



OVERVIEW OF BENEFITS

We would like to provide you with an illustrative overview of the group benefits available to you as an eligible employee. We have partnered with IFS Benefits, LLC to provide you with a comprehensive benefits program that is flexible to meet your needs, both now and in the future, and encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family. Below is a brief description of your benefit options for 2016. *Elections you make during open enrollment will become effective June 1, 2016.*

MEDICAL

United Healthcare will be our **NEW** medical insurance carrier. Highlights of your plans include:

	<u>AFTO – H S A</u>	<u>AFS5</u>
Deductibles:	\$2000 Individual/ \$4000 Family	\$2000 Individual/ \$4000 Family
Out of Pocket Max:	\$5000 Individual/ \$6850 Family	\$3000 Individual/\$6000 Family
Primary Care:	Deductible then 80% covered	\$30 co-pay
Specialist Care:	Deductible then 80% covered	\$60 co-pay
Inpatient Hospital:	Deductible then 80% covered	Deductible then 100% covered
Ambulatory Surgi Center:	Deductible then 80% covered	Deductible then 100% covered
Prescriptions:	Deductible then \$10/\$30/\$50	\$10/\$30/\$50

H S A plans allows you to deposit tax free funds into a savings account to pay for qualified expenses. For calendar year 2016, the annual limits are \$3350 (single) and \$6750 (family). If you are age 55 or older you may make an additional \$1,000 catch-up contribution any time during the year.

H S A REMINDERS

- You may not contribute to an HSA if you are also covered under another medical plan (such as spousal or military), entitled to (eligible for AND enrolled) Medicare benefits or eligible to be claimed on another person's tax return.
- You may not participate in an HSA and an FSA (unless the FSA is a limited purpose plan (dental/vision only).
- If you enroll in the QHDHP mid-year, and you contribute more than the pro-rated IRS annual maximums shown above, you need to remain enrolled through December of the following year or you may face taxes and penalties.

Please refer to your packet for a more detailed benefit description

Approximate Medical Payroll Deductions:

	Employee	Employee +Spouse	Employee+Child(ren)	Family
AFTO – H S A	\$50.77	\$376.15	\$253.85	\$546.46
AFS5	\$146.31	\$595.85	\$426.46	\$830.77

***This is not a contract or a definitive statement of benefits. It is intended solely to provide you with an overview of your benefits. Complete details of benefits, terms and exclusions are governed by your Group Membership Agreement.*

DENTAL

Delta will continue to be our dental carrier. Highlights of your plan include:

	<u>High Option</u>	<u>Low Option</u>
Calendar Year Deductible for Basic & Major Services:	\$50 / \$150	\$50 / \$150
Preventive Care:	100%	100%
Basic Services:	80%	50%
Major Services:	50%	50%
Orthodontia Services:	50% up to \$750 max	50% up to \$750 max
Calendar Year Maximum benefit:	\$1250	\$1000

Approximate Dental Payroll Deductions:

	Employee	Employee +Spouse	Employee+Child(ren)	Family
High Option	\$14.79	\$30.09	\$34.12	\$51.87
Low Option	\$12.68	\$25.86	\$29.72	\$45.16

LIFE

People's Place will continue to pay for a flat \$20,000 life and accidental death and dismemberment policy for every full time benefits eligible employee. This coverage will now be through Cigna. Cigna is going to allow a one-time open enrollment up to the Guarantee Issue (GI) amount on the Supplemental Life. Full-time employee that would like to purchase more than the \$20,000 insurance provided by People's Place should complete an enrollment form.

SHORT TERM DISABILITY

Cigna will be our new Disability Insurance carrier. In the event that you become disabled, the **Short Term policy** will replace 66.67% of your weekly income (max. of \$500/week) for 24 weeks after a 14 day wait. This policy is provided to full time benefits eligible employees working 40 hours a week at no cost by People's Place.

LONG TERM DISABILITY

Cigna will be our new Disability Insurance carrier. In the event that you become disabled, the **Long Term policy** will replace 60% of your monthly income (max. of \$5,000/month) after a 180 day wait. This policy is provided to full time benefits eligible employees working 40 hours a week at no cost by People's Place.

FLEXIBLE SPENDING ACCOUNT

Ameriflex will continue to be our FSA administrator. This benefit allows employees to set aside money from their paycheck on a PRE-TAX basis to pay for medical, dental, vision, and dependent care - saving you approximately 25% to 40% on these expenses! **Those enrolling in the H S A are not eligible to participate in the FSA.** The maximum election available for dependent care is \$5,000 and the maximum amount available for medical care is \$2,550. In addition, you will be able to rollover \$500 in unused funds from your medical FSA into the next plan year. Everyone must complete a form to re-enroll or decline participation.

HEALTH ADVOCATE

Health Advocate, Inc. is an advocacy and assistance service company founded to specifically address many of the issues Americans encounter while accessing the healthcare and health insurance systems. Their expertise and relationships in the healthcare industry combined with their in-depth knowledge of health and related insurance policies and procedures, give them the know-how to act on your behalf. This benefit is being provided at no cost to the employees, spouses, dependent children, parents and parents-in-law.

VISION

VSP will continue to be our Voluntary Vision Carrier. Some highlights of the plan are: \$ 10 co-pay for exams, \$ 25 co-pay for lenses. See benefit sheet for a full description of benefits.

Approximate Vision Payroll Deductions:

Employee	Employee +Spouse	Employee+Child(ren)	Family
\$3.56	\$5.70	\$5.82	\$9.39

What do you need to do during the OPEN ENROLLMENT period?

Open enrollment meetings will be held:

Tuesday, April 19th @ 1:30pm

Wednesday, April 20th @ 8:45am

Monday, April 25th @ 4:30pm

Forms to be completed:

- ◆ Everyone (all full-time employees) must complete a **United Healthcare** enrollment/waiver form.
- ◆ Vision & Dental Enrollment/Change Forms are only required if you are enrolling for the first time or making a change to your coverage.

****Please note that you will be subject to a late entrant waiting period for basic and major services if you are enrolling for the first time with Dental IF you did not elect coverage during your initial eligibility period.***

- ◆ Everyone must complete a Benefit Election form.

All forms are due to Karen Guyer no later than noon on May 4th, 2016.

After your enrollment period, you **cannot** make changes to your coverage during the year unless you experience a qualifying event. You have **30** days from a qualifying event to make changes to your current coverage.

The Affordable Care Act (ACA) requires most individuals to obtain "minimum essential" health insurance coverage for themselves and their family members, or pay a penalty. For 2016, the penalty is the greater of \$695 or 2.5% of your yearly household income.