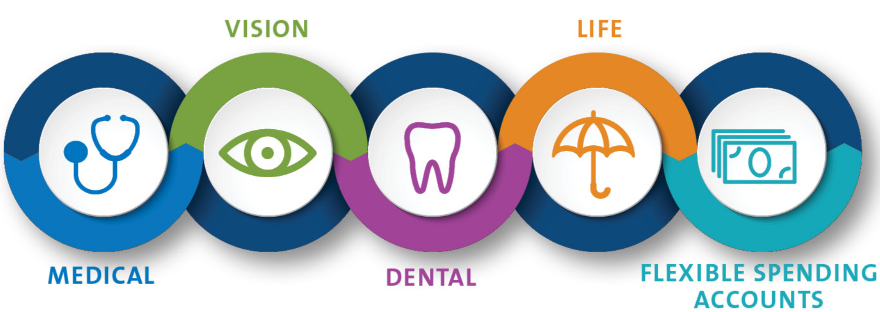
Premier Health

2020 Open Enrollment Guide

OCTOBER 22 - NOVEMBER 1, 2019



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

What's Inside

Welcome

Benefits Open Enrollment will be held **October 22 – November 1, 2019** for all benefit-eligible Premier Health employees. Open Enrollment is your opportunity to review and make changes to your benefit elections for the plan year beginning January 1, 2020.

As a Premier Health employee, you play a significant role in our mission to improve the health of the communities we serve. Your benefit package is an important part of your total compensation and is designed to offer both choice and value to meet the needs of our diverse workforce.

This Benefits Enrollment Guide provides an overview of the benefits available to you for the 2020 Plan Year, with links to additional information about the benefits that interest you. We encourage you to prepare for Open Enrollment by carefully reviewing this benefit guide and using the tools available to you on the My Benefits portal.

- Compare benefit plans and pricing
- Ask Emma, the decision support tool, to help find plans that are right for you
- Confirm or update your dependent and beneficiary information
- Enroll in your 2020 benefits (beginning October 22)
- Print or email your confirmation statement

My Benefits is available on Inside Premier (intranet).
Just search for "My Benefits" or click on "Quick Links" and select "My Benefits."
After clicking the link, you may be prompted to log in to *My Benefits* with your network ID and password.

What's New for 2020

Introducing Medical Mutual

We're excited to partner with Medical Mutual to provide claims processing and administrative services for the Premier Health Employee Plan. As the oldest and one of the largest health insurance carriers in Ohio, Medical Mutual's goal to help members make the best health choices possible while minimizing health care costs aligns closely with our own. As Third Party Administrator (TPA), they bring a variety of programs, discounts, tools and resources that will enhance the comprehensive health care and benefits package we offer to our valued employees and their families.

My Health Plan

My Health Plan is a secure Medical Mutual website that makes it easy and convenient to manage your health plan and your health online. You can check your deductible, review your Explanation of Benefits (EOB) statements, find a doctor in your network, and access a wealth of information to help keep you healthy. Click here to visit the medical mutual website for more information.

Take My Health Plan with You – Mobile App

Use the most popular My Health Plan features when you're on the go with the My Health Plan mobile app. Find providers, estimate costs, check claims, and fax or email your Premier Health Plan Member ID card. You can download the app for free from the App Store® or Google Play by searching for MedMutual.

What's New for 2020 Continued

Same Health Plans – New Names

Premier Health will continue to offer two health plan options:

- Traditional Plan (formerly HRA Plan) has a new LOWER deductible for the Tier 1 Network
- Saver Plan (formerly HSA Plan)

Tier 1:
Premier Health Group (PHG)

- Premier Health providers and facilities
- Dayton Children's Hospital
- Cincinnati Children's Hospital Medical Center
- Wayne Healthcare

Medical Mutual's Behavioral Health Network

Tier 2:
SuperMed PPO Network
Aetna Open Choice PPO Network

When you use a PHG/Tier 1 provider, you receive the highest level of coverage. You also have access to SuperMed and Aetna Open Choice providers (excluding Kettering Health Network) at a slightly higher member cost share. There is no out of network coverage except for Emergency Room services.

