



2016 Benefits Guide

Simple. 2016 Open Enrollment

Personal. Empowering.

Agenda

- Overview of Changes for 2016
- Medical Plan Overview
- Prescription Program Update
- UHC Resources
- Dental Plan Overview
- Vision Plan Overview
- Life/AD&D Overview
- Reminders / Action Steps

What's New for 2016?

1. Medical Plan Benefits

- Plan designs and covered benefits will not change.
- Vasectomies will be 100% covered as preventive care.
 - In-network providers only

2. Health Savings Account or HSA Contributions

- Annually set by the IRS

3. Prescription Plan Updates

- Bulk Chemical/Compound Exclusions, effective 9-1-15
- Conversion to Advantage Prescription Drug List, 1-1-16
- Exclude at Launch, No Grace Fills Specialty Pharmacy, and Medical Necessity programs will be effective 1-1-16.

4. Dental and Vision Plans

- New Carrier
- Lower premiums
- New Kids Care Vision Plan

2016 – Medical Plans

Current plan designs carry forward to 2016

- No changes to deductible
- No changes to co-insurance
- No changes to co-pays
- No changes to out-of-pocket maximum
- Medical and prescription co-pays track towards the out-of-pocket maximum
- PPO, HSA and HRA options for large group and small group plans

HSA Eligibility

To open or fund a Health Savings Account (HSA)

- ✓ **You must be enrolled in a High-Deductible Health Plan (HDHP).**
- ✓ **You cannot be covered by any other health coverage**
Unless it is permissible coverage like vision or dental.
- ✓ **You cannot be enrolled in Medicare or Tricare**
- ✓ **You cannot be claimed as a dependent on someone else's tax return.**
- ✓ **Some other restrictions apply. Please consult a tax, benefits, or financial advisor.**

2016 contribution limits

The IRS limits how much you can put into your HSA each year. The 2016 limits are:

- \$3,350 for individual coverage
- \$6,750 for family coverage

Are you 55 or older?

You can contribute an additional \$1,000 for 2016.

2016 Medical and Prescription Plans (>50)

PLAN HIGHLIGHTS	\$500 PPO Plan B	\$750 PPO Plan C	\$1,000 PPO Plan D	\$1,500 PPO Plan E	\$2,600 HSA Plan F	\$2,600 HSA Plan H	\$3,500 HSA Plan I	\$5,000 HRA Plan J
UnitedHealthcare Choice Plus	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Deductible								
Individual	\$500	\$750	\$1,000	\$1,500	\$2,600	\$2,600	\$3,500	\$5,000
Family	\$1,000	\$1,500	\$2,000	\$3,000	\$5,200	\$5,200	\$7,000	\$10,000
Coinsurance (applied after deductible is met)								
Paid by Insurance	80%	80%	80%	80%	100%	80%	80%	100%
Paid by Individual	20%	20%	20%	20%	0%	20%	20%	0%
Out-of-Pocket Maximum (includes deductible and medical/prescription copays)								
Individual	\$3,000	\$3,250	\$3,500	\$4,000	\$2,600	\$4,100	\$4,500	\$6,000
Family	\$6,000	\$6,500	\$7,000	\$8,000	\$5,200	\$8,200	\$9,000	\$12,000
Co-Payments (paid by individual) *After deductible								
Office Visit (PCP/SCP)	\$25	\$25	\$25	\$30	0%*	20%*	20%*	N/A
Urgent Care	\$75	\$75	\$75	\$75	0%*	20%*	20%*	N/A
Emergency Room	\$175	\$175	\$175	\$175	0%*	20%*	20%*	N/A
Inpatient Hospital	20%*	20%*	20%*	20%*	0%*	20%*	20%*	N/A
Prescriptions (paid by individual) *After deductible								
Tier 1	\$10	\$10	\$15	\$20	0%*	20%*	20%*	\$10
Tier 2	\$30	\$30	\$30	\$40	0%*	20%*	20%*	\$30
Tier 3	\$40	\$50	\$50	\$60	0%*	20%*	20%*	\$60
Lifetime maximum is unlimited for all plan options.								

