

A ROADMAP TO YOUR EMPLOYEE BENEFITS

Employee Benefits Enrollment Guide

Plan Year: **7/1/20 – 6/30/21**

Provided by: **Nome Public Schools**



Review and To-Do:



Plan Effective Date:
7/01/2020



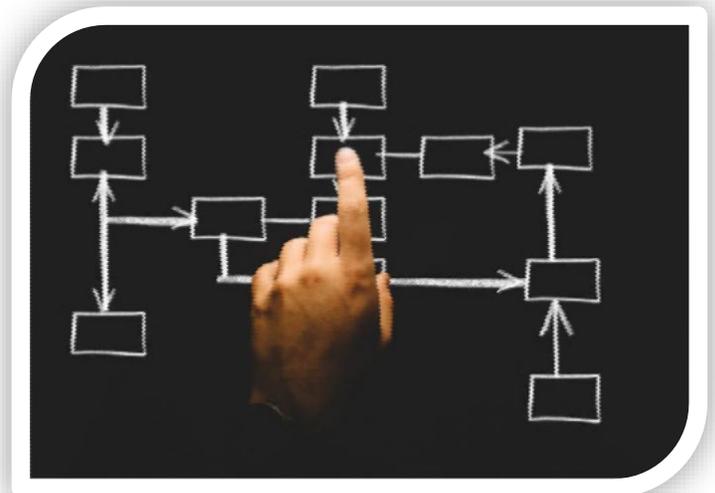
Open Enrollment Dates:
5/14/2020 –
5/29/2020

Review Your Employee Benefits:

- Medical
- Dental
- Life and AD&D
- Health Advocacy
- Voluntary Life and AD&D
- Voluntary Short Term Disability
- Voluntary Accident
- Voluntary Critical Illness
- Employee Assistance Program
-

TO DO:

- Review Benefit Information
- Complete Enrollment or Waiver Paperwork
- Premera Other Coverage Questionnaire (If Applicable)
- Guardian Life and AD&D Beneficiary Form



Know Before You Enroll

Are You Eligible?

You are eligible if:

- You work at least 20 hours per week
- You have completed the 30 day waiting period. Once the waiting period has elapsed, benefits will begin on the day following the conclusion of the waiting period.

When Do I Enroll?

Open Enrollment Period:

5/14/20 – 5/29/20

For those employees hired throughout the year, deadlines may vary. Please see your plan administrator for details.

How Do I Enroll?

Please see your plan administrator for all open enrollment materials and deadlines



If you have questions about your eligibility or enrollment process, check with your plan administrator.

MAKING CHANGES:

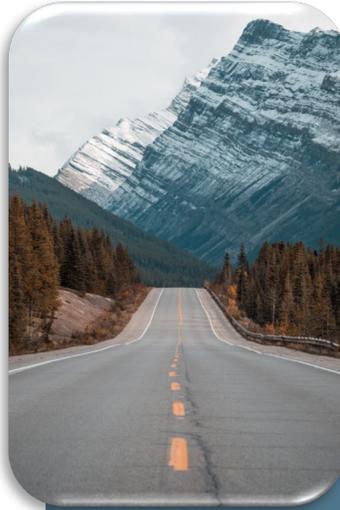
Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status must be reported within 30 days of the event.

Qualified changes in status include:

- Loss of Qualified Coverage
- Marriage | Divorce | Legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualifying dependent
- Change in residence due to an employment transfer for you or your spouse
- Commencement or termination of adoption proceedings
- Change in spouse's benefits or employment status



What are Your Benefits for 2020-2021?



"The information in this Guide is presented for illustrative purposes. The text contained in this Guide was taken from various summary plan descriptions. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail."



