



# BENEFITS GUIDE

## 2020

▶ JULY 1, 2020 - DECEMBER 31, 2020







# DISCOVER YOUR BENEFITS

## A GUIDE TO THE ATHENS ADMINISTRATORS EMPLOYEE BENEFITS PROGRAM JULY 1, 2020 – DECEMBER 31, 2020

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 through December 31, 2020. Your next opportunity to change plans will be at the next annual re-enrollment period in the fall of 2020. 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.



You can change your coverage during the year if you experience a “Qualified Status Change,” including, but not limited to: marriage/domestic partnership, divorce, birth/adoption of a child and death of a spouse/child.

# TABLE OF CONTENTS



▶ <b>Benefits Overview</b>	<b>3</b>
▶ <b>Eligibility</b>	<b>4</b>
▶ <b>Income Protection Benefits</b>	<b>5</b>
▶ <b>Medical &amp; Prescription Benefits</b>	<b>6</b>
▶ <b>Dental Benefits</b>	<b>13</b>
▶ <b>Vision Benefits</b>	<b>14</b>
▶ <b>Additional Plans</b>	<b>15</b>
▶ <b>Contributions</b>	<b>17</b>
▶ <b>Benefits Mobile App &amp; Website</b>	<b>18</b>
▶ <b>Key Contacts</b>	<b>23</b>

## **Important Notice**

Athens Administrators has made every attempt to ensure the accuracy of the information described in this enrollment guide. Any discrepancy between this guide and the insurance contracts or other legal documents that govern the plans of benefits described in this enrollment guide will be resolved according to the insurance contracts and legal documents. Athens Administrators reserves the right to amend or discontinue the benefits described in this enrollment guide in the future, as well as change how eligible employees and Athens Administrators share plan costs at any time. This enrollment guide creates neither an employment agreement of any kind nor a guarantee of continued employment with Athens Administrators.





# BENEFITS OVERVIEW

## TAKE A MOMENT... FOR BENEFITS

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 (80%) of the cost for the medical and dental benefits. The company also pays 100% of 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 of California. It is a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA).
- We offer an Exclusive Provider Option (EPO) plan with Anthem of California.
- We offer two HMO plans from both Anthem of California and Kaiser Permanente.
- We also offer a Kaiser HMO High Deductible Health Plan with a Health Savings Account (HSA)
- 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.

## HEALTH SAVINGS ACCOUNTS – With Company funding!

If you enroll in the Anthem or Kaiser high deductible health plan, Athens will open an HSA account for you. The company will make 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 may be subject to state taxation and contingent on which state you reside in but are 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.

### 2020 Athens Administrators Annual HSA Funding (Funded Per Payroll Period)

Anthem HDHP and Kaiser HDHP	Employee Only	Employee + 1	Employee + 2 or more
Athens HSA Funding per payroll period	\$38.47	\$48.08	\$57.70
Athens HSA Annual Funding	\$1,000	\$1,250	\$1,500
IRS HSA Annual Limit	\$3,550	\$7,100	\$7,100
HSA Catch-Up Contributions - age 55 or older	\$1,000	\$1,000	\$1,000

Discovery Benefits is Athens Administrators' HSA Administrator: [www.DiscoveryBenefits.com](http://www.DiscoveryBenefits.com) or (866) 451-3399

# BENEFITS ELIGIBILITY



## ELIGIBILITY

As a regular full-time employee of Athens Administrators, you and any of your 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 26 or becoming physically disabled)
- A change in your work hours

Any changes to your health care plan elections must be made within 30 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.







# INCOME PROTECTION BENEFITS

## STATE DISABILITY INSURANCE

Availability of wage replacement programs for disability varies by state. In states where these programs are available, the Athens Unum Disability benefits will be reduced by any other type of compensation that is received for disability.

## 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 also through Unum. See Voluntary Life Insurance below for details.

## VOLUNTARY LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Unum

Group # 409308

Member Services: (800) 421-0344

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

Athens offers employees the option to purchase additional life insurance coverage from Unum 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.epiceb.com](http://athensadmin.epiceb.com) or see Human Resources for details if you are interested. If you do not enroll as a new hire, you will have to furnish proof of good health, evidence of insurability, to gain coverage. The benefit maximum you can purchase is \$500,000 or 5x's your annual earnings (whichever is less) of voluntary coverage. Any amounts over \$110,000 will require proof of good health (evidence of insurability.)

