



2018



Cross Country Home Services

Benefits Highlights

For Florida Employees



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

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Eligibility

You are eligible for coverage if you are a full-time or part-time employee scheduled to work 30 hours or more per week. Eligible employees can elect group health, dental and vision insurance benefits after employees meet their new hire probationary period which is on the first of the month following your date of hire. For Life, AD&D, Supplemental Life, Short term disability and Long-term disability, the waiting period is on the 1st of the month following 90 days from date of hire. Your dependents can also enroll for coverage, including:

- Your legal spouse or domestic partner
- Natural, adopted or step-children up to age 26; for employees residing in Florida, child(ren) may be covered to age 30 for medical
- Any child who is named in a Qualified Medical Support Order (QMCSO) as defined under federal law; and
- Disabled children who have reached the maximum age and who are (or become) physically or mentally incapable of self-support (medical certification required).

Qualifying life events

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

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

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

New Hires: Be sure to complete your orientation to learn more about your options and receive important information.

Health Plans

CIGNA

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

Plans:

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

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

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

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

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

Search for a Doctor or Facility

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

ID Cards

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

Health Information Line

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

Home Delivery Pharmacy

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

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

Healthy Rewards

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

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

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

High Deductible Health Plan (HDHP)

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

Health Savings Account (HSA)

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

Cross Country Home Services (CCHS) will be making the following total contribution to your Health Savings Account for the period between November 1, 2017 and December 31, 2018 if you are enrolled in a HDHP. You are not eligible for an HSA or employer funding to your HSA if you enroll in the Traditional PPO Plan.

Health Savings Account Funding Amounts

Enrollment	OPEN ACCESS PLUS HDHP/HSA PPO	OPEN ACCESS PLUS HDHP/HSA INO
Employee	\$467	\$400
Employee + Spouse	\$933	\$800
Employee + Child(ren)		
Family		

You may also elect to save funds of your own into your HSA through pre-tax payroll deductions. However, the total amount funded between you and CCHS cannot exceed \$3,450 for those enrolling in an HSA as employee only, and \$6,900 for all other HSA enrollments in the 2018 calendar year. This includes those enrolling with a child(ren), spouse or family. If you are age 55 or older, you can contribute an additional \$1,000.

You will need to enroll with Health Equity in order to receive HSA contributions from Cross Country Home Services. At that time, please indicate if you would also like to make contributions to your HSA Account.

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

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

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

HSA Facts*

- To be eligible to contribute to or receive employer contributions to your HSA, you must be covered by a qualified HDHP. You may not be covered under another health plan, such as your spouse's plan, Medicare, or TRICARE.
- You may always take distributions from your HSA funds, tax free—regardless of the type of plan you are enrolled in - as long as you spend your HSA money on "qualified" medical expenses;
- HSA money can be used to pay for qualified medical expenses, (Section 213D), tax free;
- Employees own their HSA as soon as the money is deposited into their account;
- HSA's are portable and money left alone in the account will accumulate on a tax free basis;
- No use or lose provision (as with a Flexible Savings Account),
- You may withdraw funds via your HSA debit card, online billpay, or checks;

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

*See HSA eligibility guidelines on the Explain My Benefits portal for more details.

Examples of 213d expenses

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

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

Open Access Plus HDHP/HSA INO Plan	
	In-Network
Plan Year Deductible	\$1,575/\$3,150
Coinsurance	20%
Maximum Out of Pocket	\$4,500/\$6,850 per person/\$9,000 per family
Outpatient Care	
Preventive Care	No Charge
PCP Office Visits	20% after Deductible
Specialist Services	20% after Deductible
Clinical/Lab	20% after Deductible
Independent Diagnostic—X rays or AIS (MRI, CAT, PET)	20% after Deductible
Outpatient Surgery—Hospital/ Free Standing Ambulatory Facility	20% after Deductible
Urgent Care	20% after Deductible
Hospital	
Inpatient Hospital	20% after Deductible
Emergency Room	20% after Deductible
Ambulance Services	20% after Deductible
Pharmacy	
Prescription Drugs 30 day	Deductible + \$10/\$30/\$60
Mail Order Prescription 90 day	Deductible + \$25/\$75/\$150

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

DID YOU KNOW?



