Ohio Wesleyan University

WELCOME TO OPEN ENROLLMENT

2021 Benefits Guide

McGohan Brabender

CHOOSE THE BEST BENEFITS FOR YOU AND YOUR FAMILY.

Ohio Wesleyan strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Open Enrollment Guide.

Open enrollment is the time of year when you can make changes to your elected benefits. This guide outlines all of the different benefit options, so you can identify which ones are best for you and your family.

Elections you make during open enrollment will become effective on July 1, 2021. If you have questions regarding the benefits in this guide, please contact Elizabeth Foos at ekfoos@owu.edu.

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2021 BENEFIT HIGHLIGHTS

Ohio Wesleyan continues to work hard to keep benefits stable and maintain minimal disruption every year. The 2021 benefits will continue this trend with no disruption to carriers, plan designs and network with minimal cost changes.

There are several resources throughout this guide that compliment your core benefits. These tools and resources are free to you and can enhance your benefit experience.

1. Apta Care Coordinators
2. Teladoc
3. Healthcare Bluebook
4. OneRx
5. RetireMEDiQ
6. McGohan Brabender Advocates

BENEFIT	CARRIER	WEBSITE / EMAIL	PHONE
MEDICAL	Apta Health - Care Coordinators (powered by Quantum) Using Aetna network	www.OhioWesleyan.myaptahealth.com	1-866-274-9478
PHARMACY	Magellan Rx	www.magellanrx.com	1-800-424-6817
DENTAL	Anthem	www.anthem.com	1-888-231-5046
VISION	Vision Service Plan (VSP)	www.vsp.com	1-800-877-7195
LIFE & DISABILITY	OneAmerica	www.oneamerica.com	1-800-249-6269
HEALTHCARE BLUEBOOK	Healthcare Pricing Tool	pricefinder@healthcarebluebook.com	1-800-341-0504
TELADOC	Video Doctor Consultation	www.Teladoc.com	1-800-835-2362

ELIGIBLITY

Who is eligible?

If you're a full-time employee at Ohio Wesleyan University, you're eligible to enroll in the benefits outlined in this guide. In addition, you can enroll your eligible dependents. Eligible dependents include: your spouse and if under the age of 26, your natural child, adopted child, foster child, stepchild or grandchild (if court-ordered custody); or a disabled dependent.

How to enroll

The first step is to review your current benefits. Verify all of your personal information (address, etc.) and make any necessary changes.

If you want to make changes to your 2021-2022 benefit enrollments or participate in FSA Medical or dependent care:

1. Log into ADP/Myself/Benefit/Enrollments
2. Access ADP through OWU's Single Sign On (SSO) process by using this link: https://www.owu.edu/adp
   OR
   Access through ADP Portal Directly with your ADP login credentials: https://workforcenow.adp.com/workforcenow/login.html

If you do not plan on changing any of your benefit enrollments from last year, then you do not have to re-enroll in ADP. However, if you wish to continue your FSA Flex Medical or Dependent Care FSA contributions, then you must submit new FSA elections in ADP.

When to enroll

Open enrollment begins on **April 28th and ends May 21st**. The benefits you choose during open enrollment will become effective on July 1st, 2021.

How to make changes

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Change in employment status or a change in coverage under another employer-sponsored plan

If you experience a qualifying event, you must contact HR within 30 days of the event.

HEALTH INSURANCE

The medical plans will continue to be offered through Meritain utilizing the Aetna network with support from the Apta Care Coordinators. To find Aetna network providers, see page 18 or connect with your Apta Care Coordination team.

