



Benefit Overview

Humanim takes pride in offering a comprehensive and competitive benefits package to its employees. Working with its benefit partners, Humanim offers you a benefit program that allows choice and flexibility. It is important that you take the time to review all of the plan options available to you prior to making your selections. Consider each benefit and the associated cost carefully and choose the benefits package that will best meet you and your family’s needs throughout the year.

Options selected during open enrollment remain in place for the plan year. Options selected upon hire remain in place through the end of the plan year in which you are hired.

The Internal Revenue Service (IRS) states that the eligible employees may only make elections to the plan at time of hire and once a year at open enrollment. Your benefit choices are binding through June 30, 2017. The following circumstances are the ONLY reasons you may change your benefits during the year:

<i>Marriage</i>	<i>Death of a Spouse</i>
<i>Divorce</i>	<i>Death of a Dependent</i>
<i>Birth & Adoption</i>	<i>Loss of Dependent Status</i>
<i>Loss of Spouse’s job where coverage is maintained through a spouse’s plan</i>	

These special circumstances, often referred to as life event changes, will allow you to make plan changes at any time during the year in which they occur. For any allowable changes, you must inform the Employee Benefits Center within 30 days of the event to avoid lapse in coverage. All other changes are deferred to open enrollment.

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Medical Benefits



Humanim’s medical options are designed to provide you and your family with access to high quality, affordable healthcare. Three plans are available through Cigna to provide Humanim employees flexibility and savings. You will realize the greatest cost savings by seeing in-network providers. The plans differ in cost sharing, networks and the options to go out of network. Please refer to the summaries on the following pages for specific details.





Who is Eligible?

All active full-time employees who work a minimum of 30 hours or more per week (and their eligible dependents, including dependent children up to age 26).

Dependents

Dependents are defined as the dependent child(ren) of you or your spouse and includes natural child(ren), stepchild(ren), legally adopted child(ren), child(ren) placed for adoption, and child(ren) or grandchild(ren) for whom you or your spouse have legal custody or testamentary or court appointed guardianship.



How to Enroll

Humanim offers employees access to a convenient online benefits enrollment site. It's a fast and easy way to enroll in your benefits for you and your family. To help for a successful online enrollment, use this Enrollment Worksheet on page 15 of this guide. Your enrollment is just a point and click away.



Benefits Effective Date

Benefits for newly hired employees as well as existing part-time or relief employees who change to full-time status, have 30 days from their date of hire or status change date to enroll in the benefit plans. Benefits become effective on the first day of the month following 60 days of continuous full-time employment.



How to Make Changes

If you have a qualified change in life status (birth, adoption, marriage, divorce, death) which creates the opportunity to change your benefit elections mid-year, you have 30 days from the date of the life event to request the change on Humanim's benefits Online Enrollment System (www.cbizesc.com/humanim) and submit supporting documentation.

Medical Benefits Description



Plan Design	Open Access Plus Plan		Open Access Plus In-Network Only Plan	HSA Open Access Plus In-Network Only Plan
	In-Network	Out-of-Network	In-Network	In-Network
Plan Year Deductible				
Single	\$500	\$500	\$500	\$1,500
Family	\$1,000	\$1,000	\$1,000	\$3,000 (combined medical/prescription)
Coinsurance	Deductible, then no charge	Deductible, then 20%	Deductible, then 20%	Deductible, then no charge
Medical Out-of-Pocket Maximum				
Single	\$2,500	\$2,500	\$2,500	\$3,000
Family	\$5,000	\$5,000	\$5,000	\$6,000 (combined medical/prescription)
Pharmacy Out-of-Pocket Maximum				
Single	\$3,500	N/A	\$3,500	N/A
Family	\$7,000		\$7,000	
Preventive Care	\$0	Birth-Age 16 - 20%, no deductible Age 17 plus-Deductible, then 20%	\$0	\$0
Physician Services				
Primary Care Physician	\$30 Copay	Deductible, then 20% Copay	\$30 Copay	Deductible, then no charge
Specialist	\$40 Copay	Deductible, then 20% Copay	\$40 Copay	Deductible, then no charge
Urgent Care		Deductible, then \$40 Copay	Deductible, then \$50 Copay	Deductible, then no charge
Emergency Care		Deductible, then \$100 Copay	Deductible, then \$100 Copay	Deductible, then no charge
Outpatient				
Lab and x-ray	Deductible, then no charge	Deductible, then 20%	Deductible, then 20%	Deductible, then no charge
Advanced Radiology	Deductible, then no charge	Deductible, then 20%	Deductible, then 20%	Deductible, then no charge
Hospitalization				
Inpatient	Deductible, then no charge	Deductible, then 20%	Deductible, then 20%	Deductible, then no charge
Outpatient	Deductible, then no charge	Deductible, then 20%	Deductible, then 20%	Deductible, then no charge
In-Network Prescription Drugs Retail (Up to 90-day supply) * Delaware Residents Please Refer to Summary of Benefits				
Generic	You pay \$10		You pay \$10	Deductible, then you pay \$10
Preferred Brand	You pay \$25		You pay \$25	Deductible, then you pay \$25
Non-Preferred Brand	You pay \$45		You pay \$45	Deductible, then you pay \$45
In-Network Prescription Drugs Home Delivery (90-day supply) * Delaware Residents Please Refer to Summary of Benefits				
Generic	You pay \$20		You pay \$20	Deductible, then you pay \$20
Preferred Brand	You pay \$50		You pay \$50	Deductible, then you pay \$50
Non-Preferred Brand	You pay \$90		You pay \$90	Deductible, then you pay \$90
Out-of-Network Prescription Drugs * Delaware Residents Please Refer to Summary of Benefits				
Pharmacy Deductible Individual—\$50 Family—\$100	Deductible, then 20%		Not covered	Not covered

