2018
EMPLOYEE BENEFITS

SAFE HARBOR
MARINAS

WHAT'S CHANGING FOR 2018?

Safe Harbor Marinas is pleased to announce our new and improved benefits package for 2018. You will see some things have stayed the same while many things have changed. We are proud to say majority of the changes were enhancements for the employees.

This Guide is an overview of the benefits available to you as well as the cost that will be deducted from your paycheck should you choose to elect. Please read it carefully in order to make the best choices for you and your family in the 2018 Plan Year which will run January 1, 2018 to December 31, 2018.

Please note that all employees will be required to go through open enrollment with an EOI Benefit Counselor either on-site at your location or via phone. You MUST either elect or waive benefits for 2018 – your current elections will not roll over.

There will be **two medical plan options** to select from through **UnitedHealthcare (UHC):**

- Consumer Driven Health Plan (CDHP)
- Preferred Provider Organization (PPO)

If you elect the CDHP and open a Health Savings Account (HSA), this account will be funded by the company with $1,000 for individual coverage or $2,500 for family coverage, which will be deposited in equal amounts in January and July.

The Dental plan will be administered by Cigna, utilizing their broad national network of providers. While it is not required to use an in-network dentist, your out of pocket costs will be lower than if you choose to go out of network.

The Vision plan will be administered by UnitedHealthcare (UHC). The voluntary plan features a $10 Vision Exam benefit as well as $130 to spend on frames or contact lenses.

Basic Life and AD&D Insurance will be offered to all full-time benefits eligible employees. The benefit is $20,000 and is paid for by the company and administered by Cigna. You will be automatically enrolled in this benefit, so no election is required, but you will need to make sure to provide beneficiary information.

You will have the opportunity to purchase **Voluntary Life/AD&D Insurance through Cigna,** which would pay in addition to the Basic Life/AD&D benefit. Voluntary Life and AD&D Insurance can be elected for yourself, your spouse and/or your children.

Short Term Disability (STD) Insurance is available to purchase through Trustmark. STD replaces a portion of your income if you become partially or totally disabled for a short period of time.

Accident Insurance will be offered through Trustmark. This benefit will provide a cash payment to you in the event of an accident or injury covered by the plan. Benefits range from cuts and burns to ambulance transportation and hospital stays.

Universal Life with Long Term Care will be available through Trustmark. Universal Life is permanent life insurance that also includes a benefit for long-term care services.

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You're a valued member of Safe Harbor Marinas, and your health and well-being are important to us. We are proud to provide you and your dependents with valuable and significant benefits. This guide is an overview of the benefits available to you and their impact on your hard-earned compensation. Please read it carefully in order to make the best choices for you and your family in the 2018 plan year.

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GO MOBILE!

SCAN WITH YOUR SMARTPHONE TO ACCESS ENROLLMENT MATERIALS ONLINE

In this Guide, we use the term Company to refer to Safe Harbor Marinas. This Guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the Company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

ELIGIBILITY & ENROLLMENT

You and your family have unique needs, which is why Safe Harbor Marinas offers a variety of benefit plans from which you may choose. If applicable, please make sure to consider your spouse's benefits through his or her place of employment and your dependents' eligibility when weighing each option.

Eligibility

If you are a full-time employee of Safe Harbor Marinas who is regularly scheduled to work at least 30 hours a week, you are eligible to participate in the medical, dental, vision, life and disability plans, and other additional benefits.

When Does Coverage Begin?

The elections you make during open enrollment effective on January 1, 2018. If you are a new hire or newly eligible for benefits, your elections are effective the first day of the month following 60 days of service. Due to IRS regulations, once you have made your choices for the 2018 plan year, you won't be able to change your benefits until the next enrollment period unless you experience a qualifying life event.

Eligible Dependents

Dependents eligible for coverage in the Safe Harbor Marinas benefits plans include:

- Your legal spouse/domestic partner (or common-law spouse in states which recognize common-law marriages).
- Children up to age 26 (includes birth children, stepchildren, legally-adopted children, children placed for adoption, foster children and children for whom legal guardianship has been awarded to you or your spouse).
- Dependent children, regardless of age, provided he or she is incapable of self-support due to a mental or physical disability, is fully dependent on you for support as indicated on your federal tax return and is approved by your medical plan to continue coverage past age 26.

Verification of dependent eligibility will be required upon enrollment.

Qualifying Life Events

When one of the following events occurs, you have 30 days from the date of the event to notify Human Resources to request changes to your coverage.

- Change in your legal marital status (marriage, divorce or legal separation)
- Change in the number of your dependents (for example, through birth or adoption, or if a child is no longer an eligible dependent)
- Change in your spouse's employment status (resulting in a loss or gain of coverage)
- Entitlement to Medicare or Medicaid

Your change in coverage must be consistent with your change in status. Please direct questions regarding specific life events and your ability to request changes to Human Resources.

LOOK! You CANNOT change your benefit selections during the plan year unless you have a qualifying life event, such as marriage and/or the birth or adoption of a child.

Preparing to Enroll

Safe Harbor Marinas provides its employees the best coverage possible. As a committed partner in your health, Safe Harbor Marinas will be absorbing a significant amount of the costs. Your share of the contributions for medical, dental and vision benefits is deducted on a pre-tax basis, which lessens your tax liability. Please note that employee contributions for medical, dental and vision coverage vary depending on the level of coverage you select. In general, the more coverage you have, the higher your contribution will be.

Keep in mind that you may select any combination of medical, dental and/or vision plan coverage categories. For example, you could select medical coverage for you and your entire family, but select dental and vision coverage only for yourself. The only requirement is that you, as an eligible employee of Safe Harbor Marinas, must elect coverage for yourself in order to elect any dependent coverage. Be sure to have the Social Security numbers and birthdates for any eligible dependent(s) that you plan to enroll. You cannot enroll your dependent(s) without this information.

Take Action - Complete Your Benefits Meeting to Enroll

This year is an active enrollment, meaning you MUST complete enrollment or you will not have benefits in 2018, as your current elections will not roll over.

Speak or meet with a benefit counselor to review your benefit options and enroll. During your meeting with the benefit counselor, you will have the opportunity to ask questions, get more information and enroll yourself and your dependents in coverage.

Schedule your on-site
or over-the-phone meeting at
shmarinas.mybenefitsappointment.com
or by calling 800-229-3642.

OPEN ENROLLMENT CHECKLIST

Important note: this is an active enrollment, meaning that you must take action and complete your meeting with a benefit counselor to elect or waive your 2018 benefits. You will not have another opportunity to make changes to your benefit elections until the next Open Enrollment period, unless you experience a Qualifying Life Event.

1. Complete your meeting with a benefit counselor.

Benefit counselors will be available over the phone on November 27 - December 8, 2017 to answer your questions and help you enroll in your benefits. Counselors will also be on-site to conduct in-person meetings from December 4 – 8, 2017 at Safe Harbor locations in Connecticut, Massachusetts, New York and Rhode Island only. Please note that you must complete your meeting with a benefit counselor to enroll in your 2018 benefits.

