



EMPLOYEE BENEFITS OPEN ENROLLMENT GUIDE

PLAN YEAR: JULY 1, 2017 – JUNE 30, 2018





Welcome to Open Enrollment for your 2017 Benefits!

Community Housing Partners is pleased to offer comprehensive benefits with choices and flexibility for you and your dependents. We continuously review our benefit programs to ensure that we are offering the highest quality coverage at an affordable cost to you.

We understand how important it is to take care of the health and wellness of you and your family and encourage you to take advantage of this opportunity to participate in our benefit plans.

This year, we have partnered with CBIZ as our benefit consultant. Our partnership with CBIZ is to ensure we are offering a competitive and comprehensive benefits offerings.

Please remember - selections you make during our 2017 **Open Enrollment** will become effective July 1, 2017.

What Community Housing Partners Values

Our employees are considered 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 to include: health & dental insurance plans, retirement planning, flexible spending accounts, employee assistance program (EAP), work life balance support, career advancement opportunities, and community commitment.

Who is Eligible?

Full Time Employees working at least 30 hours per week are eligible for Medical, Dental and FSA benefits beginning on the first day of the month following your date of hire. Life, AD&D, Short and Long Term Disability begin 90 days following your date of hire.

Eligible dependents include the employee's legal spouse (regardless of gender) and children to age 26, regardless of student and/or marital status.

When to Enroll

Employees can enroll in the Community Housing Partners benefit plans each year during Open Enrollment. New hires have 31 days from their date of eligibility to complete their enrollment process on CBIZ EMS (www.cbizems.com). Our open enrollment period is from Wednesday May 31st through Monday June 26th. Benefits will be effective July 1st.

Employee Contributions

Community Housing Partners is pleased to offer employees a comprehensive health and welfare plan, for which Community Housing Partners pays the majority of the costs. Employees share in the cost of these coverages through pre-tax payroll contributions which are based on your coverage selection.

How to Make Changes

Unless you have a qualified change in status or life event, you cannot make changes to the benefits you elect until the next open enrollment period (June 2018). 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, employment status or spouse's open enrollment period.

What if I have Questions?

During Open Enrollment, you may reach out to the Employee Call Center with questions. The CHP Employee Call Center is a **new** resource, operated by CBIZ, for employees who have questions during Open Enrollment. You can reach out for assistance with: benefit details, issues with the EMS website, finding in-network providers, resolving claims issues, and more.

Employee Call Center representatives can be reached Monday through Friday from 8:30am to 4:30pm EST during Open Enrollment. (Wednesday, 5/31/17 – Monday, 6/26/17)

Toll Free: (800) 820-5090
Email: pabenefits@cbiz.com



CBIZ EMS (Employee Management Solutions)

CBIZ EMS (Employee Management Solutions) is a complete and secure web-based human resources management system that provides extensive automation of all of your HR-related activities.

Visit www.cbizems.com to log into the Employee Portal Homepage.

- Enter your User ID and Password.
 - If it is your first time on the site, or if you do not know your account information, please click on the “First Time User? Forgot or want to reset your password?” link. The system will prompt you to enter your SSN and date of birth to verify your identity. The system will then advise you of account credentials. Going forward, your username will be **first name.last name** (example: **maria.casas**) and you will create your password.
 - Returning user’s login name is **first name.last name** (example: **maria.casas**)
- Once you have logged in, select the “Change Events” icon at the bottom of the left of the homepage to commence the enrollment process. Please note, the Open Enrollment link will only be activated during the active Open Enrollment window. You will not have access to the Open Enrollment event outside of this enrollment window. New hires have 31 days from their date of eligibility to enroll. For example, if you were hired on February 15th, you will be eligible for benefits on March 1st and will have 31 days (March 31st) to complete your enrollment.
- Review information on each tab beginning from the “Instructions” through “Confirmation” tabs. You will be required to click “Save and Continue” through each tab and submit this event to complete your online enrollment.
- Should you wish to make changes to personal information, dependent, beneficiary and/or emergency contacts, you will be allowed the opportunity to do so on each of the tabs. Please note, you must update the relationship types on the dependents tab for any children you wish to enroll in benefits. If you do not update the relationship type, you cannot enroll children under the applicable benefit plan.
- Under the “Benefits” tab, you may choose to elect a different plan, coverage level or waive elections.
- Please complete the enrollment process and submit your enrollment on the “Confirmation” tab.
- You will receive a notification via email when the event is reviewed and processed by the Human Capital Management Department.
- Compliance notices and detailed plan design information can be found in the document section on www.cbizems.com.

