

*floyd county*  
TM

2016  
Employee Benefit  
Guide





## **EMPLOYEE BENEFITS FOR PLAN YEAR**

**8/1/16-7/31/17**

### **WHAT'S CONTINUING AND WHAT'S NEW!**

#### **MEDICAL**

2<sup>nd</sup> year with Aetna. No rate increase, no plan changes!

#### **VOLUNTARY DENTAL**

2<sup>nd</sup> year with Blue Cross Shield of Georgia. No plan changes. Less than .50 cent increase in premium per pay period.

#### **VOLUNTARY VISION**

2<sup>nd</sup> year with Aetna. No rate increase, no plan changes!

#### **EMPLOYEE ASSISTANCE PROGRAM- EAP**

**NEW!** Added benefit this year at no additional cost to employees! Up to 6 counseling sessions per issue, per year, at no cost to you- no copays or deductibles! See Aetna Flyer and Benefit Guide.

#### **VOLUNTARY SHORT TERM DISABILITY**

Colonial Life benefits are tailored to your personal needs depending on how long you can afford to go without a paycheck.

#### **VOLUNTARY ACCIDENT**

Colonial Life offers a scheduled amount payable to you if you have an accident. There is a \$50.00 additional benefit payable to you when you have your annual exam (health screening).

#### **FIND A PROVIDER**

Aetna: (Medical) Network-Aetna Health Network Option-Open Access

[http://www.aetna.com/dse/search?site\\_id=dse](http://www.aetna.com/dse/search?site_id=dse)

Aetna: (Employee Assistance Program – EAP)

Call 888-238-6232

[www.resourcesforliving.com](http://www.resourcesforliving.com)

User Name: floyd

Password: eap

Aetna: (Vision) Network – Aetna Vision Preferred

<https://www.aetnavision.com/aetna/>

Blue Cross Blue Shield: (Dental) Network-Dental Complete

<http://www.bcbsga.com/mydental/>



## Medical Coverage - Aetna - Group #8352294

Type of Plan	Qualified High Deductible Health Plan	
	In-Network	Out-of-Network
<b>Overview</b>	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 using Usual and Customary Charges	
<b>Annual Deductible</b>		
<i>Individual</i>	\$2,500	\$5,000
<i>Family</i>	\$5,000	\$10,000
<b>Annual Out-of-Pocket Maximum (Includes Deductible)</b>		
<i>Individual</i>	\$2,500	\$10,000
<i>Family</i>	\$5,000	\$20,000
<b>Lifetime Maximum Benefit</b>	Unlimited, except where otherwise indicated	
<b>Physician's Office Visits</b>	Member pays 0% after deductible	Member pays 30% after deductible
<b>Preventive Care</b>	100% (Deductible Waived)	Member pays 30% after deductible
<b>Hospital Expenses (Facility Charges)</b>	Member pays 0% after deductible	Member pays 30% after deductible
<b>Hospital Outpatient (Facility Charges)</b>	Member pays 0% after deductible	Member pays 30% after deductible
<b>Emergency Room</b>	Member pays 0% after deductible (No coverage if non-emergency)	Member pays 30% after deductible (No coverage if non-emergency)
<b>Outpatient Therapies (ex: physical, speech and occupational)</b>	Member pays 0% after deductible See SBC for limit on # of visits	Member pays 30% after deductible See SBC for limit on # of visits
<b>Chiropractic Care</b> <i>Plan year maximum benefit</i>	Member pays 0% after deductible 20 visits	Member pays 30% after deductible 20 visits
<b>Mental Health</b>		
<i>Inpatient</i>	Member pays 0% after deductible	Member pays 30% after deductible
<i>Outpatient Office Visit</i>	Member pays 0% after deductible	Member pays 30% after deductible
<i>Outpatient Facility Charges</i>	Member pays 0% after deductible	Member pays 30% after deductible
<b>Long Term Care Services</b>		
<i>Skilled Nursing Facility (60 days maximum per cal yr), Hospice Care, Home Health Care (60 visits maximum per cal yr)</i>	Member pays 0% after deductible	Member pays 30% after deductible
<b>Prescription Drugs</b>		
<i>Retail Pharmacy Formulary Generic / Formulary Brand / Non-Formulary Brand</i>	Member pays 0% after deductible	Not covered
<i>Mail Order Delivery Formulary Generic / Formulary Brand / Non-Formulary Brand</i>	Member pays 0% after deductible	Not covered
<b>Eligibility Date</b>	First day of the month following 30 days of full-time employment	
<b>Bi-Weekly Contribution</b>		
<i>Employee</i>	\$39.32	
<i>Employee &amp; Spouse</i>	\$156.19	
<i>Employee &amp; Child(ren)</i>	\$140.24	
<i>Employee &amp; Family</i>	\$257.11	
<b>Contact Information</b>	888-266-5519 www.aetna.com	

