



**EPIC** Wines & Spirits

2015 - 2016

A Guide to Your Health Coverage

To our Employees and their Families:

As we continue to adjust to mandates brought by the Patient Protection Affordable Care Act (known as health care reform), we strive to keep our employee benefit package competitive and affordable. In addition, we must all become better and wiser consumers of health care, continually evaluating and managing the health care needs of our families. This is neither a simple process nor an easy one, but it is necessary to maintain our bright future.

Utilization of the health plans, as well as mandates under health care reform, continues to impact premiums. Epic Wines and Spirits is not immune to these factors and did see a premium increase for the 2015-2016 benefit plan year. Blue Shield of California requested an initial premium increase of 13.9%, but through negotiations and making a slight change to the H.S.A plan, our insurance broker, CBIZ, was able to reduce the increase to 8%. National medical trend is expected to increase between 6 and 8% annually, so the Epic Wines renewal is right in line with the average increases across the country.

### **Medical**

Blue Shield of California remains the medical carrier, with no benefit plan design changes to the HMO or PPO plan options. The deductible for the H.S.A. plan is increasing slightly for the upcoming plan year, but the family deductible is now embedded. In past years, a family would have to meet the entire family deductible before the plan would pay any benefits. With the new H.S.A plan, no one family member is responsible for meeting more than the individual deductible before the plan will start paying benefits. Depending on how a family utilizes the benefits, the embedded deductible plan could mean less out of pocket cost.

Beginning October 1, 2015, all prescription drug co-pays will accrue towards a member's annual out of pocket maximum.

Members who enroll in the HMO plan **must** select a primary care physician.

### **Dental**

Dental coverage will remain with Blue Shield of California. There are no changes to the dental benefits, but the cost for coverage has increased slightly.

### **Vision**

Vision coverage will remain with EyeMed. There are no changes to the benefits or the employee contributions.

Please take the time to review this Benefit Guide carefully as it summarizes our insurance plans for the upcoming year. Employees will be able to enroll in benefits electronically this year through a new web portal called BeneTrac. Instructions on how to get started in BeneTrac are included in this guide. Even if you do not wish to make any changes to your benefits for the upcoming plan year, we recommend logging in to the BeneTrac portal and confirming that your personal information, your dependent information, and your benefit elections are correct.

## Enroll in your 2015-16 Benefits through BeneTrac and [MyPaychex.com](http://MyPaychex.com)

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- From your home page, click on the **Manage User Account** button in the upper right corner
- Click on **Add Services or Accounts**
- From the drop down menu for service, select **BeneTrac Online** (it is the last option in the drop down list)
- Input your **Employer ID**: EPIC1125
- Input your **BeneTrac Online Username and Password**.  
Your user name is the First Letter of your First Name + Last Name (Up to 11 Letters) and the last four digits of your social security number (no spaces/no hyphens). Example: John Employee - JEMPLOYEE9999.  
  
Your password is the last four digits of your social security number.
- Click on **VERIFY ACCOUNT**
- Once account is verified, click **Add to MyPaychex**
- A Benefits tab will appear on top of your site once it has been added. Click on the Benefits tab
- If you are receiving errors regarding security, you may need to allow cookies and add this link- <https://www.eenroller.net/login.asp?ST=EPIC1125> - as a trusted site.
- If you need assistance or are having difficulty adding BeneTrac to your MyPaychex, please call (877)281-6624.

### Enrolling for Coverage STEP ONE: Review your personal information on the My Family page

It is important to review all of your personal information to ensure accuracy,

1. Click your name to update your personal information. You can also change your password in this area.
  2. Click here to add your spouse.
  3. Click here to add your dependents.

**Polarsen Inc.** Proceed to Log Out

**BENEFITS** Election Summary Edit Family Resource Library News & Alerts

Your Personal Information: Jerry Abel

Use these menus to navigate

Please review the information below. Add any family member you wish to enroll in your benefit offerings.

**Employee** [Undo Last Change](#)

Name	SSN	Address	DOB	Gender	Contact	Approved
<a href="#">Jerry I. Abel</a>	000-00-0000	2112 White Pine Road #34, Jasper, TX 56390	2/13/1979	Male	<input checked="" type="checkbox"/>	Submitted

**Dependents** [Add A Family Member](#) [Add Spouse](#)

Name	SSN	Address	Status	DOB	Gender	Approved	Tasks
<a href="#">Johnny Abel</a>	100-00-0001	2112 White Pine Road #34, Jasper, TX 56390	Dependent Child	1/1/1982	Male	Submitted	<a href="#">Delete</a>

**PROCEED TO MY BENEFITS >**

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## Enrolling for Coverage STEP TWO: Enroll in your Benefits

If your enrollments have not been previously set up in the system, you can make your selections by following the instructions below.

