KNOW YOUR BENEFITS.

Courtesy of SHERRILL MORGAN



Benefits 101 Guide

KNOW YOUR BENEFITS.

Table of Contents

Understanding Your Benefits 3

Medical 4

Vitality 5

Dental 6

Vision/Group Life 7

Medicare Part D Notice 10

Customer Service 12

Humana Enrollment Form 13

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KNOW YOUR BENEFITS.

Understanding Your Benefits

Coverage Year
July 1, 2019 - June 30, 2020

I am a new full time employee…

Review the benefit information provided in this booklet. Plan information, as well as rate information, is provided. If you have questions about it, please contact HR. Once you have decided which coverage options work best for you, please fill out an enrollment form. Please note that you are only eligible to sign up for employer sponsored coverage during your initial eligibility period. Unless you experience a qualifying event in the calendar year.

Employee New Hire Packet

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Medical Insurance

Below is a summary of our benefits with Humana. Our Network is NPOS (National Point of Service). Please be sure to indicate your medical plan selection on the Enrollment Form in your packet.

In Network Benefits	80/50 Copay - 1	80/50 Copay - 2	80/50 Copay - 3
Deductible per calendar year	$1000/$2000	$1500/$3000	$2500/$5000
Dr.'s Office Visit, pcp	$25	$25	$25
Specialist Office Visit	$55	$55	$55
Urgent Care Copay	$75	$75	$75
Prescription Card	$10/$40/$70/25%	$10/$40/$70/25%	$10/$40/$70/25%
Mail Order Service, 3 months' supply	$25/$100/$175/25%	$25/$100/$175/25%	$25/$100/$175/25%
Pediatric Vision (see plan summary)	not included	not included	not included
Pediatric Dental (see plan summary)	not included	not included	not included
Durable Medical equipment	deduct + 20%	deduct + 20%	deduct + 20%
Emergency Room Visit	$300	$300	$300
Inpatient Hospital Facilities	deduct + 20%	deduct + 20%	deduct + 20%
Inpatient Hospital Professional Svcs.	deduct + 20%	deduct + 20%	deduct + 20%
Out Patient Surgery Hosp. Fees	deduct + 20%	deduct + 20%	deduct + 20%
Outpatient Professional Svcs.	deduct + 20%	deduct + 20%	deduct + 20%
Max Indv. Out of Pocket, Includes ded.	$4,000	$4,500	$5,500
Max Family Out of Pocket, Includes ded.	$8,000	$9,000	$11,000
Out of Network Benefit			
Out of Network Deductible, per calendar yr	$3000/$6000	$4500/$9000	$7500/$15000
Out of Network Co-Ins	50%	50%	50%
Out of Network Max. O.O.P., Inc. ded.	$12000/$24000	$13500/$27000	$16500/$33000

	Pay Per Period	W/ Vitality Discount	Pay Per Period	W/ Vitality Discount	Pay Per Period	W/ Vitality Discount
Employee Only	$83.24	$74.92	$78.39	*$70.55*	$72.27	*$65.05*
Employee & Spouse	$283.02	$254.72	$266.53	*$239.87*	$245.73	*$221.16*
Employee & Child or Children	$233.08	$209.77	$219.49	*$197.54*	$202.37	*$182.13*
Family	$449.51	$404.56	$423.31	*$380.98*	$390.29	*$351.26*

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Go365

Say hello to Go365.

It's your personalized wellness and rewards program.

Getting healthier is easier – and lots more fun – with Go365™. When it comes to health and wellness, you have your own approach. One that works for you. Go365 makes it easier to get moving along your path with more ways to start, more Activities to unlock, and more ways to rack up rewards.

Unlock Activities.

Go365 is all about you. You'll receive Activities personalized to help you reach your health goals, no matter where you are on your journey to better health. Just unlock your Activities and earn Points for higher Status.

Stay Inspired.

Getting healthier can be hard. Go365 makes it easier by connecting you to all the tools and resources you need to get there. Tracking your activity is a breeze – just connect your compatible apps or fitness devices and earn Points for all your healthy activities.

Earn rewards.

