BeneComm

# 2017

## OPEN ENROLLMENT GUIDE

**FOR BENEFITS EFFECTIVE:**

JUNE 1, 2017 - MAY 31, 2018

Open Enrollment is the time when you are able to review the benefits available to you, determine which plans meet the needs of you and your eligible dependents, then enroll for the benefits you choose.

The benefits you elect during Open Enrollment will be effective from MONTH DATE, 20XX through MONTH DATE, 20XX.

**Once you have submitted your final elections, you will not be able to change them until the next Open Enrollment period, unless you experience a qualifying life event** (see page 4 of this guide).

We encourage you to take the time to carefully review the information in this guide to ensure that you make the best benefit decisions for you and your family.

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# QUESTIONS?

*If you have any questions about the benefits outlined in this guide or the enrollment process, don't forget that the following resources are available:*

## *BeneService*

Contact the BeneService Member Advocacy Unit for any benefit-related questions, Monday—Friday 8:30 am—5:00 pm (Eastern Time) at **1.800.563.9929**

## *BenePortal*

For quick access to all your benefit information, detailed plan documents and more. You and your family members can access the online portal 24/7 at **www.hrconnection.com**

- Username: CLIENTNAME
- Password: Beneportal1

# *It's Time For Open Enrollment!*

## The Open Enrollment period runs from MONTH DATE, 20XX - MONTH DATE, 20XX.

**PLACE HOLDER**

**IMPORTANT:** *The Open Enrollment period for the coming Plan Year (MONTH DATE, 20XX - MONTH DATE, 20XX) will be passive. This means, if you are satisfied with your current coverage elections for medical (includes prescription drug and vision), dental, life and disability your current elections will continue unchanged. If, however, you wish to make any changes to current coverage or you wish to participate in the Flexible Spending Account(s) for the coming Plan Year, you must complete your enrollment through benefitsCONNECT during the open enrollment period.*

## WHAT'S NEW EFFECTIVE MONTH DATE, 20XX?

### Employee Contributions

- Place Holder

### Aetna Choice POS II plan changes:

- Place Holder

*You must log in to benefitsCONNECT before MONTH DATE, 20XX to make any changes to your current elections or if you wish to participate in the Flexible Spending Accounts (FSAs) for the new Plan Year.*

# WHO IS ELIGIBLE?

If you are a benefits-eligible employee (regular full time employee scheduled to work a minimum of 35 hours per week), you can enroll in the benefits described in this Guide. Please remember that only eligible dependents can be enrolled. Eligible dependents include an employee's spouse or civil union partner; if under the age of 26, a natural child, adopted child, foster child, stepchild or grandchild (if court-ordered custody); or a disabled dependent.

If you have a handicapped dependent child who is approaching or has exceeded the limiting age of 26, please be advised that your dependent child's coverage may be continued with Aetna. Please contact the **Conner Strong & Buckelew BeneService team** for the **"Request for Continuation of Medical Coverage for Handicapped Child"** form. This document must be completed and submitted to Aetna as soon as possible to ensure your handicapped dependent child's coverage is not interrupted.

Medical, Dental and Vision coverage is available for employees with same-sex domestic partnerships in states that do not recognize civil union partnerships. However, the domestic partnership must be legally recognized by the state and the employee would need to present a certificate to certify such. Opposite-sex domestic partnership is not covered.

## Dependent Documentation Required

**BeneComm** requires documentation of dependent status. If you are enrolling a **new** dependent for benefits coverage, and you have not previously submitted proof of dependent status, you must do so during the Open Enrollment period. Please contact the BeneService Team for a list of acceptable documentation and provide the appropriate copies to Conner Strong & Buckelew by May 2, 2014.

