



ADCS Clinics, LLC



2016/2017
OPEN ENROLLMENT GUIDE



**2016-
2017**


Welcome to Open Enrollment for your 2016 - 2017 Benefits!

Dear ADCS Employees,

We are pleased to introduce you to the 2016 Group Benefits Program. We truly value our employees and our appreciation is reflected in our comprehensive benefits program. We strive to offer you a complete benefits package with choices to help you match your personal health and insurance needs. We have carefully selected these programs with your best interests in mind. By selecting the right combination of benefits, you can maintain good health and protect you and your family from unexpected costs. In line with the requirements of the Affordable Care Act (ACA), the benefits provided offer you a number of choices to meet your needs.

Elections you make during open enrollment will become effective July 1, 2016. Your benefit selections must be made by June 3, 2016. This guide will help you understand the benefit choices you can make before the enrollment deadline.

The ADCS Group Benefits Program is a significant part of your total rewards package here at ADCS, and represents our strong commitment to the health and welfare of our employees.



If you have a benefit question, you may contact Health Advocate (see page 17 for details).

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Eligibility, Enrollment, Making Changes

Who Is Eligible

All regular full-time employees working 30+ hours per week are eligible to enroll in the benefits described in this guide, on the first of the month following a 60-day waiting period. The following family members are eligible:

- Legal spouse;
- Dependent children between the ages of 19-26 years of age (30 for medical, but must be the insured's child by blood or law and meet certain criteria. See specific policy for eligibility information.);
- Dependent child of any age who is or becomes disabled and dependent upon you.

How To Enroll

Online enrollment instructions:

- Log on to www.explainmybenefits.biz/adcs
- Click on the Blue Button on the top right side of the website.
- You will be redirected to your online enrollment portal, follow the instructions to login to begin your self-service enrollment.
- Please take some time to review this benefit guide before enrolling in your benefits.

Once you have made your elections, you will not be able to change them until the next Open Enrollment period unless you have a qualified change in status (see Making Changes for details). NO EXCEPTIONS.

Medical, Dental, Vision, Life & Disability coverage: This is an active enrollment – All Employees eligible for benefits in 2016/2017 **MUST** electronically make an election during the Open Enrollment period. – your current elections **WILL NOT** carry over into the new plan year.

Health Savings Account (HSA Bank Account):

If you enroll in the OAMC HSA plan, you'll receive a Welcome email from Payflex. It includes information

and instructions on how to open or transfer your account. If you do not want to open an account, you must call Payflex to cancel.

When To Enroll

The Open Enrollment period runs from **May 23rd to June 3rd**. The benefits you elect during Open Enrollment will be effective from **July 1, 2016 through June 30, 2017**.

Making Changes

Under Section 125 of the Internal Revenue Code, you are allowed to pay for certain group insurance premiums with tax-free dollars.

You must, however, make your benefits elections during Open Enrollment carefully, including your choice to waive coverage. **Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next Open Enrollment period. NO EXCEPTIONS.**

Qualified changes in status include:

- Marriage, divorce or legal separation
- Death of spouse, child or other qualified dependent
- Birth or adoption of a child
- Change in child's dependent status due to age, student status, marital status or employment
- Change in spouse's benefits or employment status

Your qualified change must be made within 30 days from the date of the event; otherwise you will have to wait for the next Open Enrollment period to make changes.

If cancelling coverage due to a qualified event, you are required to provide proof of other coverage before your current coverage can be cancelled.

Medical Benefit Options

ADCS offers a choice between two medical plans – OAMC Copay Plan and OAMC HSA Plan. Both plans are available nationally, utilizing the Aetna Managed Choice network; but only the OAMC HSA Plan option is HSA compatible.