Premier Health Employee Plan Networks

New Pharmacy Benefit Manager – TrueScripts

TrueScripts will be the new prescription management company for the Premier Health Employee Plan. TrueScripts provides tools to help members understand and manage their medications. They will work closely with Medical Mutual and the Premier Health Pharmacy team to help achieve high-quality, cost-effective solutions for our members.

New Health Savings Account (HSA) Administrator – Fidelity Investments

Fidelity Investments, our new Retirement Savings Plan recordkeeper, will become our new Health Savings Account Administrator. Employees who enroll in the Saver Plan will have the opportunity to open an HSA with Fidelity. Having your retirement savings and health care savings on the same platform helps make managing your savings and investments easier. Employees will have the opportunity to transfer funds from their current HSA to their Fidelity HSA in the first quarter of 2020.

New Flexible Spending Account (FSA) Administrator – Medical Mutual

In addition to providing TPA services for the Premier Health Employee Plan, Medical Mutual will be the administrator for our Healthcare FSA and Dependent Care FSA. Employees are not required to elect medical coverage in order to elect the Healthcare FSA. A Medical Mutual debit card will be provided when you elect the Healthcare or Dependent Care FSA and you will be able to manage both your health plan benefits and FSAs online with one username and password.

Aflac Group Hospital Indemnity Plan

This new voluntary benefit provides financial assistance to help offset unexpected medical expense that can occur due to hospital admission and confinement.

NOTE: You will receive a confirmation statement e-mailed to your preferred email address. It is important to verify the accuracy of your elections. No other benefit changes may be made during the plan year, unless you experience a Qualified Life Event (such as a birth, death, marriage, divorce, adoption, gain or loss of outside coverage). If you have a Qualified Life Event, you must log on to My Benefits and complete the online enrollment within 31 days of the event to change your benefit elections.

Enrollment Process

All employees are strongly encouraged to schedule an appointment to speak with a benefit counselor. During these educational sessions, the benefit counselor will review your benefit options, help you understand the choices available to you, provide assistance so you can select the benefits that best meet your needs, and help you complete the enrollment process online.

How to Schedule Your Appointment With a Counselor

Scheduling your individual appointment is easy!

Online. Click here to schedule your appointment. Choose your location from the drop-down menu, select the date and time that best fits your schedule, and fill out the form with your information. You will receive a confirmation email. If you selected an in-person meeting, your confirmation will provide your meeting location. If you selected a phone meeting, a benefit counselor will call the number you provided when you completed the form.

Call. (888) 361-3942, Monday – Friday, 7 a.m. – 7 p.m. and Saturday, 8 a.m. – 3 p.m. to schedule an appointment.

Attend a walk-in session. Walk in sessions are first come, first served, so we recommend scheduling an appointment, if possible.

Enrollment Matters

Your benefit decisions are important and a lot goes into making the right choice. Use this checklist to prepare to enroll.

- ☐ Review this Benefit Enrollment Guide and explore the benefit information and tools available to you in the **My Benefits** portal.
- ☐ Collect information such as full name, date of birth, and Social Security number for eligible dependents you want to cover on any health coverage for the first time.
- ☐ Be sure to meet with a benefit counselor in person or by phone and ask your questions before enrolling in the plans.
- ☐ Choose your benefit elections through *My Benefits*. Verify covered dependents and beneficiaries.
- ☐ Verify family information for covered dependents (e.g., dependent SSN, student status for dependents over age 19, spouse date of birth for life insurance coverage).
- ☐ Verify beneficiaries for all life insurance. Employees should list a beneficiary other than themselves.
- ☐ After you have completed the online enrollment process, review your online confirmation statement and verify that your elections are correct. You may print and/or email your confirmation statement at this time.

Dependent Eligibility Audit (DEA)

Premier Health has engaged bswift, our benefits enrollment administrator, to conduct a Dependent Eligibility Audit (DEA) on dependents enrolled in the medical plan for January 1, 2020. Employees who have unverified spouses or dependents will receive notification in November 2019, with instructions on how to upload their dependent verification documentation to the My Benefits portal. For a list of acceptable verification documents, **click here**.

