2017

benefits GUIDE

WHAT'S INSIDE

VyStar Credit Union

BENEFITS & RATES
LEGAL NOTICES
CREDITABLE COVERAGE
DISCLOSURES

Welcome

This ***Benefits Guide*** is an overview of the extensive benefits package offered to you by VyStar Credit Union. Employees regularly working at least 20 hours per week are eligible to participate in these benefits programs on the first day of the month following the benefits waiting period. Dependent coverage is also available for your legal spouse and children (up to age 26).

Not all plan provisions, limitations, and exclusions are included in this publication. In the event of any conflict between the information contained in this booklet and the actual plan documents and insurance contracts, the plan documents and insurance contracts will prevail.

This booklet does not constitute a Summary Plan Description (SPD) or Plan Document as defined by the Employee Retirement Income Security Act (ERISA). The Summary Plan Descriptions and Plan Documents are available on Workday and from Human Resources.

Wishing you a healthy and successful year,

VyStar Credit Union

Your benefit choices will stay in effect for a full plan year (January 1, 2017 – December 31, 2017). If, however you have a qualified change in family status, you may be able to change some of your benefit elections. You must notify Human Resources and provide the required documentation within 31 days of the qualifying event or you must wait until the next annual enrollment period to make any desired changes. ***You may only withdraw or cancel your election if you do so prior to the coverage effective date.*** Qualified family status changes include, but are not limited to:

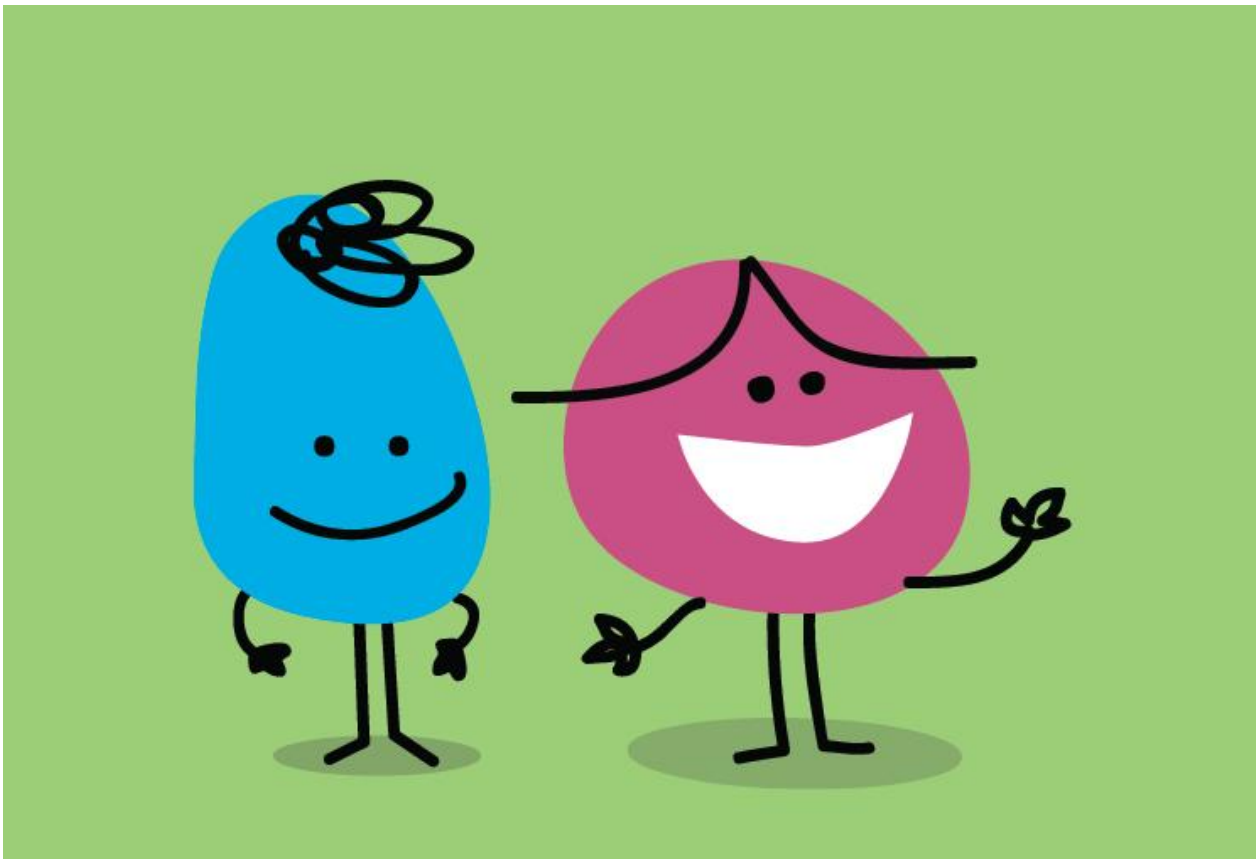
- Change in number of dependents (marriage, divorce, birth, adoption)
- Loss of eligibility
- Increase or decrease in hours worked
- Significant cost/coverage change
- Termination/commencement of benefits through another employer

We have created an easy-to-follow enrollment guide by separating your available benefits in the categories below. A ***Directory of Contacts*** is also included on the last page of this booklet.

