



2014 - 2015

Benefit Guide

What's Inside



2014 - 2015 Benefit Guide

- Our Most Important Asset..... 2**
- Eligibility 2**
- Section 125 and Benefit Election Changes..... 2**
- Enrollment Instructions 3**
- Medical 4**
- Dental 5**
- Vision 6**
- Personalized Voluntary Benefit Program 7**
- Life and Accidental Death & Dismemberment (AD&D) 8**
- Voluntary Long Term Disability 8**
- Contact Information 9**
- Notes 9**
- Important Notices 10**

Our Most Important Asset

Section 125 & Benefit Election Changes

Mission Health Communities is pleased to offer a comprehensive benefit plan for our employees. We value you and know how important insurance coverage is to you and your families. We have reviewed and updated our plans to ensure that our multiple options are compliant with the new laws under the Affordable Care Act.

The plan year will begin September 1, 2014 and will run through August 31, 2014.

Plan offerings and details are included here for you to review. Please read thoroughly. This guide is only intended to be a summary of the benefits information.

All employees are required to complete the online enrollment process to elect or waive benefits.

Under Section 125 of the Internal Revenue Service (IRS) code, you are allowed to pay for certain group insurance premiums with tax-free dollars. Pre-tax premium deductibles include Medical and Dental. This means your premium deductions are taken before federal income and Social Security taxes are calculated, saving you up to 23% or more, depending on your tax bracket.

However, you must make your benefit elections carefully, including the choice to waive coverage. Your pre-tax elections will remain in effect until the next annual open enrollment period unless you experience an IRS approved qualifying change in status.

Qualifying change in status events include, but are not limited to:

- Marriage, divorce, or legal separation
- Death of spouse or other dependent
- Birth or adoption of a child
- A spouse's employment begins or ends
- A dependent's eligibility status changes due to age, student status, marital status, or employment
- You or your spouse experience a change in work hours that affect benefit eligibility
- Relocation into or outside of your plan's service area
- Eligibility for Medicaid or Children's Health Insurance Program Coverage (60 day special enrollment)
- Loss of Medicaid or Children's Health Insurance Program Coverage (60 day special enrollment)

Eligibility



Mission Health Communities provides benefits to all benefit eligible employees. If you are a newly hired individual you may participate on the 1st day of the month following a 60-day waiting period.

Eligible Dependents

- Your legal spouse
- Your unmarried children who are less than 26 years old (applies to Medical & Dental), AND
 - ⇒ Primarily dependent upon you for support and maintenance, AND
 - ⇒ Living in your household, OR
 - ⇒ A full time student primarily dependent upon you for support.

Enrollment Instructions



Over the last couple of years we have had Explain My Benefits benefit counselors at our locations to enroll you in your benefits through the online enrollment system. This year we are transitioning to a self-service online enrollment. The online system can be accessed from any computer with internet access.

Everyone must complete the online enrollment process, whether you are electing benefits, keeping benefits the same, making changes or waiving all benefits, in order to confirm your choices. If you choose not to complete the enrollment process, active coverages will be terminated.

Please review the instructions below on how to log into the system and complete your enrollment.

How to Access EMB Enroll:	
Access your Online Enrollment at:	www.eElect.com
Enter the Enrollment ID:	64627
Enter your 9 digit SSN (no dashes):	XXXXXXXXXX
Enter your 4 digit PIN (last 4 of SSN):	XXXX
Record Your Confirmation #:	

Dependent Information

If you intend to elect ANY benefit for your spouse and/or eligible dependents they must be listed as dependents in the system and you MUST have their SSN to input them. Spouse, Children, and Family coverage levels will not be available for you to select if the dependent information is not present.

Frequently Asked Questions

1. How do I see my previously confirmed enrollments and what I am currently enrolled in?

There will be an option to **'View my current elections'** in the right corner of the screen and when you select and click **'Continue'** it will take you to a new window with a confirmation showing all current elections.

