



## 2019 BENEFITS ENROLLMENT GUIDE



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This employee benefit booklet contains highlights only and is subject to change. Specific terms of coverage, exclusions and limitations are contained in the Summary Plan Description or insurance certificate. If there are any inconsistencies between this booklet and the plan document, the plan document will govern.



# Contacts

## Human Resources Team

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Human Resources

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Tawnya Simons

Payroll/HR Clerk

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254-803-3561 ext 2103

## Medical

BlueCross BlueShield

Group Number: 226409

[www.bcbstx.com](http://www.bcbstx.com)

800-521-2227

Virtual Visits

MDLive

[www.MDLive.com/bcbstx.com](http://www.MDLive.com/bcbstx.com)

888-680-8646

## Dental

Guardian

Group Number: 546725

[www.guardiananytime.com](http://www.guardiananytime.com)

800-541-7846

## Vision

Guardian

Group Number: 546725

[www.guardiananytime.com](http://www.guardiananytime.com)

844-557-2646

## Basic Life

Guardian

Group Number: 546725

[www.guardiananytime.com](http://www.guardiananytime.com)

888-600-1600

## Short Term Disability

Cigna

Group Number: 0602143

[www.mycigna.com](http://www.mycigna.com)

888-842-4462

## Long Term Disability

Cigna

Group Number: 0602144

[www.mycigna.com](http://www.mycigna.com)

888-842-4462

## Voluntary Life

Guardian

Group Number: 546725

[www.guardiananytime.com](http://www.guardiananytime.com)

888-600-1600

## Accident Insurance

Guardian

Group Number: 546725

[www.guardiananytime.com](http://www.guardiananytime.com)

888-600-1600

## Critical Illness

Guardian

Group Number: 54725

[www.guardiananytime.com](http://www.guardiananytime.com)

888-600-1600

## Wellness Program

Well On Target

[www.wellontarget.com](http://www.wellontarget.com)

877-806-9380

## Will Preparation

[www.ibhwillprep.com](http://www.ibhwillprep.com)

877-433-6789

# Benefit Basics

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

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

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

## Qualified Life Event

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

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

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

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

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

# Notice of Privacy Practices

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

## Plans at a Glance

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

## Terms and Descriptions

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

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

### Benefit Payments

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

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

# Payroll Deductions

The costs listed below reflect the share structure for the January 1, 2019 – December 31, 2019 plan year. The benefits and associated costs are subject to change in future plan years at Falls Community Hospital & Clinic's sole discretion and do not create a contract of employment, expressed or implied.



	Monthly Rates	Semi-Monthly Rates
<b>BlueCross BlueShield Option 1 – HDHP/HSA Plan</b>		
<b>Employee Only</b>	\$102.00	\$51.00
<b>Employee + Spouse</b>	\$706.05	\$353.03
<b>Employee + Child(ren)</b>	\$532.11	\$266.06
<b>Employee + Family</b>	\$1,012.69	\$506.35
<b>BlueCross BlueShield Option 2 – PPO Plan</b>		
<b>Employee Only</b>	\$213.25	\$106.63
<b>Employee + Spouse</b>	\$964.07	\$482.04
<b>Employee + Child(ren)</b>	\$747.88	\$373.94
<b>Employee + Family</b>	\$1,345.23	\$672.62
<b>Guardian Voluntary Dental Plan</b>		
<b>Employee Only</b>	\$29.06	\$14.53
<b>Employee + Spouse</b>	\$58.98	\$29.49
<b>Employee + Child(ren)</b>	\$76.23	\$38.12
<b>Employee + Family</b>	\$113.39	\$56.70
<b>Guardian Voluntary Vision Plan</b>		
<b>Employee Only</b>	\$6.46	\$3.23
<b>Employee + Spouse</b>	\$10.88	\$5.44
<b>Employee + Child(ren)</b>	\$11.10	\$5.55
<b>Employee + Family</b>	\$17.56	\$8.78

# 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.

# 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.<sup>1</sup>

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

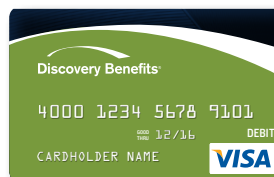
You must be enrolled in a High-Deductible Health Plan (HDHP) to get an HSA, which can be used to pay for out-of-pocket expenses until you've met your deductible, at which point your health plan kicks in. While you can't be enrolled in a general purpose Flexible Spending Account and an HSA at the same 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](http://www.DiscoveryBenefits.com/eligibleexpenses).

