



Calvert Health System

Calvert Memorial Hospital

## Employee Benefits Guide

2017 — 2018 Plan Year





Calvert Health System

# Calvert Memorial Hospital

## 2017-2018 Plan Year Benefit Guide

Dear Calvert Team Member:

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

From health benefits to retirement benefits, from educational assistance to discounted disability and life insurance plans; we offer a wide variety of benefits, many with no or low employee cost. Take advantage of the benefits Calvert has to offer. Please take the time to review all of the plan options available to you. Consider each benefit and the associated cost carefully and choose the benefits package that will best meet the needs for you and your family throughout the year.

If you have additional questions that this Employee Benefits Guide did not answer regarding the medical plan offerings, please call Health Advocate and they will be happy to assist you.

Wishing you the best of health,

Dean Teague  
*President and CEO*

Henry Trentman  
*Chairman of the Board*



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## Who is Eligible?

All active full-time and part-time employees who are scheduled to work a minimum of 20 hours or more per week and their eligible dependents, including dependent children up to age 26. Benefits become effective on the first of the month following 60 days of consecutive employment following successful enrollment.

## Spouse/Dependents

Dependents are defined as legal spouse and the dependent child of you or your spouse and includes a natural child, stepchild, legally adopted child, child placed for adoption, and child or grandchild for whom you or your spouse have legal custody or testamentary or court appointed guardianship.



## How to Enroll

Calvert offers employees access to a convenient online benefits enrollment site, through CBIZ Custom. It's a fast and easy way for you and your family to enroll in your benefits. For enrollment assistance, please refer to the enrollment worksheet tips on page 19.



## Benefits Effective Date

Benefits elected during Open Enrollment will become effective July 1 each year and will remain in place through June 30 of the following year unless a qualifying event takes place. Employees have 30 days from their date of hire or from their benefits eligible status change date to enroll in benefit plans. Benefits for newly hired employees become effective on the first day of the month following 60 days of continuous employment. Benefits for ineligible employees who change to an eligible status become effective the first day of the month following a change in benefit eligible status as long as the employee has satisfied the 60 days of continuous employment requirement.

## How to Make Changes

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next Open Enrollment period. Qualified changes in status include 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, move or transfer out of the plan's service area, or change in eligibility due to an employment status change. Should you wish to make changes to your elections due to a qualifying event, you have 30 days from the event to use the CBIZ Enrollment Service Center ([cbizesc.com/Calvert](http://cbizesc.com/Calvert)) to make your new elections and provide supporting documentation. See page 19 for instructions. If you do not make your new elections within 30 days, you will have to wait until the next Open Enrollment to make any changes to your benefit elections.



## Enrollment Coverage Options

In past years, your coverage options included Employee Only, Employee + 1, or Family. During this Open Enrollment, you will have the choice to enroll in one of the following coverage options for Medical, Dental and Vision plans.

- Employee Only
- Employee + Child(ren)
- Employee + Spouse
- Family

## Medical/Prescription Plan Design Changes

There are some changes to the Traditional PPO Medical Plan for the 2017-2018 Plan year. Changes include increases in deductible across all available networks and changes to the co-insurance amounts paid by the Plan. Please refer to the benefit summary on page 6 for details.

## Wellness Plan Changes

The structure of the incentives for engagement with the KeepWell@Work program has been revised to comply with recently released regulations for Employer Group medical plans that offer wellness incentives.

For this year, the wellness incentives will be tracked separately for a Covered Employee and any Covered Spouse (each referred to as a "Plan Participant"). Each Plan Participant is eligible to receive Wellness Credits for completing the full Health Risk Assessment and continued compliance with the requirements of the engagement program.

Each Wellness Credit is valued at \$40 per pay period for each Plan Participant and will be used towards reducing any premiums that are required for Plan participation. In the case of Employee + Spouse or Family coverage, and if both Plan Participants are identified as engaged by the KeepWell@Work program, the Wellness Credit will result in a savings of \$80 per pay period for Plan premiums.

In addition, Plan Participants (as defined above) are eligible to receive a Non-Smoking Credit for each Plan Participant that completes the requirements to be acknowledged as a non-smoker. The Non-Smoking Credit is valued at \$50 per pay period for each Plan Participant satisfying the non-smoker requirements. The Non-Smoking Credit will result in a maximum savings of \$100 per pay period if both Plan Participants are non-smokers.

## New Dental Plan Provider

Guardian has been selected as the new dental provider. The benefits will remain the same, with the addition of implant benefits (subject to Plan maximums) and an increase in the lifetime orthodontia benefit to \$1,500. See the benefit summary on page 13 for more information.

## New Vision Plan Provider

EyeMed has been selected as the new vision provider. The benefits will be slightly enhanced, resulting in lower co-payments and out of pocket costs to you. See the benefit summary on page 13 for more information.

### Who is Health Advocate?

Health Advocate is a 24/7 service that provides confidential, unlimited access to a Personal Health Advocate to assist with and help resolve insurance related issues and questions pertaining to you and your covered dependents.

### How can Health Advocate help?

# HealthAdvocate™ Help is Only a Phone Call Away

## Your Own Personal Health Advocate

We've all been there—spent endless time researching medical treatments, hunting down the right specialist, or interpreting medical bills. Now, you can turn over these issues to a Personal Health Advocate who knows the ins and outs of the system.

### Save time, money and worry

Personal Health Advocates, typically registered nurses, supported by medical directors and benefits and claims specialists, are industry experts who can help you get to the bottom of a wide variety of healthcare and insurance-related issues.

### Help for the whole family

You, your spouse, dependent children, parents and parents-in-law can all use the service.



