



2023 Benefits Guide



The Health
& Wellness
Connection



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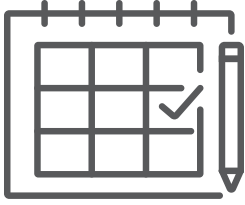
WELCOME

to your benefit enrollment!

We appreciate your commitment to our success. We're equally committed to providing you with competitive, affordable, health and wellbeing benefits to help you take care of yourself and your family.

Please read this guide carefully as it includes a summary of your options and helpful tips for getting the most value from your benefit plans. We understand that you may have questions about your benefit enrollment, and we'll do our best to help you understand your options and guide you through the process.

This guide is not your only resource. Anytime you have questions about benefits or the enrollment process, you can contact your NSU Benefits Team at loa@nova.edu, visit nova.edu/hr/benefits or visit ICUBAbenefits.org. Although this guide contains an overview of benefits, for complete information about the plans available to you, please see the summary plan description (SPD).



New Hire Enrollment

This is the time to enroll for coverage for you or any eligible dependents. If you

do not enroll an eligible dependent now because they have coverage through another employer, you may only add that dependent on our plan during next year's Annual Enrollment Period, unless you experience a qualifying life event. Please refer to the Life Events section.

Once you have enrolled in benefits, changes are not permitted until the next Annual Enrollment. Annual Enrollment is your annual opportunity to review your coverage and make changes to your benefits. It's also your opportunity to enroll if you declined coverage upon eligibility.

Life Events

The Health Insurance Portability and Accountability Act 1996 (HIPAA), allows a Life Event period in addition to the regular Annual Enrollment period. This Life Event period permits changes 30 days from the date of the event. Only the following events qualify as changes outside the Annual Enrollment period within the permitted 30 days:

- Marriage, birth, adoption or placement for adoption. Eligible employees and other dependents who previously did not elect to be covered under the plan may also enroll at the time the new dependent is enrolled.
- Gain of other coverage and enrollment into another plan.
- Loss of other coverage.
- A court has ordered coverage be provided for a spouse or minor child under this plan.

For further information on eligible qualifying events, please refer to the ICUBA Plan Document or contact your Human Resources Benefits Team at loa@nova.edu. The Plan Document can be found in the Content Library at ICUBAbenefits.org.



Eligibility Requirements

EMPLOYEE

Full-time employees that work 28 hours or more. Part-time employees that work 19.2 hours or more are eligible for voluntary benefits only, e.g., Dental, Vision, Group AFLAC, Life insurance, Short and Long-term Disability, LegalShield and Pet Insurance.

DEPENDENTS

Your eligible dependents include: your legally recognized spouse or qualified domestic partner and your legal child dependent(s) including natural child, legally adopted child, stepchild, child required to be covered pursuant to a Qualified Medical Child Support Order, child with proof of legal guardianship who resides with you, or a foster child. Dependent children may remain on the ICUBA plan until the end of the calendar year in which age 26 is attained.

WAITING PERIOD

Eligibility begins the 1st of the month coincident with or following the month of hire. New employees must enroll within 30 days of hire.

HOW TO ENROLL

Complete your enrollment online at [ICUBAbenefits.org](https://www.ICUBAbenefits.org).

1 UNDERSTAND YOUR CHOICES AND REVIEW YOUR OPTIONS

This Guide contains valuable information to help you prepare for your enrollment. Keep it handy for reference throughout the year.

Make sure you include eligible dependents who will be affected by your elections in the decision-making process.

2 SINGLE SIGN-ON THROUGH SHARKLINK

Go to **Sharklink**, click on **Human Resources**, then click on **Visit ICUBA Benefits Portal**.

OR

Visit [ICUBAbenefits.org](https://www.ICUBAbenefits.org)

From the home screen, enter your username and password. First time users, your default login is as follows:

Username:

First Name Initial + Last Name + Last Four Digits of SSN (e.g. JSmith6789)

Password:

Your Date of Birth (mmddyyyy).

Please note: You will be prompted to change your password after your initial login.

If you do not remember your password, select **Forgot Password** and answer your security questions. After three failed login attempts, your account will be locked, and you will need to contact Human Resources or bswift at 866-524-5063.

3 PERSONAL CONTACT AND DEPENDENT INFORMATION

Upon login, you will be able to access your benefits information, complete enrollments and access our **Single Sign-On** capability under **My Carrier Accounts**. From the top task bar or side panel you can:

- **Verify your personal information.** Please contact hr4u@nova.edu with any requested changes to your personal information.
- **Update contact information.** Please make sure your phone number and email address are up to date. This is how we will contact you about exciting benefits updates and wellbeing communication.
- **Confirm dependent eligibility** based on the plan document rules, if applicable.
- **Access ICUBA's insurance carrier sites** through our Single Sign-On section. Approximately 72 hours after successful enrollment of elections, you will gain access to the insurance carrier portals. You may be prompted to register with the carriers upon your first attempt. Your future visits will connect automatically through our Single Sign-On capability.

5

ENROLL IN YOUR BENEFIT SELECTIONS

Click **Start Your Enrollment** button located on the home page.

Begin enrolling or waiving coverage as you proceed through each available election.

Review each benefit category shown below until the plan image appears **green** and reflects **Completed!** You may **View Plan Options** to find out more about each plan and your other available options (if applicable). Once completed, select the orange **Continue** button on the right panel to review your selections and complete your enrollment.

6

REVIEW ALL YOUR BENEFIT SELECTIONS

Review your benefit elections. Complete your benefit enrollment by checking the “I agree and I’m finished with my enrollment” box and click the **Submit** button.

Finally, be sure to **Save** your new benefit elections.

You’ll be directed to your final confirmation statement. You have the option of emailing, printing or viewing a confirmation of your elections. If you are not prompted to view or print your confirmation, you have NOT completed your enrollment.



ask EMMA™

Have you asked Emma?

If you have questions while enrolling for benefits, we encourage you to use our Ask Emma decision support tool.

Emma will assist you in making smart, cost-effective benefits decisions to fit your individual needs by estimating your annual costs, using real-life scenarios from your personal experiences. She will ask you a few questions for a personalized “walk through” to guide you in the right direction.



ICUBA MEDICAL PLAN OPTIONS

Preferred PPO Plan

	Preferred PPO	
	In-Network	Out-of-Network
	Employee Pays	
Deductible (Individual/Family)	\$2,500/\$5,000	\$4,000/\$10,750
Coinsurance	20%	40%
Out-of-Pocket Maximum (Individual/Family) Includes all medical copays, deductibles & coinsurance	\$4,000/\$8,000	\$7,500/\$15,000
HRA is funded by your Institution	An HRA account is funded through your Institution to help you pay for qualified expenses such as your deductible, copays, co-insurance and/or prescriptions. The Institution funds \$60 towards single/\$120 towards family coverage per month.	
Total Care (BDTC) (Family Practice, Internal Medicine, Pediatrics)	\$0	Not applicable
Embold (Primary Care, Pediatrics, and Specialists)*	\$0	N/A
Physician Office Visits	\$15 copay	40% after deductible
Specialist Office Visits	\$35 copay	40% after deductible
Convenient Care Clinics	\$10 copay	N/A
Independent Clinical Labs** (free standing facilities & office visits)	0%*	40% after deductible
Preventive Care	0%	Not covered
Teladoc Visit	\$5 copay	Not covered
Urgent Care Center	\$30 copay	
Emergency Room Services	0% after \$300 copay (waived if admitted)	
Ambulance	\$250 copay	
Hospital Inpatient	20% after deductible	40% after deductible
Surgery Plus	\$0	N/A

*Embold Health Specialists include Cardiology, Endocrinology, Gastroenterology, Obstetrics, Pulmonology, Ortho-joint, Spine Health, Pediatrics & Dermatology.

