



2021 BENEFITS ENROLLMENT GUIDE



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Contacts

Falls Community Hospital & Clinic

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Benefits	Carrier	Telephone/Web Address
Medical Insurance	BlueCross BlueShield Group Number: 226409	www.bcbstx.com 800-521-2227
Virtual Visits	MDLive	www.MDLive.com/bcbstx.com 888-680-8646
Dental Insurance	BlueCross BlueShield Group Number: 226409	www.bcbstx.com 800-521-2227
Vision Insurance	BlueCross BlueShield Group Number: 226409	www.bcbstx.com 800-521-2227
Basic Insurance	BlueCross BlueShield Group Number: 226409	www.bcbstx.com 800-521-2227
Voluntary Life Insurance	Guardian Group Number: 54725	www.guardiananytime.com 888-600-1600
Short/Long Term Disability	Cigna Group Number: 0602144	www.mycigna.com 888-842-4462
Accident Insurance	Guardian Group Number: 54725	www.guardiananytime.com 888-600-1600
Critical Illness	Guardian Group Number: 54725	www.guardiananytime.com 888-600-1600
Hospital Indemnity (GAP)	Guardian Group Number: 54725	www.guardiananytime.com 888-600-1600
HSA/FSA	Discovery Benefits	www.discoverybenefits.com 866-451-3399
Will Preparation	Guardian / IBH	www.ibhwillprep.com 877-433-6789
Wellness Program	Well On Target	www.wellontarget.com 877-806-9380

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.

Medical Coverage

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.

			PPO Option		HDHP Option	
			Blue Cross Blue Shield		Blue Cross Blue Shield	
Plan Design	70/50 \$5,000 Ded.		100/70 H.S.A \$6,000			
	In Network	Out of Network	In Network	Out of Network		
Ded.: Individual	\$5,000	\$10,000	\$6,000	\$12,000		
Ded.: Family	\$14,700	\$29,400	\$12,000	\$24,000		
Out of Pocket (OOP): Individual	\$5,600	\$20,000	\$6,000	\$24,000		
Out of Pocket (OOP): Family	\$14,700	\$60,000	\$12,000	\$48,000		
Physician Services: Primary Care	\$45 Copay	Subject to Deductible + 50% OOP	Subject to Deductible + 0% OOP	Subject to Deductible + 30% OOP		
Physician Services: Specialist	\$90 Copay					
TeleMed	Well on Target		Well on Target			
Hospital Services: Inpatient	Subject to Deductible + 30% OOP	Subject to Deductible + 50% OOP	Subject to Deductible + 0% OOP	Subject to Deductible + 30% OOP		
Hospital Services: Outpatient						
Labs & X-Rays	Subject to Deductible + 30% OOP	Subject to Deductible + 50% OOP	Subject to Deductible + 0% OOP	Subject to Deductible + 30% OOP		
Emergency Room Copay	\$500 Copay + Deductible + 30%-OOP		Subject to Deductible + 0% OOP			
Urgent Care	\$75 Copay	Ded. + 50% OOP	Subject to Deductible + 0%	Ded. + 30% OOP		
Preventive Care	Covered at 100%	Ded. + 50% OOP	Covered at 100%	Ded. + 30% OOP		
Prescription Drugs (In-Network)	Mandatory Generic \$10 Preferred Generic \$20 Non-Preferred Generic \$70 Preferred Brand \$120 Non-Preferred Brand \$150 Specialty / \$250 Non-Pref		(Deductible must be met first) Mandatory Generic Subject to Deductible + 0% OOP			
Mail Order (90 Day Supply)	3 X Copay		N/A			
Wellness	MD Live		MD Live			
Network	Blue Choice 713		Blue Choice 609			

*If you elect the HDHP, Falls Community Hospital and Clinic will contribute \$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.

Premium Contributions

The costs listed below reflect the share structure for the January 1, 2021 through December 31, 2021 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.



	Employee Monthly Rate	Employee Semi-Monthly Rate
BlueCross BlueShield Option 1 – HDHP/HSA Plan		
Employee Only	\$114.00	\$57.00
Employee + Spouse	\$790.23	\$395.11
Employee + Child(ren)	\$595.50	\$297.75
Family	\$1,133.51	\$566.75
BlueCross BlueShield Option 2 – PPO Plan		
Employee Only	\$250.50	\$125.25
Employee + Spouse	\$1,106.56	\$553.28
Employee + Child(ren)	\$860.05	\$430.03
Family	\$1,541.21	\$770.60
BlueCross BlueShield Voluntary Dental Plan		
Employee Only	\$33.25	\$16.63
Employee + Spouse	\$66.50	\$33.25
Employee + Child(ren)	\$89.43	\$44.72
Family	\$135.61	\$67.81
BlueCross BlueShield Voluntary Vision Plan		
Employee Only	\$7.60	\$3.80
Employee + Spouse	\$14.44	\$7.22
Employee + Child(ren)	\$15.20	\$7.60
Family	\$22.35	\$11.18

MDLIVE - Virtual Visits



BlueCross BlueShield of Texas

Powered by
MDLIVE[®]

Care When and
Where You Need It
Just Got Easier

Virtual Visits

Convenient health care
at your fingertips

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

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. 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. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission.

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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

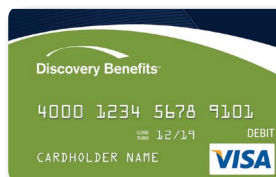
You must be enrolled in a High-Deductible Health Plan (HDHP) to get an HSA, which can be used to pay for out-of-pocket expenses until you've met your deductible, at which point your health plan kicks in. While you can't be enrolled in a general purpose Flexible Spending Account and an HSA at the same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

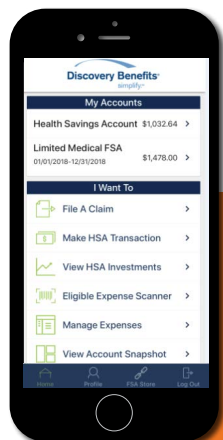
We also offer an Investment Guidance Tool through your online account to help you determine which investments are right for you. And, since all of your HSA dollars carry over from year to year, HSAs are a valuable long-term investment option.

Falls will contribute \$50 per month to your HSA on your behalf.

