Marshall & Sterling GROUP BENEFITS

HVEA ENGINEERS

2018 Benefit Enrollment Guide

Our People Are Your Best Insurance

www.marshallsterling.com/group-benefits

866-573-4768

Marshall & Sterling GROUP BENEFITS

Table of Contents

Please Note: This enrollment guide is a summary of the benefits provided to benefit eligible employees. HVEA, P.C. Institute reserves the right to modify, amend, suspend or terminate any plan at any time for any reason without prior notification. The plans described in this guide are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make explanations of the plans in this guide as accurate as possible. However, should there be any discrepancy between this guide and the provisions of the insurance contract or plan documents, the provisions of the insurance contract or plan documents will govern. In addition, you should not rely on any descriptions of these plans, since the written descriptions in the insurance contracts or plan documents will always govern.

This is the only written summary of benefits. Please consult the Plan Document for more detailed information.

560 Route 52 Ste 201
Beacon, NY 12508
Phone: (845) 838-3600
Fax: (845) 838-5311
www.hveapc.com

Dear Employee:

Welcome to our December 2018 - November 2019 Benefits Open Enrollment. Our goal is to provide you and your family with cost-efficient and comprehensive benefits. These programs are reviewed annually to ensure they are in-line with the current trends and remain in compliance with government regulations such as the Health Care Reform legislation. Please read this Benefits Guide to gather important details about your benefits, and learn about your contributions as an aid to making your final decisions.

The definition of "full-time" for healthcare benefit eligibility purposes is working on average 30 or more hours per week. Hudson Valley Engineering Associates, P.C. will track your hours and notify you if you are eligible for benefits. More information on eligibility to participate in our healthcare plan can be found in the Summary Plan Description, which can be obtained by contacting our Human Resources department.

Open Enrollment

Open Enrollment is the window of opportunity to make changes to your benefit elections, or enroll if you previously waived coverage. It is the time of year to make sure that you have enrolled in the health benefits that meet your healthcare needs and fit into your overall financial plan. Ask yourself:

- Does your current coverage meet your family's needs?
- Did you get married, divorced, have a child or another qualifying status change since you last looked at your benefits?
- Were you covered under a spouse and now would like to be covered primarily by your employer?
- Verify that your enrolled dependents meet the definition of an eligible dependent. Medical coverage is provided for dependent children up to their 26th birthday under Health Care Reform. Other benefit plans are subject to plan age limits.

The Summary of Benefits and Coverage (SBC) for our medical plans, along with the Glossary of Health Coverage and Medical Terms, are also available on iNavigator. Upon request a paper copy will be provided at no charge.

Under the Affordable Care Act you are required to maintain healthcare coverage for yourself and your dependent children.

Changing Your Benefits After Open Enrollment

After open enrollment you may change your benefits only if you have met a qualified status change, such as loss of other medical coverage, the birth of a child, divorce or a child reaching the coverage maximum age limit.

Please do not hesitate to contact Human Resources with any questions or concerns regarding your benefits. Upon request a paper copy will be provided at no charge.

Sincerely,

Cathy Schatz

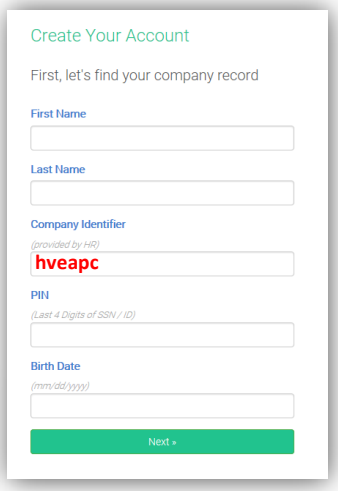
Human Resources Manager

HVEA ENGINEERS

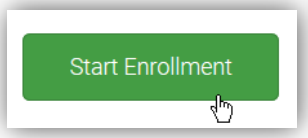
iNavigator

With iNavigator, employees enjoy convenient online access to benefits coverage, 24 hours a day, seven days a week. You can update your personal profile, report life events, make eligible benefits elections and qualifying enrollment changes, and also have access to a complete document library.

- BEGIN using iNavigator by going to https://www.marshallsterling.com/group-benefits/inavigator-login
- FIRST TIME users will select "Register as a new user" to create a User Name and Password. We highly recommend using a work email for your username, if possible, to help make it easier to remember. You will need your Company Identifier, which is: **hveapc**
- EXISTING users will proceed by logging in with their username and password. See below if you have forgotten your username or password.



To Enroll in Benefits



1. If you are a first time user, after you have completed any onboarding tasks, you will be led to begin your enrollments. If you skip them during registration, or if you are a returning user, click Start Enrollments from your home screen.
2. Complete your personal information – please note all fields will be required. Click "Save and Continue".
3. Complete dependent information. You can "add dependents" and fill out the needed information. When all dependents have been added, click "Save and Continue"
4. From here you will be taken one by one through each benefit your company offers. If a certain benefit allows dependents to be enrolled, you will see a section at the top "Who am I enrolling?", where you can click off each dependent that you want to enroll on that individual plan.
5. You can select "Compare" to compare plans if more than one is offered, or click "Details" for information on an individual plan. There will be a column on the right for helpful resources, which will contain benefit summaries or any other needed information. As you make each selection, click "Save and Continue"
6. If any of your selections require forms to be filled out (i.e. a beneficiary form for a life insurance plan), these forms will immediately pop-up after that benefit has been elected and must be filled out.
7. Lastly, upon completion of enrollment, you will be prompted to sign your benefits, and then may print a copy of your enrollment summary. **Enrollment is not complete until you "Click to Sign" on your enrollment summary and see the checkmark that says "acknowledged and Submitted".**

Forgot Your Username and/or Password?

1. Click on "Reset Password"
2. Under "Employees", select "Click Here"
3. Enter your username and select "Next"
    - If you have forgotten your username, click "Don't know your username?" Otherwise, skip to step #4. You will be asked for your company identifier (see above), first and last name, and your PIN, which is the last four digits of your SSN. Fill in these fields and select "Request a Reset". You will see "Password Reset Has Started" and you will be prompted to check your email for instructions. Proceed with step #5.
4. Enter your birth year for verification. You will see "Password Reset Has Started" and you will be prompted to check your email for instructions.
5. Go to your email and click on "Password Reset" and enter new password. Select "Change Password" after entering. Don't forget – passwords must be between 6 and 20 characters and include both a number and a symbol.
6. You should now be logged in and you will receive an email that your password has been reset.

Medical

The MVP Liberty HDHP Silver 3 EPO (Exclusive Provider Organization) medical plan delivers in-network-only benefits. Members must seek care from participating providers, except in the case of a life- or limb-threatening emergency. If care is received from a non-participating provider, the claim will not be paid.

Plan Features	Liberty HDHP Silver 3
	In-Network Only
Deductible / Maximum Period	Plan Year (12/1 – 11/30)
Plan Year Deductibles (Indiv / Family)	$2,200 / $4,400
Plan Year Out-of-Pocket Max (Indiv / Family)	$4,800 / $9,600
Deductible Type	Aggregate
Out-of-Pocket Max Type	Embedded
Medicare Part D Coverage	Creditable
Preventive Care	Covered in Full
Primary Care Visit	$25 Copay after Deductible
Specialist Visit	$50 Copay after Deductible
Diagnostic Labs	PCP: $25 Copay after Deductible Spec: $50 Copay After Deductible
Prenatal & Postnatal Exam	Covered in Full
Maternity Delivery & Inpatient Services	**Delivery**: $100 after Deductible **Inpatient**: $500 after Deductible
X-Rays	**PCP**: $25 Copay after Deductible **Spec**: $50 Copay After Deductible
Advanced Images	$150 Copay after Deductible
Outpatient Surgery	$200 Copay after Deductible
Inpatient Hospital	$500 Copay after Deductible
Emergency Room	$300 Copay after Deductible
Urgent Care	$50 Copay after Deductible
Retail Pharmacy / RX (30 Day Supply)	$10 / $40 / $60 after Deductible
Mail-Order Pharmacy / RX (90 Day Supply)	$25 / $100 / $150 after Deductible

- Aggregate Deductible: The entire family deductible must be met before copay or coinsurance is applied for any individual family member.
- Embedded Out-of-Pocket Maximum: Once the member reaches the individual out-of-pocket max, services would be covered 100% of that individual.
- Inpatient admissions, outpatient surgery, x-rays, high level imaging, mental health and substance abuse require preauthorization. Please refer to your Certificate of Coverage for detailed information.

This benefit summary provides selected highlights of the employee benefits program at HVEA, P.C. It is not a legal document and shall not be consulted as a guarantee of benefits nor of continued employment. All benefits plans are governed by master policies, contract and plan documents. Any discrepancies between any information through this summary and the actual items of such policies, contracts and plan documents shall be governed by master policies, contracts and plan documents. HVEA, P.C., reserves the right to amend, suspend or terminate any benefit plan, all or in part, at any time. The authority to make such changes rests with the Plan Administrator.

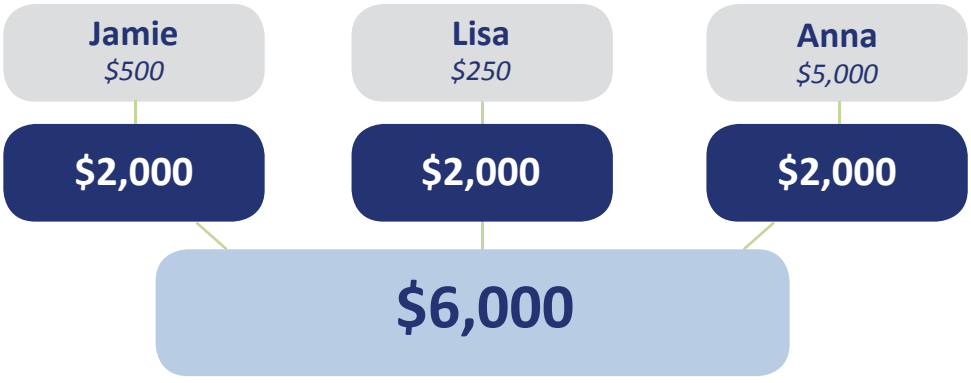
Embedded vs. Aggregate (non-embedded)

Aggregate (Non-Embedded)

(Family does not meet deductible)

Embedded

(Anna Meets her deductible)



Gomez Family:
$6,000 deductible

Medical bills this year:

- Jamie: $500
- Lisa: $250
- Anna: $5,000

Marshall & Sterling GROUP BENEFITS

myHealthSpend Mobile App

The **myHealthSpend** mobile app from MVP Health Care® provides a single access point for participants to manage their spending accounts.

Have multiple spending accounts? Manage your Flexible Spending Account (FSA) ***and*** Health Reimbursement Arrangement (HRA) in one place.

- View details on account balances and recent transactions.
- Get email alerts.
- Contact an administrator from the mobile app via email or mobile phone.
- Use the same username/password as the WealthCare web portal—no need to register your mobile device—just download, login, and go!
- Stronger authentication support (picture/passphrase, device identification, and challenge questions).
- View demographic details, dependents, card details, and card PIN
- Register new users directly from your mobile device.

MSG&DATA rates may apply.

Download the free myHealthSpend app!

Visit the App Store℠ or Google Play™ to download **myHealthSpend** on your mobile device.

Questions? Contact the MVP Flexible Benefits Department at **1-888-222-9931**.

New for 2018:

MVP Preferred Provider Facilities

Choose and Save!

Lower your costs for important health care services.

Making an informed decision about where you get care can help reduce your out-of-pocket costs. MVP's new preferred provider facilities give you lower-cost options for select services without compromising quality.

Laboratory Services

Radiology Services

Ambulatory/Outpatient Surgery Services

These facilities can help our members lower their costs while still meeting the same rigorous quality standards as facilities with much higher costs.

Access to a full national network of providers.

You are not limited to where you can go for these services; your MVP health plan continues to provide comprehensive coverage with access to a national network of providers and facilities. And even better, you won't pay more to use that full network of providers—you may simply pay a lot less if you choose to seek care at a preferred provider facility.

Find an MVP preferred provider facility near you.

Visit **mvphealthcare.com** and select *Find a Doctor*, then *Find a Facility*.
Or, call the MVP Customer Care Center number on the back of your MVP Member ID card.

How much can I save?

If you have a deductible:
Medically necessary and covered services at MVP preferred provider facilities are covered in full once your deductible is met.

If you don't have a deductible:
Medically necessary and covered services at MVP preferred provider facilities are covered in full from day one!

MVP® HEALTH CARE

Continued on back

Rx Discount Programs

Purchases through a discount program will not apply toward your annual deductible or the annual out-of-pocket max.

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No matter if you are insured, uninsured or something in between, we offer some of the lowest prices on over 15,000 medications. Simply pay online before you pick up at your pharmacy to save up to 95%. No membership fees. Fully refundable.

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  Find savings of up to 95% on over 15,000 medications
- **Pay For It Online or Through The App**
  You'll get a Blink Card – that's your proof of purchase. You can print it out. We'll also text it to you.
- **Pick Up At Your Pharmacy**
  When your pharmacist asks for payment, show them your Blink Card. You'll pay nothing at the pharmacy.

GoodRx

www.goodrx.com

Stop Paying Too Much For Your Prescriptions !

Every GoodRx collects millions of prices and discounts from pharmacies, drug manufacturers and other sources. Here's how you can use it to save:

- **Use GoodRx's Drug Price Search to Compare Prices**
  See which pharmacy near you offers the best price. We don't sell the Medications, we tell you where you can get the best deal on them.
- **GoodRx Will Show You Prices, Coupon, Discounts & Savings Tips**
  Get your prescriptions cheaper with deals at pharmacies near you.
- **Download GoodRx's iPhone or Android App**
  Get drug prices and coupons on the go.
- **Receive A Discount Savings Card**
  Keep your GoodRx card in your wallet for easy access when you need it.

OneRx

www.onerx.com

The FREE Rx savings solution for all employees

One Rx mobile solution puts the tools to control prescription drug spending at the fingertips of both insured and uninsured employees. With One Rx…

- **Know Out-of-pocket Costs in Real Time**
  Employees save money by seeing their personalized out-of-pocket for a drug being prescribed, right at the point of care.
- **Be Alerted to Insurance Restrictions**
  Increase adherence by knowing if step therapy or prior authorization is required before you try to fill the script.
- **Save Instantly**
  Redeem Rx coupons & discounts instantly. See local pharmacy pricing.

Rx Discount Programs

Canada Drugs®

www.canadadrugs.com

The Global Leader In Online Prescription Drugs Savings

Canada Drugs is dedicated to providing you the high-quality prescription medication you need; at a price you can afford and doing it with a smile.

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  Be assured that you're ordering the very best brand and generic medication from Canada, the United Kingdom, Australia and New Zealand at prices that represent exceptional savings over U.S. retail prices.
- **Highest Level of Customer Services, delivered 24-7**
  Place your order through our user-friendly online pharmacy or over the phone with a trained Patient-Service Representative.
- **Backed By a No-Risk Guarantee**
  You are guaranteed 100% free shipping on every order, easy returns, and the best available price on your online prescription drug order.

DoctorSolve™
Safe - Simple - Secure | Since 2001

www.doctorsolve.com

"Patient Health & Safety Is Part of Our Company Culture"

DoctorSolve is a trusted, established online pharmacy intermediary with more than 200,000 customers. Every members of their trained and professional staff is committed to ensuring that your health is protected, and you have a trusted source for pure and safe Canadian prescription drugs.

- **A Trusted Source For Perceptions**
  All prescriptions are filled by a professionally registered pharmacist.
- **The Support You Need**
  DoctorSolved understands that patients not only require information, but reassurance and support. Their customer service relies on providing unassuming, compassionate advice.
- **Safety Service Guarantee**
  Every member of our trained and professional staff is committed to ensuring that your health is protected , and you have a trusted source for pure and safe medication.

myVisitNow℠ from MVP Health Care®

has you covered with 24/7 online doctor visits!

With **myVisitNow**, you can access health care professionals—including MDs, behavioral health specialists, dietitians, psychiatrists, and lactation consultants—through a mobile device or computer and web cam from your home, or nearly anywhere in the U.S.

Getting started is easy.

Go to myvisitnow.com and download the free **myVisitNow mobile app** from the App Store℠ or Google Play™.

Create an account. Provide basic demographic information and your MVP Member ID; be sure to have your MVP Member ID card.

Start a visit. Once logged in, choose a service and select a provider.

- Adult Urgent Care
- Pediatric Urgent Care
- Behavioral Health Therapy
- Psychiatry
- Nutrition & Diet
- Lactation Consultations

For urgent care visits, you can choose the next available provider (fastest option!) or you can choose a specific provider for the visit and wait for them to become available. To help you select the doctor that's right for you, **myVisitNow** allows you to view provider profiles to see details like their years of experience, and even what languages the provider speaks.

Provide payment information. Prior to your visit, you'll be presented with the cost. You will be charged the appropriate co-pay amount depending on the type of visit. Simply provide your credit card information and authorize the payment.

See a provider. Within minutes, you'll be face-to-face with a health care professional. Your visit may last less than 10 minutes, or up to 45 minutes; whatever level of care is appropriate for your needs.

Receive a visit summary. After your session, the provider can send you a summary of your visit, including what was discussed, a diagnosis, and treatment recommendations (including any necessary prescriptions). You can share this with your own PCP so he or she is kept informed of your health history.

Look for your Explanation of Benefits (EOB). After your visit, a claim will be generated and sent to MVP for processing. Once the claim has been processed, you will receive an EOB.

The co-pay for **myVisitNow** will be the same as a sick visit to your Primary Care Physician (PCP). For example, if your PCP co-pay is $25, you will pay $25 per **myVisitNow** visit.

If you have a high-deductible health plan (HDHP), and have not yet met your annual deductible, you will be responsible for the following visit costs:

- **Urgent Care:** $44
- **Behavioral Health Therapy:** $80 for visit with Master's-level providers, and $95 for visit with Doctorate-level provider (costs may vary)
- **Psychiatry:** $175 for initial consultation; $80 for follow-up visits
- **Nutrition and Diet Consultations:** $45

  Note: Payment for the services above are applied toward the deductible.

Remember, **myVisitNow** is not meant to replace visits to your Primary Care Physician.

Trouble logging in or program questions?

Call **myVisitNow** Support at **1-855-666-9557**

Billing or claims questions?

Call the MVP Customer Care Center phone number on the back of your MVP Member ID card.

myVisitNow from MVP Health Care is powered by American Well. Regulatory restrictions may apply.

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.

myVisitNow℠ Fact Sheet

MVP Health Care® offers **myVisitNow**—24/7 online doctor visits—through American Well, a leading telehealth technology platform.

What does the service offer?

With this benefit, MVP members have access to health care professionals—including MDs, behavioral health specialists, dietitians, and lactation consultants—through a mobile device or computer and web cam from their home, or anywhere in the United States. There are two primary types of visits, urgent care and behavioral health, in addition to wellness services such as nutrition and lactation consultations. Members can access urgent care visits 24/7/365, and conveniently self-schedule appointments with behavioral health specialists, dietitians, and lactation consultants.

What would a member use the service for?

MVP members can use the benefit for non-emergency care, keeping in mind it's not intended to replace their Primary Care Physician (PCP) or other in-person provider visits. Most common urgent care and behavioral health diagnoses include: sinusitis, upper respiratory infections/flu, pharyngitis, urinary tract infection, bronchitis, conjunctivitis, cough, allergies, stress, mood disorders, insomnia, and eating disorders.

When would a member use the service?

myVisitNow should be used for non-emergency situations only and is especially beneficial for busy families, for those with limited mobility, those who live in remote or rural areas, and for patients who may be incapacitated for any number of reasons. **myVisitNow** will enable them all to access quality, affordable health care from the comfort of their home. In addition, members might consider using the benefit in situations such as these:

- When their doctor's office is closed.
- If they feel too sick to drive.
- If it's difficult for them to get a doctor's appointment.
- If they are on business travel and stuck in a hotel room.

What does it cost for a visit?

The cost for **myVisitNow** is per session and not based on the duration of the visit.

In general, the cost for members of fully insured plans, Medicare plans, and Essential Plans will follow the same cost share as a sick visit to a PCP.

For self-funded plan members, the cost will be customized by group.

Medicaid members will be able to access the benefit at no cost.

For members of fully insured plans, Essential Plans, and Medicaid plans, lactation consultations will be available at no cost.

For those plans where the myVisitNow benefit is subject to a deductible, the member's cost-share responsibility will be:

- Urgent Care Visit–$44; this is significantly less than what a member would typically pay at an urgent care facility!
- Behavioral Health Visit - $80 for visit with Masters-level providers, and $95 for visit with Doctorate-level provider (costs may vary).
- Nutrition & Diet Visit–$45
- Lactation Consultation–No cost!

Note: Payment for the services above are applied toward the deductible

How would a member access myVisitNow?

Members can go to **myvisitnow.com** or download the **myVisitNow mobile app** to register an account and have a visit.

For more information or to get started, go to **myvisitnow.com**

myVisitNow from MVP Health Care is powered by American Well. Regulatory restrictions may apply.

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MVPCOMM0094 (Revised 10/2017)

Now it really pays to get healthy.

MVP® HEALTH CARE

Up to $325 in MVP WellLife Rewards

MVP Health Care® is committed to keeping members on the path to better health. That's why our MVP Small Group Liberty plans include up to $325 in reimbursements and rewards.

Get Up to $125 in Reimbursements

We'll reimburse members up to $125 per contract, per calendar year, for gym and fitness club memberships, youth sports and fitness, tobacco cessation courses, massage therapy, or healthy weight support programs.

Earn Up to $200 More

Members can also earn up to $200 per contract, per calendar year, for completing a Personal Health Assessment (PHA), taking self-guided online health courses, and more.

Online Wellness Tools & Activities

Members can log in at **mvphealthcare.com** and from the *Manage Your Account* page click on *YOUR WELLNESS STARTS HERE*. They can then create a customized health scorecard and plan a health improvement strategy. Then, track their progress online. To help members on the road to better health, WellLife Rewards offers valuable health information and resources brought together in online classes to make it easy to focus on healthy goals in the areas of Healthy Living, Nutrition, Fitness, Weight Management, Quitting Tobacco, Stress, Sleep, Aging, Life Skills, Pain Management, and Chronic Conditions.

See reverse for details on how members can get paid for getting fit.

Have fun. Get fit. Get up to $325.

Get reimbursed for up to $125 in healthy activities.

Here are all the things that qualify:

- Fitness classes
- Gym memberships
- Race entry fees
- Personal trainers
- Weight loss camps
- Kids' (under age 19) fitness classes
- Sports camps
- Sports teams
- Swimming lessons
- Youth race entry fees
- Weight Watchers®
- Nutrisystem®
- Jenny Craig®
- Counseling with a registered dietician

NEW for 2017 – Get reimbursed for participating in tobacco cessation courses and massage therapy.

Earn up to $200 for completing health-related activities.

Earn credits for each of the following:

- Completion of a Personal Health Assessment (PHA)
- Submission of a validated Health Risk Screening Form (HRSF)
- Completion of recommended preventive health screenings
- Meeting recommended guidelines for good health on your HRSF (tobacco-free, BMI, blood pressure, cholesterol, etc.)
- Completion of self-guided online courses
- Signing up to receive a daily wellness Email

Questions

…about what qualifies for reimbursement should be directed to your MVP Representative, or members can call the MVP Customer Care number listed on the back of their MVP Member ID card.

MVP® HEALTH CARE

MVPCOMM0048 (09/2016)

Here's something to smile about.

NEW FOR 2018!

Pediatric dental benefits with all MVP Liberty plans.

All covered dependents, up to age 19, now have access to preventive, routine, and major services. Best of all, MVP members have the freedom to choose any dentist they want! They simply present their MVP Member ID Card when visiting any licensed provider.

Preventive Services	Routine Care	Major Services	Medically-necessary Orthodontia
$25 co-pay, No deductible*	**20% after deductible**	**50% after deductible†**	**50% after deductible†**

Learn more at **mvphealthcare.com**

Or call **1-800-TALK-MVP** (825-5687)

All dental coverage is subject to medical deductible and out-of-pocket maximum associated with the MVP Member's plan. Balance billing could apply for routine care, major services, and medically-necessary orthodontia services, depending on billed charges.

NOTE: MVP/Healthplex and Delta Dental standalone plans can be purchased alongside the Small Group Off-Exchange embedded pediatric benefit. For the purposes of coordination of benefits, the embedded pediatric benefit included in medical will be primary.

*Deductible still applies to HDHP plans. †Pre-authorization required.

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MVP® HEALTH CARE

Health Reimbursement Account

Plan Year: December 1, 2018 to November 30, 2019

How your health reimbursement account works:

1 Your employer deposits money Into your HRA.
$2,200 Single
$4,400 Family

- **HRA is prorated for mid-year enrollments**

2 **Always present your MVP ID card** when you visit the **Doctor or Pharmacy**.

3 **Medical Claims**

Your HRA includes an integrated reimbursement feature to automate payment of your medical claims. When you get care that is billed to MVP, payment will automatically be deducted from your HRA and sent to your provider on your behalf.

4 **Pharmacy Claims**

- HRA is designed to pay prescriptions that fall under your deductible with a Debit Card.
- Preventative drugs are not subject to the deductible; therefore they are not eligible to be paid from the HRA

Substantiation

Always keep your receipts. According to IRS guidelines, all transactions must be verified for coverage. If we cannot verify your transaction automatically, we may send you a substantiation letter requesting you provide a copy of your EOB plus an itemized receipt showing what you paid.

Run-Out Period

The MVP HRA has a 90 day run-out period from December 1, 2018 to February 28, 2019 for the previous HRA plan year (December 1, 2017 to November 30, 2018). If a claim comes in during the run out, MVP will pay it from the HRA in the same way that MVP does during the plan year. If the member paid out-of-pocket for a service, they will need to submit to the HRA for reimbursement. However, if it is discovered that the provider billed MVP and MVP also paid that provider from the HRA (in addition to the member paying the provider out-of-pocket), the member will need to go back to the provider to get a reimbursement.

Dental

The Delta Dental PPO Plan F dental plan, administered through CDPHP, allows you the freedom to see the dentist of your choice. Delta Dental makes its payments for both PPO and non-PPO dentists according to the Delta Dental PPO Maximum Allowable Charge (MAC). Delta Dental PPO participating dentists agree to accept MAC as payment in full after deductible and coinsurance. Delta Dental Premier dentists may charge the difference between the PPO MAC and the Delta Dental Premier Maximum Allowable Charge. Non-Delta PPO dentists may not accept MAC as payment in full and may balance bill without limit.

Plan Features	CDPHP Delta Dental	Non-Delta PPO Dentist (Delta Dental Premier and Non-Delta Dentists)
Deductible / Maximum Accumulation Period	Plan Year (12/1 – 11/30)	
Dependent Age Limit	Up to Age 26	
Network	Delta Dental PPO	Delta Dental Premier / N/A
Reimbursement Level	Delta Dental PPO MAC	Delta Dental PPO MAC
Annual Deductible (Individual / Family)	$50 / $150	
Deductible Waived For	Diagnostic & Preventive	
Preventive Care (Exam, Cleanings, etc.)	Covered 100%	
Basic Procedures (Fillings & posterior composites)	Covered 50%	
Major Procedures (Crowns, dentures, etc.)	Covered 50%	
Calendar Year Maximum Benefit	$1,500 per person each contract year	

Sample Claim Savings	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Delta Dental Dentist
Dentist bills for a Crown	$1,000	$1,000	$1,000
Dentist accepts as payment in full	$600 (PPO agreed upon fee)	$800 (Premier agreed upon fee)	$1,000 (no fee agreement with Delta)
Delta Dental payment at 50%	$300	$400	$400
Patient Responsibility	$300	$400	$600
Patient Savings off Charged Fee	**$400**	**$200**	**$0**

- If you visit an out-of-network provider, you are responsible for paying the deductible, coinsurance and the difference between what the provider charges and the Plan pays.
- Certain procedures may require a pre-treatment review.
- Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan.

This benefit summary provides selected highlights of the employee benefits program at HVEA, P.C. . It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment. All benefit plans are governed by master policies, contract and plan documents. Any discrepancies between any information through this summary and the actual items of such policies, contracts and plan documents shall be governed by master policies, contracts and plan documents. HVEA, P.C. reserves the right to amend, suspend or terminate any benefit plan, all or in part, at any time. The authority to make such changes rests with the Plan Administrator.

Davis Vision Direct

DAVIS VISION
EYECARE REFRAMED℠

Welcome to Davis Vision!

We are pleased to provide you with information on your vision benefit to help you care for your vision and eye health - a key part of overall health and wellness!

If you are not currently enrolled, please visit our member site at davisvision.com and enter client code 4937 or call 1.888-790-9910 to locate providers or for additional information.

Using your benefits is easy! Just log on to our Member site at davisvision.com and click "Find a Provider," or call us at 1.888.790.9910.

Make an appointment. Tell your provider you are a Davis Vision member with coverage through Davis Vision Direct. Provide your member ID number, name and date of birth, and do the same for your covered dependents seeking vision services. Your provider will take care of the rest!

Your Davis Vision Designer Plan Benefits

100% OF YOUR CALLS & CLAIMS ARE PROUDLY ADMINISTERED IN THE USA

Benefit	Frequency Once every -	In-network Copay	In-network Coverage
Eye Examination	12 months	$10	After copay, covered in full. *Includes dilation when professionally indicated.*
Spectacle Lenses	12 months	$25	After copay, clear glass or plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. (See below for additional lens options and coatings.)
Frame	24 months	$0	**Covered in Full Frames:** Any Fashion or Designer level frame from Davis Vision's Collection[/2] (retail value, up to $160). **OR, Frame Allowance:** $130 toward any frame from provider plus 20% off any balance.[/1] No copay required.
Contact Lens Evaluation, Fitting & Follow Up Care	12 months	$25	**Davis Vision Collection Contacts:** After copay, covered in full. **Standard, Soft Contacts:** After copay, covered in full. **Specialty Contacts[/3]:** $60 allowance less copay plus 15% off balance[/1].
Contact Lenses (in lieu of eyeglasses)	12 months	$0	**Covered in Full Contacts:** From Davis Vision's Collection[/2], up to: **Planned Replacement** Four boxes/multi-packs* **Disposable** Eight boxes/multi-packs* OR, Contact Lens Allowance: $130 allowance toward any contacts from provider's supply plus 15% off balance.[/1] No copay required. **OR, Medically Necessary Contacts**: Covered in full with prior approval. *Number of contact lens boxes may vary based on manufacturer's packaging.

Significant savings on optional frames, lens types and coatings! Member Price

Davis Vision Collection Frames: Premier	$25
Tinting of Plastic Lenses or Glass Grey #3 Lenses	$0
Oversize Lenses	$0
Scratch Resistant Coating	$0
Ultraviolet Coating	$12
Anti-Reflective Coating: Standard | Premium | Ultra	$35 | $48 | $60
Polycarbonate Lenses	$0[/4]-$30
High-index Lenses	$55
Progressive Lenses: Standard | Premium | Ultra	$50 | $90 | $140
Polarized Lenses	$75
Photochromic Lenses (i.e. Transitions®, etc.)[/5]: Plastic | Glass	$65 | $20
Intermediate Lenses	$30
Blended Segment Lenses	$20
Scratch Protection Plan: Single Vision Lenses | Multifocal Lenses	$20 | $40

[1/] Additional discounts not applicable at Walmart, Sam's Club or Costco locations.
[2/] The Davis Vision Collection is available at most participating independent provider locations.
[3/] Including, but not limited to toric, multifocal and gas permeable contact lenses.
[4/] For dependent children, monocular patients and patients with prescriptions of +/- 6.00 diopters or greater.
[5/] Transitions® is a registered trademark of Transitions Optical Inc.

Please note: Your provider reserves the right to not dispense materials until all applicable member costs, fees and copayments have been collected. Contact lenses: Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees are the responsibility of the member. If contact lenses are selected and fitted, they may not be exchanged for eyeglasses. Progressive lenses: If you are unable to adapt to progressive addition lenses you have purchased, conventional bifocals will be supplied at no additional cost; however, your copayment is nonrefundable. May not be combined with other discounts or offers.

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Basic Life / AD&D

Plan Features	Employee Only
Eligibility	All eligible employees working 30 or more hours per week
Employee Contribution	None – 100% employer paid
Benefit Plan & Features	
Life Benefit	Flat $50,000
Accelerated Death Benefit	50% up to $50,000
Additional Features	
Portability/Conversion	Included
Waiver of Premium	If disabled before age 60, insurance will continue until age 65 or no longer disabled
Age Benefit Reductions	
At age 65	35%
At age 70	50%
At Retirement	Benefit Terminate

Short Term Disability

Plan Features	Employee Only
Weekly Benefit	60% of weekly earnings to a maximum weekly benefit of $1,000
Benefits Begin Accident/Sickness	15th day of Accident; 15th day for Sickness
Duration of Benefits	11 weeks
Partial Disability	Included

Long Term Disability

Plan Features	Employee Only
Monthly Benefits	60% of weekly earnings to a maximum weekly benefit of $6,000
Elimination Period	90 Days
Duration of Benefits	Social Security normal retirement age
Partial Disability	Included
Definition of Disability	24 Month Own Occupation/Any Occupation thereafter
Pre-Existing Conditions	3 months prior, 12 months after Limitation, Continuity of Coverage

Voluntary Term Life

Plan Features	Employee	Spouse	Dependent Children
Benefit Increments	$10,000	$5,000	$5,000
Maximum Benefit	$300,00 or 5x salary whichever is less	$150,000 not to exceed 50% of employee benefit	$10,000 not to exceed 50% of employee benefit
Guaranteed Issue	$100,000	$30,000	$10,000
Accelerated Death Benefit	Included	N/A	N/A
Conversion/Portability	Included		
At Retirement	Benefits Terminate		

• Guarantee Issue on voluntary life & AD&D amounts apply if you elect coverage within 30 days of your initial eligibility date. After 30 days of initial eligibility you must provide Evidence of Insurability. Evidence of Insurability will be required for any future benefit increases.
• All unmarried dependent children in family unit are covered to from 145 days to age 29.
• Eligible children under the age of 14 days are not eligible

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Voluntary Benefits

In case of an accident or illness, Aflac Insurance policies pay cash benefits directly to you, unless assigned, regardless of any other insurance you may have. Use the cash benefits for such expenses as: Deductibles, co-payments, out-of-network charges and any other expenses not picked up by your major medical coverage.

Travel related expenses for treatment in distant medical centers, including airfare, hotels and meals. Everyday living expenses like house (or rent) payments, groceries and utility bills. Lost income, resulting in a "double whammy" if the healthy spouse has to leave work to care for the recuperating one.

Current Policy Holders Please Note: Aflac upgrades its policies from time-to-time. If you currently have coverage, you are encouraged to meet with or call the representative to discuss your personal plans. Upgraded policies are not automatic and require an application/premium deduction change.

Accident Advantage

Provides cash benefits in the event of an accident. Helps with expenses associated with unexpected injuries and throughout recovery.

- Specific Sum Injury Benefits
- Home Modification Benefits
- Emergency Treatment Benefit
- Hospital Confinement Benefits
- Rehabilitation Unit Benefits
- Follow-Up Treatment Benefits
- Physical Therapy Benefits
- X-Ray / Diagnostic Imaging Benefits
- Transportation, Lodging and Ambulance
- Optional Accidental Death & Dismemberment

Cancer Care with Optional Heart Attack and Stroke Rider

Helps protect your income and savings by providing critical cash benefits to care for yourself or a loved one throughout all phases of cancer diagnosis and treatment.

- Initial Diagnosis Benefit
- Chemotherapy and Radiation Benefits
- Hospital Confinement / Surgical Benefits
- Experimental Treatment Benefits
- Transportation, Lodging and Ambulance
- Wellness Benefit Paid Yearly
- Optional coverage for heart attack, stroke, end-stage renal failure and cardiac arrest

Open an account with as little as $15 through a payroll deduction.

Get federal and state tax benefits.*

Select from an array of investment options.

Take advantage of low costs.

Use your savings for 2- or 4-year colleges, vocational/technical schools, or graduate schools.

NY's 529 College Savings Program

New York's 529 *Direct Plan*

Andrew M. Cuomo, Governor
Thomas P. DiNapoli, State Comptroller

800-420-8580
ny529atwork.org

facebook.com/ny529direct
twitter.com/ny529direct
youtube.com/ny529direct

*Tax and other benefits are contingent on meeting other requirements and certain withdrawals are subject to federal, state, and local taxes.

Important legal information

Investment returns are not guaranteed, and you could lose money by investing in the plan.

A plan of regular investment cannot ensure a profit or protect against a loss.

Before you invest, consider whether your or the designated beneficiary's home state offers any state tax or other benefits that are only available for investments in that state's qualified tuition program.

For more information about New York's 529 College Savings Program *Direct Plan*, obtain a Disclosure Booklet and Tuition Savings Agreement by visiting ny529atwork.org or by calling 800-420-8580. This includes investment objectives, risks, charges, expenses, and other information. You should read and consider them carefully before investing.

The Comptroller of the State of New York and the New York State Higher Education Services Corporation are the Program Administrators and are responsible for implementing and administering the *Direct Plan*. Ascensus Broker Dealer Services, Inc., serves as Program Manager and, in connection with its affiliates, provides recordkeeping and administrative support services and is responsible for day-to-day operations of the *Direct Plan*. The Vanguard Group, Inc., serves as the Investment Manager. Vanguard Marketing Corporation markets, distributes, and underwrites the *Direct Plan*.

No guarantee: None of the State of New York, its agencies, the Federal Deposit Insurance Corporation (FDIC), The Vanguard Group, Inc., Ascensus Broker Dealer Services, Inc., nor any of their applicable affiliates insures accounts or guarantees the principal deposited therein or any investment returns on any account or investment portfolio.

New York's 529 College Savings Program currently includes two separate 529 plans. The *Direct Plan* is sold directly by the Program. You may also participate in the *Advisor Plan*, which is sold exclusively through financial advisors and has different investment options and higher fees and expenses as well as financial advisor compensation.

LifeLock®

Enroll in LifeLock Identity Theft Protection

WHAT IS IDENTITY THEFT

Thieves pretend to be you to take over or open new accounts, file fake tax returns, rent or buy properties, or do other criminal things in your name.

HOW LIFELOCK WORKS

LifeLock protection alerts you to suspicious activity† and helps fix ID theft issues with dedicated US-based specialists. We'll spend up to $1M to help make things right.‡

WHY LIFELOCK

Free credit monitoring services alone aren't enough. DIY identity monitoring isn't realistic. Your bank only monitors transactions on existing accounts. These are just a few reasons to choose LifeLock Identity Theft Protection.

QUESTIONS TO CONSIDER

- **Do I really need to worry about identity theft?**
  Yes. Identity theft is America's fastest growing crime.[1] Simply put, it's when someone uses your personal information for their gain and your loss.

- **Why is restoring my identity so difficult?**
  Proving that 'you are you' can be time-consuming and expensive. Filing paperwork, disputes, and insurance claims can take weeks, months and even years. LifeLock's team of specialists will work with you to help clear your name, retain lawyers and other experts if needed, and pay court fees.

- **Doesn't my bank's credit card service have me covered?**
  Your bank monitors transactions on your existing account. They may not see accounts opened using your identity at another bank – or an application for a student loan, welfare check, or cellular plan in another state either.

- **Can't I just wait for identity theft before getting LifeLock® protection?**
  Your identity is exposed every day, If your personal information is stolen, it may show up on the dark web months before you're notified of a data breach. Plus, thieves may wait years before using your personal info.

When a threat is detected, LifeLock notifies members by phone, text or email.§

No one can prevent all identity theft.

† LifeLock does not monitor all transactions at all businesses.

§ Fastest alerts require member's current email address. Phone alerts made during normal local business hours.

Whitehouse.gov, (2016), 'FACT SHEET: Cybersecurity National Action Plan', (accessed March 29, 2016)

See reverse for more information and rates.

MPA0437

LifeLock®

The relevant, voluntary benefit

CHOOSE THE LIFELOCK SERVICE THAT'S RIGHT FOR YOU.

LIFELOCK BENEFIT ELITE (only available as a payroll deducted employee benefit) includes searching hundreds of millions of transactions per second for potential threats to your identity and to financial assets – your 401(k) and investment accounts.†

Also includes scanning for misuse of your Social Security number, change of address and court records scanning for use of your identity to commit crimes.

LIFELOCK ULTIMATE PLUS™ service provides some peace of mind knowing you have LifeLock's most comprehensive identity theft protection available. Enhanced services include bank account application and takeover alerts, online credit reports and credit scores.†

LIFELOCK JUNIOR® (if dependents under age 18 are enrolled) protection helps safeguard your child's Social Security number and good name with proactive identity theft protection designed specifically for children.††

SERVICE PLAN OPTIONS* - 52 DEDUCTIONS	LifeLock Benefit Elite	LifeLock Ultimate Plus™
Employee Only [18 and over]	$1.96	$5.88
Employee + Spouse/Domestic Partner	$3.92	$11.76
Employee + Children**	$3.43	$8.33
Employee + Family**	$5.39	$14.22

SERVICE FEATURES	LifeLock Benefit Elite	LifeLock Ultimate Plus™
LifeLock Identity Alert® System†	✓	✓
Lost Wallet Protection	✓	✓
Address Change Verification	✓	✓
Black Market Website Surveillance	✓	✓
LifeLock Privacy Monitor™ Tool	✓ *	✓
Reduced Pre-Approved Credit Card Offers	✓	✓
Live Member Service Support	✓	✓
Identity Restoration Support	✓	✓
Fictitious Identity Monitoring	✓	✓
Court Records Scanning	✓	✓
Data Breach Notifications	✓	✓
Investment Account Activity Alerts†	✓	✓
$1 Million Service Guarantee‡	✓	✓
Credit Card, Checking & Savings with Account Activity Alerts†	✓ *	✓
Stolen Fund Reimbursement‡	Up to $1 Million*	Up to $1 Million
Online Annual Credit Report		✓
Online Annual Credit Score		✓
Checking and Savings Account Application Alerts†		✓
Bank Account Takeover Alerts†		✓
Credit Inquiry Alerts†		✓
Online Annual Tri-Bureau Credit Reports & Scores		✓
Monthly Credit Score Tracking		✓
File-Sharing Network Searches		✓
Sex Offender Registry Reports		✓
Priority Live Member Service Support		✓

* Feature effective January 1, 2017.

No one can prevent all identity theft. †LifeLock does not monitor all transactions at all businesses.
**Children under the age of 18 will receive a product designed specifically for minors, LifeLock Junior service. Enrollment in LifeLock service is limited to employees and their eligible dependents.
†† LifeLock Junior® membership is available as an added membership to an adult LifeLock plan.
‡ Stolen Funds Reimbursement and Service Guarantee benefits for State of New York members are provided under a Master Insurance Policy issued by State National Insurance Company. Benefits for all other members are provided under a Master Insurance Policy underwritten by United Specialty Insurance Company. Under the Service Guarantee LifeLock will spend up to $1 million to hire experts to help your recovery. Under the Stolen Funds Reimbursement, LifeLock will reimburse stolen funds up to $100,000 for Benefit Elite membership (up to $1 million for Benefit Elite membership effective January 1, 2017), and up to $1 million for Ultimate Plus membership. Please see the policy for terms, conditions and exclusions at LifeLock.com/legal.