Premera

Medical Plan: Preferred Choice HP

Network Type		Preferred Hospital / Preferred Doctor	
Calendar Year Deductible			
Individual	\$1,000	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">Anchorage Preferred Hospital: PROVIDENCE</p> <p>To Designate your Primary Care Provider:</p> <ul style="list-style-type: none"> • Login to your Premera member portal at https://www.premera.com/ak/visitor/ • Select "Plan a Doctors Visit" on the left side. • Select "Designating a PCP" on the right side. </div>	
Family	\$2,000 (Embedded)		
Coinsurance	20%		
Calendar Year Out of Pocket Maximum (includes Deductible)			
Individual	\$4,500		
Family	\$9,000 (Embedded)		
In-Network Services			
Preventive Care	Covered in Full per Federal Guidelines		
Primary Care Office Visit	\$25 Copay		
Specialist Office Visit	\$60 Copay		
Chiropractic / Acupuncture	\$25 Copay, 12 visits each PCY*		
Labs & Imaging	Deductible & Coinsurance		
Physical Therapy	\$60 Copay	45 visits PCY	
Massage Therapy	\$60 Copay		
Urgent Care	\$40 Copay		
Emergency Room	\$100 Copay		

Note: Please consult plan documents for full benefits, exclusions, and limitations.

*PCY = Per Calendar Year



Pharmacy Plan

Preferred Choice Essentials

Prescription Drugs	Formulary – E4 Essentials Formulary
Preferred Generic	\$10 Copay
Preferred Brand	\$25 Copay
Non-Preferred Generic & Brand	\$45 Copay
Specialty	30%
Mail Order	90 day supply, 2.5x retail Copay

Good Rx: GoodRx finds the lowest prices and discounts and offers free coupons to use at the pharmacy. Visit their website at: www.goodrx.com

(Using GoodRx will not apply to your health plan unless a manual claim is submitted)

Fair Health Consumer: Find cost estimates for medical and dental services in your area using Fair Health Consumer, a free website and app with helpful glossaries and videos at www.fairhealthconsumer.org

Prescription Search:

Visit:

www.premera.com/ak/visitor/pharmacy/drug-search/rx-search/

- Select a Drug list to search. For your plan, select drug list E4 Essentials
- Search for your prescription.
- When viewing your results, use the “Status” column and the “Definition of Status” table to identify which tier your prescription falls under
- Each Tier corresponds with a type of prescription (Generic, Specialty, etc.). Use the table above to note the cost of each tier.

Results

Brand Name <i>Generic Name</i>	Therapeutic Class <i>Sub-class</i>	Dose/Strength	Status
amoxicillin 125 mg chewable tablet	01 Anti-Infectives 01.01.00 Penicillins	Tablet, Chewable 125 mg	①
amoxicillin 125 mg/5 ml oral suspension	01 Anti-Infectives 01.01.00 Penicillins	Suspension For Reconstitution 125 mg/5 mL	①



Premera Embedded Benefits

(Vision and Hearing are Embedded in Medical Plan)

Adult Vision	Benefit (for members over 19)
Eye Exam	10% Coinsurance, Deductible Waived; 1 PCY*
Lenses	Covered in Full, Subject to Annual Dollar Limit; 1 PCY
Frames**	\$90 Maximum, Subject to Annual Dollar Limit; 1 P2CY**
Contacts (in lieu of glasses)	\$170 Maximum, Subject to Annual Dollar Limit; 12 month supply PCY
Annual Dollar Limit	\$350



Pediatric Vision	Benefit
For children under age 19	
Eye Exam	\$25 Copay; 1 PCY
Lenses	Covered in Full; 1 PCY
Frames**	Covered in Full; 1 PCY
Contacts (in lieu of glasses)	Covered in Full; 12 month supply PCY

Hearing	Frequency
Hearing Exam	20% Coinsurance; Deductible Waived; 1 exam every 2 Calendar Years
Materials	20% Coinsurance; Deductible Waived; \$3,000 Allowance every 3 Calendar Years



*PCY = Per Calendar Year

**P2CY = Per 2 Calendar Years



Additional Benefits from Premera -

Included in your Medical Plan



Virtual Care

When you use Teladoc®, Premera's national provider service, you have easy access to a doctor for non-complex medical needs! As long as you pre-register for this benefit, you can access the service via phone call, online video, or other online media. The cost of a Teladoc® visit is a \$0 copay. That means this is a service received at zero cost to you! **Download the mobile app at www.teladoc.com/mobile.**

Elective Procedure Travel

You and a companion can be reimbursed for travel expenses when you travel to in-network facilities outside of Alaska for approved and medically necessary, non-emergent procedures and treatments. Call Premera Customer Service to learn how you can utilize this benefit.