1. Click a link under the **Benefits** menu to review a particular category of benefits.
2. In each benefit block, make a selection from your list of **Manage Benefit** options.

**Long Term Disability**

**MANAGE BENEFIT** ⌵

- Add: Initial Population
- Add Coverage: (Prompt Effective)
- Add or View Plan/Options: New Hire

**Short Term Disability**

**MANAGE BENEFIT** ⌵

**Quick Links (15 total)**

- Medical
- Health Savings Account
- Medical Care FSA
- Dependent Care FSA
- Dental
- Vision
- Core Life
- Long Term Disability **1**
- Short Term Disability
- Optional Life

**Costs**


Total Cost of Elections:	\$0.00
Total Benefit dollars:	\$0.00
Out of pocket expense:	\$0.00

## Enrolling for Coverage STEP THREE: Change Existing Benefits

Your current elections will appear in a similar fashion as shown in the picture below. To make a change, select an option from the list in the **Manage Benefit** section.

1. Click here to select a **Manage Benefit** option. The system will guide you through the process of making changes to your elections.

**Medical** Sample PPO Plan

Elite Health 

Status:	Active
Activity:	6/2/2014
Coverage:	Employee Only
Total Premium:	\$592.00 (Monthly)
Employee Cost:	\$125.00 (Semi-Monthly)

**MANAGE BENEFIT** ⌵ **1**

SSN	Type	Group Number	Provider	Action	Effective	Approved	Sent
543433456	EMP	H200_2 Blue Shield PPO		Change	6/2/2014	Pending	

## Enrolling for Coverage STEP FOUR: Finalize your Changes

You can review your changes during the log out process .

**SUMMATION** - Amounts per (Semi-Monthly) pay period

Total Cost of Elections:	\$500.00
Total Benefit dollars:	\$0.00
Out of pocket expense:	\$500.00
Enrollment update	

**REVIEW & FINALIZE**

**NOTE:** This button may not appear at the bottom of your Benefits page if you have made no changes during this session. In this case, you may log out.

Logging out will give you a final opportunity to review and print your Election Summary

# UNDERSTANDING YOUR MEDICAL PLAN

*Medical Questions? Need to Locate a Provider?  
Contact Blue Shield of California  
1-800-393-6130 or [www.blueshieldca.com](http://www.blueshieldca.com)  
Group #: W0052252  
Plan Name: Epic Wines and Spirits*

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For enrolled members, Register on the [blueshieldca.com](http://blueshieldca.com) website and:

- Find in network providers and facilities
- Track claims and account activity
- Review prescription drug costs
- Get answers to coverage questions
- Compare plan options and features
- Find health advice
- And much more

Follow these easy steps to locate a doctor, hospital or health facility participating with Blue Shield.

- Go to [www.blueshieldca.com](http://www.blueshieldca.com)
- Hover over the “Members” Heading and Click on “Find a Provider”
- Click on the “Select a Plan” button

## **To Search for PPO Providers,**

In the Select type of plan drop down menu, select “Shield PPO”.

## **To Search for HDHP with H.S.A Provider,**

In the Select type of plan drop down menu, select “Shield PPO”.

## **To Search for HMO Providers,**

In the Select type of plan drop down menu, select “Access+HMO”. In the Select Sub Plan drop down menu, select “Access+HMO”.



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# UNDERSTANDING YOUR MEDICAL PLAN

Medical Questions? Need to Locate a Provider?

Contact Blue Shield of California

1-800-393-6130 or [www.blueshieldca.com](http://www.blueshieldca.com)

