

# Glowforge, Inc.

January 1, 2020 through December 31, 2020

EMPLOYEE  
BENEFITS



# Introduction

Glowforge, Inc. is pleased to provide a comprehensive Employee Benefits package to employees working at least 30 hours per week. Benefits for new hires will begin on the first of the month following or coinciding with the date of hire. (i.e. If you are hired on the first of the month, your benefits will be effective that day. If you are hired on the second, your benefits will be effective on the first day of the following month.) This guide will provide a summary of your benefits.

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# Glowforge, Inc.

## Benefits Contact Information

If you need benefit information not found in this guide or assistance with specific claims, feel free to contact your insurance carrier or register on their website. For help with escalated claims issues or if you have further questions, please reach out to your HR contact.

### NOTICE REGARDING MEDICARE PART D – CREDITABLE OPTION

The employer medical plan offers creditable coverage. Therefore Medicare-eligible employees will not have to buy a Medicare Part D supplement for prescription drugs, nor will they be subject to the 1% per month late enrollment charge assessed by Medicare for purchasing Part D at a later date.

Medical	Premera Blue Cross 800-722-1471 www.premera.com	Group #: Pending
Dental	Delta Dental 800-554-1907 www.deltadentalwa.com	Group #: 09483
Vision	VSP 800-877-7195 www.vsp.com	Group #: 12081508
Short-Term Disability	Lincoln 800-842-3728 www.lfg.com	Group #: 10226427
Long-Term Disability	Lincoln 800-842-3728 www.lfg.com	Group #: 10226425
Life and AD&D	LifeMap 800-756-4105 www.lifemapco.com	Group #: WA 07154W
Life and AD&D	Lincoln 800-842-3728 www.lfg.com	Group #: 10226424
Employee Assistance Program (EAP)	Wellspring 866-607-4535 www.wellspringeap.org	
Employee Assistance Program (EAP)	GuidanceResources 888-628-4824 www.guidanceresources.com	Username: LFGsupport PW: LFGsupport1

Benefits administered by The Vitolo Company  
206-287-0059



# Premium Rates

Glowforge, Inc. contributes 100% to employees' medical, dental, and vision premiums. We contribute 50% to your eligible dependents' medical, dental, and vision premiums.

Below is your share of premiums per month.

	<b>Medical</b>	<b>Dental</b>	<b>Vision</b>	<b>Total</b>
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee & Spouse	\$305.65	\$23.07	\$1.78	\$330.50
Employee & Child(ren)	\$244.51	\$35.80	\$1.88	\$282.19
Employee, Spouse, & Child(ren)	\$550.17	\$58.87	\$3.67	\$612.71

Medical, dental, and vision coverages are tied together. If you (or you and any dependents) enroll in medical, the same individuals will also be enrolled in dental and vision.

## **Short-Term Disability**

Covered 100% by your employer

## **Long-Term Disability**

Covered 100% by your employer

## **Life and AD&D**

Covered 100% by your employer

## **Voluntary Life and AD&D**

See Life and AD&D section for rates

## **Employee Assistance Program (EAP)**

Covered 100% by your employer

## As part of your employee benefits package, you receive the **BHT Passport Corporate Discount Program!**



Your Passport Membership gives you access to a great selection of over **3,000 discounts across the country**, including **850 prestigious restaurants** as well as savings from **local neighborhood merchants** such as dry cleaners and childcare providers. Your Passport Membership also offers discounted **travel deals** on hotel reservations, cruises, resort vacations, and rental cars!

### Start Saving today!

- Step 1: Visit <https://passportcorporate.com> and register your at-work email  
Step 2: Download the "PASSPORT MOBILE" app on your smartphone



Questions? Email [savings@businesshealthtrust.com](mailto:savings@businesshealthtrust.com)

# A fit future is yours

The Active&Fit Direct™ program is making it easier—and more affordable—to get to the gym



With the Active&Fit Direct™ program you get:

- **Access:** Choose from over 9,000 fitness centers across the country
- **Flexibility:** Change fitness centers to find your best fit
- **Low cost:** Pay just \$25 a month (plus a \$25 enrollment fee and applicable taxes)

You also get:

- **Guest pass:** Try out a fitness center for free before you enroll
- **Fitness tracking:** Track your progress online from wearable fitness devices, apps, and equipment
- **Maps:** Get to the gym quicker with an online fitness center locator and directory maps

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To learn more, sign in to your online account on [premera.com](https://premera.com) and visit the **Member Discounts** page.

On behalf of Premera Blue Cross, American Specialty Health is an independent company providing wellness discount programs. The Active&Fit Direct program is offered through American Specialty Health Fitness, Inc., one of the nation's leading fitness networks serving millions of members.

**PREMERA** | 

**BLUE CROSS**

An Independent Licensee of the Blue Cross Blue Shield Association

044800a (01-23-2018)



Common conditions handled by virtual care providers include cold and flu symptoms, nasal congestion and sinus problems, bronchitis, respiratory infections, allergies, and ear infections.

# Premera now covers virtual care

Members can 'visit' a doctor—wherever and whenever they need to

Virtual care gives members immediate and convenient access to care whenever and wherever they need it (as groups enroll or renew beginning January 1, 2015).<sup>1</sup> They can avoid long drive times and wait times they might experience at an urgent care center or emergency room.

Members who are covered by the service receive care virtually from their own doctor or from a doctor at our national provider service, Teladoc.<sup>®2</sup> Members can get care via phone call, online video, or other online media at least as easily as they walk into an office and get care face-to-face.

Whether the virtual visit is with their regular doctor or with a Teladoc board-certified physician, members pay in-network copay, coinsurance, and deductible consistent with a face-to-face office visit. The charge for Teladoc virtual care visits is considerably less than for most ER visits.

## Primary care provider vs. Teladoc

Virtual care is not meant to replace a member's relationship with their primary care provider (PCP) or to replace all in-person, face-to-face visits. It is an expansion of our service delivery options. In some cases, it can also help members avoid a trip to the emergency room for non-emergency care.

## PCPs and other local providers:

If a member's doctor offers consultation, diagnosis, treatment advice, and prescriptions by phone, video, or other online media, Premera reimburses for virtual care at the standard copay, coinsurance, and deductible level.

**Teladoc:** In case a member needs acute care when their regular doctor or other local provider is not available or doesn't offer virtual service, we have contracted with Teladoc to meet a member's needs when and where they exist. Teladoc physicians consult, diagnose, and can even prescribe medication, if medically necessary, at the member's in-network level.

**PREMERA** | 

**BLUE CROSS**

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## How Teladoc Works

Four simple steps:

### 1. Register

Member creates an account and fills out a health history—similar to the history a patient fills out in a doctor’s office. This can be done online or on the phone. Members can also register their covered family members.

To save time later, they can identify their primary care doctor and their preferred pharmacy.

### 2. Consult a physician anytime

When the member wants a consult with a Teladoc board-certified physician, they can make contact by phone, online video, email, or other online media.

They give contact information and their current location. Virtual care services—consultations and prescriptions—may vary depending on the caller’s current location.<sup>1</sup>

A doctor calls back right away or at a time the member requests.

Teladoc doctors offer consultation similar to what a patient gets in a face-to-face office visit. The doctor checks the caller’s health history and discusses symptoms. Consistent virtual care protocols help them diagnose. Physicians can send a prescription to the member’s preferred pharmacy, if it’s medically necessary.

### 3. Easily check benefits and pay

The member’s eligibility and benefits are checked in real-time, which means Teladoc knows what copay, coinsurance, and deductible apply.

The member can pay via credit or debit card, HSA or FSA card, or PayPal.

### 4. Continuity of care with local doctor

If the member has supplied the name of their primary care doctor, Teladoc sends a record of the consult by fax or electronic medical record transfer.

## The virtues of virtual care

Virtual care can:

- > Improve access to care. Members in remote, telework, or mobile situations can access care no matter where they are.
- > Improve quality. Virtual care provides better continuity of care and follow-up for certain patient populations, especially for chronic care management.
- > Increase productivity. Virtual care reduces travel time, absenteeism, and related stress for members.
- > Contain costs. Virtual care can reduce cost by providing a lower-cost care option. It can reduce avoidable urgent care and emergency room visits.

Members who have the benefit can contact Teladoc by phone at **855.332.4059** or visit the Teladoc website **[www.teladoc.com/premera](http://www.teladoc.com/premera)**.

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For more information, contact your producer or call your Premera Blue Cross sales representative at **800.722.5561**.

<sup>1</sup> Teladoc® operates subject to state regulation and may not be available in certain states. Teladoc phone consultations are available 24 hours a day, 7 days a week; video consultations are available 7 a.m. to 9 p.m., 7 days a week.

<sup>2</sup> Teladoc® is an independent company that arranges virtual medical care services on behalf of Premera Blue Cross. Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services.

