Wycliffe™ ASSOCIATES

ACCELERATING BIBLE TRANSLATION

EMPLOYEE BENEFITS AT A GLANCE

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Wycliffe Associates Benefits Guide 2017-2018
Provided compliments of Insurance Office of America

Dear Valued Employee:

We are happy to provide you with this Benefits-At-A-Glance which summarizes your employee benefits for the 2017-2018 plan year. Wycliffe Associates recognizes that benefits are an important part of your total compensation package. Our benefit program provides competitive and valuable benefits for you and your dependents.

This document is not just an enrollment guide. It is a resource for you and your family to use throughout the year. In this guide you will find a summary of each of the benefit plans offered to eligible employees and their dependents. Our benefits program is designed to allow you to choose what works best for your needs and your budget, and this information will allow you to make informed decisions regarding the selection and continued management of the services and benefits provided to you as a Wycliffe Associates employee.

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IMPORTANT NOTICE TO EMPLOYEES:

This Benefits-at-a-Glance provides a general description of the various benefits available to you through the Wycliffe Associates Employee Benefits Program. The details of these plans and policies are contained in the official plan and policy documents. This guide is meant only to cover the major points of each plan or policy, for illustrative purposes only. It does not contain all of the facts regarding coverage, limitations, or exclusions that are contained in the policy documents. In the event of a conflict between the information in this guide and the formal policy documents, the formal documents will govern.

The rates and payroll deductions provided in this illustration are meant for illustrative purposes only and may not reflect final underwriting adjustments. Please refer back to your employer for confirmation of your premium responsibilities.

Employee Eligibility and Enrollment

All full time employees working an average of 30 hours per week are eligible to enroll in benefits. For specific details, please refer to the plan documents. New full time employees' benefits for all lines of coverage will begin on the 1st of the month following date of hire of full time employment.

Dependent Eligibility– Medical Plans

Legislation regulates eligibility requirements for dependent coverage on **Medical insurance plans**. It is important for everyone to understand what constitutes eligibility and what the implications could be for not following the eligibility guidelines.

Examples of Eligible dependents include:

- Your legal spouse
- Your dependent children

Healthcare reform legislation restricts a plan or issuer from denying coverage for a child under age 26 based on any of the following factors:

- Financial dependence on the employee
- Residency with the employee
- Student status
- Marital status
- Employment status

The adult child's spouse is not eligible for coverage. In some circumstances and for a limited time period, the newborn of an enrolled adult dependent may be covered. For adult children age 26 and older, the State of Florida has adopted legislation allowing for extended coverage up to age 30, but under more limited conditions such as the child must reside in Florida or be a part time or full time student and must be unmarried with no dependent child(ren) of his/her own. In addition, they cannot be covered under another group or franchise plan, student or individual plan, or be Medicare eligible.

Dependent Verification of Eligibility

When you first enroll, and/or if you change coverage mid-year due to a qualifying event, you may be asked to provide the applicable documents from the following list:

- Spouse Verification Documentation: Marriage Certificate
- Child Verification Documentation: Birth Certificate, court document awarding custody or requiring coverage

When You Can Enroll

You can enroll in benefits at the following times:

- During your initial new hire eligibility period
- During the annual open enrollment period
- Within 30 days of a qualified life event

Please see below section for examples of qualified life events.

Mid-Year Enrollment Changes–Section 125 Cafeteria Plan

Employees may take advantage of, at no cost to them, the tax benefits of a 125 Cafeteria Plan. This plan allows you to pay for your employee benefits on a pre-tax basis to be deducted from your paycheck. When you elect to pay for these authorized benefits pre-tax, you save because you are paying less in taxes...you do not pay Federal Income or Social Security taxes on these designated benefit dollars. Therefore, you lower your taxable income. This will allow you to take home more of your paycheck, decreasing the net cost of the benefit you are purchasing.

Current IRS regulations state that benefit choices cannot be changed in the middle of a plan year unless you experience a qualifying life event. Changes must be reported within 30 days of the actual event. Some common qualifying events may include:

- Marriage, Divorce or Death of Spouse
- Birth, Adoption or change in legal custody
- Loss of other coverage
- Enrollment in the Marketplace Exchange
- Change in Medicare or Medicaid entitlement
- FMLA or Military Leave

To determine if any of these apply to you, please check with your Human Resources representative.

Please Note: the IRS does not consider financial hardship a qualifying event to drop coverage.

Sample of Savings Using Pre-Tax Deductions:

	Pre-Tax Contributions	*Post Tax Contributions*
Employee Gross Pay	*$35,000*	*$35,000*
Pre-Tax Premium	*$417*	-
Taxable Income	*$34,583*	*$35,000*
Assumed Tax Rate[1]	*25.65%*	*25.65%*
Net Pay	*$25,712*	*$26,023*
After Tax Premium	-	*$417*
Take Home Pay	*$25,712*	*$25,605*

[1]Assumed Tax Rate of 18% Federal Income Tax and 7.65% FICA (Social Security and Medicare)

Aetna - In Network Benefits	HSA 1 (OAMC 0110)		HSA 7 (OAMC 0710)	
Deductible (Individual / Family)	$1500 / $3000*		$6000 / $12000**	
Coinsurance-You Pay	10%		30%	
Out of Pocket Maximum - (Individual / Family)	$2000 / $4000*		$6550 / $13100**	
Prescription Drugs	Deductible then $20 / $40 / $70 (See list of preventive meds covered by copay first)		Deductible then $20 / $40 / $70 (See list of preventive meds covered by copay first)	
Mail Order Drugs (Up to 90 Day Supply)	Deductible then $40 / $80 / $140		Deductible then $40 / $80 / $140	
Physician Office Visits				
Office Visit	Deductible + Coinsurance		Deductible + Coinsurance	
Specialist Office Visit	Deductible + Coinsurance		Deductible + Coinsurance	
Referral Needed for Specialist	No		No	
Teladoc	$40		$40	
Preventive Care				
Routine Adult Physical Exams, Well Woman Exams, Mammograms, Well Child Exams	Covered 100%			
Diagnostic / Laboratory				
Independent Clinical Lab - (Blood Work)	Deductible + Coinsurance		Deductible + Coinsurance	
Diagnostic Testing Facility - (X-Rays)	Deductible + Coinsurance		Deductible + Coinsurance	
Advanced Imaging (MRI, CT-Scan, PET Scan, Nuclear Medicine)	Deductible + Coinsurance		Deductible + Coinsurance	
Hospitalization & Outpatient Services				
Inpatient Hospitalization (Facility)	Deductible + Coinsurance		Deductible + Coinsurance	
Outpatient Surgical Care (Hospital Facility)	Deductible + Coinsurance		Deductible + Coinsurance	
Ambulatory Surgical Center	Deductible + Coinsurance		Deductible + Coinsurance	
Emergency Room	Deductible + Coinsurance		Deductible + Coinsurance	
Urgent Care	Deductible + Coinsurance		Deductible + Coinsurance	
Out of Network Benefits				
Deductible (Individual / Family)	$3000 / $6000		$10000 / $20000	
Coinsurance	30%		50%	
Out of Pocket Maximum (Individual / Family)	$6000 / $12000		$10000 / $20000	
HSA Annual from Wycliffe Associates	$1200		$1200	
HRA Annual from Wycliffe Associates	$0		$3000 Individual / $6000 Family	
Employee Payroll Deductions Semi-Monthly and Total Monthly Premiums* **	HSA 1		HSA 7	
	EE Semi-Mo.	Total Monthly	EE Semi-Mo.	Total Monthly
Employee Only	$92.75	$800.61	$0	$615.11
Employee + Spouse	$366.29	$1795.03	$141.90	$1346.24
Employee + Child(ren)	$301.51	$1495.27	$116.81	$1125.86
Employee + Family	$473.98	$2293.56	$183.65	$1712.90

*Aggregating Limits: Once family limits are met, all family members will be considered as having met their limit for the remainder of the calendar year. There is no individual limit to satisfy within the family limit.

** Embedded Limits: The family Deductible and Out of Pocket limits are a cumulative limit for all family members. These limits can be met by a combination of family members; however no single individual within the family will be subject to more than the individual Deductible amount (The Individual limit is "embedded" in the family limit).

***All Total Monthly costs shown include $100 monthly HSA contributions to your Health Savings Account (HSA). Both plans are qualified for you to make your own HSA contributions.

This information summarizes the Wycliffe Associates Medical benefits plans and is for illustrative purpose only. In the event of a discrepancy between this illustration and the official plan documents, the official documents will govern.

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Healthier living
Financial well-being
Intelligent solutions

aetna®

Reducing your out-of-pocket costs for the medicine you need

Preventive Medicine List

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Receive preventive medicine without first having to meet your deductible.

For conditions such as high blood pressure, high cholesterol and diabetes, we can help you manage the cost of your medicine.

We understand how important it is to take the medicine your doctor prescribes. The Aetna preventive medicine feature makes it easier for you to do that.

For chronic conditions, forget the health savings account deductible — just pay your copay or coinsurance when buying these medications.

Category	Generic medicine		Brand-name medicine	
Antihypertensive medicine (high blood pressure)				
Angiotensin-converting enzyme (ACE) inhibitors/ combinations	*benazepril* *benazepril/ hydrochlorothiazide (HCTZ)* *captopril* *captopril/HCTZ* *enalapril* *enalapril/HCTZ* *fosinopril* *fosinopril/HCTZ*	*lisinopril* *lisinopril/HCTZ* *moexipril* *moexipril/HCTZ* *perindopril* *quinapril* *quinapril/HCTZ* *ramipril* *trandolapril* *trandolapril/verapamil*	ACCUPRIL ACCURETIC ACEON ALTACE EPANED LOTENSIN LOTENSIN HCT MAVIK PRINIVIL	PRINZIDE QBRELIS TARKA UNIRETIC UNIVASC VASERETIC VASOTEC ZESTORETIC ZESTRIL
Angiotensin II receptor antagonists/renin inhibitors/ combinations	*amlodipine/valsartan* *amlodipine/valsartan/ HCTZ* *candesartan* *candesartan/HCTZ* *eprosartan* *irbesartan*	*irbesartan/HCTZ* *losartan* *losartan/HCTZ* *telmisartan* *telmisartan/HCTZ* *valsartan* *valsartan/HCTZ*	ATACAND ATACAND HCT AVALIDE AVAPRO AZOR BENICAR BENICAR HCT COZAAR DIOVAN DIOVAN HCT EDARBI	EDARBYCLOR EXFORGE EXFORGE HCT HYZAAR MICARDIS MICARDIS HCT TEKTURNA TEKTURNA HCT TRIBENZOR TWYNSTA VALTURNA
Alpha-adrenergic/ beta-adrenergic blockers	*acebutolol* *atenolol* *atenolol/chlorthalidone* *betaxolol* *bisoprolol* *bisoprolol/HCTZ* *carvedilol* *doxazosin* *labetalol* *metoprolol* *metoprolol ER* *metoprolol/HCTZ* *nadolol*	*nadolol/ bendroflumethiazide* *prazosin* *propranolol* *propranolol ER* *propranolol/HCTZ* *pindolol* *sorine* *sotalol* *sotalol AF* *terazosin* *timolol*	BETAPACE BETAPACE AF BYSTOLIC BYVALSON CARDURA COREG COREG CR CORGARD CORZIDE DUTOPROL INDERAL LA INNOPRAN XL	KERLONE LEVATOL LOPRESSOR LOPRESSOR HCT MINIPRESS SECTRAL TENORMIN TENORETIC TOPROL XL ZEBETA ZIAC
Calcium channel blockers/miscellaneous combinations	*afeditab CR* *amlodipine* *amlodipine/benazepril* *cartia XT* *diltiazem* *diltiazem CD/ER/XR* *dilt-XR* *felodipine ER* *isradipine* *matzim LA* *nicardipine*	*nifedical XL* *nifedipine* *nifedipine ER* *nimodipine* *nisoldipine* *nisoldipine ER* *taztia XT* *telmisartan/amlodipine* *verapamil* *verapamil ER*	ADALAT CC CALAN CALAN SR CARDENE SR CARDIZEM CARDIZEM CD/LA COVERA-HS LOTREL	NORVASC NYMALIZE PRESTALIA PROCARDIA PROCARDIA XL SULAR TIAZAC VERELAN PM