POS Plan		
	Network	**Non-Network**
Deductible	$1,000 Ind / $2,000 Fam	$2,000 Ind / $4,000 Fam
Deductible Type*	Embedded	Embedded
Co-insurance	10%	30%
Out-of-pocket w/ Deductible	$3,500 Ind / $7,000 Fam	$7,000 Ind / $14,000 Fam
Office Visits	Primary Care $20 Co-pay Specialist w/ Referral $40 Co-pay Specialist w/out Referral $80 Co-pay	Deductible then 30% Co-Insurance
Preventive Care	Covered in Full	Deductible then 30% Co-Insurance
Telehealth Services	0%, deductible waived	0%, deductible waived
Professional Services	Deductible then 10% Co-Insurance	Deductible then 30% Co-Insurance
Mental Health Services	Deductible then 10% Co-Insurance	Deductible then 30% Co-Insurance
Inpatient Hospital	Deductible then 10% Co-Insurance	Deductible then 30% Co-Insurance
Outpatient Facility	Deductible then 10% Co-Insurance	Deductible then 30% Co-Insurance
Emergency Room	$250 Co-pay then 10% Co-Insurance	$250 Co-pay then 10% Co-Insurance
Urgent Care	$75 Co-pay	Deductible then 30% Co-Insurance
Prescription Drugs Tier 1: Generic Tier 2: Preferred Brand Tier 3: Non-preferred Brand Tier 4: Specialty	Tier 1: $10 Tier 2: $35 Tier 3: $70 Tier 4: 25% up to $250 max.	Not covered
Mail Order (90 Day Mail Order) Tier 1: Generic Tier 2: Preferred Brand Tier 3: Non-preferred Brand Tier 4: Specialty	Tier 1: $10 Tier 2: $70 Tier 3: $140 Tier 4: Not covered	Not covered
Benefit Period	Calendar Year	Calendar Year

HEALTH INSURANCE

HSA Plan		
	Network	**Non-Network**
Deductible	$3,000 Ind / $6,000 Fam	$6,000 Ind / $12,000 Fam
Deductible Type*	Embedded	Non-Embedded
Co-insurance	20%	40%
Out-of-pocket w/ Deductible	$4,000 Ind / $8,000 Fam	$8,000 Ind / $16,000 Fam
Office Visits	Deductible then 20% Co-Insurance	Deductible then 40% Co-Insurance
Preventive Care	Covered in Full	Deductible then 40% Co-Insurance
Telehealth Services (through 12/31/21)	0%, deductible waived; After 12/31, Deductible then 20% Co-Insurance	0%, deductible waived; After 12/31, deductible then 40% Co-Insurance
Professional Services	Deductible then 20% Co-Insurance	Deductible then 40% Co-Insurance
Mental Health Services	Deductible then 20% Co-Insurance	Deductible then 40% Co-Insurance
Inpatient Hospital	Deductible then 20% Co-Insurance	Deductible then 40% Co-Insurance
Outpatient Facility	Deductible then 20% Co-Insurance	Deductible then 40% Co-Insurance
Emergency Room	Deductible then 20% Co-Insurance	Deductible then 20% Co-Insurance
Urgent Care	Deductible then 20% Co-Insurance	Deductible then 40% Co-Insurance
Prescription Drugs Tier 1: Generic Tier 2: Preferred Brand Tier 3: Non-preferred Brand Tier 4: Specialty	Tier 1: $10 after deductible Tier 2: $35 after deductible Tier 3: $70 after deductible Tier 4: 25% up to $250 max. after deductible	Not covered
Mail Order (90 Day Mail Order) Tier 1: Generic Tier 2: Preferred Brand Tier 3: Non-preferred Brand Tier 4: Specialty	Deductible then 20% Co-Insurance	Not covered
Benefit Period	Calendar Year	Calendar Year

*Embedded deductible: No one family member may contribute more than the individual deductible amount to the family deductible. Once the single deductible has been satisfied, benefits for that member are payable subject to co-insurance up to the individual out-of-pocket max. Once the family deductible has been satisfied, benefits for the family are payable subject to co-insurance and family out-of-pocket max.

COMPARE MEDICAL PLAN COST

Choice of plan for those Employees who accepted employment offer prior to 7/1/2020.

Monthly Rates effective July 1, 2021		
Tier	POS Plan	HSA Plan
Under $35,999		
Employee Only	$66.11	$31.18
Emp + Spouse	$265.21	$125.10
Emp + Child(ren)	$238.40	$112.45
Family	$416.95	$196.68
$36,000- $59,999		
Employee Only	$106.39	$50.18
Emp + Spouse	$347.03	$163.69
Emp + Child(ren)	$312.66	$147.48
Family	$534.00	$251.89
$60,000- $89,999		
Employee Only	$144.15	$68.00
Emp + Spouse	$428.83	$202.28
Emp + Child(ren)	$386.92	$182.51
Family	$649.79	$306.51
$90,000+		
Employee Only	$183.17	$86.40
Emp + Spouse	$510.65	$240.87
Emp + Child(ren)	$462.44	$218.13
Family	$765.59	$361.13

DENTAL INSURANCE

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings, and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

Ohio Wesleyan is happy to say that there are no cost changes to your dental benefits for 2021. The following chart outlines the dental benefits offered.