Medical Plan Contributions

PAYROLL DEDUCTIONS PER PAY PERIOD		PAYROLL DEDUCTIONS PER PAY PERIOD		PAYROLL DEDUCTIONS PER PAY PERIOD	
Open Access Plus Plan		Open Access Plus In-Network Only Plan		HSA Open Access Plus In-Network Only Plan	
Employee	\$126.24	Employee	\$61.92	Employee	\$37.05
Employee + Child(ren)	\$391.90	Employee + Child(ren)	\$279.54	Employee + Child(ren)	\$212.74
Employee + Spouse	\$509.97	Employee + Spouse	\$376.26	Employee + Spouse	\$290.82
Employee + Family	\$716.59	Employee + Family	\$541.20	Employee + Family	\$427.47

Health Savings Account (HSA)

Why Choose the HSA Plan?

The HSA Medical Plan may be a good choice if you have low to moderate health care needs. It offers many advantages over traditional plans, such as:

- **Lower monthly premiums** – lowest per pay cost of any plan for 2016.
- **Health Savings Account that belongs to you** – you can use it for current or future medical expenses, including medical expenses after you retire. If you leave Humanim, you take your account with you.
- **Tax-free savings** - all contributions and earnings are tax free.

You may not participate in this plan if you are covered by another traditional medical plan (i.e., a plan without a high deductible), such as a spouse's plan or Medicare.

The maximum is on a calendar-year basis even though our plan year is July 1 through June 30.

HSA Maximum Contributions

If you enroll in the HSA Plan, you may contribute towards a Health Saving Account through pre-tax payroll deductions. All contributions are tax free and will grow tax free until you use them for qualified health care expenses. If you enroll in the HSA plan, you will receive a welcome packet from CIGNA's banking partner, HSA Bank with information about setting up your account.

Q. How much can I contribute?

A. Your total annual contribution, cannot exceed:

	2015	2016
Self-only	\$3,350	\$3,350
Family	\$6,650	\$6,750



Debit Card

- Use the HSA debit card to pay for out-of-pocket expenses
- The card can also be used to get cash at ATMs to reimburse themselves for qualified expenses paid with personal funds

Online Bill Pay Electronic Fund Transfer

- Pay medical expenses directly from the HSA
- Monitor, manage and schedule payments online, anytime
- Payments can be scheduled on a one-time or recurring basis

Checkbook

- Customers can purchase and write checks to pay for out-of-pocket expenses

Auto Pay

- Customers can opt to have their medical claims displayed on the HSA Bank site and then elect to have all or some paid from their HSA
- This option can be turned on/off any time during the year

Medical Plan Differences

<p>Open Access Plus Plan <u>In-Network and Out of Network</u></p>	<ul style="list-style-type: none"> • Higher premiums • In-Network and Out of Network Coverage • 100 % Co Insurance • Better option if you have long-term medical concerns
<p>Open Access Plan <u>In- Network Only</u></p>	<ul style="list-style-type: none"> • Lower premium than Open Access Plus Plan (PPO/In- and Out of Network Coverage) • In-Network Only Plan • 80 % Co Insurance • May be good option if you do not have many health issues
<p>HSA Open Access Plan <u>In- Network Only</u></p>	<ul style="list-style-type: none"> • Lowest premiums • But...highest deductible by far and highest out-of-pocket maximum • Better option if you are healthy and want to set aside pre-tax money for medical expenses in the future. Unused money rolls over from year to year.

How to Manage My HSA Balance and Account Transactions

Real-time HSA balances displayed on myCigna home page

The screenshot shows the Cigna myCigna home page. At the top, there is a navigation bar with links for Profile, Contact, Forms, Español, and Log Out. Below this is a search bar. The main navigation menu includes: REVIEW MY COVERAGE, MANAGE CLAIMS & BALANCES, FIND A DOCTOR OR SERVICE, CIGNA HOME DELIVERY PHARMACY, ESTIMATE HEALTH CARE COSTS, and MANAGE MY HEALTH. The breadcrumb trail reads: Home >> Review My Coverage >> Health Savings Account (HSA). The page title is "Health Savings Account (HSA)".

The HSA section is divided into several areas:

- ACCOUNT BALANCE:** Health Savings Account icon. Available Cash Balance \$500.00, Investment Balance \$5,774.81, Current Balance \$6,274.81.
- DEDUCTIBLE TRACKER:** MEDICAL section. Cigna In-Network Deductible: \$4,000. Remaining: \$3,162.00. A progress bar shows the remaining amount relative to the total deductible.
- Account Summary:** Primary Customer, Employer Account Number, Coverage From, Auto-Pay.
- My Incentive Awards Program:** Get healthy and stay healthy with incentive programs your employer and Cigna have chosen for you. Track your progress, earn valuable rewards and view your completed programs. You can also access your Incentive Awards from the Manage My Health tab. View Your Incentive Programs.
- How Your Health Savings Account (HSA) Works:** An HSA can help pay for health care expenses not paid by your medical plan now and in the future. The money saved in your HSA earns interest, can be invested once you reach a minimum.
- RELATED LINKS:** Get Account Updates, Health Care Documents, Investment Options, Eligible and ineligible HSA Expenses, HSA Video, HSA Calculator, Understanding My Coverage, Request or Cancel HSA Debit Cards, Healthy Rewards® Discounts.
- NEED HELP?** and **FAQ** buttons.

Mobile view of HSA account balance and transactions

The screenshot shows the mobile view of the Cigna myCigna app. The top navigation bar includes the Cigna logo and the word "Accounts". The main content area shows:

- Total of All Accounts:** \$3,239.09
- HRA Balance:** \$1,324.84 (represented by a pie chart)
- HRA Total Balance:** \$1,324.84
- FSA Total Balance:** \$1,435.00
- DCA Total Balance:** \$339.09
- HSA Total Balance:** \$141.12



Call us anytime, day or night

- Customer Service and Health Information Line are 24/7
- We speak your language

1.800.myCigna



Find all of your information when you need it at

<http://www.mycigna.com/>

- Coverage details
- Claim information and history
- Directory of doctors, hospitals, facilities
- Print a temporary ID card or order a new ID card
- Health information and tools
- Frequently asked questions
- Cost of care and quality comparison tools



Mobile site and myCigna app deliver information on the go*

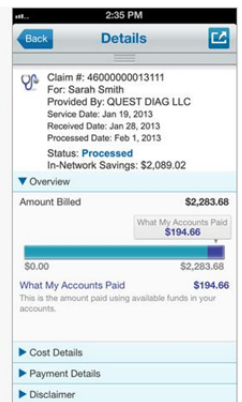
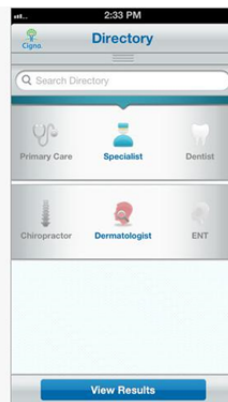
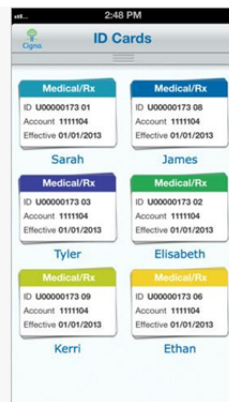
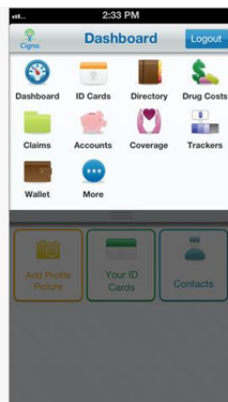
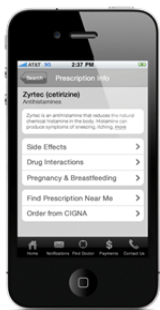
- All customers can access myCigna via mobile device using internet browser
- myCigna mobile app -also available

MyCigna.com Mobile site and app deliver health information on the go

- All customers can access myCigna via mobile device using internet browser
- myCigna mobile app available

Features:

- Find a doctor, dentist, pharmacy or facility
- View, print, and email ID card information
- Search and view claims
- Drug search
- View plan coverage and authorizations
- Organize and manage personal health information with the Health Wallet



How to Find a Doctor

Search Cigna's network in five simple steps

Step 1

Go to www.cigna.com, click on FIND A DOCTOR/DENTIST at the top of the screen. Then select the orange box that reads "if your insurance plan is offered through work or school..."

Step 2

Choose what you're looking for: A doctor, or place to receive medical care.

Step 3

Enter the geographic location you want to search.

Step 4

Select one of the plans offered by your employer during open enrollment. [Open Access Plus](#)

Step 5

Enter a name, specialty or other search word. Click SEARCH to see your results.

Prescription Mail Order

Cigna Home Delivery Pharmacy is designed especially for individuals who take prescription medications on an ongoing basis.