# Highlights of your Health Care Coverage

(BHT) BUSINESS HEALTH TRUST

Effective Date: 01/01/2020

Any deductibles, copays, and coinsurance percentages shown are amounts for which you're responsible.  
 Medical Benefits apply after the calendar-year deductible is met unless otherwise noted, or if the cost share is a copay.

MEDICAL PLAN	TITANIUM 200	
	HERITAGE IN-NETWORK	OUT-OF-NETWORK
<b>MEDICAL COST SHARE OPTIONS</b>		
<b>Individual Deductible PCY</b> (Family embedded deductible 2X Individual)	\$200	\$400
<b>Coinsurance (Member's percentage of costs after deductible based on allowable charges)</b>	10%	50%
<b>Individual Out of Pocket Maximum PCY, includes deductible, coinsurance, copay and pharmacy if applicable</b> (Family embedded OOP max 2X Individual)	\$2,000	Unlimited
<b>Office Visit Cost Share</b>	\$15 Copay, applies to the \$2,000 Out of Pocket Maximum	\$400 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum
<b>PREVENTIVE CARE OPTIONS AND HEALTH EDUCATION</b>		
<b>Preventive Office Visit</b> (Unlimited, subject to standard medical guidelines)	Covered In Full	Not Covered
<b>Immunizations</b> (Unlimited, subject to standard medical guidelines)	Covered In Full	Not Covered
<b>Health Education (HE)</b> (Unlimited)	Covered In Full	Not Covered
<b>Nicotine Dependency Programs (ND)</b> (Unlimited)	Covered In Full	Not Covered
<b>Diabetes Health Education (DE)</b> (Unlimited)	Covered In Full	Not Covered
<b>PROFESSIONAL CARE</b>		
<b>Professional Office Visit (Includes Telemedicine)</b>	\$15 Copay, applies to the \$2,000 Out of Pocket Maximum	\$400 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum
<b>Inpatient Professional Services</b>	\$200 Deductible, then 10% Coinsurance, applies to \$2,000 Out of Pocket Maximum	\$400 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum
<b>Contraceptive Management Services</b> (Unlimited)	Covered In Full	\$400 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum

<b>MEDICAL PLAN</b>		<b>TITANIUM 200</b>	
	<b>HERITAGE IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>	
<b>VIRTUAL CARE - ON DEMAND</b>			
<b>Virtual Care - General Medical/ Dermatology (Voice/Video)</b>	Covered In Full	Not Applicable	
<b>DIAGNOSTIC SERVICE OPTIONS</b>			
<b>Preventive Professional Diagnostic Imaging and Laboratory Services - Including Mammogram and PAP/PSA</b>	Covered In Full	\$400 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
<b>Other Professional Diagnostic Imaging</b>	Waive Deductible, then 10% Coinsurance, applies to \$2,000 Out of Pocket Maximum	\$400 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
<b>Professional Diagnostic Major Imaging</b>	Waive Deductible, then 10% Coinsurance, applies to \$2,000 Out of Pocket Maximum	\$400 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
<b>Other Professional Diagnostic Laboratory/Pathology</b>	Waive Deductible, then 10% Coinsurance, applies to \$2,000 Out of Pocket Maximum	\$400 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
<b>Diagnostic Mammography</b>	Waive Deductible, then 10% Coinsurance, applies to \$2,000 Out of Pocket Maximum	\$400 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
<b>FACILITY CARE OPTIONS</b>			
<b>Inpatient Facility</b>	\$200 Deductible, then 10% Coinsurance, applies to \$2,000 Out of Pocket Maximum	\$400 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
<b>Outpatient Surgery Facility</b>	\$200 Deductible, then 10% Coinsurance, applies to \$2,000 Out of Pocket Maximum	\$400 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
<b>Skilled Nursing Facility</b> (90 days PCY; includes room and board, and facility billed professional and ancillary fees)	\$200 Deductible, then 10% Coinsurance, applies to \$2,000 Out of Pocket Maximum	\$400 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
<b>Hospice Inpatient Facility</b> (Unlimited; within the 6 month lifetime maximum)	\$200 Deductible, then 10% Coinsurance, applies to \$2,000 Out of Pocket Maximum	\$400 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
<b>PREMERA DESIGNATED CENTERS OF EXCELLENCE</b>			
<b>Centers of Excellence Packaged Services</b> (Eligible Services Include: Total Joint Replacement (Knee & Hip Replacement))	Covered In Full	Covered as any other service	
<b>Travel and Care Coordination</b> (Limited to IRS Guidelines)	Covered In Full	Not Covered	
<b>EMERGENCY CARE AND TRANSPORTATION OPTION</b>			
<b>Emergency Care (If applicable, waive copay if admitted to inpatient facility)</b>	\$200 Copay then \$200 Deductible and 10% Coinsurance; all cost shares apply to the \$2,000 Out of Pocket Maximum	\$200 Copay then \$200 Deductible and 10% Coinsurance; all cost shares apply to the \$2,000 Out of Pocket Maximum	
<b>Emergency Room Physician</b>	\$200 Deductible, then 10% Coinsurance, applies to \$2,000 Out of Pocket Maximum	\$200 Deductible, then 10% Coinsurance, applies to \$2,000 Out of Pocket Maximum	
<b>Urgent Care Center</b>	\$15 Copay, applies to the \$2,000 Out of Pocket Maximum	\$400 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
<b>Ambulance Transportation</b> (Unlimited)	\$200 Deductible, then 10% Coinsurance, applies to \$2,000 Out of Pocket Maximum	\$200 Deductible, then 10% Coinsurance, applies to \$2,000 Out of Pocket Maximum	
<b>Air Ambulance</b> (Unlimited)	\$200 Deductible, then 10% Coinsurance, applies to \$2,000 Out of Pocket Maximum	\$200 Deductible, then 10% Coinsurance, applies to \$2,000 Out of Pocket Maximum	

MEDICAL PLAN		TITANIUM 200	
	HERITAGE IN-NETWORK	OUT-OF-NETWORK	
<b>OTHER SERVICES</b>			
<b>Allergy/Therapeutic Injections</b>	\$200 Deductible, then 10% Coinsurance, applies to \$2,000 Out of Pocket Maximum	\$400 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
<b>Mental Health Inpatient Facility Care</b> (Unlimited)	\$200 Deductible, then 10% Coinsurance, applies to \$2,000 Out of Pocket Maximum	\$400 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
<b>Mental Health Outpatient Professional Care</b> (Unlimited)	\$15 Copay, applies to the \$2,000 Out of Pocket Maximum	\$400 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
<b>Telemedicine - Mental Health</b>	Covered In Full	Not Applicable	
<b>Chemical Dependency Inpatient Facility Care</b> (Unlimited)	\$200 Deductible, then 10% Coinsurance, applies to \$2,000 Out of Pocket Maximum	\$400 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
<b>Chemical Dependency Outpatient Professional Care</b> (Unlimited)	\$15 Copay, applies to the \$2,000 Out of Pocket Maximum	\$400 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
<b>Rehab Inpatient Facility</b> (30 days PCY)	\$200 Deductible, then 10% Coinsurance, applies to \$2,000 Out of Pocket Maximum	\$400 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
<b>Rehab Outpatient Care, Including Physical, Occupational, Speech and Massage Therapy, and Chronic Pain</b> (45 visits PCY)	\$15 Copay, applies to the \$2,000 Out of Pocket Maximum	\$400 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
<b>Rehab Outpatient Care Chronic Conditions, Including Cardiac, Pulmonary Rehab, and Cancer</b>	\$15 Copay, applies to the \$2,000 Out of Pocket Maximum	\$400 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
<b>Medical Supplies, Equipment, Prosthetics</b> (Unlimited)	\$200 Deductible, then 10% Coinsurance, applies to \$2,000 Out of Pocket Maximum	\$400 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
<b>Foot Orthotics, Orthopedic Shoes and Accessories</b> (\$300 PCY; Includes orthotics and orthopedic shoes)	\$200 Deductible, then 10% Coinsurance, applies to \$2,000 Out of Pocket Maximum	\$400 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
<b>Home Health Visits</b> (130 visits PCY)	\$200 Deductible, then 10% Coinsurance, applies to \$2,000 Out of Pocket Maximum	\$400 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
<b>Hospice Care</b> (Hospice Home Visits: Unlimited; Respite: 240 hours; within the 6 month lifetime maximum)	\$200 Deductible, then 10% Coinsurance, applies to \$2,000 Out of Pocket Maximum	\$400 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
<b>TMJ (Temporomandibular Joint Disorders)</b> (Unlimited (Medical and Dental services - Medical and Dental cost shares based on type of service))	Covered as any other service	Covered as any other service	
<b>Transplants</b> (Unlimited; \$7,500 travel and lodging limits)	Covered as any other service	Not Covered	
<b>ALTERNATIVE CARE</b>			
<b>Manipulations (Spinal and other)</b> (12 visits PCY)	\$15 Copay, applies to the \$2,000 Out of Pocket Maximum	\$400 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
<b>Acupuncture</b> (12 visits PCY)	\$15 Copay, applies to the \$2,000 Out of Pocket Maximum	\$400 Deductible, then 50% Coinsurance, applies to Unlimited Out of Pocket Maximum	
<b>ANNUAL PLAN MAXIMUM</b>			
<b>Annual Plan Maximum</b>	Unlimited	Unlimited	

Prior Authorization is required for many services to be covered. For more information please refer to your benefit booklet.