### Just Call!

 866.695.8622

Or visit online at  
[healthadvocate.com/members](http://healthadvocate.com/members)

## How we can help

- Find the right doctors, hospitals and other providers
- Clarify benefits and get approvals for covered services
- Schedule appointments, transfer medical records
- Find options for non-covered services
- Explain conditions and research latest treatments
- Estimate costs for medical procedures and negotiate payments
- Resolve billing and insurance claims issues
- Locate eldercare services
- Secure second opinions

### Plus . . . Help Shopping for Healthcare

Save money on your healthcare expenses by comparing prices for medical procedures right in your area. Our Health Cost Estimator+ and pricing support will:

- Get pricing estimates for doctors, hospitals and other facilities nationwide
- Compare costs for hundreds of medical services by ZIP Code
- View provider quality and safety scores
- Read patient reviews

### Three easy ways to get help:

Online | Mobile | Call



# Medical Benefits Description

NCAS is the provider that handles the claims administration for our self-funded medical plans. Employees are being offered two different plans to choose from for the 2017/2018 Plan year. Below you will see the Plan highlights for the Traditional PPO Plan.



Plan Design	Traditional PPO Plan		
	Calvert Local Network	CareFirst Network	
Plan Year Deductible		In-Network	Out-of-Network
Individual	\$500	\$1,000	\$2,000
Emp+Spouse / Emp+Child(ren) / Family	\$1,000	\$2,000	\$4,000
Out of Pocket Maximum (Medical)			
Individual	\$2,500	\$3,000	\$10,000
Emp+Spouse / Emp+Child(ren) / Family	\$5,000	\$6,000	\$20,000
Preventive Care*			
- Well Child Care	No charge	No charge	Not Covered
- Adult	No charge	No charge	Not Covered
- Cancer Screenings	No charge	No charge	Not Covered
Office Visits			Deductible, then:
Primary Care Physician	\$20 co-pay	\$30 co-pay	60% Allowed Benefit
Specialist	\$30 co-pay	\$40 co-pay	60% Allowed Benefit
Diagnostic Imaging & Lab Testing			Deductible, then:
Outpatient (free-standing)	Deductible, then 90%	Deductible, then 70%	60% Allowed Benefit
Hospitalization			Deductible, then:
Inpatient	100%	Deductible, then 70%	60% of Allowed Benefit
Outpatient	Deductible, then 90%	Deductible, then 70%	60% of Allowed Benefit
Emergency Room (waived if admitted)	\$100 co-pay	\$100 co-pay	\$100 co-pay
Urgent Care	\$50 co-pay	\$50 co-pay	\$50 co-pay
Prescription Drugs**			
Out of Pocket Maximum (Rx)	\$3,500 per Individual or \$7,000 per Family		
Generic Formulary	\$10 co-pay	\$10 co-pay	\$10 co-pay
Brand Formulary	\$35 co-pay	\$35 co-pay	\$35 co-pay
Non-Formulary	\$60 co-pay	\$60 co-pay	\$60 co-pay
Retail 90 Program (Walgreens only)***	2.5 x retail co-pay or full cost; whichever is less expensive		
Mail Order***	2.5 x retail co-pay or full cost; whichever is less expensive		

\*You cannot combine a preventive care visit with a visit to address any complaint/health issue. If you do so, the visit may not be coded as a preventive visit and the visit may be subject to the annual deductible and/or co-pay. If during a preventive procedure, any other care or diagnosis is determined, annual deductibles and co-pays may apply.

\*\*Co-pays will be waived if you fill a prescription for generic maintenance medications, filled by mail order or at a Walgreens retail pharmacy, for any of the five specified health conditions (asthma, diabetes, depression, hypertension, hyperlipidemia).

\*\*\*Must be written as a 90-day supply.

## What does it mean for the Calvert Medical Plan to be “Self-Funded”?

Having a self-funded plan means that the cost of **all claims** incurred under the medical and prescription plan by all covered lives are paid directly by Calvert. Some advantages of a self-funded plan include the ability to offer innovative and competitive health benefits specific to our participant’s needs. In addition, premiums are adjusted each year based upon claims paid in the prior plan year instead of a flat premium increase as with a fully-funded medical plan.

# Medical Benefits Description

NCAS is the provider that handles the claims administration for our self-funded medical plans. Employees are being offered two different plans for the 2017/2018 Plan year. Below you will see the plan highlights for the High Deductible Health Plan with a Health Savings Account feature.



Plan Design	High Deductible Health Plan with HSA		
	Calvert Local Network	CareFirst Network	
Plan Year Deductible		In-Network	Out-of-Network
Individual	\$2,000	\$2,000	\$4,000
Emp+Spouse / Emp+Child(ren) / Family	\$4,000	\$4,000	\$8,000
Out of Pocket Maximum			
Individual	\$5,000	\$5,000	\$10,000
Emp+Spouse / Emp+Child(ren) / Family	\$10,000	\$10,000	\$20,000
Preventive Care*			
- Well Child Care	No charge	No charge	Not Covered
- Adult	No charge	No charge	Not Covered
- Cancer Screenings	No charge	No charge	Not Covered
Office Visits			
Primary Care Physician	Deductible, then 90%	Deductible, then 90%	Deductible, then 70%
Specialist	Deductible, then 90%	Deductible, then 90%	Deductible, then 70%
Diagnostic Imaging & Lab Testing			
Outpatient (free-standing)	Deductible, then 90%	Deductible, then 90%	Deductible, then 70%
Hospitalization			
Inpatient	Deductible, then 90%	Deductible, then 90%	Deductible, then 70%
Outpatient	Deductible, then 90%	Deductible, then 90%	Deductible, then 70%
Emergency Room (waived if admitted)	Deductible, then 90%	Deductible, then 90%	Deductible, then 70%
Urgent Care	Deductible, then 90%	Deductible, then 90%	Deductible, then 70%
Prescription Drugs**	Deductible, then:	Deductible, then:	
Generic Formulary	\$10 co-pay	\$10 co-pay	
Brand Formulary	\$35 co-pay	\$35 co-pay	
Non-Formulary	\$60 co-pay	\$60 co-pay	
Retail 90 (Walgreens only)***	2.5 x retail cost of 30-day prescription or full cost; whichever is less expensive		
Mail Order***	2.5 x retail cost of 30-day prescription or full cost; whichever is less expensive		

\*You cannot combine a preventive care visit with a visit to address any complaint/health issue. If you do so, the visit may not be coded as a preventive visit and the visit may be subject to the annual deductible and/or co-pay. If during a preventive procedure, any other care or diagnosis is determined, annual deductibles and co-pays may apply.

\*\*Co-pays will be waived for specific preventive drugs. Refer to your benefit summary for a specific drug list. The cost of prescriptions will apply towards the annual deductibles for the plan.

\*\*\*Must be written as a 90-day supply.

## Generic Prescriptions = Savings

*Remember to ask your doctor for generic drugs when possible. A generic 30-day prescription at a retail pharmacy is still just \$10, after annual deductible has been met.*

# Wellness Plan managed by KeepWell@Work - Engaged vs. Non-Engaged

Engaged	Non-Engaged
<p><b>Plan Participant* MUST:</b></p> <p>Execute the Health Risk Incentive Contract  <b>AND</b>            Complete an initial Health Risk Assessment (HRA) in a timely manner, including all of the following:</p> <ul style="list-style-type: none"> <li>• WellSuite online questionnaire</li> <li>• Height/Weight/BMI               <ul style="list-style-type: none"> <li>• Body Composition ✧</li> </ul> </li> <li>• Fasting blood lipid panel ✧</li> <li>• Fasting blood glucose ✧</li> <li>• Blood pressure               <ul style="list-style-type: none"> <li>✧ <i>Waived for pregnant participants</i></li> </ul> </li> </ul> <p><b>AND</b></p> <p>Satisfy periodic engagement requirements by specified deadlines if Risk Factors are identified**</p>	<p><b>Plan Participant* FAILS to:</b></p> <p>Execute the Health Risk Incentive Contract  <b>OR</b>            Complete an initial Health Risk Assessment (HRA) in a timely manner, including any of the following:</p> <ul style="list-style-type: none"> <li>• WellSuite online questionnaire</li> <li>• Height/Weight/BMI               <ul style="list-style-type: none"> <li>• Body Composition ✧</li> </ul> </li> <li>• Fasting blood lipid panel ✧</li> <li>• Fasting blood glucose ✧</li> <li>• Blood pressure               <ul style="list-style-type: none"> <li>✧ <i>Waived for pregnant participants</i></li> </ul> </li> </ul> <p><b>OR</b></p> <p>Satisfy periodic engagement requirements by specified deadlines if Risk Factors are identified**</p>
<p>*Plan Participant for engagement purposes is defined as a Covered Employee and/or a Covered Spouse.            **Additional Information regarding engagement is available in the Incentive Contract and Policy #HR-5-06.</p>	

## Continuing Wellness Engagement

For those Plan Participants that have identified risk factors, continued **ENGAGEMENT** each quarter\*\*\* is **REQUIRED**. Plan Participant must remain engaged to receive the applicable Wellness Credit. **ENGAGEMENT** is tracked and credited individually for each Plan Participant.

**Engagement requirements occur during the following timeframes:**

- **September 1 – 30 - Q1 Check-in**
- **December 1 – 31 - Q2 Check-in**
- **March 1 – 31 - Q3 Check-in**

If any covered Plan Participant with an identified risk factor **FAILS** to engage during the quarter\*\*\*, the Plan Participant will move to **NON-ENGAGED** status and the applicable Wellness Credit will be discontinued until the Plan Participant successfully complies with all of the engagement requirements.

If any Plan Participant **FAILS** to respond to the Conifer Personal Health Nurse when contacted, the Plan Participant will move to **NON-ENGAGED** status and the applicable Wellness Credit will be discontinued until the Plan Participant successfully completes all of the engagement requirements.

\*\*\* Some risk factors may only require semi-annual engagement instead of quarterly.



# Medical/Prescription Plan Rates

Coverage Level	Traditional PPO Plan					High Deductible Health Plan with HSA				
	Non - Engaged Smoker	Non-Smoking Credit	Non-Engaged Non-Smoker	Wellness Credit	Engaged Non-smoker	Non - Engaged Smoker	Non-Smoking Credit	Non-Engaged Non-Smoker	Wellness Credit	Engaged Non-smoker
Employee Only	\$150	(\$50)	\$100	(\$40)	\$60	\$111	(\$50)	\$61	(\$40)	\$21
Employee + Child(ren)	\$280	(\$50)	\$230	(\$40)	\$190	\$215	(\$50)	\$165	(\$40)	\$125
	Both Non-Engaged and Smokers	Non-Smoking Credit EACH	Both Non-engaged and Non-Smokers	Wellness Credit EACH	Both Engaged and Non-Smokers	Both Non-Engaged and Smokers	Non-Smoking Credit EACH	Both Non-engaged and Non-Smokers	Wellness Credit EACH	Both Engaged and Non-Smokers
Employee + Spouse	\$445	(\$50) (\$50)	\$345	(\$40) (\$40)	\$265	\$340	(\$50) (\$50)	\$240	(\$40) (\$40)	\$160
Family	\$490	(\$50) (\$50)	\$390	(\$40) (\$40)	\$310	\$378	(\$50) (\$50)	\$278	(\$40) (\$40)	\$198

\*Premium illustration above represents bi-weekly payroll deductions for an employee that is scheduled to work 30 or more hours per week (0.75 FTE or above). Premium illustration for employees scheduled to work between 20 - 29 hours per week (0.5 - 0.74 FTE) can be obtained from Human Resources.

## Non-Smoking Credit

A Non-Smoking Credit of \$50 per pay period is credited for each Plan Participant (maximum of \$100 per pay period for Employee + Spouse or Family coverage) IF a:

- Plan Participant signs the Affidavit of Non-Tobacco/Non-Nicotine Use [AND](#)
- Plan Participant self-identifies as a non-smoker or non-user of tobacco or any nicotine delivery products (excluding approved smoking cessation products but including e-cigarettes, vape products and/or smokeless tobacco)

*KeepWell@Work is committed to helping you achieve your best health.*

*Rewards for engaging with KeepWell@Work are available to all Plan Participants. If you believe you may be unable to meet a standard for a reward, you may qualify to earn the reward by a different means. Contact KeepWell@Work at 410-535-8233 and we will work with the Plan Participant (and if desired, with your physician) to find an appropriate alternate wellness program with the same reward that is right for the Plan Participant in light of his/her health status.*

### Questions?

For questions regarding Engagement, Wellness Credits or the requirements to **receive the Non-Smoking Credit**, contact the KeepWell@Work team at 410-535-8233 or [keepwell@cmhlink.org](mailto:keepwell@cmhlink.org).

# High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

## Why Choose the HDHP with HSA?

If you and/or your family are enrolled in the HDHP, the HSA is a good choice to help you and your family save for your health care needs. The HDHP offers many advantages over the Traditional PPO Plan, including:

- **Lower monthly premiums** - lowest cost per pay of any plan for 2017/2018.
- **Health Savings Account that belongs to you** - you can use the balance of your account for current or future medical expenses, including medical expenses after you retire. The account balance carries over from year to year and is portable if you separate from Calvert.
- **Calvert Employer Contributions** - Calvert contributes to the account each pay period even if you do not.
- **Tax-free savings** - all contributions and earnings are not subject to Federal or State taxes.

You may not participate in this plan if you are covered by any other health plan, including a spouse's plan, the Calvert Traditional PPO Plan or Medicare.

## HSA Contributions

If you enroll in the HSA, your contributions into the account will be through pre-tax payroll deductions. Contributions occur each pay period and are not pre-funded. Expenses may only be reimbursed up to the current account balance. All contributions are tax free and will grow by earning tax-free interest until you use them for qualified health care expenses. If you enroll in the HSA, you will receive a welcome packet from our banking partner, Connect Your Care, with information about establishing, maintaining and using your account.

2017/2018 HSA Maximum Allowable Annual Contributions			
Coverage Level	IRS Maximum HSA contribution	Employee may contribute (pre-tax)**	Calvert will contribute*
Employee Only	\$3,400	Up to \$2,900	\$500
Employee + Child(ren) Employee + Spouse	\$6,750	Up to \$6,000	\$750
Employee + Family	\$6,750	Up to \$5,750	\$1,000

\* Calvert's prorated HSA contributions are deposited per pay period. Future contributions, if any, will be determined each Plan year.

\*\* You may make an additional catch-up contribution of up to \$1,000 (annually) if you will be age 55 or older in 2017.

Medical Plan Differences	
Traditional PPO Plan	<ul style="list-style-type: none"> <li>• Higher premiums per pay period</li> <li>• Co-pay and co-insurance structure once deductible is met</li> <li>• Lower out-of-pocket maximum than HDHP Plan</li> <li>• Better option if you have long-term medical concerns or regularly take prescription medications</li> </ul>
HDHP with HSA	<ul style="list-style-type: none"> <li>• Lowest premiums per pay period</li> <li>• Highest deductible, which must be met before the Plan pays any prescription expenses or medical claims</li> <li>• Co-insurance structure once deductible is met</li> <li>• Better option if you are healthy and want to set aside pre-tax money for medical expenses in the future</li> <li>• Any unused balance of HSA carries over from year to year and the balance is yours if you separate from Calvert</li> </ul>

# Flexible Spending Accounts (FSA)

Calvert allows you to set-aside a portion of your pay through payroll deduction into Flexible Spending Accounts. The money that you contribute into a FSA is deducted on a pre-tax basis, meaning it is deducted from your pay before Federal and Social Security (FICA) taxes are calculated. Because you do not pay taxes on the money that you contribute into your FSA, you decrease your taxable income.

**YOU WILL NEED TO RE-ENROLL EACH PLAN YEAR** to participate in the FSA plans. **Note:** You are not eligible to contribute to an FSA if you elect the HDHP/HSA medical plan.

**Medical Flexible Spending Account:** You may deposit up to **\$2,600** per Plan year into your Medical Flexible Spending Account to cover out-of-pocket medical expenses incurred by you and your dependents during the Plan year. Eligible expenses include, but are not



## FSA FAQs

**What expenses are eligible through medical flexible spending accounts?**

- Medical and dental deductibles, co-payments and co-insurance amounts
- Physical examinations, chiropractic and orthodontics expenses
- Vision expenses
- Prescription drug expenses

**What are some expenses that are NOT covered?**

- Groceries or personal care products
- Cosmetic surgery, other than that needed to improve a congenital abnormality, personal injury or disfiguring disease

**What happens if I do not use all of the money that I set aside each year? If you have a plan balance remaining on June 30th, you have until Sept 15th each year (a run out period) to use your balance and submit expenses for reimbursement. Otherwise, the FSA account balance for that Plan year is forfeited.** You should carefully review anticipated medical expenses when making FSA elections.

**Once I make an election, can I change that amount during the Plan year?** Not unless you have a change of status during the year, and the change in status must be consistent with the change in election you wish to make. Examples of status changes include marriage, divorce, change in the number of dependents, change in employment or employment status, etc.

**If I don't use my debit card, do I have to submit receipts with my reimbursement request?** Yes, you must submit a statement from the provider describing the medical expenses and a receipt or insurance company explanation of benefits (EOB). Cancelled checks or credit card/debit card receipts are not acceptable as proof of service.

**Why does the administrator always ask me for expenses paid with the debit card? Participants will be required to submit a receipt for eligible FSA expenses that are not automatically substantiated when using your FSA debit card.** CBIZ FSA will notify you in the event that a receipt is needed. You must respond and provide the documentation OR the expenses will be deemed ineligible and you will be required to repay those amounts to the Plan.

limited to: deductibles, co-payments, co-insurance payments, uninsured dental expenses, vision care expenses and hearing expenses.

