



*July 2013 – June 2014*

## A GUIDE TO THE ATHENS ADMINISTRATORS EMPLOYEE BENEFITS PROGRAM

As an Athens employee, you are one of our greatest assets and a most valuable contributor to Company growth. Our benefits program provides an important opportunity to reward and recognize the contributions you make every day on behalf of Athens Administrators. We are proud to offer you and your family a very comprehensive and competitive benefits package designed to help you stay healthy, balance your work and life responsibilities, protect your assets, and plan for a secure financial future.

Athens Administrators remains committed to providing the highest value benefits program at the lowest cost – for you and the Company. Together with your efforts to maintain good health and use your benefits wisely, we strive to keep our mutual benefit costs as low as possible.

This information, along with other materials available from our benefit partners, will help you understand your benefit options. As you consider the options, keep in mind that there are no right or wrong answers or good or bad plans. The only consideration is what works best for you.

The choices you make will be in place for up to 12 months. Your next opportunity to change plans will be at the next annual re-enrollment period for July 1, 2014. You can make mid-year changes only in the event of a qualified family status change and only within 30 days of that event. Please read the information carefully and contact Human Resources with any questions.

### TAKE A MOMENT... FOR BENEFITS

Each year at this time, we offer you the opportunity to review your current benefits coverage and make any changes for the coming plan year. Because we recognize that lifestyle and personal choice can affect how well your benefit plan works for you, we provide choices in plan coverage levels, dependent enrollment categories and a choice of health plan companies. Our benefits program is designed to protect you and your family physically as well as financially. We offer you the chance to open a health savings account, a retirement savings program and the option to buy additional life insurance or long term care coverage.

Athens Administrators pays the full cost of the Employee Assistance Program, Short Term and Long Term Disability, Business Travel Accident, Basic Life, and Basic Accidental Death and Dismemberment. The company also pays the major share (over 80%) of the cost for the medical and dental benefits. The company pays 100% of Basic Life Insurance, Short Term and Long Term Disability and a Base Long Term Care Plan for managers and above and for employees with over five years of service. Employees pay a share of the cost in the form of employee contributions for medical and dental. Regular employees who work a minimum of 30 hours per week are eligible to participate in the benefit plans upon completion of the eligibility period.

### IMPORTANT DETAILS

- We offer a PPO plan with Anthem Blue Cross. It is a High Deductible Health Plan with a Health Savings Account (HSA).
- We offer an HMO plan from Anthem Blue Cross.
- Guardian is our dental insurance company and we have a voluntary vision plan with VSP.
- Unum provides our life insurance, disability and long term care coverage at no cost to employees.

**Health Savings Accounts – Company funding continues!** If you enroll in the Anthem high deductible health plan, you must open an HSA account. The company will make quarterly contributions to your HSA account on your behalf. You can also make additional pre-tax deductions into your account up to the IRS HSA annual limits shown below. Use the tax-free distributions to pay for qualified medical expenses, or allow the funds in your HSA account to build with interest year after year, until you need it. HSA contributions are subject to State of California Taxation, exempt from federal income tax or employment taxes. HSA funds may be used for a variety of medical services that may not be covered by traditional health insurance plans.

<u>Enrollment Level</u>	<u>Athens HSA Contribution Amount</u>	<u>IRS HSA Annual Contribution Limits 2013 / 2014 Calendar Year</u>
Employee Only	\$375 per quarter (\$1,500 per year)	\$3,250 / \$3,300 Maximum Contribution
Employee + 1 dependent	\$625 per quarter (\$2,500 per year)	\$6,450 / \$6,550 Maximum Contribution
Employee + Family	\$750 per quarter (\$3,000 per year)	\$6,450 / \$6,550 Maximum Contribution



## ELIGIBILITY

As a regular full-time employee of Athens Administrators, you and any of your following dependents are eligible to participate in the benefits program, which begins on the first day of the month following 30 days of continuous employment:

- Your spouse or registered domestic partner \* (\*Completed affidavit is required. Potential tax liability may apply, consult your tax accountant)
- Your dependent children under age 26
- Your unmarried dependent children who are age 26 or older and mentally or physically disabled

**Unmarried dependent children** include your children, your stepchildren, children covered under a child support order, your adopted children, children placed with you for adoption, and your domestic partner's children who are dependent upon you for support. Dependent children must be dependent on you for over one-half of their support during the calendar year.

## COVERAGE LEVELS

You may select from the following levels of coverage when you enroll in our health care plans:

- Employee only
- Employee + one dependent
- Employee + two or more dependents

## ELIGIBLE IRS STATUS CHANGES

Once your health plan coverage is effective, you may make changes to your elections only when you have one of the following "family status changes":

- Your marriage, legal separation, or divorce
- The birth or adoption of your child or a change in child custody
- The death of your spouse or child
- A change in your spouse's employment status that affects benefits coverage (such as losing a job or becoming employed)
- A change in your child's eligibility status (for example, turning age 19 or becoming physically disabled)
- A change in your work hours

Any changes to your health care plan elections must be made within 31 days of your family status change. Changes must also be related to your family status change. For example, if you have a baby, you may enroll your child in a plan but you may not drop your coverage entirely.

## HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT SPECIAL ENROLLMENT PERIOD

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in one of the health care options offered by the Plan Sponsor, provided that you request enrollment within 30 days after your 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 provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption. If you otherwise decline to enroll, you may be required to wait until the group's next open enrollment to do so. You also may be subject to additional limitations on the coverage available at that time.

Any changes to your health care plan elections must be made within 30 days of your qualifying event. Changes must also be consistent with your family status change. For example, if you have a baby, you may enroll your child in the medical plan but you may not drop your spouse from the plan. Additional documentation will be required for employees and/or dependents electing coverage at times other than their initial eligibility date or the annual open enrollment period unless it's open enrollment for you or your spouse.