Need help accessing the System? Call the CBIZ Call Center at (800) 820-5090.

Call the CBIZ Call Center at (800) 820-5090 for step-by-step help with your online enrollment and questions related to your benefits.

**CBIZ Call Center Hours of Operation
Monday through Friday, 8:30 – 5:00 EST**



Medical and Prescription Drugs



It's more important than ever to have medical coverage to help protect you and your family both physically and financially. CHP offers comprehensive medical insurance through Anthem BlueCross BlueShield. You share in the cost of coverage by contributing through pre-tax payroll deductions.

By offering a choice of two plans, you have the flexibility to choose the benefits that meet your personal needs. Each plan has its own advantages and includes comprehensive prescription coverage and a discount vision plan. You do not need to choose a Primary Care Physician (PCP) and do not need referrals to see Specialists in either plan. *Please refer to your benefits summary for more detailed information.*

Please note: Deductibles reset at the end of the Calendar Year (12/31/17)

Plan Design	Anthem 25/500 Plan		Anthem 30/2000 Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible: (1/1-12/31)				
- Single	\$500	\$1,000	\$2,000	\$3,000
- Family	\$1,000	\$2,000	\$4,000	\$6,000
Out of Pocket Maximum:				
- Single	\$4,500	\$6,250	\$5,500	\$7,750
- Family	\$9,000	\$12,500	\$11,000	\$15,500
Coinsurance:	30%	30%	20%	30%
Office Visits:				
- Preventive Care	Covered 100%	Ded then 30%	Covered 100%	Ded then 30%
- Primary Care Physician	\$25 copay	Ded then 30%	\$30 copay	Ded then 30%
- Specialist	\$50 copay	Ded then 30%	\$50 copay	Ded then 30%
Lab and Diagnostic Services:				
- Preventive Screenings	Covered 100%	Ded then 30%	Covered 100%	Ded then 30%
- Outpatient	Ded then 30%	Ded then 30%	Ded then 20%	Ded then 30%
- Diagnostic Lab (e.g. CT, PET, MRI, MRA and Nuclear Medicine)	Ded then 30%	Ded then 30%	Ded then 20%	Ded then 30%
Hospitalization:				
- Inpatient	Ded then 30%	Ded then 30%	Ded then 20%	Ded then 30%
- Outpatient	Ded then 30%	Ded then 30%	Ded then 20%	Ded then 30%
- Emergency Room <small>(w waived if admitted)</small>	Ded then 30%		Ded then 20%	
- Urgent Care	Primary Care Physician: \$25 Specialist: \$50	Ded then 30%	Primary Care Physician: \$25 Specialist: \$50	Ded then 30%
Prescription Drugs:	Deductible: Single \$250 / Family \$500		Deductible: Single \$250 / Family \$500	
- Generic Formulary	\$15 copay		\$15 copay	
- Brand Formulary	\$50 copay		\$50 copay	
- Non-Formulary	\$90 copay		\$90 copay	

www.anthem.com

Semi-Monthly Cost		
	Anthem 25/500	Anthem 30/2000
Employee Only	\$93.52	\$67.36
Employee + Child	\$132.90	\$95.73
Employee + Children	\$203.80	\$150.71
Employee + Spouse	\$246.76	\$186.88
Employee + Family	\$336.75	\$253.02



Community Housing Partners provides you with two PPO Dental plan options through **Anthem**.

