

2018-19

FIELD EMPLOYEES NEW HIRE ENROLLMENT



Help at Home / Oxford HealthCare / Excel Companion Care values the contributions of our Field employees. In appreciation of your dedicated service, we are pleased to offer a variety of affordable benefit plans. Please carefully review this enrollment guide so you understand the benefits being provided and can make the right choices for you and your family.

ELIGIBILITY

New or rehired field employees working at least 20 hours per week are eligible for benefits after completing the 60-day waiting period. You can enroll between your 30th and 60th day with coverage becoming effective the 1st of the month following 60 days of employment.

- Field employees working 20 to 30 hours per week are eligible for all benefits EXCEPT the Minimum Essential Coverage (MEC) plan
- The Minimum Essential Coverage (MEC) plan is only available to Field employees that work 30 or more hours per week and are not covered by the Illinois Union Health Benefit Fund program.

YOUR COVERAGE CHOICES

As a new or rehired field employee you can elect each of the coverage options below in any combination.

Minimum Essential Coverage (MEC): To be eligible you must work 30 or more hours per week and are not covered by the Illinois Union Health Benefit Fund program

- Covers all preventive services required by the Affordable Care Act (ACA)
- **Satisfies the ACA's Individual Mandate so you won't be assessed a penalty on your taxes while enrolled**

Limited Benefit Medical: Two benefit plans available

- Provides limited coverage for illnesses, accidents and prescription drugs
- Plan pays a specific amount per day for covered services including doctor visits, labs, x-rays, hospital confinements and more

Dental Benefit Plan

Vision Benefit Plan

Short-term Disability: Two benefit plans available

Group Voluntary Accident Plan

Voluntary Term Life Insurance: Four benefit plans available

TAKE THE NEXT STEP

Now's your chance to elect the coverage that is best for you and your family. You should review this guide so you can make the right benefit choices. For your convenience, you can enroll by phone or online. If you have benefit questions contact us for assistance.

Phone: Call (877) 626-3479 ext. 6306

Monday - Thursday, 7:00 AM - 7:00 PM CT

Friday, 7:00 AM - 5:00 PM CT

Online: Visit www.EnrollInAWP.com

Available anytime day or night

提供中文服務

Representantes que hablan español disponibles

Dostępni przedstawiciele mówiący po polsku

Доступны говорящие по-русски представители

REMEMBER... All elections you make remain in effect for the entire plan year unless you have a qualified change in status.

If you do not enroll now, you will not be able to enroll until the next open enrollment period unless you have a qualified change in status.

The 2018 plan year begins on July 1, 2018 and ends on June 30, 2019. The next open enrollment will be held in June 2019.

Enrollment Period: 30th to 60th Day of Employment
Coverage Effective: 1st of the Month following 60 Days



**The American
Worker[®]**

Provided by Fringe Benefit Group

MINIMUM ESSENTIAL COVERAGE (MEC) PLAN

The MEC plan satisfies the Individual Mandate, so you and your enrolled dependent(s) won't be subject to a tax penalty while enrolled in the plan.

The Affordable Care Act (ACA) requires all individuals have coverage that meets certain criteria. This is known as the Individual Mandate. Individuals that do NOT have the required coverage will be assessed a penalty when filing their income taxes.

- In 2018 the penalty is the greater of 2.5% of adjusted household income or \$695 per adult plus \$347.50 per child

The MEC plan provides 100% in-network coverage for all preventive care tests and procedures required by the ACA. There is no limit to the amount the plan pays for covered services. The MEC plan only provides coverage for the ACA required preventive care services. It does NOT provide any coverage for the treatment of accidents, illnesses, or chronic conditions. The MEC plan is not a comprehensive medical plan.

MEC coverage is ONLY available to Field employees working 30 or more hours per week and are not covered by the Illinois Union Health Benefit Fund program.

Deductions are processed on a pretax basis through Section 125. In accordance with the IRS guidelines your elections will remain in effect for the entire plan year unless you have a qualified change in status. See page 8 for additional Section 125 information.

MultiPlan Network

MultiPlan is one of the nation's largest networks with nearly 550,000 healthcare professionals, over 4,000 hospitals and more than 95,000 ancillary care facilities. To locate a network provider visit www.MultiPlan.com or call 877-626-3479 ext. 6306.

COVERED SERVICES	IN-NETWORK (MultiPlan)	OUT-OF-NETWORK	Rates*		
			Weekly	Bi-Weekly	
Covers All ACA Required Preventive Care Services	Plan Pays 100%	Plan Pays 40%	Employee	\$11.75	\$23.49
			Employee + Spouse	\$15.13	\$30.26
			Employee + Child(ren)	\$21.29	\$42.59
			Family	\$24.68	\$49.35

*Since the MEC plan only covers preventive care services, you may want to elect a Limited Benefit Medical plan as well if you need coverage for medically necessary services. If you elect both plans, the MEC rates decrease by \$1.85 weekly or \$3.69 bi-weekly.

Covered Services

Below is an overview of services covered by the MEC plan. The U.S. Preventive Services Task Force periodically updates the list and sets the requirements such as age, gender or health condition for services to be covered. For a current list of covered services including all requirements for services to be covered, visit www.healthcare.gov/preventive-care-benefits. Plan limitations and exclusions apply.

