

# Employee Benefits Enrollment Guide

Plan Year: January 1, 2017 – December 31, 2017



# Welcome to ABC Company 2016 Benefits Enrollment!

Dear ABC Company Team Member:

ABC Company takes pride in offering a comprehensive benefits package to its team members. As part of our commitment to provide quality and cost-effective benefits, we routinely ask you to review our offerings and make healthcare elections for you and your eligible family members. Whatever plan option you choose, ABC Company's strategy is to give you the right tools and information, at the right time, to make the right health care decisions.

Effective January 1, 2015 large employer groups are required to offer minimum essential coverage to all of our eligible employees under what you may know as **Obamacare**. The next couple of pages will provide more information on what this new law entails.

From health benefits to retirement benefits, from tuition reimbursement to legal service plans, from discount auto/home and life insurance plans to employee and family counseling, we offer a wide variety of benefits, many with no or low employee cost. Take advantage of the benefits ABC Company has to offer. Please take the time to review all of the plan options available to you. Consider each benefit and the associated cost carefully and choose the benefits package that will best meet you and your family's needs throughout the year. Make your elections online with our benefits enrollment system.

If you have additional questions that this Benefits Enrollment guide did not answer, please see your Human Resources Representative and they will be happy to assist you.

To your health,

First Name Last Name  
General Manager and Executive Vice President

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## Patient Protection Affordable Care Act (ACA)

The Patient Protection and **Affordable Care Act** (ACA), a long and complex piece of federal legislation commonly referred to as "**Obamacare**," made sweeping changes to how health insurance is procured and paid for. Signed into law on 2010, ACA requires eligible individuals who don't receive health insurance benefits through their employers to purchase coverage or pay a penalty. The law also puts certain limits on what insurers may or may not do with respect to eligibility and coverage. The Affordable Care Act (ACA) brings significant changes to how we access and pay health care.

Beginning January 1, 2015, large employers are required to offer minimum essential coverage to employees who are considered full-time as defined by the ACA. Full-time (FT) employees under ACA are defined as anyone employed by a given employer for an average of 30 or more hours per week (or 130 hour per month).

As you know, ABC Company operates 24 hour a day, 7 days a week, 365 days a year. Given the nature of our business, team members' work a number variable schedules. To assess employee full-time or part-time status, consistent with the law, ABC Company has established two measurement periods, October – April, April to October. After each measurement period, there is an "administrative period", during which ABC Company will analyze team member's paid hours to determine the team member's benefit eligibility. Team members who have averaged at least 30 paid hours will become eligible for subsidized benefits, team members who have averaged less than 30 paid hours will lose employer subsidized benefit coverage. To comply with the ACA, ABC Company is required to track hours paid and offer employer subsidized benefit coverage to full-time team members. If a team member loses coverage or chooses to opt out of employer subsidized coverage, he or she may be subject to federal mandated penalties.

Please take some time to review the information and should you choose to enroll, be sure to complete your online enrollment within the enrollment period.

This enrollment guide provides you details on your healthcare option.

*This Benefits Guide is not a contract. Its purpose is to provide summary information about your benefits. It does not fully describe each benefit. Please refer to the Summary Plan Descriptions and the material that provided by the insurance carriers for the details of each benefit. Every effort has been mad to ensure that the information contained in the Guide is accurate. The provisions of the actual contract will govern in the event of a discrepancy. Any plan benefits may be modified in the future to meet Internal Revenue Service rules or otherwise as decided by ABC Company.*



## Who is ABC Company?

ABC Company entertains its guests by providing world-class gaming experiences, innovative dining and nightlife, energetic and exciting environments and sincere customer service.

We value our employees and consider them to be the greatest asset of our company. We are committed to attracting and retaining the best employees by providing comprehensive benefits that are a valuable part of the total compensation package.



## Who is Eligible?

ABC Company offers benefits to Full-time and Part-time employees. Eligibility for benefits begins on the first day of the month coincident with or following the day on which you complete 60 days of continuous employment. Dependent coverage is also available.

Eligible dependents includes:

- Employee's spouse;
- Your dependent children up to age 26 (regardless of marital or student status);
- Your unmarried children age 26 or older who are mentally or physically disabled and who rely on you for support and care.



## When to Enroll

You can enroll in the plans each year during Open Enrollment.

New hires will enroll after they have completed the new hire waiting period. Eligible employees (first of the month after 60 days of continuous employment) and their dependents may enroll in one of three medical plans, one of two Dental plans, Vision, and Supplemental Life. You will be automatically enrolled in our Basic Life plan, Short Term Disability and Long Term Disability Plans.

Please refer to page 21 for enrollment instructions. Otherwise please contact the Benefits Department for assistance.



# What's New for 2017

ABC Company will continue to provide a broad benefits program with options designed to meet your needs at affordable prices. Effective January 1, 2017, ABC Company is offering:

- **New Vision Carrier - Avesis Vision**
  - Same benefit but under the carrier Avesis with deep discounts. Eyeglass discounts in stores such as Costco, Walmart, BJ's, Target, Sams Club and others.
- **New Dental Plan**
  - The dental HMO will no longer be offered. Instead a second PPO Plan will be offered, as requested by employee comments.
- **ABC Company Wellness Portal**
  - Comprehensive wellness program design to improve your health and well-being.
- **Employee Assistance Program through Cigna**
  - A confidential program that helps you maintain a healthy and fulfilling life.
- **24/7/365 access to a doctor with ABC Company which is offered through Cigna**
  - ABC Company connects you to a board-certified doctor by phone or online video chat. So, whether you're at home, at work or on vacation, a doctor is always in.

# What's Not Changing in 2017

Even though we have exciting changes happening, some things will remain the same.

- **Cigna Medical Plan** – No change to the annual deductible, coinsurance, or out-of-pocket maximum amounts
- **Cigna Basic Life/AD&D** – 100% Employer Paid
- **Cigna STD & LTD**– 100% Employer Paid
- Voluntary Plans renewing with no changes in plan designs
  - **Cigna Supplemental Term Life Insurance** for Employee, Spouse & Children to age 26





## Why is Health Coverage important to have?

Health coverage protects you from health and financial risks. No one plans to get sick or hurt, but most people need medical care at some point. Health insurance covers these costs and offers many other important benefits.

- Health insurance protects you from unexpected, high medical costs.
- You pay less for covered in-network health care, even before you meet your deductible.
- You get free preventive care, like vaccines, screenings, and check-ups, even before you meet your deductible.



## Make Changes during the Year (Qualified Life Events)

The Internal Revenue Service (IRS) states that eligible employees may only make elections to the plan once a year at open enrollment. Unless you have a qualified change in status, you cannot make changes to the benefits you elected until the next open enrollment period. The following qualified changes in status include:

- Marriage;
- Divorce;
- Birth or adoption of a child;
- Change in child's dependent status;
- Death of spouse; child or other qualified dependent;
- Change in residence due to an employment transfer for you or your spouse;
- Commencement or termination of adoption proceedings, or
- Change in spouse's benefits or employment status.

If any of the above-listed qualified changes occurs, you must inform the ABC Company Benefits Department within **30 days of the event** to avoid lapse in coverage. If you have a qualifying life event, gather supporting documentation of the life event and contact the Benefits Department. All other changes are held to open enrollment period.

## Medical and Prescription Drugs



ABC Company's medical options are designed to provide you and your family with access to high quality healthcare. We continue to offer three plans which are available through Cigna — the Gold, Silver, and Bronze plans.

The medical options cover a broad range of healthcare services and supplies, including prescriptions, office visits and hospitalizations. The plans differ when it comes to how they share costs with you. Please refer to the summary below for specific details on each medical plan option.

