



To access services:
 1-786-466-8377, TTY: 711
resourcesforliving.com
 Username: Jackson
 Password: Health

Emotional well-being support

You can access up to 5 counseling sessions per issue each year. You can also call us 24 hours a day for in-the-moment emotional well-being support.

Counseling sessions are available face to face or online with televideo. Services are free and confidential. We're always 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

Online resources

Your member website offers a full range of tools and resources to help with emotional wellbeing, work/life balance and more. You'll find:

- Articles and self-assessments
- Adult care and child care provider search tool
- Stress resource center
- Video resources
- Live and recorded webinars
- Mobile app

Discount Center

Find deals on brand name products and services including electronics, entertainment, gifts and flowers, travel, fitness, nutrition and more.

myStrength

myStrength offers tools to improve your emotional health and help you overcome depression, anxiety, stress, substance misuse and/or chronic pain.

Other services

Identity theft services, Chat Therapy, Self Esteem & Personal Development, and so much more!

Jackson Health System

Resources For Living is an employer sponsored program, available at no cost to you and all members of your household. That includes dependent children up to age 26, whether or not they live at home.

Services are confidential and available 24 hours a day, 7 days a week.

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

If you opt for services beyond the initial consultation you can get a 25 percent discount.

*Services must be related to the employee and eligible household members. Work-related issues are not covered. Discount does not include flat legal fees, contingency fees and plan mediator services.

Daily life assistance

Competing day-to-day needs can make it tough to know where to start. Call us for personalized guidance. We'll help you find resources for:

- Child care, parenting and adoption
- Summer programs for kids
- School and financial aid research
- Care for older adults

Financial services

Simply call 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

You can also get a 25 percent discount on tax preparation services.

*Services must be for financial matters related to the employee and eligible household members.

Resources for Living



Choose from the following dental plans:

- Delta Dental PPO
- DeltaCare USA DHMO

Employees can select coverage in a PPO or a DHMO dental program. Choices include standard or enriched dental PPO plans offered by Delta Dental, and standard or enriched DHMO dental plans offered by Delta Dental. Employees with dental PPO coverage may also choose a dentist not participating in their program and will receive applicable benefits.

DHMO dental plans provide preventive, diagnostic, and many other services free of charge to members. Other services, including major procedures, such as crowns, have fixed copayments established by the plan. Claim forms are not required. Members must choose one of the plan's participating dentists to receive benefits. There is no annual dollar maximum under the prepaid dental programs.

Delta Dental PPO

With Delta Dental PPO, you can select between two plan options, the Standard or Enriched. When you're covered under either of the PPO plans, you and your family members:

- Can visit any licensed dentist, including the dental specialist of your choice.
- We highly encourage you to find a provider in the Delta Dental PPO network to save the most in out-of-pocket costs.
- Can visit different dentists.
- May change dentists any time without notifying Delta Dental.
- Can receive dental care anywhere in the world (out-of-network benefits apply outside the U.S.).

- Will never have to pay more than the patient's share at the time of treatment or file claims forms when you visit a Delta Dental PPO network dentist.

Under either of the Delta Dental Plans (Standard or Enriched), you have access to the Delta Dental PPO network.

The Delta Dental network provides access to the largest network of its kind nationwide. Delta Dental PPO network dentists agree to accept the Delta Dental PPO contracted fees as full payment when treating PPO patients. This means your out-of-pocket costs are usually lower than when you visit a non-Delta Dental dentist.

Depending on the type of services being performed, benefits are payable at various coinsurance levels. A dental deductible is applied for services other than preventive and diagnostic. The Standard plan has an annual dollar maximum of \$1,000. The Enriched plan includes an orthodontia benefit not provided under the Standard plan. The annual dollar maximum is \$1,500 under the Enriched plan, and \$1,000 lifetime max for orthodontia.

Note: Non-Delta Dental dentists will be reimbursed based on the 90th percentile of usual and customary. As a result, members visiting a non-Delta Dental dentist may see a change in out-of-pocket costs.

When you enroll in the DeltaCare USA DHMO, you and your covered family members can access the dental care you need through DeltaCare USA's network of quality dentists.