Health

Wealth

Self



Pick the benefits plans that are best for you.

Before you make your benefits selections this year, be sure to spend a few minutes with ALEX to make sure you're in a plan that's right for you and your family. Getting into the right plan can save you hundreds of dollars per year.

Talk to ALEX at: *https://benefits.myalex.com/vystar/2017*

Medical Options

	Bronze Open Access EPO	Silver Open Access PPO		Gold Open Access EPO
Employee Cost (Bi-Weekly)				
Employee Only	$8.67	$24.29		$85.40
Employee + Spouse	$103.90	$218.59		$480.39
Employee + Child(ren)	$99.18	$204.02		$435.91
Employee & Family	$143.57	$320.60		$569.35
Plan Benefits	**In-Network**	**In-Network**	**Out-of-Net**	**In-Network**
Calendar Year Deductible				
Per Individual	$1,500	$500	$2,000	$300
Family Aggregate	$3,000	$1,000	$4,000	$600
Total Out-of-Pocket Maximum[1]				
Per Individual	$5,000	$5,000	$7,500	$3,000
Family Aggregate	$10,000	$10,000	$15,000	$6,000
Coinsurance (Plan Pays)	80%	80%	60%	90%
Preventive Services[2]	100%	100%	Varies	100%
Office Visits				
Primary Care Physician	$30 Copay	$25 Copay	60% After Ded	$20 Copay
Specialist	$50 Copay	$40 Copay	60% After Ded	$35 Copay
Urgent Care Visits	$50 Copay	$50 Copay	60% After Ded	$50 Copay
Emergency Room[4]	$250 Copay	$200 Copay	Same as In-Net	$150 Copay
Inpatient Hospital Services	80% After Ded	80% After Ded	60% After Ded	90% After Ded
Outpatient Hospital Services	80% After Ded	80% After Ded	60% After Ded	90% After Ded
Outpatient Diagnostic Services				
Lab, Xray (Independent Facility)	$0 Copay	$0 Copay	60% After Ded	$0 Copay
Advanced Imaging Services				
MRI, CT, PET (Independent Facility)	$150 Copay	$125 Copay	60% After Ded	$100 Copay
Prescription Drug Benefits[3]				
Retail Prescriptions	$5/$35/$60	$15/$35/$60	N/A	$15/$25/$55
Mail Order Pharmacy	2.5 x Retail	2.5 x Retail	N/A	2.5 x Retail

[1] Includes your deductible, coinsurance, and copays.

[2] All plans cover preventive care at 100% when provided by an in-network provider and in accordance with the USPSTF Preventive Schedule. Preventive care services include mammograms, pap smears, PSA tests, etc. NOTE: Services submitted to the insurance company as "diagnostic" instead of "preventive" will be subject to any applicable copays, deductible, and coinsurance. Ask your physician about this process.

[3] The prescription drug coverage for all group medical plans offered is considered to be Medicare Part D creditable coverage. Pharmacy Management Programs included in all plans: Mandatory Generic, Prior Authorization, Step Therapy and Specialty Medications; See page 4 for more information.

[4] If admitted to the hospital from the Emergency Room, the ER copay is waived and the applicable hospital benefit levels will apply.

This is an abbreviated summary of benefits and is not a contract. For complete details, exclusions and limitations, see the Certificates of Coverage which are available on Workday.

Know your benefits.

Insurance can be confusing. Get the most out of your benefit plans with the help of these great resources. Make your benefits work for you. **To access these resources and much more, visit VyGuide.**

- **Find Providers** – Instructions for finding providers and Blue Distinction Centers on the BlueCross website, www.bcbs.com.
- **Mobile Phone App** – View your ID card, find providers, access benefits and claims info and more.
- **MyHealthToolkit** – BlueCross member website features and instructions, www.myHealthToolkitFL.com.
- **Blue Centers of Distinction** – Healthcare facilities recognized for expertise and efficiency in providing specialty care.
- **Money Saving Tips** – How to save when accessing healthcare and filling prescriptions.
- **Care Consultants** – Save time, money and hassle. Speak with Nurses, Benefit Plan Specialists and Community Resource Professionals.

