



# 2017 Benefits Enrollment Guide

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## Welcome

At Norwegian American Hospital, we strive to offer a benefits package that gives our employees peace of mind in knowing that the most important things in life are protected—your family, your finances, and your future. We recognize the importance of being able to provide our employees and their families with quality benefits as part of their overall compensation package. This benefit guide highlights the many benefit options available to you. This year's enrollment period will begin on November 21 and end at midnight on December 2.

**This year will be an active enrollment, meaning everyone will need to re-enroll in benefits for 2017 or waive coverage. Meet with a benefit counselor to enroll and learn about important changes to our benefits program.**

## What's New for 2017

We will be making the following changes for 2017.

- **Spouse Medical Surcharge:** Spouses who are employed and have access to medical coverage through an employer but enroll in the Norwegian American Health plan will be subject to a \$100 monthly surcharge. If you enroll your spouse in the NAH medical plan you will be required to sign an affidavit stating that your spouse does not have alternate medical coverage available to them.
- **Reserve Disability Banks (RDB)** will be eliminated. Full-time employees will have access to coverage through the NAH-provided disability benefit and voluntary disability buy-up benefit.
- **Employee Assistance Program (EAP)** is an enhanced service provided through Carebridge when you or your family are having difficulty resolving life concerns on your own. Please see page 8 for more information.
- **Basic Life and Accidental Death and Dismemberment Insurance** will decrease to one times annual salary for regular full-time employees. Please see page 7 for additional details.
- **30 Hour Eligibility Requirement:** Only employees who work 30 hours or more per pay period will be eligible for benefits in 2017. More information can be found on page 2.

## How to Enroll

You must re-enroll in benefits for 2017. Please see your manager for more information about when and where you can meet with a counselor or you may visit Human Resources. All benefit elections must be made by midnight on December 2, 2016.

## Eligibility

Eligibility for benefits varies based on your job, your scheduled work hours, and the length of your service. If you are a regular full-time employee working 30 hours and above per pay period you are eligible for the benefits outlined in this guide.

If you elect to enroll in medical, dental, or vision benefits when you are first eligible, your coverage begins on the first day of the calendar month following 30 days of service as an eligible employee. For example, if you are hired on February 7, your coverage will begin on April 1, provided you enroll within the 31-day deadline.

You may also enroll eligible dependents in some benefits, which includes your spouse, domestic partner, civil union partner, children up to age 26, and your domestic or civil union partner's children up to age 26.

*Please note: if you are adding a dependent during this open enrollment, you must provide your proof of eligibility to Human Resources by December 2, 2016.*



## Making Careful Choices

Annual enrollment is the only time you can change most benefit plans or add/drop dependents during a plan year, unless you have a qualified family status change, such as birth, death, marriage, divorce, adoption, ineligibility of a dependent, unpaid leave of absence by you or your spouse, or a significant change in health coverage for you or your spouse because of your spouse's employment, so please choose your benefits carefully.

## Wellness

At Norwegian American Hospital, we want our patients and our employees to be and stay well, which is why we are proud to offer incentives to help keep you and your family healthy and focused on wellness. We offer incentives for participating in our annual health screening, diabetes management, and preventative screening programs. Please visit Human Resources for details regarding these incentives. Congratulations to those employees who completed their wellness requirements! If you did not complete your wellness requirements you will pay an extra 25% on your medical premiums in 2017.

## Your Medical Plan

You will still have the option to choose from three medical plans: BCBS PPO Value, BCBS PPO, and BCBS PPO Premier. Both the PPO Premier and the PPO plan rates will increase by 7.5% in 2017, the PPO Value plan's rates will stay the same as 2016 enrollment. The table on the next page highlights the features of your medical plan options. Be sure to review this chart carefully and choose the best plan for you and your family.

## How the Plans Work

It is NAH's goal to provide the greatest choice and access to care anywhere. Although you can see any provider you wish, you will receive the greatest level of benefits when you utilize an NAH or in-network provider. Once you are enrolled, visit [www.bcbsil.com](http://www.bcbsil.com) to access claim information, search physician directories, get ID cards, and more. You can also reach customer service at 800-346-7072. You are also welcome to visit the NAH Human Resources Department for more information.

