



Family Resource Center Benefit News

TO OUR EMPLOYEES:

October 1, is the renewal date of our employee benefit plans and at this time we are beginning our annual enrollment period. We are happy to announce that we are remaining with Anthem for our medical and dental benefits. Vision Benefits of America will remain our vision carrier, Colonial will continue to offer voluntary short term disability and we will continue to offer life and disability benefits through The Hartford.

Family Resource Center understands the importance of an affordable benefit package. It is our goal to provide cost effective options which meet your needs and the needs of your family. We are pleased to inform you we will again offer employees the option of **three** medical plans, **two** dental plans, a vision plan, base life/ad&d, optional life, long term disability, voluntary short term disability and Teledoc. Teledoc will cost you, as the employee, \$1 per month and is limited to telephonic visits. Anthem also offers Live Health Online which allows face to face virtual visits online for a \$49 copay involved. See flyers included in this guide for further information.

Our annual enrollment period is between September 1-September 4. During this time you are allowed to make changes to your benefit choices and add or remove dependents. If you wish to make changes you must complete an enrollment change form. Contact Michele Gross for the appropriate form.

ENROLLING IN THE PLANS

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

Contact Michele Gross for the appropriate forms to enroll

ELIGIBILITY

WHO CAN YOU ADD TO YOUR PLAN:

Eligible: Employee
Spouse
Dependent Children
Domestic Partners

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
- You become eligible for or lose Medicaid coverage
- You become eligible for Medicare

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Enhance Your Smile with Dental Coverage - ANTHEM

Family Resource Center is again offering two voluntary dental plans. This benefit is offered to you through Anthem. You may elect the Base Plan or the higher benefit option by selecting the High Plan. Both plans offer in-network and non-network benefits. If you utilize a non-network provider you are responsible for all charges exceeding Anthem's negotiated rates in addition to your deductible and any applied coinsurance.

BOTH DENTAL PLANS INCLUDE A MAXIMUM CARRYOVER PROVISION - SEE ANTHEM BOOKLET

BASE PLAN

Schedule of Benefits	PPO Network	Out of Network
Deductible (individual/family)	\$50/\$150	\$50/\$150
Maximum Dependent Age	26	26
Annual Max per Person	\$1000	\$1000
Preventative Care: (Exams, Cleanings)	100%	80%
Basic & Restorative: (Fillings, Extractions)	80%	60%
Major Procedures: (Caps, Crown)	50%	50%
Orthodontics—Child Only	50%	50%
Orthodontic Maximum	\$1,000	\$1,000

Dental Co Per Pay Period	Base
Employee	\$2.50
Employee & Spouse	\$8.50
Employee & Child	\$13.00
Family	\$18.50

HIGH PLAN

Schedule of Benefits	PPO Network	Out of Network
Deductible (individual/family)	\$75/\$225	\$75/\$225
Maximum Dependent Age	26	26
Annual Max per Person	\$1500	\$1500
Preventative Care: (Exams, Cleanings)	100%	100%
Basic & Restorative: (Fillings, Extractions)	90%	80%
Major Procedures: (Caps, Crown)	60%	50%
Orthodontics—Child Only	50%	50%
Orthodontic Maximum	\$1,500	\$1,500

Dental Co Per Pay Period	HIGH PLAN
Employee	\$4.00
Employee & Spouse	\$13.00
Employee & Child	\$17.50
Family	\$25.50

LiveHealth Online[®]

Easy, fast doctor visits. All from the comfort of your own computer or mobile device.

Talk to a doctor today, tonight, anytime — 365 days a year. Just enroll at livehealthonline.com or on the free mobile app.



