

# 2017 Benefit Program Enrollment Guide

January 1, 2017 – December 31, 2017

Investing together for a healthier you



**Agero** 

Safe. Smart. Driven.





# WELCOME TO THE AGERO 2017 BENEFIT PROGRAM



## Your Agero Benefit Program

As an Agero associate, you may choose competitive benefit plans that meet the needs of you and your family. The Company pays a portion of the cost of your benefits. You pay some or all of the cost for voluntary benefits if you choose to enroll in them.

This Benefit Enrollment Guide provides an overview of benefits available to eligible associates. Open enrollment begins on **Monday, November 28, 2016**, and ends **Wednesday, December 14, 2016**. All benefits you elect during open enrollment will take effect on January 1, 2017.

	Who pays?
Medical Coverage	Agero and you (pre-tax)
Dental Coverage	Agero and you (pre-tax)
Vision Coverage	You (pre-tax)
Health Care Flexible Spending Account	You (pre-tax)
Dependent Care Flexible Spending Account	You (pre-tax)
Basic Life Insurance Coverage	Agero
Basic AD&D	Agero
Voluntary Term Life Insurance Coverage	You (post-tax)
Voluntary AD&D	You (post-tax)
Short Term Disability Coverage	Agero
Long Term Disability Coverage	Agero
Supplemental Benefits	You (post-tax)

For certain benefits, you pay your share of the cost through either pre-tax or after-tax contributions. Pre-tax contributions are deducted from your pay before Federal Income and Social Security (FICA) taxes, and in most cases, before state and local income taxes are withheld. This lowers your taxable income and the overall cost of your benefits. You save the money you would ordinarily pay in taxes on that income. Salary-based benefits such as life insurance or disability continue to be determined according to your gross base salary – before any benefit contributions and/or taxes.

## What's Inside...

- Benefit Tools and Resources . . . . . 2
- Drive Your Healthcare Choices . . . . . 3
- Eligibility and Enrollment . . . . . 4
- Making Changes . . . . . 5
- Medical Plan Highlights. . . . . 6
- Wellness Program . . . . . 10
- Dental Coverage . . . . . 10
- Vision Coverage . . . . . 11
- Flexible Spending Accounts . . . . . 11
- Life Insurance.. . . . . 13
- Associate Assistance & Work/Life Support Program (EAP) . . . . . 14
- Disability Insurance. . . . . 14
- 401(k) Retirement Benefits . . . . . 15
- Voluntary Benefits. . . . . 16
- Supplemental Benefits . . . . . 17
- Important Notices . . . . . 18

**Remember, you must select your 2017 benefits and/or waive them through Direct Access. Be sure to confirm or change elections as prompted. Upon completion, print or record your confirmation number.**

# Benefit Tools and Resources

Agero offers innovative ways to maximize your benefits, cost savings, and well-being. It's easy to get started!

*\*The benefit tools/portals below are HIPAA-compliant and confidential.*

## Obeo HEALTH Decision Tool

Obtain customized guidance to help you choose and use your health offerings.

- Simplifies your choices with personalized plan ratings.
- Calculates your budget (i.e., premium cost share, out-of-pocket expenses, tax savings).
- Visualizes your healthcare spending and explains complex topics.
- Suggests a tax-free HSA/FSA contribution to increase savings.
- Describes medical bills in plain language.
- Flags cost savings so you pay less.
- Warns of possible interactions between drugs or conditions.
- Sends alerts to your email inbox.

Go to: <https://my.obeohealth.com/agero>. First time users must register.

## MyUHC

Get the most from your health plan and make informed decisions.

- Explains your medical and prescription coverage.
- Finds network doctors in your area.
- Helps you manage and track medical claim data.
- Estimates treatment and procedure costs.
- Details how to use the "virtual visit" option and nurse hotline.
- Has health risk/wellness tools, online communities, health discounts.
- Allows you to download the *Health4Me* mobile app.

Go to: [www.myuhc.com](http://www.myuhc.com). First time users must register.

## DirectAccess Self-Service Tool

The **DirectAccess self-service** portal provides you with a single, secure destination to view and manage your personal, benefits, and payroll information. It also provides access to forms, helpful links, resources, and HR Service Center updates. Go to: <https://portal.adp.com>.

Agero Benefit Partners	Customer Service Line	Website
UnitedHealthcare	844-254-6919	<a href="http://www.myuhc.com">www.myuhc.com</a>
Obeo HEALTH	855-937-6236	<a href="https://my.obeohealth.com/agero">https://my.obeohealth.com/agero</a>
Delta Dental	800-872-0500	<a href="http://www.deltadentalma.com">www.deltadentalma.com</a>
EyeMed	866-723-0514	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>
Employee Dental Service (AZ only)	800-722-9772	<a href="http://www.mydentalplan.net">www.mydentalplan.net</a>
HealthEquity	877-694-3938	<a href="http://www.healthequity.com">www.healthequity.com</a>
Fidelity	800-835-5097	<a href="http://www.401k.com">www.401k.com</a>
Work/Life Support Program (EAP)*	800-854-1446	<a href="http://www.lifebalance.net">www.lifebalance.net</a>
Liberty Mutual	888-398-8924	<a href="http://www.libertymutual.com">www.libertymutual.com</a>
Agero HR Service Center	888-551-2100	HRServiceCenter@agero.com

# Drive Your Health Care Choices

## How Can I Be a More Effective Healthcare Consumer?

You can maximize the value of your benefits by making smart decisions such as:

- Evaluating Agero's Plans to see how they fit your family's needs and by comparing other coverage options for which you may be eligible (i.e., spouse's plan, government sponsored plans and Market Exchange options).
- Participating in the HSA and/or FSA arrangements.
- Participating in a UHC disease management program if you or a family member has a chronic illness or condition.
- Using the Hospital Emergency Room for emergency services only.
- Use an Urgent Care Center (for off-hour, non-emergency medical attention).
- Contacting UHC's Nurse Help Line for medical questions.
- Utilizing UHC's "Virtual Visits" option that allows you to see and speak to a doctor from your mobile device or computer without an appointment.
- Using health care providers participating in your medical carrier's provider network.
- Using UHC's mail order services for your prescriptions.
- Participating in Company wellness programs and initiatives.
- Participating in onsite, valuable biometric screenings and taking the online Health Risk Assessment. These incentives are designed to reduce your health premium costs.



## Selecting the Medical Plan That's Right for You

With premiums, deductibles, co-pays and out-of-pocket costs, choosing the right plan for you and your family can be confusing. Agero provides tools and information for you to make the best choice.

