



RAFICO™

Exceptional Services for Exceptional Properties

**2016-2017**  
**Employee Benefits Guide**

## **Welcome to the RAFCO Properties and RAFCO Clean Annual Enrollment Period**

We are excited to share with you the benefits package for the upcoming 2016-2017 plan year. We understand that your benefits are an important part of your well being and should meet your needs, as well as be affordable. This Benefit Guide includes brief summaries of RAFCO's employee benefit plans for employees and their dependents. Please review them carefully before making your decision. Any questions should be directed to Human Resources.

Our benefit consultants, CBIZ Benefits & Insurance, did a full market research to find competitive rates and benefits for the employees of RAFCO Properties and RAFCO Clean. We are pleased to announce that, effective December 1, 2016 we are moving to Anthem Blue Cross Blue Shield for our medical, Sunlife for our dental, base life, voluntary life, disability and Vision Benefits of America (VBA) for our vision. We will be offering 3 different medical plans this year; A Qualified High Deductible Health Plan with a Health Savings Account, a traditional co-pay "Base" plan and a traditional co-pay "Buy Up" plan. More information will follow in this guide as to the options available to you. Please review and choose your plan for the upcoming year. RAFCO will contribute \$175 per employee toward the cost of medical insurance.

The annual enrollment period this year is November 10th-November 30th. Keep in mind that if you do not enroll in the benefits offered, you will not have another opportunity to do so until next year at this time unless you experience a qualifying event (birth of a child, marriage, divorce, etc).

# 2016-2017 Benefits Guide

## CONTACT INFORMATION

	<p style="text-align: center;"><b><u>Medical</u></b></p> <p style="text-align: center;">*See number on the back of your card</p>
	<p style="text-align: center;"><b><u>Dental, Vision, Life, Long Term Disability &amp; Voluntary Benefits</u></b></p> <p style="text-align: center;">1-800-786-5433 www.sunlife.com</p>
	<p style="text-align: center;"><b><u>Vision</u></b></p> <p style="text-align: center;">1-800-432-4966 www.visionbenefits.com</p>



If you have called the 800 number on your identification card and still need assistance regarding your benefits, please contact our benefit consultants below:

Donna Clifton, Account Executive

314-692-5812 ~ [dclifton@cbiz.com](mailto:dclifton@cbiz.com)

Nicol Schmidt, Account Manager

314-692-5847 ~ [nschmidt@cbiz.com](mailto:nschmidt@cbiz.com)

## ENROLLING IN THE PLANS

**ENROLLING IN THE PLANS IS FAST AND EASY - HERE'S HOW:**

See Human Resources for forms

## ELIGIBILITY

Eligible: Employees currently working 30 or more hours per week and have satisfied a 60 day waiting period

Dependents—spouse and child(ren)

Ineligible: Employees working under 30 hours per week

## FREQUENTLY ASKED QUESTIONS

### **ARE CHANGES TO MY PLAN ALLOWED DURING THE YEAR?**

Generally, you may only enroll in the plan, or make changes to your benefits, during the re-enrollment period or when you are first hired. However, you can make changes/enroll during the plan year if you experience a qualifying event. As with a new enrollee, you must have your paperwork turned in within 31 days of the qualifying event or you will have to wait until the next annual open enrollment period. Premiums and enrollment eligibility may change; see your Human Resources department for details.

### **EXAMPLES OF QUALIFYING EVENTS**

- Your dependents or you lose health coverage because of loss of eligibility or loss of employer contributions
- You get married, divorced, or legally separated (with court order)
- You have a baby or adopt a child
- You or your spouse take an unpaid leave of absence
- You or your spouse dies
- Gain or loss of Medicaid entitlement
- You become eligible for Medicare