**Quest Diagnostic Labs is the In-Network Lab for BlueCross BlueShield of Florida.

Medical Monthly Contributions

	Employer HRA Contribution	Employer Cost	Employee Premium
Employee	\$60.00	\$627.50	\$114.50
Employee + Spouse	\$120.00	\$875.00	\$462.00
Employee + Child(ren)	\$120.00	\$863.00	\$718.00
Employee + Family	\$120.00	\$1,173.00	\$909.00
Dual Enrolled Family	\$180.00	\$1,516.00	\$566.00



ICUBA MEDICAL PLAN OPTIONS

High Deductible PPO Plan

	High Deductible PPO Plan	
	In-Network	Out-of-Network
	Employee Pays	
Deductible (Individual/Family)	\$4,000/\$8,000	\$8,000/\$16,000
Coinsurance	30%	50%
Out-of-Pocket Maximum (Individual/Family) Includes all medical copays, deductibles & coinsurance	\$5,350/\$10,700	\$10,700/\$21,400
HRA is funded by your Institution	An HRA account is funded through your Institution to help you pay for qualified expenses such as your deductible, copays, co-insurance and/or prescriptions. The Institution funds \$60 towards single/\$120 towards family coverage per month.	
Total Care (BDTC) (Family Practice, Internal Medicine, Pediatrics)	\$0	Not applicable
Embold (Primary Care, Pediatrics, and Specialists)*	\$0	N/A
Physician Office Visits	\$15 copay	50% after deductible
Specialist Office Visits	\$35 copay	50% after deductible
Convenient Care Clinics	\$10 copay	N/A
Independent Clinical Labs** (free standing facilities & office visits)	0%*	50% after deductible
Preventive Care	0%	Not covered
Teladoc Visit	\$5 copay	Not covered
Urgent Care Center	\$30 copay	
Emergency Room Services	0% after \$300 copay (waived if admitted)	
Ambulance	\$250 copay	
Hospital Inpatient	30% after deductible	50% after deductible
Surgery Plus	\$0	N/A

*Embold Health Specialists include Cardiology, Endocrinology, Gastroenterology, Obstetrics, Pulmonology, Ortho-joint, Spine Health, Pediatrics & Dermatology.

**Quest Diagnostic Labs is the In-Network Lab for BlueCross BlueShield of Florida.

Medical Monthly Contributions

	Employer HRA Contribution	Employer Cost	Employee Premium
Employee	\$60.00	\$637.00	\$99.00
Employee + Spouse	\$120.00	\$845.00	\$219.00
Employee + Child(ren)	\$120.00	\$957.00	\$611.00
Employee + Family	\$120.00	\$1,166.00	\$615.00
Dual Enrolled Family	\$180.00	\$1,468.00	\$313.00



ICUBA PRESCRIPTION PLAN

Tier	Prescription-Fill Copays*		
	Retail	90-day at Retail Program	Mail
	Up to a 30-day supply	Up to a 90-day supply	Up to a 90-day supply
Preferred generics at the Nova Southeastern University (NSU) pharmacy	\$0	\$0	N/A
Generic drugs to treat Chronic Conditions	\$0	\$0	\$0
Preferred generics at other network pharmacies	\$5	\$10	\$10
Non-Preferred generics	\$10	\$20	\$20
Preferred brands: brand-name medications on the Preferred Medication List (PML)	\$40	\$80	\$80
Non-Preferred brands: brand-name medications not on the Preferred Medication List	\$75*	\$150	\$150
Preferred specialty at BCBS Specialty Pharmacy	\$75	N/A	N/A
Non-Preferred specialty at BCBS Specialty Pharmacy	\$75	N/A	N/A

*Preferred Specialty medications are eligible for copay card usage.

The BCBS prescription plan is included with your election in an ICUBA Medical Plan and listed on your new medical cards effective 4/1/2023.

Pharmacy Out-of-Pocket Maximum

In-Network Rx copays will be applied toward an individual maximum out-of-pocket of \$2,000/ single and \$4,000/family. Once you reach your out-of-pocket maximum, your prescriptions will be paid for at 100% by the plan and no cost to you (\$0 copay). If you have a question about your pharmacy benefit, call the BlueCross BlueShield customer service number at 855-258-9029 or you can download the BCBS MyRxToolkit mobile app which is the same username and password you use for your BCBS MyHealthToolkit.

Free Over the Counter Items and Diabetic Supplies

With a prescription from your provider you can receive FREE prescribed diabetic supplies including meters, lancing devices, lancets, test strips, control solution, needles, and syringes. Other items include prescribed aspirin for adults, prescribed generic folic acid, and generic prenatal vitamins for pregnancy. Simply take the prescription to the pharmacy counter and your local pharmacist can assist you.

Tobacco Cessation Benefit

Tobacco cessation medications are covered— up to two cycles each year— \$0 copay when you participate in coaching or counseling options through local Area Health Education Centers, BCBS telephonic coaching or Resources for Living counseling.

Need Help?

Please be aware there are some prescriptions that require Prior Authorizations, have Quantity Limits or require a Step Therapy Program. If you should have any issues with one of these programs, please contact ICUBAcares Pharmacist Advocate Program at **877-286-3967** for assistance.



The ICUBAcares team can review your prescriptions and answer questions.

Call for a free prescription check-up at **877-286-3967**.

ICUBACARES PHARMACIST ADVOCATE PROGRAM

**Real Pharmacists.
Real Advocates. Real Solutions.**

Our ICUBAcares Pharmacist Advocates will make outbound phone calls to members identified for specific services and assistance. Our members can also call our Pharmacist Advocates directly and speak to a real pharmacist if a question arises.

ICUBAcares Strive Incentive

If you are a candidate for a qualified medication change, the ICUBAcares team will assist you with your transition to a medication less costly to the plan and reward once complete. Call for a prescription check-up to find out more!

Our ICUBAcares Pharmacist Team is ready to:

- Serve as a liaison between your doctor, the pharmacy and the insurance company — taking the burden off of you!
- Answer questions on a medication you are taking or considering — providing useful information on side effects and drug interactions.
- Discuss preferred and non-preferred tier options to save you money.
- Provide assistance for a prior authorization from your provider.



BEHAVIORAL HEALTH

Aetna's Resources for Living services for Mental Health, Substance Abuse Benefits and Applied Behavioral Analysis (ABA) are provided by Aetna Behavioral Health.

These services are available to all members who are enrolled in the BCBS Medical Plan.

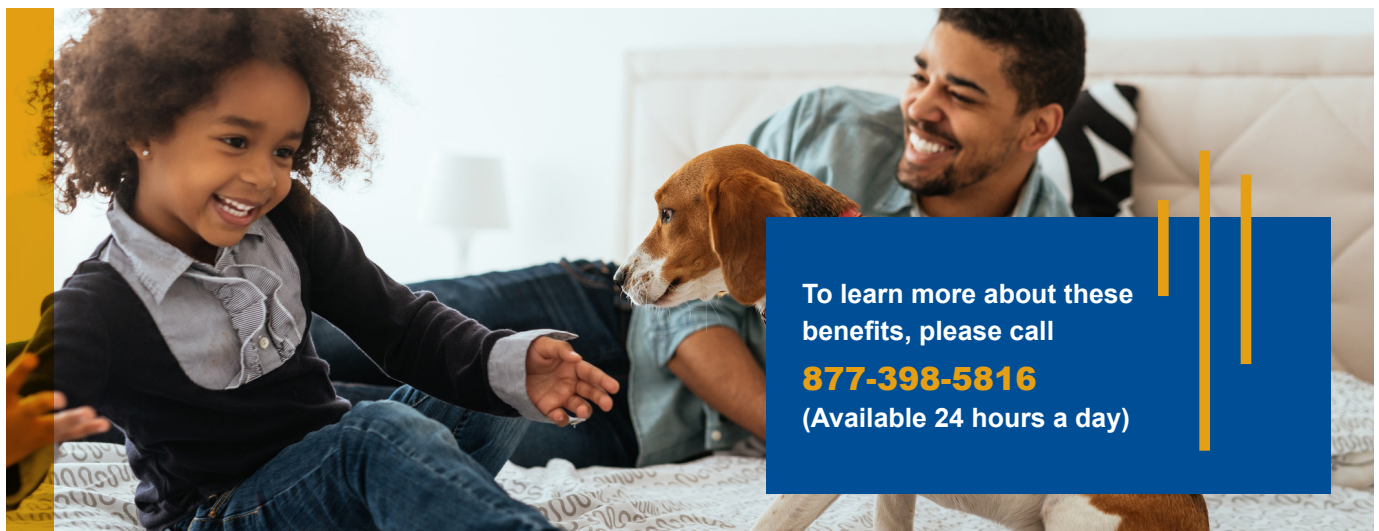
	Preferred PPO Plan	High Deductible PPO Plan
	In-Network ¹	In-Network ¹
	Employee Pays	
Deductible and Out-of-Pocket Maximums	Deductibles and Out of Pocket Maximum Amounts are COMBINED with your BCBS Medical Plan Benefits.	
Employee Assistance Program (EAP)² Up to 6 short-term professional counseling sessions per episode per year. Talk with a licensed clinician regarding stress, relationship issues, grief, etc.	\$0	\$0
Inpatient²		
Mental Health Hospital Admission²	20% after deductible	30% after deductible
Substance Abuse Hospital Admission²	20% after deductible	30% after deductible
Residential² Focus on evaluating to learn effective ways to cope with the symptoms and impact of the illness.	20% after deductible	30% after deductible
Inpatient Detoxification² 24-hour treatment in a residential or hospital setting for patients who are abusing alcohol or other addictive drugs.	20% after deductible	30% after deductible
Outpatient		
Professional Counseling Sessions Talk with a licensed clinician regarding anxiety, ADHD, depression, mood disorders, trauma, etc.	\$15 copay	\$15 copay
Psychiatric Medication Evaluation	\$15 copay	\$15 copay
Applied Behavioral Analysis Therapy² Behavioral health services related to Autism Spectrum Disorder (ASD) diagnosis.	\$15 copay	\$15 copay



	Preferred PPO Plan	High Deductible PPO Plan
	In-Network ¹	In-Network ¹
Employee Pays		
Partial Hospitalization (PHP)² Physician and nursing services, group, individual, family or multi-family group and other services.	\$15 copay	\$15 copay
Outpatient Detoxification Monitor withdrawal from alcohol or another substance of abuse.	\$15 copay	\$15 copay
Intensive Outpatient Sessions (IOP) Planned and structured programs may include group, individual, family and other services.	\$15 copay	\$15 copay
AbleTo Meet with a therapist and coach via web-based videoconferencing or by phone for an 8-week program for select conditions including cancer recovery, heart problems, diabetes, depression, pain management, caregiver status, grief/loss and more.	\$0	\$0

1. Out-of-network services are covered at a reduced benefit. The Preferred PPO Plan will cover all services at 40% after the deductible is satisfied; the High Deductible PPO Plan will cover all services at 50% after the deductible is satisfied. The EAP Plan and AbleTo benefits are not available out-of-network.

2. Services require prior-authorization.



To learn more about these benefits, please call
877-398-5816
 (Available 24 hours a day)



CARE MANAGEMENT FOR ICUBA MEMBERS

About Care Management

This free program connects you with a care manager who knows about your situation and health concerns. Care managers are registered nurses, so they have insight and knowledge about a range of medical conditions. If you have questions about your condition and the treatments you are receiving, they can help you get answers. Also, as you deal with an illness or injury, you might need special equipment, transportation to medical appointments, or groceries from a local food bank.

Is Care Management for You?

Care management can be especially helpful for members who experience:

- An illness such as end-stage renal disease (ESRD that requires intensive, costly dialysis treatment or a kidney transplant).
- Frequent hospitalization.
- Long-term or life-threatening illnesses such as: diabetes, asthma, musculoskeletal, and obesity.
- Extensive home health care.
- Effects of traumatic injury.

An Advocate Who's on Your Side

When a person is dealing with serious illness or injury, it can be stressful for the whole family. You might be uncertain about which health goals are realistic for you now, or how to make the most of your health insurance benefits. Care managers have experience connecting patients with the resources and information they need.

Do you think you might benefit from care management services?

You don't have to go through these challenging times alone.

Call a care manager at
855-263-0675, ext 40471





EMBOLD PREFERRED PROVIDERS

Taking the guesswork out of finding top-quality doctors. Embold is a program offered by your employer that identifies top-performing providers in your area.

What's Different about Embold Doctors?

Doctors recognized as Embold Preferred Providers have been thoroughly evaluated based on appropriateness of care, effectiveness and cost.

Who Should Use an Embold Preferred Provider?

Anyone can choose an Embold Preferred Provider. Embold providers are available for Primary Care, Pediatrics, Cardiology, Endocrinology, Joint Care (Orthopedic), Gastroenterology, Obstetrics, Pulmonology, and Spine Care (Orthopedic/Neurosurgical).

How Does Using an Embold Preferred Provider Benefit You?

- If you visit an Embold Preferred Provider, your copayment is waived.
- Seeing an Embold Preferred Provider can save you money and ensure that you receive top quality care, experience better health outcomes and potentially avoid unnecessary treatments or procedures.

To Find Embold Preferred Providers

- Log in to **My Health Toolkit** and select the **Resources** tab.
- Choose **Find a Doctor or Hospital** and look for the Embold Health Badge. Enter your location and the specialty type and then select **Search**.
- Select **Embold Preferred Provider**.

Or call the number on the back of your membership card to talk to a customer service advocate.

I See a Provider Recognized Under the Total Care Program. Is Anything Changing?

Good news! You can continue to see your current provider for family care, pediatric care, or internal medicine and take advantage of the waived copayment. Embold offers access to primary care, as well as specialists in the following fields: Cardiology, Endocrinology, Gastroenterology, Obstetrics, Pulmonology, Ortho-joint, Spine Health, Pediatrics and Dermatology.



TELADOC

Teladoc gives you 24/7/365 access to US board-certified doctors through the convenience of phone or video consults. It's an affordable alternative to costly urgent care and ER visits when you need care now! With your consent, Teladoc can provide information about your Teladoc consult to your primary care physician.

The Teladoc benefit is included with your election in an ICUBA Medical Plan.



TALK TO
A DOCTOR
ANYTIME!

\$5
COPAY

When can I use Teladoc?

- Teladoc does not replace your primary care physician. It is a convenient and affordable option for quality care.
- When you need care now.
- If you're considering the ER or urgent care for a non-emergency issue.
- On vacation, on a business trip, or away from home.
- For short-term prescription refills.

Get the care you need

Teladoc doctors can treat many medical conditions, including:

- Cold & Flu symptoms.
- Allergies.
- Bronchitis.
- Urinary tract infection.
- Respiratory Infection.
- Sinus Problems.
- And more!

Doctor Requirements

Teladoc is simply a new way to access qualified doctors.

All Teladoc doctors:

- Are practicing PCPs, pediatricians, and family medicine physicians.
- Average 15 years experience.
- Are US board certified and licensed in your state.
- Are credentialed every three years, meeting NCQA standards.

Members must establish an account at teladoc.com prior to seeking treatment. For first time registration with Teladoc there is a single sign-on feature through BCBS MyHealthToolkit or dependents may visit teladoc.com directly. If you need further assistance, call **800-Teladoc**, and a customer representative can walk you through the account setup.



SURGERYPLUS

SurgeryPlus is a comprehensive benefit at NO ADDITIONAL COST that provides access to a premiere narrow network of high-performing surgeons for non-emergent, planned surgical procedures. **The SurgeryPlus benefit is included with your election in an ICUBA Medical Plan.**

No Enrollment Necessary

If you are covered under ICUBA's medical plan, you have been automatically enrolled in this extra benefit at no additional cost. If you are planning a procedure, call SurgeryPlus at 855-200-2119 and you could save thousands of dollars.

Save Money

If you choose to use the SurgeryPlus benefit, ICUBA will waive your deductible and coinsurance, eliminating all out-of-pocket costs, including consultation, your surgical procedure and post-procedure appointments for up to 90 days. Please keep in mind, pre-operative labs and testing will be done at your PCP or Quest and will be submitted to your current medical plan through BCBS. Additionally, follow-up care such as physical therapy, durable medical equipment and lab work will still be covered by the BCBS medical plan and necessary prescription drugs will be covered under BCBS.

To learn more about
SurgeryPlus, call
855-200-2119

The same dedicated care advocate manages the entire pathway of care for you.



Surgeon Selection

SurgeryPlus will recommend at least three of the best fitting surgeons for your individualized needs.



Scheduling

SurgeryPlus will book appointments, transfer medical records and manage logistics.



Advocacy

SurgeryPlus will listen and anticipate your surgery related needs.



Follow-up

SurgeryPlus will work to ensure your complete satisfaction.



HINGE HEALTH

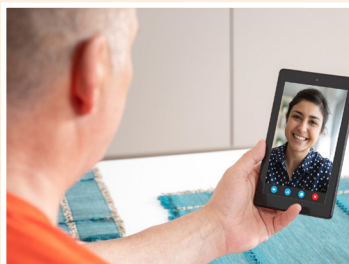
ICUBA is excited to announce we are continuing to partner with Hinge Health to help you with back, knee, hip, neck, shoulder or pelvic issues.

While SurgeryPlus can assist when surgery is the appropriate form of treatment, Hinge Health is a non-surgical treatment option for musculoskeletal conditions. **These services are available to all members who are 18 years or older and enrolled in the BCBS Medical Plan.**

Available at no cost, you and your family members will have all the tools you need to manage your pain. Participants report an average pain reduction of 60% and it only takes 45 minutes per week!

Once enrolled, you will receive the Hinge Health Welcome Kit, which includes a tablet computer and wearable motion sensors that guide you through exercise therapy. You'll also be paired with your personal health coach who will tailor your sessions to you, your schedule, and your pace.

Chronic Care Program



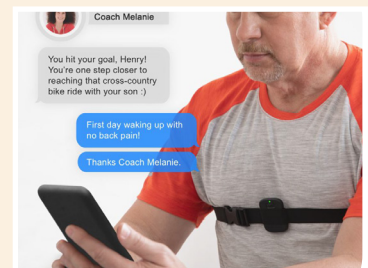
Clinical Team

Unlimited 1-on-1 virtual PT and coaching



Sensor-based Exercise Therapy

Care plan designed by PT



Behavioral Health

Patient education, CBT & goal-setting



FREE Benefit for your Back and Joint Health

We provide all the tools you need to get moving again from the comfort of your home. You'll get exercise therapy tailored to your condition and a personal care team of experts. Best of all, it's free — 100% covered by ICUBA for you and eligible family members.

Sign up today for help with any of the following:

- Conquer pain or limited movement.
- Recover from a recent or past injury.
- Prepare for and recover from surgery.
- Keep joints healthy and pain free.

Advanced Healthcare Technology Powers MSK Care

Combining sensors, computer vision, and wearable pain relief to pioneer a new standard in digital MSK care

MOVEMENT TRACKING



Wearable Sensors

Motion sensors for guided PT



NEW! Computer Vision

Motion tracking for full body assessments

PAIN MANAGEMENT



NEW! Hinge Health Enso

Wearable device for pain relief



For questions, call Hinge Health at **855-902-2777** or send an email to hello@hingehealth.com.

Apply at hinge.health/icuba-oe.



VIRTA

What is the Virta Treatment?

If you struggle with diabetes or high blood sugar, your body may be carbohydrate intolerant or insulin resistant. Virta's remote medical team and health coaches can teach you how to change the food you eat so you can naturally lower your blood sugar. Treatment doesn't involve surgery, medication, or exercise. Virta is helpful for people living with type 2 diabetes.

ICUBA fully covers the cost of Virta for you and your eligible family members with type 2 diabetes.

What's included?

- ✓ Online care app and patient community
- ✓ Medical monitoring and daily health coaching
- ✓ Meter, scale and required testing supplies
- ✓ Custom nutrition plans
- ✓ Recipes, shopping lists, meal plans and more

To check eligibility and book a consultation, visit:
virtahealth.com/join/icuba.



How do I access the Strive Wellness program portal?

Visit [ICUBAbenefits.org](https://www.icubabenefits.org) and utilize the single sign-on feature for BCBS MyHealthToolkit.

KEEP MOVING

Keep Moving with Strive by Virgin Pulse!

Employee health and wellbeing is one of our top priorities. We look at our programs and incentives every year, making sure we are providing best-in-class tools and resources to assist you and your dependents in achieving an optimal level of health. We want you to be the best you — personally and professionally.

What is Strive?

Strive is our digital health engagement experience that will help you stay engaged in improving your health and wellbeing while incentivizing you for healthy activities along the way!

Who is Eligible to Participate?

Employees and spouses enrolled in the ICUBA medical plan.

How to Get Started!

Once you are registered and signed in begin by completing program activities such as the Personal Health Assessment which ask questions about your current health status and well-being habits. Once completed, your responses will be analyzed to generate a health score, show your health risk and provide practical tips to help you improve. Complete the survey by visiting Personal Health Assessment under the Health Tab.

ADDITIONAL ACTIVITIES

Prioritize and personalize your experience by engaging in resources to help improve your well-being:

Daily Cards: Get helpful tips that are relevant to your current interests and goals.