Obeo Health – Provides a customizable health management tool to help you choose the best plan for you. Located at <https://my.obeohealth.com/agero> or through Direct Access, Obeo will compare plans based on your utilization and provide a summary of costs and recommendations.

### Things to consider:

#### I. Plan Choices:

80/60 Plan – Higher premiums with lower deductibles, co-pays, and out-of-pocket. In addition, participating in an FSA account can help offset your costs.

CDHP – Lower premiums, higher deductibles, co-pays and out of pocket. In addition, the Health Savings Account (HSA), partially funded by Agero (\$250 or \$500), helps offset your costs.

#### II. Doctors, Hospitals, Labs, and Related Services:

Utilizing In-Network providers helps minimize costs. Fees are negotiated by UHC providing you with the most competitive costs.

Out-of-Network providers require higher co-pays and out-of-pocket costs. You should note that UHC only reimburses these providers at fees that are considered reasonable and customary by the insurance industry. An out-of-network provider could charge considerably more than that resulting in you incurring additional costs.

Go to <https://myuhc.com> for a list of network providers as well as additional information on services and information provided by UHC.

### What Services are Covered?

A Schedule of Benefits for UHC plan options is found later in this booklet. The chart describes the amounts that you must pay for covered services and any benefit limits that may apply to specific services or supplies. For more information, call the UHC Customer Service Line at 844-254-6919.

# Eligibility and Enrollment

## Who is an Eligible Associate?

All full-time active associates who are regularly scheduled to work at least 30 hours per week are eligible to participate in all benefit plans. Associates working 20-29 hours are eligible for all benefits except life and disability coverage.

## New Hires

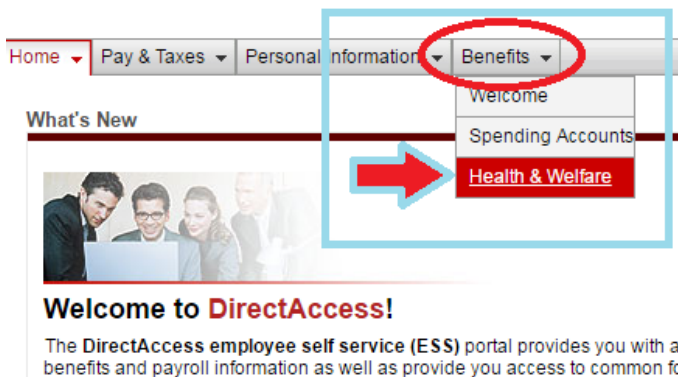
Exempt associates are eligible to elect benefits the first of the month following their date of hire. Non-exempt associates are eligible for benefits the first of the month following 60 days of employment. You must elect your benefits within 30 days of your hire date.

As an eligible associate, you may only enroll in the benefits program at certain times:

- As a new associate, you must elect your benefits within 30 calendar days of your benefit eligibility date.
- Each year during the open enrollment period you may add, drop or change your coverage selection.

## How to Enroll

The enrollment process is automated through an online enrollment tool called *DirectAccess* (<https://portal.adp.com>). If you haven't visited *DirectAccess* before, select "First Time Users Register Here" and follow the registration instructions. The registration code is – agero-ipay. When you arrive at the *DirectAccess* home page, select the Benefits tab from the top of the page and then Health and Welfare. Follow the instructions to complete your enrollment. When completed, please print the confirmation page and keep it in your records for future inquiries regarding your benefit elections.



**BE SURE TO CONFIRM YOUR ELECTIONS AFTER PRINTING THE CONFIRMATION PAGE BY CLICKING ON "DONE" AT THE BOTTOM OF THE PAGE.**

## Who is an Eligible Dependent?

- Your legal spouse or domestic partner;
- For medical coverage, the plan covers your dependent(s) up to age 26, regardless of the dependents' Internal Revenue Service tax qualification status, marital status, student status, or employment status;
- Your unmarried children over age 19 who were insured under the Agero benefit program on or before the age of 19 and who cannot support themselves due to a physical or mental disability (insurance carrier approval required);
- Children who are dependents of a dependent child who are completely financially dependent upon you and who qualify as dependents under the U.S. Federal tax code and live continuously in your home; and
- Any children who are completely financially dependent upon you and qualify as dependents under the U.S. Federal tax code and live continuously in your home.
  - Dependent legally adopted
  - Dependent legal ward under guardianship
  - Dependent under a Child Support Court Order
  - Domestic partner (affidavit required)

Alternatively, benefits-eligible U.S. associates who are married and who reside in a state that permits same-sex marriage, are eligible for benefits if for any reason they are not otherwise eligible as a "spouse" for such benefits.

With the Defense of Marriage Act (DOMA) ruling, associates married to same-sex spouses no longer have to pay imputed income tax on the value of their spouse's benefit coverage for federal income or make post-tax contributions. Same-sex spouses also are now eligible for favorable treatment under COBRA continuation coverage, and account-based health arrangements, such as health savings accounts (HSAs), medical flexible spending arrangements, and dependent care flexible spending arrangements.

## Medicare

If you, your spouse, or any of your dependents have Medicare or will become eligible for Medicare in the next 12 months, Federal law gives you more choices about your prescription drug coverage. Please see Page 17 for more details.

# Making Changes

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## Changing Coverage

Once you enroll, your coverage remains in effect for the remainder of the calendar year. You may change your coverage during the year only if you have a qualified life status change.

During the year, if you have a qualified life status change, you may add, drop, or change your coverage election within 30 days of the life event. Qualified life status changes include:

- You get married, legally separated, or divorced;
- You add a child through birth, adoption, or change in custody;
- Your spouse or an eligible dependent dies;
- A Qualified Medical Child Support Order (QMCSO) or similar order requires health coverage for your child;
- Your dependent has reached maximum age and therefore ceases to satisfy the eligibility requirements of the plan;
- You, your spouse, or your dependent becomes entitled to Medicare or Medicaid, and you want to cancel coverage for that person;
- Your employment status changes and it affects your benefits; (i.e., your weekly hours reduce to less than 30); and
- Your spouse involuntarily loses coverage under another employer-sponsored plan.

Any change you make must be consistent with your change in status, as defined by the IRS. For example, if you have a new child, you may add dependent medical, dental, and vision coverage for the new child only.

Certain coverages, such as voluntary life insurance for you or your dependents, may require evidence of insurability and/or carrier approval before new coverage elections take effect.

You may choose a different coverage level for each type of benefit you select. You may only enroll new dependents in the current plan you are enrolled in.