# 2016-2017 Benefits Guide

## Health Savings Account (HSA)

### Anthem HSA Plan Summary (E3,AH)

Benefit/Service	In-Network	Out-of-Network
Deductible (Individual/family)	\$5,000 / \$10,000	\$10,000 / \$20,000
Coinsurance	100%	70%
Out-of-Pocket Max. (Individual/family)	\$6,050 / \$12,100	\$20,000 / \$40,000
Office Visit	\$25/50 Co-Pay After Deductible	70% after Deductible
Virtual Visits	Office Visit Co-Pay after deductible	50% after Deductible
Well care Benefits	100%	70% after Deductible
Lab & X-ray/Diagnostics	100% after Deductible	70% after Deductible
Inpatient Hospital	100% after Deductible	70% after Deductible
Outpatient Surgery	100% after Deductible	70% after Deductible
Emergency Room	\$250 Co-Pay After In Network Deductible	
Urgent Care	\$75 Co-Pay After Deductible	70% After Deductible
Prescription:	<b>Deductible, then:</b>	
Retail	\$10 / \$35 / \$60 / 25% to \$200 max	
Mail Order	\$10 / \$90 / \$180 / 25% to \$200 max	

*Upon establishing an HSA Account through Optum Bank, RAFCO will contribute \$100 to each employee's account. Thereafter, RAFCO will match, dollar for dollar, up to \$900 for each employee who continues to contribute to their HSA. For example, if an employee chooses to contribute \$25 per pay period to their HSA, then RAFCO will contribute \$25 per pay period until the total contribution from RAFCO reaches \$900 (\$1,000 total for the year).*

Type of Coverage	Employee Bi-Weekly Cost
Employee	\$47.21
Employee & Spouse	\$175.19
Employee & Child(ren)	\$143.20
Employee & Family	\$271.18

## Traditional BASE Plan

### Anthem Base Plan Summary (Blue Access Choice 15,AJ)

Benefit/Service	In-Network	Out-of-Network
Deductible (Individual/family)	\$3,000 / \$9,000	\$6,000 / \$18,000
Coinsurance	80%	50%
Out-of-Pocket Max. (Individual/family)	\$6,600 / \$13,200	\$13,200 / \$26,400
Office Visit	\$30/50 Co-Pay	50% after Deductible
Virtual Visits	Office Visit Co-Pay	50% after Deductible
Well care Benefits	100%	50% after Deductible
Lab & X-ray	80% after Deductible	50% after Deductible
Major Diagnostics	80% after Deductible	50% after Deductible
Inpatient Hospital	80% after Deductible	50% after Deductible
Outpatient Surgery	80% after Deductible	50% after Deductible
Emergency Room	\$250 Co-Pay, then 20%	
Urgent Care	\$75 Co-Pay	50% After Deductible
Prescription:		
Retail	\$15 / \$45 / \$75 / 25% to \$200 max	
Mail Order	\$15 / \$112 / \$225 / 25% to \$200 max	

Type of Coverage	Employee Bi-Weekly Cost
Employee	\$98.43
Employee & Spouse	\$277.63
Employee & Child(ren)	\$232.83
Employee & Family	\$412.03

# 2016-2017 Benefits Guide

## Traditional BUY UP Plan

### Anthem Buy Up Plan Summary (Blue Access Choice 7,AL)

Benefit/Service	In-Network	Out-of-Network
Deductible (Individual/family)	\$2,000 / \$6,000	\$4,000 / \$12,000
Coinsurance	100%	70%
Out-of-Pocket Max. (Individual/family)	\$4,000 / \$8,000	\$8,000 / \$16,000
Office Visit	\$25/50 Co-Pay	70% after Deductible
Virtual Visits	Office Visit Co-Pay	50% after Deductible
Well care Benefits	100%	70% after Deductible
Lab & X-ray/Diagnostics	100%	70% after Deductible
Inpatient Hospital	100% after Deductible	70% after Deductible
Outpatient Surgery	100% after Deductible	70% after Deductible
Emergency Room	\$250 Co-Pay	
Urgent Care	\$75 Co-Pay	70% After Deductible
Prescription:	<b>At Participating Pharmacies:</b>	
Retail	\$10 / \$35 / \$60 / 25% to \$200 max	
Mail Order	\$10 / \$90 / \$180 / 25% to \$200 max	

Type of Coverage	Employee Bi-Weekly Cost
Employee	\$137.74
Employee & Spouse	\$356.23
Employee & Child(ren)	\$301.61
Employee & Family	\$520.11

## Health Savings Account (HSA)

A Health Savings Account (HSA) is type of health care plan that involves a tax advantaged savings plan paired with a qualified high deductible health plan. There are two components to an HSA plan: the *qualified high deductible health plan* (required) and the *health savings account* (optional but encouraged).

The *qualified high deductible health plan (QHDHP)* will be designed within the specific regulations established by the IRS. It will consist of the underlying insurance benefits and will include deductibles, co-insurance amounts and costs for various benefits including how prescription drugs are covered. It is important to note that the deductible must be completely satisfied before the plan pays any benefits.

The *health savings account (HSA)* is optional but is recommended that participants fund this account. Individuals who place money in this account will enjoy the following tax advantages:

- Funds that go into the HSA are payroll deducted before taxes are taken so the employee's taxable income is reduced. Generally, you can deposit enough money each year to fund your deductible. Individuals who are age 55 or older are also allowed to contribute extra money into their account.
- Any earnings or investment income in the HSA is not taxed. This bank account can grow tax free.
- Any funds used for qualified health care expenses are not taxed. Additionally, once an individual becomes Medicare eligible, those funds can be used for other items without being taxed.

The HSA is established in your name. It is your bank account and can be taken with you if you change employers. Any money deposited into the account is your money. HSA accounts do not include the "use it or

lose it" provision you would see with a flex spending account. Keep in mind that you can only spend money that is actually in your account. If your health care expenses are more than your HSA balance, you will have to pay the remaining cost in another manner such as cash, personal check, credit card, etc. Later, once you have accumulated the funds in your account, you can request reimbursement of what you've spent.

You can use your HSA funds for your spouse and dependents – even if they are not covered by your Qualified High Deductible Health Plan. You can use HSA funds to pay for qualified expenses of your spouse and tax eligible dependents.

You can use HSA funds for IRS-approved items such as...

- Doctor's office visits
- Hospitalization, urgent care, emergency room, etc.
- Dental services
- Eye exams, eyeglasses, contact lenses and solution, and laser surgery
- Hearing aids
- Orthodontia, dental cleanings, and fillings
- Prescription drugs and some over the counter medications
- Physical therapy, speech therapy, and chiropractic expenses

### Facts about the HSA:

#### What is an HSA?

A savings account set up by either you or your company where you can either direct pre-tax payroll deductions or deposit money to be used by you to pay for current or future medical expenses for you and/or your dependents. Once money goes into the account, it's yours forever – the HSA is in your name, just like a personal banking account.



## Why would I want an HSA?

Because you fund the HSA with pre-tax money, you are using tax-free funds for healthcare expenses you would normally pay for out-of-pocket using after-tax dollars. Your HSA contributions do NOT count toward your taxable income for federal taxes.

## What rules must I follow?

- You must be covered under a *Qualified High Deductible Health Plan (QHDHP)* in order to establish an HSA.
- You cannot establish an HSA if you also have a medical *flexible* spending account (FSA).
- You cannot set up an HSA if you have insurance coverage under another plan, for example your spouse's employer, unless that secondary coverage is also a qualified high deductible health plan.
- You cannot be enrolled in Medicare or Tricare.
- You cannot be claimed as a dependent under someone else's tax return.

## What is the difference between Qualified High Deductible Health Plan and a traditional PPO Plan?

In a QHDHP, all services received, with the exception of preventive office visits, are applied to the deductible first. This would include office visits that are not preventive, emergency room visits, and prescription drugs. You will, however, still benefit from the discounts associated with using an in-network physician or facility.

## What else do I need to know?

- Contributions are based on a calendar year. For 2017, contribution limits are \$3,400 for Single and \$6,750 for Family coverage. You cannot put more than this amount in the account; you can put less. Individuals who are age 55 or older can also contribute an additional \$1,000 in catch up contributions per year.
- The contributions from your paycheck are tax-free, grow tax-free, and come out tax-free as long as you utilize the funds for approved services (medical, dental, vision and over-the-counter medically

necessary items).

- Your unused contributions roll over from year to year and can be taken with you if you leave your current job.
- If you use the money for non-qualified expenses, then the money becomes taxable and is subject to a 20% excise tax penalty (like in an IRA account).
- Once you turn 65, become disabled, or upon account holder's death, the account can be used for other purposes without paying the 20% penalty.
- The savings account can be established with a variety of banking institutions, so you can take advantage of payroll deductions on a pre-tax basis.

## This type of health plan may be right for you if.....

- You do not use a lot of medical services.
- You do not have a lot of prescription medications.
- You would like money in a savings account to pay for "Qualified Expenses" permitted under Federal Law. This includes most medical care, dental and vision services.
- You'd like a tax-advantaged savings account.
- You would like more control over your healthcare dollars.
- You would rather pay less in payroll deductions and you can afford the higher deductible.
- Please note: the deductible applies to all services with the exception of wellness.

**More information about approved items, plus additional details about the HSA, is available on the IRS Website at [www.irs.gov](http://www.irs.gov).**

**Every time you use your HSA, save your receipt in case the IRS asks you to prove your claim was for a qualified expense. If you use HSA funds for a non-qualified expense, you will pay tax and a penalty on the ineligible amount.**



CenKare is a Family Health Center that is staffed by board-certified clinicians. There is no cost for Rafco employees and if you would like to add a family member the cost is \$10 per month for the rest of employee's family as long as they are over 2 years of age. The facility is a HIPAA regulated medical facility and no health information will be disclosed unless authorized by the patient. The CenKare Pharmacy is located next door to the Health Center and you can fill new prescriptions and for certain medications the cost can be free to very low co-pays.

### *Services Provided*

- ✓ Acute illness visits
  - Sore throat
  - Cough
  - Congestion
  - Much More
- ✓ Acute non work related injuries
- ✓ Sports physicals
- ✓ General wellness exams
- ✓ X-rays
- ✓ Wellness screenings
  - Diabetes screening
  - Lung function screening
  - Cholesterol screenings
  - Blood pressure screenings
- ✓ Point of care testing
  - Rapid strep test
  - Urinalysis
  - Rapid influenza test
  - Urine pregnancy test
- ✓ Standard Immunizations
  - Hep A
  - Hep B
  - Tdap
  - PPD testing
  - Influenza

Centene Gym is located on the 10<sup>th</sup> floor of the 7711 building and the cost is \$20 per month for full access 24/7. This amount can be deducted from your payroll each week. Please see HR for more information or a tour!

## When to use Primary Care, Convenience Care, Urgent Care or Emergency Care

### Primary Care

For routine, primary/preventive care, or non-urgent treatment, we recommend going to your doctor's office for medical care. Your doctor knows you and your health history, and has access to your medical records. You may also pay the least amount out of pocket when you receive care in your doctor's office.

### Convenience Care

Sometimes, you may not be able to get to your doctor's office, and your condition is not urgent or an emergency. In these situations, you may want to consider an in-network Convenience Care Center that can be an alternative to seeing your doctor. Services at a Convenience Care Center may be provided at a lower out of pocket cost than an urgent care center visit and are subject to primary care physician office visit copays and/or coinsurance.

#### Typical conditions that may be treated at a Convenience Care Center include:

- Common infections (e.g.: bronchitis, bladder infections, ear infections, pink eye, strep throat)
- Minor skin conditions (e.g.: athlete's foot, cold sores; minor sunburn, poison ivy)
- Flu shots

### Urgent Care

Sometimes you may need medical care fast, but a trip to the emergency room may not be necessary. Of course, during office hours you may be able to go to your doctor for any urgently needed service; however, if you require urgent care outside your doctor's regular office hours or you are unable to be seen by your doctor immediately, you may consider going to an in-network urgent care center. At an in-network urgent care center, you can generally be treated for many minor medical problems faster than at an emergency room.