Schedule your over-the-phone or on-site meeting at shmarinas.mybenefitsappointment.com or by calling 800-229-3642.

2. Double-check covered and restricted medications.

Any plan changes could have an impact on prescription costs. If you currently take a medication that requires prior authorization, you may be prompted to try a lower-cost drug or even be limited in the amount of medication you can buy at one time. Review your available options outlined in this guide as well as the pharmacy prescription drug list for details.

3. Review available plans' deductibles.

Changes to your deductible might trigger you to explore other plan options. If you're planning on having a baby or major surgery this year, think carefully about your out-of-pocket medical costs and deductible. Conversely, if you don't anticipate a great need for healthcare this year, perhaps you could switch to a plan with a higher deductible and lower premiums. Read on for more information about various plan deductibles later in the guide.

4. Consider your HSA or FSA.

Think about how much you plan to spend on healthcare in the coming year — this includes dental and vision services, prescriptions and more. Maybe this is the year to consider an FSA. Or, if you already have an HSA, take into account any rollover money from last year and your long-term financial goals. Note that you can only open an HSA if enrolled in the CDHP plan.

5. Check to see if your pharmacy is in-network.

Many plans offer incentives for using in-network pharmacies. Read through your plan for any changes or amendments from last year to guarantee that your preferred pharmacy will not be negatively affected.

MEDICAL BENEFITS

Our medical coverage helps you maintain your well-being through preventive care and access to an extensive network of providers, as well as prescription medication. Medical benefits are offered through UnitedHealthcare. Choose the plan that best matches your needs and please keep in mind that the option you elect will be in place for all of the 2018 plan year, unless you have a qualifying life event.

Medical Premiums

Premium contributions for medical will be deducted from your paycheck on a pre-tax basis. Your level of coverage will determine your bi-weekly contributions.

How to Find a Provider

To see a current list of UnitedHealthcare (UHC) network providers, visit www.myuhc.com and select the "Choice Plus Network" or call Customer Care at 866-633-2446 for assistance.

Traditional PPO

For employees who prefer predictability with their Medical expenses, the company offers a Traditional PPO featuring fixed-dollar copays for many of the most common medical services. For other covered services, a deductible will apply, followed by your coinsurance percentage — until you meet your annual out-of-pocket maximum.

It is anticipated that the Traditional PPO will only be offered in 2018 and will be discontinued in 2019.

Consumer Driven Health Plan (CDHP)

With the Consumer Driven Health Plan (CDHP), with the exception of in-network preventive care services and prescriptions, you pay first-dollar costs for all covered medical expenses until you meet your calendar year deductible. Once you meet your deductible, you share the cost of covered services with the plan in a coinsurance arrangement until you meet your annual out-of-pocket maximum. Employees who enroll in the CDHP will have the opportunity to open a Health Savings Account (HSA), which can be used to pay for qualified medical expenses. If an account is opened, the company will fund $1,000 for individual and $2,500 for family coverage to your account to help cover these first dollar expenses. Safe Harbor's contribution will be deposited in equal amounts in January and July.

LOOK! Take advantage of preventive care offered by an in-network physician. This will save you time and money in the long run!

Health Care Cost Transparency

Consumer-Driven Health Plans and tools such as Flexible Spending Accounts have helped put the power of health care spending in consumers' hands. This means you have control over how your health care dollars are spent. But with the cost of services varying widely, make sure you're making the best choice for your health and your wallet. Enter health care cost transparency tools. These online tools, which are available at www.myuhc.com, allow consumers to compare costs for everything from prescription drugs to major surgeries.

Urgent Care Centers vs. Freestanding Emergency Rooms

Freestanding emergency rooms may look a lot like urgent care centers, but the costs and services can be drastically different. In general, consider an urgent care center as an extension of your primary care physician, while freestanding emergency rooms should be used for health conditions that require a high level of care. Research the options in your area and determine which ones are covered by your insurance plan's network; note that balance billing may apply. Choosing an urgent care center for everyday health concerns rather than an ER could save you hundreds of dollars.

Medical Plan Summary

The chart below gives a summary of the 2018 medical coverage provided by UHC. All covered services are subject to medical necessity as determined by the plan. Please be aware that all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

	PPO	CDHP
BI-WEEKLY CONTRIBUTIONS		
EMPLOYEE ONLY	$83.08	$50.77
EMPLOYEE + SPOUSE	$306.92	$132.00
EMPLOYEE + CHILD(REN)	$257.54	$126.92
EMPLOYEE + FAMILY	$456.92	$172.62

	PPO		CDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
EMPLOYER HSA CONTRIBUTION				
INDIVIDUAL	N/A		$1,000	
FAMILY	N/A		$2,500	
CALENDAR YEAR DEDUCTIBLE				
INDIVIDUAL	$2,500	$5,000	$3,000	$5,000
FAMILY	$5,000	$10,000	$6,000	$10,000
COINSURANCE (PLAN PAYS)	90%*	50%*	100%*	70%*
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)				
INDIVIDUAL	$5,000	$10,000	$6,000	$10,000
FAMILY	$10,000	$20,000	$10,000	$20,000
COPAYS/COINSURANCE				
PREVENTIVE CARE	$0	50%*	0%*	30%*
PRIMARY CARE PHYSICIAN	$30 copay	50%*	0%*	30%*
SPECIALIST VISIT	Tier 1: $30 copay All other: $60 copay	50%*	0%*	30%*
DIAGNOSTIC SERVICES	10%*	50%*	0%*	30%*
URGENT CARE	$75 copay	50%*	0%*	30%*
EMERGENCY ROOM	$250 + 10%	$250 + 10%	0%*	0%*

*After Deductible

A member with family coverage will only need to satisfy the individual deductible amount. When the family deductible amount is reached (by 2 or more individuals), no further individual deductibles will have to be satisfied for the remainder of that calendar year. No member may contribute more than the individual deductible amount to the "per family" deductible amount.

LOOK! There are no pricing standards for healthcare so charges for medical services can vary greatly — even for the same procedure, in the same area, within the same network. Make sure to use UHC healthcare cost transparency tools to ensure the most cost-effective choice.

PHARMACY BENEFITS

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through OptumRx/UnitedHealthcare. That means you will only have one ID card for both medical care and prescriptions. You may find information on your benefits coverage and search for network pharmacies by logging on to www.myuhc.com or by calling the Customer Care number on your ID Card.

Your cost is determined by the tier assigned to the prescription drug product. All products on the list are assigned as generic, preferred or non-preferred.

	PPO	CDHP
	In-Network	In-Network
RETAIL RX (31-DAY SUPPLY)		
GENERIC	$10.00	$10.00*
PREFERRED	$35.00	$35.00*
NON-PREFERRED	$70.00	$60.00*
MAIL ORDER RX (UP TO 90-DAY SUPPLY)		
GENERIC	$25.00	$25.00*
PREFERRED	$87.50	$87.50*
NON-PREFERRED	$175.00	$150.00*

*After Deductible

Please note that all copays on the CDHP plan apply after the deductible has been satisfied. You will be responsible for 100% of the UHC discounted cost until your deductible has been satisfied.