**Eligibility:** First of the month on or after 60 days of active service.

Benefits Description	Cigna OAP Plan (Gold)		Cigna HRA Plan (Silver)		Cigna Catastrophic OAP Plan (Bronze)	
	In-Network	Out-Of-Network*	In-Network	Out-Of-Network*	In-Network	Out-Of-Network*
Contribution to Health Reimbursement Account	N/A	N/A	\$500 / individual coverage \$1,000 / family coverage		N/A	N/A
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Out-Of-Pocket Maximum</b>						
Individual	\$3,000	\$5,500	\$3,000	\$5,500	\$5,500	\$6,500
Family	\$6,000	\$11,000	\$6,000	\$11,000	\$11,000	\$13,000
<b>Deductible</b>						
Individual	\$600	\$1,100	\$1,500	\$3,000	\$2,500	\$3,000
Family	\$1,200	\$2,200	\$3,000	\$6,000	\$5,000	\$6,000
<b>Coinsurance</b>	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
<b>Preventive Care</b>	Plan pays 100%, no deductible	Not covered	Plan pays 100%, no deductible	Not covered	100%, no deductible	Not covered
<b>Primary Office Visit</b>	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
<b>Specialist Services</b>	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
<b>Emergency Room</b>	Plan pays 80% after deductible		Plan pays 90% after deductible		Plan pays 70% after deductible	
<b>Inpatient Hospital Services</b>	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
<b>Outpatient Surgery</b>	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
<b>X-Ray Services</b> Routine Radiology/Diagnostic MRI/MRA, CT, PET Scans	Plan pays 80% after deductible.	Plan pays 60% after deductible.	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
<b>Routine Mammography</b>	Plan pays 100%, no deductible	Not covered	Plan pays 100%, no deductible	Not covered	Plan pays 70% after deductible	Plan pays 50% after deductible
<b>Durable Medical Equipment</b>	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
<b>Pharmacy</b>						
Retail - 30-day supply:	<b>You pay:</b>	<b>Retail:</b>	<b>You pay:</b>	<b>Retail:</b>	<b>You pay:</b>	<b>Retail:</b>
Generic	\$10	You pay 40%	\$7 after deductible	You pay 40%	10% after ded.	You pay 40%
Preferred Brand	\$35	Plan pays 60%	\$30 after deductible	Plan pays 60%	30% after ded.	after the deductible
Non-Preferred Brand	\$60		\$50 after deductible		50% after ded.	
Home Delivery - 90-day supply:	<b>You pay:</b>	<b>Home Delivery:</b>	<b>You pay:</b>	<b>Home Delivery:</b>	<b>You pay:</b>	<b>Home Delivery:</b>
Generic	\$20	Not Covered	\$14 after deductible	Not Covered	10% after ded.	Not Covered
Preferred Brand	\$70		\$60 after deductible		30% after ded.	
Non-Preferred Brand	\$120		\$100 after deductible		50% after ded.	

[www.cigna.com](http://www.cigna.com)





**Non-Tobacco User Credit:** Non-tobacco users receive a \$75 per month discount on health coverage. You must be tobacco-free for six months or have completed the smoking cessation coaching program in order to qualify for the discount. Free smoking cessation coaching is available through the State of Maryland and our health plan covers a variety of smoking cessation products to assist team members in quitting tobacco use. Certify your tobacco use status on the BeneTrac site during Open Enrollment or when you first become benefit eligible. Failure to certify that you are a non-tobacco user will mean that you pay the higher cost for health coverage in 2016.

Each team member is responsible for completing the enrollment information accurately. Any misrepresentation, intentional omission, misleading statements, or falsification of records is a violation of our Rules of Conduct and could result in collection of the applicable tobacco surcharge by the medical plan, and/or disciplinary action up to and including termination of employment.

**Spousal Surcharge:** Your spouse may have the ability to enroll in health coverage through his or her own employer. If so, and you choose to enroll your spouse in the ABC Company health plan, you will pay a \$75 surcharge per month. If your spouse does not have access to employer-sponsored health coverage then you will not have to pay the surcharge. The surcharge does not apply to dental and vision coverage. The surcharge also does not apply if both you and your spouse are employed by ABC Company. Be sure to answer the question on BeneTrac about your spouse's eligibility for other coverage in order for you to pay the correct amount for the health plan. Failure to certify your spouse's eligibility for other coverage will mean that you pay a higher cost for health coverage in 2016

Each team member is responsible for completing the enrollment information accurately. Any misrepresentation, intentional omission, misleading statements, or falsification of records is a violation of our Rules of Conduct and could result in collection of the applicable tobacco surcharge by the medical plan, and/or disciplinary action up to and including termination of employment.

## Smoking Cessation Program



We know it's not easy to quit, but we will give you the support you need. All ABC Company employees and members of their households are eligible to participate in a smoking cessation program, **Quit Now**.

- To apply for the **Quit Now** tobacco cessation program, a team member should follow these steps:
  - Enroll online at [www.smokingstopshere.com](http://www.smokingstopshere.com) or call 1-800-QUIT-NOW
  - Establish a plan with a Quit Coach
  - Complete required follow-up calls with the coach
  - Upon completion of the program, request a "certificate of completion" from the coach
  - Turn in your certificate to Benefits in order to begin receiving the discount
- ABC Company's health plan also covers the following tobacco cessation products to assist team members in their efforts: Chantix, Nicotrol Nasal Spray, Nicotrol Cartridge, and Zyban.

# Dental



Good dental health is important to your overall well-being. At the same time, we all need different levels of dental treatment. We are offering two dental plans, High PPO Dental and Low PPO Dental through Cigna’s Dental Network. Both dental plans provides affordable coverage based on the type of services obtained – **Preventive, Basic or Major Restorative** – whether or not you obtain services from a network or non-network provider. Under the dental PPO plans, you may obtain covered services from any dentist. However, if an out-of-network provider is used, reimbursement is based on Cigna’s reasonable and customary charge.

Dental Benefits Description	Cigna High PPO Dental		Cigna Low PPO Dental	
	In-Network CIGNA DPPO - Core	Out-of-Network CIGNA Savings - Core	In-Network CIGNA DPPO	Out-of-Network CIGNA Savings
<b>Deductible</b> <i>(waived for preventive care)</i> Individual Family	\$50 \$100	\$100 \$200	\$100 \$200	\$100 \$200
<b>Class I - Preventive &amp; Diagnostic Care</b> Oral Exams, Routine Cleanings, X-Rays, Fluoride Applications, Sealants, Space Maintenance	Plan pays 100%	Plan pays 80%	Plan pays 90%	Plan pays 70%
<b>Class II - Basic Restorative Care</b> Fillings, Endodontics-Root Canal, Periodontics, Oral Surgery, General Anesthesia	Plan pays 80% (subject to annual deductible)	Plan pays 60% (subject to annual deductible)	Plan pays 70% (subject to annual deductible)	Plan pays 50% (subject to annual deductible)
<b>Class III - Major Restorative Care</b> Inlays & Onlays, Crowns, Dentures, Bridges	Plan pays 50% (subject to annual deductible)	Plan pays 40% (subject to annual deductible)	Plan pays 50% (subject to annual deductible)	Plan pays 40% (subject to annual deductible)
<b>Class IV - Orthodontia</b> Lifetime Maximum	Plan pays 50% Plan pays \$1,500/dependent children to age 26	Plan pays 40% Plan pays \$1,500/dependent children to age 26	Not Covered	
<b>Class IX - Implants</b> Deductible  Annual Maximum	Plan pays 50% (Subject to annual deductible) Subject to plan maximum	Plan pays 40% (Subject to annual deductible) Subject to plan maximum	Plan pays 50% (Subject to annual deductible) Subject to plan maximum	Plan pays 40% (Subject to annual deductible) Subject to plan maximum
<b>Calendar Year Maximum (Class I, II and III expenses)</b>	\$1,500		\$750	

[www.cigna.com](http://www.cigna.com)



## Vision

All full-time, regular employees are eligible to sign up for vision coverage, which allows participants to get an eye examination, lenses, frames, and contact lenses (*in lieu of frames & lenses*) every 12 months.