Both PPO plan options offer a broad network of dentists to provide affordable coverage based on the type of service you obtain. Additionally under either plan you may obtain covered services from any certified dentist. While there is coverage for out-of-network dentists, you may be required to pay the provider at the time of service, and you may incur higher out-of-pocket costs as the benefits are subject to the Maximum Allowable Charge (MAC) set by Anthem. www.Anthem.com

\$250 Carryover: If you submit at least one claim for a covered service during the plan year and you do not go above the claim threshold of \$500, you are eligible to carryover \$250 added to your annual maximum for the next plan year. The maximum that can be carried in the carryover account is \$1,000.

Services	Low PPO		High PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Maximum <i>(per covered individual)</i>	\$1,000		\$1,000	
Deductible (1/1-12/31) - Individual - Family	\$50 \$150		\$50 \$150	
Preventive (Class I) i.e., exams, cleanings, bitewing x-rays, intraoral x-rays	No Charge	No Charge	No Charge	No Charge
Basic (Class II) i.e., amalgam fillings (silver colored), front composite fillings (tooth colored), back composite fillings (amalgam benefit)	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%
Major (Class III) i.e., crowns, prosthodontics, dentures, bridges, dental implants, prosthetic repairs, adjustments, endodontics, root canal, periodontics, scaling and root planning, oral surgery	Not Covered	Not Covered	1 year Waiting Period for Major Services	
			Deductible, then 50%	Deductible, then 50%
Orthodontia (Class IV)	Not Covered	Not Covered	Not Covered	Not Covered

	Semi-Monthly Cost	
	High PPO	Low PPO
Employee Only	\$10.52	\$4.20
Employee + Child(ren)	\$31.01	\$16.36
Employee + Spouse	\$27.44	\$14.24
Employee + Family	\$48.09	\$26.48



Vision

Employees have the Blue View discount vision plan if you enroll in the Medical plan. With the Blue View Vision plan, you receive discounts on various services and materials at lesser costs when visiting in-network providers. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. Popular national retail stores such as LensCrafters, Target Optical, Sears Optical, JCPenney Optical and most Pearle Vision locations are all in-network. Log into www.anthem.com and select **Find a Doctor** to find a provider. Alternatively, you can also call the member services number found on the back of your ID card. Members are eligible to receive an eye exam, frames, and lenses or contact lenses once every calendar year.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Routine Eye Exam			
A comprehensive eye examination	\$15 copay	Up to \$30 allowance	Once every calendar year

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY		Member Pays
Retinal Imaging	<ul style="list-style-type: none"> At member's option can be performed at time of eye exam 	Not more than \$39
Eyeglass Frame	<ul style="list-style-type: none"> When purchased as part of a complete pair of eyeglasses* 	35% off retail price
Eyeglass Lenses Standard plastic material	<ul style="list-style-type: none"> When purchased as part of a complete pair of eyeglasses*: <ul style="list-style-type: none"> Single Vision \$50 Bifocal \$70 Trifocal \$105 	
Eyeglass Lens Options and Upgrades When purchasing a complete pair of eyeglasses* (frame and lenses), you may choose to upgrade your new eyeglass lenses at a discounted cost. Member costs shown are in addition to the member cost of the standard plastic eyeglass lenses.	<ul style="list-style-type: none"> When purchased as part of a complete pair of eyeglasses*: <ul style="list-style-type: none"> UV Coating \$15 Tint (Solid and Gradient) \$15 Standard Scratch-Resistant Coating \$15 Standard Polycarbonate \$40 Standard Anti-Reflective Coating \$45 Standard Progressive Lenses (add-on to Bifocal) \$65 Other Add-Ons 	20% off retail price
Conventional Contact Lenses (non-disposable type)	<ul style="list-style-type: none"> Discount applies to materials only 	15% off retail price

* If frames, lenses or lens options are purchased separately, members will receive a 20% discount instead.

ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM

Other savings offers are available on eyewear, hearing aids and even LASIK laser vision correction surgery through a variety of vendors. Just log in at anthem.com, select discounts, then Vision, Hearing & Dental.

Healthcare (FSA)

Healthcare FSA Maximum allowable contribution for 2017 is \$2,600. \$500 of unused funds will carry over into the next plan year (July – June).

Note: If you are currently enrolled, you have until December 12, 2017 to submit claims incurred during the plan year (July 1, 2016 – June 30, 2017).

Dependent Care (FSA)

Dependent Care FSA Maximum allowable contribution for 2017 is \$5,000. The plan includes a 75 day grace period (July 1, 2017 through September 13, 2018).

Note: If you are currently enrolled, you have until December 12, 2017 to submit claims incurred during the plan year (July 1, 2016 through September 13, 2017).

Why not use pre-tax dollars to pay for medical co-pays, prescriptions, and/or daycare fees, thereby reducing your taxable income and increasing your take-home pay? It's a no-brainer.

The pre-tax advantages of a Flexible Spending Account (FSA) allow you to save **up to 30%** on your eligible healthcare and/or dependent care expenses every year. Consider how much you spend on these costs for you and your qualified dependents in one year and how much you could save by using pre-tax dollars.

How it Works

FlexSystem FSA is offered through your employer and is administered by TASC. When you choose to enroll in a FlexSystem **Healthcare FSA** and/or **Dependent Care FSA**, you determine the dollar amount you want to contribute to each account based on your estimated expenses for the upcoming Plan Year. Your contributions will be deducted in equal amounts from each paycheck, **pre-tax**, throughout the Plan Year.

The more you contribute to these accounts, the more you reduce your taxable gross salary. And with less taxes taken, your take-home pay increases!


Your total annual Healthcare FSA contribution amount is available immediately at the start of the Plan Year. Dependent Care FSA funds are available up to the current account balance only.

Online Enrollment and Contributions

Annual FSA contributions are set by your employer, but are limited to the IRS maximums per Plan Year. View current IRS limits at: www.tasconline.com/benefits-limits/

Use our **online tax-savings calculator** to help determine how much you should contribute to each FlexSystem account per year.

To check you limits, go to www.tasconline.com/benefits-limits/



The TASC Card Convenience

Enjoy easy access to your FSA funds with the swipe of a card instead of out-of-pocket spending and requesting a reimbursement!

Example of Tax Savings Through an FSA		
	Before Enrolling in an FSA	After Enrolling in an FSA
Annual Earnings	\$36,000.00	\$36,000.00
Annual FSA Election Amount	\$0.00	-\$1,500.00
Taxable Income	\$36,000.00	\$34,500.00
Approximate taxes paid (27.65%) rounded to the nearest dollar	-\$ 9,954.00	-\$ 9,539.00
Annual tax savings/increase in spendable income by enrolling in an FSA		\$ 415.00



Multiple self-service tools available to easily manage your FlexSystem account(s) and TASC Card transactions:

MyTASC Online: www.tasconline.com

MyTASC Mobile App: www.tasconline.com/mobile

MyTASC Text Messaging (SMS)

How to Access Your FSA Funds

As eligible expenses are incurred, you have two options to access your available FlexSystem FSA funds:

1) TASC Benefits Card: upon enrollment into the Plan, you will receive a TASC Card in the mail, which can be used to pay for eligible expenses at the point of purchase. Simply swipe your TASC Card where MasterCard is accepted.

With smart card technology, the TASC Card automatically pays for and substantiates most eligible expenses without requiring any paperwork.

2) Request a Reimbursement: simply submit a request for reimbursement to FlexSystem using one of the following methods:

- Submit via MyTASC Mobile App (free download)
- Submit via MyTASC Text Message (SMS)
- Download Request for Reimbursement form online (paper)

Your reimbursement is direct deposited into your **MyCash account** or a designated bank account. MyCash funds are accessible via your TASC Card to be used for **any** type of purchase or ATM cash withdrawal.

