

# Way Station Inc. Benefit Guide

July 1, 2018 through June 30, 2019

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## **Important Contact Information**

PRODUCTS		
MEDICAL Group #: SPHS Allegeant / CareFirst PPO (in MD, DC, N. VA) / PHCS (outside of CareFirst area)	www.myallegeant.com (after you have enrolled) To find a doctor (see "Medical/Rx Plan" section for detailed instructions): CareFirst www.carefirst.com PHCS www.multiplan.com	1-800-553-8635
RX Group #: 00SPHS01 Magellan Rx	www.magellanrx.com	1-800-424-0472
VISION Group #: 6107517 VSP	www.vsp.com	1-800-877-7195
DENTAL Group #: TM 05548141-G MetLife	www.metlife.com/dental	1-800-275-4638
FBA/HRA/FSA/DFSA Group #: CHOWAYSTATIO Choice Strategies	www.choice-strategies.com	1-888-278-2555 x2
BASIC LIFE / AD&D, SUPP LIFE / AD&D, STD Group #: 0215096 MetLife	https://mybenefits.metlife.com/	1-800-GET-MET8 (438-6388)
CRITICAL ILLNESS, ACCIDENT Unum	www.unum.com	1-800-635-5597
ENROLLMENT Kelly Benefit Services	www.waystationbenefits.org	1-877-290-9580

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### Welcome

Our short plan year is ending and we will begin our first full plan year as a part of the Sheppard Pratt Health and Vision Plans. I am very delighted to report no premium increases to the medical plan! We have also switched our Life and Disability benefits from the Hartford to MetLife. The benefit designs are the same but the rates are cheaper. Please be sure to review the Life and Disability sections of this guide to review rates and guaranteed issue amounts.



We are excited about our first <u>full</u> year in the SPHS Health and Vision Plans. Please note, we are going back to the deductible cost sharing arrangement with the FBA and HRA – see the Choice Strategies section of this guide for more information. Please review this guide carefully and thoroughly because these benefits are for you. If you have any questions, please contact Human Resources.

Sincerely,

Kimberly Lundy

Chief of Human Resources

Way Station Inc.

### How to Use This Guide

This benefit guide serves as a summary of your employer's entire health and welfare package. For detailed descriptions of each of the products outlined in this guide, please go to <a href="www.waystationbenefits.org">www.waystationbenefits.org</a> for Certificates of Coverage, Plan Documents, or Plan Policies.

### How to Enroll for Coverage

### First Time www.waystationbenefits.org Users

- 1. Go to https://www.waystationbenefits.org. (We strongly recommend the most recent version of Internet Explorer or Firefox).
- 2. Click on the "Register" link located on the right-hand side of your screen.
- 3. When prompted, enter your Last Name, Date of Birth, and your Social Security Number. For security purposes, you will also be asked to type a randomly generated security code. Click "Continue".
- 4. Follow the directions provided on the site to complete your registration and setup your online account.

### Returning www.waystationbenefits.org Users

- 1. Go to https://www.waystationbenefits.org. (We strongly recommend the most recent version of Internet Explorer or Firefox).
- 2. Enter your Username and Password within the Secure Benefits Login section and then click "Login".

### Forgot Password

The link will provide you with either the option to enter the email address that is currently on file for your account or the option to enter your date of birth and social security number. Either option will allow for the login information to be sent to your current email address on file.

### Register

If you do not have an email address on file, click the "Register" link. When prompted, enter your Last Name, Date of Birth, and your Social Security Number. For security purposes you will also be asked to type a randomly generated security code. Click "Continue".

You will be asked to enter your previously saved security question as you have already been identified as having a login for your account. Click "Continue". If at this point, you do not know your security answer, please contact Kelly Tech Support at 877-290-9580.

### Eligibility

If you are a regular, active employee working at least 30 hours per week, you are eligible for the benefits described in this guide. Most coverage is effective on the 1<sup>st</sup> day of the month following the Employee's completion of 30 days of continuous employment from date of hire.

### Eligible dependents include:

- Your legally married spouse or domestic partner.
- Your dependent children are eligible to participate until the end of the calendar year that they then turn age 26, regardless of their marital and/or student status.
- Your disabled children of any age provided the incapacity commenced before age 26.

#### Section 125

Certain benefits described in this guide may be purchased with pre-tax payroll deductions as permitted by Section 125 of the Internal Revenue Code. When you purchase benefits with pre-tax dollars, you reduce your taxable income, so fewer

taxes are taken out of your paycheck. You can actually have more spendable income than if the same deductions were taken on an after-tax basis.

Pre-tax Note: When you pay for your dependent's benefits on a pre-tax basis, you are certifying that the dependent meets the IRS' definition of a dependent [IRC §§ 152, 21(b)(1) and 105(b)]. Dependents that do not satisfy the IRS' definition will result in a tax liability to you receiving imputed income for the ineligible dependent's pre-tax coverage.

### **Benefit Changes**

The benefit elections you make during Open Enrollment will remain in effect for the Plan Year 2018-2019. You will not be able to change or revoke your elections once they have been made unless a life event (status change) occurs.

Changes can be made to your medical, dental, vision, disability and life insurance when you experience a qualifying Life Status Change. In order to be permitted to make a change of election relating to your coverage due to a Status Change, the change must result in you or your spouse/domestic partner or dependent gaining or losing coverage under this Plan or a plan sponsored by another employer by whom you, your spouse/domestic partner or dependent are employed. The election change must correspond with that gain or loss of coverage. Qualifying Life Status Changes include:

- Your marital status changes through marriage, the death of your spouse/domestic partner, divorce, legal separation or annulment;
- Your number of dependents changes through birth, adoption, placement for adoption or death of a dependent;
- You, your spouse/domestic partner or dependents terminate or begin employment;
- You, your spouse/domestic partner or dependents experience an increase or reduction in hours of employment (including a switch between part-time and full-time employment);
- Gain or loss of coverage under a plan offered by your employer or your spouse/domestic partner's employer;
- Your dependent is no longer eligible due to attainment of age, student status, or similar circumstance;
- A change in residence for you, your spouse/domestic partner or your dependent resulting in a gain or loss of coverage.

You may also be permitted to change your elections for health coverage under the following circumstances:

- You or your spouse/domestic partner experience(s) a significant change in health coverage attributable to your spouse/domestic partner's employment (not applicable to Healthcare FSAs).
- There is a judgment, decree, or order resulting from a divorce, legal separation, annulment or change in legal custody including a qualified medical child support order (as defined in ERISA) that requires accident or health coverage for an employee's child. The employee can change his or her election to:
  - 1. Provide coverage for the child if the order requires coverage under the employee's plan; or,
  - 2. Cancel coverage for the child if the order requires the former spouse to provide coverage.
- You, your spouse/domestic partner or dependent become entitled to Medicare or Medicaid;
- You have a Special Enrollment Right.

For purposes of all other benefits under the Plan you will be deemed to have a Status Change if the change is on account of and consistent with a change in Family Status, as determined by the Plan Administrator, in his/her discretion, under applicable law and the Plan provisions.

You must notify the HR Department within 30 days of any Status Change in order to make a change to your Benefits elections, except as outlined in the Notice Regarding Special Enrollment Rights.

### Medical/Rx Plan

The Sheppard Pratt Health System (SPHS) health plan is administered by Allegeant. Because SPHS is self-insured for medical and prescription coverage, Allegeant functions as our third-party administrator. They provide claims administration and customer service for our health plan.

#### In-Network Providers

Through Allegeant, SPHS members have access to the CareFirst BlueCross BlueShield (CFBCBS) Regional Provider Network in the Maryland, Washington DC, and Northern Virginia service area and PHCS outside of the CareFirst service area. Network providers are doctors, hospitals, and other health care providers who have contracted with CareFirst or PHCS. They have agreed to honor your medical ID card and to bill Allegeant directly for services rendered. They have also agreed to accept the network's allowed amount. You benefit because your out-of-pocket costs are kept to a minimum.

If you live in the CareFirst service area, you can locate a provider at <a href="www.carefirst.com">www.carefirst.com</a>, click "Find a Doctor"; then select "CareFirst – Network Leasing" under Other Sites; under "Type of Care", choose "Medical" or "Mental Health"; then enter your search parameters. If you live outside the CareFirst service area, you can locate a provider at <a href="www.multiplan.com">www.multiplan.com</a>; click "Search for a Doctor or Facility"; click on the PHCS logo that corresponds with the back of your ID card, click "continue"; then enter your search parameters. Provider information can also be obtained by contacting Allegeant at 1-800-553-8635.