## VOLUNTARY LONG TERM CARE COVERAGE FOR EMPLOYEES AND FAMILY (LTC)

UNUM

Group # 138681

Member Services: (800) 227-4165

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

This plan provides coverage to eligible participants that require long term care in a facility or home. Athens provides a base LTC coverage for managers (effective first of the month following 30 days from date of hire) and above and employees with five or more years of tenure (effective first of the month following your five-year anniversary). All employees have the opportunity to purchase LTC coverage for themselves and their family members. After 90 days, the coverage pays \$2,000 per month for a long term care facility (for up to 2 years) or \$1,500 for home care for up to \$48,000 combined lifetime maximum. Participants may purchase higher amounts of coverage.

# MEDICAL & PRESCRIPTION DRUG BENEFITS



## MEDICAL PLANS

### Kaiser Health Maintenance Organization (HMO) Plan

In the Kaiser HMO you have the convenience of having all of your healthcare needs under one roof. General providers give routine services and refer you to other providers within the Kaiser network when you need to see a specialist or be hospitalized. You must receive care from providers within Kaiser's network; Kaiser won't pay for non-emergency services you receive from a non-Kaiser provider or without a referral.

### 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.

**For Both the Kaiser and Anthem HMO Plans** - You do not need prior authorization from Anthem and Kaiser 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) 424-6521 or Kaiser at (800) 464-4000.

You have the right to designate any available primary care provider who participates in our network for you and your family members. If you do not make this designation, Anthem and/or Kaiser 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) 424-6521 or Kaiser at (800) 464-4000.

### Anthem Exclusive Provider Organization (EPO) Plan

In the Anthem EPO, benefits are covered only when services are provided by a provider in the Anthem EPO Network only. You will not be covered if you do not use an Anthem EPO provider!

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

The Anthem HDHP is an innovative type of coverage that allows an insured person to use an HSA to pay for routine medical care.

When you enroll in the Anthem 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 \$1,500 individual deductible and a \$3,000 family deductible.

### Kaiser Health Maintenance Organization (HMO) Plan High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

In the Kaiser HMO you have the convenience of having all of your healthcare needs under one roof. General providers give routine services and refer you to other providers within the Kaiser network when you need to see a specialist or be hospitalized. You must receive care from providers within Kaiser's network; Kaiser won't pay for non-emergency services you receive from a non-Kaiser provider or without a referral. This plan has a \$1,500 individual deductible and a \$3,000 family deductible. The HDHP is an innovative type of coverage that allows an insured person to use an HSA to pay for routine medical care.

Medical Plan Options	Available for Employees Located:
Anthem HDHP PPO	All Employees
Anthem EPO	Out of California Only
Anthem HMO	California Only
Kaiser HMO	California Only
Kaiser HDHP HMO	California Only



# HEALTH SAVINGS ACCOUNT (HSA)

## HEALTH SAVINGS ACCOUNT (HSA)

If you are considering the Anthem Blue Cross or Kaiser High Deductible Plans with a Health Savings Account, *here are the advantages:*

- **Funds will not expire:** Your HSA balance is yours. If you do not spend your balance in a calendar year, it will roll over into the following year.
- **The account follows you:** You own your HSA account. Think of it as a personal checking account for healthcare dollars. If you switch jobs or retire, you will take it with you.
- **Triple tax advantages:** Once you have opened your HSA, you will contribute pre-tax money, your account will grow tax-free and you may pay for eligible healthcare expenses tax-free. (In California and New Jersey this does not apply to state taxes).

## DID YOU KNOW....

- Athens Administrators provides you with money that can be used toward your deductible (if you qualify for HSA per IRS rules)
- Contributions are deposited into your HSA before you are taxed federally and the account earnings are not taxed
- Use your HSA dollars to pay for qualified expenses or long term care premiums, Medicare, and COBRA premiums
- You will receive a debit card to use when paying for medical, dental and vision services, and at the pharmacy

## CONTRIBUTIONS MAY BE MADE:

- Pre-tax via payroll deduction
- Post-tax via personal check or cash—Account holder takes personal deduction off 1040 tax return

## INDIVIDUALS ARE NOT ELIGIBLE FOR AN HSA IF THEY ARE:

- Covered as a dependent on a non-HSA compatible health plan
- Age 65 or older and enrolled in Medicare or Social Security
- Enrolled in or covered by a Flexible Spending Account for health expenses, including a spouse's FSA. Dependent care and limited purpose FSA are permitted by the IRS.
- Covered by any other health coverage (e.g., under a military or college health plan)

	Individual	Family
IRS Maximum (Annual)	\$3,550	\$7,100
Catch-Up Amount (Annual)	\$1,000 (for those age 55 and over)	

Athens Administrators Contribution into your Health Savings Account	Annual Contribution	Per Payroll Period Contribution
Employee Only	\$1,000	\$38.47
Employee + 1	\$1,250	\$48.08
Employee + Family	\$1,500	\$57.70

Employee Supplemental Contributions up to IRS Limit	Additional Annual Contribution	Per Payroll Period Max Contribution
Employee Only	\$2,550	\$98.07
Employee + 1	\$5,850	\$225.00
Employee + Family	\$5,600	\$215.38



# HEALTH SAVINGS ACCOUNT (HSA)



## HEALTH SAVINGS ACCOUNT (HSA) – ONLY AVAILABLE WITH THE ANTHEM OR KAISER HDHP

Discovery Benefits Member Services: (866) 451-3399

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

The HSA is linked with the 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 contributions per payroll 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.

