

HELPING YOU NAVIGATE

The Benefits Maze





EVERY MAZE IS EASIER WITH A MAP!

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As a company that values and recognizes the contributions of each employee, we are proud to offer you and your family a quality, comprehensive benefits program.

WELCOME TO YOUR 2019 BENEFITS!

Dear Baptist Hospitals of Southeast Texas Family:

Baptist Hospitals of Southeast Texas (BHSET) provides quality health care and Sacred Work in a Christian environment to all who need it. This mission provides the foundation for our robust benefits strategy, giving you access to a great variety of benefits to protect your health and finances, including:

- Medical with a Health Savings Account and PPO
- Dental
- Vision
- Wellness Incentives
- Life and Disability Insurance
- Flexible Spending Accounts
- 401(k) and 403(b) Retirement Savings
- and many other great options!

Continuing the trend of the past few years, our wellness program and incentives are front and center in 2019. It is important to understand your personal health status and identify potential risks so you can protect what is most important – your health. By achieving certain goals defined by the wellness program, you'll earn credits that reduce your cost for medical benefits the following year.

Please take the time to carefully review the information provided in this guide and choose the benefit options that best fit your needs.

Sincerely,

Human Resources

WHO'S ELIGIBLE TO ENTER THE MAZE?

Employees

You are eligible to participate in BHSET's benefit plans on the first of the month following your date of hire if you are:

- A regular, full-time employee working at least 30 hours per week.
- A part-time employee working at least 20 hours per week.
- An employee who is deemed eligible for health coverage under the terms of the Affordable Care Act (ACA).

Note: PRN or temporary employees, consultants, and independent contractors are not eligible.

Dependents

Eligible dependents include:

- Your legal spouse
- Your children under age 26 (or age 25 for benefits other than medical) which includes any natural child, stepchild, legally adopted child, child placed with you for adoption or child for whom you have legal guardianship; and
- Dependent child(ren) for whom health care coverage is required through a Qualified Medical Child Support Order or other court or administrative order – even if the child does not reside with you.
- Any child of any age who resides with you and who was medically certified as disabled prior to his/her 26th (or 25th) birthday and who is primarily dependent upon your support

You will be asked to provide supporting documentation, such as a marriage license or birth certificate, to prove your dependent relationship status.

Remember: When enrolling a spouse or dependent for the first time, you must provide his or her social security number.



HOW AND WHEN TO ENROLL

During open enrollment, you have the opportunity to review your current benefits and update your coverage for the next plan year. Enrollment is easy and convenient. These tips will assist you in choosing the best options for yourself and your family.

1. Read and review all benefit materials provided.
2. Enroll with a licensed benefit counselor.
3. Submit any required dependent documentation within 60 days from the benefit coverage date.
 - Fax documentation for the event to Community Hospital Corporation Benefit Enrollment Center, BCI, at 615.750.8669. The fax must contain a cover sheet designating the following:
 - ATTN: HR SERVICES – DEPENDENT VERIFICATION PROCESS
 - Date:
 - Company Name:
 - Employee Name:
 - Employee Contact Numbers:
 - Employee Email:
 - Preferred Method of Communication: Phone or Email
 - After you fax documentation to BCI, call BCI at 888.659.1501 and select HR Services to request the change to be made to your benefit plans. Please allow 45 minutes for the documentation to be recognized by BCI prior to calling.

For open enrollment, the above steps must occur within 60 days from December 1, 2018. For new hires, the above steps must occur within 60 days from the effective date of coverage. After faxing your cover sheet and documentation, please wait for a fax confirmation to ensure the fax was sent successfully.

Examples of Dependent Verification Documents:

Dependent	Benefits	Required Documentation
Spouse	• Medical	• Marriage certificate and • Tax documents
Child(ren)	• Medical	• Birth certificates • Other legal verification such as a court order
Birth or adoption of placement for adoption of dependent child	• Medical	• Certified copy of birth certificate. • Certified copy of adoption agreement; or • Certified copy of court custody or guardianship documents; or • Certified copy of the portion of the divorce decree showing the dependent.
Changes to your dependent(s) due to a judgement, decree, or court order	• Medical	Court order signed and dated by judge.

The benefit choices you make during open enrollment will remain in effect from January 1, 2019 through December 31, 2019, unless you have a change in family status or a qualified life change event (see *Making Changes Midyear* for details).

2019 Open Enrollment

Enroll in your benefits between October 24 and November 16 for coverage in 2019.

Mandatory Enrollment - If you don't enroll in your benefits, your current 2018 coverage will NOT continue.

2019 New Hire/Status Change Enrollment

New hires are required to enroll in benefits within 30 days from hire date.

Those becoming eligible due to a status change must enroll within 30 days from status change.

Call the call center at 888.659.1501 to enroll in benefits.

MAKING CHANGES MIDYEAR

The benefit choices you make during open enrollment will remain in effect for the entire plan year unless you experience a qualified life change event. Examples of qualified life change events include, but are not limited to, the following:

- Change in your marital status
- Birth or adoption of a child by the employee
- Change in employment status
- Qualified Medical Child Support Order (QMCSO)
- Death of the employee's spouse and/or dependents
- Termination or commencement of employment of employee's spouse with health care coverage
- You or your spouse becomes eligible for Medicare

Please note: Dependents added by a qualified life change event are covered the day of the event provided that enrollment for the dependents occurs no more than 30 days from the date of the event.

It is your responsibility to notify the Community Hospital Benefit Enrollment Center at 888.659.1501 within 30 days after a qualified life change event. You will need to provide documentation of the event, such as a marriage license or birth certificate. Any benefit changes must be directly related to the event. Please remember to include a cover sheet identifying company name, employee name, and phone number to best reach you in the event there are questions regarding your documentation. **Submit documentation by faxing to 615.750.8669.**

MEDICAL COVERAGE ISN'T MEANT TO BE A PUZZLE!

At Baptist, we understand the importance of good health as the foundation for a productive life at home and at work. To keep you and your family healthy all year long, Baptist offers you two medical plan options: the PPO 80 Plan and a Consumer Driven Health Plan (CDHP) through UMR. Remember that additional rules may apply to services performed at non-BHSET facilities when those services are available at your BHSET facility. The plans access providers in the UnitedHealthcare Choice Plus network.

