



2019 EMPLOYEE BENEFITS GUIDE



BENEFITS GUIDE OVERVIEW

This guide provides a general overview of your benefit choices to help you select the coverage that is right for you. Be sure to make choices that work to your best advantage. The benefits provided to employees may range from reimbursement plans to educational programs, but all benefits plans require employees to assume responsibility for the choices they make and to be informed on how to use their benefits effectively. Please take time to read about and understand the benefit, plan thoughtfully, and enroll on time.

It is important to remember that only those benefit programs for which you are eligible and have enrolled in apply to you. We encourage you to review each section and to discuss your benefits with your family members. Be sure to pay close attention to applicable copayments and deductibles, how to file claims, preauthorization requirements, networks and services that may be limited or not covered (exclusions).

The benefits and services offered by Obviouslee Marketing may be changed or terminated at any time. These benefits are not a guarantee of your employment. This Guide is designed to help you understand your benefits. Review this material carefully before making your enrollment decisions. Your rights are governed by each plan instrument (which may be a plan document, evidence of coverage, certificate of coverage, or contract), and not by the information in this Guide. If there is a conflict between the provisions of the plan you selected and this Guide, the terms of the plan govern.

ARE YOU ELIGIBLE FOR BENEFITS?

To determine the benefits for which you may be eligible, please refer to the chart below. All full-time employees who work 30 hours or more per week are eligible for benefits on the first of the month following 60 days from their date of hire. You also have the option to enroll your eligible dependents in some of these plans. Eligible dependents may include:

- Your spouse
- Your children to age 26. Certain limitations apply.
- New hire waiting period: 1st of the month following 30 days.

SEMI-MONTHLY EMPLOYEE CONTRIBUTIONS

BENEFIT PLAN	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE AND FAMILY
MEDICAL* (PPO OPTION)	----- SEE ONLINE ENROLLMENT SITE -----			
MEDICAL* (HDHP OPTION)	----- SEE ONLINE ENROLLMENT SITE -----			
DENTAL	\$19.15	\$38.31	\$40.02	\$60.00
VISION	\$3.59	\$6.77	\$8.00	\$10.65
VOLUNTARY LIFE	RATES VARY, SEE SUMMARY OF BENEFITS			
DISABILITY	RATES BASED ON SALARY			

* 1st year employees get \$100/month towards a plan, 2nd year employees get \$150/month towards a plan.

Employees receive \$20/month towards non-medical plan benefit elections

MEDICARE NOTICE

If you (and/ or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 14 for more details.

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PPO MEDICAL PLAN

Generally, you must pay all the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

PLAN FEATURES	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE	\$2,400 INDIVIDUAL \$4,800 FAMILY	\$0 INDIVIDUAL \$0 FAMILY
OUT-OF-POCKET MAXIMUM	\$7,350 INDIVIDUAL \$14,700 FAMILY	NONE
PHYSICIAN SERVICES		
OFFICE VISIT: PRIMARY CARE PHYSICIAN	\$25 COPAY/VISIT DEDUCTIBLE DOES NOT APPLY	50% COINSURANCE
OFFICE VISIT: SPECIALIST	\$50 COPAY, DEDUCTIBLE DOES NOT APPLY	50% COINSURANCE
PREVENTIVE CARE/SCREENING/ IMMUNIZATION	NO CHARGE	NOT COVERED
HOSPITAL SERVICES		
DIAGNOSTIC TEST x-ray, blood work	35% COINSURANCE	50% COINSURANCE
IMAGING CT/PET scans, MRIs	35% COINSURANCE	50% COINSURANCE
OUTPATIENT SURGERY FACILITY FEE e.g., ambulatory surgery center	35% COINSURANCE	50% COINSURANCE
OUTPATIENT SURGERY PHYSICIAN/SURGEON FEES	35% COINSURANCE	50% COINSURANCE
INPATIENT HOSPITAL STAY FACILITY FEE e.g., hospital room	35% COINSURANCE	50% COINSURANCE
INPATIENT HOSPITAL STAY PHYSICIAN/SURGEON FEES	35% COINSURANCE	50% COINSURANCE
EMERGENCY SERVICES		
EMERGENCY ROOM SERVICES	\$300 COPAY/VISIT, THEN 35% COINSURANCE	FACILITY CHARGES ONLY - \$300 COPAY/ VISIT, THEN 35% COINSURANCE.
EMERGENCY MEDICAL TRANSPORTATION	20% COINSURANCE	50% COINSURANCE
URGENT CARE	\$50 COPAY/VISIT	50% COINSURANCE

