



# CARE

Connecting People. *Enhancing Benefits*

EMPLOYEE BENEFITS GUIDE  
2017



# Welcome

*to your benefits*

**C** **omprehensive** – A menu of options to fit your individualized needs. From Medical, Dental, Vision, Life, Disability, Flexible Spending (FSA) and Health Savings Account (HSA), we have built this program with you in mind!

**A** **ffordable** – Plan options with affordable choices including HSA and FSA.

**R** **esources** – Multiple resources for various programs including Life, Disability, Critical Care and Accident. In addition, when you enroll in medical you will receive a \$15,000 life insurance benefit at no cost to you!

**E** **verywhere** – Enhancement of network availability with Accountable Care Organization networks in many areas. These also offer additional savings to you!

MGA is pleased to introduce your CARE Program guide. This guide highlights the MGA CARE Program and was developed to illustrate to you and your family the employee benefit plans that are available to you effective January 1, 2017 through December 31, 2017.

The success of MGA is due to the efforts of our most valuable resource, our employees. Each year we strive to create an employee benefits program that is not only affordable to employees but one that offers comprehensive benefits. We are committed to continue providing high quality benefits to our employees.

This guide is a brief overview of information about the coverages provided to you as an employee of MGA. The programs, eligibility requirements, enrollment procedures and brief plan summaries are included for your information. Your CARE Program includes:

- Online Enrollment System – For ease of access to your CARE Program information!
- Qualified High Deductible Health Plan (HDHP) with HSA (This option allows you to Save pre-tax dollars that you keep – no use it or lose it rule!)
- PPO Plan Option
- Medical Flexible Spending Account – Save pre-tax dollars for out-of-pocket expenses(only for non-HDHP participants)
- Dependent Care Flexible Spending Account – Save pre-tax dollars for dependent care expenses
- Critical Illness and Cancer Plans
- Hospital Indemnity Plan
- Employer Paid Basic Life (For those employees enrolled in the medical plan)
- Voluntary Dental and Vision Plans
- Voluntary Life/AD&D for you, your spouse and/or your child(ren)
- Legal Plan
- Identity Theft

Thank you for choosing MGA as your employer. We value your contribution to our organization and will continue to do everything possible to make that choice one of the best of your career.

Sincerely,

**Jeff Elsasser, SPHR**

Director of Human Resources

**Every Employee **MUST** Enroll or Waive coverage, even if you currently have coverage! Please follow the instructions on the next page to login to the enrollment system.**

# ▶ HOW TO LOG IN TO EMS (www.cbizems.com)

**1**

When you first go to [www.cbizems.com](http://www.cbizems.com) please click the 'First Time User?' Link

First Time User? Forgot or want to Reset your password?

Having trouble accessing this [Click Here](#) to check your system

**2**

By clicking the 'First Time User?' Link you will be redirected to this screen →

Please enter your Date of Birth and Social Security Number and click 'Find My Record'

Account Information Return to Login

If you have forgotten your password, you can create a new password by entering identifying information below. After locating your profile, you can create a new password.

Account Information:

Date of Birth:

Social Security #:

**Find My Record**

[Enterprise Users Click Here](#)

**3**

Account Information

If you have forgotten your password, you can identify information below. After locating your password.

Enter New Password:

Your User ID:

Your Email:

New Password: \* Requirements: 6-32 characters, 1 uppercase letter, 1 lowercase letter, 1 number, 1 special character.

Confirm New Password:

A confirmation email will be sent to you if you create a new password.

**Create New Password**

Once the system has found your record it will show you your **User ID** and email

Create your new password, and retype it in the 'Confirm New Password' box to confirm it and click 'Create New Password'

**NOTE: ONCE YOU HAVE CLICKED CREATE NEW PASSWORD YOU WILL BE TAKEN BACK TO THE INITIAL LOGIN SCREEN WHERE IT ASKS FOR YOUR USER ID AND PASSWORD**

When you are ready to enroll click "Event" and select "Open Enrollment" or "New Hire".

# ELIGIBLE EMPLOYEES & DEPENDENTS

All full-time active employees and their dependents become eligible for benefits the first of the month following 30 days of employment. You must be a full-time employee and work at least 30 hours per week or a variable hour employee who meets the eligibility requirements for "Fair Access" according to the Affordable Care Act. In order to become insured under the benefit plans offered by MGA, you must complete the appropriate online enrollment process.

When you first become eligible for benefits, you will have the opportunity to review all your benefit options and select those that best meet your needs. These benefit elections will remain in place until the end of the current plan year (which ends on December 31st) unless you experience a Qualifying Event. During the annual open enrollment period, you must elect or waive your benefits, and if participating, elect your Flexible Spending Account (Health Care or Dependent Care) and HSA (Health Savings Account) deductions for the upcoming plan year. If you choose to waive benefits during your annual open enrollment period, you will not be able to elect benefits until the next annual open enrollment period, unless you experience a Qualifying Event.

## **Examples of a Qualifying Event:**

- Marriage or Divorce
- Birth or Adoption of a Child
- Loss of coverage

You must log in to the enrollment site, complete the necessary enrollment change and submit the corresponding paperwork within 30 days of your Qualifying Event. Failure to do so within this time frame means you will not be able to change your benefit elections until the next annual enrollment.

Section 125 of the Internal Revenue Code allows you to pay for certain insurance benefits before taxes, which saves you money. The amount you pay for premiums is deducted from your gross pay prior to taxes thus you save by not having to pay federal and most state and local taxes, as well as Social Security and Medicare taxes, on the amount you contribute. The taxes you save will increase your take home pay. This pre-tax benefit is available on employer sponsored benefits for which you pay a share of the premium cost. At MGA, your pre-tax deductions include your medical, dental, vision, flexible spending accounts and health savings accounts.

Termination of Coverage - If your employment stops for any reason, your coverage will terminate the last day of that month. The premium for the entire month will be paid by you and your employer.

# HDHP WITH HSA

Your CARE Program provides affordable medical options with access to United Healthcare's nationwide network. This year we are continuing to offer a qualified High Deductible Health Plan (HDHP) which allows you to save pre-tax dollars in a Health Savings Account (HSA). The information below will walk you through the HDHP option with the HSA.