	OAMC COPAY PLAN		OAMC HSA PLAN	
Benefit	You Pay: In-Network Only	You Pay: Out-of-Network	You Pay: In-Network Only	You Pay: Out-of-Network
Preventive Care	\$0	50% for routine adult and child preventive services	\$0	40% for routine adult and child preventive services
Dr. Office Visits	\$40 Copay PCP \$65 Copay for Specialists	50% after PYD	20% after PYD	40% after PYD
Urgent Care	\$75 copay	50% after PYD	20% after PYD	40% after PYD
Emergency Room	\$200 copay (waived if admitted)	\$200 copay (waived if admitted)	20% after PYD	20% after PYD
Outpatient Surgery	20% after PYD	50% after PYD	20% after PYD	40% after PYD
Outpatient Hospital Facility Services (Blood work, X-rays)	20% after PYD	50% after PYD	20% after PYD	40% after PYD
Advanced Imaging/Therapies (MRI, PET, CT)	20% after PYD	50% after PYD	20% after PYD	40% after PYD
Inpatient Hospital (Facility & Professional Fees)	20% after PYD	50% after PYD	20% after PYD	40% after PYD
Deductible (per plan year) Individual/Family	\$2,500 / \$5,000	\$10,000 / \$20,000	\$2,500 / \$5,000*	\$5,000 / \$10,000*
Coinsurance Aetna/Member	80% / 20%	50% / 50%	80% / 20%	60% / 40%
Out-of-Pocket Maximum (per plan year, includes PYD and Copays - if applicable) Individual / Family	\$6,000 / \$12,000	\$30,000 / \$60,000	\$6,350 / \$12,700*	\$12,500 / \$25,000*
Prescription Drugs				
Retail Pharmacy (30 Day Supply)	Rx PYD (\$200 Individual / \$600 Family), then \$15 / \$35 / \$65	Rx PYD (\$200 Individual / \$600 Family), then 20% of submitted cost; after applicable copay	PYD, then \$15 / \$35 / \$65	In-network PYD, then 20% of submitted cost; after applicable copay
Mail Order (90 Day Supply)	\$37.50 / \$87.50 / \$162.50	Not Covered	PYD, then \$37.50 / \$87.50 / \$162.50	Not Covered

*Once Family Deductible is met, all family members will be considered as having met their Deductible for the remainder of the plan year. There is no Individual Deductible to satisfy within the Family Deductible.

**The family Out-of-Pocket (OOP) Maximum is a cumulative Payment Limit for all family members. The family OOP Max can be met by a combination of family members; however no single individual within the family will be subject to more than the individual OOP amount.

PYD = Plan Year Deductible (July - June)

Aetna Member Tools



If you participate in one of the Aetna Medical Plans, you can take advantage of member discounts and utilize tools that will assist you to choose the best of care through your secure member portal, Aetna Navigator.

Member Discounts: Gym memberships and home fitness and nutrition products, weight-loss programs, vision and hearing care.

Lifestyle Improvement Programs: Smoking cessation, stress management, or weight and nutritional programs, to help monitor and improve your overall well-being.

Personal Health Assessment: Allows you to get a clear picture of your health status and create action plans that work with your personal needs and lifestyle.

Find a Doctor or Hospital (DocFind): Saves you time and money to identify a network doctor before services are rendered. Sign in to Aetna Navigator to secure DocFind to get personalized results based on your plan.

Member Payment Estimator: Find costs for procedures, doctor's office visits, lab tests, and surgery before you go. Compare costs from different doctors and hospitals so you can save money.

Member Health Statement: Gives you a monthly overview of savings, claims and expenses.

Compare Drug Prices: The pharmacy shopping tool allows you to see where to shop for the better price on your prescription.

Ask Ann: Your virtual assistant in your Aetna navigator secure member website is available around the clock to answer your health benefit questions.

For more information about these and other programs available through Aetna, visit www.aetna.com.

Teladoc - New!



What is Teladoc?

Teladoc offers members the ability to consult with a national network of U.S. board-certified family practitioners, PCPs, pediatricians and internists to diagnose, recommend treatment, and write short-term (non-DEA prescriptions), when necessary. Consultations are available by telephone as well as by online video using Teladoc.com or through the Teladoc Member mobile app. Teladoc can provide effective resolution to a wide range of common and routine illnesses helping prevent unnecessary use of the ER or Urgent Care centers.

Some of the more common illnesses that Teladoc handles are as follows:

- Allergies
- Basic Dermatological issues
- (Episodic) Behavioral Health needs (such as Anxiety, Panic Attacks and Depression)
- Bronchitis
- Cough
- Ear infection
- Flu
- Nasal congestion
- Pink eye
- Sinus problems
- Upper respiratory infection
- Urinary tract infection

Note: No controlled substances, psychiatric or lifestyle drugs will be prescribed by Teladoc

For more information, please visit [Teladoc.com](https://www.teladoc.com)

Hours of availability for Teladoc Services:

- Telephone consults are available 24/7/365
- Video consults are available 7/365 during the hours of 7:00AM - 9:00PM in all U.S. Time Zones
- The mobile app is available 24/7/365 for members to access their accounts, manage their health records, and request a phone or video consult; Mobile app video consults are available during the same hours as the online video consults (7:00AM - 9:00PM in all U.S. Time Zones)
- Teladoc Member mobile App, please visit <http://www.teladoc.com/mobile>

Pricing

If member has...	Member will pay...
OAMC Copay Plan	PCP office visit copay
OAMC HSA Plan	\$40 consult fee (Until deductible is met, then subject to coinsurance)

Key Facts about Teladoc

- There are no age limitations; Teladoc can treat members of all ages including newborns
- Only one consult per member per day is allowed; this is the same benefit policy Aetna has with provider office visits
- A telephone, mobile app and/or video consultation includes the diagnosis and recommended treatment; a short-term (non-DEA) prescription will be ordered if/when appropriate or necessary
- Teladoc providers cannot order diagnostic testing and members will be referred to their primary care provider if that level of care is needed
- The member's financial responsibility for a covered consultation is the same as it is when visiting a network provider or specialist as determined by the member's plan design. Eligibility is verified through the standard 270/271 real-time eligibility and benefits inquiry transaction.