## Other Changes

There are other special circumstances that will allow an election change. Please refer to Page 19 for special enrollment rules.

By completing your enrollment, you attest that your personal and dependent information is correct. The Company reserves the right to randomly audit enrollments. If any information is found to be falsified, then the Company will take disciplinary action up to and including termination of employment.

### Take Action!

For the 2017 plan year, Agero does not provide a default coverage for associates who do not enroll for coverage. If you wish to have coverage for yourself and your family through our benefit plans, please be sure to enroll within the specified deadlines. If you do not intend to enroll in benefits, you must still login to DirectAccess and waive your coverage.



# Medical Plan Highlights

Medical coverage is typically at the top of every associate's mind when it comes to all of the valuable benefits offered at Agero. Our associates have varied needs when it comes to health care. Agero believes that offering choices to meet each associate's needs is essential. Agero has successfully found a way to maintain contributions and plan designs with United Healthcare.

## UnitedHealthcare (UHC)

- **More access to in-network providers** – United's network offers our associates access to at least two physicians within 10 miles and at least one hospital within 15 miles of virtually every associate's home. More importantly, 95% of the physicians and 88% of the hospitals our associates have used in the last year are already in United's network.
- **Better health support for our population** – Throughout 2017 UnitedHealthcare will offer a variety of innovative healthy lifestyle tools and resources aimed at preventive care and chronic disease management.
- **The best pricing** – National health care costs continue to increase at 7-9% or more each year. By partnering with United, we are able to keep costs low for our business and our associates without taking away from the value of the plan coverage.

**Review UHC's benefit summaries for more details about each plan in the "Health & Welfare" section in DirectAccess. Under the "My Links" section, go to the "Document Library" section.**

## The PPO 80/60 Option

The PPO 80/60 Option gives you the freedom to receive treatment for covered medical expenses from any licensed doctor or medical provider at any time, regardless of whether the provider participates in your medical plan's network. Benefit levels are higher when you receive care from a network provider. Referrals are not required for PPO participants and when you use a network provider, you will not be required to file a claim.

## The Consumer Directed Health Plan (CDHP) with Health Savings Account (HSA) Option

CDHP is a health plan with a relatively high deductible level but with a lower bi-weekly contribution. You generally will pay a lower payroll contribution when compared to the PPO 80/60 plan cost. Every covered health service, even prescription drugs, is subject to the deductible and coinsurance with the exception of preventive (maintenance) care. Most preventive drugs are covered at copay level. You can access a list of preventive drugs by logging into: [www.myuhc.com](http://www.myuhc.com).

With a lower contribution cost, you can place the premium savings into a Health Savings Account (HSA). Agero will also fund your HSA account on a quarterly basis to help pay a portion of the higher deductible. If you elect coverage for yourself, Agero will fund \$250 per year. If you have covered dependent(s), Agero will fund \$500 per year. Please note that funding is done quarterly throughout the year and is prorated based on the enrollment date. The employer contribution and your contributions through pre-tax payroll deductions should not be more than the allowable IRS limit.

To learn more about the plans, please login to: [www.myuhc.com](http://www.myuhc.com).



# Medical Plan Highlights (continued)

## Health Savings Account (HSA)

In order to establish an HSA, you must be covered by a Federally qualified Consumer Directed Health Plan (CDHP). The U.S. Treasury sets the minimum deductibles and out-of-pocket maximums.

An HSA is a special tax-free account created exclusively for the benefit of the account holders under a CDHP to use towards qualified medical expenses. HSA accounts are portable and money left in the account will accumulate on a tax-free basis. You own the fund in the HSA including the funds provided by Agero.

Refer to the chart below for the CDHP plan specific to Agero. These limits may change each year based on IRS rule.

	Agero CDHP Plan		2017 HSA Annual Contribution Limit
	In-Network Deductible	In-Network Out-of-Pocket Max	
EE	\$1,300	\$4,000	\$3,400
EE+1	\$2,600	\$8,000	\$6,750
Family	\$2,600	\$8,000	\$6,750
Allowable catch-up contribution for age >55		\$1,000	

### HSA's provide a Triple Tax Benefit

1. Contributions are made on a pre-tax basis
2. Account earnings are tax-free
3. Withdrawals for qualified medical expenses are tax-free

### How does it work?

You decide on the bi-weekly before-tax amount you want to save in the HSA account. In the illustration below, an associate in a 15% tax bracket decides to save \$20 bi-weekly. The annual HSA savings is \$520. With the tax savings, the associate's actual contribution is \$442. The remaining \$78 is derived from tax savings.

Bi-Weekly Contributions	\$20
Annual Savings based on 26 pay checks	\$520 (\$20*26)
Annual Actual Payroll Deductions	\$442 (\$520*85%)
Federal and State Savings	\$78

Once you accumulate \$2,000, you can invest in a broad selection of mutual funds offered by Health Equity. Remember, all account earnings are tax-free and withdrawals taken to pay for qualified medical expenses, long-term care, and COBRA premiums are tax-free.

The health fund is money that is set aside at the start of the year and is used towards medical expenses that you are responsible for up to the deductible. For example, if you have an annual deductible of \$1,300 and a \$750 health fund, the first \$750 of medical expense can be paid out of the health fund. You are then responsible for the next \$500 up to the \$1,300 deductible. Note that preventive care services, such as physicals, immunizations, and mammograms are generally covered at 100%.

- With the exception of routine physical exams, all medical expenses will accumulate towards the deductible (office visits, prescriptions, surgery, etc.).
- Copay will apply for most prescribed preventive drugs. Other non-preventive drugs will be paid at the coinsurance level once you meet the deductible.
- Your deductible and coinsurance will count towards your "plan year" maximum out-of-pocket.
- You cannot have other coverage and contribute to an HSA unless your other coverage also meets the definition of a Qualified High Deductible Health Plan (QHDH).
- If you are enrolled in the Health FSA and have an outstanding FSA account balance on 1/1/17, you can establish the HSA account, but you are not able to fund the HSA account until the FSA grace period ends, (i.e., April 1, 2017).
- You cannot contribute to the HSA account for a dependent child who is not claimed as a tax dependent.
- You cannot contribute to the HSA account if you are age 65 or older and insured under Medicare.
- You need to designate a beneficiary for your HSA account. If your spouse is the designated beneficiary of your HSA, it will be treated as your spouse's HSA after your death. If you designate someone else, the account stops being an HSA and the fair market value of the HSA becomes taxable to the beneficiary in the year in which you die. If your estate is the beneficiary, the value is included on your final income tax return.