Category	Generic medicine		Brand-name medicine	
Diuretics	*acetazolamide* *acetazolamide ER* *amiloride* *amiloride/HCTZ* *bumetanide* *chlorothiazide* *chlorthalidone* *eplerenone* *ethacrynic acid* *furosemide*	*HCTZ* *indapamide* *methazolamide* *methyclothiazide* *metolazone* *spironolactone* *spironolactone/HCTZ* *torsemide* *triamterene/HCTZ*	ALDACTAZIDE ALDACTONE BUMEX DEMADEX DIAMOX DIURIL DYAZIDE DYRENIUM	EDECRIN INSPRA KEVEYIS LASIX MAXZIDE MICROZIDE NEPTAZANE
Antihypertensive miscellaneous	*clonidine* *guanfacine* *hydralazine*	*methyldopa* *methyldopa/HCTZ* *minoxidil*	CATAPRES CLORPRES DEMSER DIBENZYLINE	NEXICLON XR TENEX VECAMYL
Antihyperlipidemia medicine (high cholesterol)				
HMG-CoA reductase inhibitors (statins)/ miscellaneous	*atorvastatin* *amlodipine/atorvastatin* *fluvastatin* *lovastatin* *pravastatin* *rosuvastatin* *simvastatin*		ALTOPREV CADUET CRESTOR LESCOL XL LIPITOR LIVALO	MEVACOR PRAVACHOL VYTORIN ZETIA ZOCOR
Miscellaneous antihyperlipidemics	none		JUXTAPID KYNAMRO	PRALUENT REPATHA
Bile acid sequestrants/ fibric acids/ miscellaneous other antihyperlipidemics	*cholestyramine* *colestipol* *fenofibrate* *fenofibric* *fenofibric DR*	*gemfibrozil* *niacin ER* *omega-3 acid* *prevalite*	ANTARA COLESTID FENOGLIDE FIBRICOR LIPOFEN LOFIBRA LOPID LOVAZA	NIACOR NIASPAN QUESTRAN QUESTRAN LITE TRICOR TRILIPIX VASCEPA WELCHOL
Anti-asthmatics (asthma)/chronic obstructive pulmonary disease (COPD)	*albuterol* *albuterol ER* *aminophylline* *budesonide* *cromolyn sodium* *ipratropium bromide* *ipratropium bromide/ albuterol*	*levalbuterol HCl* *metaproterenol sulfate* *montelukast sodium* *terbutaline sulfate* *theochron* *theophylline* *theophylline ER* *zafirlukast*	ACCOLATE ADVAIR DISKUS ADVAIR HFA AEROSPAN ALVESCO ANORO ELLIPTA ARCAPTA NEOHALER ARNUITY ELLIPTA ASMANEX HFA ASMANEX TWISTHALER ATROVENT HFA BEVESPI AEROSPHERE BREO ELLIPTA BROVANA COMBIVENT RESPIMAT DALIRESP DULERA ELIXOPHYLLIN FLOVENT DISKUS FLOVENT HFA INCRUSE ELLIPTA ISUPREL LUFYLLIN MAXAIR AUTOHALER	PERFOROMIST PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA PULMICORT PULMICORT FLEXHALER QVAR SEEBRI NEOHALER SEREVENT DISKUS SINGULAIR SPIRIVA HANDIHALER STIOLTO RESPIMAT STRIVERDI RESPIMAT SYMBICORT THEO-24 TUDORZA PRESSAIR VENTOLIN HFA VOSPIRE ER XOPENEX XOPENEX CONC XOPENEX HFA ZYFLO ZYFLO CR

Category	Generic medicine		Brand-name medicine	
Antidiabetic medicine				
Insulins	none		AFREZZA APIDRA APIDRA SOLOSTAR HUMALOG products HUMULIN products LANTUS LANTUS SOLOSTAR LEVEMIR	LEVEMIR FLEXPEN LEVEMIR FLEXTOUCH NOVOLIN products NOVOLOG products RELION products TOUJEO SOLOSTAR TRESIBA
Antidiabetic orals/ injectables	*acarbose* *alogliptin* *alogliptin/metformin* *alogliptin/pioglitazone* *chlorpropamide* *glimepiride* *glipizide* *glipizide ER* *glipizide XL* *glipizide/metformin HCl* *glyburide* *glyburide micronized* *glyburide/metformin HCl*	*metformin HCl* *metformin HCl ER* *miglitol* *nateglinide* *pioglitazone HCl* *pioglitazone HCl/ metformin HCl* *pioglitazone HCl/ glimepiride* *repaglinide* *repaglinide/metformin* *tolazamide* *tolbutamide*	ACTOPLUS MET ACTOPLUS MET XR ACTOS AMARYL AVANDARYL AVANDIA BYDUREON BYETTA CYCLOSET DUETACT FARXIGA FORTAMET GLUCAGEN HYPOKIT GLUCAGON EMERGENCY KIT GLUCOPHAGE GLUCOPHAGE XR GLUCOTROL GLUCOTROL XL GLUCOVANCE GLUMETZA GLYNASE GLYSET GLYXAMBI INVOKAMET INVOKANA	JANUMET JANUMET XR JANUVIA JARDIANCE JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR KORLYM NESINA ONGLYZA OSENI PRANDIN PRECOSE PROGLYCEM RIOMET STARLIX SYMLIN SYMLINPEN SYNJARDY TANZEUM TRADJENTA TRULICITY VICTOZA XIGDUO XR
Diabetic supplies (diabetes)	*insulin syringes — any generic* *lancets — any generic* *pen needles — any generic*		BD insulin syringes BD lancets BD pen needles FREESTYLE glucose test strips FREESTYLE INSULINX glucose test strips FREESTYLE LITE glucose test strips ONETOUCH VERIO glucose test strips ONETOUCH ULTRA glucose test strips	PRECISION XTRA glucose test strips PRECISION XTRA ketone test strips ALL OTHER BRANDS — glucose test strips ALL OTHER BRANDS — insulin syringes ALL OTHER BRANDS — lancets ALL OTHER BRANDS — pen needles
Blood-thinning agents	*anagrelide* *argatroban* *aspirin/dipyridamole* *cilostazol* *clopidogrel* *dipyridamole* *enoxaparin*	*fondaparinux* *heparin* *jantoven* *warfarin*	AGGRENOX AGRYLIN ARIXTRA BRILINTA COUMADIN DURLAZA EFFIENT ELIQUIS FRAGMIN	IPRIVASK LOVENOX PERSANTINE PLAVIX PRADAXA SAVAYSA XARELTO ZONTIVITY

Category	Generic medicine		Brand-name medicine	
Opioid dependence treatment	*buprenorphine HCl/ naloxone tab* *buprenorphine SL tab* *naltrexone tab*		BUNAVAIL SUBOXONE film VIVITROL injection ZUBSOLV	
Osteoporosis agents	*alendronate* *calcitonin spray* *etidronate* *ibandronate*	*pamidronate* *raloxifene* *risedronate* *zoledronic*	ACTONEL ATELVIA BINOSTO BONIVA EVISTA FORTEO FORTICAL FOSAMAX	FOSAMAX PLUS D MIACALCIN INJECTION MIACALCIN SPRAY NATPARA PROLIA RECLAST XGEVA ZOMETA
Prenatal multivitamin with folic acid	many choices available		many choices available	
Pediatric vitamins with fluoride	many choices available		many choices available	
Smoking-cessation medicine	*buproban* *bupropion SR*		CHANTIX NICOTROL INHALER	NICOTROL NS

Please remember that this is not a complete list of medications covered under your plan. Because there are thousands of medications included in your pharmacy benefit, we only list the most common ones. Certain drugs such as those for smoking cessation or vitamins may not be covered by your particular pharmacy plan. Diabetic supplies may be covered under your medical plan. If you have any questions about your pharmacy benefits, please visit **www.aetna.com** and log in to your secure member website. If you don't have access to our website, call the toll-free number on your member ID card.

To check coverage and copay information for a specific medicine, visit **www.aetna.com** and log in to your secure member website. For more details, please call the toll-free number on your member ID card.

This is not an inclusive list. Products that are not represented on this list may be subject to plan-specific copayment or coinsurance. Void where prohibited by law. Void in the State of CT.

Specific prescription benefits plan design may not cover certain categories or may be subject to additional charges or restrictions, regardless of their appearance in this document.

Aetna may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information. Information is believed to be accurate as of the production date; however, it is subject to change. For questions, please call the toll-free number on your member ID card.

Policy forms issued in Idaho by Aetna Life Insurance Company include: GR-9/GR-9N, GR-29/GR-29N, GR-23, AL HGrpPol 02, AL HCOC 03, AL SG HGrpPol 02, AL SG HCOC 2017-PPO 01, AL SG HCOC-2017-TC 01.

Policy forms issued in Idaho by Aetna Health of Utah Inc. include: HI HGrpAG 02, HC HCOC 03, HI SG HGrpAg 02, HC SG HCOC 2017-01, SG HCOC-NM 2017-01.

Policy forms issued in Missouri include: AL HGrpPol 01R5, HI HGrpAg 01, HO HGrpPol 01.

Policy forms issued in Oklahoma include: HMO OK COC-5 09/07, HMO/OK GA-3 11/01, HMO OK POS RIDER 08/07, GR-23, GR-29/GR-29N.

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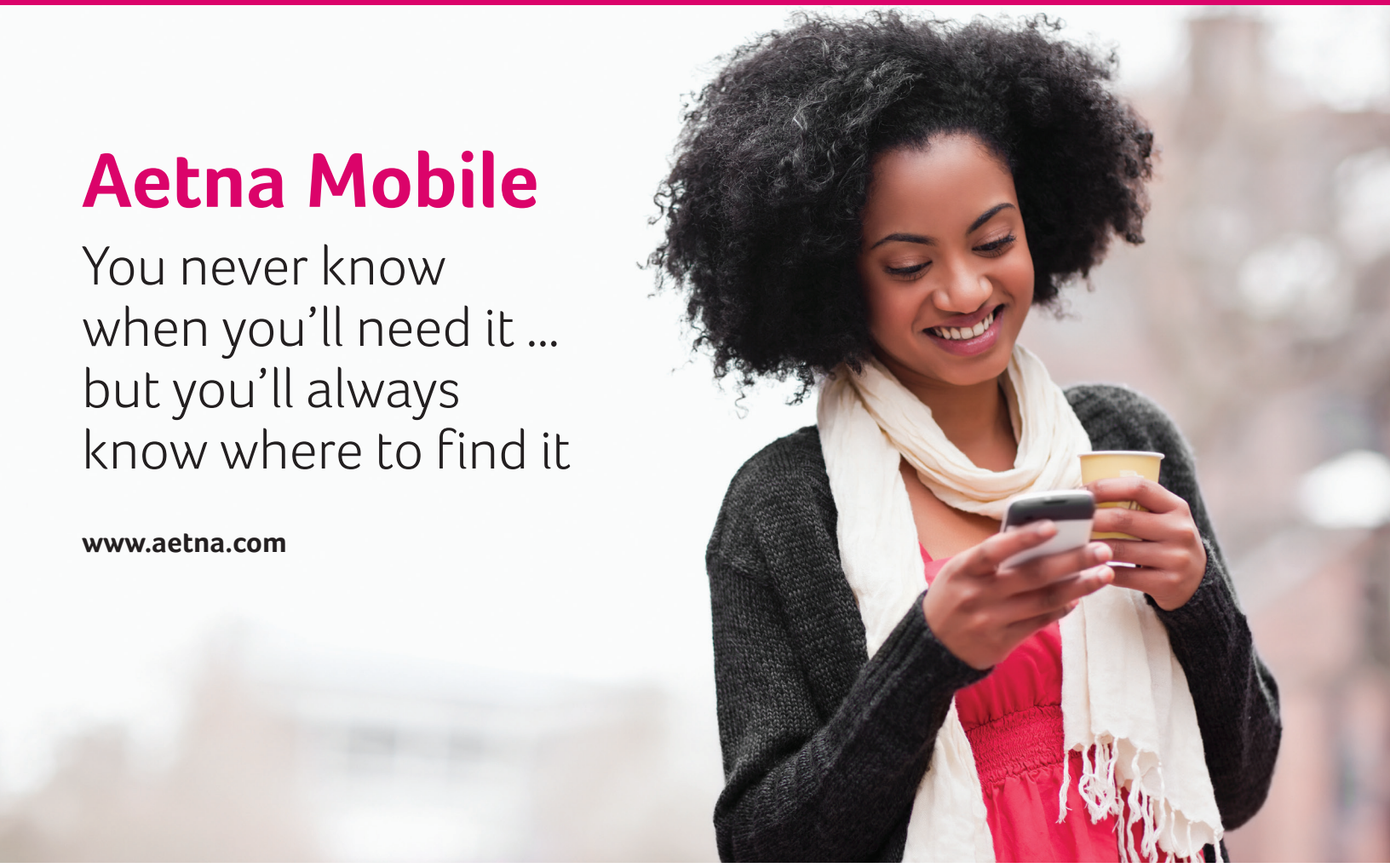

Aetna Mobile

You never know when you'll need it ... but you'll always know where to find it

www.aetna.com

Find what you need — wherever, whenever — with Aetna Mobile

That's why it's great to know you can use your cell phone with web access to view your health plan information — whenever you want, wherever you are. The Aetna Mobile app is available for Android™ and iPhone® mobile devices.

Use a different smartphone or mobile device? Instead of loading an app, just visit **www.aetna.com** and use the mobile web version of the site.

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You're in your car, at the doctor's office ... anywhere. You need that ID number or claims record now. With Aetna Mobile, you'll get all the answers you need, instantly.

