

2019

# Benefits Guide

For Remote Employees



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# Welcome to your benefits guide!

Cross Country Home Services is proud to offer a wealth of benefit options that are available to you.

You have a choice of medical plans, each with unique plan design features. In addition, there are plan options that provide coverage for dental, vision, disability, retirement, and more. We encourage you to take a close look at all of the benefits information provided in this guide. Our benefits program is just one of the many ways Cross Country Home Services helps you take care of yourself and your family.

If at any time you have questions about benefits or the enrollment process, you can contact your human resources representative. Although this guide contains an overview of benefits, for complete information about the plans available to you, please locate your master plan documents at <http://www.explainmybenefits.com/cchs>

Any discrepancies listed in this guide are superseded by the plans Certificate of Coverage and Summary Plan Descriptions.

**The 2019 Open Enrollment Period runs from October 30th - November 12th. Elections made during Open Enrollment will be in effect from January 1, 2019 to December 31, 2019.** This is your opportunity to make benefit elections or review your options carefully. All elections must be received by November 12th, 2018 by 5pm EST.

**New hires after open enrollment:** Your elections are due no later than 30 days from your date of hire. Be sure to complete your orientation to learn more about your options and receive important information.

## Eligibility

You are eligible for coverage if you are a full-time or part-time employee scheduled to work 30 hours or more per week. Eligible employees can elect group health, dental and vision insurance benefits after employees meet their benefits waiting period which is on the first of the month following your date of hire. For Life, AD&D, Supplemental Life, Short term disability and Long-term disability, the waiting period is on the 1st of the month following 90 days from date of hire. All other voluntary benefits are effective the first of the month following your election except for 401k. The 401k plan eligibility is first of the month following 6 months from date of hire.

Your dependents can also enroll for coverage, including:

- Your legal spouse or domestic partner
- Natural, adopted or step-children up to age 26; for employees residing in Florida, child(ren) may be covered to age 30 for medical
- Any child who is named in a Qualified Medical Support Order (QMCSO) as defined under federal law; and
- Disabled children who have reached the maximum age and who are (or become) physically or mentally incapable of self-support (medical certification required). The IRS requires that you make changes to your coverage within 31 days of your qualifying life event. You'll need to provide proof of the event, such as marriage certificate, divorce decree, birth certificate or loss-of-coverage letter.

## Qualifying Life Events

Generally, you may only make or change your existing benefit elections during the open enrollment window. However, you may change your benefit elections during the year if you experience an event such as:

- Marriage, Divorce or legal separation
- Birth of your child or your domestic partner's child
- Death of your spouse, domestic partner or dependent child
- Adoption of or placement for adoption of your child
- Change in employment status of employee, spouse or dependent child
- Qualification by the Plan Administrator of a child support order for medical coverage
- New entitlement to Medicare or Medicaid

You must notify Human Resources within 30 days of a qualifying life event. Depending on the type of event, you may need to provide proof of the event, such as a marriage license. Human Resources will let you know what documentation you should provide. If you do not contact Human Resources within 30 days of the qualifying event, you will have to wait until the next open enrollment window to make changes.





# Health Plans

## CIGNA

Nothing is more important than your good health. That is why Cross Country Home Services offers three medical plans to choose from with CIGNA to help you and your family members live healthier lives.

### Plans:

- Open Access Plus Traditional PPO Plan
- Open Access Plus HDHP/HSA Plan
- Open Access Plus HDHP/HSA In-Network Only Plan

All plans offer coverage through the CIGNA National Open Access Plus network. Referrals will not be required for any plan, but we encourage finding a participating provider in your area.

Please refer to your plan documents to determine what services or medications require medical necessity, prior authorization or pre-certification.

The Open Access Plus HDHP/HSA In-Network Only plan does not have “out of network” benefits; however, you will be covered for emergency services worldwide.

Additionally, you have the choice of selecting the Open Access Plus HDHP/HSA Plan or the Open Access Plus Traditional PPO Plan for participating providers or you may go outside the network and use non-participating providers at reduced benefits.

## Search for a Doctor or Facility

1. Log onto, [www.CIGNA.com](http://www.CIGNA.com), click on FIND A DOCTOR.
2. Register, login or select “Plans through your employer or school.”
3. Choose the tab corresponding to whether you’re looking for a doctor or a place to receive medical care and enter the geographic location you want to search.
4. When selecting your plan under OAP, choose: “Open Access Plus, OA plus, Choice Fund OA Plus”
5. Complete your search and narrow your options as needed such as provider name, specialty, or languages spoken.

## ID Cards

You will receive an ID card for each family member enrolled. Make sure you register on [www.CIGNA.com](http://www.CIGNA.com). The member self-service website, gives you access to your benefits, claims, forms, the provider directory, search FAQs and more.

## Health Information Line

Whether you seek guidance on medical treatment, or assistance with a health question, you can always call the health information line to get live support 24 hours a day, 7 days a week. Dial the toll-free number on your CIGNA ID card or dial 1-800-CIGNA24. You may also refer to the Explain My Benefits portal to access more details on Preventive Services, Preventive Medications and Transition of Care amongst other benefits.

## Home Delivery Pharmacy

CIGNA Home Delivery Pharmacy is designed for individuals who take prescription medications on a regular basis, such as those used for diabetes, asthma, heart conditions, high blood pressure and more. As a CIGNA Home Delivery Pharmacy customer, you can enjoy many benefits like:

- Convenient delivery of your prescription medications to a location of your choice
- Easy refills – up to a 90-day supply means fewer refills
- Our free refill reminder service will call, text or email you when it’s time to refill your prescriptions
- CIGNA pharmacists are available 24/7 to answer your medication questions at (800) 285-4812.