## Enhance Your Medical Plan with Hospital Benefits

You have the option to enhance your medical plan with additional hospital benefits through Aflac. These benefits are designed to provide financial protection by paying you a benefit for hospital admission and daily benefits for inpatient days and days in the ICU. You can use this benefit to pay for out-of-pocket expenses and extra bills that can occur relating to your hospitalization. Plus, the plan also includes an additional wellness benefit.



| Medical Plan Features               |                                  |                    |                            |                |                    |                                   |                            |                    |
|-------------------------------------|----------------------------------|--------------------|----------------------------|----------------|--------------------|-----------------------------------|----------------------------|--------------------|
|                                     | BCBS PPO Value<br>Group # 168614 |                    | BCBS PPO<br>Group # 168615 |                |                    | BCBS PPO Premier<br>Group #168616 |                            |                    |
| Benefit                             | NAH/<br>In-Network               | Out-of-<br>Network | NAH                        | In-<br>Network | Out-of-<br>Network | NAH                               | In-<br>Network             | Out-of-<br>Network |
| Deductibles and Maximums            |                                  |                    |                            |                |                    |                                   |                            |                    |
| Calendar Year Deductible            |                                  |                    |                            |                |                    |                                   |                            |                    |
| Individual                          | \$2,000                          | \$8,000            | None                       | \$1,000        | \$5,000            | None                              | \$500                      | \$3,000            |
| Family                              | \$4,000                          | \$16,000           | None                       | \$2,000        | \$15,000           | None                              | \$1,000                    | \$9,000            |
| Out-of-Pocket Calendar Year Maximum |                                  |                    |                            |                |                    |                                   |                            |                    |
| Individual                          | \$6,150                          | \$8,000            | \$1,000                    | \$3,000        | \$9,000            | \$1,000                           | \$2,000                    | \$6,000            |
| Family                              | \$12,300                         | \$16,000           | \$3,000                    | \$6,000        | \$18,000           | \$2,000                           | \$4,000                    | \$18,000           |
| Lifetime Benefit Maximum            |                                  |                    | Unlimited                  |                |                    |                                   |                            |                    |
| Covered Services                    |                                  |                    |                            |                |                    |                                   |                            |                    |
| Physician                           | \$30 copay                       | 60%                | \$20 copay                 | \$30 copay     | 50%                | \$15 copay                        | \$30 copay                 | 50%                |
| Specialist                          | \$60 copay                       | 60%                | \$40 copay                 | \$50 copay     | 50%                | \$40 copay                        | \$40 copay                 | 50%                |
| Preventive                          | 100%                             | 60%                | 100%                       | 100%           | 50%                | 100%                              | 100%                       | 50%                |
| Diagnostic                          | \$60 copay                       | 60%                | 100%                       | 70%            | 50%                | 100%                              | \$40 copay                 | 50%                |
| Urgent<br>Care                      | \$75 copay                       | 60%                | \$75 copay                 | \$75 copay     | 50%                | \$75 copay                        | \$75 copay                 | 50%                |
| Emergency<br>Care                   | \$200<br>copay                   | \$200<br>copay     | \$200<br>copay             | \$200<br>copay | \$200<br>copay     | \$200<br>copay                    | \$200<br>copay             | \$200<br>copay     |
| Hospital<br>Care*                   | 80%                              | 60%                | 100%                       | 70%            | 50%                | 100%                              | \$250<br>copay<br>then 80% | 50%                |
| Outpatient<br>Surgery*              | 80%                              | 60%                | 100%                       | 70%            | 50%                | 100%                              | 80%                        | 50%                |
| Prescription Benefits               |                                  |                    |                            |                |                    |                                   |                            |                    |
| Retail                              |                                  |                    |                            |                |                    |                                   |                            |                    |
| Level 1                             | \$20                             |                    | \$5                        | \$15           |                    | \$5                               | \$15                       |                    |
| Level 2                             | \$40                             | N/A                | \$15                       | \$30           | N/A                | \$15                              | \$30                       | N/A                |
| Level 3                             | \$80                             |                    | \$30                       | \$60           |                    | \$30                              | \$60                       |                    |
| Mail Order (3 month supply)         |                                  |                    |                            |                |                    |                                   |                            |                    |
| Level 1                             | \$40                             |                    |                            | \$30           |                    |                                   | \$30                       |                    |
| Level 2                             | \$80                             | N/A                | N/A                        | \$60           | N/A                | N/A                               | \$60                       | N/A                |
| Level 3                             | \$160                            |                    |                            | \$100          |                    |                                   | \$100                      |                    |