TYPE OF SERVICE	Dental Plan	
Network	**Low Plan**	**High Plan**
Preventive Services	Exams, cleanings, X-rays—Plan pays 100%	Exams, cleanings, X-rays—Plan pays 100%
Deductible	Applies to basic and major services only—$50 Ind / $150 Fam	Applies to basic and major services only—$50 Ind / $150 Fam
Basic Services	Fillings, simple extractions—Plan pays 80%	Fillings, simple extractions, oral surgery—Plan pays 90%
Major Services	Endodontics, periodontics, crowns, oral surgery—Plan pay 50%	Endodontics, periodontics, crowns—Plan pay 60%
Annual Maximum	$1,000	$1,500
Orthodontic Services *up to age 19	Not covered	Plan pay 50%
Orthodontic Lifetime Maximum	Not covered	$1,000
Monthly Payroll Deductions	**Low Plan** Employee only—$27.32 Employee & 1—$53.57 Family—$87.51	**High Plan** Employee only—$38.18 Employee & 1—$75.64 Family—$122.99

Anthem

VISION INSURANCE

Driving to work, reading a news article, and watching TV are all activities you likely perform every day. Your ability to do all of these activities depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Ohio Wesleyan's vision insurance entitles you to specific eye care benefits. The policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.

If you seek the services of an **in-network provider** listed in the Preferred Provider directory, your benefits for the low plan include:

- Routine vision exams for a $20 copay
- Exam every 12 months and frames or lenses every 24 months
- $130 allowance on contact lenses and frames and $150 allowance for feature brands (with 20% off any balance for frames)
- Co-pay up to $60 for elective contact lenses
- Laser correction surgery at 15% discount (varies by location)

Your benefits for the high plan include:

- Routine vision exams for a $10 copay
- Exam every 12 months and frames or lenses every 12 months
- $140 allowance on contact lenses and frames and $160 allowance for feature brands (with 20% off any balance for frames)
- Co-pay up to $60 for elective contact lenses
- Laser correction surgery at 15% discount (varies by location)

Low Plan:
Employee Only: $7.93
Employee & Dependents: $22.41

High Plan:
Employee Only: $9.30
Employee & Dependents: $26.28

VSP® Vision care for life

FLEXIBLE SPENDING ACCOUNTS (for POS Members)

Paying for health care can be stressful. That's why Ohio Wesleyan offers an employer-sponsored flexible spending account (FSA) which can be paired with the POS plan.

WHAT ARE THE BENEFITS OF AN FSA?

There are a variety of different benefits of using an FSA, including the following:

- **It saves you money**. Allows you to put aside money tax-free that can be used for qualified medical expenses.
- **It's a tax-saver**. Since your taxable income is decreased by your contributions, you'll pay less in taxes.
- **It is flexible**. You can use your FSA funds at any time, even if it's the beginning of the year.
- **It has a friendly app.** Download the app to your smart phone to manage your funds.

You cannot stockpile money in your FSA. **If you do not use it, you lose it with the exception of the $500 carry-over.** You should only contribute the amount of money you expect to pay out of pocket during the July 1st through June 30th benefit year.

If you were previously enrolled in an FSA, you will keep the same card, and HRPro will reload it on July 1st. Make sure to keep all receipts for your records and in case of an IRS inquiry.

You can check your current card balance at hrpro.biz or hrpro.navigatorsuite.com/login, or using the HRPro Mobile App.

WHAT IS A DEPENDENT CARE FSA?

Dependent Care FSAs allow you to contribute pre-tax dollars to qualified dependent care. The maximum amount you may contribute each year is $10,500 (or $5,250 if married and filing separately). This maximum amount is guaranteed through 12/31/2021 and is part of the American Rescue Plan Act (ARPA). This is subject to change as directed by the IRS.

Can I have a health FSA if I am enrolled on the HSA plan?

If you are enrolled on the HSA plan, you can not contribute to a health FSA account, but you can use any funds you have previously accumulated by June 30th.

Annual FSA Contribution Maximum	$2,750
Annual Dependent Care FSA Contribution Maximum	$10,500

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 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?

There are many benefits of using an HSA, including the following:

- **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.

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.

WHO IS ELIGIBLE FOR AN HSA?

- Covered by a High Deductible Health Plan
- NOT enrolled in first dollar coverage (PPO)
- NOT enrolled in Medicare, Medicaid, Tricare
- NOT claimed as a dependent on someone else's tax return

Employer HSA Contribution

Employee Only: $1,000
Family: $2,000

WHAT CAN HSA DOLLARS BE USED FOR?

