

# 2017

## Employee Benefits Overview



 **Alliant**  
Aetna/Premera



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**Notice:** Please refer to your local office contact for additional information regarding your medical and/or wellness programs.



## For Your Benefit

At Alliant Insurance Services Inc., we believe that you, our employees, are our most important asset. Helping you and your families achieve and maintain good health—physical, emotional and financial—is the reason Alliant offers you this benefits program. This benefits overview will help you understand the benefit choices available to you and allow you to be the best healthcare consumer possible as you take an active role in managing your health. Please review it carefully and make sure to ask about any important issues that are not addressed here. A list of plan contacts is provided at the back of this summary.

### **IMPORTANT NOTICE:**

While we've made every effort to make sure this benefits overview is comprehensive, it cannot provide a complete description of all benefit provisions. For detailed information, please refer to your plan benefit booklets, or summary plan descriptions (SPDs). Alliant is required by law, ERISA (Employee Retirement Income Security Act), to make available to you Summary Plan Descriptions (SPDs) for Alliant's medical plans, dental plans, vision plan, life insurance plans, disability plans and flexible spending accounts. These documents summarize each insurance plan and provide valuable information on plan coverage, services and legal rights. The SPDs are available on AlliantNet.

**The benefits in this summary are effective:**

**March 1, 2017 - February 28, 2018**

# Eligibility



## WHO IS ELIGIBLE?

In general, full-time, regular employees working 30 or more hours per week are eligible for the benefits outlined in this overview. For medical coverage you are eligible if you are a full-time, temporary (employed directly by Alliant) or variable hour employee working at least 30 hours per week.

You can enroll the following family members in our plans.

- Your spouse (the person who you are legally married to under state law).
- Your Registered Domestic Partner (RDP), where applicable by state law, is eligible for coverage if you have completed a Domestic Partner Affidavit. Please review the affidavit carefully because it includes important information about the guidelines for adding, ending or changing your domestic partner.
- Your children (including natural children, step-children, children of a domestic partner, and children fostered under legal custody, and children covered under legal guardianship):
  - o Up to the age of 26 are eligible to enroll in medical coverage (age 25 for all other plans). They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
  - o Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
  - o Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

## DEPENDENT VERIFICATION

Adding dependents is subject to eligibility verification in order to ensure only eligible individuals are participating in our plans. You will be required to provide proof of one or more of the following within 31 days of their eligibility:

- Marriage Certificate or License
- Domestic Partners Affidavit
- Birth Certificate
- Final decree of divorce
- Court documents showing legal responsibility for adopted children, foster children or children under legal guardianship
- Physician's written certification of disabling condition (for dependent children over age 26 incapable of self-support)

If you do not supply the proper documentation to add dependents within 31-day period, you will not be able to add the dependent(s) until the next open enrollment period.

## WHO IS NOT ELIGIBLE?

Members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings.
- Employees who work less than 30 hours per week, temporary employees not on Alliant's payroll, contract employees, or employees residing outside the United States.

**All elections and changes made during Open Enrollment will become effective March 1<sup>st</sup>**



# Eligibility

## WHEN CAN I ENROLL?

Coverage for new full-time employees begins on the first of the month following date of hire.

## BENEFIT CHANGES PERMITTED DURING THE YEAR

Other than during annual open enrollment, you may only make changes to your benefit elections if you experience a qualifying event or qualify for “special enrollment.” If you qualify for a mid-year benefit change, you will be required to submit proof of the change.

### Qualifying Events Include:

- Change in legal marital status, including marriage, divorce, legal separation, annulment, and death of a spouse
- Change in number of dependents, including birth, adoption, placement for adoption, or death of a dependent child
- Change in employment status that affects benefit eligibility, including the start or termination of employment by you, your spouse, or your dependent child
- Change in work schedule, including a switch between part-time and full-time employment that affects eligibility for benefits
- Change in a child’s dependent status, either newly satisfying the requirements for dependent child status or ceasing to satisfy them
- Change in place of residence or worksite, including a change that affects the accessibility or network providers
- Change in your health coverage or your spouse’s coverage attributable to your spouse’s employment
- Change in an individual’s eligibility for Medicare or Medicaid
- A court order resulting from a divorce, legal separation, annulment, or change in legal custody (including a Qualified Medical Child Support Order) requiring coverage for your child
- An event that is a “special enrollment” under the Health Insurance Portability and Accountability Act (HIPAA) including acquisition of a new dependent by marriage, birth or adoption, or loss of coverage under another health insurance plan
- An event that is allowed under the Children’s Health Insurance Program (CHIP) Reauthorization Act. Under provisions of the Act, employees have 60 days after the following events to request enrollment:
  - Employee or dependent loses eligibility for Medicaid
  - Employee or dependent becomes eligible to participate in a premium assistance program under Medicaid or CHIP

## THREE RULES APPLY TO MAKING CHANGES TO YOUR BENEFITS DURING THE YEAR:

- ✓ Any change you make must be consistent with the change in status;
- ✓ You must make the change within 31 days of the date the event occurs; and
- ✓ All proper documentation is required to cover dependents (marriage certificates, birth certificates, etc.)





# How to Enroll

Enrolling is easy. Take care of your benefits in a few simple steps. Just follow the steps below. If you have any questions, call the Alliant Corporate Benefits team at (888) 324-7471.

## ENROLLING IS EASY

### 1. REGISTER OR LOGIN

Visit [mybenefitsatalliant.com](http://mybenefitsatalliant.com) and login by entering your username and password.

If you are a first-time user, click on ‘**Register**’ to set up your user name, password, and security questions.

Our Company key is **alliant** (note: it’s case sensitive). Once on the home page, you can learn more about your benefit options.

### FORGOT YOUR USER NAME OR PASSWORD

Visit [mybenefitsatalliant.com](http://mybenefitsatalliant.com) and click on the ‘**Forgot your user name or password?**’ link

Enter your social security number, company key and date of birth

Answer your Security Phrase

Enter and confirm your new password, then click ‘**Continue**’ to return to this page and login.

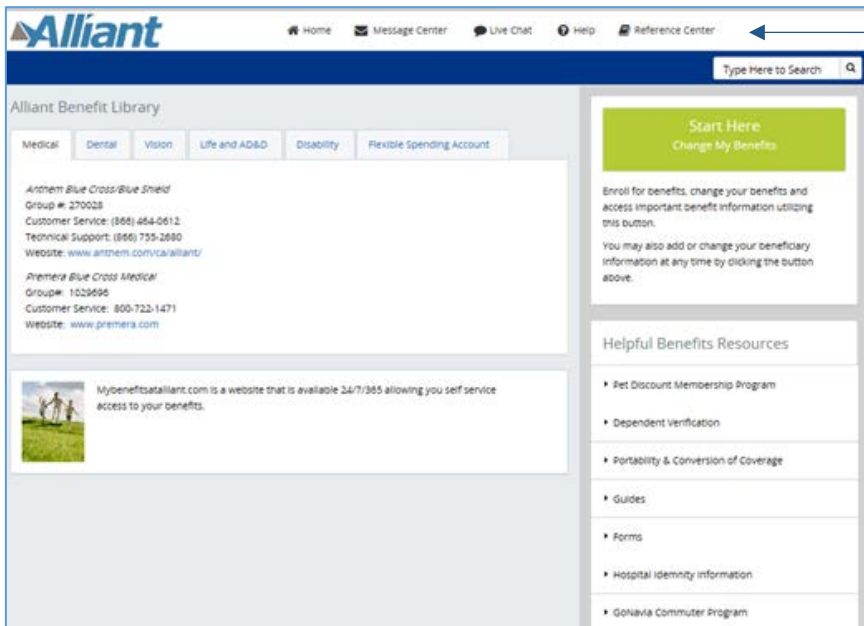
### ***ENROLL TODAY!***

Your benefit elections must be made by the deadline listed on the “Start Here” button posted on the benefits website. If you miss the deadline, you’ll have to wait until the next annual open enrollment period to enroll.



## 2. BEGIN ENROLLMENT

Click **'Start Here'** and follow the instructions to enroll in your benefits or waive coverage.



### Looking for more information?

View plan details, carrier specifics and benefit guides by clicking **'Reference Center'** in the main navigation.

### Want to view your current plan?

You have year-round access to your benefit summary and specific benefit elections at [mybenefitsatalliant.com](http://mybenefitsatalliant.com)

Click your name and then **'Benefit Summary'** to review your current plan.

## SCAN & ENROLL



Enroll in your benefits from your mobile device. Visit [mybenefitsatalliant.com](http://mybenefitsatalliant.com) or simply scan this QR code and tap your way through your elections. If you don't already have a QR code reader on your smartphone or tablet, download one from your device's app store.