Price a Medication

The UHC "Drug Pricing" tool lets members search for medications online at www.myuhc.com before buying them at the pharmacy. Pricing will include costs for the OptumRx Mail Service Pharmacy and network retail pharmacies. The tool also displays the cost based on your specific benefit plan.

Q & A: GENERIC DRUGS

What is a generic drug?

Generic drugs are copies of brand-name drugs that have exactly the same dosage, intended use, effects, side effects, route of administration, risks, safety and strength as the original drug. In other words, their pharmacological effects are exactly the same as those of their brand-name counterparts.

Are generic drugs as effective as brand-name drugs?

Yes. A generic drug is the same as a brand-name drug in dosage, safety, strength, quality, the way it works, the way it is taken and the way it should be used. FDA requires generic drugs have the same high quality, strength, purity and stability as brand-name drugs.

What standards do generic drugs have to meet?

Health professionals and consumers can be assured that FDA approved generic drugs have met the same rigid standards as the innovator drug. To gain FDA approval, a generic drug must:

- Contain the same active ingredients as the innovator drug (inactive ingredients may vary)
- Be identical in strength, dosage form, and route of administration
- Have the same use indications
- Be bioequivalent
- Meet the same batch requirements for identity, strength, purity, and quality
- Be manufactured under the same strict standards of FDA's good manufacturing practice regulations required for innovator products

Are generic drugs that much cheaper than brand-name medications?

Yes. On average, the cost of a generic drug is 80% to 85% lower than the brand-name equivalent.

Is there a generic equivalent for my brand-name drug?

To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov to view a catalog of FDA-approved drug products, as well as drug labeling information.

PLAN OPTIONS: WHICH IS BEST FOR YOU?

PPO Plan Higher Premium, Lowest Deductible Highest Out-of-Pocket Costs

CDHP Lowest Premium, Highest Deductible, Lowest Out-of-Pocket Costs

SCENARIO 1: JOHN
(LOW HEALTH CARE UTILIZER)

John is 26 years old and just starting out in his career. He has few health care needs aside from preventive exams and screenings (paid at 100% when he uses in-network providers). John is single, has no children, and earns $32,000 a year. He doesn't anticipate any major health care expenses in 2018 and wants to spend as little on health care as possible.

	CDHP	PPO
PREVENTIVE VISIT: 1	$0	$0
PRIMARY CARE OFFICE VISIT: 1	$85	$30
SPECIALIST OFFICE VISIT: 1	$125	$60
RXS: GENERIC EACH @ RETAIL: 3	$45	$30
JOHN'S TOTAL OUT-OF-POCKET COST FOR SERVICES	$255	$120
JOHN'S ANNUAL MEDICAL PLAN PAYROLL CONTRIBUTION	$1,320	$2,160
SAFE HARBOR MARINAS'S 2018 CONTRIBUTION TO HSA	$1,000	N/A
JOHN'S TOTAL COST (SERVICES PLUS PREMIUM PAYROLL CONTRIBUTIONS) MINUS SAFE HARBOR MARINAS HSA CONTRIBUTION	$1,320*	$2,280

*The example above assumes that John utilized his HSA funds deposited by Safe Harbor Marinas towards all medical expenses. Therefore, his only out-of-pocket cost was for the premium.

John's Choice

John's preferred option is the **CDHP with HSA** plan. The plan's lower premium fits his budget and he still gets regular preventive care at no additional cost. Though his deductible is higher, the HSA provides a safety net should he face unexpected medical issues. John likes the tax advantages of the Health Savings Account, knowing that he can use it to pay his out-of-pocket expenses in the near term and carry the balance forward to use toward future health care expenses.

John plans on contributing $840 to his HSA in 2018 which is the amount of money he saved in premiums compared to the PPO Plan. Although the contributions are deducted from his paycheck, they are tax-free, which lowers his taxable income. In addition, the earnings and interest on his HSA are tax-free, along with the withdrawals when he uses savings from the account for qualified health care expenses! If he doesn't use the money in 2018, it rolls over to the next year to use for future expenses.

DISCLAIMER:
Please be advised that these scenarios are only examples. Your actual experience may vary.
All expenses assume the use of in-network providers and are eligible expenses under the plan.

SCENARIO 2: FELICIA
(MODERATE HEALTH CARE EXPENSES)

Felicia is 55 and single. She is healthy but has a few health care needs. She plans to see a specialist to have some moles removed. She suffers from allergies and annually goes to the Urgent Care for a sinus infection to get a prescription. She does take a generic maintenance prescription that she fills through mail order.

	CDHP	PPO
PREVENTIVE EXAMS: 1 TOTAL	$0	$0
SPECIALIST VISIT: 2 TOTAL	$250	$120
URGENT CARE VISIT	$150	$75
RX GENERIC @ RETAIL: 1 TOTAL	$15	$10
OUTPATIENT PROCEDURE	$300	$300 (subject to deductible)
RX GENERIC MAINTENANCE @ MAIL ORDER (12 MONTHS)	$180	$100
FELICIA'S TOTAL HEALTH CARE COST	$895	$605
FELICIA'S ANNUAL PAYROLL CONTRIBUTIONS	$1,320	$2,160
SAFE HARBOR MARINAS'S 2018 CONTRIBUTION TO THE HSA	$1,000	N/A
FELICIA'S TOTAL COST (SERVICES PLUS PREMIUM PAYROLL CONTRIBUTIONS)	$1,320*	$2,765

*The example above assumes that Felicia utilized her HSA funds deposited by Safe Harbor Marinas towards all medical expenses. Therefore, her only out-of-pocket cost was for the premium.

Felicia's Choice

Although Felicia will benefit from the fixed copay amounts with the PPO, she actually comes out ahead in the end due to the lower out-of-pocket maximum, lower premium contributions and the HSA employer contribution. Felicia was able to use her HSA for all health care costs during the year and roll over an additional $105 to use for expenses next year.

Felicia is comfortable paying more in monthly payroll contributions to have the peace of mind to know that a copay will cover her health care needs.

DISCLAIMER:
Please be advised that these scenarios are only examples. Your actual experience may vary.
All expenses assume the use of in-network providers and are eligible expenses under the plan.

PREVENTIVE CARE

Did you know that most health plans must cover a set of preventive services — such as shots and screening tests — at no cost to you? Work with your Primary Care Physician to stay up to date on preventive services — identifying and treating illnesses early will save you time and money, and promote a healthy lifestyle in the long run!