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

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



#### Saving

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

#### Investing

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

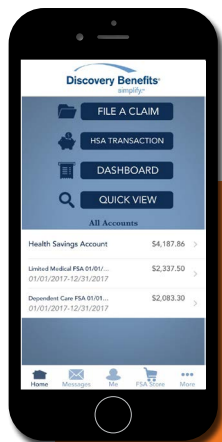
We also offer an Investment Guidance Tool on your online account to help you determine which investments are right for you. And, since all of your HSA dollars carry over from year to year, HSAs are a valuable long-term investment option.

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

2019 HSA Contribution Limits:

Employee: \$3,500/ Family : \$7,000

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



DOWNLOAD THE APP FOR FREE  
ON APPLE AND ANDROID DEVICES



### RESOURCES



#### ELIGIBLE EXPENSE LIST

[www.DiscoveryBenefits.com/eligibleexpenses](http://www.DiscoveryBenefits.com/eligibleexpenses)



#### HSA CALCULATOR

[www.DiscoveryBenefits.com/hsacalculator](http://www.DiscoveryBenefits.com/hsacalculator)



#### MOBILE APP VIDEO

[www.DiscoveryBenefits.com/mobileappvideo](http://www.DiscoveryBenefits.com/mobileappvideo)



#### HSA VIDEOS

[www.DiscoveryBenefits.com/hsavideos](http://www.DiscoveryBenefits.com/hsavideos)



Discovery Benefits®

[www.DiscoveryBenefits.com](http://www.DiscoveryBenefits.com)





# FLEXIBLE SPENDING ACCOUNT (FSA)

## EMPLOYEE HANDOUT

### AN FSA THAT SIMPLIFIES SAVINGS

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

**Healthcare Contribution Limits:**  
Minimum contribution- \$500  
Maximum contribution- \$2,650 per year

1

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



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



EASY DOCUMENTATION UPLOADING USING OUR MOBILE APP



THOUSANDS OF ELIGIBLE EXPENSES FOR PURCHASE AT THE FSA STORE

#### Flexible Spending Account Overview

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

#### Types of FSAs

##### Medical FSA

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

##### Limited FSA

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

##### Dependent Care Account (DCA)

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

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



#### Using Funds

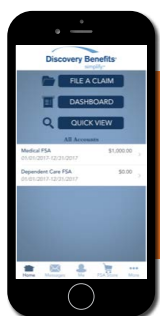
For easy access to your FSA funds, you can swipe your Discovery Benefits debit card and avoid out-of-pocket costs. If you use your card at a provider with an Inventory Information Approval System (IIAS), the expense will automatically be approved at the point of sale. If the card is swiped at a merchant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

#### Eligible Expenses

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

#### Substantiation

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



DOWNLOAD THE APP FOR FREE  
ON APPLE AND ANDROID DEVICES



## RESOURCES



#### ELIGIBLE EXPENSE LIST

[www.DiscoveryBenefits.com/eligibleexpenses](http://www.DiscoveryBenefits.com/eligibleexpenses)



#### FSA CALCULATOR

[www.DiscoveryBenefits.com/fsacalculator](http://www.DiscoveryBenefits.com/fsacalculator)



#### MOBILE APP VIDEO

[www.DiscoveryBenefits.com/mobileappvideo](http://www.DiscoveryBenefits.com/mobileappvideo)



#### FSA IOI VIDEO

[www.DiscoveryBenefits.com/fsaIOI](http://www.DiscoveryBenefits.com/fsaIOI)



#### FSA STORE

[www.DiscoveryBenefits.com/fsastore](http://www.DiscoveryBenefits.com/fsastore)

Discovery Benefits®

[www.DiscoveryBenefits.com](http://www.DiscoveryBenefits.com)

**Dental Benefit Summary**
**Group Number:** 00546725

**About Your Benefits:**

Taking care of your teeth can be expensive. That's why the right dental insurance is so important — it not only pays for preventive care that can keep you and your family healthy, but it also helps pay for more extensive, costly and often unexpected expenses — such as fillings, crowns and root canals. Plus, you save money and have the assurance that you are getting the right care when you use one of our contracted dentists. Guardian has been providing outstanding dental plans to millions of Americans for more than 50 years. When you enroll with Guardian, you have access to one of the nation's largest dental networks offering significant discounts so you know there's always high-quality, affordable dental care close by. From preventive checkups and cleanings, to comprehensive oral care treatments, we have you covered.