## Healthy Rewards

Improving health has many rewards. CIGNA Healthy Rewards® includes special discounts on programs and services designed to help you enhance your health and wellness. The offers include brand names such as Jenny Craig®, Pearle Vision®, Curves®, and more. No referrals. No claim forms. No catch. Discounts are available for the following health and wellness programs:

- Weight Management and Nutrition
- Mind/Body
- Alternative Medicine
- Fitness
- Vision and Hearing Care
- Healthy Lifestyle Products
- Tobacco Cessation
- Vitamins, Health and Wellness Products
- Dental Care

Good health is its own reward. So, consider this a well-deserved bonus. For a complete list of Healthy Rewards vendors and programs, visit [mycigna.com](http://mycigna.com) or call (800) 870-3470.

# Health Plans

## High Deductible Health Plan (HDHP)

When enrolled in a High Deductible Health Plan (HDHP), you must first meet your annual deductible before any expenses are paid through the plan. After the deductible is met you will pay the co-insurance and or copay for your plan until you reach the out-of-pocket maximum, which includes all covered medical and pharmacy expenses. After the out-of-pocket maximum is satisfied, medical expenses may be paid by CIGNA at 100%.

## Health Savings Account (HSA)

If you enroll in one of our HDHP's you become qualified to open a Health Savings Account (HSA). You and your employer can make contributions to your HSA.

Cross Country Home Services (CCHS) will be making the following total contribution to your Health Savings Account for the period between January 1, 2019 and December 31, 2019 if you are enrolled in a HDHP. To continue to help employees with the costs of out of pocket expenses and deductibles, HSA Employer contributions will remain for 2019. Assuming you are still enrolled and an active employee, your HSA will be funded 50% in January and 50% in July by CCHS. (First paycheck of each respective month.)

**New Hire Message:** You are not eligible for funding that takes place prior to your benefit eligibility. To assist new hires with medical coverage that is effective August through December 2019, you will be eligible for 1/12th of the max employer funding for each month you are covered on a CCHS HDHP. You are not eligible for an HSA or employer funding to your HSA if you enroll in the Traditional PPO Plan.

Enrollment	OPEN ACCESS ACCESS PLUS HDHP/HSA PPO	OPEN ACCESS PLUS HDHP/HSA INO
Employee	\$400	\$400
Employee + Spouse	\$800	\$800
Employee + Child(ren)		
Family		

You may also elect to save funds of your own into your HSA through pre-tax payroll deductions. However, the total amount funded between you and CCHS cannot exceed \$3,500 for those enrolling in an HSA as employee only, and \$7,000 for all other HSA enrollments in the 2019 calendar year. This includes those enrolling with a child(ren), spouse or family. If you are age 55 or older, you can contribute an additional \$1,000.

Once your HSA bank account is created you will receive a welcome letter with your user id; you will receive your password by email or by mail.

After your bank account is set up you will have access to:

- Account activity
- Online statements
- Funds transfer
- Online bill payment
- Order checks
- Debit card



# Health Savings Account (HSA) Eligibility

## You are eligible to open and fund an HSA if:

- You are not covered by any other non-HDHP health plan, such as a spouse's plan that provides any benefits covered by your HDHP plan. Exceptions may include permissible coverage, such as specific injury or accident, disability, dental, vision or long-term care insurance.
- You are not enrolled in Medicare.
- You do not receive health benefits under TRICARE.
- You have not received Veterans Administration (VA) benefits within the past three months, except for preventive care. If you are a veteran with a disability rating from the VA, this exclusion does not apply.
- You cannot be claimed as a dependent on another person's tax return.
- You are not covered by a general-purpose health care flexible spending arrangement (FSA) or health reimbursement arrangement (HRA). Alternative plan designs, such as a limited-purpose FSA or HRA, might be permitted.
- If your circumstances change and you are no longer eligible to contribute to an HSA, you can keep the account if you like and use it to pay for qualified medical expenses income-tax free. Other IRS restrictions and exceptions may also apply. We recommend that you consult a tax, legal or financial advisor to discuss your personal circumstances.

## Other HSA Details

- You may always take distributions from your HSA funds, tax free—regardless of the type of plan you are enrolled in - if you spend your HSA money on “qualified” medical expenses;
- HSA money can be used to pay for qualified medical expenses, (Section 213D), tax-free;
- Employees own their HSA as soon as the money is deposited into their account;
- HSA's are portable, and money left alone in the account will accumulate on a tax-free basis;
- No use or lose provision (as with a Flexible Savings Account);
- You may withdraw funds via your HSA debit card, online bill pay, or checks

Please remember to keep your receipts and maintain records in case you must prove to the IRS that you have spent your HSA money on qualified, IRS 213d medical expenses. If you spend your HSA money on non-qualified expenses you will have to pay taxes and penalties, similar to the rules when you take an early withdrawal from your IRA or 401(k).

### Examples of 213d expenses

Acupuncture; over the counter medications; dental; orthodontics; Lasik surgery; prescription drugs; vision exams; contact lenses; eye glasses, bandages, experimental medical treatment, etc. Over the counter medicines will require a prescription from your physician.