Medical Access Transportation

Premera covers 3 round trips per covered member per year to the nearest in-network provider within Alaska or in Seattle to provide non-emergency treatment.

Premera Member Discounts & Additional Benefits

Other benefits include a 24-hour nurse line, CareCompass 360, Maternity & Newborn Support Programs, and member discounts on fitness club memberships, weight loss programs and more.



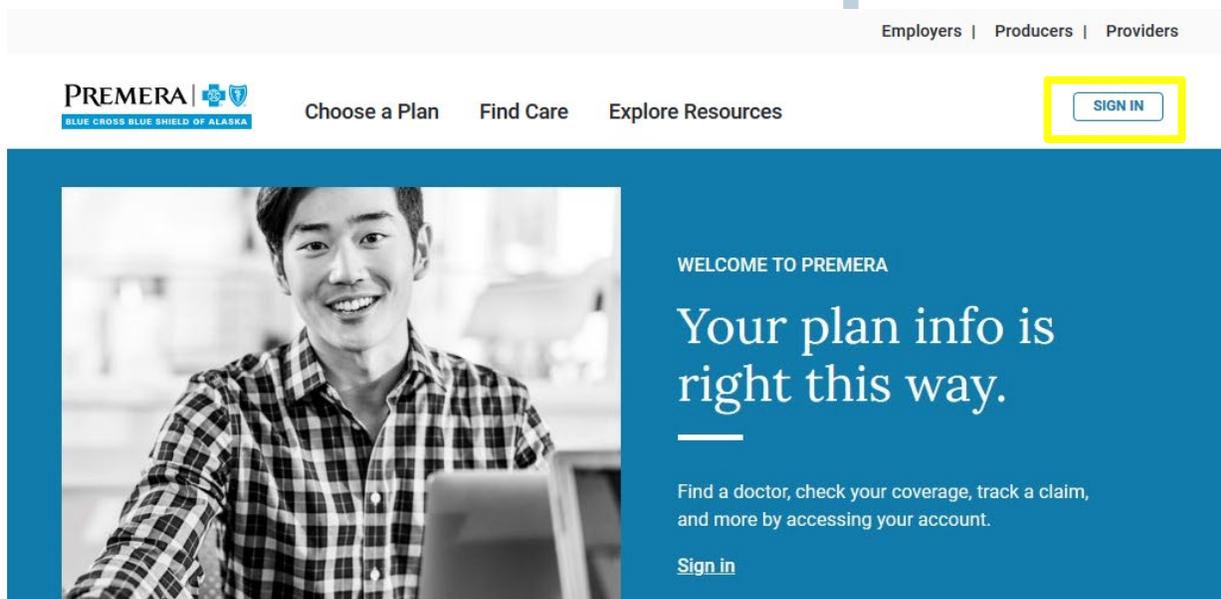
Access Your Premera Benefits Online

The Premera Blue Cross Blue Shield of Alaska portal allows you to:

- Print forms
- View EOBs and pending claims
- View in-network providers
- Access your benefit summary
- Print medical ID cards
- Access Premera member discounts

To access your portal, visit www.premera.com/ak/visitor and login as a Member. If you have issues logging in or navigating the site, call 800-722-9780 to contact the Premera Web Help Team.

Check out
the Premera
iPhone or
Android
App!



The screenshot shows the Premera website homepage. At the top right, there are links for "Employers | Producers | Providers". The main navigation bar includes the Premera logo (with "BLUE CROSS BLUE SHIELD OF ALASKA" below it), "Choose a Plan", "Find Care", and "Explore Resources". A "SIGN IN" button is highlighted with a yellow border. Below the navigation bar is a large blue banner. On the left side of the banner is a photo of a smiling man in a plaid shirt looking at a laptop. On the right side, the text reads "WELCOME TO PREMERA" followed by "Your plan info is right this way." in a large font. Below this, it says "Find a doctor, check your coverage, track a claim, and more by accessing your account." and a "Sign in" link.