Journeys®: Make simple changes to improve your health, one step at a time.

Challenges: Team up or go head to head to challenge your coworkers and track healthy habits.

Social Groups: Discuss your favorite hobbies and find a like-minded community to support your healthy changes.

Healthy Habits: Select healthy habits to work toward, and track your progress every day.



Priority Activities to Complete	Incentives
Personal Health Assessment	Required to earn incentives
Biometric Screening	\$100 Strive Cash
Health Check-Up	\$50 Strive Cash
Onsite/Campus Events & Activities (10 total)	\$100 Strive Cash (\$10 each)
Incentive Total	\$250 Strive Cash

Earn up to \$100 more in rewards!

You can participate in additional healthy activities throughout the year to earn points, move through the levels and earn Strive Cash as you level up. Simply complete your priority activities to unlock these rewards.

	Level 1	Level 2	Level 3	Level 4	Additional rewards max
Points	7,000	26,000	40,000	60,000	
Strive Cash	\$10	\$20	\$30	\$40	\$100

*ICUBAcares (Pharmacist Advocate Program) = 10,000 points

+250 Total Rewards = \$350 Strive Cash Annual Max

How do I get credit for completing my biometrics in Strive?

It's easy to complete your biometric screenings with your regular blood work through your annual wellness exam with a PCP. It's easy! The *Physician Fax Results Form* allows ICUBA Medical Plan members and covered spouses to earn credit for biometrics in Strive by completing it as a part of your annual wellness visit. Screenings will include total cholesterol, HDL/LDL, triglycerides, blood sugar, blood pressure, and A1c.

- Employees and spouses enrolled in the ICUBA Medical Plan can visit your individual portal at [My.QuestForHealth.com](https://myquestforhealth.com) and download the *Physician Results Form*.
- If you have never registered before, please use:
 - Registration Key: **ICUBA**
 - Unique ID: **Your BCBS ICI#**
- The *Physician Results Form* contains a bar code specific to the employee or spouse and cannot be shared – it is unique to you!
- Pro Tip: If you have an established relationship with your physician, request your blood work ahead of your annual wellness exam to save time and check this off your list with one visit.
- When you visit your PCP, remember to take the form with you to your annual physical. It is important both you and your doctor sign the Quest Physician Results Form; then your doctor's office can fax it to the number found on the form.
- You are encouraged to request a copy for your records, and if necessary, upload/fax the form to your Quest portal.
- Members should allow at least 30 days after the form is uploaded/faxed to see credit in Strive.
- Remember, the final deadline for submission to Quest is no later than March 31, 2024.

Need help registering, downloading/uploading forms, etc.? Please contact Quest Customer Service at **855-623-9355**.



MY HEALTH NOVEL

BlueCross BlueShield continues to support My Health Novel, designed to match you with helpful resources and tools based on your specific health needs. **These services are available to all members who are enrolled in the BCBS Medical Plan following completion of the My Health Novel assessment to determine the appropriate matching to the program.**

Programs Available	Description
Healthy Weight Management	For members who are interested in improving their lifestyle habits or maintaining their weight.
Diabetes Prevention Program	Created by the CDC and tailored towards those who are at higher risk for developing Type 2 Diabetes, this program offers intensive behavioral counseling.
Intensive Behavioral Counseling	A variety of programs designed to improve diet, promote exercise and achieve clinically meaningful weight loss.

Access health management mobile apps at no cost to you.

Whether you're interested in starting new healthy habits or maintaining your weight, My Health Novel gives you access to the best nutrition, physical activity and weight management tools, programs and apps available.

When you qualify and sign up, you'll get access to health coaching, nutrition guidance, digital tools, group support and more to keep you on track.

Enjoy access to in-person and virtual programs and specialists who can help you answer questions and support you on your health journey.

How it works:

1. Log in to **My Health Toolkit**.[®]
2. Select **Benefits**, then **My Health Novel**.
3. Take a quick, one-minute assessment.
4. You'll receive your recommended program and resources available to you.

Log in to your **My Health Toolkit** today to take your assessment and get matched with the best programs for you.



For more information on My Health Novel, log in to your My Health Toolkit account at MyHealthToolkitFL.com.



SPENDING ACCOUNTS

Understanding Your Spending Accounts

FYI...
Your HRA is paired with your ICUBA medical plan

HCFSA Healthcare Flexible Spending Account	DCFSA Dependent Care Flexible Spending Account	HRA Healthcare Reimbursement Account
Funded by benefit eligible employees Note: A medical insurance election is not required to enroll in flex spending.		Funded and contributed by your employer; provided when you enroll in an ICUBA Medical Plan
Deducted pre-tax throughout the year	Deducted pre-tax throughout the year	No deductions; funded by employer
Available for immediate use April 1, 2023	Deposited each pay period	Available at the end of each month and earns interest quarterly
Can be used for healthcare expenses for you and eligible dependents	Can be used for the care of dependents under the age of 13	Can be used for eligible healthcare expenses for participants enrolled in an ICUBA medical plan
If enrolled in an ICUBA medical plan: HCFSA funds are used before HRA	Covered expenses include: day care, after care, gap camps	If you elect an HCFSA the Flex funds are used before the HRA funds
IRS annual individual limit: \$3,050	IRS calendar year household limit: \$5,000	Funds rollover every year; after 36 continuous months of enrollment in an ICUBA medical plan with HRA, you are considered vested and the funds are yours to keep
Use-it-or-lose-it, no annual carry over. Please plan wisely.		



Remember: Each time you use your Health Reimbursement Account (HRA) or Flexible Spending Account (FSA) debit card, you should keep your receipts. Each request for reimbursement must be substantiated before it can be reimbursed.

Reminder: To participate in the Healthcare or Dependent Care Flexible Spending Accounts you will need to enroll each year. These accounts are not available for employees in Puerto Rico or the American territories.



SPENDING ACCOUNTS

Understanding Your Spending Accounts

	FSA Flexible Spending Accounts	HRA Healthcare Reimbursement Account
Funding Contribution	<p>Funded by employee pre-tax dollars.</p> <p>The maximum amount you can contribute to the Healthcare Spending Account is \$3,050.</p> <p>The maximum amount you can contribute to the Dependent Care Spending Account is \$5,000.</p> <p>Flexible spending amounts are subject to discrimination testing. Highly compensated employees may be asked to adjust flexible spending dollars based on results.</p>	Funded by your employer.
Tax Benefits for Employees	Employee contributions are exempt from federal and FICA tax as well as most state and local tax. Reimbursements are tax-free.	Reimbursements are tax-free.
Rollover of Funds	Have to spend funds by June 15 and claim by June 30 of the following plan year (Use-it-or-lose-it).	Funds roll over at the end of each plan year indefinitely.
Medical Plan Enrollment	Enrollment in medical plan not required.	Must be enrolled in ICUBA medical plan to be eligible.
Dependent Eligibility	All qualified dependents are eligible, even if not enrolled in medical plan.	Only if covered on medical plan.
Availability of Funds	Annual election amount available the 1st business day of the plan year for Healthcare Flex Spending Account; the amount available for the Dependent Care Spending Account is the balance of the account as it accumulates through payroll deduction throughout the year.	Can withdraw up to what has been deposited.
Portability	Available for remainder of plan year through COBRA.	Can continue after 36 months of continuous participation in an ICUBA medical plan.

