

You are required to complete your medical history online, by phone, or by faxing a paper form prior to requesting a consultation.

Step 2. Request consult



You simply log on to your account or call Teladoc, 24/7/365, to request either a telephone or video consultation.

Step 3. Talk with a physician

A board-certified physician licensed in your state reviews your medical history and provides a consultation over the phone or through video, just like an in-person visit.

Step 4. Resolve the issue

The physician recommends the right treatment for your medical issue. If a prescription is necessary, it is electronically sent to your pharmacy of choice.

Step 5. Continuity of care



The physician documents the results of the consultation in your medical history. Consultation information can be sent to your primary care physician.

Step 6. Follow-up

Teladoc sends you a follow up email to ensure that you got the care you needed and to see if you have any feedback on your experience.

What will I pay for Teladoc Services?

The NBA pays the monthly access fee on your behalf.

-If you are on a HSA Plan you will be charged a **\$45** at the time of service.

-If you are on a PPO plan you will be charged **\$0** at the time of service.

-Everyone is eligible for Teladoc Services even if you are not covered under the NBA's Medical Plan.

Medical Contributions 2019-2020

PPO Plan	Monthly	26 Pay	15 Pay
Single	\$209.41	\$96.65	\$167.53
Family	\$543.41	\$250.80	\$434.73

HSA Plan	Monthly	26 Pay	15 Pay
Single	\$186.86	\$86.24	\$149.49
Family	\$484.90	\$223.80	\$387.92

HRA—Health Reimbursement Arrangement



What does the NBA's HRA do for me?

Pays the difference of '13-'14 Maximum Out of Pocket (MOOP) limit and the current Maximum Out of Pocket limit.

HDHP/HSA

Old MOOP including Deductible & RX copays = Individual \$2,250 Family \$4,500

New MOOP including Deductible & RX copays= Individual \$3,500 Family \$6,850

HRA pays up to difference = Individual **\$1,250** Family **\$2,350**

PPO

Old MOOP including Deductible, Coinsurance, Copays = Individual \$2,250 Family \$4,500

New MOOP including Deductible, Coinsurance, Copays = Individual \$3,500 Family \$7,000

HRA pays up to difference = Individual **\$1,250** Family **\$2,500**

HRA WILL ONLY APPLY TO IN-NETWORK BENEFITS – NO HRA FOR OUT OF NETWORK

HSA Account—Health Savings Account

OptumHealth Bank (Contributions can only be made if you have the HSA Medical Plan)



A health savings account (HSA) paired with an eligible high-deductible health plan helps individuals and families plan, save and pay for health care. With an OptumHealth Bank HSA, you have the opportunity to build and diversify your health care dollars by investing in no-load or load-waived mutual funds.

Investing offers growth opportunities to the broader markets—and the tax advantages that come with an HSA. The mutual fund lint up offers:

- **Multiple fund families**—carefully selected fund families offering highly regarded money management expertise with strong historical track records
- **Diverse asset classes**—investment choices ranging from conservative to aggressive
- **No brokerage transaction fees**—no fee for account set up, contributions and transfers
- **Easy access**—log on to our website to purchase or access your account

Some **examples** of qualified medical expenses are:

- Doctor office visits
- Dental care, including extractions and braces
- Vision care, including contact lenses, prescription sunglasses, even LASIK surgery
- Prescription medications
- Chiropractic services
- Acupuncture
- Hearing aids (and the batteries too)

2019 Calendar Year Limits—\$3,500 for an individual and \$7,000 for a family

2020 Calendar Year Limits—\$3,550 for an individual and \$7,100 for a family

Age 55+ can add an additional \$1,000



Dental

Dental Benefits Summary



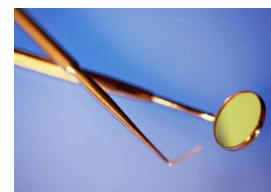
CIGNA Total DPPO Network	All Active Full-Time Referees and Eligible Retired Referees	
	<u>In Network</u> Based on the Maximum Allowed Charge (MAC)	<u>Out of Network</u> ¹ 90th Percentile of the Usual Customary Charge
Deductible Per Person Per Plan Year²		
Individual Deductible Amount	\$50 (X3)	\$50 (X3)
Waived for Preventive Dental Services	Yes	Yes
Annual Maximum Per Person Per Year - Class I, II, III Services	\$2,000	\$2,000
Lifetime Maximum Per Person - Class IV (Orthodontic) up to age 19	\$2,000	\$2,000
Class I Services - Exams - Cleanings - X-Rays	100%	100%
Class II Services - Periodontal Services - Endodontics - Fillings - General Anesthesia - Space Maintainers - Simple Extractions	90%	90%
Class III Services - Inlays, Onlays, Crowns - Prosthetics (Bridges, Dentures) - Implants	60%	60%
Class IV Services (Orthodontic) - Children to age 19	50%	50%

¹ Out-of-Network services are subject to Usual Customary charge limits.