Any screening test done in order to catch a disease early is considered a preventive service. Due to the U.S. Patient Protection and Affordable Care Act (ACA), many services, screenings and supplies are paid at 100% including, but not limited to, the following:

- Wellness visits, yearly physicals and standard immunizations
- Screenings for blood pressure, cancer, cholesterol, depression, obesity and Type 2 diabetes
- Pediatric screenings for hearing, vision, obesity, depression, autism and developmental disorders
- Anemia screenings, breastfeeding support and breastfeeding pumps for pregnant and nursing women
- Iron supplements (for children ages 6 to 12 months at risk for anemia)

Key Things to Remember:

- Many preventive care services and tests are covered at 100%. You can find a list of covered services in your plan documents.
- Think of preventive care visits as routine check-ups. Things that may occur during a preventive visit include immunizations, blood pressure and cholesterol measurement, diabetes screening, or counseling on healthy weight.
- Diagnostic care to identify potential health risks are covered according to plan benefits, even if recommended or done during a preventive care visit.
- If your physician finds a specific health risk or new medical condition during your appointment, your doctor may bill those services as diagnostic medicine. These types of diagnostic services may result in out-of-pocket costs for you (i.e., deductibles, coinsurance, or copayments) because they are no longer considered preventive care.

Check your benefit summary to see what preventive services are available to you at no cost.

VIRTUAL MEDICINE

Pressed for time or too sick to drive to the doctor? If you are enrolled on the UHC plan, consider one of these modern ways of seeking medical assistance.

Virtual Visits

If you enroll in the UHC Medical Plan you will have access to Virtual Visits through AmWell and Doctors on Demand. A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription (in participating states), if needed, that you can pick up at your local pharmacy.

Conditions Commonly Treated Through a Virtual Visit

Doctors can diagnose and treat a wide range of non-emergency medical conditions, including:

- Bladder infection/Urinary tract infection
- Bronchitis
- Cold/flu
- Diarrhea
- Fever
- Migraine/headaches
- Pink eye
- Rash
- Sinus problems
- Sore throat
- Stomach ache

Access Virtual Visits

Log in to myuhc.com® and choose from AmWell or Doctor's on Demand where you can register for a virtual visit. Once you choose a Virtual Visit provider group you'll be directed to their website from myuhc.com or their app from Health4Me. You also have the option of going directly to their website or app to access care. You can download their app directly from Google Play™ or the Apple® App Store®. After registering and requesting a visit you will pay your portion of the service costs according to your medical plan, and then you will enter a virtual waiting room. During your visit you will be able to talk to a doctor about your health concerns, symptoms and treatment options. Before satisfying your deductible, the cost of a visit on the PPO is $25 and between $40-$50 on the CDHP.

Use virtual visits when:

- Your doctor is not available
- You become ill while traveling
- You are considering visiting a hospital emergency room for a non-emergency health condition

Not good for:

- Anything requiring an exam or test
- Complex or chronic conditions
- Injuries requiring bandaging or sprains/broken bones

HEALTH SAVINGS ACCOUNT

Take charge of your health care spending with a Health Savings Account (HSA). Contributions to an HSA are tax free and withdrawals for qualified medical expenses are tax free.

Your HSA can be used for qualified expenses, including those of your spouse and/or tax dependent(s), even if they are not covered by your plan. If you are not enrolled in a CDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified medical expenses.

HSA Bank will issue you a debit card, giving you direct access to your account balance. When you have a qualified medical expense, you can use your debit card to pay. You must have a balance to use your debit card. There are no receipts to submit for reimbursement.

Eligible expenses include doctors' office visits, eye exams, prescription expenses, laser eye surgery and more. IRS Publication 502 provides a complete list of eligible expenses and can be found on www.irs.gov.

Eligibility

You are eligible to open and fund an HSA if:

- You are enrolled in an HSA-eligible Consumer-Driven Health Plan. The Safe Harbor CDHP Plan is an HSA qualified plan.
- You are not covered by your spouse's non-CDHP health plan.
- You or your spouse do not have a Health Care Flexible Spending Account or Health Reimbursement Account.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE.
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)

Individually Owned Account

You own and administer your Health Savings Account. You determine how much you'll contribute to the account, when to use the money to pay for qualified medical expenses, and when to reimburse yourself. HSAs allow you to save and roll over money if you do not spend it in the calendar year. The money in this account is portable, even if you change plans or jobs. There are no vesting requirements or forfeiture provisions.

How to Enroll

You must elect the CDHP with Safe Harbor Marinas. You will need to complete all HSA enrollment materials and designate the amount to contribute on a pre-tax basis. Safe Harbor Marinas will establish an HSA account in your name and send in your contribution once bank account information has been provided and verified.

Maximize Your Tax Savings

Contributions to an HSA are tax-free (they can be made through payroll deduction on a pre-tax basis when you open an account with HSA Bank). The money in this account (including interest and investment earnings) grows tax-free. As long as the funds are used to pay for qualified medical expenses, they are spent tax-free.

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax.

LOOK! An HSA is a great way to save for post-retirement healthcare needs. Aim to contribute the maximum amount allowed each year.

HSA Funding Limits

Each year, the IRS places a limit on the maximum amount that can be contributed to HSA accounts. For 2018, contributions (which include any employer contribution) are limited to the following:

HSA FUNDING LIMITS	
EMPLOYEE	$3,450
FAMILY	$6,900
CATCH -UP CONTRIBUTION (AGES 55+)	$1,000

EMPLOYER HSA CONTRIBUTION	
EMPLOYEE	$1,000
FAMILY	$2,500

Safe Harbor will make an initial seed deposit based on your enrollment into the HSA, $1,000 for employee and $2,500 for family. One half of the initial lump sum contribution will be available January 2018, and the second half of initial lump sum contribution will be available July 2018, provided an account is established, you are actively employed, and enrolled in the HSA Option. Any funds you elect to be payroll deducted will become available on a per pay period basis.

HSA contributions in excess of the IRS annual contribution limits ($3,450 for individual coverage and $6,900 for family coverage for 2018) are not tax deductible and are generally subject to a 6% excise tax.

If you've contributed too much to your HSA this year, you can do one of two things:

- Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed from your HSA.
- Leave the excess contributions in your HSA and pay 6% excise tax on excess contributions. Next year you may want to consider contributing less than the annual limit to you HSA to make up for the excess contribution during the previous year.

The Safe Harbor Marinas HSA will be established with HSA Bank. You may be able to roll over funds from another HSA. For more enrollment information, contact Human Resources or visit www.hsabank.com.

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax payroll deductions to pay for various out-of-pocket expenses.

Health Care Flexible Spending Account

You can contribute up to $2,650 for qualified medical expenses (deductibles, copays and coinsurance, for example) with pre-tax dollars, which will reduce the amount of your taxable income and increase your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them, so you don't have to wait for reimbursement.

Please note: Over-the-counter (OTC) drugs are not eligible for reimbursement through an FSA without a doctor's prescription.

How to Use the Account

You can use your FSA debit card at locations such as doctor and dentist offices, pharmacies, and vision service providers. The card cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The swipe transaction will be denied if you attempt to use the card at an ineligible location.

