ABC Employee Benefits Enrollment Guide

Plan Year: 2018 –2019

WHO IS ELIGIBLE?

If you are a full-time employee (working 30 or more hours per week), you are eligible to enroll in the benefits described in this guide on the first of the month following your date of hire. Spouse and dependents (under the age of 26) are also eligible to be covered under medical and dental benefits.

WHEN TO ENROLL

You may enroll in benefits when you become initially eligible, experience a loss of other coverage, or during the annual Open Enrollment Period. Employees will be notified of the annual Open Enrollment Period each year.

HOW TO MAKE CHANGES

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next Open Enrollment Period. Qualified changes in status include, for example: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child, or other qualified dependent, change in residence, commencement or termination of adoption proceedings, change in employment status or change in coverage under another employer-sponsored plan. Human Resources must be notified of such changes within 20 days of their occurrence as they must be reported to the insurance carrier within 30 days, and will be effective the date of the event.

Please refer to the following table to find more information about your benefits and legal rights:

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CONTACT INFORMATION

Refer to this list when you need to contact one of your benefit vendors.
For general information contact Human Resources.

Medical Insurance

- Harvard Pilgrim Healthcare
- 888-333-4742 | www.harvardpilgrim.org

Health Reimbursement Arrangement (HRA)

- Group Dynamics
- 800-626-3539 | www.gdynamic.com

Health Savings Account (HSA)

- Group Dynamics
- 800-626-3539 | www.gdynamic.com

Dental, Life, and Disability Insurance

- Principal Insurance
- 800-986-3343 | www.principal.com

Employee Assistance Program (EAP)

- Magellan Health through Principal
- 800-450-1327 | www.magellanhealth.com

MEDICAL AND PRESCRIPTION DRUGS

Harvard Pilgrim HealthCare

We have made changes to the deductible amounts on the plans being offered this year, as well are now offering a third plan to elect from. The new plan will be a High Deductible Health Plan and is HSA eligible. Additional information is found in your Harvard Pilgrim HealthCare Summary of Benefits & Coverage (SBC).

	Best Buy HMO	Focus Network HMO
In-Network Services	**Group #123456**	**Group #123457**
Network	New England	Focus Network*
Physician Visit - Preventive Care - Primary Care - Specialist	 Covered 100% $25 Copay $40 Copay	 Covered 100% $25 Copay $40 Copay
Deductible (Individual / Family)	$3,000 / $6,000	$3,000 / $6,000
Deductible Reimbursement via HRA* *see HRA summary for details	Reimburses last $1,500. 2x Family Benefit	Reimburses last $1,500. 2x Family Benefit
Hospitalization	Deductible	Deductible
Ambulatory Surgical Centers (ASC)	Deductible	Deductible
Emergency Room	Deductible then $150 Copay	Deductible then $150 Copay
Diagnostic Lab Tests - Independent Lab - Hospital Lab	 Deductible Deductible	 Deductible Deductible
High Tech Imaging (CT, MRI, PET)	Deductible then $150 Copay	Deductible then $150 Copay
Out of Pocket Max (Individual / Family)	$6,600 / $13,200	$6,600 / $13,200
Prescription Drugs - Retail - Mail Order (90 day supply)	**Value Formulary** $5 / $25 / $50 / $70 / 20% $10 / $50 / $100 / $210 / 20%	**Value Formulary** $5 / $25 / $50 / $70 / 20% $10 / $50 / $100 / $210 / 20%
Out of Network Services	**Emergency Only**	**Emergency Only**
Bi-Weekly Payroll Deductions - Employee Only - Employee & Spouse - Employee & Child(ren) - Family	 $64.21 $221.69 $231.04 $371.33	 $76.68 $293.65 $250.88 $422.41

***NOTE:** The Focus Network HMO plan utilizes the Focus Network. This is a limited network designed to lower costs while still providing you with quality options for care. To determine whether or not a provider is in network, utilize the online directory on www.harvardpilgrim.org/focus and select “Focus Network – MA”.

The HMO Best Buy HSA plan will allow employees to set-up a Health Savings Account (HSA) with Group Dynamics if you choose. This is not a requirement of the plan, but will allow you to accumulate funds up to the annual HSA Maximums on a tax-free basis.