MATERNITY SERVICES	IN-NETWORK	NON-NETWORK
OFFICE VISITS	\$25 COPAY/INITIAL VISIT ONLY DEDUCTIBLE DOES NOT APPLY	50% COINSURANCE
CHILDBIRTH/DELIVERY PROFESSIONAL SERVICES	35% COINSURANCE	50% COINSURANCE
CHILDBIRTH/DELIVERY FACILITY SERVICES	35% COINSURANCE	50% COINSURANCE
OTHER SERVICES		
HOME HEALTH CARE	35% COINSURANCE	50% COINSURANCE
REHABILITATION SERVICES	35% COINSURANCE	50% COINSURANCE
SKILLED NURSING CARE	35% COINSURANCE	50% COINSURANCE
HOSPICE SERVICE	35% COINSURANCE	50% COINSURANCE
DURABLE MEDICAL EQUIPMENT	35% COINSURANCE	NOT COVERED
MENTAL HEALTH, BEHAVIORAL HEALTH, OR SUBSTANCE ABUSE TREATMENT		
OUTPATIENT SERVICES	35% COINSURANCE	50% COINSURANCE
INPATIENT SERVICES	35% COINSURANCE	50% COINSURANCE
PRESCRIPTION DRUG COVERAGE		
TIER 1 DRUGS Retail Mail-Order	\$15 COPAY/PRESCRIPTION \$21 COPAY/PRESCRIPTION DEDUCTIBLE DOES NOT APPLY	50% COINSURANCE
TIER 2 DRUGS Retail Mail-Order	\$50 COPAY/PRESCRIPTION \$135 COPAY/PRESCRIPTION DEDUCTIBLE DOES NOT APPLY	50% COINSURANCE
TIER 3 DRUGS Retail Mail-Order	\$100 COPAY/PRESCRIPTION \$270 COPAY/PRESCRIPTION DEDUCTIBLE DOES NOT APPLY	50% COINSURANCE
TIER 4 DRUGS	\$300 COPAY/PRESCRIPTION DEDUCTIBLE DOES NOT APPLY	NOT COVERED

PLEASE NOTE: The plan features listed in this guidebook are highlights only, please refer to your policy for comprehensive benefit details and specifics regarding benefit maximums and required authorizations.

HDHP MEDICAL PLAN

Generally, you must pay all the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.

PLAN FEATURES	IN-NETWORK	OUT-OF-NETWORK
DEDUCTIBLE	\$4,000 INDIVIDUAL \$8,000 FAMILY	\$0 INDIVIDUAL \$0 FAMILY
OUT-OF-POCKET MAXIMUM	\$4,000 INDIVIDUAL \$8,000 FAMILY	NONE
PHYSICIAN SERVICES		
OFFICE VISIT: PRIMARY CARE PHYSICIAN	0% COINSURANCE	50% COINSURANCE
OFFICE VISIT: SPECIALIST	0% COINSURANCE	50% COINSURANCE
PREVENTIVE CARE/SCREENING/ IMMUNIZATION	NO CHARGE	NOT COVERED
HOSPITAL SERVICES		
DIAGNOSTIC TEST x-ray, blood work	0% COINSURANCE	50% COINSURANCE
IMAGING CT/PET scans, MRIs	0% COINSURANCE	50% COINSURANCE
OUTPATIENT SURGERY FACILITY FEE e.g., ambulatory surgery center	0% COINSURANCE	50% COINSURANCE
OUTPATIENT SURGERY PHYSICIAN/SURGEON FEES	0% COINSURANCE	50% COINSURANCE
INPATIENT HOSPITAL STAY FACILITY FEE e.g., hospital room	0% COINSURANCE	50% COINSURANCE
INPATIENT HOSPITAL STAY PHYSICIAN/SURGEON FEES	0% COINSURANCE	50% COINSURANCE
EMERGENCY SERVICES		
EMERGENCY ROOM SERVICES	0% COINSURANCE	FACILITY CHARGES 0% COINSURANCE, ALL OTHER CHARGES - 50% COINSURANCE
EMERGENCY MEDICAL TRANSPORTATION	0% COINSURANCE	50% COINSURANCE
URGENT CARE	0% COINSURANCE	50% COINSURANCE

