



U.S. COTTON™

## Your 2019 Benefits



# Inside

- ▶ Medical – *Changes for 2019*
- ▶ Pharmacy
- ▶ Dental
- ▶ Vision
- ▶ Short Term Disability
- ▶ Long Term Disability
- ▶ Basic Life / AD&D
- ▶ Supplemental Term Life / AD&D
- ▶ Dependent Life
- ▶ Critical Illness – Voluntary Benefit
- ▶ Accident – Voluntary Benefit
- ▶ Whole Life – Voluntary Benefit
- ▶ FSA – Health & Dependent
- ▶ EAP



# Open Enrollment

## 2019 Open Enrollment November 14 - November 28

### Step 1: REVIEW YOUR BENEFITS

Visit our new benefits website to review your benefit guide, Important documents and videos.

[www.explainmybenefits.com/uscotton](http://www.explainmybenefits.com/uscotton)



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### Step 2: ENROLL WITH EXPLAIN MY BENEFITS

US Cotton will now provide electronic enrollment through ADP. The ADP system provides eligible employees the ability to make group insurance benefit elections online during the annual open enrollment, new hire orientation and qualifying events. This year benefit counselors from Explain My Benefits will introduce employees to the ADP enrollment system as they answer any questions and help you enroll.

#### **IMPORTANT TO KNOW**



##### **ADP Credentials**

- Bring your ADP credentials to your enrollment meeting with Explain My Benefits. The benefit counselors will be logging into your portal to enroll you in the benefits.



##### **1 on 1 Enrollment Meeting with Explain My Benefits**

- You will meet with a benefits counselor in a confidential setting and is your opportunity to get all your questions answered and learn about all the new changes.
- You will be provided a date and time to meet with the benefit counselor



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# Medical Insurance



Learn about our Medical plan designs and the roles each of our vendor partners play

- PHCS Doctors Network
- GPA TPA
- ELAP Services
- Express Scripts/Rx Benefits

**TIP:** Get the most out of your insurance by using in-network providers.

## FIND A PHCS/MULTIPLAN Physician

- Log onto [www.multiplan.com](http://www.multiplan.com); call PHCS at 888-611-7427 or GPA 800-827-7223
- Click on *Search for a Doctor or Facility*
- Check PHCS and click to continue
- Under Provider Type, choose *Doctor*
- Then click to continue
- Enter your location
- Choose the type of doctor you would like to find
- Click continue and a list of providers will appear

## New for 2019

There are no changes to the plan design or contribution strategy, and the medical plan remains administered by GPA (Group & Pension Administrators). We partner with Express Scripts for our pharmacy benefits, and new for 2019 our plan will utilize the PHCS Provider Network for physicians only. For facilities such as hospitals, emergency rooms, surgery centers and diagnostic imaging, we will partner with ELAP (ERISA Liability Assurance Program) Services, LLC, to provide you access to for any of these types of facilities in the United States.

There is no PPO Network for hospital, inpatient and out-patient services/ providers. Instead, ELAP reviews the billed charges from these providers and works to ensure you pay a fair cost for your coverage. The advantage to you is that **you may use ANY facility in the country.**

## Nurse Navigator

Nurse Navigator will help you find a doctor, schedule an appointment, obtain medical records, coordinate care, review your bill and more. If you have a question about healthcare they are a great resource for you and your family health plan members.



