# 2016 - 2017

An Atlanta tradition for more than five decades

DAY'S PREOWNED SUPERCENTER
TODAY IS THE DAY SINCE 1959

*Employee Guide to Coverage*

BENEFITS ELECTED
10/1/2016-9/30/2017

## EMPLOYEE INFORMATION

Name (Last, First, Middle initial) | Social Security number | DATE Of HIRE

Date of Birth | Gender | Title

Street address | City | State | Zip Code

## INSURANCE ELECTIONS

**Humana - select from the following three medical plans *(choose one)*:**

☐ **Waive Medical**

### Humana NPOS/Traditional

| | |
|---|---|
| ☐ **Employee** | $27.25 |
| ☐ **Employee & Spouse** | $86.37 |
| ☐ **Employee & Children** | $80.41 |
| ☐ **Family** | $150.97 |

### Humana NPOS/Simplicity

| | |
|---|---|
| ☐ **Employee** | $26.02 |
| ☐ **Employee & Spouse** | $82.48 |
| ☐ **Employee & Children** | $76.79 |
| ☐ **Family** | $144.18 |

### Humana NPOS/HDHP

| | |
|---|---|
| ☐ **Employee** | $18.26 |
| ☐ **Employee & Spouse** | $57.87 |
| ☐ **Employee & Children** | $53.87 |
| ☐ **Family** | $101.15 |

### Humana Voluntary Dental

| | |
|---|---|
| ☐ **Employee** | $6.10 |
| ☐ **Employee & Spouse** | $13.71 |
| ☐ **Employee & Children** | $11.77 |
| ☐ **Family** | $19.60 |
| ☐ **Waive Dental** | |

### Humana Voluntary Life

☐ **Employee** Amount ________
☐ **Spouse** Amount ________
☐ **Children** Amount ________
☐ **Waive Life**

### Humana Voluntary Vision

| | |
|---|---|
| ☐ **Employee** | $1.54 |
| ☐ **Employee & Spouse** | $3.08 |
| ☐ **Employee & Children** | $2.93 |
| ☐ **Family** | $4.60 |
| ☐ **Waive Vision** | |

## DEPENDENT INFORMATION

List those dependents (spouse or dependent child) for whom you are selecting medical, dental, vision or life coverage.

| Medical | Dental | Vision | Life | Name(Last, First) | Relationship | Social Security # | DOB | Gender |
|---|---|---|---|---|---|---|---|---|
| ☐ Elect | ☐ Elect | ☐ Elect | ☐ Elect | | | | | M F |
| ☐ Elect | ☐ Elect | ☐ Elect | ☐ Elect | | | | | M F |
| ☐ Elect | ☐ Elect | ☐ Elect | ☐ Elect | | | | | M F |
| ☐ Elect | ☐ Elect | ☐ Elect | ☐ Elect | | | | | M F |
| ☐ Elect | ☐ Elect | ☐ Elect | ☐ Elect | | | | | M F |
| ☐ Elect | ☐ Elect | ☐ Elect | ☐ Elect | | | | | M F |

I certify the above is true and correct. I acknowledge that I have been given Day's Chevrolet, Inc. Benefits and Services Summary and have been given the opportunity to enroll in Day's Chevrolet, Inc. benefits plans. By not enrolling in certain benefits at this time, I realize that I will be unable to enroll or make changes again until the next open enrollment unless I have a qualifying event as outlined in the Benefits and Services Summary. I hereby authorize Day's Chevrolet, Inc. to reduce my pay for the benefit plans I have selected above. I understand that my contributions will be deducted on a pre-tax basis.

**Employee Signature** ________________________ **Date** ________________

# HumanaLife Beneficiary Designation

This form needs to be provided to Humana prior to, or at time of claim.

Employee name (please print) ______________________________________________

Employee social security number ________________________ Member contract ID ____________________

**Primary beneficiary designation**

First and last name______________________________________ Relationship ____________________

Address of beneficiary______________________________________________________

City ___________________________ State _______ ZIP code____________ Percentage _______

First and last name______________________________________ Relationship ____________________

Address of beneficiary______________________________________________________

City ___________________________ State _______ ZIP code____________ Percentage _______

**Secondary beneficiary designation**

First and last name______________________________________ Relationship ____________________

Address of beneficiary______________________________________________________

City ___________________________ State _______ ZIP code____________ Percentage _______

First and last name______________________________________ Relationship ____________________

Address of beneficiary______________________________________________________

City ___________________________ State _______ ZIP code____________ Percentage _______

Employee signature ______________________________________________ Date signed ___________

If two or more primary beneficiaries are named, and you do not list the benefit percentages, proceeds will be paid in equal shares to the named primary beneficiaries who survive you. If no primary beneficiary survives you, proceeds will be paid to the contingent beneficiaries. If no designated beneficiary survives you, the beneficiary will be determined according to the provisions of the group life insurance contract.

GN-51363-HL 12/07

# Notice of 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 and you fulfill other special enrollment requirements. (These requirements are set out in your Certificate of Coverage)

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

There is an additional enrollment period if an employee or dependent loses eligibility for Children's Health Insurance Program (CHIP), Medicaid or becomes eligible for CHIP for Medicaid premium assistance. The special enrollment allows children or their parents to have 60 days, rather than 30, to request enrollment.