#### Typical conditions that may be treated at a Urgent Care Center include:

- Sprains
- Strains
- Mild asthma attacks
- Small cuts
- Sore throats
- Rashes

### Emergency Room

If you think you or your loved one may be experiencing an emergency medical condition, you should go to the nearest emergency room or call 911. Emergency services are always considered at the in-network benefit level. An emergency medical condition is any condition (including severe pain) which you believe that without immediate medical care may result in:

- Serious jeopardy to your or your loved one's health, including the health of a pregnant woman or her unborn child
- Serious impairment to your or your loved one's bodily functions
- Serious dysfunction of any of your or your loved one's bodily organ or part

#### Some examples of emergency conditions may include the following:

- Heavy bleeding
- Chest pain
- Major burns
- Severe head injuries
- Sudden weakness or trouble walking
- Large open wounds
- Sudden change in vision
- Spinal injuries
- Difficulty breathing

Services that are available at an in-network convenience care clinic or in-network urgent care center may vary per center. Regardless of the provider you choose, please make sure it is considered an in-network provider by calling the toll-free number on the back of your medical ID card or visiting the carrier's website at [www.anthem.com](http://www.anthem.com).

# 2016-2017 Benefits Guide

## Enhance Your Smile with Dental Coverage

PPO Benefits	PPO Network	Out-of - Network
<b>Deductible</b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Coinsurance</b>		
Diagnostic/Preventive	100%	100%
Basic Services	90%	80%
Major Services	60%	50%
Endodontics	60%	50%
Periodontics	60%	50%
<b>Annual Maximum</b>	\$1,000/person	

Effective December 1, 2016, Sunlife will be our dental carrier. To find a provider in your area, please go to [www.sunlife.com](http://www.sunlife.com).

Type of Coverage	Employee Bi-Weekly Cost
Employee	\$10.14
Employee & Spouse	\$30.00
Employee & Child(ren)	\$26.53
Employee & Family	\$46.62

## See Clearly with Vision Coverage

Effective December 1, 2016 our new vision carrier will be Vision Benefits of America (VBA). If you utilize an out of network provider, your benefit is based on a reimbursement schedule. To search for in network providers go to [www.visionbenefits.com](http://www.visionbenefits.com), hover over "Vision Plan" then click on "I am a Member" then click on "Provider Finder". If you are considering lasik surgery, there is a discount available.

Type of Coverage	Full Time Employee Bi-Weekly Cost
Employee	\$2.48
Employee + One	\$4.70
Employee & Children	\$4.83
Employee & Family	\$6.44

Benefits	In-Network	Out-of-Network
Examination Co-pay	\$0 Copay	\$40 Reimbursement
Frequency of Service: Exam Lenses Frames	Every 12 months Every 12 months Every 24 months	
Lenses Single Bifocal Trifocal	\$20 Copay then 100% 100% 100%	Reimbursement \$40 \$60 \$80
Frames	\$20 Co-Pay then \$150 retail allowance and 20% off balance	\$50
Contacts Necessary Cosmetic	\$20 Co-Pay, then: 100% \$110 Allowance	Reimbursement \$320 \$110

# RAFCO Properties/RAFCO Clean

## Sunlife Life and Accidental Death & Dismemberment (AD&D)

Effective December 1, 2016 our Life and AD&D insurance will be offered through Sunlife. RAFCO offers all full time staff this benefit at no cost to you. This protection will provide **\$20,000** of life insurance. The employee benefit amount also carries an equal benefit of accidental death and dismemberment coverage. Please be sure to update your beneficiary form when electing your benefits for the upcoming year.