All Adults

Screenings: Abdominal Aortic Aneurysm, Alcohol Misuse, Blood Pressure, Cholesterol, Colorectal Cancer, Depression, Diabetes (Type 2), Hepatitis B, Hepatitis C, HIV, Lung Cancer, Obesity, Syphilis, Tobacco Use

Counseling: Alcohol Misuse, Diet, Obesity, Sexually Transmitted Infection Prevention, Tobacco Use

Immunizations: Diphtheria, Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus (HPV), Influenza (Flu Shot), Measles, Meningococcal, Mumps, Pertussis, Pneumococcal, Rubella, Tetanus, Varicella (Chickenpox)

Other: Aspirin Use to Prevent Cardiovascular Disease

Women Including Pregnant Women or Women Who May Become Pregnant

Screenings: Anemia, Breast Cancer Mammography, Cervical Cancer, Chlamydia Infection, Domestic and Interpersonal Violence, Gonorrhea, HIV, Human Papillomavirus (HPV), Osteoporosis, Rh Incompatibility, Sexually Transmitted Infection, Syphilis, Tobacco Use, Urinary Tract or Other Infections

Counseling: Breast Cancer Genetic Testing (BRCA), Breast Cancer Chemoprevention, Breastfeeding, Contraception, Domestic and Interpersonal Violence, Gestational Diabetes, HIV

Other: Breastfeeding Supplies for Pregnant and Nursing Women, FDA Approved Contraceptive Methods, Folic Acid Supplements, Well-woman Visits for Recommended Services

Children

Screenings: Autism, Blood Pressure, Cervical Dysplasia, Depression, Developmental, Dyslipidemia, Hearing, Hematocrit or Hemoglobin, Lead, Hemoglobinopathies or Sickle Cell, Hepatitis B, HIV, Hypothyroidism, Obesity, Phenylketonuria, Sexually Transmitted Infection, Tuberculin, Vision

Assessments: Alcohol and Drug Use, Behavioral, Oral Health Risk

Counseling: Obesity, Sexually Transmitted Infection Prevention

Immunizations: Diphtheria, Tetanus, Pertussis, Haemophilus Influenzae Type B, Hepatitis A, Hepatitis B, Human Papillomavirus (PVU), Inactivated Poliovirus, Influenza (Flu Shot), Measles, Meningococcal, Pneumococcal, Rotavirus, Varicella (Chickenpox)

Other: Fluoride Chemoprevention Supplements, Gonorrhea Preventive Medication for the Eyes of Newborns, Height, Weight and Body Mass Index (BMI) Measurements, Iron Supplements, Medical History

A copy of the plan's Summary of Benefits and Coverage (SBC) is available online at www.EnrollInAWP.com. The SBC is an easy-to-understand summary of the MEC plan's benefits and coverage. It includes examples that provide a general sense of how a plan will cover services.

REMEMBER... If you want coverage you must enroll by your 60th day of employment.

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Monday-Thursday 7 AM - 7 PM CT; Friday 7 AM - 5 PM CT

Enroll Online: www.EnrollInAWP.com

Available anytime day or night

LIMITED BENEFIT MEDICAL PLANS

The American Worker offers you limited benefit medical coverage. You can enroll in either of the limited benefit medical plans even if you do not participate in any other coverage.

The American Worker limited benefit medical plans provide affordable, first dollar coverage with no deductibles or coinsurance. Your acceptance in the plan is guaranteed and there are no medical questions to answer or pre-existing condition limitations.

The American Worker limited benefit medical plans are underwritten by Companion Life Insurance Company. The AWP Value Rx and MultiPlan Network programs are included in the limited benefit medical plans, but are not insured by Companion Life Insurance Company. These are discount programs provided by separate vendors.

The Limited Benefit Medical plans (a) are not a substitute for minimum essential health coverage under the Affordable Care Act (ACA), (b) do not qualify as minimum essential coverage under ACA, and (c) do not satisfy the ACA's Individual Mandate.

Deductions are processed on a pretax basis through Section 125. In accordance with the IRS guidelines your elections will remain in effect for the entire plan year unless you have a qualified change in status. See page 8 for additional Section 125 information.

COVERED SERVICES	STANDARD		PREFERRED	
DOCTOR'S OFFICE VISIT	Plan Pays \$80 per Day, 6 Days per Person per Year		Plan Pays \$100 per Day, 6 Days per Person per Year	
DIAGNOSTIC TESTS, X-RAYS AND LAB WORK	Plan Pays \$100 per Testing Day, 3 Testing Days per Person per Year		Plan Pays \$100 per Testing Day, 3 Testing Days per Person per Year	
PREVENTIVE CARE	Plan Pays \$100 per Day, 1 Day per Person per Year		Plan Pays \$100 per Day, 1 Day per Person per Year	
INPATIENT SURGICAL	-		Plan Pays \$400 per Day, 1 Day per Person per Year	
INPATIENT ANESTHESIA			Plan Pays \$80 per Day, 1 Day per Person per Year	
OUTPATIENT SURGICAL	-		Plan Pays \$200 per Day, 1 Day per Person per Year	
OUTPATIENT MINOR SURGICAL			Plan Pays \$20 per Day, 1 Day per Person per Year	
HOSPITAL INDEMNITY	Plan Pays \$100 per Day, 180 Days per Person per Year		Plan Pays \$600 per Day, 180 Days per Person per Year	
HOSPITAL ADMISSION	-		Plan Pays \$1,000 per Day, 1 Day per Person per Year	
AWP VALUE RX	Included		Included	
THE MULTIPLAN NETWORK	Physician Network		Physician and Hospital Network	
Rates	Weekly	Bi-Weekly	Weekly	Bi-Weekly
Employee	\$13.71	\$27.41	\$28.98	\$57.96
Employee + Spouse	\$24.75	\$49.50	\$54.40	\$108.80
Employee + Child(ren)	\$23.79	\$47.58	\$52.18	\$104.36
Family	\$35.25	\$70.50	\$78.55	\$157.10

AWP Value Rx Pharmaceutical Program*

The AWP Value Rx plan is designed to provide substantial savings on your prescription drug expenses.

