



MHMRA of Harris County Benefits at a Glance January 1, 2012



MHMRA of Harris County
7011 Southwest Freeway
Houston, TX 77074
www.mhmraharris.org
(713) 970-7000

**WELLS
FARGO**

Welcome to your 2012 MHMRA of Harris County Benefits!

MHMRA of Harris County offers excellent benefits to eligible employees and their dependents. Your benefits needs are unique and important. Our program is designed to be comprehensive and flexible so you are able to choose the benefits that make the most sense for you and your family.

Please read this benefits overview carefully so that you can make the right choices for yourself and your family today.



In This Guide

Agency Paid Benefits

- Group Term Life / AD&D Insurance
- Long Term Disability Insurance
- Employee Assistance Program

Shared Benefits

- Medical and Prescription Drug Benefits
 - ◇ Physician Provider Search
 - ◇ Convenience Care
 - ◇ Urgent Care

Voluntary Benefits

- Dental Benefits
- Vision Benefits
- Voluntary Life /AD&D Insurance
- Voluntary Short Term Disability Insurance
- Section 125 Flex Plan

Notices

- COBRA
- HIPAA
- FMLA
- Women's Health and Cancer Rights Act of 1998
- CHIP

About MHMRA of Harris County

MHMRA of Harris County is one of the largest mental health centers in the United States, serving more than 30,000 persons in the Houston metropolitan area who suffer from mental illness and mental retardation. We serve the "priority population" - adults who are diagnosed with severe and persistent mental illness, children with serious emotional disturbances, and people diagnosed with moderate to severe intellectual and developmental disabilities.

About This Summary of Benefits

This summary describes the benefits available to you as an employee of MHMRA of Harris County. This guide is meant only to cover major points of each benefit and does not contain all of the details of each plan or policy including limitations and exclusions. **If there is ever a question about one of these plans or policies, or if there is a conflict between the information in this summary and the official carrier supplied plan or policy documents, the formal wordings in those documents will govern.** These benefits may be changed at any time and do not represent a contractual obligation on the part of MHMRA of Harris County.



Agency Paid Benefits



Life Insurance

Unum Group Plan Number **209618**

Life insurance is an important part of your financial well being, especially if others depend on you for support. **Therefore, MHMRA of Harris County will provide basic term life insurance in the amount of two times your annual salary, to a maximum of \$350,000, at no cost to all eligible employees.**

Accidental Death and Dismemberment (AD&D)

MHMRA of Harris County also provides you with AD&D coverage in the amount of three times your annual salary, to a maximum of \$350,000, at no cost to you in the event you die as a result of a qualified accident or suffer certain dismemberment.

BASIC LIFE AND AD&D – UNUM	
COMPANY PAID	
Basic Life Benefit Amount	Two times annual salary to a maximum of \$350,000
Basic AD&D Benefit Amount	Three times annual salary to a maximum of \$350,000

No cost to employee

Long Term Disability Coverage (LTD)

Because there may come a time when you cannot work due to an injury or illness that surpasses the 12 week limitation of Voluntary Short Term Disability, **MHMRA of Harris County provides all eligible employees with Group Long Term Disability coverage at no cost.** The LTD income replacement benefit is 60% of your basic monthly earnings, up to the maximum monthly benefit of \$7,500 for qualified disabilities that extend past 90 consecutive days. The maximum LTD benefit duration is five years.

Agency Paid Benefits



Employee Assistance Program

- 24 hour telephonic assistance from Masters and PhD level licensed counselors
- Up to 5 free face-to-face counseling sessions per person, per issue
- Life event referrals, community services, and legal services
- Strictly confidential
- Provided by MHMRA of Harris County at no cost to you

Stress Management
Depression / Anxiety
Family Planning
Parenting
Emotional
Workplace Issues
Alcohol / Drug Issues
Domestic Violence

Accessing these Services

Call CIGNA Behavioral Health at **1-888-371-1125**, Monday-Friday, 9am-8pm (EST) or 24/7 in an emergency situation and speak to a counselor or nurse, or both. You can also log on to www.cignabehavioral.com to find basic information on a number of valuable services.