## Medical Coverage - Aetna - Group #8352294

Type of Plan	\$2,500 Deductible; 80/60 - POS Plan	
	In-Network	Out-of-Network
<b>Overview</b>	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 using Usual and Customary Charges	
<b>Annual Deductible</b>		
<i>Individual</i>	\$2,500	\$2,500
<i>Family</i>	\$7,500	\$7,500
<b>Annual Out-of-Pocket Maximum (Includes Deductible and Copays)</b>		
<i>Individual</i>	\$6,350	\$9,500
<i>Family</i>	\$12,700	\$19,000
<b>Lifetime Maximum Benefit</b>	Unlimited, except where otherwise indicated	
<b>Physician's Office Visits</b>	\$25 PCP copay; \$50 Specialist copay	Member pays 40% after deductible
<b>Preventive Care</b>	100% (Deductible Waived)	Member pays 40% after deductible
<b>Hospital Expenses (Facility Charges)</b>	Member pays 20% after deductible	Member pays 40% after deductible
<b>Hospital Outpatient (Facility Charges)</b>	Member pays 20% after deductible	Member pays 40% after deductible
<b>Emergency Room</b>	\$200 copay (No coverage if non emergency)	\$200 copay (No coverage if non emergency)
<b>Outpatient Therapies (ex: physical, speech and occupational)</b>	\$50 Specialist Copay See SBC for limit on # of visits	Member pays 40% after deductible See SBC for limit on # of visits
<b>Chiropractic Care</b> <i>Calendar year maximum benefit</i>	\$50 Specialist Copay after deductible; 20 visits	Member pays 40% after deductible 20 visits
<b>Mental Health</b>		
<i>Inpatient</i>	Member pays 20% after deductible	Member pays 40% after deductible
<i>Outpatient Office Visit</i>	\$50 copay	Member pays 40% after deductible
<i>Outpatient Facility Charges</i>	Member pays 20% after deductible	Member pays 40% after deductible
<b>Long Term Care Services</b>		
<i>Skilled Nursing Facility (60 days maximum per cal yr), Hospice Care, Home Health Care (60 visits maximum per cal yr)</i>	Member pays 20% after deductible	Member pays 40% after deductible
<b>Prescription Drugs</b>		
<i>Retail Pharmacy</i> <i>Forumulary Generic / Formulary Brand / Non-Formulary Brand</i>	Tier 1-\$3/\$15; Tier 2-\$35; Tier 3-\$65; Specialty-See SBC	Not covered
<i>Mail Order Delivery</i> <i>Forumulary Generic / Formulary Brand / Non-Formulary Brand</i>	Tier 1-\$6/\$30; Tier 2-\$70; Tier 3-\$130; Specialty-Mail Order Not Available	Not covered
<b>Eligibility Date</b>	First day of the month following 30 days of full-time employment	
<b>Bi-Weekly Contribution</b>		
<i>Employee</i>	\$50.14	
<i>Employee &amp; Spouse</i>	\$178.92	
<i>Employee &amp; Child(ren)</i>	\$161.36	
<i>Employee &amp; Family</i>	\$290.12	
<b>Contact Information</b>	888-266-5519 www.aetna.com	

## Medical Coverage - Aetna - Group #8352294


Type of Plan	\$1,000 Deductible; 100/70 - POS Plan	
	In-Network	Out-of-Network
<b>Overview</b>	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 using Usual and Customary Charges	
<b>Annual Deductible</b>		
<i>Individual</i>	\$1,000	\$1,000
<i>Family</i>	\$3,000	\$3,000
<b>Annual Out-of-Pocket Maximum (Includes Deductible and Copays)</b>		
<i>Individual</i>	\$5,500	\$8,500
<i>Family</i>	\$11,000	\$17,000
<b>Lifetime Maximum Benefit</b>	Unlimited, except where otherwise indicated	
<b>Physician's Office Visits</b>	\$25 PCP copay; \$50 Specialist copay	Member pays 30% after deductible
<b>Preventive Care</b>	100% (Deductible Waived)	Member pays 30% after deductible
<b>Hospital Expenses (Facility Charges)</b>	Member pays 0% after deductible	Member pays 30% after deductible
<b>Hospital Outpatient (Facility Charges)</b>	Member pays 0% after deductible	Member pays 30% after deductible
<b>Emergency Room</b>	\$200 copay (No coverage if non emergency)	\$200 copay (No coverage if non emergency)
<b>Outpatient Therapies (ex: physical, speech and occupational)</b>	\$50 Specialist Copay See SBC for limit on # of visits	Member pays 30% after deductible See SBC for limit on # of visits
<b>Chiropractic Care</b> <i>Plan year maximum benefit</i>	\$50 Specialist Copay after deductible; 20 visits	Member pays 30% after deductible 20 visits
<b>Mental Health</b>		
<i>Inpatient</i>	Member pays 0% after deductible	Member pays 30% after deductible
<i>Outpatient Office Visit</i>	\$50 copay	Member pays 30% after deductible
<i>Outpatient Facility Charges</i>	Member pays 0% after deductible	Member pays 30% after deductible
<b>Long Term Care Services</b>		
<i>Skilled Nursing Facility (60 days maximum per cal yr), Hospice Care, Home Health Care (60 visits maximum per cal yr)</i>	Member pays 0% after deductible	Member pays 30% after deductible
<b>Prescription Drugs</b>		
<i>Retail Pharmacy</i> <i>Forumulary Generic / Formulary Brand / Non-Formulary Brand</i>	Tier 1-\$3/\$15; Tier 2-\$35; Tier 3-\$65; Specialty-See SBC	Not covered
<i>Mail Order Delivery</i> <i>Forumulary Generic / Formulary Brand / Non-Formulary Brand</i>	Tier 1-\$6/\$30; Tier 2-\$70; Tier 3-\$130; Specialty-Mail Order Not Available	Not covered
<b>Eligibility Date</b>	First day of the month following 30 days of full-time employment	
<b>Bi-Weekly Contribution</b>		
<i>Employee</i>	\$76.65	
<i>Employee &amp; Spouse</i>	\$234.56	
<i>Employee &amp; Child(ren)</i>	\$213.02	
<i>Employee &amp; Family</i>	\$370.95	
<b>Contact Information</b>	888-266-5519 www.aetna.com	