## Medical Plan Highlights (continued)

### ***How do you take distributions and pay for Qualified Medical expenses?***

1. Debit Card – Health Equity will issue a debit card for those newly enrolling in either the HSA or FSA so you may use it to pay for qualified medical expenses.
2. You can also make payments online using your HSA account.
3. It's best to have your doctor's office put the charge through to your insurance, so that you receive credit toward your deductible and know exactly what to pay.



## Medical Plan Highlights (continued)

Provision	CDHP with HSA		80/60 PPO		
	In-Network Only		Out-of-Network	In-Network	Out-of-Network
<b>HSA Account Funding</b>					
Associate	\$250		N/A		
Associate + 1	\$500				
Family	\$500				
<b>Annual Deductible</b>					
Associate	\$1,300	\$2,600	\$500	\$1,000	
Associate + 1	\$2,600	\$5,200	\$1,000	\$2,000	
Family	\$2,600	\$5,200	\$1,000	\$2,000	
<b>Out of Pocket Maximum</b>	(includes deductible, coinsurance and all copays, including Rx)		(includes deductible, coinsurance, and all copays excluding Rx)		
Associate	\$4,000	\$8,000	\$1,000	\$2,000	
Associate + 1	\$8,000	\$16,000	\$2,000	\$4,000	
Family	\$8,000	\$16,000	\$2,000	\$4,000	
<b>Coinsurance</b>	30%	50%	20%	40%	
<b>Office Visit</b>	30%*	50%*	20%*	40%*	
<b>Specialist Visit</b>	30%*	50%*	20%*	40%*	
<b>Routine Preventive Care, Including Related Lab Tests</b>	0%	50%*	\$0 per visit	40%*	
<b>Well-Child Care</b>	0%	50%*	\$0 per visit	40%*	
<b>Diagnostic Labs and X-Rays</b>	30%*	50%*	20%*	20%*	
<b>Hospital Emergency Room</b>	30%*	50%*	\$150 per visit deductible and coinsurance	\$150 per visit deductible and coinsurance	
<b>Inpatient Hospital Care</b>	30%*	50%*	20%*	40%*	
<b>Outpatient Surgery</b>	30%*	50%*	20%*	40%*	
<b>Infertility</b>					
<b>Benefit</b>	Infertility Rx, Office visits, Artificial insemination, In vitro, other		Infertility Rx, Office visits, Artificial insemination, In vitro, other		
<b>Mental Health Treatment</b>					
<b>Inpatient</b>	30%*	50%*	20%*	40%*	
<b>Outpatient</b>	30%*	50%*	20%*	40%*	
<b>Substance Abuse Treatment</b>					
<b>Inpatient</b>	30%*	50%*	20%*	40%*	
<b>Outpatient</b>	30%*	50%*	20%*	40%*	
<b>Prescription Drug Copays</b>					
<b>Retail (30 days)</b>	<i>Preventive drugs</i>				
Tier 1	30%*	\$10	No coverage	\$10	No Coverage
Tier 2	30%*	\$30	No coverage	\$30	No Coverage
Tier 3	30%*	\$50	No coverage	\$50	No Coverage
<b>Mail Order (90 days)</b>	<i>Preventive drugs</i>				
Tier 1	30%*	\$10	No coverage	\$10	No Coverage
Tier 2	30%*	\$30	No coverage	\$30	No Coverage
Tier 3	30%*	\$50	No coverage	\$50	No Coverage

\* after the deductible

# Wellness Program

Agero continues to be committed to promoting a healthy worksite culture by implementing policies and programs that support healthy lifestyle choices for our greatest asset – associates. Through partnerships with best in class vendors, you have access to wellness programs and health tools to assist you in managing your overall well-being. Throughout the year, Agero will sponsor a variety of activities, education, and programs to support your health management.

**Remember:** You're eligible to qualify for a reduced medical premium cost by completing either Sonic Boom's (Medford) or UHC's (all other locations) confidential, online Health Risk Assessment and biometric screening.

## Dental Coverage

Agero understands that your dental needs are important. That's why the company offers the following dental options:

- Delta Dental - ALL locations
- Employee Dental Service (EDS) - Arizona Only

### The Agero Dental Plan is administered by Delta Dental.

You pay no deductible for preventive care such as exams, cleanings, and X-rays. The plan also covers many other dental services, such as fillings, root canals, bridges, and orthodontia up to certain annual limits.

Through Delta Dental, you have access to a national network of dentists. You may receive dental care from any dentist you choose, regardless of whether he or she participates in the Delta Dental network. However, when you receive your dental care from a participating dentist, you will receive the greatest value and there are no claim forms to complete.

**EDS - (Arizona ONLY)** is a prepaid Dental Plan. This plan provides coverage for the most common dental procedures and your financial responsibility at the time of service is most often a copayment. Visit the [www.mydental.net](http://www.mydental.net) website for more information on the EDS prepaid plan and look for information about in-network providers.

### What Services are Covered?

The following is the Schedule of Benefits for the Delta Dental Plan. This chart describes the amounts that you must pay for covered services and any benefit limits that may apply to specific services or supplies.

For additional information you may call Delta Dental's Customer Service Department at 1-800-872-0500, EDS at 1-800-722-9772, or review plan information on

**DirectAccess.**

**Please note:** Delta Dental provides a Rollover Max benefit of \$500 per year up to a total accumulated rollover cap of \$1,250. New hires eligible to participate will receive \$1,500 maximum for first year. If your total yearly claims don't exceed \$700, then \$500 is rolled over to use next year and beyond. If you decide to drop the dental coverage at any time and then go back, your maximum will start again at the \$1,500 amount.

	Delta Dental ALL locations
Deductible	\$50 Associate \$150 Family
Calendar Year Maximum	\$1,500 per associate
Preventative Services	100%
Basic Services	80%
Major Services	50%
Orthodontia (children to age 19)	50%
Orthodontia Maximum	\$1,000



# Vision Coverage

Agero offers a vision plan through EyeMed. The plan will cover eye exams and lenses every 12 months and frames every 24 months. For additional information, visit [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com), or call 1-866-804-0982.

Vision Care Services	Member Cost	Out-of-Network Reimbursement
<b>Exam with dilation as necessary</b>	\$10 copay	Up to \$50
<b>Frames</b>	\$0 copay, \$150 allowance, 20% of balance over \$150	Up to \$90
<b>Contact Lenses*</b>		
Conventional	\$0 copay, \$150 allowance, 85% of balance over \$150	Up to \$120
Disposable	\$0 copay, \$150 allowance, 100% of balance over \$150	Up to \$120
Medically Necessary	\$0 copay, paid in full	Up to \$200

\*Benefit must be used all at once.

