



# YOUR BENEFITS GUIDE 2017

An Overview of Your VCO Systems, LLC Benefits



VCO SYSTEMS



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**Humana National POS 10  
Georgia 80/60 Copay plan**

		Plan pays for services from <b>PARTICIPATING</b> providers	Plan pays for services from <b>NONPARTICIPATING</b> providers
<b>Office visit and urgent care copay</b>		\$20 primary care/\$45 specialist/ \$20 Concentra urgent care/ \$55 non- Concentra urgent care	Not applicable
<b>Deductible</b>	<b>Individual</b>	\$1,500	\$4,500
<ul style="list-style-type: none"> <li>per calendar year</li> <li>copays do not apply</li> </ul>	<b>Family</b>	\$3,000	\$9,000
<b>Out-of-pocket maximum</b>	<b>Individual</b>	\$1,000	\$3,000
<ul style="list-style-type: none"> <li>per calendar year</li> <li>deductibles and copays do not apply</li> </ul>	<b>Family</b>	\$2,000	\$6,000
<b>Preventive care</b>			
<ul style="list-style-type: none"> <li>preventive office visits</li> <li>preventive lab and X-ray</li> <li>Pap smear and mammogram</li> <li>prostate screening</li> <li>child immunizations to age 18</li> <li>flu and pneumonia immunizations</li> <li>endoscopic services (including, but not limited to colonoscopy)</li> </ul>		100%	70% after deductible <sup>1</sup>
<b>Physician services</b>			
<ul style="list-style-type: none"> <li>office visits</li> <li>diagnostic lab and X-ray (performed in office and billed by physician)</li> <li>allergy testing</li> <li>injections (including allergy)</li> <li>inpatient services</li> <li>outpatient services</li> <li>surgery</li> <li>emergency room visits</li> </ul>		100% after office visit copay 100% 100% after \$5 copay 80% after deductible 100%	70% after deductible 70% after deductible 70% after deductible 60% after deductible 100%
<b>Facility services</b>			
<ul style="list-style-type: none"> <li>inpatient services</li> <li>outpatient services</li> <li>outpatient diagnostic lab and X-ray</li> <li>outpatient surgery</li> <li>emergency services (copay waived if admitted)</li> </ul>		80% after deductible 100% after \$250 copay	60% after deductible 100% after \$250 copay
<b>Other medical services</b>			
<ul style="list-style-type: none"> <li>retail clinic</li> <li>urgent care</li> <li>spinal manipulations, adjustments, modalities, physical, occupational, cognitive, speech and audiology therapy (combined limit to 30 visits per calendar year)<sup>2</sup></li> <li>advanced imaging (PET, MRI, MRA, CAT, SPECT)</li> <li>hospice</li> <li>home health care (limited to 100 visits per calendar year)</li> <li>skilled nursing facility (limited to 60 days per calendar year)</li> <li>ambulance</li> <li>maternity</li> <li>transplant services</li> </ul>		100% after primary care copay 100% after urgent care copay 100% after specialist copay 80% after deductible 80% after deductible Same as any other illness Same as any other illness when services are received from a Humana Transplant Network provider	70% after deductible 70% after deductible 70% after deductible 60% after deductible 80% after participating deductible Same as any other illness Same as any other illness. Benefits payable will not exceed the non-network benefit limit of \$35,000 per covered organ transplant

## Georgia Humana National POS 10 Copay 80/60 plan

	Plan pays for services from <b>PARTICIPATING</b> providers	Plan pays for services from <b>NONPARTICIPATING</b> providers
<b>Mental health, chemical, and alcohol dependency<sup>1</sup></b>		
• inpatient services (combined limit to 10 days per calendar year)	80% after deductible	60% after deductible
• outpatient and office therapy sessions (combined limit to 15 visits per calendar year)	100% after specialist copay	70% after deductible

<sup>1</sup> Well-child care services age 0 through 5 not subject to deductible.  
<sup>2</sup> Nonparticipating limited to 10 of the 30 visits.  
<sup>3</sup> For groups with 51 or more employees, no limits apply to inpatient and outpatient services; benefit is covered the same as any other illness.

## Providers

### Humana National POS—Open Access

Humana National POS—Open Access is one of our largest provider offerings and is growing daily. It combines the best of Humana's fee-for-service provider contracts, providing improved discounts while maintaining broad provider scope.

## Pharmacy

Detailed drug lists are available at [Humana.com](http://Humana.com) for each pharmacy plan and level.

**Rx4: Prescription drugs are assigned to one of four levels with corresponding copayment amounts or a discount.**

	Level 1	Level 2	Level 3	Level 4*
Retail (30-day supply)	\$10	\$40	\$65	25%
Mail order (up to 90-day supply)	1.5 times the retail copayment	2.5 times the retail copayment	3 times the retail copayment	3 times the retail copayment

NOTE: If a nonparticipating pharmacy is used, the claim is covered same as a participating pharmacy.

\* Copayment maximum (applies to level 4 drugs only): \$3,500 per member per calendar year.

Insured by Humana Insurance Company  
Offered by Humana Employers Health Plan of Georgia, Inc.

This plan imposes a pre-existing condition exclusion. This is not a complete disclosure of plan qualifications and limitations. Before applying for coverage, please refer to the Regulatory Pre-enrollment Disclosure Guide for a description of plan provisions which may exclude, limit, reduce, modify or terminate your coverage. This guide is available at [www.disclosure.humana.com](http://www.disclosure.humana.com) or through your sales representative. Premiums and benefits vary based on the plan selected.



[Humana.com](http://Humana.com)

## Humana PPO/National POS/HMO

Deductible Carry-over Credit Rider

HUMANA®

This rider modifies your coverage as follows:

- Covered expenses incurred to meet your deductible during the last three months of the year can be applied toward satisfaction of the following year's individual or family deductible
- Provisions of your plan regarding how deductibles accumulate with regard to expenses for participating versus nonparticipating providers still apply
- Requirements for meeting your plan's family and individual deductibles still apply
- Plan limitations and exclusions apply. Refer to your certificate for details.

HUMANA®

Humana Plans are offered by Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License # 00235-0008, Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc. - A Health Maintenance Organization, or insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, Emphesys Insurance Company, or Humana Insurance of Puerto Rico, Inc. License # 00187-0009, or administered by Humana Insurance Company or Humana Health Plan, Inc.

Statements in languages other than English contained in the advertisement do not necessarily reflect the exact contents of the policy written in English, because of possible linguistic differences. In the event of a dispute, the policy as written in English is considered the controlling authority.

For Arizona Residents: Offered by Humana Health Plan, Inc. or insured by Emphesys Insurance Company or insured or administered by Humana Insurance Company

Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance or Summary Plan Description) for more information on the company providing your benefits.

Our health benefit plans have limitations and exclusions





# Feeling under the weather?

See a doctor from the comfort of home

If you or a covered family member is not feeling well and doesn't require emergency care, telemedicine, delivered by Doctor On Demand, lets you video visit with a U.S. board-certified physician in minutes using a smartphone, tablet, or computer.



