POAH Communities

2017 Employee Benefits Guide

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Eligibility

If you are a POAH Communities full-time, permanent new hire working at least 30 hours per week, you will become eligible on the first of the month following the date of hire, or the date of hire if hired on the first. Temporary employees become eligible for medical insurance on their 91st day of employment. This will be the date on which your coverage becomes effective.

You may complete your enrollment any time before this date, but it must be completed within 30 days of your hire date. If you do not complete your enrollment event in CBIZ EMS within 30 days of your hire date you will automatically be waived of any coverage and will need to wait until the next annual open enrollment to make your benefit elections.

WHO CAN YOU ADD TO YOUR PLAN:

Eligible:

- Legal married spouse
- Natural or adopted children under 26 years old
- Your stepchildren under 26 years
- Children placed in your physical custody for adoption
- Children under your legal guardianship
- Children under a qualified medical child support order
- Disabled children 26 years or older

Ineligible:

- Divorced or legally separated spouse
- Common law spouse, even if recognized by your state
- Sisters, brothers, parents, or in-laws.

How to Enroll using our EMS system

You must log onto www.cbizems.com to elect or waive your benefit elections and Wellness Program participation for the upcoming benefit plan year.

The following benefits guide provides an overview of the benefits offered to you as an employee through POAH Communities, LLC. The information provided coordinates with the order of the EMS Benefits Portal. As you go through each benefit you will be able to link to a comprehensive summary for additional information on that benefit.

If you need assistance maneuvering through EMS, please contact Haley Ayotte at hayotte@poahcommunities.com to set up an appointment to walk you through the process.

Are changes to my plan allowed during the year?

Generally, you may only enroll in the plan, or make changes to your benefits, during the re-enrollment period or when you are first hired. However, you can make changes/enroll during the plan year if you experience a qualifying event. As with a new enrollee, you must enter your changes in EMS and submit supporting documentation to HR within 30 days of the qualifying event or you will have to wait until the next annual open enrollment period. Premiums and enrollment eligibility may change; see your Human Resources department for details.

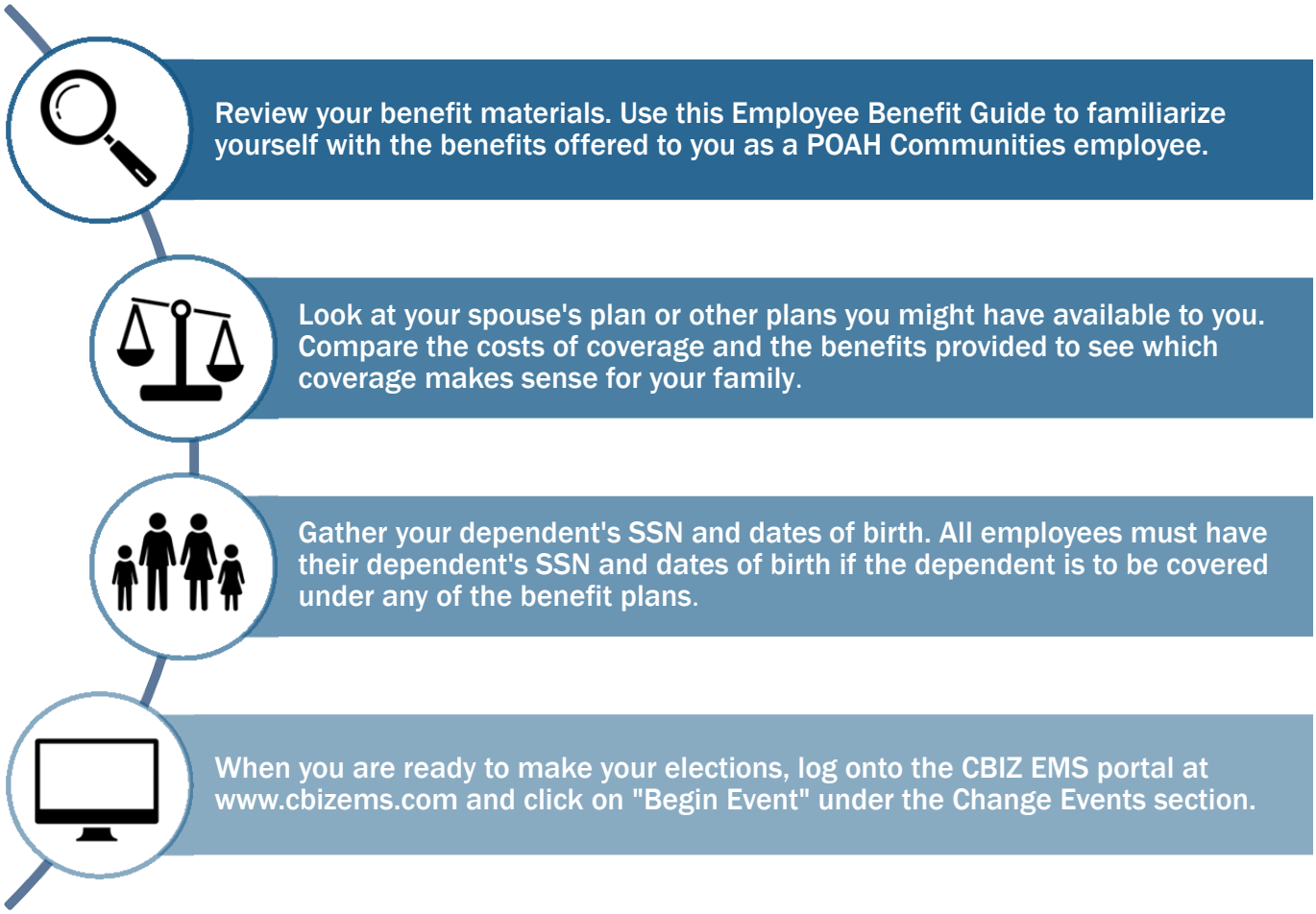
EXAMPLES OF QUALIFYING EVENTS:

- You or your dependent lose health coverage because of loss of eligibility
- You spouse, child or other covered dependent dies
- You have a baby or adopt a child
- You or your spouse take an unpaid leave of absence
- You get married, divorced, or legally separated (with court order)
- You become eligible for or lose Medicaid coverage
- You become eligible for Medicare

Enrolling in the Plans

All newly eligible employees are required to complete an online enrollment via the CBIZ EMS enrollment portal. All employees are provided an Employer Paid Life Insurance policy at no cost and it is required that you assign a beneficiary to receive this free benefit.