Important Information regarding Dependents:

An adult member must request a consult on behalf of a minor dependent member and also be present for the consult

Adult dependents (18 years and older) must request their own consult per HIPAA regulations

Limitations:

The only limitations are the states where it is available and I have listed them below.

National: Phone & video consults with Rx offered across the US; Video consults are not available in Arkansas or Texas at this time; Additional exceptions are noted below

Exceptions

Idaho: Video consults ONLY (with Rx); No phone consults offered at this time.

Georgia: Phone & video consults offered but with a 72hr Rx limit on both; Georgia has state regulations that prohibit a doctor from prescribing medication longer than 3 days; this is for any consultation, whether it is Teladoc or a cross-covering physician chosen by the patient's provider.

Arkansas: Teladoc not offered at this time; as a result of interpretation differences between Teladoc and the Arkansas medical board regarding state regulations governing telehealth consultations, Teladoc has temporarily suspended services in this state.

Texas: Phone consults ONLY (with Rx); No video consults offered at this time.

Alaska & South Carolina: Residents are required to identify a Primary Care Physician (PCP) prior to receiving a consultation; after each consultation, Teladoc will fax a Continuity of Care Record to the member's PCP.



HSA



Health Savings Account (HSA)

HSA Program is Made Up of Two Parts

Medical Plan

Preventive
Care Covered
at 100%

Coinsurance

Deductible

Health Savings Account

Unused
funds stay in
account

Account is
owned by
employee

Can be funded
by employer
and employee

Used to pay
medical costs

HSA Cost Saving Advantages

Triple Tax Savings: HSA contributions are excluded from federal income tax, interest is earned tax-free, and withdrawals for eligible expenses are exempt from federal income tax.

Reduce Out-of-Pocket Costs: Use HSA funds to help you satisfy annual deductible and coinsurance expenses.

Long Term Financial Benefits: You own the account, save unused funds from year-to-year, unused money is held in an interest-bearing savings or investment account.

Choice: You control and manage when to use your HSA funds.

Contact your tax advisor for additional details.

HSA Maximum Contributions: For 2016, the maximum allowable contribution for an individual is \$3,350 and family is \$6,750. For those who will be between age 55 & 65 by December 31, 2016, you are eligible to make “catch-up” contributions of up to \$1,000.

Using your HSA (through PayFlex)

Your HSA can be used to offset out-of-pocket costs for qualified (or eligible) medical expenses for you, your spouse and dependents. Below are examples of eligible expenses*:

- Prescription drugs
- Deductibles
- Lab tests
- Chiropractor
- Dental care
- Vision services
- Infertility
- Smoking Cessation programs
- COBRA premiums
- Health insurance premiums while receiving unemployment benefits
- Qualified long-term care premium

Can You Have An HSA And An FSA?

If you have an HSA bank account, you are not eligible to participate in the Health Care FSA offered through Conexis. There are no restrictions to having an HSA and a Dependent Care FSA at the same time.

How Does HSA Differ From FSA?

	HSA	FSA
Eligibility to Contribute	You must be enrolled in a qualified IRS high deductible health plan	Established by your employer
Ownership	Bank account is owned by the employee	Set up and owned by your employer
Use It/Lose It	No, money rolls over from year to year	ADCS employees may rollover a maximum limit of \$500 of unused contributions into the next plan year.

**For a complete list, please refer to IRS Publication 502*

Voluntary Benefits

Voluntary Benefits are offered to strengthen your overall benefits package. You customize the benefit 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. ADCS employees pay 100% of the Voluntary Benefits premiums.

