



# EMPLOYEE BENEFITS GUIDE

2017-2018

**Online Open Enrollment Dates:  
June 19 – 30, 2017  
(Closing at 11:59pm EDT on 06/30/17)**

## GENERAL INFORMATION

Creditcorp offers a comprehensive suite of benefits to promote health and financial security for you and your family. This booklet provides you with a summary of your benefits. Please review it carefully so you can choose the coverage that's right for you.

### **BENEFIT BASICS**

As a Creditcorp employee you are eligible for benefits if you work at least 30 hours per week.

During Open Enrollment, you have the option to elect new coverage, change plans or waive coverage. You may also enroll your eligible dependents for coverage once you are eligible. Your eligible dependents include:

- Your legal spouse
- Your biological or adopted children up to age 26
- Your biological or adopted children over age 26, medically certified disabled and financially supported by you

Your benefit elections become effective August 1, 2017. You may only change coverage within 30 days of a qualified life event. Otherwise, your next opportunity to change your benefit options will be Open Enrollment for 2018 due to IRS laws.

#### **Open Enrollment for 2017 Benefits**

**WE WILL BE COMPLETING OPEN ENROLLMENT ELECTIONS ELECTRONICALLY VIA**

**<https://www3.essbenefits.com/CHECKINTOCASH>. YOU MUST COMPLETE YOUR ELECTIONS BY 11:59 PM EDT ON 06/30/2017.**

### **Qualified Life Events**

Generally, you may change your benefit elections only during the annual enrollment period. However, you may change your benefit elections during the year if you experience a qualified life event, including:

- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption or placement for adoption of your child
- Change in employment status of employee, spouse or dependent child
- Qualification by the Plan Administrator of a child support order for medical coverage
- Entitlement to Medicare or Medicaid

You must notify Human Resources within 30 days of the qualified life event. If you do not contact Human Resources within 30 days of the qualified event, you will have to wait until the next annual enrollment period to make changes (unless you experience another qualified life event).

<b>Benefit</b>	<b>Tax Treatment</b>	<b>Who Pays</b>	<b>Pages</b>
Medical Coverage	Pretax	Creditcorp/You	3-4
PhysicianNow <sup>SM</sup>	N/A	N/A	5
Flexible Spending Account (FSA)	Pretax	You	6
Health Savings Account (HSA)	Pretax	You	7
Dental Coverage	Pretax	You	8
Vision Coverage	Pretax	You	9
Basic Life and Accidental Death & Dismemberment (AD&D) <small>*Must be enrolled in Group Medical Plan with BCBS</small>	N/A	Creditcorp	10
Voluntary Life	After-tax	You	10
Short Term Disability Coverage	After-tax	You	11
Long Term Disability Coverage	After-tax	You	12
Employee Assistance Program (EAP)	N/A	Creditcorp	13

## ABOUT THIS GUIDE

This benefit summary provides selected highlights of the Creditcorp employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at Creditcorp. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between information provided in this summary and the actual terms of the policies, contracts and plan documents are governed by the terms of these policies, contracts and plan documents. Copies of the Summary Plan Documents for all benefits are available at <https://www3.essbenefits.com/CHECKINTOCASH>. Password will reset to 2 digit birth month and year (mm/yy).

Creditcorp reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The Plan Administrator has the authority to make these changes.

## CONTACT INFORMATION

Plan	Whom To Call	Phone Number	Website
Medical Plan - Group #125184	BCBST	800-565-9140	<a href="http://www.bcbst.com">www.bcbst.com</a>
Dental Plan - Group #125184	BCBST	800-565-9140	<a href="http://www.bcbst.com">www.bcbst.com</a>
Vision Plan - Group #125184	BCBST	800-565-9140	<a href="http://www.bcbst.com">www.bcbst.com</a>
Group Life & AD&D Insurance	Symetra	800-796-3872	<a href="http://www.symetra.com">www.symetra.com</a>
Voluntary Life Insurance	Symetra	800-796-3872	<a href="http://www.symetra.com">www.symetra.com</a>
Long-Term Disability Insurance	Symetra	800-796-3872	<a href="http://www.symetra.com">www.symetra.com</a>
Short-Term Disability Insurance	Symetra	800-796-3872	<a href="http://www.symetra.com">www.symetra.com</a>
Employee Assistance Program (EAP)	Symetra	888-327-9573	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a>
Flexible Spending Accounts	TASC FlexSystem	800-422-4661	<a href="http://www.tasconline.com">www.tasconline.com</a>
Health Savings Accounts	HealthEquity	866-346-5800	<a href="http://www.HealthEquity.com">www.HealthEquity.com</a>

## QUESTIONS

The Human Resources Department will be happy to assist you if you have any questions about your benefits. Nicole Carter can be reached at 423-473-4212 or contact our broker CBIZ Ed Jacobs & Associates, at 866-656-0202. More information can also be found by logging on to the Creditcorp site at <https://www3.essbenefits.com/CHECKINTOCASH>.