2021 HSA Contribution Limits:

Employee: \$3,600/ Family : \$7,200

Age 55 or older: \$1,000 catch up



DOWNLOAD THE APP FOR FREE ON APPLE AND ANDROID SMARTPHONES AND TABLETS



RESOURCES

 **ELIGIBLE EXPENSE LIST**
www.DiscoveryBenefits.com/eligibleexpenses

 **HSA CALCULATOR**
www.DiscoveryBenefits.com/hsacalculator

 **BENEFITS MOBILE APP VIDEO**
www.DiscoveryBenefits.com/mobileappvideo

 **HSA VIDEOS**
www.DiscoveryBenefits.com/hsavideos

Discovery Benefits®

www.DiscoveryBenefits.com



FLEXIBLE SPENDING ACCOUNT (FSA)

EMPLOYEE HANDOUT

AN FSA THAT SIMPLIFIES SAVINGS



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
BENEFITS MOBILE APP



THOUSANDS OF ELIGIBLE
EXPENSES FOR PURCHASE
AT THE FSA STORE

**Childcare
Contribution
Limits: Maximum
contribution is
\$5,000 per year
(\$2,500 if married
and filing separate
tax returns)**

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. That makes an FSA a great tool for saving money, especially when big expenses are anticipated.

Eligible Expenses

In order to have an expense covered by your FSA dollars, that expense has to be considered eligible by the IRS. To find out which specific expenses are eligible, view our searchable eligibility list at www.DiscoveryBenefits.com/eligibleexpenses.

Using Funds

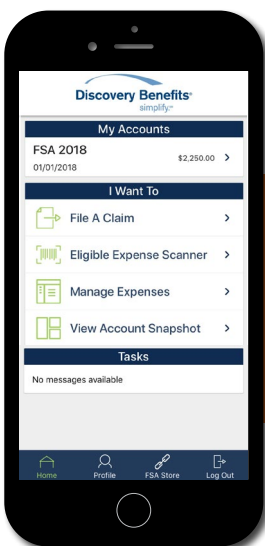
For easy access to your FSA funds, you can swipe your Discovery Benefits debit card and avoid out-of-pocket costs. If you use your card at a provider with an Inventory Information Approval System (IIAS), the expense will automatically be approved at the point of sale.



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.

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 for a claim by logging in to your online account. You can also submit documentation by taking a photo with your phone's camera and uploading it through the Benefits Mobile App by Discovery Benefits.



**DOWNLOAD THE APP FOR FREE ON APPLE
AND ANDROID SMARTPHONES AND TABLETS**



RESOURCES



ELIGIBLE EXPENSE LIST

www.DiscoveryBenefits.com/eligibleexpenses



FSA CALCULATOR

www.DiscoveryBenefits.com/fsacalculator



BENEFITS MOBILE APP VIDEO

www.DiscoveryBenefits.com/mobileappvideo



FSA 101 VIDEO

www.DiscoveryBenefits.com/fsa101



FSA STORE

www.DiscoveryBenefits.com/fsastore



www.DiscoveryBenefits.com



This information only provides a summary of the benefits for this Dental Plan. Please refer to your Dental Benefit Booklet for additional benefit information. The Deductibles, Coinsurance and Benefit Period Maximum shown below are subject to change as permitted by applicable law.

Summary of Dental Benefits

Program Basics

Benefit Period Maximum	\$1,500
Deductible	\$50 Individual/\$150 Family

Covered Services

Diagnostic Evaluations Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations	100% (Deductible does not apply)
Preventive Services Prophylaxis (cleanings) Topical fluoride applications	100% (Deductible does not apply)
Diagnostic Radiographs Full-mouth and panoramic films Bitewing films Periapical films	100% (Deductible does not apply)
Miscellaneous Preventive Services Sealants Space maintainers	100% (Deductible does not apply)
Basic Restorative Dental Services Amalgams Resin-based composite restorations	80%
Non-Surgical Extractions Removal of retained coronal remnants Removal of erupted tooth or exposed root	80%
Non-Surgical Periodontal Services Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	80%
Adjunctive Services Palliative treatment (emergency) Deep sedation / general anesthesia	80%
Endodontic Services Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification	80%

Covered Services (continued)

Oral Surgery Services Surgical tooth extractions Alveoloplasty and vestibuloplasty Excision of benign odontogenic tumor/cyst Excision of bone tissue Incision and drainage of an intraoral abscess	80%
Surgical Periodontal Services Gingivectomy or gingivoplasty and gingival flap procedures Clinical crown lengthening Osseous surgery Osseous grafts Soft tissue grafts/allografts Distal or proximal wedge procedure Anatomical crown exposures	80%
Major Restorative Services Single crown restorations Gold foil and inlay/onlay restorations Labial veneer restorations Crowns placed over implants	50%
Prosthodontic Services Complete and removable partial dentures Denture relining/rebase procedures Fixed bridgework Prosthetics placed over implants Implants	50%
Miscellaneous Restorative and Prosthodontic Services Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments	50%

Orthodontic Services

Orthodontic Services Orthodontic Diagnostic Procedures and Treatment Lifetime Maximum per Participant	50% \$1,500 (Deductible does not apply)
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The above is a listing of common services available through your network of Participating Dentists.

The Member's share of the cost is determined by whether care is received from a Participating or Non-Participating Dentist.

Services from non-participating providers will be subject to reasonable and customary allowances, as determined by the Company. Amounts in excess of these allowances will be the full responsibility of the insured.

This plan includes BlueCare Dental Enhanced BenefitSM. The Enhanced Benefit provides additional dental benefits, such as an extra cleaning and 100% coverage for periodontal cleanings to members with specific health issues at no additional cost. Please refer to your Dental Benefit Booklet for additional benefit information.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Summary of Vision Benefits



PLAN 8: 12/12/24/\$130		MS 300 V
Frequency		
Examination	Once every 12 months	
Lenses or contact lenses	Once every 12 months	
Frame	Once every 24 months	
Contact lens eval/fitting	N/A	
Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement*
Exam with dilation as necessary	\$10 copay	Up to \$30
Contact lens fit and follow-up	Up to \$40 for standard; 10% off retail price for premium	N/A
Frames		
Any available frame at provider location	\$0 copay, \$130 allowance, 20% off balance over \$130	Up to \$65
Standard Lenses		
Single vision	\$25 copay	Up to \$25
Bifocal	\$25 copay	Up to \$40
Trifocal	\$25 copay	Up to \$55
Lenticular	\$25 copay	Up to \$55
Standard progressive lens	\$90 copay	Up to \$40
Premium progressive lens	See table on page 2.	Up to \$40
Lens Options		
Tint (solid and gradient)	\$15	N/A
Scratch resistant coating	\$0	Up to \$5
Polycarbonate lenses	\$0 kids; \$40 adults	Up to \$5 kids
Ultraviolet coating	\$15	N/A
Anti-reflective coating	See table on page 2.	N/A
High index lenses	20% off retail	N/A
Polarized lenses	20% off retail	N/A
Photochromic/transitions plastic	\$75	N/A
Contact Lenses (in lieu of spectacle lenses)		
Conventional	\$0 copay, \$130 allowance, 15% off balance over \$130	Up to \$120
Disposable	\$0 copay, \$130 allowance, plus balance over \$130	Up to \$120
Medically necessary	\$0 copay, paid-in-full	Up to \$210
Other		
Laser vision correction	15% retail price or 5% off promotional price	N/A
Additional pairs benefit	40% off purchase of complete pair of eyeglasses and a 15% off conventional contact lenses once the funded benefit has been used	N/A
Amplifon hearing discount	40% off hearing exams and low price guarantee on discounted hearing aids	N/A
Additional discounts	20% off non-covered items with limitations	N/A
Monthly Rates		
Employee	\$7.60	
Employee + spouse	\$14.44	
Employee + child(ren)	\$15.20	
Employee + family	\$22.35	

Eligibility: All active full-time employees as defined by your employer. Dependent coverage is available to age 26.