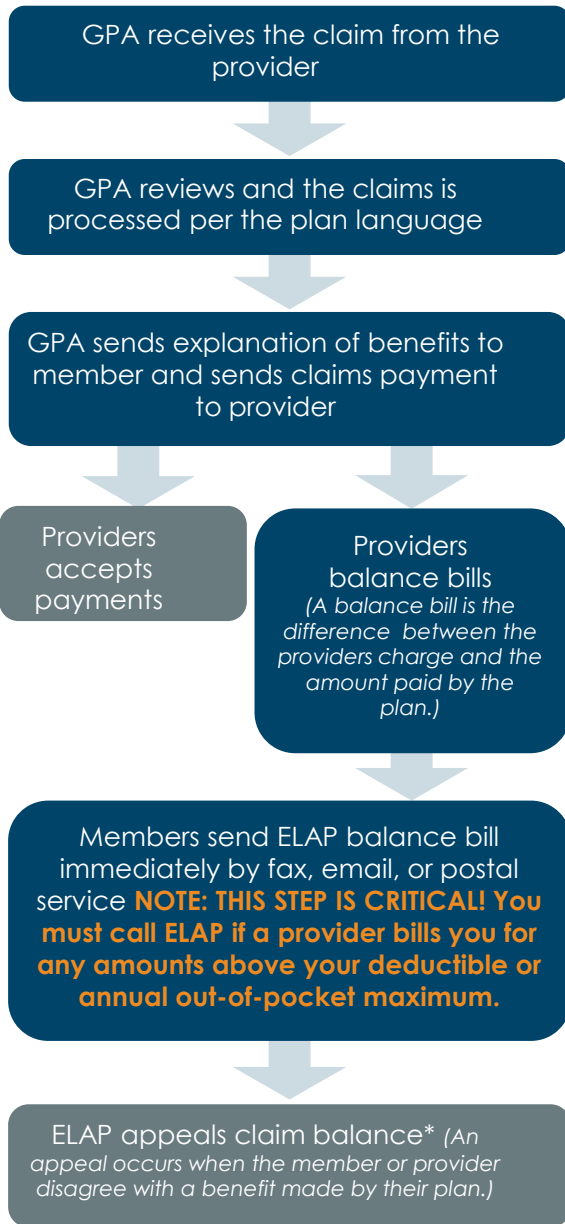
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# Medical – GPA

Cost Sharing	Facility & PPO Physicians	Non-PPO Physicians
<b>Deductible</b> (Individual/Family)	\$250 / \$750	\$500/\$1,500
<b>Coinsurance</b> (Member Share)	15%	40%
<b>Annual Out-of-Pocket Maximum</b> (Individual / Family)	\$1,500 / \$3,000	\$3,000 / \$6,000
Level II Benefits	PPO Physicians	Non-PPO Physicians
<b>Office Visit</b> (includes exam, treatment, lab, x-ray, and office surgery)	Primary Care: \$20 copay Specialist: \$35 copay	Ded then 40%
<b>Preventive / Wellness Benefits</b>	Covered at 100%	Ded then 40%
<b>Physician Hospital Visits / Surgeon</b>	Ded then 15%	Ded then 40%
<b>Mental / Nervous Disorders and Substance Abuse Office Visits</b>	\$35 copay	Ded then 40%
<b>Urgent Care</b> (includes lab and x-ray)	\$50 copay	Ded then 40%
<b>Outpatient Therapies</b> Physical, Occupational, Manipulative Therapy and Chiropractic	Ded then 15%	Ded then 40%
Speech and Hearing Therapy	Ded then 15%	Ded then 40%
<b>Durable Medical Equipment and Medical Supplies</b>	Ded then 15%	Ded then 40%
<b>Ambulance Services</b>	Ded then 15%	
Level I Benefits	Facility Benefit (No Network)	
<b>Inpatient Hospital Services</b>	100%; Deductible applies	
<b>Maternity Inpatient Hospital Services</b>	100%; Deductible applies	
<b>Skilled Nursing Facility</b>	100%; Deductible applies	
<b>Hospital Emergency Room</b> (all related charges)	100%; Deductible applies	
<b>Outpatient Surgical Facility</b>	100%; Deductible applies	

# ELAP Information

## ELAP Claims Cycle



\*Additional payment from the plan could be required based on review



Phone: 1-800-977-7381

Fax: 1-888-560-2447

Email: [balancebill@elapservices.com](mailto:balancebill@elapservices.com)



Website: [www.elapservices.com](http://www.elapservices.com)



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## Frequently Asked Questions

### A provider is stating they do not accept my insurance, what do I do?

It is likely that they do not recognize the Practitioner Only logo on the ID card. Explain you have health insurance benefits and request that they call GPA to verify your benefits – the number is on your id card. If you are still having difficulties call GPA for assistance.

