



Welcome to your UnitedHealthcare benefit plans



2025 Medical, pharmacy and hospital indemnity plans

for St. Moritz full-time and part-time hourly employees, and their dependents

St. Moritz
SECURITY SERVICES, INC.



Table of Contents

1	Welcome
2	Key information
3	Introduction
4	MVP and MEC Medical Plans
6	Limited Pharmacy Plan
7	Hospital Indemnity Plan
9	FlexWork Wellness Resources
10	Health Care Reform Preventive Services
13	FlexWork Appendix



Welcome

This enrollment guide will help you learn more about your health benefits and choose the plans that best fit your needs. You'll also have a chance to explore additional wellness programs and resources, many of which are included in your plan at no extra cost.

What coverage is available?

Your FlexWork benefits are designed to help you care for your health through:

- Medical + Pharmacy Plans
- Hospital Indemnity Plan

Who is eligible for coverage?

Benefits are available to eligible St. Moritz employees and their dependents, including:

- Full-time Hourly
 - Part-time Hourly
-



2025 enrollment key information



Important dates

	Current Employees	Newly Hired Employees
When to enroll	During open enrollment Nov. 18, 2024 - Dec. 10, 2024	30 days after hire
When payroll deductions start	Jan. 1, 2025	Varies
When benefits start	Jan. 1, 2025	1 st of month, 59 days from hire



Answers and support

St. Moritz Benefit Concierge Service
Benefit Simply

1-888-744-0037

Monday–Friday, 9 a.m.–5 p.m. EST

UnitedHealthcare FlexWork
Pre-member Services

855-892-2401

Monday–Friday, 7:30 a.m. – 8 p.m. CT

www.stmoritzbenefits.org

Benefits designed with you in mind

UnitedHealthcare FlexWork benefit plans are designed to help you and your family keep costs in check and care for your health. Use this guide to review all your benefit options along with costs per pay period.

All FlexWork medical plans give you access to valuable extras:



Unlimited \$0 copay virtual doctor visits and Employee Assistance Program (EAP) visits



Leading national network access



No medical plan claims forms, Optum Perks™ Pharmacy Discount Card, hearing aid discounts and more



Once your plan becomes active, you'll be able to reach Member Services by calling the number on your health plan ID card, plus you'll have access to the member portal at:

flexwork.uhc.com

2025 plan options and costs summary¹

FlexWork plans offered	Eligible Employees			Monthly payroll deductions			
	Full Time	Part Time	Guide Page	Employee Only	Employee + Spouse ³	Employee + Child(ren) ³	Employee + Family ³
MEC Plan <ul style="list-style-type: none"> Limited Medical Plan (MEC) Limited Pharmacy Plan 	✓		4-6	\$130.44	\$308.87	\$232.22	\$423.22
Edge MVP Plan <ul style="list-style-type: none"> MVP Limited Medical Value Plan Emergency Room Visits Outpatient surgery Inpatient benefits Limited Pharmacy Plan 	✓		4-6	\$9.02% of earnings ⁴	\$985.16	\$680.12	\$1,440.22
Indemnity protection plans²							
Enhanced Hospital Indemnity	✓	✓	7	\$36.04	\$82.32	\$64.86	\$118.11

¹ Plan option and cost summary is for illustrative purposes. Official plan documents will prevail over the indications of this benefit guide.

² If you are being offered an Enhanced Hospital Indemnity Protection Plan (E-HIPP) that is being paid with pre-tax dollars, you may receive a 1099 if benefits paid by the plan exceed \$600 per plan year. Benefit payments may be taxable if such amounts exceed out-of-pocket medical expenses.

³ Employee must be covered to elect dependent coverage.

⁴ Up to \$220.20/pay.

UnitedHealthcare FlexWork[®]

MVP and MEC Medical + Pharmacy Plans

FlexWork MVP and MEC Medical + Pharmacy Plans are designed to provide affordable benefits that are easy to access and simple to use, so you can manage your health and well-being with confidence. FlexWork Limited Medical plans cover Minimum Essential Coverage¹ preventive services at no member cost, as well as many of the most frequently utilized health care services.