2. Do I need the SSN's for my Spouse and Dependents to enroll them in any coverage(s)?

YES. You will not be able to proceed with your enrollment and confirm your elections without inputting the SSN's for your spouse and/or dependents.

3. How do I add a beneficiary other than those already listed in the system as dependents?

A) From the Beneficiary Collection Screen which will appear after selection your Insurance Amount:

- Click the "Manage Beneficiary List" button
- Select the relationship of the beneficiary from the Dropdown Box
- Click the "Add New Beneficiary" button
- Input beneficiary name (required) and whatever information you have for the beneficiary
- Click "Continue"
- Click "Continue" again

B) Now you will see the new beneficiary in the dropdown box as a selectable beneficiary.

Medical

Offered by BlueCross BlueShield of Georgia



Coverage	\$ 2,000 Deductible	\$5,000 Deductible	\$3,000 Deductible
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Calendar Year Deductible (CYD)			
.. In-Network	\$2,000 / \$4,000	\$5,000 / \$10,000	\$3,000 / \$6,000
.. Out-of-Network	\$4,000/\$8,000	\$10,000/\$20,000	\$6,000 / \$12,000
Out-of-Pocket Maximum (OOPM)	Includes: CYD	Includes: CYD	Includes: CYD
.. In-Network	\$6,350 / \$12,700	\$6,350 / \$12,700	\$6,350 / \$12,700
.. Out-of-Network	\$12,000/\$24,000	\$26,000/\$52,000	\$16,000 / \$32,000
Coinsurance (Plan Pays)			
.. In-Network	Covered @ 70%	Covered @ 70%	Covered @ 70%
.. Out-of-Network	Covered @ 60%	Covered @ 60%	Covered @ 60%
Primary Care Physician Visit (PCP)			
.. In-Network	\$30 Copay	\$50 Copay	\$50 Copay
.. Out-of-Network	Covered @ 60% After CYD	Covered @ 60% After CYD	Covered @ 60% After CYD
Specialist Physician Visit			
.. In-Network	\$50 Copay	\$50 Copay	\$50 Copay
.. Out-of-Network	Covered @ 60% After CYD	Covered @ 60% After CYD	Covered @ 60% After CYD
Preventive Health Care			
.. In-Network	Covered @ 100%	Covered @ 100%	Covered @ 100%
.. Out-of-Network ⁽¹⁾	Covered @ 60% After CYD	Covered @ 60% After CYD	Covered @ 60% After CYD
Urgent Care Center (UC)			
.. In-Network	\$60 Copay	\$60 Copay	\$60 Copay
.. Out-of-Network	Covered @ 60% After CYD	Covered @ 60% After CYD	Covered @ 60% After CYD
Inpatient Hospital Services (IP)			
.. In-Network	Covered @ 70% After CYD	Covered @ 70% After CYD	Covered @ 70% After CYD
.. Out-of-Network	Covered @ 60% After CYD	Covered @ 60% After CYD	Covered @ 60% After CYD
Outpatient Surgery (OP)			
.. In-Network	Covered @ 70% After CYD	Covered @ 70% After CYD	Covered @ 70% After CYD
.. Out-of-Network	Covered @ 60% After CYD	Covered @ 60% After CYD	Covered @ 60% After CYD
Emergency Room Services (ER)			
.. In-Network	Covered @ 70% After CYD + \$300 Copay	Covered @ 70% After CYD + \$300 Copay	Covered @ 70% After CYD + \$300 Copay
.. Out-of-Network	Covered @ 70% After CYD + \$300 Copay	Covered @ 70% After CYD + \$300 Copay	Covered @ 70% After CYD + \$300 Copay
Lab and X-ray (Including Labs, X-Rays, and Diagnostic Procedures)			
.. In-Network	Covered @ 70% After CYD	Covered @ 70% After CYD	Covered @ 70% After CYD
.. Out-of-Network	Covered @ 60% After CYD	Covered @ 60% After CYD	Covered @ 60% After CYD
Diagnostic Services (MRI, CAT Scan, PET Scan)			
.. In-Network	Covered @ 70% After CYD	Covered @ 70% After CYD	Covered @ 70% After CYD
.. Out-of-Network	Covered @ 60% After CYD	Covered @ 60% After CYD	Covered @ 60% After CYD
Prescription Drugs (Rx)			
.. Pharmacy	\$15 Copay Tier 1 \$40 Copay Tier 2 \$70 Copay Tier 3 20% Tier 4 ⁽²⁾	\$20 Copay Tier 1 \$50 Copay Tier 2 \$80 Copay Tier 3 20% Tier 4 ⁽²⁾	\$20 Copay Tier 1 \$50 Copay Tier 2 \$80 Copay Tier 3 20% Tier 4 ⁽²⁾
.. Mail Order	2 Times Copay (90 Day Supply)	2 Times Copay (90 Day Supply)	2 Times Copay (90 Day Supply)