Eligibility

Regular, full-time employees and part-time employees are eligible for benefits. (NOTE: The Affordable Care Act [*ACA*] requires Premier Health to provide medical coverage for some non-benefit eligible employees who meet the ACA Eligibility requirements. For more information about ACA Eligibility classification, **click here**.)

Who Can Be Covered

Yourself: You must enroll yourself in coverage in order for any dependent (spouse/child) to be enrolled in coverage.

Your legal spouse: Provided he or she is not covered as an employee under this plan. A legal spouse does not include an individual from whom you have obtained a legal separation or divorce. *Important Note*: Spouses who are employed and have access to medical coverage through an employer other than Premier Health will not have access to medical coverage through Premier Health.

Your dependent child to the age of 19 (from birth to the end of the plan year of their 19th birth date): An unmarried dependent child is eligible until the child reaches the end of the year of his or her 19th birthday.

Your dependent child over the age of 19 (age 19 and older):

- *Medical Insurance*: Your married or unmarried dependent over the age of 19 can be covered until the end of the month in which they reach the age 26 provided they are your natural child, legally adopted child, or stepchild.
- *Dental, Vision & Life Insurances:* An unmarried dependent child that has reached the end of the year of their 19th birth date through the end of the year in which they turn 25, must meet the following eligibility criteria:
    - The employee's IRS dependent (refer to **www.irs.gov** for definition) AND
    - A full-time college student with a minimum of 12 hours at least one semester of the year
- *Your eligible disabled dependent*: An unmarried disabled dependent child who is mentally or physically handicapped and who is incapable of engaging in self-sustaining employment due to such incapacity.

The term *child* includes the following:

- A natural biological child;
- A stepchild;
- A legally adopted child or a child legally placed for adoption as granted by the action of a federal, state, or local government agency responsible for adoption administration or a court of law if the child has not attained age 18 as of the date of such placement;
- A child under your (or your spouse's) permanent legal guardianship as ordered by a court;
- A child who is considered as an alternate recipient under a Qualified Medical Child Support Order (QMCSO).

Your Medical Plans

Below is a comparison of your medical plan options.

	Traditional Plan			Saver Plan		
	Premier Health Group Network (PHG)	Extended Network (SuperMed PPO/Aetna Open Choice)	OON	Premier Health Group Network (PHG)	Extended Network (SuperMed PPO/ Aetna Open Choice)	OON
Deductibles						
Type	Embedded	Embedded	N/A	Aggregate		N/A
Individual	$1,500	$4,000		$2,500		
Family	$3,000	$8,000		$5,000		
Coinsurance						
	10%	30%	100%	10%	30%	100%
Medical and Pharmacy Out-of-Pocket Maximum per Calendar Year						
Type	Embedded		N/A	Embedded		N/A
Individual	$6,750			$6,750		
Family	$13,500			$13,500		
Hospital Services						
Inpatient	10% AD	30% AD	Not covered	10% AD	30% AD	Not covered
Outpatient	10% AD	30% AD	Not covered	10% AD	30% AD	Not covered
Physician Services						
Preventive	Covered in full	Covered in full	Not covered	Covered in full	Covered in full	Not covered
PCP	$20 copay	30% AD	Not covered	10% AD	30% AD	Not covered
Specialist	$40 copay	30% AD	Not covered	10% AD	30% AD	Not covered
Urgent Care and Emergency Services						
Urgent Care	$35 copay	$50 copay	Not covered	10% AD	30% AD	Not covered
ER Visit	$350 copay	$350 copay	$350 copay	10% AD	10% AD	10% AD
Convenience Care						
Premier Virtual Care	$35	Not covered	Not covered	10% AD	Not covered	Not covered
Convenience Clinics	$35	$35	Not covered	10% AD	10% AD	Not covered

Pharmacy Benefits

	Traditional Plan		Saver Plan	
	Premier	Retail	Premier	Retail
Tier 1: Preferred Generic	$4	$10	10% AD	15% AD
Tier 2: Non-preferred Generic	$15	$20	10% AD	15% AD
Tier 3: Preferred	$45	$55	20% AD	30% AD
Tier 4: Non-preferred	$80	$90	35% AD	45% AD
Tier 5: Specialty	20%	20%	20% AD	20% AD
90-Day Premier Pharmacy Copay	2.5x			
90-Day Mail Order	3x			

AD = After deductible has been met; PCP = Primary Care Physician

Premier Health Traditional Plan

Each year you enroll in the Premier Health Traditional Plan, you have the opportunity to earn an employer contribution to your Health Reimbursement Account (HRA) by **completing the Premier Healthy Living wellness incentive. The wellness incentive you earn in 2019 will be paid in 2020.** The dollars in your HRA are used to pay for out-of-pocket deductibles and coinsurance costs related to your medical expense.