Group #: W0052252

Plan Name: Epic Wines and Spirits

H.S.A Qualified High Deductible Health Plan		
	In-Network	Out-of-Network
<b>Overview</b>	Participants may use both In-Network and Out-of-Network providers Use Network providers and receive the In-Network level of benefits Use Non-Network providers, receive the Out-of-Network level of benefits and you may be subject to Balance Billing.	
<b>Calendar Year Deductible</b>	Deductible is Embedded. For an individual on a family coverage plan, the enrollee can receive benefits for covered services once individual deductible is met.	
<i>Individual</i>	\$2,600	
<i>Family (Embedded)</i>	\$5,200	
<b>Annual Out of Pocket Maximum</b> (Includes Deductible, Coinsurance and Co-pays)		
<i>Individual</i>	\$5,000	\$10,000
<i>Family (Embedded)</i>	\$10,000	\$20,000
<b>Coinsurance (Paid by Individual)</b>	20%	40%
<b>Lifetime Maximum</b>	Unlimited	
<b>Primary Care Physician Office Visit</b>	Deductible then 20%	Deductible then 40%
<b>Specialist Office Visit</b>	Deductible then 20%	Deductible then 40%
<b>Preventive Care Services - as determined by the US Preventive Services Task Force</b>	Covered at 100%	Not Covered
<b>Hospital Inpatient Expenses (Facility &amp; Physician Charges)</b>	Deductible then 20%	Deductible then 40%
<b>Hospital Outpatient Expenses (Facility &amp; Physician Charges)</b>	Deductible then 20%	Deductible then 40%
<b>Advanced Imaging (CT Scans, MRI, MRA, PET scans)</b>	Deductible, then \$100 Co-pay per visit then 20%	Deductible then 40%
<b>Emergency Room (Accidental Injury and Medical Emergency Care)</b>	Facility Charges: 20% after \$100 Co-pay per visit (Co-pay waived if admitted) Physician Charges: Deductible then 20%	Facility Charges: 20% after \$100 Co-pay per visit (Co-pay waived if admitted) Physician Charges: Deductible then 20%
<b>Durable Medical Equipment</b>	Deductible then 20%	Deductible then 40%
<b>Chiropractic Services/Acupuncture</b>	Chiro: Deductible then 20% (20 visit calendar year maximum) Acupuncture: Deductible then 20% (20 visit calendar year maximum)	Chiro: Deductible then 50% (20 visit calendar year maximum) Acupuncture: Deductible then 40% (20 visit calendar year maximum)
<b>Rehabilitation Benefits (includes physical, occupational and respiratory therapy)</b>	Deductible then 20%	Deductible then 50%
<b>Mental Health/Behavioral and Substance Use Disorder Services (Services may require pre-authorization)</b>		
<b>Inpatient Hospitalization</b>	Deductible, then \$100 Co-pay per admission and 20%	Deductible then 40%
<b>Physician Visit (Outpatient Physician)</b>	Deductible then 20%	Deductible then 40%
<b>Prescription Drugs</b>		
<b>Generic Incentive</b>	Members electing to purchase a Brand Name Drug when a Generic equivalent is available will be required to pay the difference between the cost of the Generic and Brand Name drug, plus the Generic Drug Copayment amount. The difference in cost the member pays is not applied to the calendar year deductible or out of pocket.	
<i>Retail Pharmacy (30-day Supply)</i>	Medical Deductible, then: \$10 for Formulary Generic Drugs \$25 for Formulary Brand Drugs \$40 for Non Formulary Brand Drugs	Medical Deductible, then: 25% of billed amount plus In-Network Co-pay
<i>Mail Service Program (90-day Supply)</i>	Medical Deductible, then: \$20 for Formulary Generic Drugs \$50 for Formulary Brand Drugs \$80 for Non Formulary Brand Drugs	Not Covered
<i>Specialty Drugs (30-day Supply)</i>	Medical Deductible, then: 30% up to \$200 per Rx	Not Covered
<b>Health Savings Account</b>	Election of the High Deductible Health Plan entitles you to open a Health Savings Account (HSA) through Health Equity. You will receive additional information directly from Health Equity.	
<b>Monthly Contribution</b>		
<i>Employee</i>	\$0.00	
<i>Employee &amp; Spouse</i>	\$556.76	
<i>Employee &amp; Child(ren)</i>	\$371.15	
<i>Employee &amp; Family</i>	\$674.30	

# UNDERSTANDING YOUR MEDICAL PLAN

Medical Questions? Need to Locate a Provider?  
Contact Blue Shield of California  
1-800-393-6130 or [www.blueshieldca.com](http://www.blueshieldca.com)  
Group #: W0052252  
Plan Name: Epic Wines and Spirits

