

Welcome to HealthComp!

Dear Plan Participant:

As your health benefits administrator, we look forward to assisting you.

You should have already received your new Health Plan ID card(s) in the mail.

Your identification card contains important plan information, telephone numbers, and claim submission instructions. Your ID card should be presented to your healthcare providers and pharmacies at the time services are received.

If you have any questions regarding your identification card or if you would like to order additional cards, please contact Benistar at 800-236-4782.

For your convenience, you may also access a digital version of your identification card on MyCareHC.com/MichiganUMC).

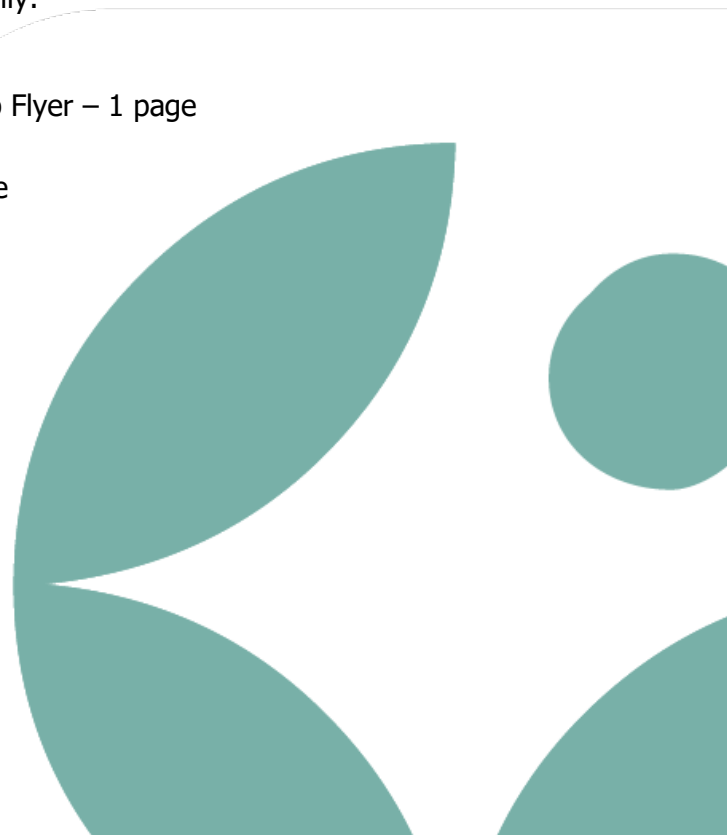
Please Note: This identification card is not a guarantee of coverage or a commitment to pay benefits. Benefits are subject to patient eligibility and are based upon all Plan provisions in effect at the time that services are received.

Please review the following enclosed documents carefully:

1. [Medical Summary of Benefits \(SBC\)](#) – 7 pages
2. MyCareHC.com/MichiganUMC Portal/Mobile App Flyer – 1 page
3. [HealthComplete Wellness Packet](#) – 9 pages
4. [Teladoc Health by phone, video or app](#) – 1 page
5. [SupportLink EAP program](#) – 1 page

We look forward to assisting you!

Sincerely,
HealthComp






The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-888-472-4352. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-888-472-4352 to request a copy.

Important Questions	Answers		Why This Matters:
What is the overall deductible ?	Network \$500/self only \$500/individual \$1,000/family	Non-Network \$1,000/self only \$1,000/individual \$2,000/family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
	Network and non-network deductibles are separate.		
Are there services covered before you meet your deductible ?	Yes, network preventive services , services paid with a copayment , services paid at no charge, and diagnostic testing in a standalone facility.		This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.		You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	Network \$1,000/self only \$1,000/individual \$2,000/family	Non-Network \$3,000/self only \$3,000/individual \$6,000/family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their out-of-pocket limits until the overall family out-of-pocket limit has been met.
	Network and non-network out-of-pocket limits are separate.		
What is not included in the out-of-pocket limit ?	Premiums, balance billing charges (unless balance billing is prohibited), health care this plan doesn't cover, non-network transplants, non-network immune effector cell therapy, and penalties for failure to obtain pre-certification for services.		Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See www.hchealthbenefits.com or call 1-888-472-4352 for a list of network providers .		This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use a non-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use a non-network provider for some services (such as lab work). Check with your provider before you get services.

* For more information about limitations and exceptions, see the [plan](#) or policy document at www.hchealthbenefits.com.