## With Doctor On Demand, you can:

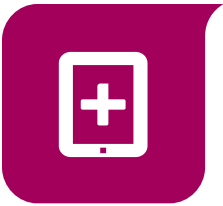
-  Video visit with a physician from one of Doctor On Demand's U.S. board-certified doctors
-  Immediately video visit with a doctor 24 hours a day, 7 days a week from any location
-  Your primary care physician can access your telemedicine visit at your request
-  If medically necessary, a Doctor On Demand can send a prescription to a preferred pharmacy

**Video visit with  
a doctor for  
\$40 or less**

*Based on your Humana medical plan, your copayment or retail clinic benefit cost may actually be less than \$40.*

**Humana**<sup>®</sup>



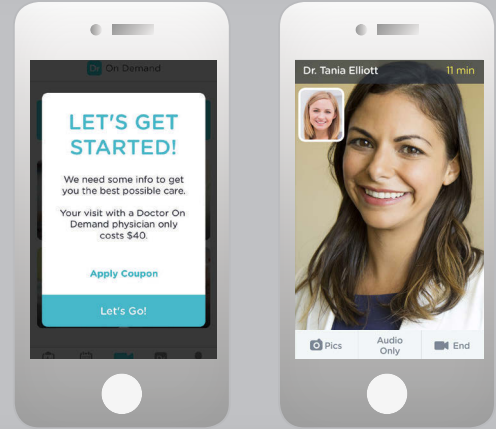


Visit the [doctorondemand.com](http://doctorondemand.com) for information and promotional offers

See a doctor in three minutes – get started now:

- 1 Download the Doctor On Demand app
- 2 Enter your medical plan information
- 3 Enter your payment method  
(credit card or HSA)

NOTE: Select “none” when asked how you were referred



## What can be treated by telemedicine

Telemedicine should be considered when your primary care doctor is unavailable, after-hours or on holidays for non-emergency needs. Doctor On Demand physicians can treat ailments, such as:

- Colds, sore throat, and flu symptoms
- Upper respiratory infections
- Allergies and sinus infections
- Ear and eye problems
- Skin conditions

This service is not for emergency situations such as chest pain, abdominal pain or shortness of breath.



This material is provided for informational use only and should not be construed as medical advice or used in place of consulting a licensed medical professional. You should consult with your doctor to determine what is right for you.

Humana group medical plans are offered by Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License # 00235-0008, Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc. - A Health Maintenance Organization, or insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, Humana Insurance of Puerto Rico, Inc. License # 00187-0009, or administered by Humana Insurance Company or Humana Health Plan, Inc.

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For Arizona Residents: Offered by Humana Health Plan, Inc. or insured by Humana Insurance Company. Administered by Humana Insurance Company.

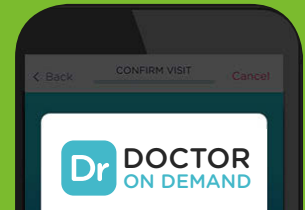
Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance or Summary Plan Description) for more information on the company providing your benefits.

Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, call or write your Humana insurance agent or broker.

## No appointments required

There are many ways to sign up and start seeing a doctor:

- Visit [www.doctorondemand.com/humana](http://www.doctorondemand.com/humana)
- Download the Doctor On Demand mobile app, available on the App Store and Google Play



To provide you the best possible experience, this service can only be accessed by using Google's Chrome web browser.



# Humana Dental Traditional Preferred 14

## GEORGIA

### VCO LLC

	If you use an IN-NETWORK dentist		If you use an OUT-OF-NETWORK dentist	
	Individual	Family	Individual	Family
<b>Calendar-year deductible</b> (excludes orthodontia services)	\$50	\$150	\$50	\$150
Deductible applies to all services excluding preventive services.				
<b>Calendar-year annual maximum</b> (excludes orthodontia services)	\$1,000 After you reach the annual maximum amount, you will receive 30 percent coinsurance on preventive, basic, and major services for the rest of the year (excludes orthodontia.)			
<b>Preventive services</b> <ul style="list-style-type: none"> <li>Routine oral examinations (2 per year)</li> <li>Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older)</li> <li>Routine cleanings (2 per year)</li> <li>Fluoride treatment (1 per year, through age 14)</li> <li>Sealants (permanent molars, through age 14)</li> <li>Space maintainers (primary teeth, through age 14)</li> <li>Oral Cancer Screening (1 per year, ages 40 and older)</li> </ul>	100% no deductible		100% no deductible	
<b>Basic services</b> <ul style="list-style-type: none"> <li>Emergency care for pain relief</li> <li>Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth)</li> <li>Oral surgery (tooth extractions including impacted teeth)</li> <li>Stainless steel crowns</li> <li>Harmful habit appliances for children (1 per lifetime, through age 14)</li> </ul>	80% after deductible		80% after deductible	
<b>Major services</b> <ul style="list-style-type: none"> <li>Crowns (1 per tooth every 5 years)</li> <li>Inlays/onlays (1 per tooth every 5 years)</li> <li>Bridges (1 per tooth every 5 years)</li> <li>Dentures (1 per tooth every 5 years)</li> <li>Denture relines/rebases (1 every 3 years, following 6 months of denture use)</li> <li>Denture repair and adjustments (following 6 months of denture use)</li> <li>Implants (1 every 5 years limited to crowns, bridges, and dentures. Coverage limited to equivalent cost of a non-implant service. Implant placement itself is not covered)</li> <li>Periodontics (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years)</li> <li>Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)</li> </ul>	50% after deductible		50% after deductible	

# Humana Dental Traditional Preferred 14

## Orthodontia services

Members may receive a discount on non-covered services of up to 20%. Members may contact their participating provider to determine if any discounts are available on non-covered services.

Non-participating dentists can bill you for charges above the amount covered by your HumanaDental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in our network. If a member visits a participating network dentist, the member will not receive a bill for charges more than the negotiated fee for covered services. If a member sees an out-of-network dentist, coinsurance will apply to the usual and customary charge. Out-of-network dentists may bill you for charges above the amount covered by your dental plan.

## Waiting periods

Enrollment type	Group size	Preventive	Basic	Major <sup>1</sup>	Orthodontia <sup>1</sup>
Initial enrollment, open enrollment, and timely add-on	2-9 enrolled employees	No	No	12 months <sup>2</sup>	24 months <sup>2</sup>
Initial enrollment, open enrollment, and timely add-on	10 or more enrolled employees	No	No	No	12 months <sup>2</sup> (No waiting period for employer-sponsored)
Late applicant <sup>3,4</sup>	2+ enrolled employees	No	12 months	12 months	12 months (24 months for 2-9 enrolled employees)

<sup>1</sup> Preventive Plus does not cover major and orthodontia services.  
<sup>2</sup> Waiting periods may be decreased or waived based on the number of months the member had dental insurance immediately before their effective date. Members must have prior orthodontic insurance to reduce or waive the orthodontic waiting period.  
<sup>3</sup> Late applicants not allowed with open enrollment option.  
<sup>4</sup> Waiting periods do not apply to endodontic or periodontic services unless a late applicant.

## Humana Dental Traditional Preferred 14

### Feel good about choosing a HumanaDental plan

#### Make regular dental visits a priority

Regular cleanings can help manage problems throughout the body such as heart disease, diabetes, and stroke.\* Your HumanaDental Traditional Preferred plan focuses on prevention and early diagnosis, providing four exams and cleanings every calendar year: two regular and two periodontal.