What you need to do...



Wellness Program

As a new employee with POAH Communities you have access to our wellness program and we encourage you to participate to earn a discount ($80 reduction) towards your medical premium for the 2017/2018 plan year. As a new hire, you will automatically receive the incentivized rate but you must complete the following activities to be eligible to continue receiving the incentive for the 2018/2019 plan year.

Start earning points on your effective date by logging into www.MyBlueKC.com.

Please Note: EVERYONE ON THE HEALTH PLAN IS ELIGIBLE TO PARTICPATE IN THE WELLNESS PROGRAM, REGARDLESS OF TOBACCO AND CURRENT WELLNESS STATUS.

Steps	Wellness Activities	Point Value	Timeframe	Monthly Incentive
1 EE & Spouse	BIOMETRIC SCREENINGS WITH YOUR PHYSICIAN USING THE MANUAL SUBMISSION FORM *Form found at www.MyBlueKC.com* Annual physicals are covered under the medical plan once per calendar year at no cost to the member. Both Employee and Spouse must locate the Manual Submission and Consent Forms by logging in under their own user ID and password **Note:** Wellness program participants who are enrolled in benefits through POAH Communities receive up to 2 hours of Wellness PTO each for annual medical, dental and vision screenings (maximum 6 hours per plan year).	Earn up to 1750 pts based on biometrics results	May 1, 2017 to Dec 31, 2017	$80 for Employee & Additional $20 if Spouse complete Steps 1 and 2
2 EE & Spouse	ONLINE HEALTH RISK ASSESSMENT (HRA) *Complete HRA at www.MyBlueKC.com* Spouse must complete the HRA by logging in under their own User ID and password.	Earn up to 1,250 pts	May 1, 2017 to Jan 31, 2018	
Choose from a variety of A Healthier You activities to earn additional points towards the 3,500 needed to earn the Wellness Credit.				
3 EE Only	EARN 3,500 POINTS ON THE A HEALTHIER YOU PORTAL Earn points through preventive health actions, educational activities and more! *Earn points at www.MyBlueKC.com*		May 1, 2017 to March 31, 2018	

**If your personal physician recommends a different alternative standard, then per your request we will accept their recommendation in order to earn the May 2018 to April 2019 Wellness Credit by a different means.*

Have a Spouse on the medical plan?

If you have a spouse on the plan and they complete steps 1 and 2 above, you can earn an additional $20 per month premium reduction. You, the employee, must earn at least 1,000 points in order to receive the additional spouse reduction.

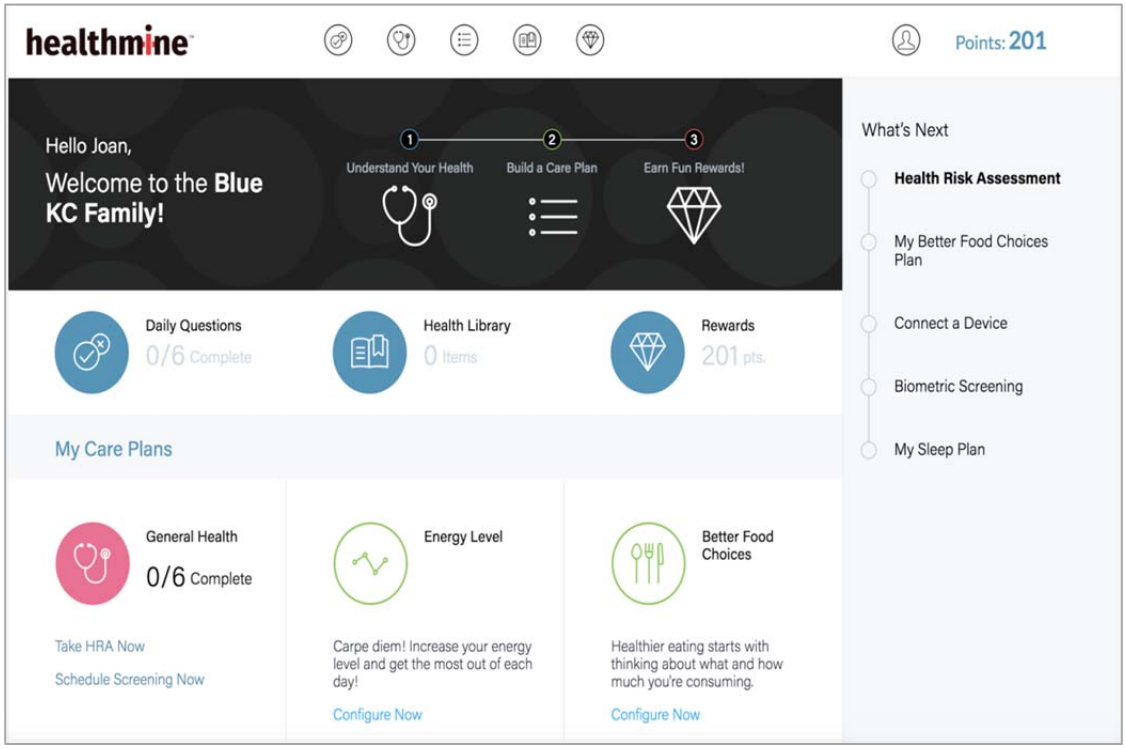
Questions?

Contact Trisa Nickoley, your wellness coordinator, at (816) 886.4116 or trisanickoley@poahcommunities.com.

Discover Your A Healthier You™ Portal

With just a few clicks, you can easily access your personalized health and wellness portal.