For claims issues and resolution, ID cards, benefit plan questions or explanation of benefits contact the CBIZ Service Center Toll Free at 866-656-0202. For those who are hearing impaired please email [afig@cbiz.com](mailto:afig@cbiz.com).

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# MEDICAL BENEFITS



Customer Service: 800-565-9140  
Website: [www.bcbst.com](http://www.bcbst.com)  
Group Number: 125184



Creditcorp offers a choice of medical plan options with BlueCross BlueShield of Tennessee so you can choose the plan that best meets your needs and those of your family. Each plan includes comprehensive health benefits, including free preventive care services, coverage for prescription drugs, and telemedicine through Physician Now.

These plans use a Preferred Provider Organization (PPO), which allows you to go to any provider you choose. However, benefits will be payable at higher levels if you go to a PPO provider. PPO network providers will also file your claims for you. The BlueCross BlueShield PPO Network for all three medical plans is Network P, which is the largest Blue Cross Network.

To find a provider, go to [www.BCBST.com](http://www.BCBST.com) and click Find A Doctor. Through the site, you will be able to access BCBST contracted providers in every state (BlueCard PPO). If you choose to use healthcare providers out of network, you will be subject to a higher deductible and responsible for a larger percentage of the charges, plus any amount the provider charges over the usual and customary rate.

One of the main advantages of health plan coverage from BlueCross BlueShield of Tennessee is seamless access to quality providers throughout the United States, Western Europe and Puerto Rico with [BlueCard PPO](#).

## BlueHealth Solutions and BluePerks

All three medical plans are strongly supported by a comprehensive suite of wellness programs and can help you live a healthier life.

BluePerks is a discount program designed to help make living a healthy lifestyle more affordable. You can save up to 50% on a wide range of health and wellness-related products and services. With the myBlue TN mobile app, you can now access BluePerks discounts on the go – including deals on LASIK services, eyewear, hearing supplies and even massages and acupuncture.

More information is available in the secure BlueAccess member portal. Register at [www.bcbst.com](http://www.bcbst.com).

**NOTE:** Benefit Summaries and Summary of Benefits & Coverage (SBC) are available on the enrollment site.

Medical Plan Benefits	HDHP / H.S.A Eligible		"Basic Plan"		"Buy Up" Option	
	In	Out	In	Out	In	Out
<b>Benefits (Members Pay)</b>						
Individual Deductible	\$5,000	\$10,000	\$4,000	\$8,000	\$3,000	\$6,000
Family Deductible	\$8,000	\$16,000	\$7,000	\$14,000	\$6,000	\$12,000
<b>Coinsurance</b>	80%/20%	60%/40%	80%/20%	60%/40%	80%/20%	60%/40%
<b>Out-of-Pocket Maximum - includes deductible and co-insurance</b>						
Individual	\$6,500	\$13,000	\$5,500	\$11,000	\$4,500	\$9,000
Family	\$12,000	\$24,000	\$11,000	\$22,000	\$9,000	\$18,000
Lifetime Maximum	unlimited		unlimited		unlimited	
<b>Preventive Care</b>	Covered at 100%	40% after deductible	Covered at 100%	40% after deductible	Covered at 100%	40% after deductible
<b>Routine Services</b>						
Primary Care Office Visit	20% after deductible	40% after deductible	\$35 copay	40% after deductible	\$35 copay	40% after deductible
Specialist Office Visit			\$50 copay		\$50 copay	
<b>Hospital Services</b>						
Inpatient Hospital	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Outpatient Surgery					20% after deductible	40% after deductible
Emergency Room					\$500 copay	40% after deductible
<b>Prescription Drugs - Retail</b>						
<b>Preventive Rx</b>						
Generic	\$10 Copay	40% after deductible	\$10 Copay	40% after deductible	\$10 Copay	40% after deductible
Brand Preferred	\$35 Copay		\$35 Copay		\$35 Copay	
Brand Non-Preferred	\$60 Copay		\$60 Copay		\$60 Copay	
<b>ALL Other Rx</b>						
Generic	20% after deductible	40% after deductible	20% after deductible	40% after deductible	\$10 Copay	40% after deductible
Brand Preferred					\$35 Copay	
Brand Non-Preferred					\$60 Copay	

### MEDICAL RATES

(Non-Tobacco) Bi-Weekly Rates	HDHP / H.S.A Eligible	"Basic Plan"	"Buy Up" Option
Employee Only	\$27.66	\$59.26	\$99.69
Employee + One	\$103.71	\$160.50	\$231.95
Family	\$128.40	\$193.09	\$282.78

(Tobacco) Bi-Weekly Rates	HDHP / H.S.A Eligible	"Basic Plan"	"Buy Up" Option
Employee Only	\$42.47	\$92.35	\$133.77
Employee + One	\$134.82	\$193.59	\$266.06
Family	\$173.34	\$226.18	\$316.91

NOTE: Please review the Benefit Summaries and Summary of Benefits and Coverage (SBC) for a more detailed explanation of benefits.