Manage your HSA account online. The websites feature tools and information to help you maximize the benefits.

- 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
- View and export transactions
- Download account forms and tax information
- Change your address; Update your email address
- Manage investment activity (minimum balance might be required)
- **Tax-related questions should be directed to your tax accountant**

You can log on to your Discovery Benefits member portal for more information

- [www.discoverybenefits.com](http://www.discoverybenefits.com) Type in your username and password.
- If you have any questions regarding how to log on or how to best utilize your accounts, please call (866) 451-3399.

## BENEFITS OF AN 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

### Contributions may be made:

- Pretax via payroll deduction

**In case of an IRS audit, you are responsible for keeping relevant documents as it pertains to your HSA account**

- Post tax\*\* via personal check or cash (may require a contribution form)

**\*\* Account holder should be able to take a personal deduction off 1040 tax return. Please direct all tax-related questions with your tax accountant \*\***

## 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 and Kaiser 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.*

Medical Plan Options	Available for Employees Located:
Anthem HDHP PPO	All Employees
Anthem EPO	Out of California Only
Anthem HMO	California Only
Kaiser HMO	California Only
Kaiser HDHP HMO	California Only



# MEDICAL BENEFITS



## MEDICAL PLAN SUMMARY

The deductibles, copays and coinsurance percentages below indicate the amounts for which you are responsible.

	HMO Plans Available Only to California Employees	
Features	Kaiser HMO	Anthem HMO
Group Number	NorCal20813-0000 / SoCal 233524-0000	280535
Customer Service	(800) 464-4000	(800) 888-8288
Website	www.kp.org	www.anthem.com
Provider Choice	Kaiser Only	In Network Provider Only
Lifetime Maximum	Unlimited	Unlimited
Annual Out of Pocket Maximum (calendar year)	\$4,000/individual \$8,000/family	\$3,500/individual \$7,000/family
Annual Deductible (calendar year)	\$1,500/individual \$3,000/family	None
	YOU PAY	YOU PAY
<b>Routine Medical Care</b>		
• Primary Care Visits	\$20 copay - deductible waived	\$20 copay
• Specialist Visits	\$20 copay - deductible waived	\$40 copay
• Preventive Care	No charge	No charge
<b>Hospital Services</b>		
• Inpatient Room & Board	20% after deductible	20%
• Outpatient Services and Surgical Center	20% after deductible	20%
<b>Emergency Room</b>	20% after deductible	\$200 per visit (waived if admitted)
<b>Urgent Care</b>	\$20 copay - deductible waived	\$20 copay
<b>Chiropractic</b> (Through American Specialty Health)	\$15 per visit 30 visits/year	\$10 copay per visit 30 visits combined with Acupuncture/year
<b>Acupuncture</b> (Through American Specialty Health)	Not covered	\$10 copay per visit 30 visits combined with Chiro/year
Prescription Drug Benefits	Kaiser Facility	Anthem Prescription Services
Tier 1a (Typically Lower Cost Generic)	Generic - \$10 copay	\$5 copay
Tier 1b (Typically Generic)	Brand - \$30 copay	\$20 copay
Tier 2 (Typically Preferred / Brand)		\$40 copay
Tier 3 (Typically Non-Preferred Brand)		\$60 copay
Tier 4 (Specialty Drugs)	20% up to \$150	30% up to \$250
Mail Order Tiers 1a / 1b / 2 / 3 (90-day supply)	\$20/\$60 for 100-day supply	\$12.50/\$50 /\$120/\$180

Every effort has been made to ensure the accuracy of this document. In the event of a discrepancy, coverage is governed by the Summary Plan Descriptions. A copy of the Summary Plan Description can be found in the Employee Benefits Website: [www.athensadmin.epiceb.com](http://www.athensadmin.epiceb.com)

# MEDICAL BENEFITS

## MEDICAL PLAN SUMMARY

The deductibles, copays and coinsurance percentages below indicate the amounts for which you are responsible.