MATERNITY SERVICES	IN-NETWORK	NON-NETWORK
OFFICE VISITS	0% COINSURANCE	50% COINSURANCE
CHILDBIRTH/DELIVERY PROFESSIONAL SERVICES	0% COINSURANCE	50% COINSURANCE
CHILDBIRTH/DELIVERY FACILITY SERVICES	0% COINSURANCE	50% COINSURANCE
OTHER SERVICES		
HOME HEALTH CARE	0% COINSURANCE	50% COINSURANCE
REHABILITATION SERVICES	0% COINSURANCE	50% COINSURANCE
SKILLED NURSING CARE	0% COINSURANCE	50% COINSURANCE
HOSPICE SERVICE	0% COINSURANCE	50% COINSURANCE
DURABLE MEDICAL EQUIPMENT	0% COINSURANCE	NOT COVERED
MENTAL HEALTH, BEHAVIORAL HEALTH, OR SUBSTANCE ABUSE TREATMENT		
OUTPATIENT SERVICES	0% COINSURANCE	50% COINSURANCE
INPATIENT SERVICES	0% COINSURANCE	50% COINSURANCE
PRESCRIPTION DRUG COVERAGE		
TIER 1 DRUGS Retail Mail-Order	0% COINSURANCE	50% COINSURANCE
TIER 2 DRUGS Retail Mail-Order	0% COINSURANCE	50% COINSURANCE
TIER 3 DRUGS Retail Mail-Order	0% COINSURANCE	50% COINSURANCE
TIER 4 DRUGS	0% COINSURANCE	NOT COVERED

PLEASE NOTE: The plan features listed in this guidebook are highlights only, please refer to your policy for comprehensive benefit details and specifics regarding benefit maximums and required authorizations.

BASIC LIFE INSURANCE

DETAILS

ELIGIBILITY	ALL ACTIVE FULL-TIME EMPLOYEES WORKING 30 OR MORE HOURS PER WEEK.
CONTRIBUTIONS	EMPLOYEE COST DEPENDENT UPON AGE
EMPLOYEE BENEFIT AMOUNT	\$10,000

DENTAL PLAN

Good oral hygiene is important, not only for looks, but for general health as well. A routine dental examination can detect symptoms of more than 125 diseases, including heart disease, diabetes, anemia, stomach ulcers, osteoporosis and kidney disease. Regular check ups and cleanings can save you the pain and expense of future problems. Using your dental insurance for regular dental check-ups can improve your health. Your dental insurance can also help save you money if more serious dental treatments are needed.

HIGH PLAN	DETAILS	
MAXIMUM DEDUCTIBLE AMOUNT PER BENEFIT PERIOD	\$50 PER MEMBER (3 PER FAMILY)	
DEDUCTIBLE WAIVED FOR TYPE I SERVICES	YES	
SERVICES		
TYPE I DIAGNOSTIC AND PREVENTIVE SERVICES	100%	ORAL EXAMS, CLEANINGS, (2 PER 12 MONTHS), BITEWING X-RAYS (1 PER 12 MONTHS)
TYPE II BASIC SERVICES	80%	SPACE MAINTAINERS, FILLINGS, PAIN TREATMENT, SEALANTS, FULL MOUTH X-RAYS
TYPE III MAJOR SERVICES	50%	ANESTHESIA, ENDODONTICS SIMPLE&SURGICAL EXTRACTIONS, ORAL SURGERY, PERIODONTICS CROWNS,INLAYS,ONLAYS DENTURES, BRIDGES IMPLANTS, PERIO TRAYS
MAXIMUMS	\$2,000 CONTRACT YEAR	
BENEFIT WAITING PERIOD Type II / Type III	NONE / NONE	

