



Employee Benefits Enrollment Guide

Effective June 1, 2019



www.aga-tpa.com

7605 Westfield Drive
Fort Wayne, IN 46825

1-800-888-6472
fax 260-489-0365

This is an outline of benefits and not to be determined as a contract, for further definitions of covered benefits, see the Summary Plan Description

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Eligibility

Eligibility Date:



Employees are eligible for coverage the first day of full time employment.

Open Enrollment Period:



An open enrollment period lasting 30 days will be established by Taylor University prior to the effective date of June 1.

Special Enrollment Period:



A special enrollment period is a thirty (30) day period during which a person, who declined coverage when eligible, becomes eligible again to enroll because of a qualifying event. Examples of a qualifying event are: marriage, divorce, birth or adoption of a child, or loss of eligibility of coverage on another plan.

Dependent Children:



Children to age 26 are eligible for coverage. Children are not required to be in school, may be married and eligibility is not restricted based upon residence or tax status.





Taylor University Group Health Plan – Grandfathered Plan



To receive maximum benefits from your medical insurance coverage, you must use a doctor, hospital or facility that is part of the Network.

To locate an Encircle/Encore Combined Provider: 1-888-446-5844 or www.encoreconnect.com

To locate a Signature Care Provider: 1-800-666-4449 or www.parkviewtotalhealth.com

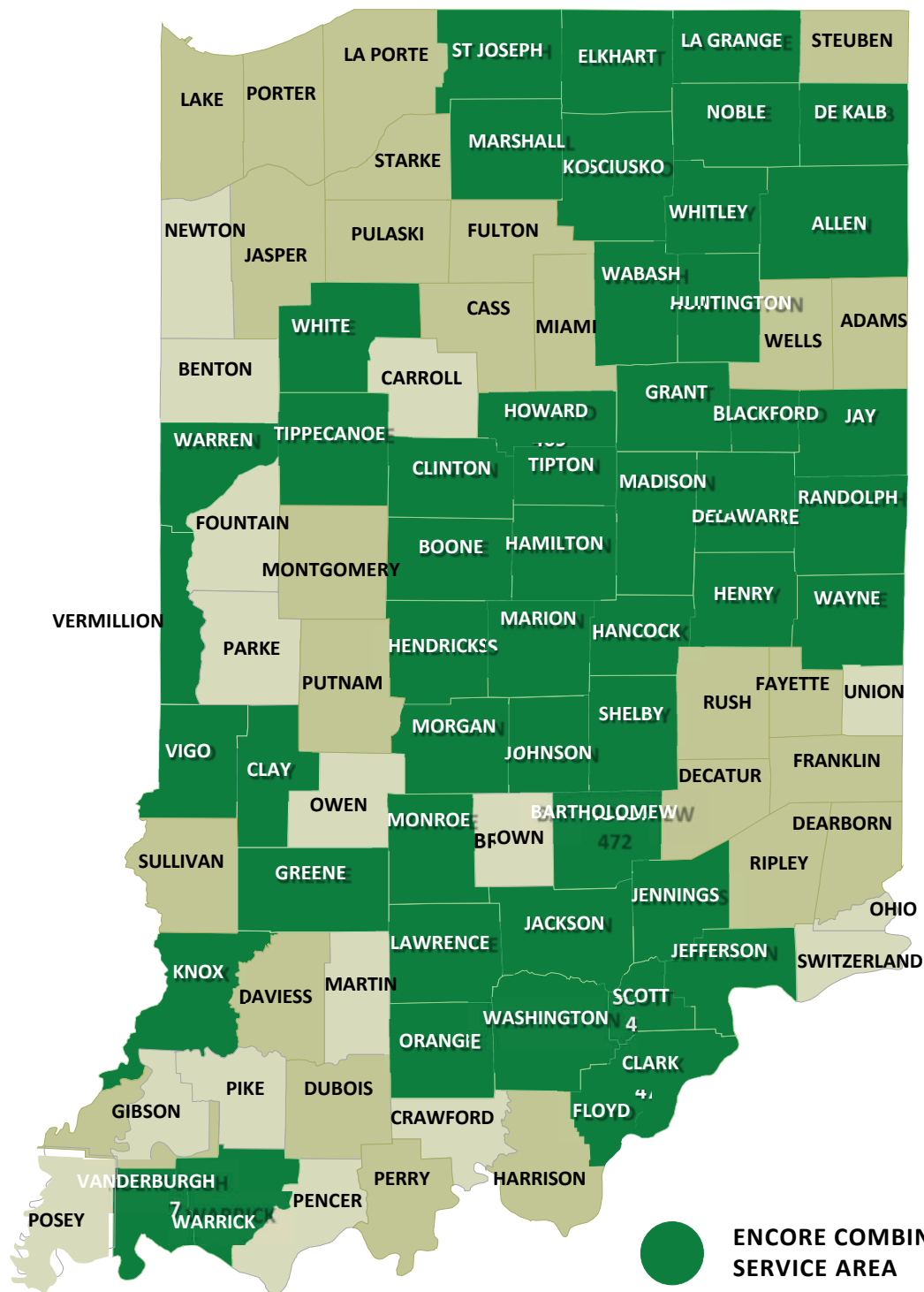
Pre Certification: Managed Care Concepts 1-866-750-2723