**You may send your documentation to:**
Conner Strong & Buckelew
Attn: BeneService Department
401 Route 73 North, Suite 300
Marlton, NJ 08053
Fax: 856.685.2254
email: csenrollments@connerstrong.com

# MAKING PLAN CHANGES

IRS Section 125 prohibits you from changing your enrollment during the plan year unless you experience a qualifying life event, such as marriage, divorce, death of a spouse, civil union partner or a dependent, birth or adoption of a child, termination or commencement of employment for your spouse/civil union partner, a change in employment status (full-time to part-time or part-time to full-time) for you or your spouse/civil union partner that affects benefits eligibility, or taking an unpaid, medical leave of absence by either you or your spouse/ civil union partner.

*If you experience one of these qualifying life events, you must notify Conner Strong & Buckelew at 800.563.9929 within 30 days of the event.*

# MEDICAL PLAN OPTIONS

## *Aetna*

| | Aetna Health Fund Choice POS II with HRA | | Aetna Choice POS II | |
|---|---|---|---|---|
| **SERVICES** | **IN-NETWORK** | **OUT-OF-NETWORK** | **IN-NETWORK** | **OUT-OF-NETWORK** |
| **Health Reimbursement Account (HRA)** Pre-Funded by The Michaels Organization | $600 for Employee Only Coverage<br>$1,200 for All Other Tiers | | None | None |
| **Plan Year Deductible** | *The Michael Organization funds the first half of your deductible through the HRA*<br>$1,200 Employee Only<br>$2,400 All Other Tiers | | $350 Employee Only<br>$700 All Other Tiers | $1,200 Employee Only<br>$2,400 All Other Tiers |
| **Coinsurance** | Plan pays 80% | Plan pays 60% | Plan pays 80% | Plan pays 60% |
| **Out-of-Pocket Max*****| $4,000 Employee Only<br>$8,000 All Other Tiers | | $3,350 Employee Only<br>$6,700 All Other Tiers | $4,000 Employee Only<br>$8,000 All Other Tiers |
| **Primary Care Physician (PCP) Office Visit** | Subject to Deductible & Coinsurance** | | $30 copay | Plan pays 60%* |
| **Specialist Office Visit** | Subject to Deductible & Coinsurance** | | $50 copay | Plan pays 60%* |
| **Preventive Care** | Plan pays 100% | Plan pays 60%* | Plan pays 100% | Plan pays 60%* |
| **Inpatient Hospital** | Subject to Deductible & Coinsurance** | | $150 copay per day (5 day max) then, plan pays 80%* | Plan pays 60%* |
| **Outpatient Surgery** | Subject to Deductible & Coinsurance** | | Plan pays 80%* | Plan pays 60%* |
| **Urgent Care** | Subject to Deductible & Coinsurance** | | $40 copay | Plan pays 60%* |
| **Emergency Room** | Subject to Deductible & Coinsurance** | | $250 copay (waived if admitted) then, plan pays 80%* | Plan pays 60%* |

* The Plan Year deductible must be satisfied before the plan will pay for services.
** Benefits are subject to deductible and coinsurance after the funds in your HRA have been exhausted.
*** The out of pocket maximum now includes all deductibles, copays and coinsurance. Once you have satisfied the amount of the out-of-pocket maximum, the plan will pay 100%.

## *Need help finding an in-network provider?*

*Go to **www.aetna.com**, click **"Find a Doctor"**, then **"Search"**. Please complete the fields and select **"Aetna Choice® POS II (Open Access)"** under Aetna Open Access® Plans.*

## *Have a question for Aetna?*

*You may call Aetna's Member Services line at **1.800.962.6842**, Monday–Friday 8:00 am–6:00 pm EST.*

# PRESCRIPTION DRUG PLAN

## *Express Scripts*

If you elect to participate in either medical plan, you are automatically enrolled in the prescription drug plan. Both medical plans have the same prescription drug benefits. You will receive separate ID cards from Express Scripts .

| | Retail Pharmacy | Mail Order |
|---|---|---|
| **PRESCRIPTION TYPE** | **UP TO A 31-DAY SUPPLY** | **UP TO A 90-DAY SUPPLY** |
| **Generic** | $5 copay | $10 copay |
| **Preferred Brand** | $30 copay | $60 copay |
| **Non-Preferred Brand** | $50 copay | $100 copay |
| **Specialty** | Plan Pays 70% | Plan Pays 70% |

### Save on your prescriptions with Mail Order

Using the mail order program for your maintenance medications will save you money. You will receive **up to a 90-day (3-month) supply** for two retail copays. In addition to the savings, your prescriptions will be delivered right to your home.