## Understanding Your HSA

### HSA Case Study 1

Justin is a healthy 28-year-old single man who is active in sports and goes to the gym three times a week. He contributes \$1,000 each year to his HSA. His plan's annual deductible is \$1,500 for individual coverage. If Justin uses his HSA to pay for covered services, this will reduce his out-of-pocket amount needed to meet his deductible before traditional health coverage begins.

Here is a look at the first two years of Justin's HSA plan, assuming the use of in-network providers:

Year 1		Year 2	
HSA with \$1,000 employee contribution	\$1,000	HSA Balance: \$850 from Year 1, plus \$1,000 Employee contribution for Year 2	\$1,850
Total Expense: Prescription drugs - \$150 Routine Physical/Lab tests (Prevention Care) - \$350	\$500	Total Expense: Prescription drugs - \$100 Blood work (Preventive Care) - \$150 Prescription drugs - \$200	\$450
Paid by preventive care benefit - No deduction from HSA	\$350	Paid by preventive care benefit - No deduction from HSA	\$150
Amount paid from HSA	\$150	Amount paid from HSA	\$300
HSA Rollover to Year 2	\$850	HSA Rollover to Year 3	\$1,550
Since Justin did not spend all of his HSA dollars, he did not need to pay any additional amounts out-of-pocket this year.		Once again, since Justin did not spend all of his HSA dollars, he did not need to pay any additional amounts out-of-pocket this year.	

### HSA Case Study 2

The Bennett's haven't had the best luck - their son Alex has broken his ankle. They contribute \$2,000 to their HSA each year. Their plan's annual deductible is \$3,000 for family coverage. If they choose to use their HSA to pay for covered services, it will reduce the out-of-pocket amount needed to meet their deductible before traditional health coverage begins.

Here is a look at the first two years of the Bennett's HSA plan, assuming the use of in-network providers:

Year 1		Year 2	
HSA with \$2,000 employee contribution	\$2,000	HSA Balance: \$450 from Year 1, plus \$2,000 Employee contribution for Year 2	\$2,450
Total Expense: Preventive Care Services - \$600 Office Visits - \$350 Emergency Room - \$1,200	\$2,150	Total Expense: Preventive Care Services - \$600 Office Visits - \$350 Prescriptions - \$450	\$1,400
Paid by preventive care benefit - No deduction from HSA	\$600	Paid by preventive care benefit - No deduction from HSA	\$600
Amount paid from HSA	\$1,550	Amount paid from HSA	\$800
HSA Rollover to Year 2	\$450	HSA Rollover to Year 3	\$1,650

## CIGNA Open Access Plus HDHP/HSA In-Network Only (INO) Plan Benefits

Open Access Plus HDHP/HSA INO Plan	
In-Network	
Plan Year Deductible	\$1,500 Employee only/\$3,000 All others
Coinsurance	20%
Maximum Out of Pocket	\$4,500/\$6,850 per person/\$9,000 per family
Outpatient Care*	
Preventive Care	No Charge
PCP Office Visits	20% after Deductible
Specialist Office Visits	20% after Deductible
Independent Diagnostic –Labs	20% after Deductible
Independent Diagnostic—X rays or Advanced Imaging (MRI, CAT Scan, PET Scan)	20% after Deductible
Outpatient Surgery—Hospital/ Free Standing Ambulatory Facility	20% after Deductible
Urgent Care	20% after Deductible
Hospital	
Inpatient Hospital	20% after Deductible
Emergency Room	20% after Deductible
Ambulance Services	20% after Deductible
Pharmacy	
Retail 30 day supply or less	\$10/\$30/\$60 after Deductible
Retail and Home Delivery 90 day supply	\$25/\$75/\$150 after Deductible
Specialty Medication 30 day supply or less	10% after Deductible

Please Note: This summary is not intended to supersede insurance contract or any other agreement. Where discrepancies may exist, your official contract controls.

\* All lab and x-ray services, including Advance Imaging provided at Inpatient Hospital are covered under Inpatient Hospital benefit.



### DID YOU KNOW?

Many people often confuse In-Network Only (INO) plans with HMO plans. However, they vary greatly. Your INO plan has the exact same list of In-Network doctors as the other two medical plans offered.

Consumers typically hear “In-Network Only” and question what would happen in the event of any emergency. Despite its title, the In-Network only plan also offers you coverage to any Emergency Room in time of need. Whether the Emergency Room is In-Network or not your cost share is the same.

And lastly, your INO plan does not require referrals from your primary care physician to see a specialist. We encourage you to consider all your available medical options and determine which plan you need and is best for you, your family, and financial needs.



## CIGNA Open Access Plus HDHP/HSA Plan Benefits

	Open Access Plus HDHP/HSA Plan	
	In-Network	Out-of-Network
Plan Year Deductible	\$1,350 Employee only/\$2,700 All others	\$2,500 Employee only/\$5,000 All others
Coinsurance	20%	40%
Maximum Out of Pocket	\$5,000/\$5,000	\$10,000/\$10,000
<b>Outpatient Care*</b>		
Preventive Care	No Charge	40% (No Deductible)
PCP Office Visits	20% after Deductible	40% after Deductible
Specialist Office Visits	20% after Deductible	40% after Deductible
Independent Diagnostic –Labs	20% after Deductible	40% after Deductible
Independent Diagnostic—X rays or Advanced Imaging (MRI, CAT Scan, PET Scan)	20% after Deductible	40% after Deductible
Outpatient Surgery—Hospital/ Free Standing Ambulatory Facility	20% after Deductible	40% after Deductible
Urgent Care	20% after Deductible	40% after Deductible
<b>Hospital</b>		
Inpatient Hospital	20% after Deductible	40% after Deductible
Emergency Room	20% after Deductible	20% after Deductible
Ambulance Services	20% after Deductible	
<b>Pharmacy</b>		
Retail 30 day supply or less	\$10/\$30/\$60 after Deductible	50% after Deductible
Retail and Home Delivery 90 day supply	\$25/\$75/\$150 after Deductible	Not Covered
Specialty Medication 30 day supply or less	10% after Deductible	

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\* All lab and x-ray services, including Advance Imaging provided at Inpatient Hospital are covered under Inpatient Hospital benefit.