With your **PPO** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

**Your Dental Plan**
**PPO**

<b>Your Network is</b>	DentalGuard Preferred	
<b>Your Monthly premium</b>	<b>\$29.06</b>	
You and spouse	\$58.98	
You and child(ren)	\$76.23	
You, spouse and child(ren)	\$113.39	
<b>Calendar year deductible</b>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$50	\$50
Family limit	3 per family	
Waived for	Preventive	Preventive
<b>Charges covered for you (co-insurance)</b>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%
Basic Care	80%	80%
Major Care	50%	50%
Orthodontia	50%	50%
<b>Annual Maximum Benefit</b>	\$1500	\$1500
<b>Lifetime Orthodontia Maximum</b>	\$1500	
<b>Dependent Age Limits</b>	26	

## A Sample of Services Covered by Your Plan:

		<b>PPO</b> Plan pays (on average)	
		<i>In-network</i>	<i>Out-of-network</i>
Preventive Care	Cleaning (prophylaxis)	100%	100%
	Frequency:	Once Every 6 Months	
	Fluoride Treatments	100%	100%
	Limits:	Under Age 19	
	Oral Exams	100%	100%
	Sealants (per tooth)	100%	100%
	X-rays	100%	100%
Basic Care	Anesthesia*	80%	80%
	Fillings‡	80%	80%
	Repair & Maintenance of Crowns, Bridges & Dentures	80%	80%
	Simple Extractions	80%	80%
Major Care	Bridges and Dentures	50%	50%
	Dental Implants	50%	50%
	Inlays, Onlays, Veneers**	50%	50%
	Perio Surgery	50%	50%
	Periodontal Maintenance	50%	50%
	Frequency:	Once Every 6 Months	
	Root Canal	50%	50%
	Scaling & Root Planing (per quadrant)	50%	50%
	Single Crowns	50%	50%
	Surgical Extractions	50%	50%
Orthodontia	Orthodontia	50%	50%
	Limits:	Child(ren)	

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. \*\*For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. \*General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings.

***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.***

### Manage Your Benefits:

Go to [www.GuardianAnytime.com](http://www.GuardianAnytime.com) to access secure information about your Guardian benefits including access to an image of your ID Card. Your on-line account will be set up within 30 days after your plan effective date..

### Find A Dentist:

Visit [www.GuardianAnytime.com](http://www.GuardianAnytime.com)  
Click on "Find A Provider"; You will need to know your plan, which can be found on the first page of your dental benefit summary.

### 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

**Please call the Guardian Helpline if you need to use your benefits within 30 days of plan effective date. Please note, self-serve options over the phone or online at Guardian Anytime are not available until the case is fully implemented, please wait to speak to a live agent when calling the Guardian Helpline.**



**Vision Benefit Summary**
**Group Number:** 00546725

**About Your Benefits:**

Eye care is a vital component of a healthy lifestyle. With vision insurance, having regular exams and purchasing contacts or glasses is simple and affordable. The coverage is inexpensive, yet the benefits can be significant! Guardian provides rich, flexible plans that allow you to safeguard your health while saving you money. Review your plan options and see why vision insurance may be a great benefit for you.

**Option 1** Significant out-of-pocket savings available with your **Full Feature** plan by visiting one of Guardian's Vision's network locations including retail centers such as Wal-Mart®, JCPenney®, Sears®, Target®, Sam's Club®, Costco®, Pearle®, America's Best®, For Eyes and Visionworks®.