2016 Small Group Medical and Prescription Plans (<50)

PLAN HIGHLIGHTS	\$500 PPO Plan 1	\$750 PPO Plan 2	\$750 PPO Plan 3	\$750 PPO Plan 4	\$1,500 PPO Plan 5	\$1,500 PPO Plan 6	\$1,500 PPO Plan 7	\$2,600 HSA Plan 8	\$3,000 HSA Plan 9
UnitedHealthcare Choice Plus	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Deductible									
Individual	\$500	\$750	\$750	\$750	\$1,500	\$1,500	\$1,500	\$2,600	\$3,000
Family	\$1,000	\$1,500	\$1,500	\$1,500	\$3,000	\$3,000	\$3,000	\$5,200	\$6,000
Coinsurance (applied after deductible is met)									
Paid by Insurance	80%	80%	80%	80%	80%	80%	80%	100%	80%
Paid by Individual	20%	20%	20%	20%	20%	20%	20%	0%	20%
Out-of-Pocket Maximum (includes deductible and medical copays)									
Individual	\$3,000	\$3,500	\$3,500	\$3,500	\$5,000	\$5,000	\$5,000	\$2,600	\$6,000
Family	\$6,000	\$7,000	\$7,000	\$7,000	\$10,000	\$10,000	\$10,000	\$5,200	\$12,000
Co-Payments (paid by individual) *After deductible									
Office Visit (PCP/SCP)	\$25	\$30/\$60	\$30/\$60	\$30/\$60	\$30/\$60	\$30/\$60	\$30/\$60	0%*	20%*
Urgent Care	\$75	\$75	\$75	\$75	\$75	\$75	\$75	0%*	20%*
Emergency Room	\$175	\$175	\$175	\$175	\$175	\$175	\$175	0%*	20%*
Inpatient Hospital	20%*	20%*	20%*	20%*	20%*	20%*	20%*	0%*	20%*
Prescriptions (paid by individual) *After deductible									
				\$200 Ded			\$200 Ded		
Tier 1	\$10	\$10	\$15	\$15	\$10	\$15	\$15	0%*	20%*
Tier 2	\$30	\$30	\$45	\$45	\$30	\$45	\$45	0%*	20%*
Tier 3	\$40	\$60	\$90	\$90	\$60	\$90	\$90	0%*	20%*
Lifetime maximum is unlimited for all plan options.									

NETWORK

Pharmacy Benefit

NETWORK

No matter where you are,
network doctors,
pharmacies and clinics are
likely nearby.



Save money with covered services from the network.¹

- ✓ Doctor Office Visits
- ✓ Prescription Drugs
- ✓ Hospital care
- ✓ And much more

¹This is not the complete list of covered services.
See your official health plan documents for more details.



Searching our network is easy.



- 1 Look for the find a doctor button on **myuhc.com**[®]
- 2 Call the number on the back of your **health plan ID card**
- 3 Search using the **Health4Me**[™] mobile app

Search our **NETWORK** at myuhc.com





Preventive care is covered 100% in our network.

- ✓ Immunizations
- ✓ Preventive exams and health screenings



PRESCRIPTIONS

Filling your prescriptions
has never been easier.



PRESCRIPTIONS

Easily fill and save on your medications.

You'll be covered for a wide variety of medications from UnitedHealthcare. Best of all, we've made it easy for you to get your prescriptions filled and save money.

- ✓ **Access thousands of retail pharmacies**
- ✓ **Save when you use a network pharmacy**
- ✓ **Take advantage of special programs for complex conditions.**



How we cover prescriptions.

The UnitedHealthcare Prescription Drug List (PDL) is the list of prescriptions that are covered by the plan

New for 2016 - UnitedHealthcare Advantage PDL

- ✓ Organized by total medication value vs Generic/Brand status
- ✓ Choosing medications in lower tiers may save you money.