VISION PLAN

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
VISION EXAM	\$20 COPAY	\$35 ALLOWANCE
STANDARD CONTACT LENS FIT	\$0 COPAY	\$40 ALLOWANCE
PREMIUM CONTACT LENS FIT*	\$0 COPAY, 10% OFF RETAIL, THEN APPLY \$55 ALLOWANCE	\$40 ALLOWANCE
STANDARD PLASTIC LENSES		
Single	\$20 COPAY	UP TO \$25
Bifocal	\$20 COPAY	UP TO \$40
Trifocal	\$20 COPAY	UP TO \$55
LENS OPTIONS		
UV Coating	\$15	
Tint (Solid and Gradient)	\$15	
Standard Scratch Resistant Coating	\$15	DISCOUNT AVAILABLE ONLY AT NETWORK PROVIDERS AND RETAILERS
Standard Polycarbonate	\$40	
Standard Anti-Reflective Coating	\$45	
Standard Progressive (add-on Bifocal)	\$65	
Other Add-Ons and Services	20% OFF RETAIL	
FRAMES	\$100 FRAME ALLOWANCE, 20% OFF BALANCE OVER ALLOWANCE	\$45 ALLOWANCE
CONTACT LENSES		
Conventional	\$0 COPAY, \$80 ALLOWANCE**	\$96 ALLOWANCE
Medically Necessary	PAID IN FULL	\$200 ALLOWANCE
FREQUENCY		
Examination		ONCE EVERY 12 MONTHS
Frame		ONCE EVERY 24 MONTHS
Eyeglass Lenses		ONCE EVERY 12 MONTHS
Contact Lenses		ONCE EVERY 12 MONTHS

* Premium Contact Lens Fitting all lens designs, materials and specialty fittings other than Standard (ex.: toric, multifocal, etc.)

** 15% off balance over allowance



VOLUNTARY GROUP TERM LIFE

Life is priceless. But with Companion Life's Choice Plus, you can fit a life insurance plan in your budget. Get the benefits you need with the convenience of payroll deduction!

SERVICES

EMPLOYEE BENEFIT	\$25,000 - \$250,000 (WITH \$25,000 INCREMENTS)
SPOUSE BENEFIT	\$12,500 - \$125,000 (WITH \$12,500 INCREMENTS) NOT TO EXCEED 50% OF THE EMPLOYEE AMOUNT
CHILD(REN) LIFE BENEFIT	\$2,500 - \$10,000 (WITH \$2,500 INCREMENTS)
ACCELERATED BENEFIT PROVISION	YOU MAY ACCESS UP TO 75% OF THE CHOSEN BENEFIT IN THE EVENT OF A TERMINAL ILLNESS.
AGE REDUCTION FORMULA	BENEFITS REDUCED AT OLDER AGES: TO 65% AT AGE 65, TO 50% AT AGE 70, TO 35% AT AGE 75, TO 20% AT AGE 80, TERMINATES AT RETIREMENT, WHICHEVER OCCURS FIRST.
WAIVER OF PREMIUM PROVISION	YOU MAY STOP PAYING PREMIUMS IF YOU BECOME TOTALLY DISABLED.

LONG TERM DISABILITY

Coverage from Companion Life gives you the peace of mind that a protected paycheck brings. A program designed to help maintain a family's current lifestyle and their plans for the future if the employee becomes disabled as a result of a non-occupational accident or illness. A plan with the flexibility to meet an employee's individual needs.