- **Treatment Cost Estimator** – Get an estimate for the cost of treatment before you go.
- **Urgent Care or ER?** Find out how to identify where you should go for care based on your medical needs.
- **Preventive Care Services ($0 copay) –** Preventive Care schedules for adults and children.
- **Mandatory Generics** – If there's a generic equivalent available for your brand drug, but you tell the pharmacist you want the brand OR if your doctor writes the prescription for brand only, you will pay more for your drug. Here's how it works:
  -You pay your brand copayment AND
  -You pay the difference in cost between the brand and generic.
  -You will never pay more than the actual cost of the drug.

- **Prior Authorization** is a quality and safety program that requires certain drugs to be approved, in advance, for you to have coverage under your pharmacy benefit. Your doctor should call CVS Caremark or CVS Specialty to request the prior authorization.
- **Step Therapy** – In some cases, there is a very large difference in cost among the medications, but only a little difference in the way they work. Step Therapy requires you to try cost-effective "First Choice" medications before trying (or "stepping up to") more expensive "Second Choice" medications.
- **More Information** – Please visit VyGuide to view the Pharmacy Management Program video which explains these programs in detail including the purpose, instructions and possible decision outcomes.

You've Got a Health Coach in Your Corner

Ready to get on track with your health but not sure where to start? You don't have to figure it out on your own. Your health plan includes one-on-one coaching from a health care professional for free. To enroll in any of the health coaching programs, call 1-855-838-5897.

Blue Cross and Blue Shield has a team of nationally accredited health coaches includes registered nurses, dietitians, health educators, respiratory therapists, certified diabetes educators, licensed behavioral health specialists and other health and well-being professionals. Wherever you are in your health and wellness journey, they can connect you to the right coach.

Behavioral Health and Chronic Disease Coaching

It can feel overwhelming to live with a chronic health condition. Are you seeing the right doctors and taking the right medications? Are you doing what's needed to keep your symptoms in check? Your personal health coach can help you better understand your condition and the steps you can take to achieve your best health.

Telephonic health coaching is offered for:

- Anxiety
- Attention deficit hyperactivity disorder (ADHD)
- Asthma (pediatric and adult)
- Bipolar disorder
- Coronary artery disease (CAD)
- Congestive heart failure (CHF)
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Diabetes (adult and pediatric)
- High cholesterol
- Hypertension (high blood pressure)
- Metabolic health
- Migraine
- Substance abuse

Healthy Lifestyle Coaching

You've decided it's time for improvement — kicking a bad habit, exercising more or switching up your diet. Or maybe you need guidance as you adjust to a major change in your life, such as pregnancy. By working with a health coach, you have support each step of the way. Together, you can create an action plan to meet your personal goals.

Telephonic health coaching is offered for:

- Back care
- Maternity (preconception, maternity and postpartum care)
- Stress management
- Tobacco-free living
- Weight management (adults and children)

The information contained in this documents is for informational purposes only. It is important to discuss options with your physician when deciding on the best treatment for you.

Dental Plans

Dental health is the gateway to your overall well-being and is one of the most sought after health benefits. Dental disease is largely preventable through effective preventive care to keep your teeth and gums healthy, as well as help reduce future costly procedures. Employees have the option to enroll in a dental plan though Delta Dental. You may search for providers, view your benefits or print an ID card online at www.DeltaDentalIns.com. Choose the Delta Dental PPO network.

	Low Plan		High Plan	
Plan Benefits	**In-Network**	**Out-of-Net [2]**	**In-Network**	**Out-of-Net [3]**
Calendar Year Deductible	$50 Individual/$150 Family		$50 Individual/$150 Family	
Annual Benefit Maximum [1]	$1,000		$2,000	
Lifetime Orthodontia Max	N/A		$1,000 per Person	
Diagnostic & Preventive	100%	70%	100%	100%
Basic Services	80% After Ded	40% After Ded	80% After Ded	80% After Ded
Major Services	50% After Ded	25% After Ded	50% After Ded	50% After Ded
Orthodontia Services	N/A	N/A	50%	50%
Employee Cost (Bi-Weekly)				
Employee Only	$5.40		$10.80	
Employee + Spouse	$12.81		$22.20	
Employee + Child(ren)	$18.18		$30.46	
Employee + Family	$27.32		$44.50	

Examples of Services

- *Preventive* – Cleanings, exams, sealants, space maintainers, x-rays
- *Basic* – Space maintainers, fillings, repairs, extractions, oral surgery, general anesthesia, endodontia, periodontia, etc
- *Major* - Inlays, onlays, crowns, bridges
- *Orthodontics* – Adults and children; exams, x-rays, extraction and appliances

[1] Per person; Applies to Basic and Major Services.