\* [www.perio.org](http://www.perio.org)

#### Go to MyDentalIQ.com

Take a health risk assessment that immediately rates your dental health knowledge. You'll receive a personalized action plan with health tips. You can print a copy of your scorecard to discuss with your dentist at your next visit.

#### Tips to ensure a healthy mouth

- Use a soft-bristled toothbrush
- Choose toothpaste with fluoride
- Brush for at least two minutes twice a day
- Floss daily
- Watch for signs of periodontal disease such as red, swollen, or tender gums
- Visit a dentist regularly for exams and cleanings

Did you know that 74 percent of adult Americans believe an unattractive smile could hurt a person's chances for career success?\* HumanaDental helps you feel good about your dental health so you can smile confidently.

\* American Academy of Cosmetic Dentistry

## Questions?

Simply call 1-800-233-4013 to speak with a friendly, knowledgeable Customer Care specialist, or visit [Humana.com](http://Humana.com).

### Use your HumanaDental benefits

#### Find a dentist

With HumanaDental's Traditional Preferred plan, you can see any dentist. Members and their families benefit from negotiated discounts on covered services by choosing dentists in the HumanaDental Traditional Preferred Network. To find a dentist in HumanaDental's Traditional Preferred Network, log on to [Humana.com](http://Humana.com) or call 1-800-233-4013.

#### Know what your plan covers

The other side of this page gives you a summary of HumanaDental benefits. Your plan certificate describes your HumanaDental benefits, including limitations and exclusions. You can find it on MyHumana, your personal page at [HumanaDental.com](http://HumanaDental.com) or call 1-800-233-4013.

#### See your dentist

Your HumanaDental identification card contains all the information your dentist needs to submit your claims. Be sure to share it with the office staff when you arrive for your appointment. If you don't have your card, you can print proof of coverage at [Humana.com](http://Humana.com).

#### Learn what your plan paid

After HumanaDental processes your dental claim, you will receive an explanation of benefits or claims receipt. It provides detailed information on covered dental services, amounts paid, plus any amount you may owe your dentist. You can also check the status of your claim on MyHumana at [Humana.com](http://Humana.com) or by calling 1-800-233-4013.

Humana group dental plans are offered by Humana Insurance Company, HumanaDental Insurance Company, Humana Insurance Company of New York, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc., Humana Medical Plan of Utah, CompBenefits Company, CompBenefits Dental, Inc., Humana Employers Health Plan of Georgia, Inc. or DentiCare, Inc. (d/b/a CompBenefits)

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

# Humana®

[Humana.com](http://Humana.com)



Policy Number: GA-70090-HC 1/14

# Humana Vision 130

GEORGIA

VCO LLC

Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Exam with dilation as necessary • Retinal imaging <sup>1</sup>	\$10 Up to \$39	Up to \$30 Not covered
Contact lens exam options <sup>2</sup> • Standard contact lens fit and follow-up • Premium contact lens fit and follow-up	Up to \$55 10% off retail	Not covered Not covered
Frames <sup>3</sup>	\$130 allowance 20% off balance over \$130	\$65 allowance
Standard plastic lenses <sup>4</sup> • Single vision • Bifocal • Trifocal • Lenticular	\$15 \$15 \$15 \$15	Up to \$25 Up to \$40 Up to \$60 Up to \$100
Covered lens options <sup>4</sup> • UV coating • Tint (solid and gradient) • Standard scratch-resistance • Standard polycarbonate - adults • Standard polycarbonate - children <19 • Standard anti-reflective coating • Premium anti-reflective coating  - Tier 1 - Tier 2 - Tier 3 • Standard progressive (add-on to bifocal) • Premium progressive - Tier 1 - Tier 2 - Tier 3 - Tier 4 • Photochromatic / plastic transitions • Polarized	\$15 \$15 \$15 \$40 \$40 \$45 Premium anti-reflective coatings as follows:  \$57 \$68 80% of charge \$15 Premium progressives as follows: \$110 \$120 \$135 \$90 copay, 80% of charge less \$120 allowance \$75 20% off retail	Not covered Not covered Not covered Not covered Not covered Not covered Premium anti-reflective coatings as follows: Not covered Not covered Not covered Up to \$40 Premium progressives as follows: Not covered Not covered Not covered Not covered Not covered Not covered
Contact lenses <sup>5</sup> (applies to materials only) • Conventional  • Disposable • Medically necessary	\$130 allowance, 15% off balance over \$130 \$130 allowance \$0	\$104 allowance  \$104 allowance \$200 allowance

## Humana Vision 130

Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
<b>Frequency</b> <ul style="list-style-type: none"> <li>Examination</li> <li>Lenses or contact lenses</li> <li>Frame</li> </ul>	Once every 12 months Once every 12 months Once every 24 months	Once every 12 months Once every 12 months Once every 24 months
<b>Diabetic Eye Care: care and testing for diabetic members</b> <ul style="list-style-type: none"> <li>Examination               <ul style="list-style-type: none"> <li>- Up to (2) services per year</li> </ul> </li> <li>Retinal Imaging               <ul style="list-style-type: none"> <li>- Up to (2) services per year</li> </ul> </li> <li>Extended Ophthalmoscopy               <ul style="list-style-type: none"> <li>- Up to (2) services per year</li> </ul> </li> <li>Gonioscopy               <ul style="list-style-type: none"> <li>- Up to (2) services per year</li> </ul> </li> <li>Scanning Laser               <ul style="list-style-type: none"> <li>- Up to (2) services per year</li> </ul> </li> </ul>	\$0 \$0 \$0 \$0 \$0	Up to \$77 Up to \$50 Up to \$15 Up to \$15 Up to \$33

<sup>1</sup> Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.

<sup>2</sup> Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.

<sup>3</sup> Discounts may be available on all frames except when prohibited by the manufacturer.

<sup>4</sup> Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.

<sup>5</sup> Plan covers contact lenses or frames, but not both.

### Additional plan discounts

- Member may receive a 20% discount on items not covered by the plan at network Providers. Members may contact their participating provider to determine what costs or discounts are available. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Certain brand name Vision Materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.
- Members may also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision. Since LASIK or PRK vision correction is an elective procedure, performed by specialty trained providers, this discount may not always be available from a provider in your immediate location.

## Limitations and Exclusions:

In addition to the limitations and exclusions listed in your "Vision Benefits" section, this policy does not provide benefits for the following:

1. Any expenses incurred while you qualify for any worker's compensation or occupational disease act or law, whether or not you applied for coverage.
2. Services:
  - That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
  - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
  - Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
3. Any loss caused or contributed by:
  - War or any act of war, whether declared or not;
  - Any act of international armed conflict; or
  - Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. Your failure to keep an appointment.
6. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
7. Prescription drugs or pre-medications, whether dispensed or prescribed.
8. Any service not specifically listed in the Schedule of Benefits.
9. Any service that we determine:
  - Is not a visual necessity;
  - Does not offer a favorable prognosis;
  - Does not have uniform professional endorsement; or
  - Is deemed to be experimental or investigational in nature.
10. Orthoptic or vision training.
11. Subnormal vision aids and associated testing.
12. Aniseikonic lenses.
13. Any service we consider cosmetic.
14. Any expense incurred before your effective date or after the date your coverage under this policy terminates.
15. Services provided by someone who ordinarily lives in your home or who is a family member.
16. Charges exceeding the reimbursement limit for the service.
17. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
18. Plano lenses.
19. Medical or surgical treatment of eye, eyes, or supporting structures.
20. Replacement of lenses or frames furnished under this plan which are lost or broken, unless otherwise available under the plan.
21. Any examination or material required by an Employer as a condition of employment.
22. Non-prescription sunglasses.
23. Two pair of glasses in lieu of bifocals.
24. Services or materials provided by any other group benefit plans providing vision care.
25. Certain name brands when manufacturer imposes no discount.
26. Corrective vision treatment of an experimental nature.
27. Solutions and/or cleaning products for glasses or contact lenses.
28. Pathological treatment.
29. Non-prescription items.
30. Costs associated with securing materials.
31. Pre- and Post-operative services.
32. Orthokeratology.
33. Routine maintenance of materials.
34. Refitting or change in lens design after initial fitting, unless specifically allowed elsewhere in the certificate.
35. Artistically painted lenses.