HSA funds can be used tax-free for members of the family who meet the IRS's definition of a "tax dependent". Distributions for non-qualified expenses are taxable income plus a 20% excise tax. You can use HSA dollars for qualified medical, dental, and vision expenses. Once you turn 65 years old, HSA funds can be transferred to retirement savings account and used on any expenses. For more information check out www.irs.gov/pub/irs-pdf/p502.pdf.

MEET YOUR APTA CARE COORDINATORS

Care Coordinators are an expert team of nurses, patient services representatives and benefits specialists who are ready to help you before, during and after any health event. Think of Care Coordinators as your personal healthcare team. They fight hard to help you save money and make sure you get the best possible care for you and your family.

Turn to your Care Coordinators for help with:

- ID Cards
- Claims, billing and benefit questions
- Finding in-network providers
- Nurse coaching to help you stay or get healthy
- Reducing out-of-pocket costs
- Anything that can make the healthcare process easier for you

apta health | CARE COORDINATORS BY QUANTUM HEALTH

https://OhioWesleyan.myaptahealth.com

1-866-274-9478

CARE COORDINATORS ARE MOBILE

Download the ***MyQHealth*** mobile app that lets you:

- Find in-network providers
- Access your ID card
- Check claims information
- Schedule a call with a Care Coordinator
- And so much more

Available on the App Store | ANDROID APP ON Google Play

TELADOC

Talk to a anytime

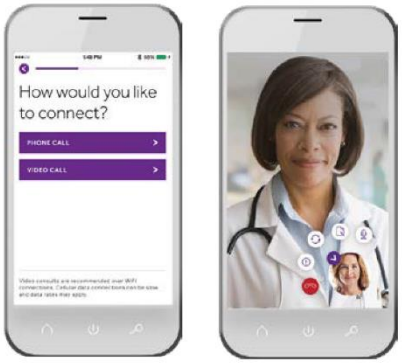
Teladoc is one of the nation's most established providers of telehealth services. Our national network of U.S. board-certified doctors is standing by to provide quality healthcare for you and your family, 24/7.

From the information you provide, Teladoc can diagnose many illnesses and injuries, order prescriptions, and know immediately if you need to be referred to in-person emergency care.

Benefits:

- Consults with U.S. Board-Certified doctors via phone or video conference 24/7
- Access to a doctor anytime, anywhere – from home, work, or on the road
- Diagnosis and treatment for many common, non-emergency medical conditions
- A way to avoid unnecessary visits to the ER and long waits for doctor appointments
- Prescriptions called-in when appropriate

Talk to a doctor anytime.



POS PLAN: $0 co-pay
HSA PLAN: 0%, deductible waived (until 12/31/21); after, deductible then 20%

Downloading the App is quick and easy!

Teladoc.com/mobile or visit your app store.

1-800-Teladoc

Download on the App Store

GET IT ON Google Play

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REFERRAL PROCESS FOR A SPECIALIST

COORDINATE YOUR CARE THROUGH YOUR PRIMARY CARE PHYSICIAN

Obtain a referral from your PCP before seeing a specialist:

- Saves money on member out-of-pocket costs
- Helps avoid visits to the wrong specialist
- Helps avoid referrals to an out-of-network specialist
- Get in to see specialist faster
- Get alerts for benefits not fully covered
- All referrals obtained are valid for 12 months.
- The PCP must provide the referral to the Care Coordinators