Benefits Effective: June 1, 2019

Benefits	EPO Hospital, PPO Providers, No PPO Provider Available	PPO Hospital, No PPO Hospital Available	NON-PPO Providers
Calendar Year Deductible	\$825 Person / \$1,650 Family	\$825 Person / \$1,650 Family	\$825 Person / \$1,650 Family
Co-Insurance Benefit	90%	75%	60%
Major Medical Out of pocket maximum *	\$700 Person / \$1,400 Family	\$1,700 Person / \$3,400 Family	\$2,750 Person / \$5,500 Family
Lifetime Maximum	Unlimited lifetime maximum Unlimited Plan year maximum		
Preventive Care (some limits apply) Routine physical exam, pap tests, mammograms, immunizations, etc.	\$10 copay up to \$250 benefit, then deductible, then 10%	n/a	Deductible, then 40%
Physician Office Visit	\$30 copay up to \$350 benefit, then deductible, then 10%	n/a	Deductible, then 40%
Hospital Services	Deductible, then 10%	Deductible, then 25%	Deductible, then 40%
Maternity Services	Deductible, then 10%	Deductible, then 25%	Deductible, then 40%
Specialist and Urgent Care Visit	\$45 copay up to \$350 benefit, then deductible, then 10%	n/a	Deductible, then 40%
Emergency Room (copay waived if admitted within 24 hours)	\$105 copay, not subject to deductible	\$105 copay, not subject to deductible	Deductible, then 40%
Ambulance Services	Deductible, then 10%	Deductible, then 25%	Deductible, then 40%
Chiropractic Services Limited to 12 visits per calendar year	Deductible, then 10%	n/a	Deductible, then 40%
Physical, Occupational & Speech Therapy	\$45 copay, not subject to deductible	\$45 copay, not subject to deductible	Deductible, then 40%
Mental Health, Alcohol & Substance Abuse	Inpatient: Deductible, then 10% Outpatient: \$5 copay up to \$350 benefit, then deductible, then 10%	Inpatient: Deductible, then 25% Outpatient: n/a	Inpatient: Deductible, then 40% Outpatient: Deductible, then 40%
Laboratory Services If LabCorp used: 100%, not subject to deductible	Deductible, then 10%	Deductible, then 25%	Deductible, then 40%
Prescription Drug Deductible	\$70 Person / \$140 Family		
Prescription Drugs Retail 34 Day Supply	Deductible first, then \$15 copay; generic \$30 copay; formulary brand \$50 copay; non-formulary brand	Deductible first, then \$15 copay; generic \$30 copay; formulary brand \$50 copay; non-formulary brand	Not Covered
Prescription Drugs Mail Order 90 Day Supply	Deductible first, then \$15 copay; generic \$35 copay; formulary brand \$55 copay; non-formulary brand	Not Covered	Not Covered
Injectable & Infusion Drugs Specialty Pharmacy	Deductible, then 10% <i>Does not apply towards out of pocket maximum if Specialty Pharmacy is not used</i>	Deductible, then 10% <i>Does not apply towards out of pocket maximum if Specialty Pharmacy is not used</i>	Deductible, then 10% <i>Does not apply to out of pocket maximum.</i>
<ul style="list-style-type: none"> * The out-of-pocket limit does NOT include premiums, copays, deductibles, balance-billed charges, pre-cert penalties and excluded charges. Balance billing protection when you use an Encircle/Encore Combined or Signature Care provider. In-Patient hospital admission and many out-patient procedures require mandatory notification to Managed Care Concepts: 1-866-750-2723 <p>Third Party Administrator: Automated Group Administration • 7605 Westfield Drive • Fort Wayne, IN 46825 • (260)489-6447 (800)888-6472 • (260) 489-0365 Fax</p> <p><i>This is an outline of benefits and not to be determined as a contract, for further definitions of covered benefits, see the Summary Plan Description</i></p>			

Please contact the Automated Group Administration Customer Service Line with any questions or concerns you may have.
1-800-888-6472

COMBINED NETWORK MAP



to locate a Encircle/Encore Combined Provider
1-888-446-5844
www.encoreconnect.com



**ENCORE COMBINED FACILITY & PROVIDER
SERVICE AREA**



ENCORE FACILITY & PROVIDER SERVICE AREA



ENCORE PROVIDER SERVICE AREA ONLY

(THERE ARE NO ACUTE CARE FACILITIES IN THESE COUNTIES)

Dental Coverage

Summary of Dental Benefits Effective June 1, 2019

<u>Benefit</u>	<u>Deductible</u>	<u>Percentage</u>	<u>Maximum</u>
1. Preventive	\$50 per person, \$100 family	80%	\$750 per person
2. Basic	\$50 per person, \$100 family	80%	per calendar year for
3. Major	\$50 per person, \$150 family	80%	Levels #1, #2, and #3
4. Orthodontics	No Deductible	50%	\$1,000 per person lifetime maximum

*Combined Deductible for Levels #1, #2 & #3

This is an outline of benefits and not to be determined as a contract, for further definitions of covered benefits, see the Summary Plan Description.



GoodRX

www.magellanrx.com

The GoodRX web solution (web, mobile, e-mail and text) allows each member to view their current prescription information and how to save money by finding the best prices at nearby pharmacies. This program allows its members to save 15-20% per prescription. Members can easily access their prescription history, spending summary and get detailed drug descriptions.

See attached for more details.

HealthiestYou

1-866-703-1259 or www.healthiestyou.com

With HealthiestYou you can connect to a doctor, get treatment, and get prescriptions, 24 hours a day, 7 days a week over the phone or via the mobile app. Using HealthiestYou can SAVE YOU TONS OF MONEY and no more sitting around in waiting rooms. And best of all, it's FREE. *See attached for more details.*

Managed Care Concepts Chronic Care and Healthy Track

1-866-750-2723

Managed Care Concepts Chronic Care Program is a set of coordinated services designed to help members manage chronic medical conditions such as asthma, diabetes, hypertension, congestive heart failure, coronary artery disease and/or obesity.

See attached for more details.

Lab Service Program

1-888-522-2677 or www.labcorp.com

The LabCorp programs allows you to obtain substantial discounts on certain outpatient laboratory testing.

See attached for more details.

Daavlin Home Phototherapy

1-800-322-8546 or www.daavlin.com

Phototherapy is the use of a special type of medical light to treat skin conditions such as Psoriasis, Vitiligo, Eczema, and CTCL. Daavlin offers personal-sized phototherapy products that can be used in the comfort and convenience of your own home. This safe and easy treatment is now available to you at a highly discounted price. *See attached for more details.*

Direct Imaging

(260)-212-1901 or www.directcarellc.net/directimaging

Direct Imaging LLC, a subsidiary of DirectCare LLC, is a freestanding outpatient imaging services (MRI, CT, Ultrasound and X-rays) facility that offers the most affordable out-of-pocket cost in the area. At Direct Imaging, we use the most advanced Siemens MRI technology, equipped with 1.5 Tesla scanners. To meet other imaging needs, we also offer Siemens 64 slice CT Scanner, Digital X-Ray and Ultrasound. *See attached for more details.*

Employee Term Life & AD&D Insurance

Life Insurance Benefit: 2 X Earnings; Minimum \$50,000, Maximum \$250,000

Accidental Death, Dismemberment (AD&D) Benefit: 2 X Earnings; Minimum \$50,000, Maximum \$250,000

Benefit Reduction: at age 70, benefit will reduce to 65% of the original amount

Go Digital to Save on Your Next Prescription

Did you know that lower prescription prices are within reach? Use our web or mobile app, MRx Empower with GoodRx, to find the lowest-cost medications in your area before you fill your next prescription. You can even transfer your prescriptions to a lower-cost pharmacy with the click of a button. And since MRx Empower with GoodRx is fully integrated with your prescription drug benefit, it can help you track your progress toward reaching your deductible and out-of-pocket maximum.

Register with Magellan Rx today to get started.

- 1 Fill out registration form on our website or on your mobile device using this link or QR code:
<https://magellanrx.com/member/registration/>

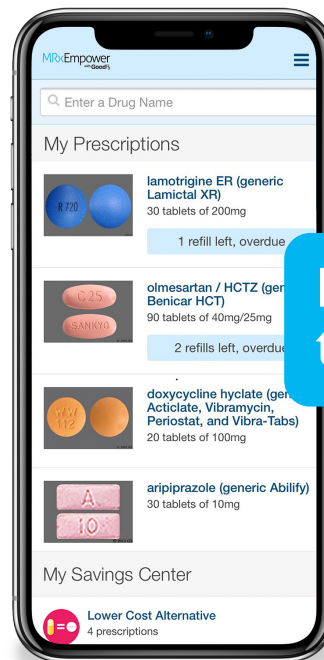
— OR —



- 2 Click on confirmation link sent to the email you registered with within 24 hours. *(If you don't click on the link within 24 hours you will need to re-register)*

- 3 The link will take you to a login page – **once you log in your registration is complete!**

Once you've registered, you can access MRx Empower with GoodRx through the mobile app, or online by clicking on GoodRx from the dashboard on the Magellan Rx member portal.



Download
the App

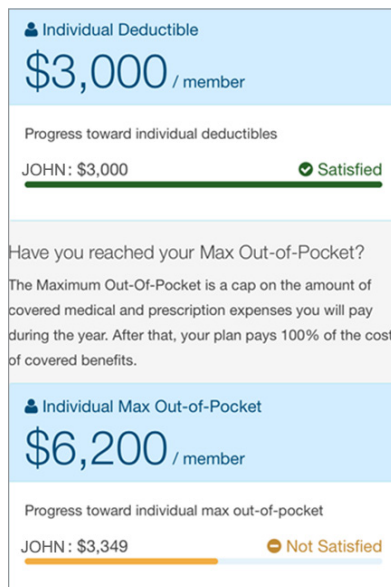


Download the app today for Apple or Android devices at: <http://mrxempower.magellanrx.com/mobile> or search for "MRx Empower" in your app store.

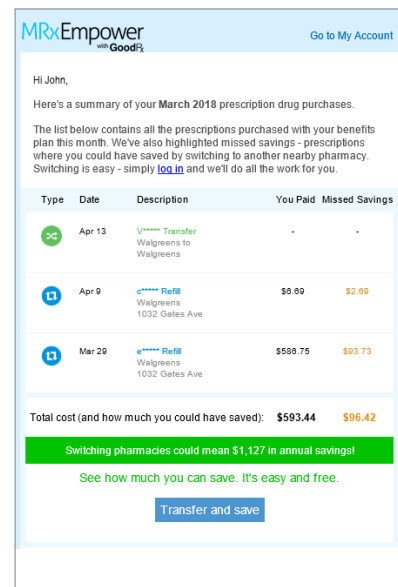
MRx Empower with GoodRx

Additional Features and Benefits:

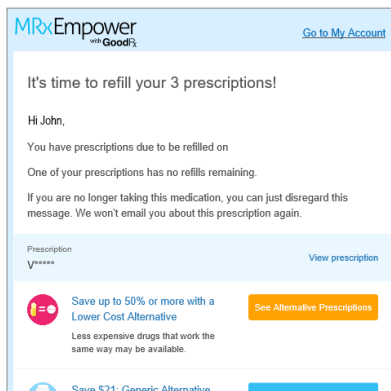
Track coverage to effectively spend your benefit dollars



Track savings (and identify missed savings)



Receive savings alerts via email & app



Transfer prescriptions to a lower-cost pharmacy

PRESCRIPTIONS TO TRANSFER	CURRENT PHARMACY	NEW PHARMACY
<div> <p>enoxaparin (generic: Lovenox) for Janssen 2 syringes 40mg/0.4ml (2 REFILLS LEFT)</p> </div> <div> <p>duloxetine (generic: Cymbalta) for Janssen 30 capsules of 60mg (1 REFILL LEFT)</p> </div>	<p>Walgreens</p> <p>\$44.80 CURRENT PRICE</p> <p>\$96.84 CURRENT PRICE</p>	<p>Publix</p> <p>\$34.73 NEW PRICE (SAVE \$10.07)</p> <p>\$74.76 NEW PRICE (SAVE \$22.08)</p>
<p>ALSO AVAILABLE TO TRANSFER</p> <p>duloxetine for John Add to transfer</p> <p>enoxaparin for John Add to transfer</p> <p>NOT AVAILABLE TO TRANSFER</p> <p>cephalexin for John</p>	<p>STORE LOCATION</p> <p>1032 Gates Ave (BROOKLYN, NY 11221)</p>	<p>CHOOSE A STORE LOCATION</p> <p><input checked="" type="radio"/> 2868 Peachtree Rd Ne 0.2mi</p> <p><input type="radio"/> 3535 Peachtree Rd 0.8mi</p> <p>Show more Publix locations</p>



MagellanRx
MANAGEMENTSM

Understanding Your Prescription Benefit Program

Providing you with the tools and resources to help you make better drug therapy decisions

Your Prescription Benefit Plan through Magellan Rx Management

Magellan Rx Management is your prescription benefit provider. Magellan Rx is dedicated to giving you the best service and resources to help you and your family make better healthcare decisions to lead more healthy, vibrant lives.

Using Your Prescription Drug Card at Retail Pharmacies

You will receive a prescription card from your employer. Please present your new prescription card along with your prescription to any of our 67,000+ retail pharmacies every time you fill your prescription. You can access a participating pharmacy list at www.magellanrx.com.

Using Your Mail Service Benefit

Taking advantage of your mail service benefit may allow you to receive up to a 90-day supply of your maintenance medication(s) at a lower price. Just ask your physician to write two prescriptions: one for a 30-day supply to get you started (to be filled at your local pharmacy), and one for a 90-day supply, plus additional refills (to be filled at the mail service pharmacy). To get started you may either:

- **E-prescribe or Fax:** Have your doctor e-prescribe or fax your prescription to 1.888.282.1349. Faxed prescriptions may only be sent by a doctor's office and must include patient information and diagnosis for timely processing.
- **Mail:** Mail us your 90-day prescription, completed order form with payment to Magellan Rx Pharmacy, P.O. Box 620968, Orlando, FL 32862.

Please note: For prompt delivery, please provide your payment information by mailing in your completed order form or by calling 1.800.424.0472.

Online Tools at www.magellanrx.com

Secure online connection, protecting your confidentiality and providing:

- Easy-to-use tools that allow you to view, refill, renew and transfer prescriptions
- Drug formulary and lookup tools
- Trusted drug and health condition information and education
- Real-time benefit information
- Access to view and download pharmacy claims
- A participating pharmacy locator tool
- Downloadable claim and mail service forms

magellanrx.com

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Prior Authorization/Step Therapy

Your prescription benefit program may have a prior authorization or step therapy process for certain medications.

- **Prior authorization** is a requirement that your physician obtain approval from your health plan to prescribe a specific medication for you.
- **Step therapy** is when your prescription benefit requires you to try another medication prior to starting the medication your physician prescribed.

Questions?

Please visit www.magellanrx.com or call customer service at 1.800.424.0472 to determine if any of your medications require prior authorization or are subject to step therapy requirements. Support is available 24 hours a day, 7 days a week.



**Connect with a Board Certified Physician
to Diagnose, Treat and Prescribe.**



866.703.1259

Free Unlimited Consultations

**Concierge doctor available 24x7
via phone, video, and email**

**HY can handle over 70%
of doctor office visits**

Top 9 Physician Consults

Allergies, Bronchitis, Earache,
Sore Throat, Sinusitis, Pink Eye,
Strep Throat, Respiratory Infection
Urinary Tract Infection



24x7 Unlimited Doctor Access

Are you sick? Call HealthiestYou first! Our physician network can diagnose, treat, and prescribe via phone or video with no consult fees, anytime, anywhere.



Health Management Content

Are you stressed? Let HealthiestYou guide you to improved health and happiness with relevant health content delivered at the time of need.



Prescription Savings

Need a prescription? Our geo-based prescription search engine can save you up to 85% on your prescription and will often beat your co-pay.



game changing app
coming soon!

HEALTHIESTYOU IS NOT HEALTH INSURANCE. AND WE ENCOURAGE ALL MEMBERS TO MAINTAIN ADEQUATE INSURANCE FROM A RESPONSIBLE PROVIDER. 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. PHYSICIANS PROVIDE CROSS COVERAGE AND OPERATE SUBJECT TO STATE REGULATIONS. PHYSICIANS IN THE INDEPENDENT NETWORK DO NOT PRESCRIBE DEA CONTROLLED SUBSTANCES, NON-THERAPEUTIC 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.

HealthiestYou (continued)



With HealthiestYou you can connect to a doctor, get treatment, and get prescriptions, 24 hours a day, 7 days a week over the phone or via the mobile app. Using HealthiestYou can SAVE YOU TONS OF MONEY and no more sitting around in waiting rooms. And best of all, it's FREE



How to get started with HealthiestYou:

Step 1: Setup your member portal

Head on over to member.healthiestyou.com and register for the member portal. Here you'll have access to the same amazing tools as our app but from your computer.

Step 2: Download the app

Search and download "HealthiestYou" or "HY" in the app store or Google Play! Available on your iPhone or Android device



Step 3: Setup the app



Click Register Now to get started

--Note, the app registration is separate from the online member portal registration



Select and enter the primary member's information:

- Last Name
- D.O.B.
- Zip Code
- Email address
- Password
- Phone #



If you have your insurance card handy, select "I have my Insurance info". You can enter your insurance information later too.

- Accept the Terms & Conditions"
- Click Create Account

Step 4: Use HealthiestYou next time you're sick

Open up the app and push the button to connect with a doctor. Shop and price drugs and procedures, sync and keep track of your deductible to make sure your minimizing your out of pocket cost, and much more.

No smartphone or internet? No problem, simply call to talk to a doctor

866.703.1259

HEALTHIESTYOU IS NOT HEALTH INSURANCE. AND WE ENCOURAGE ALL MEMBERS TO MAINTAIN ADEQUATE INSURANCE FROM A RESPONSIBLE PROVIDER. 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. PHYSICIANS PROVIDE CROSS COVERAGE AND OPERATE SUBJECT TO STATE REGULATIONS. PHYSICIANS IN THE INDEPENDENT NETWORK DO NOT PRESCRIBE DEA CONTROLLED SUBSTANCES, NON-THERAPEUTIC 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.

www.healthiestyou.com | customer service 855-894-9627 | designed with love in scottsdale, az

Managed Care Concepts: Care Concierge Line

Managed Care Concepts' Care Concierge Line is a program that gives employee members and their dependent family members access to experienced, licensed, caring nurses that provide assistance anytime, twenty-four hours a day, seven days a week. The Care Concierge Line's main focus is being there with timely information after hours when members may have a health plan related question or just need reassurance.

From simple to complex Managed Care Concepts' Care Concierge is there for you and your members!

HOW DO I ACCESS THE CARE CONCIERGE LINE?



Access is simple and free! Call toll free, 1-866-751-2723, any time of day, seven days a week.

DOES IT COST TO USE THE CARE CONCIERGE LINE?



There is no cost to you for this service. This benefit is brought to you as a part of your employer-sponsored health plan.

IS THERE A LIMIT TO THE NUMBER OF TIMES I CAN CALL?



There is no limit to the number of times you can use this service.

**THIS SERVICE IS NOT DESIGNED OR INTENDED FOR MEDICAL EMERGENCIES.
IN THE EVENT OF A MEDICAL EMERGENCY DIAL 911 IMMEDIATELY.**

Managed Care Concepts: Chronic Care Program

Managed Care Concepts Chronic Care Program is a set of coordinated services designed to help members manage chronic medical conditions such as asthma, diabetes, hypertension, congestive heart failure, coronary artery disease and/or obesity.

Chronic Care Programs (or disease management programs as they were known in the past) focus on chronic conditions, such as the ones listed above, because they are conditions where good self-management has been shown to produce a positive clinical impact.

Chronic Care Management helps in accomplishing risk reversal by focusing on:

- Employee Awareness/Education
- Behavior Modification Programs
- Nutrition/Exercise Strategies
- Healthy Lifestyle Coaching
- Medical Follow-Up

HOW MUCH DOES THIS COST?



The program is provided to you at NO ADDITIONAL COST and is 100% confidential!

This program includes, but is not limited to:

- Telephonic Coaching by trained nurse coaches
- Unlimited inbound calls to your nurse coach
- Educational Materials mailed to your home or via email
- Coordination of services with your physicians and/or other healthcare providers.

IF YOU WISH TO PARTICPATE:



Contact the WELL-Managed Chronic Care Program at 1-866-750-2723 and ask to speak to a chronic care nurse manager for more information. Members can self-refer to the program.

Call now to start your journey to better health!

Managed Care Concepts: Healthy Track

Successfully managing your life with diabetes can be challenging. Healthy Track is a platform of healthcare services designed to get and keep you on a “healthy track”. This is accomplished through the FDA approved MyGHR system which provides real time data and comprehensive Nurse Navigator support.

WHAT IS INCLUDED?



Healthy Track includes a Genesis Blood Glucose Monitor and MyGHR system, as well as 24-hour access to the Diabetic Care Line (1-866-751-2723) and full access to the Health Track Nurse Support line (1-866-750-2723).

The Genesis Blood Glucose Meter accurately tests glucose levels and automatically sends the results to the patient's secure and personal on-line MyGHR account, which can be shared with healthcare professionals or individuals involved in patient care. The Genesis meter has an intuitive user interface and is easy to use, including a color LCD screen, rechargeable battery and the ability to store up to 450 readings.

WHY USE HEALTHY TRACKS?



The MyGHR system eliminates the need for traditional paper logbooks and contains features for running test history reports. In addition, the system can be programmed to send text message alerts of test results to any mobile phone or to your physician!