Shared Benefits



Medical Benefits

CIGNA Group Plan Number **3328441**

Because we recognize how important medical coverage is for you and your family, MHMRA of Harris County offers employees a group plan through CIGNA Healthcare which includes one of the largest national provider networks. Although you have coverage outside of the network, you will incur a penalty if you go outside of the network. This penalty will be your sole responsibility. To help save money, always ask your physician if they are “in the network.” In order to locate a physician or facility within the network, simply go to www.cigna.com. Your next step is to click on “Find a Doctor” and enter your zip code. **The “Plan” you should select is “Open Access Plus” for the OAP plan and HMO (Houston) for the HMO plan.** Indicate the type of provider you are looking for and the results will show you those providers listed in your local network. Using these providers can potentially save you money. **To help save money, always check with Cigna and your physician to make sure they are “in the network.”**

MEDICAL – CIGNA (Two Plans Offered)			
BENEFIT	OAP – BASE PLAN		HMO – BUY-UP PLAN
	In-Network	Out-of-Network	In-Network
Deductible: Individual Family	\$1,500 \$4,500	\$2,500 \$7,500	None None
Co-Insurance	80%	60%	100%
Out-of-Pocket Maximum (Includes deductible): Individual Family	\$5,500 \$12,500	\$8,500 \$19,500	\$2,500 \$5,000
Inpatient Hospitalization	80% after deductible	60% after deductible	\$1,000 per admission copay
Outpatient Hospitalization	80% after deductible	60% after deductible	\$500 per visit copay
Lab & X-Rays (in physician’s office)	100% after office visit copay	70% after deductible	No charge
Emergency Room	80% after \$150 copay, deductible waived	80% after \$150 copay, deductible waived (ded + coin if not true emergency)	\$250 per visit copay
Urgent Care Center	\$75 copay	\$75 copay (ded + coin if not true emergency)	\$125 per visit copay
Physician Office Visit	\$25 copay	70% after deductible	\$25 copay
Specialist Office Visit	\$50 copay	70% after deductible	\$50 copay
Prescription Drugs: Generic Preferred Brand Non-Preferred Brand	\$15 copay \$40 copay \$60 copay Mail Order – 2x 90 day supply	70%, no plan deductible (retail or mail order)	\$15 copay \$40 copay \$60 copay Mail Order – 2x 90 day supply
Lifetime Maximum	Unlimited		Unlimited

Shared Benefits



Medical Benefits - Deductions

CIGNA Medical Plan Options – Full-Time Employee Payroll Deductions

Cigna Medical OAP	Non-Tobacco User with HRA	Non-Tobacco User without HRA	Tobacco User with HRA	Tobacco User without HRA
All .75 or more FTEs				
Employee Only	\$13.88	\$76.58	\$51.38	\$114.08
Employee + Family	\$156.50	\$252.20	\$194.00	\$289.70
Cigna Medical HMO	Non-Tobacco User with HRA	Non-Tobacco User without HRA	Tobacco User with HRA	Tobacco User without HRA
All .75 or more FTEs				
Employee Only	\$94.24	\$147.04	\$131.74	\$184.54
Employee + Family	\$311.77	\$392.62	\$349.27	\$430.12

CIGNA Medical Plan Options – Part-Time Employee Payroll Deductions

Cigna Medical OAP	Non-Tobacco User with HRA	Non-Tobacco User without HRA	Tobacco User with HRA	Tobacco User without HRA
All .5 to .74 PTEs				
Employee Only	\$108.99	\$140.23	\$127.63	\$158.98
Employee + Family	\$301.50	\$349.35	\$320.35	\$368.10
Cigna Medical HMO	Non-Tobacco User with HRA	Non-Tobacco User without HRA	Tobacco User with HRA	Tobacco User without HRA
All .5 to .74 PTEs				
Employee Only	\$174.24	\$200.64	\$192.99	\$219.39
Employee + Family	\$434.27	\$474.70	\$453.02	\$493.45

***Medical Premium Contributions will be payroll deducted on a Pre-Tax basis ***

Shared Benefits



Physician Provider Search – CIGNA

Go to <http://cigna.benefitnation.net/cigna/docdir.aspx>

The navigation bar includes the Cigna logo, a search box, and several menu items: 'Login To myCigna', 'Find A Doctor', 'United States', 'About Cigna', 'Investors', 'News', 'Careers', and 'Contacts'. Below this is a secondary navigation bar with 'Welcome', 'Individuals & Families', 'Employers & Organizations', 'Health Care Professionals', and 'Brokers & Consultants'.