61% OF THE TIME MEMBERS SELF-REFER TO THE WRONG SPECIALIST

PRE-CERTIFICATION

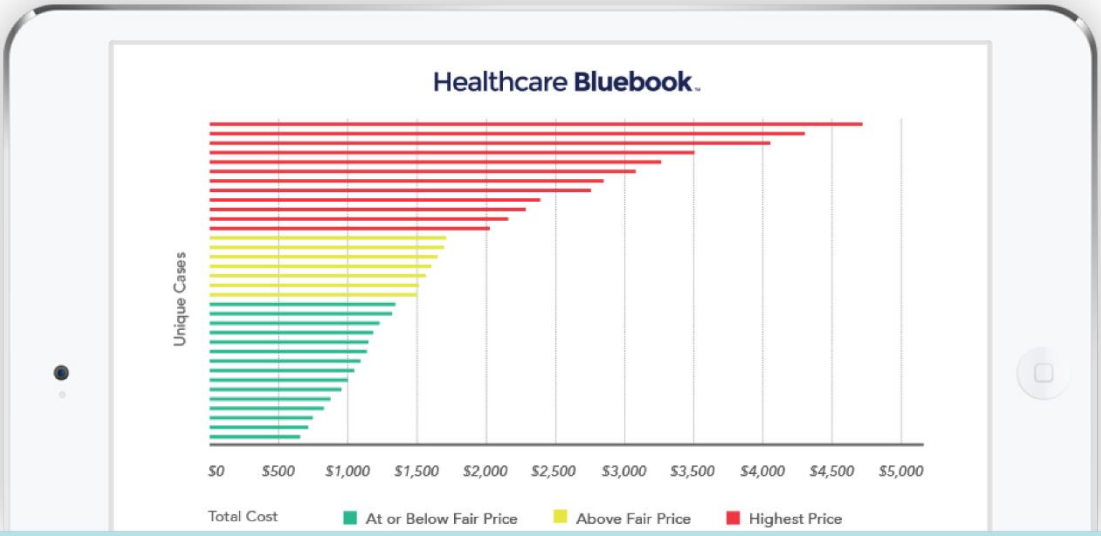
Before you receive certain medical services or procedures, your health plan requires a doctor to confirm that these requested services are considered medically necessary under your plan. This verification process is called "pre-certification." Even if some services or therapies are performed in your doctor's office, you may still need a pre-certification. Pre-certification requests must be submitted by your physician directly to the Apta Care Coordinators.

SERVICES REQUIRING PRE-CERTIFICATION

Inpatient Hospitalizations & Skilled Nursing Facility Admissions	Home Health Care and Services	Oncology Care & Services (chemotherapy, radiation therapy, etc.)	MRI's, MRA's and PET Scans
Hospice Care	Occupational & Physical Therapy	Speech Therapy	Genetic Testing
Out-Patient Surgeries (includes Colonoscopies)	Durable Medical Equipment (DME) over $500	Dialysis	Transplants – Organ and Bone Marrow

Healthcare Blue Book is an online pricing tool which enables you to find the best prices for the healthcare services you may need. With Healthcare Blue Book, you can shop for care so that you get the most affordable care available in your area, from high quality providers.

COMPARE PROVIDERS • SHOP FOR CARE • SAVE MONEY



Be sure to visit **www. OhioWesleyan.myaptahealth.com** to look up your access code. You'll need it when downloading and setting up your app.

Red = Among the most expensive providers
Yellow = Provider somewhat above the Fair Price
Green = Provider at or below the Fair Price

OneRx – THE FREE Rx SAVINGS SOLUTION

Instant Savings
Finds all coupons & discounts – and instantly applies the savings

Pick The Right Pharmacy
Live pricing from pharmacies in any given location

Free App
Average savings using OneRx card is $750+

Know out-of-pocket costs in real time

- Employees save money by seeing their personalized out-of-pocket for a drug being prescribed, right at the point of care

Be alerted to insurance restrictions

- Increase adherence by knowing if step therapy or prior authorization is required before you try to fill the script.

Stay up to date on coverage & savings

- Track all medications automatically, be kept up to date on formulary status & all available savings

OneRx

Download on the App Store

Google play

YOUR PROVIDER ONLINE DIRECTORY

Aetna Choice POS II (Open Access) - Point of Service (POS)

It's Easy to Find Doctors and Hospitals in Your Network

When you and your family need care, you can look for doctors and hospitals in the **Aetna Choice POS II (Open Access)** network. It's easy when you use the online directory from Aetna. With up-to-date listings, you can search for providers by name, specialty, gender, hospital affiliations and more. You will pay less if you use a provider in the plan's network vs. if you use an out-of-network provider. Check with your provider before you get services.

Find Aetna Providers Online in Just a Few Quick Steps

1. Visit http://www.aetna.com/docfind/custom/mymeritain/.
2. Key in the zip, city, county or state of the desired geographical area in the Enter location here field. Click Search.
3. Key in **Aetna Choice POS II (Open Access)** under Select a Plan or you can select **Aetna Choice POS II (Open Access)** from the list of plans. Click Continue.
4. There are two options available to search for providers. The guided flow search uses some of our most commonly searched terms and easily organizes them for our users to find. To use the guided search flow chose and click on one of the categories under Find what you need by category.

   Or
5. Use the search box which includes type-ahead suggestions and will present provider, facility, specialty, and condition search options based on what is entered. These suggested options will present an exact match or relevant providers. To use the search box, key in the type of provider, provider name, specialty or condition in the search field under What do you want to search for near (will display your chosen location).
6. Choose your provider from the list of providers displayed on the results screen. You can learn more about each by clicking on the provider's name.
7. Narrow your search results by using the Filter & Sort option. Choices include Gender, Languages, Hospital Affiliations, Office Detail, Individual Practice Association Affiliations, Group Affiliations, and Provider Type.

Care Coordinators

Turn to your Care Coordinators for help in finding in-network providers by calling 866-274-9478 or go to https://OhioWesleyan.myaptahealth.com.

MAGELLAN RX MANAGEMENT

Understanding Your Prescription Benefit Program

Magellan Rx Management is dedicated to giving you the best information and resources to help you make better healthcare decisions to lead more healthy, vibrant lives.

90 Day Supply of Your Medications By Mail

If you take maintenance medications for long-term conditions like arthritis, asthma, diabetes, high blood pressure or high cholesterol you could save with Magellan Rx Home, Magellan Rx Management's mail service pharmacy.

- Save money: Depending on the plan you choose, you could get up to a 90-day supply of your medication for less money than three separate fills and standard shipping is free.
- Save time: Refill your medication just once every three months easily online or by phone. That means no more drive time or waiting at the pharmacy.
- Peace of mind: Your medication is mailed quickly and securely. Registered pharmacists check all orders and are available for help 24/7.

Understanding Step Therapy

From time to time, your physician may prescribe a medication that requires you to first try another drug before your prescription benefits will pay for the prescribed drug. This process is referred to as Step Therapy and it is an approach to help control the risks and costs associated with prescription drug use.

If a drug has a high potential to be over-prescribed or taken for a non-FDA approved use, a Step Therapy edit may be needed. For example; in the case of Vimovo (a COX-2 drug), clinical research indicates that this medication should be reserved for patients at high risk for gastro-intestinal (GI) track bleeding or distress.

Frequently Asked Questions

When should I use a retail pharmacy? You should use your local retail pharmacy for the first 30-day prescription you get from your doctor as well as prescriptions received for an acute condition like an infection.

How do I order my specialty medication?

Step 1: Have your doctor e-prescribe Magellan Rx Pharmacy - Specialty or fax your prescription to us at 866-364-2673. Make sure the form includes your contact information.

Step 2: We will contact you to get important information and schedule your first delivery.

Step 3: Your prescription will arrive when and where you've requested.

Questions? Please visit your Apta Health Care Coordinators at: OhioWesleyan.myaptahealth.com (866) 274-9478

Take Advantage of Additional Over-The-Counter (OTC) Benefits

- Some medications previously only available by prescription (e.g., Claritin®, Prilosec®, and Zyrtec®) are now available over–the–counter at a $0 Copay if your PCP writes OTC on your prescription.
- Ask your doctor if any OTC alternatives are available to effectively treat your condition. Switching to an OTC product could save both you and your plan money.

Think OTC for your Ulcer and Allergy Medications

A smarter way to think. An easier way to save.

Brand name drugs like Nexium®, Prevacid®, Prilosec,® Zyrtec®, Claritin® and Zantac® that used to only be available with a prescription are now available over-the-counter (OTC). If the OTC version is available in the same strength as the prescription drug you're currently taking, then the OTC version could provide additional savings opportunities for you. As a result, your plan has elected to cover select OTC medications at a low co-payment (after deductible, if applicable). Covered medications include non-sedating antihistamines (NSAs) and ulcer/heartburn treatments packaged as name brands, store brands or generics as long as they are prescribed by your physician and processed using your prescription benefit card at your local pharmacy.

Talk to your physician today to find out if an OTC product is right for you.

Get Started Today

To take advantage of this low co-pay OTC program, please follow these 3 easy steps once you and your doctor agree that an OTC product is right for you:

1. Ask your physician to write (or telephone in) a prescription for the specific OTC product.
   - Make sure your physician writes "OTC" on the prescription.
2. Take the prescription to your local pharmacy (not available through mail service) and ensure that your pharmacist:
   - Uses your prescription benefit card to fill the OTC prescription.
   - Fills the prescription just like any other prescription medicine, making sure to include your doctor's name and instructions on the label.
   - Charges you a low co-pay as a result of this program (after deductible, if applicable).
3. Make sure to follow your doctor's instructions for use when taking the medication.