⁽¹⁾ Deductible waived through age 5.

⁽²⁾ Member pays 20%, up to a \$200 maximum per prescription drug; \$3,000 Rx out-of-pocket maximum per member per benefit period.

Dental

Offered by Lincoln Financial



Coverage	High Plan - Option 1	Low Plan - Option 2
Calendar Year Maximum		
.. In-Network	\$1,500	\$1,000
.. Out-of-Network	\$1,000	\$1,000
Calendar Year Deductible (CYD)		
.. In-Network	\$50 / \$150	\$50 / \$150
.. Out-of-Network	\$50 / \$150	\$100 / \$300
Deductible Applies To		
.. In-Network	Basic and Major Services	Basic and Major Services
.. Out-of-Network	Basic and Major Services	Preventive, Basic and Major Services
Preventive Care		
.. In-Network	Covered @ 100% No Deductible	Covered @ 100% No Deductible
.. Out-of-Network	Covered @ 100% No Deductible	Covered @ 100% After Deductible
	.. Oral Exam (2 Per 12 Mos.)	.. Oral Exam (2 Per 12 Mos.)
	.. Cleanings (2 Per 12 Mos.)	.. Cleanings (2 Per 12 Mos.)
	.. X-Rays	.. X-Rays
	- Bitewings (4 Per 12 Mos.)	- Bitewings (1 Per 12 Mos.)
	- Full Mouth (1 Per 5 Years)	- Full Mouth (1 Per 5 Years)
	.. Sealants for Children <= 15	.. Sealants for Children <= 16
	.. Space Maintainers <= 15	.. Space Maintainers
	.. Fluoride for Children <= 15 (1 Per 12 Mos.)	.. Fluoride for Children <= 19 (2 Per 12 Mos.)
Basic Services		
.. In-Network	Covered @ 80% After Deductible	Covered @ 70% After Deductible
.. Out-of-Network	Covered @ 80% After Deductible	Covered @ 70% After Deductible
	.. Fillings	.. Fillings
	.. Endontics	.. Endontics
	.. Periodontics	.. Periodontics
Major Services		
.. In-Network	Covered @ 50% After Deductible	Covered @ 50% After Deductible
.. Out-of-Network	Covered @ 50% After Deductible	Covered @ 40% After Deductible
	.. Oral Surgery	.. Oral Surgery
	.. Crowns	.. Crowns
	.. Bridges	.. Bridges
	.. General Anesthesia	.. General Anesthesia
Orthodontic Services		
.. In-Network	Covered @ 50% No Deductible	Not Covered
.. Out-of-Network	Covered @ 50% No Deductible	Not Covered
	\$1,000 Lifetime Maximum	
Out-of-Network Reimbursement	90th Percentile (Usual & Customary)	90th Percentile (Usual & Customary)