## THE WOMEN'S HEALTH AND CANCER RIGHTS ACT

The Federal "Women's Health and Cancer Rights Act" requires coverage of treatment related to mastectomy. If you or your dependent are eligible for mastectomy benefits under this coverage and you elect breast reconstruction in connection with such mastectomy, you are also covered for the following:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications in all stages of mastectomy, including lymphademas.

Coverage for reconstructive breast surgery may not be denied or reduced on the grounds that it is cosmetic in nature or that it otherwise does not meet the coverage definition of "medically necessary". Benefits will be provided on the same basis as for any other illness or injury under your plan.



## MEDICAL PLANS

### **Anthem Health Maintenance Organization (HMO) Plan**

In the Anthem HMO, benefits are covered only when services are provided or coordinated by the primary care physician and authorized by the participating medical group or independent practice association.

**Anthem HMO Plans-**You do not need prior authorization from Anthem or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Anthem at (800) 227-3613.

You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Anthem designates one for you. For children, you may designate a pediatrician as the primary care provider. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Anthem at (800) 227-3613.

### **Anthem Lumenos High Deductible Health Plan with Health Savings Account (HSA)**

The Anthem Lumenos High Deductible Health Plan is an innovative type of coverage that allows an insured person to use a Health Savings Account (HSA) to pay for routine medical care.

When you enroll in the Anthem Lumenos Plan, you may receive care from any provider. However, Anthem pays for eligible expenses at a higher level when you visit a network provider. When you visit a non-network provider, Anthem still pays for eligible expenses, but you may pay more out-of-pocket before expenses are covered. This plan has a \$3,000 individual deductible and a \$6,000 family deductible.

*Athens Administrators will fund a portion of your Anthem deductible in the following amount per year: **Employee = \$1,500; Employee + 1 = \$2,500; Employee + Family= \$3,000. Funds are paid per plan year on a quarterly basis based on your enrollment.** Employer funding is paid at Employer's discretion. Employees are encouraged to fund their own HSA accounts in addition to Employer funding. Optum Bank is Athens Administrator's HSA administrator.*

### **Pre-Existing Condition (Not Applicable to Children Under Age 19)**

Our PPO plan contains a pre-existing condition limitation clause. A pre-existing condition is a condition for which medical advice, diagnosis, care, or treatment was recommended or received within a six-month period prior to your coverage under this plan. If an individual has a pre-existing condition no payment will be made for services or supplies for the treatment of a pre-existing condition. The pre-existing condition exclusion does not apply to pregnancy nor to a child who is enrolled in the plan within 31 days after birth, adoption, or placement for adoption. This exclusion may last up to six months from your first day of coverage or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior creditable health coverage. Most prior health coverage is creditable coverage and can be used to reduce the pre-existing condition exclusion if you have not experienced a significant break in coverage. The maximum allowable break in coverage is 180 days if your prior coverage was provided through an employer and ended because your employment (or the person's employment through which you had this coverage) ended, the availability of coverage through employment or sponsored by an employer has terminated, or an employer's contribution toward health coverage has terminated. For prior coverage that was not provided through an employer, such as individual coverage or coverage through a government program such as Medicaid, the maximum allowable break in coverage is 63 days. To reduce the six-month exclusion period, please provide a copy of any certificates of creditable coverage you have. There is no time limit within which you must provide a certificate in order to receive credit for your prior coverage.



## MEDICAL PLANS

Features		Anthem HMO
Group Number		276555H001
Customer Service		(800) 227-3613
Website		www.anthem.com/ca
Physician Choice		In Network Physician Only
Lifetime Maximum		Unlimited
Annual Out of Pocket Maximum (calendar year)		\$3,000/individual \$6,000/family
Annual Deductible <sup>2</sup>		N/A
		YOU PAY
<b>Routine Medical Care</b>		
• Office Visits		\$30 copay
• Specialists		\$40 copay
• Preventive Care		No copay
• Well Woman Care		No copay
• Maternity Office Visit		\$30 copay
• Well Child Care		No copay
• Outpatient X-Ray & Lab		No copay
• Complex X-Ray & Lab (CT, MRI, and PET)		\$100 per test
<b>Hospital Services</b>		
• Inpatient Room & Board		\$500/day, up to 3-day maximum <sup>1</sup>
• Outpatient		\$250/admit
• Ambulatory Surgical Center		\$250/admit
<b>Emergency Room</b>		\$150 per visit (waived if admitted)
<b>Ground Ambulance</b>		\$100 per trip
<b>Mental Health &amp; Substance Abuse</b>		
• Inpatient		\$500/day, up to 3-day maximum <sup>1</sup>
• Outpatient		\$30 copay
<b>Occupational Speech and Physical Therapy</b> (medically necessary and preauthorized)		\$40 copay
<b>Chiropractic</b> (HMO through American Specialty Health)		\$10 per visit 30 visits/year
<b>Prescription Drug Benefits</b>		
• Pharmacy Network		Retail: Anthem Prescription Services Mail Order: Express Scripts
		Tier 1 - \$15 /Tier 2 - \$30 copay 30-day supply
		Tier 3 - \$50 copay
• Mail Order		Tier 1 - \$15 / Tier 2 - \$60 /Tier 3 - \$100 copay 90-day supply

1) Pre-authorization required for all inpatient admissions.

2) Deductibles are on Calendar Year basis.