	California Employees Only	Available to All Employees	
Features	Kaiser HMO HDHP NorCal / SoCal	Anthem HDHP with Health Savings Account (HSA)	
		In Network	Out of Network
<b>Group Number</b>	20813-0002 / 233524-0002	280535	
<b>Customer Service</b>	(800) 464-4000	(866) 207-9878	
<b>Website</b>	www.kp.org	www.anthem.com	
<b>Provider Choice</b>	Kaiser Only	Anthem PPO Provider	Non-Anthem PPO Provider
<b>Lifetime Maximum</b>	Unlimited	Unlimited	
<b>Annual Out of Pocket Maximum per calendar year</b> (includes cal year deductible)	\$3,000 / Individual \$6,000 / Family	\$3,000 / Individual \$6,000 / Family	\$9,000 / Individual \$18,000 / Family
<b>Annual Calendar Year Deductible</b>	\$2,000 / Individual \$2,800 / Individual in a Family \$4,000 / Family	\$2,000 / Individual \$2,800 / Individual in a Family \$4,000 / Family	\$6,000 / Individual \$6,000 / Individual in a Family \$12,000 / Family
	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY <sup>1</sup></b>
<b>Routine Medical Care</b>			
• Office Visits	\$30 copay after deductible	20% after deductible	40% after deductible
• Preventive Care	No charge	No charge	40% after deductible
<b>Hospital Services</b>			
• Inpatient Room & Board	\$250 copay after deductible	20% after deductible	40% after deductible (limited to \$1,000/day)
• Outpatient Services & Surgical Center	\$150 copay after deductible	20% after deductible	40% after deductible (limited to \$350/day)
<b>Emergency Room</b>	\$100 copay after deductible	20% after in-network deductible	
<b>Urgent Care</b>	\$30 copay after deductible	20% after in-network deductible	
<b>Chiropractic Benefits</b> (limited to 30 visits/calendar year)	Not covered	20% after deductible	40% after deductible
<b>Acupuncture Benefits</b> (limited to 20 visits/calendar year)	Not covered	20% after deductible	40% after deductible
<b>Prescription Drug Benefits</b>	<b>Kaiser Facility</b>	<b>Anthem Prescription Services</b>	<b>Out of Network</b>
Tier 1a (Typically Lower Cost Generic)	Generic - \$10 after deductible	\$5 copay after deductible	40% up to \$250 after deductible
Tier 1b (Typically Generic)	Brand - \$30 after deductible	\$15 copay after deductible	40% up to \$250 after deductible
Tier 2 (Typically Preferred / Brand)		\$40 copay after deductible	40% up to \$250 after deductible
Tier 3 (Typically Non-Preferred Brand)		\$60 copay after deductible	40% up to \$250 after deductible
Tier 4 (Specialty Drugs)	20% up to \$150 after deductible	30% up to \$250 after deductible	40% up to \$250 after deductible
Mail Order Tiers 1a / 1b / 2 / 3 (90-day supply)	\$20/\$60 for 100-day supply	\$12.50/\$37.50 /\$120/\$180 after deductible	N/A

1. Based on Anthem's Allowable amount. Charges in excess of the allowable amount do not count toward the calendar-year deductible or out-of-pocket maximum. **Note:** Athens funds your Health Savings Account per payroll period to help you with the deductible.

Every effort has been made to ensure the accuracy of this document. In the event of a discrepancy, coverage is governed by the Summary Plan Descriptions. A copy of the Summary Plan Description can be found in the Employee Benefits Website: [www.athensadmin.epiceb.com](http://www.athensadmin.epiceb.com)



# MEDICAL BENEFITS



## MEDICAL PLAN SUMMARY

The deductibles, copays and coinsurance percentages below indicate the amounts for which you are responsible.

Only Available for Employees Residing Outside of California	
Features	Anthem EPO
Group Number	280535M031
Customer Service	(866) 207-9878
Website	www.anthem.com
Provider Choice	Anthem EPO Network Only
Lifetime Maximum	Unlimited
Annual Out of Pocket Maximum (calendar year)	\$3,000/Individual \$6,000 / Family
Annual Deductible (calendar year)	\$250/Individual \$750/Family
	YOU PAY
<b>Routine Medical Care</b>	
• Primary Care Visits	\$20 copay per visit – deduct waived
• Specialist Visits	\$40 copay – deduct waived
• Preventive Care	No charge
<b>Hospital Services</b>	
• Inpatient Room & Board	20% after deductible
• Outpatient Services and Surgical Centers	20% after deductible
<b>Emergency Room</b>	\$150 copay + 20% after deductible
<b>Urgent Care</b>	\$20 copay – deduct waived
<b>Chiropractic</b>	\$20 copay per visit – deduct waived
(Through American Specialty Health)	30 visits/year
<b>Acupuncture</b>	\$20 copay per visit – deduct waived
(Through American Specialty Health)	20 visits/year
Prescription Drug Benefits	Anthem Prescription Services
Tier 1a (Typically Lower Cost Generic)	\$5 copay
Tier 1b (Typically Generic)	\$15 copay
Tier 2 (Typically Preferred / Brand)	\$30 copay
Tier 3 (Typically Non-Preferred Brand)	\$50 copay
Tier 4 (Excludes Specialty Drugs)	30% up to \$250
Mail Order Tiers 1a / 1b / 2 / 3 (90-day supply)	\$12.50 / \$37.50 / \$90 / \$150