**FSA contributions are “use it or lose it”!!! If you do not use the contributions by the plan deadlines, you FORFEIT your account balance. Remember, you are not eligible to participate in the FSA if you are enrolled in a High Deductible Health Plan/Health Savings Account.**

**Dependent Care Flexible Spending Account:** You may deposit up to **\$5,000** per Plan year into the Dependent Care Flexible Spending Account. Eligible expenses include payments to day care centers, preschool costs, before and after school care and elder care.

**The FSA accounts are administered by CBIZ. For more information please call (800)815-3023, select option 4 or visit [myplans.cbiz.com](http://myplans.cbiz.com)**

# Which Medical Plan is Best For You?

When choosing a medical plan:

- Review you and your family’s health care needs.
- If married, discuss the Calvert Medical Plans with your spouse and consider any other available medical plan options (for example, your spouse’s employer plan).
- When estimating your total cost, consider both your Medical and Pharmacy out-of-pocket costs (deductibles, co-pays, co-insurance requirements) and the premiums for each plan.
- See if you can find your personal situation in the chart below.

If this sounds like you...	You might consider...	Because...
<p>“I have some money saved for medical expenses and emergencies.”  <b>AND</b>                      “I want the smallest payroll deduction possible.”  <b>AND</b>                      “I’m willing to take a risk and pay out-of-pocket up to the deductible amounts if I have medical expenses.”</p>	<p><b>High Deductible Health Plan with HSA</b></p>	<ul style="list-style-type: none"> <li>• It has the lowest premium each pay period</li> <li>• Calvert will make contributions into a Health Savings Account (HSA) to help you pay your plan deductible, and you are encouraged to contribute on a pre-tax basis.</li> <li>• What you save in premiums you can contribute into your HSA or set aside for unexpected medical expenses.</li> <li>• Unused money in your HSA carries over from year to year, and if you leave Calvert, you take the account balance with you.</li> <li>• You are willing to take a risk and pay for the full cost of medical expenses as they arise.</li> </ul>
<p>“I would rather have more money taken out of each of my paychecks rather than paying the full cost of a healthcare visit.”</p>	<p><b>Traditional PPO Plan</b></p>	<ul style="list-style-type: none"> <li>• It is the most expensive plan per paycheck but gives you the lowest out-of-pocket costs at the time of a service/visit.</li> <li>• This plan has a lower deductible and allows co-pays to be paid at the time of a service/visit.</li> </ul>
<p>“My family and I have many health issues, so we have many doctor visits and prescriptions.”</p>	<p><b>Traditional PPO Plan</b></p>	<ul style="list-style-type: none"> <li>• These options have the lowest out-of-pocket costs when you need medical care, but you will pay higher premiums to be in this plan.</li> </ul>
<p>“I mostly use my medical coverage for regular preventive checkups and screenings, a few other doctor visits and an occasional prescription.”</p>	<p><b>High Deductible Health Plan with HSA</b></p>	<ul style="list-style-type: none"> <li>• Calvert’s HSA contribution can help cover the costs of doctor visits and prescriptions.</li> <li>• This could leave you with lower out-of-pocket costs.</li> </ul>



# Dental Benefits



The new dental plan by Guardian Dental Network uses a maximum allowable charge (MAC) schedule to determine provider payment. You may seek care from any licensed provider, but Guardian has secured pricing guarantees from dental providers in the Guardian dental network. Using these network providers will result in no “balance bill” for charges by the provider in excess of MAC schedule and lower out-of-pocket costs for you. Non-network providers may balance bill any charges in excess of the MAC schedule. Coverage is available to age 26 for qualifying dependents. Orthodontia is only available for children up to age 19 and is subject to a lifetime maximum of \$1,500 per child.



Scheduled Work Hours (per week)	Coverage Level	Employee Cost Per Pay
≥ 30 Hours	Employee Only	\$5.86
	Employee + Child(ren)	\$18.03
	Employee + Spouse	\$14.50
	Family	\$26.19
20 - 29 Hours	Employee Only	\$11.04
	Employee + Child(ren)	\$19.56
	Employee + Spouse	\$15.73
	Family	\$26.19

Description	Guardian In-Network
Type A - Preventive	100%
Type B - Basic Restorative	80%
Type C - Major Restorative Includes Implants	60%
Type D - Orthodontia	60%
Plan Year Deductible - Individual	\$50
Family	\$150
Plan Year Maximum Benefits Per Individual	\$1,500
Orthodontia Lifetime Maximum Per Individual	\$1,500

## Good to know...

*You can receive a dental cleaning, exam, and x-rays at no cost to you by using in-network providers!*

# Vision Benefits



Eligible employees may elect vision coverage which allows covered participants to receive an eye examination, lenses and frames, or contact lenses (*in lieu of frames & lenses*), every 12 months.

Participants have the option of receiving care from an In-Network or Out-of-Network provider; however, if using a non-network provider, higher out-of-pocket expenses will be incurred. Coverage is available to age 26 for qualifying dependents.



Coverage Level	Employee Cost Per Pay
Employee Only	\$2.50
Employee + Child(ren)	\$4.83
Employee + Spouse	\$4.99
Family	\$8.31

Description	In-Network	Out-of-Network
Exam	\$10 co-pay	Reimbursed up to \$50
Frames	\$0 co-pay and up to \$100 allowance	Reimbursed up to \$84
<b>Standard Lenses</b> Single Vision Lenses Bifocal Vision Lenses Trifocal Vision Lenses Progressive Lenses	\$10 co-pay \$10 co-pay \$10 co-pay \$75 co-pay	Reimbursed up to \$50 Reimbursed up to \$70 Reimbursed up to \$90 Reimbursed up to \$70
<b>Contact Lenses</b> Medically Necessary Elective	Covered in Full \$0 co-pay and up to \$120 allowance	Reimbursed up to \$210 Reimbursed up to \$96