# Flexible Spending Accounts

The Health Care and Dependent Care Flexible Spending Accounts (FSAs) allow you to set aside money on a pre-tax basis to reimburse yourself for eligible health care and/or dependent day care expenses. By using pre-tax dollars to pay for these expenses, you save the Federal and state income taxes you would ordinarily pay on that income.

Agero has partnered with Health Equity to administer our FSA plans. Health Equity offers an FSA debit card for all participating associates. With the Health Equity debit card, many of your FSA-eligible expenses will be automatically substantiated - meaning less paperwork for you!

You may enroll in one or both accounts to help reduce out-of-pocket costs:

- Health Care FSA to a maximum of \$2,600 per year:
  - Vision care, dental care, and medical care expenses for reimbursement
  - Over-the-counter medications are not eligible
  - Daycare, in-home child care, elder care, etc.
- If you decide to enroll in the FSA for 2017, you will receive a new debit card issued by Health Equity.

Refer to the plan document for additional details.

## Example of Tax Savings

Assume that you pay about \$1,500 each year on prescriptions, copays, deductibles, and other medical expenses. In addition, you spend another \$5,000 on childcare. Compare your take-home pay when you use Flexible Spending Accounts and when you don't.

	If You Participate	If You Don't Participate
<b>Annual salary before taxes</b>	<b>\$20,000</b>	<b>\$20,000</b>
<b>Less:</b>		
Health Care FSA deposit	– \$1,500	– \$0
Dependent Day Care FSA deposit	– \$5,000	– \$0
<b>Taxable income</b>	<b>\$13,500</b>	<b>\$20,000</b>
<b>Less:</b>		
Income taxes (at 28%) & Social Security	– \$3,780	– \$5,600
<b>Take-home pay</b>	<b>\$9,720</b>	<b>\$14,400</b>
<b>Less:</b>		
Medical expenses	\$0*	– \$1,500
Dependent day care expenses	\$0*	– \$5,000
<b>Net pay you can spend</b>	<b>\$9,720</b>	<b>\$7,900</b>
<b>Tax savings</b>	<b>\$1,820</b>	<b>\$0</b>

\*You get reimbursed from your Health Care and Dependent Care FSAs.

## Flexible Spending Accounts (continued)

By reducing your taxable income, **you increase your annual spending money by \$1,820.** (In most states, FSA contributions are also exempt from state taxes, so your savings could be even higher!)

Your account allows for a rollover of funds in the amount of \$500. Any balance above and beyond this rollover amount remaining after 03/31/2017 will be forfeited.

### How Much May I Contribute to a Dependent Care FSA?

If you are...	You may set aside up to the following amount per calendar year...
Single	\$5,000
Married, filing jointly	\$5,000
Married, filing separately	\$2,500
Married, and your spouse is a full-time student or disabled (during every month of the applicable year) and does not have substantial earned income	\$2,400 per child up to \$4,800 for two or more children. (Maximum monthly reimbursement is \$200 for one child or \$400 for two or more children.)

**Please note that certain limits apply for highly compensated employees whose gross earnings were \$120,000 or more in 2016.**

### “Use It or Lose It” and Other Important IRS Rules

In exchange for the tax advantages these accounts offer, there are some important rules imposed by the IRS that you should fully understand before you participate:

- Once you begin contributing, you cannot change the amount of your contributions during the calendar year unless you have a qualified change in status, as defined by the IRS.
- If you do not enroll during the annual Open Enrollment period, you may only enroll if you have a qualifying change in status and notify the Company within **30 calendar days** of the qualifying event.
- If you do not use all the money in your Health Care or Dependent Care FSA for eligible expenses during the calendar year, you will forfeit it. You cannot receive a refund, carry balances over to the next year, or transfer money between accounts.
- If you have qualifying expenses reimbursed through a Health Care or Dependent Care FSA, you may not claim a tax deduction for these same expenses.

As required by the IRS, each year the Dependent Care FSA plan is subject to nondiscrimination testing. Depending on the test results, your contributions may be limited if you are considered a highly paid associate. You will be notified if this applies to you.

#### » Learn More

You can call Health Equity Member Services, 24/7/365, at 877.694.3938, or visit [www.healthequity.com](http://www.healthequity.com).

# Life Insurance

Agero offers life insurance through Unum and pays the full cost of core life and accidental death and dismemberment (AD&D) insurance coverage for you. The core life insurance coverage amount is equal to one times your annual base salary up to a maximum of \$300,000. You may also choose to buy voluntary life insurance coverage for yourself and/or your eligible family members.

## What is Annual Base Salary?

Basic and voluntary life and AD&D insurance are based on your current annual base salary, which excludes commissions, bonuses, overtime, shift differentials, or any other additional compensation you may receive.

## Providing Evidence of Insurability

Depending on the level of voluntary term life insurance you choose for yourself or your spouse, you may be required to complete an Evidence of Insurability (EOI) form. An EOI form is a statement used to certify good health.

Once approved, your payroll deductions will be adjusted to reflect your new level of coverage.

**VERY IMPORTANT: Please be sure to designate a beneficiary for your Basic Life and Accidental Death & Dismemberment benefits using *DirectAccess*. Death Benefits will be paid to the named beneficiary on file at the time of your death.**

IF THERE IS NO NAMED BENEFICIARY OR SURVIVING BENEFICIARY, Death Benefits will be paid to the first surviving class of the following living relatives: spouse; child(ren); mother or father; brothers or sisters; or to the executors or administrators of the Insured's estate.

The following is the Schedule of Benefits for the life insurance plan. This chart describes the benefits and any limits that may apply to specific losses.

Core Coverage	Coverage
Life and Accidental Death & Dismemberment Insurance for you	1 times your annual base salary up to \$300,000
Type of Voluntary Coverage	Coverage Options
Additional Life Insurance for you	1, 2, 3, 4, or 5 times annual base salary, up to \$750,000; Guarantee Issue: Lesser of 2 times earnings or \$250,000
Life Insurance for your spouse	Increments of \$5,000, up to \$150,000 or 50% of Associate Voluntary Life amount Guarantee Issue: \$35,000
Life Insurance for your children	\$5,000, or \$10,000 for each child, no matter how many children you cover
Additional Accidental Death & Dismemberment for you	1 to 10 time annual base salary, up to \$1,000,000
Additional Accidental Death & Dismemberment for your children	Children only 15% of the insured's additional amount of AD&D insurance For Children with Spouse 10% of insured's additional amount of AD&D insurance to a maximum of \$25,000
Additional Accidental Death & Dismemberment for your spouse	60% of insured's additional amount of AD&D insurance Or Spouse with insured children 50% of insured's additional amount of AD&D insurance to a maximum of \$350,000

Please note for All Full-Time Exempt and Non-Exempt Employees who have Basic Life, Additional Life for you, Life for your spouse, Basic AD&D and Additional AD&D, benefits will reduce by 60% at age 65 and 50% at age 70.

