# 2018

# Employee Benefits Guide

January 1, 2018 - December 31, 2018

This document is an outline of the coverage proposed by the carrier(s). It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Your full Summary Plan Document (SPD) is made available through your Human Resources Department.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific coverage issues can be directed to Falls Community Hospital and Clinic's Human Resources Department.

# Table of Contents



**If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see pages 29 - 30 for more details.

# Customer Service and Contact Information

Arthur J. Gallagher & Co. is here to act as a liaison in your dealings with insurance carriers. If you are having questions regarding your coverage or need assistance with claims, let us deal with the insurance company for you. Please contact anyone at Arthur J. Gallagher & Co. with questions regarding your employee benefits package.

**Phone:** (512) 930-7700 / (888) 236-3839
**Fax:** (512) 930-7701
**Hours of Operation:** Monday - Friday
8:00 a.m. - 5:00 p.m. CST

**Your GBS Team:**

| | | | |
|---|---|---|---|
| Account Executive | Rebecca Hawes | 512-930-8344 | rebecca_hawes@ajg.com |
| Account Manager | Kalena Willey | 512-930-8351 | kalena_willey@ajg.com |

| Benefit | Carrier | Group Number/Network | Customer Service | Website |
|---|---|---|---|---|
| **Medical** | Blue Cross Blue Shield of Texas | Group # Pending<br>Network: Blue Choice | 800-521-2227 | www.bcbstx.com |
| **MDLIVE** | Blue Cross Blue Shield of Texas | Group # Pending<br>Network: Blue Choice | 888-680-8646 | www.bcbstx.com |
| **Voluntary Dental** | Guardian | Group # Pending<br>Network: Guardian's PPO | 800-541-7846 | www.guardiananytime.com |
| **Voluntary Vision** | Guardian | Group # Pending<br>Network: Guardian Vision | 800-541-7846 | www.guardiananytime.com |
| **Basic Term Life and AD&D** | Cigna | Group # Pending | 888-842-4462 | www.mycigna.com |
| **Voluntary Life** | Cigna | Group # Pending | 888-842-4462 | www.mycigna.com |
| **Voluntary Short-Term Disability** | Cigna | Group # Pending | 888-842-4462 | www.mycigna.com |
| **Voluntary Long-Term Disability** | Cigna | Group # Pending | 888-842-4462 | www.mycigna.com |
| **Health Savings Account (HSA)** | Discovery Benefits | N/A | 866-451-3399 | www.discoverybenefits.com |
| **Flexible Spending Account (FSA)** | Discovery Benefits | N/A | 866-451-3399 | www.discoverybenefits.com |
| **Critical Illness Coverage** | Aflac | Questions on Coverage?<br>Walter Sprang<br><br>Need to file a claim?<br>Connie Sprang | 800-840-6580<br>Ext. 3 | walter_sprang@ajg.com<br>connie_sprang@ajg.com<br>www.aflac.om |
| **Accident Coverage** | Aflac | | | |

# Eligibility, Enrollment and Useful Benefit Terms

## Eligibility

You are eligible for benefits described in this booklet if you are an active, regular employee working at least 30 hours per week.

**Benefits for new hires will be available on the 1st of the month following 60 days from the date of hire.**

Your eligible dependents include:

- Your legally married spouse (same-sex or opposite sex), or person with whom you have proof of Common Law marriage.
- Your child(ren) up to the age of 26, regardless of student, marital (medical only), or tax status, including stepchild(ren), adopted child(ren), child(ren) for whom you are the legal guardian, a grandchild who is your dependent for federal income tax purposes a the time of application.
- Your child over age 26, if medically incapacitated—forms required, please consult HR Department.

## Making Enrollment Changes During the Year due to Qualified Life Events:

In most cases, your benefit elections will remain in effect for January 1, 2018 - December 31, 2018. During the annual enrollment period, you have the opportunity to review your benefit elections and make changes for the coming year.

You may only make changes to your elections during the year if you have one of the following status changes:

- Marriage, divorce or legal separation (if your state recognizes legal separation);
- Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death; reaching the dependent child age limit; or
- Significant changes in employment or employer-sponsored benefit coverage that affect you or your spouse's benefit eligibility.
- Your benefit change must be consistent with your change in family status.

**IRS regulations require that for enrollment due to the qualifying events above, changes must be submitted within 31 days of the qualifying event. Contact Human Resources to make changes due to Qualified Life event.**

## Benefit Terms

### Co-payment:

Co-payments for office visits and prescription drugs count toward the out-of-pocket maximum.

### Calendar Year Deductible and Out-of-Pocket Maximum:

Expenses incurred towards your annual deductible and your out-of-pocket maximum are credited on a calendar year basis. A calendar year is January 1st - December 31st. Your deductible and out-of-pocket maximum will restart January 1st each year, regardless of the expenses you incurred in the prior calendar year or when your annual open enrollment period occurs.

### Primary Care Physicians / Specialty Physician Referrals:

You are NOT required to select a primary care physician (PCP) or obtain referrals for specialty physicians. Be sure that all providers (doctors, labs, x-rays, etc.) participate in-network for the best coverage.

### In-Network vs. Out-of-Network Benefits:

Falls Community Hospital & Clinic's medical plan offers in-network and out-of-network benefit levels. When a doctor or hospital agrees to be in the Plan's network, they are contractually bound not to charge over a specific amount for services covered by the Plan. When you choose an in-network provider, they will file a claim on your behalf and you are not held responsible for amounts that the provider may charge in excess of their contracted rates. Out-of-network expenses are paid according to 'Usual and Customary' charges, which may leave you with significant out-of-pocket expenses. For the best benefit available under the plan, you should utilize in-network providers when possible. Out-of-network benefit levels can be found on the Summary of Benefits and Coverage.

# Medical Plan Comparison Chart

**Medical Plan Provider Information**
BlueCross BlueShield of Texas
Claims, Benefits: www.bcbstx.com
Network: Blue Choice
Customer Service: 800-521-2227
Group No. Pending

| Benefit | Base HDHP/HSA Plan<br>In-Network Benefits | Buy Up Plan PPO<br>In-Network Benefits |
|---|---|---|
| **Annual Deductible**<br>Co-pays do not accumulate | $5,000 Individual<br>$10,000 Family | $5,000 Individual<br>$14,700 Family |
| **Annual Out-of-pocket Maximum**<br>Includes deductible, co-insurance and co-pays | $5,000 Individual<br>$10,000 Family | $5,600 Individual<br>$14,700 Family |
| **Co-insurance**<br>In-network benefit | 100% | 70% |
| **Hospital Services** - Inpatient | 100% after deductible | 70% after deductible |
| **Emergency Room Treatment**<br>(Emergency Situation)<br>Facility<br>Physician | <br><br>100% after deductible<br>100% after deductible | <br><br>$500 copay + 70% after deductible<br>70% after deductible |
| **Urgent Care Center Services**<br>Additional services/supplies may incur additional fees | 100% after deductible | $75 copay |
| **Physician Visits**<br>Primary Care Physician<br>Specialist | <br>100% after deductible<br>100% after deductible | <br>$45 copay<br>$90 copay |
| **Preventive Care**<br>Physician's Services<br>Preventive Testing | 100% | 100% |
| **Office & Outpatient Surgery** | 100% after deductible | 70% after deductible |
| **Diagnostic Lab and X-Ray - Outpatient** | 100% after deductible | 100% |
| **Major Diagnostic**<br>(CT, PET, MRI, MRA and Nuclear Medicine) | 100% after deductible | 70% after deductible |
| **Prescription Drug Program**<br>Retail - 31 day supply<br>Preferred Generic<br>Non-preferred Generic<br>Preferred Brand<br>Non-preferred Brand<br>Preferred Specialty<br>Non-preferred Specialty<br>Mail Order | <br><br>100% after deductible<br>100% after deductible<br>100% after deductible<br>100% after deductible<br>100% after deductible<br>100% after deductible<br>100% after deductible | <br><br>$0 Copay<br>$10 Copay<br>$50 Copay<br>$100 Copay<br>$150 copay<br>$250 copay<br>3x retail copay |

Please review your plan document for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

The "generic incentive" program requires plan participants and their doctors to choose a generic equivalent (when available) over a brand name drug. If a plan participant chooses to purchase a brand name drug when there is a generic equivalent available, they will be charged the co-pay for the brand name drug plus the cost difference between the brand and generic drug.