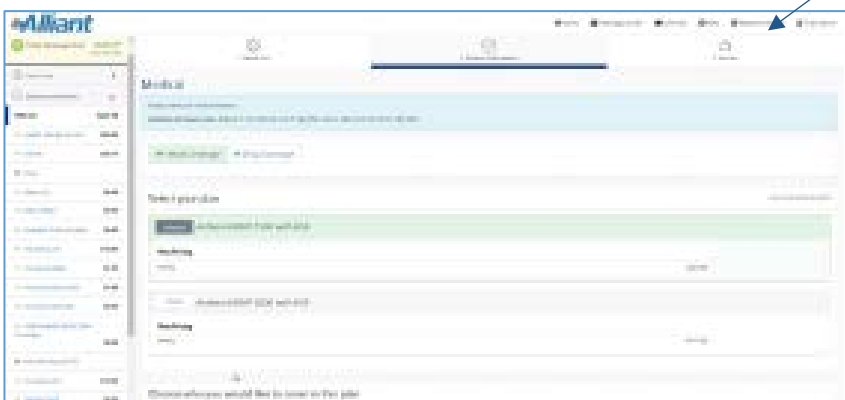


## How to Enroll, continued

### 3. MAKE ELECTIONS

Review your options as you walk through the enrollment process. Click **'Select'** on the plan(s) you choose. Track your choices along the enrollment bar which updates with your total costs.

If you have any questions as you go through the enrollment, click **'Live Chat'** in the upper right corner or call (888) 324-7471.



Use the **'Reference Center'** tools to help you make elections.

### 4. REVIEW YOUR ELECTION

Review, edit and approve your personal information, elections, dependents and total cost.



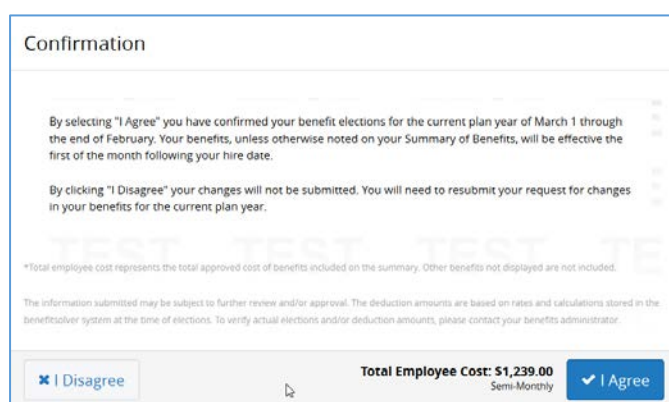
Once you have reviewed your elections and they are accurate, click **'Approve'** to continue.



## How to Enroll, continued

### 5. CONFIRM YOUR CHOICES

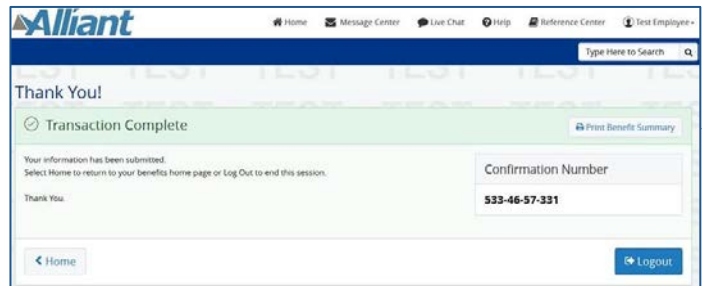
Your enrollment isn't complete until you confirm your benefit elections and costs.



Click 'I Agree' to confirm your benefit elections and costs.

### 6. PRINT

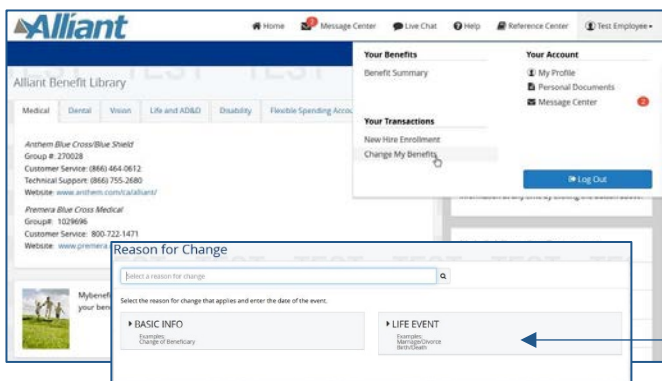
Print your election information and confirmation number for future reference or save it in your Message Center.



Click 'Print' for a copy of your election information and confirmation number.

### 7. MAKE MID-YEAR CHANGES

The benefit elections you make will remain in effect until the end of the plan year, unless you are affected by a life-changing event:



Login to [mybenefitsatalliant.com](http://mybenefitsatalliant.com). Click on 'Change My Benefits' to change your benefits or your basic information. Select the life event button and the event you wish to file. Then, follow the same election steps above to complete your life changing event.



# Employee Self-Service



Ultipro Employee Self-Service provides Alliant employees the ability to access their personal information, paycheck stubs, job data, PTO balances and other payroll related information on a real-time basis via a secure website. Visit Alliant's HR Information system at: <https://n12.ultipro.com>

Employee self-service functions include:

1.	<b>Set paperless pay statement and W2 preference</b> <ul style="list-style-type: none"><li>- Select Menu -&gt; Myself -&gt; Pay.</li></ul> Under "Things I can do" select "Change pay statement preferences" and/or "Change W2 Consent Form" and click save.
2.	<b>Update emergency contact(s)</b> <ul style="list-style-type: none"><li>- Select Menu -&gt; Myself -&gt; Contacts.</li></ul> Complete and designate your emergency contact information and save.
3.	<b>Add or change your direct deposit set up</b> <ul style="list-style-type: none"><li>- Select Menu -&gt; Myself -&gt; Direct Deposit.</li></ul> Use the 'add or delete' options or select an existing account number to modify. Save your changes.
4.	<b>Change your tax withholding form (W4)</b> <ul style="list-style-type: none"><li>- Select Menu -&gt; Myself -&gt; Pay.</li></ul> Under "Things I can do" select "Add/Change Withholding Form (W4)". Select the applicable form you wish to change. Complete your changes and click save.
5.	<b>Change your address</b> <ul style="list-style-type: none"><li>- Select Menu -&gt; Myself -&gt; Name, Address and Telephone.</li></ul> Click the edit icon, make your changes, and save.
6.	<b>Look up other job or pay information</b> <ul style="list-style-type: none"><li>- Select Menu -&gt; Myself -&gt;</li></ul> Select categories under <b>Jobs</b> or <b>Pay</b> to view more information.
7.	<b>Model your paycheck</b> <p>Want to increase your 401(k) contribution? Have a new deduction coming up? Model future potential changes to your paycheck by using the <b>Paycheck City</b> modeling tool.</p> <ul style="list-style-type: none"><li>- Select Menu -&gt; Myself -&gt; Model My Pay</li></ul>

## NEED ADDITIONAL ASSISTANCE?

For Ultipro login assistance, send an email to [hr@alliant.com](mailto:hr@alliant.com)

For payroll related questions, send an email to [payrollpfc@alliant.com](mailto:payrollpfc@alliant.com)

# Voluntary Dental

Regular visits to your dentist can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease.

Alliant provides you with comprehensive coverage through MetLife Inc.

	MetLife Dental PPO Standard Plan		MetLife Dental PPO Premium Plan	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
<b>Plan Year Deductible</b>	\$50 \$150	\$50 \$150	\$50 \$150	\$50 \$150
<b>Plan Year Maximum</b>	\$1,000	\$1,000	\$1,500	\$1,500
<b>Waiting Period</b>	None	None	None	None
<b>Diagnostic and Preventive</b>	No Charge – 100%	Member pays 20%	No Charge – 100%	Member pays 20%
<b>Basic Services</b>				
Fillings	Member pays 20% after deductible	Member pays 20% after deductible	Member pays 10% after deductible	Member pays 20% after deductible
Root Canals	Member pays 20% after deductible	Member pays 20% after deductible	Member pays 10% after deductible	Member pays 20% after deductible
Periodontics	Member pays 20% after deductible	Member pays 20% after deductible	Member pays 10% after deductible	Member pays 20% after deductible
<b>Major Services</b>	Member pays 50% after deductible	Member pays 50% after deductible	Member pays 50% after deductible	Member pays 50% after deductible
<b>Orthodontic Services</b>				
Orthodontia	Not covered	Not covered	Member pays 50%	Member pays 50%
Lifetime Maximum	Not applicable	Not applicable	\$1,500	\$1,500
Adult	Not Covered	Not Covered	Covered	Covered
Dependent Children to age 19	Not covered	Not covered	Covered	Covered

## PREVENTIVE DENTAL CARE

Keeping your teeth and gums healthy isn't the only reason you should practice preventive dental care. With good dental hygiene, you can greatly reduce your risk of getting cavities, gingivitis, periodontitis, and other dental problems.