## MEDICAL PLANS (CONTINUED)

Features	Anthem Lumenos HDHP with Health Savings Account (HSA)	
	In Network	Out of Network
Group Number	276555M001	
Customer Service	(866) 207-9878	
Website	www.anthem.com/ca	
Physician Choice	Anthem PPO Physician	Non-Anthem PPO Physician <sup>2</sup>
Lifetime Maximum	Unlimited	
Annual Out of Pocket Maximum (includes calendar year deductible)	\$5,000/individual \$10,000/family	\$10,000/individual \$20,000/family
Annual Calendar Year Deductible-Embedded *	\$3,000/individual \$6,000/family <i>(Each insured person only needs to satisfy his or her individual deductible, not the entire family deductible, prior to receiving plan benefits)</i>	
	YOU PAY	YOU PAY <sup>2</sup>
<b>Routine Medical Care</b>		
• Office Visits	Covered at 100%, after deductible	30% after deductible
• Routine Physical Exams	Covered at 100%, deductible waived	30% after deductible
• Well Woman Care	Covered at 100%, deductible waived	30% after deductible
• Maternity Office Visit	Covered at 100%, after deductible	30% after deductible
• Well Child Care	Covered at 100%, deductible waived	30% after deductible
• X-Ray & Lab	Covered at 100%, after deductible	30% after deductible
• Complex X-Ray & Lab (CT, MRI, and PET)	Covered at 100%, after deductible	30% after deductible (limited to \$800/procedure)
<b>Hospital Services</b>		
• Inpatient Room & Board	Covered at 100%, after deductible	30% after deductible
• Outpatient		
• Ambulatory Surgical Center	Covered at 100%, after deductible	30% after deductible (limited to \$350/admit)
<b>Emergency Room</b> (waived if admitted)	Covered at 100% after deductible	
<b>Ground Ambulance</b>	Covered at 100% after deductible	
<b>Mental Health &amp; Substance Abuse</b>		
• Inpatient	Covered at 100%, after deductible	30% after deductible
• Outpatient	Covered at 100%, after deductible	30% after deductible
<b>Occupational Speech and Physical Therapy and Chiropractic</b> (limited to 24 visits/calendar year)	Covered at 100%, after deductible	30% (limited to \$25/visit)
<b>Prescription Drug Benefits</b>		
• Tier 1 (includes diabetic supplies)	\$10 copay, after deductible	\$10 copay + 30% excess charges <sup>1</sup> , after deductible
• Tier 2	\$30 copay, after deductible	\$30 copay + 30% excess charges <sup>1</sup> , after deductible
• Tier 3 (includes compound drugs)	\$50 copay, after deductible	\$50 copay + 30% excess charges <sup>1</sup> , after deductible
• Mail Order (90-day supply)	\$10 / \$60 / \$100, after deductible	N/A

Note: Athens funds your Health Savings Account quarterly to help you with the deductible. Our HSA administrator is Optum Bank.

1) If using a Non Network Pharmacy you are responsible for any additional cost above the cost of a Prescription Drug which is dispensed by a Network Pharmacy.

2) Subject to plan limits.

DISCLAIMER: Please note that this benefit summary is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Benefit Summary conflicts in any way with the Certificate of Coverage (COC), the COC shall prevail. It is recommended that you review your COC for an exact description of services and supplies that are covered, those which are excluded or limited and other terms and conditions of coverage.





## REASONS TO CONSIDER A HIGH DEDUCTIBLE HEALTH PLAN WITH A HEALTH SAVINGS ACCOUNT (HSA)

- Athens Administrators is providing you money that can be used toward the deductible
- Contributions are deposited before you are taxed federally and the account earnings are not taxed
- Contributions roll over year after year (so you can build a healthcare nest egg)
- Distributions are not taxed if the funds are used for qualified expenses
- **It is always your money even beyond your employment with Athens Administrators**
- Use your HSA money to pay for qualified expenses or long term care premiums, Medicare and COBRA premiums
- HSA requires an account to be established and then you will receive a debit card to use when paying for care at doctors, dentists or the pharmacy
- Optum Bank is Athens Administrators' HSA Administrator: [www.optumbank.com](http://www.optumbank.com) or (866) 234-8913

### Contributions may be made:

- Pre tax via payroll deduction
- Post tax\*\* via personal check or cash (may require a contribution form)  
\*\*Account holder takes personal deduction off 1040 tax return
- **Tax-related questions should be directed to your tax accountant**
- **You are responsible for keeping relevant documents as it pertains to your HSA account**

## PREVENTIVE CARE

The required preventive services are based on recommendations by the United States Preventive Services Task Force, the Health Resources and Services Administration, and the Centers for Disease Control and Prevention.

Anthem will cover the following preventive services without a copayment, coinsurance, or deductible, when these services are delivered by a network provider.

### Preventive services for adults, including, but not limited to:

- Age-appropriate preventive medical examination
- Blood pressure screening for all adults
- Cholesterol screening for adults at higher risk of cardiovascular disease
- Colorectal cancer screening for adults age 50 to 75
- Prostate cancer screening in men age 50 to 75
- Depression screening for adults
- Type 2 diabetes screening for adults with high blood pressure
- Immunizations for adult (doses, recommended ages, and recommended populations vary)

### Preventive services for women, including pregnant women, including, but not limited to:

- Age-appropriate preventive medical examination
- Mammography screening for breast cancer for women age 50 to 74
- Cervical cancer screening for women age 21 to 65
- Scheduled prenatal visits and first postpartum visit

### Preventive services for children, including, but not limited to:

- Age-appropriate preventive medical examination
- Height, weight, and body mass index measurements for children
- Developmental screening for children under age 3 years and surveillance throughout childhood by primary care physician
- Hearing screening for all newborns
- Vision screening for all children
- Immunizations for children from birth to 18 years (doses, recommended ages, and recommended population vary)

### **Preventive vs. diagnostic or therapeutic services**

*There are some additional things to keep in mind about coverage for preventive services vs. coverage for diagnostic or therapeutic services. When a preventive service turns into a diagnostic or therapeutic service in the same visit, the diagnostic or therapeutic cost share will apply.*



## DENTAL PLAN

Guardian

Group Number: 415295

Member Services: (800) 541-7846

Website: [www.glic.com](http://www.glic.com)

### Dental Preferred Provider Organization (PPO)

When you enroll in the Guardian dental plan, you may receive care from any provider. However, when you visit providers who belong to the Guardian PPO network, you will pay less out-of-pocket than if you choose to obtain services from non-network providers.