### Could the provider ask me to pay for my procedure upfront?

The hospital performing your medical procedure may request money from you upfront; however, you as the patient are only responsible for the deductible.

### What if the provider asks me to pay more than my deductible?

Your benefits plan does not require you to pay anything upfront outside of your deductible. If the provider will not perform your treatment without money being paid upfront outside of your personal responsibility, contact GPA immediately and have a GPA representative speak to the provider.

### What should I do if I am asked to sign a payment plan at the time of my procedure?

NEVER sign a payment plan at a facility/hospital as this will take ELAP out of the process, due to the facility/hospital now having that YOU (the member) are taking responsibility for any outstanding balance. If you are asked to do such an act, please contact GPA immediately.

### I've been balance billed; will my account be put into collections?

Each provider treats its billing practices differently. When a provider sends a bill to a collection agency, it does not necessarily mean that it was reported to any credit reporting agency impacting your credit score. This means that the provider has ceased their collection efforts within the hospital billing department and sent your bill to an outside vendor to attempt to collect the alleged balance due. If you receive a collection notice, please send it to ELAP right away. The collection notice will clearly state that you have 30 days to respond and dispute the debt, and it must be sent to an attorney in a timely manner so that they have enough time to respond on your behalf. It is very important to remember that if your bill is sent to collections, once the collection agency is made aware that you are represented by an attorney; they are no longer, by law, permitted to communicate with you in any way other than continued mail notices. Please contact ELAP immediately if you continue to be contacted by the collection agency.

### Why is the provider center still calling me?

The provider is within their legal rights to attempt to contact you by telephone, but there is no reason for you to speak to them. If you do speak to a representative, take their name and their phone number and relay that information to your assigned ELAP Claims Examiner.



MAXIMIZE YOUR HEALTH PLAN

## Whenever And Wherever You Are

The new GPA Mobile App, offered through your health plan, puts our most popular online features at your fingertips.

### THE GPA MOBILE APP ALLOWS YOU TO:



CHECK  
CLAIM STATUS



ACCESS YOUR  
ELIGIBILITY  
INFORMATION



VIEW AND  
EMAIL YOUR  
ID CARD



REVIEW YOUR  
ACCOUNT SUMMARY  
AND BENEFITS

Have a question regarding your health plan? You can send a secure message to our Customer Service Department through the new "Message Center" or for more general inquiries, visit our Frequently Asked Questions page.

DOWNLOAD THE GPA MOBILE APP TODAY THROUGH THE GOOGLE PLAY STORE OR THE APPLE APP STORE!



CLICK HERE for Apple



CLICK HERE for Android

Available on Android and Apple devices, search for "Group Pension Mobile", download the app for free, register and set up a user ID and password. It's that simple!

[www.gpatpa.com](http://www.gpatpa.com)





ELAP Services is your health plan's affordability partner,  
and **ELAPulse** is your online portal.

## STAY CONNECTED | 24/7



### Balance Bill Support

- Submit hospital and facility bills
- Check the **status of claims**
- Contact a **Member Services Advocate**



### Educational Resources

- Get answers to **Frequently Asked Questions**
- Watch videos to learn more about **how ELAP saves you money**

#### TIP

When you submit your bills quickly and easily through the online portal, ELAP Services can get to work resolving the bill. And when you understand how your health plan works, you benefit the most!



9 a.m. – 7 p.m. ET | **Member Services:** 1-800-977-7381  
**FAX:** 1-888-560-2447 | [balancebills@elapservices.com](mailto:balancebills@elapservices.com)





# ELAPulse

## LOG-IN

- 1) Go to the GPA Portal and log in.
- 2) Click on the **ELAP Portal** tab to access **ELAPulse**.



