

Table of Contents

▪ Welcome	4
▪ iNavigator Enrollment Portal	5
▪ Eligibility & Enrollments	6
▪ Medical	7
▪ Pediatric Dental	8
▪ Embedded VS Aggregate	9
▪ Health Reimbursement Arrangement (HRA)	10
▪ Dependent Care / Flexible Spending Account Overview	11
▪ GIA Telemedicine	12-13
▪ Wellness Program	14-15
▪ MVP Mobile App	16-17
▪ Preferred Provider Facilities	18-19
▪ Preventative Drug List	20-22
▪ Dental	23-24
▪ Vision	25
▪ Employer Paid Life/AD&D, Voluntary Life/AD&D, STD and LTD	26
▪ Aflac Voluntary Benefits	27
▪ NY's 529 College Savings Program	28
▪ LifeLock	29-30
▪ Personal Insurance Solutions	31
▪ Resources	32
▪ Health Insurance Marketplace	33
▪ General Notices	34-35
▪ CHIP Notice	36
▪ Creditable Coverage	37
▪ Notes	38-39

Please Note: This enrollment guide is a summary of the benefits provided to benefit eligible employees. Hudson Valley Engineering Associates, P.C. 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, Suite 201
Beacon, NY 12508
Phone: (845) 838-3600
Fax: (845) 838-5311
www.hveapc.com

Dear Employee:

Welcome to our December 2021 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 plan documents, 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.

Sincerely,

Cathy Schatz

Human Resources Manager

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://marshallsterling.employeenavigator.com>
- **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.

Create Your Account

First, let's find your company record

First Name

Last Name


Company Identifier
(Required - 6-10)
hveapc

PIN
(Last 4 Digits of SSN - 4)

Birth Date
(Month/Day/Year)

Next >

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.



Eligibility & Enrollments

Eligibility

Employees who are regularly scheduled to work at least 30 hours a week are eligible to participate in the Hudson Valley Engineering Associates P.C. Benefits Program. If you enroll in coverage, you may also enroll your “eligible dependents” into the following plans: Medical, Dental, Vision, Voluntary Life and AFLAC.

Additionally, Variable Part Time employee’s who meet the full time definition defined by the Affordable Care Act (ACA), are eligible to participate in the medical plan(s). If eligible, you may also enroll your “eligible dependents” into a medical plan. Your “eligible dependents” include:

Eligible Dependents:

Same or opposite sex spouse or domestic partner

Unmarried/married dependent children (not their spouse or dependents) to their 26th birthday

Unmarried/married dependent children (not their spouse or dependents) of any age who are physically or mentally disabled

Unmarried dependent children to their 26th birthday for life insurance

Termination of Benefits Coverage

Your benefits coverage ends as follows:

Medical, Vision, Employer Paid Life/AD&D, LTD, STD & Voluntary Life benefits terminate on the last day of employment.

Metlife Dental will terminate at the end of the month of your termination date.

Medicare Eligible

If you are actively working and you or your spouse is eligible for Medicare benefits, please see the outline below:

Information based off of employee count over 20 and under 100

Medicare Eligibility Reason	Primary Payor	Secondary Payor
Over 65 years of age	Group Health Plan	Medicare
Due to disability	Medicare	Group Health Plan

New Hires

New hires and newly eligible employees may enroll in the Health and Welfare plans when they first Hudson Valley Engineering Associates P.C.. New hires must elect benefits within 31 days of their date of hire; otherwise, they will have to wait until the next Open Enrollment period to elect benefits.

The following provides an overview of benefit election requirements and effective dates.

Benefit	Action Required	Benefit Effective Date
Medical, Dental, Employer Paid Life/AD&D, LTD, STD & Voluntary Life.	Associate must actively elect these benefits	Date of Hire
Vision	Associate must actively elect these benefits	1 st of the month following DOH

Medical



The EPO (Exclusive Provider Organization) medical plans, through the MVP Healthcare network, 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. **It is the member's responsibility to confirm that the providers and specialists they are seeing participate in the network.**

Plan Features	Silver 3 EPO
	In-Network Only
Deductible / Maximum Period	Plan Year (December 1 – November 30)
Deductibles (Indiv / Family)	\$2,200 / \$4,400
Deductible Type	Aggregate
Out-of-Pocket Max (Indiv / Family)	\$5,200 / \$10,400
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 Lab	PCP: \$25 Copay after Deductible Spec: \$50 Copay after Deductible
X-Rays	PCP: \$25 Copay after Deductible Spec: \$50 Copay after Deductible
Advanced Imaging	\$150 Copay after Deductible
Prenatal Office Visit	Covered in Full
Delivery (Maternity)	\$100 Copay after Deductible
Inpatient Services (Maternity)	\$500 Copay after Deductible
Hospital Outpatient Services	\$200 Copay after Deductible
Hospital Inpatient Services	\$500 Copay after Deductible
Mental Health Outpatient Services	\$25 Copay after Deductible
Emergency Room	\$300 Copay after Deductible
Ambulance	\$300 Copay after Deductible
Urgent Care	\$50 Copay after Deductible
Retail Pharmacy / RX (30 Day Supply)	\$15 / \$40 / \$60 after Deductible
Mail-Order Pharmacy / RX (90 Day Supply)	37.50 / \$100/ \$150 after Deductible
Preventative Drugs	Deductible Waived

Here's something to smile about.

Pediatric dental benefits are included with all MVP New York Small Group 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

**\$25 co-pay,
No deductible***

Routine Care

**20%
after deductible**

Major Services

**50%
after deductible†**

Medically-necessary Orthodontia

**50%
after deductible†**



Learn more at mvphealthcare.com



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

All dental coverage is subject to the medical deductible and out-of-pocket maximum associated with the MVP Member's plan.

NOTE: MVP/Healthplex and Delta Dental standalone plans can be purchased alongside the Small Group embedded pediatric benefit.

For the purposes of coordination of benefits, the embedded pediatric benefit included in medical will be primary. The embedded pediatric dental benefit does not apply to Healthy New York plans.

*Deductible still applies to HDHP plans.

†Pre-authorization required.

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.

MVPCOMM0143 (Revised 08/2018) ©2018 MVP Health Care, Inc.