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Access+HMO Plan	
In-Network Only	
<b>Overview</b>	Participants must visit In-Network providers in order to receive benefits. Use a Non-Network provider and no benefits will be paid by Blue Shield. Participants must select a Primary Care Physician and referrals are required for Specialist visits.
<b>Calendar Year Facility Deductible</b>	
<i>Per Member Enrolled</i>	\$1,500
<b>Annual Out-of-Pocket Maximum</b> (Includes Facility Deductible & all Co-pays)	
<i>Per Member Enrolled</i>	\$2,000
<b>Coinsurance (Paid by Individual)</b>	10%
<b>Lifetime Maximum Benefit</b>	Unlimited
<b>Primary Care Physician Office Visits</b>	\$15 Co-pay
<b>Specialist Office Visits</b>	\$15 Co-pay
<b>Preventive Care Services - as determined by the US Preventive Services Task Force</b>	Covered at 100%, not subject to deductible or Co-pays
<b>Hospital Inpatient</b> ( <i>Facility &amp; Physician Charges</i> )	Facility Deductible, then 10%
<b>Hospital Outpatient</b> ( <i>Facility &amp; Physician Charges</i> )	Facility Deductible, then 10%
<b>Emergency Room</b> (Accidental Injury and Medical Emergency Care)	\$100 Co-pay (waived if admitted)
<b>Durable Medical Equipment</b>	50% (share is based on allowed charges)
<b>Chiropractic Services/Acupuncture</b>	\$10 Co-pay per visit (30 visit calendar year maximum)
<b>Rehabilitation Benefits</b> ( <i>includes physical, occupational, respiratory therapy</i> )	\$15 Co-pay per visit
<b>Mental Health/Behavioral and Substance Use Disorder Services</b> ( <i>Services may require pre-authorization</i> )	
<b>Inpatient Hospitalization</b>	Facility Deductible, then 10%
<b>Physician Visit</b> ( <i>Outpatient Physician</i> )	\$15 Co-pay per visit
<b>Prescription Drugs</b>	
<b>Generic Incentive</b>	Members electing to purchase a Brand Name Drug when a Generic equivalent is available will be required to pay the difference between the cost of the Generic and Brand Name Drug, plus the Generic Drug Copayment amount.
<b>Calendar Year Drug Deductible</b>	None
<i>Retail Pharmacy (30-day Supply)</i>	\$15 for Formulary Generic drugs \$30 for Formulary Brand drugs \$45 for Non Formulary Brand drugs
<i>Mail Service Program (90-day Supply)</i>	\$30 for Formulary Generic drugs \$60 for Formulary Brand drugs \$90 for Non Formulary Brand drugs
<i>Specialty Drugs (30-day Supply)</i>	20% up to \$200 maximum per Rx
<b>Monthly Contribution</b>	
<i>Employee</i>	\$65.31
<i>Employee &amp; Spouse</i>	\$700.53
<i>Employee &amp; Child(ren)</i>	\$488.74
<i>Employee &amp; Family</i>	\$876.78

# 7 UNDERSTANDING YOUR MEDICAL PLAN

Medical Questions? Need to Locate a Provider?

Contact Blue Shield of California

1-800-393-6130 or [www.blueshieldca.com](http://www.blueshieldca.com)