How the plans work



First-dollar benefits

- All benefits are effective on your first day of coverage
- No deductible and no coinsurance
- Fixed copayments for all covered medical benefits
- Pharmacy benefits included with Enhanced and Edge MVP options
- Annual outpatient service limits to all plans, and inpatient per admission limits apply to Enhanced and Edge MVP options



Nationwide provider access

- UnitedHealthcare Choice network
- 1.2M medical providers and facilities
- 65,000+ pharmacies
- Plan covers network providers and pharmacies only, unless otherwise required by law



\$0 cost benefits

- Health care reform preventive services and medications¹
- 24/7 unlimited virtual doctor visits for many non-urgent needs
- Employee Assistance Plan (EAP)



Key features

- ✓ No pre-existing condition exclusions
- ✓ COBRA coverage continuation is available if you leave your employer (restrictions apply)
- ✓ No annual or lifetime dollar limits
- ✓ Pretax payroll deductions may reduce your cost of coverage



FlexWork plans have limitations and exclusions² that may not make them suitable for everyone

¹ Covered preventive care may include annual checkups, OB-GYN checkups (Pap smear), screening tests for breast cancer, flu and COVID-19 vaccinations, colonoscopies (colorectal cancer screening tests, including bowel prep medication with prescription once every 5 years), shots for measles or other childhood diseases (immunizations), birth control (women's preventive contraceptives), breastfeeding support, supplies and counseling, screenings based on age and risk status (e.g., diabetes, depression, lung cancer), tobacco cessation program and medications. This is not a complete list. Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

² This plan has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your company or UnitedHealthcare. Please review your plan details in your Summary of Benefit Coverage (SBC) document carefully to be sure the plan is right for your needs.

MVP and MEC Medical + Pharmacy Plans

Benefit and cost summary¹

General description	Standard Plan (MEC)	Edge Plan (MVP)
Deductible	None	None
Coinsurance	None	None
Annual out-of-pocket limit (individual/family)	\$9,100/\$18,200	\$9,100/\$18,200
Medical Benefits	Copay Benefits (member cost)	Copay Benefits (member cost)
Health care reform preventive services and medications	\$0 copay	wellness exams, screenings, immunizations, medications (for more information, see pages 10-11 or visit uhc.com/preventive care)
HealthiestYou™ virtual care	\$0 copay	unlimited virtual doctor, mental and behavioral health visits
Employee Assistance Plan (EAP)	\$0 copay	unlimited telephonic employee support
Physician office visits <ul style="list-style-type: none"> Primary care provider Specialist Annual limit	<ul style="list-style-type: none"> \$25 copay \$50 copay 4 combined visits	<ul style="list-style-type: none"> \$25 copay \$50 copay 6 combined visits
Chiropractor, acupuncture Annual limit (if applicable)	\$15 copay 10 combined visits	\$15 copay 15 combined visits
Minor lab & imaging (lab, X-ray) <ul style="list-style-type: none"> Office or freestanding facility Hospital outpatient facility Annual limit (if applicable)	<ul style="list-style-type: none"> \$50 copay \$150 copay 1 dates of service	<ul style="list-style-type: none"> \$50 copay \$150 copay 2 dates of service
Major lab & imaging (MRI, CT, etc.) <ul style="list-style-type: none"> Office or freestanding facility Hospital outpatient facility Annual limit (if applicable)	<ul style="list-style-type: none"> \$50 copay \$150 copay 1 dates of service	<ul style="list-style-type: none"> \$50 copay \$150 copay 2 dates of service
Urgent care Annual limit (if applicable)	\$150 copay 2 visits	\$100 copay 4 visits
Outpatient surgery <ul style="list-style-type: none"> Office or freestanding facility Hospital outpatient facility Annual limit (if applicable)	Not covered	<ul style="list-style-type: none"> \$500 copay \$1,000 copay 1 surgery
Home health care Annual limit (if applicable)	Not covered	\$80 copay per visit 30 visits
Rehabilitation and habilitative services Annual limit (if applicable)	Not covered	\$80 copay 30 visits
Outpatient mental health, substance use Annual limit (if applicable)	Not covered	\$150 copay 15 days (Partial Hospitalization Program) 15 days (Intensive Outpatient Treatment)
Emergency room visits Annual limit (if applicable)	Not covered	\$500 copay 2 visits
Inpatient facility and services Per admission limit ² (if applicable)	Not covered	\$1,000 copay \$35,000 (unlimited admissions)
Pharmacy benefits	see additional information on page 6	
Tier 1	\$15 copay	\$15 copay
Tier 2	\$30 copay	\$30 copay
Tiers 3 and 4	50% coinsurance	50% coinsurance
Monthly payroll deductions	Standard Plan (MEC)	Edge Plan (MVP)
Employee Only	\$130.44	9.02% of earnings ⁴
Employee and Spouse ³	\$308.87	\$985.16
Employee and Child(ren) ³	\$232.22	\$680.12
Employee and Family ³	\$423.22	\$1,440.22

¹ Plan option and cost summary is for illustrative purposes. Official plan documents will prevail over the indications of this benefit guide.