	Best Buy HMO HSA
In-Network Services	**Group #123458**
Network	New England
Physician Visit - Preventive Care - Primary Care - Specialist	 Covered 100% Deductible Deductible
Deductible (Individual / Family)	$2,500 / $5,000 For those on a family plan, the family deductible must be met in full before services will be covered at the next level.
Deductible Reimbursement via HRA* *see HRA summary for details	Reimburses last $1,000 of the single deductible and last $2,000 of the family deductible.
Hospitalization	Deductible
Ambulatory Surgical Centers (ASC)	Deductible
Emergency Room	Deductible
Diagnostic Lab Tests - Independent Lab - Hospital Lab	 Deductible Deductible
High Tech Imaging (CT, MRI, PET)	Deductible then $150 Copay
Out of Pocket Max (Individual / Family)	$6,600 / $13,200
Prescription Drugs - Retail - Mail Order (90 day supply)	**Value Formulary** $5 / $20 / $30 / $50 / 20% $10 / $40 / $60 / $150/ 20% Copays are after deductible
Out of Network Services	**Emergency Only**
Bi-Weekly Payroll Deductions - Employee Only - Employee & Spouse - Employee & Child(ren) - Family	 $79.63 $266.65 $253.61 $411.65

ABC, Inc.
Health Reimbursement Arrangement
Benefit Overview

Your employer is providing you with tax-free reimbursement for certain qualified medical expenses through an HRA – Health Reimbursement Arrangement. Group Dynamic, Inc. reimburses you for eligible expenses upon receipt of required documentation.

Effective date: May 1, 2018

Basic Facts About Your HRA Benefits:

Who is eligible for reimbursement?	Employees and IRS-defined dependents enrolled in the Harvard Pilgrim Health Care Best Buy HMO, Focus Network HMO, and Best Buy HSA HMO, group health plans.
What types of expenses are reimbursed?	Deductible, including Prescriptions applied to the deductible on the HSA plan, as defined by the Harvard Pilgrim Health Care Plan.
What is the coverage period?	The coverage period is a plan year from May 1 to April 30.
When do I submit a request for reimbursement?	Submit your request upon receipt of an Activity Summary from Harvard Pilgrim Health Care.
What documentation do I need to request a reimbursement?	Submit the Activity Summary, including the Activity Details page, that Harvard Pilgrim Health Care sent you with a signed Reimbursement Request Form to Group Dynamic (see reverse side).
How do I submit a request for reimbursement?	Submit your request to Group Dynamic, Inc. via e-mail, fax or mail.
How much time do I have to submit my request for reimbursement?	You have 60 days after April 30 to submit requests. If your coverage terminates mid-year then you have 60 days from the coverage end date to submit requests.
How can I check the status of a reimbursement request?	Access the Participant Portal from GDI's website at www.gdynamic.com to view all account transactions.
May I waive HRA coverage?	Yes, any eligible employee may opt-out of HRA coverage. Please contact your employer.
Who is NOT eligible for HRA Reimbursements?	Company shareholders, domestic partners or participants with secondary medical coverage may be required by the IRS to waive HRA coverage. See your employer for more information.

Here is How the Plan Shares Expenses with You on the HMO Plans:

Total Deductible:	Out of Pocket Requirement: *you pay the first*	HRA Pays:
Single: $3000	$1500	$1500
Family: $6000*	$3000*	$3000*

*Health Plan Deductible and HRA benefits are capped at the Single Plan level for individuals who are part of a Family Plan.

Here is How the Plan Shares Expenses with You on the HSA Plan:

Total Deductible:	Out of Pocket Requirement: *you pay the first*	HRA Pays:
Single: $2500	$1500	$1000
Family: $5000	$3000	$2000

See Reverse for Important Information

HEALTH SAVINGS ACCOUNT

Group Dynamic

ABC is pleased to now offer the option of a high deductible health plan (HDHP) in conjunction with a health savings account (HSA). Employees may set up an HSA with Group Dynamics and have funds deposited into their HSA accounts directly from their paychecks.

Why set up an HSA?

- It's **portable**. Even if you change jobs, you get to keep your HSA.
- It's a **tax saver**. Contributions to your HSA are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you pay less in taxes.
- It allows for an **improved retirement account**. Funds roll over at the end of each year and accumulate tax-free, as does the interest on the account. Also, once you reach the age of 55, you are allowed to make additional "catch-up" contributions to your HSA until age 65.
- It puts **money in your pocket**! You never lose unused HSA funds. They always roll over to the next year.
- For 2018 you may contribute up to $3,450 if on an individual plan, and up to $6,850 if on a family plan. Those over age 55 are also eligible for an additional $1,000 catch up contribution.

