

# Company Logo



## 2017 Benefits Guide

*Your wellness is our focus.*

### Medical Coverage - BCBS TX

Type of Plan	Best Choice PPO RS30	
Deductible (Calendar Year)	In-Network	Out-of-Network
<i>Individual</i>	\$5,000	\$10,000
<i>Family</i>	\$15,000	\$30,000
Out-of-Pocket-Maximum (Calendar Year)	Includes Coinsurance (Medical & Rx)	
<i>Individual</i>	\$0	\$10,000
<i>Family</i>	\$0	\$30,000
Coinsurance	Plan pays 100% after the deductible	Plan pays 70% after deductible
Physician's Office Visits		
<i>Primary Care</i>	\$30 Copay, deductible waived	Plan pays 70% after deductible
<i>Specialist</i>	\$55 Copay, deductible waived	Plan pays 70% after deductible
Preventive Care Services	Plan pays 100%	Plan pays 70% after deductible
Maternity	Plan pays 100% after the deductible	Plan pays 70% after deductible
Hospital Inpatient Expenses (Facility Charges)	Plan pays 100% after the deductible	Plan pays 70% after deductible
Hospital Outpatient Expenses (Facility Charges)	Plan pays 100% after the deductible	Plan pays 70% after deductible
Emergency Room (Facility Charges)	\$100 Copay per visit	\$100 Copay per visit
Urgent Care	\$55 Copay / visit	Plan pays 70% after deductible
Mental Health/Behavioral Treatment Services		
<i>Inpatient</i>	Plan pays 100% after the deductible	Plan pays 70% after deductible
<i>Outpatient</i>	Plan pays 100% after \$30 Copay	Plan pays 70% after deductible
Alcohol/Drug Abuse Treatment Services		
<i>Inpatient</i>	Plan pays 100% after the deductible	Plan pays 70% after deductible
<i>Outpatient</i>	Plan pays 100% after the deductible	Plan pays 70% after deductible
Prescription Drugs		
<i>Retail Pharmacy</i>	\$10 for Tier 1 drugs \$40 for Tier 2 drugs \$60 for Tier 3 drugs	20% coinsurance plus copy
<i>Mail Order Maintenance Drug</i>	\$10 for Tier 1 drugs \$40 for Tier 2 drugs \$60 for Tier 3 drugs	
Contact Information	www.bcbstx.com	1.800.521.2227

# MEDICAL BENEFITS

Medical Coverage - BCBS TX		
Type of Plan	Best Choice PPO RS41	
Deductible (Calendar Year)	In-Network	Out-of-Network
<i>Individual</i>	\$10,000	\$10,000
<i>Family</i>	\$30,000	\$30,000
Out-of-Pocket-Maximum (Calendar Year)	Includes Coinsurance (Medical & Rx)	
<i>Individual</i>	\$0	\$10,000
<i>Family</i>	\$0	\$30,000
Coinsurance	Plan pays 100% after the deductible	Plan pays 70% after deductible
Physician's Office Visits		
<i>Primary Care</i>	\$25 Copay, deductible waived	Plan pays 70% after deductible
<i>Specialist</i>	\$25 Copay, deductible waived	Plan pays 70% after deductible
Preventive Care Services	Plan pays 100%	Plan pays 70% after deductible
Maternity	Prenatal and postnatal care: \$25 copay / visit Delivery and all inpatient services: Plan pays 100% after the deductible	Plan pays 70% after deductible
Hospital Inpatient Expenses (Facility Charges)	Plan pays 100% after the deductible	Plan pays 70% after deductible
Hospital Outpatient Expenses (Facility Charges)	Plan pays 100% after the deductible	Plan pays 70% after deductible
Emergency Room	\$100 Copay per visit	\$100 Copay per visit
Urgent Care	\$50 Copay / visit	Plan pays 70% after deductible
Mental Health/Behavioral Treatment Services		
<i>Inpatient</i>	Plan pays 100% after the deductible	Plan pays 70% after deductible
<i>Outpatient</i>	Plan pays 100% after the deductible	Plan pays 70% after deductible
Alcohol/Drug Abuse Treatment Services		
<i>Inpatient</i>	Plan pays 100% after the deductible	Plan pays 70% after deductible
<i>Outpatient</i>	Plan pays 100% after the deductible	Plan pays 70% after deductible
Prescription Drugs		
<i>Retail Pharmacy</i>	\$15 for Tier 1 drugs \$40 for Tier 2 drugs \$60 for Tier 3 drugs \$15/\$40/\$60 copay/prescription for Specialty drugs	20% coinsurance plus copy
<i>Mail Order Maintenance Drug</i>	\$15 for Tier 1 drugs \$40 for Tier 2 drugs \$60 for Tier 3 drugs No mail order for Specialty drugs	20% coinsurance plus copy
Contact Information	www.bcbstx.com	1.800.521.2227