Also, your health plan may not establish rules for eligibility (including continued eligibility) of an individual to enroll under the terms of the plan based on a health status-related factor.

**Complete If You Are Declining Coverage For Yourself Or Any Dependent:**

If you are declining coverage for yourself or for any of your eligible dependents, you must complete the following information if you want to preserve your rights of Special Enrollment as explained above. If you decline coverage for yourself, the reason is:

☐ **I have other coverage** ☐ **Another reason**

If you decline coverage for one or more eligible dependents, please give the dependent's name below and indicate the reason coverage is declined.

Name ____________________________ ☐ Dependent has other coverage ☐ Another reason

Name ____________________________ ☐ Dependent has other coverage ☐ Another reason

Name ____________________________ ☐ Dependent has other coverage ☐ Another reason

Name ____________________________ ☐ Dependent has other coverage ☐ Another reason

________________________________________ ________________________________
Employee Name – Please Print Employee Social Security Number

________________________________________ _________/__________/_________
**Employee Signature** **Date**

| Medical Coverage - Humana | | |
|---|---|---|
| **Type of Plan** | **Traditional Plan - National Point of Service (POS)** | |
| **Overview** | You may use both In-Network and Out-of-Network providers.<br>Use In-Network providers and receive the In-Network level of benefits. Use Non-Network providers, and members are responsible for any difference between the allowed amount and actual charges, as well as any Copayments and/or applicable deductible and coinsurance. | |
| **Annual Deductible** | **In-Network** | **Out-of-Network** |
| *Single* | $3,000 | $9,000 |
| *Family* | $6,000 | $18,000 |
| **Annual Out-of-Pocket Maximum** | *Includes Deductible, Coinsurance, and Copays* | |
| *Single* | $4,000 | $12,000 |
| *Family* | $8,000 | $24,000 |
| **Coinsurance** | Plan pays 80% after Deductible | Plan pays 60% after Deductible |
| **Lifetime Maximum** | Unlimited | |
| **Primary Care Physician's Office Visits** | $30 Copay/Visit | Plan pays 70% after Deductible |
| **Specialist Office Visits** | $45 Copay/Visit | Plan pays 70% after Deductible |
| **Preventive Care Services** | Plan pays 100%,<br>Not Subject to Deductible or Copays | Plan pays 70% after Deductible |
| **Maternity Care** | Plan pays 80% after Deductible | Plan pays 60% after Deductible |
| **Hospital Inpatient/Expenses** *(Facility Charges)*<br>***(Pre-authorization is required)*** | Plan pays 80% after Deductible | Plan pays 60% after Deductible |
| **Hospital Outpatient/Expenses** *(Facility Charges)*<br>***(Pre-authorization is required)*** | Plan pays 80% after Deductible | Plan pays 60% after Deductible |
| **Emergency Room** | $250 Copay (waived if admitted) | $250 Copay (waived if admitted) |
| **Urgent Care** | $75 Copay/Visit | Plan pays 70% after Deductible |
| **Outpatient Therapy / Chiropractic Care**<br>*(ex: physical, speech and occupational)*<br>*Maximum Annual Benefit* | $45 Copay/Visit<br>60-visit calendar year maximum | Plan pays 70% after Deductible<br>10-visit calendar year maximum |
| **Mental Health/Behavioral Treatment Services**<br>***(Pre-authorization is required)*** | Inpatient: Plan pays 80% after Deductible<br>Outpatient: $30 Copay/Visit | Inpatient: Plan pays 60% after Deductible<br>Outpatient: Plan pays 70% after Deductible |
| **Alcohol/Drug Abuse Treatment Services**<br>***(Pre-authorization is required)*** | Inpatient: Plan pays 80% after Deductible<br>Outpatient: $30 Copay/Visit | Inpatient: Plan pays 60% after Deductible<br>Outpatient: Plan pays 70% after Deductible |
| **Prescription Drugs** | | |
| *Retail Pharmacy (30-Day Supply)* | $10 for Level 1 drugs<br>$35 for Level 2 drugs<br>$55 for Level 3 drugs<br>25% for Level 4 drugs | Plan pays 70% after Network Copay |
| *Mail Order Pharmacy (90-Day Supply)* | $25 for Level 1 drugs<br>$87.50 for Level 2 drugs<br>$137.50 for Level 3 drugs<br>25% for Level 4 drugs | Plan pays 70% after Network Copay |
| | **Day's Chevrolet reserves the right to amend or modify plan design or employer contribution prior to October 1, 2016 should the insurance carrier adjust premiums or rates.** | |
| **Eligibility Date** | First of the month following 60 days of employment | |
| **Contact Information** | 1-800-4HUMANA<br>www.myhumana.com | |