**Voluntary Dental Coverage - Blue Cross Blue Shield GA - Group # GA8701D001**

	<b>Participating Dentist</b>	<b>Non-Participating Dentist</b>
<b>Deductible - Per Insured Person - Per Calendar Year</b>	\$50 per insured person, per calendar year	\$50 per insured person, per calendar year
<b>Family Maximum Deductible - Per Calendar Year</b>	3x individual	3x individual
<b>Annual Maximum Benefit</b>	\$1,000 per individual, per calendar year	\$1,000 per individual, per calendar year
	<b>Participating Dentist BCBSGA Pays</b>	<b>Non-Participating Dentist BCBSGA Pays</b>
<b>Diagnostic &amp; Preventative</b> <i>(Oral exam, cleaning, x-rays)</i>	100% Coinsurance, no Deductible	100% Coinsurance (based on 90th percentile), no Deductible
<b>Basic Services</b> <i>(Fillings, simple extractions, oral surgery)</i>	80% Coinsurance, after Deductible	80% Coinsurance (based on 90th percentile), after Deductible
<b>Major Services</b> <i>(Root canals, periodontics, crowns, bridges, dentures)</i>	50% Coinsurance, after Deductible	50% Coinsurance (based on 90th percentile), after Deductible
<b>Orthodontic Services (Dependent Children Only)</b>	50% Coinsurance, no Deductible	50% Coinsurance (based on 90th percentile), no Deductible
<b>Eligibility Date</b>		
	First day of the month following 30 days of full-time employment	
<b>Bi-Weekly Contribution</b>		
<i>Employee</i>	\$11.88	
<i>Employee + Spouse</i>	\$27.04	
<i>Employee + Child(ren)</i>	\$27.04	
<i>Employee + Family</i>	\$37.42	
<b>Contact Information</b>	877-604-2158 <a href="http://www.bcbsga.com/mydental/">http://www.bcbsga.com/mydental/</a>	

**Voluntary Vision Coverage - Aetna - Group # 8352294**

Aetna Vision Preferred	In Network	Out of Network
<b>Exam</b>	Aetna Vision Network	
Use your Exam coverage once every rolling 12 months		
Routine/Comprehensive Eye Exam	\$10 Copay	\$25 Reimbursement
Standard Contact Lens Fit/Follow-up	Member pays discounted fee of \$40	Not Covered
Premium Contact Lens Fit/Follow-up	Member pays 90% of retail	Not Covered
	<b>Eyeglass Lenses / Lens options</b> Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses	
Single vision lenses	\$10 Copay	\$20 Reimbursement
Bifocal vision lenses	\$10 Copay	\$40 Reimbursement
Trifocal vision lenses	\$10 Copay	\$65 Reimbursement
Lenticular vision lenses	\$10 Copay	\$65 Reimbursement
Standard Progressive vision lenses	\$75 Copay	\$40 Reimbursement
	<b>Contact Lenses</b> Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses OR 1 order of contact lenses	
Conventional contact lenses	\$115 Allowance -Additional 15% off balance over allowance	\$80 Reimbursement
Disposable contact lenses	\$115 Allowance	\$80 Reimbursement
Medically necessary contact lenses	\$0 Copay	\$200 Reimbursement
	<b>Frames</b> Use your Frame coverage once every rolling 24 months	
<b>Any Frame available, including frames for prescription sunglasses</b>	\$130 allowance, additional 20% off balance over allowance	\$65 Reimbursement
	<b>Eligibility Date</b> First day of the month following 30 days of full-time employment	
	<b>Bi-Weekly Contribution</b>	
<i>Employee</i>	\$2.87	
<i>Employee &amp; Spouse</i>	\$5.44	
<i>Employee &amp; Child(ren)</i>	\$5.73	
<i>Employee &amp; Family</i>	\$8.42	
<b>Contact Information</b>	877-973-3238 www.aetnavision.com	



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Intelligent solutions

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## Aetna Resources For Living<sup>SM</sup>

### Employee Assistance Program (EAP)

To access services:  
1-888-238-6232  
[www.resourcesforliving.com](http://www.resourcesforliving.com)  
Username: floyd  
Password: eap

### Floyd County Productions

Aetna Resources For Living is an employer sponsored program, available at no cost to you and all members of your household. That includes dependent children up to age 26, whether or not they live at home. Services are confidential and available 24 hours a day, 7 days a week.



## Counseling and Relationship Support

- You can call our dedicated staff, 24 hours a day; you can also talk to licensed behavioral health professionals for emotional support
- Up to 6 counseling sessions per issue per year with licensed network professionals at no cost to you; you don't have to worry about copays or deductibles
- Counseling sessions are available face to face, by phone or televideo
- Support, consultation and resources for a range of issues such as: helping you balance work and home life, family relationship issues, depression, conflict management, alcohol/substance abuse, stress management and more



## Web-based Resources

- A customized website which offers a full range of tools and resources on behavioral health and worklife balance topics. Most sections of the website are available in Spanish. Website links include:
  - Articles and self-assessments
  - Access to worklife service providers
  - Stress Resource Center
  - Live webinars and on-demand library
  - Mobile app
  - myStrength – a “health club” for your mind
- Discount Center with discounts on brand-name products and services, including computers and electronics, theme parks, movie tickets, local attractions, travel, gifts, apparel, flowers, jewelry, fitness centers and more



## Worklife Balance Services

- Consultation, information, and assistance with locating resources such as:
  - Child care, parenting and adoption
  - Summer programs for kids
  - School and financial aid research
  - Care for older adults
  - Caregiver support
  - Special needs
  - Pet care
  - Home repair and improvement
  - Household services
- Care kits related to prenatal, child care or adult care



## Legal Services

- ½ hour free consultation with a participating attorney for each new legal topic (each plan year) related to:
  - General, family, criminal law
  - Elder law and estate planning
  - Divorce
  - Wills and other document preparation
  - Real estate transactions
  - Mediation services
- A discount of 25% off of the fees for services beyond the initial consultation (excluding flat legal fees, contingency fees and plan mediator services)
- Services must be related to the employee/ eligible household members; employment law is excluded



## Financial Services

- ½ hour free telephonic consultation for each new financial topic (each plan year) related to:
  - Budgeting
  - Retirement or other financial planning
  - Mortgages and refinancing
  - Credit and debt issues
  - College funding
  - Tax and IRS questions and preparation
- A discount of 25% off tax preparation services
- Services must be for financial matters related to the employee and eligible household members



## Other Services

- Identity theft services – One hour fraud resolution phone consultation or coaching about ID theft prevention and credit restoration. Services include a free emergency kit for victims.