## SUBMIT A BILL

- 1) Select a Date of Service
- 2) In the Take Action column, click on the **Document Icon**
- 3) Follow the instructions to upload new bills



## GET MORE INFORMATION

- 1) Read **Frequently Asked Questions**
- 2) Access videos about ELAP
- 3) Submit your questions online

ELAP Services is a leading healthcare solution for self-funded employers across the U.S., offering a full-service program that ensures employers, members, and hospitals and health systems receive a fair price for healthcare.



9 a.m. – 7 p.m. ET | **Member Services:** 1-800-977-7381  
**FAX:** 1-888-560-2447 | [balancebills@elapservices.com](mailto:balancebills@elapservices.com)

# GPA Nurse Navigator

GPA Nurse Navigator will help you find a doctor, schedule a doctor's appointment, compare costs of providers and medications, obtain medical records if you need them, review your medical and prescription bills if you need assistance, and more!

Your personal Nurse Navigator advisor will help you be a better consumer, making your dollars go further, helping you understand your benefits and get straight answers when you ask questions about your medical benefits. GPA Nurse Navigator's sole purpose is to help your healthcare benefits work for you.



# Pharmacy – Express Scripts

U.S. Cotton's Pharmacy Benefit Manager is **Express Scripts, Inc. (ESI)**.

**THERE ARE NO CHANGES TO THE BENEFIT PLAN FOR 2019** – Copays and coinsurance will stay the same.

## CLAIM QUESTIONS or BENEFIT INQUIRIES

**Phone:** 800-334-8134

**Website:** <http://www.express-scripts.com>

**RxBin:** 610014

**RxGrp:** RXBUSCT

Benefits	IN-NETWORK	OUT-OF-NETWORK
<b>PRESCRIPTION DRUGS</b>		
Tier 1 - GENERIC Drugs	\$5 copayment	\$5 copayment
Tier 2 - Preferred BRAND-NAME Drugs	\$35 copayment	\$35 copayment
Tier 3 - Non-preferred BRAND-NAME Drugs and SPECIALTY DRUGS	\$40 copayment	\$40 copayment
Diabetic Supplies, Spacers and Peak Flow Meters	25%	25%
One copayment for up to a 30-day supply. 31-60-day supply is two copayments, and 61-90-day supply is three copayments. Any OUT-OF-NETWORK charges over the ALLOWED AMOUNT are not included in this maximum. Limits apply to INFERTILITY drugs, see "PRESCRIPTION DRUG Benefits" for a detailed description. Any services in excess of this LIFETIME MAXIMUM are not COVERED SERVICES.		



# Dental – GPA

Dental Services	Your Cost
Diagnostic and Preventive Services	0%
Basic Services	20% after dental deductible
Major Services	50% after dental deductible
Dental Deductible	\$50 per person
Dental Benefit Period Maximum <i>Includes Basic and Major services – does not include Preventive Services</i>	\$1,000 per person
Orthodontic Services	50%
Orthodontic Lifetime Maximum	\$1,000

Service Type	Includes	Covered at
<b>Preventive</b>	Evaluations, Consultations, Cleanings, X-Rays, Pulp Testing, Topical Fluoride, Palliative Emergency Treatment, Sealants, Diagnostic Casts	100%
<b>Basic</b>	Routine Fillings, Simple Extractions, Surgical Removal, Periapical X-ray, Space Maintainers, Complex Oral Surgery, Anesthesia, Stainless Steel Crowns, Endodontics, Pin Retention, Crown Lengthening, Root Planing, Periodontal Scaling, Periodontal Maintenance	80%
<b>Major</b>	Inlays/Onlays/Crowns, Labial Anterior Veneers, Dentures, (Complete & Partial), Tissue Conditioning, Denture Repair, Occlusal Guard, Recementing of Inlays/Onlays/Crowns, Replacement of Broken Teeth on a Denture	50%
<b>Orthodontics</b>	Diagnosis, Appliance, Treatment (may include Phase I or Phase II)	50% to \$1,000 max





# Vision – GPA

	In-Network	Out-of-Network
<b>Routine Eye Exam</b>	\$20 Copayment	Benefits Not Available
<b>Lenses and Frames</b>	<b>Covered up to \$80, then the plan pays 10%</b>  The plan will pay for either one pair of prescription eyeglasses, one pair of hard or soft contact lenses, or a one-year supply of disposable contact lenses per year. Any services in excess of this benefit period maximum are not covered services.	



# Short Term Disability

Benefit Highlights	
Availability	All full-time employees working at least 30 hours per week
Benefit Percentage	60%
Maximum Payment Amount	\$2,000/week
Minimum Payment Amount	\$25/week
Elimination Period: Injury	0 Days
Elimination Period: Illness	7 days
Maximum Payment Duration	26 weeks

## CLAIM QUESTIONS or BENEFIT INQUIRIES

**Phone:** 800-438-6388

**Website:** <http://www.metlife.com/mybenefits>

# Long Term Disability

## Benefit Highlights

<b>Availability</b>	All full-time salaried and hourly employees
<b>Benefit Percentage</b>	60%
<b>Maximum Payment Amount</b>	\$6,000/month
<b>Minimum Payment Amount</b>	\$100/month
<b>Elimination Period</b>	The later of 180 after the date disability begins or the date short term disability payments to you end
<b>Waiting Period</b>	The day following 90 days of continuous employment

## Maximum Payment Duration

<b>Disability Begins...</b>	
<b>Less than age 60</b>	To Social Security Normal Retirement Age (SSNRA)
<b>60</b>	60 months or to SSNRA, whichever is greater
<b>61</b>	48 months or to SSNRA, whichever is greater
<b>62</b>	42 months or to SSNRA, whichever is greater
<b>63</b>	36 months or to SSNRA, whichever is greater
<b>64</b>	30 months or to SSNRA, whichever is greater
<b>65</b>	24 months
<b>66</b>	21 months
<b>67</b>	18 months
<b>68</b>	15 months
<b>69 and over</b>	12 months

### CLAIM QUESTIONS or BENEFIT INQUIRIES

**Phone:** 800-438-6388

**Website:** <http://www.metlife.com/mybenefits>

# Basic Life/AD&D

Benefit Highlights	
Basic Life	2x your annual income, rounded to the next higher \$1,000 if not already a multiple thereof, to a maximum of \$350,000
Basic AD&D	2x your annual income, rounded to the next higher \$1,000 if not already a multiple thereof, to a maximum of \$350,000
Guaranteed Issue Amount	\$350,000
Beneficiaries	Please be sure to update your beneficiary information during your enrollment session.
Benefit Reduction	Coverage reduces to 35% at Age 75

## CLAIM QUESTIONS or BENEFIT INQUIRIES

**Phone:** 800-438-6388

**Website:** <http://www.metlife.com/mybenefits>





# Supplemental Term Life/AD&D

## Benefit Highlights – Supplemental Employee Term Life/AD&D

<b>Benefit Amount Options</b> <i>Life/AD&amp;D</i>	\$10,000 - \$250,000 (in \$10,000 increments)
<b>Guaranteed Issue Amount</b>	\$150,000
<b>Proof of Insurability</b>	Required for all amounts in excess of \$150,000
<b>Health Questions</b>	New enrollment or increases of more than \$10,000 require health questions, and approval is not guaranteed
<b>Benefit Reduction</b>	Coverage reduces to 35% at Age 75

## Benefit Highlights – Supplemental Dependent Term Life/AD&D

<b>Benefit Amount Options</b> <i>Life/AD&amp;D</i>	<b>Spouse:</b> \$10,000 or 50% of the EE's elected coverage, whichever is less <b>Children:</b> \$5,000
<b>Guaranteed Issue Amount</b>	<b>Spouse:</b> \$10,000 <b>Children:</b> \$5,000
<b>Proof of Insurability</b>	Not required
<b>Health Questions</b>	New enrollment for dependent coverage require health questions to be answered by each of the dependents requesting coverage, and approval is not guaranteed
<b>Benefit Reduction</b>	Coverage reduces to 35% at Age 75