Every effort has been made to ensure the accuracy of this document. In the event of a discrepancy, coverage is governed by the Summary Plan Descriptions. A copy of the Summary Plan Description can be found in the Employee Benefits Website: [www.athensadmin.epiceb.com](http://www.athensadmin.epiceb.com)

## DENTAL PLAN SUMMARY

### 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	Out-of-Network <sup>1</sup>
Dentist Choice	Dental Guard Preferred PPO Dentist	Any Other Dentist
Annual Maximum	\$2,000 per member	
Deductible	\$50 per individual / \$150 per family	
Reimbursement Basis	Negotiated Rates	Usual, Customary and Reasonable (UCR) <sup>(1)</sup>
	YOU PAY	YOU PAY <sup>1</sup>
Diagnostic & Preventive Services	Covered in full	Covered in full
Cleanings, Exams (Deductible waived)		
Basic Services	10%	20% of UCR
Fillings, Extractions, etc.		
Major Services	40%	50% of UCR
Bridges, Dentures, Crowns & Implants		
Orthodontics (Adult and Child)	50% to lifetime maximum of \$1,000	

<sup>1</sup> Non-PPO dentists are paid based on Usual, Customary and Reasonable charges. The patient is responsible for any charges over

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.





# VISION BENEFITS



## VISION PLAN SUMMARY

### Voluntary Vision

*Vision Service Plan*

*Group Number: 12289299*

*Member Services: (800) 877-7195*

*Website: 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.

	In-Network	Out-of-Network
<b>Copay</b>	\$10 - Exams / \$25 - Materials	
<b>Exams</b> (every 12 months)	Covered in full	Up to a \$50 Allowance
<b>Lenses</b> (every 12 months)		
▪Single Vision	Covered in full	Up to a \$50 Allowance
▪Bifocal	Covered in full	Up to a \$75 Allowance
▪Trifocal	Covered in full	Up to a \$100 Allowance
<b>Frames</b> (every 24 months)	\$150 Allowance	Up to a \$70 Allowance
<b>Contact Lenses</b> (every 12 months, in lieu of glasses)	\$135 Allowance (elective)	Up to a \$105 Allowance (elective)
<b>Laser Vision Care</b>	Discount for LASIK	Not Covered
<b>Tru Hearing Program</b>	Value Add Program that offers an average of over 25% discount on hearing aids	



## FLEXIBLE SPENDING ACCOUNTS (FSA)

*Discovery Benefits*

*Member Services: (866) 451-3399*

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

Employees may enroll in any of the three FSA 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 1/1/2020 through 12/31/2020 and expenses are paid on a calendar-year basis. Use it or lose it – carefully estimate the amount you want to contribute. The IRS requires you to forfeit any amounts not spent by the end of the 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 \$2,750 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. If you have \$500 or less remaining in your Health FSA, it will roll over into the next plan year for you to use.

**Note:** 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:** this plan enables you to make pre-tax contributions 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.

## COMMUTER ACCOUNTS –TRANSIT AND PARKING

*Discovery Benefits Commuter*

*Member Services: (866) 451-3399*

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

**Transit:** Use pre-tax dollars for work-related commute expenses such as public transportation (bus, train, ferry, subway) and Commuter Highway Vehicles (vanpools). You may contribute up to \$270 each month on a pre-tax basis.

**Parking:** Use pre-tax dollars for work-related parking expenses. You may contribute up to \$270 each month on a pre-tax basis. *Bridge tolls do not qualify.*

## TRAVEL ASSISTANCE SERVICES (ADMINISTERED BY ASSISTAMERICA)

*In USA (800) 872-1414; or Outside the USA (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](http://www.claremonteap.com)*

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



# ADDITIONAL PLANS



## BUSINESS TRAVEL ACCIDENT

CIGNA

Pol # ABL 657968

In the event of your accidental death or dismemberment while traveling on company business, Athens' policy will pay your beneficiary \$50,000 or a percentage of that amount based on the policy limits.

## 401(K) SAVINGS PLAN

Prudential

Plan ID: 768006

Member Services: (877) PRU-2100

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

Athens employees become eligible to join the 401(k) plan on the first of the month following 30 days from your date of hire, without an intervening break in service and are 18 years old or older. This is known as your initial eligibility period.

