



Benefits Information Guide



Benefits Introduction

Appling Healthcare System is pleased to offer several benefit options that provide you with flexibility and choice. You have the opportunity to design a personalized benefit package to fit your individual needs and lifestyle.

This booklet is designed to provide you with an overview of your benefits, guide you through your choices, and assist you with the enrollment process. Should there be a conflict between the information in this booklet and the terms of the plan documents and contracts, the terms of the plan documents and contracts will govern in all cases.

Plan descriptions can be found by calling Human Resources or accessing the employee intranet.

Available Benefits

- Medical Plan
 - Dental Plan
 - Healthcare Flexible Spending Account
 - Vision Plan
 - Stride to Wellness Program (biometric screenings)
 - Basic Life Insurance (employer paid)
 - Supplemental Life Insurance
 - Short Term Disability Insurance
 - Long Term Disability Insurance (employer paid)
 - Critical Illness & Cancer Insurance
 - Identity Theft Protection
 - Universal Life Insurance
 - Accident Insurance
 - Major Medical Complement (GAP)
 - 403(b) Retirement Plan
- Meritain Health
Meritain Health
Meritain Health
VSP
Interactive Health
Mutual of Omaha
Mutual of Omaha
Mutual of Omaha
Mutual of Omaha
Sun Life
LifeLock
Trustmark
Trustmark
Taylor Insurance
Principal

Benefits Introduction

Who is Eligible?

Regular, full-time employees working 30 or more hours per week are eligible for the medical, dental vision and FSA benefits described in this guide. For all other coverages, full-time employees working 36 or more hours per week are eligible. You may also enroll eligible dependents, including:

- Your legal spouse
- Your children, natural or adopted
- Step-children who meet the dependent status requirements of the plan
- Children who have been placed with you for adoption
- Children for whom you are the legal guardian

Coverage is available for children until the end of the month in which they reach age 26.

Please note that in order to be eligible for medical coverage under the plan, all employees and their eligible spouses must participate in the biometric screening offered each year.

Is there a Waiting Period?

The waiting period for medical, dental, vision and FSA benefits is 60 days of full-time active employment. For the other insurance coverages, the waiting period is also 60 days of full-time active employment. Your coverage effective date is the first of the month following the waiting period.

Enrollment

Appling Healthcare System utilizes an online enrollment system. Please refer to page 17 for details regarding how to enroll, or contact Human Resources.

If you are a new employee, you may enroll within 60 days of your hire date, or during the annual enrollment period. In addition, if you experience a qualifying event during the year you may make changes within 31 days of the event. A qualifying event could be:

- Involuntary loss of other benefits
- Marriage or divorce
- Birth of a child
- Adoption, or placement of a child in your home for adoption

You may be required to provide supporting documentation when you enroll following a qualifying event, such as marriage license or birth certificate.



Medical and Dental Coordination of Benefits

If you and/or your dependents have benefits under this plan and another plan, the two plans will coordinate your benefits. One plan will be primary (the first payer) and the other will be secondary (pays after the first plan has paid). In addition, if both parents provide benefits for a child, the primary plan is the one from the parent whose birthday comes first in the year.

Your Medical Plan

Appling Healthcare System offers you a comprehensive medical plan to add to your benefit package. Keep in mind that if you choose to waive or opt out of coverage, you must be covered under another medical plan to avoid Healthcare Reform mandated penalties.

This plan is a standard PPO health plan, with both copays and coinsurance. With this plan, for some services you will be responsible for a copay, so you will know what to expect when you see a provider. For other services, you will be responsible for meeting the deductible before the plan pays.

All services must be done at an Appling Healthcare System provider unless services are not available. If services are not available, you should then use a provider within the Appling Select Network. The plan does not have out-of-network benefits, however if a service is not available at Appling Healthcare System or in the Appling Select Network, you will have access to the Aetna Open Choice network providers (upon medical review and authorization).