### CLAIM QUESTIONS or BENEFIT INQUIRIES

**Phone:** 800-438-6388

**Website:** <http://www.metlife.com/mybenefits>

# Critical Illness - Guardian

## Benefit Highlights

<b>Plan Description</b>	Designed to help employees offset the financial effects of a catastrophic illness with a lump-sum benefit if an insured is diagnosed with a covered specified disease
<b>Type of Plan</b>	Specified Disease with Cancer
<b>Coverage Options</b>	Employee/Child, Spouse
<b>Child Coverage</b>	Automatically included with Employee coverage, issue age to 26
<b>Coverage Reduction</b>	Plan reduces 50% on policy anniversary following insured's 70 <sup>th</sup> birthday

## Specified Disease Coverage

<b>Covered Conditions</b>	Cancer, Carcinoma in Situ, Heart Attack, Coronary Artery Bypass Surgery, Stroke, End Stage Renal (Kidney) Failure, Major Organ Failure, Permanent Paralysis as the result of a Covered Accident, Coma as the result of Severe Traumatic Brain Injury, Blindness, Benign Brain Tumor, Occupational HIV
<b>Additional Covered Conditions for Dependent Children</b>	Cerebral Palsy, Cleft Lip or Palate, Club Foot, Cystic Fibrosis, Down Syndrome, Muscular Dystrophy, Spina Bifida, Type 1 Diabetes

## Benefit Options

<b>Coverage Amount – Employee</b>	\$5,000 - \$30,000 (in \$5,000 increments)
<b>Coverage Amount – Spouse</b>	\$2,500 - \$15,000 (in \$2,500 increments)
<b>Coverage Amount – Child</b>	25% of Employee Coverage Amount
<b>Guaranteed Issue Amount (under age 70)</b>	<b>Employee:</b> \$30,000 <b>Spouse:</b> \$15,000
<b>Evidence of Insurability</b>	Only required for applicants over age 70
<b>Pre-Existing Condition</b>	12/12
<b>Benefit Waiting Period</b>	None
<b>Wellness Benefit</b>	\$50 per insured per calendar year
<b>Portability</b>	Included

# Group Accident - Guardian

Benefit Highlights	
Plan Description	Designed to help covered employees meet the out-of-pocket expenses and extra bills that can follow an accidental injury, whether minor or catastrophic.
Type of Plan	On/Off job
Benefit Option	Medium Benefit Plan Design (does not include sickness hospital confinement)
Family Coverage Options	Employee, Spouse, and Child
Pre-Existing Condition Rules	None
New Employee Waiting Period	30 days
Wellness benefit	\$50 per insured per calendar year
Portability	Included under age 70
Schedule of Benefits	See following schedule for highlights



# Group Accident - Guardian

Accident Emergency Room Treatment	\$175
Accident Follow-Up Visit - Doctor	\$50 up to 6 treatments
Air Ambulance	\$1,000
Ambulance	\$150
Appliance - Wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck.	\$125
Blood/Plasma/Platelets	\$300
Burns (2nd Degree/3rd Degree)	9 sq inches to 18 sq inches: \$0/\$2,000 18 sq inches to 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000
Burn - Skin Graft	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate.	20% increase to child benefits
Chiropractic Visits	\$25 per visit up to 6 visits
Coma	\$10,000
Concussions	\$75
Dislocations	Schedule up to \$4,400
Diagnostic Exam (Major)	\$150
Emergency Dental Work	\$300/Crown, \$75/Extraction
Epidural pain management	\$100, 2 times per accident
Eye Injury	\$300
Family Care	\$20/day up to 30 days
Fracture	Schedule up to \$5,500
Hospital Admission	\$1,000
Hospital Confinement	\$225/day - up to 1 year
Hospital ICU Admission	\$2,000
Hospital ICU Confinement	\$450/day - up to 15 days
Initial Physician's office/Urgent Care Facility Treatment	\$75
Joint Replacement (hip/knee/shoulder)	\$2,500/\$1,250/\$1,250
Knee Cartilage	\$500
Laceration	Schedule up to \$400
Lodging - The hospital must be more than 50 miles from the insured's residence.	\$125/day, up to 30 days for companion hotel stay
Occupational or Physical Therapy	\$25/day up to 10 days
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$150/day up to 15 days
Ruptured Disc With Surgical Repair	\$500
Surgery	Schedule up to \$1,250 Hernia: \$150
Surgery - Exploratory or Arthroscopic	\$250
Tendon/Ligament/Rotator Cuff	1: \$500 2 or more: \$1,000
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	\$500, 3 times per accident
X - Ray	\$30