# PhysicianNow<sup>SM</sup>



**BlueHealth Solutions**  
 Customer Service: 888-283-6691  
 Website: [www.bcbst.com](http://www.bcbst.com)

With PhysicianNow<sup>SM</sup> you can access a doctor from your home, office or on the go. All doctors are board certified and can visit with you either by phone or secure video to help treat any non-emergency medical conditions. The doctors can diagnose your symptoms, prescribe medication, and send prescriptions to your pharmacy of choice 24 hours a day, 7 days a week, 365 days a year. Use MDLIVE to avoid the hassle of scheduling time with your doctor or spending hours in an ER or Urgent Care waiting room. All you need is a telephone, smartphone, tablet, or computer.

Most Common Conditions PhysicianNow <sup>SM</sup> Treats	
• Acne	• Headache
• Allergies	• Insect Bites
• Asthma	• Joint Aches
• Bronchitis	• Nausea
• Cold & Flu	• Rashes
• Constipation	• Sinus Infections
• Diarrhea	• Sore Throat
• Ear Infection	• UTI

### Sign up through BlueAccess

- [www.bcbst.com](http://www.bcbst.com)
- Click My Health & Wellness tab
- Select PhysicianNow tile  
(Member ID card needed)

### Sign up by Phone

- [888-283-6691](tel:888-283-6691)  
(Member ID card needed)

Availability is dependent on eligible members' location at the time of service. Full services are available in most states with the exception of the following and these are subject to change based on state regulations.

- **Arkansas** – Services temporarily suspended
- **Idaho** – Services limited to video only
- **California** – Prescriptions are limited to 72-hour supply for services via phone. Not subject to limitations for services via video.
- **Texas** – Services limited to phone only

**MDLIVE IS ONLY AVAILABLE IF YOU ELECT MEDICAL COVERAGE  
 YOUR COST PER USE DEPENDS ON YOUR ELECTED HEALTH CARE PLAN**

PhysicianNow<sup>SM</sup> Saves you money

PhysicianNow <sup>SM</sup> *Rates are per use	
<b>HDHP</b>	<b>\$38 (applies to deductible)</b>
<b>Basic</b>	<b>\$25 (applies to the out-of-pocket maximum)</b>
<b>Buy-up</b>	<b>\$10 (applies to the out-of-pocket maximum)</b>

# FLEXIBLE SPENDING ACCOUNT (FSA)



## TASC FlexSystem

Customer Service: 800-422-4661

Website: [www.tasconline.com](http://www.tasconline.com)

Creditcorp offers employees the option to defer money on a pre-tax basis for use on approved medical and dependent care expenses, transit and parking expenses, and non-employer sponsored premiums. This is not insurance. This is simply a way for you to save on these expenses by setting money aside from your gross income, pre-tax, for expenditures that you anticipate for the plan year.

For the medical FSA, the total dollar amount set aside for the plan year is eligible for withdrawal from the account on day one of your first payroll deduction towards the account. All funds set aside for this account must be used towards your eligible medical expenses. Most over-the-counter (OTC) medications will no longer be considered eligible expenses without a doctor's prescription. Therefore, you must manually file for reimbursement for OTC drugs and include the prescription and any other relevant, supporting documentation. The maximum annual contribution is \$2,600 (The IRS has not released maximum contribution amounts for 2018 as of the publication of this booklet).

***Plan carefully! Your FSA elections will be in effect from August 1, 2017 through July 31, 2018. Claims for reimbursement must be submitted by August 30 of the following year for services incurred during the plan year. Funds not used or claimed within that timeframe will be lost. This is known as the “use it or lose it” rule and it is governed by the IRS. However, you are allowed to carryover up to \$500 of your unused medical FSA funds from year to year.***

**FSA ELECTIONS DO NOT AUTOMATICALLY CONTINUE FROM YEAR TO YEAR.  
YOU MUST ACTIVELY ENROLL EACH YEAR.**

For your dependent care account (DCA), the money is set aside on a pre-tax basis to be used for your approved child-care services provided at a daycare facility, in your home, or in someone else's residence. Certain requirements must be satisfied for reimbursement (such as provider identification, qualifying person, and income tests – see IRS Publication 503 for more information). The maximum annual contribution is \$5,000 for single parent or married filing jointly (\$2,500 if you are married and file separately).