PPO 80 Plan

The PPO Plan gives you flexibility to choose an in-network or out-of-network provider each time you need care. Keep in mind that you will save money when you visit in-network providers. Most services, such as doctor's office visits and emergency room visits, are paid with a set copay.

CDHP

With a CDHP, you pay the full cost of your medical care until you reach your annual deductible. This gives you more choice over how to spend your health care dollars. You have the option of using any provider, but keep in mind, you will save money by receiving care from in-network providers.

Wellness Credits and Incentives

Activity	Reward Criteria	2019 Monthly Reward Dollars	
		Employee	Spouse
Wellness Assessment	Completion Required	\$1	\$1
Body Mass Index (BMI)*	BMI: <30, or Men's waist circumference: <40" Women's waist circumference: <34"	\$36	\$36
Systolic Blood Pressure**	<130mm Hg	\$18	\$18
Diastolic Blood Pressure**	<85mm Hg	\$18	\$18
HDL Cholesterol**	Male: HDL ≥ 40 mg/dL Female: HDL ≥ 50 mg/dL	\$12	\$12
Triglycerides**	<150 mg/dL	\$12	\$12
Glucose**	<100 mg/dL or HbA1c <5.7%	\$12	\$12
Tobacco Non-User***	Attest as non-user on tobacco affidavit	\$36	\$36
Bi-Weekly Total		\$66.93	\$66.93
Monthly Total		\$145	\$145
Annual Total		\$1,740	\$1,740
2019 Employee & Spouse Grand Total		\$290 per month (\$3,480 per year)	

*Must meet either criteria or have a †5% weight improvement from previous year

**Must meet criteria or have a †10% improvement from previous year

***Must meet criteria or successfully complete Tobacco Cessation Program
† In order to measure improvement based on prior year's data if you did not participate last year, you can submit an appeals form with biometric results from a doctor's visit within the last year or contact Accountable Health Solutions for alternative standard options at 877.475.3442.

Medical Plan	PPO 80		CDHP HSA	
Health Savings Account funding per year by Employer ¹	N/A		Hourly Base Wage Rate: Under \$36.06 = \$275 Ind./\$550 Family From \$36.06=\$250 Ind./\$500 Family	
Deductible	In-Network²	Out-of-Network²	In-Network³	Out-of-Network³
Individual/Family	\$850/\$2,550	\$3,000/\$9,000	\$1,350/\$2,700	\$2,700/\$8,100
Out-of-Pocket Maximum			Includes Deductible	
Individual/Family	\$5,000/\$15,000	Unlimited/Unlimited	\$5,000/\$10,000	Unlimited/Unlimited
Coinsurance	80%	30%	80%	30%
Hospital	In-Network²	Out-of-Network²	In-Network³	Out-of-Network³
Non-Compliance Penalty (assessed if pre-certification is not obtained prior to hospital admissions)	\$250	\$900	\$250	\$900
Inpatient – Room and Board	80% after deductible	Not covered. Only in emergency situations.	80% after deductible	Not covered. Only in emergency situations.
Emergency Room (for a true emergency)	\$500 copay then 80%, deductible waived ⁴		80% after deductible	
Emergency Room Facility Charges (and all associated services)	80% after \$500 copay ⁴	Not covered	80% after deductible	Not covered
Emergency Room Physician Charges	80% after deductible	Not covered	80% after deductible	Not covered
Office Visits	In-Network²	Out-of-Network²	In-Network³	Out-of-Network³
Office Visit (PCP) ⁵	\$25 copay	30% after deductible	80% after deductible	30% after deductible
Specialist	\$40 copay	30% after deductible	80% after deductible	30% after deductible
Preventive Care	100%	Not covered	100%	Not covered
Other Services	In-Network²	Out-of-Network²	In-Network³	Out-of-Network³
X-ray & Lab in Physician Office (except MRI, CT Scan, Pet Scan, MRA)	80% after deductible	30% after deductible	80% after deductible	30% after deductible
MRI, CT Scan, Pet Scan, MRA	80% after deductible	Not covered	80% after deductible	Not covered
Outpatient Hospital Lab & X-ray ⁶	80% after deductible	Not covered	80% after deductible	Not covered
Outpatient Surgery ⁶	80% after deductible	Not covered	80% after deductible	Not covered
Other Hospital Outpatient Services ⁶	80% after deductible	Not covered	80% after deductible	Not covered
Physician Charges for Services in the Hospital	80% after deductible	30% after deductible	80% after deductible	30% after deductible
Outpatient Treatment for Mental Health and Substance Abuse	\$25 copay	30% after deductible	80% after deductible	30% after deductible
Inpatient Treatment for Mental Health and Substance Abuse	80% after deductible	Not covered	80% after deductible	Not covered

¹ Annual amount is divided by pay periods and contributed to the account. The employer HSA contribution is for full-time and part-time employees.

² PPO deductible is embedded, meaning 1 member can meet the individual deductible while accumulating towards the family deductible.

³ CDHP HSA deductible is aggregated, meaning 2 or more members must meet family deductible before deductible is considered met.

⁴ Copay waived if admitted within 24 hours.

⁵ Internal Medicine, Family Practice, General Practice, Pediatrician.

⁶ If procedure is available at a BHSET facility, it must be performed at a BHSET facility. Otherwise, the procedure will be covered at the out-of-network benefit level.

PRESCRIPTION DRUG COVERAGE

Your medical plan also includes prescription drug coverage through Caremark. Visit www.caremark.com or call 877.317.8386 for more information.

Caremark	PPO	CDHP HSA**
Rx Retail Copays		
Deductible	\$100 Rx deductible \$300 family deductible	Medical Deductible Applies
Generic	\$15	\$15
Brand Preferred	\$45	\$45
Brand Non-Preferred	\$60	\$60
Specialty/Injectables	\$75	\$75
Mail Order (90-day supply)	\$37.50/\$112.50/\$150/\$187.50	\$37.50/\$112.50/\$150/\$187.50

**Under the CDHP HSA, certain preventive prescription drugs will be available with no out-of-pocket costs and the plan will pay 100%. Please call 877.317.8386 for a complete list.