Features of Aetna Mobile

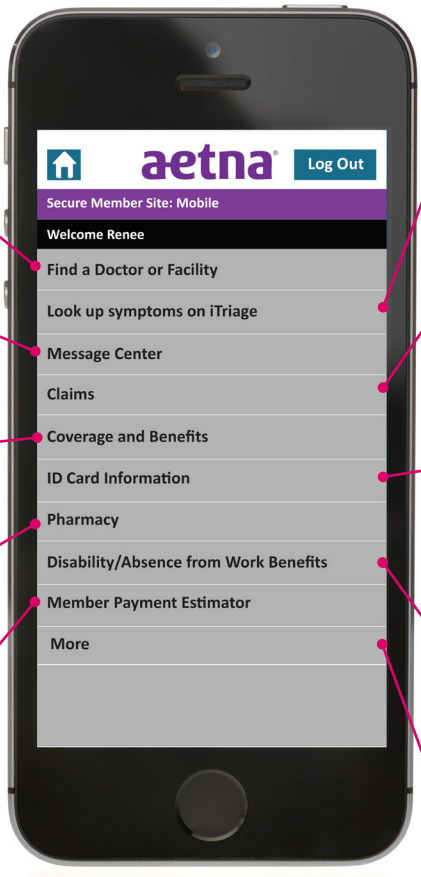
Find a doctor — it's easy to search for doctors, dentists and specialists in your area.

Message center — one location for all Aetna email correspondence from Member Services.

Check benefits and coverage information — just clear, accurate details when you click.

Pharmacy — find a pharmacy, get drug costs or refill a prescription on the go.

Member Payment Estimator — real-time estimates for out-of-pocket medical expenses based on your health plan.



Look up symptoms on the iTriage® app — it's easy to search symptoms, conditions and medicine.

Search claims — no more guesswork when you don't have the paperwork with you.

Pull up your medical and/or dental ID card information — if you left your ID card at home, it's no problem.

View your disability or leave information — reference your existing claims, leaves and payments while you're on the go.

More — for access to your personal health record and online programs.

Two ways to download your FREE Aetna Mobile app:

- Text **Apps** to **23862** to download now.*
- Scan the code with your mobile device.

To learn more, visit us at **www.aetna.com/mobile**.

*Standard text messaging rates may apply.

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Need a member ID card?

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Here's how to get one

It's easy to get an ID card through your member website. And you can get whichever works better for you — paper or electronic.

To print a paper ID card from your computer:

- Log in to your member website at **www.aetna.com**.
- Choose "Get an ID Card."
- Follow the steps to print your card.

To display an electronic ID card on your smartphone or tablet:

- Log in to the mobile member website by typing **www.aetna.com** in your browser.
- Choose "ID Card Information."
- Show your ID card when you visit the doctor or dentist.

Not signed up yet?

There's no time like the present. Visit **www.aetna.com** to sign up for your member website today.

Forgot whether you already signed up?

Maybe you can't remember if you've used your member website before. That's okay. You can recover a **user name** and reset a **password** at **www.aetna.com**.

Here's a tip: You need to have your user name before you can reset your password.

*If you've tried everything and still can't log in — that's okay, too. Tech support is at your service. Call toll-free at **1-800-225-3375**.*

Find what you need — wherever, whenever

The Aetna Mobile app puts our most popular online features at your fingertips. It's available for Android™ and iPhone® mobile devices.

Two ways to download your free Aetna Mobile app:

- Text Apps to 23862 to download now.*
- Scan the code with your mobile device.

To learn more, visit us at **www.aetna.com/mobile**.

*Standard text messaging rates may apply.

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Healthier living
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Services that fit every stage of your life

Aetna Life Essentials℠ Program

With your Aetna life insurance coverage, you aren't just offering financial protection for your loved ones. You also get access to tools and services to use today for a healthy, fulfilling life. This is what Aetna Life Essentials is all about.

Support for your emotional and daily needs

Care Advocacy Program with social work services

You have access to a master's-level social worker who is able to assist if you:

- Are permanently and totally disabled
- Are terminally ill and are applying or have been approved for an accelerated death benefit
- Have an injury that has resulted in a loss covered by the accidental death and personal loss coverage benefit

Through this program, you can get access to:

- Education about coverage
- Referrals to local and national programs that may provide housing, food, prescription and financial assistance, emotional support and referrals to behavioral health services
- Experience with members dealing with advanced illness, including those who use Medicare

Want to learn more? Call us at **1-800-276-5120**.

End-of-life support

You can use the Aetna Compassionate Care℠ program to be better prepared during this challenging time. You can find:

- Advice on how to start talking about end-of-life issues
- End-of-life care information
- Printable checklists that help you manage your estate

Need more information? Visit us at **www.aetnacompassionatecare.com**.

Grief counseling

We're here when you need to talk. You and your family members can speak with an Aetna Behavioral Health representative. You get three telephone bereavement or grief counseling sessions as part of your life coverage.

Need to talk? Call us at **1-800-806-8891**.

Employee assistance program (EAP)

You and your immediate household members and dependents up to age 26 get telephone EAP consultations. Your call is confidential. You can call us for help with:

- Stress
- Personal and professional relationships
- Substance abuse
- Family life
- General mental well-being

Would you rather have a face-to-face visit? You can also call us for referrals to local community resources and counselors.

You can visit our EAP website anytime. You'll find free webinars on a variety of topics such as parenting, elder care, stress management and much more. You can also access thousands of articles, videos and tools on work-life balance and mental health topics.

Want to talk about the EAP program? Call us at **1-877-327-5832**. Or visit us online at **www.mylifevalues.com** (user name and password: EAP4LIFE).

Legal and financial services help estate planning

Legal services

With the Legal Reference™ program, you and your spouse can get free access to estate planning services. Plus, you get two will-preparation sessions a year. One for you and one for your spouse or domestic partner. Services include:

- Living wills
- Health care directives
- Durable financial power of attorney

AETNA LIFE ESSENTIALS IS NOT THE INSURANCE PLAN. IT IS OFFERED FOR FREE WITH THE PLAN.

26.03.352.1 B (7/16)

Do you have an approved accelerated death benefit claim? If so, you get the above legal services and can meet in an attorney's office. You also get help with:

- Uncontested guardianship documentation
- Tax planning
- Wills

Want to learn more? Call us at **1-888-257-2934**. Or visit us at **www.ichooselegal.com**.

Financial services

You can receive one-on-one advice and financial guidance with a licensed Merrill Edge Financial Solutions Advisor™. They are available to you whether you're an active employee, a retiree, a terminated employee having ported coverage or a beneficiary of a deceased life member. Call **1-844-528-9675** and press option 1. (Identify yourself as an Aetna member or a beneficiary of an Aetna member when calling.)

Savings for healthy living

The Aetna Discount Program

Save money on what matters most to you — because it's your health, your wellness and your life. You can get discounts on products and services such as:

- At-home products
- Fitness
- Natural products and services
- Vision
- Books
- Hearing
- Oral health care
- Weight management

Get help at the time you need it most

Funeral planning services

You can access information and tools to prepare and manage all issues surrounding a funeral through our partner, Everest Funeral Planning and Concierge Services, LLC. You can access Everest to help preplan arrangements, or use them at your time of need.

There is no additional cost for these services:

- 24/7 advisory assistance: Immediate help with all aspects of planning a funeral.
- Price comparisons: Everest will research funeral home costs in your area to help you make a decision.
- Price negotiations: Everest will help negotiate with your chosen funeral home to help you get your needs met at the best available price.
- Help coordinating claims payments: Everest will help get funeral expenses paid from the life insurance payment so that your family does not have to worry about the financial and claims process.

You can talk to an adviser any time of day or night at **1-800-913-8318**. Or you can visit **www.everestfuneral.com/aetna**. Ask your Human Resources department for your company registration code.

More than life insurance coverage. Your essentials for various stages of life. To learn more, visit **www.aetnalifeessentials.com**.

Aetna does not warrant, guarantee or make any representation as to the quality of the services offered by CISC, AXA, ARAG or any legal or medical providers to whom a referral is made by these companies. The services provided are not part of the life insurance covered benefits.

Life and AD&D insurance plans/policies are underwritten by Aetna Life Insurance Company (Aetna).

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits vary by location. Life insurance plans/policies contain exclusions and limitations and are subject to United States economic and trade sanctions. Specific features of life insurance policies vary, depending on employers and states. Read your policy for details. Discount programs provide access to discounted prices and are NOT insured benefits. The member is responsible for the full cost of the discounted services.

The Legal Reference™ program is independently administered by ARAG® Services LLC. Aetna does not participate in attorney selection or review, nor does it monitor the services, content or network. Aetna does not warrant, guarantee, or make any representation as to the quality of the services offered by ARAG or of any attorney in the ARAG network. Aetna has not credentialed or otherwise reviewed or assessed the quality of ARAG services or ARAG-contracted law firms or lawyers. ARAG does not provide Aetna with any individually identifiable information whatsoever on legal information accessed or legal services used by eligible individuals. Aetna has provided its policyholders with access to ARAG programs and services but has no responsibility for those services. Aetna does not receive a marketing fee from ARAG in conjunction with the Legal Reference program.

Merrill Edge is available through Merrill Lynch, Pierce, Fenner & Smith Incorporated (MLPF&S), and consists of the Merrill Edge Advisory Center (investment guidance) and self-directed online investing. MLPF&S is a registered broker dealer, Member SIPC, and a wholly owned subsidiary of Bank of America Corporation. The Financial Services Program is independently offered and administered by MLPF&S. Aetna does not provide financial services and makes no representations or warranties as to the quality of the information or services provided by MLPF&S.

Aetna has provided its policyholders with access to Everest Funeral Planning and Concierge Services ("Services"), which are independently administered by Everest Funeral Package, LLC ("Everest"). Access to these Services is not insurance, may be discontinued at any time without notice, and is void where prohibited. Everest is solely responsible for furnishing these Services, and Aetna makes no guarantee or representations as to their quality or suitability. In no event will Aetna be responsible or liable for any acts or omissions by Everest and its agents, employees or representatives in connection with the Services provided. The EAP is administered by Aetna Behavioral Health, LLC, Aetna Health of California, Inc. and Health and Human Resources Center, Inc. (Aetna). EAP instructors, educators and network participating providers are independent contractors and are neither agents nor employees of Aetna. All EAP calls are confidential, except as required by law. For more information about Aetna refer to **www.aetna.com**.

Policy forms issued in Idaho and Oklahoma include: GR-9/GR-9N and/or GR-29/GR-29N.

www.aetna.com

26.03.352.1 B (7/16)

aetna®

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetna®

Millions of ways for you to save money

Aetna Discount Program

For your health, wellness *and* life

Everybody likes to save — wherever and whenever they can.

With the Aetna Discount Program, you can save money on whatever matters most to you. You can take advantage of discounts on:

- Gym memberships
- Weight-loss programs
- Eye exams and hearing aids
- Acupuncture and massage therapy

You also get discounts on:

- Travel
- Tickets
- Electronics
- Family care, wellness and more

The Aetna Discount Program is offered to you at no extra cost. Start saving today.

00.03.640.1 B (10/14)

The discounts you get through your Aetna plan are not insurance. So there are no claims forms, referrals or limits on how much you can save. And your family members may be able to save, too.

The discounts give you on-the-spot savings on the products and services provided by participating vendors.

Important: If your health plan covers any of these services, use your plan first. You could pay less that way.

Fitness discounts

Save on gym memberships* and brand-name home fitness and nutrition products that support a healthy lifestyle, with services provided by GlobalFit®.

Free guest passes are available at most gyms, in case you want to try the gym first. You can also get discounts on at-home weight-loss programs and one-on-one health coaching services.**

Hearing discounts

Save on hearing exams, hearing aids and more. Also get free batteries and in-office services. Through Hearing Care Solutions and HearPO®, you can hear better for less.

Natural products and services discounts

Save on good health, naturally. With discounts on acupuncture, chiropractic, massage therapy and nutrition services. You can also save on over-the-counter vitamins, yoga equipment and more. Online provider consultations, too.

Vision discounts

Save on eye exams, prescription eyeglasses and sunglasses, LASIK laser eye surgery and more. You can also pay less for vision items that don't need a prescription. Like sunglasses, eye chains, contact lens cases and cleaners.

LifeMart® shopping website discounts

Save on millions of products and services from thousands of national and local merchants. Get discounts on:

- Travel, tickets, electronics
- Home, auto, dining
- Family care, wellness and so much more

Weight management discounts

Save on some of today's most popular weight-loss programs and meal plans. Choose from CalorieKing®, Jenny Craig® and Nutrisystem®. With each program and plan you also get one-on-one help, personalized menus, online tools and more.

More ways to save

You can also save on books, CDs, DVDs, oral health care products, blood pressure monitors and more.

Learn how to use the discounts

It's easy. It all starts with your secure member website.

- Go to **www.aetna.com** and log in with your user name and password.
- Choose "Health Programs."
- Select "See the discounts."

There you can learn more about the discounts that matter most to you. And how to take advantage of them.

Get all the savings available to you.
Log in at **www.aetna.com** today.

*Participation is for new gym members only. If you belong to a gym now or belonged recently, call GlobalFit at 1-800-298-7800 to see if a discount applies.

**By HealthAdvocate, through GlobalFit.

www.aetna.com

00.03.640.1 B (10/14)

aetna®

BE INFORMED! WHAT ARE YOUR OPTIONS?