### Hospital Benefits *available as an enhancement to your medical election*

| Event                   | Benefit                                        |
|-------------------------|------------------------------------------------|
| Hospital Admission      | \$1,000 per confinement                        |
| Hospital Confinement    | \$250 per day, up to 180 days                  |
| Hospital Intensive Care | \$250 per day, up to 30 days                   |
| Mammography Benefit     | \$50 per year, women 35 years of age and older |

\*After deductible

## Accident Insurance

Having an unexpected accident can cause more than physical injury, it can hurt your bank account, too. Since accidents can happen at any time, 24 hours a day, 7 days a week, it's important to prepare for the unexpected. This policy can help you pay for out-of-pocket expenses associated with an accident by paying you a benefit depending on the injuries you receive. And since the policy does not coordinate with any other coverage, you can still receive benefits on top of what your medical plan provides.

### Anna's Story

Anna enjoys going on weekend bike rides with her daughter. One day she fell from her bike and hurt herself. At the emergency room they discovered that she had fractured her leg and dislocated her knee. Because Anna had an accident policy, she received the following benefits:



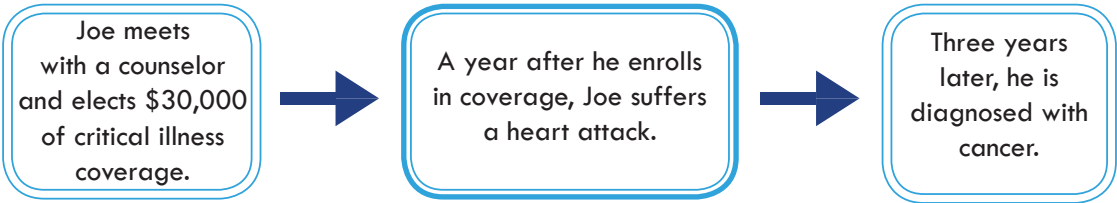
| Benefit                     | Low Plan             | High Plan            |
|-----------------------------|----------------------|----------------------|
| Ambulance                   | \$100                | \$150                |
| Emergency room visit        | \$100                | \$125                |
| Diagnostic testing          | \$100                | \$150                |
| Fractured leg               | \$1,200              | \$1,800              |
| Dislocated knee             | \$975                | \$1,625              |
| Crutches                    | \$50                 | \$75                 |
| 6 physical therapy sessions | \$90                 | \$120                |
| 3 follow up visits          | \$45                 | \$60                 |
| <b>Total*</b>               | <b>Up to \$2,660</b> | <b>Up to \$4,105</b> |

## Critical Illness Insurance

No one saves to get sick, which is why being diagnosed with a covered condition can be especially draining, both emotionally and financially. Critical Illness Insurance provides you with a lump sum payment in the event you or a loved one is diagnosed with a covered condition such as cancer, heart attack, or stroke. It can help provide financial protection so you can focus on what's really important—getting better.

### How the Plan Works

Critical Illness Insurance offers peace of mind when a critical illness diagnosis occurs. Below is an example of how benefits might be paid.\*



### Joe's Critical Illness policy provided the following benefits:

|                        |                 |
|------------------------|-----------------|
| Heart Attack Benefit:  | \$30,000        |
| Cancer Benefit:        | \$30,000        |
| <b>Total Benefits:</b> | <b>\$60,000</b> |

## Dental

Because maintaining your dental health is important, Norwegian American Hospital offers dental coverage through BCBS. You have the choice to see any dentist you want, but you pay less if you choose an in-network dentist. Please see page 10 for rate information. To find an in-network provider, visit [www.bcbsil.com](http://www.bcbsil.com) or call 800-367-6401 (PPO) or 800-323-7201 (HMO).