Premera Dental Benefits

Option 1

Preferred Choice Dental Optima Enhanced

This dental plan does not require the use of an In-Network dentist.

Covered Services	Preventive Care Exams, Cleanings, X-Rays	Basic Care Root Canal, Fillings	Major Care Crowns, Bridges, Dentures, Oral Surgery
Calendar Year Deductible	Covered in Full, Deductible Does Not Apply	Individual: \$50 Family: \$150	
Member Pays	Covered in Full	20%	50%
Calendar Year Maximum (Per Person)	\$1,500 Bonus! Preventive Services Do Not "Count" Towards the Annual Maximum		

*PCY = Per Calendar Year

Note: Please consult plan documents for full benefits, exclusions, and limitations.

To search in-network providers, visit www.Premera.com



Premera Dental Benefits

Option 2

Preferred Choice Dental Optima Enhanced + Ortho

This dental plan does not require the use of an In-Network dentist.

Covered Services	Preventive Care Exams, Cleanings, X-Rays	Basic Care Root Canal, Fillings	Major Care Crowns, Bridges, Dentures, Oral Surgery	Orthodontia Lifetime Maximum: (Adult & Children)
Calendar Year Deductible	Covered in Full, Deductible Does Not Apply	Individual: \$50 Family: \$150		
Member Pays	Covered in Full	20%	50%	Carrier Pays \$50% up 1,500 Lifetime Benefit
Calendar Year Maximum (Per Person)	\$1,500 Bonus! Preventive Services Do Not "Count" Towards the Annual Maximum			

*PCY = Per Calendar Year

Note: Please consult plan documents for full benefits, exclusions, and limitations.

To search in-network providers, visit www.Premera.com



Life and AD&D

Nome Public Schools provides eligible employees with Employee Life and AD&D insurance through Guardian, at no additional cost to you.

Nome Public Schools provides eligible employees with \$25,000 in group Life and Accidental Death and Dismemberment (AD&D), and pays the full cost of this benefit. Contact your Plan Administrator to update your beneficiaries.

This benefit also includes \$10,000 for your spouse and \$10,000 for children.

These benefits may reduce as you age. See your plan administrator for details.



Why Do I Need Life Insurance?

In the event of my death, how would my family:

- Pay final expenses?
- Pay off debt?
- Pay for daily living expenses (housing, food, bills, etc.)?
- Replace Your Income?
- Maintain financial stability?



Common Life Insurance Terms:

Accidental Death Insurance (AD&D): Generally an add-on to a regular life insurance policy, it is only paid if the death of the insured occurs as the result of an accident.

Age Reductions: Most insurance policies reduce your life insurance benefit as you age.

Beneficiary: The person or party named by the owner of a life insurance policy to receive the policy benefit.

Contingent beneficiary: The party designated to receive proceeds of a life insurance policy following the insured's death if the primary beneficiary predeceased the insured.

Conversion: If you ever leave employment, you may be able to convert the group policy into an individually owned life insurance policy.

Coverage Amount: Value of life insurance

Portable: If you ever leave employment, you may be able to continue the life insurance coverage with your new employer.

Premiums: Amount paid to the insurance company to buy a policy and keep it in force.



Voluntary Options

Nome Public Schools provides eligible employees the opportunity to enroll in:

- Voluntary Life and AD&D
- Short Term Disability
- Critical Illness
- Accident Benefits

Through Guardian, these benefits are paid by the employee through convenient payroll deductions.

If you want to supplement your group life insurance benefits, you may purchase additional coverage. Voluntary Life and AD&D allows you to enroll yourself and your dependents, and you pay the full cost of the benefit through convenient payroll deductions.

Protect your Paycheck with Short Term Disability

If you were to become disabled from a qualifying injury or illness, disability income benefits provide a source of income.

Supplement your Medical Plan with Accident Insurance or Critical Illness that pays you directly, per accident or illness.