	In-Network	Non-Network
Dentist Choice	Dental Guard Preferred PPO Dentist	Any Other Dentist
Annual Maximum	\$1,500 per member	
Deductible	\$50 per individual / \$150 per family	
Reimbursement Basis	Negotiated Rates	Usual, Customary and Reasonable (UCR) <sup>(1)</sup>
	<b>YOU PAY</b>	<b>YOU PAY</b>
Diagnostic & Preventive Services <i>Cleanings, Exams (Deductible waived)</i>	Covered in full	Covered in full
Basic Services <i>Fillings, Extractions, etc.</i>	10%	20% of UCR
Major Services <i>Bridges, Dentures, Crowns</i>	40%	50% of UCR
Orthodontics ( <i>Child Only</i> )	50% to lifetime maximum of \$1,000	

1. Non-PPO dentists are paid based on Usual, Customary and Reasonable charges. The patient is responsible for any charges over the Usual, Customary and Reasonable amount.

Note: Late Entrant Provisions: If you waived dental coverage during your initial eligibility period and wish to enroll at a later time without a qualifying event, you will be subject to a 12-month waiting period for major services.

## VOLUNTARY VISION

Vision Service Plan

Group Number: 12289299

Member Services: (800) 877-7195

Website: [www.vsp.com](http://www.vsp.com)

Athens Administrators offers a voluntary vision plan provided through Vision Service Plan (VSP). If you enroll in the VSP plan, you may receive care from any provider. However, VSP pays for eligible expenses at a higher level when you visit a network provider.

FEATURES	VSP Provider	Non-VSP Provider
Exams & Materials Copays	In Network Exams - \$10 / Materials - \$25	N/A
Exams ( <i>every 12 months</i> )	Covered in full	Plan pays up to \$50
Lenses ( <i>every 12 months</i> )		
• Single	Covered in full	Plan pays up to \$50
• Bifocal	Covered in full	Plan pays up to \$75
• Trifocal	Covered in full	Plan pays up to \$100
• Lenticular	Covered in full	Plan pays up to \$125
• Scratch & Anti-Reflective Coating	Covered in full	Not covered
Frames ( <i>every 24 months</i> )	Plan pays up to \$150	Plan pays up to \$70
Contact Lenses ( <i>instead of lenses &amp; frames</i> )		
• Exam (fitting and evaluation)	Plan pays up to \$60	Plan pays up to \$105
• Elective	Plan pays up to \$135	Plan pays up to \$105
Laser Vision Care	Discount for LASIK	Not covered
Tru Hearing Program	Value Add Program that offers an average of over 25% discount on hearing aids.	

NOTE: In-network member costs are based on wholesale prices. Members are responsible for optional items such as tinted lenses, coated lenses, and frames which exceed the wholesale allowance.



## **CALIFORNIA STATE DISABILITY INSURANCE (CA SDI)**

The disability benefit will be reduced by any disability income payments received through the California State Disability program or any other type of compensation that is received. The California State Disability program provides a benefit of 55% of weekly income up to a maximum amount. For more information about the California State Disability program and how to apply please call 1-800-480-3287 or you can go online to [www.edd.ca.gov](http://www.edd.ca.gov).

## **EMPLOYEE SHORT TERM DISABILITY (STD)**

*Unum*

*Group # 0591376*

*Member Services: (800) 421-0344*

*Website: [www.unum.com](http://www.unum.com)*

This plan provides you 66.67% of your weekly earnings to a maximum of \$3,500 per week if you are unable to work due to illness or injury. Payments begin after 30 days of disability and can continue for up to 22 weeks.

## **LONG TERM DISABILITY (LTD)**

*Unum*

*Group # 0591376*

*Member Services: (800) 421-0344*

*Website: [www.unum.com](http://www.unum.com)*

This plan provides you 66.67% of your monthly earnings to a maximum of \$15,000 once you have been disabled for 6 months. If you are totally disabled, benefits will continue up to age 65.

## **EMPLOYEE LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE**

*Unum*

*Group # 0591376*

*Member Services: (800) 421-0344*

*Website: [www.unum.com](http://www.unum.com)*

In the event of your death, your beneficiary will receive a benefit equal to a multiple of your basic annual earnings. Guarantee Issue benefit is \$500,000 and the benefit maximum is \$750,000. The plan also includes coverage in the event of dismemberment and payment options in the event of a terminal illness. Athens pays the full cost of this coverage. You may purchase additional life coverage under the voluntary plan through Principal. See Voluntary Life Insurance below for details.

## **VOLUNTARY LIFE INSURANCE**

*Principal*

*Group # GU02772-09*

*Member Services: (800) 255-6614*

*Website: [www.principal.com](http://www.principal.com)*

Athens offers employees the option to purchase additional life insurance coverage for themselves, their spouses or children. These plans can help offset financial hardship in the event a covered family member suffers a loss of life due to illness or accidental death. Please log onto the website at [athensadmin.myjenkinshr.com](http://athensadmin.myjenkinshr.com) or see Human Resources for details if you are interested. If you do not enroll when first eligible, you will have to furnish proof of good health to gain coverage. Principal provides up to \$180,000 or 3x your annual earnings (whichever is less) of voluntary coverage (for employee elections) without proof of good health during the first 30 days of employment.

## **BUSINESS TRAVEL ACCIDENT**

*CIGNA*

In the event of your death while traveling on company business, Athens' policy will pay your beneficiary \$50,000.