Once you incur an eligible expense and do not use your debit card at the point of service, submit a claim form along with the required documentation. If you have a question about a reimbursement, contact Discovery Benefits. Should you need to submit a receipt, you will receive an email or be mailed a receipt notification from Discovery Benefits. You should always retain a receipt for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. This means that you must always keep receipts and Explanation of Benefits (EOBs) for any debit card charges. If you don't provide proof that an expense was valid can result in your card being turned off and your expense being deemed taxable.

General Rules and Restrictions

In exchange for the tax advantages that FSAs offer, the IRS has imposed the following rules and restrictions for Health Care FSAs:

- Your expenses must be incurred during the 2018 plan year (January 1 - December 31).
- All receipts for expenses incurred during the plan year must be submitted by March 1, 2019.
- You must "use it or lose it"— any unused funds at the end of the plan year will be forfeited.
- You cannot change your FSA election in the middle of the plan year unless you experience a qualifying life event like marriage, divorce or birth of a child.

Please note: you cannot have an FSA and an HSA.

LOOK! Your FSA money can cover the cost of going to a chiropractor or acupuncturist, if your insurance doesn't already cover it.

FSA VS. HSA: WHICH IS RIGHT FOR YOU?

Flexible Spending Accounts (FSAs) and Health Savings Accounts (HSAs) are two ways to save pre-tax money to pay for your eligible healthcare costs. But how do you know which one is right for you?

	FSA	HSA
OWNERSHIP	The FSA is owned by your employer. If you leave your employer, you lose access to the account unless you have a COBRA right.	The HSA is an account owned by you. It is a savings account in your name and you always have access to the funds, even if you leave your employer.
ELIGIBILITY & ENROLLMENT	The employer determines eligibility for an FSA. You cannot make changes to your contribution during the Plan Year without a Qualifying Life Event.	You must be enrolled in a Qualified High Deductible Health Plan (CDHP Plan is qualified) to be eligible to contribute money to your HSA. You cannot be covered by a spouse's non-High Deductible plan or enrolled in Medicare or TRICARE. You can change your contribution at any time during the Plan Year.
TAXATION	Contributions are tax free via payroll deduction.	The money in the account is "triple tax free," meaning: 1. Contributions are tax free. 2. The account grows tax free. 3. Funds are spent tax free (if used for qualified expenses).
CONTRIBUTIONS	FSAs are funded by the employee only. The IRS contribution limit for 2018 is $2,650.	Both you and your employer can contribute to the account according to IRS limits. The contribution limit for 2018 is $3,450 for individuals and $6,900 for families. This amount includes the employer contribution. If you are 55 or older, you may make a "catch-up" contribution of $1,000 per year.
PAYMENT	You will be provided with an FSA debit card to pay for eligible expenses. You can also elect to pay up front and get reimbursed from the account. You must submit your receipts for reimbursement.	You will be provided with an HSA debit card. You may use the debit card to pay for qualified expenses directly to the provider. You could also use online bill payment services from the HSA financial bank to pay for qualified expenses. You decide when and if you should use the money in your HSA to pay for qualified expenses, or if you want to use another account to pay for services and save the money in your HSA for future qualified expenses or retirement.
ROLL OVER	You must use the money in the account by end of Plan Year. Any funds remaining in your account at the end of the year will be forfeited.	The money in the account rolls over from year to year. Funds are always yours and may be used for future qualified expenses.
QUALIFIED EXPENSES	Physician services, hospital services, prescriptions, dental care and vision care. A full listing of eligible expenses is available at www.irs.gov.	Physician services, hospital services, prescriptions, dental care, vision care, Medicare Part D plans, COBRA premiums and long-term care premiums. A full listing of eligible expenses is available at www.irs.gov.

Please refer to your Summary Plan Description or plan certificate for your plan's specific FSA or HSA benefits.

DENTAL BENEFITS

Regular dental checkups do more for your well-being than just preserve a healthy smile. Safe Harbor Marinas's dental coverage will provide you and your family affordable options for overall health. Coverage is available from Cigna.

Network Dentists

If you choose to use a dentist who doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit Cigna at www.cigna.com and select the "Cigna PPO Network."

Dental Premiums

Premium contributions for dental will be deducted from your paycheck on a pre-tax basis. Your tier of coverage will determine your bi-weekly premium.

Dental Plan Summary

Dental plan benefits are available to you on a voluntary basis. The chart below gives a summary of the 2018 dental coverage provided by Cigna. All out-of-network services are subject to Reasonable and Customary (R&C) limitations.

	DENTAL PPO
BI-WEEKLY CONTRIBUTIONS	
EMPLOYEE ONLY	$13.48
EMPLOYEE + SPOUSE	$28.12
EMPLOYEE + CHILD(REN)	$27.06
EMPLOYEE + FAMILY	$44.21

	DENTAL PPO	
	In Network	**Out-of-Network****
CALENDAR YEAR DEDUCTIBLE		
INDIVIDUAL	$50	$50
FAMILY	$150	$150
CALENDAR YEAR MAXIMUM		
PER PERSON	$1,000	$1,000
COVERED SERVICES		
PREVENTIVE SERVICES	100%	100%
BASIC SERVICES	80%*	80%*
MAJOR SERVICES	50%*	50%*

*After Deductible
**All out-of-network services are subject to Reasonable and Customary (R&C) limitations

LOOK! As many as 120 systemic diseases can be visible in your mouth.
Regular checkups can reveal the signs of diseases before they even cross your mind.

VISION BENEFITS

Even those with perfect eyesight should have their vision checked on a regular basis. To ensure that you and your family have access to quality vision care, Safe Harbor Marinas offers a comprehensive vision benefit provided by United Healthcare.

Vision Premiums

Premium contributions for vision will be deducted from your paycheck on a pre-tax basis. Your tier of coverage will determine your bi-weekly premium.

Vision Plan Summary

The below gives a summary of the 2018 vision coverage provided by United Healthcare. All out-of-network services are subject to Reasonable and Customary (R&C) limitations.

	VISION PLAN
BI-WEEKLY CONTRIBUTIONS	
EMPLOYEE ONLY	$2.50
EMPLOYEE + SPOUSE	$4.60
EMPLOYEE + CHILD(REN)	$4.82
EMPLOYEE + FAMILY	$7.23

	VISION PLAN	
	In-Network	Out-of-Network
COVERED MATERIALS		
LENSES		
SINGLE VISION LENSES	$25 copay	Up to $40
BIFOCAL LENSES	$25 copay	Up to $60
TRIFOCAL LENSES	$25 copay	Up to $80
FRAMES		
RETAIL FRAME EQUIVALENT	$130 Allowance	Up to $45
CONTACT LENSES		
NECESSARY	100%	Up to $210
UHC SELECTION	Up to 4 boxes	Up to $105
ALL OTHER	$105 Allowance	Up to $105
COPAYS		
EXAMINATION	$10	Up to $40
MATERIALS	$25	$40 - $80
BENEFIT FREQUENCY		
EXAMINATION	12 months	
LENSES	12 months	
FRAMES	24 months	
CONTACTS (in lieu of Lenses and Frames)	12 months	

LOOK! Eye doctors are often the first health care professionals to detect chronic systemic diseases such as high blood pressure and diabetes.

