



2018 BENEFITS ENROLLMENT GUIDE



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Human Resources

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Payroll/HR Clerk

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254-803-3561 ext 2103

Medical

BlueCross BlueShield

Group Number: 226409

www.bcbstx.com

800-521-2227

Virtual Visits

MDLive

www.MDLive.com/bcbstx.com

888-680-8646

Dental

Guardian

Group Number: 546725

www.guardiananytime.com

800-541-7846

Vision

Guardian

Group Number: 546725

www.guardiananytime.com

844-557-2646

Basic Life

Cigna

Group Number: 0608686

www.mycigna.com

888-842-4462

Short Term Disability

Cigna

Group Number: 0602143

www.mycigna.com

888-842-4462

Long Term Disability

Cigna

Group Number: 0602144

www.mycigna.com

888-842-4462

Voluntary Life

Cigna

Group Number: 0606394

www.mycigna.com

888-842-4462

Accident Insurance

American Fidelity

Group Number: 65192

www.americanfidelity.com

800-654-8489

Critical Illness

American Fidelity

Group Number: 65192

www.americanfidelity.com

800-654-8489

Identity Theft Program

888-226-4567

Travel Protection

Cigna Secure Travel

888-226-4567

Life Assistance Program

www.cignabehavioral.com/cgi

800-538-3543

Will Preparation

www.cignawillcenter.com

800-901-7534

Wellness Program

Cigna Healthy Rewards

www.cigna.com/rewards

Password: savings

800-258-3312

Benefit Basics

Falls Community Hospital offers a comprehensive suite of benefits to promote health and financial security for you and your family. This booklet provides you with a summary of your benefits. Please review it carefully so you can choose the coverage that's right for you.

As a Falls Community Hospital employee, you are eligible for benefits if you work at least 30 hours per week.

Benefits are effective on the first day of the month following 60 days of full-time employment.

Qualified Life Event

Generally, you may change your benefit elections only during the annual enrollment period. However, you may change your benefit elections during the year if you experience a qualified life event, including:

- Marriage
- Divorce or legal separation
- Death of your spouse or dependent child
- Birth of your child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse or dependent child
- Qualification by the Plan Administrator of a child support order for medical coverage
- Entitlement to Medicare or Medicaid

You must notify Human Resources within 30 days of the qualified life event. Depending on the type of event, you may be asked to provide proof of the event.

If you do not contact Human Resources within 30 days of the qualified event, you will have to wait until the next annual enrollment period to make changes (unless you experience another qualified life event).

For more information about your benefits, please contact your HR Department.

Notice of Privacy Practices

Falls Community Hospital understands that information about you and your health is personal and we are committed to protecting this information. Falls Community Hospital maintains a Notice of Privacy Practices that explains how we may disclose your health information. The Notice of Privacy Practices also describes your rights and our obligations regarding the use and disclosure of this information

Plans at a Glance

This brochure is intended to provide a convenient summary of benefit plans. It is not intended to be a legal document. If there are any inconsistencies between the information in this brochure and the plan Summary of Benefit documents or contracts, the plan documents and contracts will prevail.

Terms and Descriptions

Reasonable & Customary (R&C) and /or Usual & Customary (U&C)

When using out-of-network providers for medical or dental benefit, payments from insurance carriers are based on what is considered reasonable. Everything not included as reasonable is considered the member's responsibility to pay to the provider, and the member is not credited for any of these expenses towards their deductible or coinsurance maximums.

Benefit Payments

For benefits received in the Network, you are responsible only for your co-payment or deductible amount and coinsurance. Your provider will file the claim. Benefits for Non-Network visits are payable on a reimbursement basis only. You can be subject to additional charges over the reasonable and customary allowed amount.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. If you have any questions about your Guide, contact your Human Resources Department.

Payroll Deductions

The costs listed below reflect the share structure for the January 1, 2018 – December 31, 2018 plan year. The benefits and associated costs are subject to change in future plan years at Falls Community Hospital & Clinic's sole discretion and do not create a contract of employment, expressed or implied.



	Monthly Rates	Bi-Weekly Rates
BlueCross BlueShield Option 1 – HDHP/HSA Plan		
Employee Only	\$111.85	\$51.62
Employee + Spouse	\$691.75	\$319.27
Employee + Child(ren)	\$524.79	\$242.21
Employee + Family	\$986.15	\$455.15
BlueCross BlueShield Option 2 – PPO Plan		
Employee Only	\$252.53	\$116.55
Employee + Spouse	\$1,018.05	\$469.87
Employee + Child(ren)	\$797.64	\$368.14
Employee + Family	\$1,406.68	\$649.24
Guardian Voluntary Dental Plan		
Employee Only	\$26.66	\$12.30
Employee + Spouse	\$54.11	\$24.97
Employee + Child(ren)	\$69.64	\$32.28
Employee + Family	\$104.03	\$48.01
Guardian Voluntary Vision Plan		
Employee Only	\$6.46	\$2.98
Employee + Spouse	\$10.88	\$5.02
Employee + Child(ren)	\$11.10	\$5.12
Employee + Family	\$17.56	\$8.10

Medical Coverage – Option 1 : HDHP/HSA Plan

Falls Community Hospital and Clinic offers a choice of medical plan options through BlueCross BlueShield of Texas so you can choose the plan that best meets your needs – and those of your family. Each plan includes comprehensive health care benefits, including free preventive care services and coverage for prescription drugs.

Plan Feature	In-Network	Out-of-Network
Deductible	\$5,000 single \$10,000 family	\$10,000 single \$20,000 family
Coinsurance	100%	70%
Out-of-pocket	\$5,000 single \$10,000 family	\$20,000 single \$40,000 family
Office Visit	100% after deductible	70% after deductible
Emergency Services	100% after deductible	70% after deductible
Facility Services	100% after deductible	70% after deductible
Urgent Care	100% after deductible	70% after deductible
Outpatient Therapies	100% after deductible	70% after deductible
X-Ray and Laboratory Services	100% after deductible	70% after deductible
Preventive Care	100%	70% after deductible
Prescription Drug Coverage	100% after deductible	100% after deductible

***Falls Community Hospital and Clinic contributes \$50.00 per month to your HSA account**

This is a synopsis of coverage only; the benefits summary contains exclusions and limitations that are not shown here. Please refer to the benefits summary for the full scope of coverage.

Medical Coverage – Option 2 : PPO Plan

Falls Community Hospital and Clinic offers a choice of medical plan options through BlueCross BlueShield of Texas so you can choose the plan that best meets your needs – and those of your family. Each plan includes comprehensive health care benefits, including free preventive care services and coverage for prescription drugs.