*To begin using mail order, simply complete a mail order form at* ***www.express-scripts.com*** *and send along with your prescription(s) written for a 90-day supply of medication.*

## *How much can you save when you use Mail Order? Compare for yourself...*

| RETAIL PHARMACY UP TO A 31-DAY SUPPLY | MAIL ORDER UP TO A 90-DAY SUPPLY | ANNUAL SAVINGS |
|---|---|---|
| Preferred Brand-Name Copay $30 | Preferred Brand-Name Copay $60 | $120 |
| Annual cost *($30 per month x 12 fills)* $360 | Annual cost *($60 per order x 4 fills per year)* $240 | |

# HEALTH REIMBURSEMENT ACCOUNT

## *Aetna*

*A Health Reimbursement Account (HRA) is an employer-funded account that is designed to pay for qualified medical expenses before the employee incurs any out-of-pocket expenses. The HRA works in conjunction with plans like the Aetna Health Fund Choice POS II, thereby reducing premium costs while encouraging employees to spend wisely. Please Note: The HRA is not available to employees who enroll in the Aetna Choice POS II Plan.*

### How much does the company contribute to the HRA?

**BeneComm** will pre-fund the HRA equal to one-half of your Plan Year deductible! Your HRA funding is based on the tier you elect for your coverage. **If you elect the Aetna Health Fund Choice POS II Plan the company will contribute:**

- **$600** for employees enrolled in Employee Only coverage
- **$1,200** for employees enrolled for all other tiers

By staying "in-network", medical expenses incurred are paid at the reduced, pre-negotiated Aetna rates. This stretches your HRA dollars further and reduces any out-of-pocket expenses. For example, a typical doctor's office visit for illness may cost $150.00. However, if the physician participates in the Aetna network, the in-network rate could be less than half that amount (approximately $75.00).

### What happens if I do not use my entire HRA during the Plan Year?

Any amount unused will roll-over to the next Plan Year! In any Plan Year, you may have up to a maximum of two (2) years of company-funded HRA contributions in your account ($1,200 for Employee Only coverage and $2,400 for all other tiers).

If you participated in the HRA plan for the 2014-2015 Plan Year, and you did not use all of the allocated HRA funds, the unused amount will roll over to the 2015-2016 Plan Year -- BUT only if you elect to remain in the Aetna Health Fund Choice POS II Plan (formerly known as the CDHP). This rollover amount will be in addition to the HRA fund you are allotted in 2013-2014.

The company is not permitted to refund any part of the balance to you. These amounts may never be used for anything but reimbursements for qualified medical expenses.

### What are qualified medical expenses under the HRA?

Qualified medical expenses are specified in the plan document. Examples include amounts paid for office visits and necessary hospital services. **The HRA cannot be used for prescription drug expenses.**

### What happens once my HRA account is exhausted?

The purpose of providing you with a company-funded HRA account is to encourage you to critically look at the healthcare expenses you incur for illness and injury (i.e. the consumerism concept) to determine if there are more economical alternatives to receiving the medical care. For instance, the cost for an urgent care center visit versus an emergency room (ER) visit is very different - only you can decide whether an ER visit is necessary.

Once you exhaust your company-funded HRA, you will be responsible for any copays, coinsurance and deductible amounts (up to the annual out-of-pocket maximum) when you or your covered dependent seek care.