You can also reduce your risk of secondary problems caused by poor oral health such as diabetes, heart disease, osteoporosis, respiratory disease and even cancer.



# Voluntary Dental, continued

Here is an overview of our third dental plan, a Dental HMO offered through Cigna. For a list of Cigna dental HMO providers, visit [mycigna.com](http://mycigna.com) or call (800) 244-6224.

## CIGNA DHMO A3009

In-Network	
<b>Plan Year Deductible</b>	\$0 \$0
<b>Plan Year Maximum</b>	Unlimited
<b>Waiting Period</b>	None
<b>Diagnostic and Preventive</b>	\$0-\$240*
<b>Basic Services</b>	
Fillings	\$10-\$90*
Root Canals	\$6-\$325*
Periodontics	\$30-\$300*
<b>Major Services</b>	
Crowns, Dentures	\$12-\$350*
Dental Implant	\$55-\$650*
<b>Orthodontic Services</b>	
Orthodontia	\$50-\$400**
Lifetime Maximum	Unlimited
Dependent Children up to age 19	\$1,800 copay***
Adults	\$2,400 copay***

\*varies by services

\*\*additional fees apply for comprehensive treatment and banding

\*\*\*assumes 24 months of treatment

### CIGNA DENTAL HMO SCHEDULE OF BENEFITS

For a complete list of fees for our Dental HMO plan with Cigna, visit AlliantNet.



# Voluntary Vision

Routine vision exams are important, not only for correcting vision but because they can detect other serious health conditions.

During a comprehensive eye exam, your eye doctor does much more than just determine your prescription for eyeglasses or contact lenses. Your eye doctor will also check your eyes for common eye disease and even check for early signs of some conditions and diseases such as diabetes, high-blood pressure, hypertension and elevated cholesterol levels.

Employees have the option to enroll in the voluntary vision coverage through EyeMed Vision. For a list of EyeMed Vision providers, visit [eyemed.com](http://eyemed.com) or call (866) 723-0513.

**Note:** If you are enrolled in the Premera medical plan, your vision coverage is included in your medical coverage plan. EyeMed coverage does not apply.

## EyeMed Vision Care

	In-Network	Out-Of-Network
<b>Examination</b>		
<b>Benefit</b>	\$10 copay	up to \$49 allowance
Standard Contact lens fitting and follow up	up to \$55	N/A
Premium Contact lens fitting and follow up	10% off retail price	N/A
<b>Frequency</b>	Once every 12 months	Once every 12 months
<b>Eyeglass Lenses</b>		
Single Vision Lens	\$25 copay	up to \$35 allowance
Bifocal Lens	\$25 copay	up to \$49 allowance
Trifocal Lens	\$25 copay	up to \$74 allowance
<b>Frequency</b>	Once every 12 months	Once every 12 months
<b>Frames</b>		
<b>Benefit</b>	up to \$130 allowance, 80% of balance over \$130	up to \$65 allowance
<b>Frequency</b>	Once every 24 months	Once every 24 months
<b>Contacts (In-lieu of glasses)</b>		
Conventional	up to \$130 allowance, 85% balance over \$130	up to \$104 allowance
Disposable	up to \$130 allowance	up to \$104 allowance
Medically Necessary	No Charge – 100%	up to \$200 allowance
<b>Frequency</b>	Once every 12 months	Once every 12 months



### NO ID CARD NECESSARY

Just provide your vision provider with your name, birth date, or social security number. Register with EyeMed Member Web at [eyemed.com](http://eyemed.com) to view your benefits, verify eligibility, check claims status and locate providers.

# Life Insurance

If you have loved ones who depend on your income for support, having life and accidental death insurance can help protect your family's financial security.

## LIFE AND AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D insurance provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, hearing, or if you die in an accident. Coverage is provided by Cigna and is paid in full by Alliant.

<b>Basic Life Amount</b>	2 x base annual earnings up to a maximum of \$200,000
<b>Basic AD&amp;D Amount</b>	2 x base annual earnings up to a maximum of \$200,000

**Notes:**

Benefit amount reduces to 65% at age 70; 50% at age 75.

## VOLUNTARY LIFE

Voluntary Life Insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is provided by Cigna.

<b>Employee Voluntary Life Amount</b>	Increments of \$10,000 up to \$500,000
<b>Spouse Voluntary Life Amount</b>	Increments of \$10,000 up to \$500,000
<b>Child(ren) Voluntary Life Amount</b>	Increments of \$2,500 up to \$10,000

**Notes:**

Benefit amount reduces for you and your spouse to 60% at age 75; 35% at age 80; 27.5% at age 85; 20% at age 90; 7.5% at age 95.

## VOLUNTARY AD&D

Voluntary AD&D Insurance allows you to purchase additional accidental death and dismemberment insurance to protect your family's financial security in case you suffer from loss of a limb, speech, sight hearing or if you die in an accident. Coverage is provided by Cigna.

<b>Employee Voluntary AD&amp;D Amount</b>	Increments of \$10,000 up to \$500,000 (benefit cannot exceed 10 x the employee's base annual earning for amounts over \$250,000)
<b>Spouse Voluntary AD&amp;D Amount</b>	Without child coverage: 50% of employee's principal amount.  With child coverage: 40% of employee's principal amount.  Maximum of \$250,000
<b>Child(ren) Voluntary AD&amp;D Amount</b>	Without spouse coverage: 15% of employee's principal amount.  With spouse coverage: 10% of employee's principal amount.  Maximum of \$75,000

**Notes:**

Benefits will be reduced to 50% at age 75; and 25% at age 80.



# Life Insurance, continued

## BENEFICIARY REMINDER

Make sure that you have named a beneficiary for your life insurance benefit. It's important to know that many states require that a spouse be named as the beneficiary, unless they sign a waiver. Make sure that you have a named beneficiary on your basic life and voluntary life insurance benefits (if enrolled).

### NOTE:

A life event, such as a marriage, divorce, or legal separation will not automatically affect a beneficiary designation, so we encourage you to periodically review your beneficiary election(s) to ensure it accurately reflects your wishes.

You may review or change your beneficiary any time through our Alliant Employee Portal.



## EVIDENCE OF INSURABILITY

Depending on the amount of coverage you select, you may need to submit an Evidence of Insurability form, which involves providing the insurance company with additional information about your health.

## TAXES

Due to IRS regulations, a life insurance benefit of \$50,000 or more is considered a taxable benefit. You will see the value of the benefit included in your taxable income on your paycheck and W-2.

## GUARANTEED ISSUE

Guaranteed Issue Amount is the level of benefit you can elect without medical underwriting as a new hire and is subject to an “active service requirement” for you, your spouse and dependents. If you apply for coverage while hospitalized, in hospice care, in a facility or confined to home under the care of a physician, your effective date of coverage will be after you, your spouse or dependents are no longer hospitalized, in hospice care, in a facility or confined to home.

If your coverage is above the guarantee issue amount, or if you are a late entrant (enroll more than 45 days after your date of hire), you must complete and submit a Voluntary Life application to Human Resources. You can find a Voluntary Life application on the [mybenefitsatalliant.com](http://mybenefitsatalliant.com) site.

### Guaranteed Issue Amounts:

- Newly eligible employee: up to \$200,000
- Spouse or domestic partner: up to \$50,000
- Children – birth to age 25: up to \$10,000





# Disability Insurance

If you become disabled and cannot work, your financial security may be at risk. Protecting your income stream can provide you and your family with peace of mind. Short-Term Disability coverage pays you a benefit that lasts up to 12 weeks if you temporarily can't work because of an injury, illness, or maternity leave. Coverage is provided by Cigna.



## SHORT-TERM DISABILITY INSURANCE (NON-CALIFORNIA)

All eligible full-time non-California employees are eligible to enroll in Short-Term Disability (STD) coverage through Cigna.

All non-California employees have the option to elect Plan A, which provides a benefit of 55% weekly earnings up to a maximum of \$1,173. You also have the option to elect Plan B, which provides you an additional benefit of 66.67% of weekly earnings up to a maximum of \$2,000.

**Note:** In order to elect Plan B, you must participate in Plan A.

### Plan A

<b>Weekly Benefit Amount</b>	Plan pays 55% of weekly earnings
<b>Maximum Weekly Benefit</b>	\$1,173
<b>Benefits Begin After:</b>	
Accident	7 days of disability
Sickness	7 days of disability
<b>Maximum Payment Period*</b>	12 weeks

\*Maximum payment period is based on the first day you are disabled, not when benefits begin.

## SHORT-TERM DISABILITY INSURANCE (CALIFORNIA)

All eligible full-time California employees are eligible to enroll in Short-Term Disability (STD) coverage through Cigna.

All California employees will receive a State Disability Insurance (SDI) benefit of 55% of weekly earnings up to a maximum of \$1,173 and therefore should not enroll in the Voluntary STD Plan A with Cigna. California employees have the option to elect Plan B, which provides you an additional benefit of 66.67% of weekly earnings up to a maximum of \$2,000.

### Plan B

<b>Weekly Benefit Amount</b>	Plan pays 66.67% of weekly earnings
<b>Maximum Weekly Benefit</b>	\$2,000
<b>Benefits Begin After:</b>	
Accident	7 days of disability
Sickness	7 days of disability
<b>Maximum Payment Period*</b>	12 weeks

\*Maximum payment period is based on the first day you are disabled, not when benefits begin.

## SUBMITTING A CLAIM

If you are disabled due to an illness or accidental injury, unable to work, and under the care of a licensed physician, you are eligible to submit a claim for benefits under this plan. As long as you remain disabled and meet the plan's disability requirements, you will continue to receive a percentage of your earnings.

### STD PROVISIONS

Your Short-Term Disability (STD) benefits will be reduced by other company sponsored plans, workers' compensation, any state disability such as California, New Jersey, New York and Rhode Island, and any social security distribution you receive.

# Disability Insurance, continued

## VOLUNTARY LONG-TERM DISABILITY INSURANCE

Voluntary Long-Term Disability coverage pays you a certain percentage of your income if you can't work because an injury or illness prevents you from performing any of your job functions over a long period of time. It's important to know that benefits are reduced by income from other benefits you might receive while disabled, like workers' compensation and Social Security.

### EMPLOYEE CLASS

<b>Class I:</b>	<b>All full-time Officers of Alliant</b>
<b>Class II:</b>	<b>All full-time employees not in Class I</b>

### PLAN PROVISIONS

All eligible full-time employees regularly scheduled to work a minimum of 30 hours per week are eligible to elect Voluntary Long-Term Disability insurance. Coverage is provided by Cigna.

<b>Monthly Benefit Amount</b>	Plan pays 66.67%
<b>Maximum Monthly Benefit</b>	\$20,000 per month
<b>Benefits Begin After:</b>	
Accident from the same injury or illness	90 days of disability**
Sickness from the same injury or illness	90 days of disability**
<b>Maximum Payment Period*</b>	Social Security Normal Retirement Age

\*The age at which the disability begins may affect the duration of the benefits.

\*\*From the same sickness or injury.

## DEFINITION OF DISABILITY

If you are disabled due to an illness or accidental injury, are unable to work and under the care of a licensed physician, you are eligible for this benefit.

An employee is disabled when:

<b>Class I:</b>	You are unable to perform the material duties of your "own occupation" for which you are reasonably fit by education, training and experience.
<b>Class II:</b>	For the first two (2) years, you are unable to perform the material duties of your "own occupation." After two (2) years, you must be unable to perform the material duties of "any occupation" for which you are reasonably fit by education, training and experience.

### PARTIAL DISABILITY

Cigna will pay benefits to disabled employees in the event of a partial disability. You may work part-time and still be eligible for voluntary long-term disability benefits. After the elimination period, benefits may be paid to employees who are partially disabled or who elect rehabilitative employment.

#### VOLUNTARY LTD PROVISIONS

Your Voluntary Long-Term Disability (LTD) benefits will be reduced by other company sponsored plans, workers' compensation, state disability and any social security distribution you receive.



# Flexible Spending Account (FSA)

A Flexible Spending Account lets you set aside money—before it's taxed—through payroll deductions. The money can be used for eligible healthcare and dependent day care expenses you and your family expect to have over the next year. The main benefit of using an FSA is that you reduce your taxable income, which means you have more money to spend. **You must re-enroll in this program each year.** Navia Benefit Solutions administers this program.

## IMPORTANT CONSIDERATIONS

- Expenses must be incurred between 3/01/17 and 2/28/18 and submitted for reimbursement no later than 5/31/18.
- Elections cannot be changed during the plan year, unless you have a qualified change in family status (and the election change must be consistent with the event).
- If you have a balance in your Limited Healthcare or Dependent Care accounts at the end of 2/28/17, you have a “grace period” until 5/14/17 to incur claims for reimbursement from the 2016 funds. Claims must be submitted no later than 5/31/17.
- Unused amounts will be lost at the end of the plan year, so it is very important that you plan carefully before making your election.
- FSA funds can be used for you, your spouse, and your tax dependents only.
- You can obtain reimbursement for eligible expenses incurred by your spouse or tax dependent children, even if they are not covered on the Alliant health plan.
- You cannot obtain reimbursement for eligible expenses for a domestic partner or their children, unless they qualify as your tax dependents (Important: questions about the tax status of your dependents should be addressed with your tax advisor).
- Keep your receipts. In most cases, you'll need to provide proof that your expenses were considered eligible for IRS purposes.
- Please refer to the eligible expense listing at [naviabenefits.com](http://naviabenefits.com). Company code to login is AIS.

## HEALTHCARE FSA ACCOUNT

This plan allows you to pay for eligible out-of-pocket healthcare expenses with pre-tax dollars. Eligible expenses may be incurred by you or your eligible dependents, as defined by the IRS. You may contribute a minimum of \$100 up to \$2,600 per year to your Healthcare FSA.

**Important Note:** IRS regulations prohibits participation in a General Purpose Healthcare FSA when you are making contributions to a Health Savings Account (HSA). However, you may choose to enroll in a **Limited Purpose FSA** which reimburses you for non-medical healthcare expenses. All participants in the General and Limited Purpose Flexible Spending Accounts will receive a Debit card for immediate use.

## Limited Flexible Spending FSA Account

This plan is intended to be used by employees contributing to a Health Savings Account (HSA) and lets you pay for eligible non-medical healthcare costs from your FSA such as:

- Deductibles and copayments for your dental and vision plans
- Contact lenses, equipment, and materials
- Dental crowns (metal/porcelain), dentures
- Orthodontia
- Eye exams, eyeglasses, and materials
- Lasik eye surgery



# Flexible Spending Account (FSA)

## DEPENDENT CARE FSA ACCOUNT

This plan allows you to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible expenses may include daycare centers, in-home child care, and before or after school care for your dependent children under age 13. Other individuals may qualify if they are considered your tax dependent and are incapable of self-care. It is important to note that you can access money only after it is placed into your dependent care FSA account.

All caregivers must have a tax ID or Social Security number. This information must be included on your federal tax return. If you use the dependent care reimbursement account, the IRS will not allow you to claim a dependent care credit for reimbursed expenses. Consult your tax advisor to determine whether you should enroll in this plan. You can set aside up to \$5,000 per household for eligible dependent care expenses for the year or \$2,500 if married and filing separately.

Dependent Care Flexible Spending Account (FSA) lets you pay for eligible expenses such as:

- Child care
- Preschool
- Before and after school care
- Day camps

## COMMUTER PROGRAM (TRANSIT AND PARKING)

GoNavia Commuter program allows you to pay for your work-related parking and transit expenses using pre-tax dollars. That means you will avoid taxation and can save up to 40% on these expenses depending on your tax bracket. As a month-to-month benefit, you can opt in and opt out of the benefit at any time based on your transit or parking needs for the upcoming month.

GoNavia Commuter Benefit covers your work-related public transit and parking expenses including, but not limited to:

- Buses
- Ferries
- Parking lots and garages
- Trains

Funds are loaded directly to your GoNavia Benefit card. You can use your card at transit authorities or parking merchants that accept MasterCard. This includes transit authority websites, kiosks, ticket offices, or parking vendors. Remember, to make online purchases on the Navia site is by the 20<sup>th</sup> of each month.

### The IRS limits for 2017\* are:

- The **Transit** Account is \$255 per month
- The **Parking** Account is \$255 per month

\*May be subject to change annually per IRS guidelines

### MANAGE YOUR ACCOUNT ONLINE

Once enrolled, you can manage your Transportation Benefits and you can also order your monthly transit and parking passes directly through [naviabenefits.com](http://naviabenefits.com). Company code is **AIS**.



# Voluntary Benefits

These great benefits available to you through Voya are an easy and cost effective way to protect your income and savings while complementing your existing benefits.

## HOSPITAL INDEMNITY INSURANCE

When an accident or illness results in an inpatient hospital stay, the costs can add up. If you or a covered family member has a covered inpatient hospital stay, this plan will pay you a lump-sum, tax-free benefit.

Compass Hospital Indemnity Insurance provides you a daily benefit of \$100, \$200, \$300 for the time you are admitted to the hospital, up to 30 days per confinement. Benefits can be used to help cover out-of-pocket medical costs like your plan deductible, copays or lost income from work.

There are no waiting periods or pre-existing limitations on this plan, and it is offered on a guaranteed issue basis, so no health questions are asked. Spouses under age 70 and children under age 26 are eligible to apply. This plan is portable, so you can take it with you.