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

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

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

CIGNA Open Access Plus HDHP/HSA Plan Benefits

Open Access Plus HDHP/HSA Plan		
	In-Network	Out-of-Network
Plan Year Deductible	\$1,575/\$3,150	\$2,500/\$5,000
Coinsurance	20%	40%
Maximum Out of Pocket	\$5,000/\$5,000	\$10,000/\$10,000
Outpatient Care		
Preventive Care	No Charge	40% (no deductible)
PCP Office Visits	20% after Deductible	40% after Deductible
Specialist Services	20% after Deductible	40% after Deductible
Clinical/Lab	20% after Deductible	40% after Deductible
Independent Diagnostic—X rays or AIS (MRI, CAT, PET)	20% after Deductible	40% after Deductible
Outpatient Surgery—Hospital/ Free Standing Ambulatory Facility	20% after Deductible	40% after Deductible
Urgent Care	20% after Deductible	40% after Deductible
Hospital		
Inpatient Hospital	20% after Deductible	40% after Deductible
Emergency Room	20% after Deductible	20% after Deductible
Ambulance Services	20% after Deductible	
Pharmacy		
Prescription Drugs 30 day	Deductible + \$10/\$30/\$60	50% after Deductible
Mail Order Prescription 90 day	Deductible + \$25/\$75/\$150	Not Covered

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DID YOU KNOW?



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

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

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

CIGNA Open Access Plus Traditional PPO Plan Benefits

Open Access Plus Traditional PPO Plan		
	In-Network	Out-of-Network
Plan Year Deductible (Individual/Family)	\$2,000/\$6,000	\$6,000/\$18,000
Coinsurance	20%	50%
Maximum Out of Pocket (Individual/Family)	\$5,500/\$11,000	\$11,000/\$22,000
Outpatient Care		
Preventive Care	No Charge	50% (no deductible)
PCP Office Visits	\$35 copay	50% after Deductible
Specialist Services (No referrals needed)	\$65 copay	50% after Deductible
Clinical/Lab	\$0 copay	50% after Deductible
Diagnostic Services	\$0 copay	50% after Deductible
Advanced Imaging Services (MRI, CAT, PET)	\$300 copay	50% after Deductible
Outpatient Surgery	20% after Deductible	50% after Deductible
Urgent Care	\$70 copay	50% after Deductible
Hospital		
Inpatient Hospital	\$100 per admit copay, and 20% after Deductible	\$500 per admit copay, and 50% after Deductible
Emergency Room	\$300 copay	
Ambulance Services	20% after Deductible	
Pharmacy		
Prescription Drugs 30 day	\$10/\$50/\$80	50% after Deductible.
Mail Order Prescription 90 day	\$25/\$125/\$200	Not Covered

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BE INFORMED



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

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

Dental Plans

Cross Country Home Services offers DMO and PPO dental coverage through MetLife.

Dental DMO

The MetLife Dental Maintenance Organization (DMO) is a plan where you must choose a general dentist from the provider directory for your dental care. Should you need specialty care, your general dentist will refer you to a specialty dentist that accepts the plan.

Other DMO advantages: No claim forms, no deductibles, no waiting periods for pre-existing conditions (except for work in progress), no calendar year maximums, and child and adult orthodontic care is included.

To find a provider log onto the MetLife website, www.metlife.com; under "I want to Find a MetLife" select "Dentist," enter your Zip Code and select your network "Dental HMO/Managed Care" and (Dental HMO/Managed Care), select plan name: SGX185A.

Refer to the benefit summary for a full schedule of benefits.

Dental PPO

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

To search for a PPO dentist in your area, you may log onto www.metlife.com, select "Find a Dentist," and then select "PDP Plus."

Dental PPO		
Benefit Maximum	In-Network	*Out-of-Network
Per Covered Member—Calendar Year	\$1,500	
Per Covered Member—Orthodontics, Lifetime	\$1,000	
Calendar Year Deductible	In-Network	Out-of-Network
Per Covered Member	\$50	\$50
Per Family	\$150	\$150
Waived for Preventive Services	Yes	Yes
Services	In-Network	Out-of-Network
Type A: Preventive: Oral Exams, Cleanings, Sealants, Fluoride Treatment	100%	100%
Type B: Basic Services: Fillings, Restorative, X rays, Endodontics, Periodontics, Oral Surgery	80%	80%
Type C: Major Services: Crowns & Bridges, Dentures	50%	50%
Type D: Orthodontics: Children only to age 19	50%	50%

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

Vision Plan

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

To search for providers visit Humana.com.

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

Below is a high level benefit overview of the vision plan offered. Learn more regarding our 2018 vision benefit enhancements via your plan summaries on the Explain My Benefits portal. We've increased your frame allowance, and introduced coverage for UV coating, scratch resistance, polycarbonate, tinting, anti-reflective, added services for diabetic eye care and more.