SURVIVOR BENEFITS

It's not always easy to talk with your family about how they'll be provided for if you weren't around, but it's an important conversation to have. Survivor benefits provide financial assistance in an absence, and can help you plan for the unexpected. If you secure Life insurance now, chances are you can take comfort in knowing that those who depend on you will be provided for.

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

Life and AD&D benefits are essential to your family's financial security. As such, it is important to understand how your plan works and what benefits you will receive. Basic Life and AD&D benefits are provided to you as a part of your basic coverage. Safe Harbor Marinas provides employees with Basic Life and AD&D insurance through Cigna, which guarantees that loved ones, such as a spouse or other designated survivor(s), continue to receive part of an employee's benefits after death.

Your Basic Life and AD&D insurance benefit is $20,000.

If you are a full-time employee, you automatically receive Life and AD&D insurance even if you elect to waive other coverage.

Beneficiary Designation

A beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life offered by Safe Harbor Marinas. You receive the benefit payment for a dependent's death under the Cigna insurance.

Make sure your beneficiary designation is clear so there is no question as to your intentions, and remember to name a primary and contingent beneficiary. When naming your beneficiary(ies), please indicate their full name, address, Social Security number, relationship, date of birth and distribution percentage. If the beneficiary is not legally related, insert the words "Not Related" in the relationship field.

Please note that in most states, benefit payments cannot be made to a minor younger than 18. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name, and will earn interest until the minor reaches majority age at 18.

If you name more than one beneficiary with unequal shares, please show the amount of insurance to be paid to each beneficiary in percentages. If you need assistance, contact Human Resources or your own legal counsel.

LOOK! Your beneficiary doesn't have to be a person. A trust, or a legal agreement that lets you place property under the control of a trust manager, can be named the beneficiary. The beneficiary can also be a charity or simply your estate.

Life and AD&D Insurance

Eligible employees may purchase Voluntary Life and AD&D insurance for themselves and their families. Premiums are paid through payroll deductions. The amount of coverage you elect will automatically include a matching AD&D benefit. Cost may automatically adjust each year at our annual renewal to reflect the age-graded rates. You must purchase Voluntary Life insurance for yourself in order to purchase Voluntary Life insurance for your spouse and/or child(ren). Both Basic Life and Voluntary Life policies are subject to a benefit reduction schedule beginning at age 65.

BASIC LIFE/AD&D	
COVERAGE AMOUNT	$20,000
WHO PAYS	Safe Harbor Marinas
BENEFITS PAYABLE	If you die, lose a limb or suffer paralysis in an accident.
MAXIMUM BENEFIT	$20,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No
VOLUNTARY EMPLOYEE LIFE/AD&D	
COVERAGE AMOUNT	$10,000 increments
WHO PAYS	Employee
BENEFITS PAYABLE	In the event you die, lose a limb or suffer paralysis in an accident. This benefit is in addition to the Basic Life benefit.
MAXIMUM BENEFIT	The lesser of 5x salary or $500,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	For amounts that exceed the guarantee issue amount of $150,000
VOLUNTARY SPOUSE LIFE/AD&D	
COVERAGE AMOUNT	$5,000 increments
WHO PAYS	Employee
BENEFITS PAYABLE	In the event your spouse dies, loses a limb or suffers paralysis in an accident.
MAXIMUM BENEFIT	$250,000 not to exceed 50% of employee voluntary benefit
EVIDENCE OF INSURABILITY (EOI) REQUIRED	For amounts that exceed the guarantee issue amount of $50,000
VOLUNTARY CHILD LIFE/AD&D	
COVERAGE AMOUNT	$1,000 increments
WHO PAYS	Employee
BENEFITS PAYABLE	In the event your child dies, loses a limb or suffers paralysis in an accident.
MAXIMUM BENEFIT	Over 6 months: $10,000 Birth to 6 months: $500
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No

Important Note: This is a one-time enrollment period that allows all benefits eligible employees to elect up to the guarantee issue amount without providing an Evidence of Insurability (EOI) form for review/approval. You will still have the opportunity to elect the coverage in future years, however any new elections and increases will be subject to EOI.

If you do elect coverage this year above the guarantee issue, you will need to complete and submit an EOI form to be reviewed by Cigna for approval.

LIFE AND AD&D INSURANCE PREMIUM RATES

VOLUNTARY LIFE/AD&D INSURANCE			
Rates/$1,000 (Monthly)			
Age (As of January 1, 2018)	**Employee**	**Age (As of January 1, 2018)**	**Spouse**
Younger than 30	$0.120	Younger than 30	$0.115
30–34	$0.130	30–34	$0.125
35–39	$0.170	35–39	$0.165
40–44	$0.250	40–44	$0.245
45–49	$0.380	45–49	$0.375
50–54	$0.570	50–54	$0.565
55–59	$0.910	55–59	$0.905
60–64	$1.430	60–64	$1.425
65–69*	$2.240	65–69*	$2.235
70–74*	$3.670		
75–79*	$6.380		
80–84*	$12.970		
85–89*	$21.120		
90–94*	$33.230		
95–99*	$50.720		

Note: Spouse coverage ends at age 70.

* Benefits Subject To Age Reduction Schedule

VOLUNTARY CHILD LIFE/AD&D INSURANCE	
Premium Rates – $1,000 (Monthly)	
Child	$0.185

TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE COVERAGE WILL COST:							
$	÷ 1,000 =	$	x Age Based Rate =	$	x 12 ÷ 26 =	$	
Benefit Elected				Monthly Premium		Bi-Weekly Premium	

*Age Reduction Schedule: When you are age 65 or older, your Insurance Benefit will reduce to: 65% of the Life Insurance Benefit at age 65, 45% of the Life Insurance Benefit at age 70, 30% of the Life Insurance Benefit at age 75 and 20% of the Life Insurance Benefit at age 80.

Life Insurance comes in different shapes and sizes. As a valued employee of Safe Harbor Marinas, you have the option to enroll in Voluntary Term Life, Accidental Death & Dismemberment coverage and/or Universal Life Insurance. All premiums for life insurance are paid through post-tax payroll deductions.

What's the difference in Term Life Insurance and Universal Life Insurance? Do I need both? How do they work together??