Plan Feature	In-Network	Out-of-Network
Deductible	\$5,000 single \$14,700 family	\$10,000 single \$20,000 family
Coinsurance	80%	70%
Out-of-pocket	\$5,600 single \$14,700 family	\$20,000 single \$40,000 family
Office Visit	Primary Care \$45 Specialist \$90	70% after deductible
Emergency Services	\$500 copay + 70% after deductible	70% after deductible
Facility Services	70% after deductible	70% after deductible
Urgent Care	\$75 Copay	70% after deductible
Outpatient Therapies	70% after deductible	70% after deductible
Diagnostic X-Ray and Laboratory Services – Outpatient	100%	70% after deductible
Preventive Care	100%	70% after deductible
Prescription Drug Coverage - Retail 31 day supply	Participating/Non-participating	
Preferred Generic	\$0/\$10 Copay	\$10 Copay
Non-preferred Generic	\$10/\$20 Copay	\$20 Copay
Preferred Brand	\$50/\$70 Copay	\$70 Copay
Non-preferred Brand	\$100/\$120 Copay	\$120 Copay
Preferred Specialty	\$150/\$150 Copay	\$150
Non-preferred Specialty	\$250 Copay/\$250 Copay	\$250
Mail Order	3 X Retail Copay	Not Covered

This is a synopsis of coverage only; the benefits summary contains exclusions and limitations that are not shown here. Please refer to the benefits summary for the full scope of coverage.



Virtual Visits

Convenient health care
at your fingertips

Getting Care Just Got Easier

Getting sick is never convenient, and finding time to get to the doctor can be hard. Blue Cross and Blue Shield of Texas (BCBSTX) provides you and your covered dependents access to care for non-emergency medical issues and behavioral health needs through MDLIVE.

Speak to a doctor immediately or schedule an appointment for later.* The doctor can send prescriptions electronically to a pharmacy of your choice (when appropriate).

MDLIVE doctors and therapists can help treat the following conditions and more:

General Health

- Allergies
- Asthma
- Nausea
- Sinus infections

Pediatric Care

- Cold
- Flu
- Ear problems
- Pinkeye

Behavioral Health

- Anxiety and depression
- Child behavior and learning issues
- Marriage problems

Access a virtual visit anywhere through the mobile app, online video or telephone.*



Telephone:

- Call **MDLIVE (888-680-8646)**
- Speak with a health service specialist
- Speak with a doctor

Register today!

To register, go to MDLIVE.com/bcbstx. Enter your first and last name, date of birth and BCBSTX member ID number.

* Internet/Wi-Fi connection is needed for computer access. Data charges may apply when using your tablet or smartphone. Check your phone carrier's plan for details. Video consultations for behavioral health are available by appointment. Service is limited to interactive-audio consultations (phone only), along with the ability to prescribe, when clinically appropriate, in Texas. Service is limited to interactive-audio/video (video only), along with the ability to prescribe, when clinically appropriate, in Idaho, Montana, New Mexico and Oklahoma. Virtual visits are currently not available in Arkansas. Availability depends on member's location at the time of service. Virtual visits may not be available on all plans. MDLIVE is not an insurance product nor a prescription fulfillment warehouse. MDLIVE operates subject to state regulations and may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services.

Blue Cross[®], Blue Shield[®] and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

MDLIVE, an independent company, provides virtual visit services for Blue Cross and Blue Shield of Texas. MDLIVE operates and administers the virtual visit program and is solely responsible for its operations and that of its contracted providers.

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High Deductible Health Plan (HDHP)

A High Deductible Health Plan like the \$5,000 deductible HSA Plan offered by Falls, provides coverage after you meet the plan's deductible. To qualify as a HDHP under IRS guidelines, the plan must satisfy certain deductible and out-of-pocket amounts which may change each year. Fall's HDHP Plan contains a \$5,000 in-network deductible per insured, with a maximum of \$10,000 deductible per family. Prescriptions are payable at 100% after the deductible has been met.



Health Savings Account (HSA)

An HSA is a tax-advantaged health savings account for participants enrolled in a HDHP that have no other first-dollar coverage and are not participating in the FSA. You can use funds in an HSA to help pay for qualified expenses, or save for the future. You may contribute funds to your HSA up to the annual contribution limit (with an additional catch-up contribution for participants age 55 and over) regardless of your HDHP annual deductible amount.

Falls will contribute \$50 per month to your HSA on your behalf. You can make contributions on a pre-tax basis through the convenience of salary deferral or by a direct contribution to

the HSA Administrator (tax deduction obtained when you file your federal tax return). You are entitled to 1/12 of the maximum contribution for each month in which you are an HSA eligible individual. (Special rules may apply for individuals who become newly eligible during the year.) Once you reach age 65 and enroll in Medicare Part A or B, you cannot continue to make contributions to an HSA; however, you can still make withdrawals.

Any funds in your account at the end of the plan year accumulate and earn non-taxable interest or investment return over the life of the account. The dollars in your HSA belong to you. You can take your account with you if you retire or leave your employment. Remember, it is always your money. After you have incurred a qualified expense, there are several options available for accessing HSA funds. Your bank will allow you to draw directly from your account, or provide you with a debit card.

2018 HSA Contribution Limits:
Employee: \$3,450/Family \$6,900
Age 55 or older: \$1,000 catch up



HEALTH SAVINGS ACCOUNT (HSA)

EMPLOYEE HANDOUT

THE FASTEST-GROWING HSA ON THE MARKET

1

ONE ONLINE ACCOUNT, ONE
MOBILE APP AND ONE DEBIT
CARD FOR ALL OF YOUR
BENEFITS



ABILITY TO CHECK
BALANCE AND REQUEST
DISTRIBUTIONS OR
CONTRIBUTIONS ON THE GO



A LOW INVESTMENT
THRESHOLD AND ENHANCED
INVESTMENT EXPERIENCE



NO SURPRISE
PARTICIPANT FEES



TOOLS AND RESOURCES
FOR SPENDERS, SAVERS
AND INVESTORS

Health Savings Account Overview

A Health Savings Account (HSA) lets you make the most of your earnings by setting aside tax-free dollars for medical, dental and vision expenses. HSAs are individually owned and provide a triple-tax advantage. You can deposit money tax-free, it will grow tax-free until you use it, and your withdrawals are tax-free when used on eligible expenses.

Eligibility

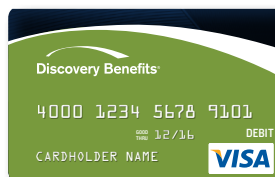
You must be enrolled in a High-Deductible Health Plan (HDHP) to get an HSA, which can be used to pay for out-of-pocket expenses until you've met your deductible, at which point your health plan kicks in. While you can't be enrolled in a general purpose Flexible Spending Account and an HSA at the same time, you can pair an HSA with a Limited FSA.

Spending

The HSA covers qualifying medical, dental and vision expenses. To find out which specific expenses are eligible, view our searchable eligibility list at www.DiscoveryBenefits.com/eligibleexpenses.