About your Copay, Deductible and Out-of-Pocket Maximum

- Copays apply to services such as office visits and urgent care or walk-in clinic visits. Once you pay the copay, the plan pays for the remaining eligible charges.
- The deductible applies to services like surgeries or inpatient hospital stays. After you pay your annual deductible, the plan will pay a percentage of the eligible charges. The remaining percentage is your responsibility, up to an annual out-of-pocket maximum.
- Your copays (including Rx copays), deductible, and coinsurance all apply to the annual out-of-pocket maximum.



Preventive Care

Most preventive care, such as immunizations, certain contraceptives, and lactation counseling and breast pumps, will be paid at 100% with no copay or coinsurance under both plans. You will not pay anything for these services when:

- The provider is in your network and the main purpose of your visit is for preventive care.
- You choose generic contraceptives.
- You purchase a breast pump (per the guidelines of your plan).

In addition, the plan pays at 100% for services that may have been billed separately, such as lab work.

Remember to consult your plan document for detailed information about covered preventive services.

Your Medical Plan

Applying Healthcare System partners with Stride to Wellness to offer a comprehensive health and wellness program to all employees and spouses enrolled in the medical plan. You enjoy a discount on your medical plan rate for meeting your wellness goals.

The components of the program are:

Preventive Health Evaluations

On-site evaluation that includes:

- Biometric screening with up to 38 tests that detect potential health issues including anemia, kidney and liver disease, high cholesterol, and diabetes).
- Blood pressure screening.
- Health history questionnaire.

Lab results are available online within 3 days of your evaluation (and can be shared with your physician). A personalized comprehensive report is mailed to your home within two weeks.

Personal Health Score and Goal

Your results will include a personal health score, and an achievable personal health goal to attain in subsequent annual evaluations.

6 month recheck

Six months after the preventive health evaluation, you can complete an additional biometric screening to review your progress.



Your personal information is confidential. No individual health information is shared with your employer.

There is no cost for you to participate in the Stride to Wellness Program. In order to enroll in the medical plan, you (and your covered spouse, if applicable) must participate in the Stride to Wellness Program.

Medical Plan Rates

	Base Rates	Goal Achiever Rates
Employee Only	\$95.10	\$55.10
Employee + Child(ren)	\$166.28	\$126.28
Employee + Spouse	\$345.94	\$305.94 (1 Goal Achiever) \$265.94 (2 Goal Achievers)
Family	\$417.12	\$377.12 (1 Goal Achiever) \$337.12 (2 Goal Achievers)

Medical Plan Summary

Plan Features	Appling Healthcare System Appling Select Network	Out-of-Network
Lifetime Maximum		Unlimited
Calendar Year Deductible Per Person/Family	\$2,000 / \$6,000	NA
Calendar Year Out-of-Pocket Maximum Per Person/Family (combined with Prescription Drug plan)	\$4,500 / \$13,200	NA
Preventive Care – refer to Healthcare Reform website for comprehensive listing of included services.	100%	NA
Routine Care (including allergy services)		NA
Office Visit	\$20 copay	NA
Specialist Visit	\$40 copay	NA
Ambulance Services	80% after deductible	NA
Chiropractic Care Maximum of 6 visits per calendar year	\$40 copay	NA
Hospital Benefits – Inpatient and Outpatient	80% after deductible	NA
Emergency Services – Medical Emergency	\$200 copay Deductible waived	\$200 copay Deductible waived
Urgent Care Visit	80% after deductible	NA
Surgical Benefits – Inpatient and Outpatient	80% after deductible	NA
Diagnostic Testing and X-Ray (Outpatient)	80% after deductible	NA
Lab Services		
Appling Healthcare System facilities	80%, deductible waived	NA
Appling Select Network facilities	80% after deductible	
Occupational, Physical and Speech Therapy Maximum of 20 visits per calendar year	\$40 copay	NA
Mental/Nervous and Substance Abuse Services		NA
Inpatient or Partial Hospitalization	80% after deductible	NA
Office Visit	\$20 copay	NA
Home Health Care – Maximum of 60 visits per calendar year	80% after deductible	NA
Hospice Services	80% after deductible	NA
Durable Medical Equipment	80% after deductible	NA
Prescription Drugs	Tier 1 30-day supply	Tier 1 90-day supply
Generic	\$5 copay	\$10 copay
Preferred Brand Name Drugs	\$15 copay	\$30 copay
Non-Preferred Brand Name Drugs	\$50 copay	\$100 copay
Your tier 1 pharmacies are: Appling Hospital Pharmacy, Abundant Pharmacy and Fulghum Pharmacy. At any other pharmacy you will pay 100% of the prescription cost.		
Specialty Drugs	20% coinsurance to a maximum of \$250 per prescription	
Specialty drugs must be purchased at Appling Healthcare System pharmacy.		