Once you are enrolled in the SPHS health plan, sign up for <a href="www.myallegeant.com">www.myallegeant.com</a> so you can locate a provider, view claims and EOBs, order ID cards, and more.

#### **Out-of-Network Providers**

If you choose to use an out-of-network medical provider, you will be responsible for the higher out-of-network deductible and coinsurance, since your provider is non-participating. Non-participating providers have no contractual status with CareFirst or PHCS and may not be reimbursed directly by Allegeant. You may be responsible for paying your provider in full, and then you are reimbursed directly by Allegeant based on the "usual, customary and reasonable charges" (UCR) for the services rendered.

Employees have access to a "wrap" network provided by Multiplan for discount out-of-network benefits. This means that if your provider does not participate with CareFirst or PHCS, then he or she may participate with Multiplan. If you choose a Multiplan provider, although they will be considered out-of-network, your out-of-pocket costs will be reduced because these providers accept the allowed amount. Once you are enrolled, you can locate a Multiplan provider at <a href="https://www.myallegeant.com">www.myallegeant.com</a> under "Find a Doctor", select the Multiplan network. Provider information can also be obtained by contacting Allegeant at 1-800-553-8635.

#### **Pre-Certification Guidelines**

Pre-certification is required for several benefits, please see the Summary of Medical Benefits below. Your physician may handle this on your behalf, but it is your responsibility to confirm that authorization has been made. Requests for precertification can be made by calling the number on the back of your medical ID card.

Your Prescription Drug Coverage will be provided through Magellan RX if you are enrolled in the health plan. The cost of the prescription benefit is included in your health plan premium.

### Medical Plan Rates per Pay Period

ELECTION	40+ hrs/wk	30-39 hrs/wk
Employee only	\$49.31	\$98.63
Employee & child	\$168.61	\$281.02
Employee & spouse	\$226.84	\$340.27
Family	\$295.70	\$443.55

### Summary of Medical Benefits

<b>Claim Administrator:</b>	Allegeant LLC
Member Services: Allegeant LLC	
PPO Network(s):	CareFirst BCBS Regional Provider Network (MD, DC, N. VA) and/or
	PHCS (outside of MD, DC, N. VA)
Eligibility:	Active full-time employees working at least 30 hours / week

This Summary of Benefits is an overview only. Refer to actual summary plan document (SPD) for full description, rules and/or exceptions.

	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
PLAN YEAR DEDUCTIBLE	\$2,000 Individual / \$4,000 Family	\$4,000 Individual / \$8,000 Family
PLAN YEAR OUT-OF-POCKET MAXIMUM	\$4,000 Individual / \$8,000 Family	\$8,000 Individual / \$16,000 Family
Eligible deductible and out-of-pocket expenses apply to both the in penalties for non-certification of hospital admissions, non-covered limit. Deductible payments do count toward the Out-of-Pocket Mamaximum.	services, and charges in excess of usual & custor	mary do not apply toward the out-of-pocket
FACILITY CHARGES		
Inpatient Hospital*	100% of AA after deductible	60% of AA after deductible
Emergency Room	100% of AA after deductible	100% of AA after deductible
Urgent Care	\$40 copay, then 100% of AA after deductible	60% of AA after deductible
Outpatient Surgery (pre-cert required for biopsy)	100% of AA after deductible	60% of AA after deductible
Outpatient Diagnostic/X-ray/Laboratory	100% of AA after deductible	60% of AA after deductible
Extended Care Facility (maximum of 60 days per plan year)*	100% of AA after deductible	60% of AA after deductible
Hospice Care (inpatient maximum of 30 days)	100% of AA after deductible	60% of AA after deductible
Outpatient Therapy ( <i>Physical, Speech, Occupational combined maximum of 60 visits per plan year</i> )	100% of AA after deductible	60% of AA after deductible
PRIMARY CARE & WELL CARE CHARGES		
Office Services	\$20 copay, then 100% of AA after deductible	60% of AA after deductible
Inpatient Hospital Visits PCP	100% of AA after deductible	60% of AA after deductible
Adult & Child Preventative Care Services (Exam/Visit, X-Ray & Lab, Immunizations, Screenings)	100% of AA	Not covered
Routine GYN exam	100% of AA	Not covered
Routine Screenings (Mammogram, Pap Smear, Colonoscopy, Prostate)	100% of AA	Not covered
Women's Preventive Services (Well Women Preventive care, Human papillomavirus testing, Contraception, Prenatal visits, screening and counseling)	100% of AA	Not covered
SPECIALIST CHARGES		
Specialty Physician's Office Services	\$40 copay, 100% of AA after deductible	60% of AA after deductible
Surgeon – Inpatient or Outpatient	100% of AA after deductible	60% of AA after deductible
Anesthesia – Inpatient or Outpatient	100% of AA after deductible	60% of AA after deductible
Outpatient Therapy (Chemotherapy, Radiation, Renal Dialysis) *	100% of AA after deductible	60% of AA after deductible
Inpatient Hospital Visits Specialists	100% of AA after deductible	60% of AA after deductible

Chiropractor (maximum 10 visits per plan year)	100% of AA after deductible	60% of AA after deductible
Acupuncture (maximum 10 visits per plan year)	100% of AA after deductible	60% of AA after deductible
Outpatient Therapy ( <i>Physical, Speech, Occupational combined maximum of 60 visits per plan year</i> )	100% of AA after deductible	60% of AA after deductible
Outpatient Diagnostic X-ray or Laboratory	100% of AA after deductible	60% of AA after deductible
OTHER FACILITY AND/OR PROFESSIONAL CHARGES		
Emergency Room Physicians	100% of AA after deductible	100% of AA after deductible
Infusion - Home, Office or Outpatient*	100% of AA after deductible	60% of AA after deductible
Home Health Care (maximum 40 visits per plan year)	100% of AA after deductible	60% of AA after deductible
Durable Medical Equipment/Prosthetic Devices (plan year max of \$2,500 for all DME, then precertification required)	100% of AA after deductible	60% of AA after deductible
Ambulance Service	100% of AA after deductible	100% of AA after deductible
MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS**		
Inpatient Hospital*	100% of AA after deductible	60% of AA after deductible
Hospital Visits by Physicians	100% of AA after deductible	60% of AA after deductible
Outpatient facility/visit (precertification required on intensive outpatient services)	100% of AA after deductible	60% of AA after deductible
Psychiatric Partial Hospitalization	100% of AA after deductible	60% of AA after deductible
	·	·

AA=Allowed Amount \*Precertification Required

### Summary of Rx Benefits

Your Prescription Drug Coverage will be provided through Magellan RX if you are enrolled in our health plan. The cost of the prescription benefit is included in your health plan premium.

TYPE OF EXPENSE	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
Combined Medical and Rx Deductible, Per Plan Year		
Per Individual	\$2,000	\$4,000
Per Family	\$4,000	\$8,000
Combined Medical and Rx Out-of-Pocket Maximum, Per Plan Year Per Individual Per Family	\$4,000 \$8,000	\$8,000 \$16,000
	RETAIL BENEFITS (34 day supply)	MAIL ORDER (90 day supply)
Generic Drugs*	\$5 copay after deductible	\$10 copay after deductible
Brand Preferred Drugs	\$30 copay after deductible	\$60 copay after deductible
Brand Non-Preferred Drugs	\$60 copay after deductible	\$120 copay after deductible
Specialty Drugs	20% coinsurance after deductible to a maximum of \$100	20% coinsurance after deductible to a maximum of \$100
Contraceptive Methods Under expanded Women's Preventative Services including oral, injections and devices; includes all generics, certain brand name drugs and approved over-the-counter contraceptives	\$0 copay (not subject to deductible; requi OTC contraceptives)	res prescription from physician for
Preventative OTC and Prescription Drugs Certain drugs covered under the Patient Protection and Affordable Care Act (ACA), such as Aspirin, Iron Supplements, Oral Fluorides, Folic Acid, Smoking Cessation and Vaccines based on age, sex and diagnosis are covered. Call Magellan RX at 1-800-424 0472 for a complete list.	d	

<sup>\*</sup>Certain generic prevention drugs to protect against or manage a medical condition relating to blood pressure, asthma, cholesterol, diabetes therapy, osteoporosis therapy and stroke are not subject to the deductible but subject to the copayments only. A list of these drugs can be found on <a href="https://www.magellanrx.com">www.magellanrx.com</a> or by calling Magellan Rx at 800-424-0472.