How do I set up an HSA?

An enrollment kit will be directed to you upon electing enrollment in the HMO HSA medical plan.

SUMMARY OF BENEFITS AND COVERAGE (SBC)

Your medical plan provides a Summary of Benefits and Coverage (SBC) to help you understand your medical benefits. You can access your SBC on the Harvard Pilgrim member portal. A free printed copy can be made available upon request as well. If you wish to have a printed copy provided, please contact Human Resources.

PREVENTIVE CARE

ACA guidelines require medical plans to cover certain preventive care benefits. This coverage is available with in-network providers at no cost to you. Preventive Care benefits include certain screenings and immunizations to help prevent you from getting sick. For a detailed list of covered preventive care benefits, please visit www.harvardpilgrim.org.

WALK-IN / URGENT CARE

At times you may need a doctor when your doctor is unavailable for an appointment or when it is after hours. To take care of minor injuries or illnesses at these times, consider visiting a walk-in office or urgent care facility. These options could greatly reduce the costs you would otherwise incur by going to the Emergency Room. For an updated list of offices and facilities, please use the 'Find a Doctor' tool on www.harvardpilgrim.org.

ESTIMATE MY COST

Harvard Pilgrim HealthCare offers an online cost comparison tool to members to help you make decisions about where to get care. This feature allows you to compare cost and quality factors to create estimates for care. From there, you can make more informed decisions on your medical care. Access to ESTIMATE MY COST is available after logging into your HPHConnect member portal.

FIND A DOCTOR

To determine whether or not your provider or facility is in-network, please visit www.harvardpilgrim.org. Select 'Member' and then the 'Find a Doctor' link. Then select your search criteria produce a list of in-network results.

DOCTORS ON DEMAND

Go to www.DoctoronDemand.com to set up an account to access a virtual doctor that can diagnose you, without you needing to leave your home. Doctors can diagnose, treat, and write prescriptions for many conditions, including the flu, coughs and colds, rashes, and more. For more information, visit www.DoctoronDemand.com.

GOOD RX APP

Prescription drug prices vary widely by location. Shop for the best price using www.goodrx.com or download the app to compare prices and find coupons.

DENTAL

Principal: Group #123458

The ABC plan allows you to seek treatment from a dentist of your choice. You may visit any dentist; however, in-network dentists will be more cost effective.

	Core Plan	Buy Up Plan
In-Network Services		
Deductible	$50 per member, no more than 3 deductibles per family per calendar year	$50 per member, no more than 3 deductibles per family per calendar year
Preventive Services	Preventive Services are covered at 100%, both in and out of network. They are not subject to the deductible.	Preventive Services are covered at 100%, both in and out of network. They are not subject to the deductible.
Basic Services	Covered at 80% both in and out of network	Covered at 80% both in and out of network
Major Services	N/A	Covered at 50% both in and out of network
Annual Maximum	$750 per member, combined in and out of network	$1,000 per member, combined in and out of network
Out of Network Services	Will be subject to Usual & Customary charges. Please see your certificate for full details. Using in network providers will always provide you with your lowest cost options.	Will be subject to Usual & Customary charges. Please see your certificate for full details. Using in network providers will always provide you with your lowest cost options.
Rollover Benefit	N/A	Yes! You are able to rollover part of your annual maximum, as long as you stay under a certain threshold for benefits. Contact Principal for more information.
Bi-Weekly Payroll Deductions - Employee Only - Family	 $15.96 $41.32	 $27.29 $69.21

Find a Dentist

In order to determine if your dentist is in network, please visit www.principal.com and select the 'Insure' dropdown and choose 'Find a Dentist'. Complete the applicable search criteria, and select 'Continue' to search. If your provider is not in network, you may end up paying more for services than you would if you used an in-network provider. For out of network benefit information, please refer to the benefit summary.

EMPLOYER PAID LIFE AND AD&D INSURANCE

Principal: Group #123459

ABC. provides employees the following amount of life and accidental death and dismemberment (AD&D) insurance, and pays the full cost of this benefit. Contact Human Resources to update your beneficiary.

	Full-Time Employee Benefit Amount
Life Insurance Benefit	$50,000
AD&D Benefit	$50,000

For employees desiring additional life insurance coverage, the following option is available.

VOLUNTARY LIFE AND AD&D INSURANCE

Principal: Group #123459

You may purchase additional life and AD&D insurance based on the coverage requirements in the chart below. Spouse coverage may not exceed 100% of the amount you elect for yourself. You may also purchase coverage for your dependent children. You must elect coverage for yourself if you wish to cover any dependents.

	Employee	Spouse	Child(ren)*
Minimum Coverage	$10,000	$5,000	$10,000
Increments	$10,000	$5,000	N/A
Maximum Coverage	$300,000	$100,000	$10,000
Guaranteed Issue	$50,000	$20,000	$10,000

*The benefit for children under 14 days of age is $1,000.

The life insurance plans are not part of the annual open enrollment. Employees must have enrolled when they initially became eligible. If you did not, and wish to later, you will need to complete an Evidence of Insurability form alongside your application. Your application will be reviewed, and based upon medical underwriting, may or may not be approved.

SHORT-TERM DISABILITY INSURANCE

Principal: Group #1234567

ABC provides full-time employees with short-term disability income benefits through Principal. If you elect this benefit, you pay the full cost through payroll deductions. In the event you become disabled from a non-work related injury or illness, disability income benefits are provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits. Should you file a claim and be approved, the benefit would not be taxed.

	Full-Time Employee Benefit
Benefits Begin	On the 15th day for an injury or illness
Benefits Payable	11 weeks maximum
Percentage of Income Replaced	60% of salary
Maximum Benefit	$1,500 weekly

LONG-TERM DISABILITY INSURANCE

Principal: Group #1234578

ABC provides full-time employees with long-term disability income benefits through Principal. If you elect this benefit, you pay the full cost through payroll deductions. In the event you become disabled from a non-work related injury or illness, disability income benefits are provided as a source of income. Should you file a claim and be approved, the benefit would not be taxed.

	Full-Time Employee Benefit
Benefits Begin	90 days after injury or illness
Benefits Payable	To normal social security retirement age
Percentage of Income Replaced	60% of salary
Maximum Benefit	$9,000 monthly

The disability insurance plans are not part of the annual open enrollment. Employees must have enrolled when they initially became eligible. If you did not, and wish to later, you will need to complete an Evidence of Insurability form alongside your application. Your application will be reviewed, and based upon medical underwriting, may or may not be approved.

Compliance Notifications

Your medical plan is NOT a Grandfathered Plan.

You may cover your dependents up to age 26 on the medical and dental plans.

Women's Preventative Health

Women's preventative health now covers additional services free of charge. The covered preventive care services for women include: well-woman visits; gestational diabetes screening; human papillomavirus (HPV) testing; sexually transmitted infection (STI) counseling; human immunodeficiency virus (HIV) screening and counseling; FDA-approved contraception methods and contraceptive counseling; breastfeeding support, supplies and counseling; and domestic violence screening and counseling. Exceptions to the contraception coverage requirement apply to certain religious employers. The preventive care guidelines for women are available at: www.hrsa.gov/womensguidelines/.

Summary of Benefits & Coverages

You must be provided a Summary of Benefits and Coverage (SBC) for your medical plan. If you did not receive one, or need a replacement, please see Human Resources.

Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. 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, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Provider Networks

A complete provider directory for services is available to all employees at cost upon request. These directories are also available online at the respective carrier websites and would only be applicable to the medical and dental coverage's. The current available network for your medical plan is restricted to the New England area for HMO subscribers. The Focus Network HMO plan offers a restricted network with Focus Network providers. Please see the directory for further information.

Patient Protection Disclosure

Harvard Pilgrim HealthCare generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in their network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider. Until you make this designation, Harvard Pilgrim HealthCare will not be able to finalize your enrollment in the plan. For information on how to select a primary care provider, and for a list of

the participating primary care providers, contact Harvard Pilgrim HealthCare at the number on the back of your ID card, or found on their website at www.harvardpilgrim.org.

You do not need prior authorization from Harvard Pilgrim HealthCare or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Harvard Pilgrim HealthCare at the number on the back of your ID card, or found on their website at www.harvardpilgrim.org.