Appling Select Network



Appling Healthcare System members must use an Appling facility or physician for all services, including diagnostic testing (e.g. MRIs, CT or PET scans). Laboratory services can be done at an Appling provider or at an Appling Select Network provider.

If you choose to have services done at another facility or with an unlisted provider, the services will not be covered. To verify which services are available at an Appling facility or physician's office, just call the Appling Human Resources department at 912-367-9841, extension 1280.

If services are not available at an Appling Healthcare System facility or physician, you will need to use an Appling Select Network provider. Appling Select is a member of the Georgia Health Network, and has been developed specifically for the community served by Appling Healthcare System. There is a defined group of facilities and physicians participating in this network.

Any provider or facility not in the Appling Select Network is considered out-of-network unless the service you require cannot be performed within the network, as determined by medical review. In such cases, an Aetna Open Choice Network provider may be utilized.

Provider Search

To find providers in the Appling Select Network, follow these steps:

- Go to www.georgiahealthnetwork.com.
- Click on the Network tab to begin your provider search.



Your Prescription Drug Plan

When you elect medical coverage, you are automatically covered under the prescription drug plan based on your medical plan election. The coverage allows you to fill your prescriptions at the following pharmacies: Appling Healthcare System Pharmacy, Abundant Pharmacy and Fulghum Pharmacy. All specialty medications must be purchased at the Appling Healthcare System Pharmacy.

Controlling your prescription drug costs

When you have a prescription filled, the amount you pay is based on what type of drug you choose. You have the opportunity to lower your cost by choosing a generic drug over a brand name, or formulary, drug.

- A **generic** drug is one that meets the same standard as brand name drugs for safety, purity, strength and effectiveness. You pay a lower amount when you choose generic drugs.
- A **preferred brand** name drug is a brand name drug that is listed on the Preferred Drug List (often referred to as a formulary). These drugs are determined to be the drug of first choice for certain conditions, and may not have generic equivalents.
- A **non-preferred brand** name drug is a brand name drug that is not listed on the preferred list, and usually has a less costly generic or preferred brand alternative. These prescriptions are usually covered at the highest copay or coinsurance level.

The Preferred Drug List is created by pharmacy experts and lists FDA-approved, safe, effective and economical drugs. If you are using a drug that is not on the Preferred Drug List, talk with your doctor to determine if a generic or preferred brand name drug might be appropriate for you.

Why generics make sense

- Generics can cost up to 75 percent less than their brand-name equivalents.
- FDA testing is exactly the same for generic and brand-name drugs.
- Generics contain the same active ingredients as the original, brand-name drug, in the same amounts and dosages.
- Generic drugs sometimes look different from the original, brand-name drug in color or shape, but only because they may have different inactive ingredients that won't change how the drug works.
- Nearly half of all brand-name drugs have generic equivalents, but you may have to ask for them.



How the Preferred Drug List Works

- Drugs are added to the list on a quarterly basis.
- Brand-name drugs can be removed at the end of a calendar year.
- The list is updated every January.
- If a generic becomes available, the brand-name drug will become a "non-preferred" drug, and then only available at a higher cost.

Dental Plan

Did you know that good dental care not only helps to prevent periodontal disease, but it can also add as many as six years onto your life? Brushing and flossing your teeth, combined with regular dental check-ups, may also help to prevent the onset of cardiovascular disease. For these reasons, Appling Healthcare System offers a dental plan for you and your dependents. There is no dental network, so you can visit any dentist you choose.

Dental Plan Summary

Calendar Year Deductible	\$50 per person / \$150 per family Applies to Class B & C Services
Class A, B and C Calendar Year Maximum	\$1,500
Class A - Preventive Services	Covered at 100%
Class B - Basic Services	Covered at 80% (you pay 20%)
Class C - Major Services	Covered at 50% (you pay 50%)
Orthodontia (provided for all members)	Covered at 50% (you pay 50%) Lifetime maximum of \$1,000

Preventive

Routine Exam (2 per calendar year)
Bite Wing X-Rays (1 per calendar year)
Full Mouth/Panoramic X-Rays
(1 every 5 calendar years)
Periapical X-Rays
Cleaning (2 per calendar year)
Fluoride for children age 14 and under
(1 per calendar year)
Sealants for children age 14 and under
Space Maintainers
Pre-Diagnostic Test for ages 35 and over
(1 every 2 calendar years)

Basic

Restorative Amalgams
Restorative Composites
Endodontics (nonsurgical)
Endodontics (surgical)
Periodontics (nonsurgical)
Periodontics (surgical)
Denture Repair
Simple Extractions
Complex Extractions
Anesthesia

Major

Onlays
Crowns
(1 every 10 years per tooth)
Crown Repair
Prosthodontics
(1 every 10 years)
(fixed bridge; removable
complete/partial dentures)

Dental Plan Rates

Employee Only	\$15.19
Employee + Child(ren)	\$31.66
Employee +Spouse	\$28.14
Family	\$44.61

Late Enrollment Restriction

If you do not enroll during your original eligibility period or following a status change or special enrollment event, or terminate coverage then later re-enroll, coverage is limited as follows: During the first 12 months, coverage will be limited to Class A Preventive Services only.

Vision Plan

Along with dental care, it is important to protect your vision. Appling Healthcare System offers you a vision plan through VSP, which has a broad network of providers. To find a VSP network provider, go to www.vsp.com.

Vision Plan Summary	VSP Network	Out-of-Network
Copays	\$10 Eye Exam \$25 Eye Glass Lenses or Frames*	\$10 Eye Exam \$25 Eye Glass Lenses or Frames*
Annual Eye Exam	Covered in full after copay	Up to \$52
Lenses (per pair)		
Single Vision	Covered in full	Up to \$55
Bifocal	Covered in full	Up to \$75
Trifocal	Covered in full	Up to \$95
Lenticular	Covered in full	Up to \$125
Progressive	See lens options	NA
Contacts		
Fit and Follow-up Exams	15% discount	No benefit
Elective	Up to \$130	Up to \$105
Medically Necessary	Covered in full	Up to \$210
Frames	\$130	Up to \$70
Frequencies (months)		
Exam / Lens / Frame	12/12/24 (based on date of service)	12/12/24 (based on date of service)
Lens Options (member cost)**	VSP Network	Out-of-Network
Progressive Lenses	\$50 - \$160	No benefit
Standard Polycarbonate	Covered in full for dependent children \$23 - \$28 for adults	No benefit
High-Luster Edge Polish	\$14	No benefit
Solid Plastic Dye	\$13 (except Pink I & II)	No benefit
Plastic Gradient Dye	\$15	No benefit
Photochromatic Lenses (glass and plastic)	\$28 - \$76	No benefit
Scratch-Resistant Coating	\$15 - \$29	No benefit
Anti-Reflective Coating	\$37 - \$75	No benefit
Ultraviolet Coating	\$19 - \$15	No benefit
Lasik or PRK	Average discount of 15% off retail	No benefit

Vision Plan Rates

Employee Only	\$3.05
Employee + Children	\$6.53
Employee + Spouse	\$6.10
Family	\$10.43

*Copay applies to a complete pair of glasses or to frames, whichever is selected.

**Lens option member costs vary by prescription and plan chosen.

ID Cards

Medical, Dental and Vision Plans

If you elect a medical, dental and/or the vision plan, you will receive an ID card from Meritain Health (one card will be for all of these plans).

Card front

- The customer service number and TPA website appear at the top.
- In the upper left are your name, ID number, and group number and name.
- The lower left contains your dental and vision plan information.
- On the top right, your medical coverage tier, medical plan network and copays.
- On the lower right, your pharmacy coverage information.

Card back

- Claims submission information is on the left.
- The upper right has the precertification information.
- The lower right, information regarding verification of benefits and the network website.



Your Flexible Spending Account (FSA)

Appling Healthcare System offers you the opportunity to take advantage of tax savings available by participating in a Healthcare FSA. An FSA is a tax-effective, money-saving option that helps you pay for qualified healthcare expenses that aren't covered by your health plan.

How an FSA works

You determine how much to contribute to the account in pre-tax money each pay period.

Healthcare FSA

- The maximum you can contribute per year is \$2,500. The minimum contribution is \$260 per year.
- Use the money in the account to pay for eligible expenses not reimbursed by your medical, dental or vision plan.
- All IRS code 213(d) expenses are eligible, including deductible, coinsurance, and copays.
- Certain over-the-counter items qualify too, as long as you have a written prescription.
- Your entire annual election is available to you on day one.
- There is a rollover provision, which allows you to rollover up to \$500 into the next plan year. Any rollover dollars will then be used before new contributions during any given plan year.
- If your year-end balance is greater than \$500, the "use it or lose it" provision applies to the amounts over \$500.
- You will gain the most savings if you plan carefully. You can use the worksheet on the next page to help you determine how much to contribute to either FSA.



Is an FSA right for you?

The Healthcare FSA may be right for you if you and your eligible dependents typically have predictable out-of-pocket expenses during the year, such as maintenance medications.

Who's Benny?

With your FSA, you receive a "Benny" debit card. Do not destroy the card at the end of the year! Cards are valid for 5 years - if you are already enrolled in the FSA and you re-enroll, you will not receive a new debit card (Benny card).



Your Flexible Spending Account (FSA)

FSA Worksheet

This worksheet is intended to assist you with the enrollment process by helping you calculate your eligible expenses and how much money to contribute to an FSA.

Healthcare FSA

Annual Medical Expenses, such as:

Deductibles and copays	\$ _____
Routine physical exams	\$ _____
Prescriptions	\$ _____
Chiropractic care	\$ _____
Other	\$ _____

Annual Dental Expenses, such as:

Deductibles and copays	\$ _____
Routine check-ups	\$ _____
Orthodontia	\$ _____
Other	\$ _____

Annual Vision Care Expenses, such as:

Eye exams	\$ _____
Eyeglasses	\$ _____
Contact lenses, solutions, cleaners	\$ _____
Other	\$ _____

Total Estimated Medical, Dental & Vision Expenses	\$ _____	÷ 26 pay periods =	\$ _____
	Annual Amount (minimum \$260; maximum \$2,500)		Per Pay Period Contribution

Other Insurance Coverage

Basic Life Insurance and Accidental Death Insurance

Applying Healthcare System's Basic Life and Accidental Death insurance provides important financial protection for you and your survivors. Basic Life coverage is provided for all full-time employees in the amount of \$10,000. This coverage includes Accidental Death and Dismemberment equal to one times the amount of Basic Life coverage.

Supplemental Term Life Insurance and Accidental Death Insurance

You can also purchase additional Supplemental Life Insurance coverage for yourself, your spouse and your children. You can purchase coverage for yourself in increments of \$10,000 to a maximum of \$300,000 (or 6 times your salary, whichever is less). You must purchase coverage for yourself in order to cover your dependents. Any amount over \$100,000 (or 6 times your salary, whichever is less) will have to be approved through the Evidence of Insurability (EOI) process.

For your spouse, you can purchase in increments of \$5,000 to a maximum of \$150,000. Any amount over \$50,000 will have to be approved through the EOI process.

The amount of coverage available for children is \$10,000 per covered child.

Any amounts that exceed the guarantee issue amount will require EOI. If you do not enroll within 31 days of your first eligibility date, you can apply during annual enrollment and may be required to furnish EOI for the entire amount of coverage.

About Taxes

The IRS considers the cost of life insurance premiums on coverage above \$50,000 as taxable income. This taxable amount is called imputed income, and will appear on your annual W2 document. In most cases, the amount of the tax is small.