SEE ENROLLMENT KIT FOR RATES



Voluntary Life Insurance Options

	Employee-paid/voluntary life
Employee Benefit	\$10K increments to a max of \$500K
Spouse Benefit	\$25K increments to a max of \$250K (not to exceed 100% of the employee amount)
Child(ren) benefit Age 14 days to 23 years/25 if full-time student	\$2K increments to a max of \$10K (not to exceed 100% of the employee amount)
Accidental Death and Dismemberment	Included
Guarantee Issue	\$100K under age 65, \$50K age 65-69, 10K age 70+
Conversion	Included
Value Add/Will Prep	Included



Voluntary Short Term Disability

Nome Public Schools provides eligible employees with the option to enroll in a Voluntary Short Term Disability through Guardian.

If you were to become disabled from a qualifying injury or illness, disability income benefits provide a source of income.

Question	STD
How much income does this disability benefit replace?	60% of your pre-disability earnings.
What is the maximum weekly benefit?	\$1,500 Weekly
When can I receive the disability benefit?	You must meet a 8 day elimination period before you are eligible to receive the disability benefit.
How do I submit a disability claim?	You can access disability claim forms at www.guardiananytime.com , or contact your plan administrator. To file a disability claim, the paperwork must be completed by You, Your Doctor, and Your Employer.
Am I eligible if I'm receiving workers' compensation?	No.
How long will the benefit last if I am disabled?	Up to 13 weeks
Where can I learn more about my disability benefit?	Request a certificate of coverage from your employer, or contact Guardian Customer Service at 888-482-7342.
Do I have access to an Employee Assistance Program?	Yes. See your plan administrator for details.



Voluntary Accident Insurance

Financial Support From Guardian to Get You Back on Your Feet

- Supplements your medical plan — no matter what other insurance you have
- Cash is paid directly to you, based on covered injuries, treatments and services
- Use the money for any purpose, whether for medical or non-medical expenses
- 20% increase in your benefit if a covered dependent child is injured while playing an organized sport — must be 18 years or younger

	Coverage Details
Accident Coverage Type	On and Off Job
Accidental Death and Dismemberment	Employee \$25,000 Spouse \$12,500 Child \$5,000
Payment Features	Based on a schedule (see your employee kit)
Child Organized Sport Benefit	20% increase to child benefits
Dependent Age	Children age birth to 26 years



Voluntary Critical Illness

Financial Protection to Help You Cope

Worry less about how to pay your illness-related expenses and concentrate more on your recovery

- For just a few dollars a month, it pays you in addition to your medical insurance, no matter what type of plan you have
- Guardian pays you cash benefits based on each covered diagnosis
- The cash benefits are paid directly to you and you decide how to use them

	Employee	Dependents
Benefit Amount	\$5,000 increments to a max of \$20,000	Spouse: \$2,500 increments to a max of \$10,000 Child: 25% of employee amount
Benefit Reduction	50% at age 70	
Portability	Included	
Pre-existing Conditions	12 month look back period, 12 month exclusion period	



Voluntary Critical Illness

	1 ST Occurrence	2 ND Occurrence
Invasive Cancer	100%	50%
Carcinoma In Situ	30%	0%
Skin Cancer	\$250	Not covered
Heart Attack	100%	50%
Stroke	100%	50%
Heart Failure	100%	50%
Coronary Arteriosclerosis	30%	0%
Organ/kidney Failure	100%	50%



Perks: EAP

Nome Public Schools provides eligible employees with an Employee Assistance Program (EAP) through Guardian and Work Life Matters, at no additional cost to you.

An EAP is a completely confidential program that can help you with mental health and well-being, personal and professional relationships, substance abuse, family life, and daily stress. These services include counseling sessions for yourself and your immediate household members, unlimited telephonic consultations, referrals to local resources, and online resources.