1. • Visit **MyBlueKC.com** or download the Blue KC A Healthier You App.
2. • Enter your username and password, and click **LOG IN**. If you are a first time visitor, click **REGISTER NOW.** Be sure to have your member ID card available to reference.
3. • Once logged in, go to **A Healthier You** from the home page.
4. • First time users will be prompted to complete the onboarding personalization questions.



Kansas City | a healthier you

Medical Plan

POAH Communities' medical benefits are offered through BlueCross BlueShield of Kansas City (BCBSKC). It only takes a few major medical events to adversely impact our healthcare costs so we need to be wise consumers of healthcare and be vigilant in maintaining good health. Our Wellness Program can really assist in those efforts. We encourage all of our employees to participate in the Wellness Program, and hope that you consider joining.

Under BCBSKC, you have two PPO options. You can select either the Base plan or the Buy Up plan. Below are the highlights of each plan.

Please note: Benefits and deductibles accumulate based on the calendar year.

Kansas City

Through www.MyBluekc.com you will have the ability to:

- Find Doctors & Hospitals
- Check Claim Status
- Order New ID Card
- Print Temporary ID Card
- View Benefits
- Access BCBSKC Drug List

	PPO BASE PLAN		PPO BUY-UP PLAN	
Network	**In Network**	**Out of Network**	**In Network**	**Out of Network**
Deductible Individual/Family	$1,250 / $2,500		$625 / $1,250	
Coinsurance	20%	40%	10%	30%
Out of Pocket Max.	$3,600 / $7,200	$7,200 / $14,400	$2,000 / $4,000	$4,000 / $8,000
PCP/Specialist *Blue Distinction*	$35 Copay $30 Copay*	Deductible then 40%	$30 Copay $25 Copay*	Deductible then 30%
Inpatient Outpatient	Deductible then 20%	Deductible then 40%	Deductible then 10%	Deductible then 30%
Emergency Room	$150 Copay, then Deductible, then 20%		$150 Copay, then Deductible, then 10%	
Urgent Care	$35 Copay	Deductible then 40%	$30 Copay	Deductible then 30%
Preventative Care	Covered at 100%	Deductible then 40%	Covered at 100%	Deductible then 40%
Prescription Drugs	$15/$35/$55	50% after Copay	$15/$35/$55	50% after Copay

This is only a summary. Please refer to your specific book/certificate for specific details. If a conflict arises, the booklet/certificate will govern in all cases.

**Blue Distinction Total Care* is a national program that recognizes doctors that spend more time on prevention, holistic ("total") care and personalized care planning for their patients. The program is designed to encourage strong relationships between doctors and their patients that can lead to better health. If you see a doctor in the Blue Distinction Network, you will receive a $5 discount on your Office Visit copay. You can log onto mybluekc.com to find doctors in the Blue Distinction Network.*

Medical Plan Cost

POAH Communities pays for a considerable amount of the cost of the medical plan. Below are the employee costs for each plan per pay period.

Type of Coverage	PPO BASE PLAN		PPO BUY-UP PLAN	
	Without Wellness Credit	**With Wellness Credit**	**Without Wellness Credit**	**With Wellness Credit**
Employee Only	$68.73	$31.80	$88.55	$51.63
Employee + Spouse	$173.20	$136.28	$216.94	$180.02
Employee + Child(ren)	$192.44	$155.52	$230.23	$193.30
Family	$288.67	$251.74	$345.34	$308.42

May 2017 – April 2018 New Hire Tobacco Surcharge Info & Timeline

What is POAH Communities' Tobacco Surcharge?

Employees enrolled on the medical plan that are users of tobacco or nicotine related products, pay a surcharge in addition to their medical premium each pay period.

How much is the Surcharge?

If enrolled in the Base Plan the surcharge is $61.81 per paycheck. If enrolled in the Buy Up Plan the surcharge is $66.35 per paycheck. *The surcharge is subject to change each plan year*.

How do employees avoid the Tobacco Surcharge?

Every year, POAH Communities offers a Tobacco Cessation Program, as an alternative for tobacco users to avoid the tobacco surcharge in the subsequent plan year. During open enrollment employees must attest to being tobacco-free OR must have completed the approved Tobacco Cessation Program (even if unable to quit) offered in the previous plan year.

How do NEW HIRES avoid the current plan year (May 2017-Apirl 2018) and next plan year's (May 2018- April 2019) Tobacco Surcharge?

The steps to avoid the surcharge are outlined below (they vary based on the new hire's benefits effective date).

Benefits Effective Date	How to Avoid Tobacco Surcharge
May 1, 2017 to Nov 1, 2017	Defaulted to paying the surcharge immediately. However, by completing the tobacco cessation course that runs May 2017 – March, 2018, the new hire will be reimbursed any surcharge incurred AND will avoid the surcharge for the May 2018- April 2019 plan year.
Dec 1, 2017 to April 1, 2018	Defaulted to paying NO surcharge until May 1, 2018, the start of the new plan year. However, by completing the tobacco cessation course that runs May 2017 – March 2018, the new hire will avoid the surcharge for the May 2018 - April 2019 plan year.

Do I Have to Complete a Program Every Year?

Unless you become tobacco free a Tobacco Cessation Program must be completed each year in order to avoid the surcharge for the subsequent plan year.

Have a Question?

Contact Trisa Nickoley, your wellness coordinator, at tnickoley@poahcommunities.com or 816-886-4116.

**If your doctor recommends an alternative program, then per your request, we will accept their recommendation in order to avoid the tobacco surcharge. Requests must be made to Trisa Nickoley at tnickoley@poahcommunities.com or 816-886-4116.*

Resources Available as a Blue Cross Participant

Retail Telehealth

Blue Cross and Blue Shield of Kansas City (Blue KC) wants to improve your access to care. That's why they've partnered with American Well (Amwell) to bring you care from the comfort and convenience of your home or wherever you are. Schedule and "see" a doctor online from your phone, tablet or computer, from home, the office or while traveling using the Amwell mobile app. Signing up is free, just download the app or visit Amwell.com. Download the iOS or Android App by searching "Amwell". Sign up on the web at Amwell.com. Be sure to include your Blue KC Insurance information when creating your account. For detailed instructions, see Amwell – A Quick Guide.