| Dental Plan Features      |            |                |                        |
|---------------------------|------------|----------------|------------------------|
|                           | PPO        |                | DHMO                   |
| Benefit                   | In-Network | Out-of-Network | In-Network             |
| Deductibles and Maximums  |            |                |                        |
| Calendar Year Deductible  |            |                |                        |
| Individual                | \$50       | \$50           | None                   |
| Family                    | \$150      | \$150          | None                   |
| Benefit Maximum           |            |                |                        |
| Annual                    | \$1,000    | \$1,000        | None                   |
| Lifetime Orthodontia      | \$1,000    | \$1,000        | None                   |
| Covered Services          |            |                |                        |
| Diagnostic and Preventive | 100%       | 90%            | 100%                   |
| Restorative               | 80%        | 70%            | Fees based on services |
| General                   | 80%        | 70%            | Fees based on services |
| Orthodontia               | 50%        | 50%            | Fees based on services |

## Vision

Vision benefits are also essential to maintaining your overall health and well-being, which is why we are proud to offer vision coverage through VSP. You have the choice to see any vision provider you want, but you pay less if you choose an in-network provider. Please see page 10 for rate information. To locate a provider, visit [www.vsp.com](http://www.vsp.com) or call 800-877-7195.

| Vision Plan Features                                    |                                                 |                |
|---------------------------------------------------------|-------------------------------------------------|----------------|
| Covered Services                                        | In-Network                                      | Out-of-Network |
| Vision Examination                                      |                                                 |                |
| Every 12 months                                         | \$20 copay                                      | Up to \$45     |
| Eyeglasses <i>every 12 months</i>                       |                                                 |                |
| Frames <i>every 24 months</i>                           | Up to \$120,<br>then 20% savings over allowance | Up to \$70     |
| Single Vision Lenses                                    | \$20 copay                                      | Up to \$30     |
| Bifocal Lenses                                          | \$20 copay                                      | Up to \$50     |
| Trifocal Lenses                                         | \$20 copay                                      | Up to \$65     |
| Contact Lenses                                          |                                                 |                |
| Medically Necessary,<br>Conventional, and<br>Disposable | \$100 allowance, \$60 copay                     | Up to \$105    |

## Life Insurance

**Basic Life Insurance and Accidental Death and Dismemberment Insurance (AD&D)** through Aetna provides regular full-time employees with coverage of up to one times your annual base salary, with a maximum of \$300,000. It's important to know the differences between Term Insurance and Universal Life Insurance with Long Term Care and how each product works at different stages of your life. A benefit counselor will be able to explain why you need both and how they differ, as well as provide you with a customized quote. This benefit is available at no cost to you and is paid for by NAH.

**Universal Life with Long Term Care (LTC)** through Transamerica offers you the financial protection you need. You work hard to give your family a comfortable lifestyle, but what would happen if you were not around to provide for them any longer? The unique feature of Universal Life Insurance is that you build cash value on a tax-deferred basis (until withdrawn) which may allow your premiums to remain level throughout the life of the contract. Universal Life Insurance offers flexibility to adjust your benefit amount up or down depending on your current insurance needs. The policy also includes features such as coverage for qualified long term care expenses and advance payment of the death payment in the event of a terminal illness.

## Disability Protection

**Short Term Disability (STD) Insurance** through Aetna provides income if you become disabled due to an injury or illness and is paid for by NAH. You can receive a benefit of 50% of your base pay, up to \$2,000 per week after you are unable to work due to a non-work related illness or injury for eight days. Regular full-time employees may receive a benefit for up to 13 weeks. You are eligible for coverage on the first day of the calendar month following 90 days of service as an eligible employee.

**Short Term Disability Buy Up Insurance (STD)** through Transamerica gives you an opportunity to get additional income protection on top of what NAH provides. Full-time employees can "buy up" to an additional 16% of your base pay and part-time employees can get up to 66.67%.

### George's Story

George was fixing his roof on a wet and rainy day when he fell from the ladder and broke his leg and is unable to work while he heals. With a mortgage, a family, and bills to pay, George and his wife were worried about how they could make ends meet without his paycheck. Luckily, George had elected the buy up option to enhance his NAH-provided Short Term Disability Insurance, so between the two policies he received 66% of his weekly salary. It was just enough to help them bridge the gap between expenses and income until he was able to get back on his feet and back to work.

**Long Term Disability (LTD)** Insurance can help you protect your income should you become disabled and are unable to work for more than 180 days. The policy can pay you up to 60% of your monthly income. Some employees are eligible for company paid Long Term Disability benefits that provide 60% of base pay, up to \$15,000 per month. Contact Human Resources for more information.