- ◆ Acid reflux
- ◆ Allergies
- ◆ Anxiety
- ◆ Arthritis
- ◆ Asthma
- ◆ Birth control
- ◆ Diabetes
- ◆ High blood pressure
- ◆ Infertility
- ◆ Multiple sclerosis
- ◆ Osteoporosis
- ◆ Many others

Manage your medications 24 hours a day, seven days a week.

- ◆ You can view medication prices based on your plan, track order, view shipping status, and see the number of refills you have left online on www.myCigna.com.
- ◆ Call (800) 835-3784, Option 1, to place an order for a refill.
- ◆ Call (800) 835-3784, Option 2, to check the status of an existing order.

When you choose Cigna Home Delivery Pharmacy to fill your ongoing medications, you can take advantage of the following:

- ◆ Licensed pharmacists available 24/7
- ◆ Up to a 90-day supply in one fill
- ◆ Standard delivery to your home or other preferred location at no additional cost
- ◆ Likely lower out-of-pocket costs - which are costs that your plan doesn't cover, and that you're responsible for
- ◆ Our free reminder service will text or email you when it's time to refill your prescriptions
- ◆ Specialty medications available, including those that require refrigeration and/or overnight delivery
- ◆ FDA approved medications

Vision Benefits



Employees are eligible to sign up for vision coverage which allows participants to get an examination annually and lenses and contact lenses (*in lieu of frames & lenses*) every 12 months. This coverage allows participants to receive frames every 24 months.

Participants have the option of receiving care from an in-network or out-of-network provider; however, if you use a non-network provider you will incur higher out-of-pocket expenses.

Description	In-Network	Out-of-Network
Exam	\$10 copay	Reimbursed up to \$45
Frames	\$0 copay; Collection Frames \$130 allowance For non Collection	Reimbursed up to \$60
Standard Lenses		
Single Vision Lenses	\$20 copay	Reimbursed up to \$60
Bifocal Vision Lenses	\$20 copay	Reimbursed up to \$82
Trifocal Vision Lenses	\$20 copay	Reimbursed up to \$101
Contact Lenses		
Medically Necessary	Covered in Full	Reimbursed up to \$285
Elective	\$130 allowance for non-collection lenses	Reimbursed up to \$112

Vision PAYROLL DEDUCTIONS PER PAY PERIOD	
Employee	\$2.62
Employee + Child(ren)	\$4.84
Employee + Spouse	\$4.99
Employee + Family	\$6.18

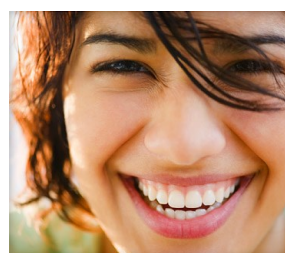


Dental Benefits



Good dental health is important to your overall well-being. Humanim offers its employees dental coverage through CareFirst. You may choose to see a dentist within the network or outside of the network. If you use a dentist outside the network, you are responsible for higher out-of-pocket costs, including any additional charges billed by the dentist.

Description	In-Network	Out-of-Network
Type A - Preventive	100%	80%
Type B - Basic Restorative	80%	60%
Type C - Major Restorative	50%	35%
Type D - Orthodontia	50%	35%
Plan Year Deductible - Individual	\$25	\$50
Family	\$75	\$150
Plan Year Maximum Benefits Per Individual	\$1,000	\$1,000
Orthodontia Lifetime Maximum Per Individual	\$1,000	\$1,000



Good to know...

You can receive a free dental cleaning, exam and x-rays every six months using in-network providers!

Dental PAYROLL DEDUCTIONS PER PAY PERIOD	
Employee	\$9.98
Employee + Child(ren)	\$30.15
Employee + Spouse	\$30.15
Employee + Family	\$30.15

Basic Life and AD&D Insurance



As a full-time employee of Humanim, you are eligible for a variety of company-sponsored benefit plans.

Humanim pays 100% of the cost for your Basic Life and Accidental Death & Dismemberment Insurance (AD&D). This amount is equal to 1x your basic annual earnings up to \$50,000. The CBIZ system is the only record of beneficiary information, so all full-time employees need to log onto the CBIZ enrollment system to designate a beneficiary, even if they do not elect any other benefits.



Employee Voluntary Term Life and AD&D Insurance



Humanim offers a Voluntary Life and AD&D Insurance benefit that can be purchased at your expense for you and

your dependents. You will pay group rates and the premium is conveniently deducted from your payroll. Employees may elect in up to 5x their basic annual earnings up to a maximum of \$450,000 in increments of \$10,000. Evidence of Insurability is required for amounts requested in excess of \$200,000. You may enroll for supplemental AD&D coverage at the equivalent amount of the elected supplemental life coverage. Reminder: If you do not enroll in Voluntary Benefits at the time of open enrollment, you will need to submit evidence of insurability.