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

Benefits Description	In-Network Benefit	Out-of Network Benefit	Frequency Period (calendar year beginning Jan. 1)
Exam Copay	\$0	N/A	12 months
Exam Allowance	Covered 100% after Copay	Up to \$45	12 months
Materials Copay	\$20	N/A	12 months
<b>Eyeglass Lenses Allowances:</b> (one pair per frequency period)			
Single Vision	Covered 100% after Copay	Up to \$32	12 months
Bifocal	Covered 100% after Copay	Up to \$55	12 months
Trifocal	Covered 100% after Copay	Up to \$65	12 months
Lenticular	Covered 100% after Copay	Up to \$80	12 months
<b>Contact Lenses Allowances:</b> (one pair or single purchase per frequency period)			
Elective	Up to \$130	Up to \$105	12 months
Therapeutic	Covered 100%	Up to \$210	12 months
Frame Wholesale Allowance (one per frequency period)	\$50 Wholesale after copay (\$100-\$150 retail value)	Up to \$71	12 months

[www.avesis.com](http://www.avesis.com)



## 2017 ABC Company Bi-weekly Healthcare Rates

Coverage Level	Full-Time Employee Contribution			Part-time Employee Contribution
	Non-Working Spouse & Non-Tobacco	Tobacco Only	Spousal Surcharge / Non-Tobacco	
			Spousal Surcharge & Tobacco	
<b>Cigna OAP Plan (Gold)</b>				
EE				
EE/Spouse				
EE/Child				
Family				

<b>Cigna HRA Plan (Silver)</b>				
EE				
EE/Spouse				
EE/Child				
Family				

<b>Cigna Catastrophic Plan (Bronze)</b>				
EE				
EE/Spouse				
EE/Child				
Family				

Coverage Level	Full-time Employee Contribution	Part-time Employee Contribution
<b>Cigna PPO Dental - High</b>		
EE		
EE/Spouse		
EE/Child		
Family		

<b>Cigna PPO Dental - Low</b>		
EE		
EE/Spouse		
EE/Child		
Family		

<b>Cigna Vision</b>		
EE		
EE/Spouse		
EE/Child		
Family		



## Basic Life Insurance

All full-time and part-time, regular employees receive Basic Life Insurance in an amount that equals your annual compensation to a maximum of \$500,000. This benefit is **fully paid by ABC Company**.

## Accidental Death & Dismemberment Insurance

Full-time employees receive Accidental Death and Dismemberment Insurance, which pays a benefit that varies with the type of loss or accident. This benefit is **fully paid by ABC Company** and provided by Cigna.



## Voluntary Term Life and Accidental Death & Dismemberment

All full-time employees **may elect** to purchase additional life insurance coverage in amounts equal to 1—5 times annual salary to a maximum of \$500,000 for employees and \$100,000 for spouses. A dependent child benefit is also available in increments of \$1,000 up to a maximum of \$10,000 for children aged 14 days to 19/26 years depending on dependent student status.

Full-time employees may purchase additional AD&D insurance in amounts from \$25,000—\$500,000 (increments of \$25,000). A spouse can purchase up to a maximum of \$250,000 not cannot exceed 40% of employees coverage. If the employee does not have a dependent child(ren), the spouse is eligible for up to 50% of the employee’s coverage. Covered child(ren) benefit amount is not to exceed 10% of employees coverage amount. If the employee does not have a spouse then the child(ren) are eligible for 15% of the employees coverage. The child(ren) coverage cannot exceed \$10,000.

If you apply for coverage for yourself or spouse after 31 days from the eligible date, the guaranteed coverage amounts do not apply (Employee—lesser of 3x annual salary or \$150,000; Spouse-\$25,000; Child(ren)-\$10,000). If you or your spouse apply for an amount over the guaranteed issue, coverage in excess of the guaranteed amount will not be issued until the insurance company approves acceptable evidence of good health (this may include a paramedical exam or physician’s statement).

Employee/Spouse Age	Employee/Spouse Monthly Cost per \$1,000
Under 25	\$0.09
25-29	\$0.10
30-34	\$0.11
35-39	\$0.14
40-44	\$0.20
45-49	\$0.30
50-54	\$0.47
55-59	\$0.76
60-64	\$1.61
65-69	\$1.97
Child(ren)	\$0.25





## Disability



ABC Company provides Short-Term and Long-Term Disability Benefits to full-time employees **at no cost to our employees**. Your disability benefits provides you with a source of income in the event that you are not able to work due to an accident, illness or injury.

**Short-Term Disability (STD):** Your STD benefit is available on the first of the month after 60 days of active service. This plan pays a benefit of up to 60% of your weekly covered earnings. You must be continuously disabled for the later of any accumulated sick leave or 7 days from either accident or sickness.

**Long-Term Disability (LTD):** Your LTD benefit is available on the first of the month after 60 days of active service. This plan pays a benefit of up to 60% of your monthly covered earnings to a maximum of \$10,000 per month. You must be continuously disabled for 180 days or the expiration of your sick leave, whichever is greater, before benefits may be payable.

## AFLAC



ABC Company employees **may also elect** to purchase Group Accident or Group Critical Illness coverage from AFLAC.

**Group Accident** insurance pays a benefit for the treatment of injuries suffered as a result of a covered accident, regardless of any other health insurance benefits you may have. These benefits are also available for your spouse and/or dependent children

Accident Insurance:Low Option 24 Hour Plan	
Employee	\$3.40
<b>Employee &amp; Spouse</b>	\$4.73
Employee & Depended Children	\$6.20
Family	\$7.53

**Group Critical Illness** coverage provide a lump-sum benefit upon the diagnosis of not only one covered illness, but for each covered illness. These benefits are also available for your spouse. Children can be covered at 25% of the employee insured amount at no additional charge. Benefits amounts available for \$5,000 up to \$50,000 for employees and \$25,000 for spouse.

Critical Illness: Tobacco - Employee						
Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$2.03	\$3.53	\$5.03	\$6.53	\$8.03	\$9.53
30-39	\$3.02	\$5.51	\$8.01	\$10.50	\$12.99	\$15.48
40-49	\$7.11	\$13.68	\$20.26	\$26.84	\$33.41	\$39.99
50-59	\$10.75	\$20.98	\$31.20	\$41.42	\$51.65	\$61.97
60-69	\$16.82	\$33.11	\$49.41	\$65.70	\$81.99	\$98.28

Critical Illness: Tobacco - Spouse					
Ages	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000
18-29	\$2.03	\$2.78	\$3.53	\$4.28	\$5.03
30-39	\$3.02	\$4.27	\$5.51	\$6.76	\$8.01
40-49	\$7.11	\$10.40	\$13.68	\$10.27	\$20.26
50-59	\$10.75	\$15.86	\$20.98	\$28.00	\$31.20
60-69	\$16.82	\$24.97	\$33.11	\$41.26	\$49.41

Critical Illness: Non Tobacco - Employee						
Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
18-29	\$1.50	\$2.47	\$3.44	\$4.41	\$5.38	\$6.35
30-39	\$2.03	\$3.53	\$5.03	\$6.53	\$8.03	\$9.53
40-49	\$3.71	\$6.90	\$10.08	\$13.27	\$16.45	\$19.64
50-59	\$5.75	\$10.96	\$16.18	\$21.39	\$26.61	\$31.82
60-69	\$8.84	\$17.15	\$25.45	\$33.76	\$42.07	\$50.38

Critical Illness: Non Tobacco - Spouse					
Ages	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000
18-29	\$1.50	\$1.98	\$2.47	\$2.95	\$3.44
30-39	\$2.03	\$2.78	\$3.53	\$4.28	\$5.03
40-49	\$3.71	\$5.31	\$6.90	\$8.49	\$10.08
50-59	\$5.75	\$8.35	\$10.96	\$13.57	\$16.18
60-69	\$8.84	\$12.99	\$17.15	\$21.30	\$25.45



## On-Site Clinic



ABC Company provides an on-site health center for our team members and their dependents. A full-time medical practitioner provides urgent care and wellness programs. ABC Company is pleased to offer the on-site center at **no cost** to team members and covered dependents.

Call -----.