Eligible Expenses

FlexSystem FSA funds may only be used for eligible expenses under your healthcare FSA and/or dependent care FSA. Some eligible expenses include:

- Medical/dental office visit co-pays
- Dental/Orthodontic care services
- Eye exams and prescription glasses/lenses
- Prescriptions
- Vaccinations
- Daycare Fees

A complete list can be found at www.irs.gov in IRS Publications 502 & 503. Please note insurance premiums are NOT eligible for reimbursement.

Important Considerations

FSA Funds do not Rollover:

It is important to be conservative in making elections because any unused funds left in your FSA at the close of the Plan Year are not refundable to you (the exception to this rule is for the Healthcare FSA where funds (up to \$500) may carryover to the next Plan Year Healthcare FSA as elected by your employer). You are urged to take precautionary steps, such as tracking account balances on the FlexSystem website and/or using the Interactive Voice Response System, to avoid having funds remaining in your account at year-end.

Changing Elections During the Plan Year:

You may change your FSA elections during the Plan Year only if you experience a change of status such as:

- a marriage or divorce
- birth or adoption of a child, or
- a change in employment status

Refer to the *Change of Election Form* (available from your employer) for a complete list of circumstances acceptable for changing elections mid-year.



Total Administrative Services Corporation
2302 International Lane | Madison, WI 53704-3140
www.tasconline.com | 800.422.4661

FX-4245-040116



Basic Life and Accidental Death & Dismemberment Insurance

Community Housing Partners provides **Life and Accidental Death & Dismemberment (AD&D)** insurance at no premium cost to employees. This benefit is provided through Companion Life. www.companionlife.com

Life and AD&D

Class Description	Life and AD&D
All full-time eligible employees	1x annual salary; max \$250,000

Basic Life and AD&D Reduction Schedule

Percent Reduction	At Age
35%	65
50%	70
75%	75

- Benefits terminate at retirement unless provided for in the Schedule of Benefits.
- Basic Life insurance includes waiver of premium.
- Guaranteed Issue: \$200,000.

AD&D benefits are equal to the amount of Life benefits. The full AD&D benefit is payable for the following losses if such loss is the result of an accident: loss of life, loss of both hands or both feet, loss of sight in both eyes, loss of a hand and a foot, loss of a hand or a foot and the sight in one eye. Half of the AD&D benefits is payable for the following losses if such loss is the result of an accident: loss of a hand, loss of a foot, loss of the sight in one eye. The loss must occur within 90 days of the date of the accident. Total payment arising out of one accident may not exceed the amount for which the employee is insured.

Waiver of Premium – If an employee is totally and permanently disabled prior to age 60, Life coverage will be continued without payments of premium subject to any scheduled reductions and terminations. The employee may apply for this benefit after 12 months of total and continuous disability. Coverage continues for eligible employees whether or not the master policy remains in force but terminates at the earlier of retirement or age 65.

Conversion Privilege – Employees may convert to an individual life policy within 31 days of leaving active employment. No evidence of insurability will be required.

Accelerated Benefit – For Basic Group Life policies with employee coverage amounts of \$10,000 or more, an eligible employee as of the policy effective date who becomes terminally ill while covered by Companion Life can immediately access 50% of their benefit (maximum \$50,000) without administrative or interest charges. Employees enrolled after the initial policy effective date become eligible for this benefit after one year of continuous coverage.



Companion Life

P.O. Box 100102 | Columbia, SC 29202-3102
800-753-0404 | 800-836-5433 fax
c.life@companiongroup.com | CompanionLife.com
Rated A+ (Superior) by A.M. Best

This outline of coverage for Life and AD&D is not a contract. Full details of the coverage are included in the certificate of coverage and master policy from Companion Life. Plan is administered and underwritten by Companion Life.

Voluntary Life Insurance

Community Housing Partners also offers you the opportunity to purchase Supplemental Life insurance for both you and your family. You can only purchase dependent supplemental life insurance if you purchase supplemental life insurance for yourself. If you leave Community Housing Partners, you are able to continue your voluntary life insurance benefits. Contact the Human Capital Management Department for more information. This benefit is provided by Companion Life.

- **Benefit** choice of \$5,000 increments, minimum amount \$10,000 with a maximum of \$300,000 (up to 7x salary).
- **Dependent child benefit** is a choice of \$2,500, \$5,000, \$7,500 or \$10,000. Monthly rate is \$.16 per \$1,000.
- **Spouse benefit:** \$5,000 increments, not to exceed 50% of the employee amount; \$50,000 maximum benefit.
- **Accelerated benefit provision:** You may access up to 50% of the benefit in the event of a terminal illness (maximum \$50,000).
- **Portability provision:** You may continue the policy for you and your spouse at the same group rates if your employment ends, policy continues until the employer's policy cancels.
- **Waiver of premium provision:** You may stop paying premiums if you become totally disabled.
- **Conversion privilege:** Conversion to permanent insurance available.
- **Age reduction formula:** Employee and spouse life insurance benefit reduces to 65% at the employee's age 65, reduces to 50% of the original amount at age 70, to 35% at age 75, to 20% at age 80, and terminates at the employee's retirement, whichever occurs first.
- **Guaranteed Issue:** Employee: \$200,000; Spouse: \$50,000; Children: \$10,000



Please remember to update your beneficiaries!



Disability Income Benefits- Short & Long Term

Your disability benefits provide you with a source of income in the event that you are not able to work due to an accident, illness or injury. These benefits are provided by Mutual of Omaha. www.mutualofomaha.com

Community Housing Partners offers this important benefit at no premium cost to employees.

Short-Term Disability (STD):

BENEFITS	
Elimination Period	<p>If Your Disability is a result of an Injury, Your Elimination Period is 14 calendar days.</p> <p>If Your Disability is a result of a Sickness, Your Elimination Period is 14 calendar days.</p>
Weekly Benefit	<p>If You are Disabled and unable to generate Current Earnings greater than 20% of Your Weekly Earnings, the Weekly Benefit while Disabled is the lesser of:</p> <ul style="list-style-type: none"> • 60% of Your Weekly Earnings, less Other Income Benefits; or • the Maximum Weekly Benefit. The Maximum Weekly Benefit is \$1,000, less any Other Income Benefits. <p>If You are Disabled and unable to generate Current Earnings that equal between 20% and 99% of Your Weekly Earnings, the Weekly Benefit will be the Weekly Benefit payable while Disabled, unless the sum of:</p> <ul style="list-style-type: none"> • the Gross Weekly Benefit while You are Disabled; plus • Other Income Benefits You receive or are eligible to receive; plus • Current Earnings while You are Disabled; <p>exceeds 100% of Your Weekly Earnings. If this sum exceeds 100% of Your Weekly Earnings, the Weekly Benefit will be reduced by that excess amount.</p>
Maximum Benefit Period	<p>The maximum number of weeks that benefits are payable for a continuous period of Disability is 11 weeks.</p>

Long-Term Disability (LTD): If you remain disabled for 90 consecutive calendar days due to any one disabling injury or illness, you are eligible for LTD benefits. This coverage provides continued income that equals 60% of your salary to a maximum of \$5,000/month, less any other income benefits (minimum amount: \$50). These LTD benefits are payable until your Normal Retirement Age under the Social Security Act if you remain disabled.

A Pre-Existing condition may not be covered during specified months prior to/following your effective date. Please refer to the SPD for additional information.