### DID YOU KNOW?

Most of the CCHS community utilizes In-Network providers and facilities for their medical needs. When considering electing this plan evaluate your true past and potential future medical needs and lifestyle.

Coverage for Out-of-Network providers is subject to a separate bucket of deductibles, coinsurance and member cost share before the carrier starts to pay for services. Determine if your potential out of pocket expenses would be higher than those requirements with the added additional premium for this plan in comparison to your In-Network Only Plan offering.

CCHS makes this plan available for those few consumers that do find Out-of-Network coverage to be beneficial.

## CIGNA Open Access Plus Traditional PPO Plan Benefits

	Open Access Plus Traditional PPO Plan	
	In-Network	Out-of-Network
Plan Year Deductible (Individual / Family)	\$2,000/\$6,000	\$6,000/\$18,000
Coinsurance	20%	50%
Maximum Out of Pocket (Individual / Family)	\$5,500/\$11,000	\$11,000/\$22,000
<b>Outpatient Care*</b>		
Preventive Care	No Charge	50% (No Deductible)
PCP Office Visits	\$35 copay	50% after Deductible
Specialist Office Visits	\$65 copay	50% after Deductible
Independent Diagnostic— Labs	\$0 copay	50% after Deductible
Independent Diagnostic—X rays	\$0 copay	50% after Deductible
Advanced Imaging Services (MRI, CAT Scan, PET Scan )	\$300 copay	50% after Deductible
Outpatient Surgery (Hospital/Ambulatory Surgical Center)	20% after Deductible/ \$250 Copay	50% after Deductible
Urgent Care	\$70 copay	50% after Deductible
<b>Hospital</b>		
Inpatient Hospital	\$100 per admit copay, and 20% after Deductible	\$500 per admit copay, and 50% after Deductible
Emergency Room	\$300 copay	
Ambulance Services	20% after Deductible	
<b>Pharmacy</b>		
Retail 30 day supply or less	\$10/\$50/\$80	50% after Deductible
Retail and Home Delivery 90 day supply	\$25/\$125/\$200	Not Covered
Specialty Medication 30 day supply or less	10% after Deductible	50% after Deductible

Please Note: This summary is not intended to supersede insurance contract or any other agreement. Where discrepancies may exist, your official contract controls.

\* All lab and x-ray services, including Advance Imaging provided at Inpatient Hospital are covered under Inpatient Hospital benefit.



### BE INFORMED

Many people use In-Network urgent care facilities for acute conditions in place of emergency rooms\*. Acute conditions can include but are not limited to minor sprains, sore throats, bad allergies, and more. Urgent Care facilities have an average wait times of 45-60 minutes and welcome patients on a walk-in basis. While they are not typically open 24 hours a day, they can maintain both business hours and extended hours on evenings and weekends. Urgent Care facilities are also typically less expensive than a visit to an emergency room.

\*Call 911 or go to the emergency room if you have chest pain, bleeding that won't stop, loss of consciousness (blacking out), seizures, other life-threatening conditions.

# Voluntary Gap Coverage

Gap Coverage is offered to strengthen your overall benefits package. You customize the benefit based on your needs and affordability. Available to all employees through MetLife.

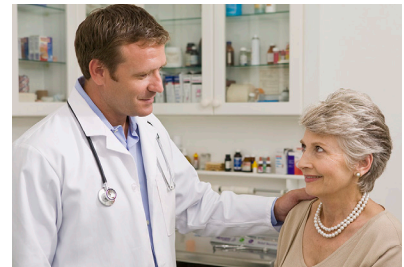
- Ownership – policies are fully portable and belong to you if you leave CCHS, price and benefits remain the same
- Benefits are payroll deducted (Post-tax)
- Cash benefits are paid directly to you, not to a hospital or to a doctor (Tax-free)
- Benefits are paid regardless of any other coverage you may have
- Level premiums – rates do not increase with age
- Designed to provide additional cash flow to assist with out-of-pocket medical costs and other bills

## Accident Plan\*

MetLife's accident plan helps offset the unexpected medical expenses, such as emergency room fees, deductibles and co-payments that can result from a covered accident on and off-the-job coverage (24/7). The plan also covers sports related injuries.

### Money is paid directly to you for:

- Hospitalization – \$2,000 per admission, additional benefits may apply
- Accident Emergency Treatment – up to \$100
- Fractures and Dislocations – up to \$8,000
- Accident Follow-up Treatment – \$75
- Ambulance – up to \$2,400



## Critical Illness Plan\*

This plan will pay up to \$30,000 in benefits to the employee diagnosed with certain critical illnesses. And 50% of the employee benefit for spouse or child(ren) diagnosed with a critical illness. This plan pays you directly.

### Just a few examples of benefits included in the plan:

- Heart Attack - 100% of initial allowed benefit
- Kidney Failure - 100% of initial allowed benefit
- Cerebral Palsy - 25% of initial allowed benefit

## Hospital Indemnity Plan\*

This coverage provides payments in addition to any other insurance payments you may receive. Here are just some of the covered benefits/services when an accident or illness puts you in the hospital.