Discovery Benefits makes it easy to access your HSA funds with:

- The Discovery Benefits debit card, which can be used to pay for eligible expenses, so you'll reduce your out-of-pocket costs.
- Our mobile app, which provides a fast and secure way to check your balance, track expenses and move funds between your HSA and your bank account.



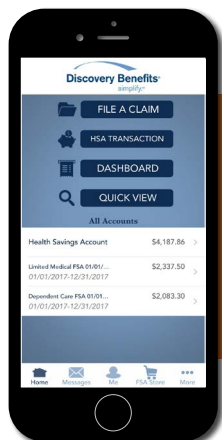
Saving

To take the guesswork out of election decisions, we offer a free savings calculator to help you decide how much to set aside. Calculate your savings today at www.DiscoveryBenefits.com/hsacalculator.

Investing

We make it easy to invest by offering a low HSA investment threshold of \$1,000. Once your HSA reaches that amount, you're able to invest in interest-bearing accounts or mutual funds without ever leaving your online account. View your investment options at www.DiscoveryBenefits.com/hsainvestments.

We also offer an Investment Guidance Tool on your online account to help you determine which investments are right for you. And, since all of your HSA dollars carry over from year to year, HSAs are a valuable long-term investment option.



DOWNLOAD THE APP FOR FREE
ON APPLE AND ANDROID DEVICES



RESOURCES



ELIGIBLE EXPENSE LIST

www.DiscoveryBenefits.com/eligibleexpenses



HSA CALCULATOR

www.DiscoveryBenefits.com/hsacalculator



MOBILE APP VIDEO

www.DiscoveryBenefits.com/mobileappvideo



HSA VIDEOS

www.DiscoveryBenefits.com/hsavideos

Discovery Benefits®

www.DiscoveryBenefits.com

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) are designed to save you money on your taxes. They work in a similar way to a savings account. Each pay period, funds are deducted from your pay on

a pre-tax basis and are deposited to your Health Care and/or Dependent Care FSA. You then use your funds to pay for eligible health care or dependent care expenses.

Please note, in order to receive employer contributions to an HSA account, or contribute yourself, you cannot participate in the Health Care FSA.

Account Type	Eligible Expenses	2018 Annual Contribution Limits	Benefit
Health Care FSA	Most medical, dental and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses and doctor-prescribed over the counter medications)	Minimum contribution-\$500 Maximum contribution-\$2,650 per year	Saves on eligible expenses not covered by insurance; reduces your taxable income
Dependent Care FSA	Dependent care expenses (such as day care, after school programs or elder care programs) so you and your spouse can work or attend school full-time	Maximum contribution is \$5,000 per year (\$2,500 if married and filing separate tax returns)	Reduces your taxable income

Important Information About FSAs

Your FSA elections will be in effect from January 1 – December 31.

If you do not use all of the funds in your FSA by then, you can carry over up to \$500. You do not have to re-enroll in the new plan year to have unused FSA dollars carry over.

The Advantages of an FSA

With an FSA, the money you contribute is never taxed—not when you put it in the account, not when you are reimbursed with the funds from the account, and not when you file your income tax return at the end of the year.

Save on Your Taxes

Here is an example of how much you might save when you use the FSAs to pay for your predictable health care and dependent care expenses.



	With FSA	Without FSA
Your taxable income	\$50,000	\$50,000
Pre-tax contribution to Health Care and Dependent Care FSA	\$2,000	\$0
Federal and Social Security taxes*	\$11,701	\$12,355
After-tax dollars spent on eligible expenses	\$0	\$2,000
Spendable income after expenses	\$36,299	\$35,645
Tax savings with the Medical and Dependent Care FSA	\$654	

**This is an example only, and may not reflect your actual experience. It assumes a 25% federal income tax rate marginal rate and a 7.7% FICA marginal rate. State and local taxes vary, and are not included in this example. However, you will also save on any state and local taxes as well.*



FLEXIBLE SPENDING ACCOUNT (FSA)

EMPLOYEE HANDOUT

AN FSA THAT SIMPLIFIES SAVINGS

1

ONE ONLINE ACCOUNT, ONE
MOBILE APP AND ONE DEBIT
CARD FOR ALL OF YOUR
BENEFITS



AVERAGE DEBIT CARD
AUTO-SUBSTANTIATION
RATE OF MORE THAN
85 PERCENT



EASY DOCUMENTATION
UPLOADING USING OUR
MOBILE APP



THOUSANDS OF ELIGIBLE
EXPENSES FOR PURCHASE
AT THE FSA STORE

Flexible Spending Account Overview

A Flexible Spending Account (FSA) allows you to budget and save for qualified medical expenses incurred over the course of your plan year. Dollars invested in an FSA are tax-free, and the entire election amount is available on the first day of the plan year. That makes an FSA a great tool for saving money, especially when big expenses are anticipated.

Types of FSAs

Medical FSA

Pair a traditional health plan with a Medical FSA, which covers eligible medical, dental and vision expenses.

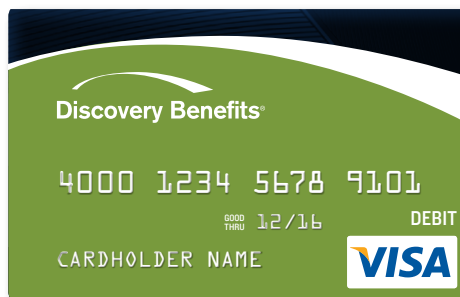
Limited FSA

If you have a High-Deductible Health Plan and a Health Savings Account, you're eligible to enroll in a Limited FSA alongside your HSA to maximize savings. These funds can be used for qualifying dental and vision expenses.

Dependent Care Account (DCA)

A DCA allows you to put money aside for dependent care for children up to age 13, a disabled dependent of any age or a disabled spouse.

You may receive reimbursement up to the current balance in your account at the time the request is made. To be eligible for a DCA, you and your spouse (if applicable) must work, be looking for work or be full-time students.



Using Funds

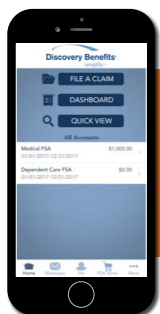
For easy access to your FSA funds, you can swipe your Discovery Benefits debit card and avoid out-of-pocket costs. If you use your card at a provider with an Inventory Information Approval System (IIAS), the expense will automatically be approved at the point of sale. If the card is swiped at a merchant that meets the IRS' 90% rule, you may need to provide documentation to show the expense is eligible.

Eligible Expenses

Common eligible expenses for a Medical FSA are prescriptions, hearing aids, orthopedic goods, doctor visits and dentist visits, while a Limited FSA is limited to dental and vision expenses. A DCA covers expenses such as work-related daycare and elderly care costs. To find out which specific expenses are eligible, view our searchable eligibility list at www.DiscoveryBenefits.com/eligibleexpenses.

Substantiation

The IRS requires FSA participants to provide documentation (e.g. an Explanation of Benefits) to show that an expense is FSA-eligible. You can easily upload documentation to a claim by logging in to your online account or taking a photo of your documentation with your phone's camera and uploading it through the Discovery Benefits mobile app.



DOWNLOAD THE APP FOR FREE
ON APPLE AND ANDROID DEVICES



RESOURCES



ELIGIBLE EXPENSE LIST

www.DiscoveryBenefits.com/eligibleexpenses



FSA CALCULATOR

www.DiscoveryBenefits.com/fsacalculator



MOBILE APP VIDEO

www.DiscoveryBenefits.com/mobileappvideo



FSA IOI VIDEO

www.DiscoveryBenefits.com/fsaIOI



FSA STORE

www.DiscoveryBenefits.com/fsastore

Discovery Benefits®

www.DiscoveryBenefits.com



Summary of Benefits

Dental Benefit Summary

Group ID:	00546725	Coverage Type:	Voluntary
Group Name:	FALLS COMMUNITY HOSPITAL & CLINIC	Class:	0001 ALL ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 60 day(s)	As of Date:	05/30/2018

Plan Information

Your dental networks is: **Dental - DentalGuard Pref NAP - Texas**

Coverage Information

	Dental - DentalGuard Pref NAP - Texas	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref NAP - Texas network will be most cost effective.	
	In Network	Out of Network
Calendar year deductible	Out of Network is a combined deductible for in and out of network services.	\$50, Once the annual deductible is met by each of three family members, no further deductibles apply.
Preventive		Waived
Basic		Not Waived
Major		Not Waived
Calendar Year Maximum Benefit	The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services.	\$1,500
Lifetime Orthodontia Maximum	The amount shown in the out of network field is your combined Lifetime Orthodontia Maximum for both in and out of network services	\$1,500
Maximum rollover	Not Available	Not Available
Monthly Switch	Not Available	Not Available
	How much does the plan pay?	How much does the plan pay?(as a percentage of reasonable and customary.)
Office Visit Co-pay (one office visit may cover multiple services)	None	None
Preventive Care:	100%	100%
Bitewing X-Rays	100%	100%

	Dental - DentalGuard Pref NAP - Texas	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the Dental - DentalGuard Pref NAP - Texas network will be most cost effective.	
	In Network	Out of Network
Full Mouth X-Rays	100%	100%
Cleaning	100%	100%
Oral Exams	100%	100%
Sealants (per tooth)	100%	100%
Basic Care:	80%	80%
Fillings (one surface)	80%	80%
General Anesthesia ¹	80%	80%
Simple Extractions	80%	80%
Major Care:	50%	50%
Scaling & Root Planing (per quadrant)	50%	50%
Dentures	50%	50%
Single Crowns	50%	50%
Orthodontia	50%	50%

General Exclusions

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans:

This policy provides dental insurance only. Coverage is limited to charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury.

Deductibles apply.

The plan does not pay for:

- Oral hygiene services (except as covered under preventive services),
- Orthodontia (unless expressly provided for),
- Cosmetic or experimental treatments (unless they are expressly provided for).
- Any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment.

The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DEN -16 et al.

Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000



¹ Restrictions apply and may be subject to medical necessity.

This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.



Summary of Benefits

Vision Benefit Summary

Group ID:	00546725	Coverage Type:	Voluntary
Group Name:	FALLS COMMUNITY HOSPITAL & CLINIC	Class:	0001 ALL ELIGIBLE EMPLOYEES
Waiting Period:	1st of the month following 60 day(s)	As of Date:	05/30/2018

Plan Information

Your network is the Guardian Vision - Full Feature

Coverage Information

	Guardian Vision - Full Feature	
What's the most cost-effective way to use vision benefits?	You will save by seeing an eye care provider in Guardian's network.	
	In-Network	Out-Of-Network
Co-Pay		
First service provided	Not applicable	
Exams	Exams \$10.00	
Materials	Materials (waived for conventional and planned replacement contact lenses)\$20.00	
How often can I obtain service?	Exams: Once a year. Lenses: Once a year. Frames: Once every other year. Materials: Once a year.	
	In-Network	Out-Of-Network
Eye exams	Copay applies	Amount over: \$59.00
Lenses		
Single vision lenses	Copay applies	Amount over: \$30.00
Lined bifocal lenses	Copay applies	Amount over: \$50.00
Lined trifocal lenses	Copay applies	Amount over: \$65.00
Lenticular lenses	Copay applies	Amount over: \$100.00
Contact Lenses		
Elective and Conventional	Amount over \$120.00	Amount over: \$120.00

	Guardian Vision - Full Feature	
What's the most cost-effective way to use vision benefits?	You will save by seeing an eye care provider in Guardian's network.	
	In-Network	Out-Of-Network
Planned replacement	Amount over \$120.00	\$120 Max (copay waived)
Medically necessary	\$0	Amount over: \$210.00
Evaluation and fitting	Standard \$50; Custom \$75	Included in Contact Lens allowance
Frames	20% discount on amount over \$120.00	Amount over: \$70.00
Lens & Frame Allowance	No discounts	No discounts
Cosmetic Extras	Discounted up to 45% off providers UCR.	No discounts
Laser correction surgery	Up to 25% off the national average	No discounts
Hearing	Savings of 30-60% off retail	No discounts

Vision and General Exclusions

Important information

This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for:

- Orthoptics or vision training and any associated supplemental testing;
- Medical or surgical treatment of the eye;
- Eye examination or corrective eyewear required by an employer as a condition of employment;
- Replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists).

The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-1-VSN-17, et al.

Laser Correction Surgery

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.



Due to lower prices available at Walmart, Sams Club and Costco locations, additional discounts do not apply.

This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.



BASIC LIFE / AD&D INSURANCE

Summary of Coverage

Basic Life/AD&D insurance is provided through Cigna. Falls Community Hospital and Clinic pays 100% of the premium.

Cigna	
Plan Features	Basic Life
Employee Benefit Amount	\$10,000
Maximum Benefit Amount	\$10,000
AD&D Benefit	\$10,000



DISABILITY INSURANCE: SHORT-TERM

Short-Term Description

If an employee becomes disabled and cannot work for a short period of time, this coverage pays **66.67%** of the employee's weekly salary, up to the policy limits.

Short-term disability benefits may run concurrently with FMLA leave and/or any other leave where permitted by state and federal law.

Summary of Coverage

PLAN FEATURES	Cigna
Benefit Percentage	66.67%
Weekly Benefit Maximum	\$1,500
Benefit Duration	26 weeks
Elimination Period Injury Illness	After 0 days After 7 days

The Monthly Premium for each Employee is based on the Employee's Age and amount of Weekly Benefit. The Monthly Rates per \$10 of Weekly Benefit are listed below.