**Aetna Resources For Living<sup>SM</sup> is the brand name used for products and services offered through the Aetna group of subsidiary companies (Aetna). The EAP is administered by Aetna Behavioral Health, LLC. In California for Knox-Keene plans, Aetna Health of California, Inc. and Health and Human Resources Center, Inc.**

All EAP calls are confidential, except as required by law. This material is for informational purposes only. It contains only a partial, general description of programs and services and does not constitute a contract. EAP instructors, educators and network participating providers are independent contractors and are neither agents nor employees of Aetna. Aetna does not direct, manage, oversee or control the individual services provided by these persons and does not assume any responsibility or liability for the services they provide and, therefore, cannot guarantee any results or outcomes. The availability of any particular provider cannot be guaranteed and is subject to change. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to [www.aetna.com](http://www.aetna.com).

Quality health plans & benefits  
Healthier living  
Financial well-being  
Intelligent solutions



# Save money on your health and wellness



## Aetna Discount Program

[www.aetna.com](http://www.aetna.com)

00.02.333.11 (8/15)



## Save on gym memberships, eye exams and eyeglasses, weight-loss programs, massage therapy and more

### Fitness discounts

Get the guaranteed lowest rates at your choice of over 10,000\* gyms (and growing) in the GlobalFit® network.

This offer is for new gym members only. If you belong to a gym now, or belonged recently, call GlobalFit at **1-800-298-7800** to see if a discount applies.

You also get:

- FREE guest pass at most gyms
- Flexible membership options
- Easy billing through your bank account or major credit card
- Membership transfer to another participating gym or person\*\*
- Freeze and travel privileges\*\*

### Save on home exercise equipment

Do you prefer to exercise in the privacy of your home? Get discounts on elliptical trainers, treadmills and strength equipment, and start building your home gym today.

### More healthy perks

Getting fit is just the start to a healthier you. You can also try out an at-home weight-loss program. Or get one-on-one health coaching\*\*\* to help you quit smoking, lower stress, lose weight and more.

There are no claims forms, referrals or limits on how much you can save. And your family members may be able to save, too.

\*GlobalFit website. [www.globalfit.com/fitness](http://www.globalfit.com/fitness). March 2015.

\*\*Call GlobalFit for more information.

\*\*\*By HealthAdvocate, through GlobalFit.

**Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Idaho, Wyoming and Utah, by Aetna Health of Utah Inc. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.**

## Hearing discounts

Save on hearing aids and exams. You have two options to meet your hearing needs.

### With Hearing Care Solutions, you get:

- Savings on a large choice of hearing aids
- A three-year supply of batteries (up to 240 cells per hearing aid), then you can join a discount battery mail-order program after this original supply runs out
- Free in-office service of hearing aids for one year after purchase
- Free cleanings, checks and battery door replacements for one year after purchase from the original provider

### With Amplifon Hearing Health Care (formerly HearPO\*), you get:

- Savings on many styles of hearing aids, including programmable and digital hearing aids from leading makers
- A two-year supply of batteries (up to 160 cells per hearing aid)
- Discounts on hearing exams and hearing aid repairs
- Free follow-up services for one year

## Weight management discounts

Lose weight, feel great and save on some of today's most popular weight-loss programs and meal plans.

### Save with CalorieKing\*!

Learn to control your weight long term.

- Join an annual or monthly CalorieKing Program, then get a 7-day free trial period.<sup>†</sup>
- You'll get a discount when you continue your annual program membership.<sup>††</sup>
- With either an annual or monthly program membership, you also save on products in the CalorieKing online Store.

You also get CalorieKing's Food and Exercise Diary, extensive food database, personalized goals and more.

### Save with Jenny Craig\*!

You can choose from these offers:

- FREE 30-Day Program<sup>†††</sup>
- Percent off the Jenny All Access Program enrollment fee<sup>†††</sup>

Jenny Anywhere!

Jenny gives you two options to choose from:

- Get weekly, face-to-face support and motivation at one of approximately 400 locations.
- Enjoy the convenience and privacy of getting your support and motivation over the phone each week.

You also get one-on-one support from your personal consultant, planned and personalized menus, and more.

### Save with Nutrisystem\*!

Lose weight and learn how to keep it off.

- Save on any 28-Day Nutrisystem® Success™ weight-loss meal plan.<sup>†</sup>
- Get other offers when you purchase a plan.
- Enjoy a larger discount when you sign up for Auto-Delivery.<sup>††</sup>

You also get food delivered right to your door, high-quality protein shakes, personalized activity plans and more.

<sup>†</sup>You can cancel your program membership at any time during the first 7 days by logging in to the program and following the instructions in Payment and Account Details under Account Settings. If you do not cancel during the first 7 days, your credit card will be charged on the 8th day.

<sup>††</sup>If you are already a CalorieKing member, you will need to terminate your current CalorieKing account and rejoin to receive the Aetna discounted membership price.