You can stop contributions and increase or decrease contributions anytime. You may contribute any percentage of your total gross salary not to exceed the IRS maximum (\$19,500 in 2020; additional \$6,500 if over age 50). 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 \$0.33 for every dollar that you contribute on the first 8% of pay you contribute each pay period. The plan will also match the catch up contributions. You will begin receiving matching contributions as soon as you become a participant of the plan. Employer funding is paid at Employer's discretion.

Please note that Athens Administrators has an Automatic Enrollment feature on its 401(k) plan. If you do not elect contributions during your initial eligibility period or decline to participate in the plan, then Athens Administrators will automatically elect 3% for you. You must choose to decline electing any percentage in order to not have any earnings put towards your 401(k) plan. If you are automatically enrolled, Athens Administrators will add 1% to your automatic elections every year after merit increases. Automatic enrollment will cap off at 8% If you have any questions or concern, please reach out to your Human Resources Business Partner for further clarification.



# 2020 EMPLOYEE RATES / 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 non-smoker rates.

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 non-smoker rates. Please contact your HR Business Partner.

## 2020 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)	\$60.00	\$148.15	\$208.62
Anthem EPO	\$59.08	\$155.08	\$221.54
Anthem HMO	\$62.31	\$162.92	\$232.62
Kaiser HMO	\$67.85	\$164.31	\$232.62
Kaiser HDHP HMO (HSA)	\$69.69	\$160.62	\$224.31
Guardian PPO Dental	\$9.23	EE + Spouse - \$18.46 / EE + Child(ren) - \$22.15	\$32.31
Voluntary VSP Vision	\$5.88	EE + Spouse - \$10.07 / EE + Child(ren) - \$10.28	\$16.58

## 2020 Pre-Tax Rates For Smokers\*

### Deduction per Bi-Weekly Pay Period

	Employee Only	Employee + 1	Employee + 2 or more
Anthem HDHP PPO (HSA)	\$106.15	\$194.31	\$254.77
Anthem EPO	\$105.23	\$201.23	\$267.69
Anthem HMO	\$108.46	\$209.08	\$278.77
Kaiser HMO	\$114.00	\$210.46	\$278.77
Kaiser HDHP HMO (HSA)	\$115.85	\$206.77	\$270.46
Guardian PPO Dental	\$9.23	EE + Spouse - \$18.46 / EE + Child(ren) - \$22.15	\$32.31
Voluntary VSP Vision	\$5.88	EE + Spouse - \$10.07 / EE + Child(ren) - \$10.28	\$16.58

\*Monthly surcharge added.

## 2020 Athens Administrators HSA Funding

### Athens Funds Per Bi-Weekly Pay Period

	Employee Only	Employee + 1	Employee + 2 or more
Athens Funding - Per Bi-Weekly Pay Period	\$38.47	\$48.08	\$57.70
Athens Annual Funding	\$1,000	\$1,250	\$1,500
2020 IRS HSA Annual Limit**	\$3,550	\$7,100	\$7,100

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



# EMPLOYEE BENEFITS MOBILE APP



**Access To Company Benefits Information Whenever and Wherever You Carry Your Smartphone and Tablet Devices.**



**DOWNLOAD THE APP FROM: ITUNES OR GOOGLE APP STORE**

**ATHENS COMPANY REGISTRATION CODE: ATH0109**

**Register with the registration code when setting up your account.**

1. Go to iTunes app store or Google Play for Android
2. Search for → Benefits2Go
3. Download
4. Open App
5. Click on Register
6. Enter your name, email and password as required by the app
7. Enter the following Registration code → ATH0109
8. Open the app and enjoy!

## **24/7 ACCESS**

Our mobile application is a powerful way to deliver benefits information to employees, when they need it, any time of day or night.

## **BENEFIT PLAN INFORMATION**

- Group benefit plan names and group numbers
- Links to Carrier websites
- Carrier Member Services phone number for assistance (connected by app)
- Member ID – member information from Carrier ID card secured by personal identification numbers (PIN)
- Plan highlights for core benefit plans (medical, dental and vision)

## **PROVIDER SEARCH FEATURES**

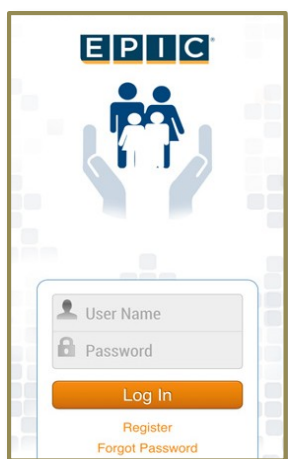
Search Carrier information to find doctors, dentists, hospitals, and vision care specialists.