It doesn't make any sense to pay more. Talk to your physician to find out if an OTC product is right for you and start saving today!

Examples of Covered OTC Medications

- ALAVERT
- ALLEGRA
- ALLEGRA-D
- AXID AR
- CETIRIZINE
- CIMETIDINE
- CLARITIN
- CLARITIN-D
- DIMETAPP ND
- FAMOTIDINE
- FEXOFENADINE
- FEXOFENADINE-PSEUDOEPHEDRINE
- LORATADINE
- NEXIUM 24HR OTC
- OMEPRAZOLE
- PEPCID COMPLETE
- PEPCID AC
- PREVACID 24 HR CAP
- PRILOSEC OTC
- RANITIDINE
- TAGAMET HB
- TAVIST ND
- TRIAMINIC TAB
- XYZAL OTC
- ZANTAC
- ZEGERID OTC
- ZYRTEC
- ZYRTEC-D

magellanrx.com

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Magellan Rx MANAGEMENT

National and Regional Retail Pharmacy Listing

Below is a listing of national and regional retail pharmacies that participate in Magellan Rx Management's broadest commercial pharmacy network. Many of the independent pharmacies across the United States also participate in our network. This list is subject to change. To determine if a pharmacy is in our network, please visit magellanrx.com.

Remember: Always show your medical ID card or drug card when you purchase a prescription. This saves you the time and trouble of filing a paper claim.

Albertsons
Acme Pharmacy
Aurora Pharmacy
Bartell Drug
Bashas'
BI-LO Pharmacy
Bi-Mart
Brookshire Brothers Pharmacy
Brookshire Grocery
City Market
Coborn's Pharmacy
Costco Pharmacy
Cub Pharmacy
CVS Pharmacy
Dierberg Pharmacy
Dillon Pharmacy
Discount Drug Mart
Duane Reade
Fairview Pharmacy
Family Fare Pharmacy
Farm Fresh Pharmacy
Food City Pharmacy
Food Lion Pharmacy
Fred Meyer Pharmacy
Fred's Pharmacy
Fresh Market Pharmacy
Fruth Pharmacy
Fry's Food and Drug
Giant Eagle Pharmacy
Giant Pharmacy
Good Neighbor Pharmacy
Hannaford Food and Drug
Harris Teeter Pharmacy
Harveys Supermarket
H-E-B Grocery
Health Mart
Homeland Pharmacy
Hometown Pharmacy
Hy-Vee
Ingles Markets Pharmacy
King Soopers Pharmacy
Kinney Drugs
Kmart Pharmacy
Knight Drugs
Kroger Pharmacy
Long's Drugs
Marsh Drugs
Medicap Pharmacy
Medicine Shoppe Pharmacy
Meijer Pharmacy
Navarro Discount Pharmacy
Osco Drug
Osco Pharmacy
Pavilions Pharmacy
Pick N Save Pharmacy
Publix Super Market
Quality Food Center
Raley's Pharmacy
Ralphs Pharmacy
Randalls Pharmacy
Rite Aid Pharmacy
Safeway Pharmacy
Sam's Club Pharmacy
Save Mart Supermarket
Sav-On Drugs
Schnucks
Shopko Pharmacy
Shop N Save Pharmacy
Shoppers Pharmacy
Shoprite Pharmacy
Stop & Shop Pharmacy
Thrifty White
Times Pharmacy
Tom Thumb Pharmacy
Tops Pharmacy
United Pharmacy
U Save It
Vons Pharmacy
Walgreens
Walmart
Wegman Food Market
Weis Pharmacy
Winn Dixie

magellanrx.com

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The RetireMEDiQ Program is designed to guide you through the transition to Medicare coverage upon retirement.

We deliver relevant, **personalized communications** and offer access to **exclusive online resources**. Our program provides you with readily available expert advice, access to health plans and dedicated lifelong support. These services are available at **no cost** to you.

RetireMED iQ

Is the RetireMEDiQ Program Right for You?

Yes! We can help you prepare for your Medicare journey – whether you are considering retirement, new to Medicare or working beyond 65. We provide peace of mind to individuals who are at various stages of their Medicare journey.

What Other Benefits Does the Program Deliver?

Benefit Advisors

Meet one-on-one with a licensed Benefit Advisor about your Medicare plan options. Real people with real answers are available to support you, whether you have questions about Medicare, early retirement, plan options, cost savings or enrollment.