- Admission - \$1,500 (non-ICU)
- Confinement - \$200 per day up to 31 days (non-ICU)

\* Please refer to the detailed MetLife summary of benefits for more information on any of these gap lines of coverage.



# Dental Plans

Cross Country Home Services offers two Dental PPO plans through MetLife. The PPO network provides flexibility in that you may choose a participating PPO dentist, or you may use a dentist that is not in the network and still receive benefits. The PPO plans may have waiting periods for certain dental services, if you did not enroll at the time you were first eligible and cannot provide proof of creditable coverage.

To search for a PPO dentist in your area, you may log onto [www.metlife.com](http://www.metlife.com), select “Find a Dentist,” and then select “PDP Plus.”

Dental High PPO		
Benefit Maximum	In-network	Out-of-network
Per Covered Member—Calendar Year	\$1,750	\$1,500
Per Covered Member—Orthodontics, Lifetime		\$1,000
Calendar Year Deductible		
Per Covered Member	\$50	\$50
Per Family	\$150	\$150
Waived for Preventive Services	Yes	Yes
Services		
Type A: Preventive: Oral Exams, Cleanings, and Fluoride Treatment	100%	100%
Type B: Basic Services: Filings, X rays, and Root Canal	80%	80%
Type C: Major Services: Crowns, Bridges, and Dentures	50%	50%
Type D: Orthodontics: Children only to age 19	50%	50%

Dental Low PPO		
Benefit Maximum	In-network	Out-of-network
Per Covered Member—Calendar Year	\$1,250	\$750
Per Covered Member—Orthodontics, Lifetime		Not Covered
Calendar Year Deductible		
Per Covered Member	\$50	\$100
Per Family	\$150	\$300
Waived for Preventive Services	Yes	Yes
Services		
Type A: Preventive: Oral Exams, Cleanings, and Fluoride Treatment	80%	60%
Type B: Basic Services: Filings, X rays, and Root Canal	80%	40%
Type C: Major Services: Crowns, Bridges, and Dentures	40%	20%
Type D: Orthodontics: Children only to age 19		Not Covered

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\*When using non network dentists, you may be balanced billed for the difference between what the non-network dentist.



# Vision Plan

The Vision Plan is offered by Humana. ID cards are available for printing online. The ID card will list the subscriber name only. There are no additional forms to complete or claims to file when using network providers. Members can also choose an out-of-network provider. When using out-of-network providers you will pay the doctor at the time of the visit and submit receipts to Humana for reimbursement.

## To search for providers, visit [Humana.com](https://www.humana.com).

- Below the headline “We strive to be your lifetime partner in reaching good health,” click the “Search” button under “Find a doctor or pharmacy.”
- In the “Find a doctor” page under search type, select Vision and click on “->Go.”
- A window will automatically open labeled Vision care and “Vision coverage through your employer or purchased on your own” will be pre-selected, click on “-> Go.”
- A new Humana window will open. Click on “Humana Vision (Humana Insight Network)” and enter your zip code to complete your search.

Below is a high-level benefit overview of the vision plan offered. Learn more regarding our 2019 vision benefit enhancements via your plan summaries on the Explain My Benefits portal. We've increased your frame allowance, and introduced coverage for UV coating, scratch resistance, polycarbonate, tinting, anti-reflective, added services for diabetic eye care and more.

Benefit Frequency	Vision Plan (Humana Insight)	
	In-network	Out-of-network
Exam		Once every 12 months
Lenses /or Contact Lenses		Once every 12 months
Frame		Once every 24 months
<b>Standard Frame/ Lens Benefit Details</b>		
Standard Exam	\$10 copay	Up to \$30
Frames	Up to \$130	Up to \$65
<b>Standard Plastic Lenses</b>		
Single Vision	\$15 copay	Up to \$25
Bifocal Vision	\$15 copay	Up to \$40
Trifocal Vision	\$15 copay	Up to \$60
<b>Lens Options</b>		
UV Coating	\$15 copay	Not Covered
Tinting	\$15 copay	Not Covered
Standard Scratch-Resistance	\$15 copay	Not Covered
Standard Polycarbonate	\$40 copay	Not Covered
Standard Anti-Reflective Coating	\$45 copay	Not Covered
<b>Contact Lens Benefit Details (In lieu of eye glasses)</b>		
Standard Contact Lens Fitting	Up to \$55	Not Covered
Conventional Contact Lenses	Up to \$130	Up to \$104
Medically Necessary Lenses	\$0 copay	Up to \$200
<b>Diabetic Eye Care (Up to two services per year)</b>		
Examination	\$0 copay	Up to \$77
Retinal Imaging	\$0 copay	Up to \$50

**Please Note:**

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# Telehealth

## Teladoc

Cross Country provides members with access to Teladoc, giving you 24/7 access to board certified physicians. Teladoc allows you to resolve your routine medical issues anytime you need care from wherever you happen to be. It's healthcare made simple!

### What is Teladoc?

Teladoc is a national network of board-certified physicians who provide quality healthcare through the convenience of phone or online video consultations for members of any age. Teladoc physicians can diagnose, treat, and write prescriptions, when necessary for routine medical conditions, including: Cold & flu symptoms, allergies, Bronchitis, respiratory infection, and more!

### When Should You Use It?

- If you're considering the ER or urgent care center for a non-emergency medical issue.
- When you can't reach your primary care physician due to time, weather, remote location, or a disability
- When you're on vacation or a business trip
- For short-term prescription refills

Teladoc is only available for members that are enrolled in any of the CIGNA medical plans. Set up an account by visiting [www.teladoc.com](http://www.teladoc.com); log in and complete the "my medical history" tab. A board certified doctor is just a few clicks away.

# Plan Advocates

## DirectPath

At no cost to you, Cross Country provides this advocacy program to assist you in locating specialists, dealing with claim issues, and providing clear, objective health information so you can make informed decisions. A personal advocate will assist you with identifying the cost of services and medications, issues related to clinical insurance matters, serve as a liaison with healthcare providers, insurance plans and health-related community services. Contact DirectPath at 1-866-253-2273.

DirectPath's services are available to all full-time benefits eligible employees and his or her dependents.

## What are the features of the Core Advocacy service?

### Advocacy

- Answer benefit questions
- Resolve claims and billing issues
- Clarify out-of-pocket costs for services
- Assist with referrals and prior authorization
- Coordinate appeals
- Research in-network physicians/facilities
- Identify a primary care physician (PCP)
- Make doctor's appointments
- Arrange for mail order prescription services

### Transparency

- Review benefits for a health care test and/or procedure
- Research in-network physicians and facilities
- Compare cost and quality between providers
- Explain impact (savings) for member choices
- Educate members about their options
- Track savings made by members

# Payroll Deductions (Bi-Weekly)

Payroll deductions for health, dental, vision and savings accounts are deducted from your gross income before the deductions are taxed. These benefits enable Cross Country Home Services to deduct your premiums from your gross pay before FICA and federal taxes have been withheld from your paycheck thus lowering your taxable income and your taxes.

Please be advised you may be subject to imputed income for employer paid life insurance benefits greater than \$50,000 annually and for pre-tax deductions for domestic partners.

## CIGNA Health Plans

Enrollment	Traditional PPO	HDHP/HSA	HSA/HDHP INO
Single	\$110.59	\$33.54	\$16.41
Employee + Spouse	\$295.60	\$129.93	\$68.40
Employee + Child(ren)	\$226.50	\$96.12	\$49.33
Family	\$422.41	\$167.37	\$104.32

## Tobacco-use Surcharge

Employees will be charged a \$10.00 per payroll deduction surcharge if the employee enrolls in the medical plan and attests to using tobacco products

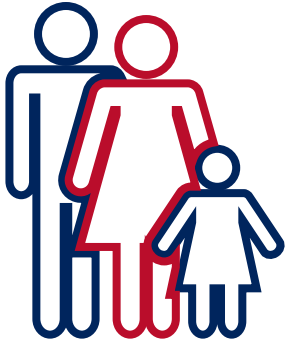
## MetLife Dental Plans

Enrollment	Low PPO	High PPO
Single	\$2.56	\$8.30
Employee + Spouse	\$6.78	\$18.40
Employee + Child(ren)	\$6.07	\$19.69
Family	\$11.05	\$32.90

## Humana Vision Plan

Enrollment	Vision
Single	\$2.93
Employee + Spouse	\$5.85
Employee + Child(ren)	\$5.55
Family	\$8.72





# Financial Protection Plans

UNUM is our Group Life and Disability carrier. The following are brief details of their suite of products.

## Basic Life/Accidental Death and Dismemberment (AD&D)\*

Cross Country Home Services provides basic life insurance for eligible employees at no cost to you. The life insurance death benefit is 1.5 times your eligible earnings up to \$150,000; \$5,000 for your spouse, and \$2,500 per child (\$1,000 up to six months).

Cross Country Home Services also provides accidental death and dismemberment insurance which pays a death benefit, in addition to the basic death benefit when death occurs because of an accident. **Be sure to:** always keep your beneficiary information up-to-date year-round and upon termination of employment, contact HR within 30 days to learn more about Portability and Conversion options.

## Supplemental Life\*

Cross Country Home Services employees may purchase additional life insurance through payroll deductions. You may purchase life insurance for yourself, your spouse, domestic partner and your children. You may be required to provide evidence of insurability when electing for coverage above the guaranteed issue amount. The guaranteed issue amount for employees is \$150,000 and for spouses, \$30,000.

- You may purchase additional life insurance in increments of \$10,000 up to five times your eligible earnings to a maximum of \$500,000.
- You may purchase spousal coverage in \$5,000 increments up to half of the employee's elected amount to a maximum of \$150,000.
- A \$10,000 life insurance benefit in increments of \$2,000 may be purchased for children age 6 months to age 26; and a \$1,000 death benefit from birth to 6 months.

## Short Term Disability\*

Short Term Disability Insurance is offered through UNUM. This benefit is a paid for by Cross Country Home Services.

- Short term disability will replace a portion of your income after an employee is out of work for 14 days. Employees can buy up and disability benefits will begin after 7 days for \$7.00 per pay payroll deduction.
- You will receive 60% of your weekly basic earnings to a maximum of \$1,500.

## Long Term Disability\*

Long term disability is offered by UNUM and paid for by Cross Country Home Services for all full time eligible employees. You are covered for 40% of your monthly pre-disability earnings up to a maximum of \$10,000.

- Long term disability will be provided after a 90-day elimination period and if you meet the criteria/definition for disability determination
- You may purchase additional long term disability benefits, increasing your basic monthly benefit to 66 2/3% to a maximum of \$10,000 per month.

# Employee Assistance Program

The work-life balance Employee Assistance Program is available for you or an immediate household family member at no cost and is a service that is provided 24 hours a day, seven days a week, with confidential support, guidance and resources.

- Up to three in-person counseling sessions
- Telephone access to legal counsel and a 25% discount on follow-up services
- Work / life services to include assistance with:
- Parenting and childcare
- Eldercare
- Relationships
- Work and career
- Financial



## Wellness Program

### HealthCheck360

Cross Country Home Services is currently in their first year with HealthCheck360 to implement a company-wide wellness program. This investment is an added benefit for all employees. Employees who participate in 2018-19 will have the opportunity to earn incentives tied to participating and completing health related activities through this program.

### Who is HealthCheck360?

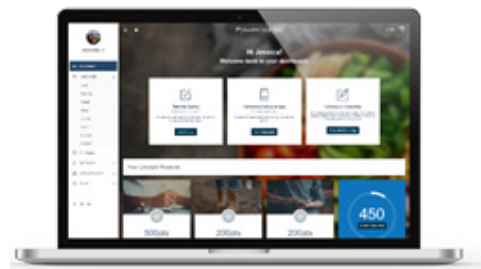
HealthCheck360 is a leading, national wellness company devoted to improving emotional, physical and financial health for TOTAL Wellbeing. You will get motivation and support along your journey to wellness.

### How Can I Get Involved in HealthCheck360?

You can visit <https://myhealthcheck360.com/> to check out the free resources available to you or contact the HealthCheck360 team at 866-511-0360 or [support@healthcheck360.com](mailto:support@healthcheck360.com) to learn more about how you can participate.

In addition to earning incentives, employees also receive the following benefits for participating:

- Unlimited inbound health coaching: One-on-one support from trained, certified health professionals
- Monthly Webinars and Newsletters: Helpful tips supported by the HealthCheck360 Coaching team. Topics vary from nutrition and exercise to stress and meditation.
- Blog articles: Access to healthy recipes, activities and more health tips. Available on <http://healthcheck360blog.com>
- Independence: You have the option to get involved depending on your interests. The wellness program is customizable to your needs.



## 401(k) Retirement Plan

The 401(k) retirement savings plan allows eligible participants to invest a portion of their pre-tax or post-tax earnings into a variety of investment funds. There is no minimum requirement. CCHS will match employee's deferral at 100% of the first 2% in eligible compensation, and 50% of the next 4% in eligible compensation with a possibility of an additional discretionary employer matching contribution. Participating employees are 100% vested in the plan after 2 years.

# Flexible Savings Account (FSA)

## WageWorks

A Flexible Savings Account (FSA) allows employees to pay for predetermined, un-reimbursable medical expenses on a tax-free basis. We will have a 12 month FSA year starting January. You can fund up to \$2,650 towards your FSA account.

FSA plans are a simple and convenient solution for paying out-of-pocket health care expenses with pre-tax dollars. Medical, dental, and vision expenses that are not covered by insurance are qualifying expenses. Deductibles, coinsurance and copays are included in this category.

## Mobile Solutions

- EZ Receipts application - Provides the ability to enter and submit a healthcare or dependent care claim from any iPhone, Blackberry or Android smart phone. In addition, the EZ Receipts application provides participants the ability to submit a picture of a healthcare claim receipt for any debit card transaction.

Log onto WageWorks4me.com to download your mobile app, click on Mobile app and follow the steps for your phone.

**Note:** If you contribute to the HSA, then you can only fund a “limited purpose” FSA, which means you can only use FSA funds for dental, vision or post deductible expenses.

# Dependent Care Assistance Program (DCAP)

## WageWorks

Employees working fulltime have an available option that allows for certain dependent care expenses to be paid with pre-tax dollars. Participating in a DCAP can significantly reduce your federal income taxes. Through “DCAP,” participants may pay on a pre-tax basis, qualified dependent care expenses, such as child and elder care, after school programs, and day camp.

Participation requires that you estimate the amount of dependent care expenses you expect to spend during the shortened plan year, not to exceed \$5,000 for those that are married filing jointly or head of household. Your salary reduction amount should not exceed these expenses.



### Important

The FSA and DCAP are “use or lose plans.” The IRS regulations state that any unused funds which remain in your FSA after the plan year ends and all claims have been filed, cannot be returned to you or carried forward to the next plan year.



# Identity Theft/Credit Monitoring

## InforArmor

CCHS wants you to enjoy peace of mind and financial reassurance by providing you the option to enroll in an InfoArmor product. PrivacyArmor Plus is a comprehensive identity and credit monitoring protection plan.

Each year millions of Americans fall victim to identity fraud and will spend hours trying to restore their identity and minimize damages. Be proactive in protecting what matters most to you through PrivacyArmor Plus.

Their full-scale identity protection and restoration solution includes:

- Identity and credit monitoring
- Annual credit report and monthly credit score tracking
- Threshold monitoring
- Social media reputation monitoring
- Digital wallet storage and monitoring
- Full-Service Identity Restoration
- \$1,000,000 Identity Theft Insurance Policy
- A Digital Exposure Report

This plan election is voluntary and subject to a \$4.59 per individual/\$8.28 per family bi-weekly employee contribution.

# Legal Assistance

## ARAG

Legal expenses are often unexpected and CCHS wants to provide you with the option of coverage when faced with everyday legal issues. Most individuals don't hire an attorney because these costs are often unplanned, not budgeted for, and more expensive than expected.