Care Center	Why would I use this care center?	What type of care would they provide?	What are the cost and time considerations?
Doctor's Office $	You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide preventive and routine care, manage your medications and refer you to a specialist, if necessary.	• Routine checkups • Immunizations • Preventive services • Manage your general health	• Often requires a copayment and/or coinsurance • Normally requires an appointment • Little wait time with scheduled appointment
Convenience Care Clinic $	In situations where you may not be able to get in to see your primary care doctor and your condition is not urgent or an emergency, you may want to consider a **Convenience Care Clinic.** Convenience Care Clinics are conveniently located in malls or some retail stores, such as CVS Caremark, Walgreens, Walmart and Target, and offer services without the need to schedule an appointment. These services are often provided at a lower out of pocket cost than at urgent care clinics and emergency room visits. Services at these types of clinics are usually available to patients 18 months of age or older.	• Common infections (Sore or strep throat, Urinary tract and bladder infections, Earaches and ear infections, pink eye • Minor fevers • Cough, colds, and flu • Nasal Congestion • Allergy Symptoms • Skin issues(rashes, ringworm, and chicken pox) • Head Lice • Insect bites • Minor burns, cuts, and scrapes • Sprains and Strains	• Often requires a copayment and/or coinsurance similar to office visit • Walk in patients welcome with no appointments necessary but wait times can vary
Urgent Care Centers $$	In situations where you need medical care fast, but a trip to the emergency room is not necessarily required you may want to consider an **Urgent Care Center**. At urgent care centers you can be treated for many minor medical issues, usually at a lower cost and on quicker turn around than an emergency room.	• Migraines • Severe back pain • Vomiting and diarrhea • Minor broken bones • Fevers • Asthma attacks • Severe cough • Eye irritations • Animal bites • Wounds requiring stitches	• Often requires a copayment and/or coinsurance usually higher than an office visit • Walk in patients welcome, but waiting periods may be longer as patients with more urgent needs will be treated first
Emergency Rooms $$$	In situations where you think that you or a covered dependent may be experiencing a true medical emergency you should go to the nearest **Emergency Room** or call 911. An emergent medical condition usually results in serious jeopardy to your health, impairment of bodily functions, or serious dysfunction of organs.	• Loss of consciousness • Chest pain • Severe trouble breathing • Sudden loss of vision, numbness or difficulty speaking • Severe abdominal pain • Coughing or vomiting blood • Severe bleeding • Severe burns • Head trauma • Major broken bones • Seizures/ convulsions	• Often requires a much higher copayment and/or coinsurance than an office visit or urgent care visit • Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first

The information provided in this material should not be viewed as medical advice from Wycliffe Associates or Insurance Office of America. If you have questions concerning your medical conditions, drugs, treatment plans or symptoms consult your healthcare provider.

Aetna

Summary of Benefits	All Other Employees		Employees Residing In Texas	
	In Network	Out of Network	In Network	Out of Network
Calendar Year Deductible (Individual/Family)	$50 / $150	$50 / $150	$50 / $150	$50 / $150
Calendar Year Maximum*	$1500	$1000	$1500	$1000
Orthodontia Lifetime Maximum (child only)	$1250			
Preventive Services	100%, deductible waived			
Basic Services	90%	80%	90%	90%
Major Services	60%	50%	60%	60%
Orthodontia Coverage	50%	50%	50%	50%
Employee Payroll Deductions Semi-Monthly and Total Monthly Billed Premiums	**All Other Employees**		**Employees Residing In Texas**	
	EE Semi-Mo.	Total Monthly	EE Semi-Mo.	Total Monthly
Employee Only	$5.78	$33.04	$5.78	$33.04
Employee + Spouse	$11.70	$66.85	$11.70	$66.85
Employee + Child(ren)	$13.41	$76.62	$13.41	$76.62
Employee + Family	$18.32	$104.68	$18.32	$104.68

***Preventive Services will not take away from your calendar year maximum benefit.**

This information summarizes the Wycliffe Associates Dental benefits plans and is for illustrative purpose only. In the event of a discrepancy between this illustration and the official plan documents, the official documents will govern.

EyeMed

Summary of Benefits	In Network	Out of Network	Frequency
Eye Exam	$10 Copay	$25 Reimbursement	12 months
Standard Contact Lens Fit/Follow-Up	Member pays discounted fee of $55	Not Covered	12 months
Premium Contact Lens Fit/Follow-Up	Member pays 90% of retail	Not Covered	12 months
Single Vision Lenses	$25 Copay	$10 Reimbursement	12 months
Bifocal Lenses		$25 Reimbursement	12 months
Trifocal Lenses		$55 Reimbursement	12 months
Lenticular Lenses		$55 Reimbursement	12 months
Frames	$130 Allowance Additional 20% off balance over allowance	$90 Reimbursement	24 months
Conventional Contact Lenses	$130 Allowance Additional 15% off balance over allowance	$90 Reimbursement	12 months
Disposable Contact lenses	$130 Allowance	$90 Reimbursement	12 months
Medically Necessary	$0 Copay	$200 Reimbursement	12 months

Payroll Deductions Semi-Monthly	EE Semi-Mo.	Total Monthly
Employee Only	$2.86	$5.72
Employee + Spouse	$5.44	$10.87
Employee + Child(ren)	$5.72	$11.44
Employee + Family	$8.41	$16.82

Network - Aetna Vision[SM] Preferred, visit www.aetnavision.com

This information summarizes the Wycliffe Associates Vision benefits plans and is for illustrative purpose only. In the event of a discrepancy between this illustration and the official plan documents, the official documents will govern.

Aetna

Benefit Summary	
Life Benefit Amount	1 times annual salary to a maximum of $50,000
AD&D Benefit Amount	Same as the life benefit amount
Reduction in Coverage	35% at the age of 65, 50% at the age of 70 and terminates at retirement
Eligibility	All full-time employees. **This coverage is at no cost to the employee.**

This information summarizes the Wycliffe Associates Basic Life and AD&D benefits plans and is for illustrative purpose only. In the event of a discrepancy between this illustration and the official plan documents, the official documents will govern.

Aetna

Benefit Summary													
Eligibility	All full-time employees have the availability to purchase additional life insurance. You may also purchase additional life insurance for your dependents only if you purchase additional life insurance on yourself.												
Employee	Employees can purchase up to 3 times their annual salary in $10,000 increments to a maximum of $300,000; $150,000 benefit can be purchased without medical underwriting.												
Spouse	Employees can purchase $5,000 increments up to $100,000 as long as does not exceed 50% of what they purchased for themselves. $20,000 benefit can be purchased without any medical underwriting.												
Children	Employees can purchase $10,000 for each covered child.												
Monthly Cost for Each $1,000 of Coverage													
Age	<19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Cost	$0.077	$0.067	$0.077	$0.076	$0.122	$0.162	$0.260	$0.403	$0.645	$0.777	$1.157	$1.905	$6.363
Note	Spouse life premiums are based on the employee's age. Child life is $1.08 per family unit.												

How to Calculate your Voluntary Life Premium:

Premium is based on coverage units of $1,000.

Formula: **Benefit Volume x Rate)/1000 = Monthly Premium**

Example: 40 year old employee elects $200,000 in coverage

Monthly premium = ($200,000 x .162) / 1000 = $32.40

Payroll Deduction = ($32.40 x 12) / 24 = $16.20 per paycheck.

This information summarizes the Wycliffe Associates Group Supplemental Life and AD&D benefits plans and is for illustrative purpose only. In the event of a discrepancy between this illustration and the official plan documents, the official documents will govern.

Aetna

Benefit Summary	
Eligibility	All full-time eligible employees at no cost
Benefit	60% of your gross monthly earnings
Monthly Maximum Benefit	$7,000
Benefits Begin	After 90 consecutive days of total disability and pay up to age 65 or normal social security retirement age. Subject to benefits reductions after age 65.

New EAP benefit this year from Aetna-includes 3 face to face counseling sessions for you and all members of your household.

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetna℠

When you need someone to listen, we're here

Aetna Resources For Living℠

Aetna's Employee Assistance Program
for Long-Term Disability members

www.aetna.com

Call: **1-855-283-1915**
Or visit: **www.mylifevalues.com**
(Log in user name and password: RESOURCES)

Aetna is the brand name used for products and services offered through the Aetna group of subsidiary companies. The EAP is administered by Aetna Behavioral Health, LLC.

This information summarizes the Wycliffe Associates Long Term Disability benefits plans and is for illustrative purpose only. In the event of a discrepancy between this illustration and the official plan documents, the official documents will govern.

403 (b) Retirement Savings Plan

The Wycliffe Associates 403(b) Retirement Savings Plan offers a convenient way to save for your future through payroll deductions.

Eligibility

You are eligible to participate in the plan as of the first day of the month following 90 days of service with Wycliffe Associates.

Employee Contributions

Contributions from your pay are made on a pre or post tax basis-up to the IRS annual limit. If you are 50 years of age or older, (or if you will reach age 50 by the end of the year), you may make a catch-up contribution in addition to the normal IRS annual limit.

Vesting

Vesting refers to your right of ownership to the money in your account. You are immediately vested in all contributions and earnings.

For More Information

For additional details about the 403(b) Retirement Savings Plan or to enroll or change your contribution rates or investment elections, please refer to Human Resources.

This information summarizes the Wycliffe Associates Voluntary Supplemental benefits plans and is for illustrative purpose only. In the event of a discrepancy between this illustration and the official plan documents, the official documents will govern.

HSA Administered by Aetna

It's no secret that health care costs are getting less affordable every day. And the cost to provide health care coverage continues to escalate. Like many companies, we need to control these costs to stay competitive. At the same time, we want to be sure that our health benefits do what they are intended to do, which is to help you and your family achieve and maintain your health potential.

Fortunately, good health can actually cost less. Over the long-term, if our health benefits program can help you maintain or improve your health, we all win. That's why we are excited to offer a plan option that includes a Health Savings Account (HSA), plan HSA 7 When you enroll in this plan, you may open an HSA account that accumulates funds to cover your health care expenses.

HSAs offer you the following advantages:

- Tax Savings. You contribute pre-tax dollars to the HSA. Interest accumulates tax-free and funds are tax-free to withdraw for medical expenses.
- Reduce your out-of-pocket costs. You can use the money in your HSA to pay for eligible medical expenses and prescriptions. The HSA funds you use can help you satisfy your plan's annual deductible.
- Invest the funds and take them with you. Unused account dollars are yours to keep even if you retire or leave the company. Additionally, you can invest your HSA funds, so your available health care dollars can grow over time.
- The benefits of preventive care, without the cost. Receive 100 percent coverage for nationally recommended preventive care, with no deduction from your HSA or out-of-pocket costs for you when you see an in-network provider.
- The opportunity for long-term savings. Save unused HSA funds from year to year – money you can use to reduce future out-of-pocket health expenses. You can even save HSA dollars to use after you retire.

Maximum allowable HSA contributions are federally defined each year. For 2017 the maximum contributions are $3,400 for individual and $6,750 for family. For 2018 the maximum contributions are $3,450 for individuals and $6,900 for family. Individuals over 55 may take a $1,000 catch up contribution.

This information summarizes the Wycliffe Associates Health Savings Account and is for illustrative purpose only. In the event of a discrepancy between this illustration and the official plan documents, the official documents will govern.

PAYFLEX®

Saving money now and in the future

PayFlex® Health Savings Account (HSA)

Want to reduce your taxable income and increase your take-home pay? Enroll in an HSA today, and start saving money for eligible health care expenses for you, your spouse and your tax dependents.

What do people love about the HSA?

- Contribute pretax and post-tax dollars.
- Contribute up to **$3,400***/individual and **$6,750***/family pretax dollars annually.
- Unused funds roll over from year to year.
- Your HSA stays with you, even if you switch employers, change health plans or retire.
- If you have an HSA somewhere else, you can transfer the balance to your new HSA.
- Your money can earn interest — plus, you can enjoy investment options.

Some common eligible expenses may include:

- Deductibles, copays and coinsurance
- Eligible prescriptions
- Vision care, including LASIK laser eye surgery
- Dental care, including orthodontia

Pay the PayFlex way

Once funds are available in your HSA, PayFlex makes it easy to pay for your eligible expenses.

- **Use the PayFlex Card®, your account debit card:** When you use the PayFlex debit card, your expense is automatically paid from your account.
- **Pay yourself back:** Pay for eligible expenses with cash, check or your personal credit card. Then withdraw funds from your HSA to pay yourself back. You can even have your payment deposited directly into your checking or savings account.
- **Pay your provider:** Use PayFlex's online feature to pay your provider directly from your account.

Take care of your HSA and it may grow

There aren't many accounts where you can make tax-free contributions and tax-free withdrawals, and enjoy tax-free growth.** So why not use your HSA to help maximize your potential to save for your future?

Once you have a minimum balance (typically $1,000) in your HSA, you can open an investment account. There are a variety of mutual funds to choose from. There are also no transfer or trading fees and no minimum investment amount for a trade request.

Meet Pete, our interactive PayFlex adviser

Are you considering a PayFlex account? Not sure how much to contribute? Or how much you'll save? Pete, our interactive adviser, is here to help. He's friendly and ready to help you understand the benefits of enrolling in a pretax account and how much to contribute.

Visit **payflex.jellyvision-conversation.com** to meet Pete and get started today.

*The maximum contribution limits are subject to change annually.

