

## Olympia CUSD Supplemental Plan Dental/Vision/Rx/Wellness Benefit

Employees should only enroll in this plan if they have other major medical coverage.

### **Dental/Vision Benefits:**

For dental and vision benefits, the employee will be considered primary on the Olympia plan and secondary to dental/vision insurance benefits on any other insurance plan.

### **Rx Benefits:**

For Rx benefits, the employee will be considered primary on the Olympia plan and secondary on any other insurance plan.

### **\$400 Wellness Benefit:**

This plan **is not** primary medical coverage. This is a program that will reimburse the employee for below:

- Routine hearing examinations, physical examinations and related diagnostic testing, except as limited by the plan document.
- One (1) routine pap smear, mammogram, prostate specific antigen test, and digital rectal examination each calendar year.
- Routine colorectal cancer screening in accordance with the published American Cancer Society guidelines on colorectal cancer screening or other existing colorectal cancer screening guidelines issued by nationally recognized professional medical societies or federal government agencies, including the National Cancer Institute, the Centers for Disease Control and Prevention, and the American College of Gastroenterology.
- Expenses Incurred for bone mass measurement and the diagnosis and the diagnosis and treatment of osteoporosis.

### **This is how the program works for Wellness Benefits:**

1. The employee will present their primary insurance card (i.e., Caterpillar, State Farm, etc.) to their doctor at the time of service.
2. The doctor's office will send the bill through the primary insurance.
3. The primary insurance will pay or deny based on what is covered under the primary insurance plan.
4. When the employee receives the Explanation of Benefits (EOB) from their primary provider, they will mail or fax it to HCH with their name, ssn and OLY16 at the top.
5. HCH will process the EOB and pay the **employee** any out-of-pocket costs for the above covered services up to \$400 per calendar year.