Save Money with the Maintenance Choice Mail Order Program

Use the CVS Caremark Maintenance Choice mail order program to save time and money on your daily prescription medications. The plan covers the 1st 30-day fill of maintenance medications, but after that you can choose to have 90-day supplies of these medications delivered by CVS Caremark Mail Service Pharmacy or pick them up at any CVS Pharmacy+ (including those inside Target stores). You can opt-out of this program by contacting CVS Caremark.

YOUR COST FOR MEDICAL COVERAGE

Baptist covers a large portion of your costs for medical coverage. Your portion is deducted from your paycheck on a pre-tax basis. Below is your bi-weekly cost for coverage based on the coverage level you choose:

Coverage Tier	PPO 80 Plan	CDHP HSA
Employee Only	\$124.67	\$110.45
Employee + Spouse	\$473.23	\$346.62
Employee + Child(ren)	\$231.53	\$194.45
Employee + Family	\$485.95	\$354.63



COMMUNITY HOSPITAL CORP. WELLNESS PROGRAM KEEPS YOU HEALTHY

Commit to your own well-being. You deserve it.

CHC's Wellness program is designed to keep you healthy and happy and support your efforts at living an active lifestyle. When you commit to engaging in positive behaviors, such as exercise, managing stress, good nutrition, and living tobacco-free, you lower your health risks and enjoy higher levels of wellbeing and productivity.

The Wellness program, administered by Accountable Health Solutions, is available to all full-time and part-time employees enrolled in the BHSET medical plan. This program is confidential and voluntary. You can earn up to \$145 in monthly medical discounts for 2020 by completing and meeting the 2019 wellness program requirements. Spouses enrolled in the BHSET medical plan can also earn rewards.

To qualify for the incentive, you and your spouse must complete the following:

1. Wellness Assessment
2. Biometric Screening

Wellness Credits and Incentives

Activity	Reward Criteria	2020 Monthly Reward Dollars	
		Employee	Spouse
Wellness Assessment	Completion Required	\$1	\$1
Body Mass Index (BMI)*	BMI: <30, or Men's waist circumference: <40" Women's waist circumference: <34"	\$36	\$36
Systolic Blood Pressure**	<130mm Hg	\$18	\$18
Diastolic Blood Pressure**	<85mm Hg	\$18	\$18
HDL Cholesterol**	Male: HDL ≥ 40 mg/dL Female: HDL ≥ 50 mg/dL	\$12	\$12
Triglycerides**	<150 mg/dL	\$12	\$12
Glucose**	<100 mg/dL or HbA1c <5.7%	\$12	\$12
Tobacco Non-User***	Attest as non-user on tobacco affidavit	\$36	\$36
Bi-Weekly Total		\$66.93	\$66.93
Monthly Total		\$145	\$145
Annual Total		\$1,740	\$1,740
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*Must meet either criteria or have a †5% weight improvement from previous year

**Must meet criteria or have a †10% improvement from previous year

***Must meet criteria or successfully complete Tobacco Cessation Program

† In order to measure improvement based on prior year's data if you did not participate last year, you can submit an appeals form with biometric results from a doctor's visit within the last year or contact Accountable Health Solutions for alternative standard options at 877.475.3442.



Wellness Program Details

Wellness Activity	Deadline Date	Details
Online Wellness Assessment	September 6, 2019	Confidential survey about your personal health history, nutrition, physical activity, safety habits and other behaviors. Visit wellness.communityhospitalcorp.com and click on the “Assessment” tab.
Biometric Screening	September 6, 2019	Learn your important numbers: total cholesterol, cholesterol ratio, LDL cholesterol, HDL cholesterol, triglycerides, glucose, blood pressure, height, weight, BMI, and waist measurement. Attend a screening onsite or at your physician’s office. Download a physician form at the Wellness Portal and have your doctor complete it. Return form to Accountable Health Solutions no later than September 6, 2019. Results from March 1, 2019 – September 6, 2019 will be accepted.
Tobacco Affidavit	September 6, 2019	Complete the Tobacco Affidavit on the Activities page of the Wellness Portal. If you are a tobacco user, you must successfully complete a Tobacco Cessation Program to earn the reward.

Additional Wellness Tools

Through the CHC Wellness program, you also have the following tools to help keep you healthy, active, and engaged all year:

- Health Coaching through Call-a-Coach Program
- Wellness tools and resources, such as physical activity and nutrition trackers, videos, health news, etc.
- Interactive health and wellness seminars and challenges
- Access to a Health Resource library with an endless supply of wellness articles, newsletters, healthy recipes, and much more!

Stay tuned each month for different topics and activities available through the Wellness Portal. Make sure you call 877.475.3442 to get set up with a health coach who will help you reach your goals faster. You can also email questions to wellnesscoaching@ahs-hh.com.

Confidentiality and Alternative Standard

Accountable Health Solutions values your privacy and is committed to protecting your health information. Your biometric information is not shared with your employer in an identifiable format or with any third party except where required to provide the wellness services contracted by your employer, or as permitted by law.

We will provide only individual participation levels to the Wellness team. CHC will receive de-identified aggregate data about the risk of the population as a whole. If you think you might be unable to meet a biometric standard under this wellness program, you might qualify for an alternate opportunity (or your physician may recommend one) to meet the standard. Contact Accountable Health at 877.475.3442.

HEALTH SAVINGS ACCOUNT (HSA)

When you enroll in the CDHP, you are eligible to open a Health Savings Account (HSA) through Optum. The HSA is similar to a bank account. You put money in the account every pay period and use the funds when you need them to pay for eligible health care expenses. The HSA makes it easy to pay for your current health care costs and save for future health care needs.

Here is a step-by-step look at how an HSA works:

1. Enroll in the CDHP.

2. Open a Health Savings Account with Optum.

Be sure to provide a physical address (not a P.O. Box).

Please note: Optum charges \$3 per month for average balances under \$5,000.

3. Choose the amount of pre-tax dollars you want to contribute up to the maximums in the chart below. Make sure to include CHC's contribution in your calculation.

*Age 55+ or older can make a \$1,000 catch-up contribution.

Coverage Type	Individual Coverage	Two-Person or Family Coverage
2019 IRS Maximum (which includes company contribution)*	\$3,500	\$7,000
Annual CHC Contribution		
Hourly Base Wage Rate under \$36.06	\$275	\$550
Hourly Base Wage Rate over \$36.06	\$250	\$500

Your contributions are automatically deducted from your paycheck before taxes are paid. CHC's contribution is divided by pay period. You can change your contribution amount anytime during the year.

4. Use your HSA dollars to pay for medical, dental and vision expenses, such as deductibles, copays and prescriptions. These expenses are tax-free.

Optum sends you an HSA debit card to use when you have eligible expenses. Go to www.optumbank.com to be reimbursed from your account, make payments directly from your account, or manage your receipts.

5. Any unused funds at the end of the year will rollover to the next plan year, and you can take the money with you if you decide to leave CHC. You can invest these funds to grow tax-free.

HSA Guidelines

While the HSA has significant tax advantages, it also has strict requirements, as defined by the IRS:

- You must be enrolled in a qualified Consumer Driven Health Plan (CDHP).
- You cannot be covered under another non-qualified health plan, including your spouse's Health Care Flexible Spending Account or Health Reimbursement Account.
- You are not enrolled in Medicare or Tricare. (If you are age 65 or older, you are automatically enrolled in Medicare Part A and are not eligible to open an HSA).
- You have not received Veteran's Administration Benefits.
- You are not claimed as a dependent on someone else's tax return.

Flexible Spending Accounts (FSAs)

CHC offers two flexible spending account choices through WageWorks as a smart and convenient way to stretch your benefit dollars and receive real tax savings:

- **The Health Care FSA:** You can contribute up to **\$2,500 per year** on a pre-tax basis to pay for eligible out-of-pocket medical, dental, and vision expenses.
 - **CDHP participants eligible for the HSA are not eligible to enroll in the Health Care FSA.**
 - You do not need to be enrolled in the Baptist medical plan to enroll in the Health Care FSA.
- **The Dependent Care FSA:** You can contribute up to **\$5,000 per household per year (\$2,500 if married, filing separately)** on a pre-tax basis to cover your cost of child care for dependent children up to age 13. Care expenses are reimbursable if the services enable you and your spouse to work, or your spouse attends school full time at least 5 months of the year, or your spouse is disabled. Dependent Care expenses are only reimbursed up to the current amounts deposited in the account.

Expenses such as deductibles and copays can quickly add up, and dependent care costs can be even more expensive. FSAs let you pay these expenses with pre-tax dollars, so you save money. Your contributions will be deducted from your paychecks in equal installments throughout the year and deposited into your account(s).

- Keep in mind that the IRS has a “use it or lose it” rule. If you do not use the full amount in your FSA(s) by the end of the calendar year, you will lose any remaining funds.
 - You must submit all claims within 90 days of the plan-year end to be reimbursed.
- When estimating your health care and dependent care costs, it is better to be conservative and underestimate rather than overestimate your expenses.

Eligible Expenses

Below are examples of FSA eligible expenses. For a comprehensive list, visit www.irs.gov.

FSA Type	Eligible Expenses
Health Care FSA	<ul style="list-style-type: none">• Medical, dental, and vision deductibles, copays, and other out-of-pocket costs• Vision care including prescription glasses, contact lenses and solution• Hearing care
Dependent Care FSA	<ul style="list-style-type: none">• Daycare center, daytime summer camp, nursery school, or after school care• Adult daycare or adult sitter for a dependent adult

FSA Enrollment

Each year that you would like to participate in the FSAs, you must elect the amount you want to contribute to the FSAs. Even if you participated the previous year, your election does not carryover; you must actively enroll to contribute to the FSAs.

- **Remember**, you cannot stop or change your contribution amount during the year unless you experience a qualified life change event.
- You cannot transfer funds from one FSA to another.

FSA Debit Card

When you enroll in the Health Care FSA, WageWorks sends you a debit card to be used only for eligible FSA expenses. The FSA debit card is accepted at doctors' offices and qualified merchants (such as pharmacies) to pay for eligible expenses, and money is instantly deducted from your FSA when you use the card.

Reimbursement

If you paid for qualified expenses out-of-pocket and want to receive reimbursement from your FSA, you may submit a paper claim form or submit an online claim for eligible out-of-pocket dependent care and health care expenses. **Please save your receipts!** To comply with IRS regulations, WageWorks monitors the expenses paid from your FSA by verifying your receipts. Remember, all FSA claims for 2019 must be submitted by March 31, 2020.



Critical Illness

CHC offers you a chance to protect your finances with the Critical Illness Plan through MetLife. Critical illness coverage provides a way for you to stay ahead of the medical and out-of-pocket expenses that can accompany certain covered medical events.

Consider the following advantages of this critical illness coverage offering:

- A set amount of money is paid directly to you to be used however you choose.
- You can insure your spouse and children for 50% of your benefit amount.
- Receive up to \$100 when you take an eligible health screening.
- You can elect up to \$30,000 in \$5,000 increments.

Why do you need critical illness coverage?

Most medical plans provide coverage for hospital and medical expenses associated with critical illnesses such as stroke, heart attack, kidney failure, major organ transplant, coma, and paralysis. Even so, there are many expenses that aren't covered that can be financially devastating. With critical illness coverage, you can be prepared financially for costs like:

- Copays, deductibles, and coinsurance
- Possible transportation and lodging needs
- Childcare and other domestic help expenses
- Possible loss of income

For more information on the Critical Illness Plan and to see the cost for this coverage, please contact MetLife customer service at 800.GET.MET8 (800.438.6388) or online at www.mybenefits.metlife.com.

Benefits of Voluntary Benefits

- Coverage is affordable and offered to you at group rates
- You own the policy. You take it with you if you leave Baptist or retire
- Coverage is effective on the first day of the month in which payroll deductions begin
- Premiums are conveniently deducted from your paycheck

Group Accident Insurance

Accidents happen when you least expect it. With accident insurance through MetLife, you can stay ahead of the out-of-pocket expenses that may occur due to a non-work related injury. Accident insurance provides a lump sum payment based on the accident/injuries sustained, so you can be prepared financially. The benefit is paid directly to you, and you decide the best way to spend it. It's that simple. Whether it's to pay medical expenses, the mortgage, car payments, or even utility bills, you decide. Other advantages of accident insurance include the following:

- You'll receive cash benefits for expenses that may not be covered under your medical insurance.
- There are no health questions to answer.
- You can insure your spouse and children.
- No limit to the amount of accidents you can claim under the policy (with exception to policy rules).

To see the benefit for each type of injury, go to www.mybenefits.metlife.com.

Hospital Indemnity

Hospital expenses can add up quickly. With hospital indemnity insurance through MetLife, you will have the peace of mind and financial protection you need to cover your out-of-pocket costs from a hospitalization. You have the choice between two options: High Plan or Low Plan. While the High Plan has higher monthly premiums, it pays a larger lump sum benefit for hospitalization.

If you are admitted to the hospital, a cash benefit is paid directly to you based on a pre-set benefit schedule for things like intensive care and daily hospital confinement, regardless of the actual cost of treatment. Keep in mind that there are some conditions that are not covered under this plan, and any pre-existing condition you have from the past 12 months would not be covered for one year. For more information about this plan, please contact MetLife customer service at 800.GET.MET8 (800.438.6388) or online at www.mybenefits.metlife.com.

KEEP YOUR SMILE BRIGHT WITH DENTAL COVERAGE

Your teeth and gums deserve the very best care. That's why CHC offers dental coverage through Delta Dental. Your dental coverage offers preventive care at no cost to you, basic and major restorative services, and orthodontia coverage for children under age 19. Choose a dentist in the Delta Dental PPO network or Delta Dental Premier network to take advantage of lower out-of-pocket costs.

Dental Benefits	In-Network	Out-of-Network
Deductible (per calendar year)		
Employee		\$50
Family		\$150
Maximum Annual Benefit Paid per Participant		\$1,500
Covered Services		
Preventive & Diagnostic (Routine exams, cleanings, and X-rays)		100%
Basic Services		80%
Major Services		50%
Orthodontia for dependent children under age 19 (after 1 year waiting period)		50%, up to a lifetime maximum of \$1,000

Your Cost for Dental Coverage

Below is your bi-weekly cost for dental coverage. Keep in mind that you pay for dental on a pre-tax basis.

Dental Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Delta Dental Plan	\$14.31	\$28.62	\$25.05	\$40.38





TAKE A LOOK AT VISION COVERAGE

The vision plan includes benefits for eye exams, eyeglasses, and contact lenses through Superior Vision Plan. You may visit a doctor within the Superior Vision network and take advantage of higher benefits coverage, or visit an out-of-network provider of your choice for a reduced benefit. Keep in mind, when you visit an out-of-network provider, you will pay more for services.

The following chart summarizes benefits under the vision plan:

Vision Service	Level of Coverage	
Benefit Frequency	Exam: Once per calendar year Lenses or Contact Lenses: Once per calendar year Frames: Once per calendar year	
Plan Features	In-Network	Out-of-Network
Exam	\$20 copay	\$45 allowance
Frames	\$20 copay; \$130 allowance	\$63 allowance
Standard Spectacle Lenses	\$20 copay	Single vision: \$45 benefit Bifocal: \$65 benefit Trifocal: \$85 benefit Lenticular: \$125 benefit
Contact Lenses <ul style="list-style-type: none"> Standard Optical (refractory errors) Medical Necessity Fitting Fee 	\$130 allowance	\$100 allowance
	Covered in full	\$210 allowance
	\$25 copay	Not Covered

Your Cost for Vision Coverage

Below is your bi-weekly cost for vision coverage. Keep in mind that you pay for vision on a pre-tax basis.

Vision Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Superior Vision Plan	\$2.66	\$5.27	\$5.17	\$7.86

DISABILITY INCOME PROTECTION

CHC recognizes the importance of your financial well-being in the event of a disability. Most of us insure our homes, automobiles, and other assets, yet we often overlook our most valuable asset – our ability to earn an income! Your regular monthly obligations such as your mortgage or rent, utility bills, food, and other necessities continue even if you are unable to work. For this reason, you can purchase short-term disability and long-term disability coverage through Lincoln Financial.

Short-Term Disability (STD)

The STD plan provides 60% of your salary, to a weekly maximum of \$1,500 for the first 13 weeks of a disability after the designated waiting period (as shown in the table below).

Long-Term Disability (LTD)

LTD coverage will replace 60% of your base salary to a monthly maximum of \$8,000 if you are disabled for more than 90 days and are unable to work. LTD benefits are offset with other sources of income, such as Social Security and workers' compensation.

Pre-Existing Condition Limitation (3/12 Exclusion)

If you are diagnosed with, treated for, or prescribed medication for a condition during the 3 months prior to the plan's effective date, that condition is excluded as pre-existing. However, after 12 months of coverage after the plan's effective date, the pre-existing condition limitation will be waived.

Disability Insurance – Lincoln Financial			
	Elimination Period	Coverage Duration	Benefit Amount
Short-Term Disability	1 day for accident 7 days for illness or pregnancy	13 weeks	60% of base salary (up to \$1,500 per week)
Long-Term Disability	90 days	Up to age 65; If disabled at age 60 or greater, benefits are payable subject to a reduction schedule, but not less than 12 months	60% of base salary (up to \$8,000 per month)

Short-Term Disability	
Age	Monthly Cost per \$10 of Weekly Benefit
< 30	\$0.890
30-34	\$1.063
35-39	\$1.082
40-44	\$1.128
45-49	\$1.183
50+	\$1.210

Long-Term Disability	
LTD Benefit	Monthly Cost per \$100 of Covered Salary
LTD	\$0.64

PROTECT YOUR LOVED ONES WITH LIFE AND AD&D INSURANCE

Basic Life and Accidental Death & Dismemberment Insurance

CHC automatically provides full-time and part-time employees with basic employee life and AD&D insurance coverage through Lincoln Financial at no cost to you. The benefit is equal to one times your base annual salary to a maximum of \$200,000. Salary excludes overtime, shift differential, bonuses, etc. Coverage ends at retirement or employment termination.

If you terminate your employment or if you become ineligible for this coverage, you have the option to convert all or part of the amount of life insurance in force on the termination date without Evidence of Insurability. Conversion election must be made within 31 days of your termination date.

Who's Your Beneficiary?

You must choose a beneficiary for basic and supplemental life and AD&D coverage.