**Please note that not all states provide favorable income tax treatment for HSAs.

Are you eligible for an HSA?

To enroll in an HSA, you must be enrolled in a qualified high-deductible health plan (HDHP). In addition:

- You can't have other health coverage that pays for out-of-pocket health care expenses before you meet your plan deductible.
- You or your spouse can't have a general-purpose health care flexible spending account (FSA) or health reimbursement arrangement (HRA) in the same year.
- You can't have Medicare or TRICARE.
- You can't have used Veterans Affairs (VA) medical benefits in the prior three months. Except in cases where the hospital care or medical services were for a service-connected disability.
- You can't be claimed as a dependent by someone else.

Things to keep in mind

- View the Internal Revenue Service (IRS) contribution limits and a list of common eligible expense items on the PayFlex member website.
- Annual contribution limits include contributions made by both you and your employer (if applicable).
- You can make a one-time, tax-free transfer from an Individual Retirement Account (IRA). This amount counts toward your HSA annual contribution limit.
- If you're age 55 or older, you can contribute up to an additional $1,000 annually.
- If you use your HSA for ineligible expenses, you'll need to pay income taxes and a 20 percent penalty tax on that amount. **Note:** If you're age 65 or older or disabled at the time of this withdrawal, you won't have to pay the penalty tax. However, you're still responsible for paying income taxes.
- Save your itemized statements, detailed receipts and any Explanation of Benefits (EOB) statements for your expense records.

Questions?

Visit **payflex.com**, or call us directly at **1-844-PAYFLEX (1-844-729-3539)**. We're here to help Monday – Friday, 7 a.m. – 7 p.m. CT, and Saturday, 9 a.m. – 2 p.m. CT.

It's a simple tap with the **PayFlex Mobile® app**

Managing your account has never been easier. Simply "tap" to:

- ✓ Check your balance and view alerts
- ✓ Make payments, withdrawals and deposits
- ✓ View PayFlex debit card transactions
- ✓ View common eligible expense items, and more

Note: There may be fees associated with a Health Savings Account ("HSA"). These are the same types of fees you may pay for checking account transactions. Please see the HSA fee schedule in your HSA enrollment materials for more information.

PayFlex Systems USA, Inc.

This material is for informational purposes only and is not an offer of coverage. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. It does not contain legal or tax advice. You should contact your legal counsel if you have any questions or if you need additional information. In case of a conflict between your plan documents and the information in this material, the plan documents will govern. Eligible expenses may vary from employer to employer. Please refer to your employer's Summary Plan Description ("SPD") for more information about your covered benefits. Information is believed to be accurate as of the production date; however, it is subject to change. PayFlex cannot and shall not provide any payment or service in violation of any United States (US) economic or trade sanctions. For more information about PayFlex, go to **payflex.com**.

Investment services are independently offered through a third-party financial institution. By transferring funds into an HSA investment account you can potentially benefit from capital appreciation in the value of mutual fund holdings. However, you will also be exposed to a number of risks, including the loss of principal, and you should always read the prospectuses for the mutual funds you intend on purchasing to familiarize yourself with these risks.

The HSA investment account is an optional, self-directed service. We do not provide investment advice for HSA investment account participants. You are solely responsible for any investment account decisions you make. Mutual funds and brokerage investments are not FDIC-insured and are subject to investment risk, including fluctuations in value and the possible loss of the principal amount invested. The prospectus describes the funds' investment objectives and strategies, their fees and expenses, and the risks inherent to investing in each fund. Investors should always read the prospectus carefully before making any investment decision. System response and account access times may vary due to a variety of factors, including trading volumes, market conditions, system performance, and other factors.

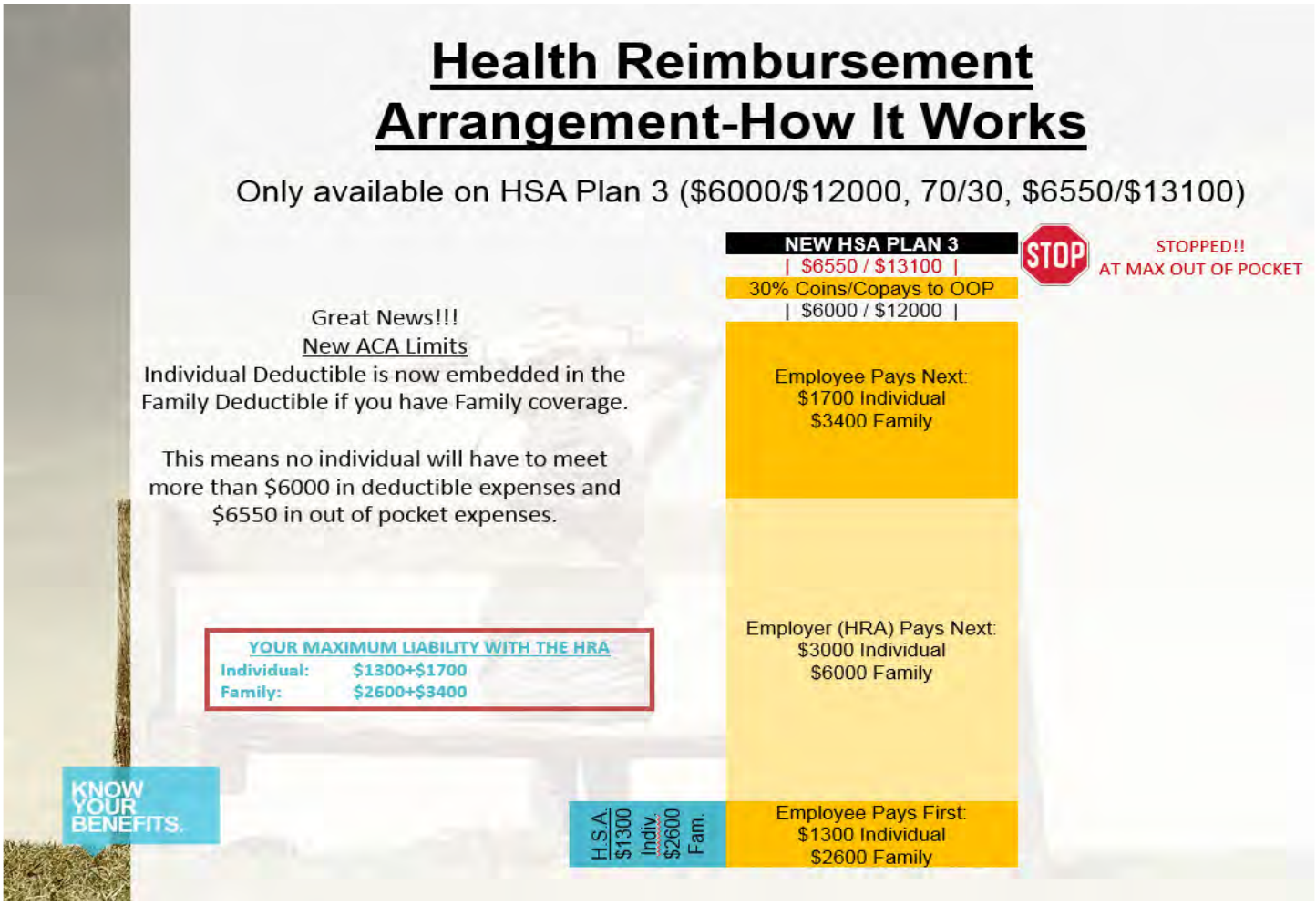
PAYFLEX®

HRA Administered by EBC

The Health Reimbursement Arrangement (HRA) is designed to subsidize your costs for deductibles and out of pocket expenses incurred on the **Aetna HSA Plan 7**. An HRA is an employer funded account. The amounts available to every enrolled employee with Individual coverage is $3000 and every employee with Family coverage (Employee +1 or more) is $6000.

The IRS rules allow an HRA and an HSA to be used together as long as you don't receive any HRA reimbursements for the first $1300 (Individual) and $2600 (Family).

A third party, Employee Benefits Corporation (EBC) is administering the HRA for Wycliffe Associates. Once you've met the IRS set limit of $1300 / $2600 you are able to seek reimbursement from the Wycliffe HRA. You will be able to submit your Aetna Explanation of Benefits (EOB) to EBC to show what portion of the deductible you have satisfied. Once approved your claim will be processed and you will receive your reimbursement (Direct Deposit available).



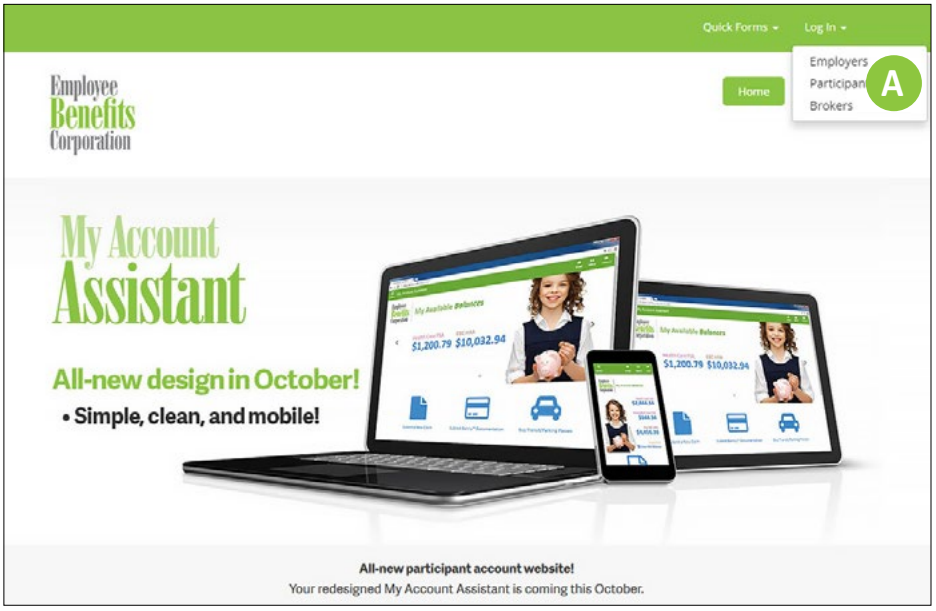
This information summarizes the Wycliffe Associates Health Reimbursement Arrangement and is for illustrative purpose only. In the event of a discrepancy between this illustration and the official plan documents, the official documents will govern.

My Account Assistant

Quick Reference Guide

Log In

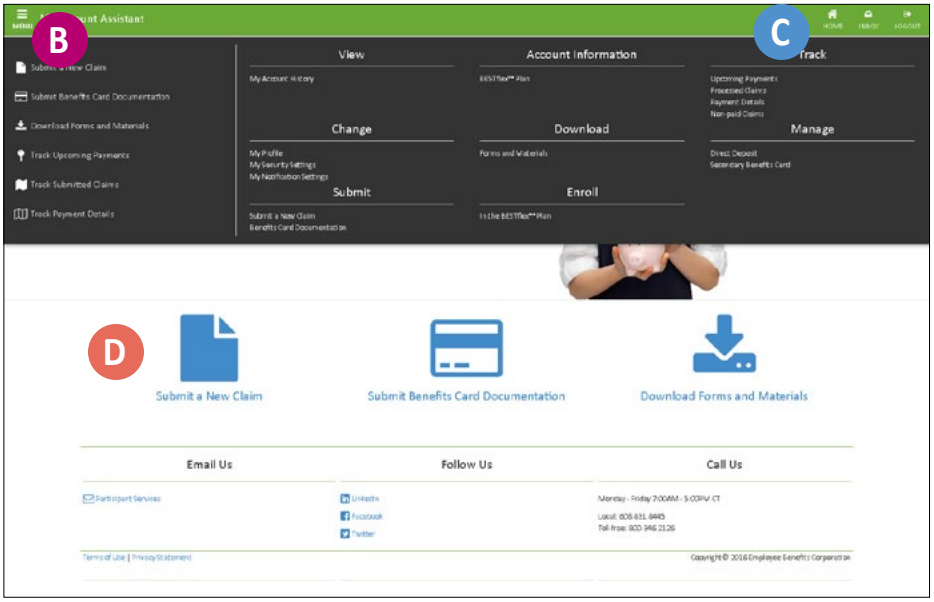
1. Go to www.ebcflex.com
2. Click "Log In" at the top of the page (A) and choose "Participants."
3. Log in with your Username and Password. To create an account, click on the "Register" button.



Mega Menu

Everything you need – all in one place.
Click on the "MENU" icon (B) in the top left of any page to expand the Mega Menu. Here, you will find a list of **everything** you can do in My Account Assistant.

The contents of the menu are specific to you and your plan. Some items only appear depending on the time of the plan year, such as enrollment activities.



Navigation Buttons (C)

Homepage
Click to return to the homepage.

My Message Center Inbox
Click here to view important messages about your account including Benefits Card substantiation requests.

Logout
Click to exit your session.