Important Questions	Answers	Why This Matters:
Do you need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25 copay /visit, deductible does not apply; 10% coinsurance for other outpatient services	30% coinsurance	Network provider copay is per provider and applies to the office visit charge only. Network provider in-office x-ray/lab, supplies, injections (including allergy injections), and allergy testing are payable at no charge. Coinsurance applies for all other covered in-office services.
	Specialist visit	\$40 copay /visit, deductible does not apply; 10% coinsurance for other outpatient services	30% coinsurance	
	Preventive care/screening/immunization	No charge	30% coinsurance	None
If you have a test	Diagnostic test (x-ray, blood work)	Inpatient & Outpatient Hospital: 10% coinsurance <hr/> Standalone Facility: 10% coinsurance , deductible does not apply	30% coinsurance	The office copay will apply to network services rendered in-office. Precertification is required or benefits could be reduced by 50%.
	Imaging (CT/PET scans, MRIs)	10% coinsurance	30% coinsurance	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.hchealthbenefits.com	Generic drugs	Retail \$15/prescription	Purchases at a non-participating pharmacy require you to pay in full then submit a claim form for reimbursement.	Covers up to a 30-day supply (retail pharmacy); up to 90-day supply (mail order pharmacy); however, specialty drugs are limited to a 30-day supply. Brand-name drug penalty: If your physician authorizes generic but you choose brand name, you pay the actual cost difference plus the brand name copayment. If the physician indicates "dispensed as written" on the prescription, the drug will be dispensed as such, and the member is responsible to pay only the brand name drug copayment. Deductible does not apply to prescription drugs. Precertification is required for compound drugs, and may be required for other medications. If not obtained, the member is responsible for 100% of the cost of the drug.
	Preferred brand drugs	Mail order \$30/prescription		
	Non-preferred brand drugs	Retail \$30/prescription Mail order \$60/prescription		
	Specialty drugs	Retail \$60/prescription Mail order \$120/prescription Retail 25% coinsurance		
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% coinsurance	30% coinsurance	Precertification is required or benefits could be reduced by 50%.
	Physician/surgeon fees	10% coinsurance	30% coinsurance	None
If you need immediate medical attention	Emergency room care	\$200 copay /visit, deductible does not apply		The copay is waived if you are admitted to the hospital directly from the emergency room.
	Emergency medical transportation	10% coinsurance		None
	Urgent care	\$50 copay /visit, deductible does not apply	30% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	10% coinsurance	30% coinsurance	Precertification is required or benefits could be reduced by 50%.
	Physician/surgeon fees	10% coinsurance	30% coinsurance	None

* For more information about limitations and exceptions, see the [plan](#) or policy document at www.hchealthbenefits.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$25 <u>copay</u> /office visit, <u>deductible</u> does not apply; 10% <u>coinsurance</u> for other outpatient services	Non-surgical service at Outpatient Hospital: 10% <u>coinsurance</u> <hr/> All other services: 30% <u>coinsurance</u>	<u>Network provider copay</u> is per provider and applies to the office visit charge only. Teladoc services are paid with a \$25 <u>copay</u> /consultation. Visit www.teladoc.com or use the Teladoc App on your mobile device to receive general health care and pediatric care information for a Participant’s condition. The Teladoc program is available 24/7/365.
	Inpatient services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Precertification</u> is required or benefits could be reduced by 50%.
If you are pregnant	Office visits	\$25 <u>copay</u> /visit, <u>deductible</u> does not apply	30% <u>coinsurance</u>	Cost sharing does not apply for <u>network preventive care</u> services. Depending on the type of services, <u>coinsurance</u> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	None
	Childbirth/delivery facility services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	<u>Precertification</u> is required for an inpatient stay that is in excess of 48 hours (vaginal delivery) or 96 hours (caesarean delivery) or benefits could be reduced by 50%.