² Deductible applies to Basic and Major Care Services only.

Finding a Network Dentist

To access a list of CIGNA's network dentists, you can register at www.mycigna.com OR log on to www.cigna.com, click on "Find a Doctor or Dentist" (offered through work) using the Total DPPO network. You can also call Customer Service at 866.494.2111 to inquire about a particular dentist or facility.



Vision

Vision Benefits Summary

DAVISVISION®



Benefits		
Eye Examination	Once Every 12 Months	
Standard Lenses	Once Every 12 Months	
Contact Lenses	Once Every 12 Months	
Frames	Once Every 12 Months	
	In Network Copay	Out of Network Allowance
Eye Exam & Dilation	\$0	Up to \$40
Frames	\$0 Copay; \$150 allowance, 20% off balance over \$150	Up to \$50
Davis Vision Collection Frames	\$0 copay	Up to \$50
Standard Plastic Lenses		
Single Vision	\$0	Up to \$40
Bifocal	\$0	Up to \$60
Trifocal	\$0	Up to \$80
Lens Options		
UV Coating	\$0	N/A
Tint (solid and Gradient)	\$0	N/A
Standard Scratch-Resistance	\$0	N/A
Standard Polycarbonate	\$0	N/A
Standard Anti-Reflective	\$0	N/A
Other Add-ons and Services	See Schedule, average 40%-60% discount	N/A
Contact Lenses (in lieu of eyeglasses)		
Conventional	\$0 Copay; \$150 Allowance + 15% disc. off balance over \$150	Up to \$105
Disposables	\$0 Copay; \$150 Allowance + 15% disc. off balance over \$150	Up to \$105
Medically Necessary	\$0 Copay; Paid in Full	Up to \$225
Laser Vision Correction (Lasik)	Up to 25% off retail price or 5% off promotional price	N/A

Group Disability

Disability Summary

Disability Insurance provides partial income replacement if you can no longer work due to illness or injury. Benefits can be decreased from income you receive from other sources.



Elimination Period:	
Off the Job	90 Days
On the Job	90 or 365 Days*
% of Earnings	60%
Maximum Monthly Benefit	\$15,500
Maximum Benefit Period	SSNRA
Own Occupation	End of Benefit Duration or SSNRA
Mental & Nervous Limitation	24 Months
Alcohol & Drug Limitation	24 Months
Pre-existing Conditions Limitation:	
Existing Member	Waived
New Member	3/3/12
Return to Work	24 Months
Earnings Definition	Base Salary
COLA	3% to max of 5 increases

*Per the CBA

Supplemental Disability

Disability Summary



LLOYD'S

Elimination Period:	
Off the Job	90 Days
On the Job	90 Days
% of Earnings	75% less group
Maximum Monthly Benefit	\$5,000
Maximum Benefit Period	60 months plus Lump Sum
Own Occupation	End of Benefit Duration
Alcohol & Drug Limitation	Not Covered
Pre-existing Conditions Limitation:	12/24
Return to Work	Residual Coverage
Earnings Definition	Base Salary
COLA	CPI to 10% Max

Life and AD&D

Life/AD&D Benefits Summary



Group Term Life and Accidental Death and Dismemberment (AD&D) benefits are designed to protect you in the case of a severe injury or death and is provided through Sun Life.



Life/AD&D Benefit:	
1 - All Active Full-Time Referees	\$500,000
2 - All Retired Referees until their 65 th birthday who were employed as Referees during the 2008-09 NBA Season and retired or will retire on or after 7/15/2010*	\$500,000
Maximum Benefit	Classes 1 & 2: Flat \$500,000
Guarantee Issue Limit	\$500,000
Age Reduction	None
Premium Waiver	Yes
Accelerated Death Benefit	Yes
Conversion	Yes

*Class 2 must reimburse the NBA for 100% of the premiums paid for such coverage.

Notes:



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Global Reach. Local Touch. Single Source.