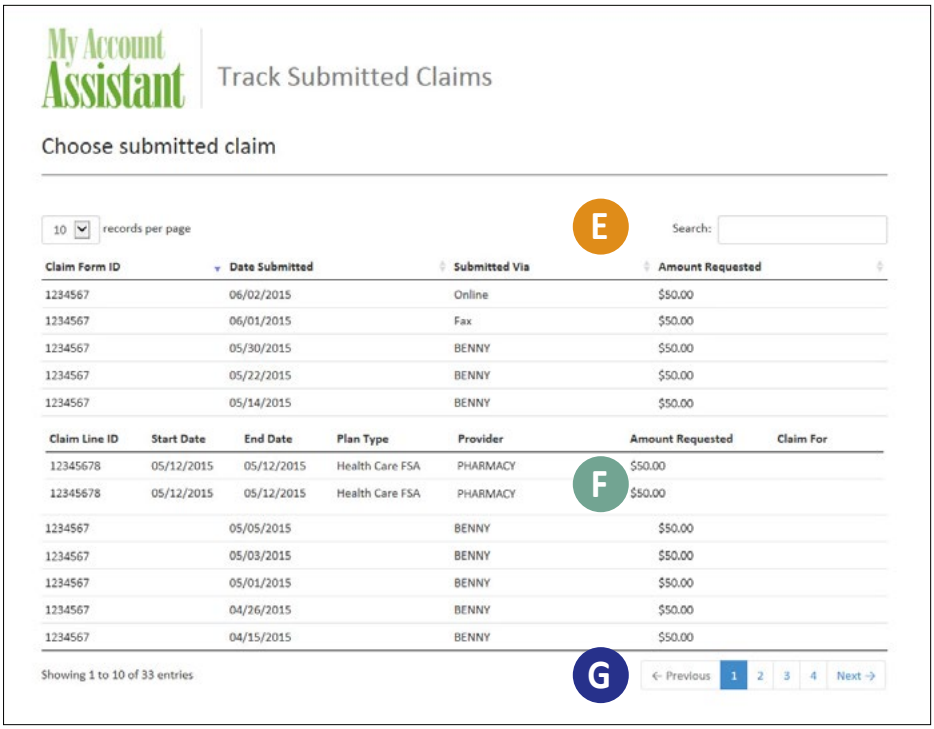
Quick Links

These buttons (D) are quick links to activities we've determined you may find useful. These links change depending on the products you have or the time of the plan year.

These and all other activities you have access to will also be available in the menu.

Interactive Data

- Sort and search data using the **dropdown button, search field, and arrows** in the area above your data E.
- Some rows in certain tables can be expanded by clicking on them F.
- Use the **buttons** G below a table to navigate a longer list of entries.



Getting Started

Account Information

Learn how your plan works with useful FAQs and download *My Company Plan*.

Change your Username and Password

You may set a Username and Password of your choice. Open the menu and choose "My Security Settings" under "Change."

Update your Contact Information

It's important that you keep your contact information up to date, including your email address, in order to receive important messages from us. Click on "My Profile" under "Change."

Download Forms and Materials

Download and print PDF versions of the forms and materials you need for your employer's plan. Hover over the blue information icon for a brief description of each document.

BESTflex℠ Plan and EBC HRA℠

Enroll in the BESTflex Plan

This process is only available during your employer's open enrollment period. Simply open the menu and click "Enroll in the BESTflex Plan."

Track Claims and Payments

View a detailed history of your claims and reimbursement payments under "Track." Click on any row to view the full details. If a claim is not approved, it will appear in "Non-paid Claims" with the reason why it was not fully paid.

Submit a New Claim

Fill out a simple form and upload your documentation to file a claim.

Submit Benefits Card Documentation

View your Benefits Card transactions and upload your card transaction expense documentation, Explanation of Benefits (EOBs), invoices or other documentation.

Sign Up for Direct Deposit

Have your reimbursement payments deposited directly into your bank account.

Click on "Direct Deposit" under "Activate."

You can sign up for the first time, change your existing Direct Deposit information, or cancel your existing Direct Deposit.

CommuteEase

Buy Transit/Parking Passes

Click on "Buy Transit/Parking Passes" in the menu to access your online ordering platform.

SimplyHSA

Access Your Account

Click on "SimplyHSA" in the menu to access your account on the Avidia Bank website.

Employee Benefits Corporation
We make it easy.

P: 800 346 2126 | 608 831 8445
F: 608 831 4790
P.O. Box 44347
Madison, WI 53744-4347
An employee-owned company
www.ebcflex.com

Questions?

If you have any questions, feel free to contact Participant Services at **800 346 2126**, or email participantservices@ebcflex.com.

EOB Sample

Updated!

1. HRA Claim = $67.97 + 119.63
2. Submit Claim Form with $187.60

aetna®

Statement date: July 10, 2017

Page 2 of 3

Your payment summary

Patient	Provider	Your plan paid Amount	Sent to	Send date	You owe or already paid Amount
		$76.30		6/21/17	$67.97
		$0.00			$119.63
Total:		$76.30			$187.60

Your claims up close

Claim for

	Amount billed	Member rate	Pending or not payable (Remarks)	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H=I
	A	B	C	D	E	F	G	H	I
OFFICE VISIT on 6/12/17	220.00		152.03 (1)	67.97					67.97
	170.00	51.71				51.71	51.71 (100%)		
	76.00	24.59				24.59	24.59 (100%)		
			(2)						
Totals:	466.00	76.30	152.03	67.97		76.30	76.30		$67.97

You can find all numbered claim remarks in 'Your Claim Remarks' section.

Claim for

	Amount billed	Member rate	Pending or not payable (Remarks)	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H=I
	A	B	C	D	E	F	G	H	I
OFFICE VISIT on 6/26/17 99214	324.00	119.63		119.63					119.63
	0.01		.01 (3)						
			(2)						
Totals:	324.01	119.63	.01	119.63					$119.63

You can find all numbered claim remarks in 'Your Claim Remarks' section.

Your Claim Remarks

General Remarks:

(1) Your plan provides coverage for charges that are reasonable and appropriate. This has been paid following our payment policy for mid-level practitioners, such as nurse practitioners and physician assistants. [Z36]

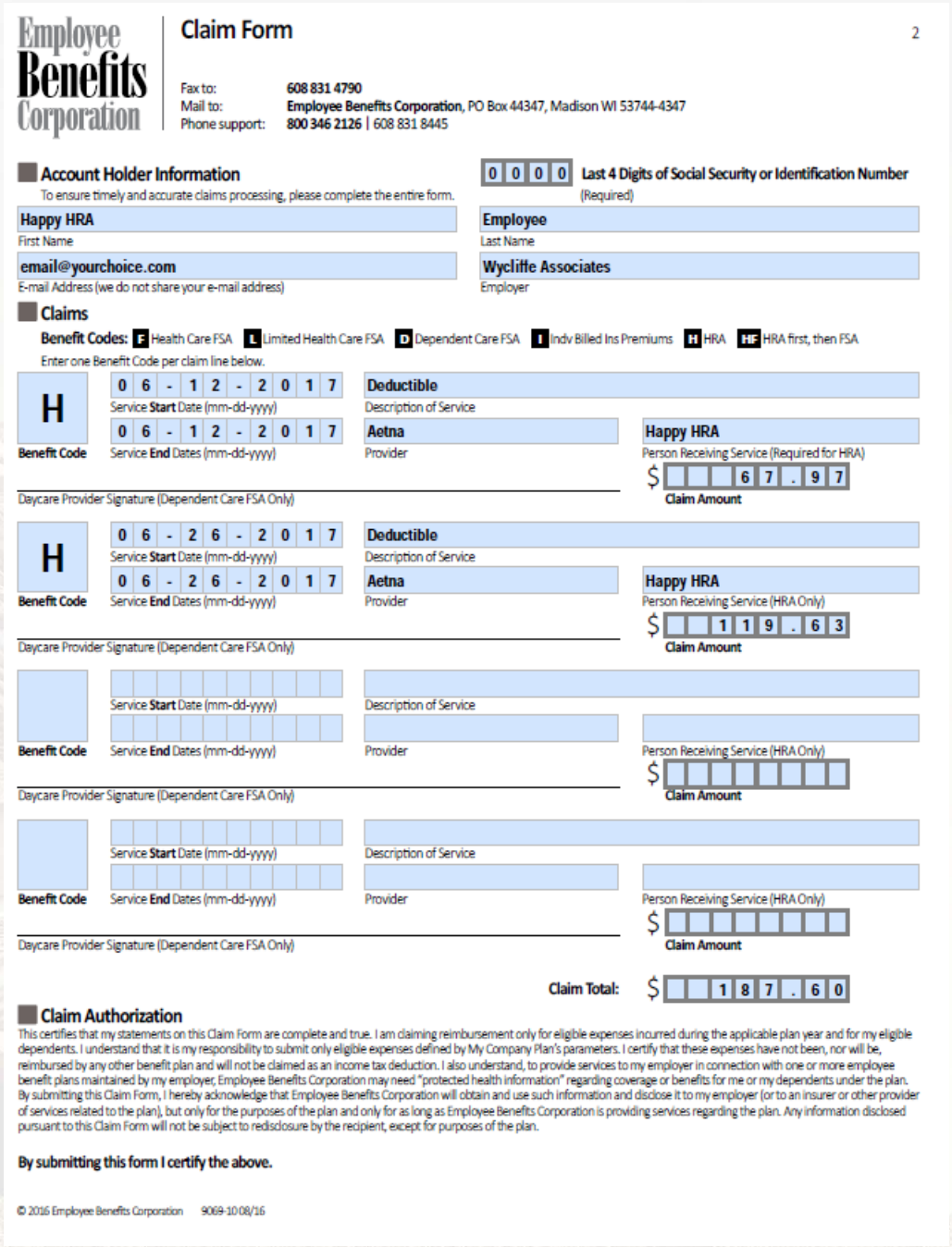
(2) Your provider may have sent diagnosis codes with your claim. You may obtain these codes and their meanings by contacting us at the number listed at the top of the first page. We will also provide your treatment codes and their meanings, if they do not appear on this statement. If you have questions about your diagnosis or your treatment, please contact your provider. [H63]

(3) You do not have to pay this. Your plan pays for charges we find to be reasonable and appropriate. The charge for this service is not payable because it is considered part of another procedure performed on the same date. [U72]

KNOW YOUR BENEFITS.

Claim Form
Updated!

- EBC will track all of your deductible expenses
- Once you've exceeded the first $1300/$2600 reimbursements will begin
- Wycliffe Associates issues reimbursements once per week
- Sign up for direct deposit for faster reimbursements



Employee Benefits Corporation

Claim Form 2

Fax to: 608 831 4790
Mail to: Employee Benefits Corporation, PO Box 44347, Madison WI 53744-4347
Phone support: 800 346 2126 | 608 831 8445

Account Holder Information
To ensure timely and accurate claims processing, please complete the entire form.

0 0 0 0 Last 4 Digits of Social Security or Identification Number (Required)

Happy HRA — First Name
Employee — Last Name
email@yourchoice.com — E-mail Address (we do not share your e-mail address)
Wycliffe Associates — Employer

Claims
Benefit Codes: F Health Care FSA L Limited Health Care FSA D Dependent Care FSA I Indv Billed Ins Premiums H HRA HF HRA first, then FSA
Enter one Benefit Code per claim line below.

Benefit Code	Service Start Date (mm-dd-yyyy)	Service End Dates (mm-dd-yyyy)	Description of Service	Provider	Person Receiving Service (Required for HRA)	Claim Amount
H	06-12-2017	06-12-2017	Deductible	Aetna	Happy HRA	$ 67.97
H	06-26-2017	06-26-2017	Deductible	Aetna	Happy HRA	$ 119.63

Daycare Provider Signature (Dependent Care FSA Only)

Claim Total: $ 187.60

Claim Authorization
This certifies that my statements on this Claim Form are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year and for my eligible dependents. I understand that it is my responsibility to submit only eligible expenses defined by My Company Plan's parameters. I certify that these expenses have not been, nor will be, reimbursed by any other benefit plan and will not be claimed as an income tax deduction. I also understand, to provide services to my employer in connection with one or more employee benefit plans maintained by my employer, Employee Benefits Corporation may need "protected health information" regarding coverage or benefits for me or my dependents under the plan. By submitting this Claim Form, I hereby acknowledge that Employee Benefits Corporation will obtain and use such information and disclose it to my employer (or to an insurer or other provider of services related to the plan), but only for the purposes of the plan and only for as long as Employee Benefits Corporation is providing services regarding the plan. Any information disclosed pursuant to this Claim Form will not be subject to redisclosure by the recipient, except for purposes of the plan.

By submitting this form I certify the above.

KNOW YOUR BENEFITS.

Qualified Medical Expenses

The Internal Revenue Service defines qualified medical care expenses as amounts paid for the diagnosis, cure or treatment of a disease, and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate a physical or mental defect or illness. To be an expense for medical care, the expense has to be primarily for the prevention or alleviation of a physical or mental defect or illness.

Under a rule that went into effect January 1, 2011, claims for over-the-counter medicine or drug expenses (other than insulin) cannot be reimbursed without a prescription. This rule does not apply to items for medical care that are not medicines or drugs.