* For more information about limitations and exceptions, see the [plan](#) or policy document at www.hchealthbenefits.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	10% coinsurance		Precertification is required or benefits could be reduced by 50%.
	Rehabilitation services	Audiology, Cognitive, Occupational, Physical, & Speech therapies: \$25 copay /visit, deductible does not apply <hr/> Cardiac Rehab: 10% coinsurance	30% coinsurance	Precertification is required for rehabilitation services or benefits could be reduced by 50%. Audiology, Cognitive, Occupational, Physical, & Speech therapies are limited to 60 visits/calendar year combined for network services, and 10 visits/calendar year combined for non-network services. Limits do not apply to habilitation services for autism spectrum disorders.
	Habilitation services			Precertification is required or benefits could be reduced by 50%. Limited to 120 days/calendar year.
	Skilled nursing care	10% coinsurance		Precertification is required or benefits could be reduced by 50%. Limited to 120 days/calendar year.
	Durable medical equipment	10% coinsurance		Precertification is required or benefits could be reduced by 50%. Excludes vehicle modifications, home modifications, exercise, and bathroom equipment.
	Hospice services	No charge	0% coinsurance	Precertification is required or benefits could be reduced by 50%.
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	No coverage for children's eye exam.
	Children's glasses	Not covered	Not covered	No coverage for children's glasses.
	Children's dental check-up	Not covered	Not covered	No coverage for dental check-up.

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none">• Bariatric surgery• Dental care (Child)• Infertility treatment	<ul style="list-style-type: none">• Long-term care• Non-emergency care when traveling outside the U.S.	<ul style="list-style-type: none">• Routine eye care (Adult) / (Child)• Routine foot care• Weight loss programs
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)		
<ul style="list-style-type: none">• Acupuncture (must be prescribed by a physician)• Chiropractic care (limited to 25 visits/calendar year)	<ul style="list-style-type: none">• Cosmetic surgery (only covered to correct a functional impairment)• Dental care (Adult) (limited to dental injury of a sound natural tooth)	<ul style="list-style-type: none">• Habilitation services• Hearing aid (limited to 1 per ear each calendar year)• Private-duty nursing (only covered while hospital confined)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318- 2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Does this plan provide Minimum Essential Coverage? Yes

Minimum Essential Coverage generally includes plans, health insurance available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-888-472-4352.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-888-472-4352.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-888-472-4352.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-888-472-4352.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$500
- [Specialist copayment](#) \$40
- Hospital (facility) [coinsurance](#) 10%
- Other (Tests) [coinsurance](#) 10%

This EXAMPLE event includes services like:
[Specialist](#) office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

Total Example Cost	\$12,700
In this example, Peg would pay:	
<i>Cost Sharing</i>	
Deductibles	\$500
Copayments	\$0
Coinsurance	\$500
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$1,060

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$500
- [Specialist copayment](#) \$40
- Hospital (facility) [coinsurance](#) 10%
- Other (Brand drug) [copayment](#) \$30

This EXAMPLE event includes services like:
[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription drugs](#)
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost	\$5,600
In this example, Joe would pay:	
<i>Cost Sharing</i>	
Deductibles	\$500
Copayments	\$400
Coinsurance	\$40
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$960

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$500
- [Specialist copayment](#) \$40
- Hospital (facility) [coinsurance](#) 10%
- Other (Physical Therapy) [copayment](#) \$25

This EXAMPLE event includes services like:
[Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

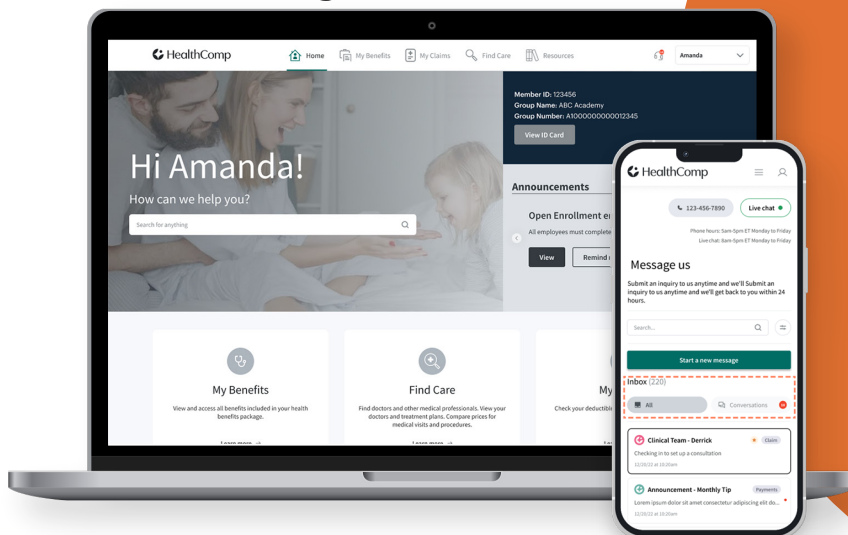
Total Example Cost	\$2,800
In this example, Mia would pay:	
<i>Cost Sharing</i>	
Deductibles	\$500
Copayments	\$400
Coinsurance	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,000

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

myCare^{HC}

Your all-in-one healthcare platform

Your employer has partnered with HealthComp for all your health benefits needs. We're here to simplify your healthcare journey and support you at every step of the way.



MyCareHC.com/MichiganUMC

What is myCare?

We've designed myCare to help you take control of your benefits and make managing your healthcare a breeze. Whether you're on our website or using the mobile app, myCare offers a unified entry to all your health plan needs.

Here are some things you can do on myCare:

- Digitally access your ID cards
- View and manage claims
- Review your available benefits
- Search for providers and compare pricing
- Communicate with Member Services through the message center or live chat
- Receive relevant program recommendations based on your needs



Download the myCare^{HC} App

WELLNESS PACKET

This packet includes materials that can be utilized throughout the length of your program.

FLYERS

- **Register to Start** – HealthComp Online Account Instructions
- **Wellness On-the-Go** – Mobile App and Device Sync Instructions
- **Health Assessment** – Health Assessment Directions
- **Engagement RX Online Coaching** – Cognitive Training Education
- **Physical Activity** – Tracking
- **Nutrition** – Tracking
- **Healthy Mind & Body** – Total Wellbeing
- **Burnalong** – Live and On-Demand Health Classes



REGISTER TO KICKSTART YOUR WELLNESS TODAY

The Wellness Center is your online portal for all your wellness program activities, available 24/7. It is full of helpful resources and tools, including your personal health assessment, healthy recipes, and much more! Keep track of your progress and health goals anytime, anywhere.

PORTAL REGISTRATION

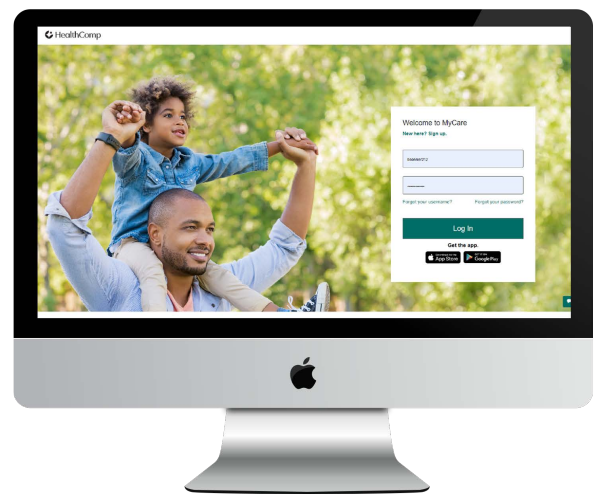
1. Register/sign in to myCareHC. To register for a new account, click "New here? Sign up" and fill out the required fields.
2. To access HealthComplete, go to the "Benefits" at the top of the screen.
3. From there, you will see HealthComplete under the "Supplemental Benefits" section. Click here to access HealthComplete.

If you would like to utilize the **HealthComplete app**, please follow the prompts to create a username and password to access the Wellness Center. This additional setup of a username and password will be used for accessing your account via the **HealthComplete app**.

Note: First and Last name must be the legal name used for employment.

TOOLS FOR YOUR HEALTH JOURNEY

- Complete your Health Assessment
- Track Your Habits in the Tracker Tile
- Enroll and Complete Engagement RX Courses



The hardest part is getting started! Create your wellness account today!

WELLNESS ON-THE-GO



HealthComplete App

Connect to your Wellness Center wherever you are by downloading the HealthComplete app to your mobile device. Access your wellness program information and activities anytime, anywhere.

WELLNESS CENTER MOBILE ACCESS

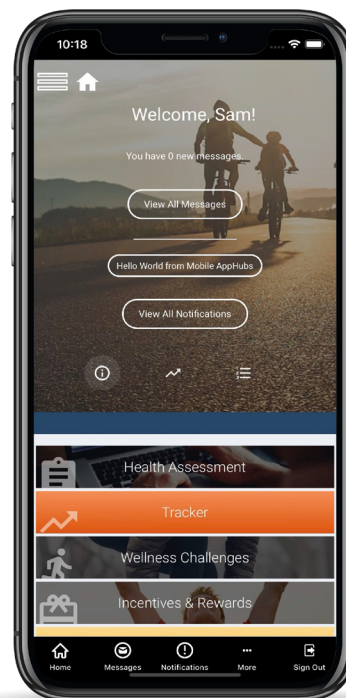
1. After completing the online Portal Registration, download the **HealthComplete app** on your mobile device.
2. Bypass the Registration Code field by selecting **Already Have a Login**.
3. Enter the **username** and **password** created in the Portal Registration. You can view your username and update your password at any time on the Account Settings page in your Wellness Center.

