

Employee Benefits Guide

January 1, 2017 – December 31, 2017



Live!
CASINO • HOTEL
MARYLAND

#1 regional gaming and entertainment experience!

Welcome to Live! Casino·Hotel

Dear Live! Casino · Hotel Team Member:

Live! Casino · Hotel takes pride in offering a comprehensive benefits package to its team members. As part of our commitment to provide quality and cost-effective benefits, we routinely ask you to review our offerings and make benefit elections for you and your eligible family members. Our strategy is to give you the right tools and information, at the right time, to make the right benefit decisions.

Large employer groups are required to offer minimum essential coverage to all of our eligible team members under what you may know as **Obamacare**. The next couple of pages will provide more information on what this law entails. Live! Casino · Hotel currently offers medical plans that meet minimal essential coverage according to Affordable Care Act.

From health benefits to retirement benefits, from tuition reimbursement to legal service plans, from discount auto/home and life insurance plans to employee and family counseling, we offer a wide variety of benefits at no or low employee cost. Take advantage of the benefits Live! Casino · Hotel has to offer. Please consider each benefit and the associated cost carefully and choose the benefits package that will best meet you and your family's needs throughout the year. Make your elections online with our benefits enrollment system, Benetrac. The details of online enrollment is on page 22.

If you have additional questions, please see your Human Resources Representative and they will be happy to assist you.

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Patient Protection Affordable Care Act (ACA)

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

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

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

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

This enrollment guide provides you details on your healthcare option.

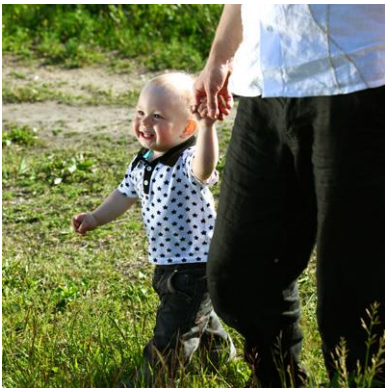
This Benefits Guide is not a contract. Its purpose is to provide summary information about your benefits. It does not fully describe each benefit. Please refer to the Summary Plan Descriptions and the material that provided by the insurance carriers for the details of each benefit. Every effort has been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



Who is Live! Casino · Hotel?

Live! Casino · Hotel entertains its guests by providing world-class gaming experiences, innovative dining and nightlife, energetic and exciting environments and sincere customer service.

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



Who is Eligible?

Live! Casino · Hotel offers benefits to Full-time and Part-time team members. Eligibility for benefits begins on the first day of the month coincident with or following the day on which you complete 60 days of continuous employment. Dependent coverage is also available.

Eligible dependents includes:

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



When to Enroll

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

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

Please refer to page 22 for enrollment instructions. Otherwise please contact the Benefits Department for assistance.

What's New for 2017

Live! Casino · Hotel will continue to provide a broad benefits program with options designed to meet your needs at affordable prices. Effective January 1, 2017, Live! Casino · Hotel is offering:



- **Payroll contributions for medical will increase slightly**
- **Cigna Personal Health Solutions**
 - Helps you access care thru pre-certification, find out in advance if a service is covered, determine the cost, and avoid unnecessary procedures
 - Handled by your physician
 - Some examples of services requiring pre-certification:
 - High-tech radiology (MRI, CAT scans, PET scans, Nuclear Cardiology)
 - Durable Medical Equipment (specialty wheelchairs)
 - Speech therapy
- **Reminder: Benefit of getting in-network care – myCigna.com**
 - Save big when you use a doctor, hospital or facility that's part of the Cigna network
 - 800,000 health care professionals; 15,000 hospitals and facilities
 - No balance billing