Optional Life Insurance

You may also purchase additional life insurance for yourself, your spouse and your children at group rates, as described in the table below. To elect coverage for your spouse and/or children, you must be covered under the Optional Employee Life Insurance plan. Evidence of Insurability (EOI) may be required if you want to add or increase your elections outside of your initial enrollment period, or more than 31 days after you were first eligible to apply.

Optional Life Insurance			
Benefit	Employee	Spouse	Children
Life Insurance Amount of Coverage	Up to 5x annual salary to a maximum of \$500,000 in increments of \$10,000	Up to \$250,000 in \$5,000 increments (cannot exceed 50% of employee's amount)	\$10,000 (from birth until age 25)
Guarantee Issue	Under age 60: \$200,000 Age 60-69: \$150,000 Age 70+ All amounts require EOI	\$50,000	\$10,000

Calculate Your Monthly Optional Life Insurance Cost

1. Enter your coverage amount: \$ _____
(increments of \$10,000 for employees, \$5,000 for spouse)
2. Divide the first line by 1,000: \$ _____
3. Enter your monthly cost: \$ _____
(according to the age chart on page 17)
4. Multiply the two amounts above.
This is your monthly cost. \$ _____
5. For bi-weekly amount, multiply monthly amount by 12, then divide by 26: \$ _____

Voluntary Accidental Death & Dismemberment (AD&D) Insurance

CHC gives you the option to purchase additional protection through Lincoln Financial if you or your family suffer certain injuries or die as the result of an accident. You receive part or all of your benefit depending on the injury. In the event that death occurs from a covered accident, both Life and AD&D benefits would be payable.

Amount of Coverage

Employee Only	You may elect coverage in \$10,000 increments, subject to a maximum of \$500,000, not to exceed 10 times Basic Annual Earnings.
Spouse Only	The spouse may be covered at 60% of the employee's principal sum.
Each Child	20% of the employee's principal sum not to exceed \$50,000.
Spouse and Child	Spouse 50%, and each child 20% of employee's principal sum, not to exceed \$50,000.

All life and AD&D insurance will be reduced when you reach certain ages, as outlined below:

- Ages 65 to 70 – 65% of the amount of life insurance you had prior to age 65
- Ages 70+ – 50% of the amount of life insurance you had prior to your first reduction

Voluntary Life and AD&D Rates

Voluntary Life Insurance	Age	Monthly Cost per \$1,000 of Coverage	
		Non-Smoker	Smoker
Employee and Spouse – Employee and Spouse – You and your spouse pay the rate based on your age. Some amounts may require Evidence of Insurability.	Under age 25	\$0.048	\$0.073
	25-29	\$0.058	\$0.073
	30-34	\$0.077	\$0.110
	35-39	\$0.092	\$0.156
	40-44	\$0.120	\$0.238
	45-49	\$0.220	\$0.458
	50-54	\$0.358	\$0.715
	55-59	\$0.623	\$1.210
	60-64	\$0.697	\$1.302
	65-69	\$1.226	\$1.980
	70-74	\$1.988	\$3.090
	75+	\$3.209	\$4.529
Child Life	Amount of Coverage	Monthly Rate	
	\$10,000 per child	\$1.69 (covers all children)	
AD&D Insurance	Monthly Cost per \$1,000 of Coverage		
Employee	\$0.013		
Employee & Family	\$0.022		



Universal Life Insurance

For additional financial protection for you and your family, you may purchase Universal Life Insurance through Trustmark for yourself and/or your children or grandchildren. Universal Life Insurance provides flexible benefits, and allows you to adjust your death benefit, cash value and premiums as your financial needs change. You can also use this policy's Living Benefits, called Universal LifeEvents, during your lifetime. This plan also comes with several other benefits:

- **Terminal Illness Benefit:** Accelerates 75% of the death benefit amount when life expectancy is 24 months or less.
- **Long-Term Care (LTC):** Pays 4% per month for up to 25 months for care in an assisted living or other long-term care facility and home health care.
- **Death Benefit Restoration:** Allows beneficiaries to receive the full death benefit even after LTC has been paid.
- **EZ Value Plan:** Offers inflation-fighting options for employees and spouses.
- **Children's Term Rider:** Covers children under age 23 for a single premium rate.

Applying for coverage is simple, and underwriting is easy. Individual policies are available to employees age 18 to 80, and for children under 25 years old. Universal Life Insurance premiums can be paid through payroll deductions. Keep in mind that you can take this coverage with you if you change jobs or retire.

For more information about the Universal Life Insurance Plan, please contact Trustmark customer care at 800.918.8877 or visit www.trustmarksolutions.com/.

SAVE FOR THE FUTURE WITH THE RETIREMENT PROGRAM

Saving for the future is a top priority in smart financial planning. That's why CHC sponsors a retirement plan through Fidelity Investments. The program includes:

- The 401(k) Plan
- The 403(b) Plan

All full and part time employees may be eligible for a matching contribution. Any matching contributions will be deposited into the 401(k) Plan.

All employees hired after July 1, 2006 are automatically enrolled in the 403(b) Plan at a contribution rate of 2% of your pre-tax eligible earnings. Your contributions are invested in a Fidelity Freedom Fund that most closely matches your expected retirement date based on your date of birth and assuming a retirement age of 65, but can be changed at any time. If you were hired before July 1, 2006, you can enroll online by accessing your account at www.fidelity.com/atwork or call 800.343.0860.

Enroll or make changes to your retirement plans

You may change your contribution rate or discontinue participation in the Plan at any time by calling Fidelity Investments at 800.343.0860. Changes to your contribution rate may take up to three weeks to process.

Contributions

You may contribute 1% - 75% of your eligible pay to the annual IRS limit as soon as you are hired as a pre-tax contribution, a Roth contribution or both. If you make the maximum contribution to your plan account and are age 50 or older, you are eligible to contribute towards the catch-up contribution up to the IRS limits. If a matching contribution is available, it is only made for pre-tax contributions.