² Edge plans limit coverage to \$35,000 per hospital admission; there is no limit on the number of times a member can be admitted per plan year.

³ Employee must be covered to elect dependent coverage.

⁴ Up to \$230.80/pay.

FlexWork Limited Pharmacy Plan

The Enhanced MEC and Edge MVP Limited Medical Plans include Optum Rx^{®*} for pharmacy benefit management services. The Limited Pharmacy Plan provides coverage for medications as described in the FlexWork Limited Benefit Prescription Drug List (PDL). Specialty drugs are generally not covered.

Prescription benefit overview

- \$0 cost preventive medications, including select contraceptives and those prescribed for asthma
- No limit on the number of prescriptions covered by the plan
- 30-day retail supply at participating network pharmacies only, mail order not covered
- Copay for Tier 1 and 2 acute medications including antibiotics, pain management and substance use disorder treatment
- Coinsurance for Tiers 3 and 4 medications including for select condition management and select brand medications
- Enhanced Savings Plan provides automatic discounts for noncovered medications at the time of service



Making it easy to manage your medications

Once your plan is active, you can use flexwork.uhc.com to help you:

- Locate participating pharmacies
- Find and compare medication costs
- Search the Prescription Drug List (PDL) to see if your medications have any requirements before filling them

Note: Please review your plan information online. If you have any prescription coverage questions or need more information, contact FlexWork Pre-member Services at 855-892-2401.

Two ways to save money



Use network pharmacies

Your pharmacy benefits are available through network pharmacies only, which may cost you less out of pocket.



Use Tier 1 and Tier 2 medications

Ask your prescriber to choose lower-tier medications on the FlexWork PDL.

*Optum Rx is an affiliate of UnitedHealthcare.

UnitedHealthcare FlexWork[®]

Enhanced Hospital Indemnity Protection Plan

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Enhanced Hospital Indemnity Protection Plan

(continued)

The FlexWork Hospital Indemnity Plans are supplemental indemnity plans that can work alongside your health plan by paying a fixed cash benefit for a certain number of days per year after you receive covered outpatient and hospital care.

How the plan works

Broad coverage

The Plans cover a variety of medical services such as hospital admissions and confinement, doctor's office visits, diagnostic tests and more. There are no annual deductibles, no coinsurance and no pre-existing conditions limitations and exclusions.

Use the cash benefits any way you wish

If you have a covered service during the plan year, the FlexWork E-HIPP plan will pay you a cash benefit directly. Hospital Indemnity cash benefits are in addition to any benefits payable under your medical plan. What's more, you can use your cash benefits to pay for out-of-pocket medical costs, prescriptions or household living expenses such as rent and groceries.

Get faster payments with Benefit Assist

If you're also enrolled in a UnitedHealthcare medical plan and have a medical claim that qualifies for an indemnity benefits payment, you will be contacted by the Benefit Assist team to remind you to file your claim form for faster payment.



Benefit and cost summary¹

Benefit description	Preferred E-HIPP	
	Cash benefit	Annual limit
Physician office, urgent care, online visits	\$70 per day	6 days per year
Minor diagnostic lab and imaging [lab, X-ray, etc.]	\$50 per day	1 days per year
Major diagnostic lab and imaging [MRI, CT, PET, etc.]	\$100 per day	1 days per year
Invasive diagnostic tests [colonoscopy, laparoscopy, etc.]	\$500 per day	1 days per year
Outpatient surgery	\$1,000 per day	2 days per year
Outpatient surgery anesthesia	\$250 per day	2 days per year
Emergency room visits	\$100 per day	2 days per year
Hospital admission	\$1,500 per day	2 days per year
Hospital daily confinement	\$200 per day	364 days per year
Inpatient surgery	\$1,000 per day	2 days per year
Inpatient surgery anesthesia	\$250 per day	2 days per year
Monthly payroll deductions	E-HIPP purchased stand alone	E-HIPP when bundled w/ MEC
Employee only	\$36.04	\$33.52
Employee + spouse ²	\$82.32	\$76.56
Employee + children ²	\$64.86	\$60.32
Employee + family ²	\$118.11	\$109.84

¹ Plan option and cost summary is for illustrative purposes. Official plan documents will prevail over the indications of this benefit guide.