<b>Your Vision Plan</b>	<b>Full Feature</b>	
<b>Your Network is</b>	Guardian Vision	
<b>Your Monthly premium</b>	<b>\$ 6.46</b>	
You and spouse	\$ 10.88	
You and child(ren)	\$ 11.10	
You, spouse and child(ren)	\$ 17.56	
<b>Copay</b>		
Exams Copay	\$ 10	
Materials Copay <i>(waived for non-formulary elective contact lenses)</i>	\$ 20	
<b>Sample of Covered Services</b>	<b>You Pay:</b>	
	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$59
Single Vision Lenses	\$0	Amount over \$30
Lined Bifocal Lenses	\$0	Amount over \$50
Lined Trifocal Lenses	\$0	Amount over \$65
Lenticular Lenses	\$0	Amount over \$100
Frames	80% of amount over \$120	Amount over \$70
Contact Lenses <i>(Elective)</i>	Amount over \$120	Amount over \$120
Contact Lenses <i>(Medically Necessary)</i>	\$0	Amount over \$210
Contact Lenses <i>(Evaluation and fitting)</i>	Standard \$50; Custom \$75	No discounts
Cosmetic Extras	Up to 45% off providers UCR	No discounts
Glasses <i>(Additional pair of frames and lenses)</i>	Courtesy discount from most providers up to 20% off providers UCR	No discounts
Laser Correction Surgery Discount	Up to 25% off the national average	No discounts
Hearing	Savings of 30-60%	No discounts
<b>Service Frequencies</b>		
Exams	Every calendar year	
Lenses <i>(for glasses or contact lenses)††</i>	Every calendar year	
Frames	Every two calendar years	
Network discounts <i>(glasses and contact lens professional service)</i>	Courtesy discounts from most providers up to 20% off providers UCR	
<b>Dependent Age Limits</b>	26	
	Visit <a href="http://www.GuardianAnytime.com">www.GuardianAnytime.com</a> and click on "Find a Provider"	

**Life Benefit Summary**
**Group Number:** 00546725

**About Your Benefits:**

Your family depends on you in many ways and you've worked hard to ensure their financial security. But if something happened to you, will your family be protected? Will your loved ones be able to stay in their home, pay bills, and prepare for the future. Life insurance provides a financial benefit that your family can depend on. And getting it at work is easier, more convenient and more affordable than doing it on your own. If you have financial dependents- a spouse, children or aging parents, having life insurance is a responsible and a smart decision. Enroll today to secure their future!

**What Your Benefits Cover:**

	<b>BASIC LIFE</b>	<b>VOLUNTARY TERM LIFE</b>
<b>Employee Benefit</b>	Your employer provides \$10,000 Basic Term Life coverage for all full time employees.	\$10,000 increments to a maximum of \$500,000. See Cost Illustration page for details.
<b>Accidental Death and Dismemberment</b>	Your Basic Life coverage includes Accidental Death and Dismemberment coverage.	Employee, Spouse & Child(ren) coverage. Maximum 1 times life amount.
<b>Spouse† Benefit</b>	N/A	\$5,000 increments to a maximum of \$50,000. See Cost Illustration page for details.
<b>Child Benefit</b>	N/A	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.
<b>Guarantee Issue:</b> 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.	Guarantee Issue coverage up to \$10,000 per employee (Reduction to Guarantee Issue amount will begin at age 65. Please see your plan administrator for details)	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.
<b>Premiums</b>	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next five-year age group
<b>Portability:</b> Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions, including evidence of insurability	Yes, with age and other restrictions
<b>Conversion:</b> Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits

**BASIC LIFE****VOLUNTARY TERM LIFE**

<b>Accelerated Life Benefit:</b> A lump sum benefit is paid to you if you are diagnosed with a terminal condition, as defined by the plan.	No	Yes
<b>Waiver of Premiums:</b> 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 are met	For employees disabled prior to age 60, with premiums waived until age 65, if conditions met
<b>Benefit Reductions:</b> Benefits are reduced by a certain percentage as an employee ages.	35% at age 70, 50% at age 75	35% at age 70, 50% at age 75

Subject to coverage limits

† and Voluntary Life: Infant coverage is limited based on age.

‡ **Spouse coverage terminates at age 70.**

**Manage Your Benefits:**

Go to [www.GuardianAnytime.com](http://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



## 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 <sup>†</sup>
\$10,000	\$ .84	\$1.02	\$1.38	\$1.90	\$3.00	\$4.80	\$7.40	\$9.80	\$15.80
\$20,000	\$1.68	\$2.04	\$2.76	\$3.80	\$6.00	\$9.60	\$14.80	\$19.60	\$31.60
\$30,000	\$2.52	\$3.06	\$4.14	\$5.70	\$9.00	\$14.40	\$22.20	\$29.40	\$47.40
\$40,000	\$3.36	\$4.08	\$5.52	\$7.60	\$12.00	\$19.20	\$29.60	\$39.20	\$63.20
\$50,000	\$4.20	\$5.10	\$6.90	\$9.50	\$15.00	\$24.00	\$37.00	\$49.00	\$79.00
\$60,000	\$5.04	\$6.12	\$8.28	\$11.40	\$18.00	\$28.80	\$44.40	\$58.80	\$94.80
\$70,000	\$5.88	\$7.14	\$9.66	\$13.30	\$21.00	\$33.60	\$51.80	\$68.60	\$110.60
\$80,000	\$6.72	\$8.16	\$11.04	\$15.20	\$24.00	\$38.40	\$59.20	\$78.40	\$126.40
\$90,000	\$7.56	\$9.18	\$12.42	\$17.10	\$27.00	\$43.20	\$66.60	\$88.20	\$142.20
\$100,000	\$8.40	\$10.20	\$13.80	\$19.00	\$30.00	\$48.00	\$74.00	\$98.00	\$158.00
\$110,000	\$9.24	\$11.22	\$15.18	\$20.90	\$33.00	\$52.80	\$81.40	\$107.80	\$173.80
\$120,000	\$10.08	\$12.24	\$16.56	\$22.80	\$36.00	\$57.60	\$88.80	\$117.60	\$189.60
\$130,000	\$10.92	\$13.26	\$17.94	\$24.70	\$39.00	\$62.40	\$96.20	\$127.40	\$205.40
\$140,000	\$11.76	\$14.28	\$19.32	\$26.60	\$42.00	\$67.20	\$103.60	\$137.20	\$221.20
\$150,000	\$12.60	\$15.30	\$20.70	\$28.50	\$45.00	\$72.00	\$111.00	\$147.00	\$237.00
\$160,000	\$13.44	\$16.32	\$22.08	\$30.40	\$48.00	\$76.80	\$118.40	\$156.80	\$252.80
\$170,000	\$14.28	\$17.34	\$23.46	\$32.30	\$51.00	\$81.60	\$125.80	\$166.60	\$268.60
\$180,000	\$15.12	\$18.36	\$24.84	\$34.20	\$54.00	\$86.40	\$133.20	\$176.40	\$284.40
\$190,000	\$15.96	\$19.38	\$26.22	\$36.10	\$57.00	\$91.20	\$140.60	\$186.20	\$300.20
\$200,000	\$16.80	\$20.40	\$27.60	\$38.00	\$60.00	\$96.00	\$148.00	\$196.00	\$316.00
\$210,000	\$17.64	\$21.42	\$28.98	\$39.90	\$63.00	\$100.80	\$155.40	\$205.80	\$331.80
\$220,000	\$18.48	\$22.44	\$30.36	\$41.80	\$66.00	\$105.60	\$162.80	\$215.60	\$347.60
\$230,000	\$19.32	\$23.46	\$31.74	\$43.70	\$69.00	\$110.40	\$170.20	\$225.40	\$363.40
\$240,000	\$20.16	\$24.48	\$33.12	\$45.60	\$72.00	\$115.20	\$177.60	\$235.20	\$379.20
\$250,000	\$21.00	\$25.50	\$34.50	\$47.50	\$75.00	\$120.00	\$185.00	\$245.00	\$395.00
\$260,000	\$21.84	\$26.52	\$35.88	\$49.40	\$78.00	\$124.80	\$192.40	\$254.80	\$410.80
\$270,000	\$22.68	\$27.54	\$37.26	\$51.30	\$81.00	\$129.60	\$199.80	\$264.60	\$426.60
\$280,000	\$23.52	\$28.56	\$38.64	\$53.20	\$84.00	\$134.40	\$207.20	\$274.40	\$442.40
\$290,000	\$24.36	\$29.58	\$40.02	\$55.10	\$87.00	\$139.20	\$214.60	\$284.20	\$458.20
\$300,000	\$25.20	\$30.60	\$41.40	\$57.00	\$90.00	\$144.00	\$222.00	\$294.00	\$474.00
\$310,000	\$26.04	\$31.62	\$42.78	\$58.90	\$93.00	\$148.80	\$229.40	\$303.80	\$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
<b>Policy Election Amount</b>									
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†
<b>Policy Election Amount</b>									
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. Coverage for the spouse terminates at spouse's age 70.