Tier 1
Lower-cost
Medications



Tier 2
Midrange-cost
Medications

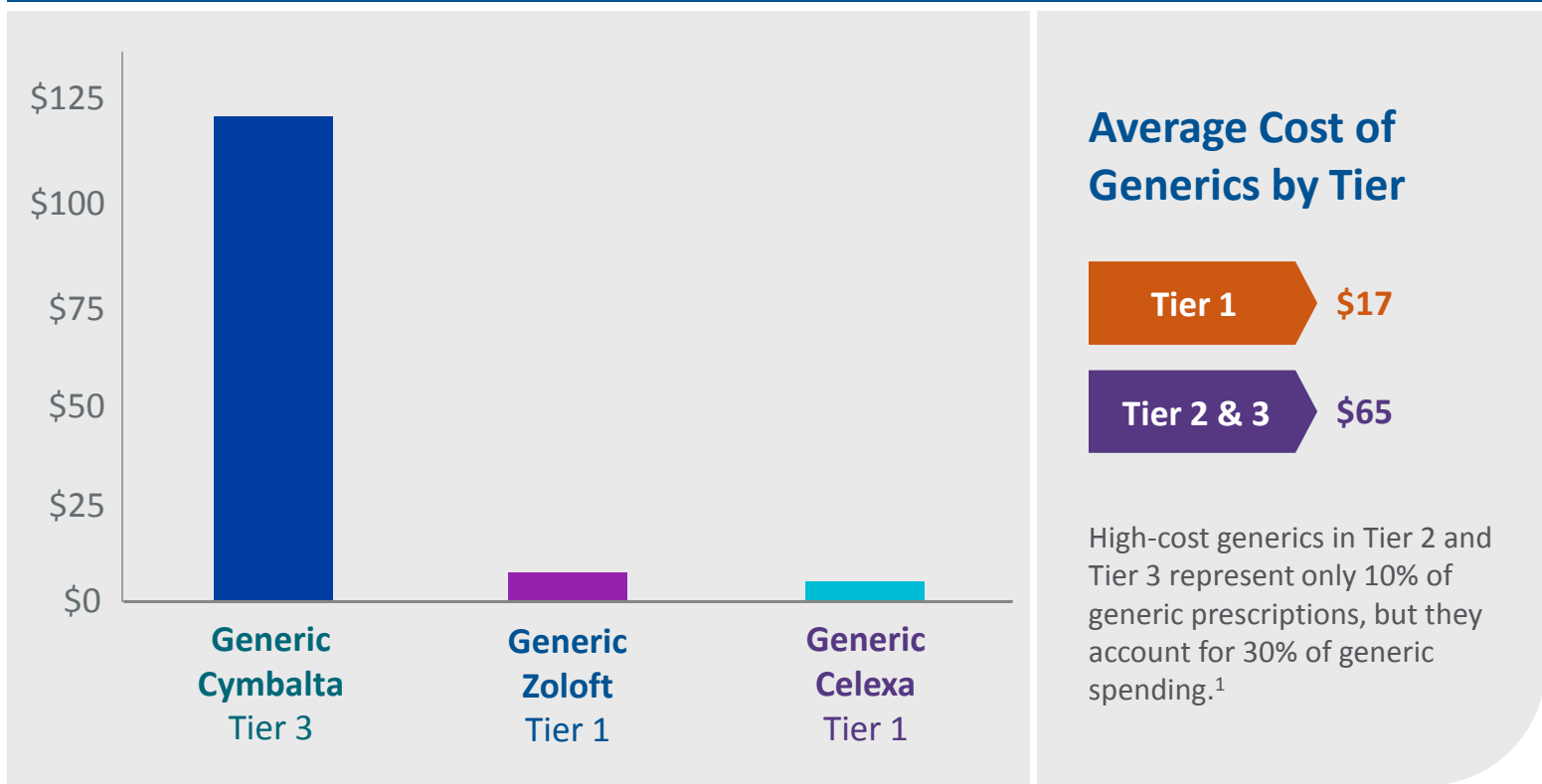


Tier 3
Higher-cost
Medications



High-Cost Generics: Cymbalta®

Not all generics are available at low costs which is why we place them in tiers based on their overall value.



1. Savings information based on UnitedHealthcare fully insured membership.

Medical Necessity

Medical Necessity evaluates the clinical appropriateness of a medication and takes into consideration:

- Condition being treated
- Severity of condition
- Type of medication
- Frequency of use
- Duration of therapy

How it works

The chart below is a comparison between our current notification program and Medical Necessity.

