

2017

Employee Benefits Guide



CONTENTS

What's New.....	2
Eligibility.....	3
Life Changing Events.....	3
Medical Benefits.....	4
Dental Benefits.....	9
Vision Benefits.....	10
Short-Term Disability.....	11
Basic Life & AD&D.....	11
Long-Term Disability.....	11
Supplemental Term Life.....	11
Employee Assistance Program.....	12
Travel Assistance Program.....	12
Will Prep.....	12
Compliance.....	14
Carrier Contacts.....	24

This benefits summary describes the highlights of our benefits in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official documents and not the information in this summary. If there is any discrepancy between the descriptions of the programs as contained in this brochure and the official plan documents, the language of the official plan document shall prevail as accurate. Please refer to the plan specific documents for detailed plan information. Any plan benefits may be modified in the future to meet Internal Revenue Service rules or otherwise decided by Teaching Strategies.

Welcome! Our employees power our success, help us reach departmental goals, and enable organization-wide achievements. Your benefits are more than just rewards for a job well done – they’re our way of helping you prepare for a better future. Review this benefit plan overview to learn more about the comprehensive and flexible benefits offered by Teaching Strategies. Whether your focus is on savings, supplemental insurance, employee assistance, or medical/dental/vision coverage for you and your loved ones, the choice is yours. Please note that selections made during “open enrollment” remain in place for the full plan year, while selections made upon hire remain in place through the end of they plan year in which you were hired. Thank you for all you do as a valued member of the Teaching Strategies team!



What's New in 2017

What's Changing?

- Dental will change from United Concordia to CIGNA
- Life/AD&D, Short-Long Term Disability and Supplemental Life will change from Lincoln Financial to Cigna
- Short Term disability has a 7 day waiting period

What is NOT Changing?

- Medical carrier remains as Cigna
- Health Savings Account (HSA) will remain with Cigna

Passive Enrollment Period

2017 Benefits Open Enrollment is a “passive” enrollment period. This means if you do not want to make any changes to your benefits for 2017, your current elections will “roll over” for the 2017 plan starting on **July 1, 2017**.

All employees are encouraged to use this annual opportunity to review their benefit elections and their beneficiary elections for Life Insurance products to make sure their family needs are met for the upcoming year.

Your Benefits Choices

Teaching Strategies provides a wide variety of benefits. Some are provided automatically at no cost to you. Other benefits are available if you choose them. Check the guide below to see which benefits you need to make a successful program designed just for you.

Benefit	Core Coverage	Optional Coverage	Who Pays Cost
Medical Coverage		✓	Company / Associate
Dental Coverage		✓	Company / Associate
Vision Coverage		✓	Associate
Basic Life / AD&D	✓		Company
Short Term Disability	✓		Company
Long Term Disability	✓		Company
Voluntary Life		✓	Associate
Flexible Spending Accounts			
Health Care		✓	Associate
Dependent Care		✓	Associate

Eligibility

You are eligible for benefits if you are a regular full-time Teaching Strategies employee who works at least 30 hours per week. Coverage begins on the first of the month following date of hire.

ELIGIBLE DEPENDENTS INCLUDE

- Married spouses
- Dependent children to age 26

ELIGIBILITY FOR DEPENDENT COVERAGE

Medical	Dependents covered up to age 26
Dental	
Vision	
Supplemental Life Insurance for Dependent Children	Covered up to age 26



Life Changing Events

You can make changes to your Medical, Dental, Vision and Flexible Spending Account elections during the year only if you have an IRS approved “qualified status change.” You must make a change within 31 days of the event.

You can change your benefits within 31 days if you experience one of the following life changes:

- ⇒ Marriage, divorce, or legal separation
- ⇒ Birth or adoption of child
- ⇒ Death of a covered dependent
- ⇒ Job status change (Full-time to Part-time or vice versa)
- ⇒ Your spouse becomes eligible for medical and/or dental benefits through new employment
- ⇒ Your spouse becomes unemployed and loses benefit coverage
- ⇒ A change in your spouse’s job status from full-time to part-time or vice versa
- ⇒ A significant change in your spouse’s health coverage attributable to your spouse’s employment
- ⇒ Ineligibility of your covered dependents due to:

- Marriage
- Change in dependent status
- Attainment of non-qualifying age (medical, dental, vision, and life insurance coverage)

Medical



Teaching Strategies has partnered with Cigna, our health plan administrator, to provide your family and you a broad access to high quality healthcare providers nationwide. The cost of coverage is paid for by Teaching Strategies. Your medical plan covers a broad range of healthcare services and supplies, including prescriptions, office visits and hospitalizations. Teaching Strategies has designed an open access plan, meaning that you have the ability to choose your providers and referrals are not required.

