



LAKE FOREST  
COLLEGE



# Focus on Benefits 2020

## **WELCOME TO YOUR BENEFITS**

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## **BENEFITS INFORMATIONAL MEETINGS**

- **Wednesday, November 13, 2019** 12:00 p.m. and 4:00 p.m. Meyer Auditorium

Make your elections for your 2020 benefits

**Nov 4—Nov 17, 2019**

## BENEFITS OVERVIEW

The chart below provides an overview of the benefits and optional coverages offered to you and your eligible dependents during this open enrollment.

Benefit	Your options	Coverage levels	Cost sharing
<b>Medical</b>	Choice Plus PPO	Employee and eligible dependents	Shared
	High Deductible Health Plan	Employee and eligible dependents	Shared
<b>Dental</b>	Delta Dental HMO	Employee and eligible dependents	Employee paid
	Delta Dental PPO	Employee and eligible dependents	Employee paid
<b>Vision</b>	VSP Choice	Employee and eligible dependents	Employee paid
<b>HSA</b>	Up to \$3,550 individual or \$7,100 family per year (total) \$1,000 Catch-up contribution (age 55 or older)	Employee and eligible dependents	Employer contribution Optional employee contribution
<b>FSA Healthcare</b>	Up to \$2,700 per calendar year	Employee and eligible dependents	Employee paid
<b>FSA Dependent Care</b>	Up to \$5,000 per calendar year	Employee and eligible dependents	Employee paid
<b>Short Term Disability</b>	60% of base salary up to \$2,000 per month after a 14-days waiting period	Employee	Employee Paid
<b>Basic Life Insurance</b>	1.5 times salary up to \$300,000	Employee	Employer paid
<b>Long Term Disability</b>	66 2/3% of base salary up to \$10,000 after a 90-days waiting period	Employee	Employer Paid

## HEALTH PLAN OPTIONS

Lake Forest College is pleased to offer two medical plans to choose from:

1. **Choice Plus** This traditional PPO plan has a copay for office visits, a deductible for other types of care, and covers eligible services at 80% after the deductible is met. Preventive care is covered at 100%. Prescription drugs have a copay based on the type of prescription filled.
2. **High Deductible Health Plan with a Health Savings Account** This plan has the same network of providers as the Choice Plus PPO plan and includes an individual Health Savings Account (HSA) that will be partially funded by the College. Preventive care is covered at 100%.

In order to obtain the highest level of benefits, you should confirm the network status of all providers prior to obtaining covered health services.

	Choice Plus PPO	High Deductible Health Plan with a Health Savings Account
Service	In-Network	In-Network
<b>Deductible Limit</b>		
Single	\$750	\$1,500
Single + 1	\$1,500	\$3,000
Family	\$1,500	\$3,000
<b>Health Savings Account Lake Forest College employer contributions</b>		
Single	n/a	\$500
Single + 1		\$750
Family		\$1,000
<b>Co-insurance</b>		
After deductible pays	80% after deductible has been met	80% after deductible has been met
<b>Out-of-pocket maximum</b>		
Single	\$2,000	\$2,750
Single + 1	\$4,000	\$5,500
Family	\$4,000	\$5,500
<b>Preventive care</b>	100%, no deductible	100%, no deductible
Primary physician office visit	\$20 co-pay	80% after deductible has been met
Specialist physician office visit	\$40 co-pay	80% after deductible has been met
<b>Inpatient hospitalization</b>	\$250 co-pay	80% after network deductible has been met
<b>Emergency room</b>	\$150 co-pay	80% after network deductible has been met
<b>Prescription drugs</b>		
Formulary generic (Tier I)	\$10	80 % after deductible has been met
Formulary brand (Tier II)	\$40	
Non-formulary brand (Tier III)	\$60	