- Ownership – Policies are fully portable and belong to you if you leave your employer, same price and same plan
- Benefits are payroll deducted
- **Cash benefits are paid directly to you, not to a hospital or to a doctor**
- **Benefits are paid regardless of any other coverage you may have**
- Level premiums – Rates do not increase with age
- Guaranteed renewable
- Designed to provide additional cash flow to assist with out-of-pocket medical costs and other bills

Hospital Indemnity Plan

ADCS offers a Hospital indemnity plan through American Public Life Insurance Company. This plan can help offset your out-of-pocket medical expenses including deductibles, coinsurance and copays and services not covered under your group medical coverage for hospitalization and outpatient surgery. This plan is available for yourself, your spouse and your children._

Hospital Confinement	Pays \$100 per day
Annual 1st Occurrence Hospital Rider	Pays \$1,000 per calendar year for a covered person's first occurrence hospital confinement
Emergency Accident Rider	Pays \$300 per day per accident if a covered person sustains an injury which requires emergency care by a physician
Intensive Care/Coronary Care Unit Rider	Pays \$200 per day if a covered person is confined in a hospital's intensive care or coronary care unit

Hospital Indemnity Plan Rates Per Pay Period

Employees Only	Employee + Spouse	Employee + Child(ren)	Family
\$12.08	\$22.49	\$17.18	\$27.23

Accident Plan

ADCS offers an Accident Plan through Trustmark. This plan helps pay for the unexpected expenses that can result from an accident. Please see your online enrollment system for plan cost.

- On and off the job coverage – 24 hours per day, 7 days per week
- Benefits are paid regardless of any other coverage
- Family coverage available
- Cash benefits paid directly to you
- Sports related injuries are covered

Money is paid directly to you for these and many other benefits:

- | | |
|---------------------------------|----------------|
| • Initial doctor's office visit | • Fractures |
| • Initial hospitalization | • Dislocations |
| • Daily hospitalization | • Burns |
| • Emergency room visit | • Stiches |

A wellness benefit or health screening benefit is included. This benefit may help offset the cost of the plan. Wellness and health screenings may include: routine exams, mammograms, immunizations, pap smear, PSA test, cholesterol test, colonoscopy and stress test.

Critical Illness with Cancer Plan

ADCS offers a Critical Illness/Cancer Plan through Trustmark. This plan pays a lump sum cash benefit if you are diagnosed with a covered critical illness, heart attack, internal cancer or stroke. The cash benefit is provided upon the first diagnosis of a covered condition to help ease your financial worries. Please see your online enrollment system for plan cost.

Covered conditions may include: Invasive Cancer, Heart Attack, Stroke, Renal (Kidney Failure), Blindness, ALS (Lou Gehrig's Disease), Major Organ Transplant, Paralysis of Two or More Limbs, Coronary Artery Bypass Surgery (25% benefit), Carcinoma In Situ (25% benefit)

To help you stay well, the Health Screening Benefit pays the cost of one screening test or immunization per calendar year (up to \$100 maximum). Some of the many screening tests covered include:

- | | |
|------------------------|---------------|
| • Low dose mammography | • Stress test |
| • Pap smear | • Colonoscopy |
| • Serum cholesterol | • Bone marrow |
| • Prostate | • Chest X-ray |

Also included is a Double Benefit Option that provides a second cash payment in the event a covered person is diagnosed with a different condition or illness. This benefit pays an additional 100% of the original benefit.

Life and Accidental Death & Dismemberment (AD&D) Benefits - Cigna (New Carrier)

Basic Term Life and AD&D Insurance

ADCS provides all full-time employees with Basic Term Life Insurance and AD&D coverage through Cigna. Your benefit amount is \$10,000 Basic Life and \$10,000 AD&D. Because we feel these benefits are so important, ADCS pays 100% of the cost.

Supplemental Life & AD&D Insurance (based on 24 pay periods)

If you wish to add to the Basic coverage, you also have the opportunity to purchase Supplemental Life and AD&D insurance through Cigna. This coverage is available in increments of \$10,000 up to 5 x your earnings or \$500,000. You will be subject to Evidence of Insurability for any amount over \$140,000.

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	0.028	0.028	0.028	0.040	0.060	0.090	0.140	0.220	0.285	0.450	0.780

To calculate your monthly cost, use the following formula:

$$\frac{\text{Life Benefit Amount}}{\$1,000} = \text{Rate} \times \text{My Semi-Monthly Cost} = \$$$

Supplemental Dependent Life & AD&D Insurance (24 pay periods)

Dependent Life Insurance is also available to you for your spouse. You may purchase Supplemental Life and AD&D coverage for your spouse in increments of \$5,000 not to exceed \$250,000. This benefit may not exceed 50% of your Supplemental Life Insurance amount. Your spouse will be subject to Evidence of Insurability for any amount over \$30,000.