Additional discounts

40% OFF

Complete pair of prescription eyeglasses

20% OFF

Non-prescription sunglasses

20% OFF

Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only.

Take a sneak peek before enrolling

- For a complete list of in-network providers near you, visit eyemedvisioncare.com/bcbstxvis or call 1.855.556.8976.
- For LASIK providers, call 1.877.5LASER6.



BlueCross BlueShield of Texas

Vision Care

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148.

Summary of Benefits Continued

Progressive Price List ²	Member Cost In-Network
Standard progressive	\$90 copay

Premium Progressives ³ as Follows:	
Tier 1	\$110 copay
Tier 2	\$120 copay
Tier 3	\$135 copay
Tier 4	\$90 copay 80% of charge less \$120 allowance

Anti-Reflective Coating Price List ²	Member Cost In-Network
Standard anti-reflective coating	\$45

Premium anti-reflective ³ coatings as follows:	
Tier 1	\$57
Tier 2	\$68
Tier 3	80% of charge

Other Add-ons Price List	Member Cost In-Network
Photochromic	\$75
Polarized	80% of charge

Plan Exclusions

1. Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; aniseikonic lenses
2. Medical and/or surgical treatment of the eye, eyes or supporting structures
3. Any eye or vision examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear
4. Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof
5. Plano (non-prescription) lenses and/or contact lenses
6. Non-prescription sunglasses
7. Two pair of glasses in lieu of bifocals
8. Services rendered after the date an insured person ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered, and the services rendered to the insured person are within 31 days from the date of such order
9. Services or materials provided by any other group benefit plan providing vision care
10. Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next benefit frequency when vision materials would next become available



¹Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states, members may be required to pay the full retail rate. ²Blue Cross Blue Shield of Texas Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. ³Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Not available in all states. Some provisions, benefits, exclusions or limitations listed herein may vary.

For employee use. This piece is for illustrative purposes only and is not a contract. It is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy provides the actual terms of coverage, including any exclusions, conditions and limitations to coverage.

All plans are based on a 48-month contract term and 48-month rate guarantee. Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies. Benefits may not be combined with any discount, promotional offering or other group benefit plans. Benefit allowance provides no remaining balance for future use with the same benefits year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Benefits are available from the EyeMed Vision Care, LLC provider network and are administered by First American Administrators, Inc., independent companies that offer benefits on behalf of Blue Cross and Blue Shield of Texas. Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent licensee of Blue Cross and Blue Shield Association. 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.



**BlueCross BlueShield
of Texas**

Group Benefit Program Summary for Falls Community Hospital

Group Term Life

The death of a family member can mean not only dealing with the loss of a loved one, but the loss of financial security as well. With Blue Cross and Blue Shield of Texas' Group Term Life plan, an employee can achieve peace of mind by giving their family the financial security they can depend on.

Eligibility	All Active Full-Time Employees
Group Term Life Benefit: Employee	\$10,000
Guarantee Issue Amount - Employee	\$10,000
Group Term Life Age Reduction Schedule	Benefits reduce by 35% of the original amount at age 70; and further reduce by: 50% of the original amount at age 75.
Waiver of Premium	Elimination Period: 9 Months; Duration: To age 65
Accelerated Death Benefit (ADB)	Benefit: Up to 75% of the employee's life insurance; Life expectancy: 24 months or less
Portability Feature (Life Coverage)	Not Included
Conversion	Included
Beneficiary Resource Service	Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents.
Travel Resource Services	Helps travelers with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance and access to other critical services and resources available via the Internet.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas, is the trade name of Dearborn Life Insurance Company, an independent Blue Cross and Blue Shield licensee. 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.



BlueCross BlueShield of Texas

Group Accidental Death & Dismemberment (AD&D)

Group AD&D is an additional death benefit that pays in the event a covered employee dies or is dismembered in a covered accident. AD&D benefit is a 24-hour coverage.

Group AD&D Benefit: Employee	Same as Basic Life
AD&D Age Reduction Schedule	Same as Basic Life

AD&D Schedule of Loss*	Principal Sum
Loss of Life	100%
Loss of both hands or both feet	100%
Loss of one hand and one foot	100%
Loss of speech and hearing	100%
Loss of sight of both eyes	100%
Loss of one hand and sight of one eye	100%
Loss of one foot and sight of one eye	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of sight of one eye	50%
Loss of one hand or one foot	50%
Loss of speech or hearing	50%
Loss of thumb and index finger of the same hand	25%
Uniplegia	25%

AD&D PRODUCT FEATURES INCLUDED:

- ▲ Seatbelt Benefit
- ▲ Airbag Benefit
- ▲ Repatriation Benefit
- ▲ Education Benefit

*Loss must occur within 365 days of accident.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

Life Benefit Summary
Group Number: 00546725

A Life insurance plan through Guardian provides:

- The foundation of a smart financial plan that helps protect you and those who depend on you
- Affordable group rates
- Flexibility to update your coverage as your life changes or take it with you if you change jobs or retire

About Your Benefits:

	VOLUNTARY TERM LIFE
Employee Benefit	\$10,000 increments to a maximum of \$500,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Employee, Spouse & Child(ren) coverage. Maximum 1 times life amount.
Spouse Benefit	\$5,000 increments to a maximum of \$50,000. See Cost Illustration page for details.†
Child Benefit	Your dependent children age birth† to 26 years. You may elect one of the following benefit options: \$10,000. Subject to state limits. See Cost Illustration page for details.
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	We Guarantee Issue coverage up to: Employee Less than age 65 \$150,000, 65-69 \$50,000, 70+ \$10,000. Spouse Less than age 65 \$50,000, 65-69 \$10,000, 70+ \$0. Dependent children \$10,000.
Premiums	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits
Accelerated Life Benefit: A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	Yes
Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met

Voluntary Life Cost Illustration:

To determine the most appropriate level of coverage, as a rule of thumb, you should consider about 6 - 10 times your annual income, factoring in projected costs to help maintain your family's current life style. To help you assess your needs, you can also go to Guardian Anytime and view a video: <https://www.guardiananytime.com/gafd/wps/portal/fdhome/employees/products-coverage/life>

Policy Election Amount		Monthly premiums displayed. Cost of AD&D is included.							
		Policy Election Cost Per Age Bracket							
Employee		< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64 65-69†
\$10,000		\$.84	\$1.02	\$1.38	\$1.90	\$3.00	\$4.80	\$7.40	\$15.80
\$20,000		\$1.68	\$2.04	\$2.76	\$3.80	\$6.00	\$9.60	\$14.80	\$31.60
\$30,000		\$2.52	\$3.06	\$4.14	\$5.70	\$9.00	\$14.40	\$22.20	\$47.40
\$40,000		\$3.36	\$4.08	\$5.52	\$7.60	\$12.00	\$19.20	\$29.60	\$63.20
\$50,000		\$4.20	\$5.10	\$6.90	\$9.50	\$15.00	\$24.00	\$37.00	\$79.00
\$60,000		\$5.04	\$6.12	\$8.28	\$11.40	\$18.00	\$28.80	\$44.40	\$94.80
\$70,000		\$5.88	\$7.14	\$9.66	\$13.30	\$21.00	\$33.60	\$51.80	\$110.60
\$80,000		\$6.72	\$8.16	\$11.04	\$15.20	\$24.00	\$38.40	\$59.20	\$126.40
\$90,000		\$7.56	\$9.18	\$12.42	\$17.10	\$27.00	\$43.20	\$66.60	\$142.20
\$100,000		\$8.40	\$10.20	\$13.80	\$19.00	\$30.00	\$48.00	\$74.00	\$158.00
\$110,000		\$9.24	\$11.22	\$15.18	\$20.90	\$33.00	\$52.80	\$81.40	\$173.80
\$120,000		\$10.08	\$12.24	\$16.56	\$22.80	\$36.00	\$57.60	\$88.80	\$189.60
\$130,000		\$10.92	\$13.26	\$17.94	\$24.70	\$39.00	\$62.40	\$96.20	\$205.40
\$140,000		\$11.76	\$14.28	\$19.32	\$26.60	\$42.00	\$67.20	\$103.60	\$221.20
\$150,000		\$12.60	\$15.30	\$20.70	\$28.50	\$45.00	\$72.00	\$111.00	\$237.00
\$160,000		\$13.44	\$16.32	\$22.08	\$30.40	\$48.00	\$76.80	\$118.40	\$252.80
\$170,000		\$14.28	\$17.34	\$23.46	\$32.30	\$51.00	\$81.60	\$125.80	\$268.60
\$180,000		\$15.12	\$18.36	\$24.84	\$34.20	\$54.00	\$86.40	\$133.20	\$284.40
\$190,000		\$15.96	\$19.38	\$26.22	\$36.10	\$57.00	\$91.20	\$140.60	\$300.20
\$200,000		\$16.80	\$20.40	\$27.60	\$38.00	\$60.00	\$96.00	\$148.00	\$316.00
\$210,000		\$17.64	\$21.42	\$28.98	\$39.90	\$63.00	\$100.80	\$155.40	\$331.80
\$220,000		\$18.48	\$22.44	\$30.36	\$41.80	\$66.00	\$105.60	\$162.80	\$347.60
\$230,000		\$19.32	\$23.46	\$31.74	\$43.70	\$69.00	\$110.40	\$170.20	\$363.40
\$240,000		\$20.16	\$24.48	\$33.12	\$45.60	\$72.00	\$115.20	\$177.60	\$379.20
\$250,000		\$21.00	\$25.50	\$34.50	\$47.50	\$75.00	\$120.00	\$185.00	\$395.00
\$260,000		\$21.84	\$26.52	\$35.88	\$49.40	\$78.00	\$124.80	\$192.40	\$410.80
\$270,000		\$22.68	\$27.54	\$37.26	\$51.30	\$81.00	\$129.60	\$199.80	\$426.60
\$280,000		\$23.52	\$28.56	\$38.64	\$53.20	\$84.00	\$134.40	\$207.20	\$442.40
\$290,000		\$24.36	\$29.58	\$40.02	\$55.10	\$87.00	\$139.20	\$214.60	\$458.20
\$300,000		\$25.20	\$30.60	\$41.40	\$57.00	\$90.00	\$144.00	\$222.00	\$474.00
\$310,000		\$26.04	\$31.62	\$42.78	\$58.90	\$93.00	\$148.80	\$229.40	\$489.80

Voluntary Life Cost Illustration *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
\$320,000	\$26.88	\$32.64	\$44.16	\$60.80	\$96.00	\$153.60	\$236.80	\$313.60	\$505.60
\$330,000	\$27.72	\$33.66	\$45.54	\$62.70	\$99.00	\$158.40	\$244.20	\$323.40	\$521.40
\$340,000	\$28.56	\$34.68	\$46.92	\$64.60	\$102.00	\$163.20	\$251.60	\$333.20	\$537.20
\$350,000	\$29.40	\$35.70	\$48.30	\$66.50	\$105.00	\$168.00	\$259.00	\$343.00	\$553.00
\$360,000	\$30.24	\$36.72	\$49.68	\$68.40	\$108.00	\$172.80	\$266.40	\$352.80	\$568.80
\$370,000	\$31.08	\$37.74	\$51.06	\$70.30	\$111.00	\$177.60	\$273.80	\$362.60	\$584.60
\$380,000	\$31.92	\$38.76	\$52.44	\$72.20	\$114.00	\$182.40	\$281.20	\$372.40	\$600.40
\$390,000	\$32.76	\$39.78	\$53.82	\$74.10	\$117.00	\$187.20	\$288.60	\$382.20	\$616.20
\$400,000	\$33.60	\$40.80	\$55.20	\$76.00	\$120.00	\$192.00	\$296.00	\$392.00	\$632.00
\$410,000	\$34.44	\$41.82	\$56.58	\$77.90	\$123.00	\$196.80	\$303.40	\$401.80	\$647.80
\$420,000	\$35.28	\$42.84	\$57.96	\$79.80	\$126.00	\$201.60	\$310.80	\$411.60	\$663.60
\$430,000	\$36.12	\$43.86	\$59.34	\$81.70	\$129.00	\$206.40	\$318.20	\$421.40	\$679.40
\$440,000	\$36.96	\$44.88	\$60.72	\$83.60	\$132.00	\$211.20	\$325.60	\$431.20	\$695.20
\$450,000	\$37.80	\$45.90	\$62.10	\$85.50	\$135.00	\$216.00	\$333.00	\$441.00	\$711.00
\$460,000	\$38.64	\$46.92	\$63.48	\$87.40	\$138.00	\$220.80	\$340.40	\$450.80	\$726.80
\$470,000	\$39.48	\$47.94	\$64.86	\$89.30	\$141.00	\$225.60	\$347.80	\$460.60	\$742.60
\$480,000	\$40.32	\$48.96	\$66.24	\$91.20	\$144.00	\$230.40	\$355.20	\$470.40	\$758.40
\$490,000	\$41.16	\$49.98	\$67.62	\$93.10	\$147.00	\$235.20	\$362.60	\$480.20	\$774.20
\$500,000	\$42.00	\$51.00	\$69.00	\$95.00	\$150.00	\$240.00	\$370.00	\$490.00	\$790.00
Policy Election Amount									
Spouse									
\$5,000	\$42	\$51	\$69	\$95	\$150	\$240	\$370	\$490	\$790
\$10,000	\$84	\$102	\$138	\$190	\$300	\$480	\$740	\$980	\$1580
\$15,000	\$126	\$153	\$207	\$285	\$450	\$720	\$1110	\$1470	\$2370
\$20,000	\$168	\$204	\$276	\$380	\$600	\$960	\$1480	\$1960	\$3160
\$25,000	\$210	\$255	\$345	\$475	\$750	\$1200	\$1850	\$2450	\$3950
\$30,000	\$252	\$306	\$414	\$570	\$900	\$1440	\$2220	\$2940	\$4740
\$35,000	\$294	\$357	\$483	\$665	\$1050	\$1680	\$2590	\$3430	\$5530
\$40,000	\$336	\$408	\$552	\$760	\$1200	\$1920	\$2960	\$3920	\$6320
\$45,000	\$378	\$459	\$621	\$855	\$1350	\$2160	\$3330	\$4410	\$7110
\$50,000	\$420	\$510	\$690	\$950	\$1500	\$2400	\$3700	\$4900	\$7900

Voluntary Life Cost Illustration *continued*

	< 30	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69†
Policy Election Amount									
Child(ren)									
\$10,000	\$2.01	\$2.01	\$2.01	\$2.01	\$2.01	\$2.01	\$2.01	\$2.01	\$2.01

Refer to Guarantee Issue row on page above for Voluntary Life GI amounts.

Premiums for Voluntary Life Increase in five-year increments

Infant coverage is limited for the first two weeks of infant's life.

Spouse coverage premium is based on Employee age.

†Benefit reductions apply.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00546725

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF PLAN LIMITATIONS AND EXCLUSIONS FOR LIFE AND AD&D COVERAGE:

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations. Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to certificate of coverage for full plan description.

Dependent life insurance will not take effect if a dependent, other than a newborn, is confined to the hospital or other health care facility or is unable to perform the normal activities of someone of like age and sex.

Accelerated Life Benefit is not paid to an employee under the following circumstances: one who is required by law to use the benefit to pay creditors; is required by court order to pay the benefit to another person; is required by a government agency to use the payment to receive a government benefit; or loses his or her group coverage before an accelerated benefit is paid.

We pay no benefits if the insured's death is due to suicide within two years from the insured's original effective date. This two year limitation also applies to any increase in benefit. This exclusion may vary according to state law. Late entrants and benefit increases require underwriting approval.

GP- I-R-EOPT-96

Guarantee Issue/Conditional Issue amounts may vary based on age and case size. See your Plan Administrator for details. Late entrants and benefit increases require underwriting approval.

For AD&D: We pay no benefits for any loss caused: by willful self-injury; sickness, disease or medical treatment; by participating in a civil disorder or committing a felony; Traveling on any type of aircraft while having duties on that aircraft; by declared or undeclared act of war or armed aggression; while a member of any armed force (May vary by state); while driving a motor vehicle without a current, valid driver's license; by legal intoxication; or by voluntarily using a non-prescription controlled substance. Contract #GP- I-R-ADCLI-00 et al. We won't pay more than 100% of the Insurance amount for all losses due to the same accident, except as stated. The loss must occur within a specified period of time of the accident. Please see contract for specific definition; definition of loss may vary depending on the benefit payable.

This document is a summary of the major features of the referenced insurance coverage. It is intended for illustrative purposes only and does not constitute a contract. The insurance plan documents, including the policy and certificate, comprise the contract for coverage. The full plan description, including the benefits and all terms, limitations and exclusions that apply will be contained in your insurance certificate. The plan documents are the final arbiter of coverage. Coverage terms may vary by state and actual sold plan. The premium amounts reflected in this summary are an approximation; if there is a discrepancy between this amount and the premium actually billed, the latter prevails.

WillPrep Services

Special bonus for participants in voluntary life plan

Your employer has worked with Guardian to make WillPrep Services available to eligible members with Voluntary Life plans. Keeping an up-to-date will is essential to ensuring that your assets are distributed as you intended, no matter the size of your estate. You may be avoiding creating a will because you believe you can't afford the time or legal expense. Now you can with WillPrep Services.

WillPrep Services offer support and guidance to help you properly prepare the documents necessary to preserve your family's financial security. WillPrep has a range of services including online planning documents, a resource library and access to professionals* to help with issues related to:

- | | | |
|-----------------------------------|------------------------------------|--------------------------|
| ▪ Advanced Health Care Directives | ▪ Financial Power of Attorney | ▪ Wills and Living Wills |
| ▪ Estate Taxes | ▪ Guardianship and Conservatorship | ▪ Resource Library |
| ▪ Executors & Probate | ▪ Healthcare Power of Attorney | ▪ Trusts |

For more information about WillPrep Services, go to www.ibhwillprep.com; User name: WillPrep; Password: GLIC09 or call 1-877-433-6789

*The Option of an attorney prepared will is available for a small fee.

WillPrep Services are provided by Integrated Behavioral Health, Inc., and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of WillPrep Services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WillPrep Services at any time without notice. Legal services will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer.



Short Term Disability

Summary of Coverage:

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.

Voluntary Short Term Disability	
Weekly Benefit	66.67% of weekly income
Maximum Weekly Benefit	\$1,500
Elimination Period	0 days accident 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 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

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



Long Term Disability

Summary of Coverage:

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 \$6,000.