FSA/HRA eligible items can be located on the Ameriflex website at myameriflex.crunch.help/participants/eligible-expenses.

Reminder: Keep your receipts so that you can substantiate your charges.



DENTAL BENEFIT OPTIONS

Dental coverage is offered through Delta Dental. You can select from the Base PPO, Buy-Up PPO, or the DeltaCare DHMO plan options. If you select one of the PPO Plans, you can visit any licensed dentist to receive treatment under your plan, but you'll maximize your savings by visiting a dentist in one of Delta's nationwide networks.

Both PPO plans offer two dental networks:

- **Delta Dental PPO** dentists generally offer the lowest contracted rates and greatest cost savings.
- **Delta Dental Premier** dentists are your next best option, with contracted rates that help you save.

For additional information on the Delta Dental plans call **800-521-2651** or visit deltadentalins.com.

If you enroll in the DeltaCare DHMO plan you will select a primary care dentist from the DeltaCare USA network, who will then coordinate any needed referrals to a specialist. Covered services provided by your DeltaCare USA dentist have preset copayments (dollar amounts), which are listed in your plan booklet.

	Base PPO			Buy-Up PPO			DeltaCare DHMO
	In-Network	Premier-Network	Out-of-Network	In-Network	Premier-Network	Out-of-Network	Patient Pays Assigned Network Provider
Plan Year Maximum	\$1,500	\$1,500	\$1,500	\$2,000	\$2,000	\$2,000	Unlimited
Ortho Lifetime Maximum	\$1,500	\$1,500	\$1,500	\$2,000	\$2,000	\$2,000	No Maximum; member pays pre-set copay
Providers	In- and Out-of-network providers			In- and Out-of-network providers			Network providers/ Assignment Providers
Employee Pays							
Deductible - Individual	\$75	\$100	\$100	\$50	\$50	\$50	Not applicable
Deductible - Family	Not applicable; individual deductible applies to all covered members			\$150	\$150	\$150	Not applicable
Preventive Services	0%	50%	50%	0%	20%	20%	You pay a pre-set copay
Basic Services	20% after ded	70% after ded	70% after ded	20% after ded	50% after ded	50% after ded	You pay a pre-set copay
Major Services	70% after ded	80% after ded	80% after ded	50% after ded	70% after ded	70% after ded	You pay a pre-set copay
Orthodontia	Child Only			Adult and/or Child			Adult and/or Child
Benefit Percentage	50%	50%	50%	50%	50%	50%	You pay a pre-set copay

Please refer to your summary plan description for full plan benefits. Services are based on maximum contract allowance. These plans are not available for employees in Hawaii, Puerto Rico or the American territories.

Employee Monthly Dental Contributions

	Base PPO	Buy-Up PPO	DeltaCare DHMO
Employee	\$23.80	\$41.69	\$11.83
Employee + 1	\$55.32	\$83.04	\$23.73
Employee + Family	\$91.59	\$139.65	\$36.85



VISION BENEFIT OPTIONS

ICUBA offers two voluntary vision plans through EyeMed. The Base Vision Plan allows you and your covered family members one routine exam every 12 months, plus lenses once every 12 months, and new frames every 24 months. The second option is the Buy-up Vision option that works the same as the basic plan but allows for new frames every 12 months and has an increased frame allowance of \$160.

To view the entire provider network, please visit the EyeMed website at eyemed.com or contact the Vision Service Center at 866-800-5457. Please review the complete summary of benefits for full coverage details.

	Base Plan		Buy-Up Plan	
	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement
Exam Once every 12 months	\$5 copay	Up to \$35	\$5 copay	Up to \$35
Frames Base Plan Once every 24 months Buy up Plan Once every 12 months	\$0 copay; \$130 allowance; 20% off balance over \$130	Up to \$65	\$0 copay; \$160 allowance; 20% off balance over \$160	Up to \$80
Single Vision Lenses (in lieu of Contacts) Once every 12 months	\$15 copay	Up to \$20	\$15 copay	Up to \$20
Contacts (in lieu of Lenses) Once every 12 months	\$0 copay; \$100 allowance; plus balance over \$100	Up to \$80	\$0 copay; \$130 allowance; plus balance over \$130	Up to \$104

These plans are not available for employees in Hawaii, Puerto Rico or the American territories.

ContactsDirect: Save \$20 off your contacts (and free shipping) beyond your regular contact lens benefit! Just create an account at contactsdirect.com and an extra \$20 will be deducted at checkout.

Employee Monthly Vision Contributions

	Base Plan	Buy-Up Plan
Employee	\$4.74	\$7.38
Employee + Family	\$12.15	\$18.87

Download the EyeMed Members App

EyeMed gives you access to your benefit information on-the-go. Check your benefit details for eye exams, eyeglass frames, contacts, and lenses directly from your phone.





EMPLOYEE ASSISTANCE PROGRAM (EAP)

These plans are not available for employees in Guam, American Samoa and CNMI.

Unlike Aetna's Behavioral Health benefits which are only available if you are enrolled in an ICUBA medical plan, the Resources for Living EAP benefits are available to all employees, all family members in your household and your adult children up to the age of 26. Services are confidential and are available 24 hours a day, 7 days a week. This resource includes six free counseling sessions per issue per plan year.

Emotional Wellbeing Support

Support is available 24 hours a day for in-the-moment emotional wellbeing. You can also access up to 6 counseling sessions per issue each year.

Visit with a counselor face to face, online with televideo or get in-the-moment support by phone. Services are free and confidential. Resources For Living (RFL) is here to help with a wide range of issues including:

- Relationship support.
- Stress management.
- Work/life balance.
- Family issues.
- Grief and loss.
- Depression.
- Anxiety.
- Substance misuse and more.
- Self-esteem and personal development.

Legal Services

You can get a free 30-minute consultation with a participating attorney for each new legal topic related to:

- General.
- Family.
- Criminal law.
- Elder law and estate planning.
- Divorce.
- Wills and other document preparation.
- Real estate transactions.
- Mediation services.

Daily Life Assistance

Competing day-to-day needs can make it tough to know where to start. Call RFL for personalized guidance. RFL will help you find resources for:

- Child care, parenting and adoption.
- Summer programs for kids.
- School and financial aid research.
- Care for older adults.
- Caregiver support.
- Special needs.
- Pet care.
- Home repair and improvement.
- Household services and more.

RFL also offers carekits related to growing families, child care, caregiving and more.

Financial Services

Simply call RFL for a free 30-minute consultation for each new financial topic related to:

- Budgeting.
- Retirement or other financial planning.
- Mortgages and refinancing.
- Credit and debt issues.
- College funding.
- Tax and IRS questions and preparation.



Talkspace

Talkspace is an online therapy platform that makes it easy and convenient for you to connect with a network of 2,500+ licensed therapists — from anywhere, at any time. With Talkspace, you can send unlimited text, video, and audio messages to your dedicated therapist, via web browser or through the Talkspace mobile app.

- You can also schedule real-time 30-minute televideo sessions.
- No commutes, appointments, or scheduling hassles.
- Talkspace is currently provided to adults who are 13 or older.
- One week of text therapy counts as one EAP visit.
Each televideo sessions also counts as one EAP visit.

To access, log onto your EAP website, resourcesforliving.com.