<sup>\*\*</sup> Applicable copay or coinsurance for inpatient and outpatient network benefits will be waived when provided by Sheppard Pratt Health System, Sheppard Pratt Physicians, P.A., Family Services, Inc., Mosaic Community Services or Way Station, Inc. mental health providers

#### myAllegeant

myAllegeant an online portal where you and your dependents can have easy access to self-service tools that allow you to take an active role in your health plan's benefits. Some features include:

- eEOBs go paperless and sign up for eEOBs
  - When an EOB/claim is ready to be viewed, you will get an email notification alerting you that your EOB is ready to be viewed on myAllegeant.
- Eligibility effective dates, demographic information, summary of benefits and coverage.
- Claims summary of all claims, claims status, paid date, explanation of benefits (EOB).
- Out-of-pocket and deductible amounts see where you stand year-to-date.
- Secure messaging send questions to customer service about claims, eligibility, address changes, or request a new ID card.
- ID card view or print a temporary ID card.
- Notifications an email notification is sent to you when there is a secure message from customer service.
- Announcements and information new features or processes at Allegeant, FAQs, plan information.
- Links to other tools CareFirst network to find a doctor, access the wellness portal, view prescription claims on Magellan Rx, manage your FBA/HRA/FSA on Choice Strategies.

How to Sign Up for myAllegeant

Go To: www.myallegeant.com.

Click the Proceed to our sign up process link.

- 1.) Read the License Agreement and Agree to proceed.
- **2.) Fill out the form.** You will need to enter your Member ID (exactly how it appears on your ID card), First Name, Last Name, Date of Birth, and Zip Code in order to establish a user account. Click on *Next* to continue the Sign-up process.
- **3.) Create your user name and password.** An email address is required. Click on *Next* to proceed.
- 4.) Click on Finish to complete the Sign-up process.



Login			
Username			
Password			
SUBMIT			
Forgot your u	sername or pa	assword?	

### Vision Plan

### Vision Plan Rates per Pay Period

ELECTION	40+ hrs/wk	30-39 hrs/wk
Employee only	\$3.40	\$3.40
Employee & child	\$5.10	\$5.10
Employee & spouse	\$5.67	\$5.67
Family	\$6.79	\$6.79

Carrier:	Vision Service Provider (VSP)
Eligibility:	Active full-time employees working at least 30 hours / week
Contribution:	Included with your health premium
ID Card:	No ID card – just tell your doctor that you have VSP

Since health and vision are bundled together, WSI will also integrate its vision plan with SPHS. VSP manages the SPHS vision plan. The VSP network is the exact same as Cigna Vision, in fact, Cigna leases VSPs vision network, so you will have little to no disruption.

### Using your VSP benefit is easy.

- Create an account at vsp.com. Once your plan is effective, review your benefit information.
- **Find an eye care provider who's right for you**. The decision is yours to make—choose a VSP provider or any out-of-network provider. To find a VSP provider, visit <a href="https://www.vsp.com">www.vsp.com</a> 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.

There are no claim forms to complete when you see a VSP provider.

### Summary of Vision Benefits

TYPE OF EXPENSE	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS	
SERVICE FREQUENCY (in months)			
Exams/Lenses/Frames	One each per 12	2 month period	
EYE EXAMINATION			
Well Vision Exam	\$15 copay, then covered in full	\$15 copay, covered up to \$50	
PRESCRIPTION GLASSES			
Frame	\$25 copay applies to a frame if lenses are not purchased. The frame of your choice is covered up to \$150.	\$25 copay applies to a frame if lenses are not purchased. The frame is covered up to \$70.	
Lenses     Single Vision     Bi-focal     Tri-focal	\$25 copay applies to lenses and a frame:	\$25 copay applies to lenses and a frame:  Covered up to \$50 Covered up to \$75 Covered up to \$100 Frame is covered up to \$70	
Contacts (instead of glasses)	\$60 copay (max) for lens fitting and evaluation exam.  Lenses covered in full up to \$130.	Lens fitting and evaluation exam and lenses covered in full up to \$105	

### Wellness - Way Station "Healthy Incentive" Program

### \$5 per pay discount on health plan premium (available to all health plan enrollees)

In an effort to encourage a healthy lifestyle and manage costs for all, Way Station, Inc. (WSI) has developed a Healthy Incentive Program for staff enrolled in the SPHS High Deductible Health Plan. This is a voluntary program offered by WSI to help control the rising costs of health coverage and to encourage healthy habits for employees and their families. We believe the Healthy Incentive Program will enhance physical, emotional, and intellectual health of our employees and their families through various means of awareness, education and healthy programs. In addition, over the long term, this will assist us in decreasing health care costs. The goals of the Healthy Incentive Program are to:

- Increase employee participation in wellness activities
- Change participant behavior to more healthy lifestyles;
- Ultimately improve the health status of participants; and
- Manage rising costs of health benefits

The program is designed to provide every employee enrolled in the health plan an opportunity to earn an incentive of an additional \$5 per pay discount on their health plan premium contribution.

- Employees who meet designated "Healthy Incentives" (see chart below) are eligible to receive this discount.
- Employees must earn five (5) "Healthy Incentives" in order to receive the \$5 per pay incentive.
- See the chart below for the list of "Healthy Incentives" from which you can choose.
- Employees need to provide proof of completion to WSI HR in order to receive the incentives. See chart below for details. Due to HIPAA privacy regulations and confidentiality, proof submitted to earn incentives should just verify enrollment and/or completion. Refrain from submitting any documentation that shows a diagnosis.
- Incentive amounts earned will then be processed by Payroll at the beginning of the month following confirmation of your "Healthy Incentives" earned.
- Upon enrolling in the SPHS High Deductible Health Plan, an employee has up to (6) months to earn "Healthy Incentives" in a given plan year. This year the last day to earn the incentive is **12/31/2018**.

Healthy Incentive	Description of Requirement	Verification Required for WSI HR Dept
Sign-up for www.AllegeantWellness.com (This incentive is allowed one-time only)	<ol> <li>Go to www.allegeantwellness.com</li> <li>Click on Register</li> <li>Accept the Terms &amp; Condition</li> <li>Find your ID card for the SPHS Health Plan</li> <li>Enter Group #, Member #, DOB, Gender and Email</li> </ol>	Print the web page showing registration.
Health Assessment (This incentive is allowed one-time only)	1) Go to <u>www.allegeantwellness.com</u> 2) Find the tab called <i>Assessment</i> 3) Click "Complete"	Print the web page showing you completed
Adult Physical exam	1) Go to your Primary Care Physician 2) Get (annual) exam (at no charge for In Network Providers!)	Completed & signed "Verification Sheet" (located on WSI intranet)
Age/gender specific test (i.e. cancer screening)	1) Go to your Primary Care Physician or Specialist 2) Get (annual) exam (at no charge if Preventive & In Network)	Completed & signed "Verification Sheet" (located on WSI intranet)
Diagnostic Lab Work	1) Go to a Participating Lab     2) Get Lab test done	Completed & signed "Verification Sheet" (located on WSI intranet) or Copy of Lab Slip or Copy of EOB
Engaging with a Health Coordinator, Pre-Natal Car Case Management and/or Disease Management	re Coordinator, Weight Management Program/Coordinator,	Completed & signed "Verification Sheet" (located on WSI intranet)
Smoking Cessation program	Proof or participation in a Smoking Cessation program and/or tools to quitting tobacco use	Receipt of Attendance <u>or</u> Receipt for qualified expense such as Nicorette, Patch, etc

Gym or Fitness Center	Proof of membership and at least 3-month's participation/ visits	Gym Attendance Log (print-out)
"Personal Workout"	Proof of 3-month's participation in a "personal workout" program. Examples include Walk, Run, Swim, Bike, Home Gym, Workout videos, etc	Personal Exercise Log w/ verification signature (a log sheet is on WSI intranet)
"Essential Learning Classes"	Completion of WSI "Essential Learning Classes" online: Defensive Driving; Stress Management for Mental Health Professionals; and/or any health-related course that isn't already a requirement for you job.	Verification is automatic when class is completed online
WSI Blood Drive Participation		Attendance will be taken and turned in to WSI HR
WSI Flu Shot Participation		Attendance will be taken and turned in to WSI HR
Yoga, Meditation, Massage, Acupuncture, Alternative Therapy (Sol Yoga is available at discount for WSI)	Proof or participation in a Yoga, Meditation, Massage, Acupuncture or Alternative Therapy Program	Completed & signed "Verification Sheet" (located on WSI intranet)
Stress Management Program	Proof of participation in a Stress Management Program	Completed & signed "Verification Sheet" (located on WSI intranet)
EAP Program	Proof or participation in a EAP Program	Documented Confirmation
WSI Safety Program	Proof of Level 3 Certification in WSI's Safety Program	Attendance will be taken and turned in to WSI HR
Weight Watchers	Participation in program with Goals	See WSI HR for details.