SYNC YOUR TRACKING DEVICE

1. Click the TRACKER tile, then on MANAGE DEVICES.
2. Follow the prompts provided.

MANAGE YOUR COMMUNICATIONS

Visit the COMMUNICATIONS icon in your Wellness Center to opt-in/opt-out of specific communications, including smartphone notifications and portal messaging. For additional help, email CustomerServe@HealthComp.com.



If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward(s) under this program, email HealthComp at CustomerServe@HealthComp.com, and we will work with you to develop another way to qualify for the reward.





HEALTH ASSESSMENT

The Health Assessment is an online tool that gives you a personalized health profile. The assessment covers areas such as diet, exercise, tobacco use, and more. Use the results to set goals throughout your wellness program.

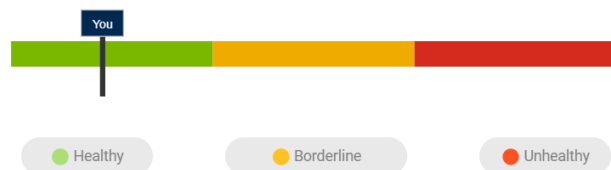
COMPLETE YOUR ASSESSMENT

1. Login to your Wellness Center at www.HCHealthBenefits.com or via the HealthComplete app.
2. Click the HEALTH ASSESSMENT tile.
3. Complete and submit the Health Assessment.

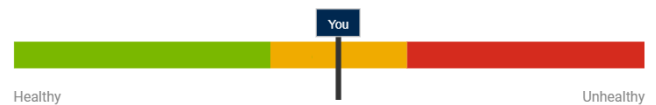


RESULTS

My Health Management Indicator



Depression



If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward(s) under this program, email HealthComp at CustomerServe@HealthComp.com, and we will work with you to develop another way to qualify for the reward.

ENGAGEMENT RX ONLINE COACHING



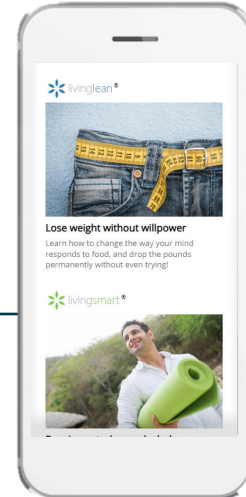
Have you considered improving your nutrition knowledge? Are you interested in losing weight? Want to quit smoking or need recommendations for managing stressful situations? These and many other lifestyles and disease management-related questions are answered through the Engagement RX Online Coaching programs.

Engagement RX is more than just education. These programs are designed to eliminate hard-to-break habits and create long-lasting behavior changes through step-by-step behavioral training, which alters a participant's mindset and emotional attachment to these behaviors.

HOW CAN YOU IMPROVE?

- Reduce Stress
- Learn to Love Exercise
- Quit Smoking for Good
- Lose Weight Without Willpower
- Regain Control Over Alcohol
- Manage Your Diabetes
- Restore Sound Sleep
- Break the Addiction Cycle

Additional microlearning courses are available for education.



Watch pre-recorded videos combined with interactive quizzes and other multimedia features that create a captivating “live” health coaching experience that maximizes engagement and retention.

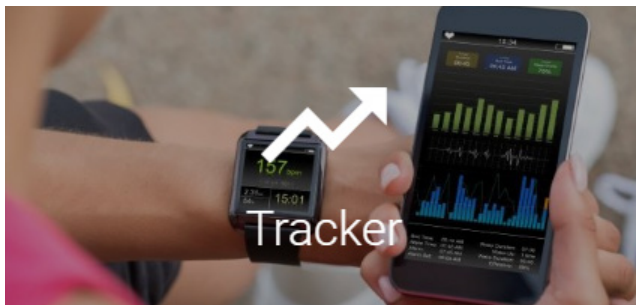


PHYSICAL ACTIVITY

Do you know all the benefits of moving your body?

Being physically active can improve your brain health, help manage your weight, strengthen muscles & bones, and improve your mood. Incorporating physical activity to your daily life overall leads to improved health and improved ability to do everyday activities.

Participate in daily physical activity tracking and achieve weekly goals.



SYNC YOUR TRACKING DEVICE

1. Click the TRACKER tile, then on MANAGE DEVICES.
2. Follow the prompts provided.

DON'T CURRENTLY USE A WEARABLE DEVICE OR MOBILE HEALTH TRACKER?

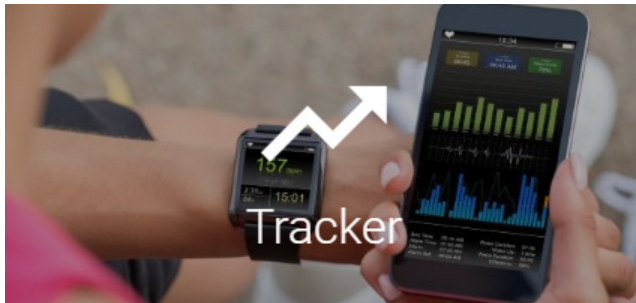
You can enter your healthy habits manually by clicking on the TRACKER tile > Update my Tracker > Activities.



NUTRITION TRACKING

Healthy eating and proper hydration have many health benefits. Foods rich in nutritional value help your body function properly. Positive effects of proper nutrition include healthy body weight, improved heart health, reduced risk of diabetes, and increased immunity to help fight off illness. Drinking enough water each day is key to organs functioning properly and regulating body temperature.

Participate in daily nutrition and hydration tracking and achieve weekly goals.



SYNC YOUR TRACKING DEVICE

1. Click the TRACKER tile, then on MANAGE DEVICES.
2. Follow the prompts provided.

DON'T CURRENTLY USE A WEARABLE DEVICE OR MOBILE HEALTH TRACKER?

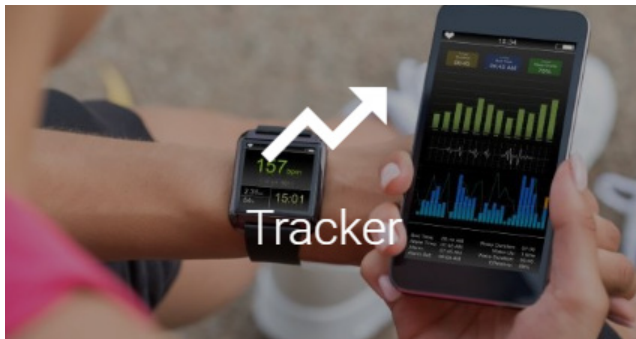
You can enter your healthy habits manually by clicking on the TRACKER tile > Update my Tracker > Nutrition.



HEALTHY MIND & BODY

Total wellbeing includes a healthy mind and body beyond nutrition and physical activity. Stress and sleep play a key role in how we feel and how we react in different situations. Increased stress can impact your sleep and poor sleep can impact your stress levels. Being aware of and tracking your stress level and sleep can be important in achieving your wellness goals.

Participate in daily/weekly trackers focused on mind & body.



SYNC YOUR TRACKING DEVICE

1. Click the TRACKER tile, then on MANAGE DEVICES.
2. Follow the prompts provided.

DON'T CURRENTLY USE A WEARABLE DEVICE OR MOBILE HEALTH TRACKER?

You can enter your healthy habits manually by clicking on the TRACKER tile > Update my Tracker > Choose Sleep or Emotional Wellness.



BURNALONG

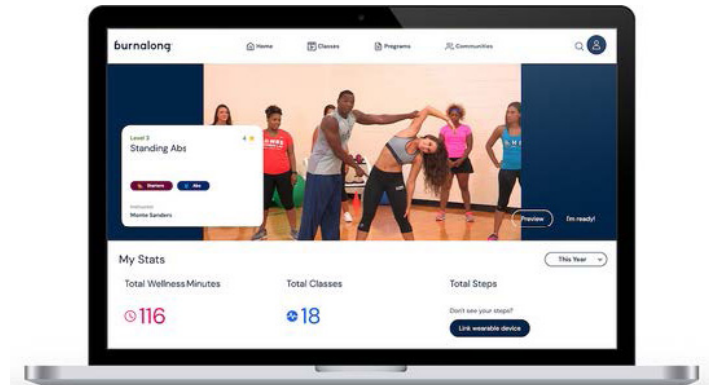
LIVE AND ON-DEMAND CLASSES

This is the key to achieving your wellness goals. Burnalong offers 24/7 access to flexible, on-demand health and wellness video classes on 50+ categories spanning physical, mental, and financial wellness. Featured categories include yoga, fit over 50, diabetes, mindfulness, nutrition, cancer wellness, chronic pain management, and office workouts.