Please note that this program will apply even if the prescribing doctor writes the prescription "dispense as written".

BlueCross BlueShield

# Medical Base HDHP/HSA Plan

**Medical Plan Provider Information**
BlueCross BlueShield of Texas
Claims, Benefits: www.bcbstx.com
Network: Blue Choice
Customer Service: 800-521-2227
Group No. Pending

| Benefit | In-Network Benefits | Out-of-Network Benefits |
|---|---|---|
| **Annual Deductible**<br>Co-pays do not accumulate | $5,000 Individual<br>$10,000 Family | $10,000 Individual<br>$20,000 Family |
| **Annual Out-of-pocket Maximum**<br>Includes deductible, co-insurance and co-pays | $5,000 Individual<br>$10,000 Family | $20,000 Individual<br>$40,000 Family |
| **Co-insurance**<br>In-network benefit | 100% | 70% |
| **Hospital Services** - Inpatient | 100% after deductible | 70% after deductible |
| **Emergency Room Treatment**<br>(Emergency Situation)<br>Facility<br>Physician | <br><br>100% after deductible<br>100% after deductible | <br><br>70% after deductible<br>70% after deductible |
| **Urgent Care Center Services**<br>Additional services/supplies may incur additional fees | 100% after deductible | 70% after deductible |
| **Physician Visits**<br>Primary Care Physician<br>Specialist | <br>100% after deductible<br>100% after deductible | <br>70% after deductible<br>70% after deductible |
| **Preventive Care**<br>Physician's Services<br>Preventive Testing | 100% | 70% after deductible |
| **Office & Outpatient Surgery** | 100% after deductible | 70% after deductible |
| **Diagnostic Lab and X-Ray - Outpatient** | 100% after deductible | 70% after deductible |
| **Major Diagnostic**<br>(CT, PET, MRI, MRA and Nuclear Medicine) | 100% after deductible | 70% after deductible |
| **Prescription Drug Program**<br>Retail - 31 day supply<br>Preferred Generic<br>Non-preferred Generic<br>Preferred Brand<br>Non-preferred Brand<br>Preferred Specialty<br>Non-preferred Specialty<br>Mail Order | <br><br>100% after deductible<br>100% after deductible<br>100% after deductible<br>100% after deductible<br>100% after deductible<br>100% after deductible<br>100% after deductible | <br><br>100% after deductible<br>100% after deductible<br>100% after deductible<br>100% after deductible<br>100% after deductible<br>100% after deductible<br>100% after deductible |

Please review your plan document for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

The "generic incentive" program requires plan participants and their doctors to choose a generic equivalent (when available) over a brand name drug. If a plan participant chooses to purchase a brand name drug when there is a generic equivalent available, they will be charged the co-pay for the brand name drug plus the cost difference between the brand and generic drug.

Please note that this program will apply even if the prescribing doctor writes the prescription "dispense as written".

BlueCross BlueShield

# Medical Buy Up PPO Plan

**Medical Plan Provider Information**
BlueCross BlueShield of Texas
Claims, Benefits: www.bcbstx.com
Network: Blue Choice
Customer Service: 800-521-2227
Group No. Pending

| Benefit | In-Network Benefits | Out-of-Network Benefits |
|---|---|---|
| **Annual Deductible**<br>Co-pays do not accumulate | $5,000 Individual<br>$14,700 Family | $10,000 Individual<br>$29,400 Family |
| **Annual Out-of-pocket Maximum**<br>Includes deductible, co-insurance and co-pays | $5,600 Individual<br>$14,700 Family | $20,000 Individual<br>$60,000 Family |
| **Co-insurance**<br>In-network benefit | 70% | 50% |
| **Hospital Services** - Inpatient | 70% after deductible | 50% after deductible |
| **Emergency Room Treatment**<br>(Emergency Situation)<br>Facility<br><br>Physician | <br><br>$500 copay + 70% after deductible<br><br>70% after deductible | <br><br>$500 copay + 70% after Deductible<br><br>70% after deductible |
| **Urgent Care Center Services**<br>Additional services/supplies may incur additional fees | $75 copay | 50% after deductible |
| **Physician Visits**<br>Primary Care Physician<br>Specialist | <br>$45 copay<br>$90 copay | <br>50% after deductible<br>50% after deductible |
| **Preventive Care**<br>Physician's Services<br>Preventive Testing | 100% | 50% after deductible |
| **Office & Outpatient Surgery** | 70% after deductible | 50% after deductible |
| **Diagnostic Lab and X-Ray - Outpatient** | 100% | 50% after deductible |
| **Major Diagnostic**<br>(CT, PET, MRI, MRA and Nuclear Medicine) | 70% after deductible | 50% after deductible |
| **Prescription Drug Program**<br>Retail - 31 day supply<br>Preferred Generic<br>Non-preferred Generic<br>Preferred Brand<br>Non-preferred Brand<br>Preferred Specialty<br>Non-preferred Specialty<br>Mail Order | <br>Participating / Non-Participating<br>$0 / $10 Copay<br>$10 / $20 Copay<br>$50 / $70 Copay<br>$100 / $120 Copay<br>$150 / $150 copay<br>$250 / $250 copay<br>3x retail copay | <br><br>$10 Copay<br>$20 Copay<br>$70 Copay<br>$120 Copay<br>$150 copay<br>$250 copay<br>Not Covered |

Please review your plan document for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

The "generic incentive" program requires plan participants and their doctors to choose a generic equivalent (when available) over a brand name drug. If a plan participant chooses to purchase a brand name drug when there is a generic equivalent available, they will be charged the co-pay for the brand name drug plus the cost difference between the brand and generic drug.

Please note that this program will apply even if the prescribing doctor writes the prescription "dispense as written".

BlueCross BlueShield

# Where To Go For Care

| Care Center | Why would I use this care center? | What are examples of conditions that can be treated? | What are the cost and time considerations? |
|---|---|---|---|
| **Doctor's Office**<br>$<br>Average Wait 24 minutes | • You need routine care or treatment for a current health issue.<br>• Your primary doctor knows you and your health history, can access your medical records, provide preventive and routine care, manage your medication and can recommend a specialist, if necessary.<br>• Referral to a specialist is not needed. | • Routine checkups<br>• Immunizations<br>• Manage your general health | • Normally requires an appointment<br>• Little wait time with scheduled appointment<br>• PPO—requires a copayment<br>• HSA—deductible (lower cost than Urgent Care) |
| **Convenience Care Clinic**<br>$<br>Average Wait 15 minutes | • You cannot get into your doctor's office, but your condition is not urgent or an emergency.<br>• Convenience care clinics are located within pharmacies or grocery stores offering services for minor health conditions.<br>• Staffed by nurse practitioners and/or physician assistants. | • Common infections (i.e. strep throat)<br>• Minor skin conditions (i.e. poison ivy)<br>• Flu shots<br>• Pregnancy tests<br>• Minor cuts<br>• Ear aches | • Walk-in patients welcome with no appointment necessary, but wait times can vary<br>• PPO—requires a copayment<br>• HSA—deductible (lower cost than Urgent Care) |
| **Urgent Care Center**<br>$$$$<br>Average Wait 11-20 minutes | • You need care quickly, but it is not an emergency and your primary physician may not be available.<br>• Urgent care centers offer treatment for non-life threatening injuries or illnesses.<br>• Staffed by qualified physicians. | • Sprains<br>• Strains<br>• Minor broken bones<br>• Minor infections<br>• Minor burns<br>• Stiches | • Walk-in patients welcome, but waiting periods could be longer as patients with more urgent needs will be treated first<br>• PPO—requires a copayment<br>• HSA—deductible (lower cost than Emergency Room) |
| **Emergency Room (ER)**<br>$$$$$$<br>Average Wait 4 hrs., 7 min. | • You need immediate treatment of a very serious or critical condition.<br>• The ER is for treatment of life threatening or very serious conditions that require immediate medical attention.<br>• Do not ignore an emergency situation. If a situation seems life threatening, take action. Call 911 or your local emergency number right away. | • Heavy bleeding<br>• Large or open wounds<br>• Sudden change in vision<br>• Chest pains<br>• Major broken bones<br>• Major burns<br>• Spinal injuries<br>• Severe head injury<br>• Difficulty breathing | • Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first<br>• PPO—requires deductible, coinsurance and a copayment<br>• HSA—deductible (high cost) |

# MDLIVE - Virtual Visits

BlueCross BlueShield of Texas

Powered by MDLIVE®


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.

Whether you're at home or traveling, access to a board-certified doctor is available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual visits can also be a better alternative than going to the emergency room or urgent care center.[1]

MDLIVE doctors or 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/depression
- Child behavior/learning issues
- Marriage problems



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# MDLIVE - Virtual Visits

**Connect**[2]
Access where the BCBSTX App, online video or telephone service is available

**Interact**
Real-time consultation with a board-certified doctor or therapist

**Diagnose**
Prescriptions sent electronically to pharmacy of your choice (when appropriate)

## Telephone:

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

**Get connected today!**
**To register, you'll need to provide your first and last name, date of birth and BCBSTX member ID number.**

[1] In the event of an emergency, this service should not take place of an emergency room or urgent care center. MDLIVE doctors do not take the place of your primary care doctor. Proper diagnosis should come from your doctor, and medical advice is always between you and your doctor.

[2] 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 on-demand 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. Service availability depends on member's location. 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.

# Health Savings Account (HSA)

## Participants in the Falls Community Hospital and Clinic High Deductible Health Plan (HDHP) may be eligible to open a Health Savings Account.

A Health Savings account (HSA) is a tax-advantaged personal savings account that works in conjunction with a high deductible health plan (HDHP). Participants can pay for **qualified** medical expenses with **tax-free** dollars from their HSA. There is no 'use-it-or-lose-it' requirement, the account is **portable** and the balance plus earnings (from interest and/or investments) carries over year after year, all **tax-free**. If HSA monies are used for **non-qualified** medical expenses prior to age 65, a 20% penalty *plus* ordinary income tax must be paid to the IRS.

## Eligibility Requirements:

In order to open a Health Savings Account, you **MUST** meet the following requirements:

- Covered by the Falls Community Hospital & Clinic qualified HDHP
- **NOT** covered by another health insurance plan that is not a qualified HDHP including:
  - A spouse's medical plan
  - Medicare
  - Tricare
  - Note: Does not apply to specific injury, accident, disability, dental care, vision care and/or long term care insurance plans.
- **NOT** participating in an employer-sponsored Flexible Spending Account
- **NOT** claimed as a dependent on someone else's tax return
- Your spouse must also **NOT** participate in a Healthcare Flexible Spending Account. The Dependent Care FSA will not disqualify you from opening an HSA.

## HSAs allow:

- **Tax-free** contributions by employer, employee or others
- **Tax-free** growth of interest or investment earnings
- **Tax-free** distributions of principal and interest to pay for qualified medical expenses
- **Accumulation** of unused funds and **portability** between employers. No "Use it or Lose it" rules. Portable from employer to employer and across state lines.
- **Flexible use** – You choose whether or when to use the account for health expenses, now or after employment.

## In addition to Paying for Current Expenses, funds can be used to pay for:

- COBRA premiums
- Long-term Care premiums
- Out-of-Pocket expenses for Medicare
- Medical insurance during unemployment
- Services not covered under a future health plan

If you are covered under the qualified High Deductible Health Plan and meet the eligibility requirements you may open a Health Savings Account (HSA). HSA plans are intended to be used to pay for healthcare for the individual and his or her covered dependents. Distributions from an HSA to pay for qualified medical expenses are not taxable.

Qualified health care expenses are expenses which are:

- Incurred for the individual, his/her spouse or a tax dependent;
- Eligible as defined in Internal Revenue Code Section 213(d) – generally defined as expenses for the diagnosis, cure, mitigation, treatment or prevention of disease;
- Not reimbursed by insurance or another health plan; and
- Not deducted on the individual's tax return.

Medical expenses that may be reimbursed through a Health Savings Account under IRS Code Section 213 include (but are not limited to) the following:

- Deductible payments;
- Coinsurance payments;
- Dental care not provided through another health insurance plan;
- Prescription drugs;
- Emergency ambulance service;
- Chiropractic services;
- Eyeglasses and/or contact lenses;
- Hearing devices;
- Psychiatric care;
- Psychologists' fees;
- Acupuncture
- Over the Counter Drugs can be reimbursed from the HSA as long as they meet the criteria set out in Internal Revenue Code Section 213(d) and you have a prescription on file for the medication.

Discovery Benefits®
simplify.℠

# Health Savings Account (HSA)

## Contributing to your HSA

When you participate in an HSA, you set aside money to pay for eligible out-of-pocket expenses. Money can be contributed to your HSA by you or anyone else. The IRS calendar year maximums for these savings accounts are as follows:

Maximum 2018 (calendar year) Contribution:

- $3,450 for Employee Only
- $6,900 for Employee + Spouse, Employee + Child(ren), Employee + Family
- $1,000 Catch Up Contribution for Employees age 55 and up

**A Calendar Year is the 12-month period of January 1st - December 31st.**

If you are age 55 or older, you can make an additional contribution amount of $1,000. The HSA cannot receive contributions after the individual has enrolled in Medicare. For the most current HSA contribution information, please go to the U.S. Dept. of Treasury web site at http://www.treasury.gov/resource-center/faqs/taxes/pages/health-savings-accounts.aspx.

Note for Newly Eligible and Partial Year Participants:
If you become newly eligible to contribute to an HSA during the year, you may contribute the maximum contribution for the year (without incurring taxes or a penalty on the amount of the contribution) provided you continue to remain eligible for a 13 month period beginning December 1 of the year in which you become eligible and ending on December 31st of the following year.

If you do not remain eligible for a 13 month period shown above, your excess contributions will be subject to federal income tax and may be subject to the 6% excise tax. Please contact your tax advisor for assistance determining if your partial year contributions will be subject to taxes and penalties.

## Using your HSA

With an HSA, your contributions, earnings and eligible withdrawals are all tax-free. As long as your withdrawals are used to pay for qualified health care expenses, you won't pay taxes. Contributions that Falls Community Hospital & Clinic makes to your HSA are yours. There are no vesting requirements or forfeiture provisions. Unlike flexible spending accounts, HSAs do not have a "use it or lose it" requirement. Your account balance rolls over from year to year and will earn interest tax-free.

## Tax Filing

You will receive a 1099SA and a 5498SA and be required to file Form 8889 with your annual tax return. Please see your tax advisor if you have any questions.

**You are responsible for the eligibility of all items and keeping receipts for tax purposes.**

**Not all expenses that are qualified health care expenses under the HSA count toward the satisfaction of the calendar year deductible.**

Discovery Benefits® simplify.℠

# Health Savings Account (HSA)

| Health Savings Account (HSA) Eligible Expenses* | | |
|---|---|---|
| Ambulance | Disabled Dependent Care Expenses | Organ Donors |
| Abortion | Drug Addiction | Osteopath |
| Acupuncture | Eye Exam | Oxygen |
| Alcoholism | Eyeglasses | Physical Examination |
| Annual Physical Exam | Eye Surgery | Pregnancy Test Kit |
| Artificial Limb | Fertility Enhancement | Prosthesis |
| Artificial Teeth | Founder's Fee | Psychiatric Care |
| Bandages | Hearing Aids | Psychoanalysis |
| Birth Control Pills | Home Care | Psychologist |
| Body Scan | Hospital Services | Sterilization |
| Braille Books and Magazines | Special Home for Intellectually and Developmentally Disabled | Stop-Smoking Programs |
| Breast Pumps and Supplies | Laboratory Fees | Surgery |
| Breast Reconstruction Surgery | Lactation Expenses | Therapy |
| Chiropractor | Learning Disability | Transplants |
| Christian Science Practitioner | Long-Term Care Premiums | Trips |
| Contact Lenses | Prescriptions | Vasectomy |
| Crutches | Nursing Home | Vision Correction Surgery |
| Dental Treatment | Nursing Services | Wheelchair |
| Diagnostic Devices | Optometrist | X-Ray |

*For a complete list of eligible expenses please see IRS Publication 502.

# Voluntary Dental Plan

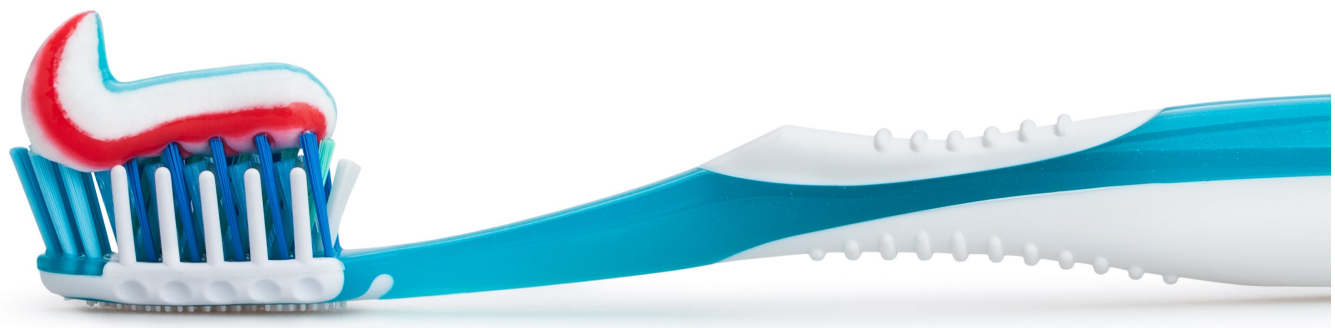
**Dental Plan Provider Information**
Guardian
Claims, Benefits: www.guardiananytime.com
Network: Guardian's PPO
Customer Service: 800-541-7846
Group No. Pending

| Benefit | |
|---|---|
| **Type I - Preventive Services**<br>Oral examinations, x-rays, cleanings | 100% - deductible waived |
| **Type II - Basic Services**<br>Fillings, simple extractions | 80% after deductible |
| **Type III - Major Services**<br>Crowns, removable/fixed bridge-work, partial or complete dentures, root canal, oral surgery, implants | 50% after deductible |
| **Annual Deductible** | $50 Individual<br>$150 Family |
| **Annual Maximum** | $1,500 |
| **Orthodontia**<br>Child orthodontia covers children through age 19 | Plan pays 50% of the covered orthodontia services, up to the $1,500 lifetime orthodontia maximum |

**NOTE: Waiting periods do not apply if a timely applicant**

While there is a network of providers you can utilize, benefit percentages are the same regardless of whether you visit an in-network or out-of-network provider. Utilizing an in-network provider will result in a lower patient responsibility overall. Please review your plan document for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

Out-of-Network benefits are subject to Reasonable and Customary charges and you may be balance billed if your dentist charges above this amount.



GUARDIAN®

# Voluntary Vision Plan

**Vision Plan Provider Information**
Guardian
Claims, Benefits: www.guardiananytime.com
Network: Guardian Vision
Customer Service: 800-541-7846
Group No. Pending

| Benefit | In-Network | Non-Network |
|---|---|---|
| **Eye Exam** | $10 copay | Up to $59 |
| **Materials** | $20 copay | See below |
| **Frames/Lenses** | | |
| **Single Lenses** | 100% after copay | Up to $30 reimbursement |
| **Bifocal Lenses** | 100% after copay | Up to $50 reimbursement |
| **Trifocal Lenses** | 100% after copay | Up to $65 reimbursement |
| **Lenticular** | 100% after copay | Up to $100 reimbursement |
| **Frames** | $120 allowance, plus 20% discount on amount exceeding benefit | Up to $70 reimbursement |
| | | |
| **Contacts - in lieu of glasses** | $120 allowance | Up to $120 reimbursement |
| **Contacts - Medically necessary** | 100% after copay | Up to $210 reimbursement |
| | | |
| **Exam Frequency** | Every 12 months | |
| **Lens Frequency** | Every 12 months | |
| **Frames Frequency** | Every 24 months | |

Please review your plan document for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

GUARDIAN®

# Basic Term Life and AD&D

**Basic Term Life/AD&D Provider Information**
Cigna
Claims, Benefits: www.mycigna.com
Customer Service: 888-842-4462
Group No. Pending

Basic Life/AD&D, insurance is provided through Cigna. Falls Community Hospital & Clinic pays ***100%*** of premium, **no cost to you**!

| Basic Term Life and AD&D Benefits | |
|---|---|
| **Life Benefit** | $10,000 |
| **Guarantee Issue Amount** | $10,000 |
| **Age Reduction Schedule** | 65% at age 70<br>50% at age 75 |
| **Accidental Death and Dismemberment (AD&D) Benefit** | Matches Life Amount |

# Voluntary Life and AD&D

You have the option to purchase additional life insurance coverage through Cigna's Voluntary Life and AD&D plan for you, your spouse and dependent children. In order to purchase Life and AD&D coverage for your dependents, you must buy coverage for yourself. Spouse rates are based on the spouse's age.

| Voluntary Life / AD&D Benefits | | |
|---|---|---|
| Employee Life Amount | $10,000 increments up to lesser of 5x annual salary or $500,000 | |
| Employee AD&D Amount | Equal to Life Benefit | |
| Employee Guarantee Issue Amount | $150,000 | |
| Spouse Life Amount | $5,000 Increments up to 50% of employee's coverage, not to exceed $50,000 | |
| Spouse AD&D Amount | Equal to Life Benefit | |
| Spouse Guarantee Issue Amount | $50,000 | |
| Child Life Amount | $10,000 | |
| Child AD&D Amount | Equal to Life Benefit | |
| Age Reduction Schedule | 65% at age 70<br>50% at age 75 | |
| Waiver of Premium | Included | |
| Portability | Included | |
| **Age Rated Premiums (includes AD&D)** | **Employee (rate per $1,000)** | **Spouse (rate per $1,000)** |
| <30 | $0.084 | $0.084 |
| 30 - 34 | $0.102 | $0.102 |
| 35 - 39 | $0.138 | $0.138 |
| 40 - 44 | $0.190 | $0.190 |
| 45 - 49 | $0.300 | $0.300 |
| 50 - 54 | $0.480 | $0.480 |
| 55 - 59 | $0.740 | $0.740 |
| 60 - 64 | $0.980 | $0.980 |
| 65 - 69 | $1.580 | $1.580 |
| 70 - 74 | $2.790 | $2.790 |
| 75 + | $4.940 | $4.940 |
| Child Life Rate | $2.30 per family | |

**For example: A 36-year-old employee elects $100,000 of coverage**

| $100,000 | ÷ $1,000 = | 100 | x | $0.138 | = | $13.80 | X12 ÷ 24 = | $6.90 |
|---|---|---|---|---|---|---|---|---|
| **Elected Benefit Amount** | | | | **Rate Above** | | **Your Monthly Cost** | | **Your Semi-Monthly Cost** |

# Voluntary Short-Term Disability

**Voluntary STD Provider Information**
Cigna
Claims, Benefits: www.mycigna.com
Customer Service: 888-842-4462
Group No. Pending

Voluntary Short Term Disability Insurance is provided through Cigna. Employees pay 100% of premium.

| Voluntary Short Term Disability | |
|---|---|
| **Weekly Benefit** | 66.67% of weekly income |
| **Maximum Weekly Benefit** | $1,500 |
| **Elimination Period** | 0 days accident<br>7 days illness |
| **Maximum Benefit Duration** | 26 weeks |
| **Definition of Earnings** | Annual wage or salary excluding bonuses, commissions, overtime pay, and extra compensation |
| **Pre-existing Limitation** | Conditions treated or diagnosed 12 months prior to your effective date will not be covered for the first 12 months of your policy. |

| **Age Rated Premiums**<br>Per $10 of Weekly Benefit | |
|---|---|
| **<30** | $0.62 |
| **30 - 34** | $0.65 |
| **35 - 39** | $0.65 |
| **40 - 44** | $0.65 |
| **45 - 49** | $0.75 |
| **50 - 54** | $0.89 |
| **55 - 59** | $1.05 |
| **60 - 64** | $1.23 |
| **65 - 69** | $1.62 |
| **70 - 74** | $2.21 |
| **75 +** | $2.76 |

**For example: A 36-year-old insured with $45,000 in annual earnings**

| $45,000 | ÷ 52 = | $865.38 | x | .6667 = | $576.95 | ÷ 10 = $57.70 | x | $0.65 = | $37.51 | x 12 ÷ 24 = | $18.76 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Your Annual Earnings** | | **Your Weekly Earnings** | | **STD Benefit (66.67%)** | **Weekly Benefit Max = $1,500** | | | **Rate Above** | **Your Monthly Cost** | | **Your Semi-Monthly Cost** |

# Voluntary Long-Term Disability

**Voluntary LTD Provider Information**
Cigna
Claims, Benefits: www.mycigna.com
Customer Service: 888-842-4462
Group No. Pending

Voluntary Long Term Disability Insurance is provided through Cigna. Employees pay 100% of premium.

| Voluntary Long Term Disability | |
|---|---|
| **Monthly Benefit** | 60% of monthly income |
| **Maximum Monthly Benefit** | $6,000 |
| **Elimination Period** | 180 days |
| **Maximum Benefit Duration** | Social Security Normal Retirement Age |
| **Own Occupation** | 24 months |
| **Definition of Earnings** | Annual wage or salary excluding bonuses, commissions, overtime pay, and extra compensation |
| **Pre-existing Limitation** | Conditions treated or diagnosed 3 months prior to your effective date will not be covered for the first 12 months of your policy. |
| **Age Rated Premiums** Per $100 of Covered Payroll | |
| **<25** | $0.09 |
| **25 - 29** | $0.12 |
| **30 - 34** | $0.22 |
| **35 - 39** | $0.34 |
| **40 - 44** | $0.51 |
| **45 - 49** | $0.69 |
| **50 - 54** | $0.95 |
| **55 - 59** | $1.01 |
| **60 - 64** | $1.07 |
| **65 - 69** | $1.11 |
| **70 - 74** | $1.14 |

**For example: A 36-year-old insured with $45,000 in annual earnings**

| $45,000 | ÷ 12 = | $3,750 | ÷ 100 = | $37.50 x | $0.34 | = | $12.75 | x 12 ÷ 24 = | $6.38 |
|---|---|---|---|---|---|---|---|---|---|
| **Your Annual Earnings** | | **Your Monthly Earnings** | | | **Rate Above** | | **Your Monthly Cost** | | **Your Bi-Weekly Cost** |

# MAKE THE MOST OF YOUR CIGNA PLAN

**Explore discounts, services and resources available to you at *no additional cost.***

From health and wellness support to help with life's everyday needs and challenges, Cigna offers a variety of programs, offering you discounts and services to help you save time, energy and money. Explore the listings below to start taking advantage of any or all of these offerings today.*

## Healthy Rewards®

Easy access to discounts on a wide variety of health and wellness products and services, including physical therapy, chiropractic care, fitness club memberships, hearing and vision care, massage therapy, acupuncture, pharmacy, vitamins and more.

Visit **Cigna.com/rewards** (password: savings) or call **800.258.3312** to get information on participating providers.

## Identity Theft Program

Tools, resources and guidance to help you identify, avoid or respond to identify theft.

If you think you might be a victim of identity theft, call **888.226.4567** (U.S. and Canada) or **202.331.7635 (collect calls accepted)**. A personal case manager can answer questions and provide assistance. Please say that you are a member of the Cigna Identity Theft Program and **group #57**.

## Cigna Will Preparation

Simple, online tools let you and your spouse create important documents, such as a living will and power of attorney. You can also create a customized last will and testament built around your state-specific laws and get educational information and planning tools.

Visit **CignaWillCenter.com** or call **800.901.7534** for assistance with the online tools.

## My Secure Advantage™

If you're currently out of work on an approved disability, you and members of your household can participate in a 90-day "money coaching" program with experienced financial professionals. Through an easy-to-use online portal, you can communicate with your Money Coach, view educational webinars and access a library of financial tools, forms and tips. Call **888.724.2262** to speak to a representative or visit **MySecureAdvantage.com** for more information.

**Together, all the way.™**

Cigna.

# Cigna Value Adds

## Cigna Secure Travel®

Take advantage of a worldwide travel assistance program including pre-trip planning, help while travelling and emergency support for trips more than 100 miles from home.

For assistance anywhere in the world, call **888.226.4567** (U.S. and Canada) or **202.331.7635**. Please indicate that you are a member of the Cigna Secure Travel program and **group #57**.

## Cignassurance®

Find peace of mind in knowing your loved ones will have the support they need following a loss. Payment amounts from Cigna Group Life or Personal Accident programs over $5,000 are deposited into an account that acts like a checking account and accrues interest. Cigna will send a package of information about the account as well as financial, legal and bereavement counseling services to help Life and Accident beneficiaries cope during a difficult time.

## Life Assistance Program

Cigna's Life Assistance services can help you and members of your household find solutions for many of life's challenges and help you restore peace of mind. You can work with a consultant to obtain counseling support on work-life issues, finding child, senior and pet care, or help with financial and most legal matters, to name a few. If your employer offers Cigna's Life Assistance Program, contact your Human Resources representative for more information.

## WorkWellness Website

In addition to these programs, Cigna Disability customers can access our Work Wellness Website for information on how to submit a disability claim, what to expect when you are on a disability and when you are returning to work, general information on family medical leave, and tips for managing your particular health condition at work.

Visit **Cigna.com/WorkWellness** for information.

**For more detailed information on each of these programs please see the brochures available through your employer.**

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*These programs are NOT insurance and do not provide reimbursement for financial losses. Program availability may vary by plan type and location and is subject to change. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Programs are provided through third party vendors who are solely responsible for their products and services. Cignassurance counseling, legal or financial assistance programs are not available under policies insured by Cigna Life Insurance Company of New York. Presented here are only the highlights of these programs. Full terms, conditions and exclusions are contained in the applicable service agreements.

# Critical Illness


## Quick View — Voluntary Critical Illness Insurance

Many times when a major illness is diagnosed, there can be several expenses that are not covered by medical insurance. Critical Illness insurance pays a lump sum benefit when a covered critical illness is diagnosed. This benefit is paid direct to the policyholder to help cover any expenses that typically are paid out of pocket.

Prepared for

## Falls Community Hospital & Clinic

| Choose a Benefit Amount | Covered Illnesses | Wellness Benefit | Provisions |
|---|---|---|---|
| $10,000 or $20,000 | Invasive Cancer | $50 | GUARANTEE ISSUE |
| | Heart Attack | Payable once per person | No Pre-Existing Waiting Period |
| | Stroke | Per calendar year | Different Illness Diagnosis: 6 month separation |
| Spouse at 50% | Major Organ Transplant | Pap Smear, Mammogram, | Same Illness Diagnosis: 6 month separation |
| Child(ren) at 50% | Renal Failure | Colonoscopy, PSA, Lipid Panel | Cancer: 12 months treatment free |
| | | Employee & Spouse Only | $250 Skin Cancer Benefit (1/yr.) |
| | | | Portable / No maximum payout limit |

| Attained Age | EMPLOYEE - SEMI-MONTHLY (24) RATES | |
|---|---|---|
| | $10,000 | $20,000 |
| EE Age | Based on employee age | |
| 18-25 | $2.43 | $4.10 |
| 26-30 | $3.21 | $5.66 |
| 31-35 | $3.79 | $6.83 |
| 36-40 | $4.98 | $9.22 |
| 41-45 | $6.00 | $11.25 |
| 46-50 | $7.16 | $13.55 |
| 51-55 | $11.12 | $21.48 |
| 56-60 | $10.97 | $21.18 |
| 61-65 | $22.41 | $44.06 |
| 66+ | $39.36 | $77.95 |

| Attained Age | SPOUSE - SEMI-MONTHLY (24) RATES | |
|---|---|---|
| | $5,000 | $10,000 |
| SP Age | Based on spouse age | |
| 18-25 | $1.59 | $2.43 |
| 26-30 | $1.98 | $3.21 |
| 31-35 | $2.28 | $3.79 |
| 36-40 | $2.87 | $4.98 |
| 41-45 | $3.38 | $6.00 |
| 46-50 | $3.97 | $7.16 |
| 51-55 | $5.94 | $11.12 |
| 56-60 | $5.86 | $10.97 |
| 61-65 | $11.58 | $22.41 |
| 66+ | $20.05 | $39.36 |

IMPORTANT – This document only is designed to provide a high level overview of the benefits contained herein and does not contain a comprehensive overview of each plan. Please refer to each benefit brochure for a complete listing of all benefit features, limitations, and exclusions. Where any discrepancy exists, policy language will preside.

# Accident


## Quick View — Voluntary Accident Insurance

Accident insurance is an excellent benefit for those who have active lifestyles or children involved in sports or other extracurricular activities. The accident plan is designed to pay benefits direct to the policyholder based on treatment received and injuries sustained as a result of a covered accident.

Prepared for

## Falls Community Hospital & Clinic

| Benefit Name | Amount | Benefit Name | Amount | Provisions |
|---|---|---|---|---|
| Urgent Care | $200 | Physical Therapy | $75 | Off the Job |
| Appliances (Crutches) | up to $500 ($150) | Laceration | up to $800 | Over 20 named Benefits |
| X-Ray | $100 | Concussion | $500 | No limit on the number of accidents |
| Follow Up Treatment | $75 (3) | Hospital Admission | $1,000 (24HR) | Certain exclusions apply |
| Fractures / Dislocations | up to $8,000 | Hospital Confinement | $200 (365) | Portable at the same rate |

**Wellness Rider:**

$50 (once per calendar year per covered person)

| SEMI-MONTHLY (24) RATES | |
|---|---|
| Employee | $6.02 |
| Employee & Spouse | $10.47 |
| Employee & Child(ren) | $14.86 |
| Family | $19.31 |

**IMPORTANT** – This document only is designed to provide a high level overview of the benefits contained herein and does not contain a comprehensive overview of each plan. Please refer to each benefit brochure for a complete listing of all benefit features, limitations, and exclusions. Where any discrepancy exists, policy language will preside.

# Payroll Deductions

| | Monthly Rates | Semi-Monthly Rates |
|---|---|---|
| **BCBS Base HDH/HSA Plan** ***(Employer Contributes $50 per month into your HSA)*** | | |
| Employee Only: | $111.85 | $55.93 |
| Employee + Spouse: | $691.75 | $345.88 |
| Employee + Child(ren): | $524.79 | $262.40 |
| Employee + Family: | $986.15 | $493.08 |
| **BCBS Buy Up PPO Plan** | | |
| Employee Only: | $252.53 | $126.27 |
| Employee + Spouse: | $1,018.05 | $509.03 |
| Employee + Child(ren): | $797.64 | $398.82 |
| Employee + Family: | $1,406.68 | $703.34 |
| **Guardian Voluntary Dental Plan** | | |
| Employee Only: | $26.66 | $13.33 |
| Employee + Spouse: | $54.11 | $27.06 |
| Employee + Child(ren): | $69.94 | $34.97 |
| Employee + Family: | $104.03 | $52.02 |
| **Guardian Voluntary Vision Plan** | | |
| Employee Only: | $6.46 | $3.23 |
| Employee + Spouse: | $10.88 | $5.44 |
| Employee + Child(ren): | $11.10 | $5.55 |
| Employee + Family: | $17.56 | $8.78 |

# Payroll Deductions

| Additional Products (Life, Disability and Worksite) | |
|---|---|
| Cigna Basic Term Life and AD&D | 100% paid by Falls Community Hospital & Clinic |
| Cigna Voluntary Life and AD&D | See Rate Chart on Page 15 |
| Cigna Voluntary Short-Term Disability | See Rate Chart on Page 16 |
| Cigna Voluntary Long-Term Disability | See Rate Chart on Page 17 |
| AFLAC Voluntary Critical Illness Coverage | See Rate Chart on Page 18 |
| AFLAC Voluntary Accident Coverage | See Rate Chart on Page 19 |

# Flexible Spending Account (FSA)

## What is the purpose of the plan?

Falls Community Hospital & Clinic has established this plan to help employees save tax dollars and increase their net pay.

## What Is a Flexible Spending Account?

A Flexible Spending Account is designed exclusively for employees, and is established by your employer under Section 125, 129, 132f or 105 of the Internal Revenue Code. This plan allows a participating employee to take certain expenses from their paycheck on a pre-tax basis. This means that all amounts deducted from your paycheck and contributed toward your plan will not be subject to Federal Income tax, nor will it be subject to Social Security tax.

## What are eligible expenses under the plan?

### Premium Payments

Allows you to use pre-tax rather than after-tax dollars to pay for your share of employer sponsored insurance premiums (medical, dental and vision). Premium payment is a simple payroll adjustment which is handled internally by your employer's payroll department. Do not add premium contributions to your medical expense account contributions.

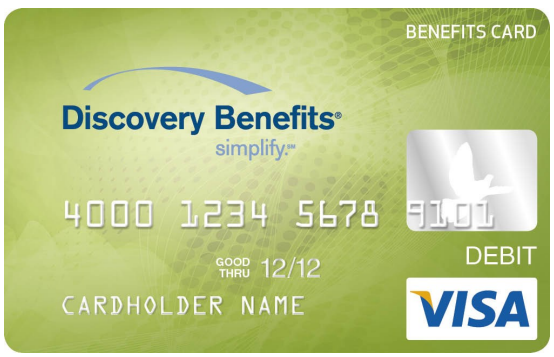
### Medical Expenses (paid by the employee)

An employee's out-of-pocket health care expenses can be paid with before-tax dollars when an employee elects to deposit some of those dollars into their Medical Expense Reimbursement Account. The amount the employee elects to set aside in this account will be held until he or she submits receipts for eligible expenses to be reimbursed. The maximum amount an employee can elect is **$2,650 for the 2018 plan year**. Eligible expenses can include (not limited to*):

- Above Usual & Customary Charges
- Co-insurance
- Dental Expenses
- Hearing Aids
- Psychologist
- Special Tests (allergy, etc.)
- Chiropractor
- Deductibles
- Eyeglasses & Contact Lenses
- Prescribed Birth Control
- Special Medical Equipment

*For a complete list of eligible expenses please visit http://www.irs.gov/publications/p502/

## Your FSA Plan includes a Debit Card

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# Flexible Spending Account (FSA)

## Health Care FSA Carry Over

Up to $500 of unused Health Care FSA dollars for a plan year may be carried over to the following plan year. The amount of the allowed carry over is determined by your employer.

- Funds eligible for carry over from a previous plan year will be available to you after the end of the claims run-out period.
- The maximum carry over amount allowed by your employer, does not affect your ability to elect the maximum annual election allowed each plan year for the Health Care FSA. For example, if you elected $2,500 for the plan year, and had $500 of unused funds carried over from your previous plan year, the carry over balance would be added to your current election giving you a total annual election of $3,000.
- You do not have to re-enroll in the new plan year to have unused Health Care FSA dollars carry over to a new plan year.

If you have elected not to participate in the FSA program because of the "use-it-or-lose-it" rule, it might be time to reconsider your options!

## Dependent Care (must be work related)

Another important part of the FSA is the ability to pay for child care or day care services with before-tax dollars. Your savings will amount to 22% to 35% of your actual child care expense, depending on your individual or family tax brackets. The maximum amount an employee can elect is **$5,000 per plan year, per family**. Eligible expenses can include:

| | |
|---|---|
| Nursery | Baby-Sitting |
| Private Pre-K | Extended Day Care before & after school |

**Note:** If you are a highly compensated employee, Falls Community Hospital & Clinic may be required to discontinue or limit your contributions to the Dependent Care Reimbursement account in order to comply with certain nondiscrimination requirements applicable to the plan under tax law. You will be notified if you are affected by this rule. Please see your Human Resources Department if you have any questions.

## Reimbursement requests

To submit a claim, follow the following steps:

1. Visit www.discoverybenefits.com and log in after registering,
2. Select File Claims from the ACCOUNTS tab and select the plan for which you would like to file a claim,
3. Select File Claim button from the plan you would like to be reimbursed from.
4. Enter the claim information,
5. Select Add Claim, agree to Terms and Conditions, and select Submit.
6. You will receive a confirmation that your claim was submitted. It will be processed within two business days. If further documentation is needed, you will be notified via email if you have an email address on file or via mail if you do not respond.

You may also submit the Out-of-Pocket Reimbursement request form (found on the Discovery Benefits website) with documentation via mail or fax.

**Mail:** Discovery Benefits
PO Box 2926
Fargo, ND 58108-2926

**Fax:** 866-451-3245

Employees should be aware that if you elect the Dependent Care Reimbursement Account at any time, your election cannot exceed the IRS limitation of $5,000 per Calendar year.

You will be required to coordinate your total payroll deductions to accommodate this IRS limitation. In addition, the IRS limits your elections and or changes to only the open enrollment period unless you have a qualifying event.

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IRS rules state that regardless of the number of pay periods left in the calendar year when you are hired, you may not contribute more than $5,000 to the Dependent Care Reimbursement Account. Your employer will consider how many pay periods are left in the year to determine your per-pay period deductions.

# How to Enroll...HRconnection

New for 2018

## Getting Started

You should have received a system generated email from HRconnection, that includes your login credentials and instructions. If you have not received this email, please contact your HR Department. A general password has been setup for your initial access:

**Falls2018**

## Enrollment Procedure—Time To Enroll!

1. Click the orange *Time to Enroll*! button located midway down on the far right side of the HRconnection home screen.
2. At this time, you will be required to verify your personal information before moving forward to elections.
3. Once personal information is verified, you are then able to click "Get Started" which will take you to the election screen.
4. Your election options are located on the right side of the screen. It is best to start with the benefit at the very top and work your way down.
5. Select the coverage you want to elect OR click ***Waived*** if you wish to decline coverage.
6. Beneficiaries and Dependents can be added or selected under each election tab.

**Note:** If you need to make changes to what you have chosen, you still can. Your elections are not "locked" until you confirm them.

When you are finished with your elections, it is time to lock them in until the next enrollment period. Click the *Confirm* button.

## Employer Sponsored Plans

Employer paid plans are benefit plans your company makes available to you at no cost. Your selections appear on the *Time to Enroll* tab.

HRconnection

**IMPORTANT: Once your elections are confirmed, you MUST print an Election Summary by clicking on the "view" button.**
**Sign the Election Summary and give to your HR Department.**

# Important Information - Notices

**This book highlights some of the main features of your benefit programs, but does not include all plan rules, features, limitations or exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this book and the legal plan documents, the plan documents are the final authority. Falls Community Hospital & Clinic reserves the right to change or discontinue its benefit plans at any time.**

## Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or you dependents in this plan if your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request and complete enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request and complete enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

Note: The 60 day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 31 days period applies to most special enrollments.

To request special enrollment or obtain more information, contact Falls Community Hospital & Clinic's Human Resources.

## HIPAA Privacy Notice

HIPAA requires Falls Community Hospital & Clinic to notify you that a privacy notice is available upon request. **Please contact Human Resources if you have any questions.**

## The Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 requires group health plans that provide coverage for a mastectomy to provide coverage for certain reconstructive services. This law also requires that written notice of the availability of the coverage be delivered to all plan participants upon enrollment and annually thereafter. This language serves to fulfill that requirement for this year. These services include:

- Reconstruction of the breast upon which the mastectomy has been performed;
- Surgery / reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment for physical complications during all stages of mastectomy, including lymphedemas.

- In addition, the plan may **not:**
- Interfere with a participant's rights under the plan to avoid these requirements; or
- Offer inducements to the healthcare provider, or assess penalties against the provider, in an attempt to interfere with the requirements of the law.

However, the plan may apply deductibles, coinsurance, and co-payments consistent with other coverage provided by the plan.

## Newborn Acts Disclosure

Group health plans and health insurance issuers generally may not, under Federal Law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours or 96 hours as applicable. In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours or 96 hours.

## Summary of Material Modification

This summary of material modification (SMM) describes changes to the Falls Community Hospital & Clinic Plan and supplements the Summary Plan Description (SPD) for the plan. The effective date of each of these changes is January 1st, 2018. You should read this SMM very carefully and retain this document with your copy of the SPD for future reference.

# CHIPRA Notice

**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 August 10, 2017. Contact your State for more information on eligibility**

| | |
|---|---|
| **Alabama** - Medicaid<br>Website: www.myalhipp.com<br>Phone: 1-855-692-5447 | **Georgia** - Medicaid<br>Website: http://dch.georgia.gov/medicaid<br>Click on Health Insurance Premium Payment (HIPP)<br>Phone: 404-656-4507 |
| **Alaska** - Medicaid<br>The AK Health Insurance Payment Program Website:<br>http://myakhipp.com/<br>Phone:1-866-251-4861<br>Email:CustomerService@MyAKHIPP.com<br>Medicaid Eligibility:<br>http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx | **Indiana** - Medicaid<br>Healthy Indiana Plan for low-income adults 19-64<br>Website: http://www.in.gov/fssa/hip<br>Phone: 1-877-438-4479<br>All other Medicaid<br>Website: http://www.indianamedicaid.com<br>Phone: 1-800-403-0864 |
| **Arkansas** - Medicaid<br>Website: http://myarhipp.com/<br>Phone: 1-855-MyARHIPP (855-692-7447) | **Iowa** - Medicaid<br>Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp<br>Phone: 1-888-346-9562 |
| **Colorado** - Health First Colorado (Medicaid) & Children's Health Plan + (CHP+)<br>Health First Colorado Website:<br>https://www.healthfirstcolorado.com<br>Health First Colorado Member Contact Center: 1-800-221-3943 / State Relay 711<br>CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus<br>CHP+ Customer Service: 800-359-1991 / State Relay 711 | **Kansas** - Medicaid<br>Website: http://www.kdheks.gov/hcf/<br>Phone: 1-785-296-3512<br><br>**Kentucky** - Medicaid<br>Website: http://chfs.ky.gov/dms/default.htm<br>Phone: 1-800-635-2570 |
| **Florida** - Medicaid<br>Website: http://flmedicaidtplrecovery.com/hipp/<br>Phone: 1-877-357-3268 | **Louisiana** - Medicaid<br>Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331<br>Phone: 1-888-695-2447 |
| **Maine** - Medicaid<br>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html<br>Phone: 1-800-442-6003<br>TTY: Maine relay 711 | **Oregon** - Medicaid<br>Website: http://healthcare.orgegon.gov/Pages/index.aspx<br>http://www.oregonhealthcare.gov/index-es.html<br>Phone: 1-800-699-9075 |
| **Minnesota** - Medicaid<br>Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care/programs/programs-and-services/medical-assistance.jsp<br>Phone: 1-800-657-3739 | **Pennsylvania** - Medicaid<br>Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthipppro-gram/index.htm<br>Phone: 1-800-692-7462 |
| **Massachusetts** - Medicaid and CHIP<br>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/<br>Phone: 1-800-862-4840 | **Rhode Island** - Medicaid<br>Website: http://www.eohhs.ri.gov/<br>Phone: 855-697-4347 |
| **Missouri** - Medicaid<br>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>Phone: 573-751-2005 | **South Carolina** - Medicaid<br>Website: https://www.scdhhs.gov<br>Phone: 1-888-549-0820 |
| **Nevada** - Medicaid<br>Medicaid Website: http://dwss.nv.gov/<br>Medicaid Phone: 1-800-992-0900 | **South Dakota** - Medicaid<br>Website: http://dss.sd.gov<br>Phone: 1-888-828-0059 |
| **Nebraska** - Medicaid<br>Website:<br>http://www.ACCESSNebraska.ne.gov<br>Phone: (855) 632-7633<br>Lincoln: (402) 473-7000<br>Omaha: (402) 595-1178 | **West Virginia** - Medicaid<br>Website: http://mywvhipp.com/<br>Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| **Montana** - Medicaid<br>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP<br>Phone: 1-800-694-3084 | **Utah** - Medicaid and CHIP<br>Medicaid Website: https://medicaid.utah.gov/<br>CHIP Website: http://health.utah.gov/chip<br>Phone: 1-877-543-7669 |
| **New Jersey** - Medicaid and CHIP<br>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/<br>Medicaid Phone: 609-631-2392<br>CHIP Website: http://www.njfamilycare.org/index.html<br>CHIP Phone: 1-800-701-0710 | **Virginia** - Medicaid and CHIP<br>Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm<br>Medicaid Phone: 1-800-432-5924<br>CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm<br>CHIP Phone: 1-855-242-8282 |
| **New Hampshire** - Medicaid<br>Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf<br>Phone: 603-271-5218 | **Vermont** - Medicaid<br>Website: http://www.greenmountaincare.org/<br>Phone: 1-800-250-8427 |
| **New York** - Medicaid<br>Website: https://www.health.ny.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 | **Washington** - Medicaid<br>Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment/program<br>Phone: 1-800-562-3022 ext. 15473 |
| **North Carolina** - Medicaid<br>Website: http://dma.ncdhhs.gov/<br>Phone: 919-855-4100 | **Texas** - Medicaid<br>Website: https://gethipptexas.com/<br>Phone: 1-800-440-0493 |
| **North Dakota** - Medicaid<br>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/<br>Phone: 1-844-854-4825 | **Wisconsin** - Medicaid and CHIP<br>Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf<br>Phone: 1-800-362-3002 |
| **Oklahoma** - Medicaid and CHIP<br>Website: http://www.insureoklahoma.org<br>Phone: 1-888-365-3742 | **Wyoming** - Medicaid<br>Website: https://wyequalitycare.acs-inc.com/<br>Phone: 307-777-7531 |

To see if any other states have added a premium assistance program since **August 10, 2017**, 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

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

# Medicare D Notice

## Important Notice from Falls Community Hospital & Clinic About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Falls Community Hospital & Clinic and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

2. **Falls Community Hospital & Clinic has determined that the prescription drug coverage offered by the Falls Community Hospital & Clinic Medical Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

**When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

**What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Falls Community Hospital & Clinic coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drug. Please see the Medical Benefit Plan in this book for specific details about the prescription drug coverage.

If you enroll in a Medicare prescription drug plan, you and your eligible dependents will be eligible to receive all of your current health and prescription drug benefits and your coverage will coordinate with Medicare.

If you do decide to join a Medicare drug plan and drop your current Falls Community Hospital & Clinic coverage, be aware that you and your dependents may not be able to get this coverage back.

**CMS Form 10182-CC**

**Updated April 1, 2011**

# Medicare D Notice

**When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**
You should also know that if you drop or lose your current coverage with Falls Community Hospital & Clinic and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

**For More Information About This Notice Or Your Current Prescription Drug Coverage…**
Contact the person listed below for further information. **NOTE:** You will get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Falls Community Hospital & Clinic changes. You also may request a copy of this notice at any time.

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

| | |
|---|---|
| Date: | January 2018 |
| Name of Entity/Sender: | Falls Community Hospital & Clinic |
| Contact--Position/Office: | Jessica Ford - Human Resources |
| Address: | 322 Coleman St<br>PO Box 60<br>Marlin, TX 76661 |
| Phone Number: | 254.803.3561 |

**CMS Form 10182-CC**

**Updated April 1, 2011**

# Notes

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Arthur J. Gallagher & Co.

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