Depending upon the type of service, whether it be a routine office visit, a trip to the emergency room, or any other medical service under the plan, your networks' plan shares the cost of care with you in different ways. Please see the below summary for specific plan details. Teaching Strategies also offers a Health Savings Account (HSA) through CIGNA that offers tax advantages to employees for medical/Rx, vision and dental expenses. Keep in mind that employees cannot participate in the medical Flexible Spending Account (FSA) if participating in the HSA plan.

Medical Benefits Description

Plan Design	Cigna	Cigna		Cigna
	HMO	POS		HMO HSA
	In-Network	In-Network	Out-of-Network	In-Network
Deductible:				
- Single	\$0	\$300	\$1,000	\$2,000
- Family	\$0	\$600	\$2,000	\$4,000
Out of Pocket Maximum:				
- Single	\$2,500	\$2,000	\$4,000	\$3,275
- Family	\$5,000	\$4,000	\$8,000	\$6,500
Coinsurance:	80%	100%	80%	100%
Office Visits:				
- Preventive Care - Children (0-17 years)	Covered in full	Covered in full	20%	Covered in full
- Preventive Care Adult	Covered in full	Covered in full	Ded, then 20%	Covered in full
- Primary Care Physician (PCP)	\$30 copay	\$5 copay	Ded, then 20%	Ded; then 100%
- Specialist	\$40 copay	\$30 copay	Ded, then 20%	Ded; then 100%
- Lab and x-rays	20%	Deductible	Ded, then 20%	Ded; then 100%
Hospitalization:				
- Inpatient	20%	Ded, then \$300 copay	Ded, then 20%	Ded; then 100%
- Outpatient	20%	Deductible	Ded, then 20%	Ded; then 100%
- Urgent Care	\$40 copay	\$30 copay		Ded; then 100%
- Emergency Room (waived if admitted)	\$100 copay	\$200 copay		Ded; then 100%
Prescription Drugs:				
- Generic	\$5 copay	\$10 copay		Ded; then \$5 copay
- Brand	\$25 copay	\$25 copay		Ded, then \$25 copay
- Brand Non-Formulary	\$45 copay	\$45 copay		Ded, then \$45 copay

Online and on the go – myCigna.com and [myCigna Mobile App](#)

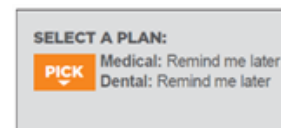
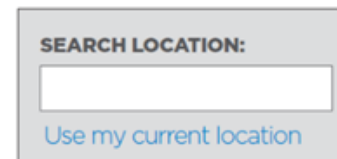
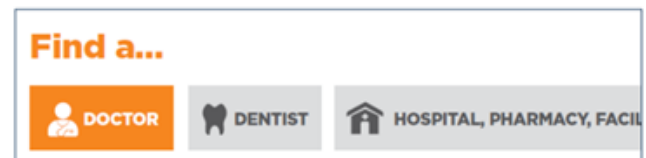
- Use our award-winning directory of doctors, hospitals and facilities with cost, quality and patient experience* ratings
- Verify coverage details (copays, deductibles, out-of-pocket maximums, etc.)
- Check claim activity and history
- Access temporary ID cards or information on how to order new ones*
- Learn from a wealth of health information and resources*
- Compare prescription drug prices, find generic options and enjoy convenience and savings by using Cigna Home Delivery PharmacySM*
- Take a quick health assessment quiz to get a better understanding of your health today — and teach you simple steps for improving it in the future.



* Available on **myCigna.com** only

Search CIGNA’s Network In Five Simple Steps (find a doctor)

- Step 1** Go to www.Cigna.com, click on FIND A DOCTOR at the top of the screen. Then select the orange box that reads “If your insurance plan is offered through work.” (If you already have a Cigna plan, log in to [myCigna](#).)
- Step 2** Choose whether you’re looking for a doctor or a place to receive medical care.
- Step 3** Enter the geographic location you want to search.
- Step 4** Select the **open access plan**.
- Step 5** Enter a name, specialty or other search word. Click SEARCH to see your results.