## Sunlife Voluntary Life/AD&D

RAFCO is also offering you the opportunity to purchase additional Life and Accidental Death and Dismemberment (AD&D) insurance on yourself and your dependents through Sunlife. Employees must purchase voluntary life in order to purchase coverage for your spouse and dependent children. During this “open enrollment” period, you can elect up to the Guarantee Issue amount without completing evidence of insurability. If you choose to decline this open enrollment opportunity to elect up to the guarantee issue amount on yourself and dependents, you will have to provide evidence of insurability for ANY amount next year at your annual enrollment if you choose to elect coverage at that time. Your AD&D amount will equal your voluntary term life benefit amount.

### EMPLOYEE COVERAGE

Employees may elect coverage in increments of \$10,000, or 5x earnings, whichever is less, up to a maximum of \$500,000. Guaranteed Issue for employees is \$150,000.

### SPOUSE COVERAGE

Spousal coverage is available in \$5,000 increments up to \$100,000 not to exceed 50% of the employee amount. Guaranteed Issue for spouses is \$25,000. Spouse coverage terminates at age 70. The spouse rate is based on the spouse’s age.

### CHILDREN

Coverage for children 14 days to 6 months is \$500. You may elect coverage in increments of \$1,000 up to \$10,000 for children 14 days to age 19 (23 if full time student). This amount may not exceed 50% of employee election.

Employee Monthly Cost	
Age Band	Employee/ Spouse Rate per \$1,000
Under 25	\$0.080
25-29	\$0.096
30-34	\$0.128
35-39	\$0.144
40-44	\$0.160
45-49	\$0.239
50-54	\$0.367
55-59	\$0.686
60-64	\$1.053
65-69	\$2.027
70+	\$3.288
Child Life Rate \$0.265 / \$1,000	

## Sunlife Long Term Disability Insurance

Long Term Disability will be provided by RAFCO through Sunlife. RAFCO pays the TOTAL cost for this important benefit. In the event that you were to become disabled, this benefit would provide 60% of your salary after the waiting period of 180 days.

# 2016-2017 Benefits Guide

## ENROLLMENT WORKSHEET

For Employee Use only-do not turn in to HR

Medical					Monthly Cost
Employee					
Employee & Spouse					
Employee & Child(ren)					
Family					

Dental					Monthly Cost
Employee					
Employee & Spouse					
Employee & Child(ren)					
Family					

Vision					Monthly Cost
Employee					
Employee & Spouse					
Employee & Child(ren)					
Family					

Health Savings Account (HSA)					Monthly Cost
If participating, what is your monthly contribution? ( <i>Yearly Maximums: Individual \$3,400; Family \$6,750 and if you are 55 or older, you can make "catch-up" contributions of an additional \$1,000 per year.</i> )					

# RAFCO Properties/RAFCO Clean

## ENROLLMENT WORKSHEET

Employee Monthly Cost	
Age Band	Employee/Spouse Rate per \$1,000
Under 25	\$0.080
25-29	\$0.096
30-34	\$0.128
35-39	\$0.144
40-44	\$0.160
45-49	\$0.239
50-54	\$0.367
55-59	\$0.686
60-64	\$1.053
65-69	\$2.027
70+	\$3.288

<b>Employee</b>			
\$ _____	÷ 1,000	X \$ _____	= \$ _____
Amount of Coverage		Unit Cost from Rate Table	Employee Monthly Cost
<b>Spouse</b>			
\$ _____	÷ 1,000	X \$ _____	= \$ _____
Amount of Coverage		Unit Cost from Rate Table	Spouse Monthly Cost
<b>Child(ren)</b>			
\$ _____	÷ 1,000	X \$ _____	= \$ _____
Amount of Coverage		Unit Cost from Rate Table	Child(ren) Monthly Cost



A benefit counselor from Sunlife will be at RAFCO November 21-22, 2016 to meet with employees individually to discuss voluntary benefits. See Human Resources for further information.