BENEFIT SUMMARY

ELIMINATION PERIOD	90 DAYS
BENEFIT REPLACEMENT	60% OF SALARY
MINIMUM / MAXIMUM MONTHLY BENEFIT	\$100 OR 10% OF PAY / \$3,000
BENEFIT DURATION	TO AGE 65 RBD
DEFINITION OF DISABILITY	2 YEAR OWN OCC W/ RESIDUAL
WORK INCENTIVE BENEFIT DURATION	12 MONTHS
SURVIVOR BENEFIT	3X GROSS BENEFIT

SHORT TERM DISABILITY

Life is priceless. But with Companion Life's Choice Plus, you can fit a life insurance plan in your budget. Get the benefits you need with the convenience of payroll deduction!

BENEFIT SUMMARY

BENEFITS BEGIN - ACCIDENT	8TH DAY
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BENEFITS BEGIN - SICKNESS	8TH DAY
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BENEFIT AMOUNT	60%
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WEEKLY BENEFIT MAXIMUM	\$1,250
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DURATION OF BENEFITS	13 WEEKS
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MATERNITY	COVERED
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PRE-EXISTING CONDITIONS	12-12
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Benefits

A Short Term Disability Income benefit is provided for disabilities that are not caused by work-related injury or sickness. Benefits are payable to an employee during total disability while under the regular care of a licensed physician. Total disability is defined as the employee's inability to engage in any occupation for which he or she is or becomes qualified by education, training, or experience.

Partial Disability Benefit

If a partially-disabled employee returns to work on a part-time basis during a period of disability for which Short Term Disability Benefits for total disability have been paid, a Partial Disability Benefit may be paid.

Benefit Period

Benefits begin on the day of disability specified on the Schedule of Benefits page and continue until the end of the period of disability or until the maximum number of weeks shown on the Schedule of Benefits page is reached, whichever is earlier.

Successive Disabilities

A disability resulting from the same or related causes of a preceding disability will be considered as a continuation unless the employee has been back to active work on a full-time basis for at least two weeks (fourteen days).

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

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

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

When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current Obviouslee Marketing coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Obviouslee Marketing coverage, be aware that you and your dependents will not be able to get this coverage

back until the next enrollment period unless you experience a qualified life event. Note that your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan and keep your coverage under the Obviouslee Marketing 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 Obviouslee Marketing 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.

Summary of Options for Medicare Eligible Employees (and/ or Dependents)

Medical and prescription drug coverage are offered as a package under the Obviouslee Marketing plan (you cannot elect medical coverage without prescription drug coverage).

1. Continue medical and prescription drug coverage under the Obviouslee Marketing Plan and do not elect Medicare D coverage. Impact - your claims continue to be paid by the Obviouslee Marketing plan.
2. Continue medical and prescription drug coverage under the Obviouslee Marketing plan and elect Medicare D coverage. Impact - As an active employee (or dependent of an active employee) the Obviouslee Marketing plan continues to pay primary on your claims (pays before Medicare D).
3. Drop the Obviouslee Marketing plan coverage and elect Medicare Part D coverage. Impact - Medicare is your primary coverage. You will not be able to rejoin the Obviouslee Marketing plan until the next open enrollment period unless you experience a qualified life event.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further

information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Obviouslee Marketing changes. You also may request a copy of this notice at any time.

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

You'll get a copy of the "Medicare & You" handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans or visit: www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

REPORT ELIGIBILITY CHANGES IN A TIMELY MANNER

It is your responsibility to notify the Benefits Department when a dependent becomes eligible or ceases to be eligible for coverage under our benefit plans. All eligibility changes should be reported within 30 days of the event. Failure to report changes in a timely manner can impact your ability to add newly eligible dependents or discontinue pre-tax premium contributions on ineligible dependents.

In addition, failure to report a loss of eligibility due to legal separation or divorce or a dependent that has otherwise ceased to be eligible, such as a child reaching the maximum dependent child age limit, can impact your dependent's rights for group health plan coverage under the federal law known as COBRA. If you fail to report the loss of eligibility within 60 days of the event, your dependents may be left with no continuation coverage under our plan. Please see your COBRA notice or your group health plan summary plan description for additional information.