HSA & HDHP Plans Explained

Health Savings Account (HSA)

An HSA is a tax-advantage health savings account for participants enrolled in an HDHP. You can use funds in a HSA to help pay for qualified medical expenses. These funds roll over from year-to-year if not used within the plan year and remaining funds go with you if you leave Teaching Strategies. You may contribute funds to your HSA up to the annual contribution limit (with an additional catch-up contribution for participants age 55 to age 65) regardless of your HDHP annual deductible amount. Your contributions can be made on a pre-tax basis through the convenience of salary deferral or by a direct contribution to the HSA Administration (tax deduction obtained when you file your federal tax return) Once you reach age 65 and enroll in a Medicare Part A or B, you cannot continue to make contributions to an HSA; however you can still make withdraws.

For 2017, the annual HSA contribution limit is \$3,400 for single coverage / \$6,750 for family coverage. For individuals (and spouses) covered under the HDHP between the ages of 55 and 65, you are allowed an additional “catch-up” contribution up to \$1,000. If your spouse is also enrolled in a separate High Deductible Health Plan (HDHP), your combined HSA contributions cannot exceed the statutory annual maximum for HSA contributions.

After you have incurred a qualified expense, there are several options available for accessing HSA funds. You can use your HSA debit card, checkbook, or you can pay the expense out of your own pocket until your account has enough money added to it so that you can be reimbursed. It is important that you save all of your card and non-card purchase receipts when using your HSA.

Advantages of an HSA:

- **It is tax-free** - You are not taxed on the money that goes into your HSA; contributions are tax-free. Any investment earnings are also tax-free, and you will not pay federal (and in most cases state taxes) on the money you take out of your HSA, as long as you use it to pay for qualified health expenses.
- **The money is yours to use** - Unused HSA funds will roll over from year to year, so your HSA balance can build up over time to use for future health care needs. If you leave the company, any remaining HSA balance goes with you to use for future qualifying medical expenses. Be aware though, if you use HSA funds for ineligible health care expenses, the funds will be taxable and you will be subject to a 10% penalty.
- **Your money grows tax-free** - The money in your account is automatically invested in an FDIC insured, interest-bearing account.

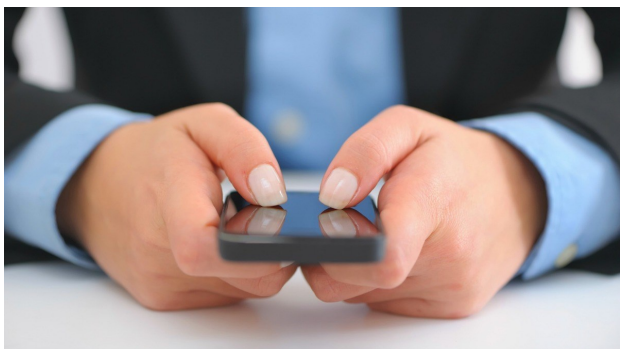
Some Important Points About the Health Savings Account (HSA)

- You must participate in the HDHP to enroll in a HSA
- You may change your HSA election during the year, as long as it is done prospectively
- You cannot participate in any other non HDHP, including a spouse's plan (your spouse can enroll in his/her own plan)
- You cannot participate in the HSA if you are enrolled in Medicare or TriCare
- You are not eligible to be claimed as a dependent or on another's person's tax return
- You cannot participate in both an HSA and a Health FSA

Introducing myCigna Mobile App



You're busier than ever. At Cigna, we get that. While we can't wave a magic wand and make all the frustrating, time-consuming aspects of your life go away, we can give you a tool to help make your life easier. And healthier. The all-new **myCigna** Mobile App gives you a simple way to personalize, organize and access your important health go. It puts you in control of your health, so you can get more out of life.



Get the myCigna Mobile app from the app StoreSM or Google Play.

HEALTH CARE PROFESSIONAL DIRECTORY

- Search for a doctor or health care facility from the Cigna national network and compare quality-of-care ratings
- Access maps for instant driving directions

ID CARDS

- Quickly view ID cards (front and back) for entire family
- Easily print, email or scan right from smartphone

CLAIMS

- View and search recent and past claims
- Bookmark and group claims for easy reference

DRUG SEARCH

- Look up and compare actual costs at over 60,000 pharmacies nationwide
- Find closest pharmacy location using GPS
- Research medications and dosages
- Speed-dial Cigna Home Delivery PharmacySM

ACCOUNT BALANCES

- Access and view health fund balances
- Review plan deductibles and coinsurance

HEALTH WALLET

- Store and organize all important contact info for doctors, hospitals and pharmacies
- Add health care professionals to contact list right from a claim or directory search