<sup>†††</sup>Plus the cost of food. Plus the cost of shipping (if applicable). Offer applies to initial enrollment fee only and is valid only at participating Centers and through Jenny Craig At Home. Each offer is a separate offer and can be used only once per Member. No cash value. Restrictions may apply.

<sup>†</sup>The Aetna discount offers do not apply to any plan in which you are already enrolled. To receive the discounted rate, you must wait until your current plan ends. If you are enrolled in Auto-Delivery, you must cancel it and then re-enroll to receive the discounted rate.

<sup>††</sup>Offer good on new 28-Day Auto-Delivery orders only. With Auto-Delivery you receive a discount off Nutrisystem's regular 28-Day Plan price and free shipping to the continental U.S. only.

## Natural products and services discounts

Save on good health, naturally. Get a discount off the normal fee for these services offered through the ChooseHealthy® program\*:

- Massage therapy
- Acupuncture
- Chiropractic
- Nutrition services

### Discounts on health and wellness products

You can also get a discount off the retail price on a variety of products like over-the-counter vitamins, yoga equipment and more on the ChooseHealthy website.

### Save on medical consultations online

Get advice on natural remedies for many conditions from doctors in the Vital Health Network. You'll get a discount off your first online consultation. Then an additional discount for each one after that. Topics include headaches, joint pain, allergies and more.

## Vision discounts

Pay less for eye exams, nondisposable contact lenses, and prescription and nonprescription eyeglasses. Even many designer frames.\*\*

### Where you can save

You can visit many doctors in private practice. Plus, national chains like JCPenney Optical, LensCrafters®, Target Optical®, Sears Optical® and Pearle Vision®.<sup>1</sup>

To find a location near you, go to [www.aetna.com](http://www.aetna.com).

## Great rates on eye exams

Your cost for an exam is discounted. Even if your health benefits or insurance plan covers your first exam, you can get another one later at a discounted price from a provider that participates in the discount program network.

### More eye-opening perks

- Savings on LASIK laser eye surgery, including a FREE consultation
- Discounts off eye care items like sunglasses, contact lens cleaners and eyeglass chains
- Contact lens replacements — delivered to your door

## Start saving today

You can save on everything in this brochure and so much more. It's easy. To get started:

1. Log in to your secure member website at [www.aetna.com](http://www.aetna.com) once you're an Aetna member.
2. Choose "Health Programs," then "See the discounts."
3. Follow the steps for each discount you want to use.

Stay healthy with discounts that come with your Aetna health plan.

\*The ChooseHealthy program is made available through American Specialty Health Administrators, Inc., a subsidiary of American Specialty Health Incorporated (ASH). ChooseHealthy is a federally registered trademark of ASH and used with permission herein.

\*\*Certain brands impose a no-discount policy.

<sup>1</sup>EyeMed Select Network and Provider List, January 1, 2015.

**If you require language assistance, please call the Member Services number on your Aetna ID card, and an Aetna representative will connect you with an interpreter. If you're deaf or hard of hearing, use your TTY and dial 711 for the Telecommunications Relay Service. Once connected, please enter or provide the Aetna telephone number you're calling.**

**Si usted necesita asistencia lingüística, por favor llame al número de Servicios al Miembro que figura en su tarjeta de identificación de Aetna, y un representante de Aetna le conectará con un intérprete. Si usted es sordo o tiene problemas de audición, use su TTY y marcar 711 para el Servicio de Retransmisión de Telecomunicaciones (TRS). Una vez conectado, por favor entrar o proporcionar el número de teléfono de Aetna que está llamando.**

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Discount offers provide access to discounted services and are NOT insured benefits. The member is responsible for the full cost of the discounted services. Aetna may receive a percentage of the fee you pay to the discount vendor. Health benefits and health insurance plans contain exclusions and limitations. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to [www.aetna.com](http://www.aetna.com).

**Policy forms issued in Oklahoma include:** HMO OK COC-5 09/07, HMO/OK GA-3 11/01, HMO OK POS RIDER 08/07, GR-23 and/or GR-29/GR-29N.

[www.aetna.com](http://www.aetna.com)

# Short-Term Disability Insurance



## How long could you afford to go without a paycheck?

Help protect your paycheck with Colonial Life's short-term disability insurance.

You use your paycheck mainly to pay for your home, your car, groceries, medical bills and utilities. What if you couldn't go to work due to an accident or sickness?

Monthly Expenses:	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
			Total \$ _____

## My Coverage Worksheet (For use with your Colonial Life Benefits Counselor)

### How much coverage do I need?

On-Job Accident and On-Job Sickness \$ \_\_\_\_\_ Off-Job Accident and Off-Job Sickness \$ \_\_\_\_\_

### How long will I receive benefits?

Total Disability: \_\_\_\_\_ months      Partial Disability: 3 months\*

\*Partial Disability is 50% of the Total Disability Amount

### When will my benefits start?

After an Accident: \_\_\_\_\_ days      After a Sickness: \_\_\_\_\_ days

### How much will it cost?

Your cost will vary based on the level of coverage you select.

### What additional features are included?

- Waiver of Premium
- Worldwide Coverage

# Here are some frequently asked questions about Colonial Life's disability insurance:

## Will my disability income payment be reduced if I have other insurance?

You're paid regardless of any other insurance you may have with other insurance companies. Benefits are paid directly to you (unless you specify otherwise).

## When am I considered totally disabled?

Totally disabled means you are:

- Unable to perform the material and substantial duties of your job;
- Not working at any job; and
- Under the regular and appropriate care of a doctor.