## Leaves of Absence

In the event you need to take a leave of absence for yourself or a family member, call Aetna at 800-391-6111. If the leave of absence is for medical reasons for yourself, Aetna will open a short term disability claim in conjunction with a leave of absence claim. If you have voluntary benefits, contact the appropriate vendor for more information. The phone numbers for our voluntary insurance vendors are listed on the back of the guide.

## Additional Benefits

Norwegian American Hospital also makes available several other benefit programs, many at no cost to you. Below is a listing of some of the free services and benefits that are available to you as an NAH employee.

- Benefit Resource Center
- Tuition Assistance
- Funeral Planning
- Travel Assistance
- Estate Document Preparation
- Lifestyle Discounts

**Working Advantage Discount Website** is available for NAH employees. Log on to [www.workingadvantage.com](http://www.workingadvantage.com) to save on event tickets, flowers, travel, and more! Use access code 156278125 when registering.

**Pre-paid Legal Service** is a voluntary program that provides unlimited telephonic consultations with an attorney at the cost of \$22.50 per month. It also includes services such as estate planning, real estate matters, and family law.

**Employee Assistance Program (EAP)** is a service provided through Carebridge when you or your family are having difficulty resolving life concerns on your own. This benefit provides immediate consultation to assist you in reducing the distress associated with many of the challenges you may be encountering such as: stress, relationship conflicts, alcohol and drug abuse, eating disorders, unhealthy lifestyles, parenting problems, depression or anxiety, grief and loss, and domestic abuse.

**Paid Time Off (PTO)** is available to all regular full-time and part-time employees scheduled to work at least 40 hours per pay period. The table below shows the maximum number of PTO days you can earn in a year, based on your years of service. Regular part-time employees will accrue PTO on a pro-rated basis. You can buy-back up to 40 hours of PTO. Please see Human Resources for more information on this program.

| Years of Service | 0-3 years               | 3+ years                | 7+ years                |
|------------------|-------------------------|-------------------------|-------------------------|
| Management       | 28 days / .108 per hour | 28 days / .108 per hour | 33 days / .107 per hour |
| Non-Management   | 23 days / .088 per hour | 28 days / .108 per hour | 33 days / .127 per hour |

## Retirement Planning

**403b Profit Sharing Plan & Pension Plan** offers you a way to save for your retirement. If you contribute to the plan, you will be eligible for a matching contribution from NAH. The match is announced each year and, for the past several years, has been 50% on the dollar, up to the first 4% of pay you contribute. You become 100% vested in the matching contribution after four years of service. You are eligible to participate if you are a regular full- or part-time employee scheduled to work at least 40 hours per pay period. Registry employees become eligible to participate after they have worked at least 1,000 hours. Representatives from Transamerica visit NAH on a quarterly basis to help employees set up accounts, make changes, take out loans, and review investment options. For more information on when the next quarterly visit will be, please see the HR department. Transamerica’s services are also available online at [my.trsretire.com](http://my.trsretire.com) or by phone at 888-676-5512 (current enrollees can call 800-755-5801).

**Section 457b (Deferred Compensation) Plan** provides a way to save additional money for retirement by making pre-tax contributions directly from your paycheck. The amount you contribute is in addition to any contributions you may make to the 403b Plan, allowing you to contribute the maximum contribution amount to both plans. This plan is available to executives and employed physicians whose base salary is \$100,000 or greater. Please see HR for more details on this benefit.

## Flexible Accounts

Flexible Spending Accounts (FSAs) allow you to pay for eligible health care, dependent care, and commuting expenses using pre-tax dollars. The money deposited into your spending account is deducted from your paycheck before taxes are withheld, which lowers your taxable income.