To find drug pricing or locate a network pharmacy visit www.AWPValueRx.com.

- Tier I: Select generic and brand name drugs available for \$10 or less
- Tier II: Select generic and brand name drugs available for \$20 or less
- Tier III: Select generic and brand name drugs available for \$50 or less
- Tier IV: Generic and brand name drugs for which a discounted price has been negotiated
- No maximum annual benefit, deductibles or claim forms

*AWP Value Rx is a non-insurance prescription drug discount program provided by Phoenix Benefits Management.

The MultiPlan Network

Members have access to The MultiPlan Network, which provides savings on Physician and Hospital services.

By visiting a MultiPlan provider you can reduce your out-of-pocket expenses.

- The network includes nearly 550,000 healthcare professionals, over 4,000 hospitals and more than 95,000 ancillary care facilities
- Network providers submit claims for you to simplify the claim process
- To locate a network provider visit www.MultiPlan.com or call 877-626-3479 ext. 6306

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DENTAL BENEFIT PLAN

Dearborn National offers you dental coverage. You can enroll in the dental plan even if you do not participate in any other coverage.

The amount the plan pays and the amount you pay the dentist for covered services whether you go to a PPO dentist or a non-PPO dentist is listed below. The deductible, annual limitation on benefits and all other limitations will be administered on a calendar year basis.

Deductions are processed on a pretax basis through Section 125. In accordance with the IRS guidelines your elections will remain in effect for the entire plan year unless you have a qualified change in status. See page 8 for additional Section 125 information.

CALENDAR YEAR MAXIMUM	\$1,000 per Covered Member		
CALENDAR YEAR DEDUCTIBLE	\$50 per Member / \$150 per Family		
COVERED SERVICES	WAITING PERIOD	IN-NETWORK¹	OUT-OF-NETWORK²
PREVENTIVE AND DIAGNOSTIC (Deductible does not apply) - Oral exams, cleanings, x-rays, bitewings, fluoride treatment, etc.	None	Covered at 100%	Covered at 80%
MISCELLANEOUS SERVICES (Deductible does not apply) - Sealants, space maintainers, emergency treatment for pain, etc.	None	Covered at 100%	Covered at 80%
RESTORATIVE SERVICES - Amalgam/composite fillings, simple tooth extractions, etc.	None	Covered at 50%	Covered at 40%
GENERAL SERVICES - Intravenous sedation, general anesthesia, etc.	None	Covered at 50%	Covered at 40%
ENDODONTIC SERVICES - Root canal, pulp cap, etc.	None	Covered at 50%	Covered at 40%
ORAL SURGERY SERVICES - Tooth extractions, alveoplasty, surgical extractions, etc.	None	Covered at 50%	Covered at 40%
PERIODONTAL SERVICES - Gingivectomy, scaling/root planning, soft tissue grafts, etc.	12 Months	Covered at 50%	Covered at 40%
CROWNS AND INLAYS / ONLAYS SERVICES - Prefabricated post and cores, crowns, inlays/onlays repairs, etc.	12 Months	Covered at 50%	Covered at 40%
PROSTHODONTIC SERVICES - Bridges, dentures, etc.	12 Months	Covered at 50%	Covered at 40%
ORTHODONTIA SERVICES Dependents up to the age of 26 Lifetime Maximum: \$1,000	12 Months	Covered at 50%	Covered at 50%
Rates	Weekly	Bi-Weekly	
Employee	\$4.67	\$9.33	
Employee + Spouse	\$9.33	\$18.66	
Employee + Child(ren)	\$10.44	\$20.88	
Family	\$15.89	\$31.78	

1. In-Network providers can be found at www.DearbornNational.com

2. Out-of-Network covers at 80th percentile of Usual and Customary

VISION BENEFIT PLAN

VSP offers you vision coverage. You can enroll in the vision plan even if you do not participate in any other coverage.

If a covered person uses the services of a preferred provider, the preferred provider must receive approval from VSP prior to providing the covered person with any service or supply. Additional information regarding pre-authorization of preferred provider services is included in the vision plan documents.

To locate a preferred provider, visit www.VSP.com or call 800-877-7195.

Deductions are processed on a pretax basis through Section 125. In accordance with the IRS guidelines your elections will remain in effect for the entire plan year unless you have a qualified change in status. See page 8 for additional Section 125 information.