| Medical Coverage - Humana | | |
|---|---|---|
| **Type of Plan** | **Simplicity Plan/National Point of Service (POS)** | |
| **Overview** | You may use both In-Network and Out-of-Network providers.<br>Use In- Network providers and receive the In-Network level of benefits. Use Non-Network providers, and members are responsible for any difference between the allowed amount and actual charges, as well as any Copayments and/or applicable deductible and coinsurance. | |
| **Annual Deductible** | **In-Network** | **Out-of-Network** |
| *Single* | None | $5,000 |
| *Family* | None | $10,000 |
| **Annual Out-of-Pocket Maximum** | *Includes all Copays* | *Includes Deductible, Coinsurance and Copays* |
| *Single* | $6,500 | $19,500 |
| *Family* | $13,000 | $39,000 |
| **Coinsurance** | Plan pays 100% after Copays | Plan pays 70% after Deductible |
| **Lifetime Maximum** | Unlimited | |
| **Primary Care Physician's Office Visits** | $30 Copay/Visit | Plan pays 70% after Deductible |
| **Specialist Office Visits** | $75 Copay/Visit | Plan pays 70% after Deductible |
| **Preventive Care Services** | Plan pays 100%,<br>not Subject to Copays | Plan pays 70% after Deductible |
| **Maternity Care** | No Copay for Physician | Plan pays 70% after Deductible |
| **Hospital Inpatient/Expenses**<br>*(Facility Charges)*<br>***(Pre-authorization is required)*** | $1,000 Copay/Day; 3 Days for Copay per Day | Plan pays 70% after Deductible |
| **Hospital Outpatient/Expenses**<br>*(Facility Charges)*<br>***(Pre-authorization is required)*** | $1,000 Copay/Visit | Plan pays 70% after Deductible |
| **Emergency Room** | $500 Copay/Visit (waived if admitted) | $500 Copay/Visit (waived if admitted) |
| **Urgent Care** | $125 Copay/Visit | Plan pays 70% after Deductible |
| **Outpatient Therapy / Chiropractic Care**<br>*(ex: physical, speech and occupational)*<br>*Maximum Annual Benefit* | $75 Copay/Visit<br>60-visit calendar year maximum | Plan pays 70% after Deductible<br>10-visit calendar year maximum |
| **Mental Health/Behavioral Treatment Services**<br>***(Pre-authorization is required)*** | Inpatient: $1,000 Copay/Day; 3 Days for Copay per Day<br>Outpatient: $30 Copay/Visit | Inpatient: Plan pays 70% after Deductible<br>Outpatient: Plan pays 70% after Deductible |
| **Alcohol/Drug Abuse Treatment Services**<br>***(Pre-authorization is required)*** | Inpatient: $1,000 Copay/Day; 3 Days for Copay per Day<br>Outpatient: $30 Copay/Visit | Inpatient: Plan pays 70% after Deductible<br>Outpatient: Plan pays 70% after Deductible |
| **Prescription Drugs** | | |
| *Retail Pharmacy (30-Day Supply)* | $10 for Level 1 drugs<br>$40 for Level 2 drugs<br>$70 for Level 3 drugs<br>25% for Level 4 drugs | Plan pays 70% after Network Copay |
| *Mail Order Pharmacy (90-Day Supply)* | $25 for Level 1 drugs<br>$100 for Level 2 drugs<br>$175 for Level 3 drugs<br>25% for Level 4 drugs | Plan pays 70% after Network Copay |
| | **Day's Chevrolet reserves the right to amend or modify plan design or employer contribution prior to October 1, 2016 should the insurance carrier adjust premiums or rates.** | |
| **Eligibility Date** | First of the month following 60 days of employment | |
| **Contact Information** | 1-800-4HUMANA<br>www.myhumana.com | |

| Medical Coverage - Humana | | |
|---|---|---|
| **Type of Plan** | **High Deductible Health Plan/National Point of Service (POS)** | |
| **Overview** | You may use both In-Network and Out-of-Network providers.<br>Use In- Network providers and receive the In-Network level of benefits. Use Non-Network providers, and members are responsible for any difference between the allowed amount and actual charges, as well as any Copayments and/or applicable deductible and coinsurance. | |
| **Annual Deductible** | **In-Network** | **Out-of-Network** |
| *Single* | $5,000 | $15,000 |
| *Family* | $10,000 | $30,000 |
| **Annual Out-of-Pocket Maximum** | *Includes Deductible, Coinsurance and Copays* | |
| *Single* | $6,350 | $19,050 |
| *Family* | $12,700 | $38,100 |
| **Coinsurance** | Plan pays 100% after Deductible | Plan pays 70% after Deductible |
| **Lifetime Maximum** | Unlimited | |
| **Primary Care Physician's Office Visits** | Plan pays 100% after Deductible | Plan pays 70% after Deductible |
| **Specialist Office Visits** | Plan pays 100% after Deductible | Plan pays 70% after Deductible |
| **Preventive Care Services** | Plan pays 100%,<br>Not Subject to Deductible or Copays | Plan pays 70% after Deductible |
| **Maternity Care** | Plan pays 100% after Deductible | Plan pays 70% after Deductible |
| **Hospital Inpatient/Expenses**<br>*(Facility Charges)*<br>***(Pre-authorization is required)*** | Plan pays 100% after Deductible | Plan pays 70% after Deductible |
| **Hospital Outpatient/Expenses**<br>*(Facility Charges)*<br>***(Pre-authorization is required*** *)* | Plan pays 100% after Deductible | Plan pays 70% after Deductible |
| **Emergency Room** | Plan pays 100% after Deductible | Plan pays 100% after Deductible |
| **Urgent Care** | Plan pays 100% after Deductible | Plan pays 70% after Deductible |
| **Outpatient Therapy / Chiropractic Care**<br>*(ex: physical, speech and occupational)*<br>*Maximum Annual Benefit* | Plan pays 100% after Deductible<br>60-visit calendar year maximum | Plan pays 70% after Deductible<br>10-visit calendar year maximum |
| **Mental Health/Behavioral Treatment Services**<br>***(Pre-authorization is required)*** | Inpatient: Plan pays 100% after Deductible<br>Outpatient: Plan pays 100% after Deductible | Inpatient: Plan pays 70% after Deductible<br>Outpatient: Plan pays 70% after Deductible |
| **Alcohol/Drug Abuse Treatment Services**<br>***(Pre-authorization is required)*** | Inpatient: Plan pays 100% after Deductible<br>Outpatient: Plan pays 100% after Deductible | Inpatient: Plan pays 70% after Deductible<br>Outpatient: Plan pays 70% after Deductible |
| **Prescription Drugs** | | |
| *Retail Pharmacy (30-Day Supply)* | After Deductible:<br>$10 for Level 1 drugs<br>$30 for Level 2 drugs<br>$50 for Level 3 drugs<br>25% for Level 4 drugs | After Deductible and Copay, Plan pays 100% |
| *Mail Order Pharmacy (90-Day Supply)* | After Deductible:<br>$25 for Level 1 drugs<br>$75 for Level 2 drugs<br>$125for Level 3 drugs<br>25% for Level 4 drugs | After Deductible and Copay, Plan pays 100% |
| | **Day's Chevrolet reserves the right to amend or modify plan design or employer contribution prior to October 1, 2016 should the insurance carrier adjust premiums or rates.** | |
| **Eligibility Date** | First of the month following 60 days of employment | |
| **Contact Information** | 1-800-4HUMANA<br>www.myhumana.com | |