### **Dental Plan**

### Dental Plan Rates per Pay Period

ELECTION	Employees On The Health Plan			
	40+ hrs/wk		30-39 hrs/wk	
	High	Low	High	Low
Employee only	\$17.38	\$8.50	\$17.38	\$8.50
Employee & child(ren)	\$43.81	\$28.33	\$43.81	\$28.33
Employee & spouse	\$37.51	\$18.43	\$37.51	\$18.43
Family	\$63.68	\$38.19	\$63.68	\$38.19

ELECTION	Employees Not On The Health Plan			
	40+ hrs/wk		30-39 hrs/wk	
	High	Low	High	Low
Employee only	\$0.00	\$0.00	\$4.18	\$2.05
Employee & child(ren)	\$25.41	\$19.07	\$29.59	\$21.11
Employee & spouse	\$19.36	\$9.55	\$23.54	\$11.59
Family	\$44.52	\$28.55	\$48.70	\$30.59

### Dental Plan Summary of Benefits

Carrier:	MetLife
Network:	Participating Dental Provider (PDP) Plus
Eligibility:	Active Full-time employees working at least 30 hours / week
Contribution:	100% employee paid

The best way to maintain your oral health is through a sound program of regular dental care. Receiving the appropriate dental care is especially important for maintaining healthy teeth and gums.

To find a network dentist, go to <a href="www.metlife.com/dental">www.metlife.com/dental</a>, select "Find a Participating Dentist", check off "PDP Plus" under the Network Type field, then enter your search parameters.

	HIGH	PLAN	LOW PLAN		
	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	
PLAN YEAR DEDUCTIBLE		4		4	
Per Individual	\$50	\$50	\$50	\$75	
Per Family	\$150	\$150	\$150	\$225	
PLAN YEAR BENEFIT MAXIMUM	4	4	4	4	
Per person per calendar year	\$1,500	\$1,000	\$1,000	\$1,000	
COINSURANCE					
Preventive (deductible waived for in-network)	100% of PDP fee	100% of R&C fee**	100% of PDP fee	80% of R&C fee**	
Basic	80% of PDP fee	80% of R&C fee**	50% of PDP fee	40% of R&C fee**	
Major	50% of PDP fee	50% of R&C fee**	25% of PDP fee	20% of R&C fee**	
ORTHODONTIA (children up to age 19)					
Lifetime Maximum per Child	\$1,000		Ç	1,000	
Coinsurance	50%			50%	

<sup>\*\*</sup>R&C Fee: Out-of-network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of:

<sup>•</sup> the dentist's actual charge (the 'Actual Charge'),

<sup>•</sup> the dentist's usual charge for the same or similar services (the 'Usual Charge') or

<sup>•</sup> the usual charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary

### **Choice Strategies:**

Even with health insurance, you still have out of pocket expenses to cover if you need to utilize healthcare. To help you budget for these expenses, Way Station offers you access to accounts that allow you to set aside money and pay for eligible expenses <u>tax-free</u>.

There are three accounts that assist you with budgeting and paying for the eligible expenses: The Limited Purpose Flexible Benefit Account (FBA), Health Reimbursement Account (HRA), and Health Flexible Spending Account (FSA). While they all are intended to work together to help you budget, they are distinct account with different purposes. So please be sure to read through this section carefully to understand. First, this guide provides an overview of each account. Then, it illustrates how to use each account and how they work together. Lastly, we outline the use of the Choice Mastercard and the IRS rules associated with it.

### **Account Overview:**

### Limited Purpose Flexible Benefit Account (FBA)

Carrier:	Choice Strategies
Eligibility:	Active Full-time employees working at least 30 hours / week. New hires must also wait until 30 days of continuous employment. You must be enrolled in the SPHS High Deductible Health Plan.
Contribution:	100% employee paid
Contribution Amount:	Individual: <b>\$700</b> Family: <b>\$1,400</b>
	Please note, if you elect the FBA, you do not choose the amount. The amount is determined by your elected medical coverage. For instance: if you have individual medical coverage you will contribute \$700. If you elect family medical coverage, you will contribute \$1,400.
What is it used for?	Allows you to pay for the "first" portion of your qualified Medical and Rx deductible expenses by using money funded through pre-tax payroll deductions. You cannot pay for dental or vision with a FBA.
Uniformity Rule:	When electing the FBA, like the FSA, the total amount you elected is available for use on your first day of eligibility. Even though, you will be paying for the elected amount over the course of the year through pre-tax payroll deductions.
	EXAMPLE: At open enrollment, you elect individual medical coverage and elect the FBA to pay for the "first" portion of your qualified Medical and Rx deductible. That means you would have \$700 in the FBA. On the first day of the plan year, July 1, you will have \$700 ready for use. However, you will be paying for the \$700 throughout the plan year through payroll deductions. Way Station has 24 pay periods in a year, which means that you will have \$29.17 (=\$700/24) deducted from each paycheck.
Use it or Lose it:	All money that goes "unused" at the end of the plan year will be forfeited. Way Station does allow you 75 days after the end of the Plan Year to try and use up the FBA money on any qualified Medical and Rx expense. The 75-day period begins on July 1, 2019 and ends on September 15, 2019.
How to use it:	<ol> <li>You have two ways to pay for expenses with your FBA:</li> <li>Pay up front – submit claims to Choice Strategies for reimbursement OR</li> <li>Choice Mastercard – one card for FBA (if elected), HRA, FSA (if elected) and Dependent Care FSA (if elected). Choice Fund Care requires substantiation in order to confirm that transactions are eligible expenses. Substantiation requires either receipt and/or an</li> </ol>

### Explanation of Benefits (EOB). See section on Choice Mastercard to learn how the card

Helpful tip: Save your receipts & EOBs for substantiation! You will be notified by Choice within a week of

purchase to substantiate your transaction.

Health Reimbursement	Account (HRA)
Carrier:	Choice Strategies
Eligibility:	Active Full-time employees working at least 30 hours / week. New hires must also wait until 30 days of continuous employment. You must be enrolled in the SPHS High Deductible Health Plan.
Contribution:	100% employer paid
Contribution Amount:	Individual: <b>\$1,300</b> Family: <b>\$2,600</b>
What is it used for?	The HRA provides you with Employer (Way Station) money for the "second" portion of your qualified Medical and Rx deductible expenses. You cannot pay for dental or vision with a HRA.
How to use it:	<ul> <li>You must satisfy the first \$700 (individual) or \$1,400 (family) of your deductible. This can be satisfied one of two ways:</li> <li>You participate in the FBA. Once the FBA money is exhausted, Choice Strategies will activate the HRA for use. OR</li> <li>You do not elect an FBA and choose to pay for the first portion of your deductible in cash. After you paid the first portion, you must submit all of the following: <ul> <li>a) A Shared Responsibility Form, which is available on www.choice-strategies.com.</li> <li>b) An Explanation of Benefits (EOB) demonstrating that your share of the responsibility has been met.</li> </ul> </li> <li>You have two ways to pay for expenses with your HRA:</li> <li>Pay up front – submit claims to Choice Strategies for reimbursement OR</li> <li>Choice Mastercard – one card for FBA (if elected), HRA, FSA (if elected) and Dependent Care FSA (if elected). Choice Fund Care requires substantiation in order to confirm that transactions are eligible expenses. Substantiation requires either receipt and/or an Explanation of Benefits (EOB). See section on Choice Mastercard to learn how the card works.</li> </ul>

### Health Flexible Spending Account (FSA)

Carrier:	Choice-Strategies (CHOICE)
Eligibility:	Active Full-time employees working at least 30 hours / week. New hires must also wait until 30 days of continuous employment.
Contribution:	100% employee paid
Contribution  Maximums:	Health FSA: <b>\$2,650</b>
What is it used for?	A Health FSA allows you to pay for ALL of your qualified IRS 213d expenses (qualified health, prescriptions, dental, orthodontia, vision, over-the-counter expenses) by using money funded through pre-tax payroll deductions.
Uniformity Rule:	When electing the FSA, like the FBA, the total amount you elected is available for use on your first day of eligibility. Even though, you will be paying for the elected amount over the course of the year through pre-tax payroll deductions.

EXAMPLE: At open enrollment, you elect \$1,200 for the FSA. On the first day of the plan year, July 1, you will have \$1,200 ready for use. However, you will be paying for the \$1,200 throughout the plan year through payroll deductions. Way Station has 24 pay periods in a year, which means that you will have \$50 (=\$1,200/24) deducted from each paycheck. All money that goes "unused" at the end of the plan year will be forfeited. Way Station does Use it or Lose it: allow you 75 days after the end of the Plan Year to try and use up the FSA money. The 75 day period begins on July 1, 2019 and ends on September 15, 2019. How to use it: You have two ways to pay for expenses with your FBA: 1) Pay up front – submit claims to Choice Strategies for reimbursement OR 2) Choice Mastercard – one card for FBA (if elected), HRA, FSA (if elected) and Dependent Care FSA (if elected). Choice Fund Care requires substantiation in order to confirm that transactions are eligible expenses. Substantiation requires either receipt and/or an Explanation of Benefits (EOB). See section on Choice Mastercard to learn how the card works.

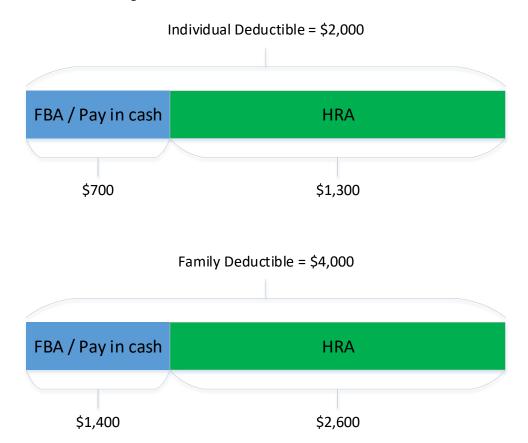
Helpful tip:

Save your receipts & EOBs for substantiation! You will be notified by Choice within a week of purchase to substantiate your transaction.

Dependent Care Flexib	le Spending Account (DCA)
Carrier:	Choice-Strategies (CHOICE)
Eligibility:	Active Full-time employees working at least 30 hours / week. New hires must also wait until 30 days of continuous employment.
Contribution:	100% employee paid
Contribution Maximums:	\$5,000
What is it used for?	A DCA allows you to pay for custodial care of dependents while you are at work by using money funded through pre-tax payroll deductions. For a more detailed search engine, see <a href="https://www.wageworks.com/employees/support-center/dcfsa-eligible-expenses-table/">https://www.wageworks.com/employees/support-center/dcfsa-eligible-expenses-table/</a> .
How to use it:	DCAs are not pre-funded accounts like FBA or FSA, so funds for those accounts will become available as they are deducted from your paycheck each pay period - the entire annual amount is not available at once.
	Because DCA funds accumulate over time, it is possible that you may incur expenses before funding is available to pay your entire claim. In this case, Choice Strategies will reimburse you for the current available balance in your DCA, and will place the remaining claim amount "on-hold". The remaining on-hold claim amount will be automatically reimbursed to you as payroll contributions are transferred to your DCA.

#### How to Use the Accounts

These accounts assist you in budgeting and paying for out of pocket expenses. You can choose to elect the FBA and/or the FSA. Whether or not you elect the FBA and/or FSA, the Employer (Way Station) is funding the "second" portion of your Medical and Rx deductible through the HRA.



If you do not elect the FBA and choose to pay for the "first" portion of your deductible in cash, then in order to activate your HRA, you must submit to Choice Strategies all of the following:

- 1) A Shared Responsibility Form, which is available on www.choice-strategies.com AND
- 2) An Explanation of Benefits (EOB) / a print out of your deductible on myAllegeant.com demonstrating that your share of the responsibility has been met.

If you elect the FBA, then once the FBA money is exhausted, Choice Strategies will activate the HRA for use.

Your Health FSA can be used for any eligible out of pocket medical/Rx expenses after you have exhausted your HRA funds. The Health FSA would cover copays and coinsurance amounts after the deductible. Your Health FSA can also cover dental and vision out of pocket expenses and certain over-the-counter products. You can pay for qualified expenses with your Health FSA at any time, regardless of the HRA being satisfied.

Choice Strategies offers you two ways to pay with FBA, HRA and FSA accounts:

- 1) Via Reimbursement: Members can pay for eligible expenses with any form of payments and request reimbursement (using appropriate reimbursement forms sent to Choice Strategies). Reimbursements are made by check or direct deposit.
- 2) Via Choice Mastercard: Members can pay for eligible expense using a MasterCard debit card. It will come loaded with the elected FBA and/or FSA amounts (if any) and the employer funded HRA amounts.

### Paying with an FBA

### At the Doctor's Office

- Give them your Allegeant card
- Pay your copay (if requested) with your CHOICE MasterCard
- See your doctor
- The doctor's office will send a claim to Allegeant
- Allegeant will send you an EOB (Explanation of Benefits) outlining the approved cost of the service, how much the plan will pay, and how much you may owe. <u>Your provider will send you a</u> <u>bill. Make sure the amount he is billing you for</u> matches the amount you may own on your EOB.
- Pay the provider with your Choice MasterCard
  - The "first" amount will be pulled from the Employee FBA
  - The "remaining" amount will be paid by Way Station HRA

### Paying without an FBA

### At the Doctor's Office

- Give them your Allegeant card
- Pay your copay (if requested) with Cash
- See your doctor
- The doctor's office will send a claim to Allegeant
- Allegeant will send you an EOB (Explanation of Benefits) outlining the approved cost of the service, how much the plan will pay, and how much you may owe. <u>Your provider will send you a</u> <u>bill. Make sure the amount he is billing you for</u> matches the amount you may own on your EOB.
- The Employee is responsible for the "first" Deductible amount.
- Once the "first" Deductible amount has been met, the Employee provides proof to Choice Strategies (via a printout of their out-of-pocket expenses from myAllegeant that illustrates accrued Deductible amount YTD and Choice Strategies Claim Form). For faster verification, go through the mobile app or online portal.
- Employees can begin paying provider's with their Choice MasterCard (or be reimbursed via Choice Strategies for any amounts over the "first" Deductible).

#### At the Pharmacy

- Give them your Allegeant card
- They'll tell you the cost of your prescription
- Pay with your Choice MasterCard

#### At the Pharmacy

- Give them your Allegeant card
- They'll tell you the cost of your prescription
- The Employee is responsible for the "first" Deductible amount.
- Once the "first" Deductible amount has been met, the Employee provides proof to Choice Strategies (via a printout of their out-of-pocket expenses from myAllegeant that illustrates accrued Deductible amount YTD and Choice Strategies Claim Form). For faster verification, go through the mobile app or online portal.
- Employees can begin paying providers with their Choice MasterCard (or be reimbursed via Choice Strategies for any amounts over the "first" Deductible).

Like anything tax-free with the IRS, there are strict guidelines and rules that you must comply with to maintain the tax-free status. As a general rule, every claim paid with the Choice Mastercard must be reviewed and substantiated. The IRS guidance allows automatic adjudication for certain card transactions, meaning that receipts do not need to be submitted for verification of expenses for which the Choice Mastercard is used. This applies in three situations at medical providers and 90-percent pharmacies (drug stores and pharmacies where at least 90 percent of the store's gross receipts during the prior taxable year consisted of medical expenses):

1. When the total cost of the transaction is equal to the standard copayment for the service(s) received,

- 2. When the transaction is for recurring expenses that have previously been approved (for instance: an orthodontia monthly financing plan), or
- 3. When the merchant provides expense verification to Choice Strategies when the transaction takes place.