## Vision health impacts overall health

Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis, and rheumatoid arthritis <sup>1</sup>.



<sup>1</sup> Thompson Media Inc.

Humana Vision products insured by Humana Insurance Company, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc. or Humana Insurance Company of New York.

This is not a complete disclosure of the plan qualifications and limitations. Specific limitations and exclusions as contained in the Regulatory and Technical Information Guide will be provided by the agent. Please review this information before applying for coverage.

NOTICE: Your actual expenses for covered services may exceed the stated cost or reimbursement amount because actual provider charges may not be used to determine insurer and member payment obligations.

# Humana®





Ready. Set.



# CAPTURE LIFE REWARDS

Earn plenty of Points.



**GET  
ACTIVE**



**LIVE  
HEALTHY**



**ENJOY  
REWARDS**



# Say hello to Go365.

It's your personalized wellness and rewards program.

Getting healthier is easier – and lots more fun – with Go365™. When it comes to health and wellness, you have your own approach. One that works for you. Go365 makes it easier to get moving along your path with more ways to start, more Activities to unlock, and more ways to rack up rewards.



### Unlock Activities.

Go365 is all about you. You'll receive Activities personalized to help you reach your health goals, no matter where you are on your journey to better health. Just unlock your Activities and earn Points for higher Status.



### Earn rewards.

Making healthier choices is a lot more fun with Go365. The more you move up in Status, the more Bucks you can earn and spend on great items in the Go365 Mall. Plus, Bonus Bucks, surprise rewards, and monthly Jackpot drawings make getting healthy more fun!



### Stay inspired.

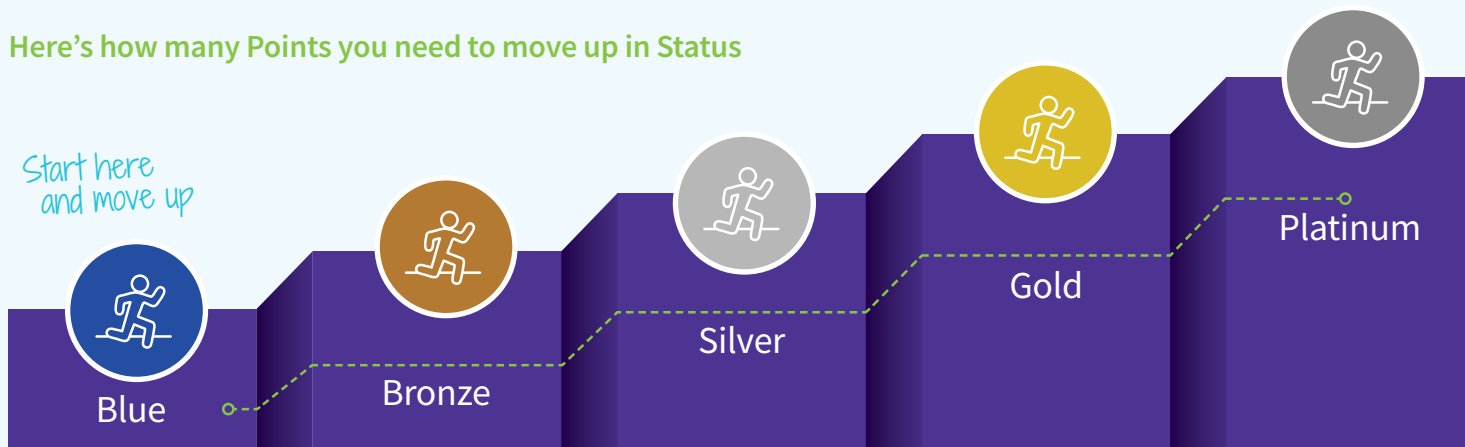
Getting healthier can be hard. Go365 makes it easier by connecting you to all the tools and resources you need to get there. Tracking your activity is a breeze – just connect your compatible apps or fitness devices and earn Points for all your healthy activities.



### More Points. Higher Status.

Earning Points pays off big with higher Status levels. Get your spouse and kids involved too and see how fast you can move up in Status.

## Here's how many Points you need to move up in Status



### 3 ways to get to Bronze

1. Complete at least one Health Assessment section online or on the Go365 App
2. Get a Biometric Screening
3. Log a verified workout

**5,000**  
One adult per policy

**8,000**  
One adult per policy

**10,000**  
One adult per policy

**8,000**  
**combined** two adults per policy

**12,000**  
**combined** two adults per policy

**15,000**  
**combined** two adults per policy

**+3,000**  
for each member 18 years and older per policy

**+4,000**  
for each member 18 years and older per policy

**+5,000**  
for each member 18 years and older per policy



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Adult children can only move a family to Bronze Status by completing a verified workout.



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## Stay connected with Go365. Participate when, where, and how you want.

Whether you go online or are on the go, Go365 goes right along with you. Engage and track your wellness journey through a best-in-class digital experience that was designed just for you.

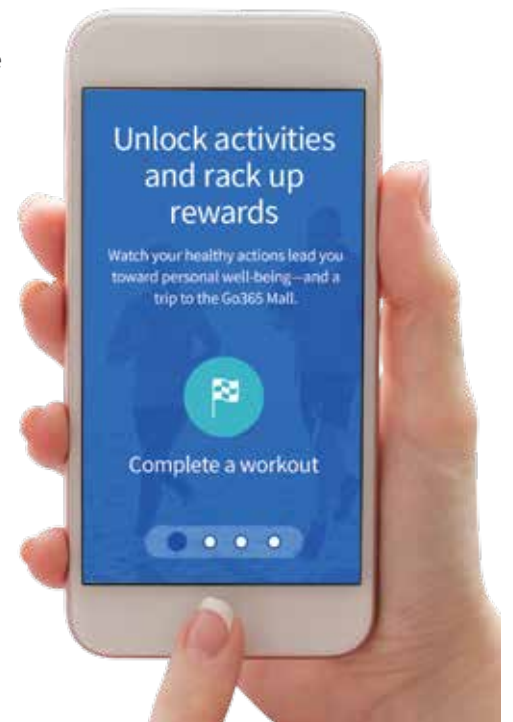
Go365 puts you in the driver's seat. There are lots of ways to get started and start earning Points. Sign-in online or with the App to unlock recommended Activities that are personalized just for you.