Home >> Health Care Professionals Directory

Share | Print

Health Care Professionals Directory

CIGNA HealthCare members: Create a custom directory listing Health Care Professionals in your network!

[Read Important information about the Health Care Professionals Directory >>](#)

* Required Field

What Type of Health Care Professional are you looking for? *

- Physician Dentist Pharmacy Hospital Behavioral Vision

Facility/Ancillary [what does Facility/Ancillary mean?](#)

- Urgent Care Centers Convenience Care Clinic Mammography Facilities
 MRI/CT Facilities Labs Colonoscopy Facilities
 Other Facility types

To search for hospitals in your area.

To search for doctors in your area.

Narrow your search (optional)

Provider's Name (Last Name, First Name)

Language Spoken (All physicians speak English)

Gender No Preference Female Male

Limit your search to this area or location

Address

* City * State

-or- tip: enter either City and State -or- enter just zip

* Zip

Limit miles to travel 0.5 miles 1 miles 2 miles 5 miles 10 miles
 25 miles 50 miles 75 miles 100 miles 150 miles

Next

myCigna customers:
If you are the primary customer, sign in to www.mycigna.com to get personalized results with cost and quality.

Find in-network doctors, facilities, and more with Cigna mobile. Go to www.cigna.com or www.mycigna.com from your mobile device!

Looking for other directory?
[Starbridge & Fundamental Care Network HMO Vision Plan](#)
[Cigna Online Provider Directory en Español](#)
[Cigna Pharmacy Directory](#)
[90-Day Rx Supplies \(PDF 696kB\)](#)
New retail network for participating clients.
[Cigna Pharmacy Vaccine Program Directory \(PDF 273kB\)](#)

Shared Benefits



Cigna. Login To myCigna Find A Doctor United States SEARCH

About Cigna | Investors | News | Careers | Contacts

Welcome Individuals & Families Employers & Organizations Health Care Professionals Brokers & Consultants

Home >> Health Care Professionals Directory

Share | Print

Health Care Professionals Directory

What type of plan do you have? [Need Help? >>](#) * Required Field

Match the Plan name on your ID Card to an option below.



If your ID Card looks like this, Please visit myCIGNAforHealth.com



- Open Access Plus, OA Plus, Choice Fund OA Plus
- Open Access Plus, OA Plus, Choice Fund OA Plus *WITH* CareLink
- PPO, Choice Fund PPO
- Network, HMO, POS

Select a Plan...
HMO or OAP

TX - Houston (HMO, POS)

TIP: Use the Health Care Professional Directory on myCIGNA.com instead of on CIGNA.com.

Why? The myCIGNA.com directory recognizes who you are, what plan you are in, and what health care professionals are in your plan. myCIGNA.com is designed to make it easier for you, our customer. The CIGNA.com Health Care Professional directory is *public* and will list health care professionals that are based on the specific plan you chose, which may not be accurate. If you use the CIGNA.com directory, you will still need to check to make sure the person you select is covered by your specific plan. So be sure to use the directory designed to make it easier for you on myCIGNA.com.

- Out of Network Provider Discount Search ([Network Savings Program](#)): Look for the NSP network logos on your CIGNA HealthCare ID card to see if you are eligible for this program.

Previous Search

myCigna customers:
If you are the primary customer, sign in to www.mycigna.com to get personalized results with cost and quality.

Find in-network doctors, facilities, and more with Cigna mobile. Go to www.cigna.com or www.mycigna.com from your mobile device!

Looking for other directory?
[Starbridge & Fundamental Care Network HMO Vision Plan](#)
[Cigna Online Provider Directory en Español](#)
[Cigna Pharmacy Directory](#)
[90-Day Rx Supplies \(PDF 696kB\)](#)
New retail network for participating clients.
[Cigna Pharmacy Vaccine Program Directory \(PDF 273kB\)](#)

Please contact CIGNA if you want additional information on wellness or discount programs and services they have available.