- |                        |                     |                                  |
|------------------------|---------------------|----------------------------------|
| ♣ Coughs and Colds     | ♣ Rash              | ♣ Blood Pressure Screening       |
| ♣ Sinus Problems       | ♣ Sore throat       | ♣ Flu and Tetanus Vaccines       |
| ♣ Headaches            | ♣ Cuts & Burns      | ♣ Smoking Cessation              |
| ♣ Allergies            | ♣ Sprains & Strains | ♣ Nutrition Counseling           |
| ♣ Eye & Ear Infections | ♣ Abrasions         | ♣ Physical exams (school/sports) |

### HEALTH CENTER HOURS

Days	Hours
Tuesdays, Wednesdays, Fridays and Saturdays	10:00 A.M. – 7:00 P.M; Closed for lunch 1:30 P.M. - 2:30 P.M.
Thursdays	8:00 A.M. – 5:00 P.M. Closed for lunch 12 noon – 1:00 P.M.
Sundays & Mondays & Holidays	CLOSED
Schedule appointments (recommended) or Walk-ins are welcome	

## Retirement Plan 401(k)



ABC Company's 401(k) Plan is available to all eligible team members on the first day of the month following 60 days of hire. Team members need to be at least 21 years of age and not a resident of Puerto Rico to make deferral contributions. You may contribute up to 100% of your pay to a maximum of \$18,000. If you are age 50 or older, you are entitled to contribute an additional "catch-up" contribution. The maximum catch-up contribution amount for 2016 is \$6,000. A Roth 401(k) option is also available to you.

Taxes are not applied to the amount of income you contribute to your account until you "cash out" your retirement savings. By deferring taxes you are able to lower your taxable income.

**Company Match:** ABC Company intends to provide a company match to enhance your contributions. The company match is discretionary. You must be employed as of the last day of the plan year and the match date, to be eligible for any matching contributions that may be made for that plan year. You do not need to satisfy this requirement if you die (including death while performing Qualified Military Service), become disabled, or retire during the plan year. The employer match will appear in your account in January of the following year.



## Auto & Home Insurance



MetLife Auto & Home's group insurance program is available as a voluntary benefit to you. You have access to value-added features and benefits, including special group discounts on your auto and home insurance. You may apply for this coverage at any time by contacting MetLife directly. See page 36 for contact information.

## Legal Services Plan



Finding an affordable lawyer to represent you when you have trouble with creditors, buy or sell your home, or even prepare your will can be a challenge. Now you have access to affordable legal representation. MetLaw is a legal services plan that provides legal representation for you, your spouse, and dependents at an affordable price from an experienced attorney.

You can receive legal advice and fully covered legal services for a wide range of personal legal matters including court appearances, document review and preparation, money matters, estate planning, family law and real estate. For convenience, the low monthly cost is automatically deducted from your paycheck.

For more information, visit [www.info.legalplans.com](http://www.info.legalplans.com) and enter access code: GetLaw or call 1-800-821-6400



## Paid Time Off

ABC Company recognizes the need for Paid Time Off for rest, relaxation, illness, or personal observations. We also recognize that those needs are very diverse and vary between individuals as well as between the Company and its Team Members. Therefore, we believe that our Team Members should be given the flexibility, as well as the responsibility, for scheduling time off to meet their personal needs in coordination with the operational needs of their department.

All full-time and part-time employees are eligible to accrue PTO based on their length of service and hours worked. Seasonal, temporary or casual employees are not eligible for PTO benefits. PTO cannot be used, however, until an employee has successfully completed the initial ninety (90) day introductory period.

Accruals of Paid Time Off are earned daily as follows:

### PTO Accrual Rates and Methodology (eff. 1.1.2017)

Months of Tenure	Years of Tenure	Accrued Rate Per Hour worked	Hours Worked Per Year <small>(assume 2080 less PTO Earned/Used)</small>	Days Per Year <small>(Based on hours worked)</small>	Hours Per Year <small>(Based on hours worked)</small>

- PTO hours accrued based on hours worked, including overtime hours.
- PTO hours accrue daily with hours worked.
- May carry over 40 hours of PTO each Dec 31st, to be used by June 30th of the following year.
- Same PTO accrual rates per hour worked for full time and part time employees.
- Adjustments to your accrual rate will occur on the first pay period following your anniversary date.
- Sell off of PTO time is not allowed.



## Leave of Absences (LOA)

A leave of absence is time allowed away from work, generally requested by an employee, to cover unusual circumstances occurring in the employee's life. A leave of absence is either paid or unpaid and some leaves of absence are required by law.

ABC Company offers leave of absence benefit to those team members who need time off to care for themselves or an immediate family member for serious health condition. Team members can take a leave of absence for military duty. Please refer to the Employee Handbook for details or contact your Human Resources representative for more details.

## Tuition Reimbursement

ABC Company encourages eligible regular Full-Time Team Members to continue their education and/or develop their skills by providing tuition assistance to help with the cost of courses that are related to their jobs. Team Members become eligible to participate upon completion of one year of service. Also, Team Members are expected to attend courses on their own time, unless directed otherwise. The following course studies will be considered for reimbursement: Undergraduate and graduate courses offered through accredited colleges, universities, and technical schools if the Department Director and the Human Resources Department determine that the course of study is directly related to your current or potential work assignments.

### Application Procedure

Before you register for a course or courses, you must submit a completed Application for Tuition Reimbursement to the Vice President, Human Resources who will review your request.

You may register for the course or courses after you receive approval of your application. After you complete the approved course or courses, you must submit a transcript of your final grades and the original receipts for reimbursable expenses to the Vice President, Human Resources. After review of the required documentation, the Vice President, Human Resources will authorize reimbursement payment, if warranted, according to the reimbursement schedule. If you do not satisfactorily complete the course or courses according to the criteria of the Tuition Reimbursement Program, you will not receive reimbursement.

### Reimbursement Allocations

ABC Company will reimburse tuition, registration fees and costs of required text books (new or used), up to \$2,500 per semester, up to \$5,000 per year, and up to \$20,000 lifetime maximum according to the following schedule:

Letter Grade Received	Grade Percentage Received	Percentage of Reimbursement
A	(90% -100%)	100%
B or Pass	(80% - 89%)	75%
C	(70% - 79%)	50%
D, F, "Fail" or "Withdrew"	(69% & below)	0%



ABC Company reserves the right to request official transcripts from the Team Member or the school which the Team Member attends. The Company's granting of educational assistance is conditioned on the Team Member allowing the Company access to official transcripts as the Company deems necessary.

### **Reimbursement/Payback Policy**

ABC Company invests in educational assistance for its Team Members with the expectation that the investment will be returned through enhanced job performance or the ability to undertake additional responsibilities. However, if a Team Member voluntarily separates from Company employment, or is terminated for cause within two years of completing the course paid for by ABC Company, the Team Member agrees to repay ABC Company the tuition and/or cost of the certification. If the Team Member does not complete a course/certification, fails a course or employment is terminated for cause or voluntary separation before completing the course/certification, the Team Member must reimburse ABC Company for 100% of any monies paid by the company.

### **Team Member Discounts**

Start saving by stopping by the HR window to see a list of ABC Company Discounts offered to our employees.

### **ABC Company Wellness**



A company cannot exist without healthy team members. The everyday choices we make can help us live healthier, happier more fulfilling lives – both at work and at home. And that's why ABC Company is offering a helpful tool as part of your overall benefits package – a comprehensive Wellness program/portal designed to help you improve your health, well-being and productivity.

The goals of this program are to:

- Provide you with information about your current health status.
- Help you set realistic wellness goals.
- Arm you with tools and resources to help you reach your goals.

Your participation in this effort is completely voluntary and will allow you to:

- Access lifestyle coaching services to help you set, reach, and maintain your goals.
- Complete an online Personal Health Assessment (PHA) and biometric screening to help you identify potential health issues and risks.
- Use the online services to keep tabs on your progress.

Check out our new ABC Company Wellness Portal:

<https://employer.mycernerwellness.com/dt/v2/cernwellindex.asp>

Please take a moment to review this information online carefully so you understand how it works and can take full advantage of the opportunities it offers to you. You will see additional information on our wellness initiatives as new activities are introduced and/or become available to you. Each of us can take steps, even small ones, to improve our overall well-being. We hope you will join us by participating in this worthwhile effort. We are thrilled to offer a program that will focus on the wellbeing of our company's most valuable asset—YOU.