## What if I want to return to work part-time after I am totally disabled?

You may be able to return to work part-time and still receive benefits. We call this "Partial Disability." This means you may be eligible for coverage if:

- You are unable to perform the material and substantial duties of your job 20 hours or more per week,
- You are able to work at your job or any other job for less than 20 hours per week,
- Your employer will allow you to work for less than 20 hours per week, and
- You are under the regular and appropriate care of a doctor.

The total disability benefit must have been paid for at least one full month immediately prior to your being partially disabled.

## What if I change employers?

If you change jobs or leave your employer, you can take your coverage with you at no additional cost. Your coverage is guaranteed renewable to age 70 as long as you continue to pay your premiums when they are due.

## EXCLUSIONS

We will not pay benefits for losses that are caused by or are the result of: alcoholism or drug addiction; felonies or illegal occupation; flying; giving birth within the first nine months after the effective date of the policy; hazardous avocations; having a pre-existing condition as described and limited by the policy; psychiatric or psychological conditions; racing; semi-professional or professional sports; suicide or self-inflicted injuries; war or armed conflict.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy form DIS1000-GA. This is not an insurance contract and only the actual policy provisions will control.

### Colonial Life

1200 Colonial Life Boulevard  
Columbia, South Carolina 29210  
coloniallife.com

## What is a pre-existing condition?

A pre-existing condition is when you have a sickness or physical condition for which you were treated, received medical advice, or had taken medication within 12 months before the effective date of your policy.

If you become disabled because of a pre-existing condition, Colonial Life will not pay for any disability period if it begins during the first 12 months the policy is in force.

## Can my premium change?

You may choose the amount of coverage to meet your needs (subject to your income). You can elect more or less coverage which will change your premium. Colonial Life can change your premium only if we change it on all policies of this kind in the state where your policy was issued.

## What is a covered accident or a covered sickness?

A covered accident is an accident. A covered sickness means an illness, infection, disease or any other abnormal physical condition, not caused by an injury.

A covered accident or covered sickness:

- Occurs after the effective date of the policy;
- Is of a type listed on the Policy Schedule;
- Occurs while the policy is in force; and
- Is not excluded by name or specific description in the policy.

## How do I file a claim?

Visit [coloniallife.com](http://coloniallife.com) or call our Policyholder Service Center at 1.800.325.4368 for additional information.

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# Group Accident Insurance



You can't predict when or where an accident will strike. But you can make sure you have a safety net of financial protection to help if an accidental injury occurs.

Accidents can happen anytime, anywhere—at home or at work, on the playground or on the road. Some of the most common injuries include:

- Broken bones
- Burns
- Concussions
- Lacerations
- Back or knee injuries
- Accidental injuries that send you to the Emergency Room, Urgent Care or a doctor's office.

Colonial Life's Group Accident Insurance helps you fill some of the gaps caused by increasing deductibles, co-payments and out-of-pocket costs related to an accidental injury. With this coverage you may not need to use your savings or secure a loan to help pay those unexpected out-of-pocket expenses associated with a covered accident.

## Here's how it works...

Imagine while cleaning the gutters, you fall from the ladder and break your leg.

### These are out-of-pocket expenses you may encounter:

\$100	Emergency room copay
\$250	Deductible (copays do not count toward deductible)
\$35	Specialist visit copay – orthopedic physician
\$350	Specialist visit copay – occupational/physical therapy for 10 days

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**\$735 Out-of-pocket expenses**

### And here is a sample of benefits you may be eligible for with Colonial Life's Group Accident Insurance:

\$125	Accident Emergency Treatment
\$150	Accident Follow-up Doctor Visit (\$50 per visit, up to 3 per accident)
\$100	Appliance (crutches)
\$1,125	Fracture (broken leg)
\$250	Occupational/Physical Therapy (\$25/day for 10 days)
\$30	X-Ray (for diagnosis of broken leg)

---

**\$1,780 of benefits paid to you in addition to other coverage you may have with other insurance companies.**

*The claims example above is based on a covered person aged 41 who receives a complete fracture of the leg and requires non-surgical repair. The policy has exclusions and limitations. Costs of treatment and benefit amounts may vary.*

Benefits listed are for each covered person per covered accident unless otherwise specified.

### Initial Care

- Accident Emergency Treatment .....\$125
- Air Ambulance..... \$1,500
- Ambulance.....\$200
- X-Ray Benefit ..... \$30

### Common Accidental Injuries

Dislocation (Separated Joint)	Non-Surgical	Surgical
Hip	\$3,000	\$6,000
Knee	\$1,500	\$3,000
Ankle – Bone or Bones of the Foot	\$1,200	\$2,400
Collarbone (sternoclavicular)	\$750	\$1,500
Lower Jaw, Shoulder, Elbow, Wrist	\$450	\$900
Bone or Bones of the Hand	\$450	\$900
Collarbone (acromioclavicular and separation)	\$150	\$300
One Toe or Finger	\$150	\$300

Fracture (Broken Bone)	Non-Surgical	Surgical
Depressed Skull	\$3,750	\$7,500
Non-Depressed Skull	\$1,500	\$3,000
Hip, Thigh	\$2,250	\$4,500
Body of Vertebrae, Pelvis, Leg	\$1,125	\$2,250
Bones of Face or Nose	\$525	\$1,050
Upper Jaw, Maxilla	\$525	\$1,050
Upper Arm between Elbow and Shoulder	\$525	\$1,050
Lower Jaw, Mandible; Kneecap, Ankle, Foot	\$450	\$900
Shoulder Blade, Collarbone, Vertebral Process	\$450	\$900
Forearm, Wrist, Hand	\$450	\$900
Rib	\$375	\$750
Coccyx	\$300	\$600
Finger, Toe	\$150	\$300

Your Colonial Life certificate also provides benefits for the following injuries received as a result of a covered accident.