COVERED SERVICES	IN-NETWORK (VSP)	OUT-OF-NETWORK
VISION EXAM - Once every 12 months	Covered at 100% after \$10 copay	\$10 Deductible, Up to \$46
FRAMES - Once every 12 months	Covered at 100% after \$25 copay, Up to \$120 allowance, 20% discount after allowance	\$25 Deductible, Up to \$47
STANDARD LENSES - Once every 12 months - Single Vision Lenses - Bifocal Lenses - Trifocal Lenses - Lenticular Lenses	Covered at 100% after a \$25 copay	\$25 Deductible Up to \$47 Up to \$66 Up to \$85 Up to \$125
CONTACT LENSES - Once every 12 months - Elective (in lieu of standard lenses and frames) - Necessary	Up to \$120 Covered at 100% after \$25 copay	Up to \$120 \$25 Deductible, Up to \$210
Rates	Weekly	Bi-Weekly
Employee	\$2.50	\$5.00
Employee + Spouse	\$4.21	\$8.41
Employee + Child(ren)	\$4.29	\$8.58
Family	\$6.80	\$13.59

NOTE: Members will NOT receive an ID card in the mail, but they are available online by visiting <https://www.guardiananytime.com> and completing the Member Information. The Group Number (399180) is required when entering Member Information online.

SHORT-TERM DISABILITY BENEFIT PLANS

The American Worker offers you short-term disability coverage underwritten by Companion Life Insurance Company. You can enroll in either of the short-term disability plans even if you do not participate in any other coverage.

	OPTION I		OPTION II	
WEEKLY MAXIMUM BENEFIT	\$200 per Employee		\$300 per Employee	
MAXIMUM BENEFIT PERIOD	26 Weeks		26 Weeks	
WAITING PERIOD	15 Days (Accidents and Sickness)		15 Days (Accidents and Sickness)	
PERCENT OF WEEKLY SALARY PAID	66 ⅔% (Excludes Bonuses and OT)		66 ⅔% (Excludes Bonuses and OT)	
Rates	Weekly	Bi-Weekly	Weekly	Bi-Weekly
Employee	\$2.96	\$5.91	\$4.44	\$8.87

The short-term disability plan has a 12-month pre-existing condition limitation.

Coverage includes disability due to pregnancy and childbirth. Conception must occur after the coverage effective date.

If you need to file a claim you can start the process by contacting customer service at (877) 626-3479 ext. 6306 or by submitting a claim form. Claim forms are available through customer service or by logging into www.EnrollInAWP.com and selecting "Documents Library".

REMEMBER... If you want coverage you must enroll by your 60th day of employment.

Enroll By Phone: (877) 626-3479 ext. 6306

Monday-Thursday 7 AM - 7 PM CT; Friday 7 AM - 5 PM CT

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GROUP VOLUNTARY ACCIDENT PLAN

Allstate Workplace Division (AWD) offers you a Group Voluntary Accident plan. You can enroll in the plan even if you do not participate in any other coverage.

Accidents are not planned and can happen at any moment. Having the right coverage that fits you and your family's needs the moment an accident occurs is important. AWD's Group Voluntary Accident policy can help you be financially prepared in the event of an on-the-job or off-the-job accidental injury.

If you or any covered family member sustains an injury which occurs within 90 days from the date of an accident (180 days for Accidental Death or Dismemberment) while coverage is in force, Allstate Workplace Division will pay the benefits as stated in the benefits provision. Treatment must be received in the United States or its territories.

ACCIDENTAL DEATH Death as a result of a covered accidental injury - Plan participant - Plan participant's spouse - Plan participant's dependent child	Plan Pays \$40,000 Plan Pays \$20,000 Plan Pays \$10,000
COMMON CARRIER ACCIDENTAL DEATH Death as a result of a covered accidental injury while riding as a fare paying passenger on a scheduled common carrier - Plan participant - Plan participant's spouse - Plan participant's dependent child	Plan Pays \$200,000 Plan Pays \$100,000 Plan Pays \$50,000
DISMEMBERMENT (See Injury Benefits Schedule on next page) - Plan participant - Plan participant's spouse - Plan participant's dependent child	Plan Pays \$40,000 Plan Pays \$20,000 Plan Pays \$10,000
DISLOCATION AND FRACTURE (See Injury Benefits Schedule on next page) - Plan participant - Plan participant's spouse - Plan participant's dependent child	Plan Pays \$4,000 Plan Pays \$2,000 Plan Pays \$1,000
INITIAL HOSPITAL CONFINEMENT Initial hospitalization due to an accidental injury	Plan Pays \$1,000 Lifetime Maximum of 1 Confinement
HOSPITAL CONFINEMENT Hospitalization due to an accidental injury	Plan Pays \$200 per Day, 90 Days per Stay per Injury
INTENSIVE CARE Hospitalization due to an accidental injury in an intensive care unit	Plan Pays \$400 per Day, 90 Days per Stay per Injury
AMBULANCE Transportation to or from a hospital as a result of an accidental injury	Plan Pays \$200 for Ground or \$600 for Air Transportation
MEDICAL EXPENSES Expenses incurred for each medical or surgical treatment as a result of an accidental injury	Plan Pays up to \$500
OUTPATIENT PHYSICIAN'S TREATMENT Visit to a physician's office as result of an accidental injury	Plan Pays \$50 per Visit, Up to 2 Visits per person per year and 4 Visits per year if dependents are covered

Rates	Weekly	Bi-Weekly
Employee	\$3.59	\$7.18
Employee + Spouse	\$6.67	\$13.34
Employee + Child(ren)	\$7.36	\$14.72
Family	\$9.07	\$18.14

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GROUP VOLUNTARY ACCIDENT PLAN (Continued)

Injury Benefits Schedule

The charts below display the covered accidental injury benefits payable to the plan participant. The amounts shown are based on one occurrence. A plan participant's dependent spouse receives 50% and a plan participant's dependent children receive 25% of the amounts shown below.

LOSS OF:

Life	\$40,000
Both Eyes	\$40,000
Both Hands or Arms	\$40,000
Both Feet or Legs	\$40,000
One Hand or Arm and One Foot or Leg	\$40,000
One Eye	\$20,000
One Hand or Arm	\$20,000
One Foot or Leg	\$20,000
One or More Entire Toes	\$4,000
One or More Entire Fingers	\$4,000

COMPLETE DISLOCATION OF:

Hip Joint	\$4,000
Knee Joint (except Patella)	\$1,600
Bone or Bones of the Foot (except toes)	\$1,600
Ankle Joint	\$1,600
Wrist Joint	\$1,400
Elbow Joint	\$1,200
Shoulder Joint	\$800
Bone or Bones of the Hand (except Fingers)	\$600
Collarbone	\$600
Two or More Fingers	\$280
Two or More Toes	\$280
One Finger or Toe	\$120

SIMPLE OR CLOSED FRACTURE OF BONE OR BONES OF:

Hip, Thigh (femur)	\$4,000	Pelvis (except Coccyx)	\$4,000	Skull (except Bones of Face or Nose)	\$3,800
Leg (Tibia and Fibula)	\$2,200	Shoulder Blade (Scapula)	\$2,200	Arm, between Shoulder and Elbow (Shaft)	\$2,200
Ankle	\$1,600	Collarbone (Clavicle)	\$1,600	Forearm (Radius or Ulna)	\$1,600
Knee Cap (Patella)	\$1,600	Foot (except Toes)	\$1,400	Hand or Wrist (except Fingers)	\$1,400
Bones of Face or Nose	\$600	One Rib, Finger or Toe	\$280	Lower Jaw (except Alveolar Process)	\$800
Coccyx	\$280			Two or More Ribs, Fingers or Toes	\$600

VOLUNTARY TERM LIFE INSURANCE

Dearborn National offers you voluntary term life insurance coverage at affordable group rates. You can enroll in any of the four options even if you do not participate in any other coverage. Life insurance can help protect your family's future by providing a one-time payment upon your death.

Dearborn National will guarantee issue coverage up to a certain amount provided you enroll during your initial eligibility period. If you enroll at a later date, you will need to provide evidence of insurability. After enrolling you can request a policy booklet be mailed or emailed to you by contacting Becky Cata at (312) 795-4695 or rcata@helpathome.com.

LIFE INSURANCE BENEFITS	OPTION I	OPTION II	OPTION III	OPTION IV
Employee	Plan Pays \$25,000	Plan Pays \$50,000	Plan Pays \$75,000	Plan Pays \$100,000
Spouse*	Plan Pays \$12,500	Plan Pays \$25,000	Plan Pays \$37,500	Plan Pays \$50,000
Child**	Plan Pays \$2,500	Plan Pays \$5,000	Plan Pays \$7,500	Plan Pays \$10,000

*Spouse coverage is based on employee age and terminates at age 70.

**Children age 14 days to 20 years, 26 if full-time student, are eligible.

Bi-Weekly Rates*

BENEFIT	TIER	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69†
\$25,000	Employee	\$0.81	\$0.81	\$0.92	\$1.39	\$2.31	\$3.81	\$5.89	\$10.15	\$17.77	\$28.85
	Spouse	\$0.40	\$0.40	\$0.46	\$0.69	\$1.15	\$1.90	\$2.94	\$5.08	\$8.89	\$14.42
	Child	\$0.22	\$0.22	\$0.22	\$0.22	\$0.22	\$0.22	\$0.22	\$0.22	\$0.22	\$0.22
\$50,000	Employee	\$1.62	\$1.62	\$1.85	\$2.77	\$4.62	\$7.62	\$11.77	\$20.31	\$35.54	\$57.69
	Spouse	\$0.81	\$0.81	\$0.92	\$1.39	\$2.31	\$3.81	\$5.89	\$10.15	\$17.77	\$28.85
	Child	\$0.44	\$0.44	\$0.44	\$0.44	\$0.44	\$0.44	\$0.44	\$0.44	\$0.44	\$0.44
\$75,000	Employee	\$2.42	\$2.42	\$2.77	\$4.15	\$6.92	\$11.42	\$17.65	\$30.46	\$53.31	\$86.54
	Spouse	\$1.21	\$1.21	\$1.39	\$2.08	\$3.46	\$5.71	\$8.83	\$15.23	\$26.65	\$43.27
	Child	\$0.66	\$0.66	\$0.66	\$0.66	\$0.66	\$0.66	\$0.66	\$0.66	\$0.66	\$0.66
\$100,000	Employee	\$3.23	\$3.23	\$3.69	\$5.54	\$9.23	\$15.23	\$23.54	\$40.62	\$71.08	\$115.39
	Spouse	\$1.62	\$1.62	\$1.85	\$2.77	\$4.62	\$7.62	\$11.77	\$20.31	\$35.54	\$57.69
	Child	\$0.88	\$0.88	\$0.88	\$0.88	\$0.88	\$0.88	\$0.88	\$0.88	\$0.88	\$0.88

*Weekly rates apply to employees on the weekly payroll schedule. Call (877) 626-3479 ext. 6306 to learn more.

†Benefits reduce 35% at age 65, 60% at age 70, 75% at age 75 and 85% at age 80. All benefits terminate at retirement. Premiums increase in five-year increments.