- Abortion
- Acupuncture
- Alcoholism treatment
- Ambulance
- Annual physical examination
- Artificial limb
- Artificial teeth
- Bandages
- Birth control pills
- Body scan
- Braille books and magazines
- Breast pumps and supplies
- Breast reconstruction surgery
- Capital expenses (improvements or special equipment installed to a home, if meant to accommodate a disabled condition)
- Car modifications or special equipment Installed for a person with a disability
- Chiropractor
- Christian Science practitioner
- Contact lenses
- Crutches
- Dental treatment
- Diagnostic devices
- Disabled dependent care expenses
- Drug addiction treatment
- Eye exam
- Eye glasses
- Eye surgery
- Fertility enhancement (in vitro fertilization or surgery)
- Guide dog or other service animal
- Health institute fees (if prescribed)
- Intellectually or developmentally disabled care, treatment or special home
- Laboratory fees
- Lactation expenses
- Lead-based paint removal (if a child in the home has lead poisoning)
- Learning disability care or treatment
- Legal fees associated with medical treatment
- Lifetime care, advance payments or “founder’s fee”
- Lodging at a hospital or similar institution
- Long-term care
- Medical conference expenses, if the conference concerns a chronic illness of yourself, your spouse or your dependent
- Medical information plan
- Medications, if prescribed
- Nursing home fees
- Nursing services
- Operations
- Osteopath
- Oxygen
- Physical examination
- Pregnancy test kit
- Prosthesis
- Psychiatric care
- Psychologist
- Special education
- Sterilization
- Stop-smoking programs
- Therapy received as medical treatment
- Transplants
- Transportation for medical care

Unfortunately, **we cannot provide a definitive list of “qualified medical expenses” however the following list includes common qualified medical expenses. This list is subject to change in accordance with IRS regulations.** To see a full list of current qualified medical expenses please visit: http://www.irs.gov/pub/irs-pdf/p502.pdf.

- Tuition for special education
- Vasectomy
- Vision correction surgery
- Weight-loss program if it is a treatment for a specific disease
- Wheelchair
- Wig
- X-ray

Ineligible Medical Expenses

The following list includes examples of products and services that are **NOT eligible for reimbursement** according to the IRS. **Please note that this list is not all-inclusive, and is subject to change.**

- Babysitting, childcare and nursing services for a normal, healthy baby
- Controlled substances or illegal drugs
- Cosmetic surgery
- Dancing lessons
- Diapers or diaper service
- Electrolysis or hair removal
- Funeral expenses
- Future medical care (except advance payments for lifetime care, or long-term care)
- Hair transplant
- Health coverage tax credit
- Household help
- Illegal operations or treatments
- Insurance premiums (with a few exceptions)
- Maternity clothes
- Medication from other countries
- Nonprescription drugs and medicine, except insulin (over-the-counter medicine is eligible for reimbursement with a prescription)
- Nutritional supplements, unless recommended by a medical practitioner as treatment for a specific medical condition
- Personal use items (e.g., toothbrush, toothpaste, dental floss)
- Swimming lessons
- Teeth whitening
- Veterinary fees
- Weight-loss program (unless for a specific disease diagnosed by a physician)

Unfortunately, **we cannot provide a definitive list of "qualified medical expenses" however the following list includes common qualified medical expenses. This list is subject to change in accordance with IRS regulations.** To see a full list of current qualified medical expenses please visit: http://www.irs.gov/pub/irs-pdf/p502.pdf.

LegalShield®

MEMBERPERKS

Beyond Your Membership

Save With These Incredible MEMBERPERKS

Your LegalShield and IDShield memberships are simply amazing. And, in addition to the privileges that are already yours, we have added these **MEMBER**PERKS with hundreds of merchants and thousands of discounts. Members can access savings at both national and local companies on everyday purchases such as tickets, electronics, apparel, travel and more. Members have the opportunity to save, on average, over $2,000 per year. **MEMBER**PERKS can save you enough to pay for your membership for years to come!

We hope you enjoy them, and please know how much we value you for being part of the LegalShield family.

- APPAREL
- AUTOMOTIVE
- BOOKS, MOVIES & MUSIC
- CELL PHONES
- ELECTRONICS
- FINANCE
- FLOWERS & GIFTS
- FOOD
- HEALTH & WELLNESS
- HOME SERVICES
- INSURANCE & PROTECTION SERVICES
- OFFICE & BUSINESS
- REAL ESTATE & MOVING SERVICES
- SPORTS & OUTDOORS
- TICKETS & ENTERTAINMENT
- TRAVEL

WHAT MEMBERS ARE SAYING:

"I used to think you had to be some special VIP insider to get these kinds of discounts. Now I get that same treatment because I'm a LegalShield member! I saved $1,200 in 2014 and over $2,400 last year. This one benefit alone makes being a member of LegalShield a no brainer!"

— Philip H.

"I saved 20% at Advance Auto and I also saved 30% on movie tickets on date night with my wife. This membership is it!"

— Andre E.

"I am receiving 8% off my Verizon cell phone monthly charge!!"

— Paulette M.

These benefits are for LegalShield and IDShield members. All offers or promotions are subject to change without notice.

Office DEPOT OfficeMax · 1-800 flowers.com · Holiday Inn Club Vacations · DIAMONDBACK BICYCLES · Blue Apron · AMC THEATRES · Scribd. · DELL · Canon · Lenovo · GROUPON

And Many More!

Getting Started

To sign up, simply login at **legalshield.com**, click on the Resources tab, then click on **MEMBER**PERKS. If you don't already have an account, follow the simple on-screen instructions to make an account with your personal or work email and LegalShield membership number.

IDShield, the **Leader** in Identity Theft Protection, has just announced 3 Brand-New Features in their Identity Theft Protection Plans.

First: **IDShield** offers **SOCIAL MEDIA MONITORING!**

Second: **Minors** are now protected until the **age of 26** rather than 18!

Third: **IDShield** has a **5-MILLION-dollar** service guarantee!

In addition to monitoring everything that matters, **IDShield** now monitors your **social media accounts** to make sure you and your family's good reputation, is not at risk. When it comes to Identity Theft protection, only **IDShield** protects you in **all seven areas of Identity Theft**. They are the only company to provide complete **RESTORATION**, which means in the event that you become a victim, our licensed investigators and private detectives will do whatever it takes for as long as it takes to restore your Identity back to where it was pre-victim status.

IDShield is powered by Kroll the world's leading risk consulting company!

This information summarizes the Wycliffe Associates Voluntarily Supplemental policies and is for illustrative purpose only. In the event of a discrepancy between this illustration and the official plan documents, the official documents will govern.

LegalShield® Worry Less. Live More. | IDShield

Wycliffe Associates

HAVE YOU EVER?

- ☐ Needed your Will prepared or updated
- ☐ Been overcharged for a repair or paid an unfair bill
- ☐ Had trouble with a warranty or defective product
- ☐ Signed a contract
- ☐ Received a moving traffic violation
- ☐ Had concerns regarding child support
- ☐ Worried about being a victim of Identity theft
- ☐ Been concerned about your child's identity
- ☐ Lost your wallet
- ☐ Worried about entering personal information on-line
- ☐ Feared the security of your medical information
- ☐ Been pursued by a collection agency

WHAT IS LEGALSHIELD?

LegalShield was founded in 1972, with the mission to make equal justice under law a reality for all North Americans. The 3.5 million individuals enrolled as LegalShield members throughout the United States and Canada can talk to a lawyer on any personal legal matter, no matter how trivial or traumatic, all without worrying about high hourly costs. LegalShield has provided identity theft protection since 2003 with Kroll Advisory Solutions, the world's leading company in ID Theft consulting and restoration. We have safeguarded over 1 million members, provided more than 200,000 identity consultations, and helped restore nearly 10,000 individual identities.

THE LEGALSHIELD® MEMBERSHIP INCLUDES:

- ✓ Legal advice – personal and business legal issues*
- ✓ Letters/ calls made on your behalf*
- ✓ Contracts & documents reviewed (up to 10 pages)*
- ✓ Lawyers prepare your Will, your Living Will and your Health Care Power of Attorney,
- ✓ Moving Traffic Violations (available 15 days after enrollment)
- ✓ IRS Audit Assistance
- ✓ Trial Defense (if named defendant/ respondent in a covered civil action suit)
- ✓ 25% Preferred Member Discount (Bankruptcy, Criminal Charges, DUI, Other Matters, etc.)
- ✓ 24/7 Emergency Access for covered situations

** For NV residents-Legal advice up to 50 hours per year, up to five contracts/ documents reviewed per year, and 2 letters/calls per year.*

LegalShield legal plans cover the member; member's spouse; never married dependent children under 21 living at home; dependent children under age 18 for whom the member is legal guardian; never married, dependent children up to age 23 if a full-time college student; and physically or mentally disabled dependent children.

THE IDSHIELD℠ MEMBERSHIP INCLUDES:

Privacy Monitoring
Monitoring your name, SSN, date of birth, email address (up to 10), phone numbers (up to 10), driver license & passport numbers, and medical ID numbers (up to 10) provides you with comprehensive identity protection service that leaves nothing to chance.

Security Monitoring
SSN, credit cards (up to 10), and bank account (up to 10) monitoring, sex offender search, financial activity alerts and quarterly credit score tracking keep you secure from every angle. With the family plan, Minor Identity Protection is included and provides monitoring for up to 8 children under the age of 18.

Consultation
Your identity protection plan includes 24/7/365 live support for covered emergencies, unlimited counseling, identity alerts, data breach notifications and lost wallet protection.

Full Service Restoration
Complete identity recovery services by Kroll Licensed Private Investigators and our $5 million service guarantee ensure that if your identity is stolen, it will be restored to its pre-theft status.

IDShield plans are available at individual or family rates. A family rate covers the member, member's spouse and up to 8 dependents up to the age of 18

Payroll Deduction Bi weekly	Individual	Family
LegalShield	$7.98 Bi weekly	$7.98 Bi weekly
IDShield	$4.48 Bi weekly	$9.48 Bi weekly
Combined	$12.45 Bi weekly	$15.45 Bi weekly

For more information, please call your independent associate:

Steve Baker
310-663-4735
sb@legalshieldassociate.com
stevebaker1.com

This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See a plan contract for your state of residence for complete terms, coverage, amounts, conditions and exclusions.

Commonly Used Terms

ANNUAL ENROLLMENT: Designated period of time during which an employee may enroll in group health coverage. Also, designated period of time during the year when individuals without group coverage may enroll in health coverage without needing medical underwriting.

CARRIER: The insurance company.

CLAIM: The request for payment for benefits received in accordance with an insurance policy.

COPAY: A **co-payment**, or **copay**, is a capped contribution defined in the policy and paid by an insured person each time a medical service is accessed. It must be paid before any policy benefit is payable by an insurance company.

COINSURANCE: A payment made by the covered person in addition to the payment made by the health plan on covered charges, shared on a percentage basis. For example, the health plan may pay 80% of the allowable charge, with the covered person responsible for the remaining 20%. The 20% amount is then referred to as the coinsurance amount.

DEDUCTIBLE: A deductible is the amount you must pay each year before your carrier begins to pay for services. If you have a PPO plan, there is usually a separate higher deductible for using out of network providers.

ELIMINATION PERIOD: This is the time period between injury or illness and the receipts of benefit payments.

EOB (Explanation of Benefits): EOB stands for Explanation of Benefits. This is a document produced by your medical insurance carrier that explains their response and action (whether it is payment, denial, or pending) to a medical claim processed on your be-half.

EVIDENCE OF INSURABILITY (EOI): This is the medical information you must provide that requires review and approval by the insurance company BEFORE coverage becomes effective. This may include medical records and a physical exam.

HMO: Health Maintenance Organization, this type of medical plan is Network exclusive. A participant must receive services from in-network providers except in a case of medical emergency.

IN NETWORK: Refers to the use of providers who participate in the health plan's provider network. Many benefit plans encourage members to use participating in-network providers to reduce out-of-pocket expenses.

MAIL ORDER PRESCRIPTIONS: Used for maintenance drugs, members can order and refill their prescriptions via postal mail, Internet, fax, or telephone. Once filled, the prescriptions are mailed directly to the member's home.

MAINTENANCE DRUGS: A medication that is anticipated to be taken regularly for several months to treat a chronic condition such as diabetes, high blood pressure and asthma, this also includes birth control.

MAXIMUM OUT OF POCKET: The total amount a covered person must pay before his or her benefits are paid at 100%. Deductible, copayments, and coinsurance may apply towards the maximum out of pocket, depending on the plan.

OUT OF NETWORK: The use of health care providers who have not contracted with the health plan to provide services. HMO members are generally not covered for out-of-network services except in emergency situations. Members enrolled in Preferred Provider Organizations (PPO) and Point-of-Service (POS) coverage can go out-of-network, but will pay higher out-of-pocket costs.

PARTICIPATING PROVIDER: Individual physicians, hospitals and professional health care providers who have a contract to provide services to its members at a discounted rate and to be paid directly for covered services.

PCP (PRIMARY CARE PHYSICIAN): A physician selected by the member, who is part of the plan network, who provides routine care and coordinates other specialized care. The PCP should be selected from the network that corresponds to the plan in which you are a member. The physician you choose as your PCP may be a family or general practitioner, internist, gynecologist or pediatrician.