## Voluntary Dental Coverage

| Type of Plan | HumanaDental - Voluntary - Traditional Preferred 09 | |
|---|---|---|
| | **In-Network** | **Out-of-Network** |
| | | **(Non-Participating providers can bill you for charges above amount covered by your HumanaDental plan)** |
| **Deductible** | Single: $50<br>Family: $150 | Single: $50<br>Family: $150 |
| **Annual Maximum Benefit** | $1,000 | $1,000 |
| **Preventive Services**<br>*(oral exam, cleaning, bitewing x-rays)* | 100% | 100% |
| **Basic Services**<br>*(fillings, simple extractions, other x-rays)* | 80% after Deductible | 80% after Deductible |
| **Major Services**<br>*(crowns, dentures, oral surgery, root canals)* | 50% after Deductible | 50% after Deductible |
| **Orthodontia** | Not Covered | Not Covered |
| **Contact Information** | 1.800.233.4013<br>www.humana.com | |

## Voluntary Vision Coverage

| Type of Plan | HumanaVision - Voluntary - Vision Care Plan | |
|---|---|---|
| *Network Providers include: Costco, Visionworks, plus private practitioners* | **In-Network** | **Out-Of-Network** |
| **Examination** | Once per 12 months | |
| | $20 Copay | $35 Allowance |
| **Eyeglass Lenses** | Once per 12 months | |
| *Single Vision* | $20 Copay | $33 Allowance |
| *Bifocal* | $20 Copay | $50 Allowance |
| *Trifocal* | $20 Copay | $65 Allowance |
| **Frames** | Once per 24 months | |
| | $40 Wholesale Allowance | $57 Retail Allowance |
| **Contact Lenses (in lieu of frames or glasses)** | Once per 12 months | |
| *Elective (Conventional & Disposable)* | $110 Allowance | $110 Allowance |
| *Medically Necessary (limit one pair)* | 100% | $280 Allowance |
| **Additional Discounts** | 20% discount on additional pair of glasses or frames, see plan summary for details.<br>Discounts on LASIK, see plan summary for details. | |
| | | |
| **Contact Information** | 1.866.537.0229<br>www.HumanaVisionCare.com | |

## Voluntary Supplemental Life Coverage

| | | | |
|---|---|---|---|
| **Employee** | You may purchase coverage between $15,000 and $300,000 (in increments of $1,000). The amount that you can apply for without answering any health questions is $100,000. | | |
| **Spouse** | You may purchase coverage for your spouse between $5,000 and $150,000, not to exceed 50% of your amount. The amount that your spouse can apply for without answering any health questions is $50,000. | | |
| **Children** | You may purchase $10,000 for your child(ren). | | |
| **Employee and Spouse Rates**<br>**Monthly Rates** based on employee's age and coverage | **Age** | **Cost Per $1,000 - Employee** | **Cost Per $1,000 - Spouse** |
| | <25 | $0.09 | $0.07 |
| | 25-29 | $0.09 | $0.07 |
| | 30-34 | $0.10 | $0.08 |
| | 35-39 | $0.12 | $0.09 |
| | 40-44 | $0.17 | $0.13 |
| | 45-49 | $0.24 | $0.18 |
| | 50-54 | $0.37 | $0.27 |
| | 55-59 | $0.57 | $0.41 |
| | 60-64 | $0.79 | $0.56 |
| | 65-69 | $1.28 | $0.90 |
| | 70-74 | $2.47 | $1.73 |
| | 75-79 | $4.74 | $3.31 |
| | 80+ | $8.81 | $6.15 |
| **Eligible Child(ren)** | 15 days - 6 months - $500; 6 mos to 26 years of age: $10,000 | | $2.00/month for all children combined |
| **Eligibility Date** | First of the month following 60 days of employment | | |
| **Contact Information** | 1-800-233-4013<br>www.humana.com | | |

# MyHumana Mobile app
# "Now we go where you go"

## Access your health information anytime, anywhere

Whether you prefer downloading a mobile application, using your mobile device or receiving text messages, you have the ability to manage your healthcare needs virtually anywhere, anytime.