# MEDICAL BENEFITS

Dental Coverage - BCBSTX		
Type of Plan	PPO Plan DTXLRO5	
	In-Network	Out-of-Network <i>Reasonable and Customary Apply</i>
<b>Deductible - Applies to Basic and Major Services only (Calendar Year)</b>		
<i>Individual</i>	\$50	\$50
<i>Family</i>	\$150	\$150
<b>Annual Maximum</b>	\$1500	\$1500
<b>Preventive</b>	100% Oral Exams, X-rays, Cleanings	100% Oral Exams, X-rays, Cleanings
<b>Basic</b>	80% Fillings, Periodontics, Simple Extractions	80% Fillings, Periodontics, Simple Extractions
<b>Major</b>	50% Crowns, Dentures, Bridges, Root Canals, Surgical Extractions	50% Crowns, Dentures, Bridges, Root Canals, Surgical Extractions
<b>Orthodontia</b>	Not Covered	Not Covered
<b>Contact Information</b>	www.bcbstx.com	1.800.521.2227
Vision Coverage - Eyemed		
<b>Eye Exam</b>	Every 12 Months	
	\$10 Copay	Reimbursed up to \$40
<b>Prescription Lenses</b>	Every 12 Months	
<i>Single</i>	\$15 Copay	Reimbursed up to \$30
<i>Bifocal</i>	\$15 Copay	Reimbursed up to \$50
<i>Trifocal</i>	\$15 Copay	Reimbursed up to \$70
<i>Progressive</i>	Standard - \$80 Copay Premium - Copay varies	Reimbursed up to \$50
<b>Frames</b>	Every 24 Months	
	\$130 Allowance +20 % off balance over \$130	Reimbursed up to \$91
<b>Contact Lens Benefit</b>	Every 12 Months	
<i>Conventional</i>	\$130 Allowance + 15% off balance over \$130	Reimbursed up to \$130
<b>Contact Information</b>	www.eyemed.com	1.866.800.5457
<b>In-Network Retail Providers</b>	* LensCrafters * Pearle Vision * Sears Optical * Target Optical * JC Penney Optical * Private Practitioners	

### Flexible Spending Account (FSA) - EBC

<b>Overview</b>	Allows participants to pay for eligible healthcare (Medical, Dental and Vision) and/or dependent daycare expenses with pre-tax dollars. May not change election during the calendar year, except due to change in family status.
<b>Deferral Limits</b>	Health Care: \$2,550 per calendar year Dependent Care: \$5000 per calendar year, if filing single or separate income tax returns. \$2,500 per calendar year, if you are married and file a joint income tax return.
<b>If you are opening a Health Savings Account (HSA), you can only participate in a limited purpose health care FSA for Dental and Vision Expenses Only</b>	
<b>Employee Benefits Corporation</b>	
<b>Benefit Questions &amp; Claim Resolutions</b>	A medical benefits or claims expert can help you with complex conditions, find specialist, address eldercare issues, clarify insurance coverage, work on claims denials and help negotiate medical bills and more.
<b>Contact Information</b>	<p style="text-align: center;">www.ebcflex.com                      1.800.346.2126</p>



BlueCross BlueShield  
of Texas

**BlueCare Dental<sup>SM</sup>**

Plan ID: DTXLR05

*This information only provides a summary of the benefits for this Dental Plan. Please refer to your Dental Benefit Booklet for additional benefit information. The Deductibles, Coinsurance and Benefit Period Maximum shown below are subject to change as permitted by applicable law.*

## Summary of Dental Benefits

### Program Basics

<b>Benefit Period Maximum</b>	\$1,500
<b>Deductible</b>	\$50 Individual/\$150 Family

### Covered Services

<b>Diagnostic Evaluations</b> Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations	100% (Deductible waived)
<b>Preventive Services</b> Prophylaxis (cleanings) Topical fluoride applications	100% (Deductible waived)
<b>Diagnostic Radiographs</b> Full-mouth and panoramic films Bitewing films Periapical films	100% (Deductible waived)
<b>Miscellaneous Preventive Services</b> Sealants Space maintainers	80%
<b>Basic Restorative Dental Services</b> Amalgams Resin-based composite restorations	80%
<b>Non-Surgical Extractions</b> Removal of retained coronal remnants Removal of erupted tooth or exposed root	80%
<b>Non-Surgical Periodontal Services</b> Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	80%
<b>Adjunctive Services</b> Palliative treatment (emergency) Deep sedation / general anesthesia	80%
<b>Endodontic Services</b> Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification	50%

# DENTAL BENEFITS

## Covered Services (continued)

<b>Oral Surgery Services</b> Surgical tooth extractions Alveoloplasty and vestibuloplasty Excision of benign odontogenic tumor/cyst Excision of bone tissue Incision and drainage of an intraoral abscess	50%
<b>Surgical Periodontal Services</b> Gingivectomy or gingivoplasty and gingival flap procedures Clinical crown lengthening Osseous surgery Osseous grafts Soft tissue grafts/allografts Distal or proximal wedge procedure Anatomical crown exposures	50%
<b>Major Restorative Services</b> Single crown restorations Gold foil and inlay/onlay restorations Labial veneer restorations Crowns placed over implants	50%
<b>Prosthetic Services</b> Complete and removable partial dentures Denture relining/rebase procedures Fixed bridgework Prosthetics placed over implants	50%
<b>Miscellaneous Restorative and Prosthetic Services</b> Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments	50%

## Orthodontic Services

<b>Orthodontic Services</b> Orthodontic Diagnostic Procedures and Treatment Lifetime Maximum per Participant	Not Covered
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Dental implants are not covered.

The above is a listing of common services available through your network of Participating Dentists.

The Member's share of the cost is determined by whether care is received from a Participating or Non-Participating Dentist.

Services from non-participating providers will be subject to reasonable and customary allowances, as determined by the Company. Amounts in excess of these allowances will be the full responsibility of the insured.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association



## Animas Well Services

### Proposed Benefits

EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

Option 1

Exam and Materials

Insight Network

Fully Insured

Employee Paid

Funded Benefits

### Frequency

#### Examination

Once every 12 months

#### Lenses or Contact Lenses

Once every 12 months

#### Frame

Once every 24 months

#### Vision Care Services

#### Member Cost In-Network

#### Out of Network Member Reimbursement up to:

Vision Care Services	Member Cost In-Network	Out of Network Member Reimbursement up to:
<b>Exam</b> <i>With Dilatation as Necessary</i>	\$10 copay	\$40
<b>Frames</b> <i>Any available frame at provider location</i>	\$0 copay; \$130 allowance, 20% off balance over \$130	\$91
<b>Contact Lenses</b> <i>(Contact Lens allowance includes materials only)</i>		
Conventional	\$0 copay, \$130 allowance, 15% off balance over \$130	\$130
Disposable	\$0 copay, \$130 allowance, plus balance over \$130	\$130
Medically Necessary	\$0 copay, Paid-In-Full	\$210
<b>Standard Plastic Lenses</b>		
Single Vision	\$15 copay	\$30
Bifocal	\$15 copay	\$50
Trifocal	\$15 copay	\$70
Lenticular	\$15 copay	\$70
Standard Progressive	\$80 copay	\$50
Premium Progressive Tier 1	\$100 Copay	\$50
Premium Progressive Tier 2	\$110 Copay	\$50
Premium Progressive Tier 3	\$125 Copay	\$50
Premium Progressive Tier 4	\$80 Copay, 20% off charge less \$120 Allowance	\$50

All plans are based on a 48-month contract term and 48-month rate guarantee

Monthly Rate is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies

EyeMed Vision Care reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers.