- Burn (based on size and degree)..... \$1,000 to \$12,000
- Burn - Skin Graft for 2nd or 3rd degree burns .....50% of Burn benefit
- Coma.....\$10,000
- Concussion .....\$150
- Emergency Dental Work.....\$100 Extraction, \$300 Crown, Implant, or Denture
- Lacerations (based on size)..... \$25 to \$600

### Requires Surgery

- Eye Injury.....\$300
- Ruptured Disc.....\$500
- Tendon/Ligament/Rotator Cuff ..... \$500 - one, \$750 - two or more
- Torn Knee Cartilage .....\$500

### Surgical Care

- Blood/Plasma/Platelets .....\$300
- Surgery (arthroscopic or exploratory) .....\$150
- Surgery (cranial, open abdominal or thoracic)..... \$1,500
- Surgery (hernia) .....\$200

**Benefits listed are for each covered person per covered accident unless otherwise specified.**

### Transportation/Lodging Assistance

If injured, the covered person must travel more than 50 miles from residence to receive special treatment and confinement in a hospital.

- Lodging (family member or companion) .....\$150 per night up to 30 days for a hotel/motel lodging costs
- Transportation .....\$500 per round trip up to 3 round trips

### Accident Hospital Care

- Hospital Admission<sup>1</sup> ..... \$1,000 per accident
- Hospital ICU Admission<sup>1</sup> ..... \$1,500 per accident

<sup>1</sup> We will not pay the hospital admission benefit and the hospital intensive care unit (ICU) admission benefit for the same covered accident simultaneously.

- Hospital Confinement<sup>2</sup> ..... \$200 per day up to 365 days per accident
- Hospital ICU Confinement<sup>2</sup> ..... \$400 per day up to 15 days per accident

<sup>2</sup> We will not pay the hospital confinement benefit and the hospital ICU confinement benefit simultaneously.

### Accident Follow-Up Care

- Accident Follow-Up Doctor Visit ..... \$50 (up to 3 visits per accident)
- Appliances ..... \$100 (such as wheelchair, crutches)
- Medical Imaging Study ..... \$150 per accident  
(limit 1 per covered accident and 1 per calendar year)
- Occupational or Physical Therapy ..... \$25 per day up to 10 days
- Pain Management (Epidural Anesthesia) ..... \$100 (limit 1 per covered accident)
- Prosthetic Devices/Artificial Limb ..... \$500 - one, \$1,000 - two or more
- Rehabilitation Unit Confinement<sup>3</sup> ..... \$100 per day up to 15 days per covered accident, and 30 days per calendar year

<sup>3</sup> We will not pay the hospital confinement benefit and the rehabilitation unit confinement benefit simultaneously.

### Accidental Dismemberment

- Loss of Finger/Toe ..... \$750 – one, \$1,500 – two or more
- Loss or Loss of Use of Hand/Foot/Sight of Eye ..... \$7,500 – one, \$15,000 – two or more

### Extended Accidental Dismemberment

For severe injuries that result in the total and irrecoverable:

- Loss of one hand and one foot
  - Loss of both hands or both feet
  - Loss or loss of use of one arm and one leg
  - Loss or loss of use of both arms or both legs
  - Loss of the sight of both eyes
  - Loss of the hearing of both ears
  - Loss of the ability to speak
- Named Insured ..... \$50,000    Spouse ..... \$50,000    Child(ren) ..... \$25,000

365-day elimination period. Payable once per lifetime for each covered person.

### Accidental Death

	Accidental Death	Common Carrier
● Named Insured	\$25,000	\$100,000
● Spouse	\$25,000	\$100,000
● Child(ren)	\$5,000	\$20,000

### Will I have to answer health questions to receive coverage?

Coverage is Guaranteed Issue. No health questions will be asked.

### What additional features are included?

- Worldwide coverage
- Portable
- Compliant with Health Savings Account (HSA) guidelines

### How do I know how much a benefit pays?

Benefit amounts are preset and not based on the medical expenses you are charged. You get a lump sum payment that is specific to the injury or treatment required.

### Will my accident claim payment be reduced if I have other insurance?

You're paid regardless of any other insurance you may have with other insurance companies, and the benefits are paid directly to you (unless you specify otherwise).

### How do I file a claim?

Visit [coloniallife.com](http://coloniallife.com) or call our Customer Service Department at 1.800.325.4368 for additional information.

## My Coverage Worksheet (For use with your Colonial Life benefits counselor)

### Who will be covered? (check one)

- Employee Only                       Employee & Spouse
- One-Parent Family                       Two-Parent Family

### When are covered accident benefits available? (check one)

- On and Off-Job Benefits                       Off-Job Only Benefits

### EXCLUSIONS AND LIMITATIONS

We will not pay any benefits for losses that are caused by, contributed to by or occur as a result of: felonies or illegal occupations; hazardous avocations; racing; semi-professional or professional sports; sickness; suicide or injuries which any covered person intentionally does to himself; war or armed conflict; in addition to the exclusions listed above, we also will not pay the Extended Accidental Dismemberment benefit for injuries that are caused by or are the result of: birth or intoxicants and narcotics. The covered person must incur a charge and the certificate must be in force for benefits to be payable.

For cost and complete details, see your Colonial Life benefits counselor. Applicable to policy number GACC1.0-P and certificate number GACC1.0-C (including state abbreviations where used, for example: GACC1.0-C-TX). This is not an insurance contract and only the actual policy provisions will control.

# 2016 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)**

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.

- **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)

# 2016 Annual Health Plan Notices

- **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 Human Resources

- **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)

# 2016 Annual Health Plan Notices

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.