### Sample premium cost:

	Employee Coverage	Family Coverage
Age 25	\$6.44	\$19.04
Age 35	\$6.56	\$19.29
Age 45	\$8.12	\$22.50
Age 55	\$12.45	\$31.70

Note: Rates are age-banded and this is an example of cost for a \$100 daily hospitalization benefit. Log on to [mybenefitsatalliant.com](http://mybenefitsatalliant.com) to see the cost of a Hospital Indemnity plan for the benefit amount and coverage tier of your choice.



## CRITICAL ILLNESS INSURANCE

Compass Critical Illness Insurance offers you some financial protection so you can focus on your recovery. This plan will pay you a lump-sum benefit if you are diagnosed with one of the following critical illnesses:

- Heart Attack
- Stroke
- End Stage Renal Disease (Kidney Failure)
- Coronary Artery Bypass (25% of the maximum Critical Illness benefit)
- Coma
- Major Organ Failure
- Permanent Paralysis
- Cancer
- Carcinoma in Situ (25% of the maximum Critical Illness benefit)

You can use your benefit whatever way you need it most, whether it's paying your mortgage, child care, groceries, deductibles or copays.

There are no waiting periods or pre-existing limitations on this plan, and it is offered on a guaranteed issue basis, so no health questions are asked.

### Sample premium cost:

	Employee Coverage	Family Coverage
Age 25	\$7.30	\$19.90
Age 35	\$9.30	\$23.05
Age 45	\$17.30	\$36.25
Age 55	\$32.70	\$63.35

Note: Rates are age-banded and this is an example of cost for Critical Illness benefit. Log on to [mybenefitsatalliant.com](http://mybenefitsatalliant.com) to see the cost of Critical Illness plan for the benefit amount and coverage tier of your choice.

# Voluntary Programs

## LONG-TERM CARE INSURANCE



Long-Term Care Insurance provides financial help if you or a family member require care in a nursing facility, assisted living facility or at home, as a result of loss of functional capacity or cognitive impairment due to injury, sickness, or advanced age. Qualifying for benefits is based upon a need for assistance with any two (2) of seven (7) activities of daily living including eating, bathing, dressing, toileting, continence, ambulating, or transferring and/or cognitive impairment such as dementia or Alzheimer's disease.

Alliant provides employees with an option to elect Long-Term Care offered through Unum. Coverage is available by selecting one of the four (4) options:

<b>Plan I</b>	Nursing Facility and 100% Residential Care Facility and 100% Home and Community-Based Care
<b>Plan II</b>	Includes all the provisions of Plan I, in addition to Immediate Family Care
<b>Plan III</b>	Includes all the provisions of Plan I, in addition to Compound Inflation
<b>Plan IV</b>	Includes all the provisions of Plan I, in addition to Immediate Family Care and Compound Inflation

Signing up for coverage is simple and you can pay premiums through convenient payroll deductions. Eligible employees and their family members who wish to elect Long-Term Care Insurance must complete a medical questionnaire and be approved for coverage in order to enroll in the plan.

For a plan overview, enrollment materials and premium calculator, contact Unum Customer Service at (800) 227-4165 or visit <http://unuminfo.com/alliant/index.aspx>.

## GYM DISCOUNTS

GlobalFit provides you and your family with membership discounts to over 10,000 gyms, fitness centers and studios nationwide. You also receive discounts on various other health and wellness programs.

Visit AlliantNet and go to Employee Community Tab and select [perksatwork.com](http://perksatwork.com) to access these great offers.



## HOME & AUTO INSURANCE

Alliant has partnered with Liberty Mutual to provide you with access to special group rates on home and auto insurance.

For more information including a quote and application, call Liberty Mutual directly at (866) 520-6782 ext. 59379.

## VETERINARY SAVINGS PROGRAM

When your pet gets sick, bills can add up faster than expected. Having a savings program prevents you from needing to weigh your pet's health against your savings account balance. With United Pet Care, you will receive a **GUARANTEED** and **INSTANT** savings of **20-50%** off every veterinary visit. Best of all, **ALL PETS ARE ELIGIBLE!**

To enroll in United Pet Care, call (888) 781-6622 or visit [unitedpetcare.com/alliant](http://unitedpetcare.com/alliant).



# Other Programs

Here are some other valuable programs that you are eligible to participate in:

## EMPLOYEE ASSISTANCE PROGRAM

There are times when everyone needs a little help or advice. The confidential Employee Assistance Program (EAP) through Anthem Blue Cross can help you with things like mental health, chemical dependency, relationship issues, legal consultation, family care, financial counseling, and dependent care resources. Best of all, it's free.

- ✓ Unlimited free phone access 24/7
- ✓ In-person help for short-term issues; up to five (5) sessions with a counselor per person, per issue, per year
- ✓ Unlimited web access 24/7 to helpful articles, resources, and self-assessment tools.

The EAP is available to **ALL** immediate household members even if they are not an eligible tax dependent.

### HELP IS AVAILABLE 24/7, 365

- Call (800) 999-7222
- Log in to [anthemeap.com](http://anthemeap.com)  
User name: **Alliant**

## BUSINESS TRAVEL ACCIDENT

Business Travel Accident (BTA) Insurance provides a benefit in the event of your accidental death or serious injury while traveling on company business. Alliant provides this coverage through The Hartford at no cost to you.

Benefits include 24/7 emergency assistance when traveling 100 miles or more from your primary residence.

<b>Class I:</b> All Active Full-time employees who work a minimum of 30 hours per week	The maximum amount of your travel accident life insurance is equal to \$200,000
<b>Class II:</b> All Officers of Alliant who work a minimum of 30 hours per week	The maximum amount of your travel accident life insurance is equal to \$400,000

Note: This benefit does NOT include commuting travel.

## SECURE TRAVEL

Cigna Secure Travel is available to eligible employees who are covered under Cigna's Basic Life and AD&D plan. This benefit provides emergency medical, financial, legal and communications assistance to covered employees who travel domestically and internationally.

- ✓ Emergency medical evacuation
- ✓ 24-hour multilingual assistance
- ✓ Pre-departure services, including foreign travel assistance
- ✓ Assistance with lost or stolen items
- ✓ Emergency cash-advance up to \$1,500 with confirmation of reimbursement
- ✓ Referrals to local attorneys, embassies and consulates
- ✓ Immunization, visa and passport requirements



## ID THEFT COVERAGE

Identity theft is serious and is one of the fastest growing crimes in the country today. Unwitting victims can spend hundreds, even thousands of dollars and weeks of their own time to repair the damage done to their good names and credit records. Alliant provides identity theft coverage to all eligible employees through Travelers Insurance. Coverage includes identity fraud expense reimbursement coverage and identity theft resolution services.

For more information, contact Travelers Insurance Company at (800) 842-8496.

# 401(k) Retirement Savings Plan

There are many great reasons to start contributing to our 401(k) Retirement Savings Plan through Transamerica Retirement Solutions Corporation which helps you save for retirement through automatic payroll deductions.

## AUTOMATIC ENROLLMENT

You (if 21 or older) are eligible to participate in Alliant's 401(k) plan on the first of the month following your hire date. We automatically enroll eligible employees at a pre-tax contribution of 4% of your pay. New and current employees may change this automatic enrollment contribution or opt out at any time. If you are currently participating in Alliant's 401(k) plan, you may change your elective deferrals at any time during the year.

## YOUR SAVINGS

You may contribute as little as 1% or as much as 50% of your eligible compensation in the plan on a pre-tax or post-tax (Roth) basis, up to the current IRS maximum of \$18,000. If you are age 50 or older, you can make additional catch-up contributions up to \$6,000.

## MATCHING CONTRIBUTIONS

The current employer matching contribution formula is 75% up to the first 4% of compensation subject to certain annual maximums.

You are always 100% vested in your own contributions. The employer match is vested at 20% per year. After five (5) years of service, and meeting the hours worked requirement, you are 100% vested in the employer match.



## WITHDRAWALS

You may withdraw funds in the event of termination of employment, retirement, death, extreme financial hardship (as defined by IRS guidelines) or permanent disability. You can access your retirement savings as early as age 59 ½, without penalty. You will just pay normal income taxes when you withdraw the money.

Early withdrawals taken before age 59 ½ will be subject to a 10% distribution federal excise tax unless certain exceptions apply. Money received from the plan will be taxed as ordinary income in the year that the money is received.

## LOANS

You may borrow a portion of your vested account balance. The minimum amount of any loan is \$1,000 and the maximum is the lesser of \$50,000 or 50% of your vested account balance. You may only have one outstanding loan at a time.

## ROLLOVER CONTRIBUTIONS

If you have an account balance in a prior employer's qualified retirement plan, you may rollover your account into Alliant's 401(k) plan.

For assistance with your rollover, please call TransAmerica Customer Service at (800) 755-5801 or by email at [consolidate@transamerica.com](mailto:consolidate@transamerica.com).