Embedded vs. Aggregate (non-embedded)

Aggregate (Non-Embedded)

(Family does not meet deductible)



**Gomez Family:
\$6,000 deductible**

Medical bills this year:

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

Embedded

(Anna Meets her deductible)



**Marshall
& Sterling**
GROUP BENEFITS

Find more resources online!

www.marshallsterling.com/group-benefits

866-573-4768

Health Reimbursement Account

Plan Year: December 1, 2021 to November 30, 2022



HOW your health reimbursement account works:

- 1** Your employer deposits money into your HRA.
\$2,200 Single
\$4,400 Family



- **Funding for New Hires will be pro-rated**

- 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 **are subject to the deductible** and can be paid for with your 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, 2021 to February 29, 2022 for the previous HRA plan year (December 1, 2020 to November 30, 2021). 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.



Dependent Care Flexible Spending Account Overview for MVP Health Care® Members

A Dependent Care Flexible Spending Account (FSA) allows you to save money by making pre-tax deductions directly from your paycheck to cover dependent care expenses.

You may choose to contribute up to the maximum amount of \$5,000 annually, or \$2,500 if married and filing separately.

You should be aware that under federal tax law, you may be able to claim a Child Care Credit on your taxes for certain eligible expenses. You may not use the same expenses under an FSA in order to claim this credit. Each dollar used under the Dependent Care FSA will reduce the amount available for your use under the Child Care Credit or the Dependent Care FSA. Consult with your tax preparation professional for more information.

****Please note for the 2021 Plan year the DCA Maximum election amount can be \$10,500.**

Eligible Dependent Care Expenses

Eligible expenses under the Dependent Care FSA will include expenses you incur for qualifying dependents for the following types of care:

- Preschools, nursery schools, or daycare centers
- Daycare for dependent children 12 years of age and under, either in or outside of your home
- Non-educational programs for children 12 years of age and under while school is in session (such as after school programs, summer recreational programs, and day camps)
- Non-medical home care for mentally or physically disabled dependents who live with you

These expenses are only reimbursable if they allow you and your spouse to be employed, or for one spouse to be employed while the other is enrolled as a full-time student.

? Questions? We're here to help!

Call the MVP Flexible Benefits Department at **1-888-222-9931**
Or visit mvphealthcare.com

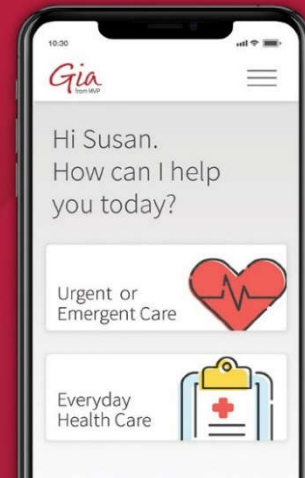
Flexible Spending Account administration is provided by MVP Select Care, Inc. The information contained in this document is not a substitute for advice from a tax professional or an attorney. Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.

MVPCOMM0154 (Revised 10/2018) ©2018 MVP Health Care, Inc.

Get the right care, right away.

Start with

GiaSM



Chronic issues, sudden symptoms, accidents or anxiety, questions and concerns...we all need care from time to time. But where should you turn first? **Start with Gia! Exclusively from MVP Health Care.[®]**

Gia is your ultimate health care connection.

Available 24/7 by phone, web, or mobile app, Gia expertly assesses your health needs and quickly refers you to the right care.

Save time.

Why spend weeks waiting for an appointment or hours at the ER or urgent care? Get instant advice from a medical professional about your health care concern, from home or anywhere.

Save money.

Get referred to the right care—MVP's FREE telemedicine services or, when necessary, in-person care from nearby doctors, specialists, labs, pharmacies, and more. Even better, Gia is free and included with most MVP plans.

Access FREE telemedicine services.

Gia is your connection to MVP's FREE telemedicine services, including:

- 24/7 Emergency Care
- 24/7 Urgent Care
- Mental Health and Psychiatry
- Primary Care
- Lactation Consultants
- Nutritionists and Dieticians
- And more

It's just one more way that MVP is making health insurance more convenient, more supportive, and more personal!

1-800-TALK MVP (825-5687)

*Co-pays/cost shares apply per plan details.

Telemedicine services from MVP Health Care are powered by Amwell and UCM Digital Health. Regulatory restrictions may apply.

Free telemedicine services are available for all MVP members, except those with Medicare MSA, Child Health Plus, and ASO plans.

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.

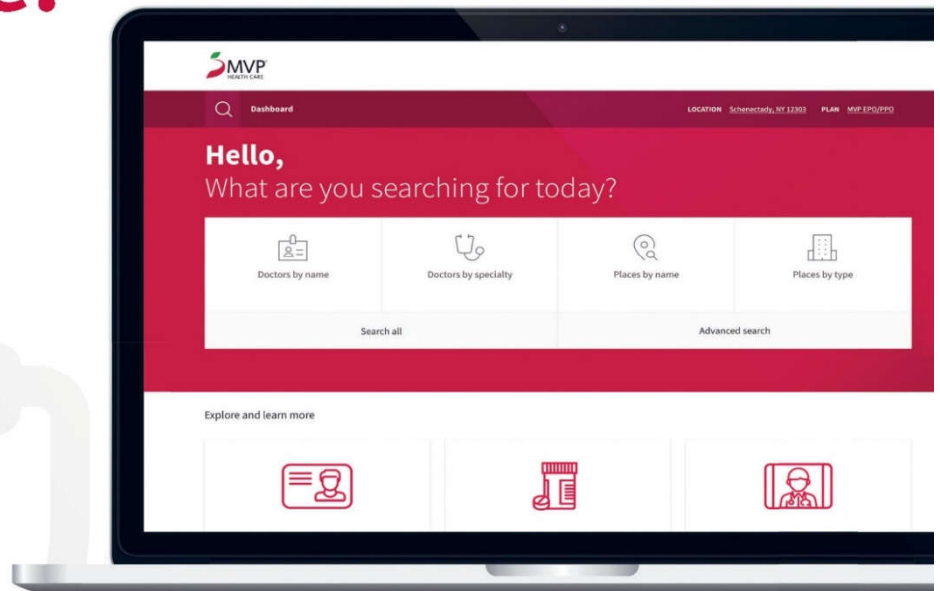
©2020 MVP Health Care





Find a doctor online, anytime.