## Use the MyHumana Mobile app and website to:

- View medical, dental, vision and pharmacy claims
- View and fax medical, dental and pharmacy ID cards
- View your plans and coverage details
- View your HumanaVitality® Dashboard†
- Receive medication reminders
- Research drug prices
- Locate providers in your network
- Refill your Humana Pharmacy™ prescriptions

## Download the Mobile App:

Download the MyHumana Mobile app from your app store. Search "MyHumana" in the Google Play or App Store.

## From your mobile device's browser:

You can visit MyHumana from your mobile device's browser. To get started, go to **Humana.com** and sign in.

## Text message alerts*

**On the MyHumana Mobile app:**

1. Register or sign in (have your Humana ID or Social Security number available)
2. Click on the "Menu" icon
3. Select "Text Alerts"
4. Register and verify your mobile #
5. Select the alerts you want to receive

**On Humana.com:**

1. Register or sign in (have your Humana ID or Social Security number available)
2. Click on "Account settings & preferences"
3. Select "Edit your preferences"
4. Select "Mobile" from the tab
5. Register and verify your mobile #
6. Select the alerts you want to receive

†Available to HumanaVitality members only.
*Message and data rates may apply.

Humana.com

GCA07BNHH 0815

# Telemedicine is a virtual, on-demand 24-hour service to access care from in-network physicians:

- Choose from Doctor on Demand's list of U.S. board certified doctors in-network
- Immediately see a doctor 24 hours a day, 7 days a week from any location
- Have the option for your primary care doctor to have access to your telemedicine visit

- If medically necessary, the telemedicine doctor can send a prescription to a preferred pharmacy

**Approximately 70%** of ER visits are non-emergent and could be avoided [1]

Average family practice wait time is **18.5 days** and counting [2]

**Four out of five** smartphone users are interested in mobile health technologies that allow them to interact with a healthcare provider [3]

Source 1. "Avoidable Emergency Department Usage Analysis." Truven Health Analytics. (April 25, 2013). 2. "Physician Appointment Wait Times and Medicaid and Medicare Acceptance Rates." Merritt Hawkins 2014 Survey, 3. "Most smartphone users want mHealth interactions" FierceMobileHealthcare (June 29, 2014)

No appointments required. Connect online at www.doctorondemand.com or download the Doctor on Demand app today!

## What can be treated by telemedicine

Telemedicine should be considered when a PCP is unavailable, after hours or on holidays for non-emergent needs. Many urgent care ailments can be treated with telemedicine, such as:

- Upper respiratory infections
- Colds, sore throat, and flu symptoms
- Allergies and sinus infections
- Ear and eye problems
- Skin conditions

Telemedicine is not for emergency situations such as chest pain, abdominal pain or shortness of breath.

**Humana.**

**Humana.com**

This material is provided for informational use only and should not be construed as medical advice or used in place of consulting a licensed medical professional. You should consult with your doctor to determine what is right for you.

Humana Health Plans are offered by the Family of Insurance and Health Plan Companies including Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License # 00235-0008, The Dental Concern, Inc., The Dental Concern, Ltd., Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc. – A Health Maintenance Organization or insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, Humana Insurance of Puerto Rico, Inc. License # 00187-0009, Emphesys Insurance Company, or HumanaDental Insurance Company or administered by Humana Insurance Company or HumanaDental Insurance Company. For Texas residents: Preferred Provider Benefit Plans are insured by Humana Insurance Company and Health Maintenance Organizations are offered by Humana Health Plan of Texas, Inc.-A Health Maintenance Organization.

GCHJGLSEN/ 1015

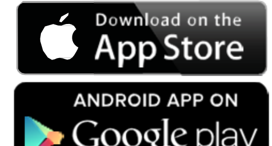
# Get healthy on your terms with HumanaVitality®

HumanaVitality is a wellness and rewards program- no matter your age or health status. It will put you on the path to healthier living whether you're a fitness buff, just working on losing a few pounds, looking to lower your blood pressure, or wanting to learn healthy eating habits.

- All Humana medical members have access to HumanaVitality.
- Members can earn Vitality points through verified workouts, athletic events, preventative care, and education.
- Members can cash in their points for rewards such as Amazon gift cards, Apple Products, movie tickets, hotel stay & more!

The Mobile App is fast, convenient and personalized. It provides new ways to engage in HumanaVitality - download it today to learn more.