If you forget to substantiate a claim, Choice Strategies will send you a notice via email or letter within a week of your Choice Mastercard swipe. You must provide itemized receipts within the time requested by Choice or the transaction will be deemed ineligible and you will be required to refund the amount of the transactions.

If you fail to submit receipts within 45 days, your card will be deactivated. Please note, if your card is deactivated due to a hold for substantiation, you can still access your funds through the reimbursement method. You will have to pay upfront and then submit for reimbursement from Choice.

If you fail to reimburse the account, the amount of eligible expenses may be added to your W-2 or withheld from your pay.

#### Substantiation

In order to remain in compliance this year, Way Station has eliminated the \$500 non-substantiation transaction limit from the FBA, HRA and FSA. That means that you may be asked to substantiate more claims this year than in the past. Substantiation is essential to keep you and Way Station in compliance with the IRS.

To stay on top of substantiation, download the Choice Strategies Mobile App and upload all receipts and/or EOBs to the App.

#### Choice Strategies Mobile App

Available for iOS (Apple) and Android-enable mobile devices and tablets, the Choice Strategies app can be downloaded free of charge. Members can check account balances, view recent transactions, submit claims and upload a receipt or supporting documentation.



### Basic Life / AD&D

Carrier: MetLife

Eligibility: Active employees working at least 30 hours / week

**Contribution:** 100% employer paid

BENEFIT / BENEFIT DETAILS	DEFINITION
Amount (Life / AD&D)	1.5x employee annual earnings Up to \$200,000
Guarantee Issue	Lesser of 1.5x annual earnings or \$200,000 with no medical underwriting
Age Reduction Formula	<ul><li>65% at age 65</li><li>50% at age 70</li></ul>
Accelerated Benefit	12 months or less to live, up to 80% of coverage, to a maximum of \$500,000
MetLife Advantages for Basic Life	Face-to-Face Grief Counseling Travel Assistance with Identity Theft Solutions Portability Transition Solutions

### Supplemental Life

### Supplemental Life Rates

How to calculate your monthly premium: Your total elected amount / \$1,000 \* your age banded rate

Employee R	Spouse	Rate	S		
Age	Rate		Age	Rate	
0-24	\$	0.050	0-24	\$	0.070
25-29	\$	0.060	25-29	\$	0.070
30-34	\$	0.070	30-34	\$	0.081
35-39	\$	0.090	35-39	\$	0.100
40-44	\$	0.100	40-44	\$	0.142
45-49	\$	0.120	45-49	\$	0.203
50-54	\$	0.180	50-54	\$	0.324
55-59	\$	0.290	55-59	\$	0.515
60-64	\$	0.380	60-64	\$	0.791
65-69	\$	0.438	65-69	\$	1.234
70-74	\$	0.970	70-74	\$	2.143
75+	\$	0.970	75+	\$	3.820

Dependent Rate				
Age <b>Rate</b>				
5 days to 19 years	\$	0.365		

### Supplemental Life Summary

Carrier:	MetLife
Carrier.	IVICULIIC

Eligibility:	Active employees wo	rking at least 30 hours /	week
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**Contribution:** 100% employee paid

**Dependent Children:** Must be between 6 mos and 19 yrs. Extended to 26 yrs if child is a full-time student.

	EMPLOYEE	SPOUSE	CHILD	
Minimum	\$10,000	\$5,000	Increments of \$2,000 to a maximum of \$10,000 for each child – no medical information required	
Maximum	Lesser of \$500,000 or 5x salary	\$250,000, not to exceed 100% of Employee Basic Life & Employee Supplemental Life.	\$10,000 per child	
<b>Guarantee Issue Amount</b>	Up to \$100,000	Up to \$50,000	Up to full amount	
MetLife Advantages for Supplemental Life	Will Preparation Face-to-Face Estate Resolution Services (ERS)™			

For July 1, 2018, there is a special initial enrollment opportunity. All employees may elect up to 1x annual salary or \$100,000, whichever is less, without providing medical evidence of insurability.

### MetLife Advantages: Life Insurance

Face-to-Face Grief Counseling provides you and your beneficiaries access to up to 5 Grief Counseling sessions either face-to-face or over the phone and related services to help cope with grief or mourning - no matter the circumstances. Grief Counseling sessions and related services provide valuable, confidential and professional support during a difficult time to help address personal and funeral planning needs – at no extra cost.

Travel Assistance with Identity Theft Solutions offers you and your family access to emergency services while traveling (domestically or internationally) plus the advantage of assistance for personal and work-related travel and entertainment requests. Identity Theft Solutions is also available to help educate you on identity theft prevention and provide assistance that alleviates the stress victims of identity theft often face.

Will Preparation provides access to a Hyatt Legal Plans attorney to help you or your spouse/domestic partner create a will or living will, modify an existing will and create a power of attorney document. In addition, you may access an attorney as many times as you need to make updates to these documents. Reimbursement is also available for out-of-network attorneys with set fees. You must have a Supplemental Life policy to use the Will Preparation services.

Face-to-Face Estate Resolution Services (ERS)<sup>SM</sup> provides your beneficiaries and executors/administrators access to in-person legal representation for probating your and your spouse's/ domestic partner's estates. You must have a Supplemental Life policy to use ERS.

Portability provides the option to "port" or take your coverage with you if you become separated from or leave your company — a valuable feature in today's ever-changing world.

Transition Solutions provides employees affected by group benefits changes access to financial professionals for guidance and assistance with important, time-sensitive benefit and financial decisions. MetLife has arranged for Massachusetts Mutual Life Insurance Company (MassMutual) financial professionals to be able to answer questions and provide the guidance you need to help make the right decisions to protect your financial future.

### Supplemental AD&D

### Supplemental AD&D Rates

How to calculate your monthly premium: Your total elected amount / \$1,000 \* rate

Employee	Rate	:S	Spouse F	Rates		De	pendent Rates
All Employees	\$	0.031	All Spouses	\$	0.029	5 days to 19 years	Bundled with Supplemental Life, if elected.

### Supplemental AD&D Summary

Carrier:	MetLife
Eligibility:	Active employees working at least 30 hours / week
Contribution:	100% employee paid
Dependent Children:	Must be between 6 mos and 19 yrs. Extended to 26 yrs if child is a full-time student.

	EMPLOYEE	SPOUSE	CHILD
Minimum	\$10,000	\$5,000	Increments of \$2,000 to a maximum of \$10,000 for each child – no medical information required
Maximum	Lesser of \$500,000 or 5x salary (this election is not limited by the amount of Supplemental Life benefit)	\$250,000, not to exceed 100% of Spouse Supplemental Life benefit	\$10,000 per child
<b>Guarantee Issue Amount</b>	Up to \$100,000	Up to \$50,000	Up to full amount

For July 1, 2018, there is a special initial enrollment opportunity. All employees may elect up to 1x annual salary or \$100,000, whichever is less, without providing medical evidence of insurability.

### Disability Insurance: Employee Paid STD vs Employer Paid LTD

No one likes to think about life's unexpected events. But it is important to face the facts so you can begin to plan ahead. It might surprise you to learn that:

- Just over 1 in 4 of today's 20-year-olds will likely become disabled before reaching age 67
- 1 in 8 workers will be disabled for 5 years or more during their working careers

Disability insurance helps you to maintain a steady stream of income when you can't work due to illness or injury. It is important to know what coverage your employer pays for you and what coverage you would need to buy. Short-term disability covers the first 90 days of your disability. Way Station does <u>not</u> give you STD coverage as part of your employment. Instead, Way Station gives you long-term disability (LTD) insurance as part of your employment. LTD covers the period after 90 days from disability and up to 5 years. Remember, if you want STD coverage, you must purchase it.