CONDITIONS COMMONLY TREATED THROUGH A VIRTUAL VISIT:

- Colds
- Flu
- Migraines
- Sinusitis
- Fever
- Rash
- Pinkeye
- Ear Infection
- Abdominal Pain

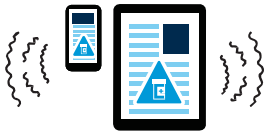
amwell

Rx Savings Solutions

Rx Savings Solutions was created by a pharmacist who found ways to help consumers save money. Prescription prices can vary widely, even within the same ZIP code. This is a new way to save on prescription medications by bringing cutting-edge technology that will notify you when you and your family can save at the pharmacy.

STEP 1

GET SAVINGS ALERTS

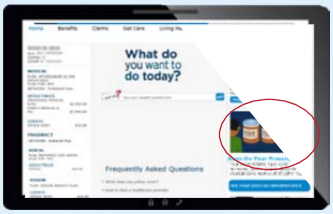


Set-up alerts via text and/or email

A Visit MyBlueKC.com.

B If you are a first time visitor, click **REGISTER NOW**. Please have your member ID card available to reference.

C Once logged in, click on the **Pharmacy Savings** image.



D Fill in your **email address** and **mobile phone number**.

Start receiving email and/or text alerts from Rx Savings Solutions!

STEP 2

REVIEW YOUR SAVINGS OPTIONS AND SHARE WITH YOUR DOCTOR

Example: Switch from Pharmacy A to Pharmacy B.

Example: Switch to a different, equally-effective medication.*

STEP 3

START SAVING ON PRESCRIPTIONS

Prescription Benefits

Most prescriptions are filled right away when you take them to the pharmacy. However, some drugs need to be reviewed by Blue KC and approved before they're covered. This process, called ***prior authorization***, helps ensure drugs are used as recommended by The FDA. Prior authorization focuses mainly on drugs that may have:

- Risk of serious side effects or dangerous drug interactions
- High potential for incorrect use or abuse
- Different alternatives that may cost you less
- Restrictions for use with very specific conditions

Prior authorization may require you to take an additional step when you are prescribed certain medications, but the long-term gain is lower out-of-pocket prescription costs for you and reduced claims expense.

Some prescription drugs are covered only if the physician obtains prior authorization from Blue KC. In addition, coverage for some drugs is provided in limited quantities, duration or may require that you tray a lower cost alternative first (step therapy).

This is only a brief summary of benefits. The Certificate, issued when coverage is approved for the group, contains program details, and will, in all cases, have control over any information in this summary. The certificate is available upon request.

Preventive Care

Certain preventive services will be covered without charging a deductible or coinsurance when these services are provided by an in-network provider. The types of preventive services covered are defined by federal law and can vary based on your age, gender, and health status. There may be services you had in the past that will now be covered as preventive at no cost to you. The preventive services included in this provision are described at healthcare.gov.

Women's Care Coverage

Your health plan will provide first dollar coverage for certain women's preventive care without any cost sharing requirements (co-payment, coinsurance or deductible), when delivered by in network providers. This includes 100% coverage for FDA- approved tier 1 contraceptive methods for women when filled at an in network pharmacy.

Care Options and When to Use Them

Primary Care

For routine, primary/preventive care, or non-urgent treatment, we recommend going to your doctor's office for medical care. Your doctor knows you and your health history, and has access to your medical records. You may also pay the least amount out-of- pocket when you receive care in your doctor's office.

Lab Services

If you require lab work please check to be sure the provider you are going to is in-network. If your lab services are tied to an office visit and done in the doctor's office or with an in-network lab, they will be included in your office visit copay.

Convenience Care

Sometimes, you may not be able to get to your doctor's office, and your condition is not urgent or an emergency. In these situations, you may want to consider a Convenience Care Center that can be an alternative to seeing your doctor.

Convenience Care Centers are conveniently located often in malls or some retail stores, such as CVS Caremark, Walgreens, Walmart and Target, and offer services without the need to schedule an appointment. Services at a Convenience Care Center may be provided at a lower out-of-pocket cost than an urgent care center visit and are subject to the deductible/coinsurance.

Services at a Convenience Care Center are generally available to patients 18 months of age or older. Services that are available may vary per center. We do, however, recommend that you seek routine medical care from your primary care physician whenever possible.

To find an in-network Convenience Care Center near you, visit our website at MyBluekc.com

Urgent Care

Sometimes you may need medical care fast, but a trip to the emergency room may not be necessary. Of course, during office hours you may be able to go to your doctor for any urgently needed service; however, if you require urgent care outside your doctor's regular office hours or you are unable to be seen by your doctor immediately, you may consider going to an urgent care center. At an urgent care center, you can generally be treated for many minor medical problems faster than at an emergency room.

We do, however, recommend that you seek routine medical care from your primary care physician whenever possible.

Services that are available for Urgent Care may vary per center. If you choose to use an urgent care center, please make sure it is in-network by calling the toll-free number on the back of your medical ID card or visiting the carrier's website at MyBluekc.com

Emergency Room

If you think you or your loved one may be experiencing an emergency medical condition, you should go to the nearest emergency room or call 911.

An emergency medical condition is any condition (including severe pain) which you believe that without immediate medical care may result in:

- Serious jeopardy to your or your loved one's health, including the health of a pregnant woman or her unborn child
- Serious impairment to your or your loved one's bodily functions
- Serious dysfunction of any of your or your loved one's bodily organs or parts

Please Note: you may incur out-of-network expenses if you receive services from an out-of-network Emergency Room physician, pathologist, radiologist or anesthesiologist, even if the hospital is in network.

If you obtain care at an emergency room, you will likely pay more out-of-pocket than if you were treated at your doctor's office, a Convenience Care Center or Urgent Care Facility.

*If you receive treatment for an emergency in a non-network facility, you may be transferred to an in-network facility once the condition has been stabilized.