## IMPORTANT NOTICES

### SPECIAL ENROLLMENT NOTICE

During the open enrollment period, eligible employees are given the opportunity to enroll themselves and dependents into our group health plans. If you elect to decline coverage because you are covered under an individual health plan or a group health plan through your parent's or spouse's employer, you may be able to enroll yourself and your dependents in this plan if you and/or your dependents lose eligibility for that other coverage. If coverage is lost, you must request enrollment within 30 days after the other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may enroll any new dependent within 30 days of the event. To request special enrollment or obtain more information, contact *Human Resources*.

### WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

As a requirement of the Women's Health and Cancer Rights Act of 1998, your plan provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. The benefits must be provided and are subject to the health plan's regular co-pays, deductibles, and co-insurance. You may contact our health carrier at the phone number on the back of your ID card for additional benefit information.

### NOTICE OF PRIVACY PRACTICES

The Anthem Plan is subject to the HIPAA privacy rules. In compliance with these rules, it maintains a Notice of Privacy Practices. You have the right to request a copy of the Notice of Privacy Practices by contacting Human Resources

## **MARKETPLACE OPTIONS**

### **HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE**

#### **General Information**

When key parts of the health care law took effect in 2014, there was 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 Marketplace and employment-based health coverage offered by RAFCO.

#### **What is the Health Insurance Marketplace?**

The Marketplace is designed to help you find health insurance which 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 which lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins November 1st through January 31st.



# RAFCO Properties/RAFCO Clean

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

You may qualify to save money and lower your monthly premium. Savings 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 which offers minimum essential coverage and meets affordability standards, you will not be eligible for a tax credit through the Marketplace. If you purchase health coverage through the Marketplace, you may lose any employer contribution offered for the employer-offered coverage. Employer and employee contributions for employer-offered coverage are often excluded from Federal income tax. Payment for Marketplace coverage is made on an after-tax basis.

## More Information

New employees will receive a notice of Marketplace Coverage Options advising the standards of offered coverage. Please visit [HealthCare.gov](http://HealthCare.gov) for more Marketplace information.

## MEDICAID CHIP NOTICE

### Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on the DOL website provided 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)**.

Following is a link to the latest form and states where you may be eligible for assistance paying your employer health premiums: <http://www.dol.gov/ebsa/pdf/chipmodelnotice.pdf>

For more information on special enrollment rights, you can contact either

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-3272  
Menu Option 4, Ext 61565

U.S. Department of Health and Human Services  
Centers for Medicare and Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323

## GLOSSARY OF TERMS

**Coinsurance** – Your share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. The plan pays any remaining percentage of the cost until the out-of-pocket maximum is met. Coinsurance percentages will be different between in-network and non-network services.

**Copays** – A fixed amount you pay for a covered health care service. Copays can apply to office visits, urgent care, or emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any preventive services.

**Deductible** – The amount of money you pay before service are covered. Services subject to the deductible will not be covered until it has been fully met. It does not apply to any preventive services as required under the Affordable Care Act.

**Emergency Room** – Services you receive from a hospital for any serious condition requiring immediate care.

**Lifetime Benefit Maximum** – All plans are required to have an unlimited lifetime maximum.

**Medically Necessary** – Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease or its symptoms, which meet accepted standards of medicine.

**Network Provider** - A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider's normal fees for services.

**Out-of-Pocket Maximum** – The most you will pay during a set period of time before your health insurance begins to pay 100% of the allowed amount. The deductible, coinsurance, and co-pays are included in the out-of-pocket maximum.

**Preauthorization** – A process by your health insurer or plan to determine if any service, treatment plan, prescription drug, or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval, or precertification.

**Prescription Drugs** – Each plan offers its own unique prescription drug program. Specific copays apply to each tier and a medical plan can have one to five separate tiers. The retail pharmacy benefit offers a 30-day supply. Mail Order prescriptions provide up to a 90-day supply. Sometimes the deductible must be satisfied before copays are applied.

**Preventive Services** – All services coded as Preventive must be covered 100% without a deductible, coinsurance, or copayments.

**UCR (Usual, Customary and Reasonable)** – The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.

**Urgent Care** – Care for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe to require emergency room care.