## HEALTH PLAN PREMIUMS

### Choice Plus PPO Plan

#### Exempt Employees—Per monthly pay period premiums

SALARY RANGE	EMPLOYEE	SPOUSE	CHILDREN	FAMILY
At or Below \$38,250	\$95.09	\$305.03	\$209.06	\$408.68
Above \$38,250	\$126.76	\$430.56	\$264.81	\$576.98
Above \$57,300	\$158.43	\$574.07	\$348.43	\$769.28
Above \$87,600	\$190.18	\$681.78	\$445.99	\$913.51
Above \$170,000	\$301.06	\$986.72	\$627.18	\$1,322.19

#### Non-Exempt Employees—Per biweekly pay period premiums

SALARY RANGE	EMPLOYEE	SPOUSE	CHILDREN	FAMILY
At or Below \$38,250	\$43.89	\$140.78	\$96.49	\$188.62
Above \$38,250	\$58.50	\$198.72	\$122.22	\$266.30
Above \$57,300	\$73.12	\$264.96	\$160.81	\$355.05

### High Deductible Health Plan

#### Exempt Employees—Per monthly pay period premiums

SALARY RANGE	EMPLOYEE	SPOUSE	CHILDREN	FAMILY
At or Below \$38,250	\$87.48	\$280.63	\$192.33	\$375.98
Above \$38,250	\$116.62	\$396.11	\$243.62	\$530.83
Above \$57,300	\$145.75	\$528.15	\$320.56	\$707.74
Above \$87,600	\$174.97	\$627.24	\$410.31	\$840.43
Above \$170,000	\$276.98	\$907.78	\$577.00	\$1,216.41

#### Non-Exempt Employees—Per biweekly pay period premiums

SALARY RANGE	EMPLOYEE	SPOUSE	CHILDREN	FAMILY
At or Below \$38,250	\$40.38	\$129.52	\$88.77	\$173.53
Above \$38,250	\$53.82	\$182.82	\$112.44	\$245.00
Above \$57,300	\$67.27	\$243.76	\$147.95	\$326.65

## HEALTH SAVINGS ACCOUNT ADVANTAGES

### Is a health savings account right for me?

Like any health care option, an H S A has advantages and disadvantages. As you weigh your options, think about your budget and what health care you are likely to need in the next year.

If you are generally healthy and want to save for future health care expenses, an H S A may be an attractive choice.

Or if you are near retirement, an H S A may make sense because the money in the H S A can be used to offset costs of medical care after retirement.

Or if you think you might need expensive medical care in the next year and are able to meet the higher deductible, an H S A account can help maximize your tax savings.

Contributions made to the H S A are not available to those members who are enrolled in any part of Medicare, or other disqualifying coverage.

If you are covered on the High Deductible Health Plan (HDHP), but you are also covered on another group health plan (such as your spouse's group plan) that is not an HDHP, you would also be ineligible to accept or make contributions to an H S A.

An H S A is not available to employees who are enrolled in a spouse's medical spending account (FSA), unless the spouse's medical FSA is a limited medical FSA.

### How much can you put in the health savings accounts?

Maximum contributions are \$3,550 for single coverage and \$7,100 for family coverage for 2020 (employer and employee contributions combined). If the employee is age 55+ they can contribute an additional \$1,000 into their H S A account. The amounts contributed by Lake Forest College (\$500 for individual, \$750 for employee plus one, and \$1000 for family) are included in these annual totals.

Lake Forest College employer contribution will be provided in two equal installments in January and June.

Your Health Savings Account will be administered by Optum.

## TOP REASONS TO HAVE AN HSA

**Tax Saving & Earned Interest**—Contributions are tax-deductible and earn tax-free interest.

**Portability**— You own your account, so even if you change jobs, your HSA funds are yours to keep.

**Affordable Health Coverage**— Use the HSA to cover 100% of out-of-pocket costs for routine medical expenses, such as office visits, lab test, and prescription medications.

**Reduced Insurance Premiums**—The cost of coverage under the HDHP plan is lower than the Choice Plus PPO plan.

**Long Term Savings**—Contributions to your HSA accumulate and roll over year-to-year with no limit, which allows the account to grow tax-deferred.