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	0.042	0.042	0.042	0.057	0.072	0.102	0.157	0.237	0.307	0.477	0.827

To calculate your monthly cost, use the following formula:

$$\frac{\text{Life Benefit Amount}}{\$1,000} = \text{Rate} \times \text{My Semi-Monthly Cost} = \$$$

You may also purchase Life and AD&D Insurance for your child(ren). The benefit for child/children 6 months to 21 years is \$10,000. No Evidence of Insurability is required. The semi-monthly cost for \$10,000 is \$0.655 (cost is for all covered children).

Important Note: If you choose not to elect the Supplemental Life, Short-Term or Long-Term Disability coverage during your initial eligibility period at hire and want to apply for it later, you will be subject to Evidence of Insurability (similar to medical underwriting).

Short-Term & Long-Term Disability Income Benefits - Cigna (New Carrier)

Voluntary Short-Term Disability Income Benefits

In the event you are unable to perform the duties of your own occupation due to a short term medical condition, non-work related injury, illness, or maternity, ADCS offers a Voluntary Short-Term Disability program through Cigna. Coverage will begin after 6 days for accidents and 14 days for illnesses (including maternity) for an eligible disability. This benefit will pay up to 60% of your weekly earnings to a maximum of \$1,500 per week for up to 25 weeks. If you have the Long-Term Disability coverage as well, it would start to pay after your Short-Term Disability coverage stops (as long as you remain disabled).

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	0.565	0.620	0.530	0.410	0.400	0.410	0.465	0.635	0.830	0.935	0.935

To calculate your monthly cost, use the following formula:

$$\frac{\text{Your Annual Earnings}}{\div 52} = \text{Your Weekly Earnings} \times 60\% = \text{Weekly Benefit Max}=\$1,500 \div 10 = \text{Rate} \times \text{My Semi-Monthly Cost} = \$$$

Voluntary Long-Term Disability Income Benefits

In the event you are unable to continue actively working due to a non-work related injury, illness, or maternity, ADCS offers a Voluntary Long-Term Disability program through Cigna. After completing the 180-day waiting period, you will be eligible to receive up to 60% of your basic monthly earnings up to a maximum monthly benefit of \$6,000 for a covered disability. Monthly earnings are based on the total compensation reported on your prior year's W-2, excluding commissions and/or bonuses.

Age	Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	0.048	0.081	0.110	0.162	0.205	0.205	0.257	0.338	0.491	0.490	0.490

To calculate your monthly cost, use the following formula:

$$\frac{\text{Your Annual Earnings}=\text{Max } \$120,000}{\div 12} = \text{Your Monthly Earnings} \div 100 = \text{Rate} \times \text{My Semi-Monthly Cost} = \$$$

Important Note: Employees pay 100% of the Supplemental and Voluntary coverage premiums.

LifeLock & Employee Assistance Program (EAP)



LifeLock

ADCS offers LifeLock identity theft protection. LifeLock is the industry leader in proactive identity theft protection which helps to stop your identity from being used by identity thieves to open new lines of credit, increase existing credit or obtain services using your good credit. LifeLock helps protect your personal information using a combination of data surveillance techniques and outstanding member service, 24 hours a day, seven days a week, 365 days a year. Employees pay 100% of the LifeLock premiums.

Choose the LifeLock Service that's right for you:

LifeLock Standard™ identity theft protection uses innovative monitoring technology and alert tools to help proactively safeguard your credit and finances.

LifeLock Ultimate Plus™ service provides peace of mind knowing you have the most comprehensive identity theft protection available. Enhanced services include bank account application and takeover alerts, online credit reports and credit scores.

LifeLock Rates Per Pay Period

	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
LifeLock Standard Rates	\$4.00	\$8.00	\$5.63	\$9.63
LifeLock Ultimate Plus Rates	\$12.75	\$25.49	\$18.06	\$30.81

Employee Assistance Program

ADCS provides **free** to ALL employees an EAP. Employees can call Aetna Resources For Living any time of the day or night, 365 days a year, for guidance from experienced registered nurses, master's-level counselors, attorneys, financial advisors, management consultants and trainers. You can get help with issues like childhood illness symptoms, medication questions, work-related stress, emotional problems, chemical dependency, or personal legal and financial issues. **Call your EAP toll free today! (800) 272-7252**

Dental Benefit Option - No Change

MetLife dual option PPO plan designs allow you to seek treatment from the dentist of your choice. You may incur less cost by using an in-network dentist. Any out of-network charges for the High plan are reimbursed at the 90th percentile of R&C, the Low plan reimbursement is based on the network fee schedule; however, balance billing may apply for either plan. Also, the High plan offers Orthodontia for children and a plan year benefit maximum of \$3,000. The Low plan does not offer Orthodontia and the plan year maximum is \$1,000.