- HRA dollars do not pay for services requiring a flat dollar co-pay (i.e. ER, Urgent Care, physician office visit co-pays, and prescription drug co-pays).
- Preventive care services (such as annual physicals, mammograms, and flu shots) are covered at 100% with your medical plan.
- If you don't use all your HRA funds, they will carry over to the next plan year as long as you enroll in the Traditional Plan.*

Once you use up the funds in your HRA, you are responsible to pay for deductibles and coinsurance.

For a summary of the medical coverage under this plan, click here.

*Medical Mutual will be the new HRA administrator for the 2020 Plan Year. HRA fund balances from 2019 will transfer to your Medical Mutual HRA account by March 1, 2020 to allow processing of 2019 claims by the current administrator.

Premier Health Saver Plan

The Premier Health Saver Plan is a high deductible health plan that meets certain criteria established by the IRS to allow covered individuals to contribute to a Health Savings Account (HSA). An HSA is an individual account that allows for tax-free contributions by both the employee and the employer. Contributions made to an HSA are managed by the employee and can be used to pay for eligible medical expenses for you, your spouse, and your eligible dependents. Only employees who enroll in the Premier Health Saver Plan are eligible to elect the HSA.

Evaluating Your Plan Options

Check out the decision support tools on **My Benefits** to compare plan features and cost. After thoughtful consideration, it is ultimately your decision which plans are best for you and your family.

Benefits of an HSA

- An HSA is yours. The unused balance in your HSA rolls over from year to year and stays with you, even if you change jobs.
- Contribute tax free. An HSA reduces your taxable income. The money is tax free both when you put it in and when you take it out to cover qualified medical expenses.
- When you maintain a minimum balance, your additional funds may be invested in mutual funds yielding tax-free earnings. If you invest your HSA funds, they remain in the investment account, like an IRA or 401(k). This means that HSAs have the potential for long-term, tax-free savings.
- Spend tax free. Withdrawals used for eligible expenses are tax free.

For more information about HSAs visit **www.irs.gov/pub/irs-pdf/p969.pdf**.

How the Saver Plan Works

The Premier Health Saver Plan has two key components: an integrated deductible and coinsurance. The integrated deductible means both medical costs **and** prescription drug costs apply to the same deductible. After you reach the deductible, the plan pays a percentage of your costs (coinsurance) for both medical services and prescription drugs. Preventive services are covered at 100%, which means these services are not subject to the deductible and coinsurance. For more information on the medical coverage and plan limitations for the Premier Health Saver Plan, **click here**.

When you elect a Health Savings Account, an account will be created for you at Fidelity Investments. You can elect to deposit pre-tax dollars into your HSA through convenient payroll deduction. **When you participate in Premier Healthy Living and earn your incentive, your employer will deposit money into your HSA too!** Note: The combined amount of employer and employee contributions per calendar year cannot exceed the annual limit established by the IRS.

Once your HSA is opened at Fidelity, you will be able to access your account in the same secure, easy-to-use web portal as your Retirement Savings Plan. There, you can track your account balance, view your investment accounts, and submit requests for reimbursement. **Click here** for more information about Health Savings Accounts and the Fidelity NetBenefits Portal.

In addition, you will receive a convenient debit card to make it easy to access the money in your HSA. The card contains the value of your HSA and you can use it to pay for deductibles, coinsurance, and eligible services and products not covered by the plan. When you use the card, payments are automatically withdrawn from your account, so there are no out-of-pocket costs and you won't have to submit receipts to verify purchase.

Annual HSA contribution limits for 2020	
Employee electing single coverage	$3,550
Employee electing any other coverage level	$7,100

Employees age 55 or over may contribute an additional catch-up contribution of $1,000.

Am I Eligible for an HSA?

You are eligible to open and contribute to an HSA if all of the following items apply to you:

- Enroll in the Premier Health Saver Plan
- Are not eligible for Medicare
- Are not covered by any other health plan other than a high deductible health plan
- Are not claimed as a dependent on another person's tax return

If you receive VA (Veterans Affairs) benefits, you are now eligible to participate in the HSA due to a change in IRS regulations. Go to **www.irs.gov** for more information.

Your HSA Contributions

You can contribute your own money before taxes by electing to contribute through payroll contributions. This money will come out of your pay and be placed in your HSA before being taxed, reducing your taxable income. Premier Health gives you the flexibility to change your HSA per-pay contribution at any time.

The Cost of Your Benefits

Most of the employee costs for medical coverage are unchanged for 2020. The benefits that Premier Health offers are a valuable part of your overall compensation package. On average, Premier Health pays the vast majority of the total costs of the benefits program. The table below shows the per pay period (bi-weekly) employee cost for medical coverage.

Medical Costs

	Full-Time Employees		Part-Time Employees	
	Traditional Plan	Saver Plan	Traditional Plan	Saver Plan
Employee	$56.25	$46.95	$143.98	$46.95
Employee + Child	$128.10	$117.83	$250.61	$229.23
Employee + Children	$182.32	$167.70	$358.71	$324.90
Employee + Spouse	$225.22	$203.17	$409.01	$362.80
Employee + Family	$236.36	$211.73	$426.40	$378.91

Tobacco Surcharge

Premier Health is committed to encouraging healthy behaviors. When you or a covered dependent is a tobacco user, a tobacco surcharge of $90 per pay period will be added to your cost for medical coverage. A tobacco user is defined as someone who has used a tobacco product in the past three months. Tobacco products include but are not limited to: cigarettes, cigars, pipes, smokeless tobacco and electronic cigarettes. The Premier Health Employee Plan and Premier Healthy Living offer resources to help you and your family members to quit smoking.

Coverage for Spouses

Spouses who are employed and have access to medical coverage through an employer other than Premier Health are not eligible for medical coverage through Premier Health.

Premier healthy living

Wellness is not a destination, it's a journey. Premier Health is committed to helping you along your journey to achieve your optimal health by providing incentives to encourage you to get and stay healthy. If you are enrolled in the Premier Health Employee Plan, you have until October 31 each year to earn rewards when you engage in the Premier Healthy Living Wellness Program.

Have you completed the 2019 Healthy Living program requirements to earn rewards in 2020?

<table>
<tr><th>Premier Healthy Living Wellness Incentive Programs</th><th>Program Requirements</th><th>Incentive Points</th><th>Your Reward</th></tr>
<tr><td>2020 Premium Discount Program</td><td>Complete the following activities by October 31, 2019:
1. Member Health Assessment
AND
2. Biometric screening</td><td>You will receive 200 incentive points for completing the program requirements (Each activity is worth 100 points)
(must be employed on or before 8/31/19 to receive award)</td><td>$10 discount on your premium each pay period ($260 savings annually)</td></tr>
<tr><td rowspan="2">2020 HRA/HSA Award Program</td><td rowspan="2">Complete the following activities by October 31, 2019:
1. Member Health Assessment
AND
2. Biometric screening
AND
3. Earn 700 or 1,200 incentive points by completing wellness activities of your choice</td><td>Earn 700 incentive points for completing wellness activities
(must be employed on or before 8/31/19 to receive award)
OR</td><td>$500 award deposited into your HRA/HSA
OR</td></tr>
<tr><td>Earn 1,200 incentive points for completing wellness activities
(must be employed on or before 5/31/19 to receive award)</td><td>$1,000 award deposited into your HRA/HSA</td></tr>
</table>

In 2020, Premier Health will partner with Medical Mutual to launch a new Healthy Living website; stay tuned for more exciting news on this event.

Convenient Care When You Need It

When it comes to taking care of yourself or your loved ones, you want to get the best care as quickly and affordably as possible. When you are ill, injured or feeling like you need immediate care, always call your primary care physician (PCP) first. If you can't reach your PCP or you don't have time for an office visit, you have options.

Nurse Line

This free call-in service provides 24/7 access to registered nurses for answers to health-related questions. Call the 24-hour Nurse Line number on your member ID card.

Premier Virtual Care – Doctor Visits on Your Computer or Phone

Premier Virtual Care brings a health care provider to you when and where you need it, 24 hours a day, seven days a week for children and adults who are in the State of Ohio. Our team of board-certified physicians and nurse practitioners can evaluate and treat you through video chat without an appointment. Prescriptions can be called in to your local pharmacy.

Visit **PremierVirtualCare.com** to learn more.

E-Visit

An e-visit allows you to visit your provider using MyChart instead of going in for an office visit. E-visits are available to participants who are patients at a PCP within Premier Physician Network and are not meant to replace seeing your doctor for serious health problems. For more information on e-visits, **click here**.

Convenience Clinic

Walk-in clinics are located in some drug and grocery stores, and are staffed by physician's assistants or nurse practitioners. Convenience clinics don't require an appointment and generally have shorter than average wait times.

Urgent Care

Urgent care facilities save time and money compared with an emergency room. Many are open evenings and weekends. Urgent care facilities don't require an appointment. Beginning in 2020, when you go to a Premier Health Urgent Care you will have a lower cost share than if you go to other network urgent cares. See Premier Health Urgent Care locations at **PremierUrgentCareOH.com**.

Flexible Spending Accounts – What Are They and How Do They Work?

Healthcare Flexible Spending Account (FSA)

A Healthcare FSA allows you to set aside pre-tax dollars to pay for qualified medical expenses. The money deposited into your spending account is deducted from your paycheck before taxes are withheld, which lowers your taxable income and increases your spending power. An FSA covers expenses for you and your dependents, even if they are not covered on your primary health plan. You also enjoy the convenience of a Medical Mutual debit card to pay for your eligible expenses. Substantiation may be required.

Before you enroll in a Healthcare FSA, you should evaluate what your out-of-pocket medical, dental, and vision expenses will be for the coming year. Remember, the key to effective use of the flexible spending accounts is planning ahead. Any money left in the FSA at the end of the plan year will be forfeited. This is called the **Use It or Lose It** provision.

The most you can contribute in 2020 is $2,700.

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) $ ____________________

Important Note: You may have either an FSA or an HSA, but not both.

Click here to learn more about FSAs.

Dependent Care Flexible Spending Account (DCA)

The DCA allows you to pay for day care expenses for a dependent child or adult. You can set aside up to $5,000 in your DCA for 2020 (subject to non-discrimination testing compliance).

Eligible services include:

- Nursery school
- Nanny
- Before or after school care/ day camp through age 12
- Day care for a disabled adult or child
- Elder day care for a parent or dependent.

Click here to learn more about DCAs.

Medical Mutual Debit Card

Your Premier Health FSA and DCA comes with a Medical Mutual debit card that can be used for eligible FSA/DCA transactions. The debit card allows you to use the funds in your account without having to wait for reimbursement. Because your health care benefits and FSA are with Medical Mutual, most transactions are auto-substantiated, meaning there is less likelihood of requiring paperwork to verify a transaction. If you have a DCA and have recurring eligible expenses, your DCA can be set up to reduce the paperwork associated with these expenses. Other DCA transactions will require valid documentation to be submitted.

It is still recommended that you keep receipts and associated paperwork for your transactions. If a transaction requires additional review, you will be asked to provide valid documentation, including receipts and/or explanation of benefits, to validate the transaction.

Hospital Indemnity Insurance

Hospital Indemnity insurance from Aflac can reduce the financial stress of a hospital stay by providing a lump-sum cash benefit directly to you that can be used however you need. The policy does not coordinate with any other coverage, so you can still receive benefits on top of what your medical plan provides. During this open enrollment period, you are eligible for guaranteed issue and will not need to answer medical questions to enroll.

Even with health insurance, a stay in the hospital can become very costly very quickly as out-of-pocket charges begin to add up. For more information about Hospital Indemnity insurance, **click here**.

Accident Insurance

Since accidents can happen at any time – 24 hours a day, seven days a week – it's important to be prepared. That is why we are happy to offer a voluntary Accident Insurance program from Unum.