Here When You Need Us – 24/7/365



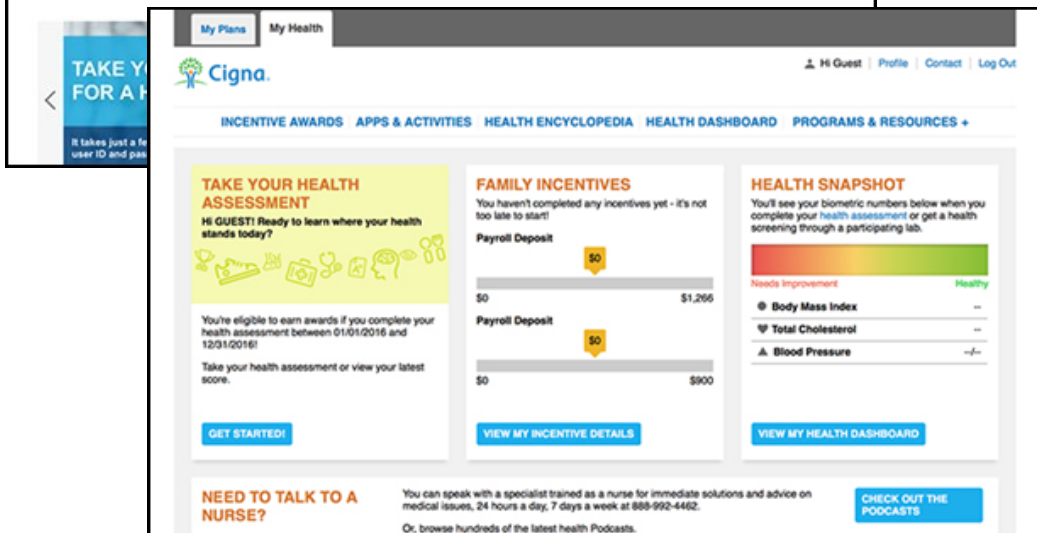
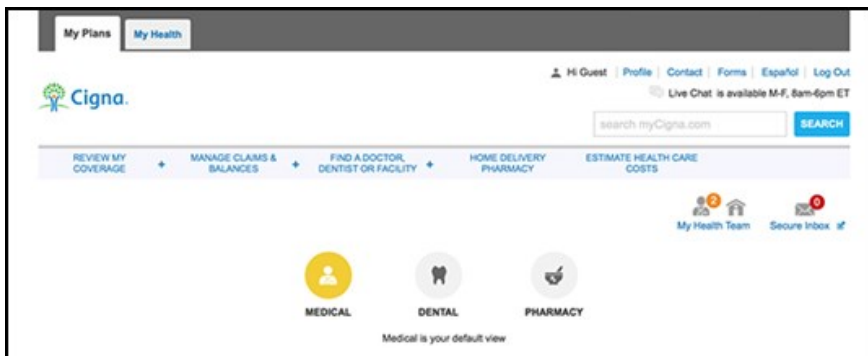
By phone, anytime day or night – live, 24/7 customer service, 365 days a year (call the number on the back of your Cigna ID card).

- Order an ID card, update insurance information and check claim status
- Talk with a health coach about your health goals and questions
- Ask for a Spanish-speaking representative or speak with us in your preferred language – interpreter service is available in over 150 languages



My Health Tab on mycigna

Simple all-in view of health – risks and goals

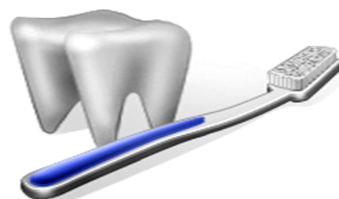


Dental Benefits

Good dental health is important to your overall wellbeing. At the same time, we all need different levels of dental treatment. The CIGNA Dental Plan provides affordable coverage based on the type of service obtained –**Preventive, Basic, Major Restorative, or Orthodontia**. To locate a provider visit www.mycigna.com.

You will save money when you use care by an in-network dentist to obtain dental services. While there is coverage for Out-of-Network visits, you may be required to pay the provider at the time of service and you may incur higher Out-of-Pocket costs as the benefits are subject to the maximum allowable charge set by Cigna.