[2] On the Low Plan, when services are received from out-of-network providers, you are responsible for the difference between the amount your dentist charges and the in-network contracted amount.

[3] On the High Plan, when services are received from out-of-network providers, you are responsible for the difference between the amount your dentist charges and the usual and customary amount.

Note: Dependent children may be covered until age 25.

Remember to ask your provider to request a pre-treatment review prior to having procedures performed that are expected to cost more than $300.

Vision and YMCA

Vision Plan

Employees have the option to enroll in a vision plan through Humana. Humana has a national network of both private practice and retail chain providers. You may search for providers, view your benefits or print an ID card online at www.humanavisioncare.com.

Can I get contacts and glasses in the same calendar year?
No. You can only get contacts OR glasses in the same 12 month period, not both.

Do I have to use certain vision providers?
You can see any vision provider you choose, but cost savings are the highest when you use a provider that participates in the Humana vision network. Visit www.Humana.com to log into the member website, print ID cards, or look up providers in the VCP network.

Plan Benefits	In-Network	Out-of-Network[1]
Eye Exam	$10 Copay	Up to $30
Contact Lens Exam		
Standard lens fitting/follow-up	Up to $55	N/A
Premium lens fitting/follow-up	10% off Retail	N/A
Lenses		
Standard plastic lenses		Up to
Single/Bifocal/Trifocal/Lenticular	$15 Copay	$25/$40/$60/$100
Frames	$130 Allowance + 20% off balance	Up to $65
Contact Lenses	Up to $130 + 15% off balance[2]	Up to $104
Frequency		
Examination / Lenses / Frames	12 months / 12 months / 24 months	
Employee Cost (Bi-Weekly)		
Employee Only	$2.85	
Employee & Family	$8.16	

[1] Out-of-Network benefits are reimbursement amounts.

[2] 15% off the balance applies to conventional (non-disposable) contact lenses.

YMCA Program

VyStar and the YMCA of Florida's First Coast have joined together to offer employees and their families the chance to achieve better health and well-being.

With a Corporate Pulse Partnership Program membership, you can receive:

- Special pricing on membership dues
- Waived joining fee
- No contracts
- Convenient payroll deduction
- Complimentary 3-step wellness

Join now and start taking advantage of being a member of the Y, including:

- Unlimited access to one or all Y locations throughout Baker, Clay, Duval, St. Johns, and Nassau Counties, plus branch-only memberships
- State-of-the-art cardiovascular and strength training equipment
- Group exercise classes led by certified instructors
- Complimentary on-site childcare while using YMCA facilities (with household membership)
- Discounted pricing on programs, youth and team sports and camps
- Opportunities for volunteering and community involvement

For information on the YMCA, including rates, please visit VyGuide.

Basic Life and AD&D Insurance

As an eligible employee, VyStar Credit Union provides Basic Life and Accidental Death and Dismemberment coverage ***at no cost to you***. Employees receive a generous benefit of one times annual income to a maximum of $250,000 through Sun Life Financial.

The amount of coverage will reduce by 35% at age 65, by an additional 23% of the original coverage amount upon attainment of age 70, and by an additional 15% of the original coverage amount at age 75.

Solutions for Minor Children as Beneficiaries

- Establish an account under The Uniform Transfers to Minors Act (UTMA). A financial advisor at The Bailey Group can help you establish an account under UTMA.
- More detailed than UTMA, establish a trust on behalf of minor children or adult family members with special needs to designate proceeds.

Supplemental Life Insurance

In addition to the basic life insurance provided by VyStar Credit Union, employees have the option to purchase additional life insurance coverage through Sun Life Financial.

Employees may purchase up to the lesser of 5 times annual income or $400,000 ($10,000 increments). The guarantee issue amount (no medical questions asked) is $200,000, for employees under age 70 ($20,000 ages 70-74), at the time coverage is initially offered (newly eligible for benefits).

- ***Spousal Coverage is Available:*** Elections cannot exceed 50% of the employee's election ($5,000 increments). The guarantee issue amount (no medical questions asked) is $50,000 (under age 60, at the time coverage is initially offered. The cost of coverage is based on the age of the employee.
- ***Child Coverage is Available:*** Coverage options are $5,000, $10,000, or $15,000 for children 6 months through age 19 (25 if financially dependent and a full-time student). $250 for children age 14 days – 6 months.