BENEFITS	
Elimination Period	<p>The Elimination Period is 90 calendar days.</p> <p>For accumulating days of Disability to satisfy the Elimination Period, the following will apply:</p> <ul style="list-style-type: none"> • a period of Disability will be treated as continuous during the Elimination Period unless Disability stops for more than 30 continuous days; and • days You are not Disabled will not be used to satisfy the Elimination Period.
Monthly Benefit	<p>If You are Disabled and earning less than 20% of Your Indexed Pre-Disability Earnings, the Monthly Benefit is the lesser of:</p> <ul style="list-style-type: none"> • 60% of Your Basic Monthly Earnings, less Other Income Benefits; or • the Maximum Monthly Benefit. The Maximum Monthly Benefit is \$5,000, less any Other Income Benefits.



403(b) Employee Retirement Plan

Features and Highlights

Read these highlights to learn more about your Plan. If there are any discrepancies between this document and the Plan Document, the Plan Document will govern.

About the 403(b) Tax-Deferred Retirement Plan

A 403(b) plan is a retirement savings plan designed for employees of public schools and tax-exempt organizations. A 403(b) plan allows eligible employees to supplement any existing retirement and pension benefits by saving and investing before-tax dollars through a voluntary salary contribution. Contributions and any earnings on contributions are tax deferred until money is withdrawn. CHP will match up to 2% of your 403(b) contribution. Please note, the match percentage is at CHP's discretion each year and is subject to change in the future.

Enrollment

You will be automatically enrolled at 2% unless you select a different amount or sign a waiver on or after 30 days from your participation date.

Contribution Limits Before-Tax Contributions

In 2017, the before-tax contribution amount is between 1% and 100% of your compensation or \$18,000, whichever is less.

Participants turning age 50 or older in 2017 may contribute an additional \$6,000.

Roth Contributions

The Roth option will give you the flexibility to designate all or part of your 403(b) elective deferrals as Roth contributions.

All Roth contributions are made with after-tax dollars, as opposed to pre-tax dollars you may contribute to a traditional 403(b). In other words, with the Roth option, you've already paid taxes on the money you contribute. With the traditional 403(b), your contribution is made on a pre-tax basis and you pay taxes only when you take a distribution.

Quick Tip

Being automatically enrolled, you now have the opportunity to get the most out of this valuable employer-provided benefit with a higher contribution amount. The more you save today means potentially more for your future. Get the retirement income you want and deserve so you can continue your current lifestyle when you're retired by contributing as much as you can.



For More Information

Visit

www.empower-retirement.com/participant

Call

(800) 338-4015

Remember:

You can make changes to your plan at any time by visiting
www.empower-retirement.com/participant.

Employee Assistance Program

Balancing your work and home life is not easy. With Carilion, your confidential employee assistance program, you don't have to face life challenges alone. Carilion provides guidance for personal issues that you might be facing and information about other concerns that affect your life. **You receive 4 face-to-face visits per family member per year (paid for by CHP).**

Call 1-800-992-1931 for unlimited 24/7 free telephonic consultation with an EAP counselor or visit www.carilionclinic.org/eap.

Helping Employees Achieve Their Best HOW TO USE YOUR EMPLOYEE ASSISTANCE PROGRAM

WHAT IS THE EAP?

The Employee Assistance Program (EAP) is a voluntary, confidential service providing professional counseling and referral services designed to help you with your personal, job, or family problems. Its purpose is to help employees and their families identify, resolve, and gain control over personal problems that may be interfering with work and daily life.

WHAT KINDS OF PROBLEMS CAN THE EAP HELP WITH?

Through short-term counseling, EAP can help you understand what options are available for virtually any issue or problem that may arise, including:

- Emotional
- Family
- Grief or loss
- Alcohol or substance abuse
- Marital
- Job-related
- Legal or financial



WHY USE THE EAP?

You may want to talk with an EAP counselor if:

- You spend much of your day worrying about a particular problem
- Your job, family life, relationships, or health are affected by a problem
- You try to convince yourself that the problem will get better, but it never does
- You realize you have a problem, but you don't know where to go for help
- You have a problem and want to talk about it with someone outside of the problem

WHAT CAN YOU EXPECT FROM THE EAP?