Cigna Dental	High PPO	
	In-Network You Pay:	Out-of-Network You Pay:**
Calendar Year Deductible (July-June)		
Individual	\$50	\$50
Family	\$150	\$150
Preventive & Diagnostic Care Exams, Cleanings, X-Rays	No Charge	No Charge
Basic Care Fillings, Extractions, Oral Surgery	Ded, then 10%	Ded, then 10%
Major Services Inlays, Onlays, Crowns, Bridges	Ded, then 40%	Ded, then 40%
Child Orthodontia (to age 19)	50%	50%
Calendar Year Maximum (excludes Orthodontia)	\$1,500	\$1,500
Orthodontia Lifetime Maximum	\$1,500	\$1,500





Vision Benefits

Eligible employees may sign up for vision coverage, which allows participants to get an examination and lenses every 12 months and frames every 24 months. Participants have the option of receiving care from a network provider or out-of-network provider; however, if you use an out-of-network provider you will incur higher out-of-pocket expenses. To locate a provider visit www.e-nva.com.

Benefit Frequency	Participating Provider	Non-Participating Provider
Examination Once Every Plan Year	<ul style="list-style-type: none"> Covered 100% after \$10 copay 	<u>Reimbursed Amount</u> <ul style="list-style-type: none"> Up to \$35
Lenses Once Every Plan Year <ul style="list-style-type: none"> Single Vision Bifocal Trifocal Lenticular 	<u>Standard Glass or Plastic</u> <ul style="list-style-type: none"> Covered 100% After \$25 copay 	<ul style="list-style-type: none"> Up to \$25 Up to \$45 Up to \$75 Up to \$75
Frame Once Every Plan Year	<u>Retail Allowance</u> <ul style="list-style-type: none"> Up to \$130 (20% discount off balance) 	<u>Reimbursed Amount</u> <ul style="list-style-type: none"> Up to \$45
Contact Lenses Once Every Plan Year Elective Contact Lenses Medically Necessary Contact Lens Evaluation/Fitting	<u>In lieu of Lenses & Frame</u> <ul style="list-style-type: none"> Up to \$130 Retail (15% discount (Conventional) or 10% discount (Disposable) off balance) Covered 100% Covered 100% 	<u>In lieu of Lenses & Frame</u> <ul style="list-style-type: none"> Up to \$98 Up to \$200 Daily Wear: \$20 Extended Wear: \$30



Basic Life and Accidental Death & Dismemberment Insurance

Teaching Strategies offers its employees Basic Life Insurance and AD&D through Lincoln Financial at no cost to you. Eligible employees receive Basic Life insurance equal to 1 times your annual earnings (rounded to the next higher \$1,000) to a maximum of \$300,000. Accidental Death and Dismemberment Insurance provides a benefit equal to your basic life insurance in the event of death or dismemberment resulting from a covered accident. The cost is paid for by Teaching Strategies.

Short Term Disability



Short-term disability (STD) benefits provide income replacement in the event that you are unable to work due to illness or accidental injury. Teaching Strategies provides STD benefits through Cigna for all eligible employees at **no cost** to the employees. The STD benefit equals 70% of your pre-disability weekly earnings up to a maximum benefit of \$2,500 per week. Any available accrued sick or vacation time would be payable during the initial 7-day elimination period. STD benefit payments would begin the 8th of continuous disability and would continue for up to 12 weeks.

Please note some states (CA, HI, NJ, NY, PR and RI) require state-mandated STD benefits. This means the state plan will pay a portion of the benefit and CIGNA will pay the difference up to the benefit amount listed below. In some cases, you are responsible for paying the state mandated STD premium through payroll taxes.

Long Term Disability



In the event that you are unable to work for an extended period of time due to accident, illness or injury, **Long-Term Disability (LTD)** benefits provide a guarantee of income replacement. Teaching Strategies provides LTD benefits through Cigna for all eligible employees at **no cost** to the employees. Your LTD benefit equals 66.67% of your pre-disability monthly earnings to a maximum benefit of \$10,000 per month. This

Supplemental Term Life Insurance

With Cigna's Supplemental Term Life Insurance, Teaching Strategies gives you the opportunity to buy valuable life insurance coverage for yourself, your spouse and your dependent children at affordable group rates. Employees may elect to purchase additional life insurance coverage in increments of \$10,000 up to a maximum of 5 times your basic annual earnings, or \$500,000, whichever is less. The guaranteed issue amount is \$200,000, with no medical questions asked.

Employees may purchase additional life insurance for their spouse in increments of \$5,000 up to a maximum of \$250,000 (limited to 50% of employee amount). Guaranteed issue is \$50,000. Additionally, employees may purchase life insurance for their dependent children in a flat amount of \$10,000. The guaranteed issue is \$10,000. Please see your HR department for premium details.



Value Added Services

No additional charge for employees and immediate family members



Employee Assistance Program (EAP)

Sometimes balancing the demands of life creates stress that's hard to handle on your own. Through CIGNA Life Assistance, you have the option of utilizing the EAP plan. This plan provides a CONFIDENTIAL service, at no cost to you and your family, designed to help with personal, financial, legal, and family and job concerns. You and your immediate household members have access to:

- Counseling and referral services on a wide range of personal and work-related issues
- On-line access to resources, referrals
- Telephonic and up to three face-to-face counseling sessions
- 24-hour access to counselors over the telephone
- Referral services available for child care and elder care facilities

For more information on the EAP program, call 800-538-3543 or visit www.cignabehavioral.com

User ID: lap

Password: member

CIGNA Secure Travel

This plan is offered at no cost to you. The program ensures access to appropriate health care, and management of medical emergencies to employees traveling 100 or more miles from home, or in a foreign country. Should you become ill or have an accident, you can access care anywhere in the world.

A range of services to eligible members to help with issues related to:

- Emergency Travel Arrangements
- Embassy & Consular Assistance
- Lost Document Assistance
- World Wide Physician & Hospital Referrals
- Emergency Prescription Replacement
- Evacuation & Repatriation
- Medical Transportation
- Return of Minor Children
- Joining of Disabled Family Member
- And more!

Will Preparation

Help protect you and your family's financial future. This simple, online will preparation tool lets you create a customized will built around your state-specific laws. You can also create other legal documents, such as a living will and power of attorney document. It's easy, safe and secure.

Please visit www.cignawillcenter.com for more information.

Flexible Spending Accounts (FSA)



Teaching Strategies allows you to defer a portion of your pay through payroll deduction into flexible spending accounts. The money that goes into an FSA is deducted on a pre-tax basis, which means it is taken from your pay before federal and social security taxes are calculated. Because you do not pay income taxes on money that goes into your FSA, you decrease your taxable income.

It is important that you estimate carefully. If you do not use all of the money in your accounts by the end of the plan year, federal law requires you to forfeit any unused balances.

Teaching Strategies FSA program features the [WageWorks Card](#) enabling you to pay eligible medical and dependent care expenses directly from your FSA, eliminating the need for you to pay out of your own personal funds.

Medical FSA: You may deposit up to **\$2,600** per plan year into your medical FSA to cover you and your dependents during the plan year. Eligible expenses include, but are not limited to, deductibles, co-payments and co-insurance payments, routine physicals, uninsured dental expenses, vision care expenses and hearing expenses.

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

Employee account reports are available on-line: www.wageworks.com/myfsa



Compliance Notices



The following are federally required notices related to your Teaching Strategies' Benefits Program.

Women's Health and Cancer Rights Act

Federal law requires a group health plan to provide coverage for the following services to an individual receiving plan benefits in connection with a mastectomy:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prosthesis and physical complications for all stages of a mastectomy, including lymphedemas (swelling associated with the removal of lymph nodes).

The group health plan must determine the manner of coverage in consultation with the attending physician and patient. Coverage for breast reconstruction and related services will be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.

Maternity and Newborn Length of Stay

Under federal law, group health plans and health coverage issuers offering group coverage generally may not 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 normal vaginal delivery; or
- Less than 96 hours following a cesarean section.

They may also not require that a provider obtain authorization from the plan or coverage issuer for prescribing a length of stay not in excess of those periods. The law generally does not prohibit an attending provider of the mother or newborn (in consultation with the mother) from discharging the mother or newborn earlier than 48 hours or 96 hours, as applicable.

Special Enrollment Rights Under HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 provides the following special enrollment rights. If you do not enroll for medical coverage for yourself and your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in this plan, as long as you request enrollment within 31 days after your other coverage ends. You will need to provide proof that your other coverage had ended.

In addition, if you have a new dependent as the result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents as long as you request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Notice of Health Information Privacy Practices

The privacy of your medical information is important to us. As a participant in a medical plan sponsored by Teaching Str, you may receive a HIPAA Privacy Notice. The HIPAA Notice describes how medical information about you may be used and disclosed and how you can get access to this information. For more information about our privacy practices or for additional copies of the HIPAA Privacy Notice, please contact us using the information provided.

Contact: Ebony Newton (x1089)
Email: ebony.n@teachingstrategies.com

Notice of Lifetime Limit No Longer Applies and Enrollment Opportunity

The lifetime limit on the dollar value of key health benefits under QHS' medical plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit on key health benefits under the plan are eligible to enroll in the plan during open enrollment. For more information contact Benefits, HR at (410) 822-0697.