Medical Questionnaires

Initial elections in excess of the guarantee issue amounts, late enrollees and coverage increases of more than $10,000 for employees and $5,000 for spouses require completion of a medical questionnaire. Click the link on the last page of this booklet.

Employee Cost (Bi-Weekly)

Based on the employee's age as of the effective date of coverage

Employee's Age	$1,000	$10,000	$20,000	$30,000	$40,000	$50,000	$60,000	$70,000	$80,000	$90,000	$100,000	$200,000
Under 30	$0.028	$0.28	$0.55	$0.83	$1.11	$1.38	$1.66	$1.94	$2.22	$2.49	$2.77	$5.54
30-34	$0.037	$0.37	$0.74	$1.11	$1.48	$1.85	$2.22	$2.58	$2.95	$3.32	$3.69	$7.38
35-39	$0.042	$0.42	$0.83	$1.25	$1.66	$2.08	$2.49	$2.91	$3.32	$3.74	$4.15	$8.31
40-44	$0.060	$0.60	$1.20	$1.80	$2.40	$3.00	$3.60	$4.20	$4.80	$5.40	$6.00	$12.00
45-49	$0.097	$0.97	$1.94	$2.91	$3.88	$4.85	$5.82	$6.78	$7.75	$8.72	$9.69	$19.38
50-54	$0.162	$1.62	$3.23	$4.85	$6.46	$8.08	$9.69	$11.31	$12.92	$14.54	$16.15	$32.31
55-59	$0.268	$2.68	$5.35	$8.03	$10.71	$13.38	$16.06	$18.74	$21.42	$24.09	$26.77	$53.54
60-64	$0.332	$3.32	$6.65	$9.97	$13.29	$16.62	$19.94	$23.26	$26.58	$29.91	$33.23	$66.46
AD&D	$0.009	$0.09	$0.18	$0.28	$0.37	$0.46	$0.55	$0.65	$0.74	$0.83	$0.92	$1.85
Children	$5,000 = $0.42		$10,000 = $0.83		$15,000 = $1.25							

Short Term Disability Insurance

VyStar Credit Union gives employees the option to purchase Short Term Disability Insurance through Sun Life Financial. Disability coverage is designed to replace part of your income in the event of a disabling, short term injury or illness.

How much does the plan pay if I become disabled?
After completion of the plan's 14 day elimination period, the plan will pay 60% of your weekly income up to a maximum weekly benefit of $1,500. You must meet the plan's definition of "disabled" to qualify for benefits and certain rules apply.

Are disabilities due to pre-existing conditions covered?
You may not be eligible for disability benefits if you received treatment for a condition within the past three months until you have been covered under the disability plan for six months.

How does this plan integrate with Paid Time Off?
During the first 14 days of disability employees are required to use available PTO. Employees may supplement any Short Term Disability payments received by using PTO, provided that HR receives notification of claim payment from Sun Life prior to the close of the pay period.

Need to start a new claim? Have questions about a claim?
Call the Sun Life Claims Department at **1-800-247-6875**.

If I become disabled, how long will I receive benefits?
Benefits generally continue until the earlier of when your disability ends or 11 weeks, until your long term disability benefits begin.

What is an Elimination Period?
An elimination period is the period of time between the date the disability begins and the date benefit payments begin.

Disability benefits are based on income as of what date?
Salary updates are made as they occur, rather than annually. This means if you have a salary change, your long and short term disability coverage as well as your short term disability payroll deduction will be updated on the 1st of the following month in which the change was effective to reflect your new salary.

Employee Cost (Bi-Weekly): Use the formula below to calculate your payroll deduction.

Annual Income x 0.00028757 = Payroll Deduction

Long Term Disability Insurance

As an eligible employee, VyStar Credit Union provides Long Term Disability Insurance through Sun Life Financial ***at no cost to you***. Disability coverage is designed to replace part of your income in the event of a disabling, long term injury or illness.

How much does the plan pay if I become disabled?
After completion of the plan's 90 day elimination period, the plan will pay 60% of your monthly income, up to $10,000 per month. You must meet the plan's definition of "disabled" to qualify for benefits and certain rules apply.

If I become disabled, how long will I receive benefits?
Benefits begin after 90 days of disability and generally continue until the earlier of when your disability ends, age 65 or your Social Security Normal Retirement Age. If you're age 60 or older when your covered disability begins, your benefits duration may differ.

Are disabilities due to pre-existing conditions covered?
You may not be eligible for disability benefits if you received treatment for a condition within the past three months until you have been covered under the disability plan for 12 months or if you remain treatment free for a period for three consecutive months.