TERM LIFE INSURANCE	UNIVERSAL LIFE INSURANCE
WHAT IS IT?	
• Provides protection during your working years • Affordable coverage to help survivors weather an unexpected loss	• Provides benefits for a lifetime • More than just a death benefit — value you can use during times of need
WHY DO YOU NEED IT?	
Income replacement • Kind of like renting a house: employees use the protection for a set period of time • Can help pay the costs families face during the working years if the breadwinner dies prematurely; Housing, Education, Saving for Retirement • Can be used to pay for the expenses associated with terminal illness	**Final expenses plus cash accumulation** Kind of like owning a house: you keep the benefit for a lifetime • Can help pay final expenses • Can also be used to pay for the expenses associated with terminal illness including long term care • Accumulates cash value at a guaranteed interest rate; employees can borrow against this value
HOW DOES IT WORK?	
Flexible, normally ends at retirement • You may increase coverage as your needs evolve • The benefit typically decreases after age 65, and can end at retirement, when income replacement may no longer be necessary • Guaranteed issue means you can get coverage with no health questions or exams	**Guaranteed premium, level benefit — for life** • Your premium is locked-in for the amount of coverage you desire — the younger you are, the lower the premium. Rates this affordable with guaranteed issue are usually only available in the workplace • The level death benefit does not decrease with age • The coverage continues for life • Guaranteed issue — generally available only in the workplace — means you can get coverage with no health questions or exams during your initial eligibility period, assuming you are actively at work and meet the benefit eligibility requirements
ADDITIONAL BENEFITS	
Living Benefits • Your premiums may be waived if you become disabled, based on certain plan conditions • Terminal illness benefit accelerates the lesser of 50% or $50,000 of your death benefit when you meet certain plan conditions	**Living Benefits** • A portion of your life insurance policy can be used toward Long Term Care; the plan pays you 4% per month, up to 25 months, for care in an assisted living, long term care facility, home health care and/or adult day care • Terminal illness benefit accelerates 75% of your death benefit if your life expectancy is less than 24 months.
HOW LONG DO THEY WORK TOGETHER?	
Protection for now, helpful benefits for later With valuable protection for your working years and benefits that carry into retirement, a combination of Term Life and Universal Life provides enhanced protection for your loved ones.	

Universal LifeEvents® with Long Term Care

Trustmark Universal Life coverage combines a permanent life insurance policy with living benefits in the form of Long Term Care (LTC).

There are main three main features to this plan. Check out the three main features of this plan alongside an example of how the plan works for a sample $50,000 policy.

1	**A death benefit**, payable to your beneficiaries if you pass away	$50,000 death benefit is payable to your beneficiaries when you pass away
2	**A living benefit**, to help pay for care in an assisted living, long term care facility, home health care and/or adult day care	Pays you 4% per month, up to 25 months. $2,000 per month x 25 months = $50,000 maximum LTC benefit
3	**A terminal illness benefit**, that pays you 75% of your death benefit if your life expectancy is less than 24-months	Pays you $37,500 with life expectancy declaration Pays remaining $12,500 to your beneficiaries when you pass away

Plan Highlights

- Your rates lock in at your current age and do not increase as you age
- Coverage is portable which means you can take this plan with you if you no longer work for the company
- You choose the level of coverage that is right for you

		BENEFIT AMOUNT
EMPLOYEE	Guaranteed Issue Maximum Benefit	The lesser of $28 bi-weekly or $200,000 Up to $300,000
SPOUSE	Maximum Benefit	Up to $300,000
CHILD(REN)	Maximum Benefit	Benefit amount purchased by $8.64 bi-weekly

Rates are based on your age, smoking status and coverage level.

Ask a Benefit Counselor today for your coverage options and premium.

Underwritten by Trustmark Insurance Company, Lake Forest, Illinois. In New York, Universal Life is underwritten by Trustmark Life Insurance Company of New York, Albany, New York. Certain benefits may not be available in all states or may be named differently.

SUPPLEMENTAL HEALTH

Accident Coverage

Accident coverage by Trustmark helps to protect you from the unexpected expenses related to an accident. We never expect an accident to occur, but if does, our medical expenses rise and our living expenses don't go away. The Accident plan helps to protect your pocketbook so you can maintain your way of life.

Some of the benefits available with Accident coverage are detailed below. Benefits are payable directly to you, regardless of any portion of the cost that your medical plan may cover.

CORE BENEFITS	
FRACTURES	Up to $7,500
DISLOCATIONS	Up to $4,000
EMERGENCY CARE	$200 for emergency room $100 for physician office or urgent care
NON-EMERGENCY INITIAL CARE	$100
EMERGENCY ROOM TREATMENT	$200
PHYSICIAN FOLLOW-UP VISIT	$100
PHYSICAL THERAPY SERVICES	$50 (per visit, up to six visits)
HOSPITAL OR ICU BENEFIT	$1,500 for initial hospitalization plus Hospital:$200 (per day up to 365 days) or ICU: $400 (per day up to 15 days)

ADDITIONAL BENEFITS	
BURNS (2ND AND 3RD DEGREE)	Up to $10,000
CONCUSSION	$100
HERNIATED DISC	$600
TORN CARTILAGE IN KNEE (WITH SURGERY)	$500
LACERATION	Up to $800
TORN, RUPTURED OR SEVERED TENDON/	Up to $1,200
LIGAMENT/ROTATOR CUFF (WITH SURGERY)	Up to $1,200
LOSS OF A FINGER, TOE, HAND, FOOT OR EYE SIGHT	Up to $15,000
AMBULANCE	$1,000 for air/$200 for ground
PROSTHETIC DEVICE	Up to $1,000
MEDICAL APPLIANCE	$150
BLOOD BENEFIT	$300
SURGERY	Up to $1,250

Annual $50 wellness benefit payable for certain preventive wellness screenings. Applies to all covered members.

ACCIDENT COVERAGE

	Bi-Weekly			
EMPLOYEE CONTRIBUTIONS	ALL OTHER STATES	Ohio	New York	Washington
EMPLOYEE ONLY	$6.25	$6.51	$5.35	$6.84
EMPLOYEE + SPOUSE	$9.15	$9.68	$7.48	$9.93
EMPLOYEE + CHILD(REN)	$12.01	$12.38	$9.96	$13.30
EMPLOYEE + FAMILY	$14.92	$15.56	$12.10	$16.39

Rates and plan design information have been provided for illustrative purposes only. Please refer to plan document for details. Rate variance may occur due to rounding.

INCOME PROTECTION

Safe Harbor Marinas offers disability coverage to protect you against any debilitating injury. This insurance protects a portion of your income until you can return to work, or until you reach retirement age.

Short Term Disability (STD) Insurance

Short Term Disability (STD) benefits are available to you on a voluntary basis. STD insurance replaces up to 60% of your income if you become partially or totally disabled for a short period of time. Certain exclusions, along with any pre-existing condition limitations, may apply. Please refer to your plan documents for details or contact Human Resources for specific benefits.

- Coverage is portable; take it with you if you no longer work for the company
- Rates lock in at your current age
- At time of claim, benefits are paid in full regardless of any other coverage you may have
- Maternity is covered when it begins 10 months after the effective date of your coverage
- If you elect coverage and become disabled because of a pre-existing condition, the disability is not covered if it begins during the first 12 months after the plan's effective date.

GUARANTEED ISSUE (no medical questions)	$3,000 per month
MAXIMUM BENEFIT	$6,000 per month
ELIMINATION PERIOD	7 days for accident or illness
MAXIMUM BENEFIT PERIOD	6 months

VOLUNTARY STD INSURANCE

Age as of your coverage effective date

Age Range	Weekly Premium per $100 Monthly Benefit*
18-49	$1.00
50-59	$1.12
60+	$1.44

*Rates differ for WA and NY residents.