†Benefit reductions apply.

### Manage Your Benefits:

Go to [www.GuardianAnytime.com](http://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.

### Voluntary Life Only:

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-LB-90, 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](http://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.

**Critical Illness Benefit Summary**
**Group Number:** 00546725

**About Your Benefits:**

It takes a lot to beat a serious illness. Unfortunately, it can also cost a lot. When you or a family member suffers a serious illness like a stroke or heart attack, Critical Illness Insurance can help with expenses that medical insurance doesn't cover like deductibles or out of pocket costs, or services like experimental treatment. Critical Illness supplements your medical and your disability income insurance. The lump sum benefit is paid when you need it most, upon diagnosis, so you can rest assured that you will have funds to offset upcoming out of pocket costs, and that you'll have the flexibility to elect treatments with less worry about the cost. Review your options and enroll today!

**What Your Benefits Cover:**
**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.

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+ <sup>†</sup>
<b>Employee</b>						
\$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
<b>Benefit Amount Up To 50% of Employee Amount to a Maximum of \$25,000</b>						
<b>Spouse</b>						
\$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

<sup>†</sup>Benefit reductions may apply. See plan details.

### Manage Your Benefits:

Go to [www.GuardianAnytime.com](http://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?

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**Group Number:** 00546725

**Accident Benefit Summary**
**About Your Benefits:**

Accidents happen every day. Did you know almost 39 Million emergency room visits a year are due to an injury?<sup>1</sup> If you were injured from an accident, chances are you will have expenses that you were not anticipating-will you be prepared? Accident Insurance can help you deal with those expenses. Benefit payments can help you with your medical deductibles and co-pays, and cover household expenses like groceries, mortgage payments and childcare, which can begin to pile up if you have to take some time off from work. You are guaranteed coverage, so please enroll today!

<sup>1</sup>Injury Facts, 2011 Edition, National Safety Council.

**What Your Benefits Cover:**

<b>ACCIDENT</b>	
<b>COVERAGE - DETAILS</b>	
<b>Your Monthly premium</b>	\$12.00
You and Spouse	\$21.00
You and Child(ren)	\$29.00
You, Spouse and Child(ren)	\$38.00
<b>Accident Coverage Type</b>	Off Job
<b>Portability</b> - Allows you to take your Accident coverage with you if you terminate employment. Ported Accident plan terminates at age 70.	Included
<b>ACCIDENTAL DEATH AND DISMEMBERMENT</b>	
<b>Benefit Amount(s)</b>	Employee \$25,000 Spouse \$12,500 Child \$5,000
<b>Catastrophic Loss</b>	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
<b>Common Carrier</b>	200% of AD&D benefit
<b>Common Disaster</b>	200% of Spouse AD&D benefit
<b>Dismemberment</b> - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
<b>Dismemberment</b> - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
<b>Seatbelts and Airbags</b>	Seatbelts: \$10,000 & Airbags: \$15,000
<b>Reasonable Accommodation to Home or Vehicle</b>	\$2,500
<b>WELLNESS BENEFIT</b> - Per Year Limit	\$50
<b>Child(ren) Age Limits</b>	Children age birth to 26 years
<b>FEATURES</b>	
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

## FEATURES (Cont.)

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
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.

**Group Number: 00546725**
**Hospital Indemnity Benefit Summary**
**About Your Benefits:**

Focus on recovery during a hospital stay – not your out-of-pocket costs. A hospital confinement due to an illness or injury can happen to anyone. Chances are when it occurs you will have unplanned expenses to pay. Will you be prepared?

Hospital Indemnity insurance benefit payments are made directly to you, no matter what other coverage you may have, and can be used however you choose. These benefit payments can help pay for out-of-pocket healthcare costs or other household expenses which can pile up during a hospital stay. Hospital Indemnity insurance helps provide financial peace of mind – please enroll today!

**What Your Benefits Cover:**

Hospital Indemnity		
Option I		
Benefits		
Hospital/ICU Admission	\$1,000 per admission, limited to 1 admission(s) per insured and 99 admission(s) per covered family per benefit year.	
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.	
<b>Pre-Existing Conditions Limitation</b> - 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	
<b>Portability</b> - Allows you to take your Hospital Indemnity coverage with you if you terminate employment.	Included	
<b>Child(ren) Age Limits</b>	Children age birth to 26 years	
Coverage Details		
<b>Your Monthly premium Your premium will not increase as you age.</b>		
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.		



# 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\*\*

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





# 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](http://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 Points<sup>SM</sup>.\*
- **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](http://wellontarget.com) for further information.

Start experiencing the new wellness today. Go to [wellontarget.com](http://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

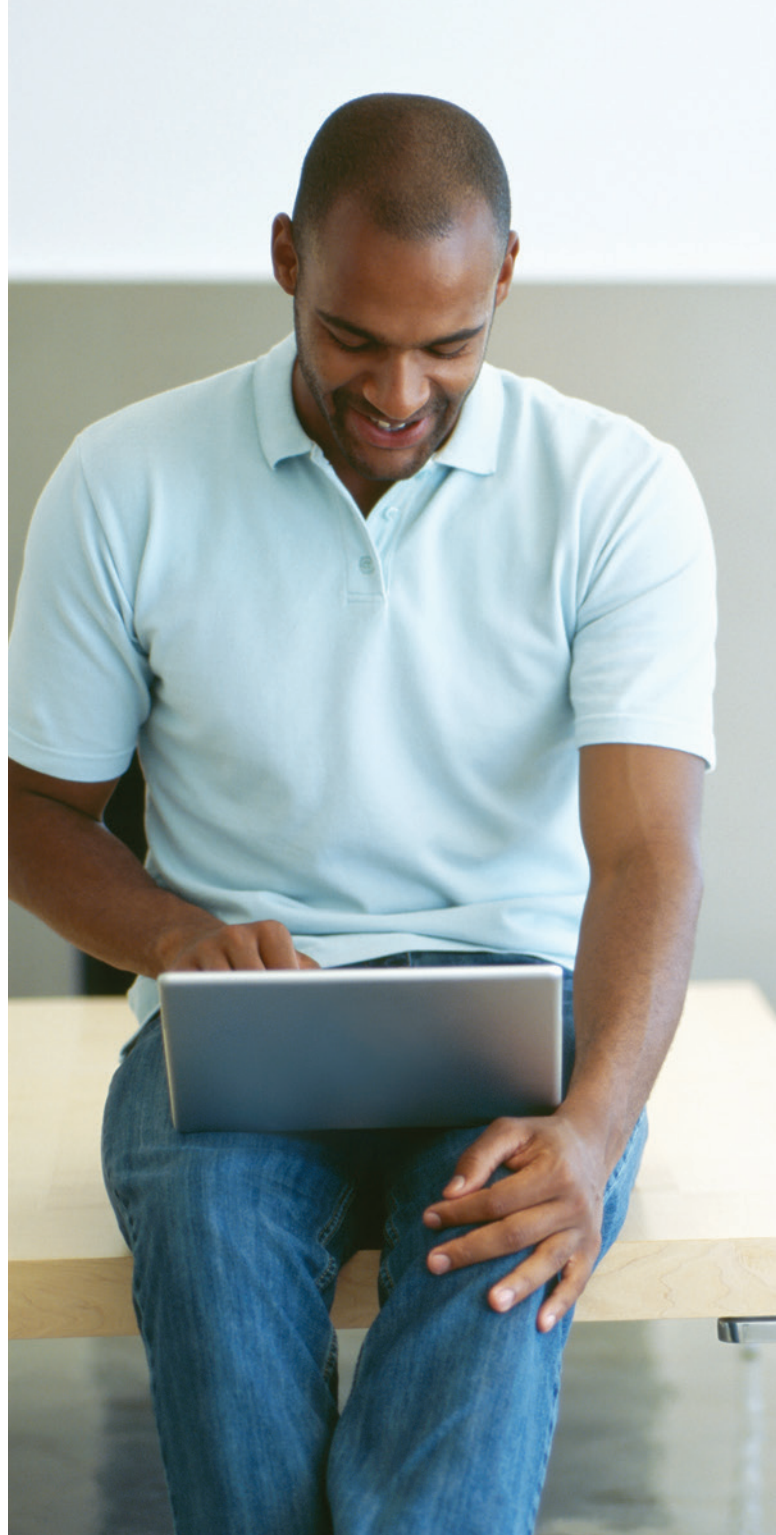
Track your fitness activity using popular fitness devices and mobile apps.