## **BENEFITS HELP NUMBER**

Contact information for HR person or group that can assist with benefit questions.

## **ADDITIONAL RESOURCES**

Customizable feature that can include links to additional plan details, tips for talking with a doctor, Rx price comparisons, information to be more involved in health care and wellness, and more.



# EMPLOYEE ACCESS TO BENEFITS INFORMATION



## 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.epiceb.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.epiceb.com>
2. Input your user ID and password:  
User ID: athensadmin  
Password: benefits
3. Click "enter"



## EMPLOYEE ONLINE ENROLLMENT WEBSITE (EXCLUSIVELY FOR ATHENS ADMINISTRATORS)

Submit your benefits enrollments and changes through the Paycom Employee Self Service (ESS) portal.

- [www.paycom.com](http://www.paycom.com) – login in under "Employee" using Paycom username and password.
- Under the My Benefits section, choose "2020 Benefits" to begin the process.



# EMPLOYEE ACCESS TO BENEFITS INFORMATION



## EMPLOYEE BENEFITS HELP DESK

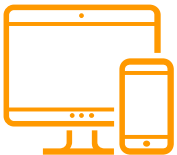
(800) 925-4802

[epichelpdesk@epicbrokers.com](mailto:epichelpdesk@epicbrokers.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 EPIC Brokers (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



## HUMAN RESOURCES CENTER

If you have any questions about the information in this brochure, please reach out to your respective HR Business Partner

Workers' Compensation	Property & Casualty, AMC (Managed Care), Business Development and Shared Services
<p><b>For all employees that are in Workers' Compensation, please reach out to:</b></p> <p><b>Tamara VanVliet</b> HR Business Partner 925-826-1116 <a href="mailto:tvanvliet@athensadmin.com">tvanvliet@athensadmin.com</a></p>	<p><b>All employees that are in Property &amp; Casualty, AMC (Managed Care), Business Development, and Shared Services, please reach out to:</b></p> <p><b>Jennifer Solis</b> HR Business Partner 925-826-1162 <a href="mailto:jsolis@athensadmin.com">jsolis@athensadmin.com</a></p>



**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, 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 Discovery Benefits – (866) 451-3399

<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>
--	---	--





# 2020 BENEFITS “TO DO” LIST



- ☐ **Medical, Dental, and Vision Coverage** - All enrollment must be done in PAYCOM ESS. The benefits you elect at this time will be effective July 1, 2020. If enrolling in Anthem HMO for the first time you will need to select your Primary Care Physician (PCP) with Anthem, otherwise Anthem will select one for you (and any enrolled dependents).
- ☐ **Steps When Selecting the Anthem or Kaiser’s HDHP Plan & HSA**
  - Enroll online in Anthem or Kaiser’s High Deductible Health Plan (HDHP)
  - If new to the plan, your Health Savings Account (HSA) will be created for you. You will receive information on the Discovery Benefits account.
  - Choose whether to contribute into your HSA and how much per paycheck. Contact your HR Business Partner with the amount you like to contribute for 2020
- ☐ **Waive Medical and/or Dental/Vision Coverage** – If you are electing not to enroll in any of these coverages, please remember to decline the coverages in PAYCOM ESS
- ☐ **401(k) Enrollment** - Enrolling or making changes in 401(k)? Do it now!
- ☐ **Voluntary Life Enrollment** – Please contact your HR Business Partner to enroll or to increase your existing policy amount. If you did not enroll as a new hire, please complete the *Evidence of Insurability* (EOI) form. If you elect more than \$110,000 (for employee elections), please complete the *Evidence of Insurability* information.

**Remember, if you don’t enroll now, you will be unable to do so until January 1, 2021, 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.**

*The benefits described herein are subject to amendment or termination by Athens Administrators at any time.*

*This guide is for general information purposes only. It provides an overview of the plans available through the benefits program. The plans contain certain limitations and exclusions which may affect your coverage. Please review your Evidence of Coverage or Summary Plan Description for details. It does not replace or supplement the plan documents. If there is any conflict between the information in this guide and the plan documents, the plan documents will govern.*