## Basic Life and AD&D Insurance

As a benefit eligible employee, you are eligible for a variety of company-sponsored benefits. Calvert pays 100% of the cost for your Basic Life and Accidental Death & Dismemberment Insurance (AD&D). This amount is equal to 1x your base annual salary up to \$200,000. **Please designate and update your beneficiaries annually in order to make sure your information is current and accurate, in the event of an accident.**

## Supplemental Employee Life and AD&D Insurance

Calvert offers a Supplemental Life and AD&D Insurance benefit that can be purchased at your expense for additional life coverage on yourself. You will pay group rates and the premium is conveniently deducted from your paycheck. Employees may elect up to 5x their base annual salary up to a maximum of \$500,000 in increments of \$10,000. Evidence of Insurability is required for amounts requested in excess of \$140,000. You will be enrolled for Supplemental AD&D coverage at the equivalent amount of the elected Supplemental Life coverage. Reminder: If you do not enroll in Supplemental Life Benefits at your initial eligibility, you will need to submit Evidence of Insurability (EOI) and approval of amounts requested will be subject to underwriting.

## Supplemental Spouse Life and AD&D and Dependent Life Insurance

Insurance is available for your spouse in increments of \$5,000 up to \$150,000 or 100% of the Employee Supplemental Life election, whichever is less. Evidence of Insurability is required for amounts requested in excess of \$30,000 for your spouse; amounts elected after your initial enrollment period; or for any amount if denied in the past.

Coverage for your child(ren) is available in the amount of \$10,000 for children aged 6 months to 26 years. Child life premium rate applies to one or more covered children and the premium is not based on the number of children covered. If you do not enroll at your initial eligibility, an abbreviated Evidence of Insurability (EOI) will be required. Dependent children are eligible and covered up to the age of 26.



## Disability Insurance

Your disability benefits provide you with a source of income in the event that you are not able to work due to an accident, illness or injury. Short Term Disability (STD) premiums are employee paid during the first two years of employment. After two years of employment, Calvert automatically enrolls eligible employees into the employer paid STD plan and pays the required premium for coverage. Employees declining coverage upon initial offering are not eligible to enroll in the STD employee-paid plan. Calvert pays the cost of long term disability benefits from the date you are benefit eligible.

**Short-Term Disability (STD):** Your STD benefit equals 60% of your weekly earnings up to \$750 per week. This benefit takes effect on the 14th day of absence due to an accident, illness or injury. The benefit maximum duration is 11 weeks. Pre-existing limitations may apply.

**Long-Term Disability (LTD):** Your LTD benefit equals 60% of your monthly earnings up to a maximum benefit of \$5,000 per month. This benefit begins on the 91st day of approved disability.



# LifeBalance Employee Assistance Program (EAP)

When you have questions, concerns or emotional issues surrounding your personal or work life, you can count on LifeBalance for help. The LifeBalance Employee Assistance Program (EAP), provided by Ceridian, offers unlimited access to master's level counselors by telephone, as well as online resources and tools, and up to six face-to-face visits with a health professional. All employee contact with LifeBalance is 100% confidential. Calvert does not receive any individual information on participants that use this service.

## Assistance with personal challenges:

- Locate childcare and eldercare services and obtain matches to the appropriate provider based on your preferences and criteria
- Speak with financial experts by phone regarding issues such as budgeting, controlling debt, teaching children to manage money, investing for college, and preparing for retirement
- Help with relocation and enrolling in schools
- Work through complex, sensitive issues such as personal or work relationships, depression or grief, or issues surrounding substance abuse
- Get a referral to local attorneys for last will and testament preparation or other legal consultation

## Guidance for work-related conflicts:

- Have a confidential sounding board and objective view to assist with resolving identified problems in the workplace
- Work on personal communication and problem-solving skills

## Goals of an EAP:

- Identify and evaluate the nature and severity of a concern or problem
- Provide immediate assistance for emergent issues
- Help members resolve problems through short-term counseling, when possible
- Screen for conditions that might require long-term treatment or a more intensive level of care
- Develop a referral plan, if needed
- Offer relapse prevention and follow-up to ensure satisfactory problem resolution





## Group Critical Illness Insurance

### Plan Description

Critical illness affects many people in the United States.

- **Strokes** are the leading cause of serious, long term disability in the U.S
- Men have a 1 in 2 lifetime risk of developing **cancer**, for women the risk is a little more than 1 in 3
- 13,200,000 victims of **angina, heart attack, and other forms of coronary heart disease** are still living.

The good news is Critical Illness Insurance pays a lump sum benefit to each covered person upon diagnosis.

### Plan Features

- Employees may elect a lump sum benefit amount of \$5,000 to \$50,000.
- Benefits pay upon diagnosis of a covered critical illness and the money is yours to use as you see fit.
- Benefits pay upon the diagnosis of Cancer, Heart Attack, Stroke, Major Organ Transplant, End Stage Renal Failure, Coronary Artery By-pass Surgery, Paralysis and other illnesses defined in the policy.
- Spouse and/or children may be covered.
- Rates on this policy do not change based on age. Rate is determined by age at issue of policy.
- New policies include a 12-month pre-existing condition clause.
- Conversion feature upon separation or retirement is available.

## Group Accident Insurance

### Plan Description

Accidents happen – a fatal injury occurs every 4 minutes and disabling injuries occur every second. Each year, 1 in 16 people experience an unintentional injury. While most employees can count on health insurance to cover medical expenses, the medical plan does not cover indirect costs that may arise from a serious or not-so-serious injury.

Group Accident coverage provides cash benefits, regardless of any other coverage you have, to help pay for out-of-pocket expenses associated with an accidental injury that occurs on or off the job.

### Plan Features

- 24-hour accident expense coverage, on or off the job.
- Benefit categories include, but are not limited to: Initial Hospitalization, Daily Hospital Confinement, Emergency Room, Out-patient Physician's Treatment benefit, Fractures and Dislocations.
- Spouse and/or children may be covered.
- Rates on this policy are not determined on age and will not increase.
- Conversion feature upon separation or retirement is available.