MGA believes it is in your best interest to investigate and fully evaluate the advantages of consumer driven health care available with the qualified High Deductible Health Plan with the option of a Health Savings Account (HSA). It is important you fully understand this plan before electing it.

## **This medical plan choice:**

- Allows you to pay less in monthly premiums (your payroll deductions from your paycheck for medical insurance will be significantly less)
- Allows you the ability to save for future health care needs; and
- Allows you greater ability, and also greater responsibility, in managing your health care dollars.

## **THERE ARE TWO COMPONENTS**

### **HIGH DEDUCTIBLE HEALTH PLAN (HDHP)**

- Lowest employee premiums
- Premium savings can be put towards HSA
- Annual deductible
- Protection from major costs
- 100% preventative care coverage

### **INDIVIDUAL HEALTH SAVINGS BANK ACCOUNT (HSA)**

- Savings account with Health Equity
- Owned by you. You keep your HSA account.
- No "use it or lose it"
- Used for eligible medical and pharmacy expenses, including deductible
- Like a 401(k) plan for medical expenses
- Debit card linked to HSA – Members can pay providers or reimburse themselves directly from their account

**Note:** the 2017 IRS contribution maximums are \$3,400 for Individuals and \$6,750 for Family, with a \$1,000 catchup for those 55 years and older.

# ▶ HDHP WITH HSA

## YOUR HSA POWERED BY HEALTH EQUITY

### Easy tools

You will find intuitive online account management features on the HealthEquity member portal.

### Convenience

HealthEquity supplies a Visa® Health Account Card to conveniently pay for eligible medical expenses.

### Expert friends

A unique member experience delivered by a helpful team, available every hour of every day.

## GET STARTED



### Activate your debit card

Instructions are included with your card.

### Log on

Visit [www.myhealthequity.com](http://www.myhealthequity.com) and select "Begin Now".

### Go Green

Elect e-statements and save a monthly paper statement fee.

### Add a beneficiary

Ensure your account savings benefit your loved ones in the event of your death.

### Learn more

Visit [www.HealthEquity.com/learn](http://www.HealthEquity.com/learn). You will find a list of Qualified Medical Expenses, rules for your debit card, contribution tips, and more.

### Start saving

Decide how you will begin building your health savings:

- Paycheck deductions
- Transfer from an existing HSA
- Direct contributions by EFT

## BUILD SAVINGS

### Paycheck deposits

If your account is offered as a benefit from your employer, you may make regular pre-tax contributions from your paycheck. Talk to your HR department for assistance.

### Transfer an existing HSA

Do you already have an HSA with another administrator? Transfer your existing HSA balance to HealthEquity and consolidate your savings while taking advantage of other incentives. Call HealthEquity for details. Download transfer request forms at [www.HealthEquity.com/form](http://www.HealthEquity.com/form).

### Electronic Fund Transfers (EFT)

Using EFT, you can make a one-time contribution or schedule regular, automatic transfers from your personal bank account to your HSA. To set up an EFT, log in to your HealthEquity account and select "Make a Contribution" under the "My Money" tab.

### Interest and investments

Watch your account balance grow as it earns interest or invest in a variety of mutual funds.

## HOW YOU WIN

### HSA funds roll over year after year

Unlike older flexible spending accounts, whatever you don't spend from your HSA, stays in your account. The funds are yours to keep until you need them.

### HSAs are triple tax-advantaged

1. **Reduces your federal income taxes.**  
When you contribute to your HSA directly from your paycheck, you reduce your taxable income by the amount you contribute.
2. **Earns interest tax-free.**  
Your money earns interest while it is in the account and you do not pay taxes on the interest earned.
3. **Withdrawals are tax-free**  
You never pay taxes on HSA withdrawals when the money is used for qualified medical expenses.

### INCREASE YOUR HSA CONTRIBUTIONS

- Make the most of HSA tax advantages by maximizing your contributions. HSA elections are flexible and you can change the election amount at any time. You can adjust the amount of your paycheck deduction or recurring EFT as often as you'd like. Speak to your HR representative for more details.

# HDHP WITH HSA

## You can enroll in an HSA if:

- You are covered under a HDHP.
- You are not covered by any other health plan that is not a HDHP.
- You are not enrolled in a Medical Flexible Spending Account.
- You are not enrolled in Medicare, AHCCCS or TRICARE.
  - Contributions to an HSA must stop if you enroll in Medicare. However, you can keep the money in your HSA and use it to pay for medical expenses tax-free.
- You are not claimed as a dependent on someone else's tax return.

## How Does the HDHP/HSA Plan Work?

- HDHPs and HSAs are offered together to provide comprehensive medical and prescription drug plan coverage
  - Per IRS rules, HSAs must be offered with a qualified HDHP
- The HDHP/HSA provides distinct tax savings advantages:
  - Pre-tax contributions
  - Tax-free growth of interest and investment earnings
  - Tax-free withdrawals to pay for qualified health care expenses
  - Unused funds stay and grow in your HSA until you need them. The funds automatically roll over each year until used.
- Flexibility – you decide whether or when to use your HSA for out-of-pocket medical, dental and vision expenses, now or in the future – you are in charge of managing your HSA.
- You can start and stop HSA contributions at any time during the year.

## Contributions to your HSA

- You can make pre-tax contributions to your HSA up to the IRS annual limits each year.
- In 2017, the maximum HSA contribution is \$3,400/year for individuals and \$6,750/year for families.
- Those 55 years and older and not entitled to Medicare benefits can make an additional \$1,000/year "Catch Up" contribution.
- Think of it as a medical savings account for the future (like a 401k).
- Your HSA is completely portable for your long term future use.

**The 2017 IRS contribution maximums are \$3,400 for Individuals and \$6,750 for Family, with a \$1,000 catchup for those 55 years and older.**



# HDHP WITH HSA

## How do I access my HSA funds?

- Your HSA tax-free contributions are deposited to HealthEquity
- When you enroll in an HDHP, you will need to set up an HSA. You can do this online when you elect benefits.
- You will then be issued a HealthEquity debit card which you can use to pay uncovered medical, dental and vision expenses from your HSA.
- You can also pay for an uncovered expense with personal funds and reimburse yourself from your HSA.