Guarantee Issue Amount:

Insureds are approved up to the amounts listed. Amounts in excess of the Guarantee Issue amount require satisfactory evidence of insurability.

GUARANTEE ISSUE AMOUNT	EMPLOYEE	SPOUSE
Under age 65	\$50,000	\$12,500
Age 65 - 69	\$10,000	\$5,000
Age 70 or older	Fully Underwritten	N/A

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Enrollment Period: From your 30th to your 60th Day of Employment

Coverage Effective: 1st of the Month following 60 Days of Employment

ENROLLMENT INSTRUCTIONS

For your convenience, you can enroll by phone or online. If you have questions about the benefits being offered, call us for assistance. Please have the information below available when enrolling.

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提供中文服務

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Доступны говорящие по-русски представители

DO NOT RETURN THIS INFORMATION TO YOUR EMPLOYER

Employee Information	Dependent Information	Enrollment Questions	
Full Name	Full Name	Do you want...	
Social Security Number	Social Security Number	Minimum Essential Coverage*	Short-term Disability
Date of Birth	Date of Birth	Limited Benefit Medical	Group Voluntary Accident
Home Address		Dental Coverage	Voluntary Term Life Insurance
Phone Number		Vision Coverage	

***WAIVER OF MINIMUM ESSENTIAL COVERAGE DISCLAIMER:** Failure to respond to the offer of Minimum Essential Coverage (MEC) within the enrollment period will be automatically considered as a coverage opt-out. Help At Home / Oxford HealthCare / Excel Companion Care will not be liable for any penalties associated with the Individual Mandate or Federal Tax Credit received through Federal or State exchange.

REMEMBER... All elections you make remain in effect for the entire plan year unless you have a qualified change in status.

If you do not enroll now, you will not be able to enroll until the next open enrollment period unless you have a qualified change in status. The 2018 plan year begins on July 1, 2018 and ends on June 30, 2019. The next open enrollment will be held in June 2019.

IMPORTANT PLAN INFORMATION

Minimum Essential Coverage (MEC): This Plan is designed to provide Plan Participants with minimum essential coverage under the federal income tax rules. This Plan is designed so that Plan Participants may enroll in this Plan and not have to pay a federal individual income tax penalty. However, while you are enrolled in this Plan, you will not be eligible for a federal tax credit through a federal or state exchange (sometimes referred to as the insurance marketplace). If you do not enroll in this Plan, you may be eligible for a federal tax credit that lowers your monthly premium or a reduction in certain cost-sharing if you enroll in a health insurance plan through the federal or state exchange. This plan is NOT minimum essential coverage for purposes of the individual health coverage requirements in MA.

Limited Benefit Medical Plan: This enrollment guide provides an overview of the coverage you are eligible for through your employer. This program is not major medical coverage nor is it designed to replace major medical coverage. The program is a fully insured hospital and limited benefit medical indemnity insurance plan. The program may also include non-insurance benefits such as prescription drug discounts. The guide does not provide a complete or legal description of the benefit plan. If there is a discrepancy between this guide and the official plan documents, the plan documents govern. Exclusions and limitations apply.

The Limited Benefit Medical plans (a) are not a substitute for minimum essential coverage under the Affordable Care Act (ACA); and (b) do not qualify as minimum essential coverage under the ACA.

Section 125 Information: I hereby elect to participate in The American Worker Plan for benefits made available under the Internal Revenue Code Section 79, 105, 106, 125, and these sections as amended. I understand that the plan will automatically convert to pretax status any eligible payroll deductions which are provided through the Plan. I understand that by participating in this Plan my Social Security benefits may be reduced since these premiums will be deducted before my salary is taxed. This election will remain in effect for the entire Plan Year. My election CANNOT be changed during the Plan Year in accordance with the Internal Revenue Service Guidelines unless a qualifying event occurs. Qualifying events include: marriage, divorce, legal separation, death of spouse, birth or legal adoption of a child, death of a child, or spousal change of employment affecting insurance coverage.

Additional information regarding the voluntary benefit plans being offered is available upon request. Visit the enrollment website or contact the enrollment center to request additional plan information.

Dental Benefit Plan (Dearborn National): This enrollment guide is a summary of the dental plan's PPO benefits. These benefits are subject to limitations and exclusions. Refer to your subscription certificate for a full explanation of your benefits.

Vision Benefit Plan (Guardian Life Insurance Company): This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for: orthoptics or vision training and any associated supplemental testing; medical or surgical treatment of the eye; and eye examination or corrective eyewear required by an employer as a condition of employment; replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available or a warranty exists). The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-1-VSN-96-VIS et al.

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IMPORTANT PLAN INFORMATION (Continued)

Group Voluntary Accident (Allstate Workplace Division)

Eligibility - Family members eligible for coverage include: you; your legal spouse; unmarried children (including adopted children, children pending adoption and stepchildren) who are under 22 years old, or under 26 years old and a full-time student at an educational institution of higher learning beyond high school. Children must not have a full-time job and must be dependent on you for support.