# PASSPORT TO HEALTH

## *Building Better Lives*

If you participated in the Building Better Lives Health and Wellness Program and met the requirements below for the 2013-2014 Plan Year, you will reduce the amount you pay for your benefits by receiving a discount on your payroll contributions:

- The savings is **$50 per pay** if you are enrolled with Employee Only or Employee & Child(ren) coverage.
- The savings is **$75 per pay** if you elect Employee & Spouse or Family coverage.
- **That's an annual savings of between $1,200 and $1,800!**

The contributions for employees who qualify for the reward are listed on page 10.

### For employees with medical coverage on or before MONTH DATE, 20XX:

**You must earn 100 points on the Passport to Health by MONTH DATE, 20XX.**

- Details about the activities that qualify for points and how to submit documentation are included on your Passport to Health or available online at **www.attentivehealth.com/Michaels.** Please contact Attentive Health if you have any questions or concerns about your status in the program.
- **PLEASE NOTE:** All activities must be completed and receipts turned in to Attentive Health by **MONTH DATE, 20XX** to qualify for your insurance savings for the 2016-2017 insurance Plan Year.

### For employees with medical coverage after MONTH DATE, 20XX:

- You must complete an annual physical and send the necessary details of that physician's physical exam to Attentive Health by **MONTH DATE, 20XX.**
- Complete the online non tobacco user affidavit for your self and your enrolled spouse or civil union partner.
- An outline of what makes up a qualifying physical exam is available online at **attentivehealth.com/Michaels**

*If you have any questions about the program you may contact Attentive Health toll-free for assistance at 1.877.269.9754*

# TOBACCO CESSATION PROGRAM

## *Quit for Life®*

*BeneComm views tobacco use as a life-threatening addiction that could not only cost all of us a lot of money, but also the lives and productivity of some of our most talented workers. Sources agree that the average employer spends $1,300 in additional healthcare costs per year, per employed smoker.*

In our efforts to promote a healthier work environment for everyone, we will continue to offer the Quit for Life tobacco cessation program for employees and their enrolled spouses/civil union partners.

With the Quit for Life program, you will be able to work with an expert Quit Coach, who will help you build a Quitting Plan based on your unique needs and lifestyle. You'll receive as much one-on-one support as you need from coaches who specialize in helping people quit using tobacco.

**Q: How does it work?**

**A:** Quit for Life, the nation's leading tobacco cessation program is brought to you by the American Cancer Society. The program utilizes medication support, phone-based coaching, and web-based learning.

**Q: How do I or my spouse/civil union partner enroll in the Quit for Life Program?**

**A:** You can enroll at **www.quitnow.net** or by calling **866.QUIT.4.LIFE**.

**Q: Is there a cost to enroll in the Quit for Life Program?**

**A:** No! The Quit for Life Program is offered at no cost if you and your spouse/civil union partner are enrolled in one of **BeneComm**'s medical plans.

**Q: If I or my enrolled spouse/civil union partner complete the Quit for Life Program, will I qualify for the premium reward?**

**A:** Conner Strong & Buckelew/Attentive Health will be notified of all employees and spouses/civil union partners who have completed the Quit for Life Program.

# EMPLOYEE CONTRIBUTIONS

The following medical/prescription drug plan contributions are effective MONTH DATE, 20XX and are based on 24 pay periods.

## *Building Better Lives Health and Wellness Program Participants*

| Aetna Health Fund Choice POS II with HRA | | | | | |
|---|---|---|---|---|---|
| **SALARY / TIER** | **LESS THAN $30,000** | **$30,000 - $34,999** | **$35,000 - $49,999** | **$50,000 - $69,999** | **$70,000+** |
| **Employee Only** | $21.72 | $43.41 | $65.12 | $86.83 | $108.52 |
| **Employee + Spouse** | $46.29 | $72.16 | $96.21 | $120.24 | $144.30 |
| **Employee + Child(ren)** | $41.88 | $65.43 | $87.24 | $109.03 | $130.85 |
| **Family** | $66.13 | $88.13 | $112.38 | $136.61 | $159.73 |
| **Aetna Choice POS II** | | | | | |
| **SALARY / TIER** | **LESS THAN $30,000** | **$30,000 - $34,999** | **$35,000 - $49,999** | **$50,000 - $69,999** | **$70,000+** |
| **Employee Only** | $49.96 | $72.54 | $95.14 | $117.73 | $140.30 |
| **Employee + Spouse** | $99.93 | $130.57 | $159.62 | $184.64 | $209.69 |
| **Employee + Child(ren)** | $89.93 | $116.06 | $142.70 | $164.81 | $182.39 |
| **Family** | $109.92 | $145.07 | $176.00 | $200.13 | $217.46 |