Vesting

You are always 100% vested in your contributions to the CHC 403(b) Plan, as well as any earnings on them. Your Employer's matching contributions in the 401(k) plan and any earnings vest according to the following schedule:

Years of Service	1	2	3	4	5
Percent	20%	40%	60%	80%	100%

Investment Options

To help you meet your investment goals, the Plan offers a range of investment options. You can select a mix of investment options that best suit your goals, time horizon, and risk tolerance. A complete description of the Plan's investment options and their performance, as well as planning tools to help you choose an appropriate mix, are available online.

The Plan also offers the Fidelity Freedom Funds that offer a blend of stocks, bonds, and short term investments within a single fund. Each Freedom Fund's asset allocation is based on the number of years until the fund's target retirement date. The Freedom Funds are designed for investors who want a simple approach to investing for retirement.

Fidelity has trained and licensed representatives that are available by phone at 800.248.4213 or at one of their local Investor Centers to help with investment selection, portfolio planning and overall retirement questions.

Loans and Withdrawals

Although you are able to borrow money from your account, it is highly recommended that you leave the money in your account until you retire. Generally, you may borrow the lesser of 50% of your vested account balance or \$50,000. Any outstanding loan balances over the previous 12 months may reduce the amount you have available to borrow. The minimum loan is \$1,000.

Withdrawals from the Plan are generally permitted when you terminate your employment, retire, reach age 59 1/2, become permanently disabled, or have a severe financial hardship as defined by your Plan. Keep in mind that withdrawals are subject to income taxes and possible early withdrawal penalties. Be sure to understand the tax consequences and the Plan's rules for distributions before you initiate a distribution. The plan document and current tax laws will govern in case of discrepancy.

Visit www.fidelity.com/atwork or call 800.343.0860 to learn more. You may want to consult your tax advisor before making any decisions.

ADDITIONAL BENEFITS AND RESOURCES

Employee Assistance Program

Because work and personal challenges can affect every aspect of life, CHC automatically provides you and your family with an Employee Assistance Program (EAP) at no cost to you. Call 877.890.0273 anytime of the day or night for confidential assistance with nearly any personal matter you may be experiencing. Licensed counselors can provide you with access to financial consultation, parenting and family services, and career resources. Visit the web site, www.achievesolutions.net/hpg1, to find other helpful tools and resources.

Legal Family Protection Plan

Most people need legal services or advice throughout the year. Often, they don't want to pay the price for consulting with attorney. As a CHC employee, you have the option of purchasing a legal services program through MetLife at group rates. With the Family Protection Plan (FPP), you have access to quality legal services and support including:

- Free & discounted legal care
- Tax preparation & advice
- Identity Theft Solutions
- LifeEvents™ Counseling

	After-Tax Rate
Legal Family Protection Plan	\$18.00 per month (covers spouse and dependents)



IMPORTANT LEGAL NOTICES

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 was signed into law on October 21, 1998. The Act requires that all group health plans providing medical and surgical benefits with respect to a mastectomy must provide coverage for all of the following:

- Reconstruction of the breast on which a mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of all stages of mastectomy, including lymphedema

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions which apply for the mastectomy. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description or contact Human Resources at 972.943.6400.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. The Notice of Privacy Practices has been recently updated. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 972.943.6400.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Reaching the plan's lifetime benefit maximum on all benefits, if the person is covered under a separate plan or a single plan with multiple options and the other option has a higher lifetime maximum, or the benefits paid under the first option were not integrated with the second option;
- Failing to return from an FMLA leave of absence; and
- Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact BCI at 888.659.1501.

Important Notice from Community Hospital Corporation About Your Prescription Drug Coverage and Medicare under the CVS Caremark Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Community Hospital Corporation 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. Community Hospital Corporation has determined that the prescription drug coverage offered by the CVS Caremark Plan(s) 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 during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. You may also enroll each year from October 15th through 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 Community Hospital Corporation coverage will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current Community Hospital Corporation coverage, be aware that you and your dependents will not be able to get this coverage back.

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 Community Hospital Corporation and don't join a Medicare drug plan within 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...

Contact the person listed at the end of these notices for further information. 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 Community Hospital Corporation 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" handbook for their telephone number) for personalized help
- Call 800.MEDICARE (800.633.4227). TTY users should call 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 800.772.1213 (TTY 800.325.0778).

Remember: Keep this Medicare Part D 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).

Date: January 1, 2019

Name of Entity/Sender: Community Hospital Corporation

Contact—Position/Office: Human Resources

Address: 7800 N. Dallas Parkway, Ste 200 Plano, TX 75024

Phone Number: 972.943.6400

Notice Regarding Wellness Program

The CHC Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others.

If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for total cholesterol, cholesterol ratio, LDL cholesterol, HDL cholesterol, triglycerides, glucose, and cotinine/nicotine levels. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of up to \$145 in monthly medical discounts. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the monthly medical discounts.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Accountable Health at 877.475.3442.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching, wellness tools and resources, interactive health and wellness seminars and challenges, and access to a Health Resource library. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and CHC may use aggregate information it collects to design a program based on identified health risks in the workplace, The CHC Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided because of the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

The only individual(s) who will receive your personally identifiable health information is (are) with Accountable Health Solutions and Lockton Companies in order to provide you with services under the wellness program. In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision.

Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide because of the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact CHC Human Resources at 972.943.6400.

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're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, 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, contact your State Medicaid or CHIP office or dial **877.KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't 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, contact the Department of Labor at www.askebsa.dol.gov or call **866.444.EBSA (3272)**.

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 August 10, 2019. Contact your State for more information on eligibility –

ALABAMA – Medicaid

WEBSITE	http://myalhipp.com/
PHONE	855-692-5447

ALASKA – Medicaid

WEBSITE	The AK Health Insurance Premium Payment Program http://myakhipp.com/
PHONE	866-251-4861
EMAIL	CustomerService@MyAKHIPP.com
MEDICAID ELIGIBILITY	http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS – Medicaid

WEBSITE	http://myarhipp.com/
PHONE	855-MyARHIPP (855-692-7447)

COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)

WEBSITE	Health First Colorado https://www.insurekidsnow.gov/coverage/co/index.html
PHONE	Health First Colorado Member Contact Center 800-221-3943/ State Relay 711 CHP+
WEBSITE	http://Colorado.gov/HCPF/Child-Health-Plan-Plus
PHONE	800-359-1991/ State Relay 711