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

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****

$$\begin{array}{ccccccc}
 \frac{\$45,000}{12} & = & \frac{\$3,750}{100} & = & \$37.50 & \times & \$0.34 & = & \$12.75 & \times & 12 \div 24 & = & \$6.38 \\
 \text{Your Annual Earnings} & & \text{Your Monthly Earnings} & & \text{Rate Above} & & \text{Your Monthly Cost} & & \text{Your Bi-Weekly Cost}
 \end{array}$$

Critical Illness Benefit Summary
Group Number: 00546725

A Critical Illness insurance plan through Guardian provides:

- A cash benefit for a range of covered serious illnesses such as Cancer, Stroke and Heart Attack, in addition to whatever your medical insurance may cover
- Payments are made directly to you and can be used for any purpose

About Your Benefits:
CRITICAL ILLNESS

Benefit Amount(s)	Employee may choose a lump sum benefit of \$5,000 to \$50,000 in \$5,000 increments.	
CONDITIONS		
Cancer	1st OCCURRENCE	2nd OCCURRENCE
Invasive Cancer	100%	100%
Carcinoma In Situ	30%	0%
Benign Brain Tumor	75%	0%
Skin Cancer	\$250 per lifetime	Not Covered
Vascular		
Heart Attack	100%	100%
Stroke	100%	100%
Heart Failure	100%	100%
Coronary Arteriosclerosis	30%	0%
Other		
Organ Failure	100%	100%
Kidney Failure	100%	100%
Childhood Conditions	1st OCCURRENCE ONLY	
Cerebral Palsy	100%	
Cleft Lip/Palate	100%	
Club Foot	100%	
Cystic Fibrosis	100%	
Down's Syndrome	100%	
Muscular Dystrophy	100%	
Spina Bifida	100%	
Type I Diabetes	100%	
Spouse Benefit	May choose a lump sum benefit of \$2,500 to \$25,000 in \$2,500 increments up to 50% of the employee's lump sum benefit.	
Child Benefit- children age Birth to 26 years	25% of employee's lump sum benefit	
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages	50% at age 70	

Critical Illness Cost Illustration

To determine the most appropriate level of coverage, you should consider your current basic monthly expenses and expected financial needs during a Critical Illness.

Your premium will not increase as you age.

Spouse coverage premium is based on Employee age

Child cost is included with employee election.

Issue Age	Monthly Premiums Displayed Election Cost Per Age Bracket					
	< 30	30-39	40-49	50-59	60-69	70+†
Employee						
\$5,000	\$2.86	\$4.91	\$10.26	\$19.19	\$29.55	\$55.08
\$10,000	\$5.41	\$9.31	\$19.46	\$36.24	\$55.70	\$104.78
\$15,000	\$7.96	\$13.71	\$28.66	\$53.29	\$81.85	\$154.48
\$20,000	\$10.51	\$18.11	\$37.86	\$70.34	\$108.00	\$204.18
\$25,000	\$13.06	\$22.51	\$47.06	\$87.39	\$134.15	\$253.88
\$30,000	\$15.61	\$26.91	\$56.26	\$104.44	\$160.30	\$303.58
\$35,000	\$18.16	\$31.31	\$65.46	\$121.49	\$186.45	\$353.28
\$40,000	\$20.71	\$35.71	\$74.66	\$138.54	\$212.60	\$402.98
\$45,000	\$23.26	\$40.11	\$83.86	\$155.59	\$238.75	\$452.68
\$50,000	\$25.81	\$44.51	\$93.06	\$172.64	\$264.90	\$502.38
Benefit Amount Up To 50% of Employee Amount to a Maximum of \$25,000						
Spouse						
\$2,500	\$1.58	\$2.71	\$5.66	\$10.67	\$16.48	\$30.23
\$5,000	\$2.86	\$4.91	\$10.26	\$19.19	\$29.55	\$55.08
\$7,500	\$4.14	\$7.11	\$14.86	\$27.72	\$42.63	\$79.93
\$10,000	\$5.41	\$9.31	\$19.46	\$36.24	\$55.70	\$104.78
\$12,500	\$6.69	\$11.51	\$24.06	\$44.77	\$68.78	\$129.63
\$15,000	\$7.96	\$13.71	\$28.66	\$53.29	\$81.85	\$154.48
\$17,500	\$9.24	\$15.91	\$33.26	\$61.82	\$94.93	\$179.33
\$20,000	\$10.51	\$18.11	\$37.86	\$70.34	\$108.00	\$204.18
\$22,500	\$11.79	\$20.31	\$42.46	\$78.86	\$121.08	\$229.03
\$25,000	\$13.06	\$22.51	\$47.06	\$87.39	\$134.15	\$253.88

[†]Benefit reductions may apply. See plan details.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00546725.

Accident Benefit Summary
Group Number: 00546725

Accident insurance through Guardian provides you:

- A cash benefit for covered injuries, treatments and services, in addition to whatever your medical plan may cover
- Payments go directly to you, not the doctor
- Easy enrollment with no medical questions

About Your Benefits:

ACCIDENT	
COVERAGE - DETAILS	
Your Monthly premium	\$12.00
You and Spouse	\$21.00
You and Child(ren)	\$29.00
You, Spouse and Child(ren)	\$38.00
Accident Coverage Type	Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment.	Included
ACCIDENTAL DEATH AND DISMEMBERMENT	
Benefit Amount(s)	Employee \$25,000 Spouse \$12,500 Child \$5,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500
WELLNESS BENEFIT - Per Year Limit	\$50
Child(ren) Age Limits	Children age birth to 26 years
FEATURES	
Accident Emergency Room Treatment	\$175
Accident Follow-Up Visit - Doctor	\$50 up to 6 treatments
Air Ambulance	\$1,000
Ambulance	\$150
Appliance - Wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck.	\$125
Blood/Plasma/Platelets	\$300
Burns (2nd Degree/3rd Degree)	9 sq inches to 18 sq inches: \$0/\$2,000 18 sq inches to 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000
Burn - Skin Graft	50% of burn benefit

FEATURES (Cont.)

Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate.	20% increase to child benefits
Chiropractic Visits	\$25 per visit up to 6 visits
Coma	\$10,000
Concussions	\$75
Dislocations	Schedule up to \$4,400
Diagnostic Exam (Major)	\$150
Emergency Dental Work	\$300/Crown, \$75/Extraction
Epidural pain management	\$100, 2 times per accident
Eye Injury	\$300
Family Care	\$20/day up to 30 days
Fracture	Schedule up to \$5,500
Hospital Admission	\$1,000
Hospital Confinement	\$225/day - up to 1 year
Hospital ICU Admission	\$2,000
Hospital ICU Confinement	\$450/day - up to 15 days
Initial Physician's office/Urgent Care Facility Treatment	\$75
Joint Replacement (hip/knee/shoulder)	\$2,500/\$1,250/\$1,250
Knee Cartilage	\$500
Laceration	Schedule up to \$400
Lodging - The hospital must be more than 50 miles from the insured's residence.	\$125/day, up to 30 days for companion hotel stay
Occupational or Physical Therapy	\$25/day up to 10 days
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$150/day up to 15 days
Ruptured Disc With Surgical Repair	\$500
Surgery	Schedule up to \$1,250 Hernia: \$150
Surgery - Exploratory or Arthroscopic	\$250
Tendon/Ligament/Rotator Cuff	1: \$500 2 or more: \$1,000
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	\$500, 3 times per accident
X - Ray	\$30

UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passenger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.
- **Common Disaster** – Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.
- **Reasonable Accommodation** – Benefit is payable if a modification is required to an insured's place of residence or vehicle due to an Accidental Dismemberment or Catastrophic loss.
- **Accident Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.

Effective:
Group Number: 00546725

Hospital Indemnity Benefit Summary

A Hospital Indemnity insurance plan through Guardian provides:

- A cash benefit when you are admitted to a hospital, whether or not these charges are covered by your medical plan
- Benefit payments sent directly to you and can be used for any purpose – from covering medical copays and deductibles to paying for everyday expenses such as the mortgage, groceries and utilities
- Simple enrollment with no health or medical questions to answer
- Ability to take the coverage with you if you change jobs or retire

About Your Benefits:

Hospital Indemnity	
Option I	
Benefits	
Hospital/ICU Admission	\$1,000 per admission, limited to 1 admission(s) per insured.
Hospital/ICU Confinement	\$100/\$100 per day, limited to 30 day(s) per insured per benefit year.
Health Screening	\$50 per day, limited to 1 day(s) per insured per benefit year.
Pre-Existing Conditions Limitation - A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	
	6 months prior, 6 months after
Portability - Allows you to take your Hospital Indemnity coverage with you if you terminate employment.	
	Included
Child(ren) Age Limits	
	Children age birth to 26 years
Coverage Details	
Your Monthly premium Your premium will not increase as you age.	
You	<50 \$15.26
	50-59 \$21.11
	60-64 \$32.48
	65-69 \$43.98
You and Spouse	<50 \$31.28
	50-59 \$42.23
	60-64 \$65.03
	65-69 \$88.08
You and Child(ren)	<50 \$25.47
	50-59 \$31.30
	60-64 \$42.69
	65-69 \$54.19
You, Spouse and Child(ren)	<50 \$41.49
	50-59 \$52.43
	60-64 \$75.24
	65-69 \$98.28
Applicants over the age of 69 are not eligible to enroll in the Hospital Indemnity coverage.	
Spouse rate is based on employee's age bracket.	

WorkLifeMatters

Your Confidential Employee Assistance Program – Helping find balance between work and home life.

WorkLifeMatters provides guidance for personal issues that you might be facing and information about other concerns that affect your life, whether it's a life event or on a day-to-day basis.

- **Unlimited free telephonic consultation with an EAP counselor available 24/7 at 800-386-7055**
- **Referrals to local counselors — up to three sessions free of charge**
- **State-of-the-art website featuring over 3,400 helpful articles on topics like wellness, training courses, and a legal and financial center**

WorkLifeMatters can offer help with:

Education

- Admissions testing & procedures
- Adult re-entry programs
- College Planning
- Financial aid resources
- Finding a pre-school

Lifestyle & Fitness Management

- Anxiety & depression
- Divorce & separation
- Drugs & alcohol

Dependent Care & Care Giving

- Adoption Assistance
- Before/after school programs
- Day Care/Elder Care
- Elder care
- In-home services

Working Smarter

- Career development
- Effective managing
- Relocation

Legal and financial

- Basic tax planning
- Credit & collections
- Debt Counseling
- Home buying
- Immigration

For more information about WorkLifeMatters, go to www.ibhworklife.com; User Name: Matters; Password: wlm70101

WorkLifeMatters Program services are provided by Integrated Behavioral Health, Inc., and its contractors. Guardian does not provide any part of WorkLifeMatters Program services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WorkLifeMatters Program at any time without notice. Legal services provided through WorkLifeMatters will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer.



A New Way to Experience Wellness

Well onTarget offers personalized tools and resources to help you — no matter where you may be on the path to health and wellness.

Well onTarget can give you the support you need to make healthy choices — while rewarding you for your hard work.

MEMBER WELLNESS PORTAL

The heart of Well onTarget is the member portal, available at wellontarget.com. It uses the latest technology to offer you an enhanced online experience. This engaging portal links you to a suite of innovative programs and tools.

- **Self-directed courses:** These courses let you work at your own pace to reach your health goals. Learn more about nutrition, fitness, losing weight, quitting smoking and managing stress. Track your progress and reach your milestones as you make your way through each lesson. Reach your milestones and earn Blue PointsSM.*
- **Health and wellness content:** The health library teaches and empowers through evidence-based, reader-friendly articles.
- **Tools and trackers:** These resources can help keep you on course while making wellness fun. Use a food and exercise diary, symptom checker and health trackers.

* Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at wellontarget.com for further information.

Start experiencing the new wellness today. Go to wellontarget.com.



HEALTH ASSESSMENT (HA)

The HA uses adaptable questions to learn more about you. After you take the HA, you will get a personal wellness report. This confidential report offers you tips for living your healthiest life. Your answers will help tailor the Well onTarget portal with the programs that may help you reach your goals.

BLUE POINTS PROGRAM

Blue Points can help motivate you to maintain a healthy lifestyle. Earn points for participating in wellness activities. You can redeem points in the online shopping mall. The program gives you points instantly, so you can use them right away. If you want a larger reward, you can purchase additional points when you check out.

FITNESS PROGRAM**

Fitness can be easy, fun and affordable. The Fitness Program is a flexible membership program that gives you unlimited access to a nationwide network of more than 9,000 fitness centers. If you want, you can choose one gym close to home and one near work. And you can visit gyms while you're on vacation or traveling for work.

Other program perks include:

- **No long-term contract:** Membership is month to month. Monthly fees are \$25 per month per member, with a one-time enrollment fee of \$25 per member.
- **Blue Points:** Get 2,500 points for joining the Fitness Program. Earn additional points for weekly visits.
- **Convenient payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.
- **Web resources:** You can go online to locate gyms and track your visits.
- **Health and wellness discounts:** Save money through a nationwide complementary and alternative medicine network of 40,000 health and well-being providers, such as massage therapists, personal trainers and nutrition counselors.

It's easy to join the Fitness Program! Just call the toll-free number **888-762-BLUE (2583)** Monday through Friday, from 8 a.m. to 9 p.m. in any continental U.S. time zone.