MVP Health Care® makes it easier than ever to find in-network providers based on your MVP plan. With just a few clicks, you can find providers and specialists near you, view provider profiles, find a lab, or locate the nearest participating urgent care center.



Begin your search.

Visit mvphealthcare.com/findadoctor and choose how to begin your search. Simply *Sign In* to your online account or enter your MVP Member ID number to get the most accurate list of providers. If you don't know your Member ID number, select *Find a Doctor* and enter your location and plan type.

Choose how you search.

Search by a doctor's name or specialty, or the place name or type. Start entering your search text and the results will begin to populate.

Compare providers.

Based on your preferences, you can filter and compare providers by how far they are from your home, whether they are accepting new patients, which languages they speak, and more. When your search is complete, you can download or print a directory of your custom results.

Questions? We're here to help.

Visit mvphealthcare.com/findadoctor to view resources, like an instructional video or frequently asked questions. Or, call **1-800-TALK-MVP** (825-5687).

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.

MVPCOMM00166 (04/2020) ©2020 MVP Health Care



Earn up to \$600 with WellBeing Rewards.

MVP Health Care® is committed to helping our members become healthier in all aspects of life by providing even more ways to earn rewards and get reimbursed.

Get rewarded for making healthy choices!

Earn up to \$200 by completing any of the activities listed below. Each point earned is equal to \$1.


Point-Earning Activities and Maximum Points	
Personal Health Assessment <i>(Required)</i>	50
myVisitNow® Registration <i>(One-time points earning activity)</i>	25
Biometric Screening or Health Risk Screening	100
Email/Text Sign-Up	10
ASH Connected!™ Activity Tracking	200
225,000 Steps/Movement Merits per Month	50
175,000 Steps/Movement Merits per Month	35
100,000 Steps/Movement Merits per Month	25
Online Classes (10 points per class; maximum of five)	50
Quarterly Well-Being Challenges (25 points per quarter)	100
Online Attestations (50 points for a Preventive Screening attestation; all others are 10 points each)	100

Earn an additional \$200 with Connected! activity tracking.

Take your activity to the next level! Each quarter, track at least 750,000 steps/Movement Merits to earn an additional \$50. Reach the goal every quarter to earn the full \$200.

Receive up to \$200 in reimbursements.

MVP will reimburse members for expenses associated with activities, tools, and apps that enhance their well-being.

See reverse side for more information about online tools. 



Receive up to \$600 per contract, per calendar year. The subscriber of the health plan must redeem all points by December 31 or they will be forfeited for that calendar year. \$600 WellBeing Rewards is not available on Vermont Individual Standard plans, Vermont Small Group Standard plans, or New York Essential plans.

myVisitNow is a covered benefit on all fully insured plans and select self-funded plans.

MVPCOMM0171 (07/2019) ©2019 MVP Health Care.

Online tools that help you stay on track and earn rewards.

Know Your Numbers

Complete the online *Personal Health Assessment (PHA)*, a survey that helps you identify potential health risks to create a healthier lifestyle.

Get Connected!®

Sync your account to a variety of popular, wearable fitness devices and apps to track your activity online, anytime.* The more active you are, the more rewards you can earn! One step is equal to one Movement Merit. Earn 5,000 Movement Merits for every 30 minutes of activity (like biking, swimming, walking) and 10,000 Movement Merits for every workout tracked at a fitness center.

ASHConnect™

Track your physical activity and earn points by logging workout sessions at more than 41,000 fitness centers and select YMCA locations nationwide. To participate, you will need to download the **ASHConnect App** from the App Store® or Google Play™.

MSG&DATA rates may apply.

Challenge Yourself

Compete in quarterly well-being challenges.

Document Your Progress

Show that you are taking steps toward improving your overall well-being by completing the online *WellBeing Rewards Attestations*.

Be Prepared with myVisitNow®

Register for **myVisitNow** online doctor visits and be prepared for when you may need care. Please note that these points may take up to four weeks to process—make sure you register by **December 1**. Sign Up at myvisitnow.com.



Get Started!

Sign In at mvphealthcare.com and select *Your Wellness Starts Here*.



*The Healthyroads® program and MVP do not cover the cost of wearable fitness devices/apps. The Healthyroads program is provided by American Specialty Health Management, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Healthyroads Connected! and ASHConnect are registered trademarks of ASH and used with permission herein. Other names and logos may be trademarks of their respective owners.

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

Healthyroads, a well-being program operated by American Specialty Health Management, Inc., (ASH Management), may use and/or provide your plan sponsor, or other entities that have contracted with your plan sponsor to administer your plan, with information (such as program activity points) involving your participation in our programs so that your plan sponsor or its contracted entity can administer the applicable incentive program. ASH Management may also use personal information obtained from your participation in our programs to provide you with other Healthyroads services on behalf of your plan sponsor. By participating in this program, you acknowledge that ASH Management may use and/or provide this information as stated above. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact your plan sponsor and they will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status. Incentives may be taxable income that you are responsible to report.

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.



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), Health Reimbursement Arrangement (HRA), and/or Health Savings Account (HSA) 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 Member 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.

See the **myHealthSpend** app user guide  on the reverse side

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 countries.
MVPCOMM0141 (Revised 10/2018) ©2018 MVP Health Care, Inc.

myHealthSpend

Mobile App User Guide

Getting Started

Your login credentials for the WealthCare Portal and **myHealthSpend** are the same. After downloading the application, the login screen will provide two options:

- **If you already have a user ID** on the WealthCare Portal or **myHealthSpend**, you can enter it and select *Sign In*. You may be asked some security questions, and then be prompted to enter your password.
- **If this is your first time logging in** to both the WealthCare Portal and **myHealthSpend**, you will need to register before you can access the application.

Register

- **Complete the registration form.** You will need to select a username, and create and confirm a password. You will need your employee ID and employer ID to register (note: If you have already registered on the WealthCare Portal, you will use the same login credentials to access **myHealthSpend**). To obtain your employee ID and employer ID, contact the MVP Flexible Benefits Department at **1-888-222-9931**. You can also register by using the number on your MVP CareFund Debit Card, instead of the employer ID, if available.
- Next, you will choose a picture and passphrase, then select and answer four security questions, before completing your registration. These are the same steps that are required when registering on the WealthCare Portal.

Main Navigation Screen Overview

Once you are registered and/or signed in, you will see the main navigation screen, with buttons leading to all areas of the application.