	High Dental PPO		Low Dental PPO	
Benefit (MetLife)	In-Network Amount You Pay	Out-Of-Network Amount You Pay	In-Network Amount You Pay	Out-Of-Network Amount You Pay
Preventive & Diagnostic Services	(examinations, x-rays, cleanings, fluorides, sealants)		(examinations, x-rays, cleanings, fluorides, sealants)	
	Covered in full – no deductible	20%; no deductible	Covered in full – no deductible	20%; no deductible
Basic Services	(fillings, basic extractions, periodontics)		(fillings, basic extractions)	
	20% after plan year deductible	40% after plan year deductible	30% after plan year deductible	40% after plan year deductible
Major Services	(crowns, inlays, onlays, bridgework, dentures, implants, endodontics)		(crowns, inlays, onlays, bridgework, dentures, implants, periodontics, endodontics)	
	50% after plan year deductible	60% after plan year deductible	60% after plan year deductible	60% after plan year deductible
Orthodontia Services				
	50% to \$1,000 lifetime benefits maximum; Dependent Child(ren) to age 19 only		Not Covered	
Deductible (plan year)	Applies to Basic and Major services only		Applies to Basic and Major services only	
	\$50 Single / \$150 Family		\$50 Single / \$150 Family	
Plan Year Maximum	\$3,000		\$1,000	
Rates per Pay Period				
Employee Only	\$16.15		\$11.72	
Employee + Spouse	\$31.54		\$22.89	
Employee + Child(ren)	\$34.30		\$24.89	
Employee + Family	\$49.67		\$36.05	

Vision Benefit Option - No Change

ADCS offers vision benefits through MetLife. The MetLife Vision Plan allows you to visit a provider of your choice, utilizing the VSP Choice network. You may incur fewer out-of-pocket expenses by visiting an In-Network provider. There are no claims for you to file when you go to a participating vision specialist. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

Benefit (MetLife)	Amount You Pay
Frequency of Services	
Exam and Spectacle Lenses	Every 12 months
Frames	Every 24 months
Contact Lenses	Every 12 months (In lieu of eyeglasses)
Copayments	
Exam	\$10
Spectacle Lenses	\$10
Contact Lens Evaluation, Fitting and Follow Up Care	\$10
Benefits after Copayment (Frames)	
Non-Collection Frame Allowance (Retail)	\$10 Copay, then up to \$150 + 20% discount on any overage
Spectacle Lens Benefits (In-Network)	
All prescriptions, glass, plastic, oversized, scratch resistance	Included, after \$10 Copay
Polycarbonate Lenses	Included, after \$10 Copay
Contact Lens Benefits (in lieu of eyeglasses) - (In-Network)	
Materials & Allowance: Non-Collective Contact Lenses	Up to \$150
Evaluation, Fitting, Follow Up: Standard Lenses	Included, after \$60 copay
Evaluation, Fitting, Follow Up: Specialty Lenses	Up to \$60 + 15% discount on any overage
Medically Necessary	Included
Out-of-Network Reimbursement Schedule	
Eye Exam	Up to \$45
Frame	Up to \$70
Single Vision Lenses	Up to \$30
Elective Contact Lenses	Up to \$105
Rates per Pay Period	
Employee Only	\$3.54
Employee + Spouse	\$7.09
Employee + Child(ren)	\$6.00
Employee + Family	\$9.90



Flexible Spending Account (FSAs)



FSAs provide you with an important tax advantage and can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next plan year, you may actually lower your taxable income. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period. If you do not use the money you contributed, it will not be refunded to you or carried forward to a future plan year. ***You can rollover a maximum of \$500 of unused contributions into the next plan year.***

The Internal Revenue Service permits FSAs as a means to provide a tax break to employees for known or expected expenses. As an employee, you agree to set aside a portion of your salary pre-tax in an account, and that money is deducted from your paycheck over the course of the year. The amount you contribute to the FSA is not subject to Social Security (FICA), federal, state, or local income taxes — effectively lowering your annual taxable salary. The taxes you pay each paycheck, and collectively each plan year, can be reduced significantly depending on your tax bracket. And, as a result of the personal tax savings you realize, your spendable income will increase. As this is a pre-tax deduction, once your election is made it cannot be changed unless you have an eligible qualifying life event.

Health Care FSA

The Health Care FSA offers you the opportunity to pay for certain IRS-approved medical, dental and vision expenses not covered by your insurance plan with pre-tax dollars. For example, cash that you now spend on deductibles, copayments, or other out-of-pocket medical expenses can instead be paid through the Health Care Reimbursement FSA pre-tax to pay for these expenses.

The annual maximum contribution to the Health Care Reimbursement FSA is \$2,550. Your annual Health Care FSA is available on the first day of the FSA plan year. But, your total FSA contribution amount is deducted from your paycheck in equal amounts throughout the plan year.

HSA bank account holders are not eligible to participate in the Health Care FSA program.

Dependent Care FSA

The Dependent Care FSA offers you the opportunity to use pre-tax dollars towards qualified child care or elder day care expenses for your dependents. ***The maximum amount your overall family may contribute to the Dependent Care FSA is \$5,000 per plan year. Individual may not exceed \$2,500.*** Your total election is deducted from your paycheck in equal amounts throughout the plan year. You can use your Dependent Care FSA funds during the plan year as long as funds are in your account.

If you elect to contribute to the Dependent Care FSA, you may be reimbursed for eligible:

- Before and after-school care
- Expenses for day care, preschool or nursery school
- Nanny services
- Babysitter either in or out of your house (must have a tax ID #)
- Summer day camp
- Elder day care expenses of a qualifying individual

Your Dependent Care FSA expenses must be for qualifying individuals, including:

- Your dependent children under the age of 13 who lives with you for more than half the year
- Your spouse or other tax dependent who is physically or mentally incapable of self-care and lives with you for more than half the year

How Do the Accounts Work?

If you decide to enroll in one or both of the FSA accounts, your contributions are taken out of each paycheck — before taxes — in equal installments throughout the plan year. These dollars are then placed into your FSA. When you have an eligible health care expense, your FSA debit card may be used to pay for these expenses. In many cases, this automatic service may eliminate the need to file claims for reimbursement. The debit card may not be used for dependent care expenses.

The Health Care Reimbursement FSA will reimburse you for the full amount of your annual election (less any reimbursement already received), at any time during the plan year, ***regardless of the amount actually in your account.***

The Dependent Care FSA will only reimburse you for the amount that is in your account at the time you make a claim.

Our Flexible Spending Accounts are administered by Conexus.

Contact your tax advisor for additional details.

MetLife Auto & Home Insurance - New!

Price Auto & Home Insurance in about 2 minutes!

Auto

MetLife Auto & Home provides insurance coverage that eliminates gaps and surprises. MetLife Auto AdvantageSM features go beyond basic liability and collision coverage to offer you more complete coverage and benefits, including:

- Convenient payment options
- Replacement costs for Total Loss^{1,2}
- Replacement costs for Special Parts²
- 24/7/365 claim service
- Enhanced rental car damage coverage³
- Deductible Savings Benefit³
- Identity Theft Protection Services
- Towing/roadside assistance
- Windshield repair without a deductible

Home*

MetLife homeowners products offer uncommon protection called Coverage A Plus, which is an optional benefit with any Standard or Platinum Homeowners Policy. This coverage is designed so that in the event of a loss, your home would be fully replaced without you incurring extra costs. Additional benefits include:

- Maximum coverage equal to the replacement cost at the time the repair is made.
- Materials of “like kind and quality” for rebuilding your house.
- An insurance benefit amount that meets the current construction costs to rebuild it — even if costs exceed your dwelling limit, which is currently a unique benefit in the Homeowners Insurance industry.

MetLife also offers replacement cost on home contents, so there are no surprises with unexpected

out-of-pocket expenses. In the event of a covered loss, it replaces personal property without deduction for depreciation.

Why should I apply now?

- Employee discounts
- Superior insurance coverage that protects you from gaps and surprises
- Extra savings and convenience with payroll deduction/monthly bank account deduction

Don't wait until your current policy is about to expire — we can help you switch and save now!

Apply today!

Even if you change jobs, retire, or your employment status changes, your coverage doesn't have to end. You can keep your MetLife Auto & Home insurance policy, as long as you pay the premiums due.

** Home Insurance is not part of MetLife Auto & Home's benefit offering in MA & FL.*

¹Does not apply to leased, substitute, or non-owned autos. Applies within the first 12 months you own or the first 15,000 miles you drive a new auto, whichever comes first.

²See policy for restrictions. Subject to deductible. Not available in all states, such as NC.

³Not available in all states. In New York, drivers must pay a state required minimum deductible before using this benefit.

⁴Average annual savings based on our 2016 countrywide research of new call center customers' annual average savings in 2015.

⁵Available in most states to those who qualify.

⁶Before using the MetLife Mobile app, you must register at www.metlife.com/mybenefits from a computer. Registration cannot be done from your mobile device.