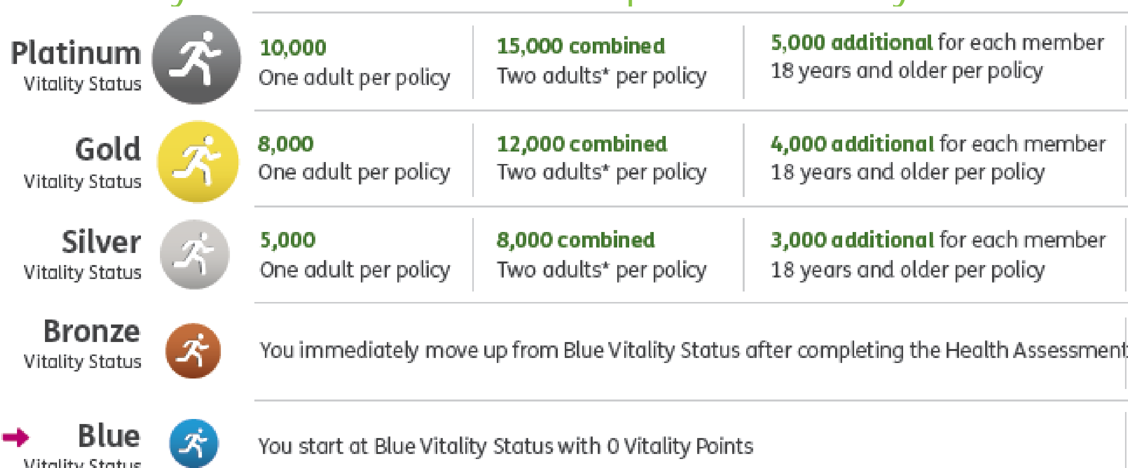
Download the HumanaVitality Mobile App



## How do I get started?

- **Register on Humana.com**
- **Take your Health Assessment**
- **Set your goals**
- **Complete your Vitality Check**

Number of Vitality Points needed to move up to each Vitality Status level:



| Vitality Status | | | |
|---|---|---|---|
| Platinum Vitality Status | **10,000** One adult per policy | **15,000 combined** Two adults* per policy | **5,000 additional** for each member 18 years and older per policy |
| Gold Vitality Status | **8,000** One adult per policy | **12,000 combined** Two adults* per policy | **4,000 additional** for each member 18 years and older per policy |
| Silver Vitality Status | **5,000** One adult per policy | **8,000 combined** Two adults* per policy | **3,000 additional** for each member 18 years and older per policy |
| Bronze Vitality Status | You immediately move up from Blue Vitality Status after completing the Health Assessment | | |
| START HERE AND MOVE UP → Blue Vitality Status | You start at Blue Vitality Status with 0 Vitality Points | | |

*If applicable, the number of Vitality Points that is required to achieve each Vitality Status.

## General Notice Of COBRA Continuation Coverage Rights
## ** Continuation Coverage Rights Under COBRA**

You are receiving this notice because you have recently become covered under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

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 when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional 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 coverage would otherwise end because of a life event known as 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 are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

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

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- 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 any of the following qualifying events happens:

- 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 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. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

**You Must Give Notice of Some Qualifying Events**
**For the 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 60 after the qualifying event occurs. You must provide this notice to: Amanda Cooper, 1787 Williams Drive, Marietta GA 30066**

**How is COBRA 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. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

***Disability extension of 18-month period of continuation coverage***

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total 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 continuation coverage.

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

If your family experiences another qualifying event while receiving 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 notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the 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.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 the EBSA website at www.dol.gov/ebsa.

**Keep Your Plan Informed of Address Changes**

In order to protect your family's rights, you should keep the Plan Administrator informed of 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.

# 2016 Health Plan Notices

### Women's Health and Cancer Rights Act of 1998

Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy – related services, including reconstruction and surgery to achieve symmetry between the breasts, prosthesis, and complications resulting from a mastectomy (including lymphedema). Please call your plan administrator for more information.

### The Genetic Information Nondiscrimination Act (GINA) of 2008

The Genetic Information Nondiscrimination Act of 2008, also referred to as GINA, is a federal law that protects Americans from being treated unfairly because of differences in their DNA that may affect their health. The new law prevents discrimination from health insurers and employers. The President signed the act into federal law on May 21, 2008. The parts of the law relating to health insurers will take effect by May 2009, and those relating to employers will take effect by November 2009.

**Who needs protection from genetic discrimination?**

Everyone should care about the potential for genetic discrimination. Every person has dozens of DNA differences that could increase or decrease his or her chance of getting a disease such as diabetes, heart disease, cancer or Alzheimer's. It's important to remember that these DNA differences don't always mean someone will develop a disease, just that the risk to get the disease may be greater.

More and more tests are being developed to find DNA differences that affect our health. These tests (called genetic tests) will become a routine part of health care in the future. Health care providers will use information about each person's DNA to develop more individualized ways of detecting, treating and preventing disease. But unless this DNA information is protected, it could be used to discriminate against people.

**Why was the law needed?**

The law was needed to help ease concerns about discrimination that might keep some people from getting genetic tests that could benefit their health. The law also enables people to take part in research studies without fear that their DNA information might be used against them in health insurance or the workplace.

### Newborn's Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay with connection to 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 and her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### HIPAA Notice of Privacy Practices

This rule required health plans to send participants an initial notice of privacy practices and then reminders must be given once every three years. This memo is a reminder that if you would like to see or obtain another copy of the health plan's HIPAA Privacy Notice, please contact your HR Administrator.