To view a short video regarding your HSA option, follow this link to the “Save the Day with an HSA” video: <http://youtube/HfR40Hsy5JY>

## Qualified HSA Expenses

- QHDHP deductibles and coinsurance.
- Prescription medications (Over-the-counter (OTC) medications without a prescription are not eligible for HSA).
- Dental or vision care.
- Health coverage while receiving unemployment benefits.
- COBRA continuation coverage.
- Qualified long-term care.
- Medicare premiums and out-of-pocket expenses.
- Publication 502 at [www.irs.gov](http://www.irs.gov) for a complete list.
- For you and your spouse, if legally married, and dependents, even if they are not enrolled in MGA's plan.
- Per IRS rules, you cannot take a tax-free distribution from an HSA to pay for domestic partner expenses.

## Non-Qualified HSA Expenses

- Any funds used for purposes other than IRS qualifying medical, dental and vision expenses are taxable as income and subject to a 20% tax penalty.
- The penalty does not apply if you are age 65 or older or if you become disabled or enroll in Medicare.

## How do I get started?

Login to the Annual Enrollment site at [www.cbizems.com](http://www.cbizems.com). Then, click on the link to the Health Equity Cost Estimator link. This tool will help you estimate your healthcare costs and choose the plan that is best for you! You can also review the details regarding your plan options in this guide.

# MEDICAL PLANS & RATES

Description of Coverage	Navigate Arizona HSA 3000 Navigate Colorado HSA 3000		Choice Plus HSA 3000		Choice Plus 1500	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b> (Individual ♦ Family) The amount employees pay for covered services before the plan begins to pay.	\$3,000 ♦ \$6,000	Not Available	\$3,000 ♦ \$6,000	\$6,000 ♦ \$12,000	\$1,500 ♦ \$3,000	\$1,500 ♦ \$3,000
<b>Coinsurance</b> Percentage paid for certain covered services after meeting the deductible.	90% ♦ 10%	Not Available	90% ♦ 10%	50% ♦ 50%	80% ♦ 20%	50% ♦ 50%
<b>Maximum Out-of-Pocket</b> (Individual ♦ Family) The most employees will pay in a calendar year for all covered services.	\$5,000 ♦ \$10,000	Not Available	\$5,000 ♦ \$10,000	\$12,500 ♦ \$25,000	\$4,000 ♦ \$8,000	\$7,000 ♦ \$14,000
	<b>In Network Benefits</b>		<b>In Network Benefits</b>		<b>In Network Benefits</b>	
<b>Preventive Services</b> Restrictions apply; see US Preventive Task Force Guidelines	100% Covered		100% Covered		100% Covered	
<b>Primary Care Office Visit ♦ Non Preventive</b>	90% covered after deductible		90% covered after deductible		\$30 Copay	
<b>Specialist Office Visit ♦ Non Preventive</b>	90% covered after deductible		90% covered after deductible		\$50 Copay	
<b>Lab ♦ X-Ray</b>	90% covered after deductible		90% covered after deductible		100% Covered	
<b>Lab ♦ X-Ray ♦ Specialty</b> CT, PET, MRI, MRA & Nuclear Medicine	90% covered after deductible		90% covered after deductible		80% covered, deductible does not apply	
<b>Inpatient Hospitalization</b>	90% covered after deductible		90% covered after deductible		80% covered after deductible	
<b>Outpatient Surgery Services</b>	90% covered after deductible		90% covered after deductible		80% covered after deductible	
<b>Emergency Room</b>	90% covered after deductible		90% covered after deductible		80% after \$250 copay (ded waived)	
<b>Urgent Care</b>	90% covered after deductible		90% covered after deductible		\$75 Copay	
<b>Prescription Drugs</b> Pharmacy Deductible Included in Out of Pocket Maximum Retail Specialty Rx Mail Order	Deductible then \$10 ♦ \$35 ♦ \$60 Yes Deductible then \$10 ♦ \$35 ♦ \$60 Deductible then \$10 ♦ \$35 ♦ \$60 Deductible then \$25 ♦ \$87.50 ♦ \$150		Deductible then \$10 ♦ \$35 ♦ \$60 Yes Deductible then \$10 ♦ \$35 ♦ \$60 Deductible then \$10 ♦ \$35 ♦ \$60 Deductible then \$25 ♦ \$87.50 ♦ \$150		\$100 Individual / \$300 Family Yes \$15 (ded does not apply) ♦ \$35 ♦ \$70 \$250 2.5 copays for 3 month supply	

Employee Monthly Premium	Navigate Arizona HSA 3000	Navigate Colorado HSA 3000	Choice Plus HSA 3,000	Choice Plus 1500
Employee	\$30.76	\$57.38	\$95.00	\$248.29
Employee + Spouse	\$432.44	\$486.21	\$562.20	\$871.86
Employee + Child(ren)	\$357.60	\$406.31	\$475.16	\$755.68
Employee + Family	\$775.00	\$851.93	\$960.65	\$1,403.65

# UNITED HEALTHCARE INFORMATION AND RESOURCES

## FIND A PROVIDER:

Navigate AZ and CO plans are HMO plans that only provide In-Network Coverage. In addition, employees must elect a PCP. Search the UHC Network for providers near you to see if a Navigate Network or Choice Plus network would be best for you and your family by going to the websites below and following the prompts:

[www.welcometouhc.com/navigatebalancedhsa](http://www.welcometouhc.com/navigatebalancedhsa)

[www.welcometouhc.com/choiceplushsa](http://www.welcometouhc.com/choiceplushsa)

[www.welcometouhc.com/choiceplus](http://www.welcometouhc.com/choiceplus)

**VIRTUAL VISITS:** Lets you see and talk to a doctor from your mobile device or computer. Most visits take about 10-15 minutes and doctors can write some prescriptions if needed. Deductible and coinsurance for the HSA plans (Typically about \$40). No cost for Choice Plus 1500 copay plan. Log in to [myuhc.com](http://myuhc.com) and choose from provider sites where you can register for a virtual visit.