Spouse and Dependent Life Insurance



Insurance is available for your spouse in increments of \$5,000 up to \$450,000 or 100% of your supplemental

life election, whichever is less. Evidence of Insurability is required for amounts requested in excess of \$50,000 for your spouse any amount elected after your initial enrollment period or any amount if denied in the past.

Coverage for a child is available in increments of \$2,000 to \$10,000 up to a maximum of \$10,000. The dependent child amount cannot exceed 50% of the employee amount. Child life rate applies to one or more multiple covered child(ren) and not per covered child. Evidence of insurability is not required for children. Dependent children are eligible for Life benefits and covered up to the age of 19 if unmarried or up to age 26 if a full-time student.

Disability



Disability benefits help protect what you work for. Unum's Group Short Term Disability insurance and

Unum's Group Long Term Disability insurance can replace a portion of your salary if you become ill or injured and can't work. It can help you cover your expenses and protect your finances at a time when you're not getting a paycheck and have extra medical bills.

Short-Term Disability (STD): Your STD benefit equals 60% of your weekly earnings up to \$2,000 per week. This benefit takes effect on the 15th day of absence due to an accident or illness. The benefit maximum duration is 24 weeks.

Long-Term Disability (LTD): Your LTD benefit equals 60% of your monthly earnings to a maximum benefit of \$7,500 per month. This benefit takes effect on the 180th day of being disabled .



Flexible Spending Accounts (FSA)



All benefit employees are eligible to participate in the Humanim Section 125 Plan. The plan permits employees to save federal income taxes by excluding medical insurance premiums from taxable pay. Employees must complete online enrollment to use this benefit. It is not automatic. Keep in mind that if you enroll in the 125 Plan, your Social Security benefit may be reduced at retirement.

Humanim allows you to set-aside a portion of your pay through payroll deduction into Flexible Spending Accounts. The money that goes into a FSA is deducted on a pre-tax basis, which means it is taken from your pay before Federal and Social Security taxes are calculated. Because you do not pay taxes on the money that goes into your FSA, you decrease your taxable income.

You will need to enroll online every year to participate in the FSA plans. **Note:** Some expenses require additional documentation from your provider.

Medical Flexible Spending Account: You may deposit up to **\$2,550** per plan year into your Medical Flexible Spending Account to cover you & your dependents during the plan year. Eligible expenses include, but are not limited to, deductibles, copayments and coinsurance

payments, uninsured dental expenses, vision care expenses and hearing expenses. **You are not eligible to participate in the FSA if you are enrolled in a high deductible plan with a Health Savings Account. Humanim will allow you to carry over up to \$500 of unused funds from your Medical FSA at the end of the 2016-2017 plan year (does not apply to Dependent Care FSA).**

Dependent Care Flexible Spending Account: You may deposit up to **\$5,000** per plan year into your Dependent Care Flexible Spending Account. Eligible expenses include payments to day care centers, preschool costs, before and after school care and elder care.

- Phone: 1(800) 815-3023, Option 4
- Fax: 1(800) 584-4185
- Email: cbizflex@cbiz.com
- Mail: CBIZ Payroll & Flex
310 First Street, #600
Roanoke, VA 24011
- Check on your Flex Account: <https://myplans.cbiz.com>
- Free My Plans mobile app: search for CBIZ in the appropriate app store; available after you register your user name and password on <https://myplans.cbiz.com>

FSA FAQs

What expenses are eligible through flexible spending accounts?

- Medical and dental deductibles and co-payments (the portion you are responsible for)
- Physical examinations, chiropractic expenses, orthodontics
- Vision expenses not fully paid by any vision plan
- Prescription drugs and insulin not paid by the medical plan

What are some examples of expenses that are not covered?

- Expenditures that are merely beneficial to the general health of the person
- Amounts compensated for by insurance, government agency or workers' compensation
- Cosmetic surgery, other than that needed to improve congenital abnormality, personal injury or disfiguring disease

What happens if I do not use all of the money that I set aside each year? If you have less than a \$500 balance left over on June 31, 2017, you can only carryover what you have. If you have more than a \$500 balance left over, you will lose any amount over \$500. Therefore, you should be conservative when estimating your expenses.

Once I make an election, can I change that amount during the plan year? Not unless you have a change of status during the year and the change in status must be consistent with the change in election you wish to make. Examples of status changes include marriage, divorce, change in the number of dependents, change in employment, etc.

Do I have to submit receipts with my reimbursement request? Yes, you must submit a statement from the provider describing the medical expenses and a receipt or insurance company explanation of benefits. Cancelled checks or credit card/debit card receipts are not acceptable proof of service.

How do I keep track of my contributions and the amounts that I have been reimbursed as the year goes on? Participants will have access to view all plan information at anytime on <https://myplans.cbiz.com>.

Employee Assistance Program



When you have questions, concerns or emotional issues surrounding your personal or work life, you can count on Unum to offer help. Unum's work-life balance employee assistance program (EAP) offer unlimited access to master's level consultants by telephone, resources and tools online, and up to three face-to-face visits with a consultant for help with a short-term problem.