## **TRAVEL ASSISTANCE SERVICES (ADMINISTERED BY ASSISTAMERICA)**

*(800) 872-1414 or (609) 986-1234 Call Collect*

*[www.unum.com/travelassistance](http://www.unum.com/travelassistance)*

You have access to Assist America, a special travel assistance service. This service offers you and your dependents medical, travel, legal and financial assistance services, 24 hours a day, 365 days a year worldwide. Participants have access to assistance services when faced with an emergency while traveling internationally or domestically when more than 100 miles away from home. With one simple phone call, you and your dependents (whether traveling together or separately) will have access to Assist America assistance services by calling 800-872-1414.





## EMPLOYEE ASSISTANCE PROGRAM (EAP)

*Claremont EAP*

*Group # 14311*

*Member Services: (800) 834-3773*

*Website: www.claremonteap.com*

An EAP is a confidential service designed to assist employees and their dependents with mental health and crisis intervention. Employees and their family members may call and receive assistance with job burnout, substance abuse, depression, marital stress, grief, financial assistance and various other issues. This number is available 24 hours a day on an unlimited basis. The plan provides up to 3 face-to-face or video conferencing sessions per occurrence each calendar year with a therapist and offers discounted rates for additional sessions.

## FLEXIBLE SPENDING ACCOUNTS

*ADP Flex Direct*

*Member Services: (800) 654-6695*

*Website: www.adp.com*

Under the Flexible Spending Account, employees may enroll in any of the three options which include Pre-tax Premium Plan, Medical Care Reimbursement and Dependent Care Reimbursement. Tax savings under these plans will vary based on your individual salary and personal income tax level. Tax savings include Federal, State and Social Security taxes. The plan year for employee contributions is 7/1/12 through 6/30/13 but expenses are paid on a calendar-year basis.

\* New Enrollment is required for all continuing Flexible Spending Account participants from prior plan year.

*Pre-Tax Premium:* A pre-tax premium plan allows you to use pre-tax dollars to pay for monthly medical, dental and vision contributions. You will automatically be enrolled in this option unless you waive this tax savings benefit.

*Medical Reimbursement:* A medical reimbursement plan enables you to allocate up to \$2,500 on a pre-tax basis for medical, dental and vision expenses not covered under Athens' employee benefit program. Benefits may include, but are not limited to deductibles, copayments, medical, dental, vision and hearing care.

**Note:** Effective 1/1/2011, most Over-The-Counter (OTC) medications not prescribed by a physician, will no longer be reimbursable with FSA funds. OTC medications purchased in conjunction with a physician's prescription are expected to be reimbursable.

*Dependent Care Reimbursement:* A dependent care reimbursement plan enables you to make pre-tax contributions of up to \$5,000 annually or \$2,500 if you are married and filing separately. Eligible dependent care includes: day care for a child under age 13, adult care for an incapacitated spouse or parent, or care for a child of any age who is physically or mentally unable to care for him/herself.

## 401(k) SAVINGS PLAN

*Prudential*

*Plan ID # 768006*

*Member Services: (877) PRU-2100*

*Website: www.prudential.com*

As an Athens employee, you are eligible to join the 401(k) plan once you have completed 30 days of service without an intervening break in service, and are 18 years of age or older. The open enrollment period is during the months of January, April, July and October of each year. You may contribute any percentage of your total gross salary not to exceed IRS maximum (\$17,000 in 2013). You decide how to invest your contributions so that you control the amount of risk and potential rate of return that your 401(k) savings plan will provide. The Company will contribute \$.33 for every dollar you contribute on the first 6% of pay you contribute each pay period. You will begin receiving matching contributions as soon as you become a participant. *Employer funding is paid at Employer's discretion.*

## 529 PLANS

*Alliance Bernstein*

*Member Services: (800) 227-2900*

*Website: www.collegeboundfund.com*

529 is a college bound fund that can help your family tackle the task of saving for college. The earnings grow free from federal taxes. Distributions are free from taxes. You elect how to invest the money and how much to invest. The minimum investment is \$50.



## **HEALTH SAVINGS ACCOUNT (HSA) – ONLY AVAILABLE WITH ANTHEM LUMENOS HIGH DEDUCTIBLE HEALTH PLAN**

*Optum Bank*

*Member Services: (866) 234-8913*

*Website: [www.optumbank.com](http://www.optumbank.com)*

The Health Savings Account (HSA) is linked with the High Deductible Health Plan (HDHP). Only employees who are currently enrolled in the HDHP are eligible for the HSA. You may defer pre-tax earnings to the HSA and Athens makes quarterly contributions to the account. You may accumulate funds in the HSA that can be used in the future for out-of-pocket medical expenses, particularly until the deductible is met on the HDHP. Money in the HSA rolls over each year and builds in the account until a future date when you ask for reimbursement. Athens Administrators has selected Optum Bank as the administrator for the HSA.

Manage your Health Savings Account online. The website features tools and information to help you maximize the benefits of your HSA

- Information about high-deductible health plans including HSA calculators
- Pay bills to physicians, dentists or other health care providers
- Make deposits
- Reimburse yourself for qualified medical expenses paid out-of-pocket
- Check monthly statements — up to 18 months of statements are available online
- View and export transactions
- Download account forms; tax information
- Change your address; Update your email address
- Manage investment activity (minimum balance of \$2,000)
- For Associated Fees, please go online or call Optum Bank
- **Tax-related questions should be directed to your tax accountant**

To log on to your Optum Bank member portal:

- Go to [www.optumbank.com](http://www.optumbank.com)
- Type in your username and password.
- If you have never logged on before, select that you are logging on for the first time as a member. Be prepared to enter your last name, your social security number, and birth date. This information is used to identify you as the actual account holder.
- Optum Bank's customer care professionals are available Monday through Friday, 8:00 a.m. to 8:00 p.m. Eastern to answer your questions about anything and everything related to your Optum Bank accounts. If you have any questions regarding how to log on or how to best utilize your accounts, please call (866) 234-8913.