TO CALCULATE HOW MUCH YOUR STD COVERAGE WILL COST:

$	÷ 12 =	$	x 60%	$	÷ 100 x Rate =	$	x 2 =	$	
Annual Salary		Monthly Income		Monthly Benefit*		Weekly Premium		Bi-weekly Premium	

*Round down to nearest $100

Rates and plan design information have been provided for illustrative purposes only. Please refer to plan document for details. Rate variance may occur due to rounding.

GLOSSARY

Coinsurance – Your share of the cost of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service, typically after you meet your deductible. For instance, if your plan's allowed amount for an office visit is $100 and you've met your deductible (but haven't yet met your out-of-pocket maximum), your coinsurance payment of 20% would be $20. Your plan sponsor or employer would pay the rest of the allowed amount.

Consumer-Driven Health Plan (CDHP) – A plan option that provides choice, flexibility and control when it comes to spending money on health care. Preventive care is covered at 100% with in network providers, and all qualified employee-paid medical expenses count toward your deductible and your out-of-pocket maximum.

Copay – The fixed amount, as determined by your insurance plan, you pay for health care services received.

Deductible – The amount you owe for health care services before your health insurance or plan sponsor (employer) begins to pay its portion. For example, if your deductible is $1,000, your plan does not pay anything until you've met your $1,000 deductible for covered health care services. This deductible may not apply to all services, including preventive care.

Employee Contribution – The amount you pay for your insurance coverage.

Explanation of Benefits (EOB) – A statement sent by your insurance carrier that explains which procedures and services were provided, how much they cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision. These statements are also posted on the carrier's website for your review.

Flexible Spending Accounts (FSAs) – A special tax-free account you put money into that you use to pay for certain out-of-pocket health care costs. This means you'll save an amount equal to the taxes you would have paid on the money you set aside.

- **Health Care FSA –** A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan or elsewhere. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code. Please note that over-the-counter medications are not eligible for reimbursement without a doctor's prescription with the Health Care FSA.
- **Limited Use FSA –** Designed to complement a Health Savings Account, a Limited Use Flexible Spending Account allows for reimbursement of eligible dental and vision expenses.
- **Dependent Care FSA –** A pre-tax benefit account used to pay for dependent care services, such as preschool, summer day camp, before- or after-school programs, and child or elder daycare. For additional information on eligible expenses, refer to Publication 503 on the IRS website.

Flexible Spending Accounts are "use it or lose it," meaning that funds not used by the end of the plan year will be lost. Although, some Health Savings Accounts allow for a grace period or a rollover into the next plan year.

Health Care Cost Transparency –
Also known as Market Transparency or Medical Transparency. Healthcare provider costs can vary widely, even within the same geographic area. To make it easier for you to get the most cost-effective healthcare products and services, online cost transparency tools, which are typically available through health insurance carriers, allow you to search an extensive national database to compare costs for everything from prescription drugs and office visits to MRIs and major surgeries.

Health Savings Account (HSA) – A personal health care bank account funded by your or your employer's tax-free dollars to pay for qualified medical expenses. You must be enrolled in a CDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable, meaning if you change jobs your account goes with you.

Network – A group of physicians, hospitals, and other health care providers that have agreed to provide medical services to a health insurance plan's members at discounted costs.

- **In-Network –** In-network providers are doctors, hospitals and other providers that contract with your insurance company to provide healthcare services at discounted rates.
- **Out-of-Network –** Out-of-network providers are doctors, hospitals and other providers that are not contracted with your insurance company. If you choose an out-of-network doctor, services will not be provided at a discounted rate.
- **Non-Participating –** Providers that have declined entering into a contract with your insurance company.

Out-of-Pocket Maximum – The most you pay during a policy period (usually a 12-month period) before your health insurance or plan begins to pay 100% of the allowed amount. This limit does not include your premium, charges beyond the Reasonable & Customary, or health care your plan doesn't cover. Check with your health insurance carrier to confirm what payments apply to the out-of-pocket maximum.

Over-the-Counter (OTC) Medications – Medications made available without a prescription.

Prescription Medications – Medications prescribed to you by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred or non-preferred.

- **Generic Drugs –** Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. The color or flavor of a generic medicine may be different, but the active ingredient is the same. Generic drugs are usually the most cost-effective version of any medication.
- **Preferred Drugs –** Brand-name drugs on your provider's list of approved drugs. You can check online with your provider to see this list.
- **Non-Preferred Drugs –** Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- **Prior Authorization –** A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- **Step Therapy –** The goal of a Step Therapy Program is to steer employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before "stepping up" to a non-preferred brand.

Reasonable and Customary Allowance (R&C) – The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

Summary of Benefits and Coverage (SBC) – Mandated by health care reform, your insurance carrier or plan sponsor will provide you with a clear and easy to follow summary of your benefits and plan coverage.

Required Notices

Important Notice from Safe Harbor Marinas About Your Prescription Drug Coverage and Medicare under the UnitedHealthcare PPO 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 Safe Harbor Marinas 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. Safe Harbor Marinas has determined that the prescription drug coverage offered by the UnitedHealthcare 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 Safe Harbor Marinas 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 Safe Harbor Marinas 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 Safe Harbor Marinas 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 Safe Harbor Marinas 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 1-800-MEDICARE (1-800-633-4227).
TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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, 2018
Name of Entity/Sender:	Safe Harbor Marinas
Contact—Position/Office:	Human Resources
Address:	14785 Preston Road, Suite 975 Dallas, TX 75254
Phone Number:	972-406-5220

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 972-406-5220.

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 972-406-5220.

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;
- 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 Human Resources at 972-406-5220.

IMPORTANT CONTACTS

MEDICAL/RX
UnitedHealthcare
866-633-2446
www.myuhc.com

DENTAL
Cigna
800-244-6224
www.cigna.com
Policy #: 3341373

VISION
United Healthcare
800-638-3120
www.myuhcvision.com
Policy #: 731367

HEALTH SAVINGS ACCOUNT
HSA Bank
800-357-6246
www.hsabank.com

FLEXIBLE SPENDING ACCOUNTS
Discovery Benefits
866-451-3399
www.discoverybenefits.com

LIFE AND AD&D
Cigna
800-732-1603
www.cigna.com

DISABILITY, ACCIDENT, UNIVERSAL LIFE
Trustmark
800-918-8877
www.trustmarksolutions.com

SAFE HARBOR MARINAS HUMAN RESOURCES
14785 Preston Road, Suite 975
Dallas, TX 75254
972-406-5220

GO MOBILE!

Directly access Safe Harbor Marinas' benefits information on the go with the **Lockton BenefitLink Mobile App**. You'll find benefits contact information, Open Enrollment push notifications, Lockton's digital Lifestyle Benefits newsletter and more!

Username: shmarinas
Password: benefits

Download on the App Store

GET IT ON Google play

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