- **Accounts**—View your benefit accounts and transaction details. Select any benefit account from the accounts screen, and you will be given the option to access account details and transactions for that account.
- **Claims**—The claims screen allows you to submit new claims, as well as view and edit pending claims. If you have a receipt to substantiate your claim, you will be able to take a photo of it with your mobile device and attach it to a pending claim.
- **My Expenses**—See a list of your expenses and request reimbursement for them.
- **Cards**—View card details, access your PIN, and mark your card as lost or stolen.
- **Alerts**—Access important messages from your administrator.
- **Profile**—View personal demographic information for yourself and your dependents.
- **Contact Us**—View contact information for the administrator of your employer's benefit accounts.
- **Log Out**—Sign out of the application.

These same screens can be easily accessed at any time by selecting the three horizontal lines menu symbol found in the upper right corner of every page in the application.

Questions?

Use MVP's Spending Account Resources!

For questions regarding your HRA and/or FSA, contact the MVP Spending Accounts Team at **1-888-222-9331**.

For questions regarding your HSA, contact the MVP Customer Care Center at **1-888-MVP-MBRS (687-6277)**.



Lower your health care costs with preferred provider facilities.






MVP Health Care® preferred provider facilities give you lower-cost options for laboratory, radiology, and ambulatory/outpatient surgery services—without compromising quality.

Pay as little as \$0!

If your plan is not subject to an annual deductible, medically necessary services are covered in full from day one at MVP preferred provider facilities.

If your plan is subject to an annual deductible, you can save on out-of-pocket costs at MVP preferred provider facilities until your deductible is met, then medically necessary services are covered in full.

How much money can you save by visiting a preferred provider facility?

	Facility A Non-Preferred	Facility B Preferred	Your Savings
 Laboratory Service (Comprehensive Metabolic Screening and Lipid Panel)	\$172	\$40	\$132
 Radiology Service (Abdominal MRI)	\$1,184	\$757	\$427
 Ambulatory/Outpatient Surgery Service (Cataract Surgery)	\$4,990	\$1,452	\$3,538

The figures above are averages of what MVP members with access to preferred provider facilities could pay. Costs may vary based on location and 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 phone number listed on the back of your MVP Member ID card.

MVP preferred provider facilities are not available on Vermont plans, New York Individual Standard plans, some New York Large Group plans, Healthy New York plans, and self-funded plans. Preferred provider facilities are not available in all counties. 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.

MVPCOMM0140 (07/2019) ©2019 MVP Health Care



MVP Preferred Provider Facilities in Your Network and Area



MVP Health Care® preferred provider facilities are the highest-rated and lowest-cost facilities for laboratory, radiology, and ambulatory/outpatient surgery services in your network. At a preferred provider facility, you will continue to receive high-quality services while saving on out-of-pocket costs!

Visit mvphealthcare.com and select *Find a Doctor*.

Select *Find a Facility*.

Search by MVP Member ID or select from the *Search by MVP Plan Type* drop-down menu, then select *Next*.

Helpful Tip: Your Member ID number and your Plan Type can be found on your MVP Member ID card.

Select an *Enter a Search Location* option and enter your search criteria. You may also select a *Facility Type* and/or enter a *Facility Name* if you already have a specific service or facility in mind.

Please Note: Only services which fall under the category of Laboratory, Radiology, and Ambulatory/Outpatient will appear as preferred provider facilities in the results.

Select the *Show Only Preferred Provider Facilities* box, then select *Search*.

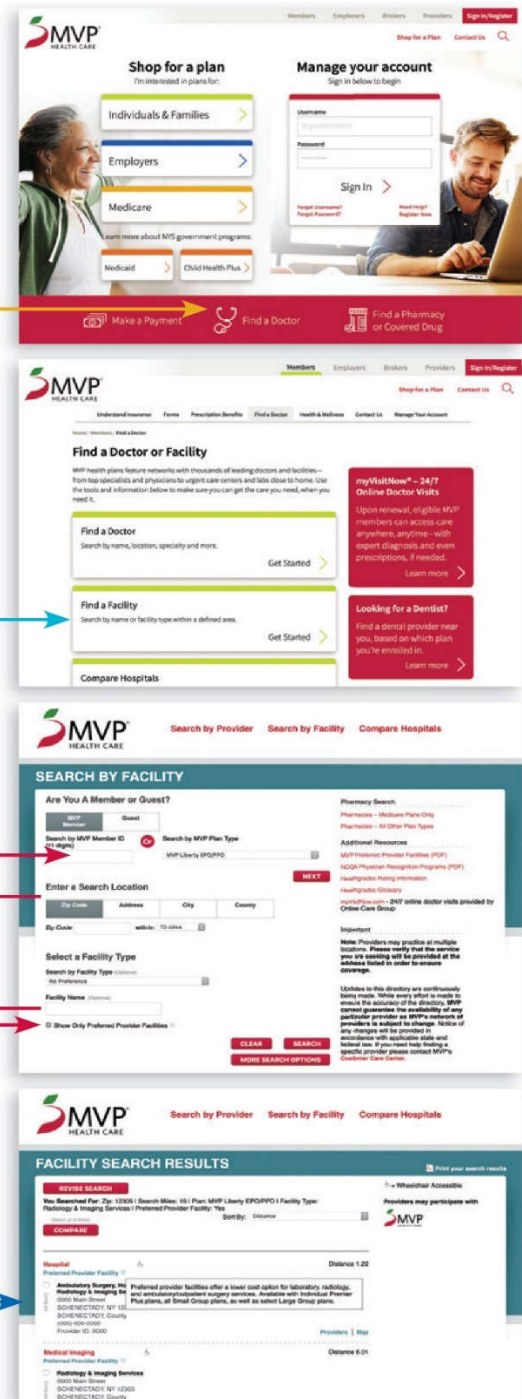
Helpful Tip: If you would like to compare preferred provider facilities to non-preferred provider facilities, leave this box unchecked and look for the blue “Preferred Provider Facilities” icon under the facility name in the search results.

Preferred provider facilities search results are displayed.

Questions? We're here to help.

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

MVP preferred provider facilities are offered on 2019 Individual Non-Standard plans, NY Small Group plans, and select NY Large Group plans. 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.