### ACCESS YOUR ACCOUNT INFORMATION

- ✓ Log on to [alliant401k.trretire.com](http://alliant401k.trretire.com)
- ✓ Update beneficiaries
- ✓ Check your account or loan balance
- ✓ Request a loan
- ✓ Find investment options and monthly performance
- ✓ Change investment options

**Note:** Employees are responsible for monitoring their 401(k) contribution maximums to ensure that they do not exceed the IRS contribution limits.



# Cost of Coverage

The amount that you pay for your coverage is outlined below and depends how much you earn and whether you cover dependents.

In general, you pay for health coverage before federal, state, and social security taxes are withheld, so you pay less in taxes. Your contributions to certain benefits, including medical, dental, vision plans, health savings accounts, and health care dependent care spending accounts, can be made on a pre-tax basis. Your taxable income will be reduced by the amount you contribute towards these benefits.

## VOLUNTARY DENTAL

Cigna DHMO	Monthly Rates
Employee Only	\$17.16
Employee + Spouse	\$32.60
Employee + Children	\$34.31
Employee + Family	\$48.90

MetLife Standard	Monthly Rates
Employee Only	\$47.00
Employee + Spouse	\$99.37
Employee + Children	\$96.46
Employee + Family	\$162.17

MetLife Premium	Monthly Rates
Employee Only	\$56.23
Employee + Spouse	\$118.87
Employee + Children	\$131.78
Employee + Family	\$214.81

## VOLUNTARY VISION

EyeMed	Monthly Rates
Employee Only	\$6.08
Employee + Spouse	\$11.48
Employee + Children	\$12.08
Employee + Family	\$17.72



**NOTE:**

Please note that unless your domestic partner is also your tax-dependent as defined by the IRS, contributions for domestic partner coverage must be made on an after-tax basis. Similarly, the company contribution toward the cost of domestic partner coverage and his/her dependents is taxable income to you. Contact your tax advisor for more details on how this tax treatment applies to your specific situation. Contact HR Solution Center if your domestic partner is also your tax dependent.

# Cost of Coverage, continued

## VOLUNTARY LIFE

Age	Employee & Spouse Monthly Rates*
0 – 29	\$0.46
30-34	\$0.47
35-39	\$0.64
40-44	\$1.01
45-49	\$1.65
50-54	\$2.68
55-59	\$4.35
60-64	\$5.38
65-69	\$8.05
70-74	\$15.87
75-79	\$15.87

\*Rate is per \$10,000 of coverage

### Sample Voluntary Life Calculation Example:

- 30 year old employee  
 (1) Elects \$60,000 life insurance  
 (2)  $\$60,000 / \$10,000 = 6$   
 (3)  $6 \times \$0.47 = \$2.82$  per month

### Sample Spouse Voluntary Life Calculation Example:

- 50 year old spouse elects 50% of employee amount  
 (1) \$30,000 of insurance  
 (2)  $\$30,000 / \$10,000 = 3$   
 (3)  $3 \times \$2.68 = \$8.04$  per month

## VOLUNTARY AD&D

Eligible	AD&D Monthly Rates*
Employee	\$0.02
Employee + Family	\$0.03

\*Rate is per \$1,000 of coverage

### Sample Voluntary AD&D Calculation Example:

- Employee Voluntary AD&D  
 (1) Elects \$60,000 of coverage  
 (2)  $\$60,000 / \$1,000 = 60$   
 (3)  $60 \times \$0.02 = \$1.20$  per month

## VOLUNTARY CHILD LIFE

Policy Amounts	Child Monthly Rates*
\$2,500	\$0.18
\$5,000	\$0.35
\$7,500	\$0.53
\$10,000	\$0.70

\*Monthly contribution covers all children-not per child



# Cost of Coverage, continued

## VOLUNTARY SHORT-TERM DISABILITY (STD) – NON-CA

All full-time non-California employees are eligible to enroll in Short-Term Disability (STD) provided by Cigna and have two options as listed below:

Voluntary STD Plan A provides a benefit of 55% of weekly earnings up to a maximum of \$1,173. By electing Voluntary STD Plan A and Voluntary STD Plan B, you would be provided a benefit of 66.67% of weekly earnings up to a maximum of \$2,000.

**Note:** In order to elect Plan B, you must participate in Plan A.

Non-California Only	Rate*
Plan A	\$0.24

\*Rate is per \$10 of coverage

### Sample Premium Calculation:

Employee earning \$32,000

- (1)  $\$32,000 / 52 \text{ weeks} = \$615.38$  weekly earnings
- (2)  $\$615.38 \times 55\% / \$10 = \$33.85$
- (3)  $\$33.85 \times \$0.24 = \$8.12$  per month

Non-California Only	Rates*
Plan A	\$0.24
Plan B	\$0.26

\*Rate is per \$10 of coverage

### Sample Premium Calculation:

Employee earning \$32,000

- (1)  $\$32,000 / 52 \text{ week} = \$615.38$  weekly earnings
- (2)  $\$615.38 \times 55\% / \$10 = \$33.85$
- (3)  $\$33.85 \times \$0.24 = \$8.12$  per month
- (4)  $\$615.38 \times 66.67\% / \$10 = \$41.03$
- (5)  $\$41.03 \times \$0.26 = \$10.67$  per month plus  $\$8.12$  per month =  $\$18.79$  per month for Plan A and B.

## VOLUNTARY SHORT-TERM DISABILITY (STD) – CA

All eligible full-time California employees are eligible to enroll in Short-Term Disability (STD) provided by Cigna.

All California employees will receive a State Disability Insurance (SDI) benefit of 55% of weekly earnings up to a maximum of \$1,173 and therefore should not enroll in the Voluntary STD Plan A with Cigna.

By electing Voluntary STD Plan B, California employees can supplement their SDI benefit to 66.67% of weekly earnings up to a maximum of benefit of \$2,000.

California Only	Rate*
Plan B	\$0.26

\*Rate is per \$10 of coverage

### Sample Premium Calculation:

Employee earning \$32,000

- (1)  $\$32,000 / 52 \text{ weeks} = \$615.38$  weekly earnings
- (2)  $\$615.38 \times 66.67\% / \$10 = \$41.03$
- (3)  $\$41.03 \times \$0.26 = \$10.67$  per month

## VOLUNTARY LONG-TERM DISABILITY (LTD)

All eligible full-time employees regularly scheduled to work a minimum of 30 hours per week are eligible to elect Voluntary Long-Term Disability (LTD) provided by Cigna.

The monthly contribution for voluntary LTD insurance is based on basic earnings – 50% of the premium is paid by Alliant and 50% by the employee.

	Rate*
LTD	\$0.555

\*Rate is per \$100 of coverage

### Sample Premium Calculation:

Employee earning \$32,000

- (1)  $\$32,000 / 12 = \$2,666.67$  monthly earnings
- (2)  $\$2,666.67 / 100 = \$26.67$
- (3)  $\$26.67 \times \$0.555 = \$14.80$  per month total premium
- (4)  $\$14.93 \times 50\% = \$7.40$  per month employee contribution

# Cost of Coverage, continued

## VETERINARY SAVINGS PROGRAM

United Pet Care is a veterinary savings program that is designed to help pet owners ensure long and healthy lives for their beloved pets by providing an affordable healthcare membership program. **ALL PETS ARE ELIGIBLE** regardless of age, pre-existing or breed-specific conditions. Best of all, there are no deductibles, no claim forms to fill out and no exclusions.

Receive **GUARANTEED** and **INSTANT** savings of **20-50%** off every veterinary visits. Members can also receive savings and discounts on pet products and services.

Plan Options	Monthly Rates*
<b>Preferred Program</b>	\$10.60 for one pet
Save 50% on office visits, annual exams and vaccinations and 25% savings on procedures and medications.	
<b>Select Program</b>	\$8.75 for one pet
\$40 office visits, save 20% on annual exams, vaccinations, procedures and medications.	
<b>Partner Program</b>	\$10.60 for one pet
Save 25% on office visits, annual exams and vaccinations, procedures and in-office administered medications.	

\*Multiple pet discount available



Sample United Pet Care Membership ID card



# Mobile Resources

Did you know that most of our carriers and vendors offer mobile applications allowing you to access your benefits information on the go? Make sure to download these apps on your phone and share with your dependents!

## METLIFE DENTAL

Viewing your dental plans just got easier with the MetLife Mobile App. It's available 24/7 and it's free!



- Find a network dentist
- Get estimates for most procedures
- View your dental plan summary
- Search claims
- View ID card

Download the app – **MetLife** on the App store.

## CIGNA DENTAL

The myCigna Mobile App helps you personalize, organize and access important plan information on your phone or tablet. The app is available in English and in Spanish.

Use myCigna Mobile App anytime, anywhere to:



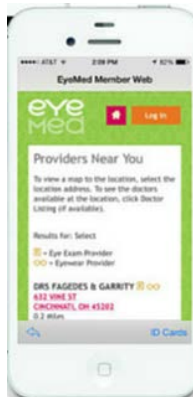
- Find a network dentist
- View plan summary
- Verify dental coverage
- Use treatment cost estimator
- View or fax ID card



Download the app – **Cigna** on the App store.