## Group Whole Life Insurance

### Plan Description

Losing a loved one can be devastating. Those left behind must deal with final expenses, bills, mortgage and expenses associated with day to day life. Group Whole Life insurance provides a lump-sum cash benefit upon death. Life-event riders have been included to help create a Life Events Plan. As premiums continue to be paid, your certificate can accumulate a fund value, less expenses and the cost of insurance. Net fund value has a guaranteed interest rate of 4.50%.

### Plan Features:

- Up to \$200,000 of coverage
- Life-event riders available: Accelerated Death Benefit, Long Term Care, and Total Disability Premium Waiver
- Spouse and/or children may be enrolled in a policy if the employee elects coverage
- Policy is portable at the current group rate if you leave or retire from Calvert

### Contact

For information on the Unum Benefit Voluntary plans, please contact Unum at 866-679-3054 or visit [unum.com](http://unum.com).



## Retirement



Calvert offers a defined contribution retirement plan to employees through Lincoln Financial Group (LFG). All employees are eligible to participate immediately and become fully vested in employee contribution after three years of credited service. There is a 2% automatic enrollment and payroll deduction based on gross earnings, unless you complete an opt-out election form.

You may contribute up to \$18,000 per year if under age 50; \$24,000 per year at age 50 and above. Calvert matches 50% of the first 4% of your contribution to the plan up to a maximum of 2%. When you reach age 55 and complete 10 years of service, Calvert will match 50% of the first 6% of your contribution to the plan up to a maximum of 3%. The employer match is remitted to your LFG account each pay period.

Additionally, Calvert makes an annual contribution, subject to IRS wage limits, of 2.5% of gross earnings into your individual LFG account if 1,000 hours of credited service has been performed during the previous calendar year. The annual contribution is made during the first quarter of the following calendar year.

## Paid Time Off (PTO) Leave

Calvert is aware that employees need time away from work to establish and maintain a healthy work/life balance; Paid Time Off (PTO) leave is provided to employees with an FTE status of 0.5 or greater.

PTO leave is accrued each pay period based on the number of hours worked up to 80 hours per pay period. The accrual rate is determined by total contributing hours accumulated during an employee's service of employment. For a full-time 40 hour per week employee, approximately 145 hours of PTO are accrued each year until the completion of the fourth year of service. Employees may accumulate up to a maximum of 340 hours of PTO.

## Other Benefits

In addition to the benefits described in this guide, Calvert offers a variety of other benefits, some of which include:

- **Holiday Pay and Other Special Leaves of Absence**
- **Educational Assistance and Certification Pay**
- **U Matter, We Care Recognition Programs**
- **You've Made A Difference Award**
- **KeepWell@Work Programs**
  - **Discounted Gym Memberships**
- **Direct Deposit**
- **Employee Cafeteria Discounts**
- **Free Parking**



## Calvert Enrollment Worksheet Tips

Calvert offers employees access to a convenient online benefits enrollment site. It's a fast and easy way to enroll in your benefits for you and your family. To ensure a stress free and successful online enrollment, use this Enrollment Worksheet by following the simple steps below. Your **2017-2018** enrollment is just a point and click away.

**NOTE:** You must complete your entire enrollment once you begin. The system will not allow you to save information and complete it at a later time. Upon successful completion, you will receive a confirmation number and an email that you should retain for your records.

### Enrollment Process Tips:

- Review the Calvert Employee Benefit Guide for the **7/1/2017 - 6/30/2018** Plan Year.
- Gather Dependent/Beneficiary Information. You are required to enter at least one beneficiary for the employer paid basic life insurance coverage.
- The following information is required for each individual that you plan to designate as a Dependent for any benefit elected. You will also be asked if you want to cover them under Medical, Dental, or Vision and whether you plan to designate them as a beneficiary for life insurance purposes. If you designate a Trust as your beneficiary, only the Trust name is required.
  - Name
  - Social Security Number
  - Date of Birth
  - Relationship
- Visit the customized Calvert Enrollment Service Center website at [cbizesc.com/Calvert](http://cbizesc.com/Calvert)
- Enter your User ID – This is your employee Network ID (example: Email address without “@cmhlink.org”)
- Enter your Password – This is your date of birth (Example: MMDDYYYY) without dashes or slashes. After logging in, you may change your password on the main menu.
- If you have reset your password and forgotten it, retrieve your password by selecting the “forgot password” link on the page.
- At the Main Menu, under “Your Benefits” on the left-hand side, select “Enroll”.
- On the right-hand side of the Main Menu, select the link labeled “**7/1/2017 – 6/30/2018** Benefit Plan Year”.
- Follow the prompted instructions to complete enrollment; at the end, a Confirmation Statement will display.
- Review your elections for accuracy, and select “Confirm” if the information is correct. If incorrect, click “Change” to go back through the system making the applicable changes, and again review the Confirmation Statement. Once the information is correct, select “Confirm”.
- You will receive a Confirmation Number\* and an email. **Please retain a copy for your records.** You have successfully finished your enrollment once you receive your Confirmation Number.  
*\*If you do not receive a Confirmation Number, then your enrollment is not complete!*
- You may re-enter the site and make changes to your elections as often as you wish during the Open Enrollment period. You will receive a new Confirmation Number for each newly confirmed change. If you wish to make a change after your Open Enrollment period, you must request a Qualifying Event enrollment at the main menu and provide supporting documentation of the event within 30 days.