Vision

Offered by BlueCross BlueShield of Georgia



Coverage	EyeMed	
Plan Frequency:		
.. Exam	Every 12 Months	
.. Lenses	Every 12 Months	
.. Frames	Every 12 Months	
Copays:	<u>In-Network</u>	<u>Out-of-Network</u>
.. Exam	\$10 Copay at Time of Service	Not Applicable
.. Lenses and/or Frames	\$10 Copay - Materials copay is a single payment that applies to the entire purchase of eyeglasses (lenses and frames), or contact lenses in lieu of eyeglasses.	Not Applicable
Maximum Allowances:	<u>In-Network</u>	<u>Out-of-Network</u>
(After Copay, Up to Plan Limits)		
.. Eye Exam	Covered in Full	Reimbursed up to \$35
.. Lenses (Per Pair)		
- Single	Covered in Full	Reimbursed up to \$25
- Bifocal	Covered in Full	Reimbursed up to \$40
- Trifocal	Covered in Full	Reimbursed up to \$55
- Lenticular	Covered in Full	Reimbursed up to \$55
- Progressives	<u>Standard</u> : \$10 Copay <u>Premium</u> : \$10, 80% of Charge less \$120 Allowance	<u>Standard</u> : Reimbursed up to \$40 <u>Premium</u> : Reimbursed up to \$40
.. Frames	\$0 Copay; \$100 Allowance, 20% off balance over \$100	Reimbursed up to \$50
Contact Lenses	Contact Lenses are in Lieu of Spectacle Lenses and Frames	
- Conventional	\$0 Copay; \$115 Allowance, 15% off balance over \$115	Reimbursed up to \$92
- Disposable	\$0 Copay; \$115 Allowance	Reimbursed up to \$92
- Medically Necessary	\$0 Copay, Covered in Full	Reimbursed up to \$200

Personalized Voluntary Benefit Program

Offered by Allstate Benefits



What are Voluntary Benefits?

These benefits are to strengthen your overall benefits package. You can customize your benefits based on need and affordability. You are eligible to participate in these benefits even if you do not participate in the company sponsored medical plan.

- **OWNERSHIP** - Policies are fully portable and belong to you if you leave your employer, same price and same plan
- **SPECIAL UNDERWRITING FOR NEWLY ELIGIBLE EMPLOYEES - ONE TIME OFFER**
- **ONLY - Guaranteed Issue for Newly Benefit Eligible Employees ONLY**
- Benefits are payroll deducted
- These benefits begin at as little as a few dollars per week.
- Cash benefits are paid directly to you, not to a hospital or to a doctor
- Cash benefits are above and beyond and completely separate from medical insurance and other benefits
- Designed to provide additional cash flow to assist with out of pocket medical costs and other bills

Short Term Disability

Short Term Disability gives you a source of income when you cannot go to work due to a covered sickness or off-the-job injury.

- A guaranteed issue monthly benefit from a minimum of \$400 up to \$5,000 (*Based on up to 60% of annual income*)
- Benefits begin accruing on the 8th calendar day.
- Benefits will be paid out for up to 3 months.

Universal Life Insurance

Caring for your family's financial needs if you or a family member passes away.

- Up to \$150,000 in death benefit.
- Guaranteed 4% interest rate
- Premiums are guaranteed level at point of purchase, and do not increase with age.
- Policy stays in force as long as premiums are paid and earns cash value.
- Type of insurance that remains in place for the lifetime of the insured individual.
- Flexible optional riders to help meet specific needs
 - ◇ Premium Waiver
 - ◇ Accelerated Death Benefit for Terminal Illness
 - ◇ Accelerated Death Benefit for Long Term Care
- Coverage is medical underwritten, is portable and provides post-retirement insurance benefits.

Accident Plan

A plan that helps pay for the unexpected expenses that result from an accident

- Covers you and your family 24 hours a day / 7 days a week
- Family coverage available—sports injuries are covered except for professionally paid athletes
- Money is paid directly to you for:
 - ⇒ Dislocations, fractures, tendon/ligament tears
 - ⇒ Burns and stitches
 - ⇒ Hospitalization (do to an injury)
 - ⇒ Medical expenses and various medical treatments, doctor visits, etc.