## *Building Better Lives Health and Wellness Program Non-Participants*

| Aetna Health Fund Choice POS II with HRA | | | | | |
|---|---|---|---|---|---|
| **SALARY / TIER** | **LESS THAN $30,000** | **$30,000 - $34,999** | **$35,000 - $49,999** | **$50,000 - $69,999** | **$70,000+** |
| **Employee Only** | $71.72 | $93.41 | $115.12 | $136.83 | $158.52 |
| **Employee + Spouse** | $121.29 | $147.16 | $171.21 | $195.24 | $219.30 |
| **Employee + Child(ren)** | $91.88 | $115.43 | $137.24 | $159.03 | $180.85 |
| **Family** | $141.13 | $163.13 | $187.38 | $211.61 | $234.73 |
| **Aetna Choice POS II** | | | | | |
| **SALARY / TIER** | **LESS THAN $30,000** | **$30,000 - $34,999** | **$35,000 - $49,999** | **$50,000 - $69,999** | **$70,000+** |
| **Employee Only** | $99.96 | $122.54 | $145.14 | $167.73 | $190.30 |
| **Employee + Spouse** | $174.93 | $205.57 | $234.62 | $259.64 | $284.69 |
| **Employee + Child(ren)** | $139.93 | $166.06 | $192.70 | $214.81 | $232.39 |
| **Family** | $184.92 | $220.07 | $251.00 | $275.13 | $292.46 |

# VISION PLAN

## *Aetna*

When you elect to participate in the medical/prescription drug plans at **BeneComm**, you automatically receive vision coverage at no additional cost to you.


| | IN-NETWORK BENEFITS |
|---|---|
| **Routine Eye Exam (every 12 months)** | $20 copay |
| **Materials - Eyeglass or Contacts (every 12 months)**<br><br>Single Vision Lenses<br>Bifocal Lenses<br>Trifocal Lenses<br>Lenticular Lenses | Covered 100%<br>up to $100 |

## *Need help finding a participating vision provider?*

*Go to www.aetna.com, click **"Find a Doctor"**, then **"Search"**. Please complete the fields and select **"Aetna Choice® POS II (Open Access)"** under Aetna Open Access® Plans.*

# DENTAL PLAN

## *MetLife*

| | IN-NETWORK & OUT-OF-NETWORK BENEFITS* |
|---|---|
| **Plan Year Deductible** | $75 Employee Only / $190 All Other Tiers |
| **Preventive and Diagnostic Care** | Plan pays 100%, no deductible |
| **Basic Restorative Care** | Plan pays 85% after deductible |
| **Major Restorative Care** | Plan pays 50% after deductible |
| **Maximum Benefit** | $1,500 per covered individual per Plan Year |
| **Orthodontia** | $75 deductible then, plan pays 50% |
| **Orthodontia Lifetime Maximum** | $1,000 per covered individual |

* MetLife will pay the specified percentage of the contracted rate or maximum reimbursable charge. The Plan provides two options for accessing dental care. One option is to utilize a Metlife participating dental provider to receive care at a discounted level. These savings are passed along to you and allow for lower out-of- pocket expenses. A list of Participating Providers can be found at www.metlife.com or consult with your dental provider as to his or her participation. The second option is to access any dental provider of your choice. The same level of benefits will apply, but you will be responsible for charges over the maximum reimbursable charge, if any.