Preventive Services and the Affordable Care Act

Under the affordable care act, you and your family may be eligible for some important preventive services which can help you avoid illness and improve your health - at no additional cost to you. What this means for you:

If your plan is subject to these new requirements, you would not have to pay a co-payment, co-insurance, or any deductible to receive preventive health services, such as recommended screenings, vaccinations, and counseling. For example, depending on your age, you may have free access to such preventive services as:

- Blood pressure, diabetes, and cholesterol tests;
- Many cancer screenings, including mammograms and colonoscopies;
- Counseling on such topics as quitting smoking, losing weight, eating healthfully, treating depression, and reducing alcohol use;
- Routine vaccinations against diseases such as measles, polio, or meningitis;
- Flue and pneumonia shots;
- Counseling screening, and vaccines to ensure health pregnancies;
- Regular well-baby and well-child visits, from birth to age 21

Some Important Details:

- If your health plan uses a network of providers, be aware that health plans are only required to provide these preventive services through an in-network provider. Your health plan may allow you to receive these services from an out-of-network provider, but may charge you a fee.
- Your doctor may provide a preventive service, such as a cholesterol screening test, as part of an office visit. Be aware that your plan can require you to pay some costs of the office visit, if the preventive service is not the primary purpose of the visit, or if your doctor bills you for the preventive services separately from the office visit.
- To know which covered preventive services are right for you - based on your age, gender, and health status - ask your health care provider.

Omnibus Budget Reconciliation Act (COBRA)

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the plan and under federal law, you should review the plan's summary plan description or contact the plan administrator.

COBRA continuation coverage is a continuation of plan coverage when coverage would otherwise end because of a life event known as a qualifying event, as listed below. After a qualifying event, COBRA continuation coverage must be offered to each person who is a qualified beneficiary. You, your spouse, and your dependent children could become qualified beneficiaries if covered under the plan is lost because of the qualifying event. Under the plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an associate, you will become a qualified beneficiary if you lose your coverage under the plan because your hours of employment are reduced or your employment ends for any reason other than your gross misconduct.

If you are the spouse or dependent child of an associate, you will become a qualified beneficiary if you lose your coverage under the plan because any of the following qualifying events happens:

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

The plan will offer COBRA continuation coverage to qualified beneficiaries only after the plan administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the associate, commencement of a proceeding in bankruptcy with respect to the employer, or the associate's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the plan administrator of the qualifying event.

For the other qualifying events (divorce or legal separation of the associate and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the plan administrator within 60 days after the qualifying event occurs. You must provide this notice to the benefits staff.

Once the plan administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary...

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is death of the associate, the associate's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months.

When the qualifying event is the end of employment or reduction of the associate's hours of employment, and the associate became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the associate lasts until 36 months after the date of Medicare entitlement. Otherwise, when the qualifying event is the end of employment or reduction of the associate's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

If you or anyone in your family covered under the plan is determined by the Social Security Administration to be disabled and you notify the plan administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 19-month period of continuation coverage.

If your family experiences another qualifying event while receiving 18 months of continuation coverage, your spouse and dependent children can get up to 19 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the plan. This extension may be available to your spouse and any dependent children receiving continuation coverage if the associate or former associate dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the plan had the first qualifying event not occurred.

If you have questions about your plan or your COBRA continuation coverage rights, refer to the contact listed below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Associate Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website).

In order to protect your family's rights, you should keep the plan administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the plan administrator.

For more information about Medicare prescription drug plans, visit www.medicare.gov. Call your State Health Insurance Assistance Program (see 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) online at www.socialsecurity.gov, or you can call them at 1-800-772-1213 (TTY 1-800-325-0778).