Preventive Care Drug List

January 2021

Preventive Drugs are medications that MVP Health Care®, in conjunction with its Pharmacy & Therapeutics (P&T) Committee, has determined may prevent the onset of a disease or condition when taken by a person who has developed risk factors for a disease or condition that has not yet manifested itself or has not become clinically apparent (asymptomatic), or may prevent the recurrence of a disease or condition from which a person has recovered.

High-Deductible Health Plans (HDHPs) may provide benefits only after a deductible has been met. However, Federal regulations do allow safe harbor coverage for qualifying preventive services and medications (those listed below) prior to the deductible being met. The preventive safe harbor does not include any drug or medication used to treat an existing illness, injury, or condition. A rider to allow this preventive coverage is required.

Medications on the Preventive Care Drug List are subject to Formulary and Tier status as well as pharmacy management

programs such as prior authorization, step therapy, brand/generic difference pricing, and/or quantity limits. Refer to the Prescription Drug Formulary online at mvphealthcare.com for more detailed information about coverage and Tier information.

This list is not a guarantee of coverage. Your specific plan documents determine your benefits, limitations, and exclusions. While every effort has been made to ensure accuracy, some information may be out of date. The Preventive Care Drug List is subject to change based on decisions made by the P&T Committee.

For drugs on this list that have a generic equivalent, the member will be responsible for an additional cost share of the difference in cost between the brand and the generic drug. Some plan designs do not cover brand drugs when a generic is available.

If you need more information about the content of this list, contact the MVP Customer Care Center at the phone number listed on the back of your MVP Member ID card.

Asthma

ACCOLATE	ALVESCO ^{EX}	BUDESONIDE INH	MONTELUKAST	ZAFIRLUKAST
ADVAIR DISKUS	ARNUITY FI IPTA	DUI FRA ^{EX}	PUI MICORT FI FXHAI FR	ZYFI O CR ^{EX}
ADVAIR HFA	ASMANEX	FLOVENT DISKUS	QVAR	
AEROSPAN ^{EX}	BREO ELLIPTA	FLOVENT HFA	SYMBICORT	

Behavioral Health

ABILIFY	DESVENLAFAXINE ER	LATUDA	PHENELZINE SULFATE	TRIFLUOPERAZINE HCL
ABILIFY MAINTENA	DOXEPIN HCL	LEXAPRO	PRISTIQ	TRINTELLIX
AMITRIPTYLINE HCL	DULOXETINE HCL	LITHIUM/ER	PROCHLORPERAZINE	VENLAFAXINE HCL/ER
AMOXAPINE	EFFEXOR XR	LITHOBID	PROTRIPTYLINE HCL	VRAYLAR
ANAFRANIL	EMSAM	LOXAPINE	PROZAC	WELLBUTRIN SR
ARIPIPRAZOLE/ODT	EQUETRO	MAPROTILINE HCL	QUETIAPINE /ER	WELLBUTRIN XL ^{EX}
ARISTADA	ESCITALOPRAM OXALATE	MIRTAZAPINE/ODT	REMERON	ZIPRASIDONE HCL
BUPROPION HCL	FANAP I	NARDIL	REXULI I	ZOLOFT I
BUPROPION HCL ER (SR)	FAZACLO	NEFAZODONE HCL	RISPERDAL	ZYPREXA
BUPROPION HCL ER (XL)	FETZIMA	NORTRIPTYLINE HCL	RISPERIDONE	
CELEXA	FLUOXETINE DR	NUPLAZID ^{PA}	SAPHRIS	
CHLORPROMAZINE HCL	FLUOXETINE HCL	OLANZAPINE/ODT	SEROQUEL/XR	
CITALOPRAM	FLUPHENAZINE HCL	PALIPERIDONE ER	SERTRALINE	
CLOMIPRAMINE HCL	FLUVOXAMINE /ER	PARNATE	SURMONTIL	
CI OZAPIN F/ODT	FORFIVO XI ^{EX}	PAROXETINE HCL /FR	THIORIDAZINE HCL	
CLOZARIL	HALOPERIDOL	PAXIL	THIOTHIXENE	
CYMBALTA	IMIPRAMINE HCL	PERPHENAZINE	TRANLYCPROMINE	
DESIPRAMINE HCL	INVEGA	PEXEVA	TRAZODONE	

EX Excluded drug. Medical exception approval required. **PA** Prior authorization is required.

MVP/CO MM/01/54 (3/9/2020) © 2020 MVP Health Care

Blood Pressure Control

ACCUPRIL	CAPTOPRIL/HCTZ	EXFORGE/HCT	MICARDIS/HCT	TENEX
ACCURETIC	CARDIZEM CD/LA	FELODIPINE ER	MICROZIDE	TENORETIC
ACEBUTOLOL	CARDURA/XL	FOSINOPRIL/HCTZ	MINIPRESS	TENORMIN ^{EX}
ACEON	CARVEDILOL	FUROSEMIDE	MOEXIPRIL/HCTZ	TERAZOSIN
ADALAT CC	CATAPRES-TTS ^{EX}	GUANFACINE	NADOLOL	TEVETEN
ALDACTONE	CATAPRES ^{EX}	HYDRALAZINE	NADOLOL/BENDROFLUM	TIAZAC
ALTACE	CHLORTHALIDONE	HYDROCHLOROTHIAZIDE	NICARDIPINE	TIMOLOL (ORAL)
AMILORIDE/HCTZ	CHLOROTHIAZIDE	HYZAAR	NIFEDIPINE/ER	TOPROL XL
AMLODIPINE	CLONIDINE	INDAPAMIDE	NISOLDIPINE	TORSEMIDE
AMLODIPINE/BENAZEPRIL	COREG/CR	INDERAL LA ^{EX}	NORVASC	TRANDATE
AMLODIPINE/VALSARTAN	CORGARD	INNOPRAN XL ^{EX}	NYMALIZE	TRANDOLAPRIL
AMLOD/VALSART/HCTZ	CORZIDE	INSPIRA	OLMESARTAN/HCTZ	TRANDOLAPRIL/VERAP
AMLOD/OLMESARTAN	COZAAR	IRBESARTAN/HCTZ	PERINDOPRIL	TRIAMTERENE/HCTZ
ATACAND/HCTZ	DEMADEX	ISOPTIN SR	PINDOLOL	TRIBENZOR
ATENOLOL	DILTIAZEM/ER/CD	ISRADIPINE	PRAZOSIN	TWYNSTA
ATIENOLOL/CHLORIDIAL	DIOVAN/HCT	KERLONE	PRESIALIA	VALSARTAN/HCTZ
AVALIDE	DIURIL	LABETALOL	PRINIVIL	VASOTEC
AVAPRO	DOXAZOSIN	LASIX	PROCARDIA/XL	VERAPAMIL/ER
AZOR ^{EX}	DUPIPROL ^{EX}	LEVAIOL	PROPRANOLOL/ER	VERAPAMIL ER PM
BENAZEPRIL/HCTZ	DYAZIDE	LISINOPRIL/HCTZ	QBRELIS	VERELAN
BENICAR/HCT	DYNACIRC CR	LOPRESSOR/HCT	QUINAPRIL/HCTZ	VERELAN PM
BEIAPACE	DYRENIUM	LOTENSIN/HCT	RAMIPRIL	ZAROXOLYN
BETAHOLOL	EDARBI	LOSARTAN/HCTZ	RESERPINE	ZEBETA
BISOPROLOL/HCTZ	EDARBYCLOR	LOTREL	SOTALOL	ZESTORETIC ^{EX}
BUMETANIDE	EDECRIN	MAZIM LA	SPIRONOLACTONE/HCTZ	ZESIRIL
BYSTOLIC	ENALAPRIL/HCTZ	MAVIK	SULAR	ZIAC
BYVALSON	EPANED	MAXZIDE	TARKA	
CALAN/SR	EPLERENONE	METHYLOTHIAZIDE	TEKTURNA/HCT	
CANDESARTAN/HCT	EPROSARTAN	METIYLDOPA/HCTZ	TCLMISARTAN/AMLODIPINE	