Convenience Care Center

Typical conditions that may be treated at a Convenience Care Center include:

- Common infections (e.g.: bronchitis, bladder infections, ear infections, pink eye, strep throat)
- Minor skin conditions (e.g.: athlete's foot, cold sores; minor sunburn, poison ivy)
- Flu shots
- Pregnancy tests

This is a sample list and not all-inclusive. For a full listing of services please visit each center's Website.

Urgent Care

Typical conditions that may be treated at a Urgent Care Center include:

- Sprains
- Strains
- Mild asthma attack
- Minor infections
- Vaccination
- Back Pain or Strains
- Small cuts
- Sore throats
- Rashes
- Preventative Screenings

This is a sample list and not all-inclusive. For a full listing of services please visit each center's Website.

Emergency Room

Some examples of emergency conditions may include the following:

- Heavy bleeding
- Chest pain
- Sudden change in Vision
- Major burns
- Sudden weakness
- Large open wounds
- Spinal injuries
- Difficulty breathing
- Severe head injuries

This list only provides examples and is not intended as an exclusive list. If you believe you or your loved one is experiencing an emergency medical condition, you should go to the nearest emergency room or call 911, even if your symptoms are not described here.

Dental Benefits - Delta Dental of Missouri

The dental benefits are offered through Delta Dental of Missouri. POAH Communities pays the full cost for employee coverage and you will incur the additional cost if you would like to add coverage for your family. Diagnostic and preventive services, such as semi-annual cleanings, are covered at 100% as long as you have not reached your annual maximum benefit. Visit www.deltadentalmo.com to find network providers in your area. Highlights of the dental plan are listed below.

Benefits and deductibles accumulate based on the calendar year.

Voluntary PPO Plan	PPO Network*	Premier Network**	Out-of-Network
Deductible			
Individual	$50	$50	$50
Family	$150	$150	$150
Coinsurance			
Diagnostic/Preventive	100%	100%	100%
Basic Services	85%	80%	80%
Major Services	55%	50%	50%
Ortho Services	50%	50%	50%
Annual Maximum		$1,500	
Ortho Lifetime Max		$1,000	

Employee Cost Per Pay Period

Type of Coverage:	*Employee Cost Per Pay Period*
Employee Only	$0.00
Family	$36.70

This is only a summary. Please refer to your specific book/certificate for specific details. If a conflict arises, the booklet/certificate will govern in all cases.

About Delta Dental Networks

Delta Dental PPO Providers: agree to accept contractual reimbursement as payment in full and will not balance bill. PPO Network has a smaller network of providers with richer benefits for basic services

Delta Dental Premier Providers: agree to accept contractual reimbursement as payment in full and will not balance bill. Premier Network has a larger provider network.

Out-of-Network Providers: are not contracted with Delta Dental and therefore may balance bill the difference between Delta Dental's out-of-network payment and billed charges.

Delta Dental PPO Providers typically offer the greatest discounts.

Annual Maximum Rollover Feature

To be eligible for $350 rollover, participants must complete the following:

1) Participants must be enrolled for at least the last three months of the benefit period without break in coverage.
2) All paid claims must be from a Delta Dental PPO participating provider.
3) At least one qualified claim must be submitted within the benefit period by a Delta Dental PPO participating provider (orthodontic claims are not eligible).
4) Qualified claims paid within the benefit period from Delta Dental PPO providers cannot exceed the payment limit of $700.

Vision Benefits - Superior Vision

Vision benefits are offered through Superior Vision. POAH Communities pays 100% of the employee cost and you will incur the additional cost if you would like to add coverage for your family. Please find a highlight of benefits and rates below.

Benefit/Service	In-Network	Out-of-Network
Co-pays	Exam $10 Materials $25	
Frequency of Service:		
Exam	Every 12 months	
Lenses or Contacts	Every 12 months	
Frames	Every 24 months	
Lenses		
Single	100%	Up to $29
Bifocal	100%	Up to $43
Trifocal	100%	Up to $53
Progressive	30% off retail	N/A
Frames	Up to $100 (20% discount above allowance)	Up to $47
Contacts Contacts are in lieu of eyeglass lenses and frames benefit	Up to $120	Up to $100

This is only a summary. Please refer to your specific book/certificate for specific details. If a conflict arises, the booklet/certificate will govern in all cases.

Superior Vision Employee Cost Per Pay Period

Type of Coverage:	*Employee Cost Per Pay Period*
Employee Only	$0.00
Employee + Spouse	$2.04
Employee + Child(ren)	$1.95
Employee + Family	$4.04

Vision Highlights

Network Providers Include:

- Sears
- LensCrafters
- Target
- Eyemasters
- WalMart
- Sam's Clubs
- Other major retailers

To Find a Provider:

Access website information by going to
www.superiorvision.com
OR
800.507.3800
To speak with a customer service representative

Flexible Spending Accounts (FSA)