FLORIDA – Medicaid

WEBSITE	http://flmedicaidtprecovery.com/hipp/
PHONE	877-357-3268

GEORGIA – Medicaid

WEBSITE	http://dch.georgia.gov/medicaid Click on Health Insurance Premium Payment (HIPP)
PHONE	404-656-4507

INDIANA – Medicaid

WEBSITE	Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/
PHONE	877-438-4479 All other Medicaid
MEDICAID ELIGIBILITY	http://www.indianamedicaid.com
PHONE	800-403-0864

IOWA – Medicaid

WEBSITE	http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp
PHONE	888-346-9562

KANSAS – Medicaid

WEBSITE	http://www.kdheks.gov/hcf/
PHONE	785-296-3512

KENTUCKY – Medicaid

WEBSITE	https://chfs.ky.gov/agencies/dms/Pages/default.aspx
PHONE	800-635-2570

LOUISIANA – Medicaid

WEBSITE	http://dhh.louisiana.gov/index.cfm/subhome/1/n/331
PHONE	888.342.6207

MAINE – Medicaid

WEBSITE	http://www.maine.gov/dhhs/ofi/public-assistance/index.html
PHONE	800-442-6003 TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

WEBSITE	http://www.mass.gov/eohhs/gov/departments/masshealth/
PHONE	800-862-4840

MINNESOTA – Medicaid

WEBSITE	http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp
PHONE	800-657-3739

MISSOURI – Medicaid

WEBSITE	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
PHONE	573-751-2005

MONTANA – Medicaid

WEBSITE	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
PHONE	800-694-3084

NEBRASKA – Medicaid

WEBSITE	http://www.ACCESSNebraska.ne.gov
PHONE	855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA – Medicaid

WEBSITE	https://dwss.nv.gov/
PHONE	800-992-0900

NEW HAMPSHIRE – Medicaid

WEBSITE	http://www.dhhs.nh.gov/oii/documents/hippapp.pdf
PHONE	603-271-5218

NEW JERSEY – Medicaid and CHIP

MEDICAID WEBSITE	http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
MEDICAID PHONE	609-631-2392
CHIP WEBSITE	http://www.njfamilycare.org/index.html
CHIP PHONE	800-701-0710

NEW YORK – Medicaid

WEBSITE	https://www.health.ny.gov/health_care/medicaid/
PHONE	800-541-2831

NORTH CAROLINA – Medicaid

WEBSITE	https://dma.ncdhhs.gov/
PHONE	919-855-4100

NORTH DAKOTA – Medicaid

WEBSITE <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
PHONE 701.328.2310

OKLAHOMA – Medicaid and CHIP

WEBSITE <http://www.insureoklahoma.org>
PHONE 888-365-3742

OREGON – Medicaid

WEBSITE <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
PHONE 800-699-9075

PENNSYLVANIA – Medicaid

WEBSITE <http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm>
PHONE 800-692-7462

RHODE ISLAND – Medicaid

WEBSITE <http://www.eohhs.ri.gov/>
PHONE 855-697-4347

SOUTH CAROLINA – Medicaid

WEBSITE <https://www.scdhhs.gov>
PHONE 888-549-0820

SOUTH DAKOTA - Medicaid

WEBSITE <http://dss.sd.gov>
PHONE 888-828-0059

TEXAS – Medicaid

WEBSITE <http://gethipptexas.com/>
PHONE 800-440-0493

UTAH – Medicaid and CHIP

MEDICAID WEBSITE <https://medicaid.utah.gov/>
CHIP WEBSITE <http://health.utah.gov/chip>
CHIP PHONE 877-543-7669

VERMONT– Medicaid

WEBSITE <http://www.greenmountaincare.org/>
PHONE 800-250-8427

VIRGINIA – Medicaid and CHIP

MEDICAID WEBSITE http://www.coverva.org/programs_premium_assistance.cfm
MEDICAID PHONE 804-786-7933
CHIP WEBSITE http://www.coverva.org/programs_premium_assistance.cfm
CHIP PHONE 855-242-8282

WASHINGTON – Medicaid

WEBSITE <http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program>
PHONE 800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid

WEBSITE <http://mywvhipp.com/>
PHONE Toll-free: 855-MyWVHIPP (855-699-8447)

WISCONSIN – Medicaid and CHIP

WEBSITE <https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>
PHONE 800-362-3002

WYOMING – Medicaid

WEBSITE <https://wyequalitycare.acs-inc.com/>
PHONE 307-777-7531

To see if any other states have added a premium assistance program since August 10, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.



CONTACT INFORMATION

Need help? Contact the benefit carriers directly at the phone number or website listed below:

Benefit	Provider	Telephone	Web Site
Medical	UMR	866.868.7406	www.umar.com
Prescription Drugs	Caremark	877.317.8386	www.caremark.com
Health Savings Account	Optum	866.234.8913	www.optumbank.com
Flexible Spending Accounts	WageWorks	877.924.3967	www.wageworks.com
Critical Illness Insurance	MetLife	800.438.6388	www.metlife.com
Accident Insurance	MetLife	800.438.6388	www.metlife.com
Hospital Indemnity Insurance	MetLife	800.438.6388	www.metlife.com
Dental	Delta Dental	800.521.2651	www.deltadentalins.com
Vision	Superior	800.507.3800	www.superiorvision.com
Short and Long-Term Disability	Lincoln Financial	855.818.2883	www.LFG.com
Life and AD&D Insurance	Lincoln Financial	855.818.2883	www.LFG.com
Universal Life Events	Trustmark	847.615.1500	www.trustmarkcompanies.com
Retirement Program	Fidelity Retirement Investments	800.343.0860	www.fidelity.com/atwork
Employee Assistance Program	Beacon Health	877.890.0273	www.achievesolutions.net/hpg1
Legal Financial Protection Plan	MetLife	800.438.6388	www.metlife.com
Qualifying Life Events or to Change Your HSA Election During the Year	Benefit Communications, Inc. (BCI)	888.659.1501	N/A

Disclaimer: This benefit summary highlights key features of the benefits program and does not include all plan rules and details. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between this summary and the legal plan documents, the plan documents are the final authority. Community Hospital Corporation reserves the right to change or discontinue its benefit plans at any time without prior notice. Participation in any of the plans is not a contract of employment.

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