Cholesterol Lowering

ANTARA	EZETIMIBE/SIMVASTATIN	LIPOFEN	OMEGA-3 ACID EE	TRILIPIX
ATORVASTATIN	FENOFIBRIC ACID	LIVALO	PRAVACHOL	VASCEPA
ATORVASTATIN/AMLOD	FENOFIBRATE*	LOFIBRA	PRAVASTATIN	VYTORIN
CADUET	FIBRICOR	LOPID	PREVALITE	WELCHOL
CHOLESTYRAMINE	FLUVASTATIN/XL	LOVASTATIN	QUESTRAN/LIGHT	ZETIA
COLESTID	GEMFIBROZIL	LOVAZA	ROSUVASTATIN	ZOCOR
COLESTIPOL	JUXTAPID ^{PA}	MEVACOR	SIMVASTATIN	ZYPITAMAG
CRESTOR	LESCOL/XL	NIACIN ER	TRICOR	
EZETIMIBE	LIPITOR	NIASPAN	TRIGLIDE	

Coagulation Disorder

AGGRFNOX	BRIINTA	DIPYRIDAMOLF	PFRSANTINF	WARFARIN
AGRYLIN	CILOSTAZOL	EFFIENT	PLAVIX	XARELTO
ANAGRELIIDE	CLOPIDOGREL	ELIQUIS	PLETAL	ZONTIVITY
ASPIRIN/DYPRIDAMOLF	COUMADIN	JANTOVFN	PRADAXA ^{EX}	

Insulin Therapy

ADMELOG ^{EX}	HUMALOG MIX 50-50 ^{EX}	LEVEMIR/FLEXTOUCH	OZEMPIC
AFREZZA ^{EX}	HUMALOG MIX 75-25 ^{EX}	NOVOLIN 70-30	SOLIQUA
APIDRA/SOLOSTAR ^{EX}	HUMULIN 70-30/KWIKPEN ^{EX}	NOVOLIN N	TOUJEO
BASAGLAR	HUMULIN N/KWIKPEN ^{EX}	NOVOLIN R	TRESIBA
FIASP	HUMULIN R ^{EX}	NOVOLOG MIX 70-30	
HUMALOG/KWIKPEN ^{EX}	LANTUS/SOLOSTAR	NOVOLOG/FLEXTOUCH	

EX Excluded drug. Medical exception approval required. **PA** Prior authorization is required.

*Select strengths are excluded. Please refer to the Prescription Drug Formulary document for specific strengths.

Diabetic Drugs

ACARBOSE	FORTAMET ^{PA}	GLYSET	NATEGLINIDE	SYMLIN
ACTOPLUS MET	GLIMEPIRIDE	GLYXAMBI	NESINA ^{EX}	SYNJARDY/XL
ACTOS	GLIPIZIDE/ER	INVOKAMET ^{EX}	ONGLYZA ^{EX}	TANZEUM
ADLYXIN ^{EX}	GLIPIZIDE/METFORMIN	INVOKANA ^{EX}	PIOGLITAZONE	TOLAZAMIDE
AMARYL	GLUCOPHAGE/XR	JANUMET/XR	PIOGLITAZONE/GLIMEPIRIDE	TOLBUTAMIDE
BYDUREON	GLUCOTROL/XL	JANUVIA	PIOGLITAZONE/METFORMIN	TRADJENTA ^{EX}
BYETTA	GLUCOVANCE	JARDIANCE	PRANDIMET	TRULICITY
CHLORPROPAMIDE	GLUMETZA ^{PA}	JENTADUETO/XR ^{EX}	PRANDIN	VICTOZA
CYCLOSET	GLYBURIDE	KOMBIGLYZE XR ^{EX}	PRECOSE	XIGDUO XR
DIABETA	GLYBURIDE MICRO	METFORMIN/ER	REPAGLINIDE	
DUETACT	GLYBURIDE/METFORMIN	MICRONASE	RIOMET	
FARXIGA	GLYNASE	MIGLITOL	STARLIX	

Bone Density

ACTONEL	BINOSTO	ETIDRONATE	FOSAMAX PLUS D	RISEDRONATE
ALENDRONATE	BONIVA	EVISTA	IBANDRONATE	
AILELVIA	CALCIONIN NS	LOSAMAX	RALOXIFENE	

Vitamins, Minerals, and Combinations

MOST BRAND AND GENERIC ARE INCI UDFD; PRENATAL VITAMINS; PRESCRIPTION MULTIVITAMINS WITH FLUORIDE AND IRON.

EX Excluded drug. Medical exception approval required. **PA** Prior authorization is required.