## WELLBEING:

**Simply Engaged;** employees and enrolled spouses can earn up to \$200 in gift cards for participation

**Rally Health** - online wellness tools, missions, tracking, etc. You can earn "coins" and then use them to enter sweepstakes for chances to win great prizes!

**Care24®** - 24-hour NurseLine and Employee Assistance Program: Call for assistance from a registered nurse and master's level counselors who can help with many problems ranging from medical and family matters to personal legal, financial and emotional needs at no cost. Call the number on your member ID card

**TREATMENT COST ESTIMATOR** – allows members to access transparent detailed cost information by treatment and by provider. Log into [myuhc.com](http://myuhc.com) to use the tool.

**Health4Me** – mobile application that allows members to access all real time benefit information, claims information, deductible and OOP accumulations, look up providers and cost by service/provider, Rally Health & Wellness, access ID Card and much more.

**UnitedHealth Premium®** designation program - provides data on physician and hospital quality and cost efficiency



Health4Me<sup>SM</sup>

RALLY<sup>SM</sup>



# DENTAL

Dental benefits are provided through Guardian. You have two different dental plan options to choose from. Please review the summary of coverages below. In addition, detailed information from Guardian has been posted on the enrollment site.

Description of Coverage	Guardian			
	Value		NAP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Network</b>	DentalGuard Preferred	n/a	DentalGuard Preferred	n/a
<b>Benefit Payment Percentile</b>	n/a	Fee Schedule	n/a	R & C 90%
<b>Annual Maximum</b>	\$1,000	\$1,000	\$1,000	\$1,000
<b>Deductible (Individual ♦ Family)</b>	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Waived for Preventive	Yes	Yes	Yes	Yes
<b>Preventive Services</b>	100%	100%	100%	100%
Additional Cleanings Covered	yes w/medical condition		yes w/medical condition	
<b>Basic Services</b>	100%	100%	80%	80%
<b>Major Services</b>	60%	60%	50%	50%
<b>Endodontics</b>	Basic		Basic	
<b>Periodontics</b>	Basic		Basic	
<b>Implants</b>	Major		Major	
<b>Orthodontia</b>	Included		Included	
Dependent Age Limit	Less than age 19		Less than age 19	
Lifetime Maximum Benefit	\$1,000		\$1,000	
<b>Annual Maximum Rollover Benefit</b>	Included		Included	
<b>Employee Monthly Premium</b>	<b>Value</b>		<b>NAP</b>	
<b>Employee Only</b>	\$33.38		\$33.38	
<b>Employee Plus Spouse</b>	\$66.58		\$66.58	
<b>Employee Plus Child(ren)</b>	\$74.30		\$74.30	
<b>Employee Plus Family</b>	\$121.66		\$121.66	

## ITEMS TO NOTE:

97.6 % of employees have access to an In-Network Provider within a 10 mile radius.

### Maximum Rollover Reward

Employees & covered dependents can earn \$350 annually up to \$1000 maximum. To qualify, you must have at least one paid claim and must not exceed the paid claims threshold of \$500 during the benefit year. You can check your balance at guardiananytime.com.

### In Network Preventive Advantage

Preventive care will not be deducted from the annual maximum.

### PPO Network in Mexico

Access listing via [www.guardiananytime.com](http://www.guardiananytime.com) - Find a Provider

### International Assist

Provides referral assistance for emergency dental care while traveling abroad.

### Member Discounts through Guardian Anytime

Epic Hearing  
Dell Computers  
Office Max  
others



The vision benefit is provided through Guardian. Please review the summary of coverages below. Guardian utilizes the VSP Signature Network. In addition, detailed information from Guardian has been posted on the enrollment site.

Description of Coverage	In-Network	Out-of-Network
<b>Examination</b>	\$10 Copay	\$10 & \$39 allowance
<b>Examination Frequency</b>	Once Per Calendar Year	
<b>Lenses</b>		
Single	\$25 Copay	\$25 & \$23 allowance
Bifocal	\$25 Copay	\$25 & \$37 allowance
Trifocal	\$25 Copay	\$25 & \$49 allowance
Lenticular	\$25 Copay	\$25 & \$64 allowance
<b>Lenses Frequency</b>	Once Per Calendar Year	
<b>Frames</b>	\$130 then 20% discount	\$46 allowance
<b>Materials Frequency</b>	Once Per Calendar Year	
<b>Contact Lens</b>		
Materials	amt over \$130	\$100 allowance
Evaluation and Fitting	15% off professional fee	not covered
<b>Additional Discount Program</b>	Laser discounts 5% - 15%	
<b>Employee Monthly Premium</b>		
<b>Employee Only</b>	\$6.74	
<b>Employee Plus Spouse</b>	\$10.79	
<b>Employee Plus Child(ren)</b>	\$11.01	
<b>Employee Plus Family</b>	\$17.77	

## OTHER GUARDIAN BENEFITS

Guardian also provides their College Tuition Benefits Rewards program! You can create your Rewards account and start accumulating your Tuition Rewards that can be used to pay up to one year's tuition at SAGE Scholar Consortium of colleges.

- You will receive 2,000 rewards for each year you have Guardian Dental Plan benefits
- Each Tuition Reward point equals a \$1 tuition reduction
- Tuition Rewards can be given to your relatives including children, nephews, nieces, and grandchildren

To learn more about the program and how to get started, go to: [www.Guardian.CollegeTuitionBenefit.com](http://www.Guardian.CollegeTuitionBenefit.com) to set up your account. If you have any questions, please feel free to visit the website or contact College Tuition Benefit directly at 215-839-0119.

# FLEXIBLE SPENDING ACCOUNT

- **Medical Flexible Spending Account**
- **Dependent Care Flexible Spending Account**

## FSA's can provide significant advantages, such as

- Immediate tax savings contributions to your FSAs are made on a pre-tax basis, which lowers your taxable income. This may decrease the amount you pay in federal, state, local and FICA taxes.
- Increased spendable income because FSA contributions lower your taxable income and may reduce the amount you pay in taxes, your net income may increase every month.