² Employee must be covered to elect dependent coverage.

Health and wellness resources

Once your plan becomes active, you'll have access to these wellness programs and health support services — all at **no additional cost to you.**



24/7 Virtual Visits

Save time and money with virtual doctor visits for diagnosis of nonemergency medical conditions, personal care plans and some prescriptions.* Register at [healthiestyou.com](https://www.healthiestyou.com) or call 1-866-703-1259.**



Benefit Assist

If you're enrolled in a medical and supplemental health plan, you'll be notified of claims that may qualify for benefits.



MedCents Consumer Advocacy

If you're enrolled in a medical and supplemental health plan, and have been billed for not covered medical costs, you can get assistance to negotiate for a reduced amount and/or easier payment terms .



Hearing discounts

UnitedHealthcare Hearing offers access to hundreds of name-brand and private-label hearing aids at significant savings. You'll also get convenient ordering options and personalized care.



24/7 support

When life gets stressful, the Employee Assistance Program (EAP) support line is just a phone call away. Our coordinators are available 24/7 for confidential*** conversations and referrals to expert care and services.



Optum Perks™ Pharmacy Discount Card

Save on medications not covered by your pharmacy plan and get discounts on most FDA-approved medications.



UnitedHealthcare Discount Marketplace

Find ways to stay healthy and enjoy thousands of negotiated prices on items such as health and wellness, apparel, auto, beauty, personal care, cell phone, virtual learning, electronics, entertainment, everyday savings, flowers and food. Visit flexwork.uhc.com for details.

*Data rates may apply.

**HealthiestYou is not health insurance. HealthiestYou is designed to complement, and not replace, the care you receive from your primary care physician. HealthiestYou physicians are an independent network of doctors who advise, diagnose and prescribe at their own discretion. HealthiestYou physicians provide cross coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA controlled substances, nontherapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written. Services may vary by state. HealthiestYou by Teladoc® and UnitedHealthcare are not affiliated and each entity is responsible for its own contractual and financial obligations.

***Confidential in accordance with the law.

Health care reform services

High-level summary of health care reform mandated preventive benefits — covered at 100% of the allowed amount with \$0 copays, network only.

Adults	
Abdominal aortic aneurysm	One-time screening for men of specified ages who have never smoked
Alcohol and drug use screening	Screening with brief behavioral counseling interventions to reduce unhealthy alcohol and drug use
Aspirin	Use for men and women of certain ages
Blood pressure	Screening for all adults
Cholesterol	Screening for all adults of certain ages or at higher risk
Colorectal cancer	Screenings for adults over 45
Depression	Screenings for adults in a primary care setting
Diabetes	Screenings for adults under 70 who are obese or overweight or who have a history of gestational diabetes
Diet	Counseling for adults at higher risk for cardiovascular disease risk factors in a primary care setting
Falls prevention	Counseling for community-dwelling older adults during wellness exam
Hepatitis C virus infection	Screening for all adults
Human immunodeficiency virus (HIV)	Screening for all adults at higher risk and for sexually active women; prevention of HIV and pre-exposure prophylaxis with antiretroviral therapy, monitoring and testing
Immunization and vaccinations	Food and Drug Administration approved vaccines for adult doses, recommended ages and recommended populations vary; hepatitis A, hepatitis B, herpes zoster, human papillomavirus, influenza (flu shot), measles, mumps, rubella, meningococcal, pneumococcal, tetanus, diphtheria, pertussis, varicella and COVID
Lung cancer screening	With low-dose CT scan with prior authorization for people over 50 with a history of smoking 20 cigarette packs per year
Obesity	Screening and counseling for all adults
Sexually transmitted diseases	Prevention counseling for adults at higher risk and sexually active women
Syphilis	Screening for all adults at higher risk and for all pregnant women or other women at increased risk
Tobacco use and cessation	Screening for adults and expanded counseling for pregnant tobacco users
Tuberculosis	Screening for people at increased risk
Expanded women's preventive health services	
Bacteriuria	Urinary tract or other infection screening for pregnant women
Breast cancer type 1 test	BRCA counseling about genetic testing for women at higher risk. Lab test requires prior authorization.
Breastfeeding counseling	Comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women
Cervical cancer	Screening for sexually active women
Chlamydia/gonorrhea	Screening for younger women and women at higher risk
Contraception	Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs
Domestic/interpersonal violence	Screening and counseling for all women
Folic acid	Supplements for women who may become pregnant
Gestational diabetes mellitus	Screening for women 24-28 weeks pregnant and those at risk of developing gestational diabetes
Hepatitis B	Screening for pregnant women at their first prenatal visit