**Retirement Bonus**— After age 65, funds may be withdrawn for any reason with no penalties. (If used for non-medical purposes, however, taxes will be imposed.)

**Safety Net**— An HSA has no “use it or lose it” restrictions, so balances can be built up to use for major medical events.

**Coverage for the “Extras”** - HSA funds may be used to pay for services often not covered by a medical plan, including dental and vision expenses.

**Empowerment**—Take control of your health care decisions, including which providers you want to use, to ensure your health care dollars are spent wisely.

### How do I use the HSA to pay for medical care?

It is rather simple. Here are the steps:

1. You and/or Lake Forest College puts money into your HSA.
2. You or a dependent receives medical services.
3. A bill for medical services is submitted as a claim to United Health Care.
4. You receive an Explanation of Benefits for the service, which will reflect the amount due to the provider.
5. At this time you can choose to:
  - Use your HSA funds to pay the provider directly for the amount due

## FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts allow you to set aside money to pay for eligible expenses with tax-free dollars. Participants **must enroll annually** for the plan year.

### Your choices:

1. **Healthcare Flexible Spending Account:** Use this account to cover the cost of health, dental, vision and hearing expenses for you and your dependents which are considered eligible FSA expenses. You may contribute up to \$2,700 per year.

#### Eligible healthcare FSA expenses include:

- Deductibles, coinsurance, and copays
- Prescription drug copays
- Over-the-counter medicine, if prescribed by a doctor
- Medical care items that are not prescription drugs, such as equipment (crutches), supplies (bandages and contact lens solutions), and diagnostic devices (blood sugar testing kits)
- Dental expenses, including orthodontia
- Vision expenses, including eye exams, glasses, and contact lenses
- Hearing expenses, including hearing aids and exams
- Mental health expenses (does not include marriage counseling)
- Orthopedic expenses
- Weight loss programs (if medically necessary)
- Medical expenses for certain procedures not covered by the plan, such as laser vision correction

2. **Dependent Care Spending Account:** Use this account to cover the cost of dependent care while you work. You may use this for expenses for the care of a child under age 13 or a disabled spouse, child or parent. If you are married, your spouse must be employed or attending classes full time in order for you to use the Dependent Care Spending Account. You may contribute up to \$5,000 per year per household to this account or \$2,500 per year if you are married and file your taxes separately.

#### Eligible dependent care FSA expenses include:

- Child or adult care center that complies with State and Local regulations (not including nursing homes)
- Sitter inside or outside the home
- Day care during school vacation, provided it is not primarily for educational purposes
- Nursery school, even if the school provides educational services
- Relative who cares for eligible dependents, as long as that relative is not your dependent and is age 19 or older

## LIFE AND DISABILITY INSURANCE

**Basic Group Life Insurance Plan**—The College automatically provides you with Basic Life Insurance equal to one-and one-half (1 1/2) times your annual salary. Employer provided group term life insurance in excess of \$50,000 for employees is considered by the IRS to be a benefit that is taxable as income. This means that employees who are covered by College’s provided life insurance benefit of more than \$50,000 must pay taxes for the “value” of the excess benefits.

**Long Term Disability Insurance Plan**—Base benefits are 66 2/3% of an employee’s annualized gross base salary, with a maximum benefit of up to \$10,000 per month. This coverage is provided by the College at no cost to the employee.

## VOLUNTARY SHORT TERM DISABILITY

Benefits eligible employees may purchase Short Term Disability plan (STD), which provides a benefit of 60% of your base pay up to a maximum weekly benefit of \$2,000 in the event you are sick or injured and unable to work and don’t have paid sick or vacation days available. Benefits begin after 14 days of elimination period. Enrolled employees pay the total cost with the after-tax premium. This program is contingent upon enough participation.