Termination of Coverage - As long as you are insured, your coverage under the policy ends on the earliest of: the date the policy is canceled; or the last day of the period for which you made any required contributions; or the last day you were in active employment, except provided under the "Temporarily Not Working" provision; or the date you are no longer in an eligible class; or the date your class is no longer eligible. Spouse coverage ends upon valid decree of divorce or your death. A child's coverage ends on the certificate anniversary next following the date the child is no longer eligible. This is the earlier of: (a) when the child marries; or (b) reaches age 22 (26 if a full-time student attending an educational institution of higher learning beyond high school). Coverage for unmarried children does not terminate if they are: 1. incapable of self-sustaining employment by a reason of handicapped conditions; and 2. become so handicapped prior to the attainment of the limiting age of eligibility under the policy; and 3. is dependent upon you for lifetime care and supervision or other care providers. Coverage for the child continues as long as the policy remains in force and the dependent child remains in such condition. Inquiry of the incapacity and dependency of the child will be the responsibility of AWD. At the time of the injury, the employee will have 31 days to provide proof of incapacity and dependency of the child. Thereafter, such proof must be furnished as frequently as may be required, but no more frequently than annually after the child's attainment of the limiting age for eligibility.

If AWD accepts a premium for coverage extending beyond the date, age or event specified for termination as to a covered person, then coverage continues during the period for which such premium was accepted. This does not apply where such acceptance was based on a misstatement of age.

Temporarily Not Working - AWD will continue your coverage in accordance with the personnel practices of the policyholder's Human Resource department for a temporary layoff or leave of absence, if premium payments continue and the policyholder approved the leave in writing. Coverage will be continued for three months following the date you ceased active employment. If your coverage ends while on a family and medical leave of absence, your coverage will be reinstated when you return to active employment. AWD will not: 1. apply a new pre-existing condition exclusion; or 2. require evidence of insurability.

Portability Privilege - If your coverage terminates for any reason other than failure to pay required premiums, or if your employer terminates the group policy and does not replace it with another group accident plan, you will be eligible for portability coverage. This means you continue the same benefits you had under the group policy, but pay your premiums directly to AWD. You will no longer be covered under the group policy, but will continue to receive the benefits described in your certificate of insurance.

Payment of Benefits - If, while the policy is in force, in any of the losses stated in the benefits provision, subject to the Limitations/Exclusions provisions and all other provisions contained in the certificate of insurance, and is diagnosed by a physician, AWD will pay the benefits for such loss. Any loss not stated in the benefits provisions is not covered under the policy. Treatment must be received in the United States or its territories.

Exclusions and Limitations - The policy does not cover any loss incurred by a covered person as a result of: injury incurred prior to the covered person's effective date of coverage subject to the Contestability provision; or any act of war whether or not declared, participation in a riot, insurrection or rebellion; or suicide, or any attempt at suicide, whether sane or insane; or any injury sustained while the covered person is under the influence of alcohol or any narcotic, unless administered on the advice of a physician; or any bacterial infection (except infections which result from an accidental injury or infection which results from an accidental or involuntary or an unintentional ingestion of contaminated substance); or participation in any form of aeronautics except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports; or committing or attempting to commit an assault or felony; or driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway; or hernia, including complications due to hernia (except for hernia caused by an accident). Any injury incurred while a covered person is an active member of the Military; Naval; or Air Forces of any country or combination of countries is not covered. Upon notice and proof of service in such forces, AWD will return the pro-rata portion of the premium paid for any period of such service.

Pre-existing Condition Limitation - AWD does not pay for any loss due to a pre-existing condition if the loss occurs during the 12 month period beginning on the date that person became a covered person. A pre-existing condition is a disease or physical condition for which: 1. symptoms existed within the 12 month period prior to the effective date of coverage; 2. medical advice or treatment was recommended or received from a member of the medical profession within the 12 months period prior to the effective date of coverage. A pre-existing condition can exist even though a diagnosis has not yet been made.

Coverage Subject to the Policy - The coverage described in the certificate of insurance is subject in every way to the terms of the policy that is issued to the policyholder (your employer). It alone makes up the agreement by which the insurance is provided. The group policy may at any time be amended or discontinued by agreement between AWD and the policyholder. Your consent is not required for this. AWD is not required to give you prior notice.

Group Voluntary Accident benefits provided by policy form GVAP1, or state variations thereof.

The information provided for Group Voluntary Accident are highlights of the benefits available under the policies underwritten by American Heritage Life Insurance Company. Details of the insurance, including exclusions, restrictions and other provisions are included in the certificate issued. Allstate Workplace Division is the marketing name used by American Heritage Life Insurance Company (Jacksonville, FL), a subsidiary of The Allstate Corporation.

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Women's Health and Cancer Rights Act

Annual Notice 2018

On October 21, 1998 Congress passed a bill called the Women's Health and Cancer Rights Act. This law requires group health plans that provide coverage for mastectomy to provide coverage for certain reconstructive services. These services include:

- Reconstruction of the breast upon which the mastectomy has been performed,
- Surgery/reconstruction of the other breast to produce a symmetrical appearance,
- Prostheses, and
- Physical complications during all stages of mastectomy, including lymphedemas

In addition, the plan may not:

- Interfere with a woman's rights under the plan to avoid these requirements, or
- Offer inducements to the health provider, or assess penalties against the health provider, in an attempt to interfere with the requirements of the law.

However, the plan may apply deductibles and copays consistent with other coverage provided by the plan.

Notice Regarding Michelle's Law

Annual Notice 2018

On Thursday, October 9, 2008, President Bush signed into law H.R. 2851, Known as Michelle's Law. This law requires employer health plans to continue coverage for employees' dependent children who are college students and need a medically necessary leave of absence. This law applies to both fully insured and self-insured medical plans. The dependent child's change in college enrollment must meet the following requirements:

- The dependent is suffering from a serious illness or injury.
- The leave is medically necessary.
- The dependent loses student status for purposes of coverage under the terms of the plan or coverage.