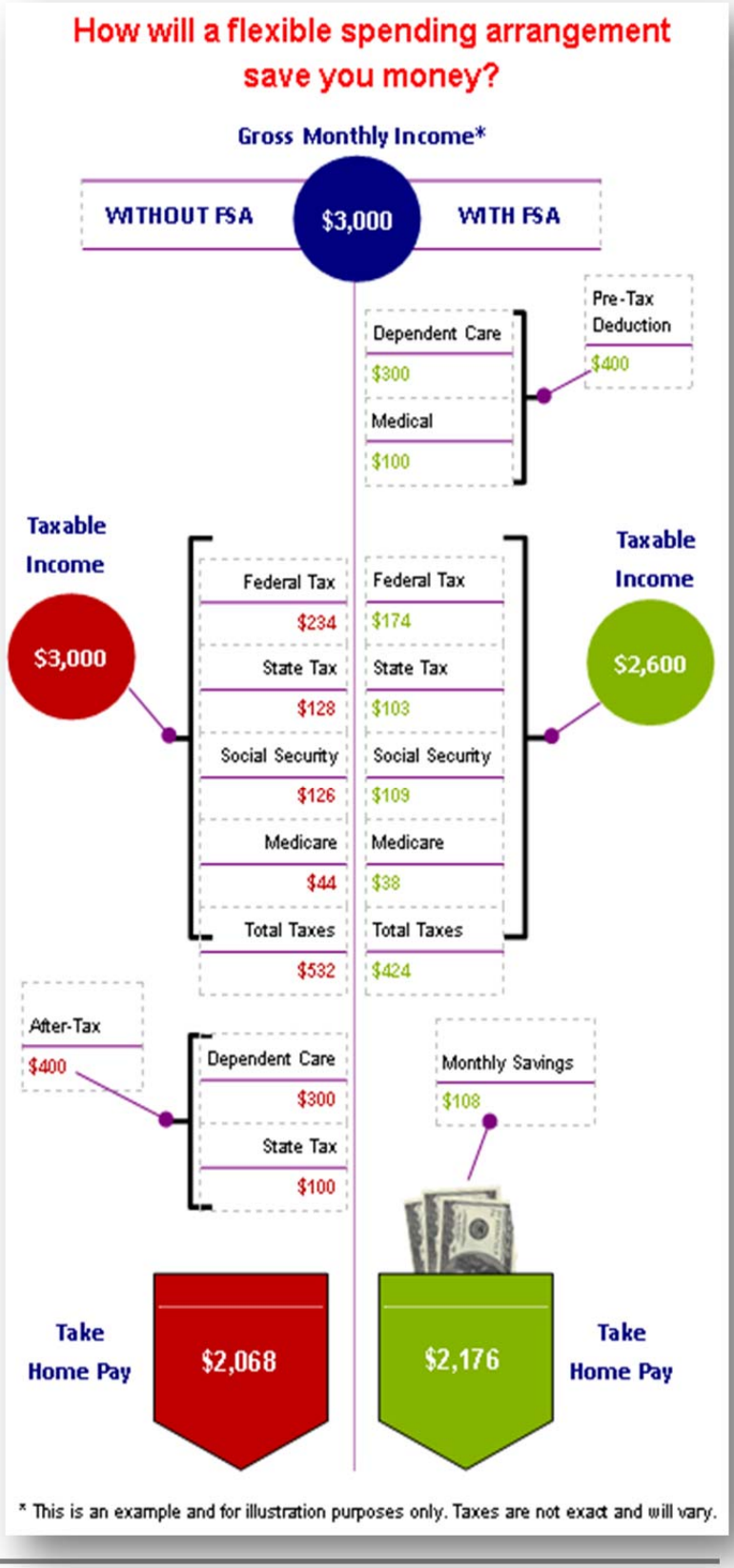
If you are looking for a way to save money on health care and/or dependent day care, FSAs save you money by reducing the taxes you pay. Your FSA contributions are deducted from each paycheck before federal, FICA and, in most cases, state taxes are calculated. So, in effect, you do not pay taxes on your eligible FSA expenses.

Here's how an FSA works:

- You decide how much to contribute to your FSA during the year – there are separate health care and dependent day care accounts. The maximum health care election is $1,500 and dependent day care is $5,000.
- When you have eligible health care or dependent day care expenses, you submit a reimbursement form and documentation for your expenses to CBIZFlex, or pay directly with your CBIZFlex debit card.
- You receive your tax-free dollars from your FSA as reimbursement.
- You must use up your elected amount before the end of the plan year or the leftover money will be forfeited.
- The Flex Plan year will run from May 1, 2017 through April 30, 2018.
- Please visit the Flex Website at myplans.cbiz.com to view your account information and activity, file claims and distribution requests, manage your profile, view notifications, access forms and other helpful information.

Flexible Spending Accounts (FSA) (Cont'd)

Below is a partial list of eligible expenses that can be reimbursed from a Section 125 Medical Account. Other out-of-pocket expenses may qualify.	
Alcoholism treatment	Laboratory fees
Artificial limbs	Licensed osteopaths
Ambulance	Licensed practical nurses
Braces	Orthodontia
Chiropractors	Orthopedic shoes
Coinsurance and copayments	Obstetrical expenses
Contact lens solution	Oxygen
Contraceptives	Prescription drugs
Crutches	Podiatrists
Deductible amounts	Prescribed vitamin supplements (medically necessary)
Dental expenses	Psychiatric care
Dentures	Psychologist expenses
Dermatologists	Routine physical
Diagnostic expenses	Seeing-eye dog expenses
Eyeglasses, including exam fee	Smoking cessation programs
Handicapped care and support	Sterilization and reversals
Nutrition counseling	Substance abuse treatment
Hearing devices and batteries	Surgical expenses
Hospital bills	



Basic and Supplemental Life, AD&D, and Disability – MetLife

Basic Life & AD&D

As an employee of POAH Communities you will receive a life benefit of 1X's your annual salary up to $150,000, with a minimum of $30,000. POAH Communities provides the Basic Life/AD&D to all employees at no cost.

Dependent Basic Life and AD&D is also available. Spouse coverage of $3,000 and child coverage of $2,500 is only $0.48 per pay period.

Supplemental Life and AD&D

Voluntary Life is available for employees and eligible dependents. During your new hire enrollment period, you may enroll up to the Guarantee Issue amounts with no medical questions. Elections that exceed the Guarantee Issue limits require a statement of health form (SOH) be completed and submitted. Employees must elect voluntary life coverage on themselves in order to purchase it for any dependents. **A highlight of the Supplemental Life benefits is below; please refer to the online EMS enrollment site for an overview of the rates.**

Policy Features

To Request Coverage:

1) Choose the amount of coverage that you want to buy for yourself.
2) Look up the premium costs for your age group for the coverage amount you are selecting. Review the amount of coverage you would like to purchase for any applicable dependents. **Note:** Premiums are based on your age, not your spouse's. There will be one premium amount for children regardless of how many are being covered.
3) You can elect up to the Guarantee Issue limit. If you elect more than the guarantee issue amount, you will need to answer medical questions before your coverage is approved.
4) Complete your enrollment in EMS with the amounts of coverage you are selecting. Remember, you must purchase coverage for yourself in order to purchase coverage for your spouse or children.