# KEY CONTACTS



For Questions About	Contact	Call	Web Address	Plan/Group ID
Medical HMO	Anthem – CA	(800) 888-8288	www.anthem.com	280535 H001
Medical PPO HDHP HSA	Anthem – CA	(866) 207-9878	www.anthem.com	280535 M007/M010
Medical EPO	Anthem - CA	(866) 207-9878	www.anthem.com	280535M031
Medical HMO	Kaiser – Northern CA	(800) 464-4000	www.kp.org	28013-0000
Medical HMO	Kaiser – Southern CA	(800) 464-4000	www.kp.org	233524-0000
Medical HMO HDHP	Kaiser – Northern CA	(800) 464-4000	www.kp.org	28013-0002
Medical HMO HDHP	Kaiser – Southern CA	(800) 464-4000	www.kp.org	233524-0002
HSA Plan	Discovery Benefits	(866) 451-3399	www.discoverybenefits.com	27807
Chiropractic	American Specialty Health	(800) 678-9133	Anthem Members–Use the provider search in the Anthem website Kaiser Members–Search online @ <a href="https://ashlink.com/ash/kp">https://ashlink.com/ash/kp</a>	
Dental PPO	Guardian	(800) 541-7846	www.glic.com	415295
Vision	VSP	(800) 877-7195	www.vsp.com	12289299
Short-Term Disability	Unum	(800) 421-0344	www.unum.com	591376
Long-Term Disability	Unum	(800) 421-0344	www.unum.com	591376
Life/AD&D Insurance	Unum	(800) 421-0344	www.unum.com	591376
Travel Assistance Service	Unum	(800) 872-1414 <u>Outside USA</u> (609) 986-1234	medservices@assistamerica.com	Ref # 01-AA-UN- 762490
Employee Assistance Plan (EAP)	Claremont	(800) 834-3773	www.claremonteap.com	283848
FSA Plans	Discovery Benefits	(866) 451-3399	www.discoverybenefits.com	27807
401k Retirement Plan	Prudential	(877) PRU-2100	www.prudential.com	768006



# KEY BENEFIT TERMS

## KEY BENEFIT TERMS

Before diving into your benefit choices for this year, here is a refresher on some key health insurance vocabulary.

<b>Premium</b>	The total cost of your plans that is shared between you and Fremont Bank.
<b>Deductible</b>	The amount of money you need to pay out of pocket before your insurance kicks in.
<b>Network</b>	A group of doctors, hospitals, labs, and other providers that your health insurance contracts with so you can make visits at a pre-negotiated (and often discounted) rate.
<b>Out-of-Network</b>	Providers and facilities that are not subject to your health insurance discounts and you may be billed any amount not paid by your insurance.
<b>Traditional PPO Health Plan</b>	These plans work on a system of copays and coinsurance. They help pay for office visits, lab tests and prescriptions starting on the first day of coverage. You may need to meet an initial deductible, but it's typically low with PPO plans.
<b>High-Deductible Plan (HDHP)</b>	A health insurance plan with higher deductible than a traditional health plan that allows you to make contributions to a Health Savings Account (HSA). You must meet the deductible first before the insurance starts paying for office visits, lab test and prescriptions. Once you have reached the deductible the insurance will start to pay fully or partially until you reach the out of pocket maximum when plan covers 100% of the cost of health care services.
<b>Traditional HMO Health Plan</b>	HMO plans offer a wide range of healthcare services through a network of providers who agree to supply services to members. Keep in mind that you'll likely have no coverage for services rendered by out-of-network providers or for specialist services rendered without a proper referral from your primary care physician.
<b>Health Savings Account (HSA)</b>	A personal savings account that can be used for qualified health care expenses. You must be enrolled in an HDHP to qualify for HSA enrollment.
<b>Copay</b>	A predetermined dollar amount you pay for visits to the doctor, prescriptions, and other health care services.
<b>Coinsurance</b>	The percentage you pay for the cost of covered health care services after you have met your deductible.
<b>In-Network Out-of-Pocket Maximum</b>	The threshold on your out-of-pocket costs for the year. Once you reach this amount, your plan will cover the rest of your qualified medical expenses at 100% for the year when using in-network providers.
<b>Mail-Order Prescriptions</b>	Medications that you take on a regular basis can be ordered in 90-day or 100-day supplies at one to three times your retail pharmacy copay. You must fill out a mail-order request form and submit it with your doctor's written prescription in order to participate in this program.
<b>Generic Prescriptions</b>	Prescription drugs that are available in a form that many drug companies can make and sell, so the cost is usually lower than brand-name drugs. Generic drugs have the same active ingredients as brand name drugs.
<b>Brand-Name Prescriptions</b>	Prescription drugs that are not available in a form that many companies can make and sell, so the cost is usually higher.
<b>Formulary</b>	A list of prescription drugs that your health insurance covers under your plan. Generic, brand-name, and specialty drugs may all be included on this list that your health insurance company updates at least once per year. Drugs not on the formulary may still be purchased at your pharmacy, but you may be responsible for more or all of the costs if not approved by your insurance.
<b>Guarantee Issue (GI)</b>	The amount of life insurance coverage available without having to fill out an evidence of insurability (EOI), or proof of good health.
<b>Evidence of Insurability (EOI)</b>	The health questionnaire you fill out to apply for an amount above the guarantee issue.



Prepared by: