



Plan Year: 2017

Employee Benefits Enrollment Guide



Introduction

WillowWood is committed to providing a comprehensive employee benefit program. Throughout this packet you will find information on the benefits being offered, employee contributions, as well as important information regarding enrollment periods and your rights.

To access important notices and disclosures about your rights, remember to go to our HRconnection site: www.hrconnection.com.

User name: WillowWood
Password: Willow1

You can be sure that we will continue to work hard on your behalf to deliver the best possible benefits at the most competitive costs!

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The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary 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 Benefits Summary and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

Disclaimer: The abbreviated outlines of benefits used throughout this document are not intended to express any legal opinion as to the nature of coverage. They are only visuals to a basic understanding of coverages and do not detail all the contract terms nor do they alter any contract conditions. Please read your contract for specific coverages, limitations, and exclusions and call us with questions.



Who is Eligible?

All full-time employees who are scheduled to work 30 hours per week are eligible to participate in the plan after they have completed 30 days of continuous employment from their date of hire. Benefits are effective the 1st of the month after 30 days.

The following family members are eligible for medical, dental coverage: your legal spouse, qualified children under the age of 26. This can be your biological son or daughter, stepson or stepdaughter, legally adopted individual, and individual who is lawfully placed with you for legal adoption, and eligible foster children.

* Please refer to the certificate of coverage for more details regarding who is eligible for coverage.



Annual/Open Enrollment

Each year during the Annual/Open Enrollment period, eligible employees can enroll, change coverage, and add or delete dependents. It is important that you choose carefully, since changes to those elections can generally only be made during the annual Open Enrollment period. Exceptions will be made if you have a **Life Status Change**.

Plan changes made during WillowWood's Open Enrollment period will take effect on January 1, 2017.



When to Enroll

The open enrollment period runs from **November 14, 2016** through **December 2, 2016**. The benefits you elect during open enrollment will be effective from January 1, 2017 through December 31, 2017.

If you do not want or need to make changes to any of your current benefit elections (with the exception of FSA), there is nothing you need to do. Your current elections will rollover into this next plan year.

If you wish to make changes, terminate coverage or enroll for the first time, you will need to fill out an enrollment/change form. Please see HR for copies of those forms.

What if you Waive Coverage?

If you decide to waive coverage at your initial eligibility period or at a subsequent annual enrollment period, you will not be eligible to (re)enroll until the next annual enrollment period, or qualified Life Status Change event. You may be subject to Late Entrant waiting periods and or Evidence of Insurability requirements. For more information about this, contact Human Resources.



How to Make Changes

Your health and welfare benefits remain in effect throughout the plan year. Generally, you cannot change your benefit level, add or drop out of a plan until the next annual open enrollment. However, if you experience a qualified **Life Status Change** event, you will be eligible to change your coverage within 30 days of that event.

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period.

Pre-Tax Contributions

Your contributions to the medical and dental plans are made on a pre-tax basis. Your taxable income will be reduced by the amount you contribute for each benefit – you pay no income tax on the amount you contribute, thus saving your tax dollars. The fact that your taxable income will be lowered does not affect your salary-related benefits, which will continue to be based upon your earnings before contributions. You may, however, realize slightly lower Social Security benefits in the future because of this pre-tax feature.

Continuation of Coverage under COBRA

When you or any of your dependents no longer meet the eligibility requirements for WillowWood's health benefit plans, you may be eligible for continued coverage as required by the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1996. It is your responsibility to notify Human Resources **within 60 days** of such an event. Otherwise, the right to coverage continuation under COBRA will be forfeited.

Contribution Schedule for 2017

Ohio WillowWood will continue to pay the majority of the premium costs for single and family coverage as we have in the past. **There will be no changes in 2017 benefits or employee rates for the medical coverage or dental coverage.** The rates listed below are effective January 1, 2017 through December 31, 2017.

Per Pay Deductions	Medical	Dental
Employee Only	\$ 79.50	\$3.60
Employee+Child(ren)	\$165.50	\$10.80
Employee+Spouse	\$182.50	\$10.80
Family	\$262.50	\$10.80

Wellness Incentives (Per Pay)	3 out of 5	4 out 5	5 out of 5
Employee Only	\$10	\$20	\$30
Employee+Child(ren)	\$15	\$25	\$40
Employee+Spouse	\$15	\$25	\$40
Family	\$20	\$35	\$50

Flexible Spending

All employees must annually complete the Flexible Spending enrollment form. This includes those employees who are waiving coverage.

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you are unable to meet a standard for a reward under this wellness program, you qualify for an opportunity to earn the same reward by different means. Contact Tammy Dick **by December 31, 2016**, and we will work with you to find a wellness program with the same reward that is right for you in light of your health status.

Medical and Prescription Drugs

Below is a summary of benefits for the medical and prescription drug coverage. Please see the certificate of coverage for specific coverage, limitations and exclusions.

Benefits	In-Network	Out-of-Network
Benefit Plan Year	January 1, 2017 through December 31, 2017	
Dependent Age Limit	Up to Age 26	
Lifetime Max	None	
Deductible - Single/Family	\$3,000/\$6,000	\$6,000/\$12,000
Coinsurance Amounts - In Network/Out of Network	100%	70%
Out-of-Pocket Maximum - Single/Family (Includes Deductible)	\$3,000/\$6,000	\$9,000/\$18,000
Physician/Office Services:		
Office Visit - Primary Care Physician	\$25 Copay/100%	Ded./70%
Office Visit - Specialist	\$50 Copay/100%	Ded./70%
Allergy Testing and Treatment	100% no Ded	Ded./70%
Urgent Care Office Visit	\$75 Copay/100%	Ded./70%
All Immunizations	100%	Ded./70%
Surgical Services in Physician's Office (one Copay per day)	Subject to appropriate office visit Copay	Ded./70%
Wellness/Preventive Care Services:		
Routine Physical Exams - PCP (Age 9 and Older)	No Cost Share	Ded./70%
Routine Physical Exams - Specialists (Age 9 and Older)	No Cost Share	Ded./70%
Well Child Care Services incl. Exam and Immunizations (to Age 9)	No Cost Share	Ded./70%
Well Child Care Laboratory Tests (to Age 9)	No Cost Share	Ded./70%
Routine Vision Exams (including Refractions)	No Cost Share	Ded./70%
Hospitalization Services:		
Hospital Room and Board	100% after Ded.	Ded./70%
Intensive Care Unit	100% after Ded.	Ded./70%
Outpatient Hospital	100% after Ded.	Ded./70%
Emergency Room Services:		
Emergency Room Facility and Physician Services**	\$200 Copay/100%	
Non-Emergency Use of Emergency Room	\$200 Copay/100% after Ded.	
Other Facility Services:		
Urgent Care Facility	\$75 Copay/100%	Ded./70%
Skilled Nursing Facility	100% after Ded.	Ded./70%
Home Health Care	100% after Ded.	Ded./70%
Hospice Health Care	100% after Ded.	Ded./70%
Private Duty Nursing	100% after Ded.	Ded./70%
Ambulance Services	100% after Ded.	Ded./70%

Therapy Services:	In-Network	Out-of-Network
Occupational and Physical Therapy <i>(Limited to 40 visits per period combined)</i>	\$50 Copay/100%	Ded./70%
Speech Therapy <i>(Limited to 20 visits per benefit period)</i>	\$50 Copay/100%	Ded./70%
Chiropractic Services <i>(Limited to 12 visits per benefit period)</i>	\$50 Copay/100%	Ded./70%
Cardiac Rehabilitation	\$50 Copay/100%	Ded./70%
Chemotherapy/Dialysis/Radiation Therapy	100% after Ded.	Ded./70%
Other Services:		
TMJ Treatment	100% after Ded.	Ded./70%
Durable Medical Equipment	100% after Ded.	Ded./70%
Diagnostic X-Ray & Lab Services	100% no Ded.	Ded./70%
Podiatric Services	100% after Ded.	Ded./70%
Mental Disorders/Substance Abuse Treatments:		
Outpatient Services	\$25 Copay/100%	Ded./70%
Inpatient Services	100% after Ded.	Ded./70%
All Other Covered Medical Benefits	100% after Ded.	Ded./70%

*Routine Testing/Exams include Mammograms, Pap Smear, Male Exam, Prostate Exam, Immunizations, Laboratory Testing ordered by physician
** Copay waived if admitted to hospital

The annual out of pocket maximum for prescription drugs is \$3,600 for individual coverage and \$7,200 for family coverage.

		In-Network	Out-of-Network
Prescription Drug Benefits		Copay	Copay
Retail:	Tier 1	\$15	Ded./ 70%
	Tier 2	\$40	Ded./ 70%
	Tier 3	\$75	Ded./ 70%
	***Tier 4	\$75	Ded./ 70%
Mail Order:	Tier 1	\$25	Not Covered
	Tier 2	\$100	
	Tier 3	\$140	
	***Tier 4	\$140	

Dental

Delta Dental of Ohio will continue to be our dental carrier in 2017 with no changes to benefits or rates.

The dental plan allows you to seek treatment from the dentist of your choice; however, it is most cost effective to choose an in network provider. Visit <http://deltadentaloh.com/> to check if your dentist is in network or to search for a dental provider. Identification cards are not necessary; let your provider know you have Delta Dental of Ohio dental coverage and your employer's name. Below is a brief benefit summary.

Delta Dental PPO (Point-of-Service) DENTAL BENEFIT HIGHLIGHTS <i>Coverage effective January 1, 2017</i>	Plan Pays		
	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-participating Dentist*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Basic Services			
Emergency Palliative Treatment - to temporarily relieve pain	90%	90%	80%
Minor Restorative Services - fillings and crown repair	90%	90%	80%
Periodontal Maintenance - cleanings following periodontal therapy	90%	90%	80%
Oral Surgery Services - extractions and dental surgery	90%	90%	80%
Other Basic Services - misc. services	90%	90%	80%
Relines and Repairs - to bridges, implants, and dentures	90%	90%	80%
Major Services			
Endodontic Services - root canals	60%	60%	50%
Periodontic Services - to treat gum disease	60%	60%	50%
Major Restorative Services - crowns	60%	60%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit	Up to age 19		

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

- **Deductible** - \$50 deductible per person total per calendar year limited to a maximum deductible of \$150 per family per calendar year on all services except diagnostic and preventive services, sealants, brush biopsy, X-rays, and orthodontic services.
- **Maximum Payment** - \$1,500 per person total per calendar year on diagnostic & preventive, basic services, and major services. \$1,000 per person total per lifetime on orthodontics.

Dental

Delta Dental features a carryover benefit if the following conditions are met in the prior calendar year:

- **Delta Dental PPO Dentist, Premier Dentist** - If at least one Covered Service is paid in a Benefit Year and the total Benefit paid does not exceed \$500 in that Benefit Year, \$350 will carry over to the next Benefit Year's Maximum Payment. This amount will accumulate from one Benefit Year to the next, but will not exceed \$1,000. If no Covered Services are paid during a Benefit Year, all accumulated carryover amounts from previous Benefit Years will be forfeited.
- **Nonparticipating Dentist** - If at least one Covered Service is paid in a Benefit Year and the total Benefit paid does not exceed \$500 in that Benefit Year, \$250 will carry over to the next Benefit Year's Maximum Payment. This amount will accumulate from one Benefit Year to the next, but will not exceed \$1,000. If no Covered Services are paid during a Benefit Year, all accumulated carryover amounts from previous Benefit Years will be forfeited.

Voluntary Short Term Disability Income Benefits

Short-term disability is intended to protect your income for a short duration in case you become ill or injured.

Through a partnership with Lincoln Financial, Ohio WillowWood is able to offer our employees the chance to secure income protection in the event of a disability that prevents you from working.

Eligibility	All full-time active employees working 40 or more hours per week in an eligible class are eligible for coverage on the policy effective date.
Maximum Weekly Benefit	60% of weekly salary up to \$1,000 per week
Maximum Benefit Duration	13 weeks
Elimination Period	Benefits begin on: 8 days for an accident 8 days for an illness
Benefit Reductions	Your benefits may be reduced if: You are receiving benefits from any compulsory benefit, act, or law, such as a state disability plan.
Pre-Existing Condition	No treatment for three months prior to the coverage effective date unless it begins after you have performed your regular occupation on a full-time basis for 12 months following the coverage effective date.
Enrollment	You are able to take advantage of this coverage now without a health examination. You may not be offered this opportunity again.

Estimate Your Bi-Weekly STD Premium Payments:

	Determine Your Bi-Weekly Costs	EXAMPLE John Doe
(1) List your Weekly earnings up to a Maximum of \$1,666.67 (if you earn more than this amount, just enter this amount)	\$ _____	\$1,000
(2) Multiply your Weekly Earnings by 60%	0.60	0.60
(3) Your Estimated Weekly Benefit is:	\$ _____	\$600
(4) Divide your Estimated Weekly Benefit by \$10 (Premium rates are based on per \$10 of weekly benefit)	\$10	\$10
(5) Your Premium rate will be based on a this amount	\$ _____	\$60
(6) Multiply your Weekly Earnings by the Premium rate per \$10 of weekly benefit	\$0.46	\$0.46
(7) Your Monthly Premium rate is:	\$ _____	\$27.60
(8) Calculate your Bi-Weekly Premium rate by multiplying the monthly premium rate by 12 and then dividing the product by 26	\$ _____	\$12.74

If you have already signed up for this coverage, you do not need to do anything else. If you would like to sign-up for this benefit, please see HR no later than Friday, December 2nd. It is important to note, Evidence of Insurability may be required if you were offered the coverage previously, but you declined to enroll.

Voluntary Short Term Disability Income Benefits – Continued

Understanding Your Benefits

Total Disability	You are considered totally disabled if, due to an injury or illness, you are unable to perform each of the main duties of your regular occupation.
Partial Disability	You are considered partially disabled if you are unable, due to an injury or illness, to perform the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer as well as continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
Continuation of Disability	If you return to work full-time but become disabled from the same disability within two weeks of returning to work, you will begin receiving benefits again immediately.
Pre-Existing Condition	Any sickness or injury for which you have received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to the coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months following the coverage effective date.
Benefit Exclusions	You will not receive benefits in the following circumstances: Your disability is the result of a self-inflicted injury. You are not under the regular care of a doctor when requesting disability benefits. Your disability is covered under a worker's compensation plan and/or is due to a job-related sickness or injury. You are receiving payment under a retirement plan sponsored by the group policyholder.
Benefit Reductions	Your benefits may be reduced if you are receiving benefits from any of the following sources: Any governmental retirement system earned as a result of working for the current policyholder; Any disability or retirement benefit received under a retirement plan; Any Social Security, or similar plan or act, benefits; Earnings the insured earns or receives from any form of employment.
Benefit Termination	This coverage will terminate when you terminate employment with this policyholder, or at your retirement.

For assistance or additional information

Contact Lincoln Financial Group at (800) 423-2765 or log on to www.LincolnFinancial.com

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

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Voluntary Life Insurance

Life Benefit	Employee	Spouse	Dependent
Amount	Choice of \$25,000 - \$50,000 - \$75,000 - \$100,000 - \$125,000 - \$150,000 Not to exceed 5 times your salary. Employees age 70 and older, maximum benefit is \$50,000.	Choice of \$10,000 - \$25,000 - \$30,000 Employee must elect coverage for spouse to be eligible. Not to exceed 50% of employee elected amount.	\$250 Child: 14 days to six months \$10,000 Child: Six months to age 19 (to age 25 if full-time student) Newborn children to age 14 days are not eligible for a benefit.
Minimum Amount	\$25,000	\$10,000	\$10,000
Maximum Amount	\$150,000	\$30,000	\$10,000
Guarantee Issue	\$150,000 under age 70 \$20,000 age 70-74 No Guarantee Issue age 75 and older	\$30,000 spouse under age 60 No Guarantee Issue spouse age 60 and older	\$10,000

Benefit Reduction	Employee	Spouse
Benefits will reduce:	35% at age 65 An additional 25% of the original amount at age 70 An additional 15% of the original amount at age 75 Benefits terminate at age 80 or retirement, whichever is first.	35% at spouse age 65 Benefits terminate at spouse age 70 or retirement, whichever occurs first.

Additional Benefits

See Definition: Accelerated Death Benefit
Conversion
Portability
Seat Belt, Airbag, and Common Carrier

Eligibility	Employee	Spouse and Dependents
	All full-time active employees working 40 or more hours per week in an eligible class are eligible for coverage on the policy effective date. A delayed effective date will apply if the employee is not actively at work.	Cannot be in a period of limited activity on the day coverage takes effect.

Voluntary Life Insurance – Continued

Employee and Spouse Schedule of Semi-Monthly Voluntary Life Premium

- Employee and Spouse premiums are calculated separately.
- Employee premiums are based on employee actual age.
- Spouse premiums will be calculated off the Spouse's Actual Age.
- Spouse coverage cannot exceed 50% of the employee's coverage amount.
- Benefits and premium amounts reflect age reductions.

	Employee Benefit Options							Spouse Benefit Options		
AGE	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000		\$10,000	\$25,000	\$30,000
< 30	\$.88	\$1.75	\$2.63	\$3.50	\$4.38	\$5.25		\$.35	\$.88	\$1.05
30 - 34	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00	\$6.00		\$.40	\$1.00	\$1.20
35 - 39	\$1.38	\$2.75	\$4.13	\$5.50	\$6.88	\$8.25		\$.55	\$1.38	\$1.65
40 - 44	\$2.13	\$4.25	\$6.38	\$8.50	\$10.63	\$12.75		\$.85	\$2.13	\$2.55
45 - 49	\$3.38	\$6.75	\$10.13	\$13.50	\$16.88	\$20.25		\$1.35	\$3.38	\$4.05
50 - 54	\$6.63	\$13.25	\$19.88	\$26.50	\$33.13	\$39.75		\$2.65	\$6.63	\$7.95
55 - 59	\$10.75	\$21.50	\$32.25	\$43.00	\$53.75	\$64.50		\$4.30	\$10.75	\$12.90
60 - 64	\$13.00	\$26.00	\$39.00	\$52.00	\$65.00	\$78.00		\$5.20	\$13.00	\$15.60
65 - 69	\$16,250	\$32,500	\$48,750	\$65,000	\$81,250	\$97,500		\$6,500	\$16,250	\$19,500
	\$14.63	\$29.25	\$43.88	\$58.50	\$73.13	\$87.75		\$5.85	\$14.63	\$17.55
70 - 74	\$10,000	\$20,000	N/A	N/A	N/A	N/A		N/A	N/A	N/A
	\$21.30	\$42.60	N/A	N/A	N/A	N/A		N/A	N/A	N/A
75 - 79	\$6,250	\$12,500	N/A	N/A	N/A	N/A		N/A	N/A	N/A
	\$50.84	\$101.69	N/A	N/A	N/A	N/A		N/A	N/A	N/A

Dependent Children Rate = \$0.92 per Bi-weekly payroll

Premium covers all dependent children regardless of the number of children.

Important Note: Evidence of Insurability will be required for any amounts above the Guarantee Issue amount, for late enrollees or increases in your current insurance amounts. Please see the Certificate of Coverage for more details.

Health Care and Dependent Care Flexible Spending Accounts

Ohio WillowWood provides you the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars through Flexible Spending Accounts. You must enroll/re-enroll in the plan to participate for the plan year Jan. 1 to Dec. 31, 2017. You can save approximately 25 percent of each dollar spent on these expenses when you participate in a FSA.

- A health care FSA is used to reimburse out-of-pocket medical expenses incurred by you and your dependents. A dependent care FSA is used to reimburse expenses related to care of eligible dependents while you and your spouse work.
- 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.
- The maximum that you can contribute to the Health Care Flexible Spending account is \$2,600.
- The Dependent Care FSA lets you use pre-tax dollars toward qualified dependent care such as caring for children under the age 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year. Examples include:
 - The cost of child or adult dependent care
 - The cost for an individual to provide care either in or out of your house
 - Nursery schools and preschools (excluding kindergarten)
- The maximum that you can contribute to the Dependent Care Flexible Spending Account is \$5,000 if you are a single employee or married filing jointly, or \$2,500 if you are married and filing separately.

Important Note: IRS regulations specify that the money you contribute to your spending accounts for any plan year may only be used to reimburse eligible expenses incurred during that year. This means that any money remaining in your account(s) at the end of the year will be *forfeited*. **Please plan your elections carefully.**

**The money you contribute will be deducted from your bi-weekly pay and deposited into your FSA account, managed by TASC (Total Administration Services Corporation), www.tasconline.com or 1-800-422-4661.

The following example shows how you can save money with a flexible spending account:

Bob and Jane's combined gross income is \$30,000. They have two children and file their income taxes jointly. Since Bob and Jane expect to spend \$2,000 in adult orthodontia and \$3,000 for day care next plan year, they decide to direct a total of \$5,000 into their FSAs.

	Without FSAs	With FSAs
Gross income:	\$50,000	\$50,000
FSA contributions (includes medical and dependent care):	0	-2,600
Gross income:	50,000	47,400
Estimated taxes:		
Federal	-7,500*	-7,118*
State	-2,500**	-2,372**
FICA	-3,100	-2,724
Estimated Medicare Tax	-725	-688
After Tax Earnings	36,175	34,498
Medical and dependent care expenses:	-2,600	0
Remaining spendable income:	\$33,575	\$34,498
Spendable income increase:		\$923

*Assumes standard deductions and four exemptions.

**Varies, assume 5 percent.

The example above is for illustrative purposes only. Every situation varies and we recommend that you consult a tax advisor for all tax advice.

HEALTHCARE STARTS WITH COMPASS.



YOUR LIFE JUST GOT SIMPLER.

Navigating healthcare these days seems impossible—unless you have Compass on your side. From finding doctors to getting cost estimates to solving billing problems, we're here to help. Your employer has partnered with us to serve as your personal healthcare advisor. So rely on your Compass Health Pro® consultant to make you an empowered healthcare consumer who takes control of healthcare costs. Our service is simple to use and available to you and your family.



UNDERSTAND INSURANCE BENEFITS

Receive guidance in understanding your benefits throughout the year.



PAY LESS FOR PRESCRIPTIONS

Let Compass compare medication prices and explore lower-cost options for you.



FIND A GREAT DOCTOR

Find highly rated doctors, dentists and eye care professionals in your area who meet your personal preferences and healthcare needs.



GET HELP WITH MEDICAL BILLS

Have your medical bills reviewed to make sure you are not overcharged.



SAVE MONEY ON MEDICAL CARE

Get price comparisons before receiving care. Depending on the doctor, hospital or facility, costs can vary by hundreds or thousands of dollars—even in-network.

answers@compassphs.com

800.513.1667

Why should I contact my Health Pro?

1

Struggling to understand your medical and benefits plan? Let Compass help you understand how your plan actually works.

2

Moved recently or looking for a new provider? We'll find great doctors, dentists and eye care professionals for you and your family.

3

Need an annual physical? We'll locate the right doctor and set up your appointment.

4

Upcoming medical procedure? We'll estimate your out-of-pocket costs to ensure you pay a fair price.

5

Tired of overpaying for brand-name prescriptions? Let Compass research the most cost-effective options for the prescriptions you're taking.

6

Wondering if a medical bill is correct? We'll make sure you're not overbilled.

Your experience starts right now.

Your first step to simpler, smarter healthcare is to Get Connected. Complete your online profile at member.compassphs.com.



Compass is your champion for simpler, smarter healthcare. It's what we mean when we say, "Healthcare Redefined."

These days, it's almost impossible to make sense of medical treatment options and costs. One hospital might charge \$1,500 for an MRI, while another charges \$500—in the same city. Challenges and inconsistencies exist throughout the system. That's why people turn to us.

Questions & Answers

Changes that can be made effective Jan. 1, 2017:

- ◆ Enroll or terminate individual and/or dependent coverage in the medical/dental plans
- ◆ Enroll in the Flexible Spending Account Plan
- ◆ Add or make changes to the Voluntary Life and Voluntary Short Term Disability Plans

Forms to be completed if making changes:

- ◆ Medical & Dental Enrollment/Change Form to change medical plans or individual/dependent coverage levels in the medical/dental plans.
- ◆ Voluntary Life and AD&D Enrollment and/or Medical Underwriting Form.

What Forms MUST be completed?

- ◆ Flexible Spending Account Enrollment Form/Direct Deposit Form — to enroll, re-enroll, or waive enrollment for the new plan year Jan. 1 to Dec. 31, 2017.

Where do I find these forms?

- ◆ Contact Human Resources for all forms.

When are the forms due and where do I return them?

- ◆ All forms are due by **December 2, 2016** and must be returned to Human Resources.

Who do I contact with questions?

- ◆ Contact Human Resources with any questions you may have.

Other Information:

- ◆ New elections must be made to the Flexible Spending Account to continue participation.
- ◆ If you do not make changes to your current medical and dental elections, those elections will remain the same for the plan year Jan. 1 to Dec. 31, 2017.

Glossary of Terms

Annual enrollment is the time of year reserved for you to make changes to your benefit elections. Unfamiliar terms can make this process confusing. To help you navigate your benefits options, check out these definitions of common annual enrollment terms.

Coinsurance – The amount or percentage that you pay for certain covered health care services under your health plan. This is typically the amount paid after a deductible is met, and can vary based on the plan design.

Copayment– The flat fee that you pay towards the cost of covered medical services.

Covered Expenses – Health care expenses that are covered under your health plan.

Deductible – Before benefits are available through a health plan, you must pay a specific dollar amount out of pocket. Under some plans, the deductible is waived for certain services.

Dependent – Individuals who meet eligibility requirements under a health plan and are enrolled in the plan as a qualified dependent.

In-Network – Care received from your primary care physician or from a specialist within an outlined list of health care practitioners.

Inpatient – A person who is treated as a registered patient in a hospital or other health care facility. This person accrues room and board charges.

Medically Necessary (or medical necessity) – Services or supplies provided by a hospital, other health care facility or physician that meet the following criteria: (1) are appropriate for the symptoms and diagnosis and/or treatment of the condition, illness, disease or injury; (2) serve to provide diagnosis or direct care and/or treatment of the condition, illness, disease or injury; (3) are in accordance with standards of good medical practice; (4) are not primarily serving as convenience; and (5) are considered the most appropriate care available.

Medicare – An insurance program administered by the U.S. government to provide health coverage to those typically age 65 and older.

Member – You and those covered become when you enroll in a health plan. This includes eligible employees, their dependents, COBRA beneficiaries and surviving spouses.

Out-of-Network – Care you receive without a physician referral or services received by a non-network service provider. Out-of-network health care and plan payments are subject to deductibles and copayments.

Out-of-Pocket Expense – Amount that you must pay towards the cost of health care services. This includes deductibles, copayments and coinsurance.

Out-of-Pocket Maximum (OPM) – The top amount paid for covered services – during a benefit period. Both the deductible and the coinsurance apply towards meeting the OPM, but copayments may not apply. Under some plans, the deductible and OPM may have the same dollar limit.

Preferred Provider Organization (PPO) – A health plan that offers both in-network and out-of-network benefits. Members must choose one of the in-network providers or facilities to receive the highest level of benefits.

Premium – The amount you pay for a health plan in exchange for coverage. Health plans with higher deductibles typically have lower premiums.

Primary Care Physician (PCP) – The doctor that you select to coordinate your care under your health plan. This generally includes family practice physicians, general practitioners, internists, pediatricians, etc.

Usual, Customary and Reasonable (UCR) Allowance – The fee paid for covered services that is: (1) a similar amount to the fee charged from a health care provider to the majority of patients for the same procedure; (2) the customary fee paid to providers with similar training and expertise in a similar geographic area, and (3) reasonable in light of any unusual clinical circumstances, etc.