# Associate Assistance & Work/Life Support Program (EAP)

Unum's EAP will provide **confidential** guidance and assistance in coping in many areas including stress, depression, substance abuse, parenting, marital problems, workplace issues, financial concerns, child and eldercare, and legal problems, for example:

- **Legal Consultation** – Receive a 30-minute free consultation and up to a 25% discount on select fees.
- **Identity Theft** – Receive a 60-minute free consultation with a fraud resolution specialist.

- **Financial Services & Referral** – Receive a 30-minute free consultation and a 25% discount on select fees with network providers.

These are just a few examples of the support available to you. Call 1-800-854-1446 to get the assistance you need to help resolve life's challenges or Log on to **www.lifebalance.net** and enter "lifebalance" for the user ID and password.

**This benefit is available to you and your family members from your first day of employment at zero cost to you.**

## Disability Insurance

Agero offers short term disability (STD) and long term disability (LTD) insurance through Unum. The company pays the full cost of STD and core LTD coverage. Following is a summary of the benefits available under these plans:

	STD	LTD
<b>Benefits begin</b>	After 7 days	After 90 days
<b>Benefit duration</b>	13 weeks	
<b>Benefit level</b>	60% of covered earnings	60% of covered earnings
<b>Maximum benefit</b>	\$2,500 per week	\$10,000 per month
<b>Benefits are...</b>	Taxable income	Taxable income

### When Does Coverage Begin?

**STD:** For non-exempt associates coverage begins on the first of the month following one full year of service.

For exempt associates, coverage begins on the first of the month following your date of hire.

**LTD:** For non-exempt associates coverage begins on the first of the month following one full year of service.

For exempt associates, coverage begins on the first of the month following your date of hire.

### What is Covered Earnings:

STD and LTD insurance are based on your current covered earnings, which excludes commissions, bonuses, overtime, shift differentials, or any other additional compensation you may receive.



# 401(k) Retirement Benefits

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Upon completion of 6 months of continuous service as a Regular Full-Time or Regular Part-Time associate, you will automatically be enrolled at a 3% contribution level in the Agero, Inc. 401(k) Retirement Savings Plan. Prior to automatic enrollment you will receive an information package from Fidelity Investments outlining the plan and investment fund options. You can opt out of the plan or change your contributions at any time.

After one year of service Agero will match 100% of the first 2% of your contributions and 50% on the next 4% of contributions for a total company match of 4%.

The Agero Retirement Savings Plan also gives you the option to contribute to a Roth 401(k).

- Provides another option to grow your retirement savings on an after-tax basis
- You can designate all or a portion of your plan contributions to a Roth 401(k)
- Qualified distributions are tax-free
- Eligible for the employer match

To find out if the Roth 401(k) make sense for you, call Fidelity at 1-800-835-5097, or go online at [www.401k.com](http://www.401k.com). You may also contact a tax professional for specific advice on your personal situation.

**IMPORTANT: You can conveniently update and manage your retirement plan beneficiary designations online. Log on to [www.401k.com](http://www.401k.com), click on the link under “Your Profile,” and then click on the “Beneficiaries” link.**

- **When You Are Vested** – The term “vesting” means your ownership of the money in your account. Your own contributions are always 100% vested. The company matching contributions are 100% vested after two years of service.
- **Loans** – You may borrow from your account. The minimum loan is \$1,000 and the maximum amount is the lesser of one-half of your vested account balance or \$50,000. You may only have one loan outstanding at any given time. To apply for a loan, call Fidelity at 1-800-835-5097, or go online at [www.401k.com](http://www.401k.com).
- **Hardship Withdrawals** – Hardship withdrawals are permitted in accordance with IRS regulations. To apply for a hardship withdrawal, call Fidelity at 1-800-835-5097, or for more information, go online at [www.401k.com](http://www.401k.com). Only associate contributions may be withdrawn for hardship.

The Agero 401(k) Retirement Savings Plan features special tax advantages, including making savings contributions to the Plan on a pre-tax basis. This means that at the time you make contributions to the plan, you do not pay Federal or state income taxes (in most states) on money that you contribute.

# Voluntary Benefits

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In an effort to offer the most meaningful benefits to meet the needs of our diverse workforce, we offer a dynamic range of voluntary benefits. These benefits offer added financial protection for a variety of life's unexpected expenses. Please review these valuable options, designed to provide additional protection or fill in the gaps in your current health plan by paying for expenses you would normally pay out of pocket. These voluntary benefits are available to you at a low cost that you can pay through the convenience of payroll deductions.

Here's a look at what's available to you during the upcoming Open Enrollment.

## Identity and Credit Protection from InfoArmor

PrivacyArmor is a proactive fraud detection and prevention, including a fully-managed identity restoration for state-of-the-art identity protection service. Features include:

- Identity and credit monitoring
- Credit report each year and a score each month
- Password management solution
- Social media reputation monitoring
- Digital wallet storage and monitoring
- Full-Service Identity Restoration
- \$1,000,000 Identity Theft Insurance Policy

## MetLaw – Pre-paid Legal

MetLaw provides legal advice and representation from a qualified attorney at an affordable price. Features include:

- Quick, easy access to a nationwide network of 13,000 pre-qualified Plan Attorneys with an average of 25 years of experience
- You can choose a non-Plan Attorney and may be reimbursed through the MetLaw plan
- Low monthly cost for unlimited use of the plan
- Premium is deducted from your paycheck, no claim forms
- Spouse and children also have access to the plan benefits

## Pet Insurance

Visit any vet, submit a claim, and receive reimbursement! Features include:

### **Pet Wellness Plan Plus**

- Use any vet
- Wellness services, including exams, vaccinations and flea/heartworm preventives
- Annual deductible: \$0
- Max Annual Benefit: \$500

### **Major Medical Plan Comprehensive**

- Use any vet
- Accidents, including poisonings, cuts, and broken bones
- Common illnesses, including ear infections, rashes, vomiting, and diarrhea
- Serious/chronic illnesses, including cancer, diabetes and allergies
- Hereditary conditions
- Procedures/services, including surgeries, Rx meds, testing and hospitalization
- Annual deductible: \$250
- Max Annual Benefit: \$14,000

## Hospital Indemnity

Hospital Indemnity Insurance can complement your medical coverage by helping to ease the financial impact of a hospitalization. It provides a lump sum payment that can be used as you see fit for hospital admission, accident-related inpatient rehabilitation and hospital stays.