HOW DO I PARTICIPATE?



Call the Diabetic Nurse Line Support at 1-866-751-2723 to begin!



How healthy are you?

Find out.



Start now. Take the online Wellness Assessment. When you do, you'll get your personal Wellness Score. Your score provides important insights about your health. **The more you know, the easier it is to take steps to live healthier, happier.**

It only takes 20 minutes. The Wellness Assessment is small investment with a big return. Plus, it's completely confidential! **You can take it anytime, anywhere at <https://secure.healthx.com/MCCAGA.aspx>.**

Use your score for healthy inspiration. Knowing your score is just the beginning. Along with your score, you'll get **personalized suggestions to help you on your path to healthier living.** Each recommendation is tailored to your needs based on the information you provide. As you take steps to reduce your health risks, your wellness score lets you track your progress.

Know your numbers.

To get the most accurate results, you'll need a few pieces of information on hand:

- Cholesterol levels (total, HDL, LDL, ration)
- Triglycerides
- Blood pressure
- Glucose

These numbers aren't required, but will give you a more complete picture of your overall health.

Don't know your numbers? You can get them through screenings often available at a local drug store or pharmacy, with a home health screening test or from your physician.

<https://secure.healthx.com/MCCAGA.aspx>

Participation in the health assessment is voluntary. Your health assessment responses will be kept confidential in accordance with the law and will only be used to provide health and wellness recommendations or conduct other plan activities.

LabCorp LabDirect Services

LabDirect is a program offered by your employer that helps you and your covered dependents save money on covered laboratory services when testing is performed at LabCorp. Your employer saves money too, because lab testing services are provided at a discounted price.

DO I HAVE TO USE THE LABDIRECT PROGRAM?



You are not required to use the LabDirect program; however, by participating in the program, you and your covered dependents can save money on covered laboratory services.

HOW DO I TAKE ADVANTAGE OF THE PROGRAM?



Simply present a physician's order for covered laboratory testing and your insurance card with the LabCorp logo at any LabCorp specimen collection lab.

WHERE CAN I GO TO RECEIVE DISCOUNTED TESTING?



To locate a specimen collection lab near you, use the Find A Lab feature on LabCorp's website at www.labcorp.com or call 888-522-2677.

LabCorp
Laboratory Corporation of America

HOME SERVICES ABOUT US RESEARCH CAREERS CONTACT US

Patient Home Find a Lab Schedule an Appointment My Test My Bill My Tools Resources Results Patient Support

Find a Lab

Online appointment scheduling is available at all LabCorp sites. You can even schedule same-day appointments. (Appointments must be made 2 hours prior to time of arrival.) Appointments are not required.

Sites are generally the busiest from opening until 10:00 AM. If fasting is not required, you may wish to schedule an appointment during off-peak hours.

You may also [cancel](#) or [modify](#) a previously scheduled appointment using your confirmation number.

Use the locator tool to find the testing lab you wish to visit. The physician who ordered your test(s) may have given you special instructions for preparing for your lab test. Follow those instructions exactly as given by your physician. For more information, visit the [My Test](#) page.

Drug testing note: Children must be supervised at all times while at our patient service centers. You may not bring children inside the collection area during a drug screen procedure. Please plan ahead.

Paternity testing note: Arrangements for paternity/identity testing must be authorized by LabCorp's DNA Identification Testing division. Payment is required prior to sample collection. Please visit the [Order a Paternity Test](#) page to begin the process of scheduling a paternity test.

Find a Lab closest to me (Enter your starting location)

Address: City:

State: Zip: Find location within: 10 Mile

Select the testing service you require (Not all Lab locations offer all services)

☒ Routine clinical lab collections (includes Employee Wellness w/o body measurement)

☐ Pediatric collections

☐ Employee Wellness with body measurement¹

☐ H pylori breath test

☐ Occupational urine drug screen collections^{1,2}

☐ RAdar (point of collection) drug screen tests¹

☐ Saliva alcohol¹

☐ Hair collection¹

LabCorp Beacon: Patient
Secure online access to your lab test results.
[Learn More](#)

CLICK HERE
to learn more about lab testing

Patient Billing & Payment Options
[LEARN MORE](#)

Imaging Discount Services (MRI, CT, Ultrasound, X-Ray)

Direct Imaging LLC, a subsidiary of DirectCare LLC, is a freestanding outpatient imaging services (MRI, CT, Ultrasound and X-rays) facility, located at 1355 Getz Rd, Suite A, Fort Wayne, IN 46804, that offers the most affordable out-of-pocket cost in the area. You are not required to use the discount program; however, by participating in the program, you and your covered dependents can save money on covered imaging services.