Other Insurance Coverage

Short Term Disability Insurance

Every day illnesses or injuries can interfere with your ability to work. Even a few weeks away from work can make it difficult to manage household costs. Short term disability coverage can pay a portion of your income, so you can focus on getting better, and worry less about keeping up with your bills. If you elect coverage, the weekly benefit is 60% of income up to a maximum of \$500 per week. The maximum benefit period is 24 weeks.

Long Term Disability Insurance

Serious illnesses or accidents can come out of nowhere. They can interrupt your life, and your ability to work for months – even years. Long term disability can pay a portion of your income, so you have financial support to manage your disability and your household. This coverage is provided to you by Appling Healthcare System (there is no cost to you). Should you become disabled, and after a 180 day elimination period, your monthly Long Term Disability benefits will be 60% of your monthly pre-disability earnings, up to a maximum of \$5,000 per month.



Critical Illness and Cancer Insurance

Being sick is often unexpected, and so are the costs that come with it. It can also mean lost income if you are unable to work – even if just for a short term. Critical Illness and Cancer Insurance gives you a check if you are diagnosed with a covered condition so you can focus more on your health, and less on your financial health. Covered conditions include:

- Circulatory conditions, such as heart attack or stroke.
- Cancer conditions.
- Other conditions, such as major organ failure.

Refer to the policy certificate for additional details.



Rates for these additional coverages will be calculated within the enrollment system, and are determined based on factors such as coverage level, age, tobacco use and policy type.

Should you have questions regarding all other insurance coverages, please contact Human Resources.

Other Benefit Information

PTO

Paid Time Off (PTO) benefits are available for all full time benefit eligible employees. These benefits provide pay for time away from work for vacation, holidays, personal and family illness or other personal needs.

Family Medical Leave (FMLA)

Individuals who are unable to work due to a serious medical condition, or caring for a family member with a serious medical condition, may qualify for FMLA. FMLA provides up to 12 weeks of job-protected leave to eligible employees with certain medical and family reasons. To request FMLA, employees should:

- Notify director or supervisor
- Complete the FMLA Request Form
- Send Certification of Healthcare Provider Form to attending physician
- Ensure all forms are returned to Human Resources
- Wait for approval status and instructions from Human Resources

Bereavement

Eligible full time employees may use up to 2 days of bereavement in lieu of using PTO for the death of an immediate family member. Immediate family members are considered your: father, mother, brother, sister, child, grandparents.

Jury Duty

Eligible employees who receive a summons for jury duty will be paid at their current base hourly rate for any scheduled work time that is missed, up to 8 hours per day. Employees should submit their summons from the court to their Department Manager for payroll records.

403 (b) Retirement Plan

Eligible employees may enroll in the 403(b) retirement plan offered through Principal. For details about the plan, please contact Human Resources or visit with the Principal representative.

For more information about these benefits, please refer to the Appling Healthcare System policies.

Terms to Know

With any benefit topic, it helps to understand the terminology. Here are the terms you should understand as you read this guide.

Annual Out-of-Pocket Maximum: The maximum amount of money you have to pay in copays, deductibles and coinsurance in any calendar year.

Coinsurance: The way you and your employer share the cost of covered health care expenses after you meet your deductible. Coinsurance counts toward your annual out-of-pocket maximum.

Copay: A flat dollar amount you pay at the time you receive certain covered services or prescription drugs. Copays apply toward your annual out-of-pocket maximum.

Deductible: The amount of money you pay for certain covered services before the plan pays. Your deductible counts toward satisfying your annual out-of-pocket maximum.

FSA (Flexible Spending Account): Accounts allowing you to set aside pre-tax money to pay for eligible healthcare and/or dependent care expenses.

In-Network: In-network providers have agreed to negotiated discounted rates. You will pay less when you use in-network providers.

Out-of-Network: Providers that are not on the network list. You may not have coverage, or will pay more, when you use an out-of-network provider.

PCP: Primary Care Physician. This is a physician who provides diagnosis of, and continuing care for, varied medical conditions.