MetLife Supplemental Life Insurance		
	Benefit	**Guarantee Issue**
Employee's Voluntary Life	You can elect coverage for yourself in $10,000 increments to a maximum benefit of the lesser of 5 times Your Basic Annual Earnings or $300,000. You can elect up to the Guarantee Issue limit. If you elect more than the guarantee issue amount, you will need to answer medical questions before your coverage is approved. If you waive coverage at your new hire election you will need to complete a statement of health form for any election in the future.	$100,000
Spouse's Voluntary Life	You can elect coverage for your spouse in $5,000 increments to a maximum of $100,000. If you elect more than the Guarantee Issue limit, your spouse will need to answer medical questions before the coverage is approved. If you waive spousal coverage at your new hire election you will need to complete a statement of health form for any election amount in the future.	$25,000
Children's Voluntary Life	Flat amounts of $1,000, $2,000, $4,000, $5,000 or $10,000	$10,000

Voluntary Short Term Disability – KC Life

Short Term Disability will be offered with KC Life. You have the opportunity to purchase Voluntary Short Term Disability to help provide you a source of income should you become disabled from a non-work-related injury or sickness. Please find a highlight of the Voluntary Short Term Disability benefits below. The age-banded rates are determined by your personal information and elimination period.

Please choose your coverage election on the EMS site.

Policy Features

- Convenient payroll deductions
- Various Elimination (Waiting) Periods are available.
- Partial Disability benefit available up to 50% of the weekly benefit for 13 weeks.
- Pre-existing benefit available up to 25% of benefit for 4 weeks.
- No underwriting - Health questions are not required for amounts up to 60% of covered monthly earnings not to exceed $1,200 per week.

KC Life	Short-term Disability
Benefits Begin	You may elect a policy with either a 30 day or 14 day elimination period
Benefits Payable	Up to 12 months based on approval and coordination with medical provider
Percentage of Income Replaced	60% of gross monthly earnings
Benefit Amount	You may choose a weekly benefit between $75 and $1,400 for a disability resulting from sickness or an off-the-job accident.

Voluntary Critical Illness – Voya

Our critical illness coverage is offered through Voya. You have the opportunity to purchase Voluntary Critical Illness Coverage that provides a benefit to you in the event of certain specified illnesses. If you purchase coverage for yourself, you may also purchase it for your dependents. This benefit pays a fixed amount at the first diagnosis of one of the named critical illnesses (see chart to right). The benefits will be payable to you regardless of other coverage you might have. This policy is portable, plus benefits do not reduce and premiums do not increase as you age. Please find highlights of the Voluntary Critical Illness benefits below. The rates are determined by your personal information and can be found on the EMS online enrollment site.

Policy Features

- Employees may choose face amounts between $5,000 and $20,000.
- Pays $50 per benefit year for one covered wellness screening test performed for a covered employee or spouse. Child benefit is 50% of employee's wellness benefit up to $100 for all children.
- Covered Illnesses:
  - Heart Attack
  - Stroke
  - End Stage Renal (Kidney) Failure
  - Coronary Artery Bypass Surgery- 25% of face amount paid
  - Coma
  - Major Organ Failure
  - Permanent Paralysis
  - Cancer
  - Carcinoma in Situ- 25% of face amount paid
  - Skin Cancer- 10% of face amount paid

Insurance Schedule	Critical Illness	Guarantee Issue Limits
Employee Amount	Units of $5,000, up to a maximum of $20,000	$20,000
Spouse Amount	Units of $5,000 up to a maximum of $10,000.	$10,000
Child Amount	$1,000, $2,500, $5,000 or $10,000	$10,000

Voluntary Accident Coverage – Voya

POAH Communities offers Accident Coverage through Voya. You have the opportunity to purchase Voluntary Accident Coverage to protect you in case you or a family member has a non-job related accident or injury. Please find highlights of the Voluntary Accident benefits below. The rates can be found on the online enrollment site and are listed below.

Please make your coverage election on the EMS enrollment site.

Accident Insurance	
Accident Benefit Provided	Provides a fixed benefit for non-job related accidental injuries such as: ▪ Hospital Admission, Confinement, and Intensive Care ▪ Emergency Room Treatment or Doctor's Office Visit ▪ Physical Therapy ▪ Dislocations, Fractures, & Lacerations ▪ Transportation, Lodging and more Benefits are paid directly to you.
Family Coverage	Employees, spouse or dependents. Employee must enroll in order to enroll dependents.
Portability	Fully Portable – You can take it with you

Policy Features

- **Flexibility:** You can use the benefit money for any purpose you like.
- **No evidence of insurability:** You do not need to provide health information in order to qualify for coverage
- **Payroll deductions:** Premiums are paid through convenient payroll deductions.
- **Portable:** Should you leave your current employer or retire, you can take your coverage with you.
- **Wellness Benefit:** Pays $50 per benefit year for one covered wellness screening test performed for a covered employee or spouse. Child benefit is 50% of employee's wellness benefit up to $100 for all children.

Voya Employee Cost Per Pay Period

Type of Coverage:	*Employee Cost Per Pay Period*
Employee Only	$6.03
Employee + Spouse	$10.06
Employee + Child(ren)	$11.44
Employee + Family	$15.47

Employee Assistance Program

Personal and workplace challenges can negatively affect your wellness. The New Directions Employee Assistance Program (EAP) has the tools and resources designed to help you overcome life challenges that can affect your health, family life or job performance.

Our EAP offers free and confidential access to the counseling, programs, tools and services you need to live a balanced and happy life. Some of the many areas the EAP can help with include: grief, stress, marital/relationship/parenting difficulties, substance abuse, planning for college, paying down debt and healthy eating, and much more.

Services can be accessed 24/7 by phone at (800) 624-5544 or by chat/web at www.ndbh.com. Click on log in, choose Employee Assistance Program and enter Company Code: POAH.

NEW DIRECTIONS®

Policy Features

All employees and their dependents have access to the EAP free of charge—premiums are paid by POAH Communities.