Access to Health Care Plans

When you have questions about your Medicare options, call us at **1-866-600-4266**. Our licensed Benefit Advisors will consider your doctors and prescriptions to provide plan recommendations that fit your health care needs—and your budget.

Lifelong Support

When you trust RetireMEDiQ with your retirement health insurance, we serve you for life! Our Client Services team provides year-round support including expert advice, help resolving claims and billing issues, assistance with annual plan renewals, and cost-savings analysis.

How Do You Sign Up for the Program?

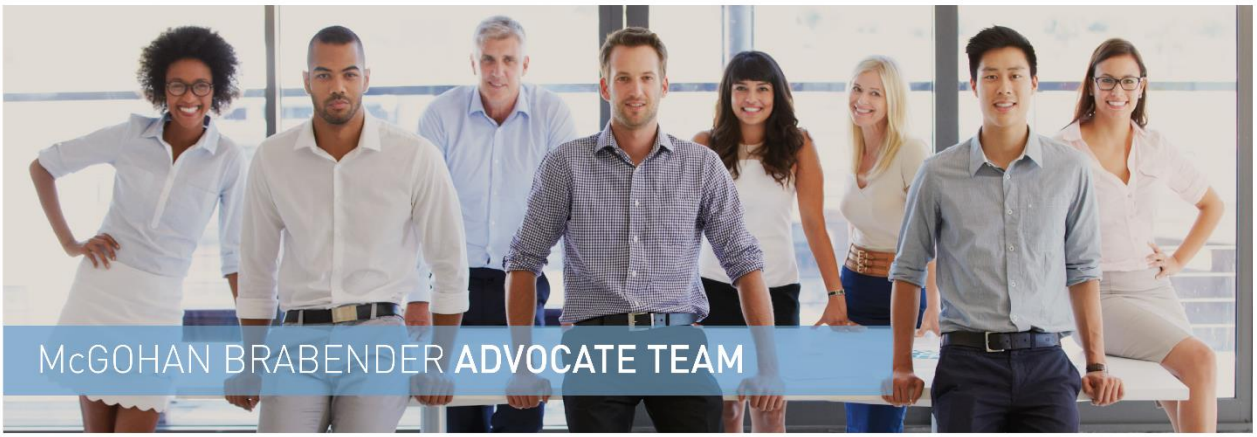
It's easy!

Provide RetireMEDiQ with your email address by visiting **www.retiremediq.com/mb**

Once you finish this step, you will receive a Welcome email. You can complete your online profile by selecting topics of interest, as well as customizing how often you'd like communications delivered to your inbox. We are excited to guide you on your journey to Medicare—we are committed to supporting you every step of the way!

www.retiremediq.com/mb
1-866-600-4266

RetireMED iQ



EXCEPTIONAL SERVICE IS PART OF OUR BRAND.
WE ARE GOOD, SMART PEOPLE FIGHTING FOR YOU.

WHAT WE DO

At MB, advocacy is more than a department ... it's the foundation of our organization. Our knowledgeable problem-solvers are passionately committed to finding the right solution for every client, every time.

HOW IT WORKS

If you've contacted your physician or carrier and weren't satisfied with the response, our MB Advocates are there to step in on your behalf. We have direct access to senior-level representatives at our carrier partners. We know how to get to the bottom of issues like:

- *Explanation of Benefits*
- *Provider Billing Questions*
- *Coordination of Benefits*
- *Pre-authorization Help*
- *Enrollment Status*

For speedier resolution, have your insurance card, copies of any correspondence and details from conversations you may have had with the carrier or physician, including names and dates, EOB and bills.

CONTACT US

Our MB Advocates are ready to assist you
Monday-Friday, 8 a.m. to 5 p.m. EST
p: 937.260.4300 or 877.635.5372
f: 937.499.1160
e: mbadvocates@mcgohanbrabender.com

01/2020

TO DO LIST:

- ☐ Submit elections by May 21st
- ☐ Download the Apta App on your app store or google play by searching "MyQHealth"
- ☐ Confirm your Apta Account or set one up by visiting www.OhioWesleyan.myaptahealth.com
- ☐ If enrolling in an HSA for the first time, set-up your account with Pathways Financial Credit Union - contact HR for enrollment link
- ☐ If enrolling in the FSA, download the HRPro App for quick access and easy management of reimbursement

For questions about Open Enrollment please contact:

Elizabeth Foos, Interim Director of Human Resources

Email: ekfoos@owu.edu

Phone: 740-368-3327