Then track your Points and watch your Bucks build up. Go365 connects to dozens of the most popular activity tracking apps, more than 70 fitness devices and over 40,000 participating fitness facilities, so you can earn rewards for healthy Activities you're already doing. Plus, the App makes it even easier to track your Activities – just snap and send a picture.

### Get it done. Online or on the go.

- View personalized dashboard
- Take your Health Assessment
- Connect your compatible fitness devices or tracking apps
- Unlock Activities
- Track Points
- Submit a picture
- Contact a Health Coach
- Reach out to the Go365 Community
- Join a Challenge

*Make the connection  
so you don't miss out  
on rewards!*



# Unlock Activities.

## Watch your success lead to your wellbeing.

Go365 is for anyone, at any stage... no matter what shape you're in or how hard you work out. Go365 knows what it takes to motivate and reward you to make healthier choices for life.

<b>Activities</b>	These are simple things you can do every day to get healthier. Tracking your steps, getting a flu shot, going for a bike ride – these are easy ways to keep moving forward with Go365.
<b>Recommended Activities</b>	Once you complete your Health Assessment, you'll get personalized Activities based on your responses. Because Recommended Activities are created just for you, they can have a big impact on your overall health. Plus, you earn more Points for each one you complete.
<b>Go365 Kids*</b>	Kids can earn Points when they do “kid” things, like playing on a soccer or baseball team. When you do things that are good for their health, like keeping up with their immunizations and getting a dental check-up, your kids earn more Points.
<b>Challenges</b>	Earn Points by going head-to-head against your friends and co-workers and compete for the most steps taken or pounds lost.

## Have some healthy fun.

Getting healthier is a lot more fun with Go365. Earn Bucks you can use in the Go365 Mall for e-giftcards from Amazon.com, Target, Lowes and Spafinder, the latest activity trackers from Garmin and Fitbit, and more. Plus, you could win a prize in our monthly Jackpot drawings or get a surprise reward.

The graphic features a large green circle with a white center. At the top of the circle is the 'go365 Mall' logo. Inside the circle, there are several smaller logos: a 'LOWE'S GIFT CARD' logo, an 'iTunes' logo, a 'Wellness365 by Spafinder' logo, a 'fitbit' logo, and an 'amazon.com gift card' logo. The background of the graphic is a blurred image of a person's arm wearing a black fitness tracker, with another hand pointing at it.

The merchants represented are not sponsors of Go365 or otherwise affiliated with Go365. The logos and other identifying marks attached are trademarks of and owned by each represented company and/or its affiliates. Please visit each company's website for additional terms and conditions.  
 \*Go365 Kids is not available to all Go365 programs. Check with your Employer or Benefits Administrator to check your eligibility.



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# Make it count with Go365.

Earn Points for your everyday activities – everyday!



## EDUCATION

Activity	Points	
<b>Health Assessment</b> <p>Take your full Go365 Health Assessment online or on the App and earn Points for completing it for the first time each program year.</p>	500	
<b>Health Assessment sections</b> <p>Earn 50 Points for each section you complete online or on the App:</p> <p><u>OR</u> &gt;&gt; Get Active &gt;&gt; Eat Better &gt;&gt; Reduce Stress &gt;&gt; Be Well &gt;&gt; Stay Healthy &gt;&gt; Know Me</p> <p><i>Bonus Points when you complete all six sections</i></p>	50	
<small>Adult children are not eligible to earn Points for Health Assessment completion.</small>		
<b>First Step Health Assessment Bonus</b> <p>Once-in-a-lifetime reward for your first-time Health Assessment completion.</p>	500	
<b>90 Day Health Assessment Bonus</b> <p>Earn Bonus Points when you complete your Health Assessment within 90 days of your Go365 program effective date or program renewal date.</p>	250	
<b>Weekly log*</b> <p>Log your activity in any of these areas: food, weight, Blood Pressure and Blood Glucose.</p>	10	weekly
<b>Sleep Diary*</b> <p>Sleep 7+ hours 5+ days per week (Mon-Sun) and log your progress.</p>	25	weekly
<b>Daily Health Quiz*</b> <p>Log in to the Health IQ app or website and complete a quiz on a variety of health topics. Connect your Go365 App to Health IQ to automatically earn your Points.</p>	2	daily
<b>Health Coaching*</b> <p>Get matched with a certified well-being coach who can give you expert guidance, support and attention in these areas: weight management, quitting tobacco, managing stress, healthy eating and more.</p>		
Enrolling (first time enrollees only)	200	once/lifetime
Three phone interactions or three online chats (individually or combined)	50	up to 600/per program year
Six email interactions or six progress note entries (individually or combined)	50	up to 600/per program year
<b>Calculators</b> <p>These online tools measure aspects of your health, like “Are you at risk for a heart attack?” They can help you take steps to lead a healthier life. There are many different Calculators, and adult members can earn Points for each Calculator you use.</p>	75	up to 300/ program year
<b>CPR certification</b>	125	
<b>First aid certification</b>	125	
<p>An adult member must send the completed CPR Form or First Aid Form, available online, to Go365 with the copy of certification within 90 days of completing the event. The form can be submitted while your certification is still valid, if you completed your certification before your Go365 effective date. Proof of CPR and first aid certification may also be submitted on the App.</p>		

Continued to next page



WEB & APP



WEB ONLY



APP ONLY







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(cont. from previous page)

**EDUCATION**

Activity	Points
<b>Update/confirm your contact information</b>  Verify your information once a year and earn Points.	50
<b>Monthly Go365.com visit or Go365 App sign in</b> 	10 up to 120/ program year
<b>First time Go365 App sign in</b> 	50 once/lifetime
<b>Accept online statements</b>  Once per lifetime. Not available for all Go365 members.	50

Maximum of 500 Points for Health Assessment completion per program year. Health Assessment Points are awarded the same online and on the App.  
 \*Activities will award Points under Personalized Activities on your Go365 Statement.





# Make it count with Go365.

Earn Points for your everyday activities – everyday!



## FITNESS

Activity	Points
<b>Daily Points</b>	up to 50/day maximum
<b>Earn Points for activities you do every day.</b>	
<b>Steps</b>	1 per 1,000 steps
<b>Heart Rate</b>	15 for every 15 minutes above 60% of maximum heart rate
<b>Calories</b>	5 per 100 calories if burn rate exceeds 200 calories/hr.
<b>Participating Fitness Facility</b>	10 once/day
<b>Earn Bonus Points:</b>	
<b>Exceed 50 weekly workout Points</b>	50 only one bonus awarded per week
<b>Exceed 100 weekly workout Points</b>	100
<b>Fitness Habit*</b>	25 monthly maximum
Start a new fitness habit and submit photo proof to earn your Points. Fitness habits include: walking breaks, take the stairs, park further away, stretching, visit a park, walk your dog.	
<b>First verified lifetime workout</b>	500 once/lifetime
<b>First verified workout each new program year</b>	750 once/year
<b>Sports league</b>	350 up to 3,000/program year
You must be an active team member in a qualified, organized sports league, such as baseball or basketball. The minimum number of games or matches that must be played is eight. Members must complete a League Participation Form, available online and submit within 90 days of league completion to Go365 or claim Points on the App by sending a photo of the official schedule, award or certificate from your phone.	
<b>Challenges*</b>	up to 100/month maximum
<b>Create a Challenge – community</b>	50
<b>Join a Challenge – community or sponsored</b>	50
<b>Join a team – sponsored</b>	50
Sponsored Challenges are setup by employers. Community Challenges are setup by members.	
<b>Athletic events</b>	up to 1,400/program year
You must register for and complete a fitness event or race approved by a fitness, athletic, or sporting organization recognized by Go365. Members must complete the Athletic Event Form, available online, and submit it within 90 days of the event completion to Go365 or claim Points on the App by sending a picture of your race bib or results from your phone.	
<b>Level 1</b> Example: 1.9 mi/3K – 5.1 mi/9K running, walking, or cross-country skiing	250
<b>Level 2</b> Example: Sprint triathlon	350
<b>Level 3</b> Example: Olympic, ITU, half or full triathlon	500