	With FSA	Without FSA
Your taxable income	\$50,000	\$50,000
Pretax contribution to Health Care and Dependent Care FSA	\$2,000	\$0
Federal and Social Security taxes*	\$11,701	\$12,355
After-tax dollars spent on eligible expenses	\$0	\$2,000
Spendable income after expenses	\$36,299	\$35,645
<b>Tax savings with Medical and Dependent FSA</b>	<b>\$654</b>	<b>N/A</b>

New Hires: Eligible after 12 months of employment (Enroll August 1<sup>st</sup> following 12 months)



# HEALTH SAVINGS ACCOUNT (HSA)



HealthEquity®

Customer Service: 866-346-5800

Website: [www.HealthEquity.com](http://www.HealthEquity.com)

For employees who enroll in **Medical Plan 1 (High Deductible Health Plans)**, you are eligible to open a Health Savings Account (HSA). An HSA combines high deductible health insurance with a tax-favored savings account. HSA money can be used tax-free when paying for qualified medical expenses, helping you pay your HDHP's larger deductible. At the end of the year, you keep any unspent money in your HSA.

This rolled over money can grow with tax-deferred investment earnings, and, if it is used to pay for qualified medical expenses, then the money will continue to be tax-free. The qualified medical expenses must be incurred after the HSA is established. You can use your HSA to pay for medical expenses for yourself, your spouse or your dependent children, even if your dependents are not covered by your HDHP. Any amounts used for purposes other than to pay for qualified medical expenses are taxable as income and subject to an additional 20 percent penalty.

After the age of 65, you can withdraw money for non-medical expenses without penalty, but you will have to pay taxes on the money. If you become disabled, the account can be used for other purposes without paying the additional penalty. If you withdraw money from an HSA for non-medical expenses before you turn 65 (or become disabled), you will have to pay both taxes and penalties.

HSA CONTRIBUTION LIMITS	2017	2018
HSA Employee Only	\$3,400	\$3,450
HSA Employee + Family	\$6,750	\$6,900
HSA Catch-up* (employees age 55+)	\$1,000	\$1,000

*\*Account holders who will be 55 or older by the end of the year can contribute an additional \$1,000 to their HSA account.*



# VOLUNTARY DENTAL BENEFITS



Customer Service: 800-565-9140  
 Website: [www.bcbst.com](http://www.bcbst.com)  
 Group Number: 125184

As an employee at Creditcorp, your dental benefits are provided through BlueCross BlueShield of Tennessee (BCBST) under a PPO Plan. As a member of (BCBST), you have access to the largest dental PPO network in Tennessee (Dental Blue). When seeing a network dentist, they will file the claim for you and you cannot be balance billed. You are also free to visit non-network dentists, but you may be balance billed.

ADD ON Bi-Weekly Rates	Basic	Buy Up
<b>Employee</b>	<b>\$11.10</b>	<b>\$11.97</b>
<b>Employee + One</b>	<b>\$24.40</b>	<b>\$26.19</b>
<b>Family</b>	<b>\$44.24</b>	<b>\$47.59</b>

*\*must be enrolled in Medical coverage*

To find an in-network dentist near you, go to [www.bcbst.com](http://www.bcbst.com) and search for DentalBlue providers or call customer service at 800-565-9140. Please be sure to consult either the online directory or BlueCross BlueShield of Tennessee customer service to confirm that your dentist is in the network.

STAND ALONE Bi-Weekly Rates	Basic	Buy Up
<b>Employee</b>	<b>\$12.54</b>	<b>\$13.42</b>
<b>Employee + One</b>	<b>\$25.57</b>	<b>\$27.36</b>
<b>Family</b>	<b>\$47.86</b>	<b>\$51.22</b>

*\*not enrolled in Medical coverage*

The benefit levels are the same in-network and out-of-network. Dental services are divided into four coverages, preventive, basic, major, and orthodontia.

PLAN NETWORK BENEFITS	Basic (Members Pay)	Buy Up (Members Pay)
Annual Deductible	\$250 individual / \$500 family	\$50 individual / \$150 family
Annual Maximum	\$2,500 per person (Class A included)	\$2,000 per person (Class A excluded)
A. Diagnostic & Preventive	100%; no deductible	100%; no deductible
B. Basic Services	30% after deductible	20% after deductible
C. Major Services	30% after deductible	50% after deductible
Orthodontia (child to age 19)	50%; no deductible	50%; no deductible
Orthodontia Lifetime Max	\$1,000 per child	\$2,000 per child

# VOLUNTARY VISION BENEFITS



Customer Service: 800-565-9140  
 Website: [www.bcbst.com](http://www.bcbst.com)  
 Group Number: 125184

Bi-Weekly Rates	
Employee	\$3.01
Employee + One	\$6.01
Family	\$9.63

Your vision plan at Creditcorp is through BlueCross BlueShield of Tennessee (BCBST) on the [VisionBlue Insight network](#). The vision plan covers routine eye exams and also pays for all or a portion of the cost of glasses or contact lenses if you need them.