Your benefit will be paid for 11 weeks. If you are still disabled after those 11 weeks, you’d simply roll right into your Long-Term Disability plan provided by the College.

Use the premium factor in the table provided below to calculate your premium for voluntary short-term disability coverage in the worksheet below, using the example as a guide.

### MONTHLY STD PREMIUM CALCULATION

### Example

(42-year old employee earnings \$40,000 a year)

List your weekly earnings (Maximum is \$3,333.33)	\$ _____	<u>\$769.23</u>
Multiply by the premium factor	<u>0.0192000</u>	<u>0.0192000</u>
Your Estimated Monthly Premium	\$ _____	<u>\$14.77</u>

## DENTAL PLAN BENEFITS AND FEATURES

**Delta Dental PPO Plus Premier** plan includes the following feature:

- **Enhanced benefit program** offers additional coverage for individuals who have specific health conditions (including pregnancy, diabetes, high risk cardiac conditions, and suppressed immune systems) that can be positively affected by additional oral health care. You will maximize your benefits by receiving care from a Delta Dental PPO or Delta Dental Premier network dentist.

Visit [www.deltadentalil.com](http://www.deltadentalil.com) and click Provider Search.

**Example of your copayment with Delta Dental network dentists and non-network dentists:**

- Delta Dental PPO: Lowest out-of-pocket cost and network protection.
- Delta Dental Premier: Higher out-of-pocket costs than PPO, but may be lower than non-network and network protection.
- Non-network: You may have the highest out-of-pocket costs

Features	Delta Dental PPO Network	Delta Dental Premier Network	Out-of-Network
Annual Deductible (applies to Basic/Major only)	\$75/person	\$75/person	\$75/person
Preventive/Diagnostic	100% of reduced fee*	90% of MPA**	90% ***
Basic	70% of reduced fee*	70% of MPA**	50% ***
Major	50% of reduced fee*	50% of MPA**	50% ***
Orthodontic	N/A	N/A	N/A
<b>Calendar Year Maximum \$1,200 per person</b>			

\*Delta Dental PPO dentists accept payment based on the lesser of the submitted fee (their usual fee) or Delta Dental's allowed PPO fee. PPO network dentist cannot charge you for costs exceeding the PPO fee.

\*\* Delta Dental Premier dentists accept payment based on the lesser of the submitted fee (their usual fee) or Delta Dental's maximum plan allowance. Premier dentists may not charge you for costs exceeding the maximum plan allowance.

\*\*\* Non-network dentists (non-Delta Dental PPO/non Delta Dental Premier) do not agree to accept Delta Dental's allowed fees as payment in full; payment is based on the lesser of the submitted fee (their usual fee) or Delta Dental's maximum plan allowance. These dentists can charge you for costs exceeding the maximum plan allowance.

## DENTAL PLAN BENEFITS AND FEATURES

### Delta Dental HMO

Similar to a medical HMO plan, Delta Dental HMO plan is a dental managed care plan (DHMO) with its own network of dentists. Under this plan only one panel dentist may be chosen for you and your covered dependents. At the time of enrollment, you must decide which dental provider you and your family will use. You may change to a different panel dentist at any time prior to the 21st day of any calendar month. Your new selection will become effective on the first day of the following calendar month.

<b>Features</b>	<b>Delta Dental HMO</b>
Annual Deductible	None
Preventive/Diagnostic	See Schedule of Fees
Basic	See Schedule of Fees
Major	See Schedule of Fees
Orthodontic	Child: Member pays max of \$1,950; Adult: Member pays max of \$2,150
Calendar Year Maximum per person	None

## DENTAL PLAN PREMIUMS

Coverage Level	HMO Plan	PPO Plus Premier Plan
<b>Monthly Cost</b>		
Employee	\$31.54	\$31.54
Plus Spouse	\$62.03	\$62.03
Plus Child(ren)	\$60.41	\$60.41
Family	\$112.90	\$112.90
<b>Bi-weekly Cost</b>		
Employee	\$14.56	\$14.56
Plus Spouse	\$28.63	\$28.63
Plus Child(ren)	\$27.88	\$27.88
Family	\$52.11	\$52.11