Assistance is available immediately. Please call **800-992-1931** to request an appointment. Our staff will help you in connecting with a counselor near you. Your counselor can:

- Help assess the problem
- Provide short-term counseling, when appropriate
- Help you in selecting a specific resource, when necessary
- Involve family members, when needed
- Follow-up to ensure you receive quality assistance



WHAT WILL USING THE EAP COST?

Your initial sessions with a licensed or certified counselor are prepaid through your employer. Additional sessions, if needed, will utilize your present insurance or community resources. If a referral to an outside provider is needed, your counselor will recommend carefully selected resources. Your health insurance and other financial factors will be taken into consideration to help ensure that needed services are affordable.

IS THE EAP CONFIDENTIAL?

Yes. Your request for assistance and any information that may be shared is between you and your counselor. All EAP records are kept strictly confidential. Information from the EAP may be released only with your prior written permission. Participation in the EAP will not jeopardize your job or career.

CHP Homeownership

CHP Homeownership is a department within CHP that specializes in everything home buying. Currently there is not a Homeownership office near you, but they can give you advice and resources on topics related to home buying. As a CHP employee, you can take the online home buyer education class for free. Information is on the flyer or you can contact us for more information. Contact information can be found on the contacts page (page 22). Also visit www.chphomeownership.org.

CHP HOMEOWNERSHIP

Did you know CHP has a department to help YOU start your path towards homeownership?
CHP Homeownership is your resource!

**AS AN EMPLOYEE OF CHP, YOU CAN TAKE OUR ONLINE CLASS FOR FREE
EXPLAINING THE ENTIRE HOMEBUYING PROCESS.**

- Visit, chp.frameworkhomeownership.org
- Click, “Register Now”



CONTACT US FOR FURTHER DETAILS

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.

Statement of Rights under the Newborns' and Mothers' Health Protection Act

Under Federal law, group health Plans and health insurance issuers offering group health insurance coverage generally may not restrict Benefits for any Hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the Plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under Federal law, plans and issuers may not set the level of Benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under Federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain prior authorization or notify the Claims Administrator. For information on notification or prior authorization, contact your issuer.



Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

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, 2017. Contact your State for more information on eligibility –

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



KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-462-1120	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820



SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since January 31, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 12/31/2019)



Important Notice from Community Housing Partners 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 Community Housing Partners 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. Community Housing Partners 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 Community Housing Partners 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 Community Housing Partners 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 Community Housing Partners 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 Community Housing Partners changes. You also may request a copy of this notice at any time.



For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

Date:	May 30, 2017
Name of Entity/Sender:	Community Housing Partners
Contact--Position/Office:	HR Generalist
Address:	448 Depot Street NE, Christiansburg, VA 24073
Phone Number:	(540) 382-2002



Important Contact Information

Line of Coverage	Group #	Carrier	Website	Phone
Medical Dental	Medical: 73269 Dental: 506894	Anthem	www.anthem.com	(800) 451-1527
Life AD&D Voluntary Life AD&D	367-25-45174-000	Companion Life	www.companionlife.com	(800) 753-0404
Disability	G000118A	Mutual of Omaha	www.mutualofomaha.com	(800) 877-5176
Employee Assistance Program	N/A	Carilion EAP	www.carilionclinic.org/eap	(800) 992-1931
Flexible Spending Accounts	4103-9299-7774	TASC	www.tasconline.com	(800) 422-4661
Employee Call Center	N/A	CBIZ	Email: pabenefits@cbiz.com	(800) 820-5090
CHP Homeownership	N/A	CHP	Email: ownahome@chpc2.org	Florida: (352) 726-2092 Virginia: (540) 260-9039
403(B)	N/A	Empower Retirement	www.empower-retirement.com	(800) 338-4015



Human Capital Management Department

Martha Lyons
 Payroll and Benefits Coordinator
 Phone: 540-382-2002, ext. 3308
 Email: mlyons@chpc2.org

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.