# Permanent Life - Guardian

## Employee Coverage

Coverage Amounts	\$10,000 to \$100,000
Issue Ages	Age 15 – 80
Evidence of Insurability	May enter at any level without EOI
Guaranteed Issue	Yes
Pre-Existing Condition Limitation	None

## Spouse Coverage

Coverage Amounts	\$5,000 to \$50,000 (up to 50% of Employee amount)
Evidence of Insurability	Required for coverage amounts over \$10,000
EE Coverage Requirement	Employee coverage required
Guaranteed Issue	\$10,000
Pre-Existing Condition Limitation	None

## Child Coverage

Coverage Amount	\$10,000
Future Coverage	No increases are permitted
EE Coverage Requirement	Employee coverage required
Issue Ages	14 days to 26 years old
Child Term Rider	Employee can have both the Child Term Rider and Child standalone coverage
Guaranteed Issue	Yes
Pre-Existing Condition Limitation	None

# Flexible Spending Accounts

## Medical Flexible Spending Account

<b>How it Works</b>	The Medical FSA can reimburse you for eligible medical expenses for you, your spouse (if you file a joint tax return), your children (under age 26) and your tax dependents.
<b>Maximum Annual Contribution</b>	\$2,650
<b>Examples of Covered Expenses</b>	Copays, deductibles, orthodontia, prescription medications, eye wear, vision exams, other dental procedures
<b>Carry Over Amount</b>	\$500
<b>Last Date to Access 2019 Funds</b>	March 15, 2020
<b>Unused Funds</b>	Forfeited

## Dependent Care Flexible Spending Account

<b>How it Works</b>	The Dependent Care FSA can reimburse you for daycare expenses provided for your dependent(s) that allows you (and your spouse, if applicable) to work. Care must be for a dependent child under the age of 13 or a dependent of any age that lives in your household and is incapable of self-care.
<b>Maximum Annual Contribution</b>	\$5,000
<b>Examples of Covered Expenses</b>	Daycare, nursery school, elder care expenses
<b>Last Date to Access 2019 Funds</b>	March 15, 2020
<b>Unused Funds</b>	Forfeited

### CLAIM QUESTIONS or BENEFIT INQUIRIES

**Phone:** 800-532-3328

**Website:** <http://www.flores247.com>



# EAP – MetLife

Program Highlights	
<b>How it Works</b>	Up to five confidential sessions with a counselor, financial planner, or attorney are available to you and your eligible family members each calendar year. Consultations may be face-to-face or over the phone.
<b>Confidential Counseling</b>	Stress, anxiety and depression, credit card or loan problems, job pressures, grief and loss, substance abuse
<b>Financial Information and Resources</b>	Getting out of debt, credit card or loan problems, tax questions, retirement planning, estate planning, saving for college
<b>Legal Support</b>	Divorce and family law, debt and bankruptcy, landlord/tenant issues, real estate transactions, civil and criminal actions, contracts, Identity theft.
<b>Online Services</b>	Visit the member portal for a wide range of tools and information to help you take charge of your well-being and simplify your life.

## **BENEFIT INQUIRIES**

**Phone:** 888-319-7819

**Website:** <http://metlifeeap.lifeworks.com>

Username: metlifeeap

Password: eap



# EAP – MetLife

## We all need help every now and then

Problems are just a part of everyday life. In addition to the benefits provided under your MetLife Group Insurance coverage, you and your household members will have access to an Employee Assistance Program (EAP) beginning on January 1, 2018. This program provides you with services to help with the everyday challenges of life that may affect your health, family life and desire to excel at work. *EAP services will be provided by a third party, LifeWorks US Inc., under an agreement with MetLife.*



### Your EAP may be used to address a broad range of issues including:

- Marriage, Relationship and Family Problems
- Problems at Work
- Legal and Financial Issues
- Stress and Anxiety
- Alcohol and Drug Dependency
- Identity Theft
- Health and Wellness Concerns

### Consultation and support

You and the members of your household are entitled to up to **5 consultations with a licensed clinician per issue, per individual, per calendar year**. You choose between in-person sessions with a provider from LifeWorks' extensive network or convenient and easy telephonic consultations with a licensed LifeWorks clinician. Please call 1-888-319-7819 anytime to speak with a clinician, request a referral or schedule an appointment.

### Work and life services

Telephonic consultations are available in the following areas:

**Legal Services:** Consultations for issues relating to civil, consumer, personal and family law, financial matters, business law, real estate, estate planning and more (excluding disputes or actions between you and MetLife/LifeWorks/your employer).

**Financial Services:** Budgeting, credit and financial guidance (investment advice, loans and bill payments not included), retirement planning and assistance with tax issues.

**Childcare and Eldercare Assistance:** Consultation plus referrals to childcare and eldercare providers.

**Identity Theft Recovery Services:** Information on ID theft prevention, plus an ID theft emergency response kit and help from a fraud resolution specialist if you are victimized.

**Daily Living Services:** Referrals to consultants and businesses that can help with event planning, transportation services, pet services and more (does not cover the cost nor guarantee delivery of vendors' services).

**Online Member Services:** LifeWorks' EAP website and app that will be available to you features a wide range of tools and information to help you take charge of your well-being and simplify your life. Log on to [metlifeeap.lifeworks.com](http://metlifeeap.lifeworks.com), user name: **metlifeeap** and password: **eap**.



Services are provided by LifeWorks, one of the nation's premier providers of EAP services, with a national network of more than 30,000 practitioners. LifeWorks' staff provides immediate crisis resolution, information and referrals to appropriate counseling and support services. Licensed staff clinicians with crisis intervention expertise, including bilingual Spanish-/English-speaking staff, are available to handle emergency or urgent need cases.

## Answers to frequently asked questions

### Are EAP services confidential?

Yes. LifeWorks is required to comply with state and federal laws governing the confidentiality of your personal information.

### When should I seek help?

The right time to seek help for a problem is as early as possible, before the problem becomes critical. EAP services can be accessed through a dedicated toll-free number 24 hours a day, 7 days a week.

### How do I get help?

You can call 1-888-319-7819 to arrange for your EAP services. You will be deemed to have used up one of your consultations if you fail to cancel an appointment at least 24 hours in advance, unless the appointment is missed because of an emergency or circumstances beyond your control.

### Will I have to pay for services?

No! Your employer pays for EAP services. There are no co-payments, co-insurance or deductible payments, and you will not be liable for any fees covered by your employer's EAP under any circumstances. If you decide you want services not included in the EAP offered by your employer, you will have to arrange and pay for them separately.

### Do I have rights under the Consolidated Omnibus Budget Reconciliation Act ("COBRA")?

For information about COBRA rights, contact your Human Resources Department.

### Does the EAP offered by my employer have any limitations?

EAP services **do not** provide:

- Inpatient or outpatient treatment for any medically treated illness
- Prescription drugs
- Treatment or services for intellectual disability or autism
- Counseling services beyond the number of sessions covered or requiring longer term intervention
- Services by counselors who are not LifeWorks providers
- Counseling required by law or a court, or paid for by Workers' Compensation



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For specific details please  
consult your Plan  
Documents.