Go to [www.bcbst.com](http://www.bcbst.com) to find an in-network provider near you.

When you choose an in-network provider your claim will be processed in accordance to the plans In-Network benefit schedule (listed below). If you choose a provider that is not in network, BlueCross will reimburse you according to the plan's non-network benefit schedule (listed below under "Out-of-Network").

PLAN BENEFITS	IN NETWORK	OUT OF NETWORK
Exam (every 12 months)	\$10 copay	Up to \$35
Contact Lens Standard Fitting*	\$55 copay	Not covered
Contact Lens Specialty Fitting*	10% Off Retail	Not covered
Contact Lenses ( <i>in lieu of glasses</i> )	\$135 allowance; no copay 15% off balance over allowance	Up to \$108
Frames (every 24 months)	\$25 copay; \$125 allowance 20% off balance over allowance	Up to \$67.50
Lenses (every 12 months)	SEE BELOW	
Single Vision	\$10 copay	Up to \$30
Bifocal	\$10 copay	Up to \$45
Trifocal	\$10 copay ( <i>additional charges for progressive lenses</i> )	Up to \$60

\* Standard contact lens fitting fee applies to an existing contact lens user who wears disposable, daily wear, or extended lenses only. The specialty contact lens fitting fee applies to new contact lens wearers and/or a member who wears toric, gas permeable, or multi-focal lenses.

# LIFE/AD&D INSURANCE

## BASIC LIFE / AD&D INSURANCE \*



Customer Service: 800-796-3872 Website: [www.symetra.com](http://www.symetra.com)

Life insurance is an important part of your financial security, especially if others depend on you for support. Accidental Death & Dismemberment (AD&D) insurance is designed to provide a benefit in the event of accidental death or dismemberment. Creditcorp provides Basic Life and AD&D insurance, at no cost, to all eligible employees electing medical coverage. Enrolled dependents under medical coverage will also receive the benefit at no additional cost.

Basic Life/AD&D	PLAN BENEFITS
Eligibility	All full-time 30+ hour per week employees <b><u>enrolled in medical coverage and any enrolled dependents</u></b>
Waiting Period	Effective 1 <sup>st</sup> day of medical coverage
Benefit Amount	Employee \$15,000 Spouse \$5,000; Child \$2,500* *(birth to 6 months \$500)
Age Reduction	65% at age 65 and 50% at age 70

**Please be sure to update your beneficiary information during open enrollment.**

## VOLUNTARY TERM LIFE \*

Voluntary Term Life coverage may be purchased for you, your spouse, and your dependent children. You may elect up to \$150,000 (Guaranteed Issue) of employee coverage, up to \$30,000 of spouse coverage, and \$10,000 of child coverage without evidence of insurability. Adding or increasing coverage outside of this initial offering or eligibility period as a new hire requires evidence of insurability. You must elect coverage on yourself in order to elect it on your spouse or dependent children. Your spouse benefit amount cannot exceed half of your elected benefit amount. Coverage may be purchased in increments of \$20,000 (\$20,000 minimum) up to \$750,000. Coverage over \$150,000 will require evidence of insurability. \$10,000 coverage is also available for children. Voluntary Life is paid 100% by you.

**Guarantee Issuance at Initial Open Enrollment: Employee \$150,000 – Spouse \$30,000 - Child \$10,000**

### MONTHLY RATES PER \$1,000 OF LIFE COVERAGE

Age	Non-Tobacco	Tobacco
18-29	\$0.050	\$0.080
30-34	\$0.060	\$0.100
35-39	\$0.080	\$0.160
40-44	\$0.140	\$0.270
45-49	\$0.250	\$0.480
50-54	\$0.370	\$0.770
55-59	\$0.560	\$1.080
60-64	\$0.820	\$1.480
65-69	\$1.820	\$3.150
70+	\$2.850	\$4.500
Child	\$1.85; only available in the amount of \$10,000	

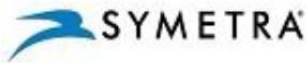
#### **EXAMPLE Monthly Life Premium**

Employee (Age 41) \$150,000 Selected	Calculation: (150 x 0.140 = 21)	Monthly Rate	\$21.00 (rate based on Employee age)
Spouse \$30,000 Selected	Calculation: (30 x 0.140 = 4.20)	Monthly Rate	\$4.20 (rate based on Employee age)
Two Children \$10,000 Selected	Calculation: (10 x 0.185 = 1.85)	Monthly Rate	\$1.85

**TOTAL Monthly Premium: \$27.05**

\* All life insurance amounts are subject to age reductions beginning at age 65 - see plan summary for details. Some exclusion's apply.

# DISABILITY INSURANCE COVERAGE



Customer Service: 800-796-3872

Website: [www.symetra.com](http://www.symetra.com)



The goal of Creditcorp's Disability Insurance Plan is to provide you with income replacement should you become disabled and unable to work due to a non-work related illness or injury. Creditcorp is partnering with Symetra to offer all eligible employees the opportunity to purchase short term disability (STD) coverage as a source of income while you are unable to work. Short Term Disability (STD) is paid 100% by you.

## Short Term Disability

**Short Term Disability (STD):** Covers 60% of your weekly pre-disability earnings – up to a \$750 per week maximum. Benefits begin on the 15<sup>th</sup> day of unpaid disability or illness and continue for up to 13 weeks (91 days). Benefits may be declined due to pre-existing conditions within 3 months prior to your effective date until you've been covered for 12 months. *(Pre-existing condition: any sickness or injury for which you received treatment or where symptoms were present to the degree an ordinary person would seek treatment)*

Short Term Disability	PLAN BENEFITS
Eligibility	All full-time 30+ hour per week active employees
Elimination Period	14 days <i>(benefit begins on 15<sup>th</sup> unpaid day)</i>
Benefit Amount	60% of pre-disability earnings up to \$750 per week

Age	Monthly Rate per \$10 of STD Coverage
<29	\$0.68
30-34	\$0.68
35-39	\$0.55
40-44	\$0.32
45-49	\$0.37
50-54	\$0.38
55-59	\$0.55
60-75+	\$0.64

### Cost Calculation for STD

Weekly Salary	\$875	<i>(Annual Salary ÷ 52; Ex. \$45,500 ÷ 52 = \$875)</i>
Weekly Benefit	\$525	<i>(Weekly Salary × 60%; Ex. \$875 × 60% = \$525)</i>
Monthly Cost	\$28.88	<i>(Weekly Benefit ÷ 10 × Rate corresponding to Age; Ex. \$525 ÷ 10 = \$52.50, \$52.50 × \$0.55 (Rate for Age 36) = \$28.88)</i>
Bi-Weekly Cost	\$13.33	<i>(Monthly Cost × 12 ÷ Pay periods [26]; Ex. \$28.88 × 12 = \$346.56, \$346.56 ÷ 26 = \$13.33)</i>

# DISABILITY INSURANCE COVERAGE



Customer Service: 800-796-3872

Website: [www.symetra.com](http://www.symetra.com)



The goal of Creditcorp's Disability Insurance Plan is to provide you with income replacement should you become disabled and unable to work due to a non-work related illness or injury for a long period of time. Creditcorp is partnering with Symetra to offer all eligible employees the opportunity to purchase long term disability (LTD) coverage as a source of income while you are unable to work. Long Term Disability (LTD) is paid 100% by you.

## Long Term Disability

**Long Term Disability (LTD):** Covers 60% of your monthly earnings – up to a \$6,000 per month maximum. Benefits begin on the 91<sup>st</sup> day of disability or illness. Benefits may be declined due to pre-existing conditions within 6 months prior to your effective date until you've been covered for 12 months. *(Pre-existing condition: any sickness or injury for which you received treatment or where symptoms were present to the degree an ordinary person would seek treatment)*

Long Term Disability	PLAN BENEFITS
Eligibility	All full-time 30 hour+ per week active employees
Elimination Period	90 days <i>(benefit begins on 91<sup>st</sup> day)</i>
Benefit Amount	60% of pre-disability earnings up to \$6,000 per month

Age	Monthly Rate per \$100 of LTD Coverage
<29	\$0.18
30-34	\$0.30
35-39	\$0.44
40-44	\$0.56
45-49	\$0.82
50-54	\$1.10
55-59	\$1.31
60-75+	\$1.36

### Cost Calculation for LTD

Annual Cost	\$200.20	<i>(Annual Salary ÷ 100 × Rate corresponding to Age; Ex. \$45,500 ÷ 100 = \$455, \$455 × \$.44 (Rate for Age 36) = \$200.20)</i>
Monthly Cost	\$16.68	<i>(Annual Cost ÷ Months in a Year [12]; Ex. \$200.20 ÷ 12 = \$16.68)</i>
Bi-Weekly Cost	\$7.70	<i>(Annual Cost ÷ Pay periods [26]; Ex. \$200.20 ÷ 26 = \$7.70)</i>

# EMPLOYEE ASSISTANCE PROGRAM (EAP)



Customer Service: 888-327-9573  
 TDD: 800-697-0353  
 Website: [www.guidanceresources.com](http://www.guidanceresources.com)  
 Web ID: SYMETRA



Sometimes life can be challenging. That's why Creditcorp provides an employee assistance program (EAP) to all employees -- at no cost to you. The EAP is designed to provide prompt, confidential help with a range of personal and family issues that may affect all of us from time to time. You, or a member of your household (spouse or dependent children), can receive up to five confidential sessions with an EAP Professional counselor, financial planner or attorney.