Health care reform services

(continued)

Expanded women's preventive health services (continued)

Human papillomavirus (HPV) DNA test	High-risk HPV DNA testing every 3 years for women with normal cytology results who are 30 or older
Mammography	Mammography screenings every 1 to 2 years for women over 40 and risk-reduction counseling for women at high risk of breast cancer
Osteoporosis	Screening for women over age 65 and younger women depending on risk factors
Pregnancy counseling	Perinatal depression counseling for pregnant or postpartum women at risk and healthy weight gain during pregnancy counseling with nutritional counseling for pregnant women
Rh incompatibility	Screening for pregnant women and follow-up testing for women at higher risk
Well-woman visits	To obtain recommended preventive and prenatal services for women under 65; includes screening for anxiety, domestic violence, incontinence and skin cancer behavioral counseling

Children

Age-appropriate well-child exam	Includes psychosocial, depression and behavioral assessments
Alcohol, tobacco and drug use	Assessments for adolescents
Anemia	Screening on a routine basis for children
Autism and developmental screening	Screening for children at 9, 18, 24 and 30 months
Behavioral counseling during well-child exam to prevent skin cancer and sexually transmitted infections	Assessments for children of all ages: 0 to 11 months; 1 to 4 years; 5 to 10 years; 11 to 14 years; 15 to 17 years
Congenital hypothyroidism	Screening for newborns
Depression	Screening for adolescents
Developmental	Screening for children under age 3 and surveillance throughout childhood
Dyslipidemia	Screening for children at higher risk of lipid disorders. Screenings at 24 months, 4 years, 6 years, 8 years, 12 years, 13 years, 14 years, 15 years and 16 years.
Fluoride chemoprevention	Supplements for children without fluoride in their water source
Gonorrhea	Preventive medication for the eyes of all newborns
Hearing screening	Screening by primary care physician
Height, weight and body mass index (BMI)	Measurements for children ages: 0 to 11 months; 1 to 4 years; 5 to 10 years; 11 to 14 years; 15 to 17 years
Hemoglobinopathies	Or sickle cell screening for newborns
Human immunodeficiency virus (HIV)	Screening for adolescents at higher risk
Immunization and vaccinations	Food and Drug Administration approved vaccines for children from birth to age 18 — doses, recommended ages and recommended populations vary: diphtheria, tetanus, pertussis, haemophilus influenza type B, hepatitis A, hepatitis B, human papillomavirus, inactivated polio virus, influenza (flu shot), measles, mumps, rubella, meningococcal, pneumococcal, rotavirus, varicella and COVID
Lead	Screening for children at risk of exposure
Medical history	For children throughout development ages: 0 to 11 months; 1 to 4 years; 5 to 10 years; 11 to 14 years; 15 to 17 years
Newborn screening	Includes metabolic screening panel, phenylketonuria, hypothyroid and sickle cell
Obesity	Screening and counseling on weight improvement
Sexually transmitted diseases	Prevention counseling and screening for adolescents at higher risk
Tuberculosis	Testing for children at higher risk of tuberculosis: ages 0 to 11 months; 1 to 4 years; 5 to 10 years; 11 to 14 years; 15 to 17 years
Visual acuity screening	Screening for all children by a primary care physician
Well-child exam	Includes psychosocial, depression and behavioral assessments

Health care reform services

(continued)

Preventive Services Coverage

For UnitedHealthcare Limited Medical Minimum Essential Coverage and Limited Minimum Value Plans

Under the Patient Protections and Affordable Care Act (PPACA), most health plans must cover preventive services and medication – like shots and screenings – at no cost to you when provided by a network provider. These services include evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force and immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. For example, depending on your age, you may have access to no-cost preventive services such as:

- [Blood pressure, diabetes, and cholesterol tests](#)
- Many cancer screenings, including [mammograms](#) and [colonoscopies](#)
- Counseling on such topics as [quitting smoking](#), [losing weight](#), [eating healthfully](#), [treating depression](#), and [reducing alcohol use](#)
- Regular [well-baby](#) and [well-child](#) visits
- Routine [vaccinations against diseases](#) such as measles, polio, or meningitis
- [Counseling, screening, and vaccines](#) to ensure healthy pregnancies
- [Flu shots](#) and other vaccines

PPACA also makes certain preventive medications and supplements available to you at no cost—both prescription and over-the-counter (OTC) when prescribed by a health care professional, and filled at a network pharmacy. For example, depending on your age, you may have access to no-cost preventive prescription drugs such as:

- Bowel preparation for colonoscopy needed for colon cancer screening
- Birth control and contraceptive devices
- Tobacco cessation medications
- Human Immunodeficiency Virus (HIV) preventive medications
- Breast cancer preventive medications
- Statin preventive medications
- Gonococcal ophthalmia neonatorum preventive medication

Refer to the full list of covered preventive services and drugs at uhc.com/preventivecare or in your Benefits Guide

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

Mail: UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

Online: UHC_Civil_Rights@uhc.com

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free member phone number listed on your ID card.

You can also file a complaint with the U.S. Department of Health and Human Services:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at:
<http://www.hhs.gov/ocr/office/file/index.html>

Phone: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services 200
Independence Avenue SW, Room 509F HHH
Building
Washington, DC 20201

We provide free services to help you communicate with us such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN L U Ý: N u quý v nôi ti ng Vi t (**Vietnamese**), quý v s đ c cung c p d ch v tr giúp v ngôn ng mi n phí. Vui lòng g i s đ i n tho i mi n phí m t sau th h i viên c a quý v .

알림: 한국어 (**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русским (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

، فإن خدمات المساعدة اللغوية المجانية متاحة لك (**Arabic**) إذا كنت تتحدث العربية: تنبيه
يُرجى الاتصال برقم الهاتف المجاني المدرج على
بطاقة التعريف الخاصة بك

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisyè sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ACHTUNG: Falls Sie Deutsch (**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

هجوت سلفت ههشقی بیرقب امش نلیر رگا (Farsi) یئنا ردنگلیر روطه یئو دادما تامدخ تتسا
شلب یم امش امش یلئش ترک یور هک یئگلر فت هر امش یلئش
نیریگب.

ध्यान दें: यदि आप हिंदी (**Hindi**) बोलते हैं, आपको भाषा सहायता सेवाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

DÍI BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yániiti'go, saad bee áka'anida'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shq'odí ninaaltsoos nitł'izí bee nééhozinígíí bine'dęę' t'áá jíík'ehgo béesh bee hane'i biká'ígíí bee hodiilnih.

UnitedHealthcare FlexWork® plan notices and disclaimers

Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop loss insurance is underwritten by UnitedHealthcare Insurance Company or their affiliates, including UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.

Noninsurance services are offered only on specific lines of coverage and are not insurance. These services may be modified or terminated at any time, may not be available in all states and may vary depending on state laws and regulations. Not available in New York and Washington.

UnitedHealthcare FlexWork Limited Medical (MEC) Plans

Plans have exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call 1-855-856-5445 or visit uhflexwork.com

UnitedHealthcare FlexWork Dental Plans

Dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX, DPOL.12.TX and DPOL.12.TX (Rev. 9/16) and associated COC form numbers DCOC.CER.06, DCOC.CER.IND.12.TX and DCERT.IND.12.TX. Plans sold in Virginia use policy form number DPOL.06.VA with associated COC form number DCOC.CER.06.VA and policy form number DPOL.12.VA with associated COC form number DCOC.CER.12.VA. *Benefits for the UnitedHealthcare Dental DHMO/Direct Compensation plans are offered by Dental Benefit Providers of California, Inc. UnitedHealthcare Dental is affiliated with UnitedHealthcare.

UnitedHealthcare FlexWork Vision Plans

Vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13.TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company.