Need to start a new claim? Have questions about a claim?
Call the Sun Life Claims Department at **1-800-247-6875**.

What is an Elimination Period?
An elimination period is the period of time between the date the disability begins and the date benefit payments begin.

Preventive Care *(No Out-of-Pocket Cost)*

Employees and dependents covered by one of the VyStar Credit Union group medical plans are able to get checkups, screenings, vaccines, prenatal care, contraceptives and more with no out-of-pocket costs. Discuss this information with your doctor.[1]

Adult Health (Ages 18 and older)

Screenings	
Physical Exam	Every year.
Body Mass Index	Annually.
Blood Pressure	At least every 2 years.
Colon Cancer Screening	Beginning at age 50 — colonoscopy every 10 years, or flexible sigmoidoscopy every 5 years or fecal blood test annually.
Diabetes Screening	Those with high blood pressure or high cholesterol should be screened. Others, especially those who are overweight or have additional risk factors should consider screening every 3 years.
Heart Screening	Beginning at age 65.
Vision Screening	Every year.

Immunizations	
Tetanus Diphtheria Pertussis (Td/Tdap)	Get Tdap vaccine once, then a Td booster every 10 years.
Influenza (Flu)	Yearly.
Herpes Zoster (Shingles)	1 dose given at age 60 and over.
Varicella (Chicken Pox)	2 doses if no evidence of immunity.
Pneumococcal (Pneumonia)	1-2 doses for adults ages 19 and over.
Measles, Mumps, Rubella (MMR)	1 or 2 doses for adults ages 18-55 if no evidence of immunity.
Human Papillomavirus (HPV)	3 doses for women ages 19-26 if not already given. 3 doses for men ages 19-21 if not already given.[1]
Hepatitis A	2 doses for adults age 19 and over.[1]
Hepatitis B	3 doses for ages 19 and over.[1]

Women's Recommendations	
Mammogram	Annually for women beginning at age 40.[1]
Clinical Breast Exam	Every 3 years for women ages 20-39. Annually for age 40 and over.
Cholesterol	Starting age and frequency of screenings are based on your individual risk factors. Talk with your doctor about what is best for you.
Pap Test	Women ages 21-65: Pap test every 3 years. Another option for ages 30-65: Pap test and HPV test every 5 years. Women who have had a hysterectomy or are over age 65 may not need a Pap test.[1]
Osteoporosis Screening	Beginning at age 65, or at age 60 if risk factors are present.[1]
Aspirin Use	At ages 55-79, talk with your doctor about the benefits and risks of aspirin use.
Pelvic Exam	Every year for ages 19 and over.
Folic Acid	Women planning/capable of pregnancy should take a daily supplement containing .4-.8 mg of folic acid for prevention of neural tube defects.

Men's Recommendations	
Cholesterol	Ages 20-35 should be tested if at high risk. Men age 35 and over should be tested.
Prostate Cancer Screening	Ages 50 and over, discuss the benefits and risks of screening with your doctor.[1]
Abdominal Aortic Aneurysm	Once between ages 65 and 75 if you have ever smoked.
Aspirin Use	At ages 45-79, talk with your doctor about the benefits and risks of aspirin use.

Additional Programs

Telephonic Wellness Coaching
Back Care
Maternity Care
Stress Management
Tobacco Cessation
Weight Management – Adults
Weight Management – Pediatric

Chronic Condition Coaching
Alcohol/Substance Abuse, Anxiety, Asthma (adult and pediatric), Attention Deficit Hyperactivity Disorder for Adults, Bipolar Disorder, Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, Coronary Artery Disease, Depression, Diabetes (adult and pediatric), Hyperlipidemia, Hypertension, Migraines, Autism

[1] Recommendations may vary. Discuss the start and frequency of screenings with your doctor, especially if you are at increased risk. Some vaccines and screenings are for select populations. Discuss with your doctor if specific vaccines are right for you.

Employee Assistance Plan (EAP)

It's not always clear where to turn for help with personal problems. Solutions can seem hard to find. That's why, VyStar Credit Union offers an Employee Assistance Program (EAP) provided by Bensinger, DuPont & Associates. Your EAP can help you find the answers that work for you. Under the EAP, you and your immediate family members may receive no-cost, confidential help for a wide variety of concerns. Call Bensinger, DuPont & Associates at **1-866-757-3271** or go to www.eapadvantage.com *(password: plus)*.

What issues can the EAP help me with?

- Stress at home or on the job
- Questions about health lifestyle
- Attorney referrals for legal needs
- Financial needs such as budgeting
- Parenting concerns
- Aging and retirement
- Drugs and alcohol
- Depression and anxiety
- Conflicts and communication
- Help with problem solving
- Support during difficult life events

Will anyone know I have used the EAP?

No one will know you are using the EAP unless you tell them. HIPAA regulations for confidentiality are strictly followed. You must sign a Release of Information before your counselor is allowed to communicate any information, except by those situations required by law where there is a danger to self or others.

How does the EAP work?

The EAP provides you with counseling as well as referrals to legal, financial, child and elder care resources, which give you even more resources to keep work and life balanced.

What services does the EAP include?

- 24/7 resource center
- Assessment of individual problems
- Telephonic consultations
- Six face-to-face consultations
- Short-term counseling
- Crisis management
- Work/life programs
- Online tools/sessions
- Legal and financial services
- Wellness coaching programs
- Child/elder care consultations

Family Medical Leave

As an employee, you may be entitled to a medical leave of absence under the Family Medical Leave Act (FMLA). Your eligibility for FMLA leave is based upon certain guidelines and must be certified by your doctor. FMLA leave provides job protection should the need for you to take a leave of absence arise.

Who Qualifies for FMLA?

Employees who have been employed with, VyStar Credit Union for 12 months or more AND have worked 1250 hours preceding the requested date of leave AND have available FMLA hours AND have a qualifying condition/reason certified by a health care provider.

What are qualifying leave situations?

- Serious health conditions for yourself, spouse, child or parent
- Birth or adoption of your child
- Care of a spouse, child, parent or next of kin with a serious injury or illness incurred or exacerbated within 5 years of active duty in the Armed Forces.
- Qualifying exigency arising out of the fact that a spouse, child or parent is on active duty in the Armed Forces or is deployed to a foreign country.

The Claim Process

- CareWorks will send you a packet of information for you to complete and return to CareWorks. They will also follow up with Human Resources.
- A CareWorks claims representative will maintain contact with you while on leave, and assist you throughout the process.
- A Nurse Case Manager may also contact you to assist in your return to work, professionally and confidentially.

Reporting Your Absence

- Call your supervisor to report the absence.
- Call CareWorks at **1-888-436-9530**.
- Foreseeable FML needs should be reported 30 days in advance, if possible.
- Unforeseeable FML needs should be reported within 2 days of the date you become aware of the need for leave.
- CareWorks will send you a packet of information for you to complete and return to CareWorks. They will also follow up with Human Resources.

Notices & Disclosures

SPECIAL ENROLLMENT RIGHTS

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

In addition, you may be able to enroll yourself and your dependents if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, if your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption or within 60 days of the date of loss of CHIP coverage. To request a special enrollment or obtain more information, contact Human Resources.

PORTABILITY OF COVERAGE

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 entitles you to a complete transfer of benefits (no pre-existing condition exclusions) if you change jobs or your employer changes insurance carriers. To guarantee the portability of your benefits, your previous coverage must not have lapsed for more than 63 days prior to your new eligibility date and you must provide proof of prior coverage to your new employer.

HIPAA NOTICE OF PRIVACY PRACTICES

The HIPPA Notice of Privacy Practices is posted on Workday. Paper copies are also available, free of charge, from Human Resources.

MEDICARE PART D CREDITABLE COVERAGE DISCLOSURE NOTICE

What is considered creditable coverage?

Under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Medicare Part D) prescription drug coverage is considered creditable if the amount the plan expects to pay on average for prescription drugs for individuals covered by the plan in the applicable year for which the disclosure notice is being provided is the same or more than what standard Medicare prescription drug coverage would be expected to pay on average. If the prescription drug coverage does not meet these standards is considered to be non-creditable.

Why is creditable coverage important?

Making sure you have creditable coverage is important. If you fail to enroll in Medicare Part D when you first become eligible or if you drop or lose your creditable coverage and don't join a Medicare drug plan within 63 continuous days after your creditable coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later, which can only be done from October 15th through December 7th of each year.

How can I find out more?

- 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.

The Medicare Part D "creditability status" for each of our group medical plans is listed in the Medical Options section of this booklet.

BENEFITS TERMINATION & COBRA

When does coverage end?

Your benefits will continue until the last day of the month following: the last day of employment, the day you either elect not to participate in the plan, or you cease to be a benefits-eligible employee/dependent.

What is COBRA Continuation Coverage?