Plan Features include:

- Admissions to a hospital
- Hospital stays
- Admission to an intensive care unit
- Intensive care unit stays
- Inpatient rehab unit stays (accidents only)
- Lodging benefit provided for a companion accompanying a covered insured while hospitalized
- Health screening (wellness) benefit provided if the covered insured takes one of the covered screening/prevention tests; payable one time per calendar year

# Supplemental Benefits

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## Liberty Mutual

Agero offers the opportunity to purchase all types of personal lines of insurance through Liberty Mutual. Insurance premiums are paid by automatic payroll deduction. A Sales Representative is available for assistance with insurance questions, policies, or concerns. Contact the HR Service Center for more information.

## Other Added Benefits

- Free membership in the Cross Country Motor Club
- Associate Referral Rewards Program
- Discount Auto Purchase Program available through several Agero clients
- Discounted BJ's Wholesale and Sam's Club memberships
- Pep Boy's Discounts
- Cross Country Perks

Many locations have other discount programs available locally. Contact your local HR Department for additional information.

## >> To Register for Cross Country Perks

- Visit [www.CrossCountryPerks.com](http://www.CrossCountryPerks.com)
- Go to the "Membership #" box
- Type in "CCA" plus your Associate number located under "FILE" in the gray-shaded box at the top of your pay statement. (If you are unable to receive external emails at work please use your personal email when registering.) Updates on new discounts will be sent to the email on your registration form.

# Important Notices

All benefits-eligible associates will receive information to review and download a Summary of Benefits and Coverage (SBC), which describes the benefits provided by each health plan offered by Agero.

## Expanded Access to Women's Preventive Services: Required Health Plan Coverage Guidelines

Under the Affordable Care Act, eight additional women's preventive services that will be covered without cost-sharing requirements including:

**Well-woman Visits:** This would include an annual well-woman preventive care visit for adult women to obtain the recommended preventive services, and additional visits if women and their health care providers determine they are necessary. These visits will help women and their health care providers determine what preventive services are appropriate, and set up a plan to help women get the care they need to be healthy.

**Gestational diabetes screening:** This screening is for women 24 to 28 weeks pregnant, and those at high risk of developing gestational diabetes. It will help improve the health of mothers and babies because women who have gestational diabetes have an increased risk of developing type 2 diabetes in the future. In addition, the children of women with gestational diabetes are at significantly increased risk of being overweight and insulin-resistant throughout childhood.

**HPV DNA testing:** Women who are 30 or older will have access to high-risk human papillomavirus (HPV) DNA testing every three years, regardless of Pap smear results. Early screening, detection, and treatment have been shown to help reduce the prevalence of cervical cancer.

**STI counseling:** Sexually-active women will have access to annual counseling on sexually transmitted infections (STIs). These sessions have been shown to reduce risky behavior in patients, yet only 28 percent of women aged 18-44 years reported that they had discussed STIs with a doctor or nurse.

**HIV screening and counseling:** Sexually-active women will have access to annual counseling on HIV. Women are at increased risk of contracting HIV/AIDS. From 1999 to 2003, the Centers for Disease Control and Prevention reported a 15% increase in AIDS cases among women, and a 1% increase among men.

**Contraception and contraceptive counseling:** Women will have access to all Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling. These recommendations do not include abortifacient drugs. Most workers in employee-sponsored plans are currently covered for contraceptives. Contraception has additional health benefits like reduced risk of cancer and protection against osteoporosis.

**Breastfeeding support, supplies, and counseling:** Pregnant and postpartum women will have access to comprehensive lactation support and counseling from trained providers, as well as breastfeeding equipment. Breastfeeding is one of the most effective preventive measures mothers can take to protect their health and that of their children. One of the barriers for breastfeeding is the cost of purchasing or renting breast pumps and nursing related supplies.

**Interpersonal and domestic violence screening and counseling:** Screening

and counseling for interpersonal and domestic violence should be provided for all adolescent and adult women. An estimated 25% of women in the United States report being targets of intimate partner violence during their lifetimes. Screening is effective in the early detection and effectiveness of interventions to increase the safety of abused women.

## General Notice Of COBRA Continuation Coverage Rights

This notice is provided to you during New Hire Orientation and is also sent to you when you enroll in a medical plan with Agero.

This Notice is available on *DirectAccess* (<https://portal.adp.com>) under the Benefits tab. Click on "Continuation of Coverage Rights Under COBRA" under "Recommended Links" on the right hand side of the page.

## HIPAA Privacy Notice

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require Agero to periodically send a reminder to participants about the availability of the Agero Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and Agero's legal duties with respect to protected health information (PHI) and how Agero may use and disclose PHI.

To obtain a copy of the Privacy Notice contact Sandra J. Savage at 781-306-3030. You may also view the Privacy Notice online at *DirectAccess* (<https://portal.adp.com>) under the Benefits tab. Click on "HIPAA Privacy Notice" under "Recommended Links" on the right hand side of the page.

You may also contact the Plan's Privacy Official at 781-306-3030 or [ssavage@agero.com](mailto:ssavage@agero.com) for more information on Agero's privacy policies or your rights under HIPAA.

## Notice About Your Prescription Drug Coverage and Medicare

**Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.**

- 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. We have determined that the prescription drug coverage offered by the Company Medical Plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage.**



## Important Notices (continued)

**Because your existing coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to 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 through December 7th. This may mean that you may have to wait to join a Medicare drug plan and that you may pay a higher premium (a penalty) if you join later. You may pay that higher premium (a penalty) as long as you have Medicare prescription drug coverage. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a sixty (60) day Special Enrollment Period (SEP) because you lost creditable coverage to join a Part D plan.

*In addition, if you lose or decide to leave employer-sponsored coverage, you will be eligible to join a Part D plan at that time using an Employer Group Special Enrollment Period.*

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.