## Vendor and other Important Contacts

<b>Unum</b>			
<b>Basic Life/AD&amp;D, Supplemental Employee, Spouse &amp; Dependent Life, Short and Long Term Disability</b>		800-421-0344	<a href="http://unum.com">unum.com</a>
<b>Group Critical Illness Insurance Group Accident Insurance Group Whole Life Insurance</b>		866-679-3054	<a href="http://unum.com">unum.com</a>
<b>Flexible Spending Accounts/COBRA</b>			
<b>CBIZ</b>		800-815-3023	<a href="http://myplans.cbiz.com">myplans.cbiz.com</a>
<b>Retirement</b>			
<b>Lincoln Financial Group</b>		800-234-3500	<a href="http://lfg.com">lfg.com</a>
<b>Health Plans</b>			
<b>Employee Health Advocacy</b>	Health Advocate	866-695-8622	<a href="http://healthadvocate.com/members">healthadvocate.com/members</a>
<b>Medical</b>	NCAS	877-889-2479	<a href="http://ncas.com">ncas.com</a>
<b>Prescription</b>	Rx Benefits/ Express Scripts	800-334-8134	<a href="http://rxbenefits.com">rxbenefits.com</a> <a href="http://express-scripts.com">express-scripts.com</a>
<b>Health Savings Account (HSA)</b>	Connect Your Care	410-891-1000	<a href="http://connectyourcare.com">connectyourcare.com</a>
<b>Dental</b>	Guardian	800-541-7846	<a href="http://guardiananytime.com">guardiananytime.com</a>
<b>Vision</b>	EyeMed	866-939-3633	<a href="http://eyemed.com">eyemed.com</a>
<b>Additional Contacts</b>			
<b>KeepWell@Work Team</b>	KeepWell Office Lisa Carlson Donna Culbreth	410-535-8233 410-414-4775 410-414-4574	<a href="mailto:keepwell@cmhlink.org">keepwell@cmhlink.org</a> <a href="mailto:lcarlson@cmhlink.org">lcarlson@cmhlink.org</a> <a href="mailto:dculbreth@cmhlink.org">dculbreth@cmhlink.org</a>
<b>Calvert Human Resources</b>	HR Team	410-535-8122	<a href="mailto:hrbenefits@cmhlink.org">hrbenefits@cmhlink.org</a>
<b>Life Balance (Enhanced EAP)</b>	Life Balance	877-259-3785	<a href="http://lifebalance.net">lifebalance.net</a>

*This benefits summary describes the highlights of our benefits in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official documents and not the information in this summary. If there is any discrepancy between the descriptions of the programs as contained in the materials and the official plan documents, the language of the official plan documents*



### HIPAA Special Enrollment Notice

If you are declining enrollment for yourself and/or your eligible dependent(s) because of other health/dental/vision insurance coverage and if you lose that coverage, you may in the future be able to enroll yourself and/or your eligible dependent(s) in this plan, provided that you request enrollment within 30 days after your other coverage ends. If you are declining coverage for yourself and/or your eligible dependent(s) for any other reason, you cannot join the plan later unless you have a new dependent as a result of marriage, birth, adoption, placement for adoption, loss of Medicaid or State Children's Health Insurance Program (SCHIP) coverage, eligibility for Medicaid or SCHIP coverage, or during an Open Enrollment period, if applicable. You may then be able to enroll yourself and your eligible dependent(s), provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption, or within 60 days of Medicaid and SCHIP.



If you decline coverage for yourself and/or your eligible dependent(s) because of other health/dental/vision coverage or if you fail to request plan enrollment within 30 days after your (and/or your eligible dependent's) other coverage ends, you will not be eligible to enroll yourself, or your eligible dependent(s) during the special enrollment period discussed above, and you will need to wait until the next Open Enrollment period to enroll in the plan's health/dental/vision coverage.

### Non-Medical

If you are voluntarily declining non-medical coverage provided by your employer, you may choose to enroll at a later date depending upon the coverage now being waived. With the late enrollment your cost may be higher, a health questionnaire may be required and the effective date of your coverage may be delayed or denied. If coverage is non-contributory (employer pays entire cost) waivers are not permitted.

**Note:** Under Section 125, you may make changes to your pre-tax benefit plans only if you experience a qualified event. The change you request must be consistent with the event. The following are the IRS minimum Qualified Events:

- marriage, divorce, or legal separation
- birth or adoption of a child
- death of a spouse or child
- change in residence or work location that affects benefits eligibility for you or your covered dependent(s)
- your child(ren) meets (or fails to meet) the plan's eligibility rules (for example, student status changes)
- you or one of your covered dependents gain or lose other benefits coverage due to a change in employment status (for example, beginning or ending a job)
- loss of eligibility for Medicaid or SCHIP

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

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

- all stages of reconstruction of the breast on which the mastectomy was performed
- surgery and reconstruction of the other breast to produce a symmetrical appearance
- prostheses
- treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and co-insurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call Health Advocate at 866-695-8622.

### Newborns' and Mothers' Health Protection Act Notice

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 from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours/96 hours.

### Premium Assistance under Medicaid and Children's Health Insurance Program (CHIP)

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

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

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

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

# Compliance

## Federally Required Notices Related To Your Calvert Benefits Program

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2017. Contact your State for more information on eligibility.



<b>PENNSYLVANIA – Medicaid</b> Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462	<b>VIRGINIA – Medicaid and CHIP</b> Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282
<b>WEST VIRGINIA – Medicaid</b> Website: <a href="http://www.dhhr.wv.gov/bms/">www.dhhr.wv.gov/bms/</a> Phone: 1-877-598-5820, HMS Third Party Liability	

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

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

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

OMB Control Number 1210-0137 (expires 10/31/2017)

## Compliance Continued

### **Important Notice from Calvert 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 Calvert 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:

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.

Calvert 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 Calvert 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 Calvert prescription drug coverage, be aware that you and your dependents will not be able to get this coverage back.



## Compliance Continued

### 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 Calvert 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

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 Calvert changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

Visit [www.medicare.gov](http://www.medicare.gov)

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help,

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

Name of Entity/Sender: Calvert Memorial Hospital  
Office: Human Resources – Benefits Department  
Address: 100 Hospital Rd. Prince Frederick, MD 20678  
Phone Number: 410-535-8122