MetLife Auto & Home is a brand of Metropolitan Property and Casualty Insurance Company and its affiliates: Economy Preferred Insurance Company, Metropolitan Casualty Insurance Company, Metropolitan Direct Property and Casualty Insurance Company, Metropolitan General Insurance Company, Metropolitan Group Property and Casualty Insurance Company, and Metropolitan Lloyds Insurance Company of Texas, all with administrative home offices in Warwick, RI. Coverage, rates, and discounts are available in most states to those who qualify. Met P&C®, MetCasSM, and MetGenSM are licensed in Minnesota.

For questions, please call MetLife at 1-800-GET-MET8 (1-800-438-6388)



Health Advocate



Health Advocate: Your Lifeline For Health Care Help

Health Advocate is a special benefit to help you and your entire family navigate the healthcare system and maximize your healthcare benefits. Health Advocate's comprehensive service will help you with clinical and administrative issues involving your medical, hospital, vision, dental, pharmacy and other healthcare needs.


It's simple. If you have a healthcare or insurance issue you need help with, just call Health Advocate. The first time you call you will speak with a Personal Health Advocate (PHA) who then becomes "your" PHA, personally helping you with your issue. After obtaining the necessary background information, your PHA, assisted by a staff of Medical Directors and administrative experts, will begin working on your question or problem.

Who is Eligible?

This service is available to all ADCS employees, their spouses, dependent children, parents and parents-in-law.

How often may I contact Health Advocate?

You or a covered family member may contact them as often as needed.



Is my privacy protected?

The Health Advocate staff is specially trained to handle each case with the utmost confidentiality. They follow careful protocols that comply with all governmental privacy standards to ensure that your' medical and personal information is fully protected and held confidential. Just like all other health and assistance programs, ADCS does not receive or have access to any of your confidential information.

What is my cost for Health Advocate?

There is no cost to you and your eligible family members to use the Health Advocate services.

What are Health Advocate's hours of operation?

Health Advocate's offices are open Monday - Friday between 8 am and 9 pm EST. A Health Advocate may still be reached 24/7 to take your information during non-business hours.

Does Health Advocate replace my healthcare coverage?

The Health Advocate program is not a substitute for your current health insurance plan. Rather, they complement basic health coverage by providing a range of services as outlined on this page.

How Can Health Advocate Help?

Clinical Services

- Find the best doctors and hospitals
- Assist with a complex medical condition

Coaching

- Help prepare for healthcare appointments
- Answer questions and provide information

Administrative Services

- Resolve insurance claims
- Schedule appointments
- Assist in the transfer of medical records

Information and Service Support

- Assist with eldercare issues
- Help complete qualification applications

And lots more...

Contact Health Advocate Today! 1-866-695-8622 (Toll-Free) or answers@healthadvocate.com

Contact Information



	Contact	Phone	Email or Web Address
Human Resources	Erica Novak Stacy Haddad	407-875-2080 x1107 407-875-2080 x2968	enovak@leavittmgt.com stacy.haddad@leavittmgt.com
Medical: Aetna	Member Services	888-266-5519	www.aetna.com
Prescription Drugs	Member Services	888-266-5519	www.aetna.com
HSA Account: Payflex	Member Services	888-678-8242	www.payflex.com/welcome
Teledoc	Teledoc	855-Teladoc (855-835-2362)	www.teledoc.com/aetna
Dental: MetLife	Member Services	800-275-4638	www.metlife.com/mybenefits
Vision: MetLife	Member Services	855-638-3931	www.metlife.com/mybenefits
Life/AD&D: Claims	Cigna	800-36-CIGNA (800-36-24462)	www.cigna.com
Voluntary LTD: Claims	Cigna	800-36-CIGNA (800-36-24462)	www.cigna.com
Voluntary STD: Claims	Cigna	800-36-CIGNA (800-36-24462)	www.cigna.com
FSA: Conexis	Member Services	866-279-8385	https://mybenefits.conexis.com/
Auto & Home Insurance: MetLife	MetLife	800-438-6388	www.metlife.com/adcs
Employee Assistance Program	Aetna Resources For Living	800-272-7252	www.horizoncarelink.com Login ID: ADCS Clinics Company ID: eap



Definition of Eligible Dependents

Eligible Dependents

If you enroll yourself in a healthcare plan (medical, dental and/or vision), you may also elect coverage for your eligible dependents under the same healthcare plan. Eligible dependents include:

- Your legal spouse (unless you are divorced or legally separated)
- Your natural children or legally adopted children up to age 26. (If you are in the process of adopting a child, the child is eligible for coverage when placed with you for the purpose of adoption).
- Your married or unmarried stepchildren or children up to age 26 for who you have assumed permanent legal and physical custody pursuant to a valid State Court order
- For medical and vision plan, dependent children may be eligible up to age 30 under certain circumstances
- Unmarried, disabled child(ren) of any age (you may be required to provide proof of disability)