## **BIG C ATHLETIC CLUB MEMBERSHIP DISCOUNT OFFERING**

You have the opportunity to become a member of these full-service gyms and take advantage of our corporate discount on both the enrollment fee and monthly dues. For Big C enrollment, please visit the nearest location. Monthly dues may be deducted through payroll.

## **LONG TERM CARE COVERAGE FOR EMPLOYEES AND FAMILY**

Athens provides a base LTC coverage for managers and above and employees with five or more years of tenure. All employees have the opportunity to purchase LTC coverage for themselves and their family members. See Human Resources for the appropriate form.

## **USERRA: EMPLOYEES ON MILITARY LEAVE**

Employees going into or returning from military service will have Plan rights mandated by the Uniformed Services Employment and Reemployment Rights Act. These rights include up to 24 months of extended health care coverage upon payment of entire cost of coverage plus a reasonable administration fee and immediate coverage with no preexisting condition exclusions applied in the Plan upon return from service. These rights apply only to employees and their dependents covered under the Plan before leaving for military service.

## **HIPAA PRIVACY**

HIPAA requires that the privacy of your personal health information be protected. The Plan's Notice of Privacy Practices, distributed to all Plan Participants, explains what information is considered "Protected Health Information (PHI)." It also tells you when the Plan may use or disclose this information, when your permission or written authorization is required, how you can get access to your information, and what actions you can take regarding your information. If you have misplaced your copy of the Plan's Notice of Privacy Practices, please contact Human Resources to request a replacement.



## EMPLOYEE CONTRIBUTIONS

Athens Administrators pays the major share of the cost for employee healthcare coverage. Employees pay a portion of the cost of coverage and also pay a portion of the cost for covering their dependents. See the charts below.

Athens Administrators offers group health plans and a wellness program. During the re-enrollment period, Athens' group health plan provides an option for employees to certify they have not used tobacco during the preceding 12 months. Employees who do not provide the certification or do not complete the smoking cessation program will not qualify for the discounted contributions.

If it is unreasonably difficult, due to a medical condition for you to meet the requirements of the smoking cessation program or if it is medically inadvisable for you to attempt to meet the program requirements, Athens Administrators will provide an alternative for you to qualify for the discounted contributions. Please contact your Human Resource department.

### 2013 Pre-Tax Discounted Rates For Non-Smokers and Smokers Who Complete the Smoking Cessation Program Deduction Per Bi-Weekly Pay Period

	Employee Only	Employee + 1	Employee + 2 or more
Anthem HDHP PPO (HSA)	\$57.69	\$130.15	\$186.92
Anthem HMO	\$57.69	\$130.15	\$186.92
Guardian PPO Dental	\$9.23	EE + Spouse - \$18.46 / EE + Child(ren) - \$22.15	\$32.31
Voluntary VSP Vision	\$5.23	EE + Spouse - \$8.97 / EE + Child(ren) - \$9.16	\$14.77

\* Monthly surcharge added.

### 2013 Pre-Tax Rates For Smokers Deduction per Bi-Weekly Pay Period

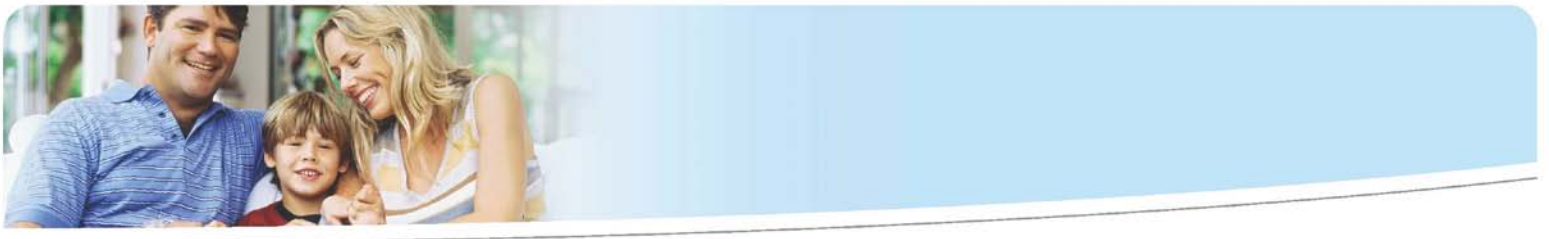
	Employee Only	Employee + 1	Employee + 2 or more
Anthem HDHP PPO (HSA)	\$103.85	\$176.31	\$233.08
Anthem HMO	\$103.85	\$176.31	\$233.08
Guardian PPO Dental	\$9.23	EE + Spouse - \$18.46 / EE + Child(ren) - \$22.15	\$32.31
Voluntary VSP Vision	\$5.23	EE + Spouse - \$8.97 / EE + Child(ren) - \$9.16	\$14.77

\* Monthly surcharge added.

### 2013 Athens Administrators Annual HSA Funding (Funded Quarterly)

	Employee Only	Employee + 1	Employee + 2 or more
Anthem HDHP HSA Total Per Year	\$1,500	\$2,500	\$3,000
IRS HSA Annual Limit 2013 / 2014	\$3,250 / \$3,300	\$6,450 / \$6,550	\$6,450 / \$6,550

\* Catch-up Contribution for those ages 55 and older is an additional \$1,000.



## EMPLOYEE BENEFITS WEBSITE (exclusively for Athens Administrators)

To review the benefit plans offered through Athens Administrators, please visit our Employee Benefits Website at <http://athensadmin.myjenkinshr.com>. The login is **athensadmin**. The password is **benefits**.