## Employee Assistance Program

The ABC Company commitment to helping you maintain a healthy and fulfilling life includes an exciting benefit called the Employee Assistance Program (EAP). The EAP has all the traditional counseling services designed to address significant life problems. Then, we add Work/Life benefits to address the everyday problems involved in juggling work and family. But that's not all. The benefit goes one step further to deliver benefits designed to enhance quality of life not just for employees, but for family members too. Best of all, it's free for the first 3 visits. All EAP providers are also in the Cigna network, so if you use more than 3 visits and have medical coverage, this can transition to the medical coverage and pay per plan benefits.

### EAP Services Include:

- Counseling: Face-to-Face sessions with a counselor in your area.
- Consultation and support by phone: Consultations may be related to questions about behavioral health related topics, assistance with problem identification, problem-solving skills, approaches and/or resources to address behavioral concerns.
- Legal assistance: Free, 30-minute consultation with an attorney face-to-face or by phone.
- Financial: Free 30-minute telephonic consultation by phone with a qualified specialist on issues such as debt counseling or planning for retirement
- Child care: Resources and referrals for child care providers, before and after school programs, camps, adoption organizations and information on parenting questions and prenatal care.
- Elder care: Resources and referrals for home health agencies, assisted living facilities, social and recreational programs, and long-distance care giving.
- Pet care: Resources and referrals for pet sitting, obedience training, veterinarians and pet stores.
- Identity theft: 60-minute free consultation with a fraud resolution specialist.

Connect with EAP either by phone at **1.877.622.4327** or online for free, fast and effective expert assistance at [www.Cignabehavioral.com](http://www.Cignabehavioral.com). Use Employer ID:



## MDLIVE

Get 24/7/365 access to a doctor with MDLIVE



Now there's a way to see a doctor whenever and wherever you need one. It's called MDLIVE, and it's available to you through your Cigna plan. MDLIVE connects you to a board-certified doctor by phone or online video chat. So, whether you're at home, at work or on vacation, a doctor is always in.

### How it works:

It's easy to connect with an MDLIVE doctor: *Phone* at 888.726.3171 or *online* at [www.mdlive.com/abccompany](http://www.mdlive.com/abccompany) is available 24 hours a day, seven days a week, 365 days a year to conveniently help you find treatment for minor, non-emergency conditions. You can use it anytime, from anywhere. All you need is a phone or computer with webcam. MDLIVE Telehealth is offered to all customers covered under the medical plan.

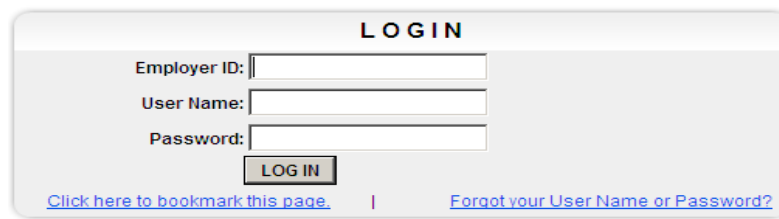
Use MDLIVE to talk to a doctor about (but not limited to):

- Acne
- Allergies
- Bronchitis
- Cold & Flu
- Fever
- Gout
- Headache
- Infections
- Joint Aches & Pains
- Nausea & Vomiting
- Pink Eye
- Rashes
- Sinus Infection
- Sore Throat
- Child Medical Conditions
- Urinary Tract Infection



## Employee Online Enrollment Guide

<https://www.eenroller.net>



### Employer ID:

Initial Username: First Initial of your name, last name (up to the first 11 letters, no spaces or dashes) and last four of your SSN. Example: **jsmith0123**

Initial Temp Password: Last four of your social security number

Once you get into the site you will be required to fill-in the **Alternate Employee Login** information. Then the site will ask you to:

- Create new password
- If you forget your username and password please click on the hyperlink “**Forgot your User Name & Password?**”
- Read the **Legal Notice** and click “**I AGREE**”.
- Your personal information will appear for review. To edit your information you will need to click on your name.
- Click on **Proceed to my Benefits**.
- This will bring you to the next page of your election options.
- Make your elections for all your health benefits and provide dependent documentation to the Benefits Dept when adding a dependent to the plan.
- Before making your Medical elections, you will be prompted to answer two pre-enrollment questions:
  - Tobacco use question
  - If your spouse has benefits through their employer
- Make sure you elect your beneficiary for your Basic Life and Basic AD&D coverage.
- If you are interested in additional voluntary life & AD&D coverage, please complete all the necessary information.
- Please **Review and Finalize** your elections. If not, your elections will not be captured and you will be without benefits for next year.
- Print a copy for your records.

# OPEN ACCESS PLUS



## How it works for you

With the Open Access Plus plan (OAP), you get choice. So, each time you need care, you choose the doctor or facility that works best for you.

### Options for care:

- › **Primary Care Physician (PCP)** – You can decide to choose a PCP as your personal doctor to help coordinate care and act as a personal health advocate. It's recommended, but not required.
- › **In-network** – Choose to see doctors or other health professionals who are in the Cigna network to keep your costs lower and eliminate paperwork.
- › **No-referral specialist care** – If you need to see a specialist, you don't need a referral.  
You may need precertification for hospital stays and some types of outpatient care. Use in-network health care professionals, and there's no paperwork for you to fill out.
- › **Out-of-network** – You have the freedom to see doctors or use facilities that are not part of the Cigna network, but your costs will be higher and you may need to file a claim.
- › **Emergency and urgent care** – When you need care, you have coverage.

**Predictable out-of-pocket costs** – Depending on your plan, you may have to pay an annual amount (deductible) before the plan begins to pay for covered health care costs. Once you meet your deductible, you pay a copay or coinsurance (a portion of the charges)

for covered services. Then, the plan pays the rest. If you receive out-of-network care, out-of-network doctors and facilities may bill you for charges that are more than what your plan pays for covered expenses.

Once you reach an annual limit on your payments (out-of-pocket maximum), the health plan pays your covered health care costs at 100%.

**24/7 service** – Whenever you need us, customer service representatives are available to take your call.

**Partner with a health advocate** – Even when you're not sure where to begin, you'll get confidential assistance from reliable, caring professionals who want to help you take an active role in your health.

### Access to myCigna.com

- › **Learn** more about your plan, and the coverage and programs that come with it.
- › **View** claim history and account transactions; print claim forms.
- › **Find** information and estimate costs for medical procedures and treatments.
- › **Compare** hospitals by number of procedures performed, patients' average length of stay and cost.



### Do I have to choose a primary care physician (PCP)?

No, but it is recommended. A PCP gives you and your covered family members a valuable resource and can be a personal health advocate.

### Do I need a referral to see a specialist?

You do not need a referral to see an in-network specialist. If you choose an out-of-network specialist, your care will be covered at the out-of-network level.

### What is the difference between in-network and out-of-network coverage?

Each time you seek medical care, you can choose your doctor – either a doctor who is in the Cigna network or someone who is not. When you visit an in-network doctor, you receive “in-network coverage” with lower out-of-pocket costs. That’s because our in-network health care professionals have agreed to charge lower fees, and your plan covers a larger share of the charges. If you visit a doctor outside of the network, your out-of-pocket costs will be higher.

### What if I need to be admitted to the hospital?

In an emergency, you have coverage. Requests for non emergency hospital stays, other than maternity stays must be approved in advance or “precertified.” This lets Cigna determine if the services are covered by your plan. Precertification is not required for maternity stays of 48 hours for vaginal deliveries or 96 hours for cesarean sections. Depending on your plan, you may be eligible for additional coverage. Any hospital stay beyond the first 48 or 96 hours must be approved.



### Who must get precertification?

Your doctor will help you decide which procedures require you to be admitted to the hospital and which can be handled on an outpatient basis. If your doctor is in the Cigna network, he or she will arrange for precertification. If you use an out-of-network doctor, you must make the arrangements. Look at your plan documents to see which procedures need precertification.

### What if I go to an out-of-network doctor who sends me to an in-network hospital? Will I pay in-network or out-of-network charges for my hospital stay?

Your plan will cover authorized medical services provided by an Open Access Plus in-network hospital at your in-network coverage level, whether you were sent there by an in- or out-of-network doctor.