FITNESS TRACKING

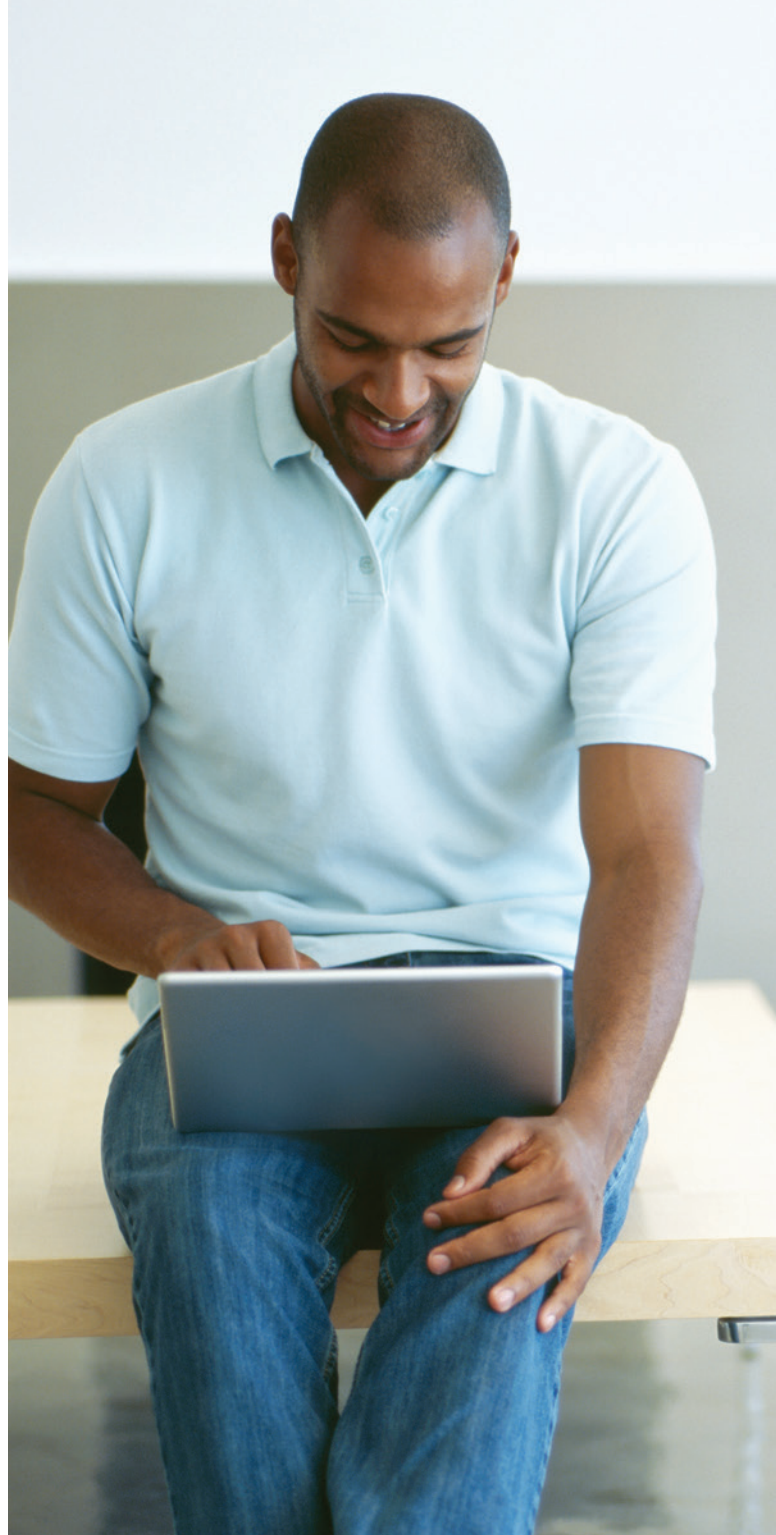
Track your fitness activity using popular fitness devices and mobile apps.

WELLNESS PROGRAM QUESTIONS?

Call Customer Service at **877-806-9380**.

** The Fitness Program is provided by Healthways, Inc., an independent contractor that administers the Prime Network of fitness centers. The Prime Network is made up of independently owned and operated fitness centers.

91518.0616



Take Wellness on the Go

Check out the Well onTarget mobile app, available for iPhone® and Android™ smartphones. It can help you work on your health and wellness goals — anytime and anywhere.

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 your 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 day 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, 2021. You should read this SMM very carefully and retain this document with your copy of the SPD for future reference.

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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 2021
Name of Entity/Sender:	Falls Community Hospital & Clinic
Contact--Position/Office:	Jessica Ford - Human Resources
Address:	322 Coleman St PO Box 60 Marlin, TX 76661
Phone Number:	254.803.3561

CMS Form 10182-CC

Updated April 1, 2011

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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.

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 Website: www.myalhipp.com Phone: 1-855-692-5447	Georgia - Medicaid Website: http://dch.georgia.gov/medicaid Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
Alaska - Medicaid The AK Health Insurance 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	Indiana - Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone: 1-800-403-0864
Arkansas - Medicaid Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Iowa - Medicaid Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562
Colorado - Health First Colorado (Medicaid) & Children's Health Plan + (CHP+) Health First Colorado Website: https://www.healthfirstcolorado.com Health First Colorado Member Contact Center: 1-800-221-3943 / State Relay 711 CHP+: colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 800-359-1991 / State Relay 711	Kansas - Medicaid Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512 Kentucky - Medicaid Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570
Florida - Medicaid Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268	Louisiana - Medicaid Website: http://dhh.louisiana.gov/index.cfm/subhome/1/m/331 Phone: 1-888-695-2447

Maine - Medicaid Website: http://www.maine.gov/dhhs/ofipublic-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Oregon - Medicaid Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
Minnesota - Medicaid Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care/programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Pennsylvania - Medicaid Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthipp-program/index.htm Phone: 1-800-692-7462
Massachusetts - Medicaid and CHIP Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Rhode Island - Medicaid Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
Missouri - Medicaid Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	South Carolina - Medicaid Website: https://www.scdhhs.gov Phone: 1-888-549-0820
Nevada - Medicaid Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	South Dakota - Medicaid Website: http://dss.sd.gov Phone: 1-888-828-0059
Nebraska - Medicaid Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	West Virginia - Medicaid Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
Montana - Medicaid Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Utah - Medicaid and CHIP Medicaid Website: https://mywvhipp.com/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
New Jersey - Medicaid and CHIP 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	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
New Hampshire - Medicaid Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218	Vermont - Medicaid Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
New York - Medicaid Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Washington - Medicaid Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment/program Phone: 1-800-562-3022 ext. 15473
North Carolina - Medicaid Website: http://dma.ncdhhs.gov/ Phone: 919-855-4100	Texas - Medicaid Website: https://gethipptexas.com/ Phone: 1-800-440-0493
North Dakota - Medicaid Website: http://www.nd.gov/dhs/services/medicaid/ Phone: 1-844-854-4825	Wisconsin - Medicaid and CHIP Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
Oklahoma - Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Wyoming - Medicaid Website: https://weequalitycare.acs-inc.com/ 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

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