If you need help or guidance, you may reach out to the EAP for confidential assistance 24/7 by calling 1-888-327-9573 or visiting [www.guidanceresources.com](http://www.guidanceresources.com), web ID, SYMETRA.

Confidential Counseling	Financial Resources	Legal Support
Phone call with trained counselors with a master's or doctor-level degree	Phone call with certified public accountant or financial planner	Phone call with an attorney
<ul style="list-style-type: none"> <li>Stress, Anxiety, Depression</li> </ul>	<ul style="list-style-type: none"> <li>Getting out of debt</li> </ul>	<ul style="list-style-type: none"> <li>Divorce or family law</li> </ul>
<ul style="list-style-type: none"> <li>Credit card or loan problems</li> </ul>	<ul style="list-style-type: none"> <li>Credit card or loan problems</li> </ul>	<ul style="list-style-type: none"> <li>Debt and bankruptcy</li> </ul>
<ul style="list-style-type: none"> <li>Difficulties with children</li> </ul>	<ul style="list-style-type: none"> <li>Tax questions</li> </ul>	<ul style="list-style-type: none"> <li>Landlord/tenant issues</li> </ul>
<ul style="list-style-type: none"> <li>Job pressures</li> </ul>	<ul style="list-style-type: none"> <li>Retirement planning</li> </ul>	<ul style="list-style-type: none"> <li>Real estate transactions</li> </ul>
<ul style="list-style-type: none"> <li>Grief and Loss</li> </ul>	<ul style="list-style-type: none"> <li>Estate planning</li> </ul>	<ul style="list-style-type: none"> <li>Civil and criminal actions</li> </ul>
<ul style="list-style-type: none"> <li>Substance abuse</li> </ul>	<ul style="list-style-type: none"> <li>Saving for college</li> </ul>	<ul style="list-style-type: none"> <li>Contracts</li> </ul>

## Your DisabilityGuidance<sup>®</sup> Employee Assistance Program

Access Anytime  
 Call: 1-888-327-9573  
 TDD: 1-800-697-0353  
 Online: [guidanceresources.com](http://guidanceresources.com)  
 Web ID: SYMETRA



## Please Read Annual Notices

### **Mother's Health Protection Act**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a caesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). Plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. *It is the employee's responsibility to notify the Human Resources Department of their pregnancy so they can be provided their statement of rights under the Newborn's and Mother's Health Protection Act.*

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

Special Rights Following Mastectomy. A group health plan generally must, under federal law, make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits for:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of mastectomy.

Our Plan complies with these requirements. Benefits for these items generally are comparable to those provided under our Plan for similar types of medical services and supplies. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by consultation between the attending physician and the patient. Our Plan neither imposes penalties (for example, reducing or limiting reimbursements) nor provides incentives to induce attending providers to provide care inconsistent with these requirements.

### **Patient Protection and Affordable Care Act**

BlueCross BlueShield generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in your chosen network and who is available to accept you or your family members.

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

You do not need prior authorization from BlueCross BlueShield or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in the network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following pre-approved treatment plans or procedures for making referrals. For a list of participation health care professionals who specialize in obstetrics or gynecology, contact your Human Resources department at the phone number on the contact list included in this packet for more information.

### **HIPAA Special Enrollment Notice**

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 or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you 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).

In addition, if you have a new dependent as 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.

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicare or a state Children’s Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

Note: The 60-day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 31-day period applies to most special enrollments.

To request special enrollment or obtain more information contact the Plan Administrator.

**Notice of Extended Coverage to Participants Covered Under a Group Health Plan**

Coverage is offered to the child of an employee up to the end of the month the child turns 26 regardless of residency, support or student

status. Thus, the provisions of Michelle’s law will not be applicable since coverage is not dependent upon a child being a full time student.

**Notice of Availability Creditcorp Health and Welfare Plan Notice of Privacy Practices –**

**THIS NOTICE DESCRIBES HOW YOU MAY OBTAIN A COPY OF THE PLAN’S NOTICE OF PRIVACY PRACTICES, WHICH DESCRIBES THE WAYS THAT THE PLAN USES AND DISCLOSES YOUR PROTECTED HEALTH INFORMATION.**

The Creditcorp Health and Welfare Plan (the “Plan”) provides health benefits to eligible employees of Creditcorp (the “College”) and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan’s duties and privacy practices with respect to covered individuals’ protected health information, and has done so by providing to Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses protected health information. To receive a copy of the Plan’s Notice of Privacy Practices you should contact Nicole Carter, who has been designated as the Plan’s contact person for all issues regarding the Plan’s privacy practices and covered individuals’ privacy rights. You can reach this contact person at (423) 473-4242.