*Select strengths are excluded. Please refer to the Prescription Drug Formulary document for specific strengths.

Dental

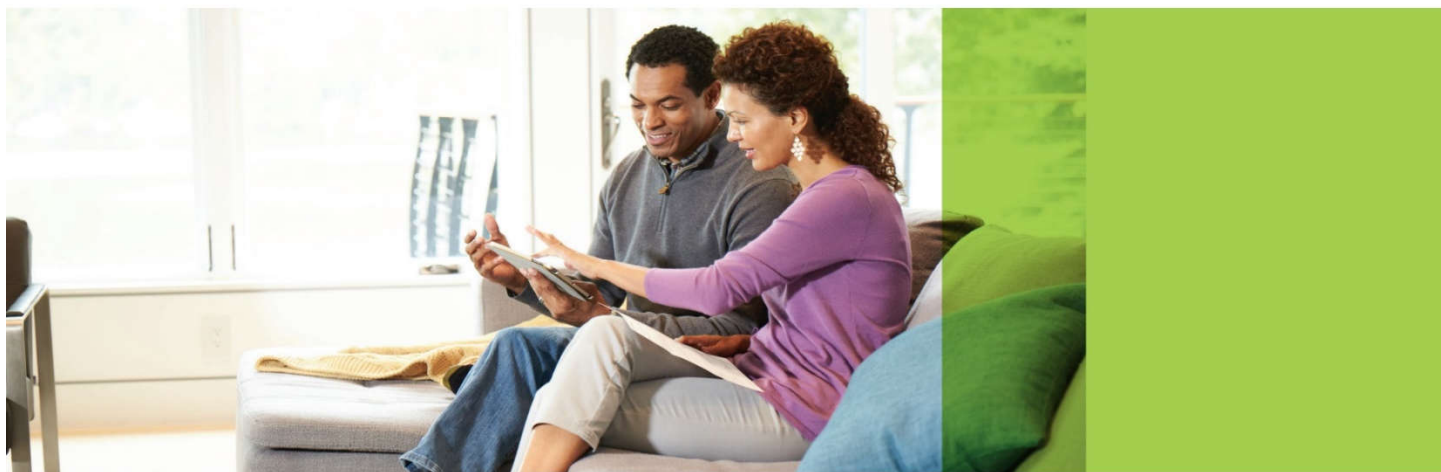


The Metlife allows you the freedom to see the dentist of your choice. You can utilize a large network of participating dentists who accept The Metlife Maximum Allowable Charge (MAC) as payment in full after deductible and coinsurance. Dentists who participate in the Metlife network accept the Metlife as payment in full after deductible and coinsurance. Non-Metlife dentists may not accept either MAC as payment in full and may balance bill without limit.

Plan Features	PPO Plan	
	In-Network	Out-of-Network
Deductible Accumulation/Benefit Period	Plan Year (1/1 – 12/31)	
Dependent Age Limit	To Age 26	
Network	PDP Plus	N/A
Reimbursement Level	Fee Schedule	N/A
Annual Deductible (Individual / Family)	\$50 / \$150	
Deductible Waived For	Diagnostic & Preventive Services	
Diagnostic & Preventive Services (Exams, Cleanings, Basic Services, etc.)	Covered 100%	Covered 100%
Basic Services (Fillings, Oral Surgery, etc.)	Covered 50% after Deductible	Covered 50% after Deductible
Major Procedures (Dentures, Implants, Bridges, etc.)	Covered 50% after Deductible	Covered 50% after Deductible
Orthodontic Services (Dependent Children to Age 19)	Covered 50% after Deductible	Covered 50% after Deductible
Orthodontic Lifetime Maximum	\$1,000	
Benefit Maximum (Plan Year)	\$1,500	

- 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.

Learn more about your MetLife benefits



The MetLife Mobile App is available on the iTunes® App Store and Google Play. Download the app, and use it to find a participating dentist, view your claims¹ and to see your ID card.²

MetLife benefits information right from your desktop

The MyBenefits web site is a quick and easy way for you to get the information you need about your MetLife benefits — all in one place. Log in at metlife.com/mybenefits to see how we've taken personalization and integration to a new level.

Personalized homepage to all your MetLife benefits

Get more information on your MetLife benefits, where you can link to detailed coverage information and can perform tasks, such as:

Dental Plans — Easily find a participating dentist or view your benefits, copay or coinsurance amount, and claims¹ online. Plus, you will have access to our extensive Oral Health Library to research important dental topics.

Dental ID cards are available online for you to download and print at your convenience.¹ Cards contain your name, employer's name and group number. Also included are MetLife's claims submission address,¹ website address, customer service telephone number and a service number for International Dental Travel Assistance.³

Additional MyBenefits features include:

- Planning tools that you can use to help you make informed decisions regarding your retirement, benefits coverage as well as other useful information for a variety of everyday topics.
- Forms and documents that you may need are located in the "Tools & Resources" area at the bottom of the MyBenefits home page for you to download.
- In the "News & Updates" section you'll find information from MetLife and your employer such as enrollment dates and new product offerings.
- Online claims tracking and email notifications called eAlerts, which will provide information regarding status changes to your claims for certain benefits.¹

metlife.com/mybenefits

Navigating life together

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. <i>Includes dilation when professionally indicated.</i>
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	<p>Covered in Full Frames: Any Fashion or Designer level frame from Davis Vision's Collection² (retail value, up to \$160).</p> <p>OR, Frame Allowance: \$130 toward any frame from provider plus 20% off any balance.¹ No copay required.</p>
Contact Lens Evaluation, Fitting & Follow Up Care	12 months	\$25	<p>Davis Vision Collection Contacts: After copay, covered in full.</p> <p>Standard, Soft Contacts: After copay, covered in full.</p> <p>Specialty Contacts³: \$60 allowance less copay plus 15% off balance¹.</p>
Contact Lenses (in lieu of eyeglasses)	12 months	\$0	<p>Covered in Full Contacts: From Davis Vision's Collection², up to: Planned Replacement Disposable Four boxes/multi-packs* 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.</p> <p>OR, Medically Necessary Contacts: Covered in full with prior approval.</p> <p>*Number of contact lens boxes may vary based on manufacturer's packaging.</p>

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

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

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	15 th day of Accident; 15 th day for Sickness
Duration of Benefits	11 weeks
Partial Disability	Included

Long Term Disability

Plan Features	Employee Only
Monthly Benefits	60% of monthly earnings to a maximum monthly 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	\$300,000 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

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 and employees are not automatically enrolled in the new plan. Short Term Disability monthly benefits does not automatically increase with a salary increase. An application is required for any coverage change and may require a change in premium. You are strongly encouraged to speak with the Aflac Rep to review your personal plans each year.