	Notification / Prior authorization	With Medical Necessity
	Coverage is based on approved or proven uses of the medication.	Coverage is approved if treatment is deemed medically necessary.
Drug	✓	✓
Diagnosis	✓	✓
Severity of Illness		✓
Dose and Duration	✓	✓
Genetic Testing	✓	✓
Lab Results		✓
Evaluation of Response		✓
Trial of non-drug treatment options		✓
Lower-cost treatment option		✓
Other clinical evidence ¹		✓

What is pharmacy compounding?

Pharmacy compounding is a practice in which a pharmacist combines, mixes, or alters ingredients to create a medication tailored to the medical needs of an individual patient.



Example

Elderly patient or child can't swallow a pill and needs a medicine in a liquid form that is not otherwise available



Example

Patient has an allergy and needs a medication to be made without a certain dye



Pharmacy compounding serves a role in the rare occasion that a patient cannot be treated with an FDA-approved medication

Compound exclusion strategy

Minimizing concerns about member safety, drug efficacy, and potential waste of significant healthcare resources.

- ➔ **Bulk compound medications** review and exclusion process
- ➔ **Exclude** select non-FDA approved bulk chemicals used in compounds
- ➔ **Communication** – letters will be sent prior to January 1st to those impacted by these exclusions of compound medications



Criteria for drug selection

- Bulk chemicals for vitamins/supplements typically available OTC
- Bulk chemicals used in compounding products for cosmetic use
- Bulk chemicals used in compounding topical formulations when the medication is not approved by the FDA for this route of administration

Exclude at Launch Evaluation Process

Upon launch, we act quickly to exclude high-cost medications, or medications with slight alternation to covered medications, until evaluation is completed

How it works: We follow pre-defined criteria to determine if a newly launched medication should be excluded; this criteria may include:

Excluding new-to-market medications that fall into these three categories gives time for proper evaluation until final coverage can be determined.

This helps ensure we:

- minimize member disruption
- allocate health care resources appropriately
- eliminate unnecessary cost

The drug contains the same or a modified version of the active ingredient of a covered medication

The drug is in a class with an over-the-counter (OTC) therapeutic equivalent

The drug contains new active ingredient(s)



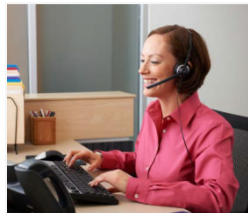
Specialty Pharmacy Program

OptumRx and UnitedHealthcare work together leveraging **total cost controls** and **care coordination** to help members achieve higher adherence while lowering total cost of care.



personal,
high-touch support

Specialized clinical experts,
not generalists



synchronized
health care services

Uniquely able to navigate the
complexity of both medical and
pharmacy benefits



improved
outcomes and high
satisfaction

Client spend is lower for members
who participate in the program

- Anemia
- Crohn's Disease
- Cystic Fibrosis
- Endocrine
- Growth Hormone Deficiency
- Hemophilia
- Hepatitis B
- Hepatitis C
- HIV
- Inflammatory Bowel Disease
- Immunodeficiency
- Immune Modulator
- Infertility
- Iron Overload
- Multiple Sclerosis
- Neutropenia
- Oncology
- Osteoarthritis
- Parkinson's Disease
- Psoriasis
- Pulmonary Hypertension
- Respiratory Syncytial Virus
- Rheumatoid Arthritis
- Transplant

New for 2016 – Zero Day Grace Fills



UHC Resources

Benefits to help you
stay healthy.

Manage your benefits and health care at myuhc.com.®

- ✓ Track claims and expenses.
- ✓ Pay health care bills.
- ✓ Find network providers and care centers and pharmacies.
- ✓ Find and compare medications.
- ✓ Refill prescriptions.



Access your benefits and get help anytime, anywhere with the UnitedHealthcare **HEALTH4ME™** app



Get your information on the go

Use myuhc.com wherever you are — download the **UnitedHealthcare Health4Me™** mobile app.

Health4Me provides instant access to your family's health information — anytime and anywhere.

- ✓ Find a physician near you
- ✓ Check the status of a claim
- ✓ Speak directly with a health care professional





Benefits worthy of your favorites bar

Estimate health care costs.



You have easy-to-use tools so you can see what a treatment or procedure typically costs and see what your share of expenses may be.



Get help finding quality care.

The UnitedHealth Premium® Designation Program shows you doctors who meet quality and cost-efficiency guidelines.

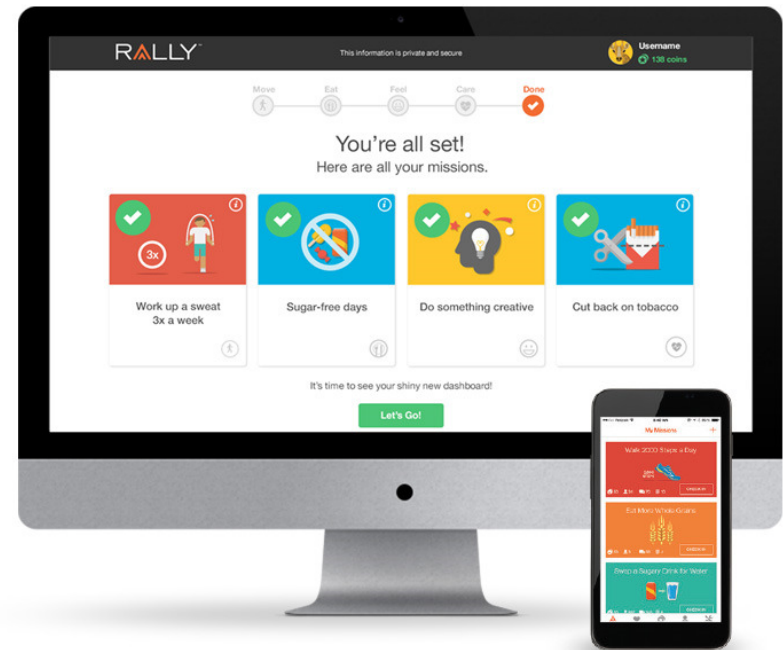


Support to reach your wellness goals.

Get your RallySM Age.

Take the Health Survey and instantly get your Rally Age — a number that gives you a measure of your “health age.”

- ✓ Pick missions to help you get your health on track Self-help programs
- ✓ Store your health history
- ✓ Connect with online communities
- ✓ Join fun challenges sharing health topics
- ✓ Earn coins as you track and accomplish each mission.



As you complete certain Rally activities, you may earn coins for your efforts, which can be used to enter sweepstakes for chances to **WIN GREAT PRIZES.**



Manage your health and plan online and on the go.



RallySM

MyUHC.com

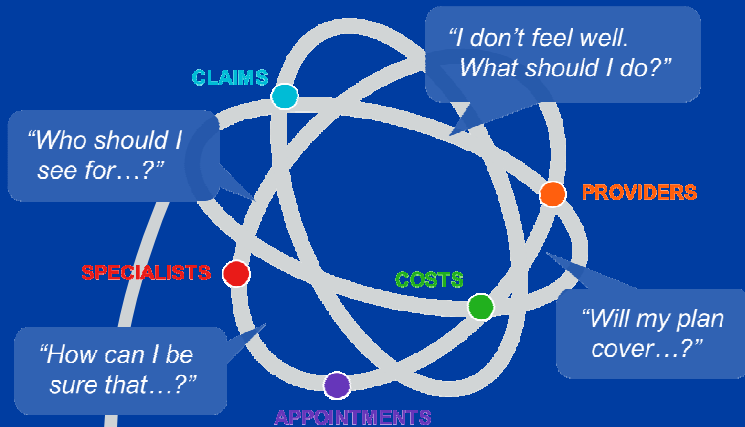
Health4meTM



Advocate4Mesm

Relief of knowing the help they need is already at their side.

From confusion and frustration....



Advocate4Me creates a **circle of caring support** that delivers **uniquely personalized, consistently helpful** interactions to achieve proven outcomes.

Circle of caring support

- High caliber Advocates with range of specialized skills, including nurses
- Members get Advocate best suited to help with inquiry
- Advocates “own the issue” to make sure the inquiry is resolved
- Advocates make a personal connection

Uniquely personalized, consistently helpful interactions

- Through sophisticated, patent-pending technology our exclusive Predictive Personalization enables uniquely personalized interactions
- Gives employees support they need to resolve their inquiries and help them make more informed health care decisions
- Advocates provide proactive support beyond the reason the member contacted us

... to satisfaction and trust





Help is a call, email or web chat away.

Our NurseLine is open 24/7

- ✓ Call or web chat with a registered nurse 24/7
- ✓ Questions about a recent screening or test?
- ✓ Need help deciding between going to urgent care and your doctor's office?
- ✓ Have questions about your health care benefits?
- ✓ Need help resolving a claim?
- ✓ Need to find a doctor or schedule an appointment?

OTHER BENEFITS

Dental Benefit Overview

2016 Dental

- New Carrier – **Delta Dental**
 - Largest administrator of Dental benefits in Indiana
 - Largest Dental network in Indiana – contracted with about 75% of all Indiana dentists
 - Access to Delta Dental PPO network and Delta Dental Premier network
- Lower premiums
- New ID cards
- Contributory, non-contributory, voluntary options
- 2 Year rate guarantee

2016 Dental Plan Designs

Dental		
	Option 1	Option 2
Deductible (Single/Family)	\$50/\$150	\$50/\$150
Coinsurance (Preventive/Basic/Major/Ortho Services)	100/80/50/50	100/80/50/50
Annual Dental Maximum (per insured)	\$1,500	\$1,000
Lifetime Child Ortho Maximum (to age 19)	\$1,500	\$1,000
Out-of-network	Fee Schedule	Fee Schedule
Endodontics & Periodontics	Basic	Basic
2016 Monthly Premium Rates:		
Employee Only	\$26.92	\$24.97
Employee/Spouse	\$53.86	\$49.93
Employee/Child(ren)	\$72.75	\$66.16
Family	\$109.33	\$99.86



Note: Each City/Town can offer coverage as a contributory, non-contributory, or voluntary benefit.

The Delta Dental Networks/Comparison

Delta Dental

Delta Dental PPOSM
228,200+ locations

- Most significant discounts
- No balance billing
- Dentist files claim for member

Delta Dental Premier[®]
314,400+ locations

- Significant discounts
- No balance billing
- Dentist files claim for member

Nonparticipating

- No discounts
- Balance billing
- May need to file own claims

Find a Dentist:

1. Go to www.deltadentalin.com
2. Click **Find a Dentist** in lower left corner
3. Select Delta Dental PPO, Premier
4. Call Customer Service at 800-524-0149

Payment Example - Delta Dental PPO (Point-of-Service)

- As an example, say a patient visits the dentist for a covered service. If the submitted charge of \$1,000 is covered at 80 percent, here's the out-of-pocket cost based on the participation status of the dentist chosen:

	Submitted Fee	Maximum Approved Fee	Amount Delta Dental Pays	Amount Patient Pays
Delta Dental PPO	\$1,000.00	\$700.00	\$560.00	\$140.00
Delta Dental Premier	\$1,000.00	\$900.00	\$720.00	\$180.00
Nonparticipating	\$1,000.00	\$870.00	\$696.00	\$304.00

The payment example above is for illustration purposes only. Fees and reimbursements can vary by location and dentist. It does however represent how the payment is determined.

In this example, choosing a Delta Dental PPO dentist saves 54 percent more out of pocket versus choosing the nonparticipating dentist!

Consumer Toolkit®

Secure Online Access 24/7

- Access benefit overview
- View/print EOBs
- Print personalized ID cards
- Check annual maximum used to date
- Read oral health information

To Register:

1. Go to www.deltadentalin.com
2. Under Toolkits & Resources, Click New User
3. Complete required fields



DELTA DENTAL

Stay informed about your dental benefits with Consumer Toolkit®

Stay current on your dental benefits with Delta Dental's easy-to-use Consumer Toolkit. This secure online tool is designed to give you 24/7 access to important information regarding your dental benefits, including:

- Eligibility information
- Current benefits information (such as how much of your yearly benefit has been used to date, how much is still available to use, and levels of coverage for specific dental services, etc.)
- Specific claims information, including what has been approved and when it was paid

The site also allows you to sign up for electronic delivery of Explanation of Benefits (EOB) statements, print claim forms and identification cards, and browse oral health information.

All users must first register to gain access to the Consumer Toolkit. Privacy of your online benefit information is assured through highly secure encryption technology.

Get started today

To start taking advantage of this innovative tool, follow these simple steps:

1. Visit www.toolkitsonline.com.
2. Select "Consumer Toolkit" on the homepage.
3. Register as a new Toolkit user by clicking "Register here."

- NOTE: You will need the subscriber's (the person whose name is on the benefit package) member ID. The member ID is an assigned number unique to the subscriber. In most cases, the member ID is the same as the subscriber's social security number.

4. Complete required fields and follow the on-screen instructions.
5. Select your own username and password to access the site.

Additional help topics can be found by selecting "Help" or clicking the at any time within the Toolkit. If you need further assistance, contact Toolkit support at (866) 356-0301.

01/11 00:11K

Mobile Smartphone App

- Verify eligibility and benefits
- Find a dentist
- View ID card
- Use the toothbrush timer

Available for Apple iOS or Android users. Visit the App Store (Apple) or Google Play (Android) and search for 'Delta Dental.'



OTHER BENEFITS

Vision Benefit Overview

2016 Vision

- New Carrier - **VSP**
 - Only National non-for-profit vision care company
 - VSP Choice Network
- Additional Vision Plan benefit – KidsCare
- Lower Premiums
- No ID card necessary – Simply let your provider know you have VSP
- Contributory, non-contributory, voluntary options
- 4 Year rate guarantee



2016 Vision Plan Designs

Vision

	Option 1	Option 2	Option 3 – NEW PLAN
Exam Copay	\$10	\$15	\$10
Materials Copay	\$20	\$25	\$20
Frequency (Exam/Lenses/Frames)	12/12/24	12/24/24	12/12/24 Includes KidsCare Plan - 2 exams and 1 pair of glasses every year
2016 Monthly Premium Rates:			
Employee Only	\$5.94	\$4.43	\$6.84
Employee/Spouse	\$11.90	\$8.88	\$13.67
Employee/Child(ren)	\$12.71	\$9.49	\$14.63
Family	\$20.33	\$15.16	\$23.37

- KidsCare Plan – *New for 2016!*
 - Two eye exams every year
 - One pair of glasses every year

VSP Choice Network

Find a Vision Provider:

1. Go to www.vsp.com
2. Enter Zip under Find A VSP Doctor, click Search
3. Select search radius and select Choice under Doctor Network
4. Additional Search criteria – frame brand, language
5. Call Customer Service at 800-877-7195

Premier Program Designation –
Providers offering the latest eye care technology and services through high-tech equipment and access to bonus offers

The screenshot displays the VSP Choice Network website interface. At the top, there are navigation tabs: MEMBERS, BENEFITS & CLAIMS, FIND A DOCTOR (selected), GLASSES, CONTACTS & LASIK, SPECIAL OFFERS, and EYE CARE INFORMATION. Below the navigation is a search bar with 'SEARCH BY LOCATION/SERVICES' and a 'REFINE YOUR SEARCH' section. The search criteria include: Change Zip Code (94102), Show Results Within (25 miles), Frame Brand (Choose a Brand), and Language (English). There are also checkboxes for various services like 'New Patients Welcome', 'Eye Exam', 'Advanced Eye Exam', etc., and products like 'Glasses', 'Featured Frame Brands', etc. The search results show 50 results, with a 'View' dropdown set to 10. The first result is for 'Irene Koga OD', a Premier Program provider. It includes contact information (34 Van Ness Ave, San Francisco, CA 94102, (415) 431-3100), a 'BONUS' badge, 'Special Offers + Bonus Offers', 'Hours' (Mon - Fri 8:30 - 5:30), and 'Distance' (0.22 miles). It also lists 'Featured Frame Brands' such as Altair, Anne Klein, bebe, Calvin Klein, Flexon, Genesis, Joseph Abboud, MarchoNYC, Sight for Students, Sunlites, Tommy Bahama, and X Games. The second result is for 'Through The Hayes Optometry INC', also a Premier Program provider, with contact information (529 Hayes St, San Francisco, CA 94102, (415) 553-8186), 'Special Offers Available at this Location', 'Hours' (Tue - Thu 11:00 - 7:00, Fri - Sat 10:00 - 8:00, Sun 12:00 - 5:00), and 'Distance' (0.34 miles). Both results have a 'FULL PRACTICE INFO' button.

