



2015 - 2016

Benefit Guide

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2015 - 2016 Benefit Guide



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Our Most Important Asset

Section 125 & Benefit Election Changes

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

The plan year will begin September 1, 2015 and will run through August 31, 2016.

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

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

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

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

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

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

Eligibility



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

Eligible Dependents

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

Enrollment Instructions



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

Everyone must complete the online enrollment process, whether you are electing benefits, keeping benefits the same, making changes or waiving all benefits, in order to confirm your choices.

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

How to Access EMB Enroll:	
Access your Online Enrollment at:	www.explainmybenefits.biz/ mission-health
Enter your 9 digit SSN (no dashes):	XXXXXXXXXX
Enter your 4 digit PIN (last 4 of SSN):	XXXX
Record Your Confirmation #:	

Dependent Information

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

Frequently Asked Questions

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

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

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

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

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

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

→ Click the “Manage Beneficiary List” button

→ Select the relationship of the beneficiary from the Dropdown Box

→ Click the “Add New Beneficiary” button

→ Input beneficiary name (required) and whatever information you have for the beneficiary

→ Click “Continue”

→ Click “Continue” again

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

Medical

Offered by BlueCross BlueShield of Georgia



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

⁽¹⁾ Deductible waived through age 5.

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

⁽³⁾ Deductibles and copays will now accumulate towards the out-of-pocket maximum for the 2015-2016 plan year.

Dental

Offered by Lincoln Financial



Mission Health offers employees two Dental plan options, High Plan and Low Plan that will be administered through Lincoln Financial Group. Below is a brief summary of your dental options:

Coverage	High Plan - Option 1	Low Plan - Option 2
Calendar Year Maximum		
.. In-Network	\$1,500	\$1,000
.. Out-of-Network	\$1,000	\$1,000
Calendar Year Deductible (CYD)		
.. In-Network	\$50 / \$150	\$50 / \$150
.. Out-of-Network	\$50 / \$150	\$100 / \$300
Deductible Applies To		
.. In-Network	Basic and Major Services	Basic and Major Services
.. Out-of-Network	Basic and Major Services	Preventive, Basic and Major Services
Preventive Care		
.. In-Network	Covered @ 100% No Deductible	Covered @ 100% No Deductible
.. Out-of-Network	Covered @ 100% No Deductible	Covered @ 100% After Deductible
Basic Services		
.. In-Network	Covered @ 80% After Deductible	Covered @ 70% After Deductible
.. Out-of-Network	Covered @ 80% After Deductible	Covered @ 70% After Deductible
Major Services		
.. In-Network	Covered @ 50% After Deductible	Covered @ 50% After Deductible
.. Out-of-Network	Covered @ 50% After Deductible	Covered @ 40% After Deductible
Orthodontic Services		
.. In-Network	Covered @ 50% No Deductible	Not Covered
.. Out-of-Network	Covered @ 50% No Deductible \$1,000 Lifetime Maximum	Not Covered
Out-of-Network Reimbursement	90th Percentile (Usual & Customary)	90th Percentile (Usual & Customary)

Vision

Offered by BlueCross BlueShield of Georgia



Mission Health offers employees one Vision plan option that will be administered through EyeMed. Below is a brief summary of your vision options:

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

Personalized Voluntary Benefit Program

Offered by Allstate Benefits



What are Voluntary Benefits?

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

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

Short Term Disability

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

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

Universal Life Insurance

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

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

Accident Plan

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

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

Critical Illness Plan

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

The plan includes a \$100 wellness benefit.

Coverage is medically underwritten and portable.

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

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



Voluntary Life Insurance*

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

Employee

Five coverage options are available:

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

Spouse

Three coverage options are available:

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

Dependent Children

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

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

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

From birth to age 14 days - No benefit.

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

Voluntary Long Term Disability

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

Voluntary Long Term Disability

Offered by Lincoln Financial

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



Important Notice

(No Action Required)



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved OMB
No. 1210-0149
(expires 1-31-2017)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2014 for coverage starting as early as January 1, 2015.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact: [Your Community Payroll Department at 770-648-2858](mailto:YourCommunityPayrollDepartment@770-648-2858)

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Mission Health Communities		4. Employer Identification Number (EIN) 26-2218195	
5. Employer address 100 North Tampa Street Suite 3550		6. Employer phone number 770-648-2858	
7. City Tampa	8. State FL	9. ZIP code 33602	
10. Who can we contact about employee health coverage at this job? Benefits Department			
11. Phone number (if different from above)		12. Email address payroll@missionhealthcommunities.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - Some employees. Eligible employees are: Full time employee, first of the month following 60 days of employment and those who have worked an average of 30 hours or service per week during the applicable Measurement Period
- With respect to dependents:
 - We do offer coverage. Eligible dependents are: Legal spouse; or domestic partner; and your dependent children; and dependent children of your domestic partner
- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Contact Information



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

Notes



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