Within our website, you will be able to:

### Benefit Programs

- Direct link to the online enrollment system
- Learn about **all your benefit plans**:
  1. Benefits Summaries
  2. Eligibility requirements
  3. Contributions
- Find links to provider directories and other internet resources
- Get contact information for phone numbers, addresses and links
- Compare plans

### Human Resources Center

- News

### Health & Wellness Center

- Assess your health
- Research a disease, condition, or treatment
- Click to find your symptoms or condition

### It's as easy as 1-2-3 to obtain information!

1. Go to the web address <http://athensadmin.myjenkinshr.com>
2. Input your user ID and password:
  - User ID: athensadmin
  - Password: benefits
3. Click "enter"

## EMPLOYEE ONLINE ENROLLMENT WEBSITE (exclusively for Athens Administrators)

To enroll in your benefits through Benetrac.com

- Copy/Paste the following link into the browser window:
  1. <https://www.eenroller.net/btrac/broker.asp?ST=Jenk5512>
- Enter **your user name in the User Name box**: First initial of your first name and then last name. (i.e Jon Smith is JSmith)
- Enter the **password**: the last four digits of your social security number in the Password box.
- Click **Log in**
- You will be asked to change your password before proceeding. Change password and click **Submit**.
- Please read the Legal Notice, and click on "I Agree".

## EMPLOYEE BENEFITS HELP DESK

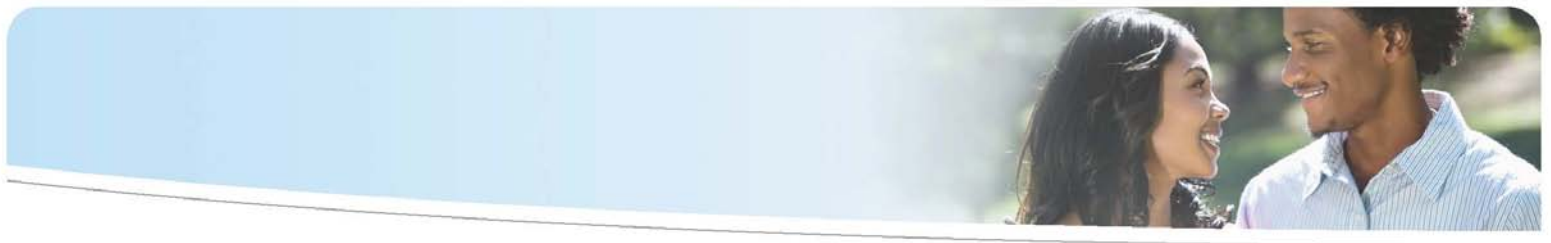
(800) 925-4802

[jenkins-helpdesk@leavitt.com](mailto:jenkins-helpdesk@leavitt.com)

**Our Benefit HelpDesk service can assist you with benefit questions and/or claim resolution.** Privacy Plan regulations severely restrict an employer's ability to discuss medical issues directly with associates or to represent them in claim resolution, so we utilize a Help Desk service through Leavitt Group (our benefit consultants). Unlike a "call center", the Benefit Help Desk is staffed by experienced Benefit Specialists dedicated to the Athens account and trained on our benefit programs. The Benefit Help Desk can assist you or your family members with questions, claim resolution, forms, eligibility and open enrollment processes for any of our benefits.

Important reminders when contacting the Benefit Help Desk and/or the carriers:

- ✓ Privacy Act regulations may require a written authorization to be completed to discuss benefit issues
- ✓ If you reach voicemail, leave a detailed message with your call back information. Voicemail and email messages left with the Benefit Help Desk are returned within 24 hours Monday through Friday.
- ✓ Have your supporting bills ready for reference



## ABOUT THE HEALTH CARE REIMBURSEMENT ACCOUNT (FLEXIBLE SPENDING & HEALTH SAVINGS ACCOUNT)

This account is to be used for qualifying medical/dental/vision expenses for diagnosis and treatment provided by a practitioner. This includes eligible expenses for you and your family not covered by any other plan.

**Estimating Expenses** – Estimate conservatively. Amounts set aside and that you do not request prior to the plan year end (June 30), will not be returned to you from your FSA plan. The only way to be reimbursed from a medical reimbursement account is with a qualifying receipt. You will lose any unspent money in your FSA. Remember, only expenses incurred during the plan year will qualify for reimbursement.

**Examples of Eligible Health Care and Health Savings Account Expenses** – The following list identifies some of the common medical and health related expenses that the Internal Revenue Service considers to be deductible expenses. These expenses are eligible for reimbursement through your Reimbursement Account provided that you have not been reimbursed for them through any other insurance or benefit plan. Many other expenses may qualify for reimbursement. This is a sample list only. If you have a specific expense and would like to determine its eligibility, please call ADP at (800) 654-6695 and ask a customer service representative.