Claims Procedures

Claims incurred during the plan should be processed at the time of service. Should the need arise for you to file a claim for reimbursement of a covered out of pocket expense during the plan you will need to submit that claim within 30 days of the date of service to the respective carrier. Any claim submitted after this time will not be considered.

Claims for insured benefits will be reviewed in accordance with procedures outlined in the Certificates of Coverage for each carrier. You or your beneficiary is entitled to receive written notification of any denial, in whole or in part, of the said claim. The notification will include the reason for denial and a description of further information needed to process the claim if applicable.

You have 60 days from the date your denial is processed to appeal the decision on writing. Notice or such appeal will not be accepted by telephone, email or conversation. You must follow the appeals process as outlined in the Certificate of Coverage for the related carrier and supply the carrier with proper related documentation to support your appeal.

ABC does not administer, nor are we responsible for the approval and/or denial of any claims. ABC. will supply whatever employment and/or payment information is required for claims processing upon written request from the employee. We have 30 days to comply with any such request.

Please see the Certificate of Coverage provided by your employer and the respective insurance carrier for additional detailed information on how claims procedures will be handled.

Uniformed Services Employment and Reemployment Rights Act (USERRA)

If you are going into or returning from military service, you may have special rights to health care coverage under the Uniformed Services Employment and Reemployment Rights Act of 1994. These rights can include extended health care coverage. If you may be affected by this law ask your plan Administrator for further details.

Newborn and Mothers Health Protection Act

Group health plans 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health and Cancer Rights Act (WHCRA)

As required by the Women's Health and Cancer Rights Act of 1998, your plan must provide benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedemas. Please review your Certificate of Coverage for details on the benefits provided under your plan.

Michelle's Law

Michelle's Law was signed into law on June 22, 2006 with an effective date of January 1, 2010. This law amends the Employee Retirement Income Security Act (ERISA) to allow seriously ill or injured full-time college students, who are covered under their parent's health insurance plan, to take up to one year of medical leave without losing their health insurance.

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 wont 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 January 31, 2016. Contact your State for more information on eligibility –

ALABAMA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Website: http://www.medicaid.alabama.gov **Phone: 1-855-692-5447**	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
ALASKA – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: **http://health.hss.state.ak.us/dpa/programs/medicaid/** **Phone (Outside of Anchorage): 1-888-318-8890** **Phone (Anchorage): 907-269-6529**	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
ARIZONA – CHIP	**NEW YORK – Medicaid**
Website: http://www.azahcccs.gov/applicants **Phone (Outside of Maricopa County): 1-877-764-5437** **Phone (Maricopa County): 602-417-5437**	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
COLORADO – Medicaid	**NORTH CAROLINA – Medicaid**
Medicaid Website: http://www.colorado.gov/ **Medicaid Phone (In state): 1-800-866-3513** **Medicaid Phone (Out of state): 1-800-221-3943**	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100

FLORIDA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://www.flmedicaidtplrecovery.com/ **Phone: 1-877-357-3268**	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604
GEORGIA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: http://dch.georgia.gov/ - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) **Phone: 1-800-869-1150**	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
IDAHO – Medicaid	**OREGON – Medicaid**
Medicaid Website: **http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx** **Medicaid Phone: 1-800-926-2588**	Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075
INDIANA – Medicaid	**PENNSYLVANIA – Medicaid**
Website: http://www.in.gov/fssa **Phone: 1-800-889-9949**	Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462
IOWA – Medicaid	**RHODE ISLAND – Medicaid**
Website: www.dhs.state.ia.us/hipp/ **Phone: 1-888-346-9562**	Website: www.ohhs.ri.gov Phone: 401-462-5300
KANSAS – Medicaid	**SOUTH CAROLINA – Medicaid**
Website: http://www.kdheks.gov/hcf/ **Phone: 1-800-792-4884**	Website: http://www.scdhhs.gov Phone: 1-888-549-0820
KENTUCKY – Medicaid	**SOUTH DAKOTA – Medicaid**
Website: http://chfs.ky.gov/dms/default.htm **Phone: 1-800-635-2570**	Website: http://dss.sd.gov Phone: 1-888-828-0059
LOUISIANA – Medicaid	**TEXAS – Medicaid**
Website: http://www.lahipp.dhh.louisiana.gov **Phone: 1-888-695-2447**	Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493
MAINE – Medicaid	**UTAH – Medicaid and CHIP**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html **Phone: 1-800-977-6740** **TTY 1-800-977-6741**	Website: http://health.utah.gov/upp Phone: 1-866-435-7414
MASSACHUSETTS – Medicaid and CHIP	**VERMONT – Medicaid**
Website: http://www.mass.gov/MassHealth **Phone: 1-800-462-1120**	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
MINNESOTA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: http://www.dhs.state.mn.us/ **Click on Health Care, then Medical Assistance** **Phone: 1-800-657-3629**	Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org CHIP Phone: 1-866-873-2647
MISSOURI – Medicaid	**WASHINGTON – Medicaid**
Website: **http://www.dss.mo.gov/mhd/participants/pages/hipp.htm** **Phone: 573-751-2005**	Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473
MONTANA – Medicaid	**WEST VIRGINIA – Medicaid**
Website:	Website: www.dhhr.wv.gov/bms/