Group #: W0052252

Plan Name: Epic Wines and Spirits

Shield PPO Split Deductible Plan		
	In-Network	Out-of-Network
<b>Overview</b>	Participants may use both In-Network and Out-of-Network providers Use Network providers and receive the In-Network level of benefits Use Non-Network providers, receive the Out-of-Network level of benefits and you may be subject to balance billing.	
<b>Calendar Year Deductible</b>		
<i>Individual</i>	\$750	\$1,500
<i>Family</i>	\$1,500	\$3,000
<b>Annual Out-of-Pocket Maximum</b> (Includes Deductible, Coinsurance & all Co-pays)		
<i>Individual</i>	\$4,750	\$9,500
<i>Family</i>	\$9,500	\$19,000
<b>Coinsurance (Paid by Individual)</b>	20%	40%
<b>Lifetime Maximum Benefit</b>	Unlimited	
<b>Primary Care Physician Office Visits</b>	\$25 Co-pay	Deductible then 40%
<b>Specialist Office Visits</b>	\$25 Co-pay	Deductible then 40%
<b>Preventive Care Services - as determined by the US Preventive Services Task Force</b>	Covered at 100%, not subject to deductible or Co-pays	Not Covered
<b>Hospital Inpatient Expenses (Facility &amp; Physician Charges)</b>	\$100 Co-pay per admission, then 20% after deductible	Deductible then 40%
<b>Hospital Outpatient Expenses (Facility &amp; Physician Charges)</b>	Deductible then 20%	Deductible then 40%
<b>Advanced Imaging (CT Scans, MRI, MRA, PET scans)</b>	Deductible then 20%	Deductible then 40%
<b>Emergency Room (Accidental Injury and Medical Emergency Care)</b>	<b>Facility Charges:</b> 20% after \$100 Co-pay per visit (Co-pay waived if admitted) <b>Physician Charges:</b> Deductible then 20%	<b>Facility Charges:</b> 20% after \$100 Co-pay per visit (Co-pay waived if admitted) <b>Physician Charges:</b> Deductible then 20%
<b>Durable Medical Equipment</b>	Deductible then 20%	Deductible then 40%
<b>Chiropractic Services/Acupuncture</b>	Chiro: \$25 Co-pay (12 visit calendar year maximum) Acupuncture: \$25 Co-pay (20 visit calendar year maximum)	Chiro: Deductible then 50% (12 visit calendar year maximum) Acupuncture: Deductible then 40% (20 visit calendar year maximum)
<b>Rehabilitation Benefits (includes physical, occupational and respiratory therapy)</b>	\$25 Co-pay	Deductible then 50%
<b>Mental Health/Behavioral and Substance Use Disorder Services (Services may require pre-authorization)</b>		
<b>Inpatient Hospitalization</b>	\$100 Co-pay per admission, then 20% after deductible	Deductible then 40%
<b>Physician Visit (Outpatient Physician)</b>	\$25 Co-pay per visit	Deductible then 40%
<b>Prescription Drugs</b>		
<b>Generic Incentive</b>	Members electing to purchase a Brand Name Drug when a Generic equivalent is available will be required to pay the difference between the cost of the Generic and Brand Name Drug, plus the Generic Drug Copayment amount.	
<b>Calendar Year Drug Deductible</b>	\$250 per member (applies to Brand Name and Specialty Drugs only)	
<i>Retail Pharmacy (30-day Supply)</i>	\$15 for Formulary Generic drugs \$30 for Formulary Brand drugs \$45 for Non Formulary Brand drugs	25% of billed amount plus In-Network Co-pay
<i>Mail Service Program (90-day Supply)</i>	\$30 for Formulary Generic drugs \$60 for Formulary Brand drugs \$90 for Non Formulary Brand drugs	Not Covered
<i>Specialty Drugs (30-day Supply)</i>	30% up to a \$200 maximum per Rx	Not Covered
<b>Monthly Contribution</b>		
<i>Employee</i>	\$169.81	
<i>Employee &amp; Spouse</i>	\$930.37	
<i>Employee &amp; Child(ren)</i>	\$676.85	
<i>Employee &amp; Family</i>	\$1,200.78	



# UNDERSTANDING YOUR H.S.A PLAN

Questions?

Contact Health Equity

1-866-346-5800 or [www.healthequity.com](http://www.healthequity.com)

Plan Name: *Epic Wines and Spirits*

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If you enroll in the High Deductible Health Plan (HDHP), you are eligible to open and contribute to a Health Savings Account (H.S.A).

An H.S.A is an employee-owned account that allows you to set aside money for your eligible medical expenses (including vision and dental expenses) incurred this year or in future years. Your contributions to the account are made with pre-tax dollars so you save on taxes when you contribute. Because you own the account, you can take your H.S.A with you should you ever leave the company and, unlike a flexible spending account, any unused balance in your H.S.A rolls over from year to year.

You must be enrolled in a qualified High Deductible Health Plan in order to contribute to an H.S.A. In future years, if you decide to dis-enroll from the HDHP plan, you can continue to use any money in your H.S.A for qualified medical expenses, but you are ineligible to contribute any additional funds to the account.

If you withdraw funds from the account for non medical expenses, you will be subject to a penalty. At age 65, however, any unused funds in your H.S.A can be withdrawn without penalty for non-medical purposes. If you withdraw the funds in your H.S.A after age 65, you would be subject to normal income tax on the money in the account, but you would not be limited to just using the money for medical related expenses.

The amount you elect for your H.S.A is deducted from your paycheck and deposited into your account. You will receive a debit card for easy access to your funds. You can use this debit card to pay for qualified medical expenses without having to file anything for reimbursement—this card can be used at doctor's offices, pharmacies, hospitals, and other healthcare provider locations. It is recommended to save the receipts for every purchase you make with the card as you may need the receipts to verify expenses.

There are limits to how much you can contribute to your H.S.A each calendar year. For 2015, the contribution limits are:

Single: \$3,350

Family: \$6,650

If you are over age 55, you can contribute an additional \$1,000 to your H.S.A for 2015.

Please use the list on the next page as a guide to help you determine whether a medical expense is qualified or not for an H.S.A distribution.



Questions?