Coverage for the dependent must remain in force until the earlier of:

- One year after the medically necessary leave of absence began.
- The date the coverage would otherwise terminate under the terms of the plan.

A written certification by the treating physician is required. The certification must state that the dependent child is suffering from a serious illness or injury and that the leave is medically necessary. Provisions under this law become effective for plan years beginning on or after October 9, 2009.

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

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on the following page, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial (877) KIDS-NOW or visit www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free (866) 444-EBSA (3272).

Consult the table on the following page for additional information.

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

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2012. You should contact your State for further information on eligibility.

State	Program	Website	Phone
Alabama	Medicaid	http://www.medicaid.alabama.gov	(855) 692-5447
Alaska	Medicaid	http://health.hss.state.ak.us/dpa/programs/medicaid/	Outside Anchorage: (888) 318-8890 Anchorage: (907) 269-6529
Arizona	CHIP	http://www.azahcccs.gov/applicants	Outside Maricopa County: (877) 764-5437 Maricopa County: (602) 417-5437
Colorado	Medicaid	http://www.colorado.gov/	(800) 866-3513
Florida	Medicaid	https://www.flmedicaidprecovery.com/	(877) 357-3268
Georgia	Medicaid	http://dch.georgia.gov/	(800) 869-1150
Idaho	Medicaid & CHIP	Medicaid: www.accesstohealthinsurance.idaho.gov CHIP: www.medicaid.idaho.gov	Medicaid: (800) 926-2588 CHIP: (800) 926-2588
Indiana	Medicaid	http://www.in.gov/fssa	(800) 889-9949
Iowa	Medicaid	www.dhs.state.ia.us/hipp/	(888) 346-9562
Kansas	Medicaid	http://www.kdheks.gov/hcf/	(800) 792-4884
Kentucky	Medicaid	http://chfs/ky/gov/dms/default/htm	(800) 635-2570
Louisiana	Medicaid	http://www/lahipp/dhh.louisiana.gov	(888) 695-2447
Maine	Medicaid	http://maine.gov/dhhs/ofi/public-assistance/index/html	(800) 977-6740
Massachusetts	Medicaid & CHIP	http://www.mass.gov/MassHealth	(800) 462-1120
Minnesota	Medicaid	http://www.dhs.state.mn.us/	(800) 657-3629
Missouri	Medicaid	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	(573) 751-2005
Montana	Medicaid	http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml	(800) 694-3084
Nebraska	Medicaid	www.ACCESSNebraska.ne.gov	(800) 383-4278
Nevada	Medicaid	http://dwss.nv.gov/	(800) 992-0900
New Hampshire	Medicaid	http://www.dhhs.nh.gov/oii/documents/hippapp.pdf	(603) 271-5218
New Jersey	Medicaid & CHIP	Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ CHIP: http://www.njfamilycare.org/index.html	Medicaid: (800) 356-1561 CHIP: (800) 701-0710
New York	Medicaid	http://www.nyhealth.gov/health_care/medicaid/	(800) 541-2831
North Carolina	Medicaid	http://www.ncdhhs.gov/dma	(919) 855-4100
North Dakota	Medicaid	http://www.nd.gov/dhs/services/medicalserv/medicaid/	(800) 755-2604
Oklahoma	Medicaid & CHIP	http://www.insureoklahoma.org	(888) 365-3742
Oregon	Medicaid & CHIP	http://www.oregonhealthykids.gov	(877) 314-5678
Pennsylvania	Medicaid	http://www.dpw.state.pa.us/hipp	(800) 692-7462
Rhode Island	Medicaid	www.ohhs.ri.gov	(401) 462-5300
South Carolina	Medicaid	http://www.scdhhs.gov	(888) 549-0820
South Dakota	Medicaid	http://dss.sd.gov	(888) 828-0059
Texas	Medicaid	https://www.gethipptexas.com/	(800) 440-0493
Utah	Medicaid & CHIP	http://health.utah.gov/upp	(866) 435-7414
Vermont	Medicaid	http://www.greenmountaincare.org/	(800) 250-8427
Virginia	Medicaid & CHIP	Medicaid: http://www.dmas.virginia.gov/rcp-HIPP.htm CHIP: http://www.famis.org/	Medicaid: (800) 432-5924 CHIP: (866) 873-2647
Washington	Medicaid	http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm	(800) 562-3022 ext. 15473
West Virginia	Medicaid	www.dhhr.wv.gov/bms/	(877) 598-5820
Wisconsin	Medicaid	http://www.badgercareplus.org/pubs/p-10095.htm	(800) 362-3002
Wyoming	Medicaid	http://health.wyo.gov/healthcarefin/equalitycare	(307) 777-7531

To see if any more States have added a premium assistance program since July 31, 2012, or for more information on special enrollment rights, you can contact either the US Department of Labor, Employee Benefits Security Administration, www.dol.gov/ebsa, (866) 444-EBSA or the US Department of Health and Human Services, Centers for Medicare & Medicaid Services, www.cms.hhs.gov, (877) 267-2323 ext. 61565

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Benefit Communication From Your Employer - Do Not Discard



2018-19 NEW HIRE ENROLLMENT

Enrollment Period

From your 30th to your 60th Day of Employment

Coverage Effective Date

1st of the Month following 60 Days of Employment

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