Help for personal challenges big and small:

- Locate childcare and eldercare services and obtain matches to the appropriate provider based on your or your family's preferences and criteria.
- Speak with financial experts by phone regarding issues such as budgeting, controlling debt, teaching children to manage money, investing for college, and preparing for retirement
- Work through complex, sensitive issues such as personal or work relationships, depression or grief, or issues surrounding substance abuse
- Get a referral to a local attorney for a free, 30-minute in-person or telephonic legal consultation.

Guidance for work-related conflicts:

- Have a confidential sounding board and objective view
- Work on communication and problem-solving skills
- Learn how to motivate your employees

Balance can be a call or click away:

(800) 854-1446 (English)
(877) 858-2147 (Spanish)

lifebalance.net

user ID and password: lifebalance



Travel Assistance



Pack your worldwide emergency travel assistance phone number and leave travel worries at home.

Whenever you travel 100 miles or more from home, whether it be for business or pleasure, be sure to pack your worldwide emergency travel assistance phone number!



Unum offers 24 hour access to:

- Emergency medical evacuation
- Prescription replacement assistance
- Transportation for a friend or family member to join a hospitalized patient
- Care and transport of unattended minor children
- Assistance with the return of a vehicle
- Emergency message services
- Critical care monitoring
- Emergency trauma counseling
- Referrals to Western-trained, English-speaking medical providers
- Legal and interpreter referrals
- Passport replacement assistance

Unum's travel assistance services are provided by Assist America, Inc., a leading provider of global emergency services through employee benefit plans. Assist America's medically certified personnel are ready to help 24 hours a day, 365 days a year.

Within the U.S.: 1 (800) 872-1414

Outside the U.S.: +(U.S. access code) 609-986-1234

Group Critical Insurance with Cancer Insurance



Plan Description

The Group Critical Illness product provides a lump-sum benefit upon the diagnosis of not only one covered illness, but for each covered illness.

Plan Features

- Lump-sum benefits paid directly to the Insured following the diagnosis of each covered critical illness.
- Payroll Deduction - Premiums are paid through convenient payroll deduction.
- Spouse coverage available.
- Each Dependent Child is covered at 50% of the primary Insured amount at no additional charge.
- Benefit amounts available for \$5,000 up to \$20,000 for employees and \$10,000 for spouse.
- Annual Health Screening Benefits included.
- Additional Benefits:
 - Coma
 - Paralysis Burns
 - Loss of Sight Loss of Hearing Loss of Speech

Group Critical Illness Benefits

First Occurrence Benefit - After the waiting period, an Insured may receive up to 100 percent of the benefit selected upon the first diagnosis of each covered critical illness.

Illnesses Covered Under Plan	Percentage of Face Amount
Cancer (Internal or Invasive)	100%
Heart Attack	100%
Major Organ Transplant	100%
Renal Failure (End Stage)	100%
Stroke	100%
Carcinoma in Situ+	25%
Coronary Artery Bypass Surgery+	25%

** At age 70, benefits are reduced by 50%.

Group Accident Insurance



Plan Features

- Benefits are payable regardless of any other insurance programs.
- Coverage is guaranteed-issue.
- The plan features benefits for both inpatient and outpatient treatment of covered accidents.
- Benefits are available for spouse and/or dependent children.
- There's no limit on the number of claims an insured can file.
- Premiums are paid by convenient payroll deduction.

Benefits Paid for Treatment of:

- Fractures
- Dislocations
- Paralysis
- Lacerations
- Injuries Requiring Surgery
- Burns
- Concussion/Coma
- Emergency Room Treatment
- Hospital Admission
- X-ray/Diagnostic Testing
- Ambulatory Transport
- Physical Therapy
- Hospital/Intensive Care Confinement



Group Hospital Indemnity Insurance



Plan Description

Group supplemental Hospital Indemnity Plan provides benefits for inpatient and outpatient services as a result of covered accidents and sickness, up to \$500 per period of confinement.

Why Purchase Supplemental Hospital Indemnity Insurance?

Supplemental Hospital Indemnity plan offers employees a solution to the financial burdens created by unexpected trips to the physician's office or hospital emergency room. It also provides additional protection against the financial burden of a serious injury or illness. In short, the Supplemental Hospital Indemnity plan provides benefits for financial protection against the costs of both inpatient and outpatient services.