Each covered family member can choose their own general dentist from the network. Split family option allows up to three assigned providers. You will need a referral from your general dentist to see any specialist, such as an endodontist, oral surgeon, pediatric dentist or orthodontist.

Dental Plans

DHMO Features and Benefits

- No deductible. No dollar maximums. No claim forms to file. No waiting periods for coverage.
- Reduced rates on all covered services.
- Coverage for most preventive services at no charge.
- The first two cleanings are in any 12 month period at no charge. The member is able to have one additional cleaning at a charge.

- Discounts on complex procedures.
 - Specialty care provided at the same fee as general care with an approved referral.
 - Orthodontic benefits for adults and children.
 - Teeth whitening covered.
- See copay schedule for details.

Dental Biweekly Rates

Delta Dental PPO	PER PAY PERIOD	
	STANDARD	ENRICHED
Employee Only	\$0.00	\$4.90
Employee + One [†]	\$15.50	\$25.18
Employee + 2 or More [†]	\$34.68	\$50.29
DeltaCare USA DHMO	STANDARD	ENRICHED
Employee Only	\$0.00	\$2.54
Employee + One [†]	\$2.66	\$7.17
Employee + 2 or More [†]	\$6.20	\$14.63

[†] Option also applies to Domestic Partners and/or Children of Domestic Partners and eligible dependents.

Dental Plans

Delta Dental PPO Dental Plan

	STANDARD	ENRICHED
CHOICE OF DENTIST	You'll likely save most with a dentist who participates in the Delta PPO network.. Services provided by out-of-network providers will be reimbursed at the maximum plan allowance of usual and customary charges. Percentages below are based on Delta's applicable allowances and not necessarily the dentist's actual charge.	
MAXIMUM BENEFIT/DEDUCTIBLE	\$1,000 per year per person, \$50 deductible per year per person; \$150 family maximum	\$1,500 per year per person, \$50 deductible per year per person; \$150 family maximum
TYPE I 0150 Comprehensive Oral Evaluation - New or Established 0120 Periodic Oral Exam	STANDARD Plan Pays (No deductible) - 100% 100% 100%	ENRICHED Plan Pays (No deductible) - 100% 100% 100%
X-RAYS 110/20 Prophylaxis 1203 Fluoride Treatment (Children Up To The Age 19) 1351 Sealant- Per Tooth 1510 Space Maintainers	100% (Twice per calendar year) 100%, 2x per year 100% to age 16 100% to age 19	100% (Twice per calendar year) 100%, 2x per year 100% to age 16 100% to age 19
TYPE II Fillings: (Silver And White) 2330 One Surface 2331 Two Surfaces 2332 Three Surfaces 2334 Four Or More Surfaces Restorative Services: 2930 Prefabricated Stainless Steel Primary Tooth Root Canals: 3310 Anterior 3320 Bicuspid 3330 Molar 3410 Apicoectomy Extractions: 7111 Single Tooth 7140 Extraction, Erupted Tooth Or Exposed Tooth 7210 Surgical Extraction Of Erupted Tooth Periodontics: (Gum Treatment) 4341 Periodontal Scaling & Root Planing- Per Quadrant 4210 Gingivectomy/Gingivoplasty - Per Quadrant 4910 Periodontal Maintenance Procedures	STANDARD 100% (In PPO Network) / 75% (Out of PPO Network) 100% (In PPO Network) / 75% (Out of PPO Network) 100% (In PPO Network) / 75% (Out of PPO Network) 100% (In PPO Network) / 75% (Out of PPO Network) 75% for children to age 16 75% 75% 75% 75% 75% 75% 75% 75% 75% 75% 75%	ENRICHED 100% (In PPO Network) / 75% (Out of PPO Network) 100% (In PPO Network) / 75% (Out of PPO Network) 100% (In PPO Network) / 75% (Out of PPO Network) 100% (In PPO Network) / 75% (Out of PPO Network) 75% for children to age 16 75% 75% 75% 75% 75% 75% 75% 75% 75%
TYPE III Crown & Bridge: 2791 Crown Full Cast Predominately Base Metal 2751 Crown Porcelain Fused To Base Metal Pontics: 6210 Full Cast 6240 Porcelain Fused To Metal Prosthodontics (Dentures): 5110 Complete Upper 5120 Complete Lower 5213/14 Partial Upper Or Lower - Cast Metal Base	STANDARD 50% 50% 50% 50% 50%	ENRICHED 50% 50% 50% 50% 50%
ORTHODONTIA Consultation Evaluation Records Children - Normal Class II Adult - Normal Class II 8750 Retention	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered	Adult & Child covered at 50%. \$1,000 lifetime maximum benefit

*All Type II and III charges subject to annual deductible.