UnitedHealthcare Hearing

UnitedHealthcare Hearing is provided through UnitedHealthcare and offered to existing members of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to provide specific hearing aid discounts. This is not an insurance nor managed care product, and fees or charges for services in excess of those defined in program materials are the member's responsibility. UnitedHealthcare does not endorse nor guarantee hearing aid products/services available through the hearing program. This program may not be available in all states or for all group sizes. Components subject to change.

UnitedHealthcare Life and Disability

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company and certain products in California by Unimerica Life Insurance Company. Life and Disability products are provided on policy forms LASD-POL (05/03) et al. and UHCLD-POL 2/2008 et al., in Texas on forms LASD-POL-TX (05/03) and UHCLD-POL 2/2008-TX and in Virginia on LASD-POL (05/03) and UHCLD-POL 2/2008. The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT and Unimerica Life Insurance Company is located in Milwaukee, WI.

UnitedHealthcare Critical Illness

UnitedHealthcare Critical Illness product is provided by UnitedHealthcare Insurance Company. Critical Illness coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

UnitedHealthcare Accident Protection

UnitedHealthcare Accident Protection product is provided by UnitedHealthcare Insurance Company. The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

UnitedHealthcare FlexWork Indemnity Plans

Indemnity product is provided by UnitedHealthcare Insurance Company. The product provides a limited benefit for certain hospital indemnity plan benefits. Please note: HOSPITAL INDEMNITY coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. This product is not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

HealthiestYou

HealthiestYou is not health insurance. HealthiestYou is designed to complement, and not replace, the care you receive from your primary care physician. HealthiestYou physicians are an independent network of doctors who advise, diagnose and prescribe at their own discretion. HealthiestYou physicians provide cross coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA controlled substances, nontherapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written. Services may vary by state. HealthiestYou by Teladoc® and UnitedHealthcare are not affiliated and each entity is responsible for its own contractual and financial obligations.

Employee Assistance Plan

The material provided through the Employee Assistance Program (EAP) is for informational purposes only. EAP staff cannot diagnose problems or suggest treatment. EAP is not a substitute for your doctor's care. Employees are encouraged to discuss with their doctor how the information provided may be right for them. Your health information is kept confidential in accordance with the law. EAP is not an insurance program and may be discontinued at any time. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply.

Benefit Assist

Benefit Assist support is available at no additional cost to groups with a health plan and supplemental health plan from UnitedHealthcare. Benefit payments associated with the Supplemental Health Plan Benefit Assist program are subject to eligibility requirements and benefits outlined in your UnitedHealthcare policy.

The MedCents Advocacy Program is separate from your health plan, amounts paid for non-covered services will not apply to your health plan's annual out-of-pocket limit.

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Benefit summaries are illustrative. For complete coverage details, please review your Summary of Benefit Coverage (SBC) or Summary Plan Description (SPD) document carefully to be sure the plan is right for your needs. This plan has exclusions, limitations and terms under which the policy may be continued in force or discontinued

Covered preventative care may include annual checkups, OB-GYN checkups (Pap smear), screening tests for breast cancer, flu and COVID-19 vaccinations, colonoscopies (colorectal cancer screening tests, including bowel prep medication with prescription once every 5 years), shots for measles or other childhood diseases (immunizations), birth control (women's preventative contraceptives), breastfeeding support, supplies and counseling, screenings based on age and risk status (e.g., diabetes, depression, lung cancer), tobacco cessation program and medications. This is not a complete list. Certain preventative care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments or coinsurance for these benefits. Always review your benefit plan documents to determine your specific coverage details.

See complete list of ACA Preventative services within this benefits guide.

Employee must be covered to elect dependent coverage.

EHPP pays member up to combined limits: 6 (PCP, specialist and urgent care visits); 1 (minor lab and imaging); 1 (major lab and imaging)

Pre-existing conditions are covered with no waiting periods except childbirth occurring within the first 9 months of the Covered Person's [or Dependent's] Effective Date of insurance; Complications of Pregnancy are covered to the same extent as a Sickness.

Answers and support

**St. Moritz Benefit Concierge Service
Benefit Simply**

1-888-744-0037

Monday–Friday, 9 a.m.–5 p.m. EST

**UnitedHealthcare FlexWork
Pre-member Services**

855-892-2401

Monday-Friday, 7:30 a.m. – 8 p.m. CT

www.stmoritzbenefits.org



St. Moritz
SECURITY SERVICES, INC.