http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml **Phone: 1-800-694-3084**	Phone: 1-877-598-5820, HMS Third Party Liability
NEBRASKA – Medicaid	**WISCONSIN – Medicaid**
Website: www.ACCESSNebraska.ne.gov **Phone: 1-800-383-4278**	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
NEVADA – Medicaid	**WYOMING – Medicaid**
Medicaid Website: http://dwss.nv.gov/ **Medicaid Phone: 1-800-992-0900**	Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2014, or for more information on special enrollment rights, contact either:

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

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

OMB Control Number 1210-0137 (expires 10/31/2016)

WHAT ARE YOUR RIGHTS UNDER ERISA?

As a participant in the group insurance plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants shall be entitled to:

Receive Information About Your Plan and Benefits

Examine, without charge, at the plan administrator's office and at other specified locations, such as worksites and union halls, all documents governing the plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the plan administrator, copies of documents governing the operation of the plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated summary plan description. The administrator may make a reasonable charge for the copies.

Receive a summary of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.

Obtain a statement telling you whether you have a right to receive a pension at normal retirement age and if so, what your benefits would be at normal retirement age if you stop working under the plan now. If you do not have a right to a pension, the statement will tell you how many more years you have to work to get a right to a pension. This statement must be requested in writing and is not required to be given more than once every twelve (12) months. The plan must provide the statement free of charge.

Continue Group Health and Dental Plan Coverage

Continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this summary plan description and the documents governing the plan on the rules governing your COBRA continuation coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a (pension, welfare) benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a (pension, welfare) benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits, which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition, if you disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal Court. If it should happen that plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your plan, you should contact the plan administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

**** Continuation Coverage Rights Under COBRA****

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan).

This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage.

For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);

- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 30 days the qualifying event occurs. You must provide this notice to:

ABC
123 Main Street
Andover, MA 01810
978-475-0000
John Smith

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent

children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information:

ABC
123 Main Street
Andover, MA 01810
978-475-0000
John Smith

ABC

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

Our Company's Pledge to You

This notice is intended to inform you of the privacy practices followed by the ABC and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on May 1, 2018.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the plan participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. ***ABC*** requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

How We May Use Your Protected Health Information

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment. We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations. We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

Treatment. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

***As permitted or required by law*.** We may also use or disclose your protected health information without your written authorization for other reasons as *permitted* by law. We are *permitted* by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate

restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when *required* by law, for example, in order to prevent serious harm to you or others.

Pursuant to your Authorization. When required by law, we will ask for your written authorization before using or disclosing your protected health information. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

To Business Associates. We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

To the Plan Sponsor. We may disclose protected health information to certain employees of ***ABC*** for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Your Rights

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend. If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request to for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions. You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend.

Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions. However, we will comply with any restriction request if the disclosure is to a health plan for purposes of payment or

health care operations (not for treatment) and the protected health information pertains solely to a health care item or service that has been paid for out-of-pocket and in full.

Right to Request Confidential Communications. You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Our Legal Responsibilities

We are required by law to protect the privacy of your protected health information, provide you with certain rights with respect to your protected health information, provide you with this notice about our privacy practices, and follow the information practices that are described in this notice.

We may change our policies at any time. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

ABC
123 Main Street
Andover, MA 01810
978-475-0000
John Smith

Concerns

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit www.hhs.gov/ocr for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

Important Notice from CMS 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 (2018) prescription drug coverage with **ABC** 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. **ABC** has determined that the prescription drug coverage offered by the **Harvard Pilgrim HealthCare Best Buy HMO 3000, HMO HSA 2500 and Focus Network HMO 3000 plans** 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 **ABC** coverage will be affected. You will not be able to hold both a Medicare drug plan and your employer group coverage. You will need to choose between the two. Should you try to enroll in both, the carrier will automatically terminate your employer group coverage upon notification you have enrolled in Part D and you may be liable to any claims paid out in any timeframes where you held both coverage's.

If you do decide to join a Medicare drug plan and drop your current **ABC** coverage, be aware that you and your dependents will be able to get this coverage back if you cancel the Medicare drug plan.

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 **ABC** 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:

ABC
123 Main Street
Andover, MA 01810
978-475-0000
John Smith

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this prescription coverage status through **ABC.** changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage:

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).

Marketplace Coverage Options

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards.

If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5 percent of your household income for the year (9.56 percent for 2015), or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.)

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, as well as an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

You or your child may get free or low-cost coverage through Medicaid or the Children’s Health Insurance Program (CHIP).

Employer Coverage Tool

Health Insurance Marketplace

Use this tool to gather answers about any employer health coverage that you're eligible for (even if it's from another person's job, like a parent or spouse). You'll need this information even if you don't accept the employer insurance you're eligible for. **Write your name and Social Security number in boxes 1 and 2 and ask the employer to fill out the rest of the form. Complete one tool for each employer that offers health coverage tha t you're eligible for.**

EMPLOYEE Information

The **employee** needs to fill out this section.

1. Employee name (First, Middle, Last)	2. Social Security Number
	___ - ___ - ___

EMPLOYER Information

Ask the **employer** for this information.

3. Employer Name	4. Employer Identification Number (EIN)
ABC	___ - ___
5. Employer address (the Marketplace will send notices to this address)	**6. Employer phone number**
123 Main Street	( ) -

7. City	8. State	9. ZIP code
Andover	MA	01810

10. Who can we contact about employee health coverage at this job?

John Smith

11. Phone number (if different from above)	12. Email address
(978) 475-0000	jsmith@abc.com

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

- (•) **Yes** (Continue)
  - 13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)
- ( ) **No** (STOP and return this form to employee)

Tell us about the **health plan** offered by this **employer.**

Does the employer offer a health plan that covers an employee's spouse or dependent?

- (•) Yes. Which people? ☑ Spouse ☑ Dependent(s)
- ( ) No

(Go to question 14)

14. Does the employer offer a health plan that meets the minimum value standard*?

- (•) Yes (Go to question
- ( ) No (STOP and return form to

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? $ 65.15

b. How often? ☐ Weekly ☑ Every 2 weeks ☐ Twice a month ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

- ( ) Employer won't offer health coverage
- ( ) Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? $ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Quarterly ☐

Yearly Date of change (mm/dd/yyyy): _____

An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

NEED HELP WITH YOUR APPLICATION? Visit **HealthCare.gov** or call us at **1-800-318-2596**. Para obtener una copia de este formulario en Español, llame **1-800-318-2596.** If you need help in a language other than English, call **1-800-318-2596** and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call **1-800-889-4325**.

Group Dynamic Inc.
EMPLOYEE BENEFITS ADMINISTRATION

ABC
Health Reimbursement Arrangement
Reimbursement Request Form

EMPLOYEE INFORMATION	
Employee Name (please print):	
Last 4 digits of your Social Security Number:	

IMPORTANT INFORMATION FOR SUBMITTING A REQUEST FOR REIMBURSEMENT

1. Receive your medical care as you normally would. Your medical care provider will file claims with Harvard Pilgrim Health Care.

2. Provide clear copies of the Activity Summary, including the Activity Details page. These statements are mailed to you after your medical services have been processed by Harvard Pilgrim Health Care. You may also be able to print a copy from their web site.

   Group Dynamic Inc. cannot reimburse you without clear documentation that you incurred eligible expenses and met any out-of-pocket requirement.