To find out how to utilize this service, call 800-386-7055 or visit www.ibhworklife.com



Guardian WorkLifeMatters SM — Employee Assistance Program

Provides guidance on personal, financial and legal matters — plus helpful workplace tools

Education

- Admissions testing and procedures
- Adult re-entry programs
- College planning
- Financial aid resources

Legal and Financial

- Basic tax planning
- Credit and debt
- Immigration
- Legal forms
- Personal Legal
- Retirement planning
- Will making

Working Smarter

- Balancing work and home life
- Career development
- Effective managing
- Relocation
- Training development
- Workspace diversity

WorkLifeMatters Program services are provided by Integrated Behavioral Health, Inc., and its contractors. Guardian does not provide any part of WorkLifeMatters Program services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WorkLifeMatters Program at any time without notice. WorkLifeMatters Program is not an insurance benefit and may not be available in all states



CONTACT GUARDIAN

www.guardiananytime.com

888-600-1600

How to File a Claim

Finding a claim is easy

1. Go to www.guardiananytime.com
2. Click “Find a Form” in the upper right corner
3. In “Forms Search”
 - Select “State” and “Type of Form” or type in keyword
4. Fill out appropriate form
5. Send completed form back to Guardian by: email, mail, or fax

Guardian Find a Provider Forms Disability Claims My Case Status Contact Us (Secure) Login / Register

Employers Employees Brokers Providers Insights And Perspectives

1

Top 5 benefits enrollment tips

Get the Checklist

Working Americans deserve to be financially secure. Take steps to get there during benefits enrollment and throughout the year. We've provided tips, tools, and insights to help you understand your options and make more informed choices.

Trending Now

College Tuition Benefit

Our college tuition benefit helps families save on college tuition.

Which Benefits Should You Choose at Your Age?

Wondering what employee benefits are right for you? Before you make a decision, see what makes sense for your age group.

Dental Insurance

Dental problems can be a pain for your mouth and your wallet. Learn how dental insurance can help you save.

2

Find a Provider Forms Disability Claims My Case Status

Brokers Providers Insights And Perspectives

Forms Search

3

Forms Search

Form Number:

Type of Form:

State:

Enter a keyword to help you locate a form (optional).

Keyword:



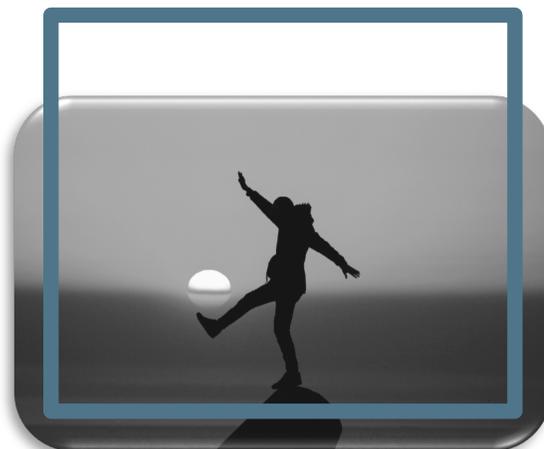
Perks: Health Advocacy

Health Care Advocacy

RISQ Consulting is here to advocate for the health needs of you and your family members that are enrolled in the benefit plans. This comes at no cost to you! We can assist with the following:

- Billing or provider issues
- Claims questions
- Appeals
- Coordination of care
- Second opinions
- Medical care research
- Much more!

To get help with your health advocacy needs, contact support@risqconsulting.com or call RISQ Consulting at (907) 263-1401



Employee Payroll Deductions

2020 Medical Election + Dental Option 1

Enrollment Type	Employee Premium Per Pay Period
Employee	\$82.20
Employee + Spouse	\$184.58
Employee + Children	\$145.55
Employee + Family	\$247.74

2020 Medical Election + Dental Option 2

Enrollment Type	Employee Premium Per Pay Period
Employee	\$84.14
Employee + Spouse	\$188.65
Employee + Children	\$149.71
Employee + Family	\$253.98

Benefits provided to you at no cost:

- Life and AD&D
- Healthcare Advocate
- Employee Assistance Program (EAP)

You share the cost of the following benefits:

- Medical
- Dental

You are responsible for the cost of the following benefits:

- Voluntary Life and AD&D
- Voluntary Critical Illness
- Voluntary Accident
- Voluntary Short Term Disability



Forms to be Completed

- Premera Enrollment or Waiver** - To enroll or waive coverage in the Nome Public Schools Medical and Dental plan, if making plan changes.

- Premera Other Coverage Questionnaire** - If you will have other Medical benefits *in addition to* Nome Public School's Medical plan.