What's Not Changing in 2017

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

- **Cigna Medical Plan** – No change to the annual deductible, coinsurance, or out-of-pocket maximum amounts
- **Cigna Basic Life/AD&D and STD & LTD** – 100% Employer Paid
- **Supplemental Term Life Insurance for Employees, Spouse & Children** continues to age 25 with no changes in plan designs
- **Avesis Vision**
 - Eyeglass discounts in stores such as Costco, Walmart, BJ's, Target, Sams Club and others
- **Dental Plan**
 - We will continue to offer two PPO Plans
- **Live! Wellness Portal**
 - Comprehensive wellness program design to improve your health and well-being.
- **Employee Assistance Program through Cigna**
 - A confidential program that helps you maintain a healthy and fulfilling life.
- **24/7/365 access to a doctor with MDLIVE which is offered through Cigna**
 - MDLIVE connects you to a board-certified doctor by phone or online video chat. So, whether you're at home, at work or on vacation, a doctor is always in.





Why is Health Coverage important to have?

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

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



Make Changes during the Year (Qualified Life Events)

The Internal Revenue Service (IRS) states that eligible team members may only make elections to the plan once a year at open enrollment.

Unless you have a qualified change in status, you cannot make changes to the benefits you elected until the next open enrollment period. The following qualified changes in status include:

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

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

Medical and Prescription Drugs



Live! Casino · Hotel medical options are designed to provide you and your family with access to high quality healthcare. We continue to offer three plans which are available through Cigna — the Gold, Silver, and Bronze plans.

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

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

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

www.cigna.com



Non-Tobacco User Discount: Non-tobacco users receive a \$75 per month discount on health coverage. You must be tobacco-free for six months or have completed the smoking cessation coaching program in order to qualify for the discount. To receive discount, team member must provide supported documentation. Free smoking cessation coaching is available through the State of Maryland and our health plan covers a variety of smoking cessation products to assist team members in quitting tobacco use. Certify your tobacco use status on the BeneTrac site during Open Enrollment or when you first become benefit eligible. Failure to certify that you are a non-tobacco user will mean that you pay the higher cost for health coverage in 2017.

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

Spousal Surcharge: Your spouse may have the ability to enroll in health coverage through his or her own employer. If so, and you choose to enroll your spouse in the Live! Casino · Hotel health plan, you will pay a \$75 surcharge per month. If your spouse does not have access to employer-sponsored health coverage then you will not have to pay the surcharge. The surcharge does not apply to dental and vision coverage. The surcharge also does not apply if both you and your spouse are employed by Live! Casino · Hotel. Be sure to answer the question on BeneTrac about your spouse's eligibility for other coverage in order for you to pay the correct amount for the health plan. Failure to certify your spouse's eligibility for other coverage will mean that you pay a higher cost for health coverage in 2017

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

Smoking Cessation Program



All Live! Casino · Hotel team members and members of their households are eligible to participate in a smoking cessation program, Maryland Quit Now.

- To apply for the Maryland Quit Now tobacco cessation program, a team member should follow these steps:
 - Enroll online at www.smokingstopshere.com or call 1-800-QUIT-NOW
 - Establish a plan with a Quit Coach
 - Complete required follow-up calls with the coach
 - Upon completion of the program, request a “certificate of completion” from the coach
 - Turn in your certificate to the Benefits Department to begin receiving the discount
- Live! Casino · Hotel's health plans also cover the following tobacco cessation products to assist team members in their efforts: Chantix, Nicotrol Nasal Spray, Nicotrol Cartridge, and Zyban.

Dental



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

Dental Benefits Description	Cigna Dental			
	CIGNA High PPO Plan		CIGNA Low PPO Plan	
	In Network	Out Of Network	In Network	Out Of Network
Deductible (waived for preventive care)				
Individual	\$50	\$100	\$100	\$100
Family	\$100	\$200	\$200	\$200
Class I - Preventive & Diagnostic Care Oral Exams, Routine Cleanings, X-Rays, Fluoride Applications, Sealants, Space Maintenance	Plan pays 100%	Plan pays 80%	Plan pays 90%	Plan pays 70%
Class II - Basic Restorative Care Fillings, Endodontics-Root Canal, Periodontics, Oral Surgery, General Anesthesia	Plan pays 80% (subject to annual deductible)	Plan pays 60% (subject to annual deductible)	Plan pays 70% (subject to annual deductible)	Plan pays 50% (subject to annual deductible)
Class III - Major Restorative Care Inlays & Onlays, Crowns, Dentures, Bridges	Plan pays 50% (subject to annual deductible)	Plan pays 40% (subject to annual deductible)	Plan pays 50% (subject to annual deductible)	Plan pays 40% (subject to annual deductible)
Class IV - Orthodontia Lifetime Maximum	Plan pays 50% (subject to annual deductible) \$1,500/dependent children to age 19	Plan pays 40% (subject to annual deductible) \$1,500/dependent children to age 19	Not Covered	
Class IX – Implants Deductible	Plan pays 50% (Subject to annual deductible) Subject to plan maximum	Plan pays 40% (Subject to annual deductible) Subject to plan maximum	Not Covered	
Calendar Year Maximum (Class I, II and III expenses)	\$1,500		\$750	

www.cigna.com



Vision

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

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

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

www.avesis.com



2017 Bi-weekly Healthcare Rates

Coverage Level	Full-Time Employee Contribution				Part-time Employee Contribution
	Non-Working Spouse & Non-Tobacco	Tobacco Only	Spousal Surcharge / Non-Tobacco	Spousal Surcharge & Tobacco	
Cigna - Gold					
EE	\$62.82	\$97.43			\$216.35
EE/Spouse	\$126.84	\$161.45	\$161.45	\$196.07	\$441.59
EE/Child	\$120.74	\$155.35			\$420.13
Family	\$196.95	\$231.56	\$231.56	\$266.18	\$688.27

Cigna HRA Plan - Silver					
EE	\$42.00	\$76.62			\$198.24
EE/Spouse	\$91.65	\$126.26	\$126.26	\$160.88	\$404.44
EE/Child	\$87.27	\$121.88			\$384.80
Family	\$142.02	\$176.64	\$176.64	\$211.25	\$630.29

Cigna - Bronze					
EE	\$23.27	\$57.89			\$161.27
EE/Spouse	\$57.14	\$91.75	\$91.75	\$126.37	\$328.66
EE/Child	\$54.44	\$89.06			\$312.71
Family	\$88.16	\$122.77	\$122.77	\$157.39	\$511.99

Coverage Level	Full-time Employee Contribution	Part-time Employee Contribution
Cigna PPO Dental - High		
EE	\$3.29	\$15.54
EE/Spouse	\$10.36	\$32.62
EE/Child	\$9.38	\$29.52
Family	\$16.28	\$51.27

Cigna PPO Dental - Low		
EE	\$1.75	\$8.94
EE/Spouse	\$5.52	\$18.77
EE/Child	\$4.99	\$16.98
Family	\$8.67	\$29.49

Avesis Vision		
EE	\$0.88	\$4.47
EE/Spouse	\$2.76	\$9.39
EE/Child	\$2.50	\$8.50
Family	\$4.34	\$14.76

Group Basic Life Insurance



All full-time and part-time, regular team members receive Basic Life Insurance in an amount that equals your annual compensation to a maximum of \$500,000. This benefit is **fully paid by Live! Casino · Hotel**.

Group Accidental Death & Dismemberment Insurance

Full-time team members receive Accidental Death and Dismemberment Insurance, which pays a benefit that varies with the type of loss or accident. This benefit is **fully paid by Live! Casino · Hotel**.



Voluntary Term Life

All full-time team members **may elect** to purchase additional life insurance coverage in amounts equal to 1—5 times annual salary to a maximum of \$500,000 for team members and \$100,000 for spouses. A dependent child benefit is also available in increments of \$1,000 up to a maximum of \$10,000 for children under the age of 19/26 years depending on dependent student status. The maximum benefit for children under six months is \$500. This benefit is **fully paid by you**.

Employee/Spouse Age	Employee/Spouse Monthly Cost per \$1,000
Under 25	\$0.090
25 to 29	\$0.100
30 to 34	\$0.112
35 to 39	\$0.137
40 to 44	\$0.197
45 to 49	\$0.296
50 to 54	\$0.471
55 to 59	\$0.757
60 to 64	\$1.161
65 to 69	\$1.968
	Monthly cost per \$1,000
Child(ren)	\$0.252

Voluntary Accidental Death & Dismemberment

Full-time team members may purchase additional AD&D insurance in amounts from \$25,000—\$500,000 (increments of \$25,000). A spouse can purchase up to a maximum of \$250,000 not to exceed 40% of team members coverage. If the employee does not have a dependent child(ren), the spouse is eligible for up to 50% of the employee's coverage. Covered child(ren) benefit amount is not to exceed 10% of team members coverage amount. If the employee does not have a spouse then the child(ren) are eligible for 15% of the team members coverage. The child(ren) coverage cannot exceed \$10,000. The monthly cost per \$1,000 of coverage is \$0.03 for Employee, \$0.04 for Spouse. This benefit is **fully paid by you**.

Important Note: You should name both primary and contingent beneficiaries. If you have not named one or more beneficiaries, the proceeds pass to your estate at your death. Proceeds paid to your estate are subject to probate and will incur all of the expenses and delays associated with settling an estate. But named beneficiaries receive proceeds almost immediately after your death, and probate is bypassed. In addition, proceeds passing to your estate are subject to the claims of creditors. Most states exempt life insurance proceeds from creditors when there's a named beneficiary.



Group Disability



Live! Casino · Hotel provides Short-Term and Long-Term Disability Benefits to full-time team members **at no cost**. Your disability benefit provides you with a source of income in the event that you are not able to work due to an accident, illness or injury.

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

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

AFLAC



Live! Casino · Hotel team members **may also elect** to purchase Group Accident or Group Critical Illness coverage from AFLAC.

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

Accident Insurance: Low Option 24 Hour Plan	
Employee	\$3.40
Employee & Spouse	\$4.73
Employee & Depended Children	\$6.20
Family	\$7.53

Group Critical Illness coverage provide a lump-sum benefit upon the diagnosis of not only one covered illness, but for each covered illness. These benefits are also available for your spouse. Children can be covered at 25% of the employee's insured amount at no additional charge. Benefits amounts available for \$5,000 up to \$30,000 for team members and 50% of the employee's insured amount for spouse.

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

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

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

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



On-Site Clinic



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

Call (443) 445-2498 to make an appointment.

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

HEALTH CENTER HOURS

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

Retirement Plan 401(k)



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

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



Auto & Home Insurance



MetLife Auto & Home's group insurance program is available as a voluntary benefit to you. You have access to value-added features and benefits, including special group discounts on your auto and home insurance. You may apply for this coverage at any time by contacting MetLife directly. See page 44 for contact information.

Legal Services Plan



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

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

For more information, visit www.info.legalplans.com and enter access code: GetLaw or call 1-800-821-6400



Paid Time Off

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

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

Accruals of Paid Time Off are earned as follows:

PTO Accrual Rates

Months of Tenure	Years of Tenure	Accrued Rate Per Hour worked	Hours Worked Per Year <small>(assume 2080 less PTO Earned/Used)</small>	Days Per Year <small>(Based on hours worked)</small>	Hours Per Year <small>(Based on hours worked)</small>
0-12	<1 yr	0.048387	1984	12	96
13-36	1-3 yrs	0.065574	1952	16	128
37-84	3-7 yrs	0.083333	1920	20	160
85-120	7-10 yrs	0.101695	1888	24	192
121+	10+ yrs	0.120690	1856	28	224

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



Leave of Absences (LOA)

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

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

Tuition Reimbursement

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

Application Procedure

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

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

Reimbursement Allocations

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

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

Live! Casino · Hotel reserves the right to request official transcripts from the team member or the school which the team member attends. The Company's granting of educational assistance is conditioned on the team member allowing the Company access to official transcripts as the Company deems necessary.

Reimbursement/Payback Policy

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

Team Member Discounts

Start saving by stopping by the HR window to see a list of Live! Casino · Hotel discounts offered to our team members.

Live! Wellness



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

The goals of this program are to:

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

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

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

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



Employee Assistance Program



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

EAP Services Include:

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

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



MDLIVE

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

MDLIVE™

OFFERED
THROUGH



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

How it works:

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

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

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



 Download the app
mdlive.com/getapp

Benetrac Employee Online Enrollment Guide

<https://www.eenroller.net>



LOGIN

Employer ID:

User Name:

Password:

LOG IN

[Click here to bookmark this page.](#) | [Forgot your User Name or Password?](#)

Employer ID: **CRDS6863**

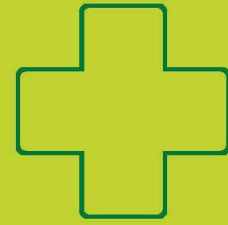
Initial Username: First Initial of your name, last name (up to the first 11 letters, no spaces or dashes) and last four of your SSN. Example: **jsmith0123**

Initial Temp Password: Last four of your social security number

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

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

OPEN ACCESS PLUS



How it works for you

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

Options for care:

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

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

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

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

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

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

Access to myCigna.com

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

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

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

Do I need a referral to see a specialist?

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

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

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

What if I need to be admitted to the hospital?

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



Who must get precertification?

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

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

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

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

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

After-hours care

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

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

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

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

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

IT'S YOUR HRA IT'S YOUR CHOICE



Cigna Choice Fund® Health Reimbursement Account (HRA)

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

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

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

The health care costs that were paid from your HRA typically count toward your deductible¹ – an annual amount you'll pay before the health plan begins to pay for covered health care costs.

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

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

How your Health Reimbursement Account works

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



Features:

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

Examples:



Carlos

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

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

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

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



The Coopers

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

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

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

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

Cigna Choice Fund gives you more support

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

Good information for better health

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

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

- › **Find** doctors and compare cost and quality information
- › **Review** your coverage
- › **Get** Claims and Balances statements on demand to view claim history and account transactions
- › **Track** your account balances and deductibles
- › **Sign up** for email notifications to keep up to date on the status of your account
- › **Submit** receipts for reimbursement from your Cigna HRA and/or FSA⁴

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

Register today! Visit myCigna.com or download the myCigna Mobile App.



Preventive care at no additional cost

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

Opportunities to pay less

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

A phone call away

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

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



Insurance Terms

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

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

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

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

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

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

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

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

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

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

YOUR CIGNA PHARMACY BENEFIT



Call us 24/7

CUSTOMER SERVICE & PRIOR AUTHORIZATIONS
800.Cigna24 (800.244.6224)

CIGNA HOME DELIVERY PHARMACY
800.835.3784

SPECIALTY PHARMACY SERVICES
800.351.3606

It's easy to manage

At home or on the go with myCigna.com and the [myCigna Mobile App](#).

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

Experience the benefits of Cigna Pharmacy Management

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

Get more with Cigna Home Delivery PharmacySM

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

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

Cigna Specialty Pharmacy ServicesSM

Offers even more services if you have a complex condition

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

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



BY YOUR SIDE AND ON YOUR SIDE

Get the most from your Cigna health benefits plan.

Life can be busy and complicated.

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

myCigna

Nothing is more important than your good health.

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

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

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

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

24/7/365 service

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

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



Questions?

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

Call **1.800.Cigna24**

Visit **Mycigna.com**

In-network care

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

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

Cigna Healthy Pregnancies, Healthy Babies®

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

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

Lifestyle Management Programs

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

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

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



Health assessment

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

Cigna Healthy Rewards**

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

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

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

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

Chronic health condition support

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

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

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

Preventive care

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

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

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

Legal Notices

Women's Health and Cancer Rights Act Notice

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

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis; 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.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers 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 vaginal delivery or less than 96 hours following a cesarean section.

However, federal law generally does not prohibit the mother's or the 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 insurers may not, under federal law, require that a provider obtain authorization.

HIPAA Privacy Notice

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Your Rights

You have the right to:

- ♦ Get a copy of your health and claims records
- ♦ Correct your health and claims records
- ♦ Request confidential communication
- ♦ Ask us to limit the information we share
- ♦ Get a list of those with whom we've shared your information
- ♦ Get a copy of this privacy notice
- ♦ Choose someone to act for you
- ♦ File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- ♦ Answer coverage questions from your family and friends
- ♦ Provide disaster relief
- ♦ Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- ♦ Help manage the health care treatment you receive
- ♦ Run our organization
- ♦ Pay for your health services
- ♦ Administer your health plan
- ♦ Help with public health and safety issues
- ♦ Do research
- ♦ Comply with the law
- ♦ Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- ♦ Address workers' compensation, law enforcement, and other government requests
- ♦ Respond to lawsuits and legal actions



Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- ♦ You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- ♦ We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- ♦ You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- ♦ We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- ♦ You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- ♦ We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- ♦ You can ask us not to use or share certain health information for treatment, payment, or our operations.
- ♦ We are not required to agree to your request, and we may say “no” if it would affect your care.

Get a list of those with whom we’ve shared information

- ♦ You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- ♦ We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- ♦ You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- ♦ If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- ♦ We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- ♦ You can complain if you feel we have violated your rights by contacting us.
- ♦ You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. The OCR provides an on-line complaint portal or written complaint may be mailed or faxed. Visit the OCR website (<http://www.hhs.gov/hipaa/filing-a-complaint/index.html>) for instructions on filing a complaint.
- ♦ We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- ♦ Share information with your family, close friends, or others involved in payment for your care
- ♦ Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- ♦ Marketing purposes
- ♦ Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

- ♦ We can use your health information and share it with professionals who are treating you. Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- ♦ We can use and disclose your information to run our organization and contact you when necessary.
- ♦ We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans. Example: We use health information about you to develop better services for you.



Pay for your health services

- ◆ We can use and disclose your health information as we pay for your health services. Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

- ◆ We may disclose your health information to your health plan sponsor for plan administration. Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: <http://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- ◆ Preventing disease
- ◆ Helping with product recalls
- ◆ Reporting adverse reactions to medications
- ◆ Reporting suspected abuse, neglect, or domestic violence
- ◆ Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- ◆ We can share health information about you with organ procurement organizations.
- ◆ We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- ◆ For workers' compensation claims
- ◆ For law enforcement purposes or with a law enforcement official
- ◆ With health oversight agencies for activities authorized by law
- ◆ For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- ◆ We are required by law to maintain the privacy and security of your protected health information.
- ◆ We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- ◆ We must follow the duties and privacy practices described in this notice and give you a copy of it.
- ◆ We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: <http://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

COBRA Notice

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage [choose and enter appropriate information: must pay or aren't required to pay] for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days [or enter longer period permitted under the terms of the Plan] after the qualifying event occurs. You must provide this notice to: [Enter name of appropriate party]. [Add description of any additional Plan procedures for this notice, including a description of any required information or documentation.]

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. [Add description of any additional Plan procedures for this notice, including a description of any required information or documentation, the name of the appropriate party to whom notice must be sent, and the time period for giving notice.]

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Benefits Department
7002 Arundel Mills Drive, Suite 7777
Hanover, MD 21076
443-445-2940



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)**.

Special Enrollment Notice

Loss of Coverage: If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Example: You waived coverage under this Plan because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this Plan.

Marriage, Birth or Adoption: If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption.

Example: When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this Plan. However, you must apply within 30 days from the date of your marriage.

Medicaid or CHIP: If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Example: When you were hired, your children received health coverage under CHIP and you did not enroll them in this Plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this Plan if you apply within 60 days of the date of their loss of CHIP coverage.

For more information or assistance: To request special enrollment or obtain more information, please contact:

Name	Benefits Department
Address	7002 Arundel Mills Drive, Suite 7777
City, State	Hanover, MD 21076
Telephone	443-445-2940



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Beginning in 2014, there is a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

The 2016 open enrollment period for health insurance coverage through the Marketplace ran from Nov. 1, 2015, through Jan. 31, 2016. Individuals must have enrolled or changed plans prior to Dec. 15, 2015, for coverage starting as early as Jan. 1, 2016. After Jan. 31, 2016, you can get coverage through the Marketplace for 2016 only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP). The 2017 open enrollment period for health insurance coverage through the Marketplace will run from Nov. 1, 2016, through Jan. 31, 2017.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards.

If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5 percent (as adjusted each year after 2014) of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.)

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the Benefits Department at 443-445-2940 or benefits@marylandlivecasino.com.

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

Important Notice from Live! Casino · Hotel 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 Live! Casino · Hotel 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. Live! Casino · Hotel 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 Live! Casino · Hotel 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 Live! Casino · Hotel 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 Live! Casino · Hotel 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 Live! Casino · Hotel 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: 2017
Name of Entity/Sender: Live! Casino · Hotel
Contact--Position/Office: Human Resources – Benefits Dept.
Address: 7002 Arundel Mills Circle. Suite 7777, Hanover, MD 21076
Phone Number: 443-445-2940



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

<p>ALABAMA – Medicaid</p> <p>Website: http://myalhipp.com/ Phone: 1-855-692-5447</p>	<p>FLORIDA – Medicaid</p> <p>Website: http://flmedicaidtprerecovery.com/hipp/ Phone: 1-877-357-3268</p>
<p>ALASKA – Medicaid</p> <p>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</p>	<p>GEORGIA – Medicaid</p> <p>Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507</p>
<p>ARKANSAS – Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864</p>
<p>COLORADO – Medicaid</p> <p>Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943</p>	<p>IOWA – Medicaid</p> <p>Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562</p>
<p>KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512</p>	<p>NEW HAMPSHIRE – Medicaid</p> <p>Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218</p>
<p>KENTUCKY – Medicaid</p> <p>Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570</p>	<p>NEW JERSEY – Medicaid and CHIP</p> <p>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</p>
<p>LOUISIANA – Medicaid</p> <p>Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447</p>	<p>NEW YORK – Medicaid</p> <p>Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p>MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p>NORTH CAROLINA – Medicaid</p> <p>Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100</p>

MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/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/ma/ 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/HIP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/hipp 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: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: http://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
Website: Medicaid: http://health.utah.gov/medicaid CHIP: 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 more states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

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

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



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



Benefit Contact Information

Benefit Plans	Vendor	Website	Phone #
Medical/Dental	Cigna	www.mycigna.com	1-800-Cigna24
Vision	Avesis	www.avesis.com	1-800-828-9341
Pre-Enrollment Questions	Cigna	www.cigna.com	1-800-401-4041
401 (k)	Fidelity	www.netbenefits.com	1-800-294-4015
Short Term Disability /Family Medical Leave Claim Filing	Cigna	www.mycigna.com	1-888-84Cigna (24462)
Accident and Critical Illness	Aflac	www.aflacgroupinsurance.com	1-800-433-3036
Value Added Benefits			
Cignassurance Program	Cigna	www.cignassurance.com	1-800-570-3778
Healthy Rewards	Cigna	www.cigna.com/rewards	1-800-258-3312
Will Preparation Program	Cigna	www.cignawillcenter.com	1-800-901-7534
Secure Travel	Cigna		1-888-226-4567
Identify Theft Program	Cigna		1-888-226-4567
Cerner Medical Center	Cerner		1-443-445-2489
Auto & Home Insurance	MetLife	www.metlife.com/mybenefits to view your coverage, find a local agent, or get a quote	1-800-GETMET8
Hyatt Legal Services Plan	MetLife	info.legalplans.com Enter Access Code: GetLaw	1-800-821-6400
Employee Assistance Program	Cigna	www.Cignabehavioral.com/CGI	1-877-622-4327
MD Live! Wellness	Cerner	https://employer.mycernerwellness.com	1-888-252-8150
MDLIVE	Cigna	www.mdlive.com/marylandlive	1-888-726-3171

Benefits Department Contacts

Email: benefits@marylandlivecasino.com

Phone: 443-445-2940

Fax: 443-661-4116



The information in this Benefits 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.