3. Enter your name, last four digits of your Social Security Number and sign this Reimbursement Request Form.

4. Submit your Request using one of the following methods:

   - Scan & Email to: claims@gdynamic.com
   - Fax to: 207-518-5200
   - Mail to: Group Dynamic, Inc., 411 US Route One, Falmouth, Maine 04105.

   GDI processes reimbursements on a weekly basis for requests and supporting documentation received by noon on Tuesday.

5. View account activity, account balance and access other information on the Participant Portal:

   - Go to GDI's website at www.gdynamic.com and select 'Participants' from the Log In menu;
   - Are you a New User? Click on the link to create your new username and password.

REIMBURSEMENT REQUEST

I request reimbursement for my qualified medical expenses as indicated on the attached documentation. I certify that I incurred these expenses as a participant in the HRA established by the employer named above and that these expenses must qualify for reimbursement under the terms of my employer's plan and the Internal Revenue Code and cannot be claimed as credits or deductions on my personal income tax return. I understand reimbursements from this plan are paid from my employer's HRA and I acknowledge that I am responsible for paying each provider for the medical services received. I have retained copies of the documentation included with this request. I understand materials submitted will not be returned to me.

EMPLOYEE SIGNATURE AND DATE

Signature Date

Questions?
Contact GDI's Reimbursement Team at 800-626-3539 Monday to Friday, 8:00am – 5:00pm ET.

See Reverse for Important Information

ABC, Inc.

Benefits Election Form

Please make your selections below, and sign and return this form to Human Resources. Remember to refer to the following payroll deduction schedules and attached benefit summaries to help you select the plan that is right for you.

If you do not wish to participate in a plan, please circle the box marked "waive", check the box for the reason why, sign, and return the form to Human Resources.

I understand that this health election cannot be changed (enroll or dis-enroll) until the next open enrollment date unless there is a qualifying event, as described in the ABC company policy. If a qualifying event causes a desire to change this election, I understand that I have 20 days from the dates of the qualifying event to request a change consistent with that qualifying event. Qualifying events include loss of other coverage, births, marriage, divorce, etc. as adhered to by company policy.

I authorize the Company to withhold amounts sufficient to provide coverage, at the company's established pay-roll deduction amounts under my selected plan coverage until this election is revoked. I acknowledge that the company offers this benefit only on a pre-tax basis under a Sec 125 Cafeteria Plan and my share of the insurance premiums will be deducted from my income before taxes.

Plan Year May 1, 2018 – April 30, 2019
Please **circle** your election(s). Choose only ONE medical plan and ONE dental plan.
Rates are per bi-weekly pay period

Payroll Deductions	Focus Network HMO	Best Buy HMO	Best Buy HMO HSA	Dental Core Plan		Dental Buy Up
Employee	$65.15	$86.68	$77.43	$18.96		$26.06
Employee & Spouse	$260.58	$303.65	$285.15	N/A		N/A
Employee & Child(ren)	$241.04	$280.88	$263.77	N/A		N/A
Family	$371.33	$432.71	$406.35	$51.16		$68.44
Waive	No coverage (complete waiver section below)			Waive		

Is this a change from how you are currently enrolled? ☐ No ☐ **Yes**

Please see Human Resources for an **Enrollment/Change Form** if you checked **Yes.**

These insurance plans are not part of the annual open enrollment. Employees must have enrolled when they initially became eligible. If you did not, and wish to later, you will need to complete an Evidence of Insurability form alongside your application. Your application will be reviewed, and based upon medical underwriting, may or may not be approved.

Voluntary Short-Term Disability	Voluntary Long-Term Disability	Voluntary Life
☐ Elect Rate*_____ ☐ Decline	☐ Elect Rate*_____ ☐ Decline	☐ Elect Rate*_____ ☐ Decline
*For rates, please see Human Resources		

Medical Waiver: For the **2018 – 2019** plan year I choose not to participate in medical coverage due to:

Check only one box

- ☐ Coverage under my (spouse / parent / other employer)'s group plan
- ☐ Individual / Healthcare.gov policy
- ☐ Medicare
- ☐ TRICARE
- ☐ Medicaid
- ☐ My preference not to have coverage

Employee Name (please print)	
Signature	Date

This guide is meant as an outline of benefits. In the event of any discrepancies between this guide and the group contract, insurance documents, and summary plan descriptions, the group contract, insurance documents, and summary plan descriptions will prevail.