This benefit provides payments directly to you to help cover the out-of-pocket costs associated with a covered accident (on and off-the-job). For more information about Accident Insurance, **click here**.

The policy does not coordinate with any other coverage, so you can still receive benefits on top of what your medical plan provides. Plus, the plan includes a $50 wellness benefit per year per insured when a defined health assessment is completed. **Click here** to learn more about the wellness benefit.

Critical Illness Insurance

The voluntary Critical Illness program from Unum provides you with a lump sum cash benefit 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.

You pick the level of coverage that provides the right protection for your family. During this enrollment period, you will have the opportunity to select up to $30,000 in coverage for yourself, up to $15,000 for your spouse, and up to $15,000 for your child(ren) without answering any medical questions. Plus, the policy will also pay you a $50 wellness benefit when you complete a qualified health assessment. **Click here** to learn more about the wellness benefit.

For more information about voluntary Critical Illness insurance, **click here**.

Schedule an appointment to speak with a benefit counselor for more information.

Legal and Identity Theft Protection

Through a nationwide network of law firms, LegalShield® provides coverage for the following areas of law: Family, Financial, Auto, Home, Estate Planning and General. Common legal events it supports include traffic tickets, rental disagreements, automobile accidents, credit disputes and estate management.

IDShield® monitors participants' personally identifiable information (PII) from all angles. Identity and credit threat alerts are sent to the participant if any suspicious activity is found. IDShield is the only identity theft protection plan armed with a team of licensed private investigators, ensuring that if your identity is stolen it will be fully restored.

To learn more about **LegalShield®** and **IDShield®**, **click here**.

NOTE: Coverage for LegalShield® and IDShield® can only be canceled during Open Enrollment, unless you have a Qualified Life Event.

Life Insurance

Basic Life Insurance and Accidental Death and Dismemberment Insurance (AD&D) is available at no cost to you and is paid for by Premier Health. Full-time employees are eligible for coverage in the amount of $20,000 or one times annual salary, whichever is greater. Part-time employees are eligible for $7,500 of coverage. Note: Coverage amounts are reduced at age 65. Refer to your Life Insurance Summary Plan Description for details on age reduction.

Supplemental Life Insurance. You may select up one salary level of Supplemental Life Insurance each year, until you reach the maximum coverage amount.

Dependent Life Insurance. When you elect Supplemental Life Insurance for yourself, you may also choose coverage for your spouse only, children only, or your whole family. Important note: the amount of dependent life insurance you elect for your spouse/children cannot be greater than the value of your own Supplemental Life Insurance amount. If you are adding dependent life coverage for your spouse, you must list them as a dependent on the family information section of **My Benefits**.

Supplemental AD&D and Dependent AD&D is available for purchase during Open Enrollment.

Be sure to designate a beneficiary (not yourself) for your Life and AD&D Insurance.

Whole Life Insurance

Whole Life Insurance with Long Term Care provides much more than a death benefit – it also offers valuable "living benefits" that you can use during times of need.

Unum's Whole Life Insurance is designed to pay a death benefit to your beneficiaries, but it can also gain cash value you can use while you are living. This benefit offers an affordable, guaranteed level of premium that won't increase due to age. Unlike term life insurance offered through the workplace, this coverage can continue into retirement. For more information about Whole Life Insurance, **click here**.

Schedule an appointment to speak with a benefit counselor for more information.

Disability Insurance

Short Term Disability (STD) Insurance provides eligible employees with a portion of your income for up to 26 weeks (including a 7-day waiting period) if you become disabled due to an injury or illness. The policy pays a benefit of 60% of your pre-disability earnings. Benefit payments begin after you have been disabled for seven calendar days. This benefit is paid for by Premier Health and is provided at no cost to you. It is the employee's responsibility to request to use this benefit.

Long-Term Disability (LTD) Insurance is available for full-time employees. Premier Health pays for this plan, which provides income replacement of 60% of your monthly base pay up to the maximum monthly benefit. Benefits are payable after the 180-day elimination period has been exhausted. It is the employee's responsibility to file a claim for this benefit.