**If you decide to join a Medicare drug plan, your Agero coverage will be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan. If you drop your coverage as part of the Company Plan, and enroll in a Medicare prescription drug plan, you may not be able to get this coverage back later.**

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Please refer to Your Health and Well-Being Summary Plan Description for explanation of the prescription drug coverage offered as part of the Agero Plan. Also, your current Company coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan. You should also know that if you drop or lose your coverage with the Company 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 prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium may go up by at least 1% of the base beneficiary premium per month for every month that you did not have that coverage.

For example, if you go nineteen months without coverage, your premium may consistently be at least 19% higher than the 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 your current Agero prescription drug coverage...

Contact the HR Service Center for further information at 1-888-551-2100.

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 the Company changes.

You also may request a copy.

### 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](http://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 **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](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**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 whether or not you are required to pay a higher premium (a penalty).**

Date: 11/15/2012

Name of Entity/Sender: Agero

Contact – Position/Office: HR Department

The information presented in this enrollment guide is a summary of your Agero benefits. The plans and programs described here are governed by official policies and plan documents. In the event of any conflict between this summary and the official documents, the official documents will govern. Agero reserves the right to amend, modify or terminate these plans at any time for any reason, with or without prior notice, subject to applicable laws. Submission of any false or misleading information (including, but not limited to, false information relating to benefits claims) in connection with any benefit plan may result in disciplinary action up to and including termination of employment and may also result in civil and criminal liability. Before you submit any benefit-related information, it is important that you carefully verify its accuracy and completeness.

# Important Notices (continued)

## Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Women's Health and Cancer Rights Act

As required by federal law, these benefits include reconstructive surgery for a member who is receiving benefits for a mastectomy and who elects breast reconstruction in connection with the mastectomy. This health plan provides benefits for: all stages of reconstruction of the breast on which the mastectomy was performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; and prostheses and treatment of physical complications at all stages of mastectomy, including lymphedemas. These services will be furnished in a manner determined.

## HIPAA Special Enrollment Notice

As you know, if you have declined enrollment in Agero's health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plan without waiting for the next open enrollment period (Fall 2017), provided that you request enrollment within 31 days after your other coverage ends. 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 eligible dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

Agero will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 31 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the Agero group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

## Patient Protection Model Disclosure

UHC generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact UHC at [myuhc.com](http://myuhc.com).

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from UHC or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact UHC at [myuhc.com](http://myuhc.com).

## 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](http://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 1-877-KIDS NOW or [www.insurekidsnow.gov](http://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](http://www.askebsa.dol.gov) or call 1-866-444-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 July 31, 2016. Contact your State for more information on eligibility.

ALABAMA – Medicaid  
Website: <http://myalhipp.com/>  
Phone: 1-855-692-5447

ALASKA – Medicaid  
The AK Health Insurance Premium Payment Program  
Website: <http://myakhipp.com/>  
Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid  
Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)

COLORADO – Medicaid  
Medicaid Website: <http://www.colorado.gov/hcpf>  
Medicaid Customer Contact Center: 1-800-221-3943

FLORIDA – Medicaid  
Website: <http://flmedicaidprecovery.com/hipp/>  
Phone: 1-877-357-3268

GEORGIA – Medicaid  
Website: <http://dch.georgia.gov/medicaid>  
Click on Health Insurance Premium Payment (HIPP)  
Phone: 404-656-4507

INDIANA – Medicaid  
Healthy Indiana Plan for low-income adults 19-64  
Website: <http://www.hip.in.gov>  
Phone: 1-877-438-4479  
All other Medicaid  
Website: <http://www.indianamedicaid.com>  
Phone 1-800-403-0864

IOWA – Medicaid  
Website: <http://www.dhs.state.ia.us/hipp/>  
Phone: 1-888-346-9562

KANSAS – Medicaid  
Website: <http://www.kdheks.gov/hcf/>  
Phone: 1-785-296-3512

KENTUCKY – Medicaid  
Website: <http://chfs.ky.gov/dms/default.htm>  
Phone: 1-800-635-2570

LOUISIANA – Medicaid  
Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>  
Phone: 1-888-695-2447

MAINE – Medicaid  
Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>  
Phone: 1-800-442-6003

TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP  
Website: <http://www.mass.gov/MassHealth>  
Phone: 1-800-462-1120

MINNESOTA – Medicaid  
Website: <http://mn.gov/dhs/ma/>  
Phone: 1-800-657-3739

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: 1-800-694-3084

NEBRASKA – Medicaid  
Website: [http://dhhs.ne.gov/Children\\_Family\\_Services/AccessNebraska/Pages/accessnebraska\\_index.aspx](http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx)  
Phone: 1-855-632-7633

NEVADA – Medicaid  
Medicaid Website: <http://dwss.nv.gov/>  
Medicaid Phone: 1-800-992-0900

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: 1-800-701-0710

NEW YORK – Medicaid  
Website: [http://www.nyhealth.gov/health\\_care/medicaid/](http://www.nyhealth.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid  
Website: <http://www.ncdhhs.gov/dma>  
Phone: 919-855-4100

NORTH DAKOTA – Medicaid  
Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>  
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP  
Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742

OREGON – Medicaid  
Website: <http://www.oregonhealthykids.gov>  
<http://www.hijossaludablesoregon.gov>  
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid  
Website: <http://www.dhs.pa.gov/hipp>  
Phone: 1-800-692-7462

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RHODE ISLAND – Medicaid  
Website: <http://www.eohhs.ri.gov/>  
Phone: 401-462-5300

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SOUTH CAROLINA – Medicaid  
Website: <http://www.scdhhs.gov>  
Phone: 1-888-549-0820

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SOUTH DAKOTA - Medicaid  
Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059

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TEXAS – Medicaid  
Website: <http://gethipptexas.com/>  
Phone: 1-800-440-0493

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UTAH – Medicaid and CHIP  
Website:  
Medicaid: <http://health.utah.gov/medicaid>  
CHIP: <http://health.utah.gov/chip>  
Phone: 1-877-543-7669

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VERMONT– Medicaid  
Website: <http://www.greenmountaincare.org/>  
Phone: 1-800-250-8427

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VIRGINIA – Medicaid and CHIP  
Medicaid Website: [http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)  
Medicaid Phone: 1-800-432-5924  
CHIP Website: [http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)  
CHIP Phone: 1-855-242-8282

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WASHINGTON – Medicaid  
Website: <http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx>  
Phone: 1-800-562-3022 ext. 15473

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WEST VIRGINIA – Medicaid  
Website: <http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx>  
Phone: 1-877-598-5820, HMS Third Party Liability

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WISCONSIN – Medicaid and CHIP  
Website:  
<https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>  
Phone: 1-800-362-3002

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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 July 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565









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