(Note: Medical FSA is only available to non-HDHP participants. If you enrolled in the HDHP plan with HSA, you can save pre-tax dollars in your HSA).

If you wish to participate in one or both types of FSAs, you must decide how much to set aside annually. This annual election is divided into equal amounts each pay period, and the contribution is placed into your accounts. The dollars remain in your account until you request reimbursement for eligible expenses.

The amount you set aside may only be used for non-reimbursed healthcare (medical, dental and vision) and dependent care expenses. The Plan Year for the FSA is January 1, 2017 through December 31, 2017 (you are now able to carry over a maximum of \$500 to the next plan year). Any amount exceeding the rollover at the end of the year will be forfeited.

Please take the time to read about the Plan and evaluate how you can best plan for your family's needs. Health Equity is the third party administrator for the Flexible Spending Accounts.

Healthcare Annual Maximum Contribution = **\$2,600**

Dependent Care Annual Maximum Contribution = **\$5,000** (Single or Married and filing jointly), **\$2,500** (Married and filing separately)

## Examples of eligible healthcare expenses:

- Dental and orthodontic care
- Deductibles and copayments
- Hearing care
- Routine physical exams
- Chiropractic Services
- Vision care (exams, glasses, contacts)
- LASIK Surgery, contact solution, eye drops
- Certain over the counter medications (With a Prescription)

## Eligible Daycare Expenses:

- Dependent day care expenses for your child(ren)
- Qualified elder care

## EXCITING NEWS

regarding your plan administered by Health Equity!!!

### The consumer portal

([healthequity.com](http://healthequity.com)) provides 24/7 secure online access to your Flexible Spending Account. From the portal, you can view account information and activity, file claims and distribution requests, and manage your profile, view notifications, access forms and link to other helpful information.

### The Health Equity Visa Card

is a convenient payment option for participants by eliminating the need to pay with cash at the point of service and then submit claims for reimbursement. Save your receipts in the event you need to validate your expenses later.

### The Health Equity Mobile Application

provides tech savvy participants with on-the-go access to account balances right from your smart device. Simply login to the mobile app and check your available balances in your accounts, submit claims and receipts for reimbursement, and send receipts for substantiation using your mobile device's camera. Search for "Health Equity" on the appropriate app store to download this free app.

# ADDITIONAL PROGRAM FEATURES

## Employer Paid Life Insurance

Employees that elect medical coverage have an employer paid life insurance policy paid for by MGA through Unum. This benefit is provided by MGA at no cost to you. Please make sure you complete your beneficiary designation information on the enrollment site. If you do not make a beneficiary designation, the benefit will become payable to your estate should something happen to you. It is always best to have a designated beneficiary.

## Voluntary Term Life Insurance

Unum's Term Life Insurance can help protect your loved ones if you die during your working years. They can use it to help pay for housing and other expenses, including your final arrangements. If the plan includes an Accidental Death and Dismemberment (AD&D) benefit, the policy pays more money if you die in a covered accident. If you survive a serious accident, it can pay you money for certain severe injuries, such as loss of vision, hearing and limbs.

## Voluntary Life Insurance

Unum provides voluntary Life/AD&D coverage for yourself, your spouse and/or your children.

- **Employee** - Voluntary Life/AD&D is available in \$10,000 increments to \$500,000.
- **Spouse** - You may elect up to 100% of the Employee Voluntary Life/AD&D amount from \$10,000 to \$250,000 in \$5,000 increments.
- **Child(ren)** - You may elect \$2,000 to \$10,000 in coverage.

Your Unum voluntary coverages include Guarantee Issue limitations. Amounts elected after initial eligibility or above the Guarantee Issue limits are subject to evidence of insurability (EOI). There is an annual enrollment option to buy up to GI as long as \$10k minimum is purchased when initially eligible.

## Guarantee Issue Limits (GI)

Employee - \$270,000, Spouse - \$50,000, Child(ren) - \$10,000

Employee and Spouse Life Estimated Monthly Premiums														Employee Only AD&D
Premiums are based on age at each policy anniversary														
Benefit in Age	thru 19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+	All Ages
\$10,000	\$0.55	\$0.55	\$0.82	\$1.09	\$1.09	\$1.64	\$2.73	\$4.91	\$9.01	\$13.10	\$22.11	\$33.03	\$66.07	\$0.26
\$50,000	\$2.75	\$2.75	\$4.10	\$5.45	\$5.45	\$8.20	\$13.65	\$24.55	\$45.05	\$65.50	\$110.55	\$165.15	\$330.35	\$1.30
\$100,000	\$5.50	\$5.50	\$8.20	\$10.90	\$10.90	\$16.40	\$27.30	\$49.10	\$90.10	\$131.00	\$221.10	\$330.30	\$660.70	\$2.60
\$150,000	\$8.25	\$8.25	\$12.30	\$16.35	\$16.35	\$24.60	\$40.95	\$73.65	\$135.15	\$196.50	\$331.65	\$495.45	\$991.05	\$3.90
\$200,000	\$11.00	\$11.00	\$16.40	\$21.80	\$21.80	\$32.80	\$54.60	\$98.20	\$180.20	\$262.00	\$442.20	\$660.60	\$1,321.40	\$5.20
\$270,000	\$14.85	\$14.85	\$22.14	\$29.43	\$29.43	\$44.28	\$73.71	\$132.57	\$243.27	\$353.70	\$596.97	\$891.81	\$1,783.89	\$7.02
<b>Child Amount</b>	<b>\$2,000</b>	<b>\$4,000</b>	<b>\$6,000</b>	<b>\$8,000</b>	<b>\$10,000</b>	<b>Note: this is a summary of premiums. For a full list of premiums, please refer to your online enrollment portal.</b>								
Child Life only Premium	\$0.364	\$0.728	\$1.092	\$1.456	\$1.820									

# ADDITIONAL PROGRAM FEATURES

## Voluntary Short Term Disability

Unum's Short Term Disability Insurance can pay you up to 60% of your gross weekly earnings up to the maximum allowable benefit of \$2,500 per week, if you are unable to work for a few weeks or months due to an illness or injury or childbirth. It can help you cover your expenses and protect your finances at a time when you're not getting a paycheck and have extra medical bills. The amount of benefit you receive from the plan may be reduced or offset by income from other sources. You can take advantage of affordable group rates and your cost is conveniently deducted from your paycheck.