PCY = Per Calendar Year. Balance billing may apply if a provider is not contracted with Premera Blue Cross. Members are responsible for amounts in excess of the allowable charge.

*This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which the program may be continued in force. This benefit highlight is not a contract. For full coverage provisions, including a description of waiting periods, limitations and exclusions please contact Customer Service.*

# Highlights of your Health Care Coverage

(BHT) BUSINESS HEALTH TRUST

Effective Date: 01/01/2020

Below is a brief overview of your Pharmacy Benefits. For more information on your benefits, please refer to your benefit booklets. To find out what tiers apply to a specific medication, refer to our Preferred Drug List at [www.premera.com](http://www.premera.com)

PHARMACY PLAN	
TITANIUM 200 - RX	
PRESCRIPTION DRUGS	
<b>Drug List</b>	Preferred B4 Tier 1 = generic Tier 2 = preferred brand Tier 3 = non-preferred brands Tier 4 = specialty
<b>Retail Cost Shares</b>	\$10/\$20/\$40/\$250
<b>Mail Cost Shares</b>	\$25/\$50/\$100/\$250
<b>Day Supply</b>	Retail: 30 Days; Mail: 90 Days; Specialty: 30 Days
<b>Individual Deductible PCY</b>	\$0
<b>Family Deductible PCY</b>	No Family Deductible
<b>Out of Network (Non-participating retail pharmacies)</b>	Cost Share, then 40% (to allowable)
<b>Out of Pocket Maximum</b>	Applies to the medical out of pocket maximum
<b>Annual Benefit Maximum</b>	Unlimited

Prior Authorization is required for many services to be covered. For more information please refer to your benefit booklet.

PCY = Per Calendar Year. Balance billing may apply if a provider is not contracted with Premera Blue Cross. Members are responsible for amounts in excess of the allowable charge.

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The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately.**

**This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-722-1471 (TTY: 1-800-842-5357) or visit us at [www.premera.com](http://www.premera.com). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-800-722-1471 (TTY: 1-800-842-5357) to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	In-network: \$200 Individual / \$400 Family. Out-of-network: \$400 Individual / \$800 Family.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u> ?	Yes. Does not apply to <u>copayments</u> , <u>prescription drugs</u> and services listed below as "No charge"	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain preventive services without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	In-network: \$2,000 Individual / \$4,000 Family, Out-of-network: Not Applicable	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premium</u> , balance-billed charges, penalties for failure to obtain prior authorization for services, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u> ?	Yes. See <a href="http://www.premera.com">www.premera.com</a> or call 1-800-722-1471 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u> ?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$15 <u>copayment</u>	50% <u>coinsurance</u>	None
	<u>Specialist</u> visit	\$15 <u>copayment</u>	50% <u>coinsurance</u>	None
	<u>Preventive care/screening/immunization</u>	No charge	Not covered	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services you need are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	10% <u>coinsurance</u> ( <u>deductible</u> does not apply)	50% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	10% <u>coinsurance</u> ( <u>deductible</u> does not apply)	50% <u>coinsurance</u>	Prior authorization required for some outpatient imaging tests. Penalty for out-of-network: 50% of allowable charge to \$1,500 per occurrence.
If you need drugs to treat your illness or condition  More information about <u>prescription drug coverage</u> is available at <a href="http://client.formularynavigator.com/Search.aspx?siteCode=1961494599">http://client.formularynavigator.com/Search.aspx?siteCode=1961494599</a> .	Generic drugs	\$10 <u>copayment</u> (retail), \$25 <u>copayment</u> (mail)	\$10 <u>copayment</u> + 40% <u>coinsurance</u> (retail), not covered (mail)	Covers up to a 30 day supply (retail), covers up to a 90 day supply (mail). No charge for specific preventive drugs. Prior authorization required for some drugs.
	Preferred brand drugs	\$20 <u>copayment</u> (retail), \$50 <u>copayment</u> (mail)	\$20 <u>copayment</u> + 40% <u>coinsurance</u> (retail), not covered (mail)	Covers up to a 30 day supply (retail), covers up to a 90 day supply (mail). Prior authorization required for some drugs.
	Non-preferred brand drugs	\$40 <u>copayment</u> (retail), \$100 <u>copayment</u> (mail)	\$40 <u>copayment</u> + 40% <u>coinsurance</u> (retail), not covered (mail)	Covers up to a 30 day supply (retail), covers up to a 90 day supply (mail). Prior authorization required for some drugs.
	<u>Specialty drugs</u>	\$250 <u>copayment</u>	Not covered	Covers up to a 30 day supply. Only covered at specific contracted specialty pharmacies. Prior authorization required for some drugs.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% <u>coinsurance</u>	50% <u>coinsurance</u>	Prior authorization required for some services. Penalty for out-of-network: 50% of allowable charge to \$1,500 per occurrence.
	Physician/surgeon fees	10% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency room care</u>	\$200 <u>copayment</u> + 10% <u>coinsurance</u>	\$200 <u>copayment</u> + 10% <u>coinsurance</u>	Emergency room copay waived if admitted to hospital.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)	
	<u>Emergency medical transportation</u>	10% <u>coinsurance</u>	10% <u>coinsurance</u>	None
	<u>Urgent care</u>	Hospital-based: \$200 <u>copayment</u> + 10% <u>coinsurance</u> Freestanding center: \$15 <u>copayment</u>	Hospital-based: \$200 <u>copayment</u> + 10% <u>coinsurance</u> Freestanding center: 50% <u>coinsurance</u>	None
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	10% <u>coinsurance</u>	50% <u>coinsurance</u>	Prior authorization required for all planned inpatient stays. Penalty for out-of-network: 50% of allowable charge to \$1,500 per stay.
	Physician/surgeon fees	10% <u>coinsurance</u>	50% <u>coinsurance</u>	
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	Office Visit: \$15 <u>copayment</u> Facility: 10% <u>coinsurance</u> ( <u>deductible</u> does not apply)	50% <u>coinsurance</u>	None
	Inpatient services	10% <u>coinsurance</u>	50% <u>coinsurance</u>	Prior authorization required for all planned inpatient stays. Penalty for out-of-network: 50% of allowable charge to \$1,500 per stay.
<b>If you are pregnant</b>	Office visits	10% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Childbirth/delivery professional services	10% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Childbirth/delivery facility services	10% <u>coinsurance</u>	50% <u>coinsurance</u>	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<u>Network Provider</u> (You will pay the least)	<u>Out-of-Network Provider</u> (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	10% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to 130 visits per calendar year
	<u>Rehabilitation services</u>	Outpatient: \$15 <u>copayment</u> Inpatient: 10% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to 45 outpatient visits per calendar year, limited to 30 inpatient days per calendar year. Prior authorization required for all planned inpatient stays. Penalty for out-of-network: 50% of allowable charge to \$1,500 per stay.
	<u>Habilitation services</u>	Outpatient: \$15 <u>copayment</u> Inpatient: 10% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to 45 outpatient visits per calendar year, limited to 30 inpatient days per calendar year. Prior authorization required for all planned inpatient stays. Penalty for out-of-network: 50% of allowable charge to \$1,500 per stay.
	<u>Skilled nursing care</u>	10% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to 90 days per calendar year. Prior authorization required for all planned inpatient stays. Penalty for out-of-network: 50% of allowable charge to \$1,500 per stay.
	<u>Durable medical equipment</u>	10% <u>coinsurance</u>	50% <u>coinsurance</u>	Prior authorization required to buy some medical equipment over \$500. Penalty for out-of-network: 50% of allowable charge to \$1,500 per occurrence.
	<u>Hospice services</u>	10% <u>coinsurance</u>	50% <u>coinsurance</u>	Limited to 240 respite hours - 6 month overall lifetime benefit limit, except when approved otherwise.
	If your child needs dental or eye care	Children's eye exam	Not covered	Not covered
Children's glasses		Not covered	Not covered	None
Children's dental check-up		Not covered	Not covered	None

## Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none"><li>• Assisted fertilization treatment</li><li>• Bariatric surgery</li><li>• Cosmetic surgery</li></ul>	<ul style="list-style-type: none"><li>• Dental care (Adult)</li><li>• Hearing aids</li><li>• Long-term care</li></ul>	<ul style="list-style-type: none"><li>• Private-duty nursing</li><li>• Routine eye care (Adult)</li><li>• Weight loss programs</li></ul>
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)		
<ul style="list-style-type: none"><li>• Acupuncture</li><li>• Chiropractic care or other spinal manipulations</li></ul>	<ul style="list-style-type: none"><li>• Foot care</li></ul>	<ul style="list-style-type: none"><li>• Non-emergency care when traveling outside the U.S.</li></ul>

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: for ERISA plans, contact the Department of Labor's Employee Benefit's Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). For governmental plans, contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov). For church plans and all other plans, call 1-800-562-6900 for the state insurance department, or the insurer at 1-800-722-1471 or TTY 1-800-842-5357. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: your plan at 1-800-722-1471 or TTY 1-800-842-5357, or the state insurance department at 1-800-562-6900, or Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform).