*For more information or to locate participating MetLife dental providers, please visit* ***www.metlife.com*** *or call* ***1.800.942.0854***

| DENTAL PLAN CONTIBUTIONS - EFFECTIVE JUNE 1, 2014 | |
|---|---|
| **Employee Only** | $5.75 |
| **Employee + Spouse** | $10.42 |
| **Employee + Child(ren)** | $13.93 |
| **Family** | $20.70 |

# LIFE & DISABILITY INSURANCE

*MetLife*

## Life Insurance

All active, full-time employees regularly working at least 35 hours each week are automatically enrolled in the Basic Life and Accidental Death and Dismemberment (AD&D) plan. This coverage is available to **BeneComm** employees at no cost - the company pays 100% of the Basic Life and AD&D premium. The Basic Life and AD&D benefit is 1.5 times annual earnings to a maximum amount of $300,000.

## Supplemental Life Insurance

If you have elected Supplemental Term Life Insurance for yourself, your spouse and/or your dependent child(ren), your current elections will remain in place effective MONTH DATE, 20XX.

If you'd like to change your Supplemental Life Insurance election(s), please log in to benefitsCONNECT.

IMPORTANT: You may be subject to Evidence of Insurability (EOI) paperwork if you choose to change your Supplemental Life Insurance elections and you do not meet one of the categories previously described.

**The Supplemental Life Insurance benefit options are:**

- **Employee:** 1, 2, 3, 4 or 5 times annual earnings to a maximum amount of $500,000
- **Spouse:** Either $10,000 or $20,000
- **Child:** Either $5,000 or $10,000

**Note:** You must purchase Supplemental Life Insurance for yourself to be eligible to purchase Supplemental Life Insurance for your spouse and/or child(ren).

## Long-Term Disability

After completing the required waiting period, all active, full-time employees regularly working at least 35 hours each week are automatically enrolled in the Long-Term Disability (LTD) Plan. This plan is available to **BeneComm** employees, at no cost - **BeneComm** pays 100% of the LTD premium.

After satisfying a six month disability period, the LTD benefit pays 60% of earnings to a maximum amount of $6,000 per month.

# FLEXIBLE SPENDING ACCOUNTS

## *Aetna*

**BeneComm** provides you with the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through the Flexible Spending Accounts. **You must enroll/ re-enroll in the plan to participate from MONTH DATE, 20XX TO MONTH DATE, 20XX**.

A **Healthcare Flexible Spending Account** is used to reimburse out-of-pocket medical expenses incurred by you and your dependents. The maximum you can contribute to the Healthcare FSA is $2,500.

A **Dependent Care Flexible Spending Account** is used to reimburse expenses related to the care of eligible dependents. The maximum that you can contribute to the Dependent Care FSA is $5,000 if you are a single employee or married filing jointly, or $2,500 if you are married and filing separately. Contributions to your FSA come out of your paycheck before any taxes are taken out, which means you are reducing your taxable income. You should contribute the amount of money you expect to pay out-of-pocket for eligible expenses for the plan period. If you do not use the money you contributed, it will not be refunded to you or carried forward to a future Plan Year. ***This is the use-it-or-lose-it rule.***

**IMPORTANT:** You have 2-1/2 months after the end of the Plan Year to incur and submit claims. **The deadline for the MONTH DATE, 20XX - MONTH DATE, 20XX Plan Year is MONTH DATE, 20XX**.

| ELIGIBLE HEALTHCARE EXPENSES | INELIGIBLE HEALTHCARE EXPENSES |
|---|---|
| • Doctor office copays<br>• Non-cosmetic dental procedures (crowns, dentures, orthodontics)<br>• Prescription contact lenses, glasses and sunglasses<br>• LASIK eye surgery | • Cosmetic procedures (teeth whitening, hair removal/ electrolysis)<br>• Gym memberships<br>• Vitamins<br>• Personal care products (shampoo, toothpaste, mouthwash) |

| ELIGIBLE DEPENDENT CARE EXPENSES | INELIGIBLE DEPENDENT CARE EXPENSES |
|---|---|
| • Au Pair<br>• After school programs<br>• Baby-sitting/dependent care to allow you to work or actively seek employment<br>• Day camps and preschool<br>• Adult/eldercare for adult dependents | • Baby-sitting/dependent care by a tax dependent or child under the age of 18<br>• Overnight camps<br>• Food or clothing costs associated with day camps |

# YOUR BENEFIT RESOURCES

## BenePortal: *Online Benefits Information*

At **BeneComm**, you have access to a full-range of valuable employee benefit programs. You are able to review your current employee benefit plan options online, 24 hours a day, 7 days a week!