Voluntary Short Term Disability	UNUM
Duration of Benefit	11 weeks
Benefit	60% of weekly gross income
Minimum Weekly Benefit	\$25
Maximum Weekly Benefit	\$2,500
Elimination Period	
Accident	15th day
Sickness	15th day
Pre-existing Condition Limitation	3 / 12

**Note: the specific premium based on your earnings will appear on your online enrollment portal when you elect this coverage.**

## Voluntary Long Term Disability

Unum's Long Term Disability Insurance can pay you up to 60% of your gross monthly earnings up to the maximum allowable benefit of \$15,000 per month, if you become ill or injured and can't work for an extended period. It can help you pay your bills and protect your finances at a time when you have extra medical costs but don't get a paycheck. The amount of benefit you receive from the plan may be reduced or offset by income from other sources — such as Social Security Disability Insurance. The length of time you can receive benefits is based on your age when you become disabled. You can take advantage of affordable group rates and your cost is conveniently deducted from your paycheck.

Voluntary Long Term Disability	UNUM
Duration of Benefit	To age 65 (ADEA I)
Benefit	60% of gross monthly earnings
Minimum Weekly Benefit	\$100
Maximum Monthly Benefit	\$15,000
Elimination Period	90 days
Definition of Disability	2 year Regular Occupation
Pre-existing Condition Limitation	6 / 12
Survivor Benefit	3 months
Alcohol, Drug/Chemical, Mental Illness	12 month limitation

**Note: the specific premium based on your earnings will appear on your online enrollment portal when you elect this coverage.**



# ADDITIONAL PROGRAM FEATURES

## Group Critical Illness Insurance

To enroll in the Group Critical Illness, Accident Coverage or Group Hospital Indemnity coverages, you must visit UNUM's enrollment site separately from your Open Enrollment portal.

Please visit: <https://www.plane.biz/logons/ZoeHoldingCompanyIncorporatedNewEnrollment2016/default.htm>. You will need the last 4 of your SSN, last name and DOB to log in.

Unum's Group Critical Illness Insurance can help protect your finances from the expense of a serious health problem, such as a stroke or heart attack. Cancer coverage is also available. You choose a lump-sum benefit that's paid directly to you at the first diagnosis of a covered condition. You can use the benefit any way you choose. You can use this coverage more than once. If you receive a full benefit payout for a covered illness, your coverage can be continued for the remaining covered conditions. The diagnosis of a new covered illness must occur at least 90 days after the most recent diagnosis. Each condition is payable once per lifetime. There is an added wellness benefit on this plan, which can pay an annual \$50 benefit for preventive care. You may also purchase coverage for your spouse; eligible children are covered at no extra cost, for 25% of the employee's volume if they choose to enroll.

### Exclusions and limitations

Unum will not pay benefits for a claim that is caused by, contributed to by or occurs as a result of:

- Having a date of diagnosis during the benefit waiting period
- **Pre-existing condition** Benefits for a pre-existing condition (defined as a sickness or injury, or symptoms of a sickness or injury, whether diagnosed or not, for which you received medical treatment, consultation, care or services, including diagnostic measures, took prescribed drugs or medicine, or had been prescribed drugs or medicine to be taken during the 12 months just prior to your effective date) will not be paid if the date of the covered loss occurs during the first 12 months after your effective date.
- Additional exclusions apply, see full description of benefits for full list

Issue Ages	Critical Illness Monthly Premium			
	Without Cancer per \$5,000 (Includes Wellness)		With Cancer per \$5,000 (Includes Wellness)	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
< 25	\$2.75	\$3.25	\$3.60	\$4.40
25-29	\$2.75	\$3.40	\$3.80	\$4.95
30-34	\$3.30	\$4.35	\$4.80	\$6.65
35-39	\$3.85	\$5.45	\$6.00	\$9.05
40-44	\$4.75	\$7.30	\$7.80	\$12.50
45-49	\$5.75	\$9.20	\$10.15	\$16.70
50-54	\$7.00	\$11.25	\$12.85	\$21.70
55-59	\$8.65	\$13.60	\$16.40	\$27.25
60-64*	\$10.70	\$16.55	\$20.60	\$32.30
65-69	\$12.30	\$17.40	\$22.95	\$33.65
70 +	\$22.25	\$29.15	\$39.85	\$53.20

# ADDITIONAL PROGRAM FEATURES

## Accident Coverage

Unum's Accident Insurance can pay benefits based on the injury you receive and the treatment you need, including emergency-room care and related surgery. The benefit can help offset the out-of-pocket expenses that medical insurance does not pay, including deductibles and co-pays. Family coverage is available. There is an added wellness benefit on this plan, which can pay an annual \$50 benefit for preventive care. See schedule of benefits for a full list of covered injuries and treatments.

Accident Coverage Monthly Premium (Includes Wellness)	
EE only	\$12.02
EE + Spouse	\$19.32
EE + Children	\$22.57
EE + Family	\$29.87

## Group Hospital Indemnity

Unum's Group Hospital Indemnity Insurance can complement your health insurance to help you pay for the costs associated with a hospital stay. It can also provide funds for the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles. A Hospital Admission would pay the insured \$1,500 once per calendar year. You may also purchase coverage for your spouse and dependent children.

**Exclusions and limitations apply; see full description of benefits for full list**

age band	\$1,500 Hospital Indemnity Monthly Premium			
	Employee	Emp + SP	Emp +Ch	Emp + Fam
17- 49	\$15.77	\$28.19	\$22.41	\$34.83
50 - 59	\$20.32	\$40.43	\$26.96	\$47.07
60 - 64	\$28.49	\$59.31	\$35.13	\$65.95
65 +	\$40.16	\$83.34	\$46.80	\$89.98

## LegalShield Identity Theft

Everyone needs a good Identity Theft Protection Plan. This plan isn't just credit monitoring. This plan protects you and your family from many forms of Identity Theft and restores your credit, medical records and any other destruction back to the pre-theft status at no cost to you. Upon a compromise, Kroll steps in and takes the lead for you doing the work necessary to restore your ID back to pre-theft status, regardless of the time or cost it takes them. With all the recent compromises, Target, T-Mobile, Anthem Blue Cross and many other companies, we need to protect ourselves.