**Does this plan provide Minimum Essential Coverage?** Yes.

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet Minimum Value Standards?** Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

## Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-722-1471.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-722-1471.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-800-722-1471.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-722-1471.

-----To see examples of how this plan might cover costs for a sample medical situation, see the next section.-----

About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**  
(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$200
- Specialist copay \$15
- Hospital (facility) coinsurance 10%
- Other coinsurance 10%

This EXAMPLE event includes services like:  
Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
Diagnostic tests (*ultrasounds and blood work*)  
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$200
<u>Copayments</u>	\$60
<u>Coinsurance</u>	\$1,200
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$1,520</b>

**Managing Joe's type 2 Diabetes**  
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$200
- Specialist copay \$15
- Hospital (facility) coinsurance 10%
- Other coinsurance 10%

This EXAMPLE event includes services like:  
Primary care physician office visits (*including disease education*)  
Diagnostic tests (*blood work*)  
Prescription drugs  
Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
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In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$70
<u>Copayments</u>	\$1,300
<u>Coinsurance</u>	\$10
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$1,400</b>

**Mia's Simple Fracture**  
(in-network emergency room visit and follow up care)

- The plan's overall deductible \$200
- Specialist copay \$15
- Hospital (facility) coinsurance 10%
- Other coinsurance 10%

This EXAMPLE event includes services like:  
Emergency room care (*including medical supplies*)  
Diagnostic test (*x-ray*)  
Durable medical equipment (*crutches*)  
Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
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In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$200
<u>Copayments</u>	\$300
<u>Coinsurance</u>	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$600</b>



# Business Health Trust – Plan 5

Group #09483

## Delta Dental PPO<sup>SM</sup> Plan Benefit Summary

<b>Benefit Period Maximum</b> (Per Person)	\$2,000
<b>TMJ</b>	50%
Annual Maximum (Per Person)	\$1,000
Lifetime Maximum (Per Person)	\$5,000

Dental Network			
	Delta Dental PPO <sup>SM</sup> Dentist	Delta Dental Premier <sup>®</sup> Dentist	Non-Participating Dentist
<b>Benefit Period Deductible</b>			
Does Not Apply to Class I (Per Person/Per Family)	\$50/\$150	\$50/\$150	\$50/\$150
<b>Class I – Diagnostic &amp; Preventive</b>			
Exams	100%	100%	100%
Cleaning			
Fluoride			
X-Rays			
Sealants			
<b>Class II – Restorative</b>			
Fillings	90%	80%	80%
Endodontics (Root Canal)			
Periodontics			
Oral Surgery			
General Anesthesia/IV Sedation			
<b>Class III – Major</b>			
Dentures	50%	50%	50%
Partial Dentures			
Implants			
Bridges			
Crowns			



This is a summary of benefits for comparison and isn't a contract. Once you're enrolled, you can get a benefits booklet that will provide all the details of your dental plan. Please feel free to call our customer service department or visit our website at [DeltaDentalWA.com](http://DeltaDentalWA.com) if you have any questions.

*Keep in mind, you will likely experience the greatest savings when you see a Delta Dental PPO dentist.*

**Orthodontia Option  
Family Only  
Plan Year 2020**

Payment Level	50%
Lifetime Maximum per Family Member	\$1,000

Orthodontia is available to groups with 10 or more employees

**Please Note:** This is a brief summary of benefits only and does not constitute a contract. You will receive a benefits booklet that completely details your DeltaPreferred Option plan benefits. Please feel free to call our Customer Service Department if you have any questions.

**Delta Dental of Washington**  
**PO Box 75688**  
**Seattle, WA 98175**  
**Customer Service Toll-free (800) 554-1907**  
**Mondays - Fridays, 8 a.m. to 5 p.m., Pacific Standard Time**  
**Web site: [www.deltadentalwa.com](http://www.deltadentalwa.com)**

## Get the most from your benefits!



### Create a MySmile® account

It gives you secure, 24/7 access to your ID card, benefits information, out-of-pocket cost estimates, and more! Our “Find your member ID” tool makes registration easy. Visit [DeltaDentalWA.com](http://DeltaDentalWA.com) to create your account.

### Choose an in-network dentist

Your plan gives you access to the Delta Dental PPO<sup>SM</sup> network. Your benefits go farthest when you visit a Delta Dental PPO dentist which gives you the most bang for your buck.

If you see a NON-Delta Dental PPO dentist, you won’t maximize your benefits. Your annual maximum won’t go as far and you’ll likely have greater out-of-pocket costs.

	Delta Dental PPO	Delta Dental Premier	Non-Delta Dental
Your plan’s network	✓		
Benefits go farthest which means least out-of-pocket costs	✓		
Files claims forms for you	✓	✓	
Comes with our quality management and cost protection	✓	✓	
No cost protection which means greatest out-of-pocket costs			✓

Find an in-network dentist near you:

1. Visit [DeltaDentalWA.com](http://DeltaDentalWA.com)
2. Click on ‘Online Tools’ and use our ‘Find a Dentist’ tool
3. Select ‘Delta Dental PPO’ to filter your search results



### Visit your dentist regularly

Your plan covers preventive care visits each year. Regular cleanings and check-ups are essential to keeping your smile healthy and preventing painful, expensive problems down the road.

### Get out-of-pocket cost estimates

Knowing your cost upfront helps you and your dentist plan treatments to maximize your benefits.

**MySmile Cost Genie<sup>SM</sup>** gives you instant, cost estimates. It’s great for basic treatments like fillings. Simply sign in to MySmile account to get your personalized estimate.

When you need extensive treatment, like a crown, ask your dentist for a “Predetermination.” You’ll get a **Confirmation of Treatment and Cost** from us. It details your dentist’s treatment plan, what your benefits cover, and how much you may owe your dentist for the treatment.



### Have a question?

Give us a call at 800.554.1907, Monday – Friday from 7am to 5pm, Pacific Time. We’re happy to help.



Life is  
better in  
focus.™

## Get access to the best in eye care and eyewear with BUSINESS HEALTH TRUST - CHOICE PLAN B and VSP® Vision Care.



As a VSP member, you have access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at low out-of-pocket costs.

### You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and low out-of-pocket costs.
- **High Quality Vision Care.** You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—with the largest national network of private-practice doctors, plus participating retail chains, it's easy to find the in-network doctor who's right for you.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

### Using your VSP benefit is easy.

- **Create an account at [vsp.com](http://vsp.com).** Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** Visit [vsp.com](http://vsp.com) or call **800.877.7195**.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on [vsp.com](http://vsp.com).

**That's it! We'll handle the rest**—there are no claim forms to complete when you see a VSP provider.

### Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.<sup>1</sup> Visit [vsp.com](http://vsp.com) to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.<sup>2</sup> Prefer to shop online? Check out all of the brands at [eyeconic.com](http://eyeconic.com)®, VSP's preferred online eyewear store.

See why we're consumers' #1 choice in vision care<sup>3</sup>.

Contact us. **800.877.7195**  
[vsp.com](http://vsp.com)

# Your VSP Vision Benefits Summary



BUSINESS HEALTH TRUST - CHOICE PLAN B and VSP provide you with an affordable eyecare plan.

**VSP Coverage Effective Date:** 01/01/2020

**VSP Provider Network:** VSP Choice

Benefit	Description	Copay	Frequency
<b>Your Coverage with a VSP Provider</b>			
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$20	Every 12 months
<b>Prescription Glasses</b>		\$25	See frame and lenses
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$200 allowance for a wide selection of frames</li> <li>\$220 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$110 Costco® frame allowance</li> </ul>	Included in Prescription Glasses	Every 24 months
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every 12 months
<b>Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> </ul>	\$0 \$95 - \$105 \$150 - \$175	Every 12 months
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$160 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every 12 months
<b>Diabetic Eyecare Plus Program</b>	<ul style="list-style-type: none"> <li>Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.</li> </ul>	\$20	As needed
<b>Extra Savings</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>		
	<b>Retinal Screening</b> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>		
<b>Your Coverage with Out-of-Network Providers</b>			
Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.			
Exam .....	up to \$45	Lined Bifocal Lenses .....	up to \$50
Frame .....	up to \$70	Lined Trifocal Lenses .....	up to \$65
Single Vision Lenses .....	up to \$30	Progressive Lenses .....	up to \$50
		Contacts .....	up to \$105
Coverage with a participating retail chain may be different. Once your benefit is effective, visit <a href="http://vsp.com">vsp.com</a> for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.			

Contact us. **800.877.7195** | [vsp.com](http://vsp.com)

- Brands/Promotion subject to change.
- Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.
- 2017 National Vision Plan Member Research.

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 VSP, VSP Vision care for life, eyeconic.com, and WellVision Exam are registered trademarks, and "Life is better in focus." is a trademark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other company names and brands are trademarks or registered trademarks of their respective owners.



**Glowforge, Inc. provides this valuable benefit  
at no cost to you.**

Full-Time Employees

## Short-term Disability Insurance

### Protect your paycheck when you can't work.

Many medical conditions can keep you out of work. Short-term disability insurance helps you meet your financial obligations while you're recovering from an injury, illness, surgery, or childbirth.

#### AT A GLANCE:

- A cash benefit of 60% of your weekly salary (up to \$2,900) when you are out of work for up to 11 weeks due to injury, illness, surgery, or recovery from childbirth
- A partial cash benefit if you can only do part of your job or work part time
- A prompt, responsive claims process

#### ADDITIONAL DETAILS

**Sickness Elimination Period:** You must be out of work for 14 days due to an illness before you can collect disability benefits. You can begin collecting benefits on day 15.

**Accident Elimination Period:** You must be out of work for 14 days due to an accidental injury before you can collect disability benefits. You can begin collecting benefits on day 15.

**Benefits Integration:** Your short-term disability benefits can coordinate with income from other sources, such as continued income or sick pay from your employer, during your disability. This allows you to receive up to 100% of your pre-disability income.

For complete benefit descriptions, limitations, and exclusions, refer to the certificate of coverage.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

Insurance products (policy series GL1101) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations. Limitations and exclusions apply.



**Glowforge, Inc. provides this valuable benefit at no cost to you.**

Full-Time Employees

## Long-term Disability Insurance

### Keep getting a check when you're hurt or sick.

You always have bills to pay, even when you can't get to work due to injury, illness, or surgery. Long-term disability insurance helps you make ends meet during this difficult time.

#### AT A GLANCE:

- A cash benefit of 60% of your monthly salary (up to \$12,500) starting 90 days after you are out of work and continuing up to age 65 or Social Security Normal Retirement Age (SSNRA), whichever is later
- *EmployeeConnect*<sup>SM</sup> services, which give you and your family confidential access to counselors as well as personal, legal, and financial assistance.
  - Program Services include:
    - Unlimited, 24/7 access to information and referrals
    - In-person help for short-term issues; up to four sessions with a counselor per person, per issue, per year.
    - One free consultation with a network attorney (with subsequent meetings at a reduced fee)
    - Online tools, tutorials, videos and much more

#### ADDITIONAL DETAILS

**Coverage Period for Your Occupation:** 24 months. After this initial period, you may be eligible to continue receiving benefits if your disability prohibits you from performing any employment for which you are reasonably suited through your training, education, and experience. In this case, your benefits may be extended through the end of your maximum coverage period (benefit duration).

**Pre-existing Condition:** If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the 3 months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 12 months.

For complete benefit descriptions, limitations, and exclusions, refer to the certificate of coverage.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

*EmployeeConnect*<sup>SM</sup> services are provided by ComPsych<sup>®</sup> Corporation, Chicago, IL. ComPsych<sup>®</sup> is a registered trademark of ComPsych<sup>®</sup> Corporation. ComPsych<sup>®</sup> is not a Lincoln Financial Group<sup>®</sup> company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations.

Insurance products (policy series GL3001) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations. Limitations and exclusions apply.

[Benefits Overview](#) | [The Lincoln National Life Insurance Company](#)



**Glowforge, Inc. provides this valuable benefit at no cost to you.**

Full-Time Employees

## Life and AD&D Insurance

### **Safeguard the most important people in your life.**

Think about what your loved ones may face after you're gone. Term life insurance can help them in so many ways, like covering everyday expenses, paying off debt, and protecting savings. AD&D provides even more coverage if you die or suffer a covered loss in an accident.

#### **AT A GLANCE:**

- A cash benefit of \$50,000 to your loved ones in the event of your death, plus a matching cash benefit if you die in an accident
- A cash benefit to you if you suffer a covered loss in an accident, such as losing a limb or your eyesight
- *LifeKeys*<sup>®</sup> services, which provide access to counseling, financial, and legal support
- *TravelConnect*<sup>SM</sup> services, which give you and your family access to emergency medical assistance when you're on a trip 100+ miles from home

**You also have the option to increase your cash benefit by securing additional coverage at affordable group rates. See the enclosed life insurance information for details.**

#### **ADDITIONAL DETAILS**

**Conversion:** You can convert your group term life coverage to an individual life insurance policy without providing evidence of insurability if you lose coverage due to leaving your job or for another reason outlined in the plan contract. AD&D benefits cannot be converted.

**Benefit Reduction:** Coverage amounts begin to reduce at age 65 and retirement. See the plan certificate for details.

For complete benefit descriptions, limitations, and exclusions, refer to the certificate of coverage.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

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## Basic Life and AD&D Insurance

### For Business Health Trust (Plan A)

#### How the Plan Works

Life is full of many twists and turns. LifeMap Basic Life and AD&D coverage protects your family's future, no matter what life may throw your way.

- Eligibility Requirement**  
 If you are a full-time active employee working a minimum of 20 hours per week and enrolled in the Medical plan, you will be covered with these benefits.
- Who pays for the coverage?**  
 Life and AD&D Insurance premiums are paid for by your employer.
- Guarantee Issue**  
 With no questions asked, you will be covered for up to \$15,000 in Basic Life and AD&D Insurance.

**LifeMapCo.com**  
**1 (800) 794-5390**

#### Benefits Summary

Plan Benefits	
Employee Life Insurance	\$15,000
Employee AD&D Insurance	\$15,000
Guarantee Issue Amount	
Employee	\$15,000
Plan Features	
Accelerated Benefit – Life Only	A covered employee who is diagnosed as terminally ill may receive a portion of the life insurance benefit before death. Remaining benefits are reserved for the member's beneficiary.
Conversion – Life Only	Option of converting to an individual life policy, without proof of insurability, within 31 days of termination.
Waiver of Premium – Life Only	Life coverage continued without payment of premium if insured becomes totally disabled prior to age 60 (proof of disability required). Coverage may be continued up to age 65.
Reduction Schedule	
If you are still working the required number of hours to be eligible for this insurance at age 70, your benefits will reduce to 50% at age 70, to 30% at age 75, and to 20% at age 80.	
Accidental Death & Dismemberment	
If due to an accident you die, lose a limb, sight of an eye or become paralyzed, benefits are available.	
<ul style="list-style-type: none"> <li>Adaptive Home/Vehicle Benefit</li> <li>Rehab Benefit</li> <li>Air Bag and Seat Belt</li> <li>Spouse and Child Education</li> </ul>	<ul style="list-style-type: none"> <li>Coma</li> <li>Day Care</li> <li>Exposure and Disappearance</li> <li>Felonious Assault</li> </ul>

*This summary is provided for your convenience only and is not intended to be inclusive of all policy provisions. Please see your certificate for complete details. If there is any discrepancy between this summary and the master policy, master policy provisions will prevail.*

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Insurance for every step of life.

### Additional Benefits

- **Travel Assistance**  
When traveling 100 or more miles away from home, or outside of your home country, you can obtain emergency medical, travel, and personal security assistance 24 hours a day, anywhere in the world.
- **Repatriation**  
If death occurs more than 100 miles from your primary residence, a benefit may be payable to prepare and ship your body to the place of burial or cremation.
- **Seat Belt**  
If you die in an automobile accident and were wearing your seat belt, your beneficiary(ies) will collect an amount equal to the AD&D benefit to a maximum of \$10,000 in addition to the Basic Life and Basic AD&D benefits described above.