## 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, 2019. 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](http://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](http://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 2019
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](http://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](http://www.eeoc.gov).

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## 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](mailto: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.

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## 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](http://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](http://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](http://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

<b>Alabama</b> - Medicaid Website: <a href="http://www.myalhipp.com">www.myalhipp.com</a> Phone: 1-855-692-5447	<b>Georgia</b> - Medicaid Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
<b>Alaska</b> - Medicaid The AK Health Insurance Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	<b>Indiana</b> - Medicaid Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip">http://www.in.gov/fssa/hip</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone: 1-800-403-0864
<b>Arkansas</b> - Medicaid Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MYARHIPP (855-692-7447)	<b>Iowa</b> - Medicaid Website: <a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> Phone: 1-888-346-9562
<b>Colorado</b> - Health First Colorado (Medicaid) & Children's Health Plan + (CHP+) Health First Colorado Website: <a href="https://www.healthfirstcolorado.com">https://www.healthfirstcolorado.com</a> Health First Colorado Member Contact Center: 1-800-221-3943 / State Relay 711 CHP+: <a href="http://colorado.gov/HCPF/Child-Health-Plan-Plus">colorado.gov/HCPF/Child-Health-Plan-Plus</a> CHP+ Customer Service: 800-359-1991 / State Relay 711	<b>Kansas</b> - Medicaid Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512 <b>Kentucky</b> - Medicaid Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570
<b>Florida</b> - Medicaid Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268	<b>Louisiana</b> - Medicaid Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/m/331">http://dhh.louisiana.gov/index.cfm/subhome/1/m/331</a> Phone: 1-888-695-2447

<b>Maine</b> - Medicaid Website: <a href="http://www.maine.gov/dhhs/ofipublic-assistance/index.html">http://www.maine.gov/dhhs/ofipublic-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	<b>Oregon</b> - Medicaid Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>Minnesota</b> - Medicaid Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care/programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care/programs/programs-and-services/medical-assistance.jsp</a> Phone: 1-800-657-3739	<b>Pennsylvania</b> - Medicaid Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthipp-program/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthipp-program/index.htm</a> Phone: 1-800-692-7462
<b>Massachusetts</b> - Medicaid and CHIP Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840	<b>Rhode Island</b> - Medicaid Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 855-697-4347
<b>Missouri</b> - Medicaid Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	<b>South Carolina</b> - Medicaid Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>Nevada</b> - Medicaid Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	<b>South Dakota</b> - Medicaid Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>Nebraska</b> - Medicaid Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	<b>West Virginia</b> - Medicaid Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MYWWHIP (1-855-699-8447)
<b>Montana</b> - Medicaid Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	<b>Utah</b> - Medicaid and CHIP Medicaid Website: <a href="https://mywvhipp.com/">https://mywvhipp.com/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>New Jersey</b> - Medicaid and CHIP Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710	<b>Virginia</b> - Medicaid and CHIP Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282
<b>New Hampshire</b> - Medicaid Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218	<b>Vermont</b> - Medicaid Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>New York</b> - Medicaid Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831	<b>Washington</b> - Medicaid Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment/program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment/program</a> Phone: 1-800-562-3022 ext. 15473
<b>North Carolina</b> - Medicaid Website: <a href="http://dms.ncdhhs.gov/">http://dms.ncdhhs.gov/</a> Phone: 919-855-4100	<b>Texas</b> - Medicaid Website: <a href="https://gethipptexas.com/">https://gethipptexas.com/</a> Phone: 1-800-440-0493
<b>North Dakota</b> - Medicaid Website: <a href="http://www.nd.gov/dhs/services/medicaidserv/medicaid/">http://www.nd.gov/dhs/services/medicaidserv/medicaid/</a> Phone: 1-844-854-4825	<b>Wisconsin</b> - Medicaid and CHIP Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>Oklahoma</b> - Medicaid and CHIP Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	<b>Wyoming</b> - Medicaid Website: <a href="https://weequalitycare.acs-inc.com/">https://weequalitycare.acs-inc.com/</a> 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](http://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](http://www.cms.hhs.gov)**  
1-877-267-2323, Menu Option 4, Ext. 61565