- Guardian Beneficiary Form** - To designate a Beneficiary for your Life and AD&D benefit.

Guardian Enrollment Form – To add Voluntary Benefits:

- Life & AD&D and Dependent Life
- Accident
- Critical Illness
- Short Term Disability



Employee Election

• **Premera - Medical, Dental & Vision:**

- No Change – Keep Medical + Dental Option 1
- Change – Elect New Coverage Effective 7/1/2020
 - Medical + Dental Option 1
 - Medical + Dental Option 2
 - Must Submit Enrollment/Change Form
- Waive Coverage
 - Must Submit Waiver Form

• **Guardian – Voluntary Benefits**

- No change
- Change – add a plan or increase Life Benefit
 - Must Submit Enrollment/Change Form

This page along with any enrollment/change or waiver forms must be submitted to Human Resources no later than May 29, 2020.

All benefit changes become effective July 1, 2020.



Definitions

Network A provider network is a list of preferred providers and facilities that an insurance company has contracted with to provide discounted medical care to its members.

Copays For specific medical services, you may have a copay, a specific charge required by your insurance company for certain medical, dental, or vision visits. While copays do not usually count toward the deductible, they do count toward your out-of-pocket maximum.

Deductible Meeting your deductible is often the first step in the insurance process. A deductible is the specific dollar amount that you pay out-of-pocket each year before your health insurance begins to make payments for claims not subject to copays.

Coinsurance The percentage that you are obliged to pay for covered medical services after you've satisfied any copayment or deductible required by your medical plan. You are responsible for paying your percentage of billed services between the deductible and the out-of-pocket maximum.

Out-of-pocket maximum An annual limitation on cost-sharing for covered services up to the allowed amount. After you've met your out-of-pocket, the plan pays 100% for covered in-network services for the rest of the year.

Preventive Services Set of services, such as routine screenings and shots, that support maintaining your health. These services are covered in full by your health plan and are based on Federal Guidelines. They must be administered by an in-network physician. Consult your insurance provider for a list of preventive services.

EOB An Explanation of Benefits or EOB, is a document from your insurance company explaining how a claim was processed through your insurance plan.

Formularies A formulary is a list of approved drugs that your insurance company agrees to help cover.

Frequently Asked Questions

What is balance billing? The amount you could be responsible for (in addition to any copayments, deductibles, or coinsurance) if you use an out of network provider and the fees for a service exceed what is usual and customary.

When does my deductible reset? Deductibles run on a calendar year and reset January 1st each year.

How do I get an ID card? After you enroll, it may take 7-10 business days to receive your ID card, which will arrive in an unmarked envelope. Temporary ID cards may be available through the Insurance Company portal or on the insurance company's' mobile app.

How do I know how a service will be covered? If you get a diagnosis or service code from your physician, you can call the number on the back of your ID card to find out how that service will be covered by your insurance.

How do I know if my prescription is covered? Your medical plan is linked to a prescription formulary that is updated twice a year, in January and July. You can reference your formulary on your insurance provider portal to confirm if your drug will be covered. If it is not listed, you can file an request with your insurance provider to have it covered.



ACA Mandated Preventive Care

Preventive Care for Adults:

- Abdominal aortic aneurysm screening: One-time screening by ultrasonography in men 65 to 75 who have ever smoked.
- Alcohol misuse screening and counseling. / Tobacco use screening: Intervention and cessation support.
- Aspirin use: Counseling for men ages 45 to 79 and women ages 55 to 79.
- Blood pressure screening.
- Cholesterol screening: Screenings for lipid disorders in men over 35 and women over 45, and treatment.
- Colorectal cancer screening: Screenings using fecal occult blood testing, sigmoidoscopy or colonoscopy, beginning at age 50 and continuing until age 75.
- Depression screenings.
- Diabetes screening: For adults 40 to 70 years who are overweight or obese. / Obesity screening and counseling. / Diet counseling: Intensive behavioral dietary counseling for adult patients with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease.
- HIV screenings: Screenings for everyone ages 15 to 65 and other ages at increased risk. / Sexually transmitted infection (STI) prevention counseling. / Syphilis screening.
- Vaccinations: Shots for hepatitis A, hepatitis B, herpes zoster, human papillomavirus (HPV), influenza, measles, mumps, rubella, meningitis, pneumococcal disease, tetanus, diphtheria, pertussis and varicella.