### Limitations & Exclusions

- **Life:** No restrictions or exclusions regarding time, place or circumstances of death.
- **AD&D** benefits are not payable for death or dismemberment caused by or as result of:
  - suicide, self-inflicted injuries, or such attempts;
  - active participation in a riot;
  - war or act of war;
  - military service for any country;
  - committing or attempting to commit an assault or felony;
  - sickness, disease or pregnancy or any medical treatment for sickness, disease or pregnancy;
  - heart attack or stroke;
  - bodily infirmity or disease from bacterial or viral infections not the result of an injury;
  - taking medications, drugs, sedatives, narcotics, barbiturates, amphetamines or hallucinogens unless prescribed and used/consumed in accordance with the directions of the prescribing physician or administered by a licensed physician;

**LifeMapCo.com**  
**1 (800) 794-5390**

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# Employee Assistance Program



For support  
1-866-607-4535  
wellspringeap.org

USERNAME: BHT

A service provided by



CONFIDENTIAL  
PROFESSIONAL  
CONVENIENT  
AVAILABLE 24/7

A benefit paid for by your company through the Business Health Trust

Your EAP is a confidential & professional resource—available 24/7—paid for by your company and available to you and eligible dependents without cost. Benefits include:

#### **COUNSELING ASSESSMENTS**

Up to 3 in-person meetings with a counselor.

#### **LEGAL SERVICES**

Free initial 30-minute phone consultation; ongoing consultations with a lawyer at 25% off attorney's regular fees; unlimited access to do-it-yourself legal documents online.

#### **FINANCIAL SERVICES**

Free initial 30-minute phone consultation and access to financial calculators and resource documents.

#### **ID THEFT VICTIM RESOURCES**

Free initial 60-minute phone consultation, ID theft response kit, and prevention information for non-breach related incidents.

#### **DAILY LIVING INFORMATION SERVICES**

Unlimited phone or live chat consultations/requests for finding consumer services and resources.

#### **CHILDCARE & PARENTING RESOURCES**

Unlimited phone or live chat consultations.

#### **OLDER ADULT & ELDERCARE RESOURCES**

Unlimited phone or live chat consultations

#### **WEBSITE ACCESS**

Unlimited access to online resources including:

- Live Chat with a resource consultant (for Childcare, Eldercare & Daily Living)
- Online referral request
- Skill builders/online trainings
- Well-being & productivity content
- Monthly live & on-demand webinars
- Search tools

#### **SUBSCRIPTIONS**

Monthly emails featuring the webinar of the month, spotlight on an EAP benefit, and a feature article on well-being or productivity, with direct links to the website.

#### **WELLSPRING STRESS CENTER™**

Unlimited access to an online stress management and prevention center, including instant relief tools and long-term solutions.

#### **IN-THE-MOMENT SUPPORT**

24/7 access to a professional, masters-level therapist who will help you manage your distress, create a plan of action, & provide resources (which may include referrals for further services).

**COUNSELING ASSESSMENTS** Get help for concerns related to addiction, anxiety & depression, family, relationships, communication, divorce, domestic violence, eating disorders, gambling, grief & loss, stress management, work concerns, motivation and more.

**LEGAL SERVICES** Consult with an attorney about issues related to financial matters, criminal charges, estate planning, civil disputes, taxes, immigration & naturalization, guardianship & custody, name changes, child support, property boundary disputes, adoption and more.

**FINANCIAL SERVICES** Consult with a financial counselor about matters related to credit counseling, tax planning, college funding, charitable giving, business services, debt and budgeting assistance, retirement planning, estate conservation, IRA funding, pensions, 401Ks and more.

**ID THEFT VICTIM RESOURCES** Get assistance with emergency response, restoring identity and good credit, steps to dispute fraudulent debts, how to communicate with creditors & collection agencies, financial counsel, and more.

**DAILY LIVING INFORMATION RESOURCES** Connect with a Daily Living consultant to get help with information, listings or resources related to home maintenance & repair, travel & relocation, recreation, pet care, dining & entertainment, event planning, volunteering, family activities and more.

**CHILDCARE & PARENTING RESOURCES** Connect with a childcare/parenting consultant about finding resources related to infant through school-age care, back-up care, summer camps, education & tutoring, special needs, parenting resources, lactation support, adoption support and more.

**OLDER ADULT & ELDERCARE RESOURCES** Connect with an older adult/eldercare consultant about resources & information needs related to senior services, housing options, caregiving support, geriatric specialists, transportation services, activities, and more.

**WEBSITE ACCESS** Services, information and resources at your fingertips 24 hours every day. Learn about your benefits, find access points to all services, chat live with a childcare, eldercare or daily living specialist, send an online referral request, and explore well-being and productivity content presented in a variety of media formats.

**SUBSCRIPTIONS** Complimentary and optional subscription to a monthly email that delivers access to monthly live webinars, information about benefit components and a well-being or productivity related article. The subscription includes The Source™ quarterly newsletter and EAP Response™ - which contains helpful information whenever a high-impact traumatic or catastrophic event happens in the community or around the world.

**WELLSPRING STRESS CENTER™** Access instant relief tools, take a stress assessment and find out your Stress Number®, identify your stress triggers and learn ways to manage, build resilience with a stress management platform called the Oxygen Plan™.

**IN-THE-MOMENT SUPPORT** Our phones are answered by a professional team of masters-level clinicians, who can help you manage your distress, create a plan of action, and provide resources (which may include referrals for further services).  
**If you are in a life-threatening emergency, call 911 immediately.**



## EmployeeConnect<sup>SM</sup> services

- Company sponsored
- Strictly confidential
- Provided at no charge to you
- Available to you and your dependents 24/7

### You get:

- Unlimited phone access to legal, financial, and work-life services
- In-person help with short-term issues
- Up to five\* sessions per person, per issue, per year

Detach and keep this card with you at all times.

## The resources you need to meet life's challenges.

Life has its share of ups and downs — and sometimes you may need a little guidance through the “downs.” *EmployeeConnect*<sup>SM</sup> services included with your employer’s long-term disability insurance offer an array of confidential services to help you and your loved ones meet the challenges that life, work, and relationships can bring.

### Unlimited 24/7 assistance

You can access the following services anytime, online or with a toll-free call:

- Information, resources, and referrals on family matters, such as child and elder care; kennels and pet care; event and vacation planning; moving and relocation; car buying; college planning; and more
- Legal information and referrals for situations requiring expertise in family law, estate planning, landlord/tenant relations, consumer and civil law, and more
- Guidance with financial matters, including household budgeting, and short- and long-term planning

### In-person guidance

Some matters are best resolved by meeting with a professional in person. With *EmployeeConnect*, you get:

- In-person help for short-term issues (up to five\* sessions with a counselor per person, per issue, per year)
- In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and subsequent meetings at a reduced fee

\*In California, up to three sessions in six months, starting with initial contact by employee.

## EmployeeConnect<sup>SM</sup>

### Employee Assistance Program Services

Confidential help 24 hours a day, 7 days a week for employees and family members

**COMP**SYCH<sup>®</sup>  
GuidanceResources Worldwide

Visit [www.GuidanceResources.com](http://www.GuidanceResources.com)

(user name = LFGsupport;  
password = LFGsupport1).

Or talk with a specialist at 888-628-4824.

- ▶ Family
- ▶ Parenting
- ▶ Addictions
- ▶ Emotional
- ▶ Legal
- ▶ Financial
- ▶ Relationships
- ▶ Stress

Insurance products issued by:  
The Lincoln National Life Insurance Company  
Lincoln Life & Annuity Company of New York  
Lincoln Life Assurance Company of Boston

LTD-EMCO-FLI001\_Z05



## Online resources

*EmployeeConnect* offers a wide range of information and resources that you can research and access on your own just by visiting [GuidanceResources.com](http://GuidanceResources.com). You'll find:

- Articles and tutorials
- Streaming videos
- Interactive tools — including financial calculators, budgeting spreadsheets, and more

## *EmployeeConnect*<sup>SM</sup> counselors are experienced and credentialed

When you call our toll-free line, you'll talk to an experienced professional who will provide counseling, work-life advice, and referrals. All counselors hold master's degrees, with broad-based clinical skills and at least three years of experience in counseling on a variety of issues. For face-to-face meetings, you will be referred to a fully credentialed, state-licensed counselor.

**You'll receive a customized information packet for each of the work-life services you use.**



To take advantage of the *EmployeeConnect*<sup>SM</sup> program, or for more information:

Visit [www.GuidanceResources.com](http://www.GuidanceResources.com) or call 888-628-4824.

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Order code: LTD-EMCO-FLI001

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You're In Charge®

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# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 5-31-2020)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact \_\_\_\_\_.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name		4. Employer Identification Number (EIN)	
5. Employer address		6. Employer phone number	
7. City	8. State	9. ZIP code	
10. Who can we contact about employee health coverage at this job?			
11. Phone number (if different from above)		12. Email address	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:

We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

**Yes** (Continue)  
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_ (mm/dd/yyyy) (Continue)

**No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard\*?  
 Yes (Go to question 15)  No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard\* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? \_\_\_\_\_

Employer won't offer health coverage  
 Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often?  Weekly  Every 2 weeks  Twice a month  Monthly  Quarterly  Yearly

\* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

## **Important Notice About Your Prescription Drug Coverage and Medicare**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with your company and about your options under Medicare's prescription drug coverage and can help you decide whether you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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.
2. Your company has determined that the prescription drug coverage offered by the medical plan is, on average, 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 and each year from October 15<sup>th</sup> to December 7<sup>th</sup>. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a 2 month Special Enrollment Period 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 your company coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage. If you do decide to join a Medicare drug plan and drop your current your company coverage, be aware that you and your dependents will not be able to get this coverage back until open enrollment.