PPO: Benefits paid for both in and out of a network of doctors. Member makes choice with knowledge that better benefits are available in network. Plans feature office visit copays, deductibles at a variety of levels and then coinsurance to a maxi-mum out of pocket expense. Usually includes copays for prescription drugs.

PREVENTIVE CARE: Care rendered by a physician to promote health and prevent future health problems for a member who does not exhibit any symptoms. Examples are routine physical examinations and immunizations.

REFERRAL: A written recommendation by a physician that a member may receive care from a specialty physician or facility.

SPECIALIST: A participating physician who provides non-routine care, such as a dermatologist or orthopedist.

IMPORTANT NOTICE ABOUT THIS GUIDE AND THE LEGISLATIVE NOTICES INCLUDED

A fiduciary's responsibilities include making sure the health plan complies with ERISA, ACA and other federal and state regulations. Even if employers use third-party service providers to manage the plan, there are still certain functions that make an employer a fiduciary. Plan Sponsors are recommended to maintain comprehensive record-keeping documents for up to seven years.

Insurance Office of America does not intend for you to use this guide in substitution of legal counsel. **It is our recommendation that you contact your Legal Counsel for further guidance on all matters pertaining to compliance.** As this information is a brief overview, please refer to the federal regulations for specific information. In addition, please note that States may have additional laws that are more protective of individuals.

Notice of Special Enrollment Rights

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

In addition, 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 your dependents. However, you must request enrollment within 30 days after the qualifying event.

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

Current employees and their dependents are eligible for special enrollment if:

- *The employee or dependent lost eligibility for other coverage because:*
  - *The coverage was provided under COBRA, and the entire COBRA coverage period was exhausted;*
  - *The coverage was non-COBRA coverage and the coverage terminated because of loss of eligibility for coverage; or*
  - *The coverage was non-COBRA coverage and employer contributions for the coverage were terminated.*

A loss of eligibility for coverage includes, but is not limited to, the following:

- *Loss of eligibility for coverage as a result of legal separation, divorce, cessation of dependent status (such as attaining the maximum age to be eligible as a dependent child under the plan), death of an employee, termination of employment, reduction in the number of hours of employment, and any loss of eligibility for coverage after a period that is measured by reference to any of these events;*
- *In the case of coverage offered through a health maintenance organization (HMO) in the individual market that does not provide benefits to individuals who no longer reside, live or work in a service area, loss of coverage because an individual no longer resides, lives or works in the service area (whether or not within the choice of the individual);*
- *In the case of coverage offered through an HMO in the group market that does not provide benefits to individuals who no longer reside, live or work in a service area, loss of coverage because an individual no longer resides, lives or works in the service area (whether or not within the choice of the individual), and no other benefits package is available to the individual; and*
- *A situation where a plan no longer offers any benefits to the class of similarly situated individuals that includes the individual.*

Loss of eligibility does not include a loss resulting from the failure of the employee or dependent to pay premiums on a timely basis or a termination of coverage for cause (such as making a fraudulent claim or an intentional misrepresentation of a material fact in connection with the plan).

To request special enrollment or obtain more information, please contact Human Resources.

Family Medical Leave Act (FMLA)

The Family Medical Leave Act (FMLA) entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave.
The FMLA applies to:

- *Private employers with 50 or more employees in at least 20 weeks of the current or preceding calendar year;*
- *Public agencies, including state, local and federal employers; and*
- *Local education agencies (covered under special provisions).*

An employee is eligible for FMLA leave if he or she:

- *Worked for the employer for at least 12 months (which need not be consecutive);*
- *Has worked at least 1,250 hours for the employer during the 12-month period immediately before the leave; and*
- *Is employed at a location where the employer has at least 50 employees within a 75-mile radius.*

Group health plan coverage during FMLA leave is maintained on the same terms as if the employee had continued to work, if these benefits were provided before the leave was taken. An employee may be required to pay the regular portion of premiums during FMLA leave.

Uniformed Services Employment and Reemployment Rights Act (USERRA)

The Uniformed Services Employment and Reemployment Rights Act (USERRA) protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

USERRA applies to all employers, regardless of size (including state, local and federal government employers). If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.

Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.
If you are absent from work for less than 31 days, you are not be required to pay more for coverage than the share charged to employees who are actively at work. For longer absences, you may be charged no more than 102 percent of the full premium or cost to the plan.

Health Insurance Marketplace

The healthcare reform law creates a new Marketplace for purchasing health insurance coverage, also called an exchange. Federal subsidies for eligible individuals will be available through the Marketplace. Eligibility is determined based on many factors, including income as well as access to other coverage. You will not be eligible for subsidies if you are offered coverage through your employer that is deemed "affordable" and provides "minimum value" in accordance with regulations. To ensure that taxpayers receive the right amount of subsidies, Marketplaces report certain information to the IRS. At the end of the year, the subsidy amount will be recalculated using the taxpayer's household income as reported on his or her tax return, and any difference in the amounts will be reconciled. If the taxpayer's income has increased from the amount that he or she reported to the Marketplace, and as a result received a larger subsidy than he or she was entitled to, that individual may have to repay part of their subsidy.

The Marketplace open enrollment period may or may not correspond with your employer's open enrollment period. Purchasing coverage through the Marketplace may or may not be a qualifying event to change or drop your coverage through your employer. Please check with Human Resources for further details.

Certain events may allow you to enroll in the Marketplace after the open enrollment period. These events include but are not limited to: loss of minimum essential coverage, marriage, birth, or placement for adoption, employer coverage is non-qualifying, gaining citizenship or qualifying immigration status.

More information on the health care reform law and the Marketplace is available at www.healthcare.gov.

Individual Shared Responsibility

Under healthcare reform, individuals without minimum essential health coverage could be assessed a penalty starting in 2014 unless an exemption is applicable. Employer sponsored coverage is generally minimum essential coverage.

Women's Health and Cancer Rights Act of 1998

If you are enrolled in a health plan that covers the medical and surgical costs of a mastectomy, the WHCRA states that your plan must also cover the costs of certain reconstructive surgery and other post-mastectomy benefits.

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, 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;*
- *Prostheses; and*
- *Treatment of physical complications of the mastectomy, including lymphedema.*

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the deductibles and coinsurance of your enrolled plan will apply.

If you would like more information on WHCRA benefits, contact your plan administrator or Human Resources.

Statement of Rights under the Newborn's and Mother's Health Protection Act

The Newborns' and Mothers' Health Protection Act (NMHPA) provides protections to mothers and their newborn children with respect to the length of hospital stays after childbirth. The NMHPA sets limits on benefits that are provided for hospital stays after childbirth. However, nothing in the law or regulations requires a mother to give birth in a hospital or stay in the hospital for a specific period of time after giving birth. Also, group health plans may not be required to provide any benefits for hospital stays related to childbirth. However, if the plan provides these benefits, it must comply with the NMHPA's minimum requirements.

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).

The NMHPA and the final regulations do not apply to health insurance coverage (and group health plans that provide benefits only through health insurance coverage) in certain states that have adopted laws similar to the NMHPA. Contact your Plan Administrator or Human Resources for specific details regarding your coverage.

Michelle's Law

On January 1, 2010 an important new law became effective. The new law, known as "Michelle's Law", expands coverage and notice obligations for eligible college students.

What does the law require? All group health plans must allow a college student with a "serious illness or injury" to remain eligible for active dependent coverage for 12 months, even if he or she no longer qualifies as a full-time student. The specific requirements are:

- *The Individual must be covered as a full time student, as defined in the plan, at a postsecondary educational institution immediately before any serious illness or injury.*
- *The student must experience a serious illness or injury that requires a medically necessary leave of absence or a medically necessary change in enrollment status from full-time to part-time.*
- *A physician must verify the illness or injury in writing and certify the leave or change in enrollment status as medically necessary.*
- *The Health Plan must allow the student to remain covered as an active participant/dependent for 12 months after the leave of absence begins. The regular premium will apply during these 12 months.*
- *The 12 months, however, does not extend coverage beyond another independent event that would end active/dependent status, such as the parent's termination of employment or the student exceeding the plan's age limit.*
- *COBRA coverage would not be offered until after the 12 month special period has expired, unless the student returns to full time status and remains eligible under other terms of the plan.*

Expansion of Women's Prevention Care Coverage

The Affordable Care Act (ACA) requires health plans to cover certain preventive care services for participants at no extra cost, even if the deductible hasn't been met. This requirement includes additional preventive care for women.

The following items are included in this coverage:

- *Well-woman visits (annual preventive care visits in which women under 65 obtain recommended preventive services)*
- *Gestational diabetes screenings for women 24 to 28 weeks pregnant, and women who are considered high risk*
- *Human papillomavirus (HPV) testing for women aged 30 and older, once every three years*
- *Annual counseling for HIV and sexually transmitted infections, plus annual HIV testing for all sexually active women*
- *Contraceptives and contraceptive counseling. (Certain religious employers, such as churches, are not required to cover contraceptives)*
- *Breast-feeding support, supplies and counseling*
- *Domestic violence screening and counseling*

Be sure to check your plan's specific rules before receiving care. The preventive care rules do not apply to health plans that have "grandfathered" status under the ACA.

Though plans are required to provide these services free of charge, they do have the option of using cost-control measures, such as requiring that a patient pays for a brand name drug even if a comparable generic drug is available, or charging a copayment for preventive services received at out-of-network facilities.

Contact your Plan Administrator or Human Resources for a full list of preventive health services.

Important Notice: Medicare D Creditable Coverage Disclosure

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. 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. Your employer has determined that the prescription drug coverage offered by the group 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 group coverage may or may not be affected.

If you do decide to join a Medicare drug plan and drop your current group coverage, be aware that you and your dependents may or may not be able to get this coverage back.

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 group coverage 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 your Human Resources Employee Benefits Administrator 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 changes. You also may request a copy of this notice at any time.

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

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- *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.

(OMB 0938-0990)

Important Notice: Medicare D Non-Creditable Coverage Disclosure

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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. There are three 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 offered by the group plan is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the group plan. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.

3. You can keep your current coverage from the group plan. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

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 decide to drop your current coverage with the company, since it is employer/union sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under the group plan. If you are losing creditable prescription drug coverage under the company, you are also eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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 of states is current as of July 31, 2016. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	**GEORGIA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	**INDIANA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Medicaid	**IOWA – Medicaid**
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
KANSAS – Medicaid	**NEW HAMPSHIRE – Medicaid**
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	**NEW JERSEY – Medicaid and CHIP**

Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	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
LOUISIANA – Medicaid	**NEW YORK – Medicaid**
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	**NORTH CAROLINA – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	**NORTH DAKOTA – Medicaid**
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	**OREGON – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	**PENNSYLVANIA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462
NEBRASKA – Medicaid	**RHODE ISLAND – Medicaid**
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300
NEVADA – Medicaid	**SOUTH CAROLINA – Medicaid**
Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: http://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	**WASHINGTON – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	**WEST VIRGINIA – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
UTAH – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	**WYOMING – Medicaid**
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

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

Paperwork Reduction Act Statement-As it pertains to this CHIP Notice:

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the **OMB Control Number 1210-0137.**

CARRIER CONTACT INFORMATION

LINE OF COVERAGE	CARRIER	CUSTOMER SERVICE	WEBSITE/NETWORK/EMAIL	ID Cards
Medical	**Aetna**	**888-266-5519**	www.aetna.com Network=OAMC	**Will be mailed to home; Download from website or use mobile app**
Dental	Aetna	800-523-5065	www.aetna.com	**Will NOT be mailed to home; Download from website or use mobile app**
Vision	**EyeMed Aetna VisionSM Preferred**	**800-523-5065**	www.aetnavision.com	**Will NOT be mailed to home; Download from website or use mobile app**
Basic Life & AD&D, & Voluntary Life	**Aetna**	**800-523-5065**	www.aetna.com	**N/A**
Long Term Disability (LTD)	**Aetna**	**800-523-5065**	www.aetna.com	**N/A**
HSA	**Aetna**	**888-678-8242**	www.payflex.com or www.aetna.com	**Will be mailed to home; no new cards if existing account**
HRA	**Employee Benefits Corporation**	**800-346-2126**	www.ebcflex.com	**N/A**
Employee Assistance Program	**Aetna**	**877-327-5832**	www.aetnaEAP.com (Login=EAP4Life)	**N/A**
Pre-paid Legal & Identity Theft	**LegalShield & ID Shield**	**Steve Baker 321-613-0037**	sb@legalshieldassociate.com www.legalshieldassociate.com/hub/sb	**N/A**
Wycliffe Human Resources	**Terri Mwangi**	**407-852-5364**	Terri_Mwangi@wycliffeassociates.com	**N/A**
All enrollments and changes must be processed through the ADP system. If you have any questions please contact Human Resources.				

INSURANCE OFFICE OF AMERICA
CONTACT INFORMATION

For assistance with benefits questions, membership card issues, claims, and billing issues please contact one of your IOA service team members per the contact information below:

Heather Nolan
Account Manager
Toll Free: 1-800-243-6899 x 15320
Direct Line: 407-998-5320
E-mail: heather.nolan@ioausa.com

Russell J. Rizor
Consultant
Toll Free: 1-800-243-6899 x 15415
Direct Line: 407-998-5415
E-mail: russ.rizor@ioausa.com