### How do I find out if my doctor is in the Cigna network before I enroll?

It's quick and easy to search for in-network doctors, specialists, pharmacies and hospitals close to home and work. Go to **Cigna.com** and click on “Find a Doctor.” You can review a doctor’s background, languages spoken and hospital affiliations, and get directions

### After-hours care

Emergency room visits make sense when you have a true emergency. But for other times, more cost effective options are available. The next time you need medical care outside your physician’s business hours, try:

- Taking advantage of the ABC Company option to connect with a U.S. Board certified doctor via phone or online video chat. ABC Company is available during and after business hours and is great for when you’re traveling, too. See page 22 for details on ABC Company.

- Look for **urgent care centers** in your area. These centers can treat a broad range of medical issues, resulting in less time spent in the waiting room, and potentially lower costs too.

- There are several affordable and convenient alternatives to the emergency room

- ✓ Cerner Onsite Clinic
- ✓ Urgent Care Centers
- ✓ Convenience Clinics
- ✓ Primary Care Physician

# IT'S YOUR HRA IT'S YOUR CHOICE



## Cigna Choice Fund® Health Reimbursement Account (HRA)

### A health plan plus a health reimbursement account (HRA).

The Cigna Choice Fund HRA provides a health care plan with a health reimbursement account funded by your employer to help pay for some of your covered health care costs.

At the start of the plan year, your employer puts a specific dollar amount into your HRA. When you receive health care services, your HRA can be used first to pay 100% of your eligible health care costs until the money is used up.

The health care costs that were paid from your HRA typically count toward your deductible<sup>1</sup> – an annual amount you'll pay before the health plan begins to pay for covered health care costs.

Once you meet your deductible, you pay a percentage of the cost (coinsurance) for your covered in-network health care expenses, and the health plan pays the rest.<sup>2</sup>

Your plan includes an out-of-pocket maximum. This means that if you spend up to that maximum amount during the plan year, your health plan will pay your covered health care costs at 100% for the remainder of the plan year.

### How your Health Reimbursement Account works

**How your HRA is funded:** Money from your employer that you receive automatically, or as rewarded for healthy actions



## Features:

- › In-network preventive care is covered at no additional cost to you.
- › Choose the doctors you want to see - no referral is needed to see a specialist.
- › You're protected by an out-of-pocket maximum. Once you spend the annual maximum amount, your health plan pays covered health care costs at 100% for the remainder of the plan year.
- › Your employer puts money into your HRA to help you pay for out-of-pocket medical expenses, and meet your deductible.
- › If you enroll in the HRA plan again the following year, unused money may be available to you.<sup>3</sup> If you leave the plan or your employer, your account stays behind.

## Examples:



### Carlos

Carlos is a 35-year-old single man who is healthy, with the exception of an occasional injury. He enrolled in the Cigna Choice Fund HRA with a:

- \$1,000 health fund / \$2,000 deductible
- Health plan with 90% coinsurance payments for in-network services

## Here's how the Choice Fund HRA works for Carlos:

	<b>Year 1</b>
<b>Carlos' beginning HRA balance</b>	<b>\$1,000</b>
Carlos receives an annual preventive care exam that's covered 100% by his health plan	\$0
He also receives care for his sports injuries, including an urgent care visit (applied to the deductible)	\$400
<b>Medical expenses</b>	<b>\$400</b>
The HRA pays first	-\$400
Carlos pays	\$0
<b>Carlos' fund balance to carry over to next year's HRA</b>	<b>\$600</b>
	<b>Year 2</b>
Carlos' carryover from year 1	\$600
Employer's contribution	\$1,000
<b>Carlos' beginning balance</b>	<b>\$1,600</b>
Carlos receives an annual preventive care exam from his in-network doctor that's covered 100% by his health plan	\$0
He visits two specialists and receives prescription medications (applied to the deductible)	\$300
And has an outpatient procedure on his knee (applied to the deductible)	\$2,000
<b>Medical expenses</b>	<b>\$2,300</b>
The HRA pays first	-\$1,600
Carlos pays to meet his \$2,000 deductible	-\$400
<b>Remaining costs</b>	<b>\$300</b>
Carlos' health plan pays 90%	-\$270
Carlos pays his 10% coinsurance	-\$30
<b>Carlos' total out-of-pocket costs for the year</b>	<b>\$430</b>





### The Coopers

This active family of four is covered through Mr. Cooper's company health plan. Their oldest daughter has diabetes. Mr. Cooper enrolled his family in the Cigna Choice Fund HRA with a:

- \$2,000 health fund / \$4,000 deductible
- Health plan with 90% coinsurance payments for in-network services

### Here's how the Choice Fund HRA works for the Coopers:

	Year 1
<b>The Cooper's beginning HRA balance</b>	<b>\$2,000</b>
All four family members receive annual preventive care exams, in-network, that are covered 100% by the health plan.	\$0
Daughter receives in-network care for her diabetes, including regular doctor visits and prescription medications	\$8,000
<b>Medical expenses</b>	<b>\$8,000</b>
The HRA pays first	-\$2,000
The Coopers pay to meet their \$4,000 deductible	-\$2,000
<b>Remaining costs</b>	<b>\$4,000</b>
The Cooper's health plan pays 90% coinsurance	-\$3,600
The Coopers pay their 10% coinsurance	-\$400
<b>The Cooper's total out-of-pocket costs for the year</b>	<b>\$2,400</b>

### Cigna Choice Fund gives you more support

Cigna Choice Fund gives you access to a wide variety of programs and services that can help you maximize your health care dollars and help improve your health and well-being.

### Good information for better health

Nothing is more important than your health. That's why there's **myCigna** – a place where you can find claim and account information, innovative and easy-to-use tools to compare cost and quality information, and much more.

#### Log in to myCigna and find useful tools to help you:

- › **Find** doctors and compare cost and quality information
- › **Review** your coverage
- › **Get** Claims and Balances statements on demand to view claim history and account transactions
- › **Track** your account balances and deductibles
- › **Sign up** for email notifications to keep up to date on the status of your account
- › **Submit** receipts for reimbursement from your Cigna HRA and/or FSA<sup>4</sup>

And now you can take myCigna with you. The myCigna Mobile App\* gives you a simple way to personalize, organize and access your important health information – anytime, anywhere. It puts you in control of your health, so you can get more out of life. Plus, there's no additional cost to download.

**Register today! Visit [myCigna.com](http://myCigna.com) or download the myCigna Mobile App.**



### Preventive care at no additional cost

At Cigna, we focus on helping keep you well. That's why preventive care services are covered at no additional cost to you when you receive them from a doctor who participates in the Cigna network. Covered preventive care services include well visits, screenings and routine immunizations.<sup>5</sup>

### Opportunities to pay less

Our broad national network of doctors, hospitals and other health professionals have agreed to accept discounted payments to help you make the most of your dollars. You can see a doctor or other health care professional of your choice, even if he or she doesn't participate in a Cigna network. However, your costs will be lower if you see a Cigna-contracted health care professional.

### A phone call away

Anytime you need us, feel free to call the toll-free number printed on the back of your Cigna ID card.

- › Reach us 24/7/365.
- › Get answers to your health, claim and benefit questions as well as information on your health account balance and activity.
- › Ask for a Spanish speaking service representative or someone who can translate one of 200 languages.
- › Order an ID card, update insurance information and check claim status.
- › Work with a health advocate to take an active role in your health. You'll get confidential assistance from reliable, compassionate professionals.
- › Call a health coach trained as a nurse for help deciding where and when you should get treatment.





## Insurance Terms

**Deductible** - The deductible is the amount of your covered expenses you must pay each policy year before the insurance company begins to pay.

**Coinsurance** - After the deductible is met, you and the insurance carrier will share in the payment of your healthcare related bills. The coinsurance amount will depend on the plan you choose and whether in-network or out-of-network providers are utilized.

**Covered Expenses** - Covered expenses are the expenses that are eligible for reimbursement. All the insurance plans generally provide benefits for medically necessary services and supplies ordered by a doctor or dentist. Each option also provides benefits for certain routine and preventive services. Under all plans, when benefits are paid for out-of-pocket covered expenses, the insurance companies will consider payment of those expenses only up to the Reasonable & Customary (R&C) limits.