Under Age 20	\$.62	Age 60 - 64	\$1.23
Age 20 - 24	\$.62	Age 65 - 69	\$1.62
Age 25 - 29	\$.62	Age 70 - 74	\$2.21
Age 30 - 34	\$.65	Age 75 - 79	\$2.76
Age 35 - 39	\$.65	Age 80 - 84	\$2.76
Age 40 - 44	\$.65	Age 85 - 89	\$2.76
Age 45 - 49	\$.75	Age 90 - 94	\$2.76
Age 50 - 54	\$.89	Age 95 and over	\$2.76
Age 55 - 59	\$1.05		



DISABILITY INSURANCE: LONG-TERM

Long-Term Description

If an employee becomes totally disabled and cannot work for an extended period of time, this coverage pays **60%** of the employee's monthly salary, up to the policy limits.

Long-term disability benefits will run concurrently with FMLA leave and/or any other leave where permitted by state and federal law.

Summary of Coverage

PLAN FEATURES	Cigna
Benefit Percentage	60%
Monthly Benefit Maximum	\$6,000
Benefit Duration	SSNRA (Social Security Normal Retirement Age)
Elimination Period	180 Days

The Monthly Premium for each Employee is based on the Employee's Age and amount of Covered Payroll. The Monthly Rates per \$100 of Covered Payroll are listed below.

Under Age 20	\$.09	Age 60 - 64	\$1.07
Age 20 - 24	\$.09	Age 65 - 69	\$1.11
Age 25 - 29	\$.12	Age 70 - 74	\$1.14
Age 30 - 34	\$.22	Age 75 - 79	\$1.14
Age 35 - 39	\$.34	Age 80 - 84	\$1.14
Age 40 - 44	\$.51	Age 85 - 89	\$1.14
Age 45 - 49	\$.69	Age 90 - 94	\$1.14
Age 50 - 54	\$.95	Age 95 and over	\$1.14
Age 55 - 59	\$1.01		



VOLUNTARY LIFE / AD&D INSURANCE

Summary of Coverage

You are eligible to purchase up to 5 times your basic annual pay, in units of \$10,000, to a maximum of \$500,000. You can also purchase coverage for your spouse and family.

PLAN FEATURES	Cigna
Employee Benefit Amount	Can elect units of \$10,000 up to 5 X Annual salary not to exceed \$500,000
Minimum Benefit Amount	\$10,000
Maximum Benefit Amount	\$500,000
AD&D Benefit	Same
Spouse Benefit	\$50,000 – not to exceed 50% of employee amount
Child Dependent Benefit	Birth to 6 Months - \$500, 6 Months to 26 years - \$10,000
Employee Guaranteed Issue Amounts	\$150,000
Spouse Guaranteed Issue Amounts	\$50,000
Child Guaranteed Issue Amounts	\$500 or \$10,000



VOLUNTARY LIFE / AD&D INSURANCE

Schedule of Rates

The following monthly rates apply to all Classes of Eligible Persons unless otherwise indicated.

FOR EMPLOYEE BENEFITS

Basic Life Insurance \$0.095 Per \$1,000

Voluntary Life Insurance

Monthly Rates are based on units of \$1,000

Under Age 20	\$0.054	Age 60 - 64	\$0.95
Age 20 - 24	\$0.054	Age 65 - 69	\$1.55
Age 25 - 29	\$0.054	Age 70 - 74	\$2.76
Age 30 - 34	\$0.072	Age 75 - 79	\$4.91
Age 35 - 39	\$0.108	Age 80 - 84	\$4.91
Age 40 - 44	\$0.16	Age 85 - 89	\$4.91
Age 45 - 49	\$0.27	Age 90 - 94	\$4.91
Age 50 - 54	\$0.45	Age 95 and over	\$4.91
Age 55 - 59	\$0.71		

A change in rates due to a change in the Employee's age will become effective on the Policy Anniversary coinciding with or following the Employee's birthday.

FOR SPOUSE BENEFITS

Voluntary Life Insurance

Monthly Rates are based on units of \$1,000.

Under Age 20	\$0.054	Age 60 - 64	\$0.95
Age 20 - 24	\$0.054	Age 65 - 69	\$1.55
Age 25 - 29	\$0.054	Age 70 - 74	\$2.76
Age 30 - 34	\$0.072	Age 75 - 79	\$4.91
Age 35 - 39	\$0.108	Age 80 - 84	\$4.91
Age 40 - 44	\$0.16	Age 85 - 89	\$4.91
Age 45 - 49	\$0.27	Age 90 - 94	\$4.91
Age 50 - 54	\$0.45	Age 95 and over	\$4.91
Age 55 - 59	\$0.71		

Spouse rates are based on the spouse's date of birth. A change in rates due to a change in the Spouse's age will become effective on the Policy Anniversary coinciding with or following the Spouse's birthday.

FOR DEPENDENT CHILD BENEFITS

Voluntary Life Insurance \$0.03 Per \$1,000

Accident Only Insurance

Limited Benefit Accident Only Insurance

Whether a weekend warrior with an active lifestyle or just a busy family, accidents can happen anytime, anywhere, without warning. Being prepared for the unexpected can make all the difference.

American Fidelity's Accident Only Insurance policy provides you a solution for those unforeseen accidents that life sometimes delivers. Our Limited Benefit Accident Only Insurance is designed to help pay for the unexpected medical expenses an individual may incur for the treatment of covered injuries received in an accident.

How the Plan Works

Our Accident Only Insurance policy pays according to a wide-ranging schedule of benefits. In addition, the policy provides 24-hour coverage for accidents that occur both on and off the job.

All benefits are only paid as a result of Injuries received in an Accident that occurs while coverage is in force. All treatment, procedures, and medical equipment must be diagnosed, recommended and treated by a Physician. All benefits are paid once per Covered Person per Covered Accident unless otherwise specified in the Limitations and Exclusions section.

Optional Rider

Enhance your base plan with the following rider:

- **Accident Benefit Enhancement Rider**

American Fidelity Assurance Company

Coverage Feature	What It Means For You
Plan Options: Basic, Enhanced, and Enhanced Plus	Choose the plan to meet your financial needs.
Four Choices of Coverage: Individual, Individual and Spouse, Individual and Child, or Family	Choose the coverage that fits your lifestyle.
Wide-Ranging Schedule of Benefits	Covers all types of covered injuries.
Wellness Benefit	The plan pays an annual Wellness Benefit for one Covered Person to receive a routine physical exam, including immunizations and preventative testing.
Accident Emergency Treatment Benefit	Receive a benefit when emergency treatment in a Physician's office or emergency room occurs within 72 hours of a covered accident.
Benefit Paid Directly to You, to use as you see fit	Use the benefit however best fits your financial needs.
Guaranteed Renewable	Keep your coverage as long as premiums are paid as required.
24-Hour Coverage	You are covered on or off the job.
Portable	You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same.
Additional Coverage Options	Enhance the base plan by adding an optional rider.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

Limitations, exclusions and waiting periods apply. Refer to your policy for complete details, AO-03 series with AMDI258 rider. **This product is inappropriate for people who are eligible for Medicaid coverage.** The premium and amount of benefits provided vary dependent upon the plan selected. The company has the right to change premiums by class. Availability of riders may vary by state.