CONTACT INFO FOR BENEFITS		
Creditcorp Nicole Carter, Benefits Coordinator	423-473-4242	<a href="mailto:ncarter@checkintocash.com">ncarter@checkintocash.com</a>
CBIZ Ed Jacobs & Associates, CBIZ ESO Andy Figlestahler, Insurance Broker	423-473-0202	<a href="mailto:afig@cbiz.com">afig@cbiz.com</a>
CBIZ Ed Jacobs & Associates, CBIZ ESO Nicole Hargis	423-473-4212	<a href="mailto:nhargis@cbiz.com">nhargis@cbiz.com</a>
CBIZ Ed Jacobs & Associates, CBIZ ESO Sherri Roe	423-473-0202	<a href="mailto:sroe@cbiz.com">sroe@cbiz.com</a>

## PLEASE READ

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

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

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

2. Creditcorp has determined that the prescription drug coverage offered by the BlueCross BlueShield of TN 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 to December 7th.

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 Creditcorp coverage will not be affected.

		Network
Preventive Drugs (30-day supply)		
Generic	\$10 copay	40% after deductible
Brand Name - Preferred	\$35 copay	
Brand Name Non-Preferred	\$60 copay	
All Other Drugs (30-day supply)		
Generic	20% after deductible	40% after deductible
Brand Name - Preferred		
Brand Name Non-Preferred		

If you do decide to join a Medicare drug plan and drop your current Creditcorp coverage, be aware that you and your dependents may not be able to get this coverage back.

#### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Creditcorp and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Creditcorp 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 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:	7/1/2017
Name of Entity/Sender:	Creditcorp
Contact-- Position/Office:	Nicole Carter, Benefits Coordinator
Address:	
Phone Number:	423-473-4212

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

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

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **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)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2015. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
Website: <a href="http://www.myalhipp.com">www.myalhipp.com</a> Phone: 1-855-692-5447	Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> Phone: 404-656-4507
<b>ALASKA – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a> Phone: 1-800-889-9949
<b>COLORADO – Medicaid</b>	<b>IOWA – Medicaid</b>
Medicaid Website: <a href="http://www.colorado.gov/hcpf">http://www.colorado.gov/hcpf</a> Medicaid Customer Contact Center: 1-800-221-3943	Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562
<b>FLORIDA – Medicaid</b>	<b>KANSAS – Medicaid</b>
Website: <a href="https://www.flmedicaidtprecovery.com/">https://www.flmedicaidtprecovery.com/</a> Phone: 1-877-357-3268	Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-800-792-4884
<b>KENTUCKY – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218

LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392/ CHIP Phone: 1-800-701-0710 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>
MAINE – Medicaid	NEW YORK – Medicaid
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-977-6740	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	NORTH CAROLINA – Medicaid
Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120	Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100
MINNESOTA – Medicaid	NORTH DAKOTA – Medicaid
Website: <a href="http://www.dhs.state.mn.us/id_006254">http://www.dhs.state.mn.us/id_006254</a> Phone: 1-800-657-3739	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-800-755-2604
MISSOURI – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
MONTANA – Medicaid	OREGON – Medicaid
Website: <a href="http://medicaid.mt.gov/member">http://medicaid.mt.gov/member</a> Phone: 1-800-694-3084	Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> Phone: 1-800-699-9075
NEBRASKA – Medicaid	PENNSYLVANIA – Medicaid
Website: <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633	Website: <a href="http://www.dhs.state.pa.us/hipp">http://www.dhs.state.pa.us/hipp</a> Phone: 1-800-692-7462
NEVADA – Medicaid	RHODE ISLAND – Medicaid
Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 401-462-5300



<b>SOUTH CAROLINA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820	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>SOUTH DAKOTA - Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx">http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx</a>  Phone: 1-800-562-3022 ext. 15473
<b>TEXAS – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a>  Phone: 1-877-598-5820, HMS Third Party Liability
<b>UTAH – Medicaid and CHIP</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Medicaid: <a href="http://health.utah.gov/medicaid">http://health.utah.gov/medicaid</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-866-435-7414	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a>  Phone: 1-800-362-3002
<b>VERMONT– Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2015, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  Employee Benefits Security Administration <a href="http://www.dol.gov/ebsa">www.dol.gov/ebsa</a>  1-866-444-EBSA (3272)	U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services <a href="http://www.cms.hhs.gov">www.cms.hhs.gov</a>  1-877-267-2323, Menu Option 4, Ext. 61565
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OMB Control Number 1210-0137 (expires 10/31/2016)

Date: 7/1/2017  
 Name of Entity/Sender: Creditcorp  
 Contact/Position: Nicole Carter, Benefits Coordinator  
 Phone Number: 423-473-4212







264 N Ocoee St, Ste 202  
Cleveland, TN 37311 (423) 473-0202

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