Medicaid and the Children’s Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

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.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864

<p>COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p>	<p>IOWA – Medicaid</p>
<p>Health First Colorado Website: https://www.healthfirstcolorado.com/</p> <p>Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711</p> <p>CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus</p> <p>CHP+ Customer Service: 1-800-359-1991/ State Relay 711</p>	<p>Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</p> <p>Phone: 1-888-346-9562</p>
<p>KANSAS – Medicaid</p>	<p>NEW HAMPSHIRE – Medicaid</p>
<p>Website: http://www.kdheks.gov/hcf/</p> <p>Phone: 1-785-296-3512</p>	<p>Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</p>
<p>KENTUCKY – Medicaid</p>	<p>NEW JERSEY – Medicaid and CHIP</p>
<p>Website: http://chfs.ky.gov/dms/default.htm</p> <p>Phone: 1-800-635-2570</p>	<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</p> <p>Medicaid Phone: 609-631-2392</p> <p>CHIP Website: http://www.nifamilycare.org/index.html</p> <p>CHIP Phone: 1-800-701-0710</p>
<p>LOUISIANA – Medicaid</p>	<p>NEW YORK – Medicaid</p>
<p>Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</p> <p>Phone: 1-888-695-2447</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/</p> <p>Phone: 1-800-541-2831</p>
<p>MAINE – Medicaid</p>	<p>NORTH CAROLINA – Medicaid</p>
<p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html</p> <p>Phone: 1-800-442-6003</p> <p>TTY: Maine relay 711</p>	<p>Website: https://dma.ncdhhs.gov/</p> <p>Phone: 919-855-4100</p>
<p>MASSACHUSETTS – Medicaid and CHIP</p>	<p>NORTH DAKOTA – Medicaid</p>
<p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/</p> <p>Phone: 1-800-462-1120</p>	<p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/</p> <p>Phone: 1-844-854-4825</p>
<p>MINNESOTA – Medicaid</p>	<p>OKLAHOMA – Medicaid and CHIP</p>
<p>Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</p> <p>Phone: 1-800-657-3739</p>	<p>Website: http://www.insureoklahoma.org</p> <p>Phone: 1-888-365-3742</p>

MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-800-462-1120	Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp	Website: http://www.insureoklahoma.org
Phone: 1-800-657-3739	Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	Website: http://healthcare.oregon.gov/Pages/index.aspx
Phone: 573-751-2005	http://www.oregonhealthcare.gov/index-es.html
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm
Phone: 1-800-694-3084	Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx	Website: http://www.eohhs.ri.gov/
	Phone: 401-462-5300
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: https://dwss.nv.gov/	Website: https://www.scdhhs.gov
Medicaid Phone: 1-800-992-0900	Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program
Phone: 1-888-828-0059	
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx
Phone: 1-800-440-0493	Phone: 1-877-598-5820, HMS Third Party Liability
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/	Website: https://wyequalitycare.acs-inc.com/
Phone: 1-800-250-8427	Phone: 307-777-7531

VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any 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

U.S. Department of Health and Human Services

Employee Benefits Security Administration

Centers for Medicare & Medicaid Services

www.dol.gov/agencies/ebsa

www.cms.hhs.gov

1-866-444-EBSA (3272)

1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)

Important Notice from Teaching Strategies 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 Teaching Strategies 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. Teaching Strategies has determined that the prescription drug coverage offered by CIGNA, 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 **Teaching Strategies** coverage may be affected. You may keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>) which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current **Teaching Strategies** 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 **Teaching Strategies** 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 November 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 Teaching Strategies changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Date:	May 23, 2017
Name of Entity/Sender:	Teaching Strategies
Contact Position/Office:	Ebony Newton—Human Resources Specialist
Address:	4500 east West highway, suite 300. Bethesda, MD 20814
Phone Number:	301-634-0818 Ext. 1089
Email:	ebony.n@teachingstrategies.com

Carrier Contacts

Your carriers are just a phone call away! Please contact them via the phone number below or visit their website to view your claims, request an ID card, locate a provider and much more!



Line of Coverage	Carrier	Website	Phone
Medical	Cigna	www.cigna.com	1-800-Cigna24 (800-244-6224)
Dental	Cigna	www.cigna.com	1-800-Cigna24 (800-244-6224)
Vision	NVA	www.e-nva.com	1-800-672-7723
Short Term Disability	Cigna	www.cigna.com	1-800-Cigna24 (800-244-6224)
Long Term Disability	Cigna	www.cigna.com	1-800-Cigna24 (800-244-6224)
Basic & Supplemental Life & AD&D	Cigna	www.cigna.com	1-800-Cigna24 (800-244-6224)
Flexible Spending Accounts	WageWorks	www.wageworks.com	1-877-924-3967
Employee Assistance Program	Cigna	www.cignabehavioral.com	1-800-538-3543
Will Preparation	Cigna	www.cignawillcenter.com	

Human Resources Contacts:

Ebony Newton

Phone: 301-634-0818 Ext 1089

Email: ebony.n@teachingstrategies.com

May Reid

Phone: 301-634-20818 Ext 1023

Email: may.r@teachingstrategies.com