Resources

Before Enrolling, be sure to:

- **Consider your options.** Make sure you get the coverage that best suits your needs. Discuss with your spouse, partner or other family members to consider all sources of benefits coverage.
- Our insurance carriers offer a number of tools and resources available through their web sites that can help support your decision making process. You can reach the carriers at:

MVP	www.mvphealthcare.com	(888) 687-6277
MVP WealthCare (HRA)	www.mywealthcare.com/MVPhealthcare	(888) 222-9931
Delta Dental of New York	www.deltadentalins.com	(800) 932-0783
Davis Vision	www.davisvision.com	(800) 999-5431
Anthem	www.anthem.com	(866) 551-0326
Aflac	www.aflac.com	Deana Brennan Aflac Representative (845) 351-0080 ext.100 deana_brennan@us.aflac.com

Keep this guide handy - refer to the information in this guide to help you make wise benefit choices.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

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

What is the Health Insurance Marketplace?

The Marketplace is designed to find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2018 for coverage starting as early as January 1, 2019.

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

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

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

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

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.
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% of such costs.

How Can I Get More Information?

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

Cathy Schatz
Hudson Valley Engineering Associates, P.C.
560 Route 52, Ste. 201
Beacon, NY 12508
(845) 414-9300 ext. 316
cschatz@hveapc.com

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.

[1] 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% of such costs.

General Group Health Plan Notices

Patient Protection Disclosure Notice

If your health plan generally allows the designation of a primary care provider, you have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from your health insurance carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in your network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

The Women's Health and Cancer Rights Act of 1998

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prosthesis and complications resulting from a mastectomy, including lymph edema? Contact your employer for more information.

The Women's Health and Cancer Rights Act (WHCRA), signed into law on October 21, 1998, contains protections for patients who select breast reconstruction in connection with a mastectomy. Plans offering coverage for a mastectomy must also cover reconstructive surgery and other benefits related to a mastectomy.

Women's Health and Cancer Rights Act (WHCRA):

- Applies to group health plans for plan years starting on or after October 21, 1998.
- Applies to group health plans, health insurance companies or HMOs, if the plan or coverage provides medical and surgical benefits with respect to mastectomy.
- Requires coverage for reconstructive surgery in a manner determined in consultation with the attending physician and the patient.

Under WHCRA, mastectomy benefits must include coverage 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;
- Prosthesis and treatment of physical complications of the mastectomy, including lymph edema;

Under WHCRA mastectomy benefits may be subject to annual deductibles and coinsurance consistent with those established for other benefits under the plan or coverage. Therefore, the following **in-network** copays, deductibles and coinsurance apply:

Benefit	MVP Liberty HDHP Silver 3
Deductible	$2,200 / $4,400
PCP Office Visit	$25 Copay after Deductible
Specialist Office Visit	$50 Copay after Deductible
Inpatient Hospital Admissions	$500 Copay after Deductible
Emergency Room	$300 Copay after Deductible

The law also contains prohibitions against:

- Plans and issuers denying patients eligibility or continued eligibility to enroll or renew coverage under the plans to avoid the requirements of WHCRA.
- Plans and issuers providing incentives to, or penalizing, physicians to induce them to provide care in a manner inconsistent with the WHCRA.

If you would like more information on WHCRA benefits, call your plan administrator.

Newborns' and Mothers' Health Protection Act

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

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependent(s), including your spouse, because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependent(s) in this plan if you or your dependent(s) lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependent's other coverage). However, you must request enrollment within "30 days" after your or your dependent's other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, this special enrollment opportunity will not be available when other coverage ends unless you provide a written statement now explaining the reason that you are declining coverage for yourself or your dependent(s). Failing to accurately complete and return this form for each person for whom you are declining coverage will eliminate this special enrollment opportunity for the person(s) for whom a statement is not completed, even if other coverage is currently in effect and is later lost. In addition, unless you indicate in the statement that you are declining coverage because other coverage is in effect, you will not have this special enrollment opportunity for the person(s) covered by the statement. (See the paragraph below, however, regarding enrollment in the event of marriage, birth, adoption or placement for adoption.)

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

A special enrollment opportunity may be available in the future if you or your dependent(s) lose other coverage. This special enrollment opportunity will not be available when other coverage ends, however, unless you provide a written statement now explaining the reason that you are declining coverage for yourself or your dependent(s). Failing to accurately complete and return this form for each person for whom you are declining coverage will eliminate this special enrollment opportunity for the person(s) for whom a statement is not completed, even if other coverage is currently in effect and is later lost. In addition, unless you indicate in the statement that you are declining coverage because other coverage is in effect, you will not have this special enrollment opportunity for the person(s) covered by the statement. (See the paragraph above, however, regarding enrollment in the event of marriage, birth, adoption or placement for adoption.)

Effective April 1, 2009 special enrollment rights also exist in the following circumstances:

- If you or your dependent(s) experience a loss of eligibility for Medicaid or your State Children's Health Insurance Program (SCHIP) coverage; or
- If you or your dependent(s) become eligible for premium assistance under an optional state Medicaid or SCHIP program that would pay the employee's portion of the health insurance premium.

Note: In the two above listed circumstances only, you or your dependent(s) will have sixty (60) days to request special enrollment in the group health plan coverage. An individual must request this special enrollment within sixty (60) days of the loss of coverage described at bullet one, and within sixty (60) days of when eligibility is determined as described at bullet two.
To request special enrollment or obtain more information, contact your HR representative.

Cathy Schatz
Hudson Valley Engineering Associates, P.C.
560 Route 52, Ste. 201
Beacon, NY 12508
(845) 414-9300 ext. 316
cschatz@hveapc.com

Important Notice About
Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with your employer 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.

A plan's prescription drug coverage is considered creditable coverage if the amount the plan expects to pay on average for prescription drugs for individuals covered by the plan is the same or more than what standard Medicare prescription drug coverage would be expected to pay on average.

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. Your Employer has determined that the prescription drug coverage they offer 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 Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with your employer 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 Marshall & Sterling at (866) 573-4768.

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 includes states that currently offer a premium assistance program in the Tri-State region only. Contact your State for more information on eligibility.

NEW JERSEY – Medicaid and CHIP	NEW YORK - Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831

To see if any other states offer a premium assistance program, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-44-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

Notes

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