**Copayment** - Copayment refers to a fixed cost that you must pay per occurrence. Copayments are paid directly to the providers (i.e. physician or pharmacy).

**Explanation of Benefits (EOB)** - An explanation of benefits is a statement sent by your health insurance company to explain what medical treatments and/or services were paid for on your behalf. These are not bills, so no payment is required; however, it's important to review your EOBs to gain a better understanding of the services paid for and the cost of care.

**Formulary** – A list that contains the approved medications that are part of your prescription drug plan.

**Generic** – An FDA-approved drug, composed of virtually the same chemical formula as a brand-name drug.

**Out-of-Pocket Maximum** - This maximum limits your out-of-pocket expenses (including deductible, coinsurance and some copays) in any one policy year.

**Reasonable & Customary** - The insurance company will not pay for any charge above the Reasonable and Customary (R&C) limit when you receive services from out-of-network providers, and these charges do not apply towards your out-of-pocket maximums. R&C charges are the fees usually charged for comparable services and supplies in your geographic area. If your service with an out-of-network provider exceeds R&C, the provider may bill you for the excess. Because in-network providers charge agreed-upon rates, you will never exceed R&C charges when you use in-network providers.

**Qualifying Events** - As a reminder, you may change your elections outside of the annual enrollment period only if you have a qualifying event. Qualifying events are the birth of a child, adoption, marriage, death, divorce, a court order requiring provision of insurance to a dependent, loss of coverage (if you or your spouse/dependents are covered under another plan and then lose that coverage), Medicare eligibility, going from part-time to full-time, move or transfer out of the plan's service area, or a reduction in hours that makes you ineligible for coverage. All qualifying event changes must be consistent with the change in status. If you experience a qualifying event, it is YOUR responsibility to contact Human Resources within 30 days of the qualifying event for the appropriate forms.

# YOUR CIGNA PHARMACY BENEFIT



## Call us 24/7

CUSTOMER SERVICE & PRIOR AUTHORIZATIONS  
**800.Cigna24 (800.244.6224)**

CIGNA HOME DELIVERY PHARMACY  
**800.835.3784**

SPECIALTY PHARMACY SERVICES  
**800.351.3606**

## It's easy to manage

**At home or on the go with myCigna.com and the myCigna Mobile App.**

- › See your claim history, plan details and account balances
- › Use the Prescription Drug Price Quote tool to find pharmacies, learn how much your medications may cost and view lower cost alternatives if available.
- › Manage your Cigna Home Delivery Pharmacy orders
- › Order refills and track shipments

## Experience the benefits of Cigna Pharmacy Management

- › **One ID card for both your pharmacy and medical needs**
- › Personalized, helpful and easy customer support
- › Easy access to medications
- › One customer-focused team – medical, behavioral and pharmacy – working together to keep you healthy
- › One-on-one guidance to help you choose and use your health care wisely
- › CoachRx – helps you better understand how and when to take your medications. You can sign up to have refill reminders sent to your phone or email

## Get more with Cigna Home Delivery Pharmacy<sup>SM</sup>

- › Free standard delivery right to your home or work
- › Access to licensed pharmacists, 24 hours a day, to answer your questions and put you at ease – all from the privacy of your home
- › Up to 90-day supplies, so you fill less often (and you may pay less)
- › Refill reminders by email, voicemail or text, to help make sure you don't miss a dose
- › Packaging that stands up to harsh weather

**Call 800.835.3784 any time, day or night. With your ok we'll call your doctor and handle the rest.**

## Cigna Specialty Pharmacy Services<sup>SM</sup>

**Offers even more services if you have a complex condition**

- › Fast, free shipping – even overnight (for most medications)
- › A condition expert to personally coordinate your refills and help you manage your medication needs
- › No paperwork – Cigna will handle any prior authorizations needed
- › Rx supplies (syringes, needles, alcohol swabs, disposable containers, etc.) at no charge

**Call 800.351.3606 to talk with an expert on your condition.**



# BY YOUR SIDE AND ON YOUR SIDE

Get the most from your Cigna health benefits plan.

## Life can be busy and complicated.

As part of your Cigna plan, we give you a variety of programs and services to help make your life easier – and healthier.

### myCigna

Nothing is more important than your good health.

That's why there's myCigna – your online home for assessment tools, plan management, medical updates and much more. On myCigna you can:

- › Find doctors and medical services
- › View ID card information
- › Review your coverage
- › Manage and track claims
- › Order refills or talk to a pharmacist at Cigna Home Delivery Pharmacy<sup>SM</sup>
- › Use our Prescription Drug Price Quote tool to compare real-time drug pricing specific to your plan
- › Take your health assessment
- › Compare cost and quality ratings for doctors and hospitals
- › Access a variety of health and wellness tools and resources
- › Sign up to receive alerts when new plan documents are available
- › Track your account balances and deductible

You can also access myCigna on the go by downloading the myCigna Mobile App\*.

\* The downloading and use of the myCigna Mobile App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.

### 24/7/365 service

Whenever you need us, just call the toll-free number printed on the back of your Cigna ID card for customer assistance 24 hours a day, seven days a week, 365 days a year. You can call to:

- › Get answers to health, claims and benefit questions
- › Order an ID card, update insurance information and check claim status
- › Talk to a nurse for help deciding where and when you should get treatment
- › Find a health advocate for help improving specific health issues



### Questions?

Want to learn more about these programs and services – as well as the many other benefits in your Cigna health plan?

Call 1.800.Cigna24

Visit [Mycigna.com](http://Mycigna.com)



### In-network care

You can save money by using doctors, hospitals and health facilities that are part of your Cigna plan's network. And when you use our online directory, quality and cost-effective care are easy to find. Chances are there's a network doctor or facility right in your neighborhood.

The more you take advantage of the many benefits of your Cigna plan, the more opportunities you'll have to make more informed choices about your health. And when you need us, we'll be there - by your side, making sure you have what you need to achieve what matters most.

### Cigna Healthy Pregnancies, Healthy Babies®

When you're expecting a baby, you have big decisions to make - and probably a lot of questions to ask. Enrolling in Cigna Healthy Pregnancies, Healthy Babies® is free, and can help during your pregnancy and after.

- ▶ A member of our team will talk to you about any health issues that could affect your baby. You'll get answers to questions and help making more informed choices.
- ▶ A Cigna nurse will help you understand your doctor's care plan. Then your nurse will be there to support you throughout your pregnancy.
- ▶ You'll also receive a kit with useful tips and tools to help you have a healthier nine months and a healthier baby.

### Lifestyle Management Programs

If weight, tobacco or stress are affecting your health or your ability to live an active life, it may be time to make some changes. A health coach can provide you with personalized support to help you:

- ▶ Learn to manage your weight using a non-diet approach that helps you build confidence, change habits, eat healthier and become more active
- ▶ Develop a personal quit plan to become and remain tobacco free
- ▶ Understand the sources of your stress, and learn to use coping techniques to better manage stress both on and off the job

You can use an online or telephone coaching program - or both - for the support you need.



### Health assessment

Taking a health assessment is a quick and easy way to learn more about your health today, and to figure out how you can improve your health in the future. After completing the health assessment you'll get a report that includes your wellness score, as well as recommended programs. This report is a great tool to share with your doctor and use as a guide to help you set and achieve healthy goals.

### Cigna Healthy Rewards\*\*

Get discounts on the health products and programs you use every day for:

- ▶ Weight management and nutrition
- ▶ Vision and hearing care
- ▶ Alternative medicine
- ▶ Healthy lifestyle and fitness

Just use your ID card when you pay and let the savings begin.

\* Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. If your Cigna plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. **A discount program is NOT insurance and you must pay the entire discounted charge.**

### Chronic health condition support

Health conditions like diabetes, back pain, depression, arthritis, asthma or cardiac issues can be tough to live with. Cigna programs combine education with a personalized health management program by your doctor. You'll learn how to:

- ▶ Anticipate your symptoms and manage them better
- ▶ Reduce the risk of complications
- ▶ Understand treatment options
- ▶ Focus on stress, weight management or smoking cessation

If you need to stay in the hospital, you'll receive support before and after. Understanding and managing your symptoms sooner could ultimately give you back more time and zest for life.