## EYEMED VISION

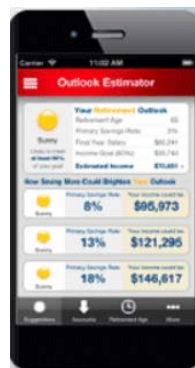
With EyeMed Vision mobile app, you can access the benefit details you need whenever you need them. The app is free and is available for Android and iPhone.



- Find network providers
- Get turn-by-turn directions from your location
- View your vision benefits
- Find answers to common questions

## TRANSAMERICA – 401(k)

Transamerica helps you stay connected with your retirement plans. Get a snapshot of your savings progress – anytime, anywhere. Connecting with your retirement has never been easier.



- View your account balance and rate of return
- Know your *Retirement OutlookSM*
- Get a snapshot of your retirement savings progress
- Compare plans and receive best practices to gauge plans' effectiveness

Download the art app today on the App store.



# Mobile Resources, continued

## MEET BEN-IQ

Ben-IQ is a free app that includes much of the information that is included in this overview, but in a place that is always at your fingertips – your smartphone. Ben-IQ is available for Android and iPhone.

With Ben-IQ app, you can:

- Review your plan elections
- View plan summaries
- Find contacts and other helpful resources
- Get wellness tips
- Store your ID cards
- Find definition on healthcare terms

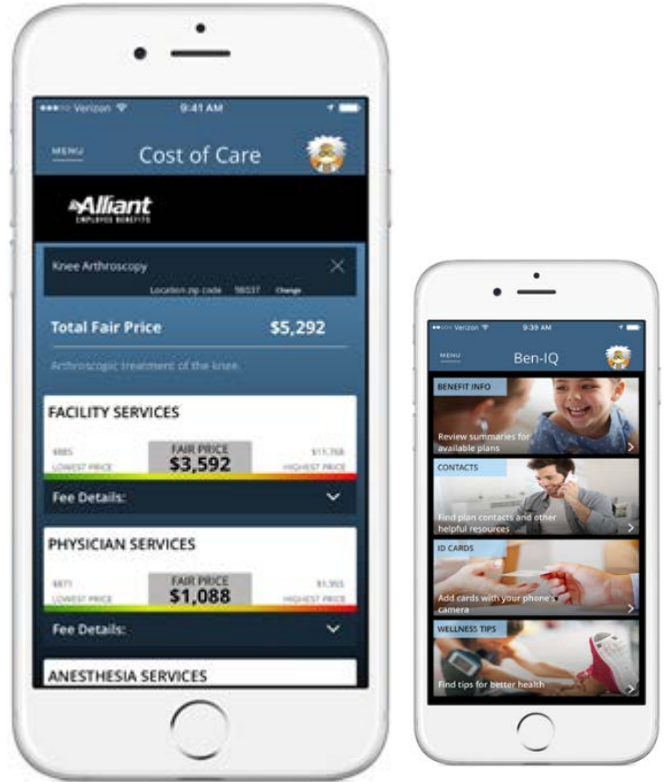
Download the app from the App store.



**Note:**

Alliant Employer Key: 'alliant'

Alliant Northwest Employer Key: 'alliantnw'



# For Assistance

If you need to reach our plan providers, here is their contact information:

Plan Type	Provider	Phone Number	Website	Policy/Group #
Medical	Premera Blue Cross	(800) 722-1491	<a href="http://premera.com">premera.com</a>	1029696
Medical	Aetna	(888) 230-3191	<a href="http://aetna.com">aetna.com</a>	072900
Health Savings Account	HSA Bank	(800) 357-6246	<a href="http://hsabank.com">hsabank.com</a>	None
Dental HMO	Cigna	(800) 244-6224	<a href="http://mycigna.com">mycigna.com</a>	3335740
Dental PPO	MetLife	(800) 942-0854	<a href="http://mybenefits.metlife.com">mybenefits.metlife.com</a>	136733
Vision	EyeMed	(866) 939-3633	<a href="http://eyemedvisioncare.com">eyemedvisioncare.com</a>	9690702
Basic Life / Vol. Life	Cigna	(800) 362-4462	<a href="http://mycigna.com">mycigna.com</a>	FLX965273
Basic AD&D / Vol. AD&D	Cigna	(800) 362-4462	<a href="http://mycigna.com">mycigna.com</a>	OK966860
Short-Term Disability (STD)	Cigna	(800) 362-4462	<a href="http://mycigna.com">mycigna.com</a>	FLK960716
Statutory Short-Term Disability (STD)	Cigna	(800) 362-4462	<a href="http://mycigna.com">mycigna.com</a>	NYD75086
Employee Assistance Program (EAP)	Anthem Blue Cross	(800) 999-7222	<a href="http://anthemEAP.com">anthemEAP.com</a>	Alliant Insurance Services
Flexible Spending Account (FSA)	Navia Benefits	(800) 669-3539	<a href="http://naviabenefits.com">naviabenefits.com</a>	AIS
Critical Illness	Voya	(877) 236-7564	<a href="http://voya.com/claims">voya.com/claims</a>	683451
Hospital Indemnity	Voya	(877) 236-7564	<a href="http://voya.com/claims">voya.com/claims</a>	683451
Long-Term Care (LTC)	UNUM	(800) 227-4165	<a href="http://unuminfo.com/alliant">unuminfo.com/alliant</a>	091876
401(k)	TransAmerica (TRS)	(800) 755-5801	<a href="http://alliant401k.trsetire.com">alliant401k.trsetire.com</a>	QK62931
Identity Theft Coverage	Travelers Insurance	(800) 842-8496	None	104521515

# For Assistance

If you need to reach our plan providers, here is their contact information:

Plan Type	Provider	Phone Number	Website	Policy/Group #
Veterinary Savings Program	United Pet Care	(888) 781-6622	<a href="http://unitedpetcare.com/alliant">unitedpetcare.com/alliant</a>	None
Personal Home/Auto	Liberty Mutual	(866) 520-6782 ext. 59379	<a href="http://libertymutual.com">libertymutual.com</a>	None
Enrollment System	BenefitSolver	(888) 324-7471 press 1 for benefit	<a href="http://mybenefitsatalliant.com">mybenefitsatalliant.com</a>	alliant
HR Solution Center	Alliant HR Solution Center	(888) 324-7471	<a href="mailto:hr@alliant.com">hr@alliant.com</a>	None





# Key Terms

## MEDICAL/GENERAL TERMS

**Allowable Charge** - The most that an in-network provider can charge you for an office visit or service.

**Balance Billing** - Non-network providers are allowed to charge you more than the plan's allowable charge. This is called Balance Billing.

**Coinsurance** - The cost share between you and the insurance company. Coinsurance is always a percentage totaling 100%. For example, if the plan pays 70%, you are responsible for paying the remaining 30% of the cost.

**Copay** - The fee you pay to a provider at the time of service.

**Deductible** - The amount you have to pay out-of-pocket for expenses before the insurance company will cover any benefit costs for the year (except for preventive care and other services where the deductible is waived).

**Explanation of Benefits (EOB)** - The statement you receive from the insurance carrier that explains how much the provider billed, how much the plan paid (if any) and how much you owe (if any). In general, you should not pay a bill from your provider until you have received and reviewed your EOB (except for copays).

**Family Deductible** - The dollar amount a family must pay each year before the plan will pay benefits for covered services.

**FSA** – A Flexible Spending Account (FSA) is one of a number of tax-advantaged financial accounts that can be set up through a cafeteria plan of an employer in the United States to pay for copayments, deductibles, prescriptions and other health care costs.

**HDHP** – A HDHP is a high-deductible health plan with lower premiums and higher deductibles than a traditional health plan. Being covered in a high-deductible health plan (HDHP) is also a requirement for having a health savings account (HSA).

**HSA** – A Health Savings Account (HSA) is an account created for individuals who are covered under high-deductible health plan (HDHP) to save for medical expenses that HDHP's don't cover. Contributions are made into the account by the individual or the individual's employer and are limited to a maximum each year.

**Individual Deductible** - The dollar amount a member must pay each year before the plan will pay benefits for covered services

**In-Network** - Services received from providers (doctors, hospitals, etc.) who are a part of your health plan's network. In-network services generally cost you less than out-of-network services.

**Out-of-Network** - Services received from providers (doctors, hospitals, etc.) who are not a part of your health plan's network. Out-of-network services generally cost you more than in-network services. With some plans, such as HMOs and EPOs, out-of-network services are not covered.

**Out-of-Pocket** - Healthcare costs you pay using your own money, whether from your bank account, credit card, Health Reimbursement Account (HRA), Health Savings Account (HSA) or Flexible Spending Account (FSA).

**Out-of-Pocket Maximum** – The most you would pay out-of-pocket for covered services in a year. Once you reach your out-of-pocket maximum, the plan covers 100% of eligible expenses.

**Preventive Care** – A routine exam, usually yearly, that may include a physical exam, immunizations and tests for certain health conditions.

**Summary Plan Description (SPD)** – Required by Employee Retirement Income Security Act (ERISA) law to make available to employees of Alliant's medical, dental, vision, life and disability plans, and flexible spending accounts. These documents summarize each insurance plan and provide valuable information on plan coverage, services and legal rights. The SPDs are available on AlliantNet.

# Key Terms

## PRESCRIPTION DRUG TERMS

**Brand Name Drug** - A drug sold under its trademarked name. A generic version of the drug may be available.

**Generic Drug** - A drug that has the same active ingredients as a brand name drug, but is sold under a different name. Generics only become available after the patent expires on a brand name drug. For example, Tylenol is a brand name pain reliever commonly sold under its generic name, Acetaminophen.

**Dispense as Written (DAW)** - A prescription that does not allow for substitution of an equivalent generic or similar brand drug.

**Maintenance Medications** - Medications taken on a regular basis for an ongoing condition such as high cholesterol, high blood pressure, asthma, etc. Oral contraceptives are also considered a maintenance medication.

## DENTAL TERMS

**Basic Services** - Generally include coverage for fillings and oral surgery.

**Diagnostic and Preventive Services** - Generally include routine cleanings, oral exams, x-rays, sealants and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

**Endodontics** - Commonly known as root canal therapy.

**Implants** - An artificial tooth root that is surgically placed into your jaw to hold a replacement tooth or bridge. Many dental plans do not cover implants.

**Non-Preferred Brand Drug** - A brand name drug for which alternatives are available from either the plan's preferred brand drug or generic drug list. There is generally a higher copayment for a non-preferred brand drug.

**Preferred Brand Drug** - A brand name drug that the plan has selected for its preferred drug list. Preferred drugs are generally chosen based on a combination of clinical effectiveness and cost.

**Specialty Pharmacy** - Provides special drugs for complex conditions such as multiple sclerosis, cancer and HIV/AIDS.

**Step Therapy** - The practice of starting to treat a medical condition with the most cost effective and safest drug therapy and progressing to other more costly or risky therapy, only if necessary

**Major Services** - Generally include restorative dental work such as crowns, bridges, dentures, inlays and onlays.

**Orthodontia** - Some dental plans offer Orthodontia services for children (and sometimes adults too) to treat alignment of the teeth. Orthodontia services are typically limited to a lifetime maximum.

**Periodontics** - Diagnosis and treatment of gum disease.

**Pre-Treatment Estimate** - An estimate of how much the plan will pay for treatment. A pre-treatment estimate is not a guarantee of payment. Pre-treatments are done before you get care, so that you will know early if it is covered by your dental plan.

# Required Federal Notices

## NOTICE OF AVAILABILITY OF HIPAA PRIVACY NOTICE

The Federal Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) requires that we periodically remind you of your right to receive a copy of the HIPAA Privacy Notice. You can request a copy of the Privacy Notice by contacting Human Resources.

## HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS FOR MEDICAL/HEALTH PLAN COVERAGE

If you decline enrollment in an Alliant health plan for your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in an Alliant health plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 31 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption, or placement for adoption. You must request health plan enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.
- Lose Medicaid or Children’s Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 31 day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in Alliant’s medical plan if your dependent becomes eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

## THE WOMEN’S HEALTH AND CANCER RIGHTS ACT

The Women’s Health and Cancer Rights Act (WHCRA) requires employer groups to notify participants and beneficiaries of the group health plan, of their rights to mastectomy benefits under the plan. Participants and beneficiaries have rights to coverage to be provided in a manner determined in consultation with the attending Physician 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;
- Prosthesis; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits are subject to the same deductible and co-payments applicable to other medical and surgical benefits provided under this plan. You can contact your health plan’s Member Services for more information.

## NEWBORNS’ AND MOTHERS’ HEALTH PROTECTION ACT NOTICE

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

# Required Federal Notices

## AVAILABILITY OF SUMMARY INFORMATION

As an employee, the health benefits provided by Alliant represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Alliant offers a variety of benefit plans to eligible employees. The federal healthcare reform law requires that eligible members of an employer plan receive a Summary of Benefits and Coverage (SBC) for any medical and pharmacy plans available. The SBC is intended to provide important plan information to individuals, such as common benefit scenarios and definitions for frequently used terms. The SBC is intended to serve as an easy-to-read, informative summary of benefits available under a plan. SBCs and any revisions or amendments of the plans offered by Alliant Insurance Services are available by visiting AlliantNet or calling HR Solution Center at (888) 324-7471.

## NOTICE OF AVAILABILITY OF ALTERNATIVE STANDARD FOR WELLNESS

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact HR Solution Center at (888) 324-7471 to assist you (and if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

# Required Federal Notices

## 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 (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 (866) 444-EBSA (3272).

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

### ALABAMA – Medicaid

Website: <http://www.myalhipp.com>

Phone: 1-855-692-5447

### ALASKA – Medicaid

Website: <http://health.hss.state.ak.us/dpa/programs/medicaid/>

Phone (Outside of Anchorage): 1-866-251-4861

Phone (Anchorage): 907-269-6529

### ARKANSAS - Medicaid

Website: <http://myarhipp.com/>

Phone: 1-855-692-7447

### COLORADO – Medicaid

Medicaid Website: <http://www.colorado.gov/hcpf>

Medicaid Phone: 1-800-221-3943

### FLORIDA – Medicaid

Website: <https://www.flmedicaidprecovery.com>

Phone: 1-877-357-3268

### GEORGIA – Medicaid

Website: <http://dch.georgia.gov/>

Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)

Phone: 1-404-656-4507

### INDIANA – Medicaid

Website: <http://www.indianamedicaid.com>

Phone: 1-800-403-0864

### IOWA – Medicaid

Website: [www.dhs.state.ia.us/hipp/](http://www.dhs.state.ia.us/hipp/)

Phone: 1-888-346-9562

### KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/>

Phone: 1-785-296-3512

### KENTUCKY – Medicaid

Website: <http://chfs.ky.gov/dms/default.htm>

Phone: 1-800-635-2570

### LOUISIANA – Medicaid

Website: <http://www.lahipp.dhh.louisiana.gov>

Phone: 1-888-695-2447

### MAINE – Medicaid

Website:

<http://www.maine.gov/dhhs/ofi/publicassistance/index.html>

Phone: 1-800-442-6003

TTY 1-800-977-6741

### MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/MassHealth>

Phone: 1-800-462-1120

### MINNESOTA – Medicaid

Website: <http://mn.gov/dhs/ma/>

Click on Health Care, then Medical Assistance

Phone: 1-800-657-3739

### MISSOURI – Medicaid

Website:

<http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

### MONTANA – Medicaid

Website:

<http://dphhs.mt.gov/montanahealthcareprograms/HIPP>

Phone: 1-800-694-3084

# Required Federal Notices

## PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP), CONTINUED

NEBRASKA – Medicaid

Website: [www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov)

Phone: 1-855-632-7633

NEVADA – Medicaid

Medicaid Website: <http://dwss.nv.gov/>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website:

<http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>

Phone: 603-271-5218

NEW JERSEY – Medicaid and CHIP

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

NEW YORK – Medicaid

Website: [http://www.nyhealth.gov/health\\_care/medicaid/](http://www.nyhealth.gov/health_care/medicaid/)

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <http://www.ncdhhs.gov/dma>

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website:

<http://www.nd.gov/dhs/services/medicalserv/medicaid/>

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: <http://www.oregonhealthykids.gov>

<http://www.hijossaludablesoregon.gov>

Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <http://www.dpw.state.pa.us/hipp>

Phone: 1-800-692-7462

RHODE ISLAND – Medicaid

Website: [www.ohhs.ri.gov](http://www.ohhs.ri.gov)

Phone: 401-462-5300

SOUTH CAROLINA – Medicaid

Website: <http://www.scdhhs.gov>

Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <https://www.gethipptexas.com/>

Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Website: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

VERMONT– Medicaid

Website: <http://www.greenmountaincare.org/>

Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Medicaid and CHIP Website:

[http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)

Medicaid Phone: 1-800-432-5924

CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid

Website: <http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm>

Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid

Website: [www.dhhr.wv.gov/bms/](http://www.dhhr.wv.gov/bms/)

Phone: 1-877-598-5820, HMS Third Party Liability

WISCONSIN – Medicaid

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <http://wyequalitycare.acs-inc.com/>

Phone: 307-777-7531

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

**U.S. Department of Labor Employee Benefits Security Administration**

[www.dol.gov/ebsa](http://www.dol.gov/ebsa)

(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)

(877) 267-2323, Menu Option 4 Ext. 61565

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