Now you can get the health care you need without all the hassle

Have a health question? Under the weather? With LiveHealth Online, you don't have to schedule an appointment, drive to the doctor's office, and then wait for your appointment. In fact, you don't even have to leave your home or office. Doctors can answer questions, make a diagnosis, and even prescribe basic medications when needed.*

With LiveHealth Online, you get:

- Immediate doctor visits through live video.
- Your choice of U.S. board-certified doctors.
- Help at a cost of only \$49 per visit, subject to deductible and coinsurance.
- Private, secure and convenient online visits.

What are the qualifications of the doctors you consult via LiveHealth Online?

- U.S. board-certified.
- Average 15 years practicing medicine.
- Mostly primary care physicians.
- Specially trained for online visits.

When can you use LiveHealth Online?

As always, you should call 911 with any emergency. Otherwise, you can use LiveHealth Online whenever you have a health concern and don't want to wait. Doctors are available 24 hours a day, seven days a week, 365 days a year. Some of the most common uses include:

- Cold and flu symptoms such as a cough, fever and headaches
- Allergies
- Sinus infections
- Family health questions

Start a conversation now.

Just enroll for free at livehealthonline.com or on the app, and you're ready to see a doctor.

Download the app now!

apple.com



play.google.com/store



*As legally permitted in certain states.

LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross and Blue Shield of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation (CompCare), which underwrites or administers the HMO policies; and CompCare and BCBSWI collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Family Resource Center

Medical Insurance to Keep You Healthy

OPTION 1 - HOSPITAL/ SURGICAL

- ◆ Under this plan you are responsible for 90% of the Anthem negotiated fee for any office visit.
- ◆ Co-Pays apply for certain benefits.
- ◆ Coinsurance is 20%
- ◆ Only Generic drugs are covered under this plan.
- ◆ You are responsible for the entire cost of Brand Name Drugs.
- ◆ This plan offers the lowest employee contribution.
- ◆ Benefits are not as high under this plan as they are under the other offered plans.

OPTION 2 - PLAN -NON-BJC PLAN

- ◆ This plan offers co-pays for office visits.
- ◆ Co-Pays apply for certain benefits.
- ◆ Coinsurance is 10%
- ◆ Only Generic drugs are covered under this plan.
- ◆ You are responsible for the entire cost of Brand Name Drugs.
- ◆ This benefit plan **EXCLUDES BJC** providers.

Benefit/Service	In Network YOU PAY	Non-Network YOU PAY
Deductible	\$1,500 / Individual \$4,500 / Family	\$3,000 / Individual \$9,000 / Family
Coinsurance	20%	50%
Out-of-Pocket Maximum	\$5,500 / Individual \$11,000 / Family	\$11,000 / Individual \$22,000 / Family
Office Visit	90% Deductible Does Not Apply	90% After Deductible
Preventive Care	100% Covered	50% After Deductible
Inpatient Services AND Outpatient Surgery	\$500 Co-Pay then 20% Coinsurance Deductible Does Not Apply	50% After Deductible
Outpatient Services	20% Coinsurance After Deductible	50% After Deductible
Urgent Care	Not Covered	Not Covered
Emergency Room	\$200 Co-Pay Then 20% Coinsurance Deductible Does Not Apply	
Prescription Retail	\$10 Co-Pay Generic Only	50% Generic Only
Mail Order 90 Day Supply	\$10 Co-Pay Generic Only	Not Covered

Benefit/Service	In Network YOU PAY	Non-Network YOU PAY
Deductible	\$1,500 / Individual \$3,000 / Family	\$3,000 / Individual \$6,000 / Family
Coinsurance	10%	30%
Out-of-Pocket Maximum	\$2,500 / Individual \$5,000 / Family	\$5,000 / Individual \$10,000 / Family
Office Visit	\$30 Primary Care \$50 Specialist	30% After Deductible
Preventive Care	100% Covered	30% After Deductible
Inpatient Services	10% After Deductible	30% After Deductible
Outpatient Services	10% After Deductible	30% After Deductible
Urgent Care	\$75 Co-Pay	30% After Deductible
Emergency Room	\$200 Co-Pay	
Prescription Retail	\$10 Co-Pay Generic Only	50% Generic Only
Mail Order 90 Day Supply	\$20 Co-Pay Generic Only	Not Covered

Medical - Per Pay Period	Hospital/Surgical
Employee	\$50.67
Employee & Spouse	\$177.33
Employee & Child(ren)	\$145.67
Family	\$272.35

Medical - Per Pay Period	BASE
Employee	\$62.62
Employee & Spouse	\$219.18
Employee & Child(ren)	\$180.04
Family	\$336.61

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OPTION 3 Buy-Up Plan With The Health Reimbursement Account

This benefit plan is offered with a Health Reimbursement Account which will cover \$4,000 of an individual deductible and \$8,000 of the family deductible. ****SEE PAGE 5 FOR HRA INSTRUCTIONS FOR THIS PLAN**

Benefit / Service <i>*INCLUDES BJC*</i>	In-Network You Pay	Non-Network You Pay
Plan Year Deductible	\$5,000 - Individual \$10,000 - Family	\$10,000 - Individual \$20,000 - Family
<i>You Are Responsible For The First</i>	<i>\$1,000 - Individual \$2,000 - Family</i>	<i>\$10,000 - Individual \$20,000 - Family</i>
<i>Family Resource Center Reimburses This Amount Through The HRA*</i>	<i>\$4,000 - Individual \$8,000 - Family</i>	<i>\$0 - Individual \$0 - Family</i>
Coinsurance (You Pay)	0%	30%
Out-of-Pocket Maximum	\$6,350 - Individual \$12,700 - Family	\$12,700 - Individual \$25,400 - Family
<i>Your Out-of-Pocket Maximum</i>	<i>\$2,350 - Individual \$4,700 - Family</i>	<i>\$12,700 - Individual \$25,400 - Family</i>
<i>Family Resource Center Reimburses This Amount Through The HRA</i>	<i>\$4,000 - Individual \$8,000 - Family</i>	<i>\$0 - Individual \$0 - Family</i>
Office Visit Co-Pay	\$30 - Primary Care \$50 - Specialist	30% After Deductible
Preventive Care	Covered 100%	30% After Deductible
Inpatient & Outpatient Services	Deductible Applies	30% After Deductible
Emergency Room	\$200 Co-Pay	\$200 Co-Pay
Urgent Care	\$50 Co-Pay	30% After Deductible
Prescription		
<i>Retail</i>	\$8 / \$25 / \$45	50%
<i>Specialty</i>	25% *	
<i>Mail Order</i>	\$16 / \$50 / \$90	Not Covered
<i>Specialty (90-Day Supply)</i>	25%*	
	*Specialty Drugs require a 25% co-pay - Maximum Out of Pocket in a Calendar Year is \$2,500	

Buy-Up Plan Highlights

Blue Access & Blue Access Choice PPO

Network

Network **INCLUDES BJC** providers.

- ◆ The prescription drug program under this plan requires a 25% co-pay for specialty drugs. Your annual out-of-pocket expenses for specialty drugs is \$2,500.
- ◆ You must satisfy the first \$1,000 of the individual deductible. The remaining \$4,000 deductible is covered by the HRA.
- ◆ Office visits and other copayments are not covered under the HRA.
- ◆ Non-Network deductibles are not covered under the HRA.
- ◆ This is the Buy-Up option with the highest employee contribution.
- ◆ Office Visit, Emergency Room, and Urgent Care Co-Pays along with your co-insurance accumulate towards the out-of-pocket maximum.