How Go365 Points are calculated: Each day, Go365 will look at Points earned across all workout types and award the highest value for that day. Points are awarded for one workout type per day. A week is defined as Sunday – Saturday. We are committed to helping you achieve your best health. Rewards for participating in Go365 are available to all members. If you think you might be unable to meet a standard for a Go365 reward, you might qualify for an opportunity to earn the same reward by different means. Sign in to your Go365.com account and visit the Communication center to send us a secure message and we will work with you (and, if you wish, with your healthcare practitioner) to develop another way to qualify for the reward.

\*Activities will award Points under Personalized Activities on your Go365 Statement.



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# Make it count with Go365.

Earn Points for your everyday activities – everyday!



PREVENTION

Activity	Points	
<b>Health screenings</b> <p>Earn Points by getting screenings such as a Pap smear, mammogram, prostate exam or colorectal screening. Age restrictions apply. See Go365.com for details.</p>	400	up to 400/program year per screening
<b>Dental exam</b> <p>Visit your dentist and earn Points for preventive dental exams, up to two times per program year.</p>	200	up to 400/program year
<b>Vision exam</b> <p>Earn Points for a preventive vision exam, once per program year.</p>	200	
<b>Flu shot</b> <p>Get your annual flu shot and submit the Prevention Activity Form, available online, within 90 days to earn Points. Use the App to snap and submit a photo of the date and location where you received your flu shot.</p>	200	
<b>Nicotine test</b> <p>After receiving a cotinine (nicotine) test, submit a Nicotine Test Form, available online, within 90 days of completing the test with your healthcare provider.</p>	400	
<b>Biometric Screening</b> <p>Earn Points by getting your Biometric Screening at an approved healthcare provider or from your physician. The Biometric Screening measures your:</p> <ul style="list-style-type: none"> <li><b>Body mass index (BMI)</b> 800</li> <li><b>Blood pressure</b> 400</li> <li><b>Blood glucose</b> 400</li> <li><b>Total cholesterol</b> 400</li> </ul>		

Adult dependents are not eligible to earn Points for Biometric Screening Completion.

We are committed to helping you achieve your best health. Rewards for participating in Go365 are available to all members. If you think you might be unable to meet a standard for a Go365 reward, you might qualify for an opportunity to earn the same reward by different means. Sign in to your Go365.com account and visit the Communication center to send us a secure message and we will work with you (and, if you wish, with your healthcare practitioner) to develop another way to qualify for the reward.



**Reach Silver Status** Completing your Health Assessment and getting your Biometric Screening gives you a great start toward earning 5,000 Points toward Silver Status. Here's an example of how you can earn 5,000 Points:

Health Assessment	500
First Step Health Assessment	500
Biometric Screening	2,000
Basketball league	350
Blood donation (x3)	150
Flu shot	200
Daily step (10,000 per day for 30 days)	300
First verified workout of program year	750
Calculator (x4)	300
CPR certification	125

**5,000**  
Points total  
(individual plan)



WEB & APP



WEB ONLY



APP ONLY



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# Make it count with Go365.

Earn Points for your everyday activities – everyday!



## HEALTHY LIVING

### Activity

### Points

#### Blood donation

50 up to 300/program year

Donate blood up to six times a year. Earn Points when you submit a Blood Donation Form, available online, within 90 days of the donation date or use the App to send a photo of your donation card, signed document from agency or signed work release by phone.

#### Nicotine test healthy in-range results

400

After you receive a cotinine (nicotine) test, submit a Nicotine Test Form, available online, within 90 days of completing the test with your healthcare practitioner. You can earn Points if the results fall within a healthy range.

#### Biometric Screenings in-range results

Double your Points if these results are within a healthy range. Sign in to Go365.com to find healthy in-range results.

**Body mass index (BMI)**  $\geq 18.5$  and  $< 25$ , or  $BMI > 25$  and  $< 30$ ,  
with a waist circumference  $< 40$ " for males and  $< 35$ " for females

800

**Blood pressure**  $< 130/85$  mm Hg

400

**Blood glucose**  $< 100$  mg/dL or  $A1c < 6.5\%$

400

**Total cholesterol**  $< 200$  mg/dL or an  $HDL \geq 40$  mg/dL for males and  
 $\geq 50$ /mg/dL for females

400

Adult dependents are not eligible to earn Points for Biometric Screening Completion or healthy range values.

We are committed to helping you achieve your best health. Rewards for participating in Go365 are available to all members. If you think you might be unable to meet a standard for a Go365 reward, you might qualify for an opportunity to earn the same reward by different means. Sign in to your Go365.com account and visit the Communication center to send us a secure message and we will work with you (and, if you wish, with your healthcare practitioner) to develop another way to qualify for the reward.

## About Biometric Screening results

Go365 automatically awards in-range biometric screening results for two years (current and your next program year in the prevention and healthy living categories) for Blood Pressure, Blood Glucose and Total Cholesterol. Only your BMI needs to be rechecked every program year. Some employers may require a full biometric screening completed each year. Check with your employer or Benefits Administrator.



WEB & APP



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APP ONLY



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# Make it count with Go365.

Earn Points for your everyday activities –everyday!



GO365 KIDS™

Activity	Points
<b>Health Assessment</b> <p>The Kids Health Assessment covers a child’s physical activity, nutrition, lifestyle, and wellbeing. You get a better understanding of your children’s current health and the areas that need improvement. No Points are awarded for Kids Health Assessment completion.</p>	
<b>Dental exam</b> <p>Take your kids to the dentist and earn Points for preventive dental exams, up to two times per program year.</p>	100 up to 200/program year
<b>Vision exam</b> <p>Earn Points for a preventive vision exam, once per program year.</p>	100
<b>Preventive care visit</b> <p>A pediatrician can check on the health of your children and you can ask any questions you may have about their health.</p>	200
<b>Immunizations</b> <p>At designated ages, your children will receive immunization shots to help protect them from various illnesses.</p>	100
<b>Fitness</b> <p>Children (up to 18 years old) in a Go365 program can earn Points for two qualifying sports league activities and four athletic events, like baseball or swimming, per program year. Each sport season qualifies as a single sports league. Minimum number of games or matches is eight.</p>	
<b>Sports league</b>	100 up to 200/program year
<b>Athletic events</b>	50 up to 200/program year
<b>Fitness category maximum</b>	400 Points per child

1,000 maximum total Points may be earned per program year per child. Up to 500 maximum preventive Activity Points may be earned per program year per child. Preventive Activities include: dental exam, vision exam, preventive care visit and immunizations.