Accident Advantage	
Provides cash benefits in the event of an accident. Helps with expenses associated with unexpected injuries and throughout recovery.	
<ul style="list-style-type: none"> • Specific Sum Injury Benefits • Home Modification Benefits • Emergency Treatment Benefit • Hospital Confinement Benefits • Rehabilitation Unit Benefits 	<ul style="list-style-type: none"> • 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.	
<ul style="list-style-type: none"> • Initial Diagnosis Benefit • Chemotherapy and Radiation Benefits • Hospital Confinement / Surgical Benefits • Experimental Treatment Benefits 	<ul style="list-style-type: none"> • Transportation, Lodging and Ambulance • Wellness Benefit Paid Yearly • Optional coverage for heart attack, stroke, end-stage renal failure and cardiac arrest

To Cancel Existing Coverage an Aflac Cancellation Form must be signed prior to the annual renewal date. If there is no contact with the Rep, coverage will automatically roll over with no benefit or premium change. **Pre Tax Deductions** can only be changed at open enrollment unless the change is made within 30 days after a qualifying event.



Will you be ready for college when they are?

THE RIGHT TIME IS RIGHT NOW

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.

800-420-8580
ny529atwork.org



New York's 529 *Direct Plan*

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

-  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.



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 activity¹ 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

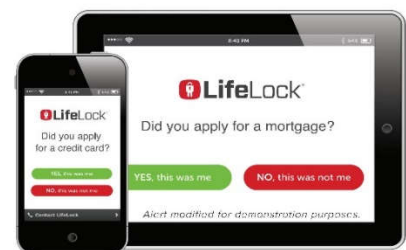
- **Do I really need to worry about identity theft?**
Yes. Identity theft is America's fastest growing crime.¹ Simply put, it's when someone uses your personal information for their gain and your loss.
- **Why is restoring my identity so difficult?**
Proving that 'you are you' can be time-consuming and 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.

¹ No one can prevent all identity theft.

[‡] LifeLock does not monitor all transactions at all businesses.

⁵ 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)

© 2016 LifeLock, Inc. All Rights Reserved. LifeLock and the LockMan logo are registered trademarks of LifeLock, Inc.



When a threat is detected, LifeLock notifies members by phone, text or email.⁵

See reverse for more information and rates.

MPAD/37



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 Unibac 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.

©2016 LifeLock, Inc. All Rights Reserved. LifeLock and the LockMen logo are registered trademarks of LifeLock, Inc.



Personal Insurance Solutions

Since 1864, Marshall & Sterling Insurance has been the name synonymous with outstanding insurance coverage and customer service. Marshall & Sterling provides exceptional insurance coverage with unparalleled service and support for our valued clients.

As an employee-owned company, our experienced insurance professionals can assist with virtually any insurance need. Our pride in ownership drives us to be an insurance agency unlike any other.

As one of the largest independent insurance agencies in the nation, Marshall & Sterling Insurance provides affordable personal insurance coverage for any need.

- ◆ Homeowners
- ◆ Condos & Renters
- ◆ Auto
- ◆ Motorcycle
- ◆ Boat and RV
- ◆ Life Insurance
- ◆ Personal Umbrella
- ◆ Vacation Homes
- ◆ Antique Cars
- ◆ Collectibles
- ◆ Unique Risks
- ◆ Wealth Management

Regardless of size, whether you have a large country estate, or a starter home or apartment, Marshall & Sterling is your first choice to find the right insurance protection at the right price. Our breadth of experience and knowledge provides our clients with virtually all forms of insurance, tailored to meet your unique, diverse and particular needs.

New York offices in: Brewster, Croton-on-Hudson, Glens Falls, Hoosick Falls, Kingston, Leeds, Middletown, Millbrook, Monticello, Mount Kisco, New Windsor, New York (Manhattan), Poughkeepsie, Saratoga Springs, Scotia, Troy and Valley Stream. Also in Birmingham, MI, Burbank, CA, Middleburg, VA, Warrenton, VA and Wellington, FL. U.S. Virgin Island offices: Charlotte Amalie and East End Plaza, St. Thomas; Gallows Bay, St. Croix; and Cruz Bay, St. John.

Our People Are Your Best Insurance

Marshall & Sterling Insurance
3269 Franklin Ave. - Box AC
Millbrook, NY 12545
www.marshallsterling.com/kelly-sherman

Kelly Sherman
845-677-3434, office
845-245-8996, cell
ksherman@marshallsterling.com



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 Healthcare	www.mvphealthcare.com	(877) 742-4181
----------------	--	----------------

MVP HRA Department	www.mywealthcare.com	(888) 222-9931
--------------------	--	----------------

MVP Pediatric Dental	www.mvphealthcare.com	(877) 825-5678
----------------------	--	----------------

Metlife Dental	www.metlife.com/mybenefits	(877) 638-2862
----------------	--	----------------

Davis Vision	www.davisvision.com	(888) 790-9910
--------------	--	----------------

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
-------	--	---

Marshall & Sterling – Andrea Angelo	aangelo@marshallsterling.com
-------------------------------------	--

Marshall & Sterling – Alicia Mahoney	amahoney@marshallsterling.com
--------------------------------------	--

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

866-573-4768



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 for coverage starting as early as January 1.

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
Human Resources Manager
702 Chestnut Ridge Rd
Chestnut Ridge, NY 10977
(845) 414-9300 ext. 205
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
Human Resources Manager
702 Chestnut Ridge Rd
Chestnut Ridge, NY 10977
(845) 414-9300 ext. 205
cschatz@hveapc.com

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 where employees currently reside which offer a premium assistance program as of July 31, 2021. Contact your State for more information on eligibility.

If you reside in a different state, please contact HR for more information on whether or not a premium assistance program is available there, as well as State contact information if applicable.

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

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.

Notes

Lined area for notes with 20 horizontal blue lines.

Marshall & Sterling

EMPLOYEE BENEFITS



866-573-4768