Dental Plans

DeltaCare USA DHMO Dental Plan

	STANDARD	ENRICHED
CHOICE OF DENTIST	Limited to providers participating in the DeltaCare USA network.	
MAXIMUM BENEFIT/DEDUCTIBLE	No Maximum, No Deductible	
	STANDARD - YOU PAY	ENRICHED - YOU PAY
TYPE I		
1110/20 Prophylaxis	No Charge	No Charge
0120 Periodic Oral Exam	No Charge	No Charge
0150 Comprehensive Oral Evaluation - New Or Established	No Charge	No Charge
1203 Fluoride Treatment (Children Up To The Age 19)	No Charge	No Charge
1351 Sealant - Per Tooth	\$5.00	No Charge
1510 Space Maintainers	\$30.00	No Charge
TYPE II	STANDARD	ENRICHED
Fillings: (Silver)		
2140 One Surface	\$5.00	No Charge
2150 Two Surfaces	\$5.00	No Charge
2160 Three Surfaces	\$10.00	No Charge
2161 Four Or More Surfaces	\$13.00	No charge
Root Canals		
3310 Anterior	\$75.00	\$70.00
3320 Bicuspid	\$85.00	\$80.00
3330 Molar	\$150.00	\$140.00
3410 Apicoectomy	\$100.00	\$90.00
Extractions:		
7111 Single Tooth	\$10.00	\$10.00
7140 Extraction, Erupted Tooth Or Exposed Tooth	\$10.00	\$10.00
7210 Surgical Extraction Of Erupted Tooth	\$30.00	\$35.00
Periodontics: (Gum Treatment)		
4210 Gingivectomy/Gingivoplasty - Per Quadrant	\$75.00	\$60.00
4341 Periodontal Scaling & Root Planing- Per Quadrant	\$30.00	\$25.00
4910 Periodontal Maintenance Procedures	\$15.00 each (Twice every 12 months)	\$15 each (Twice every 12 months)
Two Additional Every 12 Months	\$60.00 each	\$60.00 each
TYPE III	STANDARD	ENRICHED
Crown & Bridge:		
2751 Crown Porcelain Fused To Base Metal	\$180.00	\$95.00
2791 Crown Full Cast Predominately Base Metal	\$180.00	\$95.00
2930 Prefabricated Stainless Steel	\$15.00	\$10.00
Prostodontics (Dentures):		
5110 Complete Upper	\$190.00	\$110.00
5120 Complete Lower	\$190.00	\$110.00
5213/14 Partial Upper Or Lower - Cast Metal Base	\$220.00	\$130.00
ORTHODONTIA		
Consultation	You pay orthodontia as follows: Comprehensive for dependent children under age 19: \$1,500. Adults: \$2,800 \$200 copayment for pre and post orthodontic records.	You pay orthodontia as follows: Comprehensive for dependent children under age 19: \$1,500. Adults: \$2,800 \$200 copayment for pre and post orthodontic records.
Evaluation		
Records		
8080 Children - Normal Class II		
8090 Adult - Normal Class II		
8680 Retention		

Vision Plans



Davis Vision Plan

The out of-network-benefit allows you to select any out of-network provider and reimburses a fixed dollar amount based on the schedule shown for the out of-network services. The following chart indicates the benefits the plan pays for the services you receive. For more information, see the Davis Covered Vision Services on the following pages.

Vision Plan Rates

	PER PAY PERIOD
BASE PLAN	
Employee Only	\$1.91
Employee + One	\$3.83
Employee + 2 or more	\$7.03
PREMIER PLAN	
Employee Only	\$4.59
Employee + One	\$9.87
Employee + 2 or more	\$19.06