We are committed to helping you achieve your best health. Rewards for participating in Go365 are available to all members. If you think you might be unable to meet a standard for a Go365 reward, you might qualify for an opportunity to earn the same reward by different means. Sign in to your Go365.com account and visit the Communication center to send us a secure message and we will work with you (and, if you wish, with your healthcare practitioner) to develop another way to qualify for the reward. Go365 Kids is not available to all Go365 programs. Check with your Employer or Benefits Administrator to check your eligibility.

## Athletic Events

If your children participate in events like running, walking, cycling or swimming, they can earn Points that contribute to your family’s overall Point total and Status.



**Go365.com**

# Go365 Activities Summary.

Complete Point detail for each Activity including annual maximums and limits on pages 5-10.



## Education

Activity	Points	
Health Assessment full completion	500	per program year
<b>OR Earn 50 Points for each section you complete. Bonus Points when you complete all six sections.</b>		
First Step Health Assessment Bonus	500	once/lifetime
90 Day Health Assessment Bonus	250	for completion within the first 90 days of program year
Weekly Log	10	
Sleep Diary	25	
Daily Health Quiz	2	
<b>Health Coaching</b>		
Enrolling	200	once/lifetime
Three phone interactions or three online chats	50	up to 600/program year
Six email interactions or six progress note entries	50	up to 600/program year
Calculator(s)	75	up to 300/program year
CPR certification	125	
First aid certification	125	
Update/confirm your contact information	50	
Monthly Go365.com visit or Go365 App sign in	10	up to 120/program year
First time Go365 App sign in	50	
Accept online statements	50	

## Fitness

Activity	Points	
Daily Points		up to 50/day maximum
Steps	1	per 1,000 steps
Heart Rate	15	for every 15 minutes above 60% of maximum heart rate
Calories	5	per 100 calories if burn rate exceeds 200 calories/hr.
Participating Fitness Facility	10	once/day
Fitness Habit	25	monthly
First verified lifetime workout	500	once/lifetime
First verified workout each new program year	750	once/program year
Sports league	350	
<b>Challenges</b> up to 100/month maximum		
Create a Challenge	50	
Join a Challenge	50	
Join a team	50	
<b>Athletic events</b> up to 1,400/program year		
Level 1	250	
Level 2	350	
Level 3	500	
Kids sports league	100	
Kids athletic events	50	

## Prevention

Activity	Points	
Health screening*	400	per eligible screening
Dental exam	200	up to 400/program year
Vision exam	200	
Flu shot	200	
Nicotine test	400	
Kids preventive care visit	200	
Kids dental exam	100	up to 200/program year
Kids vision exam	100	
Kids immunizations	100	
Kids flu shot	100	
<b>Biometric Screening completion:</b>		
Body mass index (BMI)	800	
Blood pressure	400	
Blood glucose	400	
Total cholesterol	400	
* Subject to certain requirements and will appear on your Points statement if they are applicable to you.		

## Healthy Living

Activity	Points	
Blood donation	400	up to 300/program year
Nicotine test healthy in-range results	400	
<p><b>If your Biometric Screening is in healthy range, you double your Points.</b></p>		
<b>2x Biometric Screening in-healthy range Points:</b>		
Body mass index (BMI)	800	
Blood pressure	400	
Blood glucose	400	
Total cholesterol	400	
See page 9 for Biometric Screening healthy ranges.		

We are committed to helping you achieve your best health. Rewards for participating in Go365 are available to all members. If you think you might be unable to meet a standard for a Go365 reward, you might qualify for an opportunity to earn the same reward by different means. Sign in to your Go365.com account and visit the Communication center to send us a secure message and we will work with you (and, if you wish, with your healthcare practitioner) to develop another way to qualify for the reward. Online statements not available for all Go365 members. Go365 Kids is not available to all Go365 programs. Check with your Employer or Benefits Administrator to check your eligibility. Adult children are not eligible to earn Points for Health Assessment, Biometric Screening completion or for having in healthy range results.



# Plan your next Status move.

Sign in to [Go365.com](https://Go365.com) or download the Go365 App.

Then use this worksheet to map out the number of Points you need to move up to the next Go365 Status level. Include standard Activities, as well as Recommended Activities based on your Health Assessment responses.

(Check the next Status level based on your current Status)

Status goal:  Bronze  Silver  Gold  Platinum

Points required:

Sign in to [Go365.com](https://Go365.com) to verify your actual Points required or reference page 2 of this document for required Points for each Status level.

EXAMPLE:

Get a flu shot 200 PTS

## Recommended Activities:

Once you complete your Health Assessment, you'll get personalized Activities based on your responses. Because Recommended Activities are created just for you, they can have a big impact on your overall health. Plus, you earn more Points for each one you complete.

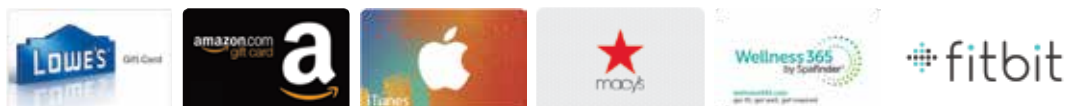
- \_\_\_\_\_ PTS
- \_\_\_\_\_ PTS
- \_\_\_\_\_ PTS
- \_\_\_\_\_ PTS

## Activities:

These simple things you can do every day to get healthier. Tracking your steps, getting a flu shot, going for a bike ride – these are easy ways to keep moving forward with Go365.

- \_\_\_\_\_ PTS
- \_\_\_\_\_ PTS
- \_\_\_\_\_ PTS
- \_\_\_\_\_ PTS

Go shopping: the Go365 Mall has a wide selection of rewards to choose from:



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[Go365.com](https://Go365.com)

# MyHumana Mobile app

## “Now we go where you go”

### Access your health information anytime, anywhere

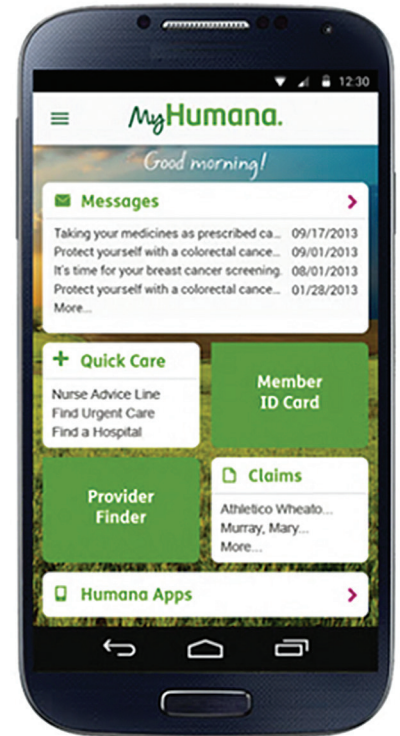
Whether you prefer downloading a mobile application, using your mobile device or receiving text messages, you have the ability to manage your healthcare needs virtually anywhere, anytime.

### Use the MyHumana Mobile app and website to:

- View medical, dental, vision and pharmacy claims
- View and fax medical, dental and pharmacy ID cards
- View your plans and coverage details
- View your HumanaVitality® Dashboard†
- Receive medication reminders
- Research drug prices
- Locate providers in your network
- Refill your Humana Pharmacy™ prescriptions

### Download the Mobile App:

Download the MyHumana Mobile app from your app store. Search “MyHumana” in the Google Play or App Store.



### From your mobile device's browser:

You can visit MyHumana from your mobile device's browser. To get started, go to [Humana.com](http://Humana.com) and sign in.

### Text message alerts\*

#### On the MyHumana Mobile app:

1. Register or sign in (have your Humana ID or Social Security number available)
2. Click on the “Menu” icon
3. Select “Text Alerts”
4. Register and verify your mobile #
5. Select the alerts you want to receive

#### On Humana.com:

1. Register or sign in (have your Humana ID or Social Security number available)
2. Click on “Account settings & preferences”
3. Select “Edit your preferences”
4. Select “Mobile” from the tab
5. Register and verify your mobile #
6. Select the alerts you want to receive

†Available to HumanaVitality members only.

\*Message and data rates may apply.

# Humana®

[Humana.com](http://Humana.com)

## 2017 Annual Health Plan Notices

- **Women's Health and Cancer Rights Act of 1998**

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

- **The Genetic Information Nondiscrimination Act (GINA) of 2008**

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

### **Who needs protection from genetic discrimination?**

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

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

### **Why was the law needed?**

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

- **Newborn's Act Disclosure**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay with connection to childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean 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 and 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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).



- **HIPAA Notice of Privacy Practices**

This rule required health plans to send participants an initial notice of privacy practices and then reminders must be given once every three years. This memo is a reminder that if you would like to see or obtain another copy of the health plan's HIPAA Privacy Notice, please contact your HR Administrator.

- **Michelle's Law**

## **NOTICE OF EXTENDED COVERAGE TO PARTICIPANTS COVERED UNDER A GROUP HEALTH PLAN**

Federal legislation known as "Michelle's Law" generally extends eligibility for group health benefit plan coverage to a dependent child who is enrolled in an institution of higher education at the beginning of a medically necessary leave of absence if the leave normally would cause the dependent child to lose eligibility for coverage under the plan due to loss of student status. The extension of eligibility protects eligibility of a sick or injured dependent child for up to one year.

The Plan currently permits an employee to continue a child's coverage if that child is enrolled at an accredited institution of learning on a full-time basis, with full-time defined by the accredited institution's registration and/or attendance policies. Michelle's Law requires the Plan to allow extended eligibility in some cases for a dependent child who would lose eligibility for Plan coverage due to loss of full-time student status.

There are two definitions that are important for purposes of determining whether the Michelle's Law extension of eligibility applies to a particular child:

- *Dependent child* means a child of a plan participant who is eligible under the terms of a group health benefit plan based on his or her student status and who was enrolled at a post-secondary educational institution immediately before the first day of a medically necessary leave of absence.
- *Medically necessary leave of absence* means a leave of absence or any other change in enrollment:
  - of a dependent child from a post-secondary educational institution that begins while the child is suffering from a serious illness or injury
  - which is medically necessary
  - and which causes the dependent child to lose student status under the terms of the Plan

For the Michelle's Law extension of eligibility to apply, a dependent child's treating physician must provide written certification of medical necessity (i.e., certification that the dependent child suffers from a serious illness or injury that necessitates the leave of absence or other enrollment change that would otherwise cause loss of eligibility).

If a dependent child qualifies for the Michelle's Law extension of eligibility, the Plan will treat the dependent child as eligible for coverage until the earlier of:

- One year after the first day of the leave of absence



- The date that Plan coverage would otherwise terminate (for reasons other than failure to be a full-time student)

A dependent child on a medically necessary leave of absence is entitled to receive the same Plan benefits as other dependent children covered under the Plan. Further, any change to Plan coverage that occurs during the Michelle's Law extension of eligibility will apply to the dependent child to the same extent as it applies to other dependent children covered under the Plan.

- **Patient Protection Model Disclosure**

Medical plans generally allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept new members. For children, a pediatrician can be selected as the primary care provider.



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 1-31-2017)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Audrey Singh

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The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name VCO Systems, LLC		4. Employer Identification Number (EIN) 461293369	
5. Employer address 5901 Peachtree Dunwoody Rd. Suite B-225		6. Employer phone number 678-349-6080	
7. City Atlanta	8. State GA	9. ZIP code 30328	
10. Who can we contact about employee health coverage at this job? Audrey Singh, HR Manager			
11. Phone number (if different from above)		12. Email address audrey.singh@vcosystems.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:  
Full-time employees who work a minimum of 30 hours per week

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:

\*Legal spouses

\*Children up to age 26 to include: natural born children, step children, legally adopted children; grandchildren if employee has court ordered power of attorney. Handicapped dependent children are also eligible beyond age 26

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

**13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

**Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_ (mm/dd/yyyy) (Continue)

**No** (STOP and return this form to employee)

**14. Does the employer offer a health plan that meets the minimum value standard\*?**

Yes (Go to question 15)  No (STOP and return form to employee)

**15. For the lowest-cost plan that meets the minimum value standard\* offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

**16. What change will the employer make for the new plan year? \_\_\_\_\_**

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

\* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

**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 January 31, 2017. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>		<b>FLORIDA – Medicaid</b>	
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447		Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268	
<b>ALASKA – Medicaid</b>		<b>GEORGIA – Medicaid</b>	
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>		Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507	
<b>ARKANSAS – Medicaid</b>		<b>INDIANA – Medicaid</b>	
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)		Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864	
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>		<b>IOWA – Medicaid</b>	
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711		Website: <a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a> Phone: 1-888-346-9562	

<b>KANSAS – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	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
<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	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 Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
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	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MAINE – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
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: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a> Phone: 919-855-4100
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-462-1120	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MINNESOTA – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MISSOURI – Medicaid</b>	<b>OREGON – Medicaid</b>
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://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>MONTANA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
<b>NEBRASKA – Medicaid</b>	<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a> Phone: 1-855-632-7633	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 401-462-5300
<b>NEVADA – Medicaid</b>	<b>SOUTH CAROLINA – Medicaid</b>
Medicaid Website: <a href="https://dwss.nv.gov/">https://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820



<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/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</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 Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669		Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</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	
<b>VIRGINIA – Medicaid and CHIP</b>			
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282			

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

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

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
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](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

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

## Grandfathered Health Plan Statement

This [group health plan or health insurance issuer] believes this [plan or coverage] is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your [plan or policy] may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at VCO Systems, LLC – Audrey Singh.

## Important Notice from VCO Systems, LLC 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 VCO Systems, LLC 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. VCO Systems, LLC has determined that the prescription drug coverage offered by the Group Health Plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> through December 7<sup>th</sup>.

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

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

If you decide to join a Medicare drug plan, your current VCO Systems, LLC coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current VCO Systems, LLC 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 VCO Systems, LLC 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 VCO Systems, LLC 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:	September 1, 2017
Name of Entity/Sender:	VCO Systems, LLC
Contact--Position/Office:	Audrey Singh, HR Manager
Address:	5901 Peachtree Dunwoody Rd, Suite B-225, Atlanta, GA 30328
Phone Number:	678-349-6080



Disclaimer: This Benefit Guide provides only the briefest of summaries of the benefits available under VCO Systems, LLC. In the event of any discrepancy between this summary and any Plan Document, the Plan Document will prevail. VCO Systems, LLC retains the right to modify or eliminate these or any benefits at any time and for any reason.