BENEFITS FOR WHEREVER YOU ARE IN LIFE

Terms to Know
The special terms used to talk about insurance and benefits can get a little confusing. Here's a list of the most common and what they mean.

Annual deductible (or just "deductible"): This is the amount you pay for medical care with your own money before your health insurance starts to pay. If your deductible is $1,500, you'll pay $1,500 toward medical care you receive before your medical plan starts to pay. The deductible doesn't apply to preventive care, which is 100% covered in both Worthington plans. Tip: If you're enrolled in an HSA plan, you can use your HSA funds to help meet your deductible.

Annual out-of-pocket maximum: This amount is the most you'll pay for medical care in one calendar year. The deductible, coinsurance and copays count toward this maximum. If you reach it, your medical insurance will pay 100% of care you get for the rest of that calendar year.

Coinsurance: After you meet the annual deductible, you and your Worthington medical plan both pay a portion, expressed as a percentage, of your cost of care. For example, if your coinsurance is 80%/20%, that means the plan would pay 80% of an eligible expense, and 20% would be your share.

Contribution Rates: The amount you pay toward your benefits, usually deducted on a pre-tax basis through automatic payroll deductions (i.e., from your paycheck each pay period).

Copay: Some plans (like your Worthington vision coverage) share the cost of medical care with you through copays. These are fixed fees — like $25 — you pay when you get care; your insurance will pay the rest of the expense.

Dependents: These are family members you can choose to add to certain coverage, like enrolling your child or spouse in your Worthington medical plan. Eligible dependents include your legal spouse and your children under age 26 (biological, step, adopted or foster).

Flexible Spending Accounts (FSA): A tax-advantaged account that lets you pay for eligible expenses. The Company offers several different types of FSAs, including Health Care, Limited Purpose, Dependent Care and Adoption. FSAs have the "use it or lost it" rule, which means any funds remaining in the account at the end of the calendar year are forfeited.

Health Savings Account (HSA): A tax-advantaged account that lets you pay for current eligible health care expenses and save for future ones. If you're enrolled in one of Worthington's HSA plans, the Company will contribute to your HSA once per month. You can also make your own contributions through payroll deduction, and you can change your contribution amount at any time. HSAs do not have the "use it or lose it" rule, which means any balance in your HSA at the end of the calendar year continues to roll over.

In-network providers (or network providers): Doctors, labs, clinics and hospitals that contract with your insurance company to offer reduced fees. You usually pay less when you go to in-network providers.

BENEFITS FOR WHEREVER YOU ARE IN LIFE

Out-of-network providers: Doctors, labs, clinics and hospitals that don't contract with your insurance company to reduce fees. This usually results in higher costs for you. Some insurance plans don't cover out-of-network care, so you pay 100% of the cost.

Preventive care: Routine health care that includes wellness exams plus screenings for cancer, blood pressure, cholesterol, certain vaccines and more. Both our medical plans cover 100% of preventive care, which means getting this important routine care doesn't cost you anything.

Major life events: A change in your life, like getting married or having a baby, that allows you to enroll in or change your benefits anytime during the year. If you experience a major life event, you must make changes within 30 days of the event (60 days for Medicaid and CHIP).