Making healthier choices is a lot more fun with Go365. The more you move up in Status, the more Bucks you can earn and spend on great items in the Go365 Mall. Plus, Bonus Bucks, surprise rewards, and monthly Jackpot drawings make getting healthy more fun!

More Points. Higher Status.

Earning Points pays off big with higher Status levels. Get your spouse and kids involved too and see how fast you can move up in Status.

Here's how many Points you need to move up in Status



3 ways to get to Bronze

1. Complete at least one Health Assessment section online or on the Go365 App
2. Get a Biometric Screening
3. Log a verified workout

Blue	Bronze	Silver	Gold	Platinum
5,000 One adult per policy	8,000 One adult per policy	10,000 One adult per policy	12,000 One adult per policy	15,000 One adult per policy
8,000 combined two adults per policy	12,000 combined two adults per policy	15,000 combined two adults per policy	18,000 combined two adults per policy	20,000 combined two adults per policy
+3,000 for each member 18 years and older per policy	+4,000 for each member 18 years and older per policy	+5,000 for each member 18 years and older per policy	+6,000 for each member 18 years and older per policy	+7,000 for each member 18 years and older per policy

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Adult children can only move a family out of Blue Status by completing a verified workout.

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Voluntary Dental Insurance

Below is a summary of our Dental Plan with Humana. Our Network is Humana Dental PPO. Please complete the enrollment form indicating your dental election. Rates are below:

Service	Amount You Pay
Calendar Year Deductible	$50 Individual $150 Family
Annual Maximum	$1,000
Preventive Services Oral exams; X-rays; Cleanings; Topical fluoride treatment (through age 14, one per calendar year); Sealants (through age 14)	100%
Basic Services Space maintainers (through age 14); basic oral surgery; fillings, prefabricated stainless steel crowns; appliance for children (thorough age 14)	80% after deductible
Major Services Crowns; Inlays and onlays; bridgework; dentures; denture repair, adjustments, relines, and rebases; complex surgical extractions; periodontics; endodontics (root canal)	60% after deductible

	Per Pay Period
Employee Only	$11.59
Employee & Spouse	$26.29
Employee & Child or Children	$22.29
Family	$37.44

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Voluntary Vision Insurance

Below is a summary of our Vision plan with Humana. Our Network is Humana VSP. Pease complete the enrollment form indicating your vision election.

Services	Amount You Pay
Eye Exam	$20 copayment
Lenses	
-Single	$20 copayment
-Bifocal	$20 copayment
-Trifocal	$20 copayment
Contact Lenses	$150 allowance
Frames	$50 wholesale allowance
Frequency	
-Examination	Once every 12 months
-Lenses OR Contacts	Once every 12 months
-Frames	Once every 24 months

	Per Pay Period
Employee Only	$3.96
Employee & Spouse	$7.92
Employee & Child or Children	$7.52
Family	$11.82

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Life and AD&D Insurance

Client A provides full-time employees with a Life and Accidental Death and Dismemberment (AD&D) policy in the amount of $25,000. Remember to update your beneficiary information if necessary.

Age Reduction Schedule is: 65% age 65 / 45% age 70 / 30% age 75 / 20% age 80 / 15% age 85

Voluntary Life Insurance with Portability

Bi-Weekly Premium

Coverage Amount											
Monthly Rate (Per 1,000)	**Employee Age**	**$15,000**	**$20,000**	**$25,000**	**$30,000**	**$35,000**	**$40,000**	**$50,000**	**$60,000**	**$75,000**	**$100,000**
$0.06	Under 30	$0.42	$0.55	$0.69	$0.83	$0.97	$1.11	$1.38	$1.66	$2.08	$2.77
$0.07	30 - 34	$0.48	$0.65	$0.81	$0.97	$1.13	$1.29	$1.62	$1.94	$2.42	$3.23
$0.10	35 - 39	$0.69	$0.92	$1.15	$1.38	$1.62	$1.85	$2.31	$2.77	$3.46	$4.62
$0.15	40 - 44	$1.04	$1.38	$1.73	$2.08	$2.42	$2.77	$3.46	$4.15	$5.19	$6.92
$0.23	45 - 49	$1.59	$2.12	$2.65	$3.18	$3.72	$4.25	$5.31	$6.37	$7.96	$10.62
$0.36	50 - 54	$2.49	$3.32	$4.15	$4.98	$5.82	$6.65	$8.31	$9.97	$12.46	$16.62
$0.58	55 - 59	$4.02	$5.35	$6.69	$8.03	$9.37	$10.71	$13.38	$16.06	$20.08	$26.77
$0.81	60 - 64	$5.61	$7.48	$9.35	$11.22	$13.08	$14.95	$18.69	$22.43	$28.04	$37.38
$1.33	65 - 69	$9.21	$12.28	$15.35	$18.42	$21.48	$24.55	$30.69	$36.83	$46.04	$61.38

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Coverage Amount

Monthly Rate (Per 1,000)	Spouse Age	$7,000	$10,000	$12,000	$15,000	$17,000	$20,000	$25,000	$30,000	$37,000	$50,000
$0.06	Under 30	$0.19	$0.28	$0.33	$0.42	$0.47	$0.55	$0.69	$0.83	$1.02	$1.38
$0.07	30 - 34	$0.23	$0.32	$0.39	$0.48	$0.55	$0.65	$0.81	$0.97	$1.20	$1.62
$0.10	35 - 39	$0.32	$0.46	$0.55	$0.69	$0.78	$0.92	$1.15	$1.38	$1.71	$2.31
$0.15	40 - 44	$1.48	$0.69	$0.83	$1.04	$1.18	$1.38	$1.73	$2.08	$2.56	$3.46
$0.23	45 - 49	$0.74	$1.06	$1.27	$1.59	$1.80	$2.12	$2.65	$3.18	$3.93	$5.31
$0.36	50 - 54	$1.16	$1.66	$1.99	$2.49	$2.82	$3.32	$4.15	$4.98	$6.15	$8.31
$0.58	55 - 59	$1.87	$2.68	$3.21	$4.02	$4.55	$5.35	$6.69	$8.03	$9.90	$13.38
$0.81	60 - 64	$2.62	$3.74	$4.49	$5.61	$6.36	$7.48	$9.35	$11.22	$13.83	$18.69
$1.33	65 - 69	$4.30	$6.14	$7.37	$9.21	$10.44	$12.28	$15.35	$18.42	$22.71	$30.69

NO MEDICAL QUESTIONS REQUIRED FOR BELOW AMOUNTS		
	Guarantee Issue	Coverage Limit with No Medical Questions
Employee*:	$50,000	Vol. AD&D can be purchased for an additional .03 per thousand
Spouse*:	$25,000 Spouses may elect elect up to 50% of the employee	Vol. AD&D can be purchased for an additional .03 per thousand
Child	$1,000	$5,000 – subject to age restrictions
UW acceptance based on medical questions for employees aged 65 and over, or dependent spouse aged 60 and over		

Rates for Dependent Children		$1.00
Coverage Available:	$5,000	6 months and older
	$500	15 days to 6 months
	No Coverage	0 – 14 Days

Humana's standard age reduction schedule is as follows:
35% at age 65, 55% at age 70, 70% at age 75,
80% at age 80 and 85% at age 85

KNOW YOUR BENEFITS.

Important Notice to active employees age 65 or older and/or covered dependents eligible for Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Client A and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Humana has determined that the prescription drug coverage offered is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Client A coverage will not be affected. However, the pharmacy plans do not coordinate. If you do decide to join a Medicare drug plan and drop your current Client A coverage, be aware that you and your dependents will be

required to wait until the next open enrollment period to re-enroll.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Client A and don't join a Medicare drug plan with in 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage. . .

Note: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Client A changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" hand book for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772- 12 13 (TTY I -800-325- 0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

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Contact Information for Questions about your Employee Benefits

Joe Jones
Customer Service Director
Email: Joe@sherrillmorgan.com
Phone: 859.291.6600



Stephanie Flynn
Customer Service Specialist
Email: stephanie@sherrillmorgan.com
Phone: 859.291.6600



"Thank you for helping my wife with her medical claim and dispute with _(Hospital). Your work resulted in a resolution that exceeded our expectations."

"I received the written notice from Anthem yesterday that they will cover my (Procedure) from January. Thanks for your assistance with this appeal, I appreciate your help."