Medical - Per Pay Period	BUY UP
Employee	\$79.25
Employee & Spouse	\$253.59
Employee & Child(ren)	\$210.01
Family	\$384.35

- ◆ Benefits in **BLACK** show the Anthem Plan Design - You will find these benefits in your Anthem certificate of coverage located on the Anthem website.
- ◆ **Benefits in BLUE / BOLD show what the Health Reimbursement Account will reimburse to you.**
- ◆ **Benefits in RED / ITALIC show your Deductible and Out-of-Pocket responsibilities.**

Family Resource Center

How the Health Reimbursement

Once you have reached your \$1,000 deductible, you can submit a claim form along with copies of your Explanation of Benefits (EOB) and other itemized bills or receipts to Emily Vaughn. You will be reimbursed by check. We have included a copy of the reimbursement form in this guide.

Employee Assistance Program (EAP)

Family Resource Center provides to all employees an Employee Assistance Program (EAP). This benefit provides employees and family members with:

A call center for counseling service with 24/7 access to licensed clinicians or crisis stabilization.

- ◆ 4 face-to-face counseling sessions per year.
- ◆ Legal and Financial consultations
- ◆ Identity protection
- ◆ Child and elder care referrals
- ◆ Website resources

Employee Cost—No charge

Teledoc Plus

Call a Doc is the new age of healthcare that provides a complete package of virtual benefits, which give you unlimited access to doctors, counselors, support from patient healthcare advisors and a wellness platform. There is no additional cost to use this service.

Virtual Doctor - "Concierge Doctor" services 24/7. The physicians can consult, diagnose and provide treatment plans - including prescription medications.

Virtual Counseling - Counseling services for emotional challenges 24/7. The counselors help with problem resolution in relationships, work-life, stress, alcoholism and more.

Virtual Healthcare Advisor - The team guides, supports, represents and fights for members throughout the healthcare system, including resolving medical billing issues, insurance claims, or simply understanding options.

Virtual Wellness - Tools, information and resources to help members live a healthy lifestyle and make healthy choices.

Employee Cost—\$1 Per Employee Per month



REGISTER WITH TELADOC TODAY!

Once registered, you can speak with a licensed doctor within minutes. **Anytime. Anywhere.**

3 WAYS TO REGISTER



Online

OR



Mobile App

OR



Phone

During registration, you'll complete your medical history so when you need Teladoc, it'll be fast and easy.

You and your dependents now have free access to consultations with board-certified U.S. physicians who can diagnose and prescribe medications right over the phone or video conference!

With your consent, Teladoc is happy to provide information about your Teladoc consult to your primary care physician.

Talk to a doctor anytime for **Free!**

 [Teladoc.com](https://www.teladoc.com)

 [Facebook.com/Teladoc](https://www.facebook.com/Teladoc)

 1-800-Teladoc (835-2362)

 [Teladoc.com/mobile](https://www.teladoc.com/mobile)

Talk to a doctor in minutes

It's as easy as 1-2-3...

STEP 1



SELECT TYPE OF DOCTOR

Access Teladoc's nationwide network of board-certified **medical doctors**, **dermatologists**, and **psychologists**.

STEP 2



SELECT HOW YOU TALK TO THEM

Request a **phone** or **video** consult and doctor will review your medical history and contact you within minutes.

STEP 3



SELECT YOUR PHARMACY

A doctor will diagnose the issue and **prescribe medication**, if necessary, electronically to the pharmacy of your choice.

Teladoc provides access to U.S. board-certified doctors anytime, anywhere who can write a prescription, if medically necessary, by web, phone or mobile app.

Talk with a Teladoc doctor **24/7/365**

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See Clearly with Vision Coverage - VISION BENEFITS OF AMERICA

Our Vision benefit is provided by Vision Benefits of America (VBA). There are no changes to our benefit plan this year. Please notice out-of-network benefits only provides for claim reimbursement. You will have to pay for services first then file a claim with VBA. Vouchers are no longer required for VBA services. Providers will do this for you. A Discount for Lasik surgery is also available in-network only.

Schedule of Benefits	In Network	Out of Network
Examination Co-pay	\$20	\$40 Reimbursement
Frequency of Service:	Vision Exam & Lenses: Every 12 months Eyeglass Frames: Every 24 months	
Lenses	\$20 Co-pay then	<u>Reimbursement</u>
Single	100%	\$40
Bifocal	100%	\$50
Trifocal	100%	\$75
Lenticular	100%	\$100
Eyeglass Frames	100% up to \$25-\$150 Retail Allowance	\$50
Contacts		<u>Reimbursement</u>
Medically Necessary	UCR	\$300
Cosmetic	\$150 Retail Allowance	\$150

Vision Cost	Per Month
Employee	\$5.45
Employee & Spouse	\$9.30
Employee & Child(ren)	\$9.40
Family	\$13.10

Disability Benefits

Voluntary Short Term Disability

Colonial Life Insurance Company

Family Resource Center will continue to make Voluntary Short Term Disability coverage available to all benefit eligible employees. This benefit is provided through Colonial Life Insurance Co. There are several levels of coverage available and a representative from Colonial will be available to discuss your options. You will be able to choose a plan which best fits your budget and coverage needs. This is an important benefit as it helps to provide pay check protection for employees who are unable to work due to injury or illness.

Long Term Disability

The Hartford

If you become disabled due to illness or injury your benefit is 50% of your base monthly income up to a monthly maximum after a 180 day elimination period has been satisfied.

Long Term Disability is provided to employees at no cost.

The Hartford Life Benefits

Basic Life Insurance of **one times annual salary** up to a maximum of \$150,000 is provided to all eligible employees. Accidental Death & Dismemberment is also provided at one times annual salary up to a maximum of \$150,000. This benefit is provided at no cost to employees.

Family Resource Center also provides life insurance for eligible dependents. Your spouse receives \$5,000 of life insurance coverage and eligible children (over the age of 6 months) receive \$2,500 of life insurance coverage. Dependent children are covered up to age 26.

Voluntary Life & Accidental Death and Dismemberment (AD&D) Insurance

Voluntary Life Insurance will continue to be provided by The Hartford. You have the option to purchase additional Voluntary Life insurance for yourself, your spouse, and/or your children. Employees must purchase Voluntary Life for themselves in order to elect coverage for a spouse and/or children.

If you declined coverage during your initial eligibility period or last year's open enrollment opportunity, you will need to complete Evidence of Insurability for any amount of insurance elected as well as any increase requested. Keep in mind the increase will not go into effect until you have been approved by The Hartford for requested amount.

EMPLOYEE COVERAGE

Employees may elect coverage in \$10,000 increments to a maximum of 5 times your salary up to \$500,000. You are guaranteed coverage up to \$150,000 when you are first eligible to enroll. Evidence of Insurability is required if you do not enroll when first eligible.

VOLUNTARY LIFE/AD&D EMPLOYEE CONTRIBUTION (Rates are per month)		
Employee/Spouse Rate per \$1,000		
<u>AGE BAND</u>	Employee	Spouse
Under 19	\$.056	\$.057
20-24	\$.067	\$.068
25-29	\$.077	\$.076
30-34	\$.089	\$.082
35-39	\$.111	\$.104
40-44	\$.150	\$.150
45-49	\$.228	\$.196
50-54	\$.371	\$.308
55-59	\$.610	\$.517
60-64	\$.944	\$.955
65-69	\$1.519	\$1.635
70-74	\$2.697	\$2.841
75-79	\$4.677	\$4.730
80-84	\$8.373	\$8.128
Child Life/\$1,000	\$.088	
*AD&D: Employee	\$0.02/\$1,000	

*AD&D is automatically added to the amount of voluntary life in which the benefit equals the life amount.

SPOUSE COVERAGE

Spousal coverage is available in \$5,000 increments up to \$250,000. Coverage cannot be more than 50% of the employee coverage. Guaranteed issue amount for your spouse is \$20,000. **Rates for spouse coverage are based upon the employee's age.**

CHILDREN

Coverage for a child is available from \$2,000 increments to \$10,000. The amount you elect is available for each eligible child in your family. Dependent children can be covered to age 26.

Helpful Information

Deductibles - The deductible is the amount of money you pay before services are covered under your medical or dental plan. Normally, it is paid for in-patient and out-patient services under your medical plan. Your deductible is accumulated during each calendar year (January 1 through December 31). It does not apply to any preventive services as required under Health Care Reform.

Coinsurance - After the deductible is satisfied, claims costs are shared with the insurance carrier until the out-of-pocket maximum is reached.

Out-of-Pocket Maximums - This is the maximum amount of money you are required to pay in a calendar year. The deductible, co-pays, and your share of the coinsurance under your chosen plan will equal the most you will pay. Once the out-of-pocket maximum is reached, claims are eligible at 100% of covered services.

Office Visit Copayments - When you visit your primary care physician or a specialist, you are required to pay a copayment for that visit. The office visit co-pay will satisfy part of the out-of-pocket limit associated with the plan. There should be no copayments for services coded as preventive by your physician.

Urgent Care - If you visit an urgent care facility you will be required to pay a copayment for this service. It is higher than a regular office visit and lower than an emergency room copayment. In addition to the co-pay, the deductible and coinsurance may apply when these services are performed: CT, PET, MRI, Nuclear Medicine, Pharmaceutical Products, Scopic Procedures, Surgery, Therapeutic Treatments. Note: Take Care Clinic with Walgreens is considered at the primary care office visit co-pay.

Emergency Room - If you visit a hospital emergency room, you will be required to pay a copayment. In addition, there may be coinsurance owed depending on which plan you choose. This is a much higher cost than a regular office visit or urgent care facility. If you are admitted to the hospital the copayment/coinsurance is waived and the deductible / coinsurance applies.

Preventive Services - All services coded as Preventive are covered 100% and the deductible and copayments will not apply. Situations may arise where the "Preventive" service could be coded as "Diagnostic". In these situations the deductible and copayments could apply. Also, if you receive a preventive service in conjunction with a sick visit, you could still be charged the applicable office visit co-pay, deductible, and/or coinsurance. Communication with your provider of care is important.

Lifetime Benefit Maximum - All plan design options have an unlimited lifetime maximum.

Prescription Drugs - The prescription drug benefit for the Buy Up Plan covers: Tier 1 drugs require an \$8 Co-Pay; Tier 2 drugs require a \$25 Co-Pay; and Tier 3 drugs are covered after a \$45 Co-Pay for up to a 31-day supply. Mail Order prescription will provide up to a 90-day supply of medication 2 times the tier co-pay. The Hospital/Surgical Plan and the Base Plan only have a \$10 Generic Drug Co-Pay. Please visit www.anthem.com to access your prescription drug list as well as the list of prescription drug products that are available through mail order.

Review your Certificate of Coverage. It is a complete summary of your health insurance benefits. You can view the certificate online at www.anthem.com.

Ask your physician or healthcare provider if they participate in the Anthem's network. Do not ask if they accept Anthem. The providers usually, but not always, accept payments from insurance companies or anyone who wants to give them money; however, not all providers want to accept the contractual discounts required by participation in the network. You can also check the website at www.anthem.com for the most up-to-date list of participating providers or call customer service at the phone number on the back of your ID card for assistance.

If you go out-of-network, know that it is your responsibility to pre-certify all procedures. Contact customer service at the phone number on the back of your ID card. There are penalties and more out-of-pocket expenses if you do not pre-certify.

IMPORTANT NOTICES

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 our health coverage your State may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you believe 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 go to www.insurekidsnow.gov website 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, you will be allowed to enroll in our medical plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-3272.

Link to the latest form:

<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

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Ext. 61565

MEDICARE PART D CREDITABLE COVERAGE.

This notice has information about your current prescription drug coverage and about your options under Medicare's prescription drug coverage. If you are eligible for Medicare the following information can help you decide whether or not you want to join a Medicare drug plan. You should consider comparing your current coverage through our medical plan with the costs of plans offering Medicare prescription drug coverage in your area. Two important things you need to know about your current coverage and Medicare prescription drug coverage:

Medicare prescription drug coverage is available if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan. All Medicare drug plan provide at least a standard level of coverage set by Medicare. More coverage may be offered at a higher premium.

If your plan is deemed to be Creditable Coverage, you will not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

If you lose your current creditable prescription drug coverage through no fault of your own, you will be eligible for a two-month Special Enrollment Period to join a Medicare drug plan.

If you decide to join a Medicare drug plan, your current coverage will not be affected. This plan will coordinate with Part D coverage. If you drop your current coverage, be aware that you and your dependents will be able to get this coverage back.

If you drop or lose your current coverage and don't join a Medicare drug plan within 63 continuous days after your coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

A notice will be provided to you prior to the October 15 Medicare open enrollment period. If you want more information about Medicare plans that offer prescription drug coverage, you will find it in the Medicare & You handbook or you can visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227) TTY users: 1-800-486-2048. If you have limited income and resources, visit Social Security on their website at www.socialsecurity.gov, or call them at 1-800-772-1213. TTY users: 1-800-325-0778.

Keep all Creditable Coverage notices. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of the 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).

IMPORTANT NOTICES (cont.)

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.

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 *Michele Gross in Accounting*.

SUMMARY OF MATERIAL MODIFICATION

Anthem has amended the Employee Medical Benefit Plan. This contains a summary of the modifications that were made. It should be read in conjunction with the Summary Plan Description or Certificate of Coverage that is available to you. If you need a copy of your Summary Plan Description or Certificate of Coverage, please go to www.anthem.com or contact Michele Gross in Accounting.

Family Resource Center

Key Contact Sheet

<p><u>FAMILY RESOURCE CENTER</u> Terry Patton</p>	<p><u>CBIZ BENEFITS & INSURANCE SERVICES</u> Nicol Schmidt 314-692-5847</p>
<p><u>MEDICAL</u> ANTHEM BLUE CROSS BLUE SHIELD Policy # 123676</p>	<p>Member Services: 1-800-490-6145 www.anthem.com</p>
<p><u>DENTAL</u> ANTHEM BLUE CROSS BLUE SHIELD Policy # 123676</p>	<p>Member Services: 1-800-490-6145 www.anthem.com</p>
<p><u>VISION</u> VISION BENEFITS OF AMERICA Policy # 2243</p>	<p>Member Services: 1-800-432-4966 Opt. #1 then Opt. #5 www.visionbenefits.com</p>
<p><u>BASIC LIFE / AD&D, Voluntary Life</u> <u>Long Term Disability</u> THE HARTFORD</p>	<p>Member Services: 1-800-523-2233 www.thehartford.com</p>
<p><u>COLONIAL</u></p>	<p>Member Services: 1-800-325-4368 www.coloniallife.com</p>
<p><u>VIRTUAL HEALTH 24/7</u></p>	<p>Member Services: 1-877-362-2667</p>
<p><u>EMPLOYEE ASSISTANCE PROGRAM</u></p>	<p>Member Services: 1-800-865-1044</p>
<p><u>REASONS TO CALL</u></p>	<p><u>WHO TO CALL</u></p>
<p>Claims Questions</p>	<p>Carrier</p>
<p>Identification Cards / Numbers</p>	<p>Carrier</p>
<p>Pre-Certification</p>	<p>Carrier</p>
<p>Provider Directory</p>	<p>Carrier Websites</p>
<p>Payroll Issues /Status Changes/ Miscellaneous Issues</p>	<p>Family Resource Center</p>
<p>How to use this resource for claims resolution:</p>	<p>First contact Member Services If issue still unresolved, contact CBIZ.</p>