A **Health Care Spending Account** helps you pay for medical, dental, and vision expenses not covered by insurance. The annual maximum contribution will be \$2,600 in 2017. You can use this account to pay for things like:

- Deductibles and copayments
- Orthodontia
- Glasses and contact lenses

Fill out the table below to estimate how much you should contribute to your account:

| Medical       |          | Vision        |          | Dental           |          |
|---------------|----------|---------------|----------|------------------|----------|
| Deductibles   | \$ _____ | Exams         | \$ _____ | Routine checkups | \$ _____ |
| Copayments    | \$ _____ | Eye surgery   | \$ _____ | Fillings/crowns  | \$ _____ |
| Doctor visits | \$ _____ | Lenses/frames | \$ _____ | Orthodontics     | \$ _____ |
| Prescriptions | \$ _____ | Contacts      | \$ _____ | Other            | \$ _____ |
| Other         | \$ _____ | Other         | \$ _____ |                  |          |
| Total         | \$ _____ | Total         | \$ _____ | Total            | \$ _____ |

**Total (add Medical, Vision, and Dental totals)**    \$ \_\_\_\_\_

A **Dependent Care Account** can help fund the care of children under the age of 13 or a disabled spouse or parent while you work. The annual maximum contribution is \$5,000. You can use this account to pay for things like:

- Payments to a licensed daycare provider or nursery school
- Before and after school care or summer day camp program
- Elder care

Fill out the table below to estimate how much you should contribute to your account:

### Dependent Day Care Expenses

|              |                 |
|--------------|-----------------|
| Children     | \$ _____        |
| Adults       | \$ _____        |
| <b>Total</b> | <b>\$ _____</b> |

The **Commuter Reimbursement Account** helps you pay for your parking and commuting expenses. The maximum monthly contribution is \$250 per month for parking and \$130 per month for transit. You can use this account to pay for things like:

- Parking expenses when you park and ride
- Transit pass expenses such as a CTA or Metra pass

*Don't forget—excess balances will be carried forward to the next month—but you may only receive reimbursement up to \$350 in any given month (parking and transit combined).*

Fill out the table below to estimate how much you should contribute to your account:

### Transit Expenses

|              |                 |
|--------------|-----------------|
| Parking      | \$ _____        |
| Transit      | \$ _____        |
| <b>Total</b> | <b>\$ _____</b> |

## The Cost of Your Benefits

The benefits that Norwegian American Hospital offers are a valuable part of your overall compensation package. As we all know, the cost of healthcare is increasing, but NAH has worked hard to ensure that our employees' paychecks are protected. There will be a spousal surcharge of \$100 for adding and keeping a spouse on your plan, if the spouse has access to insurance elsewhere effective 1/1/2017.

One way that you can help lower your medical cost is to complete your wellness requirements and receive a discount on your medical premiums. The tables below show the employee cost for medical, dental, and vision premiums. A benefit counselor can provide you with rates for the voluntary programs.

| Employee Contributions per Paycheck: Medical  |                |              |          |              |              |              |
|-----------------------------------------------|----------------|--------------|----------|--------------|--------------|--------------|
|                                               | BCBS PPO Value |              | BCBS PPO |              | BCBS Premier |              |
|                                               | Wellness       | Non-Wellness | Wellness | Non-Wellness | Wellness     | Non-Wellness |
| <b>Employee only</b>                          | \$23.08        | \$28.85      | \$49.46  | \$61.83      | \$100.96     | \$124.04     |
| <b>Employee &amp; spouse/domestic partner</b> | \$46.15        | \$57.69      | \$98.94  | \$123.66     | \$201.92     | \$248.08     |
| <b>Employee &amp; child</b>                   | \$43.85        | \$49.62      | \$93.69  | \$117.11     | \$190.27     | \$213.35     |
| <b>Employee &amp; family</b>                  | \$69.23        | \$80.77      | \$142.13 | \$177.66     | \$301.15     | \$347.31     |

| Employee Contributions per Paycheck: Medical with Hospital Indemnity Benefits |                |              |          |              |              |              |
|-------------------------------------------------------------------------------|----------------|--------------|----------|--------------|--------------|--------------|
|                                                                               | BCBS PPO Value |              | BCBS PPO |              | BCBS Premier |              |
|                                                                               | Wellness       | Non-Wellness | Wellness | Non-Wellness | Wellness     | Non-Wellness |
| <b>Employee only</b>                                                          | \$34.34        | \$40.11      | \$60.72  | \$73.09      | \$112.22     | \$135.30     |
| <b>Employee &amp; spouse/domestic partner</b>                                 | \$68.29        | \$79.83      | \$121.08 | \$145.80     | \$224.06     | \$270.22     |
| <b>Employee &amp; child</b>                                                   | \$59.79        | \$65.56      | \$109.63 | \$133.05     | \$206.21     | \$229.29     |
| <b>Employee &amp; family</b>                                                  | \$96.05        | \$107.59     | \$168.95 | \$204.48     | \$327.97     | \$374.13     |