Username: **ICUBA** • Password: **8773985816**

Go to **Services** tab and select **Talkspace** or you can access directly at: talkspace.com/RFL.

When you have accessed Talkspace you will be promoted to enter your organizational name, enter your institution name or ICUBA. After you register and create your unique username and password you can download the app from your device's app store for easy access.



To access services

877-398-5816

resourcesforliving.com

Username: ICUBA

Password: 8773985816

Plan Year: April 1 through March 31



INCOME PROTECTION

Basic Life Insurance and AD&D Plan

Employer Provided

Group life insurance in the amount of 1 x Salary will be provided at no cost to all active full-time, benefit eligible employees. Age reductions apply at ages 65 and 70.

Short-Term Disability

Employer Provided

The Short Term Disability program is sponsored by NSU and designed to provide reduced salary, i.e., 60%, to eligible employees who are disabled for seven (7) or more days. This benefit runs concurrent to Family Medical Leave and requires employees to have exhausted any available paid time off prior to receiving payments under the program. The Short-Term Disability program provides payments for a maximum period of 26 weeks as long as the disability continues. A disability continuing for more than 26 weeks will be transitioned to Long-Term Disability.

Long-Term Disability

Employer Provided

All benefit eligible employees are provided Long Term Disability Insurance. This plan provides a benefit of 60% of earnings, to a maximum of \$15,000 per month, at no cost. Employees are eligible for long-term disability coverage following 90 days of continuous employment.

Employee Voluntary Supplemental Life Insurance and AD&D Plan

You may purchase this coverage in increments of \$10,000 up to a maximum of \$500,000. Evidence of Insurability is required for amounts above \$300,000 and must be approved by Lincoln Financial Group. In addition, Late Entrants will require Evidence of Insurability. Age reductions apply at ages 65 and 70.

Dependent Voluntary Life Insurance

As a benefit eligible employee, you may purchase Dependent Life for: Spouse or Domestic Partner Only, Spouse or Domestic Partner and Children or Children only. The Spouse Benefit is \$30,000 and the Child coverage is equal to \$10,000 (for ages 14 days to 6 months \$500). Late Entrants will require Evidence of Insurability. Age reductions apply at ages 65 and 70.

This summary provides only a brief description of the coverage insured by Lincoln Financial. For a complete description, including all definitions, exclusions, limitations, and reductions in coverage, as well as information on termination of benefits, please refer to the Group Insurance Certificate you will receive when you become insured. LFG Supplemental Life coverage is not currently available for employees in the American Territories.



AFLAC BENEFITS

The ICUBA BlueCross BlueShield medical plans provide great coverage for you and your family’s general healthcare needs. Still, everyone’s needs are slightly different. That’s where the Aflac Voluntary Accident, Critical Illness and Hospital Indemnity options come in! These benefits are designed to protect your family’s finances in case of an unforeseen injury or illness.

Accident Insurance

The Voluntary Accident Plan is designed to help cover the expenses associated with an accidental injury such as a medical plan deductible. The Voluntary Accident plan pays direct cash benefits for emergency treatment, hospitalizations, specific injury treatments, diagnostic exams and accidental death.

Accident Benefit Highlights

Plan Features	
Emergency Room	\$175
Accident follow-up with physician	\$50 per treatment, 6 per accident
X-ray	\$50
Dislocation and fractures	Up to \$6,000
Hospital Admission	\$1,000 per confinement, once per accident within 6 months after accident
Ground ambulance / Air	\$400 / \$1,200
Concussion	\$500 per accident, once per accident within 6 months after accident
Physical Therapy	\$50 per treatment, 10 per accident
Wellness / Health Screening Benefit (Employee and Spouse Only)*	\$50

* Qualifying routine tests include one of the tests performed each year: COVID-19 screening, annual physical exam, ultrasound, colonoscopy, mammogram, Pap Smear, and more.

Critical Illness Insurance

The Voluntary Critical Illness coverage is designed to pay cash in the event you or a covered family member is diagnosed with a critical illness such as cancer, heart attack, stroke, kidney failure, benign brain tumor, loss of hearing or sight due to a severe medical condition or Alzheimer’s. The Critical Illness plan helps protect your income and personal assets when out of pocket expenses increase as a result of a specified critical illness.

Critical Illness Benefit Highlights

- \$10,000 – \$30,000 benefit (based on selected plan) for employees on a guaranteed issue basis.
- The ability to collect 100% of enrolled benefit amount for different diagnosed illnesses and recurrence of the same condition.
- Pays a lump sum benefit tax free regardless of any other insurance you may have.
- Employee, spouse and children up to the age of 26 are eligible for this plan.*
- Wellness / Health \$50 Screening Benefit (Employee and Spouse only) which includes one of the qualifying routine tests performed each year including: COVID-19 screening, annual physical exam, ultrasound, colonoscopy, mammogram, Pap Smear, and more.

* Children are automatically covered at 50%.

Coverage is available for you, your spouse and or child(ren). Your coverage is portable which means you can take the policy with you if you leave the institution.



Hospital Indemnity Insurance

An unexpected or even planned stay in the hospital can be expensive as you meet your deductible and out-of-pocket obligations under the medical plan. The Hospital Indemnity plan is designed to provide financial protection by paying you a direct benefit to meet out-of-pocket expenses and extra bills that can occur. Lump sum benefits are paid directly to you based on the type of facility and number of days of confinement.

Benefit Highlights

- Guarantee issue (no medical questions).
- No pre-existing condition limitation.
- Portability is included.

Plan Features	Low	High
Hospital Confinement / Admission	\$500 per confinement \$100 per day up to 31 days	\$1,000 per confinement \$100 per day up to 31 days
Daily Confinement	\$100 per day, to a maximum of 31 days per calendar year	
Hospital Intensive Care Unit Confinement	\$100 per day up to 10 days	



How to File a Claim with Aflac

Aflac helps pay expenses the medical plan doesn't cover. If you're sick or hurt, follow these instructions to file a claim:

1. Visit aflacgroupinsurance.com and click on "Customer Service" and then "File a claim."
2. Choose from accident, hospital, critical illness or wellness and follow the instructions.
3. Complete and upload your HIPAA authorization, claim details and documents, and direct deposit information.

Visit aflacgroupinsurance.com to learn more.

Employees should reference ICUBA Independent Colleges and Universities Benefits Association Group **#26710**.



LEGALSHIELD & IDSHIELD PLAN OVERVIEW

A comprehensive and affordable legal and identity theft protection plan

LegalShield Coverage Includes:

- Legal Consultation and Advice
- Court Representation
- Dedicated Provider Law Firm
- Legal Document Preparation and Review
- Will Preparation
- Letters and Phone Calls Made on Your Behalf
- Speeding Ticket Assistance
- Divorce
- 24/7 Emergency Legal Access

IDShield coverage includes:

- Identity Consultation and Advice
- Dedicated Licensed Private Investigator
- Identity, Credit and Financial Account Monitoring
- Child Monitoring (Family Plan Only)
- Full-Service Identity Restoration
- Real-Time Alerts
- 24/7 Emergency Access
- Social Media Monitoring and Online Privacy Reputation Management

ON THE GO PROTECTION!

With the LegalShield and IDShield mobile apps, you have on-the-go access, 24/7!