This inclusive content starts with a brief questionnaire to personalize the experience to you and your goals.

WHAT CAN YOU EXPECT?

- 14,000+ classes
- 2,000+ nationally certified instructors
- 3 minutes to 2 hours class duration
- 108 language available (Spanish included)



Every eligible member has up to 4 free family accounts.

START NOW!

Get started today by visiting your Wellness Center and clicking on the BURNALONG tile.

The right care when you need it most



Teladoc
HEALTH

Teladoc Health gives you 24/7 access to doctors by phone, video or app for non-emergency conditions.

We treat allergies, flu and cold symptoms, pink eye, sinus infections, headaches, upset stomach and more.



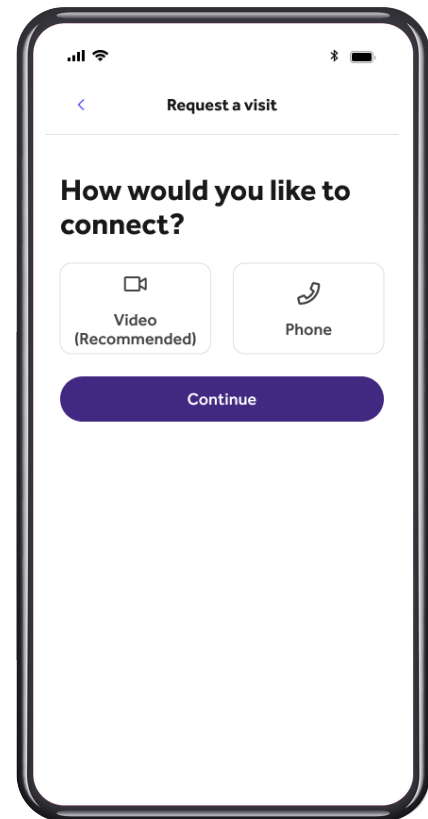
Talk to a board-certified doctor
anytime, anywhere*



Get a prescription
or refill if needed



Skip the trip to the ER
and save money



Feel better faster

Visit [TeladocHealth.com](https://www.teladochealth.com)

Call 1-800-835-2362 | Download the app  

*Teladoc Health is not available internationally.

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Emotional wellbeing and work-life balance resources to keep you at your best

SupportLinc offers expert guidance to help you and your family address and resolve everyday issues



In-the-moment support

Reach a licensed clinician by phone 24/7/365 for immediate assistance



Financial expertise

Consultation and planning with a financial counselor



Legal consultation

By phone or in-person with a local attorney



Short-term counseling

Access up to **five (5) no-cost counseling sessions**, in-person or via video, to resolve stress, depression, anxiety, work-related pressures, relationship issues or substance abuse



Convenience resources

Referrals for child and elder care, home repair, housing needs, education, pet care and so much more



Confidentiality

Strict confidentiality standards ensure no one will know you have accessed the program without your written permission except as required by law

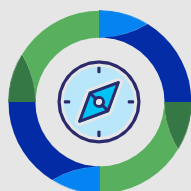


Your web portal and mobile app

- The one-stop shop for program services, information and more
- Discover on-demand training to boost wellbeing and life balance
- Find search engines, financial calculators and career resources
- Explore thousands of articles, tip sheets, self-assessments and videos

Convenient, on-the-go support

- **Textcoach®**
Personalized coaching with a licensed counselor on mobile or desktop
- **Animo**
Self-guided resources to improve focus, wellbeing and emotional fitness
- **Virtual Support Connect**
Moderated group support sessions on an anonymous, chat-based platform



Start with Navigator

Take the guesswork out of your emotional fitness! Visit your web portal or mobile app to complete the short Mental Health Navigator survey. You'll immediately receive personalized guidance to access support and resources.



Download the mobile app today!



1-800-881-1949

supportlinc.com
group code (s): **s2927**
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