With ARAG and their Ultimate Advisor coverage you'll be better equipped to:

- Make the best decisions on how to address their specific legal situation.
- Know what you're getting into before you commit additional time and resources.
- Avoid any costly or time-consuming issues that arise along the way.
- Be assured of a quality outcome for yourselves and your families.

ARAG's Ultimate advisor can help you with Civil Damage Claims, Debt-Related Matters, Family Law, Landlord/Tenant Matters, Real Estate Matters, Tax Matters, Traffic Matters and more.

This plan election is voluntary and subject to a \$8.31 bi-weekly employee contribution.

# How to Enroll

## UltiPro

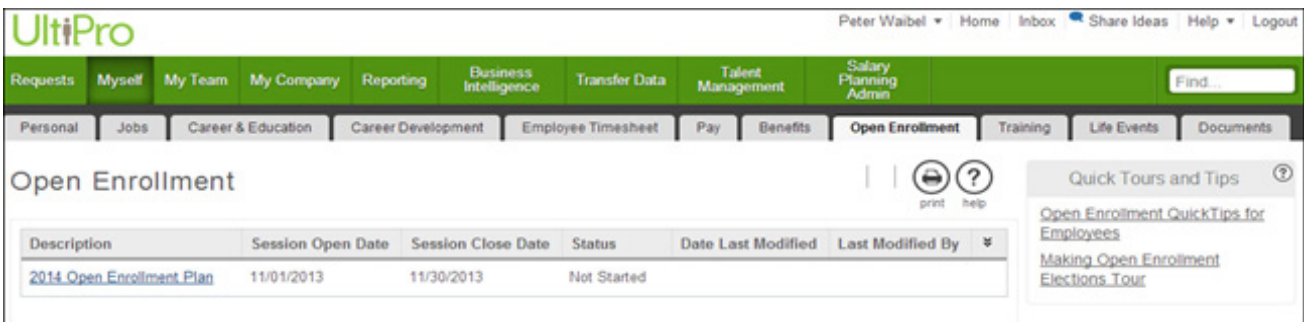
From the Explain My Benefits Landing Page click the icon “Enroll in My Benefits”.

- Login to Ultipro

Once logged in to Ultipro:

### To select an open enrollment session:

1. Follow the path Myself>>Open Enrollment. Once the Open Enrollment page appears hit the link that says **“Click here to Start 2019 Open Enrollment”** or **“2019 Enrollment - FSA Only”**
2. Select the Description link of the applicable open enrollment session.  
Given that we are currently in a passive enrollment, the Open Enrollment page opens with the option to make a new election or stay enrolled in the current benefit plan.
  - If you select to make a new election, the About Open Enrollment page appears.



3. If you select to stay enrolled in your current benefit plan, the Confirmation page appears.

### Once you have elected your benefits for 2019:

- Review the election information on the “Confirm Your Changes” page – see and compare current and newly selected plans, plan details, covered dependents, pay period costs and beneficiaries.
- Once you are satisfied with the elections you have made, hit submit.
- You may print your confirmation page for your records. If you select OK, the Confirmation page appears with the availability to print the summary of your elections.
- Select Close to EXIT the session.
- You may also be able to make changes after you have submitted your elections. You will have the availability to do so up until the Open Enrollment period is closed (11/12/2018)

# Benefit Communications

## Explain My Benefits

In 2019 we will continue to work with Explain My Benefits our benefits communication vendor. Our 2019 Open Enrollment will be a passive enrollment. This means if you intend to keep your current coverages, **no action** is needed **except** if you plan to contribute to a Flexible Spending Account (DCAP & Medical).

### STEP 1 - Review Your Benefit Guide, and Plan Documents

While this benefit guide is intended to provide you with an overview of all benefits being offered for the upcoming plan year, you will also be able to access more detailed plan documents at: [www.explainmybenefits.com/cchs](http://www.explainmybenefits.com/cchs)

#### Enrollment options during Open Enrollment:

- Self-Enroll online 24/7 from October 30th - November 12th
- Enroll via self-service kiosks (Benefits counselor will be available for assistance on select days):
  - Sunrise – October 30th - November 2nd
  - Anderson – November 5th - 8th
- Call Center Support: November 5th - November 9th (9am - 5pm EST). Speak to a Benefits Counselor to assist with your enrollment or questions.

#### Enrollment options for new hires after open enrollment:

Please contact HR within 30 days of your date of hire for more details.

### STEP 2 - Enroll with Explain My Benefits

Please have with you the social security numbers, and dates of birth for you and any potential covered dependents or beneficiaries.





# Contacts

## Health plan

CIGNA

Member services: (800) 244-6224

## Rx Mail Order

CIGNA

Rx Mail Order: (800) 285-4812

## Dental plans

MetLife Dental

Hotline: (800) 275-4638

## Vision plan

Humana

Customer service: (877) 398-2980

## Health Savings Account (HSA)

Health Equity

Customer service: (877) 915-3233

## Financial Protection Plans

UNUM

Customer service: (800) 421-0344

## Employee Assistance Program (EAP)

UNUM

Customer service: (800) 854-1446

## 401(k) Retirement Plan

Fidelity

Customer service: (800) 835-5097

## Flexible Savings Account (FSA)/ Dependent Care Assistance Program (DCAP)

WageWorks

Customer service: (877) 924-3967

## Identity/Credit Monitoring

InfoArmor

Customer service: (800) 285-4812

## Benefit Communications/ Enrollment

Explain My Benefits

Hotline: (888) 734-6937

## Legal Assistance

ARAG

Customer service: (800) 247-4184







## All changes must be made by November 12th.

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.