Contributions

	LegalShield	IDShield	LegalShield & IDShield
Employee Plan	\$17.00	\$7.45	\$23.45
Family Plan		\$14.05	\$29.05

For more information, contact the member services line **888-807-0407** or visit benefits.legalshield.com/icuba





OPTIONAL GAP INSURANCE

These plans are not available for employees in Puerto Rico or the American territories.

- Supplemental insurance that offsets in-patient and certain out-patient medical expenses.
- Must be covered under an NSU medical plan.
- Must elect the same tier as the NSU medical insurance plan — employee only, employee plus child(ren), employee plus spouse, and family.

For information,
call Joe Evans at
954-560-6000

How Gap Insurance Works

If you are **hospitalized**, Gap Insurance will pay any charges that would normally apply to your deductible and out-of-pocket maximum expenses.

If you are an **out-patient hospital treatment**, Gap Insurance will pay up to \$200 per day for charges that would normally apply to your deductible and out-of-pocket maximum expenses.



**Up to \$200 for each
ambulance trip**



**Up to \$200 for each
MRI or diagnostic test**



**Up to \$200 for each
Emergency Room visit**

The annual Employee Only Gap Insurance premium is about \$438 for Preferred PPO Plan and about \$560 for the High Deductible Plan – TWO visits to the Emergency Room by ambulance will offset the cost of the Gap Insurance while providing the extra security you need to minimize your medical out-of-pocket maximum expenses.



PET INSURANCE

(formerly known as PetAssure)

These plans are not available for employees in the American territories. Pet Plus prescription service is not available outside the continental U.S.

Your pets are part of your family, and you'll do anything to keep them happy and healthy. But with the cost of pet care on the rise, it isn't always easy.

That's why we're offering Total Pet Plan, which makes pet care more affordable. Enroll in Total Pet and get the same high-quality products and services your pets are used to, just at a lower price!

\$11.75 / month for one pet or
\$18.50 / month for a family plan

For more details and how to enroll, visit
petbenefits.com/land/novaflorida.



Pet Benefit Solutions

petbenefits.com

customercare@petbenefits.com

800-891-2565

Total Pet Plan includes:

PetPlus

DISCOUNTS ON PRODUCT & RX

- Up to 40% off on products like prescriptions, preventatives, food, toys and more.
- Shipping is always free and same-day pickup is available for most human-grade prescriptions.

View available products and pricing at petplusbenefit.com.

PetAssure

DISCOUNTS ON VETERINARY CARE

- Instant 25% savings on all of your pet's in-house medical services at participating vets.
- No exclusions due to age, health, pre-existing conditions or type of pet.

Visit petbenefits.com/search to locate a participating vet.

AskVet

24/7 PET TELEHEALTH

- Access real-time vet support, even when your vet's office is closed.
- Unlimited support on your pet's health, wellness, behavior and more.

PetTag

LOST PET RECOVERY SERVICE

- Durable tag can be scanned from any smart phone to access your contact information, helping lost pets return home quicker than a microchip.
- Easily update your information online with no need to request a new tag.



PET INSURANCE

These plans are not available for employees in Puerto Rico and the American territories.

ICUBA's Voluntary Pet Insurance program is provided by Nationwide insurance. My Pet Protection is offered exclusively to ICUBA members and provides more choices and flexibility. If you sign up multiple pets you will receive a discount for additional savings. Like human medical insurance this plan also has deductibles, coinsurance, exclusions and pre-existing conditions limitations. Select the My Pet Protection Plan with or without wellness. **Your monthly payment will be direct billed with Nationwide.**

Choose the level of coverage that fits your needs

Get 90%, 70% or 50% reimbursement on these vet bills and more.*



Accidents, including poisonings and allergic reactions	✓	✓
Injuries, including cuts, sprains and broken bones	✓	✓
Common illnesses, including ear infections, vomiting and diarrhea	✓	✓
Serious/chronic illnesses, including cancer and diabetes	✓	✓
Hereditary and congenital conditions	✓	✓
Surgeries and hospitalization	✓	✓
X-rays, MRIs and CT scans	✓	✓
Prescription medications and therapeutic diets	✓	✓
Wellness exams	✓	
Vaccinations	✓	
Spay/neuter	✓	
Flea and tick prevention	✓	
Heartworm testing and prevention	✓	
Routine blood tests	✓	

Both plans feature a \$250 annual deductible and have a maximum annual benefit of \$7,500.

Pre-existing conditions are not covered. Any illness or injury a pet had prior to start of policy will be considered pre-existing.

* Some exclusions may apply. Certain coverages may be subject to pre-existing exclusion.

How to use your pet insurance plan

1. Visit any vet, anywhere
2. Submit claim
3. Get reimbursed

Get a fast, no-obligation quote at benefits.petinsurance.com/icuba or call **877-738-7874**.



Visit [ICUBAbenefits.org](https://www.ICUBAbenefits.org) for a quick and easy Single Sign-On access to many of the Brand Partner websites listed below.

After your initial set up, the SSO links will take you directly to each carrier with a connection.

CONTACTS

Medical and Prescription Drugs

BlueCross BlueShield

Customer Service:
855-258-9029
24/7 Essential Advocate:
888-521-2583

Website: myhealthtoolkitfl.com

Hinge Health

Customer Service:
855-902-2777
Email: hello@hingehealth.com

Teladoc

Request a Consult:
800-TELADOC (835-2362)
Website: teladoc.com

SurgeryPlus

Surgical Care Advocate:
855-200-2119

Behavioral Health & Resources for Living EAP

Aetna

Customer Service:
877-398-5816
Option 1: Employee Assistance Program
Option 2: Behavioral Health
Website: resourcesforliving.com
Username: ICUBA
Password: 8773985816

Virta

To check eligibility and book a consultation, visit the following:

Website:
virtahealth.com/join/icuba

Website: myhealthtoolkitfl.com

Pharmacist Advocate Program

ICUBAcares

Pharmacist Help Line:
877-286-3967

Dental Insurance

Delta Dental

Customer Service:
800-521-2651
Website: deltadentalins.com

Vision Insurance

EyeMed

Customer Service:
866-800-5457
Website: eyemed.com
Network: Insight

ICUBA Benefits Card

Ameriflex

Customer Service:
866-377-5102, Option 1
Email:
service@myameriflex.com
Website: ICUBAbenefits.org

Life and Disability

Lincoln Financial Group

Customer Service:
800-291-0112
Website: MyLincolnPortal.com

Voluntary Benefits

Aflac

Customer Service:
800-433-3036
Website:
aflacgroupinsurance.com
Group #26710

Legal Protection

Legal Shield

Customer Service:
888-807-0407

Pet Insurance

Pet Benefit Solutions

Customer Service:
800-891-2565
Website:
petbenefits.com/land/novaflorida

Nationwide

Customer Service:
877-738-7874
Website:
benefits.petinsurance.com/icuba

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To learn more about all of our benefits, visit

[ICUBAbenefits.org](https://www.icubabenefits.org)



This summary of benefits does not create a contract between the Institute and any employee. Details of these plans can be found in official plan documents that govern the plans. In the event of a discrepancy between the plan documents and this document, the plan documents govern. While care has been taken to ensure the accuracy of this information, the plan documents and your employer policies will govern in all cases. Although it is our intention to continue the plans, we reserve the right to modify, amend or terminate the plans at any time. All rates are based on current participation and are subject to change.