The Federal Consolidated Omnibus Budget Reconciliation Act (COBRA) provides insured employees and their covered spouse and child(ren) ("qualified beneficiaries"), the opportunity to continue group medical, dental, and vision coverage when a "qualifying event" would normally result in the loss of coverage eligibility. Common qualifying events include, but are not limited to, resignation or termination from employment, the death of an employee, a reduction in employee's hours, an employee's divorce, and dependent children no longer meeting eligibility requirements. Under COBRA, the employee and/or dependent pays the full cost of coverage at the current group rates plus a 2% administrative fee.

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Employer and Plan Administrator have been notified that a qualifying event has occurred.

COBRA continuation coverage generally lasts for up to a total of 18 months, which can be extended for a total of 36 months in certain circumstances, or a total of 29 months due to disability.

Keep Human Resources Informed of Address Changes

In order to protect your family's rights, you should keep Human Resources informed of any address changes for you or your family members. You should also keep a copy, for your records, of any notices you send.

You Must Give Notice of Certain Qualifying Events

For the certain qualifying events, such as divorce or legal separation of the employee and spouse, dependent child's losing eligibility for coverage as a dependent child, or if you or a covered dependent becomes disabled before the 60th day of COBRA continuation coverage, you must notify the Plan Administrator within 60 days after the qualifying event occurs. Your notification must include a description and date of the event, documentation to validate the event (divorce decree, court order, death certificate, Social Security award letter, etc.), and must be sent to your plan administrator (see the contact list on the last page).

How can I find out more?

This is a general explanation. For more information on COBRA and the group medical, dental and vision plans contact your plan administrator, our benefits agency, The Bailey Group. The contact information for both parties is listed on the last page of this booklet. More information can also be found at www.dol.gov/ebsa/cobra.html.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION

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

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

CHILDREN'S HEALTH INSURANCE PROGRAM

The notice that describes this program is posted on Workday. Paper copies are also available, free of charge, from Human Resources.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

As required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, this plan provides coverage for:
1. All stages of reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.
Such coverage will be subject the same benefit levels deemed appropriate for other medical and surgical procedures that are covered under this plan.

A NOTE ABOUT SOCIAL SECURITY

Pre-tax deductions taken from your paycheck lowers your taxable income. Therefore, your Social Security taxes (and, consequently, your future Social Security benefits) may be lower. How you are affected depends on your pay and the amount of pre-tax contributions you make.

The reduction on Social Security benefits, if any, for most employees will be minimal – a few dollars a month. Younger employees who use large amounts of tax-free dollars to pay for benefits over a long period (20 to 30 years) may experience a greater reduction in benefits when they retire. However, for most people, the benefit reduction has been more than offset by the tax savings. For more information, please contact your local Social Security Administration office.

PRE-TAX OR AFTER-TAX?

For some benefits, you can use pre-tax dollars from your pay. For others, you must use after-tax dollars. When you pay for benefits with pre-tax dollars, money is deducted from your pay before taxes are taken out. This way, you avoid paying Federal Income taxes on what you spend on qualified benefits.

With after-tax contributions, just the opposite is true. They're deducted from your pay after Federal Income taxes are calculated and deducted from your gross pay.

HEALTH CARE REFORM: AFFORDABLE CARE ACT

Summaries of Benefits and Coverage

The Patient Protection and Affordable Care Act (PPACA) requires health plans and health insurance issuers to provide uniform summaries of benefits and coverage (SBC). These SBCs are provided by our medical insurance carrier.

You can access the SBCs on Workday. Paper copies are also available, free of charge, by calling BlueCross BlueShield Member Services toll-free 800.830.1501. This notice is provided to eligible employees. It is the responsibility of the employee to share this information with eligible dependents.

You can request a copy of this notice to be sent to eligible dependents that reside at an address other than your own by contacting Human Resources and providing the separate mailing address.

Health Insurance Marketplace (Exchange)

This section provides some basic information about the new Health Insurance Marketplace and employment-based health coverage offered by your employer. The Exchange Notice of Coverage Options is available on Workday and from the Human Resources Department.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. You may also be eligible for a tax credit that lowers your monthly premium. The annual open enrollment periods are listed below. An individual generally cannot enroll in a QHP outside of the open enrollment period, unless a special enrollment period applies.

2017 Coverage: October 15, 2016 – December 7, 2016
2018 Coverage: October 15, 2017 – December 7, 2017

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 the least expensive plan that meets "minimum value" standards offered by your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, 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.

Our group medical coverage has been determined to meet affordability and "minimum" value standards as required by the Affordable Care Act. ***This means that employees eligible for participation in our group medical coverage are not eligible for a premium reduced policy through the Marketplace.***

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you will lose the employer contribution 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.

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, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area. Contact Human Resources for additional information.