## Michelle's Law

**NOTICE OF EXTENDED COVERAGE TO PARTICIPANTS COVERED UNDER A GROUP HEALTH PLAN**

Federal legislation known as "Michelle's Law" generally extends eligibility for group health benefit plan coverage to a dependent child who is enrolled in an institution of higher education at the beginning of a medically necessary leave of absence if the leave normally would cause the dependent child to lose eligibility for coverage under the plan due to loss of student status. The extension of eligibility protects eligibility of a sick or injured dependent child for up to one year.
The Plan currently permits an employee to continue a child's coverage if that child is enrolled at an accredited institution of learning on a full-time basis, with full-time defined by the accredited institution's registration and/or attendance policies. Michelle's Law requires the Plan to allow extended eligibility in some cases for a dependent child who would lose eligibility for Plan coverage due to loss of full-time student status.
There are two definitions that are important for purposes of determining whether the Michelle's Law extension of eligibility applies to a particular child:

- *Dependent child* means a child of a plan participant who is eligible under the terms of a group health benefit plan based on his or her student status and who was enrolled at a post-secondary educational institution immediately before the first day of a medically necessary leave of absence.

- *Medically necessary leave of absence* means a leave of absence or any other change in enrollment:

    - of a dependent child from a post-secondary educational institution that begins while the child is suffering from a serious illness or injury
    - which is medically necessary
    - and which causes the dependent child to lose student status under the terms of the Plan

For the Michelle's Law extension of eligibility to apply, a dependent child's treating physician must provide written certification of medical necessity (i.e., certification that the dependent child suffers from a serious illness or injury that necessitates the leave of absence or other enrollment change that would otherwise cause loss of eligibility).
If a dependent child qualifies for the Michelle's Law extension of eligibility, the Plan will treat the dependent child as eligible for coverage until the earlier of:

- One year after the first day of the leave of absence

- The date that Plan coverage would otherwise terminate (for reasons other than failure to be a full-time student)

A dependent child on a medically necessary leave of absence is entitled to receive the same Plan benefits as other dependent children covered under the Plan. Further, any change to Plan coverage that occurs during the Michelle's Law extension of eligibility will apply to the dependent child to the same extent as it applies to other dependent children covered under the Plan.

## Patient Protection Model Disclosure

Medical plans generally allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept new members. For children, a pediatrician can be selected as the primary care provider.

**Important Notice from Day's Chevrolet, Inc.**
**About Your Prescription Drug Coverage and Medicare**

**Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Day's Chevrolet, Inc. 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. **Day's Chevrolet, Inc. has determined that the prescription drug coverage offered by Aetna, 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**.

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**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 through 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 Day's Chevrolet, Inc. coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current Day's Chevrolet, Inc. coverage, be aware that you and your dependents may not be able to get this coverage back.

**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 Day's Chevrolet, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

**For More Information About This Notice Or Your Current Prescription Drug Coverage…**

Contact the person listed below for further information. **NOTE:** You'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 coverage through Day's Chevrolet, Inc. 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).**

Date: October 1, 2016
Name of Entity/Sender: Day's Chevrolet, Inc., Inc.
Contact--Position/Office: Julie Litton
Address: 3693 N. Cobb Parkway, Acworth, GA 30101
Phone Number: 404-974-4242

## 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)**.

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**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 | GEORGIA – Medicaid |
|---|---|
| Website: http://myalhipp.com/<br>Phone: 1-855-692-5447 | Website: http://dch.georgia.gov/medicaid<br>- Click on Health Insurance Premium Payment (HIPP)<br>Phone: 404-656-4507 |
| **ALASKA – Medicaid** | **INDIANA – Medicaid** |
| Website:<br>http://health.hss.state.ak.us/dpa/programs/medicaid/<br>Phone (Outside of Anchorage): 1-888-318-8890<br>Phone (Anchorage): 907-269-6529 | Healthy Indiana Plan for low-income adults 19-64<br>Website: http://www.hip.in.gov<br>Phone: 1-877-438-4479<br>All other Medicaid<br>Website: http://www.indianamedicaid.com<br>Phone 1-800-403-0864 |
| **COLORADO – Medicaid** | **IOWA – Medicaid** |
| Medicaid Website: http://www.colorado.gov/hcpf<br>Medicaid Customer Contact Center: 1-800-221-3943 | Website: http://www.dhs.state.ia.us/hipp/<br>Phone: 1-888-346-9562 |
| **FLORIDA – Medicaid** | **KANSAS – Medicaid** |
| Website: http://flmedicaidtplrecovery.com/hipp/<br>Phone: 1-877-357-3268 | Website: http://www.kdheks.gov/hcf/<br>Phone: 1-785-296-3512 |

| KENTUCKY – Medicaid | NEW HAMPSHIRE – Medicaid |
|---|---|
| Website: http://chfs.ky.gov/dms/default.htm<br>Phone: 1-800-635-2570 | Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf<br>Phone: 603-271-5218 |
| **LOUISIANA – Medicaid** | **NEW JERSEY – Medicaid and CHIP** |
| Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331<br>Phone: 1-888-695-2447 | Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/<br>Medicaid Phone: 609-631-2392<br>CHIP Website: http://www.njfamilycare.org/index.html<br>CHIP Phone: 1-800-701-0710 |
| **MAINE – Medicaid** | **NEW YORK – Medicaid** |
| Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html<br>Phone: 1-800-442-6003<br>TTY: Maine relay 711 | Website: http://www.nyhealth.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 |
| **MASSACHUSETTS – Medicaid and CHIP** | **NORTH CAROLINA – Medicaid** |
| Website: http://www.mass.gov/MassHealth<br>Phone: 1-800-462-1120 | Website: http://www.ncdhhs.gov/dma<br>Phone: 919-855-4100 |
| **MINNESOTA – Medicaid** | **NORTH DAKOTA – Medicaid** |
| Website: http://mn.gov/dhs/ma/<br>Phone: 1-800-657-3739 | Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/<br>Phone: 1-844-854-4825 |
| **MISSOURI – Medicaid** | **OKLAHOMA – Medicaid and CHIP** |
| Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>Phone: 573-751-2005 | Website: http://www.insureoklahoma.org<br>Phone: 1-888-365-3742 |
| **MONTANA – Medicaid** | **OREGON – Medicaid** |
| Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP<br>Phone: 1-800-694-3084 | Website: http://www.oregonhealthykids.gov<br>http://www.hijossaludablesoregon.gov<br>Phone: 1-800-699-9075 |
| **NEBRASKA – Medicaid** | **PENNSYLVANIA – Medicaid** |
| Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx<br>Phone: 1-855-632-7633 | Website: http://www.dhs.pa.gov/hipp<br>Phone: 1-800-692-7462 |

| NEVADA – Medicaid | RHODE ISLAND – Medicaid |
|---|---|
| Medicaid Website: http://dwss.nv.gov/<br>Medicaid Phone: 1-800-992-0900 | Website: http://www.eohhs.ri.gov/<br>Phone: 401-462-5300 |
| **SOUTH CAROLINA – Medicaid** | **VIRGINIA – Medicaid and CHIP** |
| Website: http://www.scdhhs.gov<br>Phone: 1-888-549-0820 | Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm<br>Medicaid Phone: 1-800-432-5924<br>CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm<br>CHIP Phone: 1-855-242-8282 |
| **SOUTH DAKOTA - Medicaid** | **WASHINGTON – Medicaid** |
| Website: http://dss.sd.gov<br>Phone: 1-888-828-0059 | Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx<br>Phone: 1-800-562-3022 ext. 15473 |
| **TEXAS – Medicaid** | **WEST VIRGINIA – Medicaid** |
| Website: http://gethipptexas.com/<br>Phone: 1-800-440-0493 | Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx<br>Phone: 1-877-598-5820, HMS Third Party Liability |
| **UTAH – Medicaid and CHIP** | **WISCONSIN – Medicaid and CHIP** |
| Website:<br>Medicaid: http://health.utah.gov/medicaid<br>CHIP: http://health.utah.gov/chip<br>Phone: 1-877-543-7669 | Website:<br>https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf<br>Phone: 1-800-362-3002 |
| **VERMONT– Medicaid** | **WYOMING – Medicaid** |
| Website: http://www.greenmountaincare.org/<br>Phone: 1-800-250-8427 | Website: https://wyequalitycare.acs-inc.com/<br>Phone: 307-777-7531 |

To see if any other states have added a premium assistance program since January 31, 2016, 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)

# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 1-31-2017)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### 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. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### 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% 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.[1]

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 Katie Brown or Julie Litton.

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.

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[1] 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.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

| 3. Employer name<br>Day's Chevrolet, Inc. | | 4. Employer Identification Number (EIN)<br>58-0812718 |
|---|---|---|
| 5. Employer address<br>3693 N. Cobb Parkway | | 6. Employer phone number<br>770-974-4242 |
| 7. City<br>Acworth | 8. State<br>GA | 9. ZIP code<br>30101 |
| 10. Who can we contact about employee health coverage at this job?<br>Katie Brown or Julie Litton | | |
| 11. Phone number (if different from above) | 12. Email address<br>kforsyth@dayschevrolet.com | |

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - [x] All employees. Eligible employees are:

    Full-time employees who work a minimum of 30 hours per week

  - [ ] Some employees. Eligible employees are:

- With respect to dependents:
  - [x] We do offer coverage. Eligible dependents are:

    *Legal spouses

    *Children up to age 26 to include: natural born children, step children, legally adopted children; grandchildren if employee has court ordered power of attorney. Handicapped dependent children are also eligible beyond age 26

  - [ ] We do not offer coverage.

[x] If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid–year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

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)

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

☐ Yes (Go to question 15) ☐ No (STOP and return form to employee)

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? $

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

• 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)

# NOTES

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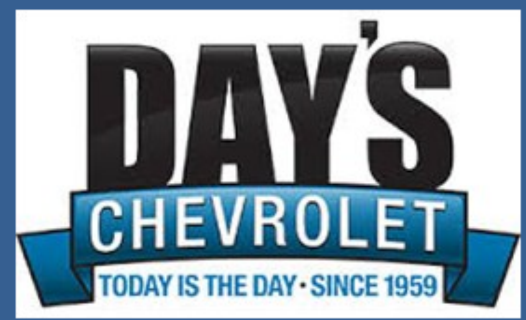


3693 N. Cobb Parkway

Acworth, GA 30101

404-974-4242

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