Critical Illness Plan

This plan offers a lump-sum cash benefit payment to you upon first diagnosis of a covered critical illness including invasive cancer, heart attack, stroke, major organ transplant, renal failure, paralysis of two or more limbs, blindness or ALS (Lou Gehrig's Disease).

The plan includes a \$100 wellness benefit.

Coverage is medically underwritten and portable.

Life and Accidental Death & Dismemberment (AD&D) Offered by Lincoln Financial

Your Employer will continue to provide a life and accidental death and dismemberment (AD&D) benefit of \$25,000 at no cost to you through Lincoln Financial.



Voluntary Life Insurance*

Available in increments of \$20,000, not to exceed a maximum of 5 times your basic annual earnings. Your spouse may purchase up to the lesser of 50% of your benefit or \$100,000 and your children either \$1,000, \$2,500, \$5,000 or \$10,000. Late entrants are subject to Evidence of Insurability.

Employee

Five coverage options are available:

\$20,000, \$40,000, \$60,000, \$80,000, \$100,000, not to exceed 5 times the employee's annual salary.

Spouse

Three coverage options are available:

\$10,000, \$20,000, \$30,000, not to exceed 50% of the employee's elected benefit amount.

Dependent Children

This benefit provides coverage for all dependent children in the following amounts:

From age 6 months to 19 years old - \$2,500, \$5,000, \$7,500 or \$10,000

From age 14 days to 6 months old - \$250

From birth to age 14 days - No benefit.

**If you do not elect supplemental coverage when you are first eligible, evidence of insurability is required. Spouse and Dependent Life Insurance is also available through payroll deductions.*

Voluntary Long Term Disability

Employees are able to elect voluntary Long Term Disability through Lincoln Financial. The benefit pays up to 60% of your salary up to a maximum of \$6,000.

Voluntary Long Term Disability

Offered by Lincoln Financial

Employees are able to elect voluntary Long Term Disability through Lincoln Financial. The benefit pays up to 60% of your salary up to a maximum of \$6,000.





Contact Information

Medical & Vision	BCBSGA Member Services	1-800-441-2273	www.bcbsga.com
Dental, Life & LTD	Lincoln Financial	1-800-423-2765	www.lfg.com
Voluntary Disability, Life, Accident & Critical Illness	Allstate Benefits	1-800-521-3535	www.allstate.com

Notes

Important Notices for 2014

(No Action Required)

Medicaid and the Children's Health Insurance Program (CHIP)

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums. If you or your dependents are already enrolled in Medicaid or CHIP, you can 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, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Newborns' and Mothers' Health Protection Act (NMHPA)

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Michelle's Law

Michelle's Law allows seriously ill college students, who are covered dependents under health plans, to continue coverage for up to one year while on medically necessary leaves of absence. The leave must be medically necessary as certified by a physician, and the change in enrollment must commence while the dependent is suffering from a serious illness or injury and must cause the dependent to lose student status.

Under the law, a dependent child is entitled to the same level of benefits during a medically necessary leave of absence as the child had before taking the leave. Further, if any changes are made to the health plan during the leave, the child remains eligible for the changed coverage in the same manner as would have applied if the changed coverage had been the previous coverage, so long as the changed coverage remains available to other dependent children under the plan. Proof of Student Status must be provided to certify student status for plan coverage.

Women's Health and Cancer Rights Act (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

USERRA

Under the Uniformed Services Employment Reemployment Rights Act of 1994 (USERRA), employees are provided with broad protection in terms of their reemployment upon completion of military service. An employee, who returns to work after active military duty must, with limited exceptions, be reemployed in the position that the employee held or would have attained had the military service not interrupted the employee's employment.

The Act provides specific time frames in which the employee must return to work upon completion of service. If the length of service was less than 31 days, the employee must return the next regularly scheduled work period. If the leave was greater than 31 days and less than 180 days, the employee has 14 days upon completion to return to work. The company will comply with all aspects of USERRA.



2014 - 2015

Benefit Guide