### **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 your company and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without 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 19 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) if you have Medicare prescription drug coverage and you may have to wait until the following October to join.

### **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact Human Resources. 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 your company 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](http://www.medicare.gov)

- Call your State Health Insurance Assistance Program
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2016. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ALASKA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
<b>ARKANSAS – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.hip.in.gov">http://www.hip.in.gov</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
<b>COLORADO – Medicaid</b>	<b>IOWA – Medicaid</b>
Medicaid Website: <a href="http://www.colorado.gov/hcpf">http://www.colorado.gov/hcpf</a> Medicaid Customer Contact Center: 1-800-221-3943	Website: <a href="http://www.dhs.state.ia.us/hipp/">http://www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562

<b>KANSAS – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MAINE – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MINNESOTA – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://mn.gov/dhs/ma/">http://mn.gov/dhs/ma/</a> Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MISSOURI – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>MONTANA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP</a> P Phone: 1-800-694-3084	Website: <a href="http://www.dhs.pa.gov/hipp">http://www.dhs.pa.gov/hipp</a> Phone: 1-800-692-7462
<b>NEBRASKA – Medicaid</b>	<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a> Phone: 1-855-632-7633	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 401-462-5300
<b>NEVADA – Medicaid</b>	<b>SOUTH CAROLINA – Medicaid</b>
Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820

<p align="center"><b>SOUTH DAKOTA - Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>  Phone: 1-888-828-0059</p>	<p align="center"><b>WASHINGTON – Medicaid</b></p> <p>Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a>  Phone: 1-800-562-3022 ext. 15473</p>
<p align="center"><b>TEXAS – Medicaid</b></p> <p>Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a>  Phone: 1-800-440-0493</p>	<p align="center"><b>WEST VIRGINIA – Medicaid</b></p> <p>Website: <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a>  Phone: 1-877-598-5820, HMS Third Party Liability</p>
<p align="center"><b>UTAH – Medicaid and CHIP</b></p> <p>Website:  Medicaid: <a href="http://health.utah.gov/medicaid">http://health.utah.gov/medicaid</a>  CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>  Phone: 1-877-543-7669</p>	<p align="center"><b>WISCONSIN – Medicaid and CHIP</b></p> <p>Website:  <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a>  Phone: 1-800-362-3002</p>
<p align="center"><b>VERMONT– Medicaid</b></p> <p>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>  Phone: 1-800-250-8427</p>	<p align="center"><b>WYOMING – Medicaid</b></p> <p>Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a>  Phone: 307-777-7531</p>
<p align="center"><b>VIRGINIA – Medicaid and CHIP</b></p> <p>Medicaid Website:  <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a>  Medicaid Phone: 1-800-432-5924  CHIP Website:  <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a>  CHIP Phone: 1-855-242-8282</p>	

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

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

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

### Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 12/31/2019)

# Glossary of Health Coverage and Medical Terms

- This glossary defines many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your **plan** or **health insurance** policy. Some of these terms also might not have exactly the same meaning when used in your policy or plan, and in any such case, the policy or plan governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or plan document.)
- **Bold** text indicates a term defined in this Glossary.
- See page 6 for an example showing how **deductibles**, **coinsurance** and **out-of-pocket limits** work together in a real life situation.

## Allowed Amount

Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your **provider** charges more than the allowed amount, you may have to pay the difference. (See **Balance Billing**.)

## Appeal

A request that your health insurer or **plan** review a decision that denies a benefit or payment (either in whole or in part).

## Balance Billing

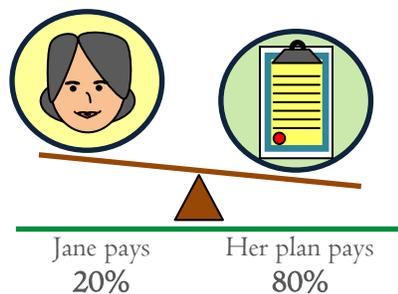
When a **provider** bills you for the difference between the provider's charge and the **allowed amount**. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A **preferred provider** may **not** balance bill you for covered services.

## Claim

A request for a benefit (including reimbursement of a health care expense) made by you or your health care **provider** to your health insurer or **plan** for items or services you think are covered.

## Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the **allowed amount** for the service. You generally pay coinsurance **plus** any **deductibles** you owe. (For example, if the **health insurance** or **plan's** allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.)



## Complications of Pregnancy

Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section generally aren't complications of pregnancy.

## Copayment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

## Cost Sharing

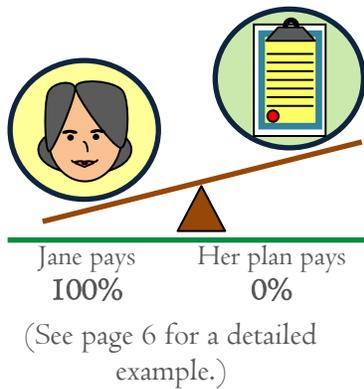
The general term that refers to the share of costs for services covered by a **plan** or **health insurance** that you must pay out of your own pocket (sometimes called "out-of-pocket costs"). Some examples of types of cost sharing include **copayments**, **deductibles**, and **coinsurance**. Other costs, including your **premiums**, penalties you may have to pay or the cost of care not covered by a plan or policy are usually **not** considered cost sharing.

## Cost-sharing Reductions

Discounts that lower **cost sharing** for certain services covered by individual **health insurance** purchased through the **Marketplace**. You can get these discounts if your income is below a certain level, and you choose a Silver level health **plan**. If you're a member of a federally recognized tribe, which includes being a shareholder in an Alaska Native Claims Settlement Act corporation, you can qualify for cost-sharing reductions on certain services covered by a Marketplace policy of any metal level and may qualify for additional cost-sharing reductions depending upon income.

## Deductible

The amount you *could* owe during a coverage period (usually one year) for health care services your **health insurance** or **plan** covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.



## Diagnostic Test

Tests to figure out what your health problem is. For example, an x-ray can be a diagnostic test to see if you have a broken bone.

## Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care **provider** for everyday or extended use. DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

## Emergency Medical Condition

An illness, injury, symptom or condition that is severe enough (including severe pain), that if you did not get immediate medical attention you could reasonably expect one of the following to result: 1) Your health would be put in serious danger; or 2) You would have serious problems with your bodily functions; or 3) You would have serious damage to any part or organ of your body.

## Emergency Medical Transportation

Ambulance services for an **emergency medical condition**. Types of emergency medical transportation may include transportation by air, land, or sea. Your **plan** or **health insurance** may not cover all types of emergency medical transportation, or may pay less for certain types.

## Emergency Room Care

Services to check for an **emergency medical condition** and treat you to keep an emergency medical condition from getting worse. These services may be provided in a licensed hospital's emergency room or other place that provides care for emergency medical conditions.

## Excluded Services

Health care services that your **health insurance** or **plan** doesn't pay for or cover.

## Formulary

A list of drugs your **health insurance** or **plan** covers. A formulary may include how much you pay for each drug. If the plan uses "tiers," the formulary may list which drugs are in which tiers. For example, a formulary may include generic drug and brand name drug tiers.

## Grievance

A complaint that you communicate to your health insurer or **plan**.

## Habilitation Services

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

## Health Insurance

A contract that requires your health insurer to pay some or all of your health care costs in exchange for a **premium**. A health insurance contract may also be referred to as a "policy."

## Home Health Care

Health care services and supplies you get in your home under your doctor's orders. Services may be provided by nurses, therapists, social workers, or other licensed health care **providers**. Home health care usually does not include help with non-medical tasks, such as cooking, cleaning or driving.

## Hospice Services

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

## Hospitalization

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. An overnight stay for observation could be outpatient care.

## Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.

## Individual Responsibility Requirement

Sometimes called the “individual mandate,” the duty you may have to be enrolled in health coverage that provides **minimum essential coverage**. If you do not have minimum essential coverage, you may have to make a payment when you file your federal income tax return. You may not have to meet this requirement if no affordable coverage is available to you, or if you have a short gap in coverage during the year for less than three consecutive months, or qualify for a **minimum essential coverage exemption**.

## In-network Coinsurance

The percentage (for example, 20%) you pay of the **allowed amount** for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network coinsurance usually costs you less than **out-of-network coinsurance**.

## In-network Copayment

A fixed amount (for example, \$15) you pay for covered health care services to **providers** who contract with your **health insurance** or **plan**. In-network copayments usually are less than **out-of-network copayments**.