Liberty Mutual Home & Auto Voluntary Insurance Benefits



The benefits of choosing Liberty Mutual for your home and auto:



- New car replacement
- Unlimited towing
- Unlimited rental
- Emergency roadside assistance
- 12-month rate guarantee
- Civil union treatment
- Accident forgiveness
- New customer accident forgiveness

For a free quote, or to enroll, contact Andre Pritchett:

Office: (410) 771-8012, Ext. 51448

eMail: andre.pritchett@libertymutual.com

Additional Benefits Available Through Humanim

- PTO
- Six Paid Holidays
- 403(b) Retirement Plan
- Profit Sharing Plan
- Annual Biometric Screenings
- Tuition Reimbursement Program
- Talent Scout Referral Program
- Anniversary Bonuses
- Wellness Program
- AND MORE! See Human Resources Policy Manual on inside.humanim.com



Humanim Enrollment Worksheet Tips

Benefits Plan Year: 7/1/2016 - 6/30/2017

Humanim offers employees access to a convenient online benefits enrollment site. It's a fast and easy way to enroll in your benefits for you and your family. To help for a successful online enrollment, use this Enrollment Worksheet by following the simple steps below. Your **2016-2017** enrollment is just a point and click away.

NOTE: You must complete your entire enrollment once you begin. The system will not allow you to save information and complete it at a later time. Upon successful completion, you will receive a confirmation number and email which you should retain for your records.

Enrollment Process Tips:

- Review the Humanim Benefit Guide for the **7/1/2016 - 6/30/2017** Plan Year.
- Gather Dependent/Beneficiary Information. You are required to enter at least one beneficiary for the company-paid basic life insurance.

The following information is required for each individual that you plan to designate as a Dependent and/or Beneficiary. You will also be asked if you want to cover them under Medical, Dental, or Vision and whether you plan to designate them as a Beneficiary for life insurance purposes. If you designate a Trust as your beneficiary, only the Trust name is required.

- Name
 - Social Security Number
 - Date of Birth
 - Address
 - Relationship
 - Phone Number
 - Percentage Allocation (for Beneficiary designation only)
- Visit the Humanim Employee Benefits website at www.cbizesc.com/humanim
- Enter your User ID – This is hum + your birth year and last 4 digits of SSN. (Example: John Smith, born 01/01/1950 and SSN 123-45-6789 - User ID: hum19506789)
- Enter your Password – This is Date of Birth (Example: MMDDYYYY). After logging in, you can change your password on the main menu.
- To retrieve your password, select the “forgot password” link on the page.
- Read over the terms listed on the Disclaimer page and then click the box “I accept”.
- At the Main Menu, under “Your Benefits” on the left-hand side, click “Enroll”.
- On the right-hand side of the Main Menu, next click the link under “**7/1/2016 – 6/30/2017** Benefit Plan Year”.
- Follow the instructions to enroll; at the end, a Confirmation Statement will appear.
- Review your elections for accuracy, and click “Confirm” if the information is correct. If incorrect, click “Change” to go back through the system making the applicable change(s), and again review the Confirmation Statement. This time if the information is correct, click “Confirm”.
- You will receive a Confirmation Number* and email. **Keep a copy for your records.** You have successfully finished your enrollment once you receive your Confirmation Number.
**If you do not receive a Confirmation Number, then your enrollment is not complete!*
- You may re-enter the site and make changes to your elections as often as you wish during the Open Enrollment period. You will receive a new Confirmation Number for each newly confirmed change. If you wish to make a change after your enrollment period, you must request a Qualifying Event enrollment and provide supporting documentation of the event within 30 days.

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

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2015. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: www.myalhipp.com
Phone: 1-855-692-5447

ALASKA – Medicaid

Website:
<http://health.hss.state.ak.us/dpa/programs/medicaid/>
Phone (Outside of Anchorage): 1-888-318-8890
Phone (Anchorage): 907-269-6529

COLORADO – Medicaid

Medicaid Website: <http://www.colorado.gov/hcpf>
Medicaid Customer Contact Center: 1-800-221-3943

FLORIDA – Medicaid

Website: <https://www.flmedicaidtprecovery.com/>
Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: <http://dch.georgia.gov/>
- Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)
Phone: 404-656-4507

INDIANA – Medicaid

Website: <http://www.in.gov/fssa>
Phone: 1-800-889-9949

IOWA – Medicaid

Website: www.dhs.state.ia.us/hipp/
Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/>
Phone: 1-800-792-4884

KENTUCKY – Medicaid

Website: <http://chfs.ky.gov/dms/default.htm>
Phone: 1-800-635-2570

LOUISIANA – Medicaid

Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>
Phone: 1-888-695-2447

MAINE – Medicaid

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>
Phone: 1-800-977-6740
TTY 1-800-977-6741

MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/MassHealth>
Phone: 1-800-462-1120

MINNESOTA – Medicaid

Website: http://www.dhs.state.mn.us/id_006254
Click on Health Care, then Medical Assistance
Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://medicaid.mt.gov/member>
Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633

NEVADA – Medicaid

Medicaid Website: <http://dwss.nv.gov/>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>
Phone: 603-271-5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: http://www.nyhealth.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <http://www.ncdhhs.gov/dma>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-800-755-2604

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://www.oregonhealthykids.gov>
<http://www.hijosaludablesoregon.gov>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <http://www.dhs.state.pa.us/hipp>
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid

Website: <http://www.eohhs.ri.gov/>
Phone: 401-462-5300

SOUTH CAROLINA – Medicaid

Website: <http://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://gethipptexas.com/>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Website: <http://health.utah.gov/medicaid>
CHIP: <http://health.utah.gov/chip>
Phone: 1-866-435-7414

VERMONT– Medicaid

Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm
CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid

Website: <http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx>
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid

Website: <http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx>
Phone: 1-877-598-5820, HMS Third Party Liability

WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://wyequalitycare.acs-inc.com/>
Phone: 307-777-7531

To see if any more states have added a premium assistance program since July 31, 2015, 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

HIPAA Special Enrollment Notice

If you are declining enrollment for yourself and/or your eligible dependent(s) because of other health/dental/vision insurance coverage and if you lose that coverage, you may in the future be able to enroll yourself and/or your eligible dependent(s) in this plan, provided that you request enrollment with 30 days after your other coverage ends. If you are declining coverage for yourself and/or your eligible dependent(s) for any other reason, you cannot join the plan later unless you have a new dependent as a result of marriage, birth, adoption, placement for adoption, loss of Medicaid or SCHIP coverage, eligibility for Medicaid or SCHIP coverage, or during an open enrollment period, if applicable. You may then be able to enroll yourself and your eligible dependent(s), provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption, or within 60 days of Medicaid and SCHIP.

If you decline coverage for yourself and/or your eligible dependent(s) because of other health/dental/vision coverage or if you fail to request plan enrollment within 30 days after your (and/or your eligible dependent's) other coverage ends, you will not be eligible to enroll yourself, or your eligible dependent(s) during the special enrollment period discussed above and you will need to wait until the next open enrollment period to enroll in the plan's health/dental/vision coverage.

Non-Medical

If you are voluntarily declining non-medical coverage provided by your employer, you may choose to enroll at a later date depending upon the coverage now being waived. With the late enrollment your cost may be higher, a health questionnaire may be required and the effective date of your coverage may be delayed or denied. If coverage is non-contributory (employer pays entire cost) waivers are not permitted.

Note: Under Section 125, you may make changes to your pre-tax benefit plans only if you experience a qualified event. The change you request must be consistent with the event. The following are the IRS minimum Qualified Events:

1. Marriage, divorce, or legal separation;
2. Birth or adoption of a child;
3. Death of a spouse or child;
4. Change in residence or work location that affects benefits eligibility for you or your covered dependent(s);
5. Your child(ren) meets (or fails to meet) the plan's eligibility rules (for example, student status changes);
6. You or one of your covered dependents gain or lose other benefits coverage due to a change in employment status (for example, beginning or ending a job);
7. Loss or eligibility for Medicaid or SCHIP.

Women’s Health and Cancer Rights Act Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at 410-381-7171.

Newborns’ and Mothers’ Health Protection Act Notice

Group health plans and health insurance issuers 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 vaginal delivery or less than 96 hours following a cesarean section.

However, federal law generally does not prohibit the mother’s or the 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 insurers 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/96 hours.

“Grandfathered” Notice

The Humanim group health plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from a grandfathered health plan status can be directed to the plan administrator in Human Resources at 410-381-7171. For ERISA plans, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.


Resource Directory


Plan	Phone Number	Additional Information
Cigna Open Access Plus Plans	(800) MyCigna (800-692-4462)	www.mycigna.com
Cigna Health Savings Account (HSA)	(800) MyCigna (800-692-4462)	www.mycigna.com
CareFirst Dental	(866) 891-2802	www.carefirst.com
CareFirst Vision	(888) 783-5602	www.carefirst.com
HealthAdvocate 24/7 Healthcare & Insurance Support	(866) 695-8622	www.healthadvocate.com
Unum Basic and Voluntary Life and AD&D Insurance Voluntary Short Term Disability and Long Term Disability	(800) 858-6843	www.unum.com
Liberty Mutual Home and Auto Voluntary Insurance	Andre Pritchett Office: (410) 771-8012, Ext. 51448	www.libertymutual.com/ humanim
UNUM 24/7 Employee Assistance Program	(800) 854-1446	www.lifebalance.net ID: lifebalance Password: lifebalance
UNUM Travel Assistance	Within the U.S.: 1 (800) 872-1414 Outside the U.S.: +(U.S. access code) (609) 986-1234	www.unum.com
AFLAC Voluntary Accident, Critical Illness and Hospital Indemnity	(800) 433-3036	www.aflac.com
CBIZ Flex	(800) 815-3023, Option 4.	cbizflex@cbiz.com https://myplans.cbiz.com
CBIZ COBRA	(800) 815-3023, Option 6	N/A


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This benefits summary describes the highlights of our benefits in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official documents and not the information in this summary. If there is any discrepancy between the descriptions of the programs as contained in the materials and the official plan documents, the language of the official plan documents shall prevail as accurate. Please refer to the plan-specific documents for detailed plan information.