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

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

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

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

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

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



<b>ALABAMA – Medicaid</b>	<b>COLORADO – Medicaid</b>
Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a> Phone: 1-855-692-5447	Medicaid Website: <a href="http://www.colorado.gov/">http://www.colorado.gov/</a> Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
<b>ALASKA – 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	<b>FLORIDA – Medicaid</b>
<b>ARIZONA – CHIP</b>	Website: <a href="https://www.flmedicaidtprecovery.com/">https://www.flmedicaidtprecovery.com/</a> Phone: 1-877-357-3268
Website: <a href="http://www.azahcccs.gov/applicants">http://www.azahcccs.gov/applicants</a> Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	<b>GEORGIA – Medicaid</b>
	Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPPP) Phone: 1-800-869-1150
<b>IDAHO – Medicaid</b>	<b>MONTANA – Medicaid</b>
Medicaid Website: <a href="http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx">http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx</a> Medicaid Phone: 1-800-926-2588	Website: <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a> Phone: 1-800-694-3084
<b>INDIANA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a> Phone: 1-800-889-9949	Website: <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633
<b>IOWA – Medicaid</b>	<b>NEVADA – Medicaid</b>
Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562	Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900

<b>KANSAS – Medicaid</b>	
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-800-792-4884	
<b>KENTUCKY – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>LOUISIANA – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a> Phone: 1-888-695-2447	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>MAINE – 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: 1-800-977-6740 TTY 1-800-977-6741	
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MINNESOTA – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a> Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100
<b>MISSOURI – Medicaid</b>	<b>NORTH DAKOTA – 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://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-800-755-2604

<b>OKLAHOMA – Medicaid and CHIP</b>	<b>UTAH – Medicaid and CHIP</b>
<p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a></p> <p>Phone: 1-888-365-3742</p>	<p>Website: <a href="http://health.utah.gov/upp">http://health.utah.gov/upp</a></p> <p>Phone: 1-866-435-7414</p>
<b>OREGON – Medicaid</b>	<b>VERMONT– Medicaid</b>
<p>Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a>  <a href="http://www.hijossaludablesoregon.gov">http://www.hijossaludablesoregon.gov</a></p> <p>Phone: 1-800-699-9075</p>	<p>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a></p> <p>Phone: 1-800-250-8427</p>
<b>PENNSYLVANIA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
<p>Website: <a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a></p> <p>Phone: 1-800-692-7462</p>	<p>Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a></p> <p>Medicaid Phone: 1-800-432-5924</p> <p>CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a></p> <p>CHIP Phone: 1-855-242-8282</p>
<b>RHODE ISLAND – Medicaid</b>	<b>WASHINGTON – Medicaid</b>
<p>Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a></p> <p>Phone: 401-462-5300</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></p> <p>Phone: 1-800-562-3022 ext. 15473</p>
<b>SOUTH CAROLINA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
<p>Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a></p> <p>Phone: 1-888-549-0820</p>	<p>Website: <a href="http://www.dhhr.wv.gov/bms/">www.dhhr.wv.gov/bms/</a></p> <p>Phone: 1-877-598-5820, HMS Third Party Liability</p>
<b>SOUTH DAKOTA - Medicaid</b>	<b>WISCONSIN – Medicaid</b>
<p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a></p> <p>Phone: 1-888-828-0059</p>	<p>Website: <a href="http://www.badgercareplus.org/pubs/p-10095.htm">http://www.badgercareplus.org/pubs/p-10095.htm</a></p> <p>Phone: 1-800-362-3002</p>
<b>TEXAS – Medicaid</b>	<b>WYOMING – Medicaid</b>
<p>Website: <a href="https://www.gethiptexas.com/">https://www.gethiptexas.com/</a></p> <p>Phone: 1-800-440-0493</p>	<p>Website: <a href="http://health.wyo.gov/healthcarefin/equalitycare">http://health.wyo.gov/healthcarefin/equalitycare</a></p> <p>Phone: 307-777-7531</p>

**Premium Assistance Under Medicaid & the Children's Health Insurance Program  
(CHIP) cont.**

To see if any other states have added a premium assistance program since July 31, 2014, 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

OMB Control Number 1210-0137 (expires 10/31/2016)

## **Important Notice from Floyd County Productions 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 Floyd County Productions 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.**

**Floyd County Productions has determined that the prescription drug coverage offered by the Group Medical Plan 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 Floyd County Productions coverage will be affected.

If you do decide to join a Medicare drug plan and drop your current Floyd County Productions 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 Floyd County Productions 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 Floyd County Productions 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:	August 1, 2016
Name of Entity/Sender:	Floyd County Productions
Contact--Position/Office:	Jamie Moss, HR Director
Address:	231 18th St NW, Suite 8150, Atlanta, GA 30363
Phone Number:	(404) 445-8300



# 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 Jamie Moss, HR Director.

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.



## 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 FLOYD COUNTY PRODUCTIONS		4. Employer Identification Number (EIN) 94-3448940	
5. Employer address 231 18 <sup>th</sup> St NW, Suite 8150		6. Employer phone number 404-445-8300	
7. City Atlanta	8. State GA	9. ZIP code 30363	
10. Who can we contact about employee health coverage at this job? Jamie Moss, HR Director			
11. Phone number (if different from above)		12. Email address jamie@floydcounty.tv	

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: All full-time active employees who work 40 hours per week.

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are: Legal spouses, documented domestic partners, 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 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)



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**Disclaimer:** This benefit summary highlights key features of Floyd County's benefits program and does not include all plan rules and details. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this summary and the legal plan documents, the plan documents are the final authority. Floyd County reserves the right to change or discontinue its benefit plans at any time without prior advance notice.