### Preventive care

Getting and staying healthy is important. That's why certain preventive care services are covered at no added cost when you receive them from a doctor who participates in your Cigna plan's network. Covered preventive care services may include, but are not limited to:\*

- ▶ Screenings for blood pressure, cholesterol and diabetes
- ▶ Testing for colon cancer
- ▶ Clinical breast exams and mammograms
- ▶ Pap tests

\* Some preventive services may not be covered under your plan. For example, immunizations for travel are generally not covered. Other non-covered services/supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational). For the specific coverage terms of your plan, refer to your plan materials.

## Legal Notices

### Women's Health and Cancer Rights Act Notice

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Contact your Human Resources Representative for more information.

### 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)**.

### Important Notice from ABC Company 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 ABC Company 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 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. ABC Company has determined that the prescription drug coverage offered by the Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### **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 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 ABC Company coverage will be affected. Eligible individuals are able to enroll in a Part D plan as a supplement to the company sponsored coverage, and the two coverages will coordinate. Medicare individuals will still be eligible to receive all of their current medical coverage if they choose to enroll in a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and drop your ABC Company prescription drug coverage, be aware that you and your dependents will 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 coverage with ABC Company 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 coverage, your premium may consistently be at least 19% higher than the 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 our office for further information at the phone number listed below. 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 ABC Company 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 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](http://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 whether or not you are required to pay a higher premium (a penalty).**

Date: October 15, 2016  
Name of Entity/Sender: ABC Company  
Contact--Position/Office: Human Resources – Benefits Dept  
Address:  
Phone Number:





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

<p><b>ALABAMA – Medicaid</b></p> <p>Website: <a href="http://www.myalhipp.com">www.myalhipp.com</a> Phone: 1-855-692-5447</p>	<p><b>MINNESOTA – Medicaid</b></p> <p>Website: <a href="http://www.dhs.state.mn.us/id">http://www.dhs.state.mn.us/id</a> Click on Health Care, then Medical Assistance Phone: 800-657-3629</p>
<p><b>ALASKA – Medicaid</b></p> <p>Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529</p>	<p><b>MISSOURI – Medicaid</b></p> <p>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</p>
<p><b>COLORADO – Medicaid</b></p> <p>Medicaid Website: <a href="http://www.colorado.gov/hcpf/">http://www.colorado.gov/hcpf/</a> Medicaid Customer Contact Center: 1-800-221-3943</p>	<p><b>MONTANA – Medicaid</b></p> <p>Website: <a href="http://medicaid.mt.gov/member">http://medicaid.mt.gov/member</a> Phone: 1-800-694-3084</p>
<p><b>FLORIDA – Medicaid</b></p> <p>Website: <a href="https://www.flmedicaidprecovery.com/">https://www.flmedicaidprecovery.com/</a> Phone: 1-877-357-3268</p>	<p><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633</p>
<p><b>GEORGIA – Medicaid</b></p> <p>Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150</p>	<p><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900</p>
<p><b>INDIANA – Medicaid</b></p> <p>Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a> Phone: 1-800-889-9949</p>	<p><b>NEW HAMPSHIRE – Medicaid</b></p> <p>Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218</p>
<p><b>IOWA – Medicaid</b></p> <p>Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562</p>	<p><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>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: 1-609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710</p>
<p><b>KANSAS – Medicaid</b></p> <p>Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-800-792-4884</p>	<p><b>NEW YORK – Medicaid</b></p> <p>Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831</p>
<p><b>KENTUCKY – Medicaid</b></p> <p>Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570</p>	<p><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100</p>
<p><b>LOUISIANA – Medicaid</b></p> <p>Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a> Phone: 1-888-695-2447</p>	<p><b>NORTH DAKOTA – Medicaid</b></p> <p>Website: <a href="http://www.nd.gov/dhs/services/medicalsev/medicaid/">http://www.nd.gov/dhs/services/medicalsev/medicaid/</a> Phone: 1-800-755-2604</p>
<p><b>MAINE – Medicaid</b></p> <p>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: 1-800-977-6740 TTY: 1-800-977-6741</p>	<p><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742</p>
<p><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120</p>	<p><b>OREGON – Medicaid</b></p> <p>Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijosaludablesoregon.gov">http://www.hijosaludablesoregon.gov</a> Phone: 1-800-699-9075</p>

<b>PENNSYLVANIA – Medicaid</b>	<b>VERMONT– Medicaid</b>
Website: <a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a> Phone: 1-800-692-7462	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>RHODE ISLAND – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a> Phone: 401-462-5300	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>SOUTH CAROLINA – Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://hca.wa.gov/medicaid/premiumpynt/pages/index.aspx">http://hca.wa.gov/medicaid/premiumpynt/pages/index.aspx</a> Phone: 1-800-562-3022 ext. 15473
<b>SOUTH DAKOTA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.dhr.wv.gov/bms/">www.dhr.wv.gov/bms/</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>TEXAS – Medicaid</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>UTAH – Medicaid and CHIP</b>	<b>WYOMING – Medicaid</b>
Medicaid Website: <a href="http://health.utah.gov/medicaid">http://health.utah.gov/medicaid</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-866-435-7414	Website: <a href="http://www.health.wyo.gov/healthcarefin/equalitycare">http://www.health.wyo.gov/healthcarefin/equalitycare</a> Phone: 307-777-7531

To see if any more states have added a premium assistance program since July 31, 2015, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](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

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



*This Benefits Guide is not a contract. Its purpose is to provide summary information about your benefits. It does not fully describe each benefit. Please refer to the Summary Plan Descriptions and the material that provided by the insurance carriers for the details of each benefit. Every effort has been made to ensure that the information contained in the Guide is accurate. The provisions of the actual contract will govern in the event of a discrepancy. Any plan benefits may be modified in the future to meet Internal Revenue Service rules or otherwise as decided by ABC Company.*



## Benefit Contact Information

Benefit Plans	Vendor	Website	Phone #
Medical/Dental	Cigna	<a href="http://www.mycigna.com">www.mycigna.com</a>	1-800-Cigna24
Vision	Avesis	<a href="http://www.avesis.com">www.avesis.com</a>	1-800-828-9341
Pre-Enrollment Questions	Cigna	<a href="http://www.cigna.com">www.cigna.com</a>	1-800-401-4041
401(k)	Fidelity	<a href="http://www.netbenefits.com">www.netbenefits.com</a>	1-800-294-4015
Short Term Disability /Family Medical Leave Claim Filing	Cigna	<a href="http://www.mycigna.com">http://www.mycigna.com</a>	1-888-84Cigna (24462)
Accident and Critical Illness	Aflac	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>	1-800-433-3036
<b>Value Added Benefits</b>			
Cignassurance Program	Cigna	<a href="http://www.cignassurance.com">www.cignassurance.com</a>	1-800-570-3778
Healthy Rewards	Cigna	<a href="http://www.cigna.com/rewards">www.cigna.com/rewards</a>	1-800-258-3312
Will Preparation Program	Cigna	<a href="http://www.cignawillcenter.com">www.cignawillcenter.com</a>	1-800-901-7534
Secure Travel	Cigna		1-888-226-4567
Identify Theft Program	Cigna	<a href="http://www.cigna.com/cignaproductlist/identity-theft-program">http://www.cigna.com/cignaproductlist/identity-theft-program</a>	1-888-226-4567
Cerner Medical Center	Cerner		1-----
Auto & Home Insurance	MetLife	Visit <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a> to view your coverage, find a local agent, or get a quote	1-800-GETMET8
Hyatt Legal Services Plan	MetLife	<a href="http://info.legalplans.com">info.legalplans.com</a> Enter Access Code: GetLaw	1-800-821-6400
Employee Assistance Program	Cigna	<a href="http://www.Cignabehavioral.com">www.Cignabehavioral.com</a>	1-877-622-4327
ABC Company	Cigna	<a href="http://www.abccompany.com">www.abccompany.com</a>	1-888-726-3171

## Benefits Department Contacts

Email: [benefits@abccompany.com](mailto:benefits@abccompany.com)

Phone:

Fax:



*The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.*