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# Employee Guide to Benefits

# 2018

*Commit to Health*

# Table of Contents



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# BrightHouse, a division of BCG

# *Plan Highlights*

## *12/01/2017– 11/30/2018 Plan Year*

| Medical | HUMANA - NATIONAL POS OA 100/70 Group #576817 |
|---|---|
| **DEDUCTIBLE:** | $1,000 per individual/$2,000 per family, per calendar year, for in-network benefits.<br>$3,000 per individual/$6,000 per family, per calendar year, for out-of-network benefits. |
| **COINSURANCE:** | Humana pays 100% per individual for in-network benefits.<br>Humana pays 70% per individual, following the deductible, for out-of-network benefits.<br>Upon meeting the out-of-pocket maximum, reimbursement is 100% of covered charges.<br>The benefit percentage is based upon the use of physicians and hospitals listed as participating in the Humana National POS Open Access network. |
| **COPAY:** | $25 Copay will apply to in-network physician office visit charges. $40 Specialist Copay. |
| **PREVENTIVE CARE:** | Covered at 100% |
| **ER COPAY:** | $400 (In and Out of Network) copay waived if admitted into the hospital |
| **OUT-OF-POCKET:** | $ 4,000 per individual/$ 8,000 per family, per calendar year, for in-network (including deductible)<br>$12,000 per individual/$24,000 per family, per cal. year, for out-of-network (including deductible) |
| **PRESCRIPTION DRUGS:** | Retail/30 Day Supply: $10 Copay Level 1; $30 Copay Level 2; $50 Copay Level 3; 25% Level 4<br>90 Day Supply via Mail Order:<br>1.5 times the retail copay Level 1; 2.5 times the retail copay Level 2; 3 times the retail copay Level 3 |
| **WEBSITE:** | www.humana.com (Humana National POS - Open Access) |

| Dental | GUARDIAN |
|---|---|
| **DEDUCTIBLE:** | $50 per individual ($150 per family) per calendar year |
| **PREVENTIVE CARE:** | Covered at 100% (Deductible is Waived) |
| **BASIC CARE:** | Covered at 100% (When choosing the Value Plan)<br>Covered at 80% (When choosing the NAP Plan) |
| **MAJOR CARE:** | Covered at 60% (When choosing the Value Plan)<br>Covered at 50% (When choosing the NAP Plan) |
| **ANNUAL MAXIMUM:** | $2000 per calendar year |
| **ORTHODONTIC CARE:** | Child Orthodontia. Plan pays 50% (no deductible) of the covered orthodontia services, up to $2,000 lifetime orthodontia maximum |
| **ADDITIONAL BENEFITS:** | Rollover benefit; College Tuition Benefit Services |

## FSA — ADMINISTERED BY ADMIN AMERICA

Annual Healthcare Contribution up to $2,650, with $500 rollover benefit; Annual Dependent Care Contribution $5,000

## Vision — GUARDIAN

| | |
|---|---|
| **FREQUENCIES OF SERVICES:** | Examination, Lenses or Contact Lenses – Once every 12 months<br>Frames – Once every 12 months |
| **EXAM COPAY:** | $10 Copay |
| **LENSES COPAY:** | $10 Copay |
| **FRAMES:** | $10 Copay, then $130.00 allowance, plus 20% discount on amount over $130.00 |
| **CONTACT LENSES:** | $130 Allowance |
| **OUT-OF-NETWORK BENEFITS:** | Available – See benefit summary for further details on vision benefits |
| **NETWORK:** | VSP Choice Network |

## Life/AD&D — GUARDIAN

100% of annual earnings to $200,000
*Guarantee Issue up to $200,000*

## Short Term Disability — GUARDIAN

| | |
|---|---|
| **WAITING PERIODS:** | Benefits begin on the 5th Day Accident –5th Day Illness |
| **WEEKLY VOLUME:** | 100% of weekly earnings |
| **MAXIMUM PAYMENT PERIOD:** | 13 Weeks |

## Long Term Disability — GUARDIAN

| | |
|---|---|
| **WAITING PERIODS:** | Benefits begin on the 91st Day Accident – 91st Day Illness |
| **MONTHLY VOLUME:** | 60% of monthly earnings |
| **MAXIMUM AMOUNT:** | $10,000 |
| **MAXIMUM PAYMENT PERIOD:** | To age 65, standard ADEA |

## EAP — GUARDIAN

**3 FACE TO FACE VISITS**

This overview is a brief summary of medical, dental, vision, life, short and long term disability. If there is any difference in the information in this overview and the plan documents and contracts, the official documents will govern.

12/2017

# HumanaNPOS 17

## Georgia 100/70 Copay Plan
## Option 1

Effective dates starting 1/1/17
(includes pediatric dental and vision)

| | | In-network | Out-of-network |
|---|---|---|---|
| **Office visit copay** | | $25 primary care<br>$40 specialist | Not Applicable |
| **Deductible** | | Individual: $1,000<br>Family: $2,000 | Individual: $3,000<br>Family: $6,000 |
| **Out-of-pocket maximum** | • Based on a calendar year. Limit includes copays, deductibles and coinsurance (out-of-network limit excludes pharmacy) | Individual: $4,000<br>Family: $8,000 | Individual: $12,000<br>Family: $24,000 |
| **Preventive care** | • Office visit<br>• Laboratory and radiology<br>• Pap smear<br>• Mammogram<br>• Prostate screening<br>• Immunizations<br>• Endoscopy | 100% | 70% after deductible |
| **Other services** | • Physician services | | |
| | - Office visit | 100% after office visit copay | 70% after deductible |
| | - Retail clinic | 100% after $40 copay | 70% after deductible |
| | - Urgent care | 100% after $100 copay | 70% after deductible |
| | - Emergency | 100% | 100% |
| | - Diagnostic laboratory and radiology (performed in an office) | 100% | 70% after deductible |
| | - Inpatient, outpatient, and surgical | 100% after deductible | 70% after deductible |
| | • Facility services | | |
| | - Inpatient | 100% after deductible | 70% after deductible |
| | - Outpatient (surgical and non-surgical) | 100% after deductible | 70% after deductible |
| | - Diagnostic laboratory and radiology | 100% after deductible | 70% after deductible |
| | - Emergency room (copay waived if admitted) | 100% after $400 copay | 100% after $400 copay |
| | • Advanced imaging | 100% after deductible | 70% after deductible |
| | • Spinal manipulations and adjustments (visit limits may apply per calendar year) | 100% after $40 copay | 70% after deductible |

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## PRESCRIPTION DRUGS

Rx4: Most prescription drugs are assigned to one of four levels with corresponding amounts or coinsurance.
A detailed Rx4 EHB drug list is available at **Humana.com/druglist.**

### In-network

| | |
|---|---|
| • Retail: 30-day supply | **Level 1:** $10 copay<br>**Level 2:** $30 copay after $0 individual/$0 family deductible<br>**Level 3:** $50 copay after $0 individual/$0 family deductible<br>**Level 4:** 25% coinsurance after $0 individual/$0 family deductible |
| • Mail order (up to 90-day supply) | 2.5 times the retail copayment |
| • Specialty drugs (up to 30-day supply) | 35% or 25% by using a preferred specialty pharmacy like Humana Specialty Pharmacy |

### Out-of-network

- Deductible: Individual: $0/Family: $0
- If a non-participating pharmacy is used, the claim will be covered at 100% after applicable in-network cost share
- Speciality drugs are covered at 65% if a non-participating pharmacy is used

**Provider disclaimer:**
Primary care and specialist physicians and other providers in Humana's networks are not the agents, employees or partners of Humana. They are independent contractors. Humana is not a provider of medical services. Humana does not endorse or control the clinical judgment or treatment recommendations made by the physicians or other providers listed in network directories or otherwise selected by you.

**Limitations and Exclusions:**
Before applying for group coverage, please refer to the pre-enrollment disclosures for a description of plan provisions, which may exclude, limit, reduce, modify or terminate your coverage. These disclosures are available at http://www.humana.com/insurance-through-employer/enrollment-center/pre-enrollment-disclosure or through your sales representative.

Humana medical plans are offered by 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, Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc., 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, or administered by Humana Insurance Company or Humana Health Plan, Inc.

Statements in languages other than English contained in the advertisement do not necessarily reflect the exact contents of the policy written in English, because of possible linguistic differences. In the event of a dispute, the policy as written in English is considered the controlling authority.

Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance or Summary Plan Description) for more information on the company providing your benefits.

Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, call or write your Humana insurance agent or broker.

Confidential. For agent/agency use only. This training material, including any subpart(s), is not to be used as marketing and is not to be provided to a prospect, an applicant, member, group or to the general public.

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# Summary of Benefits

## Dental Benefit Summary

| | | | |
|---|---|---|---|
| **Group ID:** | 00520569 | **Coverage Type:** | Contributory |
| **Group Name:** | BRIGHTHOUSE, A DIVISION OF BCG | **Class:** | 0001 ALL ELIGIBLE EMPLOYEES WORKING 32 OR MORE HOURS PER WEEK |
| **Waiting Period:** | 1st of the month following date of hire | **As of Date:** | 08/29/2017 |

### Plan Information

**Your dental networks are: Dental - DentalGuard Pref - Atlanta and Dental - DentalGuard Pref NAP - Atlanta**

### Coverage Information

| | **Dental - DentalGuard Pref - Atlanta** | | **Dental - DentalGuard Pref NAP - Atlanta** | |
|---|---|---|---|---|
| **What's the most cost-effective way to use dental insurance?** | You may go to any dentist, however those who belong to the **Dental - DentalGuard Pref - Atlanta** network will be most cost effective. | | You may go to any dentist, however those who belong to the **Dental - DentalGuard Pref NAP - Atlanta** network will be most cost effective. | |
| | In Network | Out of Network | In Network | Out of Network |
| **Calendar year deductible** | $50, Once the annual deductible is met by each of three family members, no further deductibles apply. | $50, Once the annual deductible is met by each of three family members, no further deductibles apply. | Out of Network is a combined deductible for in and out of network services. | $50, Once the annual deductible is met by each of three family members, no further deductibles apply. |
| Preventive | Waived | Waived | | Waived |
| Basic | Not Waived | Not Waived | | Not Waived |
| Major | Not Waived | Not Waived | | Not Waived |
| **Calendar Year Maximum Benefit** | The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services. | $2,000 | The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services. | $2,000 |
| **Lifetime Orthodontia Maximum** | The amount shown in the out of network field is your combined Lifetime Orthodontia Maximum for both in | $2,000 | The amount shown in the out of network field is your combined Lifetime Orthodontia Maximum for both in | $2,000 |

| | Dental - DentalGuard Pref - Atlanta | | Dental - DentalGuard Pref NAP - Atlanta | |
|---|---|---|---|---|
| **What's the most cost-effective way to use dental insurance?** | You may go to any dentist, however those who belong to the **Dental - DentalGuard Pref - Atlanta** network will be most cost effective. | | You may go to any dentist, however those who belong to the **Dental - DentalGuard Pref NAP - Atlanta** network will be most cost effective. | |
| | In Network | Out of Network | In Network | Out of Network |
| | and out of network services | | and out of network services | |
| **Maximum rollover** | Yes | Yes | Yes | Yes |
| **Monthly Switch** | Not Available | Not Available | Not Available | Not Available |
| | How much does the plan pay? | How much does the plan pay?(as a percentage of fee schedule.) | How much does the plan pay? | How much does the plan pay?(as a percentage of reasonable and customary.) |
| **Office Visit Co-pay (one office visit may cover multiple services)** | None | None | None | None |
| **Preventive Care:** | 100% | 100% | 100% | 100% |
| Bitewing X-Rays | 100% | 100% | 100% | 100% |
| Full Mouth X-Rays | 100% | 100% | 100% | 100% |
| Cleaning | 100% | 100% | 100% | 100% |
| Oral Exams | 100% | 100% | 100% | 100% |
| Sealants (per tooth) | 100% | 100% | 100% | 100% |
| **Basic Care:** | 100% | 100% | 80% | 80% |
| Fillings (one surface) | 100% | 100% | 80% | 80% |
| General Anesthesia[1] | 100% | 100% | 80% | 80% |
| **Major Care:** | 60% | 60% | 50% | 50% |
| Scaling & Root Planing (per quadrant) | 60% | 60% | 50% | 50% |
| Dentures | 60% | 60% | 50% | 50% |
| Single Crowns | 60% | 60% | 50% | 50% |
| Simple Extractions | 60% | 60% | 50% | 50% |
| **Orthodontia** | 50% | 50% | 50% | 50% |

### General Exclusions

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans:

This policy provides dental insurance only. Coverage is limited to charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury.

Deductibles apply.

The plan does not pay for:

- Oral hygiene services (except as covered under preventive services),

- Orthodontia (unless expressly provided for),
- Cosmetic or experimental treatments (unless they are expressly provided for).
- Any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment.

The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DEN -16 et al.

Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000

1 Restrictions apply and may be subject to medical necessity.

This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.

# Summary of Benefits

## Vision Benefit Summary

| | | | |
|---|---|---|---|
| **Group ID:** | 00520569 | **Coverage Type:** | Contributory |
| **Group Name:** | BRIGHTHOUSE, A DIVISION OF BCG | **Class:** | 0001 ALL ELIGIBLE EMPLOYEES WORKING 32 OR MORE HOURS PER WEEK |
| **Waiting Period:** | 1st of the month following date of hire | **As of Date:** | 08/29/2017 |

### Plan Information

Your network is the VSP - Choice Full Feature

### Coverage Information

| | VSP - Choice Full Feature | |
|---|---|---|
| **What's the most cost-effective way to use vision benefits?** | You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less. | |
| | **In-Network** | **Out-Of-Network** |
| **Co-Pay** | | |
| First service provided | Not applicable | |
| Exams | Exams $10.00 | |
| Materials | waived for conventional and planned replacement contact lenses $10.00 | |
| | | |
| **How often can I obtain service?** | **Exams:**<br>Once a year.<br>**Lenses:**<br>Once a year.<br>**Frames:**<br>Once a year.<br>**Materials:**<br>Once a year. | |
| | **In-Network** | **Out-Of-Network** |
| **Eye exams** | Copay applies | Amount over: $39.00 |
| **Lenses** | | |
| Single vision lenses | Copay applies | Amount over: $23.00 |
| Lined bifocal lenses | Copay applies | Amount over: $37.00 |
| Lined trifocal lenses | Copay applies | Amount over: |

| | VSP - Choice Full Feature | |
|---|---|---|
| **What's the most cost-effective way to use vision benefits?** | You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less. | |
| | **In-Network** | **Out-Of-Network** |
| | | $49.00 |
| Lenticular lenses | Copay applies | Amount over: $64.00 |
| **Contact Lenses** | | |
| Conventional | Amount over: $130.00 | Amount over: $100.00 |
| Planned replacement and disposable | Amount over $130.00 | Amount over: $100.00 |
| Medically necessary | Copay Applies | Amount over: $210.00 |
| Evaluation and fitting | 15% off professional fee | Not Covered |
| **Frames** | $130.00, 20% discount on amount over $130.00. | Amount over: $46.00 |
| **Lens & Frame Allowance** | No discounts | No discounts |
| **Cosmetic Extras** | Discounted at an average of 20%-25% off providers UCR. | No discounts |
| **Laser correction surgery** | Average 15% discount off usual price or 5% off promotional price. | No discounts |
| **Hearing** | No discounts | No discounts |

### Vision and General Exclusions

Important information

This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for:

- Orthoptics or vision training and any associated supplemental testing;
- Medical or surgical treatment of the eye;
- Eye examination or corrective eyewear required by an employer as a condition of employment;
- Replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists).

The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-1-VSN-96-VIS et al.

Laser Correction Surgery

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

Members will receive 20% off unlimited additional pairs of prescription glasses and non prescription sunglasses valid through any VSP doctor within 12 months of the last covered exam.

This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.

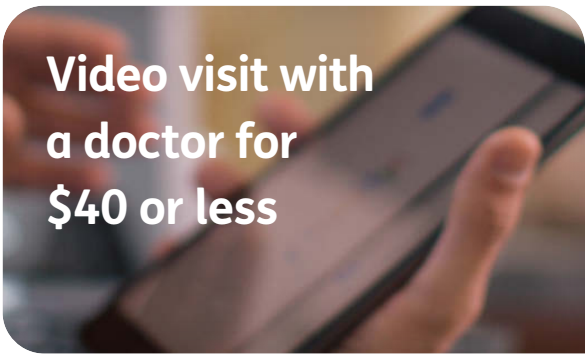
# Feeling under the weather?

## See a doctor from the comfort of home

If you or a covered family member is not feeling well and doesn't require emergency care, telemedicine, delivered by Doctor On Demand, lets you video visit with a U.S. board-certified physician in minutes using a smartphone, tablet, or computer.


## With Doctor On Demand, you can:

- Video visit with a physician from one of Doctor On Demand's U.S. board-certified doctors
- Immediately video visit with a doctor 24 hours a day, 7 days a week from any location
- Your primary care physician can access your telemedicine visit at your request
- If medically necessary, a Doctor On Demand can send a prescription to a preferred pharmacy




*Based on your Humana medical plan, your copayment or retail clinic benefit cost may actually be less than $40.*

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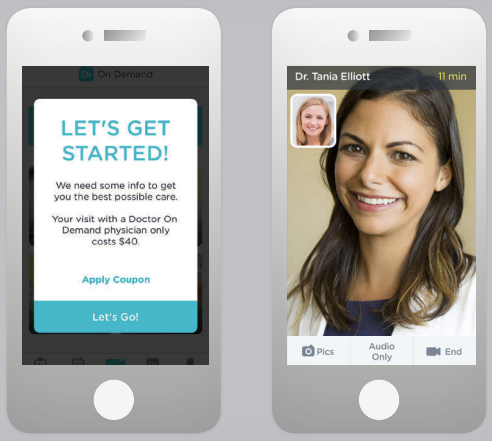
# Visit the doctorondemand.com for information and promotional offers

## See a doctor in three minutes – get started now:

1. Download the Doctor On Demand app
2. Enter your medical plan information
3. Enter your payment method
   *(credit card or HSA)*

*NOTE: Select "none" when asked how you were referred*




## What can be treated by telemedicine

Telemedicine should be considered when your primary care doctor is unavailable, after-hours or on holidays for non-emergency needs. Doctor On Demand physicians can treat ailments, such as:

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

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

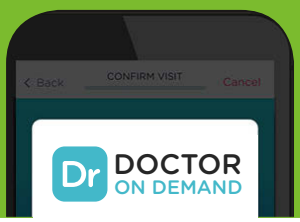
## No appointments required

There are many ways to sign up and start seeing a doctor:

- Visit **www.doctorondemand.com/humana**
- Download the Doctor On Demand mobile app, available on the App Store and Google Play

ANDROID APP ON Google play

Download on the App Store




*To provide you the best possible experience, this service can only be accessed by using Google's Chrome web browser.*

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# Children's dental & vision benefits

## Georgia

Included with Humana medical plans for community rated groups

Effective date starting 1/1/17

| Children's dental benefits | If you use IN-NETWORK dental providers | If you use OUT-OF-NETWORK dental providers |
|---|---|---|
| • **Diagnostic and preventive services**<br>– Routine oral exams, cleanings (limit two each per year)<br>– Bitewing X-rays (limit two sets per year, excludes full mouth and panoramic with a limit of one per five years)<br>– Topical fluoride treatment (limit two per year)<br>– Sealants (limit one per tooth per 3 years)<br><br>• **Minor restorative services**<br>– Fillings (amalgam, composite for anterior)<br>– Prefabricated crowns (primary teeth) | **For Humana Coinsurance, Copay, and HDHP medical plans:**<br>60% after medical deductible for Copay and Coinsurance plans; coinsurance percent after medical deductible on HDHP plans<br>60% after medical deductible on HMO plans<br><br>**For Humana Simplicity medical plans:**<br>60% no deductible<br>60% no deductible on HMO plans | **For Humana Coinsurance, Copay, and HDHP[1] medical plans:**<br>60% after medical deductible (No out-of-network benefits available on HMO plans)<br><br>**For Humana Simplicity medical plans:**<br>60% after medical deductible (No out-of-network benefits available on HMO plans) |
| • **Major restorative services and oral surgery**<br>– Onlays, and crowns (one per tooth per five years, permanent teeth only)<br>– Extractions and root removal<br>– Periodontal (gums) and oral surgery<br>– Root canals | **For Humana Indemnity medical plans:** 60% after medical deductible | |
| • **Orthodontia[2]**<br><br>– Orthodontic treatment not as a result of congenital or developmental malformation | | |

**Important to know:**

- Good health starts with a healthy mouth! Choose one of the more than 170,000 dentist locations in the Humana dental PPO network to maximize your benefit. You can find dentists in your area by visiting **Humana.com**.
- Benefit frequencies based on a calendar year. Children, up to end of month following the date he or she attains age 19, are covered under this plan.

[1]Certain HDHP plans will have 100% coverage when the medical plan maximum out-of-pocket and deductible is the same. Please consult your policy or Humana sales representative for additional information.

[2]Orthodontia as a result of congenital or developmental malformation as well as complex oral surgical procedures are provided subject to the medical cost share of the policy. Please consult your policy or Humana sales representative for additional information.

## Children's vision benefits

| | If you use IN-NETWORK vision providers | If you use OUT-OF-NETWORK vision providers |
|---|---|---|
| • **Exam with dilation*** as necessary (limit once per year)<br>• **Frames** (limit once per year)<br>– Choose from a selection of covered frames<br>• **Eyeglass lenses** (limit once per year)<br>– Single<br>– Bifocal<br>– Trifocal<br>– Lens options: standard polycarbonate and/or standard scratch coating | **For Humana Copay, Indemnity, Simplicity, and HDHP medical plans:**<br>*$10 copay, then 100%, no deductible for eye exam on plans other than HDHP; $10 copay for exam per visit after deductible, then 100% on HDHP plans<br>60% after medical deductible, for all other services<br><br>**For Humana Simplicity medical plans:**<br>60% (no deductible), after medical deductible for services other than eye exam | **For Humana Copay, and HDHP medical plans:**<br>*70% after medical deductible for eye exam only<br>60% after medical deductible for all other services<br>(No out-of-network benefits available on HMO plans)<br><br>**For Humana Simplicity medical plans:**<br>60% after medical deductible<br>(No out-of-network benefits available on HMO plans) |
| • **Contact lenses** (limit once per year)<br>– Choose from a selection of covered contact lenses<br>– Medically necessary contacts (limit one pair)<br>• **Low vision**<br>– Supplemental testing (limit five every five calendar years)<br>– Vision aids (limit once every three years); excludes video magnification aids (once every five years) | **For Humana Indemnity medical plans:** 60% after medical deductible, for services other than eye exam | |

**Important to know:**

- If you prefer contact lenses, this plan provides for a contact lens benefit in lieu of frames and lenses. Contact lens benefit is one-time use per benefit frequency. Daily disposable lenses offered with a 3 month supply; non-daily lenses offered with a 6 month supply.
- If you buy a frame or contacts outside the selection offered, this plan provides for a benefit up to the amount that would have been paid had you chosen from the selection. Additional discounts may be available with network providers.
- Benefit frequencies based on date of service. Children, up to end of month following the date he or she attains age 19, are covered under this plan.

**Provider disclaimer:**

Primary care and specialist physicians and other providers in Humana's networks are not the agents, employees or partners of Humana. They are independent contractors. Humana is not a provider of medical services. Humana does not endorse or control the clinical judgment or treatment recommendations made by the physicians or other providers listed in network directories or otherwise selected by you.

Offered by Humana Employers Health Plan of Georgia, Inc. and/or insured by Humana Insurance Company

**Additional coverage information:**

This is not a complete disclosure of plan qualifications and limitations. Before applying for coverage, please refer to the Regulatory Pre-enrollment Disclosure Guide for a description of plan provisions which may exclude, limit, reduce, modify or terminate your coverage. This guide is available at www.disclosure.humana.com or through your sales representative. Premiums and benefits vary based on the plan selected.

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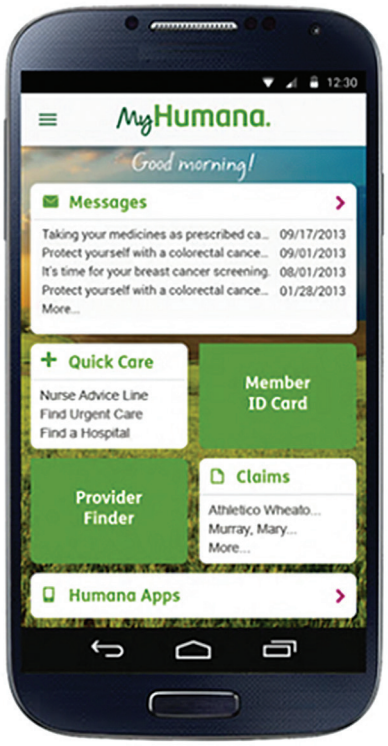
# MyHumana Mobile app
## "Now we go where you go"




## 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.

Download on the App Store

ANDROID APP ON Google play

### 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.

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GCA07BNHH 0815

Ready. Set. go365™

# CAPTURE LIFE REWARDS

Earn plenty of Points.

GET ACTIVE

LIVE HEALTHY

ENJOY REWARDS

# Say hello to Go365.

## It's your personalized wellness and rewards program.

Getting healthier is easier – and lots more fun – with Go365™. When it comes to health and wellness, you have your own approach. One that works for you. Go365 makes it easier to get moving along your path with more ways to start, more Activities to unlock, and more ways to rack up rewards.

### Unlock Activities.

Go365 is all about you. You'll receive Activities personalized to help you reach your health goals, no matter where you are on your journey to better health. Just unlock your Activities and earn Points for higher Status.

### Stay inspired.

Getting healthier can be hard. Go365 makes it easier by connecting you to all the tools and resources you need to get there. Tracking your activity is a breeze – just connect your compatible apps or fitness devices and earn Points for all your healthy activities.

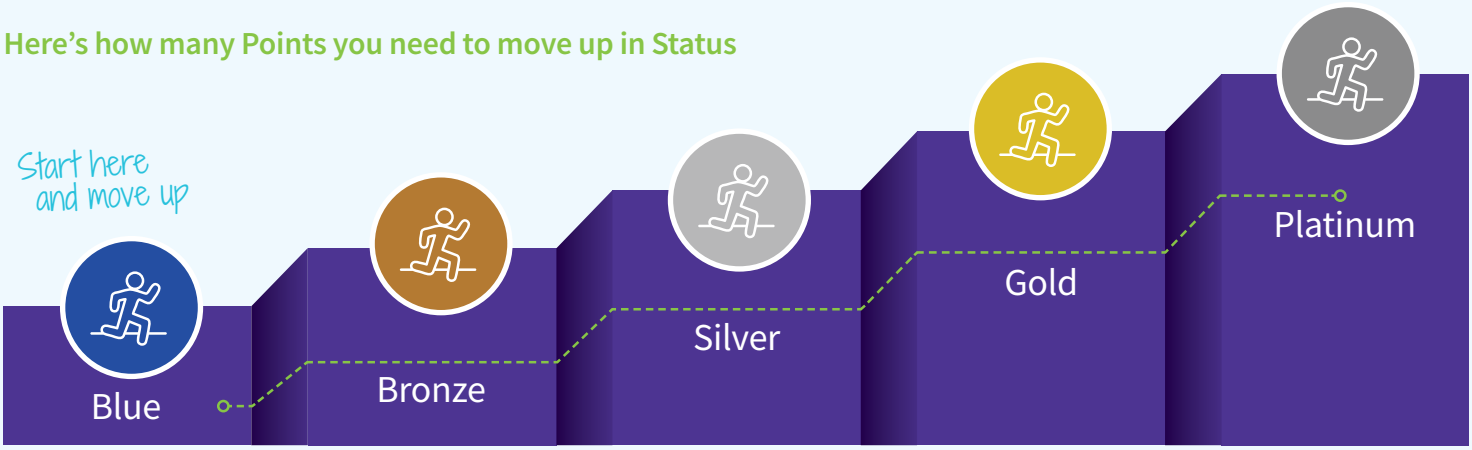
### Earn rewards.

Making healthier choices is a lot more fun with Go365. The more you move up in Status, the more Bucks you can earn and spend on great items in the Go365 Mall. Plus, Bonus Bucks, surprise rewards, and monthly Jackpot drawings make getting healthy more fun!

### More Points. Higher Status.

Earning Points pays off big with higher Status levels. Get your spouse and kids involved too and see how fast you can move up in Status.

### Here's how many Points you need to move up in Status




**3 ways to get to Bronze**

1. Complete at least one Health Assessment section online or on the Go365 App
2. Get a Biometric Screening
3. Log a verified workout

| | | |
|---|---|---|
| 5,000<br>One adult per policy | 8,000<br>One adult per policy | 10,000<br>One adult per policy |
| 8,000<br>**combined** two adults per policy | 12,000<br>**combined** two adults per policy | 15,000<br>**combined** two adults per policy |
| +3,000<br>for each member 18 years and older per policy | +4,000<br>for each member 18 years and older per policy | +5,000<br>for each member 18 years and older per policy |

Adult children can only move a family to Bronze Status by completing a verified workout.

go365™ **Go365.com**

Go365.com

# Stay connected with Go365.

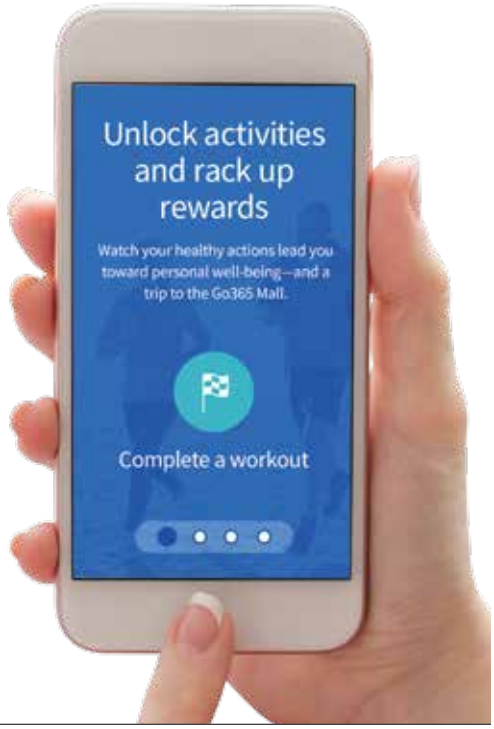
## Participate when, where, and how you want.

Whether you go online or are on the go, Go365 goes right along with you. Engage and track your wellness journey through a best-in-class digital experience that was designed just for you.

Go365 puts you in the driver's seat. There are lots of ways to get started and start earning Points. Sign-in online or with the App to unlock recommended Activities that are personalized just for you.

Then track your Points and watch your Bucks build up. Go365 connects to dozens of the most popular activity tracking apps, more than 70 fitness devices and over 40,000 participating fitness facilities, so you can earn rewards for healthy Activities you're already doing. Plus, the App makes it even easier to track your Activities – just snap and send a picture.

Make the connection so you don't miss out on rewards!




## Get it done. Online or on the go.

- View personalized dashboard
- Take your Health Assessment
- Connect your compatible fitness devices or tracking apps
- Unlock Activities
- Track Points
- Submit a picture
- Contact a Health Coach
- Reach out to the Go365 Community
- Join a Challenge

ANDROID APP ON Google play

Download on the App Store

# Unlock Activities.

## Watch your success lead to your wellbeing.

Go365 is for anyone, at any stage… no matter what shape you're in or how hard you work out. Go365 knows what it takes to motivate and reward you to make healthier choices for life.

| | |
|---|---|
| **Activities** | These are simple things you can do every day to get healthier. Tracking your steps, getting a flu shot, going for a bike ride – these are easy ways to keep moving forward with Go365. |
| **Recommended Activities** | Once you complete your Health Assessment, you'll get personalized Activities based on your responses. Because Recommended Activities are created just for you, they can have a big impact on your overall health. Plus, you earn more Points for each one you complete. |
| **Go365 Kids*** | Kids can earn Points when they do "kid" things, like playing on a soccer or baseball team. When you do things that are good for their health, like keeping up with their immunizations and getting a dental check-up, your kids earn more Points. |
| **Challenges** | Earn Points by going head-to-head against your friends and co-workers and compete for the most steps taken or pounds lost. |

## Have some healthy fun.

Getting healthier is a lot more fun with Go365. Earn Bucks you can use in the Go365 Mall for e-giftcards from Amazon.com, Target, Lowes and Spafinder, the latest activity trackers from Garmin and Fitbit, and more. Plus, you could win a prize in our monthly Jackpot drawings or get a surprise reward.


The merchants represented are not sponsors of Go365 or otherwise affiliated with Go365. The logos and other identifying marks attached are trademarks of and owned by each represented company and/or its affiliates. Please visit each company's website for additional terms and conditions.
*Go365 Kids is not available to all Go365 programs. Check with your Employer or Benefits Administrator to check your eligibility.



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**Go365.com**

# Make it count with Go365.

## Earn Points for your everyday activities – everyday!

EDUCATION

| Activity | Points | |
|---|---|---|
| **Health Assessment**<br>Take your full Go365 Health Assessment online or on the App and earn Points for completing it for the first time each program year. | 500 | |
| OR **Health Assessment sections**<br>Earn 50 Points for each section you complete online or on the App:<br>>> Get Active >> Eat Better >> Reduce Stress >> Be Well >> Stay Healthy >> Know Me<br>*Bonus Points when you complete all six sections* | 50 | |
| Adult children are not eligible to earn Points for Health Assessment completion. | | |
| **First Step Health Assessment Bonus**<br>Once-in-a-lifetime reward for your first-time Health Assessment completion. | 500 | |
| **90 Day Health Assessment Bonus**<br>Earn Bonus Points when you complete your Heath Assessment within 90 days of your Go365 program effective date or program renewal date. | 250 | |
| **Weekly log***<br>Log your activity in any of these areas: food, weight, Blood Pressure and Blood Glucose. | 10 | weekly |
| **Sleep Diary***<br>Sleep 7+ hours 5+ days per week (Mon-Sun) and log your progress. | 25 | weekly |
| **Daily Health Quiz***<br>Log in to the Health IQ app or website and complete a quiz on a variety of health topics. Connect your Go365 App to Health IQ to automatically earn your Points. | 2 | daily |
| **Health Coaching***<br>Get matched with a certified well-being coach who can give you expert guidance, support and attention in these areas: weight management, quitting tobacco, managing stress, healthy eating and more. | | |
| Enrolling (first time enrollees only) | 200 | once/lifetime |
| Three phone interactions or three online chats (individually or combined) | 50 | up to 600/per program year |
| Six email interactions or six progress note entries (individually or combined) | 50 | up to 600/per program year |
| **Calculators**<br>These online tools measure aspects of your health, like "Are you at risk for a heart attack?" They can help you take steps to lead a healthier life. There are many different Calculators, and adult members can earn Points for each Calculator you use. | 75 | up to 300/ program year |
| **CPR certification** | 125 | |
| **First aid certification** | 125 | |
| An adult member must send the completed CPR Form or First Aid Form, available online, to Go365 with the copy of certification within 90 days of completing the event. The form can be submitted while your certification is still valid, if you completed your certification before your Go365 effective date. Proof of CPR and first aid certification may also be submitted on the App. | | |

Continued to next page

(cont. from previous page)

## EDUCATION

| Activity | Points | |
|---|---|---|
| **Update/confirm your contact information**<br>Verify your information once a year and earn Points. | 50 | |
| **Monthly Go365.com visit or Go365 App sign in** | 10 | up to 120/ program year |
| **First time Go365 App sign in** | 50 | once/lifetime |
| **Accept online statements**<br>Once per lifetime. Not available for all Go365 members. | 50 | |

Maximum of 500 Points for Health Assessment completion per program year. Health Assessment Points are awarded the same online and on the App.
*Activities will award Points under Personalized Activities on your Go365 Statement.

# Make it count with Go365.

## Earn Points for your everyday activities – everyday!

FITNESS

| Activity | Points | |
|---|---|---|
| **Daily Points**<br>**Earn Points for activities you do every day.** | | up to 50/day maximum |
| **Steps** | 1 | per 1,000 steps |
| **Heart Rate** | 15 | for every 15 minutes above 60% of maximum heart rate |
| **Calories** | 5 | per 100 calories if burn rate exceeds 200 calories/hr. |
| **Participating Fitness Facility** | 10 | once/day |
| **Earn Bonus Points:** | | |
| **Exceed 50 weekly workout Points** | 50 | only one bonus awarded per week |
| **Exceed 100 weekly workout Points** | 100 | |
| **Fitness Habit*** | 25 | monthly maximum |

Start a new fitness habit and submit photo proof to earn your Points. Fitness habits include: walking breaks, take the stairs, park further away, stretching, visit a park, walk your dog.

| | | |
|---|---|---|
| **First verified lifetime workout** | 500 | once/lifetime |
| **First verified workout each new program year** | 750 | once/year |
| **Sports league** | 350 | up to 3,000/program year |

You must be an active team member in a qualified, organized sports league, such as baseball or basketball. The minimum number of games or matches that must be played is eight. Members must complete a League Participation Form, available online and submit within 90 days of league completion to Go365 or claim Points on the App by sending a photo of the official schedule, award or certificate from your phone.

| | | |
|---|---|---|
| **Challenges*** | | up to 100/month maximum |
| **Create a Challenge – community** | 50 | |
| **Join a Challenge – community or sponsored** | 50 | |
| **Join a team – sponsored** | 50 | |

Sponsored Challenges are setup by employers. Community Challenges are setup by members.

**Athletic events** — up to 1,400/program year

You must register for and complete a fitness event or race approved by a fitness, athletic, or sporting organization recognized by Go365. Members must complete the Athletic Event Form, available online, and submit it within 90 days of the event completion to Go365 or claim Points on the App by sending a picture of your race bib or results from your phone.

| | | |
|---|---|---|
| **Level 1** | Example: 1.9 mi/3K – 5.1 mi/9K running, walking, or cross-country skiing | 250 |
| **Level 2** | Example: Sprint triathlon | 350 |
| **Level 3** | Example: Olympic, ITU, half or full triathlon | 500 |

How Go365 Points are calculated: Each day, Go365 will look at Points earned across all workout types and award the highest value for that day. Points are awarded for one workout type per day. A week is defined as Sunday – Saturday. We are committed to helping you achieve your best health. Rewards for participating in Go365 are available to all members. If you think you might be unable to meet a standard for a Go365 reward, you might qualify for an opportunity to earn the same reward by different means. Sign in to your Go365.com account and visit the Communication center to send us a secure message and we will work with you (and, if you wish, with your healthcare practitioner) to develop another way to qualify for the reward.
*Activities will award Points under Personalized Activities on your Go365 Statement.

WEB & APP | WEB ONLY | APP ONLY



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# Make it count with Go365.

## Earn Points for your everyday activities – everyday!

PREVENTION

| Activity | Points | |
|---|---|---|
| **Health screenings**<br>Earn Points by getting screenings such as a Pap smear, mammogram, prostate exam or colorectal screening.<br>Age restrictions apply. See Go365.com for details. | 400 | up to 400/program year per screening |
| **Dental exam**<br>Visit your dentist and earn Points for preventive dental exams, up to two times per program year. | 200 | up to 400/program year |
| **Vision exam**<br>Earn Points for a preventive vision exam, once per program year. | 200 | |
| **Flu shot**<br>Get your annual flu shot and submit the Prevention Activity Form, available online, within 90 days to earn Points. Use the App to snap and submit a photo of the date and location where you received your flu shot. | 200 | |
| **Nicotine test**<br>After receiving a cotinine (nicotine) test, submit a Nicotine Test Form, available online, within 90 days of completing the test with your healthcare provider. | 400 | |
| **Biometric Screening**<br>Earn Points by getting your Biometric Screening at an approved healthcare provider or from your physician. The Biometric Screening measures your: | | |
| **Body mass index (BMI)** | 800 | |
| **Blood pressure** | 400 | |
| **Blood glucose** | 400 | |
| **Total cholesterol** | 400 | |
| Adult dependents are not eligible to earn Points for Biometric Screening Completion. | | |

We are committed to helping you achieve your best health. Rewards for participating in Go365 are available to all members. If you think you might be unable to meet a standard for a Go365 reward, you might qualify for an opportunity to earn the same reward by different means. Sign in to your Go365.com account and visit the Communication center to send us a secure message and we will work with you (and, if you wish, with your healthcare practitioner) to develop another way to qualify for the reward.

**Reach Silver Status** Completing your Health Assessment and getting your Biometric Screening gives you a great start toward earning 5,000 Points toward Silver Status. Here's an example of how you can earn 5,000 Points:

| | |
|---|---|
| Health Assessment | 500 |
| First Step Health Assessment | 500 |
| Biometric Screening | 2,000 |
| Basketball league | 350 |
| Blood donation (x3) | 150 |
| Flu shot | 200 |
| Daily step (10,000 per day for 30 days) | 300 |
| First verified workout of program year | 750 |
| Calculator (x4) | 300 |
| CPR certification | 125 |

**5,000**
**Points total**
(individual plan)

WEB & APP | WEB ONLY | APP ONLY



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# Make it count with Go365.

## Earn Points for your everyday activities – everyday!

HEALTHY LIVING

| Activity | Points | |
|---|---|---|
| **Blood donation** | 50 | up to 300/program year |

Donate blood up to six times a year. Earn Points when you submit a Blood Donation Form, available online, within 90 days of the donation date or use the App to send a photo of your donation card, signed document from agency or signed work release by phone.

| | |
|---|---|
| **Nicotine test healthy in-range results** | 400 |

After you receive a cotinine (nicotine) test, submit a Nicotine Test Form, available online, within 90 days of completing the test with your healthcare practitioner. You can earn Points if the results fall within a healthy range.

**Biometric Screenings in-range results**

Double your Points if these results are within a healthy range. Sign in to Go365.com to find healthy in-range results.

| | |
|---|---|
| **Body mass index (BMI)** ≥ 18.5 and < 25, or BMI > 25 and < 30, with a waist circumference < 40" for males and < 35" for females | 800 |
| **Blood pressure** < 130/85 mm Hg | 400 |
| **Blood glucose** < 100 mg/dL or A1c < 6.5% | 400 |
| **Total cholesterol** < 200 mg/dL or an HDL ≥ 40 mg/dL for males and ≥ 50/mg/dL for females | 400 |

Adult dependents are not eligible to earn Points for Biometric Screening Completion or healthy range values.

We are committed to helping you achieve your best health. Rewards for participating in Go365 are available to all members. If you think you might be unable to meet a standard for a Go365 reward, you might qualify for an opportunity to earn the same reward by different means. Sign in to your Go365.com account and visit the Communication center to send us a secure message and we will work with you (and, if you wish, with your healthcare practitioner) to develop another way to qualify for the reward.

## About Biometric Screening results

Go365 automatically awards in-range biometric screening results for two years (current and your next program year in the prevention and healthy living categories) for Blood Pressure, Blood Glucose and Total Cholesterol. Only your BMI needs to be rechecked every program year. Some employers may require a full biometric screening completed each year. Check with your employer or Benefits Administrator.

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# Make it count with Go365.

## Earn Points for your everyday activities –everyday!

Go365 KIDS™

| Activity | Points | |
|---|---|---|
| **Health Assessment**<br>The Kids Health Assessment covers a child's physical activity, nutrition, lifestyle, and wellbeing. You get a better understanding of your children's current health and the areas that need improvement. No Points are awarded for Kids Health Assessment completion. | | |
| **Dental exam**<br>Take your kids to the dentist and earn Points for preventive dental exams, up to two times per program year. | 100 | up to 200/program year |
| **Vision exam**<br>Earn Points for a preventive vision exam, once per program year. | 100 | |
| **Preventive care visit**<br>A pediatrician can check on the health of your children and you can ask any questions you may have about their health. | 200 | |
| **Immunizations**<br>At designated ages, your children will receive immunization shots to help protect them from various illnesses. | 100 | |
| **Fitness**<br>Children (up to 18 years old) in a Go365 program can earn Points for two qualifying sports league activities and four athletic events, like baseball or swimming, per program year. Each sport season qualifies as a single sports league. Minimum number of games or matches is eight. | | |
| Sports league | 100 | up to 200/program year |
| Athletic events | 50 | up to 200/program year |
| Fitness category maximum | 400 | Points per child |

1,000 maximum total Points may be earned per program year per child. Up to 500 maximum preventive Activity Points may be earned per program year per child. Preventive Activities include: dental exam, vision exam, preventive care visit and immunizations.

We are committed to helping you achieve your best health. Rewards for participating in Go365 are available to all members. If you think you might be unable to meet a standard for a Go365 reward, you might qualify for an opportunity to earn the same reward by different means. Sign in to your Go365.com account and visit the Communication center to send us a secure message and we will work with you (and, if you wish, with your healthcare practitioner) to develop another way to qualify for the reward.
Go365 Kids is not available to all Go365 programs. Check with your Employer or Benefits Administrator to check your eligibility.

## Athletic Events

If your children participate in events like running, walking, cycling or swimming, they can earn Points that contribute to your family's overall Point total and Status.

WEB & APP | WEB ONLY | APP ONLY



Go365.com

# Go365 Activities Summary.

Complete Point detail for each Activity including annual maximums and limits on pages 5-10.

## Education

| Activity | Points | |
|---|---|---|
| Health Assessment full completion | 500 | per program year |
| OR Earn 50 Points for each section you complete. Bonus Points when you complete all six sections. | | |
| First Step Health Assessment Bonus | 500 | once/lifetime |
| 90 Day Health Assessment Bonus | 250 | for completion within the first 90 days of program year |
| Weekly Log | 10 | |
| Sleep Diary | 25 | |
| Daily Health Quiz | 2 | |
| Health Coaching | | |
| Enrolling | 200 | once/lifetime |
| Three phone interactions or three online chats | 50 | up to 600/program year |
| Six email interactions or six progress note entries | 50 | up to 600/program year |
| Calculator(s) | 75 | up to 300/program year |
| CPR certification | 125 | |
| First aid certification | 125 | |
| Update/confirm your contact information | 50 | |
| Monthly Go365.com visit or Go365 App sign in | 10 | up to 120/program year |
| First time Go365 App sign in | 50 | |
| Accept online statements | 50 | |

## Fitness

| Activity | Points | |
|---|---|---|
| Daily Points | | up to 50/day maximum |
| Steps | 1 | per 1,000 steps |
| Heart Rate | 15 | for every 15 minutes above 60% of maximum heart rate |
| Calories | 5 | per 100 calories if burn rate exceeds 200 calories/hr. |
| Participating Fitness Facility | 10 | once/day |
| Fitness Habit | 25 | monthly |
| First verified lifetime workout | 500 | once/lifetime |
| First verified workout each new program year | 750 | once/program year |
| Sports league | 350 | |
| Challenges | | up to 100/month maximum |
| Create a Challenge | 50 | |
| Join a Challenge | 50 | |
| Join a team | 50 | |
| Athletic events | | up to 1,400/program year |
| Level 1 | 250 | |
| Level 2 | 350 | |
| Level 3 | 500 | |
| Kids sports league | 100 | |
| Kids athletic events | 50 | |

## Prevention

| Activity | Points | |
|---|---|---|
| Health screening* | 400 | per eligible screening |
| Dental exam | 200 | up to 400/program year |
| Vision exam | 200 | |
| Flu shot | 200 | |
| Nicotine test | 400 | |
| Kids preventive care visit | 200 | |
| Kids dental exam | 100 | up to 200/program year |
| Kids vision exam | 100 | |
| Kids immunizations | 100 | |
| Kids flu shot | 100 | |

| Biometric Screening completion: | |
|---|---|
| Body mass index (BMI) | 800 |
| Blood pressure | 400 |
| Blood glucose | 400 |
| Total cholesterol | 400 |

* Subject to certain requirements and will appear on your Points statement if they are applicable to you.

## Healthy Living

| Activity | Points | |
|---|---|---|
| Blood donation | 400 | up to 300/program year |
| Nicotine test healthy in-range results | 400 | |

If your Biometric Screening is in healthy range, you double your Points.

| 2x Biometric Screening in-healthy range Points: | |
|---|---|
| Body mass index (BMI) | 800 |
| Blood pressure | 400 |
| Blood glucose | 400 |
| Total cholesterol | 400 |

See page 9 for Biometric Screening healthy ranges.

We are committed to helping you achieve your best health. Rewards for participating in Go365 are available to all members. If you think you might be unable to meet a standard for a Go365 reward, you might qualify for an opportunity to earn the same reward by different means. Sign in to your Go365.com account and visit the Communication center to send us a secure message and we will work with you (and, if you wish, with your healthcare practitioner) to develop another way to qualify for the reward. Online statements not available for all Go365 members. Go365 Kids is not available to all Go365 programs. Check with your Employer or Benefits Administrator to check your eligibility. Adult children are not eligible to earn Points for Health Assessment, Biometric Screening completion or for having in healthy range results.

# Plan your next Status move.

## Sign in to Go365.com or download the Go365 App.

Then use this worksheet to map out the number of Points you need to move up to the next Go365 Status level. Include standard Activities, as well as Recommended Activities based on your Health Assessment responses.

(Check the next Status level based on your current Status)

**Status goal:** ◯ Bronze ◯ Silver ◯ Gold ◯ Platinum

**Points required:** _____

Sign in to Go365.com to verify your actual Points required or reference page 2 of this document for required Points for each Status level.

EXAMPLE:

✓ Get a flu shot _____ 200 PTS

## Recommended Activities:

Once you complete your Health Assessment, you'll get personalized Activities based on your responses. Because Recommended Activities are created just for you, they can have a big impact on your overall health. Plus, you earn more Points for each one you complete.

◯ _____ _____ PTS

◯ _____ _____ PTS

◯ _____ _____ PTS

◯ _____ _____ PTS

## Activities:

These simple things you can do every day to get healthier. Tracking your steps, getting a flu shot, going for a bike ride – these are easy ways to keep moving forward with Go365.

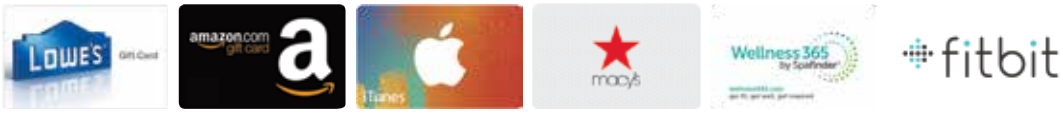
◯ _____ _____ PTS

◯ _____ _____ PTS

◯ _____ _____ PTS

◯ _____ _____ PTS

Go shopping: the Go365 Mall has a wide selection of rewards to choose from:





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- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call 1-877-320-1235 or send an email to accessibility@humana.com, or if you use a TTY, call 711.

If you believe that Humana, Inc. and its subsidiaries have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Discrimination Grievances
P.O. Box 14618
Lexington, KY 40512-4618

If you need help filing a grievance, Call 1-877-320-1235 or if you use a TTY, call 711.

You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

**U.S. Department of Health and Human Services**
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
**1-800–368–1019, 800-537-7697 (TDD)**
Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**

# Multi-Language Interpreter Services

**English:** ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-877-320-1235 (TTY: 711)**.

**Español (Spanish):** ATENCIÓN: si usted habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-320-1235 (TTY: 711)**.

**繁體中文 (Chinese):** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-877-320-1235（TTY: 711）**。

**Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-320-1235 (TTY: 711)**.

**한국어 (Korean):** 주의 : 한국어를 사용하시는 경우 , 언어 지원 서비스를 무료로 이용하실 수 있습니다 . **1-877-320-1235 (TTY: 711)**번으로 전화해 주십시오 .

**Tagalog (Tagalog – Filipino):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-320-1235 (TTY: 711)**.

**Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-877-320-1235 (телетайп: 711)**.

**Kreyòl Ayisyen (French Creole):** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-877-320-1235 (TTY: 711)**.

**Français (French):** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-877-320-1235 (ATS : 711)**.

**Polski (Polish):** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-877-320-1235 (TTY: 711)**.

**Português (Portuguese):** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-877-320-1235 (TTY: 711)**.

**Italiano (Italian):** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-877-320-1235 (TTY: 711)**.

**Deutsch (German):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-877-320-1235 (TTY: 711)**.

**العربية (Arabic):**

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-877-320-1235 (رقم هاتف الصم والبكم: 711).**

**日本語 (Japanese):** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。**1-877-320-1235（TTY：711）**まで、お電話にてご連絡ください。

**فارسی (Farsi):**

**ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-877-320-1235 (رقم هاتف الصم والبكم: 711).**

**Diné Bizaad (Navajo):** Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih **1-877-320-1235 (TTY: 711)**

# Summary of Benefits

## Basic Life Benefit Summary

| | | | |
|---|---|---|---|
| **Group ID:** | 00520569 | **Member Coverage Type:** | Non Contributory |
| **Group Name:** | BRIGHTHOUSE, A DIVISION OF BCG | **Class:** | 0001 ALL ELIGIBLE EMPLOYEES |
| **Waiting Period:** | 1st of the month following date of hire | | |

### Coverage Information

| | |
|---|---|
| **Employee Volume Amount** | 100% of annual earnings to $200,000 |
| **Maximum Amount** | $200,000 |
| **Cutbacks** | 35% at age 65<br>60% at age 70<br>75% at age 75<br>85% at age 80 |

### Plan Information

| | |
|---|---|
| **When is my policy effective?** | Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting. |
| **Do I have to answer medical questions as part of purchasing insurance?** | No |
| **Can I take the policy with me if I leave the company?** | Yes, you can convert this coverage to an individual policy if you terminate employment with the company or the policy ends. (Some restrictions apply; see certificate of benefits for more information.) |

### Basic Life and General Exclusions

You must be working full-time on the effective date of your coverage; otherwise, your coverage becomes effective after you have completed a specific waiting period.
Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding one year; or (b) in an area under travel warning by the US Department of State. Subject to state specific variations.

Evidence of Insurability is required on all late enrollees. This coverage will not be effective until approved by a Guardian underwriter. This proposal is hedged subject to satisfactory financial evaluation. Please refer to policy booklet for full plan description.

The group policy or individual certificate cannot be contested after it, or any rider or amendment subsequently added to it, has been in force for a period of two years.

If the age or any other relevant factor of the insured has been misstated, Guardian or its subsidiaries will use the true fact in determining whether insurance is in force under the terms of the certificate and in what amounts.

Dependent coverage will not take effect if a dependent, other than a newborn is confined to a hospital or other health care facility, or is unable to perform the normal activities of someone of like age and sex (may vary by state).

This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.

# Summary of Benefits

## Short Term Disability Benefit Summary

| | | | |
|---|---|---|---|
| **Group ID:** | 00520569 | **Member Coverage Type:** | Non Contributory |
| **Group Name:** | BRIGHTHOUSE, A DIVISION OF BCG | **Class:** | 0001 ALL ELIGIBLE EMPLOYEES |
| **Waiting Period:** | 1st of the month following date of hire | | |

### Coverage Information

| | |
|---|---|
| **Weekly Volume** | 100% of weekly earnings |
| **Guaranteed Issue** | There is no guaranteed issue. All amounts are approved. |
| **Maximum Amount** | 100% of weekly earnings |
| **Waiting Periods (Benefits begin on ...)** | Accident: Day 5<br>Illness: Day 5 |
| **Maximum Payment Period** | 13 weeks |

### Plan Information

| | |
|---|---|
| **When is my policy effective?** | Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting. |
| **How are my earnings defined?** | Earnings means your weekly earnings excluding bonuses, commissions, expense accounts, and any other extra compensation. If you are a partner, earnings means your partnership earnings that are reported on your IRS Form 1040 Schedule E for the prior calendar or tax year. |
| **Can I take the policy with me if I leave the company?** | No. |
| **Do I have to answer medical questions as part of purchasing insurance?** | No. |
| **Can I return to work part time while I'm disabled** | Yes, you may return to work part time and still be considered disabled. Some restrictions apply. |

### Short Term Disability General Limitations and Exclusions

We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring themselves or attempting suicide while sane or insane.

We do not pay benefits for any job-related or on-the-job injury, or conditions for which Workers' Compensation benefits are payable.

We do not pay benefits for charges for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed. We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, an employee is receiving treatment outside of the US or Canada, and the employee's loss or earnings is not solely due to disability. This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", "medical" insurance as defined by the New York State Insurance Department. Employees must be legally working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment:

a. exceeding one year; or
b. in an area under travel warning by the US Department of State, subject to state specific variations.

Contract #'s GP-1-STD2K-1.0 et al., GP-1-STD07-1.0 et al.

### Acts of war etc.

Disability benefits do not cover any disability caused by

1. war or any act of war, including service in the armed forces;
2. committing a crime or taking part in a riot or civil disorder;
3. intentionally injuring yourself or attempting suicide while sane or insane;
4. due to intoxication;
5. cofined to a correctional facility, or
6. receiving treatment outside US.

Disability benefits are not paid for any period in which you are in a correctional facility, you are not under the care of a doctor, or your loss of earnings is not due solely to disability. You will receive a certificate of coverage after you enroll which contains a complete list of exclusions. If there is a difference between this booklet and the certificate of coverage, the certificate of coverage prevails.

### Other

When applicable, this coverage will integrate with any mandated state disability plans.

This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.

# Summary of Benefits

## Long Term Disability Benefit Summary

| | | | |
|---|---|---|---|
| **Group ID:** | 00520569 | **Member Coverage Type:** | Non Contributory |
| **Group Name:** | BRIGHTHOUSE, A DIVISION OF BCG | **Class:** | 0001 ALL ELIGIBLE EMPLOYEES |
| **Waiting Period:** | 1st of the month following date of hire | | |

### Coverage Information

| | |
|---|---|
| **Monthly Volume** | 60% of monthly earnings |
| **Guaranteed Issue** | There is no guaranteed issue. All amounts are approved. |
| **Maximum Amount** | $10,000 |
| **Waiting Periods (Benefits begin on ...)** | Accident: Day 91<br>Illness: Day 91 |
| **Maximum Payment Period** | To age 65, standard ADEA |

### Plan Information

| | |
|---|---|
| **When is my policy effective?** | Coverage is effective after you satisfy any waiting period required by your employer. Coverage will not begin until Guardian has approved any amount subject to medical underwriting. |
| **Can I take the policy with me if I leave the company?** | No. |
| **Do I have to answer medical questions as part of purchasing insurance?** | No. |
| **How are my earnings defined?** | Earnings means your monthly earnings excluding bonuses, commissions, expense accounts, and any other extra compensation. If you are a partner, earnings means your partnership earnings that are reported on your IRS Form 1040 Schedule E for the prior calendar or tax year. |
| **Can I return to work part time while I'm disabled** | Yes, you may return to work part time and still be considered disabled. Some restrictions apply. |

### Long Term Disability General Limitations and Exclusions

We limit the duration of payments for long term disabilities caused by mental or emotional conditions, or alcohol or drug abuse. We do not pay benefits for charges relating to a covered person: taking part in any war or act of war (including service in the armed forces); committing a felony or taking part in any riot or other civil disorder; or intentionally injuring

themselves or attempting suicide while sane or insane. We do not pay benefits for charges for the voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless it has been prescribed by a doctor and is used as prescribed. We do not pay benefits during any period in which a covered person is confined to a correctional facility, an employee is not under the care of a doctor, and an employee who is receiving treatment outside of the US or Canada and the employee's loss of earnings is not solely due to disability. This policy provides disability income insurance only. It does not provide "basic hospital", "basic medical", or "medical" insurance as defined by the New York State Insurance Department.

**Non-NY states:** If the plan is new (not transferred): During the exclusion period, this disability plan does not pay charges relating to a pre-existing condition. A pre-existing condition includes any condition for which an employee, in a specified period of time prior to coverage in this plan, consults with a physician, receives treatment, or takes prescribed drugs. If this plan is transferred from another insurance carrier, the time an insured is covered under that plan will count toward satisfying Guardian's pre-existing condition limitation period. Please refer to the plan details for specific time periods. State variations may apply.

Please refer to plan documents for specific time periods.

Contract #'s GP-1-LTD94-A,B,C-1.0 et al.; GP-1-STD94-1.0 et al; GP-1-LTD2K-1.0 et al, GP-1-STD2K-1.0 et al; GP-1-LTD07-1.0 et al.

### Acts of war etc.

Disability benefits do not cover any disability caused by

1. war or any act of war, including service in the armed forces;
2. committing a crime or taking part in a riot or civil disorder;
3. intentionally injuring yourself or attempting suicide while sane or insane;
4. due to intoxication;
5. confined to a correctional facility, or
6. receiving treatment outside US.

Disability benefits are not paid for any period in which you are in a correctional facility, you are not under the care of a doctor, or your loss of earnings is not due solely to disability. You will receive a certificate of coverage after you enroll which contains a complete list of exclusions. If there is a difference between this booklet and the certificate of coverage, the certificate of coverage prevails.

### Other

Where applicable, this coverage will be integrated with Social Security and with Workers Compensation. Refer to your booklet for additional details.

This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.

Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.

# 2017 Annual 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 BRIGHTHOUSE 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 BRIGHTHOUSE 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. **BRIGHTHOUSE has determined that the prescription drug coverage offered by the Group Health Plans are, 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 BRIGHTHOUSE coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current BRIGHTHOUSE 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 BRIGHTHOUSE 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 BRIGHTHOUSE 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: | December 1, 2017 |
| Name of Entity/Sender: | BrightHouse |
| Contact--Position/Office: | Kim Rich/ CFO |
| Address: | Ponce City Market, 675 Ponce de Leon Ave<br>Suite 9700, Atlanta, GA 30308 |
| Phone Number: | 404-601-3510 |

## 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 August 10, 2017. Contact your State for more information on eligibility –**

| ALABAMA – Medicaid | FLORIDA – Medicaid |
|---|---|
| Website: http://myalhipp.com/<br>Phone: 1-855-692-5447 | Website: http://flmedicaidtplrecovery.com/hipp/<br>Phone: 1-877-357-3268 |
| **ALASKA – Medicaid** | **GEORGIA – Medicaid** |
| The AK Health Insurance Premium Payment Program<br>Website: http://myakhipp.com/<br>Phone: 1-866-251-4861<br>Email: CustomerService@MyAKHIPP.com<br>Medicaid Eligibility:<br>http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx | Website: http://dch.georgia.gov/medicaid<br>- Click on Health Insurance Premium Payment (HIPP)<br>Phone: 404-656-4507 |
| **ARKANSAS – Medicaid** | **INDIANA – Medicaid** |
| Website: http://myarhipp.com/<br>Phone: 1-855-MyARHIPP (855-692-7447) | Healthy Indiana Plan for low-income adults 19-64<br>Website: http://www.in.gov/fssa/hip/<br>Phone: 1-877-438-4479<br>All other Medicaid<br>Website: http://www.indianamedicaid.com<br>Phone 1-800-403-0864 |
| **COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)** | **IOWA – Medicaid** |
| Health First Colorado Website:<br>https://www.healthfirstcolorado.com/<br>Health First Colorado Member Contact Center:<br>1-800-221-3943/ State Relay 711<br>CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus<br>CHP+ Customer Service: 1-800-359-1991/<br>State Relay 711 | Website:<br>http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp<br>Phone: 1-888-346-9562 |

| KANSAS – Medicaid | NEW HAMPSHIRE – Medicaid |
|---|---|
| Website: http://www.kdheks.gov/hcf/<br>Phone: 1-785-296-3512 | Website:<br>http://www.dhhs.nh.gov/oii/documents/hippapp.pdf<br>Phone: 603-271-5218 |
| **KENTUCKY – Medicaid** | **NEW JERSEY – Medicaid and CHIP** |
| Website: http://chfs.ky.gov/dms/default.htm<br>Phone: 1-800-635-2570 | Medicaid Website:<br>http://www.state.nj.us/humanservices/dmahs/clients/medicaid/<br>Medicaid Phone: 609-631-2392<br>CHIP Website:<br>http://www.njfamilycare.org/index.html<br>CHIP Phone: 1-800-701-0710 |
| **LOUISIANA – Medicaid** | **NEW YORK – Medicaid** |
| Website:<br>http://dhh.louisiana.gov/index.cfm/subhome/1/n/331<br>Phone: 1-888-695-2447 | Website:<br>https://www.health.ny.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 |
| **MAINE – Medicaid** | **NORTH CAROLINA – Medicaid** |
| Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html<br>Phone: 1-800-442-6003<br>TTY: Maine relay 711 | Website: https://dma.ncdhhs.gov/<br>Phone: 919-855-4100 |
| **MASSACHUSETTS – Medicaid and CHIP** | **NORTH DAKOTA – Medicaid** |
| Website:<br>http://www.mass.gov/eohhs/gov/departments/masshealth/<br>Phone: 1-800-862-4840 | Website:<br>http://www.nd.gov/dhs/services/medicalserv/medicaid/<br>Phone: 1-844-854-4825 |
| **MINNESOTA – Medicaid** | **OKLAHOMA – Medicaid and CHIP** |
| Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp<br>Phone: 1-800-657-3739 | Website: http://www.insureoklahoma.org<br>Phone: 1-888-365-3742 |
| **MISSOURI – Medicaid** | **OREGON – Medicaid** |
| Website:<br>http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>Phone: 573-751-2005 | Website:<br>http://healthcare.oregon.gov/Pages/index.aspx<br>http://www.oregonhealthcare.gov/index-es.html<br>Phone: 1-800-699-9075 |
| **MONTANA – Medicaid** | **PENNSYLVANIA – Medicaid** |
| Website:<br>http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP<br>Phone: 1-800-694-3084 | Website:<br>http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm<br>Phone: 1-800-692-7462 |
| **NEBRASKA – Medicaid** | **RHODE ISLAND – Medicaid** |
| Website: http://www.ACCESSNebraska.ne.gov<br>Phone: (855) 632-7633<br>Lincoln: (402) 473-7000<br>Omaha: (402) 595-1178 | Website: http://www.eohhs.ri.gov/<br>Phone: 855-697-4347 |
| **NEVADA – Medicaid** | **SOUTH CAROLINA – Medicaid** |
| Medicaid Website: https://dwss.nv.gov/<br>Medicaid Phone: 1-800-992-0900 | Website: https://www.scdhhs.gov<br>Phone: 1-888-549-0820 |

| SOUTH DAKOTA - Medicaid | WASHINGTON – Medicaid |
|---|---|
| Website: http://dss.sd.gov<br>Phone: 1-888-828-0059 | Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program<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://mywvhipp.com/<br>Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| **UTAH – Medicaid and CHIP** | **WISCONSIN – Medicaid and CHIP** |
| Medicaid Website: https://medicaid.utah.gov/<br>CHIP Website: http://health.utah.gov/chip<br>Phone: 1-877-543-7669 | Website: 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 |
| **VIRGINIA – Medicaid and CHIP** | |
| 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 | |

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
**www.dol.gov/agencies/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

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

# 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**

# 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 Kim Rich, CFO: 404-601-3510.

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.

[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 | 4. Employer Identification Number (EIN) |
|---|---|
| BrightHouse | 58-2511593 |
| **5. Employer address** | **6. Employer phone number** |
| 677 Ponce de Leon Avenue Ponce City Market Suite 9700 | 404-601-3510 |

| 7. City | 8. State | 9. ZIP code |
|---|---|---|
| Atlanta | GA | |

| 10. Who can we contact about employee health coverage at this job? | |
|---|---|
| Kim Rich, CFO | |
| **11. Phone number (if different from above)** | **12. Email address** |
| | krich@thinkbrighthouse.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)