Contact Health Equity

1-866-346-5800 or [www.healthequity.com](http://www.healthequity.com)

Plan Name: *Epic Wines and Spirits*

## The following items are qualified medical expenses and may be paid for using your HSA:

- Ambulance
- Annual Physical
- Artificial Limb
- Artificial Teeth
- Nursing Home (for medical care)
- Thermometers
- Abortion
- Acupuncture
- Bandages
- Birth Control Pills
- Blood Pressure Monitor
- Blood Sugar Test Kit
- Blood Tests
- Body Scan
- Body Scan
- Braille Books
- Breast Pump/Supplies
- Breast Reconstruction
- Christian Science (fees to practitioners for care)
- Cold/Hot Pack for medical care
- Condoms
- Contact Lenses and supplies
- Contraceptives
- Crutches
- Dental Treatment
- Dentures and cleaners
- Dermatologist
- Diabetic Supplies
- Diagnostic Devices
- Doctor's Fees not covered by insurance
- Drug Addiction (inpatient treatment)
- Drugs (with prescription)
- Eye Exam
- Eye Surgery
- (including laser eye surgery)
- Eyeglasses
- Fertility Enhancement
- First Aid Supplies
- Flu Shot
- Guide Dog (incl. maintenance costs - food, vets, etc....)
- Gynecologist
- Hearing Aids (incl. batteries and repair)
- Homeopathic Care
- Immunizations
- Laboratory Fees
- Lactation Expenses (see breast pump)
- Medical Alert Bracelet
- Operations (non cosmetic)
- Optometrist
- Orthopedist
- Orthotic Inserts
- Osteopath
- Out-of-Network
- Oxygen for medical condition
- Physical Examination
- Pregnancy Test Kit
- Prosthesis
- Psychiatric Care
- Psychoanalysis
- Psychologist
- Splints
- Sterilization
- Surgery (non-cosmetic)
- Therapy.
- Vasectomy
- Vision Surgery
- Wheelchair
- X-Ray

## The following items are NOT qualified medical expenses

- Baby Sitting
- Bottled Water
- Controlled Substances
- Cosmetic Surgery
- Cosmetics
- CPR Class
- Dancing Lessons
- Dental Floss
- Diaper Service
- Diet Foods
- Electrolysis Hair Rem.
- Exercise Equip.
- Facial Tissues
- Finance Charge
- Funeral Expenses
- Funeral Expenses
- Health Club Dues
- Household Help
- Illegal Treatments
- Marijuana
- Maternity Clothes
- Medigap Premiums
- Personal Use Items
- Swimming Lessons
- Teeth Whitening
- Veterinary Fees

# UNDERSTANDING YOUR DENTAL PLAN

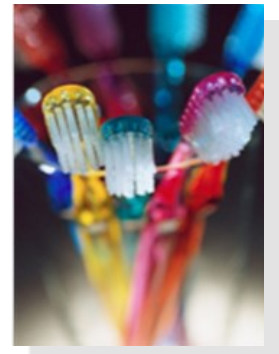
Dental Questions? Need to Locate a Provider?  
 Contact Blue Shield of California  
 1-888-702-4171 or [www.blueshieldca.com](http://www.blueshieldca.com)  
 Group #: W0052252  
 Plan Name: Epic Wines and Spirits

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The Blue Shield dental plan allows you to visit any dentist you would like—in or out of network. Visiting an in-network dentist, however, assures you that you will not be balance billed for any charges beyond Blue Shield’s negotiated fees.

On the Blue Shield homepage, hover over Member and select “Find a Provider”. On the next screen, click on Select a Plan. Under the Dental Plan options, select “Dental PPO (Group plans)”

Smile Spectrum Premier Plus PPO		
	In-Network	Out-of-Network (*subject to Usual & Customary Charges)
<b>Calendar Year Deductible</b> (Waived for Preventive)	Single: \$50 Family: \$150	Single: \$50 Family: \$150
<b>Calendar Year Benefit Maximum</b>	\$1,500	\$1,500
<b>Preventive Services</b> (oral exam, cleaning, x-rays)	100%	100%*
<b>Basic Services</b> (fillings, root canal, simple extraction, oral surgery)	90% after Deductible	80% after Deductible*
<b>Major Services</b> (crowns, bridges, dentures)	60% after Deductible	50% after Deductible*
<b>Orthodontic Services</b>	Not Covered	Not Covered
<b>Monthly Contribution</b>		
Employee	\$28.12	
Employee & Spouse	\$86.90	
Employee & Child(ren)	\$98.39	
Employee & Family	\$175.14	



# 11 UNDERSTANDING YOUR VISION PLAN

Vision Questions? Need to Locate a Provider?

Contact EyeMed

1-866-800-5457 or [www.eyemed.com](http://www.eyemed.com)

Group #: 9917659

Plan Name: Epic Wines and Spirits

EyeMed offers complete, high quality vision care to Epic Wines and Spirits employees. The plan includes benefits for eye exams, frames, eyeglasses and contact lenses. In addition, members receive discounts for Lasik surgery and additional frames and lenses.