By using BenePortal, our online tool that houses our benefit program information, you can:

- Review medical/prescription drug/vision and dental plan options
- Explore additional voluntary employee benefit programs available to you
- Find links to insurance carriers' website
- Download plan designs, affidavits, etc.

### *Logging into the BenePortal site is as easy as 1, 2, 3!*

| STEP 1 | STEP 2 | STEP 3 |
|---|---|---|
| *Go to* **www.hrconnection.com** | *Enter the username:* **clientname** | *Enter the password:* **Beneportal1** |

## BeneService, Member Advocacy: *Conner Strong & Buckelew*

We know it is often difficult to fully understand your health benefits and use them properly, especially when insurance companies make more and more changes to the way plans are administered and how claims are paid. Please contact the Conner Strong & Buckelew Member Advocacy Unit for assistance if you:

- Believe your claim was not paid properly
- Need clarification on information from the insurance company
- Have a question regarding a bill from a doctor, lab or hospital
- Are unclear on how your benefits work
- Need information about adding or deleting a dependent
- Need help to resolve a problem you've been working on

*You can contact the BeneService team Monday through Friday, 8:30 am to 5 pm (Eastern Time) at* ***800.563.9929****, or go to* ***www.connerstrong.com****, click on the* ***"Employee Benefits"*** *tab then click* ***"BeneService"*** *and complete the fields.*

# benefitsCONNECT

## *Online Enrollment Instructions*

When you are ready to make changes to your current benefits, covered dependents or enroll, please use the benefitsCONNECT system, available through BenePortal, from **MONTH DATE THROUGH MONTH DATE, 20XX.**

Before you begin, make sure you have **your Social Security number** along with **the birthdates and Social Security Numbers of your dependents if you are changing or enrolling your dependents**.

### Log in to the system

- A link to benefitsCONNECT will be available on BenePortal or you can go directly to the website address: **https://www.benefitsconnect.net/clientname.** Your username is up to the first 6 letters of your last name, followed by the first letter of your first name, followed by your month and date of birth in mmdd format. Your initial password is your Social Security number.

  For example, Jane Dovebar (Social Security number is 123-45-6789 and date of birth 12/10/1969) would enter the following: **Username:** dovebaj1210 **Password:** 123456789

- The Employee Usage Agreement will appear after you have logged in successfully. Please read this section to ensure that you understand the terms of your "Electronic Signature" within benefitsCONNECT. When you have reviewed and understand this information, click **"Continue."**
- The system will prompt you to change your password. Your new password must be at least 6 characters long.
- To be directed to the next section, click on **"Save & Continue."** You can reset your password at any time by clicking under the "Personal Information" menu then selecting "Password."

### Navigation and Data Entry Tips

- The benefitsCONNECT system has its own set of navigation tools. It is crucial that you use these buttons while in the system - please do **NOT** use the browser navigation buttons.
- After you have completed the information required on each page, or after you've made changes, scroll to the bottom of the page and click either **"Save & Continue,"** to keep the information you entered, or **"Back,"** to continue *without* making changes.

### Enrollment Process

Upon successful login and password change, the system will take you to your employee profile page.

*Continued on next page*

# benefitsCONNECT
## *Online Enrollment Instructions*

### Update / Review Employee & Dependent Information

Review any bold fields that have not already been pre-filled. You are required to complete the fields in **bold** on each screen. Feel free to update any remaining fields in this section with your current information.