Preventive Care for Women:

- Anemia screening: For iron deficiency in pregnant women.
- Breast cancer genetic test counseling (BRCA) / Breast cancer mammography screening: Mammograms for women age 40 or over every one to two years. / Breast cancer chemoprevention.
- Breastfeeding support and counseling. / Folic acid supplements.
- Well-woman visits. / Cervical cancer screening: For cervical cancer in women ages 21 to 65 with a Pap smear every three years; or screenings with a combination of Pap smear and HPV testing every five years, for women ages 30 to 65.
- Chlamydia infection screening. / Gonorrhea screening. / Human papillomavirus (HPV) DNA test: Every three years for women with normal Pap who are 30 or older; or screenings with a combination of Pap smear and HPV testing every five years for women 30 to 65.
- Contraception: FDA approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a doctor. It does not include abortifacient drugs. This does not apply to health plans

- sponsored by certain exempt “religious employers.”
- Domestic and interpersonal violence screening and counseling.
- Gestational diabetes screening: For women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes.
- Hepatitis B screening: For pregnant women at first prenatal visit.
- Osteoporosis screening: For high risk women starting at age 60, and for all women beginning at age 65.
- RH incompatibility screening: For pregnant women at their first doctor visit after becoming pregnant and again at 24 to 28 weeks
- Urinary tract or other infection screening: Screenings for pregnant women.

Preventive Care for Children:

- Autism screening: Behavioral screenings for children at 18 to 24 months. / Behavioral assessments: Screenings for children 0 to 17 years. / Developmental screening: Learning assessments for children under age 3.
- Blood pressure screening: Testing for children 0 to 17 years.
- Cervical dysplasia screening: Testing for sexually active females.
- Depression screening.
- Dyslipidemia screening: Testing for children at higher risk of lipid disorders at ages 1 to 17 years.
- Iron supplements: Supplements for children ages 6 to 12 months at risk for anemia. / Hematocrit or hemoglobin screening: Testing for anemia for all children. / Fluoride chemoprevention supplements: For children without fluoride in their water source. / Lead screening.
- Gonorrhea preventive medication: For newborns to prevent conjunctivitis caused by gonorrheal bacteria. / HIV screening: Testing for high-risk adolescents. / STI prevention counseling and screening: Screening for high-risk adolescents.
- Height, weight and body mass index: Measurements for children at ages 0 to 17 years. / Obesity screening and counseling: For children beginning at age 6, and referral to comprehensive, intensive behavioral interventions to promote improvement in weight status.
- Hypothyroidism screening: Testing for underactive thyroid for newborns.
- Phenylketonuria (PKU) screening: Testing for newborns.
- Tuberculin testing: For children at higher risk of tuberculosis, ages 0 to 17 years.
- Vaccinations: Shots for diphtheria, tetanus, pertussis, Haemophilus influenzae type B, hepatitis A, hepatitis B, HPV, polio, flu, measles, mumps, rubella, meningitis, pneumococcal disease, rotavirus and varicella.
- Vision screening: Screenings for all children. / Hearing screening: Screenings for all newborns. / Oral health risk assessment: For young children ages 0 to 10 years.



Administrative & Benefit Resources

Nome Public Schools
Plan Administrator
Cynthia Gray EMAIL: cgray@nomeschools.org PHONE: 907-443-2131

RISQ Consulting		
Employee Benefits Consultant	Account Manager	Support Team
Craig Kestran ckestran@risqconsulting.com (907) 263-1401	Diana Stewart dstewart@risqconsulting.com (907) 263-1401	Support Team Support@risqconsulting.com (907) 263-1401

Insurance Company & Group #	Contact Number	Website
Premera Group # 4018242	800-508-4722	www.premera.com/ak/visitor
Guardian Group # 00563199	800-541-7846 EAP 800-386-7055	www.guardiananytime.com lbhworklife.com





RISQ

CONSULTING

ACRISURE Agency Partner