Select "Find a Provider" from the homepage and select the "Insight" network from the Choose Network drop down menu. Network providers include: Lenscrafters, Pearle Vision, Sears Optical, Target, JC Penney, as well as private practitioners.



Vision Coverage - EyeMed		
	In-Network	Out-Of-Network Reimbursement
<b>Examination</b>	Once per 12 months	
	\$0 Co-pay	Reimbursed up to \$35
<b>Eyeglass Lenses</b>	Once per 24 months	
<i>Single Vision</i>	\$25 Co-pay	Reimbursed up to \$35
<i>Bifocal</i>	\$25 Co-pay	Reimbursed up to \$49
<i>Trifocal</i>	\$25 Co-pay	Reimbursed up to \$74
<i>Progressive</i>	\$90 -\$135 Co-pay	Reimbursed up to \$49
<b>Frames</b>	Once per 24 months	
<i>Standard</i>	\$150 Allowance, 20% discount on charges above the allowance	Reimbursed up to \$75
<b>Contact Lenses</b>	Once per 24 months (in lieu of glasses)	
<i>Elective</i>	Conventional: \$120 Allowance, 15% discount on charges above the allowance. Disposable: \$120 Allowance	Reimbursed up to \$96
<i>Fit and Follow up Exams</i>	Standard: Up to \$55 Co-pay Premium: 10% discount off retail	Not Covered
<b>Monthly Contribution</b>		
<i>Employee</i>	\$6.12	
<i>Employee + 1</i>	\$11.63	
<i>Employee + 2 or more</i>	\$17.08	

# UNDERSTANDING YOUR LIFE INSURANCE

Questions?  
Contact Prudential  
1-800-524-0542 or [www.prudential.com](http://www.prudential.com)  
Group #: 24680  
Plan Name: Epic Wines and Spirits

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## BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE (AD&D)

Epic Wines and Spirits provides a Basic Life and AD&D benefit to all full time employees at no cost to you.

The Basic Life insurance benefit is 1 times your Annual Earnings to a \$200,000 maximum. Benefits are reduced by 35% at the age of 65, and 50% at the age of 70.

AD&D insurance provides additional benefits to you and your beneficiary if you suffer loss of life or limb due to an accident. The Basic AD&D benefit is 1 times your Annual Earnings to a \$200,000 maximum.



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

Your medical 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. These benefits may be subject to annual deductibles, co-insurance provisions or co-pays that are appropriate and consistent with other benefits under your plan.

**\* The Genetic Information Nondiscrimination Act (GINA)**

The Genetic Information Nondiscrimination Act of 2008, also referred to as GINA, is a new 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.

## Important Notice from Epic Wines and Spirits About Your Prescription Drug Coverage and Medicare

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**Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Epic Wines and Spirits 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:**

**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.**

**Epic Wines and Spirits has determined that the prescription drug coverage offered by Blue Shield of California is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

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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 Epic Wines and Spirits coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current Epic Wines and Spirits 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 Epic Wines and Spirits 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. **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 Epic Wines and Spirits 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:	10/01/2015
Name of Entity/Sender:	Epic Wines and Spirits
Contact--Position/Office:	Natalie Valencia
Address:	2160 41st Ave, Suite B, Capitola, CA 95010



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, 2015. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
Website: <a href="http://www.myalhipp.com">www.myalhipp.com</a> Phone: 1-855-692-5447	Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150
<b>ALASKA – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a> Phone: 1-800-889-9949
<b>COLORADO – Medicaid</b>	<b>IOWA – Medicaid</b>
Medicaid Website: <a href="http://www.colorado.gov/hcpf">http://www.colorado.gov/hcpf</a> Medicaid Customer Contact Center: 1-800-221-3943	Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562
<b>FLORIDA – Medicaid</b>	<b>KANSAS – Medicaid</b>
Website: <a href="https://www.flmedicaidprecovery.com/">https://www.flmedicaidprecovery.com/</a> Phone: 1-877-357-3268	Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-800-792-4884