Preventive Care: Services including screenings, immunizations and other procedures that are designed to detect and treat medical conditions to prevent avoidable illnesses.

Provider: Professionals who perform healthcare services including medical and eye doctors, hospitals, medical treatment centers, pharmacies and dentists.

Rates or Employee Rates: Your portion of healthcare costs that are deducted from your paycheck.



How the Medical Deductible Works

The individual deductible applies to each member of the family, until three members of the family have met their individual deductible. No one family member may contribute more than the individual deductible toward the family deductible.

Example

John has Employee plus Spouse coverage. He has medical expenses of \$2,500 for the year that are subject to the deductible and coinsurance. The first \$2,000 of those expenses would apply to the deductible and the remainder of his expenses are subject to coinsurance. His spouse must meet her \$2,000 deductible separately, and then her subsequent expenses are subject to coinsurance.

However, if John had Employee plus Family coverage and he had a family of five, once three family members meet their \$2,000 deductible, the \$6,000 family maximum deductible will be reached and the entire family's expenses are then subject to coinsurance.

How to Enroll

Are you ready to enroll? It's simple to do so – just follow these steps. If you have any questions during the process, check with Human Resources.

Gather your information

For a complete, efficient enrollment, you may need some of the information below.

- Spouse and children's birth dates and Social Security Numbers.
- If your spouse or children are covered under another health plan, the name of the plan or insurance carrier and the effective date of benefits.
- If you wish to cover dependent children, you may need a copy of their birth certificate.
- If you cover a disabled child age 26 or older, you may need to provide medical documentation of their disability.

Under Healthcare Reform, Applying Healthcare System must now report covered member's Social Security Numbers to the IRS. It is important that you have this information available for enrollment.

Review plan and enrollment materials

The decisions you make as you enroll will affect your benefit coverage for the coming year, as well as your finances. Be sure to read all information available to determine the best benefits for you and your family. Don't enroll without understanding your options. Consider the following:

- Your personal health and the health of your family members.
- Medical, dental and vision expenses that you can predict for you and your family.
- Other benefits your or your family members may have.
- Your overall budget for benefits.

Complete your enrollment

You have multiple methods to complete your enrollment, as outlined below:

- Login to www.explainmybenefits.biz/appling and follow the instructions provided throughout the enrollment site.
- Speak to someone at the Enrollment Call Center at 1-877-268-5933.
- If it is annual enrollment (usually during the month of May), visit with an Enrollment Counselor on site during annual enrollment. Human Resources will communicate specific dates and times that counselors will be on site.
- During annual enrollment you can also speak to someone at the Call Center available only during that time.

When You Have Questions

Topic	Contact	Telephone	Website / Email
Medical Benefits	Meritain Health	800-925-2272	www.mymeritain.com
Medical Precertification	Meritain Health Medical Management	800-242-1199	www.mymeritain.com
<i>Refer to Summary Plan Description for items requiring precertification.</i>			
Prescription Plan	ScripWorld, powered by Express Scripts	877-468-6592	www.express-scripts.com
Flexible Spending Accounts	Meritain Health	See Debit Card	www.mybenny.com
Dental Benefits	Meritain Health	800-925-2272	www.mymeritain.com
Vision	VSP	800-877-7195	www.vsp.com
Voluntary Insurance plans	Mutual of Omaha	Life: 800-775-8805 STD & LTD: 800-877-5176	www.mutualofomaha.com
403(b) Retirement Plan	Principal	800-258-9041	www.principal.com
<i>When contacting Principal, you will need your Social Security number and contract #519657</i>			
Enrollment	Appling Healthcare System Human Resources	912-367-9841	



This booklet is intended to provide an easy-to-read overview of the benefits available at Appling Healthcare System. Should there be any conflict between the explanations in this booklet and the actual terms of the plan documents and contract, the terms of the plan documents and contracts will govern in all cases. You will not gain any new rights or benefits due to a misstatement or omission in this booklet. None of this information should be interpreted as a guarantee of employment. Appling Healthcare System reserves the right to amend, modify, suspend or terminate any benefit at any time.