Register at VSP

To Register:

1. Visit VSP.com
2. Click Create an Account at top of page
3. Enter employee's SSN, first/last name, birth date
4. Click Continue
5. Follow next steps to create a user name and password

- *View benefit information*
- *Find a VSP doctor*
- *Get eyewear and eyecare information*
- *Print an ID card (not required for services)*

VSP Member Extras

- Laser Vision Correction – Average 15% off regular price or 5% off promotional price at contracted facilities
- Diabetic Eyecare Plus Program – additional eyecare services for members with diabetic eye disease, glaucoma, or AMD
- Get extra \$20 off frames when going to a provider who carries featured brands – Anne Klein, Calvin Klein, Nike, Nine West
- Mail-in rebates on select contact lens brands

Access Special Offers at www.vsp.com



OTHER BENEFITS

Life and AD&D Insurance

2016 Life/AD&D Plans

	Option 1	Option 2	Option 3	Option 4
Employee Life and AD&D Benefit	\$25,000	\$50,000	1 x Basic Annual Earnings to \$50,000 Max	2 x Basic Annual Earnings to \$100,000 Max
Dependent Life: Spouse / Child(ren) Option 1	\$2,500 / \$2,500	\$2,500 / \$2,500	\$2,500 / \$2,500	\$2,500 / \$2,500
(6 mo. +)	Or	Or	Or	Or
Dependent Life: Spouse / Child(ren) Option 2	\$10,000 / \$10,000	\$10,000 / \$10,000	\$10,000 / \$10,000	\$10,000 / \$10,000
Life Rate per \$1,000 Benefit	0.138	0.138	0.138	0.138
AD&D Rate per \$1,000 Benefit	0.02	0.02	0.02	0.02
Monthly Premium Per Employee	\$3.95	\$7.90		
Dependent Life Rate Per Family Per Month- Option 1	\$1.50	\$1.50	\$1.50	\$1.50
Dependent Life Rate Per Family Per Month- Option 2	\$6.00	\$6.00	\$6.00	\$6.00

***No Plan design changes for 2016!
No premium changes for 2016!***



Employee Election Changes

Open Enrollment – Now is the time for employees to make election changes for 1/1/2016.

Qualifying Events – Once enrolled for Jan. 1st, elections cannot be changed until the following open enrollment unless there is a family status change such as:

- Marriage or Divorce
- Death of spouse or dependent
- Birth or adoption of a child
- Spouse becomes employed or terminated
- You or your spouse change job status
- You or your spouse take a leave of absence

Must notify human resources within 31 days in order to make the change

What's Next?

1. 2016 Medical Plan rates delivered on or before October 1
2. Determine your open enrollment method:
 - On-line thru BenefitSolver or paper forms
 - Contact Tiffany Johnson by September 25
3. Schedule Trust facilitated open enrollment meeting
 - Contact Wendy Glista by September 25
 - We will provide packets if a meeting is not wanted
4. Complete Plan Confirmation Form – Due by October 9
5. Employee premium contribution modeling –
 - Contact Wendy if interested
6. Employee Open Enrollment: November 1 – November 30
7. Submit Enrollment Forms to Tiffany Johnson on or before December 1.

Questions? We're here to help!

Contact Your Trust Service Team

Ann Cottongim, Director of Trust Operations, IACT

acottongim@citiesandtowns.org 317-691-7486

Tiffany Johnson, Benefits Administrator, IACT

tjohnson@citiesandtowns.org 317-237-6200 ext. 229

Sarah Waring, Field Account Manager, UnitedHealthcare

sarah_a_waring@uhc.com 317-405-3922

Wendy Glista, Benefits Consultant, Henriott Group

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Melva Lowry, Benefits Consultant, Henriott Group

mlowry@henriott.com 765-429-5000 ext.259