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

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Telehealth

Teladoc

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

What Is Teladoc?

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

When Should You Use It?

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

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

Plan Advocates

DirectPath

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

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

What are the features of the Core Advocacy service?

Advocacy

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

Transparency

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

Payroll Deductions (Bi-Weekly)

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

CIGNA Health Plans

Enrollment	Traditional PPO	HDHP/HSA	HSA/HDHP INO
Single	\$92.16	\$33.33	\$14.27
Employee + Spouse	\$236.48	\$108.27	\$57.00
Employee + Child (ren)	\$188.75	\$83.58	\$42.90
Family	\$337.93	\$139.47	\$86.93

Tobacco-use Surcharge

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

MetLife Dental Plans

Enrollment	DMO	High PPO
Single	\$1.82	\$9.42
Employee + Spouse	\$4.28	\$21.67
Employee + Child (ren)	\$5.43	\$20.69
Family	\$8.67	\$37.03

Humana Vision Plan

Enrollment	Vision
Single	\$3.32
Employee + Spouse	\$6.63
Employee + Child (ren)	\$6.29
Family	\$9.88





Financial Protection Plans

UNUM will be our Group Life and Disability carrier effective March 1, 2018. The following are brief details of their suite of products.

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

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

Cross Country Home Services also provides accidental death and dismemberment insurance which pays a death benefit, in addition to the basic death benefit when death occurs as a result of an accident.

Supplemental Life*

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

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

*See plan documents for age reduction and schedule of benefits. This summary is not intended to supersede insurance contract or any other agreement. Where discrepancies may exist, your official contract controls.

Short Term Disability*

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

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

Long Term Disability*

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

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

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Employee Assistance Program

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

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



401(k) Retirement Plan

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

Note: Company match is discretionary.

Flexible Savings Account (FSA)

WageWorks

A Flexible Savings Account (FSA) allows employees to pay for predetermined, un-reimbursable medical expenses on a tax free basis. Since we are currently in a short plan year (February 1, 2018 to December 31, 2018), you can fund up to \$2,383 towards your FSA account.

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

Mobile Solutions

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

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

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

Dependent Care Assistance Program (DCAP)

WageWorks

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

Participation requires that you estimate the amount of dependent care expenses you expect to spend during the shortened plan year, not to exceed \$4,583 for those that are married filing jointly or head of household. Your salary reduction amount should not exceed these expenses.



IMPORTANT



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

Identity Theft/Credit Monitoring

InforArmor

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

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

Their full-scale identity protection and restoration solution includes:

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

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

Legal Assistance

ARAG

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

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

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

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

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



Benefit Communications/Enrollment

Explain My Benefits

This year we have partnered with Explain My Benefits, our new benefits communication vendor, to help provide better benefits education to our employees. You must confirm benefit elections in order to receive benefits for the 2018 plan year. Every benefit eligible employee is required to have an individual enrollment meeting with a benefits counselor from Explain My Benefits.

STEP 1 - Review Your Benefit Guide, Plan Documents & Schedule Your Meeting

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

STEP 2 - Enroll with Explain My Benefits

Visit the above website to schedule your benefit enrollment meeting with Explain My Benefits. This is your opportunity to ask questions and learn about any changes. You will confirm your elections during this meeting.

Please have your social security number and dates of birth for you coverage and that of all your covered dependents.

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Notes

Important Numbers

Service	Provider	Customer Service
Health Plan	CIGNA	(800) 244-6224
Rx Mail Order	CIGNA Rx Mail Order	(800) 285-4812
Dental Plans	MetLife Dental	(800) 275-4638
Vision Plan	Humana	(877) 398-2980
Telehealth	Teladoc	(800) 835-2362
Plan Advocates	DirectPath	(866) 253-2273
Health Savings Account (HSA)	Health Equity	(877) 915-3233
Financial Protection Plans	UNUM	(800) 421-0344
Employee Assistance Program (EAP)	UNUM	(800) 854-1446
401(k) Retirement Plan	Fidelity	(800) 835-5097
Flexible Savings Account (FSA)/ Dependent Care Assistance Program (DCAP)	WageWorks	(877) 924-3967
Identity/Credit Monitoring	InfoArmor	(800) 789-2720
Benefit Communications/ Enrollment	Explain My Benefits	(888) 734-6937 option#3
Legal Assistance	ARAG	(800) 247-4184