For current listing of brands by tier, visit <http://www.discovereyemed.com>

#### Plan Details

Quote for group situated in the State of TX and will be valid until the 9/1/2016 implementation date. Date Quoted 9/8/2016. Benefit allowances provide no remaining balance for future use within the same benefit frequency. Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group. Insured Plans are underwritten by Fidelity Security Life Insurance Company. Policy Number VC-19; Policy Form No. M-9083

#### Plan Exclusions

No benefits will be paid for services or materials connected with or changes arising from:

- orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses;
- medical and/or surgical treatment of the eye, eyes or supporting structures;
- any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear;
- services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
- plano (non-prescription) lenses;
- non-prescription sunglasses;
- two pair of glasses in lieu of bifocals;
- services or materials provided by any other group benefit plan providing vision care;
- services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and services rendered to the Insured Person are within 31 days from the date of such order; or
- lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

If Animas Well Services has chosen this benefit design, attach this document to the group application and sign here:

Signature

Date

10

Q-00005900-QL-0000008094

# VISION BENEFITS



## Animas Well Services

### Saving our members some extra green

We're committed to keeping money in our members' pockets.  
That's why we offer our members additional discounts above the proposed plan benefits.

#### Savings for Members

##### 40% off

additional pairs of glasses and a 15% discount on conventional lenses once funded benefit is used – an industry exclusive

##### 20% off

any item not covered by the plan, including non-prescription sunglasses

##### Lasik

Lasik or PRK  
15% off retail price or 5% off promotional price

##### Hearing Care

40% off hearing exams and a low price guarantee on discounted hearing aids

#### Additional Discounts

##### Vision Care Services

##### Member Cost In-Network

##### Discounted Exam Services

Retinal Imaging Benefit

Up to \$39

##### Contact Lens Fit and Follow-up

*(Contact lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)*

Standard Contact Lens Fit & Follow-Up:

Up to \$55

Premium Contact Lens Fit & Follow-Up:

10% off retail price

##### Discounted Lens Options

Photochromic (Plastic)

\$75

Tint (Solid & Gradient)

\$15

UV Treatment

\$15

Standard Plastic Scratch Coating

\$15

Standard Polycarbonate – 19 and over

\$40

Standard Polycarbonate - under age 19

\$40

##### Premium Anti-Reflective Coating

Standard

\$45

Tier 1

\$57

Tier 2

\$68

Tier 3

20% off Retail Price

##### Other Add-on Services and Materials

20% off Retail Price

##### Discount Details

Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional services, or contact lenses.

Plan discounts cannot be combined with any other discounts or promotional offers.

In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate.

Discounts on vision materials may not be applicable to certain manufacturers' products

EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels.

Service and amounts listed above are subject to change at any time

# The secret is out

## 5 ways we challenge the status quo

eye  
Med

We want every person to see life to the fullest. That's why we're doing things differently and providing you with more of what's best, not more of the same. And that includes the network employees want with vision benefits that redefine expectations, all while making the experience easy. After all, it takes vision to see beyond the status quo.

# 1

Network

**We offer so many options for care**



Your employees can choose a provider on their terms, not ours. That's because we have the right mix of independent, national retail and regional retail providers.

# 2

Network

**In-network means online, too**



Now our members can use Glasses.com and ContactsDirect as in-network providers.

# 3

Benefits

**Members love even more perks**



With us, members receive an industry-leading 40% off additional pairs of glasses\* and special offers for additional savings can always be found on our website.

# 4

Easy

**We're all about providing user friendly tools**



We have the resources to help your employees when they need it: open enrollment support, our enhanced provider search tool and the industry's first mobile vision app for members.

# 5

Easy

**Service that barely sleeps**



We offer award-winning service,<sup>1</sup> even on Sundays! Our live agents are available to assist you until the wee hours of the night – an average of 15 hours per day.

<sup>1</sup> Purdue University Benchmark Portal Independent assessment of call centers nationwide, 2015.

Tangible results you see.  
Performance we're proud  
to guarantee.

97% member satisfaction  
97% client satisfaction  
99% client retention

\* Results are based upon EyeMed's internal satisfaction surveys conducted by Convergy and Walker 2014

S-1601-C-24



# VISION BENEFITS

# The BESTflex<sup>SM</sup> Plan

## Enrollment Guide



Enroll in the BESTflex<sup>SM</sup> Plan and you'll pay less for eligible health care and daycare expenses.

Use **tax-free dollars** to pay for eligible health care and daycare expenses.