NOTICE REGARDING THE WOMEN'S HEALTH AND CANCER RIGHTS ACT

On October 21, 1998, Congress passed a bill called the Women's Health and Cancer Rights Act. This new law requires group health plans that provide coverage for mastectomy to provide coverage for certain reconstructive services.

These services include:

- Reconstruction of the breast upon which the mastectomy has been performed,
- Surgery/reconstruction of the other breast to produce a symmetrical appearance,
- Prostheses, and
- Treatment of physical complications during all stages of mastectomy, including lymphedemas.

In addition, the plan may not:

- Interfere with a woman's rights under the plan to avoid these requirements, or
- Offer inducements to the health provider, or assess penalties against the health provider, in an attempt to interfere with the requirements of the law.

However, the plan may apply deductibles and copays consistent with other coverage provided by the plan.

If you have any questions about the current plan coverage, please contact Health Advocate at 1-866-695-8622.

OBVIOUSLEE MARKETING'S INITIAL NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS

Loss of Other Coverage- If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other health insurance coverage or group health plan coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage or if the employer stops contributing towards your or your dependent's coverage.

You will be required to submit a signed statement that this other coverage is the reason for waiving enrollment originally.

To be eligible for this special enrollment opportunity you must request enrollment within 30 days after your other coverage ends or after the employer stops contributing towards the other coverage.

New Dependent as a Result of Marriage, Birth, Adoption or Placement for Adoption- If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and/or your dependent(s). To be eligible for this special enrollment opportunity you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Medicaid Coverage- The Obviouslee Marketing

group health plan will allow an employee or dependent who is eligible, but not enrolled for coverage, to enroll for coverage if either of the following events occur:

1. **TERMINATION OF MEDICAID OR CHIP COVERAGE-** If the employee or dependent is covered under a Medicaid plan or under a State child health plan (SCHIP) and coverage of the employee or dependent under such a plan is terminated as a result of loss of eligibility.
2. **ELIGIBILITY FOR PREMIUM ASSISTANCE UNDER MEDICAID OR CHIP-** If the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP, including under any waiver or demonstration project conducted under or in relation to such a plan. This is usually a program where the state assists employed individuals with premium payment assistance for their employer's group health plan rather than direct enrollment in a state Medicaid program.

To be eligible for this special enrollment opportunity you must request coverage under the group health plan within 60 days after the date the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP or the date you or your dependent's Medicaid or state-sponsored CHIP coverage ends.

To request special enrollment or obtain more information, please contact Health Advocate at 1-866-695-8622.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you are eligible for health coverage but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, you must request coverage within 60 days of being determined eligible for premium assistance.

You should contact your State for further information on eligibility:

PENNSYLVANIA - Medicaid
Website: <http://www.dpw.state.pa.us/hipp>

Phone: 1-800-692-7462

For more information on special enrollment rights, you can contact either:

U.S. Department of Labor U.S.
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

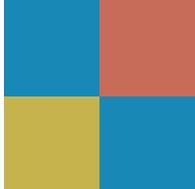
Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565

HIPAA PRIVACY NOTICE

Protecting Your Health Information Privacy Rights

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. Please contact your medical plan carrier to request a copy of the Notice.

DOODLES & NOTES



DOODLES & NOTES

BENEFIT CONTACTS

A simple directory is provided below for your convenience when you have questions or claims to file with the insurance provider.

PLAN TYPE	PROVIDER	CONTACT
MEDICAL PLAN	BCBS OF SC	888-630-2583 www.southcarolinablues.com
DENTAL PLAN	COMPANION LIFE	800-753-0404 www.companionlife.com
VISION PLAN	COMPANION LIFE	800-753-0404 www.companionlife.com
VOL. LIFE INSURANCE	COMPANION LIFE	800-753-0404 www.companionlife.com
DISABILITY	COMPANION LIFE	800-753-0404 www.companionlife.com



Employee Benefits • Health Insurance • Life Insurance

(843) 766-3393 | beckhaminsurancegroup.com