Dental and Vision

The Premier Health Dental Plan options are the same, but we've changed the names. The Preventive Plan (formerly Low Plan) provides coverage for preventive and basic services. The Advantage Plan (formerly High Plan) includes coverage for preventive, basic, endodontics, periodontics and orthodontics.

MetLife is the administrator for the Premier Health Dental Plan. MetLife offers an expanded network of dental providers through the PDP Plus Network. For instructions on how to find a network dental provider and link to the MetLife website, **click here**.

Vision Service Plan (VSP) is the administrator for the Premier Health Vision Plan-VSP. VSP offers savings on eyeware and eyecare. You can choose to use a VSP provider or any out-of-network provider. To find a provider near you, **click here**.

Highlights of your dental and vision plans can be found below.

Features	Preventive Plan	Advantage Plan
Deductibles and Maximums		
Deductible	None	$50 per person
Annual Max	None	$1,500
Orthodontia Lifetime Max	No coverage	$1,000
Treatment and Services		
Preventive Care	100%	100%
Fillings	50%	80% after deductible
Orthodontia	No coverage	60% for children under the age of 19
All Other Services	No coverage	80% after deductible

Vision Benefits

Features	Frequency	Copayment	In-Network	Out-of-Network
Eye Exam	Once a year	$15.00	Covered in full	Up to $50
Lenses	Once a year	$25.00 (covers lenses and frames)	Covered in full: single vision, lined bifocals, lined trifocals, progressive standard	Single vision up to $50 Bifocal lenses up to $75 Trifocal lenses up to $100
Frames	Once every two calendar years if not buying contacts	See above	Covered up to $175 + 20% off any balance	Up to $70
Contact Lenses	Once every year if you are not buying glasses	None	Covered up to $120; Allowance applies to the cost of your lenses and fitting evaluation and exam	Up to $105

Dental and Vision Rates

The table below shows the per pay period (bi-weekly) employee cost for dental and vision coverage.

	Dental Full-time		Dental Part-time		Vision
	Advantage Plan	Preventive Plan	Advantage Plan	Preventive Plan	
Employee	$7.05	$3.32	$7.76	$3.66	$4.16
Employee + Child	$7.69	$3.56	$10.16	$4.53	$6.79
Employee + Children	$18.98	$8.94	$20.88	$9.84	$6.79
Employee + Spouse	$14.39	$6.78	$15.83	$7.46	$6.35
Employee + Family	$24.55	$11.57	$27.01	$12.73	$10.85

Benefit Carrier Contacts and Resources

Benefit Program	Benefit Resource	Customer Service	Website
Benefits Enrollment & Qualifying Life Events	My Benefits		sso.premierhealth.com
Dental Plan Administration	MetLife	866-832-5756	metlife.com
Dependent Care Savings Account (DCA)	Medical Mutual	877-520-6708	medmutual.com/premierhealth
Flexible Savings Account (FSA)	Medical Mutual	877-520-6708	medmutual.com/premierhealth
Health Savings Account (HSA)	Fidelity Investments	800-343-0860	netbenefits.com/atwork
Leaves of Absence/Short Term Disability	Principal Absence Mgmt	877-734-3652	principal.absencemgmt.com
Long Term Disability	Principal Absence Mgmt	877-734-3652	principal.absencemgmt.com
Medical Plan Administration	Medical Mutual	877-520-6708	medmutual.com/premierhealth
Retirement Savings Plans-401(k)/403(b)	Fidelity Investments	800-343-0860	netbenefits.com/atwork
Rx Benefits Administration	TrueScripts	844-257-1955	truescripts.com
Vision Insurance	VSP	800-877-7195	vsp.com
Voluntary Accident Insurance	Unum	800-635-5597	unum.com
Voluntary Critical Illness Insurance	Unum	800-635-5597	unum.com
Voluntary Group Hospital Indemnity Insurance	Aflac	800-433-3036	aflacgroupinsurance.com
Voluntary Legal & Identity Theft Protection	LegalShield/IDShield	888-807-0407	benefits.legalshield.com/premierhealth
Voluntary Whole Life Insurance	Unum	800-635-5597	unum.com
Premier Health Employee Benefits	Benefits Department		benefits@premierhealth.com