Accident Only Insurance Premiums* for Policy and Benefit Enhancement Rider

MONTHLY PREMIUMS	Basic	Enhanced	Enhanced Plus
Individual	\$19.90	\$26.10	\$33.40
Individual & Spouse	\$28.30	\$34.90	\$41.90
Individual & Child(ren)	\$31.50	\$41.00	\$51.30
Family	\$39.90	\$49.80	\$59.90

Optional Accident Disability Income Rider Monthly Premiums*

ELIMINATION PERIOD	Individual	Individual & Spouse
0 Days	\$18.76	\$30.46
14 Days	\$12.46	\$20.26

*The premium and amount of benefits provided vary based upon the plan selected.

Guaranteed Renewable

You are guaranteed the right to renew your base policy during your lifetime as long as you pay premiums when due or within the premium grace period. You cannot be singled out for a rate increase for any reason. Rates can be changed only if rates for all policies in this class change.

This is a brief description of the coverage. For complete benefits and other provisions, please refer to the policy. This coverage does NOT replace Workers' Compensation Insurance. **This product is inappropriate for people who are eligible for Medicaid coverage.** Availability of riders may vary by state and employer.



View and print your policies or file a claim at americanfidelity.com

American Fidelity's Online Service Center provides you convenient, secure access to manage your account.

AMERICAN FIDELITY
a different opinion



9000 Cameron Parkway
Oklahoma City, Oklahoma 73114
800-654-8489
americanfidelity.com

Policy Form Series AO-03 with AMDI-258 Rider and AMDI224 Rider
013-383, 013-384, 013-385

Group Critical Illness Insurance

Limited Benefit Group Critical Illness Insurance Policy

American Fidelity Assurance Company

Surviving a critical illness, such as a heart attack or stroke, can come at a high price. With advances in technology to treat these diseases, the cost of treatment rises more and more every year. Even with medical insurance, the out-of-pocket expenses associated with a critical illness can affect anyone’s finances.

American Fidelity Assurance Company’s Limited Benefit Group Critical Illness Insurance can be the solution that helps you and your family focus on recovery, and may help you with paying bills. Our plan can assist with the expenses that may not be covered by major medical insurance.

How the Plan Works

If you are diagnosed with a covered Critical Illness, such as a heart attack or stroke, this plan is designed to pay a lump sum benefit amount to help cover expenses. Also, this plan offers a Recurrent Diagnosis Benefit for certain specified Critical Illnesses that provides an additional 50% of the Critical Illness benefit amount after the second occurrence date. Covered Critical Illness events include Heart Attack, Permanent Damage Due to a Stroke, and Major Organ Failure.

Guaranteed Renewable

You are guaranteed the right to renew your base policy until age 75 as long as you pay premiums when due or within the premium grace period. The insurer has the right to increase premium rates if the policy so provides.

Coverage Feature	What It Means For You
Plan Options	Choose from three lump sum benefit amounts: \$10,000, \$20,000 or \$30,000.
Coverage Option	Children are automatically covered under the Employee base plan. If elected, Spousal Benefit Amounts will be 50% of the Employee Benefit Amount.
Wellness Benefit	Receive a benefit for your annual health screening test.
Benefit Paid Directly to You	Use the benefit however best fits your financial needs.
Portable	You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same.
Additional Coverage Options	Enhance the base plan by adding an optional rider.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details. **This product is inappropriate for people who are eligible for Medicaid coverage.** Group Critical Illness is only offered on an after-tax basis.

Group Critical Illness Insurance

Critical Illness Benefits

Pays once per Covered Person for each Critical Illness shown below.

	Benefit Percentage	Recurrent Diagnosis Benefit
Heart Attack Benefit Pays full lump sum benefit amount.	100%	50%
Coronary Artery Bypass Surgery Pays 25% of benefit amount. Payment will reduce the Heart Attack Benefit.	25%	—
Stroke Benefit (Permanent damage due to a Stroke) Pays full lump sum benefit amount.	100%	50%
Paralysis Benefit (Permanent due to a Covered Accident) Pays full lump sum benefit amount.	100%	—
Major Organ Failure Benefit Pays full lump sum benefit amount.	100%	50%
End Stage Renal Failure Benefit Pays full lump sum benefit amount.	100%	—
Early Stage Cancer (Carcinoma In Situ) Benefit Pays 25% of the benefit amount. Payment will reduce any Invasive Cancer Benefit.	25%	—
Invasive Cancer Benefit Pays full lump sum benefit amount.	100%	—

EMPLOYEE MONTHLY RATES

	\$10,000		\$20,000		\$30,000	
AGE	<i>Non-Tobacco</i>	<i>Tobacco</i>	<i>Non-Tobacco</i>	<i>Tobacco</i>	<i>Non-Tobacco</i>	<i>Tobacco</i>
18-29	\$6.84	\$11.54	\$11.92	\$24.14	\$18.68	\$37.34
30-39	\$12.36	\$21.10	\$26.18	\$47.28	\$40.92	\$75.78
40-49	\$24.54	\$42.32	\$55.68	\$98.56	\$90.18	\$161.06
50-59	\$44.50	\$77.44	\$104.02	\$183.42	\$170.72	\$301.98
60 & Over	\$74.84	\$130.60	\$177.79	\$311.96	\$293.26	\$515.60

SPOUSE MONTHLY RATES

	\$5,000		\$10,000		\$15,000	
AGE	<i>Non-Tobacco</i>	<i>Tobacco</i>	<i>Non-Tobacco</i>	<i>Tobacco</i>	<i>Non-Tobacco</i>	<i>Tobacco</i>
18-29	\$3.90	\$7.04	\$5.28	\$11.58	\$5.64	\$13.86
30-39	\$6.86	\$12.58	\$11.22	\$22.68	\$13.52	\$28.66
40-49	\$13.54	\$24.94	\$24.58	\$47.38	\$31.46	\$61.66
50-59	\$24.38	\$45.12	\$46.24	\$87.74	\$60.58	\$115.54
60 & Over	\$40.92	\$75.86	\$79.30	\$149.20	\$105.04	\$197.60

Learn More

For additional information about American Fidelity Assurance Company, click here: <http://americanfidelity.com/about-af/>

Plans available to residents of all states except: CT, DC, GA, MD, ME, MN, NH, NJ, NY, WA and VT. Products described in this proposal may not be available in all states. Specific policy provisions may vary by state. Proposal valid for 90 days or until the proposed effective date, whichever occurs later.

WHATEVER LIFE THROWS AT YOU - THROW IT OUR WAY.



Life Assistance Program

Life. Just when you think you've got it figured out, along comes a challenge. Whether your needs are big or small, your Life Assistance & Work/Life Support Program is there for you. It can help you and your family find solutions and restore your peace of mind.

Call us anytime, any day.

We're just a phone call away whenever you need us. At no extra cost to you. An advocate can help you assess your needs and develop a solution. He or she can also direct you to community resources and online tools.

Visit a specialist.

You have three face-to-face sessions with a behavioral counselor available to you - and your household members. Call us to request a referral.

Reward yourself.

Access our Healthy Rewards[®] discount program. You can get discounts on health and wellness products and services.

Achieve work/life balance.

If you'd like help handling life's demands, call us for extra support. We can refer you to a service in your community. Or provide guidance on topics such as:



Legal consultation.^{**} Receive a free 30-minute consultation. And up to a 25% discount on select fees.



Parenting. Get guidance on child development, sibling rivalry, separation anxiety and much more.



Senior care. Learn how to solve the challenges of caring for an aging loved one.



Child care. Whether you need care all day or just after school, find a place that's right for your family.



Pet care. From grooming to boarding to veterinary services, find what you need to care for your pet.



Financial Services & Referral. Receive a free 30-minute consultation and 25% discount on select fees with network providers.



Life Assistance Program - 24/7 support

800.538.3543

www.cignabehavioral.com/cgi

Together, all the way.SM



* Some Healthy Rewards programs are not available in all states. If your Cigna plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. A discount program is NOT insurance, and you must pay the entire discounted charge.

** Legal consultations and discounts are excluded for employment-related issues.

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WILL PREPARATION



Plan for your family's future and financial well-being.

Sixty-four percent of Americans do not have a will.* That means that they have little or no control over decisions after they die. It also leaves a burden on family members. They must make hard choices at an emotional time. Advance planning helps to make the process easier. And Cigna's Will Center can help you with the planning process.

Getting started is easy

Go to **CignaWillCenter.com**. It's easy to use and available to you and your spouse anytime day or night. Once you're registered on the site, you can:

- › **Get resources and tools to help you plan** and learn more about:
 - Will preparation
 - Estate planning
 - Funeral planning
- › Create a central location to store important information for easy access
- › **Create state-specific, legal documents online**, including:
 - Last will and testament
 - Living will
 - Financial power of attorney
 - Power of attorney for health care
 - Medical treatment authorization for minors

› Manage your legal documents. You can:

- Preview
- Edit
- Download
- Print



Service representatives are available to help you at **1.800.901.7534****



Visit **CignaWillCenter.com** today.

For help, call **800.901.7534.****

Representatives are available between 7:00 AM and 7:00 PM (CST).

Or you can email a help request to **Service@ARAGdirect.com**.

*"Perspectives on Wills," conducted by ARAG, April 2013

** No legal advice is provided

Together, all the way.SM



Registrations and customized documents are maintained for two years, which allows individuals to easily make revisions to their legal documents as their personal situation changes.

Will preparation services are independently administered by ARAG®. Cigna does not provide legal services and makes no representations or warranties as to the quality of the information on the ARAG website or the services of ARAG.

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CIGNA IDENTITY THEFT PROGRAM



Your identity cannot be replicated, but it can be stolen.

Identity Theft occurs when someone uses your personal identifying information, like your name, Social Security number, or credit card number, without your permission, to commit fraud or other crimes. It's America's fastest growing crime, victimizing about 12.7 million people in 2014.* Cigna's Identity Theft program is available to help if this serious crime impacts you.

Valuable help before and after identity theft.

Our identity theft program provides tools and guidance to help with prevention, detection and resolution. This includes:

- Education on how to identify and avoid identity theft before it happens
- An identity theft protection kit that provides the right documents to use and steps to follow if your identity has been compromised
- Help to complete an identity theft affidavit and cancel lost credit cards
- Guidance to help you replace credit cards, a driver's license, Social Security card, passport, etc.
- Assistance with understanding your credit reports to determine if identity theft has occurred, and help with reporting an identity theft to credit reporting agencies
- Help with emergencies while traveling, including translation services with local authorities, filing a police report, and emergency message relay
- Up to \$1,000 cash advance if your wallet or purse is stolen when traveling more than 100 miles from home**

Not sure how to get started?

If you become a victim of identity theft, Cigna's program is here for you.

- Get assistance with credit card fraud, and financial or medical identity theft
- Receive real-time, one-on-one assistance — 24 hours a day, 365 days a year – no matter where you are in the world***
- You'll have unlimited access to our personal case managers until your problem is resolved

If you suspect you might be a victim of identity theft, call 1.888.226.4567 (U.S. and Canada) or 202.331.7635. Personal case managers are standing by to help you. Please indicate that you are a member of the Cigna identity theft program and group #57.



* Javelin Strategy and Research, March, 2014.

** When the theft occurs 100 miles or more from primary residence. Must be secured by a valid credit card and repaid by customer within 30 days, or fees/charges will apply.

*** Assistance with U.S. bank accounts only.

Together, all the way.SM



Offered by: Connecticut General Life Insurance Company, Life Insurance Company of North America or Cigna Life Insurance Company of New York.

Cigna Identity Theft Program services are provided under a contract with Europ Assistance USA. Presented here are highlights of the identity theft program. Full terms, conditions and exclusions are contained in applicable service agreement. **This program is NOT insurance and does not provide for reimbursement of financial losses.**

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LOOKING FOR MORE HEALTHY CHOICES? WE'LL HELP.

Cigna Healthy Rewards

You value your health enough to make smart choices and Cigna's Healthy Rewards** program can help with discounts on a wide variety of health and wellness programs and services.

Reward yourself.

You and your family members can enjoy instant savings using the attached wallet card when you visit a participating provider or shop online. Visit the Healthy Rewards website: **www.cigna.com/rewards** (password: savings) or call **1.800.258.3312** to get information on participating providers and save on the programs that are right for you.

Healthy Rewards Discounts

CATEGORY	PROGRAM	DISCOUNT**
Weight management and nutrition	Healthroads™ Weight Management	Up to 10%
	Registered dietician	Up to 25%
	Jenny Craig®	30%
Fitness club and equipment discounts	American Specialty Health Networks	10% off enrollment fees and/or monthly dues
	Just Walk 10,000 Steps a Day	Up to 25%
Vision and hearing care	Exams and eyewear	Discounts vary, see Healthy Rewards for further details
	Lasik vision correction	Up to 15%
	Hearing exams and aids	Up to 25%
	Hearing protection devices	Up to 50%
Tobacco cessation	Healthroads™ Tobacco Cessation	Up to 10%
Alternative medicine	Accupuncture	Up to 25%
	Chiropractor	Up to 25%
	Massage	Up to 25%
Mind/body	Gaiam yoga equipment discounts	40%
	Healthroads™ Mind/Body Program	Up to 10%
Vitamins, health and wellness products	drugstore.com™	5%
	ChooseHealthy.com™	up to 40%

Together, all the way.™



Offered by: Connecticut General Life Insurance Company, Life Insurance Company of North America or Cigna Life Insurance Company of New York.

* Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. Healthy Rewards programs are separate from your plan or insurance coverage. A discount program is NOT insurance, and you must pay the entire discounted charge. Participating providers are independent third parties solely responsible for their programs, products or services.

** Discounts represent the potential savings off a purchase compared to standard vendor prices as of January 2015 and are subject to change. Actual discount will vary and is not guaranteed. Discounts may not be available on every item or service.

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ADDITIONAL PROTECTION WHEN YOU TRAVEL



Emergencies can happen while traveling but help is only a phone call away with Cigna Secure Travel®.

Cigna Secure Travel offers pre-trip planning, assistance while traveling, and emergency medical transportation benefits for covered persons traveling 100 miles or more from home (see your plan for details). Service is a phone call away 24/7/365 – in an emergency you can even call collect.

PRE-TRIP PLANNING*	TRAVELING ASSISTANCE*	EMERGENCY ASSISTANCE*
Immunization requirements	24-hour multilingual assistance and referral to interpretation and translation services	Emergency evacuation and repatriation, when medically necessary; arrange and cover the cost of transportation to the nearest adequate medical facility***
Visa and passport requirements	Referrals to physicians, dentists, medical facilities and legal assistance providers	Travel arrangements for the return of a travel companion or children under age 18 who are left unattended due to the covered person's medical emergency
Embassy/consular referrals	Arrangements for payment of medical expenses up to \$10,000 if required prior to treatment**	Cover round-trip transportation as well as accommodation up to \$150 per day for up to seven days for a family member or friend to visit a covered person who is hospitalized more than 100 miles away from home for more than seven days
Foreign exchange rates	Assistance with lost or stolen items, including luggage and prescription replacement services	Arrange and cover the costs associated with returning a deceased covered person's remains to his/her place of residence for burial
Travel advisors and weather conditions	Emergency cash – advance up to \$1,500**	Emergency message relay toll-free
Cultural information	Advancement of bail**	Assistance with making emergency travel arrangement**

Cigna Secure Travel

From the U.S. and Canada, call 888.226.4567

From other locations, call collect 202.331.7635

By fax: 202.331.1528

Emergency services must be coordinated through Cigna Secure Travel®. Services coordinated outside of this program may not be eligible for payment. This program is NOT insurance.



Policyholder name: _____

Policy # _____ Group# 57



To learn more call 888.226.4567

* Services for medically necessary transport, return of dependent children, return of travel companion, visit of a family member/friend and repatriation of remains are covered by the Cigna Secure Travel program. Expenses for medical care are not covered.

** Covered person is responsible for any advances, payments, travel-related or replacement costs and must provide confirmation of reimbursement. Credit card(s) used to guarantee reimbursement must have sufficient available limit to cover the amount of the advance.

*** Initial transport by ambulance following a Covered Medical Emergency is excluded.

Together, all the way.®



Offered by: Life Insurance Company of North America or Cigna Life Insurance Company of New York.

The Cigna Secure Travel program is NOT insurance and does not provide reimbursement of expenses for financial losses. This program is provided under a contract with Generali Global Assistance Inc. Presented here are highlights of the Cigna Secure Travel program. Full terms, conditions and exclusions are contained in the Cigna Secure Travel service agreement.

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Equal Employment Opportunity is THE LAW

Private Employers, State and Local Governments, Educational Institutions, Employment Agencies and Labor Organizations

Applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations are protected under Federal law from discrimination on the following bases:

RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN

Title VII of the Civil Rights Act of 1964, as amended, protects applicants and employees from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex (including pregnancy), or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue hardship.

DISABILITY

Title I and Title V of the Americans with Disabilities Act of 1990, as amended, protect qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship.

AGE

The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination based on age in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment.

SEX (WAGES)

In addition to sex discrimination prohibited by Title VII of the Civil Rights Act, as amended, the Equal Pay Act of 1963, as amended, prohibits sex discrimination in the payment of wages to women and men performing substantially equal work, in jobs that require equal skill, effort, and responsibility, under similar working conditions, in the same establishment.

GENETICS

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

RETALIATION

All of these Federal laws prohibit covered entities from retaliating against a person who files a charge of discrimination, participates in a discrimination proceeding, or otherwise opposes an unlawful employment practice.

WHAT TO DO IF YOU BELIEVE DISCRIMINATION HAS OCCURRED

There are strict time limits for filing charges of employment discrimination. To preserve the ability of EEOC to act on your behalf and to protect your right to file a private lawsuit, should you ultimately need to, you should contact EEOC promptly when discrimination is suspected:

The U.S. Equal Employment Opportunity Commission (EEOC), 1-800-669-4000 (toll-free) or 1-800-669-6820 (toll-free TTY number for individuals with hearing impairments). EEOC field office information is available at www.eeoc.gov or in most telephone directories in the U.S. Government or Federal Government section. Additional information about EEOC, including information about charge filing, is available at www.eeoc.gov.

Employers Holding Federal Contracts or Subcontracts

Applicants to and employees of companies with a Federal government contract or subcontract are protected under Federal law from discrimination on the following bases:

RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN

Executive Order 11246, as amended, prohibits job discrimination on the basis of race, color, religion, sex or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

INDIVIDUALS WITH DISABILITIES

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

DISABLED, RECENTLY SEPARATED, OTHER PROTECTED, AND ARMED FORCES SERVICE MEDAL VETERANS

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits job discrimination and requires affirmative action to employ and advance in employment disabled veterans, recently separated veterans (within

three years of discharge or release from active duty), other protected veterans (veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized), and Armed Forces service medal veterans (veterans who, while on active duty, participated in a U.S. military operation for which an Armed Forces service medal was awarded).

RETALIATION

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination under these Federal laws.

Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under the authorities above should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP), U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210, 1-800-397-6251 (toll-free) or (202) 693-1337 (TTY). OFCCP may also be contacted by e-mail at OFCCP.Public@dol.gov, or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor.

Programs or Activities Receiving Federal Financial Assistance

RACE, COLOR, NATIONAL ORIGIN, SEX

In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VII if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance.

INDIVIDUALS WITH DISABILITIES

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job.

If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.

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

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible

for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Medicaid	IOWA – Medicaid
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825

MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: http://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wvequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

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

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

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

Notes:

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