### Tax-Free Dollars

The BESTflex Plan is an easy way for you to set aside a portion of your earnings, and use it to pay for insurance, health care and daycare expenses. The money you set aside in the BESTflex Plan is free from payroll taxes, so you save approximately 30 percent\* in taxes for each dollar you contribute.

### A Prescription for Savings

Whether your prescription medicine helps calm your allergies after snuggling with your cat, suppress heartburn after your favorite meal, breathe through your asthma – or something else entirely – the BESTflex Plan lets you pay less for it.

The plan saves you approximately 30 percent\* in taxes on your eligible prescriptions and prescription co-payments, meaning a \$20 prescription expense amounts to about \$14.

### Smile!

When you go out to socialize with your friends and meet new people, you trust in your bright smile to lend yourself confidence. It's no surprise, then, that you like to keep your smile in tip-top shape, despite how expensive it can be.

The BESTflex Plan helps you save approximately 30 percent\* on your dental expenses, and keep your smile healthy and bright. A dental exam and cleaning might cost you \$100 – or more, depending on your provider. Using funds in the BESTflex Plan, you essentially pay around \$70. That's a savings that's likely to bring a smile to your face.

### Daycare Relief

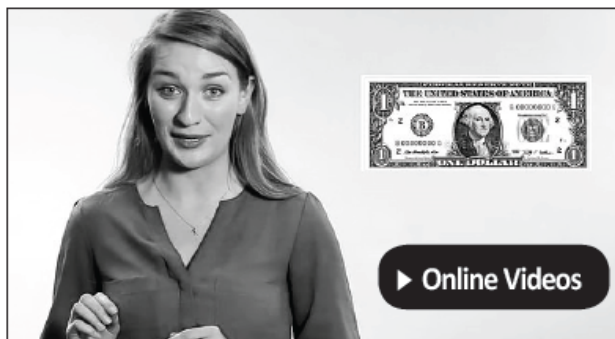
You know how the hundreds of dollars you spend on daycare each month can pinch your finances. The BESTflex Plan dulls the pinch. By saving you around 30 percent\* on your daycare expenses, a week of care at \$150 is, in essence, closer to \$105.



### Why pay more than you have to?

The BESTflex Plan makes it easy for you to set aside a portion of your earnings and use it to pay for certain insurance, medical and dependent care expenses. Because dollars you place in the BESTflex Plan are exempt from Federal, State and FICA taxes, you'll save approximately 30 percent\* in taxes for each dollar you contribute.

Direct those tax savings toward your eligible BESTflex Plan expenses and a **\$20 prescription could cost \$14**. A week of daycare could cost \$70 instead of \$100 and your \$30 health insurance premium could cost you \$21.



Our online videos explain where extra FSA dollars come from, the difference between FSA account types, and how to submit claims.

**Watch them now!** Visit our website at [www.ebcflex.com](http://www.ebcflex.com).

### My Mobile Account Assistant

Smart, Simple,  
Secure and Mobile!

- File a claim
- Attach receipts
- Check balances
- View payment history

Visit [www.ebcflex.com](http://www.ebcflex.com) to learn more.



### How the BESTflex Plan Works

When you enroll in the BESTflex Plan, you set aside the portion of your pay you'll spend annually on eligible health and dependent care expenses. Throughout the year, these elections are deducted bit by bit from your paychecks and placed in flexible spending accounts (FSAs). The usual payroll taxes do not apply to your BESTflex Plan contributions, saving you from paying approximately 30 percent\* in taxes on each dollar you contribute to the BESTflex Plan.

#### Just a Fraction of the Eligible Expenses

These savings can be applied to a variety of expenses. Prescription medicines, dental expenses, vision expenses – including contact lens solution, contact lenses and prescription eyeglasses – day care expenses and co-payments are just a few of the common expenses on which the BESTflex Plan helps you save money.

#### Enrollment in the BESTflex Plan

We help you set aside the right amount of money for eligible health care and dependent care expenses. Referencing your *Eligible Expenses List* and using the worksheets we've created, you'll arrive at a solid estimate of how much money you should contribute to the plan and help alleviate concerns about forfeiting any contributions.