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li>▪ Abortion (legal)</li> <li>▪ Acupuncture</li> <li>▪ Airfare for transplant donor (or prospective donor)</li> <li>▪ Alcoholism treatment</li> <li>▪ Ambulance hire</li> <li>▪ Artificial limbs and teeth</li> <li>▪ Autoette (small three wheel vehicle) or wheelchair</li> <li>▪ Birth control pills</li> <li>▪ Braces</li> <li>▪ Braille books and magazines (the extent the prices exceed prices for regular books)</li> <li>▪ Bus fare to obtain medical care</li> <li>▪ Car (special medical equipment)</li> <li>▪ Car expenses to obtain medical care (10 cents per mile)</li> <li>▪ Contact lenses</li> <li>▪ Cosmetic surgery (needed to improve congenital abnormality, personal injury, or disfiguring disease)</li> <li>▪ Crutches</li> <li>▪ Diathermy</li> <li>▪ Examination, physical</li> <li>▪ Eye examination</li> <li>▪ Eyeglasses</li> <li>▪ Fees to doctors, hospitals, etc. for anesthesiologist, chiropractor, Christian Science Practitioner Clinic, dentist, dermatologist</li> <li>▪ Guide dog and its upkeep</li> <li>▪ Gynecologist</li> </ul> | <ul style="list-style-type: none"> <li>▪ Health spa in home (to extent value of home not increased)</li> <li>▪ Hospital services</li> <li>▪ Insulin</li> <li>▪ Iron lung</li> <li>▪ Laboratory fees</li> <li>▪ Laboratory services</li> <li>▪ Lasik eye surgery</li> <li>▪ Lead-based paint removal</li> <li>▪ Lip-reading lessons</li> <li>▪ Lodging for medical care</li> <li>▪ Legal fees to allow treatment for mental illness</li> <li>▪ Meals and lodging incurred en route between taxpayer's home and place of medical treatment</li> <li>▪ Medical information plan</li> <li>▪ Midwife</li> <li>▪ Neurologist</li> <li>▪ Nurses' expenses and board</li> <li>▪ Nursing care</li> <li>▪ Nursing home (if for medical reasons)</li> <li>▪ Obstetrician</li> <li>▪ Operations and related treatments</li> <li>▪ Ophthalmologist</li> <li>▪ Optometrist</li> <li>▪ Osteopath (licensed)</li> <li>▪ Oxygen equipment</li> </ul> | <ul style="list-style-type: none"> <li>▪ Podiatrist</li> <li>▪ Practical nurse Prescribed drugs and medicine</li> <li>▪ Psychiatrist</li> <li>▪ Psychoanalyst (medical care only)</li> <li>▪ Psychologist (medical care only) sex therapist</li> <li>▪ Radial keratotomy</li> <li>▪ Rental of medical equipment</li> <li>▪ Rental car expense if used primarily to obtain medical care</li> <li>▪ Sanitarium</li> <li>▪ Special schooling for physically or mentally handicapped family member</li> <li>▪ Sterilization</li> <li>▪ Surgeon</li> <li>▪ Telephone (for the deaf)</li> <li>▪ Television equipment which displays the audio part of the TV programs for the deaf</li> <li>▪ Therapy</li> <li>▪ Transplants</li> <li>▪ Transportation expenses for essential medical care</li> <li>▪ Vitamins (prescription)</li> <li>▪ Wheelchair</li> <li>▪ Wigs (to cover baldness due to medical reasons)</li> <li>▪ X-ray</li> </ul> <p><b>Note: Over the counter medications are not eligible for reimbursement without a doctor's prescription.</b></p> |
|--|---|---|

### Examples of Expenses that DO NOT Qualify for Pre-Tax Reimbursement

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li>▪ Any illegal treatment</li> <li>▪ Cosmetic surgery</li> <li>▪ Weight reduction programs for general well-being</li> <li>▪ Non-prescription smoking cessation aides</li> </ul> | <ul style="list-style-type: none"> <li>▪ Cost of remedial reading classes for non-handicapped child</li> <li>▪ Any expenses for or by domestic partners</li> <li>▪ Non-prescription vitamins</li> <li>▪ Marriage counseling</li> </ul> | <ul style="list-style-type: none"> <li>▪ Marijuana (even if obtained by lawful prescription in a state that permits medical use of controlled substance)</li> <li>▪ Over the Counter medications</li> </ul> |
|---|--|---|





## MEDICARE PART D CREDITABLE COVERAGE NOTICE

**Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Athens Insurance Service, Inc. 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.**

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. Athens Administrators has determined that the prescription drug coverage offered by Anthem Blue Cross are, 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.

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### **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 Athens Administrators coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Athens Administrators coverage, be aware that you and your dependents 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 coverage with Athens Administrators 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 the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage through Athens Administrators 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](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

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

Date: July 1, 2013  
Name of Entity/Sender: Athens Administrators  
Contact--Position/Office: Janet McClain, Human Resources Director  
Address: 2552 Stanwell Drive Concord, Ca. 94520  
Phone Number: (925) 826-1288



## 2013 NEW HIRE BENEFITS "TO DO" LIST

1.  **Medical, Dental, and Vision Coverage** - All enrollment or changes must be done online. The benefits you elect at this time will be effective the First of the Month following 30 days of continuous employment.
2.  **Flexible Spending Accounts** – Enroll online. There is an additional form to complete for direct deposit of your reimbursements into your own bank account (the direct deposit form can be found online). NOTE: You may not enroll in both the healthcare FSA plan and put money aside into an HSA plan. So if you are planning to enroll in the High Deductible plan, do not enroll in the healthcare savings account under FSA.
3.  **Waive Medical and/or Dental/Vision Coverage** – If you are electing not to enroll in any of these coverages, please complete the *Health Care Waiver Form* and *print and sign your name* indicating you are waiving coverage and the reason why. You must attach proof of your other medical plan (the Waiver form can be found online).
4.  **401(k) Enrollment** - Enrolling or making changes in 401(k)? Do it now!
5.  **Voluntary Life Enrollment** – Adding or changing Voluntary Life coverage?
6.  **Steps When Selecting the Anthem HDHP Plan & HSA**
  - Enroll online in Anthem Blue Cross High Deductible Health Plan (HDHP)
  - If new to the plan, to open a Health Savings Account (HSA); you will receive an email from Human Resources with instructions on how to open your HSA account with Optum Bank. Complete your HSA account application.
  - Choose whether to contribute into your HSA and how much per paycheck.

### FORMS TO COMPLETE & RETURN:

- Medical Waiver form with proof of other coverage (if waiving)

**Remember, if you don't enroll now, you will be unable to do so until July 1, 2014, unless you have an IRS-approved change in family status, and your change is reported within 30 days of the event. Please carefully consider your benefit choices for the upcoming year.**

*This brochure contains a brief description of the benefits under Athens Administrators' plan and is intended as a summary only. This summary does not include all the details of benefits offered and does not supersede the contracts in force. Please refer to your plan summary for details.*

Prepared by Leavitt Group  
July 2013

 Leavitt Group