## VISION PLAN BENEFITS AND FEATURES

Benefit	Description	Copay	Frequency
<b>Well/Vision Exam</b>	Focusses on your eyes and overall wellness	\$10	Every 12 months
<b>Prescription Glasses</b>			
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$150 allowance for a wide selection of frames</li> <li>\$170 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Allowance at Costco</li> </ul>	Included in Prescription Glasses	Every 12 months
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every 12 months
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Scratch-resistant coating</li> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-50% on other lens enhancements</li> </ul>	\$0 \$55 \$95-\$105 \$150-\$175	Every 12 months
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$130 allowance for contacts; copay does not apply</li> <li>Contact lenses exam (fitting and evaluation)</li> </ul>	Up to \$60	Every 12 months
<b>Extra Savings</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancement, from any VSP provider within 12 months of your last WellVision Exam</li> </ul>		

## VISION PLAN PREMIUMS

Coverage Level	
<b>Monthly Cost</b>	
Employee	\$8.38
Plus Spouse	\$13.40
Plus Child(ren)	\$13.68
Family	\$22.05
<b>Bi-weekly Cost</b>	
Employee	\$3.87
Plus Spouse	\$6.19
Plus Child(ren)	\$6.32
Family	\$10.18

**About the Vision Plan:** This is a comprehensive plan for all vision services. You may use any provider for your vision services; however, using an in-network provider will reduce your out-of-pocket costs.

Always use an in-network provider to obtain the highest level of benefits.

**QUESTIONS?** Call the customer service at 800-877-7195 or visit [www.vsp.com](http://www.vsp.com).

## RESOURCES FOR MEDICAL PLAN PARTICIPANTS

Register on [www.myuhc.com](http://www.myuhc.com) with your UHC member ID (or SSN) and College's group plan (#705611) for on-line access to your health plan benefits.

Through [myUHC.com](http://myUHC.com), you can:

- Locate network providers anywhere in the United States.
- Order additional ID cards and/or print a temporary ID card.
- Review and manage your claims.
- Use the treatment cost estimator to estimate or compare provider fees for medical services in your area.
- Set up and manage a personal health record for you and your family members.

**myHealthcare Cost Estimator:** Through this online tool you can learn more about a procedure and compare treatment options, select a quality provider for a procedure, quickly estimate out-of-pocket costs for specific procedures, and locate providers based on geographic search criteria.

**Health4Me Mobile App:** Download the free Health4Me Mobile App to access your benefits and claims and locate network providers while you are on the go.

**Health Pregnancy Program:** If you are starting or adding to your family, enroll in the Healthy Pregnancy Program for 24/7 access to nurses, and a phone call from a care coordinator during your pregnancy and about four weeks after your baby is born to see how things are going and answer questions you may have.

## EMPLOYEE ASSISTANCE PROGRAM

### Help When You Need It

The Employee Assistance Program (EAP) is a free, confidential program to assist faculty, staff and family members in successfully dealing with the challenges and demands of daily living. This helps the College to maintain a workforce that is both healthy and productive. This valuable benefit is available to all full-time faculty and staff who are enrolled in the College's health plan.

Call UHC Care24's at 888-887-4114 or Mutual of Omaha at 800-316-2796 for confidential consultation and resource services on issues such as:

Minor illnesses or injuries

Relationships

Child and elder care referrals

Chronic conditions

Financial concerns

Work and stress management

Wellness and nutrition

Emotional distress and loss

Personal legal issues

## RETIREMENT PLAN

The College's Defined Contribution Retirement Plan is available through TIAA to full-time faculty and staff after two years of service. A year of service is defined as 1000 hours per fiscal year. The College contributes 9% of salary for employees making \$57,300 or less, 8% of salary for those making \$57,301 to \$170,000, and 7% for those making more than \$170,000;

Invest in your future by taking advantage of the College's voluntary retirement plan option. The Supplemental Retirement Annuity Plan (SRA) is an unmatched, tax-deferred plan that employees can begin contributing to immediately upon hire. Contributions are made on a pre-tax basis based upon a percentage or a flat dollar amount.

Employees can enroll or change their participation in this plan at any time. An online enrollment is available through the ADP self-services.

### 2019 SRA Contribution Limits

- \$19,000 for participants under 50 years of age
- Special catch-up provisions are available for employees age 50 and older. If you are, or will be, age 50 or older by December 31, 2020, you are eligible to contribute an additional \$6,000 into the plan for 2020.

### Enrollment or changes

You may change your investment elections, obtain balance information and conduct a variety of other transactional activities by calling TIAA at 1-800-842-2252. Or visit [www.tiaa.org](http://www.tiaa.org).

## REGULATORY BENEFITS NOTICES

Lake Forest College is required to provide you with important information regarding eligibility and enrollment, benefit coverage, COBRA rights, HIPAA privacy rules, and whether the College's prescription drug coverage qualifies as creditable coverage for Medicare. **For full regulatory benefit notices, please visit [my.lakeforest](#) or call ext. 5036 to request paper copies.** You may find it helpful to review this information as you make your benefits enrollment decisions.

### **Continuation Coverage Rights Under COBRA**

This general notice informs group health plan participants of their rights under federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), to COBRA continuation coverage—a temporary extension of group health plan coverage. COBRA continuation coverage is available to group health plan participants when they would otherwise lose their group health plan coverage.

### **Health Insurance Marketplace Notice**

The Patient Protection and Affordable Care Act (PPACA) requires most individuals to have health insurance coverage or otherwise pay a tax penalty. The goal is to ensure that individuals have access to affordable health insurance—whether through their own employer, a family member's employer, an insurance company, or the government. The Health Insurance Marketplace was established by the federal government in connection with the PPACA. You can access information about the Health Insurance Marketplace and the PPACA's requirements for individuals and families at [www.healthcare.gov](http://www.healthcare.gov) or 1-800-318-2596.

### **HIPAA Privacy Notice**

Lake Forest College respects the confidentiality of your health information and recognizes that information about your health is personal. The College's Employee Welfare Benefit Plan, which encompasses its group health plan and health spending plans, Employee Assistance Program, is required by law to protect your health information and to inform you of its legal duties and your rights regarding such information. This notice explains how, when and why these plans typically use and disclose your health information and your privacy rights regarding such information.

### **HIPAA Special Enrollment Rights**

In accordance with the requirements of the Health Insurance Portability and Accountability Act ("HIPAA"), you have the right to enroll in the College's group health plan under a "special enrollment" provision if you acquire a new dependent or if you decline coverage under the College's group health plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

### **Newborns' & Mothers' Health Protection Act of 1996**

Group health plans generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, the group health plan may pay for a shorter stay if the attending provider, after consultation with the mother, discharges the mother or newborn earlier. The group health plan may not require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours for a cesarean section).

### **Notice of Creditable Coverage**

This notice, which applies to individuals who are entitled to Medicare benefits, provides information about the prescription drug coverage included with the College's health care benefits and the options that are available under Medicare's prescription drug coverage. This information is provided to assist such individuals in declining whether or not to enroll in a Medicare prescription drug plan.

### **Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or the Children's Health Insurance program (CHIP) and you are eligible for the College's health insurance coverage, some states have premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs.

### **Women's Health and Cancer Rights Act of 1998**

As required by the Women's Health and Cancer Rights Act of 1998, the College's group health plan provides benefits for mastectomy, including reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy (including lymphedema). If you receive benefits under your health plan in connection with a mastectomy, benefits are also provided for the following services, as you determine appropriate with your attending physician:

- All states of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

The amount you must pay for such services are the same as required for any other covered health services under your health plan.