#### Reimbursement From the BESTflex Plan

To get back the pre-tax money that's deducted from your pay and deposited in your FSA(s), simply submit a *Claim Form*, along with documentation, such as an itemized receipt, for the eligible expense. We quickly process your form and mail you a reimbursement check or deposit the payment into your bank account.

#### Filing Claims

We make filing claims easy and we offer three options: **Mobile, Online** or via a paper **Claim Form**

My Mobile Account Assistant lets you file a claim and scan and submit a receipt – at the pharmacy, your provider or anywhere you have access to a 3G or wireless internet connection. Filing a claim for any eligible health care or dependent care expense doesn't get any easier than this. Complete a few lines on a simple form, upload your receipt using your phone's camera and tap "Submit." My Mobile Account Assistant makes filing claims smart, simple, secure and mobile!

#### Participant Support

If you have questions or need information regarding your account, you can call our in-house Participant Services team at **800 346 2126** for one-on-one support, or access our convenient Telephone Account Assistant, which provides you with basic account details. We are also available via email at [participantservices@ebcflex.com](mailto:participantservices@ebcflex.com).

Download information regarding The BESTflex Plan and your FSAs by activating then logging in to My Account Assistant at [www.ebcflex.com](http://www.ebcflex.com).

\*These tax examples are broad approximations of tax liability. You should consult a tax advisor for help with your own situation. Current IRS tax laws control all BESTflex Plan matters.

## How to enroll in the BESTflex Plan:

(Sample Enrollment Form shown; your form may differ slightly)

- 1: Enter General and Personal Information.** All of it, including your email address, if you have one. Email is how we prefer to contact you.
- 2: Enter Plan Dates.** Enter the date you start the plan (the Effective Start Date) and the number of paychecks per year from which your elections are deducted (Number of Pay Periods). Enrollment is for one plan year, usually consisting of 12 calendar months or less.
- 3: Enter BESTflex Plan Benefits.** Use the mini-worksheet on the *Enrollment Form* to enter your annual election. Choose the amount you'd like deducted from each paycheck (Employee Deduction per Pay Period) and multiply that amount by the Number of Pay Periods to determine your Plan Year Total. Do this for each of the FSAs in which you wish to enroll and total the form.
- 4: Complete Direct Deposit Information.** You have the option of having your reimbursement check mailed to you or deposited directly at your bank, credit union or other financial institution. To

authorize the direct deposit feature of the BESTflex Plan, provide the financial account information requested on the enrollment form. If you already have direct deposit information on file with us, it is not necessary to provide it again. The direct deposit feature will carry over to your new plan year.

**5: Authorize Enrollment and Direct Deposit.** First, indicate whether you want to participate in the BESTflex Plan. Then sign and date the form and return it to your employer.

If you choose to not enroll in the BESTflex Plan FSAs, you must sign and date the form anyway. Your eligible employer-provided insurance premiums will still be deducted from your pay on a pre-tax basis.

### What Happens After I Enroll?

Your employer transfers the amounts you elected on the *Enrollment Form* to your Health and/or Dependent Care FSA. Check your pay stub to ensure these amounts are correct.

Once your plan year starts, visit our website at [www.ebcflex.com](http://www.ebcflex.com). You can activate your online account and obtain your secure PIN via email. Log in and you'll be taken to My Account Assistant, where you'll see your account information and be able to download useful materials to help you make the most of your plan.

## Review My Company Plan

*My Company Plan*, the appendix to your *Summary Plan Description (SPD)*, describes the specific details and features of your company's BESTflex Plan. Use the information in *My Company Plan* to aid in completing your enrollment (additional appendices may be provided to explain special features of your BESTflex Plan).

### My Company Plan Contains:

- BESTflex Plan Dates, including the date your employer started its BESTflex Plan (Original Plan Date) and the start and end dates of your employer's current BESTflex Plan (My Company's Plan Year)
- Eligibility definitions
- Group Insurance Premiums, the types of premiums deducted from your paycheck on a pre-tax basis
- The Health Care and Dependent Care FSA contribution limits, the maximum amount you can contribute to each account
- Plan Amendments, if any
- Company Information regarding who to contact within your Company
- Legal Information defining the relationship between your employer and Employee Benefits Corporation

*My Company Plan is available online at [www.ebcflex.com](http://www.ebcflex.com) by logging in to My Account Assistant.*

### ■ Employee Benefits Corporation's Website

Once you enroll in the BESTflex Plan, our website makes it easy to view your claims and reimbursements. Get started at [www.ebcflex.com](http://www.ebcflex.com).

### ■ My Account Assistant

As a BESTflex Plan participant, it's important to monitor the status of the claims you've submitted, stay aware of your FSA balances, be mindful of the deadlines for submitting claims, and have a place to find the latest BESTflex Plan forms and materials.

Once you enroll in the BESTflex Plan, our website makes all of this easy with **My Account Assistant**, your online account management portal.

Using My Account Assistant, you can:

- File claims
- Review account balance(s)
- Review when a claim was processed and when the reimbursement was mailed or direct deposited
- Download BESTflex Plan forms and information regarding the operation of your plan
- Update personal information
- View a detailed account history

In order for you to view your account, you activate it by entering a valid email address and receiving a password. You can then log-in and view your account using your Social Security Number and your password.

Employee  
**Benefits**  
Corporation

We make it easy.

P: 800 346 2126 | 608 831 8445

F: 608 831 4790

P.O. Box 44347

Madison, WI 53744-4347

An employee-owned company

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

## **Important Notice from XYZ Company, About Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with XYZ Company and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. XYZ Company has determined that the prescription drug coverage offered by the Group Medical 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.**

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### **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 15<sup>th</sup> through December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.



### **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current XYZ Company, coverage will be affected.

If you do decide to join a Medicare drug plan and drop your current XYZ Company coverage, be aware that you and your dependents may 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 current coverage with XYZ Company and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

Contact the person listed below for further information. **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 XYZ Company changes. You also may request a copy of this notice at any time.

### **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

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



## 2016 Patient Protection and Affordable Care Act and Health Plan Notices

### \*Patient Protection Model Disclosure

Aetna plans generally allow the designation of a primary care provider. You have the right to designation any primary care provide who participates in our network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from Aetna or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Aetna or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Aetna.

### \* Women’s Health and Cancer Rights Act of 1998

“Did you know that your plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy – related services, including reconstruction and surgery to achieve symmetry between the breasts, prosthesis, and complications resulting from a mastectomy (including lymphedema”).

Please call your plan administrator for more information. These benefits may be subject to annual deductibles, co-insurance provisions or copays that are appropriate and consistent with other benefits under your plan.

### \* The Genetic Information Nondiscrimination Act (GINA)

The Genetic Information Nondiscrimination Act of 2008, also referred to as GINA, is a new federal law that protects Americans from being treated unfairly because of differences in their DNA that may affect their health. The new law prevents discrimination from health insurers and employers. The President signed the act into federal law on May 21, 2008. The parts of the law relating to health insurers will take effect by May 2009, and those relating to employers will take effect by November 2009.

#### Who needs protection from genetic discrimination?

Everyone should care about the potential for genetic discrimination. Every person has dozens of DNA differences that could increase or decrease his or her chance of getting a disease such as diabetes, heart disease, cancer or Alzheimer’s. It’s important to remember that these DNA differences don’t always mean someone will develop a disease, just that the risk to get the disease may be greater.

More and more tests are being developed to find DNA differences that affect our health. These tests (called genetic tests) will become a routine part of health care in the future. Health care providers will use information about each person’s DNA to develop more individualized ways of detecting, treating and preventing disease. But unless this DNA information is protected, it could be used to discriminate against people.

#### Why was the law needed?

The law was needed to help ease concerns about discrimination that might keep some people from getting genetic tests that could benefit their health. The law also enables people to take part in research studies without fear that their DNA information might be used against them in health insurance or the workplace.

For more information about Medicare prescription drug coverage:

1. Visit [www.medicare.gov](http://www.medicare.gov)
2. 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
3. Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Date: August 31, 2016

Name of Entity/Sender: XYZ Company

Contact--Position/Office: Human Resources

Address: 3333 XYZ Company St., Atlanta GA 30092

Phone Number: 777-777-7777



# Company Logo

Disclaimer: This Benefit Guide provides a brief summary of the benefits available under the XYZ Company Program. In the event of any discrepancy (ies) between this summary and any Document, Insurance Contract or Certificate, the Insurance Document(s) will prevail. XYZ Company reserves the right to modify or eliminate these benefits at any time and for any reason.