- If you are adding a spouse and/or dependent child(ren), you can select either **"Add Spouse"** or **"Add Child"** on the dependent information screen. If you are updating a dependent, select the dependent's name to edit their information.
- Complete all bold fields then click **"Save & Continue"** or **"Back."** Repeat this process for all dependents. Once you have entered all dependent information, the system will prompt you to make plan elections.

### Benefit Plan Information

- Once you have completed entering information regarding your dependent(s), the system will walk you through making your elections one benefit at a time.
- If you would like to add dependents to a particular benefit, click on the box next to each family member you would like to cover.
- If you want to waive any of the available coverages, click on the circle next to **"I Waive Enrollment"** at the bottom of the page.
- After you have completed these steps, click **"Save & Continue"** or **"Back"** and the system will take you to the next benefit election screen. (Repeat the above process for the subsequent benefits election screens).

### Beneficiary Information

After making your elections, continue by entering your beneficiary information for any plan that requires beneficiaries. Click the drop down field **"Select Benefit"** to view and select the plans that require this information. Choose one or more beneficiaries for each plan, clicking **"Add"** after you complete the first beneficiary to move on to the second, etc. Once you have completed entering the required information for all beneficiaries, click **"Finished."**

### Consolidated Enrollment Form

This final enrollment page will display all of the data from each of the sections listed above. Please review for accuracy. You may make changes to personal information that is incorrect by clicking on **"Click here to edit"** next to that person or on the specific plan item. When you have reviewed all of your data and determined that it's correct, click **"Finished."**

### Exiting the System

When finished, please click **"Logout"** in the upper right hand corner of your Employee Menu Screen.

# LEGAL NOTICES

### Notice Regarding Special Enrollment

**Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program)** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

**Loss of coverage for Medicaid or a State Children's Health Insurance Program**
If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program (CHIP).

**New dependent by marriage, birth, adoption, or placement for adoption**
If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If you request a change due to a special enrollment event within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment.

### Newborns' and Mothers' Health Protection Act

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

### Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other benefits. If you have any questions, please speak with Human Resources.

### 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 are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 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 January 31, 2016. Contact your State for more information on eligibility –

**ALABAMA – Medicaid**
Website: www.myalhipp.com
Phone: 1-855-692-5447

**ALASKA – Medicaid**
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/
Phone (Outside of Anchorage): 1-888-318-8890
Phone (Anchorage): 907-269-6529

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

**FLORIDA – Medicaid**
Website: www.flmedicaidtplrecovery.com/
Phone: 1-877-357-3268

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

**INDIANA – Medicaid**
Healthy Indiana Plan for low-income adults 19-64
Website: http://www.hip.in.gov
Phone: 1-877-438-4479
All other Medicaid
Website: http://www.indianamedicaid.com
Phone 1-800-403-0964

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

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

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

# LEGAL NOTICES

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

**MAINE – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html
Phone: 1-800-442-6003
TTY: Maine relay 711

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

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

**MISSOURI – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

**MONTANA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

**NEBRASKA – Medicaid**
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx
Phone: 1-855-632-7633

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

**NEW HAMPSHIRE – Medicaid**
Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf
Phone: 603-271-5218

**NEW JERSEY – Medicaid and CHIP**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

**NEW YORK – Medicaid**
Website: http://www.nyhealth.gov/health_care/medicaid/
Phone: 1-800-541-2831

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

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

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

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

**PENNSYLVANIA – Medicaid**
Website: http://www.dhs.pa.us/hipp
Phone: 1-800-692-7462

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

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

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

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

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

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

**VIRGINIA – Medicaid and CHIP**
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm
CHIP Phone: 1-855-242-8282

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

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

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

**WYOMING – Medicaid**
Website: https://wyequalitycare.acs-inc.com/
Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 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
1-866-444-EBSA (3272)

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

OMB Control Number 1210-0137 (expires 10/31/2016)

BeneComm

**BeneComm** reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. If you have any questions about your Guide, contact Human Resources.