## Marketplace

A resource where individuals, families, and small businesses can learn about their health coverage options; compare **health insurance** plans based on costs, benefits, and other important features; choose a plan; and enroll in coverage. The Marketplace also provides information on programs that help people with low to moderate income and resources pay for coverage. This includes ways to save on the monthly **premiums** and out-of-pocket costs of coverage available through the Marketplace (see **premium tax credits** and **cost-sharing reductions**), and information about other programs, including Medicaid and the Children’s Health Insurance Program (CHIP). The Marketplace is accessible through websites, call centers, and in-person assistance. In some states, the Marketplace is run by the state. In others it is run by the federal government.

## Medically Necessary

Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

## Minimum Essential Coverage

Health coverage that will meet the **individual responsibility requirement**. Minimum essential coverage generally includes **plans**, **health insurance** in available through the **Marketplace** or other individual market policies, Medicare, Medicaid, CHIP, TRICARE and certain other coverage.

## Minimum Essential Coverage Exemption

A status that allows you to not have to make a payment for not having **minimum essential coverage**. You must meet certain eligibility requirements to get an exemption. Some exemptions require an application, while others may be available through the federal income tax filing process.

## Minimum Value Standard

The Affordable Care Act generally establishes certain value standards for **plans** and **health insurance**. For example, “bronze level” individual insurance is designed to pay about 60% of the total cost of certain essential medical services, on average, for a standard population. Plans are subject to a minimum value standard that is similar to that 60% standard, although the benefits covered by the plan may differ from those covered under individual insurance.

## Network

The facilities, **providers** and suppliers your health insurer or **plan** has contracted with to provide health care services.

## Non-Preferred Provider

A **provider** who doesn’t have a contract with your health insurer or **plan** to provide services to you. You’ll generally pay more to see a non-preferred provider than to see a **preferred provider**. Check your policy to see if you can go to all providers who have contracted with your **health insurance** or plan, or if your health insurance or plan has a “tiered” **network** and you must pay extra to see some providers. Your policy may use the term “out-of-network” or “non-participating” instead of “non-preferred.”

## Out-of-network Coinsurance

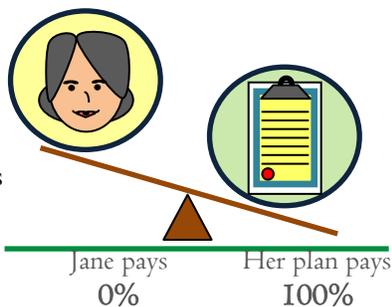
The percent (for example, 40%) you pay of the **allowed amount** for covered health care services to **providers** who do **not** contract with your **health insurance** or **plan**. Out-of-network coinsurance usually costs you more than **in-network coinsurance**.

## Out-of-network Copayment

A fixed amount (for example, \$30) you pay for covered health care services from **providers** who do **not** contract with your **health insurance** or **plan**. Out-of-network copayments usually are more than **in-network copayments**.

## Out-of-pocket Limit

The most you **could** pay during a coverage period (usually one year) for your share of the costs of covered services.



After you meet this limit, the **plan** will usually pay 100% of the **allowed amount**. (See page 6 for a detailed example.) This limit helps you plan for health care costs. This limit never includes your **premium**, **balance-billed** charges or health care your **health insurance** or **plan** doesn't cover. Some health insurance or plans don't count all of your **copayments**, **deductibles**, **coinsurance** payments, out-of-network payments or other expenses toward this limit.

## Physician Services

Health care services a licensed medical physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), provides or coordinates.

## Plan

A benefit your employer, union or other group sponsor provides to you to pay for your health care services.

## Preauthorization

A decision by your health insurer or **plan** that a health care service, treatment plan, **prescription drug** or **durable medical equipment (DME)** is **medically necessary**. Sometimes called prior authorization, prior approval or precertification. Your **health insurance** or **plan** may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or **plan** will cover the cost.

## Preferred Provider

A **provider** who has a contract with your health insurer or **plan** to provide services to you at a discount. Check your **health insurance** policy or plan document to see if you can see all preferred providers without paying extra or if your health insurance or **plan** has a "tiered" **network** and you must pay extra to see some providers. Your health insurance or **plan** may have preferred providers who are also "participating" providers. Participating providers also contract with your health insurer or **plan**, but the discount may be smaller, so you may have to pay more. Your policy may use the term "in-network" instead of "preferred."

## Premium

The amount that must be paid for your **health insurance** or **plan**. You and/or your employer usually pay it monthly, quarterly or yearly.

## Premium Tax Credits

Financial help that lowers your taxes to help you and your family pay for private **health insurance**. You can get this help if you get health insurance through the **Marketplace** and your income is below a certain level. Advance payments of the tax credit can be used right away to lower your monthly **premium** costs.

## Prescription Drug Coverage

**Health insurance** or **plan** that helps pay for **prescription drugs** and medications.

## Prescription Drugs

Drugs and medications that by law require a prescription.

## Preventive Care

Routine health care, including **screenings**, check-ups, and patient counseling, to prevent or discover illness, disease, or other health problems.

## Primary Care Physician

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), who provides or coordinates a range of health care services for you.

## Primary Care Provider

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law and the terms of the **plan**, who provides, coordinates or helps you access a range of health care services.

## Provider

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), other health care professional, hospital, or other health care facility licensed, certified or accredited as required by state law.

## Referral

A written order from your **primary care provider** for you to see a **specialist** or get certain health care services. In many health maintenance organizations (HMOs), you need to get a referral before you can get health care services from anyone except your primary care provider. If you don't get a referral first, the **plan** or **health insurance** may not pay for the services.

## Reconstructive Surgery

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries or medical conditions.

## Rehabilitation Services

Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

## Screening

A type of **preventive care** that includes tests or exams to detect the presence of something, usually performed when you have no symptoms, signs or prevailing medical history of a disease or condition.

## Skilled Nursing Care

Services performed or supervised by licensed nurses in your home or in a nursing home. Skilled nursing care is **not** the same as “skilled care services,” which are services performed by therapists or technicians (rather than licensed nurses) in your home or in a nursing home.

## Specialist

A physician specialist focusing on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a **provider** who has special training in a specific area of health care.

## Specialty Drug

A type of **prescription drug** that, in general, requires special handling or ongoing monitoring and assessment by a health care professional, or is relatively difficult to dispense. If the **plan's formulary** uses “tiers,” and specialty drugs are included as a separate tier, you will likely pay more in **cost sharing** for drugs in the specialty drug tier.

## UCR (Usual, Customary and Reasonable)

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**.

## Urgent Care

Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require **emergency room care**.

# How You and Your Insurer Share Costs - Example

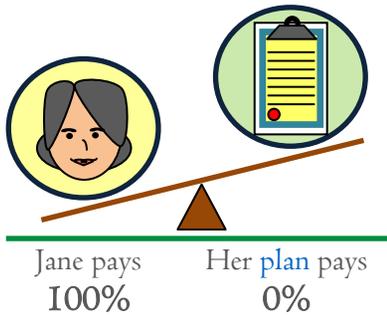
Jane's Plan Deductible: \$1,500

Coinsurance: 20%

Out-of-Pocket Limit: \$5,000

January 1<sup>st</sup>  
Beginning of Coverage Period

December 31<sup>st</sup>  
End of Coverage Period



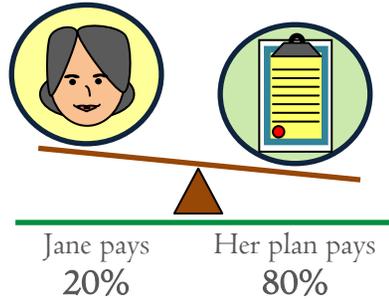
## Jane hasn't reached her \$1,500 deductible yet

Her plan doesn't pay any of the costs.

Office visit costs: \$125

Jane pays: \$125

Her plan pays: \$0



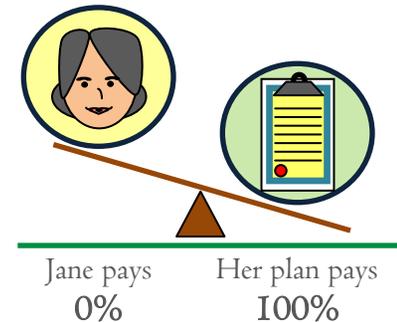
## Jane reaches her \$1,500 deductible, coinsurance begins

Jane has seen a doctor several times and paid \$1,500 in total, reaching her deductible. So her plan pays some of the costs for her next visit.

Office visit costs: \$75

Jane pays: 20% of \$75 = \$15

Her plan pays: 80% of \$75 = \$60



## Jane reaches her \$5,000 out-of-pocket limit

Jane has seen the doctor often and paid \$5,000 in total. Her plan pays the full cost of her covered health care services for the rest of the year.

Office visit costs: \$200

Jane pays: \$0

Her plan pays: \$200