## LegalShield Legal Plan

Have you ever needed assistance with a speeding ticket, a landlord not refunding your deposit, a creditor, bankruptcy, divorce, child support, review of mortgage documents or any of the 101 reasons we can help with our legal plan (see your enrollment portal for a full listing). Each state has their own law firm based on what state you live in. Please see the document showing the Law Firms by State posted on your enrollment portal.

	Monthly	Weekly	Bi-Weekly
LegalShield Legal Plan All States	\$18.95	\$4.37	\$8.75
LegalShield Legal Plan (New York)	\$15.95	\$3.68	\$7.36
Identity Theft All States	\$14.95	\$3.45	\$6.90
Combined Legal/Identity Theft All States	\$28.90	\$6.67	\$13.34
Combined Legal/identity Theft (New York)	\$25.90	\$5.98	\$11.95

# CARE PROGRAM CONTACTS

Provider	Benefit	Phone Number	Email/Website
United Healthcare	Medical Choice Plus Medical Navigate	866.873.3903 855.828.7715	<a href="http://www.myuhc.com">www.myuhc.com</a>
HealthEquity	Health Savings Account (HSA)	866.346.5800	<a href="mailto:memberservices@healthequity.com">memberservices@healthequity.com</a> <a href="http://healthequity.com/hsalearn">healthequity.com/hsalearn</a>
Guardian	Dental and Vision	800.541.7846	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
UNUM Voluntary Benefits	Life, Disability, Accident, Critical Illness and Hospital Indemnity	800.421.0344	<a href="http://www.unum.com">www.unum.com</a>
HealthEquity	Flexible Spending Account (FSA)	866.346.5800	<a href="mailto:memberservices@healthequity.com">memberservices@healthequity.com</a> <a href="http://www.healthequity.com/FSAworksheet">www.healthequity.com/FSAworksheet</a>
CBIZ – Angela Schlosser	Claims Resolution	520.321.7503	<a href="mailto:aschlosser@cbiz.com">aschlosser@cbiz.com</a>
LegalShield	Legal Advise	800.654.7757	<a href="mailto:memberservices@legalshield.com">memberservices@legalshield.com</a>
MGA	MGA Benefits	877.825.3413	<a href="mailto:benefits@mgasearch.com">benefits@mgasearch.com</a>

# LEGAL NOTICES

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

As required by the Women's Health and Cancer Rights Act of 1998, benefits under the Policy are provided for mastectomy, including reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy (including lymphedema).

If you are receiving benefits in connection with a mastectomy, benefits are also provided for the following covered health services, as you determine appropriate with your attending physician:

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

The amount you must pay for such covered health services (including copayments and any annual deductible) are the same as are required for any other covered health service. Limitations on benefits are the same as for any other covered health service.

## **Statement of Rights Under the Newborns' and Mothers' Health Protection Act**

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean delivery. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not under federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours as applicable).

## **Continuation of Benefits (COBRA)**

Upon termination of employment for reasons other than gross misconduct, continuation of an employee's medical, dental, and vision coverage – and/or any insured dependent's coverage - is available for up to 18 months under COBRA (Consolidated Omnibus Budget Reconciliation Act), with the employee assuming all premium costs. If the employee is disabled, COBRA eligibility is increased to 29 months.

Before an employee's benefits coverage ends, the Human Resources department provides the terminating employee with personalized information concerning COBRA continuation procedures. Continuation of medical, dental and vision coverage is also available for "qualified beneficiaries" up to 36 months when one of the following Qualifying Events occurs:

- Death of a covered employee;
- Divorce or legal separation;
- Employee becomes eligible for Medicare;
- Dependent child reaches maximum age allowed under group plan

"Qualified beneficiaries" are those individuals who were covered under the group plan on the day before the qualifying life event; this could include the employee's spouse and dependent child(ren).

Please note: It is the responsibility of the employee, or qualified beneficiary to notify the HR department of a Qualifying Event, such as divorce, legal separation or dependent child reaching the maximum allowable age to remain on the benefit plans so that COBRA notification can be sent. It is also the responsibility of the employee, or qualified beneficiary to notify the HR department of any change in address or contact information so that any notices can be directed to the correct address.

# LEGAL NOTICES

## Marketplace Notice



## 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.<sup>1</sup>

**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     **Your Benefits Department at the phone number/email following.**    

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> 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.

# LEGAL NOTICES

## Marketplace Notice

### 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 Zoe Holding Company, Inc.		4. Employer Identification Number (EIN) 86-092-9639	
5. Employer address 3131 E Camelback Rd. Ste 200		6. Employer phone number 877-825-3413	
7. City Phoenix	8. State AZ	9. ZIP code 85016	
10. Who can we contact about employee health coverage at this job? MGA Benefits			
11. Phone number (if different from above)		12. Email address benefits@mgasearch.com	

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

- As your employer, we offer a health plan to:

- All employees. Eligible employees are:

All full-time active employees and their dependents become eligible for benefits on the first of the month following 30 days of employment. You must be a full-time employee and work at least 30+ hours per week or a variable hour employee who meets the eligibility requirements for “Fair Access” according to the Affordable Care Act.

- Some employees. Eligible employees are:

- With respect to dependents:

- We do offer coverage. Eligible dependents are:

IRS eligible dependents

- We do not offer coverage.

- 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](http://HealthCare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](http://HealthCare.gov) to find out if you can get a tax credit to lower your monthly premiums.

# LEGAL NOTICES

## Notice of Privacy Practices

In December of 2000, the Department of Health and Human Services (DHHS) issued federal regulations pertaining to HIPAA, which regulates the use and disclosure of protected health information. These regulations are better known as the HIPAA Privacy Rules, which went into effect in April 2003. To obtain a copy, contact your HR department.

## Medicaid/CHIP Notice

### 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](http://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](http://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](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016.  
Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	Website: <a href="http://www.myalhipp.com">www.myalhipp.com</a> . Phone: 1-855-692-5447
<b>ALASKA – Medicaid</b>	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com">http://myakhipp.com</a> Phone: 1-866-251-4861. Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>
<b>ARKANSAS - Medicaid</b>	Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)
<b>COLORADO – Medicaid</b>	Medicaid Website: <a href="http://www.colorado.gov/hcpf">http://www.colorado.gov/hcpf</a> Medicaid Customer Contact Center: 1-800-221-3943
<b>FLORIDA – Medicaid</b>	Website: <a href="http://www.flmedicaidtplecovery.com/hipp/">http://www.flmedicaidtplecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>GEORGIA – Medicaid</b>	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
<b>INDIANA – Medicaid</b>	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.hip.in.gov">http://www.hip.in.gov</a> . Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone: 1-800-403-0864
<b>IOWA – Medicaid</b>	Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> . Phone: 1-888-346-9562
<b>KANSAS – Medicaid</b>	Website: <a href="http://www.kdheks.gov/hcfl/">http://www.kdheks.gov/hcfl/</a> . Phone: 1-785-296-3512
<b>KENTUCKY – Medicaid</b>	Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> . Phone: 1-800-635-2570
<b>LOUISIANA – Medicaid</b>	Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447
<b>MAINE – Medicaid</b>	Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003. TTY: Maine relay 711
<b>MASSACHUSETTS – Medicaid and CHIP</b>	Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> . Phone: 1-800-462-1120
<b>MINNESOTA – Medicaid</b>	Website: <a href="http://mn.gov/dhs/ma/">http://mn.gov/dhs/ma/</a> . Phone: 1-800-657-3739

# LEGAL NOTICES

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility –**

<b>MISSOURI – Medicaid</b>	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
<b>MONTANA – Medicaid</b>	Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084
<b>NEBRASKA – Medicaid</b>	Website: <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a> . Phone: 1-855-632-7633
<b>NEVADA – Medicaid</b>	Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> . Medicaid Phone: 1-800-992-0900
<b>NEW HAMPSHIRE – Medicaid</b>	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>NEW JERSEY – Medicaid and CHIP</b>	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> . Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>NEW YORK – Medicaid</b>	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>NORTH CAROLINA – Medicaid</b>	Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> . Phone: 919-855-4100
<b>NORTH DAKOTA – Medicaid</b>	Website: <a href="http://www.nd.gov/dhs/services/medicalsev/medicaid/">http://www.nd.gov/dhs/services/medicalsev/medicaid/</a> Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b>	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> . Phone: 1-888-365-3742
<b>OREGON – Medicaid</b>	Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijossaludablesoregon.gov">http://www.hijossaludablesoregon.gov</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA – Medicaid</b>	Website: <a href="http://www.dhs.pa.gov">http://www.dhs.pa.gov</a> . Phone: 1-800-692-7462
<b>RHODE ISLAND – Medicaid</b>	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> . Phone: 401-462-5300
<b>SOUTH CAROLINA - Medicaid</b>	Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> . Phone: 1-888-549-0820
<b>SOUTH DAKOTA - Medicaid</b>	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> . Phone: 1-888-828-0059
<b>TEXAS - Medicaid</b>	Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> . Phone: 1-800-440-0493
<b>UTAH - Medicaid and CHIP</b>	Website: Medicaid: <a href="http://health.utah.gov/medicaid">http://health.utah.gov/medicaid</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> . Phone: 1-877-543-7669
<b>VERMONT - Medicaid</b>	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> . Phone: 800-250-8427
<b>VIRGINIA - Medicaid and CHIP</b>	Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> . Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> . CHIP Phone: 1-855-242-8282
<b>WASHINGTON - Medicaid</b>	Website: <a href="http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx">http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx</a> . Phone: 1-800-562-3022, ext. 15473
<b>WEST VIRGINIA - Medicaid</b>	Website: <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a> . Phone: 1-877-598-5820, HMS 3rd Party Liability
<b>WISCONSIN - Medicaid and CHIP</b>	Website: <a href="http://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">http://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>WYOMING - Medicaid</b>	Website: <a href="https://wyequalitycare.acsw-inc.com/">https://wyequalitycare.acsw-inc.com/</a> . Phone: 307-777-7531

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



# LEGAL NOTICES

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility –**

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

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

**U.S. Department of Health and Human Services**  
Centers for Medicare & Medicaid Services  
**[www.cms.hhs.gov](http://www.cms.hhs.gov)**  
1-877-267-2323, Menu Option 4, Ext. 61565

## **MGA - Important Notice from MGA 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 MGA 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. MGA has determined that the prescription drug coverage offered under the High Plan; Low Plan and the HDHP Plan 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.

### **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 MGA coverage will not be affected. You may keep your MGA coverage if you elect Medicare part D and the High Plan; Low Plan; or the HDHP Plan will remain your primary coverage and will coordinate with Part D coverage, if necessary.

If you do decide to join a Medicare drug plan and drop your current MGA coverage, be aware that you and your dependents will not be able to get this coverage back until the next open enrollment period unless there is an interim qualifying family status change event.

### **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 MGA 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 November to join.



## LEGAL NOTICES

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

Contact the person listed below for further information at 877.825.3413. NOTE: You'll get this notice each year before the next period you can join a Medicare drug plan and if this coverage through MGA 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](http://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 800.MEDICARE (800.633.4227). TTY users should call 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](http://www.socialsecurity.gov), or call them at 800.772.1213 (TTY 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:	November 9, 2016
Name of Entity/Sender:	MGA
Contact Position/Office:	MGA Benefits Office
Address:	3131 E. Camelback Road, Suite 200, Phoenix, AZ 85016
Phone Number:	877.825.3413





**CBIZ Benefits & Insurance Services**  
Revised Jan 2017

**About this Booklet.** This booklet highlights important features of MGA's benefits for its employees. While efforts have been made to ensure the accuracy of the information presented, in the event of any discrepancies your actual coverage and benefits will be determined by the legal plan documents and the contracts that govern these plans. Benefit plans may be changed for any reason, to the extent allowed by law. Your participation in these benefits is not a contract of employment and does not guarantee future employment.