Professional interpretation

- All exams are interpreted by Summit Radiology board-certified radiologists
- Images and reports are available through their secure, HIPPA-compliant website or via CD

Fast and Efficient

Results are sent within 24 hours, but can be sent STAT upon request.

One Flat Rate

- ⚙ The low pricing includes the cost of your exam and the radiologists interpretation. No hidden costs or fees.

Lower Out-of-pocket Cost

- ⚙ The Direct Imaging program helps you and your covered dependents save money on covered imaging services when testing is performed at Direct Imaging in Fort Wayne. This program allows you to receive substantial discounts on imaging services, and in some cases may be free.

Advanced Technology

MOST ADVANCED INDEPENDENT FREE-STANDING IMAGING FACILITY IN FORT WAYNE

- ⚙ High quality 1.5 Tesla MRI, 64 Slice CT, Digital X-Ray, and Ultrasound

Same or Next-day Appointments

- ⚙ Being a "Patient" isn't about waiting. They will find a time that works for you.

Rapid Results

- ⚙ The technology ecosystem allows for a quick report turn-around time, in most instances within 24 hours. Providers can secure access to view images anywhere and have the ability to burn onto a CD.

Comfort and Convenience

- ⚙ Getting an MRI might feel like a big step. They will do their best to make it a comfortable and relaxing experience.



1355 Getz Rd, Suite A, Fort Wayne, IN 46804
P: 260.212.1901 F: 260.999.5889

Daavlin Home Phototherapy Benefit

Phototherapy is a safe and highly effective treatment for such skin diseases as psoriasis, eczema, and vitiligo, as well as many others. It can take place in a clinical setting or be prescribed for use in the patient's home. For best results, phototherapy treatments need to occur about three times a week for several weeks to months depending on the disease. Home phototherapy is popular because it is easy for patients to maintain consistency in their treatment schedule

Most phototherapy performed today uses Narrowband UVB. This is the most therapeutic band of light and treatments are quite brief, typically just seconds to minutes in duration! Patients simply expose the affected skin to the light - there is no need for other drugs or medications. Once the treatment is over, patients can go about their day as normal.

HOW MUCH DOES THIS COST?



The program is provided to you at a substantial discount, or in some cases AT NO COST!

WHAT ARE THE RISKS?



Contrary to other therapies, phototherapy can be prescribed for many types of patients. Pregnant women, children, the elderly, and those with compromised immune systems can all benefit from this safe and effective treatment. Side effects are mild and temporary. Examples are dry skin, itching, or occasional erythema.

IF YOU WISH TO PARTICIPATE:



Discuss this option with your physician and then contact AGA at 1-800-888-6472 to start the process!



QicLink Benefits Exchange

QicLink Benefit Exchange (QBE) provides Internet access to claim information for members. As a QBE member, you will have access to the following features:

- View member information
- View deductible and out of pocket information
- Submit request for ID cards
- View or print copies of explanations of benefits (EOB's)
- Access links to healthcare management-related websites

HOW DO I REGISTER?



Visit <https://qbe.trizetto.net/aga>. Click on New Member Registration. Then enter your group number (6XXX), your Member ID from your insurance card and your date of birth.

A screenshot of a web browser displaying the QicLink Benefits Exchange login page. The browser's address bar shows the URL: https://qbe.trizetto.net/V50AGA/Login.aspx?CID=00061005&DID=AGA. The page has a dark blue header with the text "QicLink Benefits Exchange". Below the header is a large white area featuring the AGA logo (Automated Group Administration, Inc.) and a "Log In" form. The form includes fields for "User ID:" and "Password:", a "LOGIN" button, and links for "New Member Registration" and "Forgot Your Password?". At the bottom of the page, there is a footer with copyright information: "Copyright © 2009 - 2013 TriZetto Corporation. All Rights Reserved." and "Version: 5.00.10.00".

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2019. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: Medicaid www.medicaid.georgia.gov - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
IOWA – Medicaid	KANSAS – Medicaid
Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563	Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512

KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: https://chfs.ky.gov Phone: 1-800-635-2570	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll-Free: 1-800-852-3345, ext 5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.nifamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	NEW YORK – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	NORTH CAROLINA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MINNESOTA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739 or 651-431-2670	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MISSOURI – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	OREGON – Medicaid and CHIP
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
NEBRASKA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEVADA – Medicaid	RHODE ISLAND – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347

SOUTH CAROLINA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://health.wyo.gov/healthcarefin/medicaid/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)