### Voluntary Short-Term Disability (STD)

#### STD Rates

Age	Rate per \$10 of covered weekly benefit	How to Calculate Your Monthly Premium
< 25	\$1.172	15 14 14 6 1
25-29	\$1.605	If Your Weekly Salary * 50% >\$500,
30-34	\$1.687	Then your monthly premium is
35-39	\$1.177	\$500 / \$10 * Age Rate
40-44	\$1.079	If Your Weekly Salary * 50% <\$500,
45-49	\$1.073	Then your monthly premium is
50-54	\$1.338	Your Weekly Salary * 50% / \$10 *
55-59	\$1.455	Age Rate
60-64	\$1.594	Age Nate
65+	\$1.753	

#### STD Summary

Carrier: MetLife

**Eligibility:** Active employees working at least 30 hours / week

**Contribution:** 100% employee paid

Way Station offers employees the opportunity to purchase Short Term Disability (STD) Insurance through MetLife. Individual STD can pay you a percentage of your monthly salary if you become injured or ill due to a covered off-the-job disability or covered pregnancy. You must complete the Benefit Waiting Period, which is the first 7 calendar days of disability for injury or sickness before disability benefits begin. If you still satisfy the plan's definition of disability after the waiting period, the STD plan will replace 50% of your wages up to \$500 per week, as long as you continue to be disabled for up to 13 weeks. Below is a summary of the benefits available to you through MetLife's individual STD products.

BENEFIT OVERVIEW	
BENEFIT PERIOD	13 weeks is the maximum amount of time you can receive disability benefits.
ELIMINATION PERIOD	7 calendar days
BENEFIT AMOUNT	50% of Weekly Earnings Maximum benefit amount per week: \$500

### Long Term Disability (LTD)

Carrier:	MetLife
Eligibility:	Active employees working at least 30 hours / week
Coverage:	100% employer paid
Max Monthly Benefit:	\$4,000
Min Monthly Benefit:	Greater of \$100 or 10% of monthly benefit
Max Benefit Duration:	5 years if disabled prior to age 61
Elimination Period:	90 Days or until the end of the STD Maximum Benefit Period.

Long term disability benefit replaces a portion of your pre-disability monthly earnings, less other income you may receive from other sources during the same disability (e.g. Social security, Workers' Compensation, vacation pay etc.).

The amount of LTD benefit may not exceed the maximum monthly benefit established under the plan, regardless of your annual salary amount. The maximum under this plan is \$4,000.

### **Voluntary Critical Illness**

Carrier:	Unum Life Insurance Company of America (Unum)	
Eligibility:	Active employees working at least 20 hours / week	
Contribution:	100% employee paid	
For Pricing and Enrollment:	Please note that UNUM products are not elected through the Kelly online enrollment site. If interested in enrolling, please look for an email from UNUM with a link to enroll.	

Critical Illness provides financial protection for you by paying a benefit if you are diagnosed with a critical illness. The amount you receive is based on the amount of coverage in effect on the date of diagnosis of a critical illness or the date treatment is received according to the terms and provisions of the policy. You also have the opportunity to have coverage for your spouse.

This plan is portable, which means that it stays in force, if you keep paying the premium, regardless of your employment with Way Station. You must make contributions for your spouse, if covered. Dependents, if covered, are automatically included with your coverage.

### Benefit Plan Choices:

**Benefit Plan 1:** Base covered conditions with additional critical illness for dependent children;

Benefit Plan 2: Base covered conditions with additional critical illness for dependent children; cancer conditions

### Summary of Critical Illness Benefits

COVERAGE	COVERAGE AMOUNT
Employee:	\$5,000, \$10,000, or \$15,000
Spouse, if covered:	\$5,000 or \$10,000
Dependent, if covered:	25% of Employee Coverage Amount
BASE COVERED CONDITIONS	PERCENTAGE OF COVERAGE AMOUNT
Benign Brain Tumor	100%
Initial Diagnosis Benefit	
Blindness	100%
Initial Diagnosis Benefit	
Coma as the Result of Severe Traumatic Brain Injur	y 100%
Initial Diagnosis Benefit	
Coronary Artery Bypass Surgery	25%
Initial Diagnosis Benefit	
End Stage Renal (Kidney) Failure	100%
Initial Diagnosis Benefit	
Heart Attack (Myocardial Infarction)	100%
Initial Diagnosis Benefit	
Major Organ Failure	100%
Initial Diagnosis Benefit	
Occupational HIV	100%
Initial Diagnosis Benefit	
Permanent Paralysis as the result of a Covered	100%
Accident	
Initial Diagnosis Benefit	
Stroke	100%
Initial Diagnosis Benefit	
CANCER CONDITIONS	
Cancer	100%
Initial Diagnosis Benefit	
Carcinoma in Situ	25%
Initial Diagnosis Benefit	
ADDITIONAL CRITICAL ILLNESS FOR DEPENDI	ENT CHILDREN
Cerebral Palsy	100%
Initial Diagnosis Benefit	
Cleft Lip or Palate	100%
Initial Diagnosis Benefit	
Cystic Fibrosis	100%
Initial Diagnosis Benefit	
Down Syndrome	100%
Initial Diagnosis Benefit	
Spina Bifida	100%
Initial Diagnosis Benefit	

### **Voluntary Accident Insurance**

Carrier:	Unum Life Insurance Company of America (Unum)	
Eligibility:	Active employees working at least 30 hours / week	
Contribution:	100% Employee Paid	
For Pricing and Enrollment:	Please note that UNUM products are not elected through the Kelly online enrollment site. If interested in enrolling, please look for an email from UNUM with a link to enroll.	

This accident policy provides financial protection for you by paying a benefit if you suffer a covered accident. The amount you receive is based on the amount of coverage in effect on the date of the accident according to the terms and provisions of the policy.

This plan is portable, which means that it stays in force, if you keep paying the premium, regardless of your employment with WSI. You must make contributions for your spouse and/or dependents, if covered.

### Summary of Accident Insurance Benefits

COVERAGE	Benefits	COVERAG	SE AMOUNT
ACCIDENTAL DEATH		COVERAG	E AMOUNT
Employee		\$50,000	
Spouse			0,000
Dependent Child(ren)			0,000
ACCIDENTAL DEATH – COMMON CARRIER		Ų I.	3,000
Employee		\$15	0,000
• •			0,000
Spouse Dependent Child(ren)			0,000
ACCIDENTAL DISMEMBERMI	FNT	<del>, , , , , , , , , , , , , , , , , , , </del>	5,000
INITAL ACCIDENTAL DISMEMB			
Loss of both hands or both feet;		\$11	5,000
loss of one hand and one foot; of			5,000
loss of one hand or foot; or			7,500
loss of two or more fingers, toes	s or any combination: or		,500
loss of one finger or toe	, ,		750
CATASTROPHIC ACCIDENTAL DI	SMEMBERMENT	·	
loss of both hands or both feet;			
loss of one hand and one foot			
	Prior to age 65	Age 65 - 69	Age 70 and over
Employee	\$100,000	\$50,000	\$25,000
Spouse	\$50,000	\$25,000	\$12,500
Dependent Child(ren)	\$50,000	\$25,000	\$12,500
ACCIDENTAL LOSS			
INITIAL ACCIDENTAL LOSS			
Permanent Paralysis; or			5,000
loss of sight of both eyes; or			5,000
loss of sight of one eye; or			,500
loss of the hearing of one ear		\$7	,500
CATASTROPHIC ACCIDENTAL LO	OSS		
Permanent Paralysis; or			
loss of sight of both eyes; or			
loss of the hearing of both ears;	or		
loss of the ability to speak			
	Prior to age 65	<u>Age 65 - 69</u>	Age 70 and over
Employee	\$100,000	\$50,000	\$25,000
Spouse	\$50,000	\$25,000	\$12,500
Dependent Child(ren)	\$50,000	\$25,000	\$12,500

### 403b Plan

2018).	tribution of eligible pre-tax pay is up to \$18,000/yea
he maximum catc	
dditional \$6,000/y	
	year.
If profitable, WSI will match 25% of the employee's contribution	
ears of Service	Vesting %
ess than 1	0
1	20%
2	40%
3	60%
4	80%
5	100%
TE's (over 21) are	eligible on the 1st day of the month following 30
ays after hire.	
mployee's must w	vork 1,000 or more hours in the plan year.
efer to www.pring	cipal.com for all additional information and
esources	
Vay station's acco	unt number is 809673
1	f profitable, WSI w ears of Service ess than 1  1 2 3 4 5 TE's (over 21) are lays after hire. imployee's must w efer to www.prin esources

### Paid Time Off (PTO)

Full-time (40 hour) employees are granted paid time off at the following rate:

Years of Employment	Paid Time Off (Days)	Accrual Per Pay Period (Hours)
1st year of employment	26	8
2 <sup>nd</sup> and 3 <sup>rd</sup> year (after 1 year)	29	8.93
4th and 5th year (after 3 years)	33	10.16
6 <sup>th</sup> – 10 <sup>th</sup> year (after 5 years)	36	11.08
11 <sup>th</sup> year + (after 10 years)	40	12.31

Staff working in the capacity of a licensed mental health professional (20-29 hours per week) are eligible for 50% Paid Time Off.

Part-time staff (30 hours or more) receive 75% Paid Time Off.

Paid time off also includes holiday, personal, snow, and sick leave, as well as vacation.

### **Tuition Reimbursement**

Tuition reimbursement for college courses which are job related. To qualify you must apply for course reimbursement by April 1st each year, obtain a grade of "B" or better and turn in the necessary paperwork when course is completed. See the Tuition Reimbursement Policy.

### State Employee's Credit Union

Contributions are taxed. You can enroll at any time. Employees regularly scheduled for 20 hours or more per week are eligible to participate.

### **Mandatory Notices**

### Notice Regarding Special Enrollment Rights

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, 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 employer 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).

*Example*: You waived coverage under this Plan because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this Plan.

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption.

*Example*: When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this Plan. However, you must apply within 30 days from the date of your marriage

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

*Example*: When you were hired, your children received health coverage under CHIP and you did not enroll them in this Plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this Plan if you apply within 60 days of the date of their loss of CHIP coverage

For more details about these special enrollment opportunities, please consult your Summary Plan Description (SPD).

To request special enrollment, contact:

Way Station HR, Kimberly Lundy (301) 662-0099; ext. 1015 klundy@waystationinc.org

### 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.

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 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 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 August 10, 2017. Contact your State for more information on eligibility.

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/	Website: http://flmedicaidtplrecovery.com/hipp/
Phone: 1-855-692-5447	Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program	Website: http://dch.georgia.gov/medicaid
Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a>	- Click on Health Insurance Premium Payment (HIPP)
Phone: 1-866-251-4861	Phone: 404-656-4507
Email: <u>CustomerService@MyAKHIPP.com</u>	
Medicaid Eligibility:	
http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/	Healthy Indiana Plan for low-income adults 19-64
Phone: 1-855-MyARHIPP (855-692-7447)	Website: http://www.in.gov/fssa/hip/
	Phone: 1-877-438-4479
	All other Medicaid
	Website: http://www.indianamedicaid.com

	Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/  Health First Colorado Member Contact Center:  1-800-221-3943/ State Relay 711  CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus  CHP+ Customer Service: 1-800-359-1991/  State Relay 711	Website:  http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp  Phone: 1-888-346-9562

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf
Phone: 1-785-296-3512	Phone: 603-271-5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm	Medicaid Website:
Phone: 1-800-635-2570	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
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331	Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-888-695-2447	Phone: 1-800-541-2831
Phone: 1-888-695-2447	Phone: 1-800-541-2831
Phone: 1-888-695-2447  MAINE – Medicaid	Phone: 1-800-541-2831  NORTH CAROLINA – Medicaid
MAINE – Medicaid Website: <a href="http://www.maine.gov/dhhs/ofi/public-">http://www.maine.gov/dhhs/ofi/public-</a>	
MAINE – Medicaid	NORTH CAROLINA – Medicaid
MAINE – Medicaid Website: <a href="http://www.maine.gov/dhhs/ofi/public-">http://www.maine.gov/dhhs/ofi/public-</a>	NORTH CAROLINA – Medicaid Website: https://dma.ncdhhs.gov/
MAINE – Medicaid  Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html	NORTH CAROLINA – Medicaid Website: https://dma.ncdhhs.gov/

Website:	Website:
http://www.mass.gov/eohhs/gov/departments/masshealth/	http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-800-862-4840	Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://mn.gov/dhs/people-we-serve/seniors/health-	Website: http://www.insureoklahoma.org
care/health-care-programs/programs-and-services/medical-assistance.jsp	Phone: 1-888-365-3742
Phone: 1-800-657-3739	
MISSOURI – Medicaid	OREGON – Medicaid
Website:	Website: http://healthcare.oregon.gov/Pages/index.aspx
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	http://www.oregonhealthcare.gov/index-es.html
Phone: 573-751-2005	Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP	Website:http://www.dhs.pa.gov/provider/medicalassistance/hea Ithinsurancepremiumpaymenthippprogram/index.htm
Phone: 1-800-694-3084	Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://www.ACCESSNebraska.ne.gov	Website: http://www.eohhs.ri.gov/
Phone: (855) 632-7633	Phone: 855-697-4347
Lincoln: (402) 473-7000	
Omaha: (402) 595-1178	
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: https://dwss.nv.gov/	Website: https://www.scdhhs.gov
Medicaid Phone: 1-800-992-0900	Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program
Phone: 1-888-828-0059	
	Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/	Website: http://mywvhipp.com/
Phone: 1-800-440-0493	Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a>	Website:
CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>	https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf
Phone: 1-877-543-7669	Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/	Website: https://wyequalitycare.acs-inc.com/
Phone: 1-800-250-8427	Phone: 307-777-7531
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	

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Employee Benefits Security Administration www.dol.gov/agencies/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

#### 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 and reference the OMB Control Number 1210-0137.

### 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 medical and surgical benefits provided under this plan. Please contact the Plan Administrator or refer to your Summary Plan Description for more detailed information regarding deductibles and coinsurance for these benefit under the Plan.

### Important Notice from Way Station Inc 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 Way Station Inc and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- 2. Way Station Inc has determined that the prescription drug coverage offered by the SPHS High Deductible Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens to Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Sheppard Pratt Health System coverage will not be affected. Your current prescription coverage with Sheppard Pratt group health plan will coordinate with Part D coverage. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare Prescription drug coverage in your area.

Your current Sheppard Pratt Health System coverage pays for health expenses including hospital, medical and prescription drugs. If you do decide to join a Medicare drug plan and drop your current Sheppard Pratt Health System coverage, be aware that you and your dependents will be able to get this coverage back provided that you satisfy the current eligibility rules of the Sheppard Pratt Health System Medical Plans.

If you do decide to join a Medicare drug plan and drop your current Sheppard Pratt Health System coverage, be aware that you and your dependents may not be able to get this coverage back.

#### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Way Station Inc and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

#### For More Information About This Notice or Your Current Prescription Drug Coverage

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Way Station Inc changes. You also may request a copy of this notice at any time.

### For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: May 14, 2018

Name of Entity / Sender: Way Station Inc. Contact Position/Office: Human Resources

Address: 204 Abrecht Place

Frederick, MD 21701

Phone Number: (301) 662-0099

# Health Insurance Marketplace Coverage Options and Your Health Coverage PART A: General Information

Beginning in 2014, there is 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. The open enrollment period each year for health insurance coverage through the Marketplace runs from Nov. 1 through Dec. 15 of the preceding year. After the open enrollment period ends, you can get coverage through the Marketplace only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

#### 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 (adjusted to 9.56% for 2018), 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 for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>&</sup>lt;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 WAY STATION INC. 5. Employer address 204 ABRECHT PLACE		4. Employer Identification Number (EIN)		
		52-1162749		
			6. Employer phone number (301) 662-0099	
7. City REDERICK		8. State MD		9. ZIP code <b>21701</b>
10. Who can we contact about employee health cove	rage at this job?			
11. Phone number (if different from above)	12. Email address KLUNDY@WAYSTATIONIN	C.OI	RG	

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

	<ul> <li>As your emp</li> </ul>		oloyer, we offer a health plan to:
			All employees. Eligible employees are:
			Companyation of Elizible and a companyation of the Companyation of
		×	Some employees. Eligible employees are:
			Please refer to the Summary Plan Description for full eligibility information.
	• V	Vith respec	t to dependents:
		[x]	We do offer coverage. Eligible dependents are:
			Please refer to the Summary Plan Description for full eligibility information.
		We do not offer coverage.	
_			
×			coverage meets the minimum value standard, and the cost of this
	COVE	erage to you	u 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 will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

### **Appendices**

Information About Your Health Plan

SPHS Health Plan Summary of Benefit Coverage (SBC)

MetLife Benefit Plan Summaries

**UNUM Benefit Plan Summaries** 

Know Your Benefits: Understanding a HRA

Know Your Benefits: Flexible Spending Accounts

Know Your Benefits: Health Insurance Terms You Need to Know