<p align="center"><b>KENTUCKY – Medicaid</b></p> <p>Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a>  Phone: 1-800-635-2570</p>	<p align="center"><b>NEW HAMPSHIRE – Medicaid</b></p> <p>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</p>
<p align="center"><b>LOUISIANA – Medicaid</b></p> <p>Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a>  Phone: 1-888-695-2447</p>	<p align="center"><b>NEW JERSEY – Medicaid and CHIP</b></p> <p>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</p>
<p align="center"><b>MAINE – Medicaid</b></p> <p>Website: <a href="http://www.maine.gov/dhhs/ofl/public-assistance/index.html">http://www.maine.gov/dhhs/ofl/public-assistance/index.html</a>  Phone: 1-800-977-6740  TTY 1-800-977-6741</p>	<p align="center"><b>NEW YORK – Medicaid</b></p> <p>Website:  <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>
<p align="center"><b>MASSACHUSETTS – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a>  Phone: 1-800-462-1120</p>	<p align="center"><b>NORTH CAROLINA – Medicaid</b></p> <p>Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a>  Phone: 919-855-4100</p>
<p align="center"><b>MINNESOTA – Medicaid</b></p> <p>Website: <a href="http://www.dhs.state.mn.us/id_006254">http://www.dhs.state.mn.us/id_006254</a>  Click on Health Care, then Medical Assistance  Phone: 1-800-657-3739</p>	<p align="center"><b>NORTH DAKOTA – Medicaid</b></p> <p>Website:  <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>  Phone: 1-800-755-2604</p>
<p align="center"><b>MISSOURI – Medicaid</b></p> <p>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</p>	<p align="center"><b>OKLAHOMA – Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742</p>
<p align="center"><b>MONTANA – Medicaid</b></p> <p>Website: <a href="http://medicaid.mt.gov/member">http://medicaid.mt.gov/member</a>  Phone: 1-800-694-3084</p>	<p align="center"><b>OREGON – Medicaid</b></p> <p>Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a>  <a href="http://www.hijossaludablesoregon.gov">http://www.hijossaludablesoregon.gov</a>  Phone: 1-800-699-9075</p>
<p align="center"><b>NEBRASKA – Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a>  Phone: 1-855-632-7633</p>	<p align="center"><b>PENNSYLVANIA – Medicaid</b></p> <p>Website: <a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a>  Phone: 1-800-692-7462</p>
<p align="center"><b>NEVADA – Medicaid</b></p> <p>Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a>  Medicaid Phone: 1-800-992-0900</p>	<p align="center"><b>RHODE ISLAND – Medicaid</b></p> <p>Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a>  Phone: 401-462-5300</p>

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

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

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

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

**NOTICE OF SPECIAL ENROLLMENT RIGHTS**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends and you fulfill other special enrollment requirements. (These requirements are set out in your Certificate of Coverage)

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

There is an additional enrollment period if an employee or dependent loses eligibility for Children’s Health Insurance Program (CHIP), Medicaid or becomes eligible for CHIP for Medicaid premium assistance. The special enrollment allows children or their parents to have 60 days, rather than 30, to request enrollment.

Also, your health plan may not establish rules for eligibility (including continued eligibility) of an individual to enroll under the terms of the plan based on a health status-related factor.

**Complete If You Are Declining Coverage For Yourself Or Any Dependent:**

If you are declining coverage for yourself or for any of your eligible dependents, you must complete the following information if you want to preserve your rights of Special Enrollment as explained above. If you decline coverage for yourself, the reason is:

**I have other coverage**

**Another reason**

If you decline coverage for one or more eligible dependents, please give the dependent’s name below and indicate the reason coverage is declined.

Name \_\_\_\_\_  Dependent has other coverage  Another reason

Name \_\_\_\_\_  Dependent has other coverage  Another reason

Name \_\_\_\_\_  Dependent has other coverage  Another reason

Name \_\_\_\_\_  Dependent has other coverage  Another reason

\_\_\_\_\_  
**Employee Name – Please Print**

\_\_\_\_\_  
**Employee Social Security Number**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**



# 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 Natalie Valencia at 831-219-9115.

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 Epic Wines and Spirits		4. Employer Identification Number (EIN) 77-0471973	
5. Employer address 2160 41 <sup>st</sup> Ave. Suite B		6. Employer phone number 831-219-9115	
7. City Capitola	8. State CA	9. ZIP code 95010	
10. Who can we contact about employee health coverage at this job? Natalie Valencia			
11. Phone number (if different from above)		12. Email address nvalencia@epic-winesandspirits.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:

Some employees. Eligible employees are:

Full Time Employees who work at least 30 hours per week.

- 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.



# **EPIC** Wines & Spirits

Disclaimer: This Benefit Guide provides a brief summary of the benefits available under Epic Wines and Spirits Benefit Program. In the event of any discrepancy (ies) between this summary and any Document, Insurance Contract or Certificate, the Insurance Document(s) will prevail. Epic Wines and Spirits reserves the right to modify or eliminate these benefits at any time and for any reason.