| Employee Contributions per Paycheck: Dental and Vision |            |            |        |
|--------------------------------------------------------|------------|------------|--------|
|                                                        | Dental PPO | Dental HMO | Vision |
| <b>Employee only</b>                                   | \$5.89     | \$3.99     | \$2.16 |
| <b>Employee &amp; spouse/domestic partner</b>          | \$10.41    | \$7.42     | \$3.46 |
| <b>Employee &amp; child</b>                            | \$10.94    | \$7.85     | \$3.54 |
| <b>Employee &amp; family</b>                           | \$17.20    | \$11.52    | \$5.70 |

See a benefit counselor for  
your customized quote for  
our other benefit programs.



| Benefit Contact Information                      |                                         |                                                    |                                                    |
|--------------------------------------------------|-----------------------------------------|----------------------------------------------------|----------------------------------------------------|
| Plan                                             | Plan Provider                           | Phone Number                                       | Website                                            |
| Medical                                          | BCBS                                    | 800-346-7072                                       | www.bcbsil.com                                     |
| Dental                                           | BCBS                                    | 800-367-6401 (PPO)<br>800-323-7201 (HMO)           | www.bcbsil.com                                     |
| Vision                                           | VSP                                     | 800-877-7195                                       | www.vsp.com                                        |
| Basic Life                                       | Aetna                                   | 800-523-5065                                       | www.aetna.com                                      |
| Basic Short Term Disability<br>Leaves of Absence | Aetna                                   | 800-391-6111                                       | www.aetna.com                                      |
| Long Term Disability                             | Aetna                                   | 877-832-8241                                       | www.aetna.com                                      |
| Employee Assistance Program                      | Aetna                                   | 877-327-5832                                       | www.aetnaeap.com                                   |
| Travel Assistance                                | Aetna                                   | U.S.: 877-935-3704<br>Overseas: 312-935-3704       | www.aetna.com                                      |
| Funeral Planning Assistance                      | Everest                                 | 800-913-8318                                       | www.everestfuneral.com/aetna                       |
| Estate Planning Documents                        | The Legal<br>Reference Program          | 888-257-2934                                       | www.ichooselegal.com                               |
| Flexible Accounts                                | AmeriFlex                               | 888-868-3539                                       | www.flex125.com                                    |
| Universal Life Insurance with<br>Long Term Care  | Transamerica                            | 888-763-7474                                       | www.transamericaemployeebenefits.com               |
| Short Term Disability Buy Up                     | Transamerica                            | 888-763-7474                                       | www.transamericaemployeebenefits.com               |
| Accident Insurance                               | Aflac                                   | 800-992-3522                                       | www.aflac.com                                      |
| Critical Illness Insurance                       | Aflac                                   | 800-992-3522                                       | www.aflac.com                                      |
| Hospital Indemnity                               | Aflac                                   | 800-992-3522                                       | www.aflac.com                                      |
| Voluntary Long Term Disability                   | Unum                                    | 800-635-5597                                       | www.unum.com                                       |
| Benefit Resource Center                          | USI                                     | 855-874-0110<br>M – F, 8 am – 5 pm CT              | www.BRCSouthwest@usi.biz                           |
| Legal Service                                    | Hyatt Legal                             | 800-821-6400                                       | www.legalplans.com                                 |
| Discount Website                                 | Working Advantage                       | n/a                                                | www.workingadvantage.com<br>Access code: 156278125 |
| EAP                                              | Carebridge                              | 800-437-0911                                       | www.clientservice@carebridge.com                   |
| 403b Retirement Plan                             | Transamerica<br>Retirement<br>Solutions | 888-676-5512<br>Current enrollees:<br>800-755-5801 | www.my.trsretire.com                               |

## Open enrollment is November 21 - December 2, 2016.

Meet with a benefit counselor to enroll and learn more about important changes to your benefits.



*This brochure provides a highlight of the plans offered by your employer and in no way serves as the Summary Plan Description or plan document for the plans. If any discrepancies exist between this brochure and the plan documents or NAH Policy, the plan documents or policies shall govern. All Summary Plan Descriptions are available through Human Resources. We reserve the right to modify any of these plans at anytime.*