No-cost services include:

- Short-term counseling, up to 3 sessions per issue
- 30 minute legal and financial consultations
- Referrals to community resources, such as child and elder care
- Build a will service
- Comprehensive website with over 10,000 articles, calculators and other resources
- Monthly webinars and weekly newsletters

Contacts for Questions

CBIZ Benefits & Insurance Services is, our dedicated benefits broker/consultant, committed to providing you excellent service. CBIZ is available to answer benefit and problem claim questions when you are unable to obtain further information from the carrier, or when you feel the benefit determination was not paid according to our contract.

POAH COMMUNITIES	For General Information	**Haley Ayotte** hayotte@poahcommunities.com
CBIZ	For Benefit Questions	**Ellen Woltkamp** Direct Line: 816.945.5163 ewoltkamp@cbiz.com
CBIZ	Flexible Spending Accounts	800.815.3023 myplans.cbiz.com
Kansas City LIVE FEARLESS	Medical/Rx Insurance	888.989.8842 www.mybluekc.com
DELTA DENTAL	Dental Insurance	913.381.4928 www.deltadentalmo.com
SUPERIOR VISION See yourself healthy.	Vision Insurance	1.800.507.3800 www.superiorvision.com
MetLife	Basic and Supplemental Life and AD&D	1.800.438.6388 www.metlife.com
KANSAS CITY LIFE	Voluntary Short Term Disability	816.753.7299 www.kclgroupbenefits.com
VOYA	Voluntary Critical Illness & Voluntary Accident Coverage	855.663.8692 www.voya.com
NEW DIRECTIONS	Employee Assistance Program	(800) 624.5544 or (816) 237.2352 www.ndbh.com

Annual Legal Notices

Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage.) This Special Enrollment opportunity is available only if you indicated (or otherwise as required) information regarding your or your dependents' other coverage on your initial enrollment form/waiver.

In addition, if you acquire a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

You may also be eligible for a Special Enrollment Period if you and/or your dependents are determined to be eligible for premium assistance under a state Medicaid plan or state child health plan. You must request enrollment within 60 days of the date you are determined to be eligible for this premium assistance.

Women's Health and Cancer Rights Act

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, prostheses, and complications resulting from a mastectomy (including lymphedema)? To request a copy of your summary plan description, please contact your human resources department (617) 449-0865 or a copy can be can be found under the document section in EMS.

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

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

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

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

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

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

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	**GEORGIA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	**INDIANA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Medicaid	**IOWA – Medicaid**
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
KANSAS – Medicaid	**NEVADA – Medicaid**
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KENTUCKY – Medicaid	**NEW HAMPSHIRE – Medicaid**
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218

LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	**NEW YORK – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	**NORTH CAROLINA – Medicaid**
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MINNESOTA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MISSOURI – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	**OREGON – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
NEBRASKA – Medicaid	**PENNSYLVANIA – Medicaid**
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462
RHODE ISLAND – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
SOUTH CAROLINA – Medicaid	**WASHINGTON – Medicaid**
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473

SOUTH DAKOTA - Medicaid	WEST VIRGINIA – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
TEXAS – Medicaid	**WISCONSIN – Medicaid and CHIP**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
UTAH – Medicaid and CHIP	**WYOMING – Medicaid**
Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VERMONT– Medicaid	**COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)**
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711

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

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

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

Notice Regarding Wellness Program

POAH Communities' Wellness Program is a voluntary wellness program available to all employees enrolled on the medical plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

The wellness program includes a voluntary health risk assessment or "HRA" (which asks a series of questions about your health-related activities and behaviors and whether you had or have certain medical conditions (e.g., cancer, diabetes, or heart disease) and a voluntary biometric screening with your physician (which includes obtaining your waist circumference, height, weight, and blood pressure as well as blood tests for cholesterol, HDL, LDL, triglycerides, and glucose). Both of these items earn participants points on the Blue Cross Blue Shield of Kansas City A Healthier You website at www.MyBlueKC.com. Additional points might be needed on the website depending on where your biometric values fall in order to earn the incentive. You are not required to participate in the Wellness Program, however those that do can receive an incentive of $80 per month premium reduction and

additional $20 per month premium reduction, if covered spouse on the medical plan completes spousal steps. In addition to this, tobacco users can avoid a surcharge in the amounts of $133.92 on the Base Plan and $143.76 on the Buy-Up plan by participating in a free telephonic tobacco cessation program each year.

If you are unable to participate in any of the health-related activities to earn the incentive, you may be entitled to a reasonable accommodation or an alternative standard. Recommendations from your personal physician will be accepted upon your request as a reasonable accommodation and alternative standard. Requests can be sent to Trisa Nickoley at 816-886-4116 or tnickoley@poahcommunities.com.

The information from your HRA and the results from your biometric screening along with your tobacco status will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as healthy articles, webinars and wellness challenges. You also are encouraged to share your results or concerns with your own personal physician.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and POAH Communities may use aggregate information it collects to design a program based on identified health risks in the workplace, POAH Communities Wellness Program administered by Blue Cross Blue Shield of Kansas City will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is are health plan sponsors in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Trisa Nickoley at 816-886-4116 or tnickoley@poahcommunities.com.

Creditable Coverage Employer Information

Important Notice from POAH Communities 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 POAH Communities 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. 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. Blue Cross and Blue Shield of Kansas City has determined that the prescription drug coverage offered by the POAH Communities Health Plans are, 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 15 through December 7.

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 Blue Cross and Blue Shield of Kansas City coverage will not be affected. Your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan. If you drop your coverage with Blue KC and enroll in a Medicare prescription drug plan, you may not be able to get this coverage back later. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

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 Blue Cross and Blue Shield of Kansas City 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 may receive this notice at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage 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 from Medicare. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage: Visit www.medicare.gov

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

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

For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA). For information about this extra help, visit SSA online at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date: 05/01/2017
Blue Cross and Blue Shield of Kansas City
Medicare Support Unit
2301 Main, Kansas City, MO 64141-6169
1-800-784-9654

CMS Form 10182-CC
Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.