A Special Message to CIGNA Participants Regarding Reimbursement for Claims

We want to let you know that beginning **August 1, 2011**, CIGNA is changing the number of days allowed for doctors in the CIGNA network to submit medical and behavioral claims for payment. CIGNA is advising them that they must submit claims within 90 days of the date of service. Any claims received by CIGNA on or after August 1, 2011 will be subject to the 90 day limit.

If the CIGNA doctor does not submit claims to CIGNA within 90 days, CIGNA will not reimburse them. This does not happen often, but if it does, **you will not be affected**. Doctors in the CIGNA network are not permitted to bill you for claims that CIGNA denied due to late filing. If you are billed, please contact CIGNA Customer Service.

What might affect you is the change CIGNA will make to claims submitted for doctors **and facilities** that are not in the CIGNA network. As of **January 1, 2012**, CIGNA will change the timeframe for submitting out-of-network claims to 180 days. Because CIGNA does not have a contract with out-of-network doctors and facilities, CIGNA cannot prevent them from billing you for payment of claims that CIGNA denies due to late submission.

We do not want you to have to pay if this happens. Therefore, we strongly encourage you to either consider changing to a doctor or facility in the network, or to make sure that out-of-network claims are received by CIGNA within 180 days of the date of service. Remember, this applies to all claims **received by CIGNA** on or after January 1, 2012.

Although currently less than 1% of claims are filed beyond 180 days for out-of-network services, it is important for you to be aware of this change.

Please call the toll-free number on your CIGNA ID card if you have any questions regarding this change in timely filing limits.

MHMRA of Harris County



*Healthy Minds,
Healthy Community*

Shared Benefits

Convenience Care

*Finding Quality Health Care
Just Got Easier*

Helping you and your doctor manage your health

CIGNA believes that your doctor has primary responsibility for your care and treatment. The clinics are there to help you get the care you need for a specific number of routine conditions that are generally easy to diagnose and treat.

With your permission, the results of your diagnosis and treatment are sent to your doctor for any appropriate follow-up.

If you have a more severe condition, or require treatment in a different setting, the Convenience Care provider will refer you to your doctor or an Emergency Room.

Now CIGNA HealthCare members have even more choices in their provider network – and even more opportunities to get the high quality care they deserve when they need it.

To locate a Convenience Care clinic near you:

- > Visit the provider directory on myCIGNA.com
- > Call the toll-free number of the clinic of your choice (next page)



Consider Convenience Care for help with the following conditions*:

Allergies
Athlete's foot
Bladder infections
Bronchitis
Chlamydia
Cold sores
Deer tick bites
Ear infections
Flu
Impetigo
Laryngitis
Minor burns, rashes or skin infections
Minor sunburn
Mononucleosis
Pink eye and styes
Poison ivy
Pregnancy testing
Ringworm
Sinus infections
Strep throat
Swimmer's ear
Swimmer's itch
Wart removal

We also provide vaccinations* for:

DTaP (Diphtheria, Tetanus, Pertussis)
Influenza
Hepatitis A & B
Polio
Meningitis
MMR (Measles, Mumps, Rubella)
Pneumonia
Td (Tetanus, Diphtheria)

**All services may not be provided at each clinic or location.*

Shared Benefits

Convenience Care

Treatment for common ailments and injuries just got easier! CIGNA HealthCare members have already come to trust the health care services offered through our broad provider networks. Now they can get high-quality, affordable services through Convenience Care Clinics located throughout the country.

The professional care delivered by the health teams at the Convenience Care Clinics is covered by CIGNA HealthCare just like any other service you receive from a health care provider. Imagine:

- > Not waiting for an appointment – when you need care, you walk right in, and appointments usually take about 15 minutes.
- > Finding a Convenience Care Clinic in or near your favorite retail store, with hours that fit into your busy schedule.
- > Receiving high-quality medical care in a facility overseen by doctors and staffed by certified nurse practitioners and physician assistants.
- > Getting all this – and more – and the cost for these services are handled the same as primary care physician office visits, with appropriate copayments, coinsurance and deductibles being applied.

Where?



<http://www.minuteclinic.com>

Look for MinuteClinic health care centers in retail outlets like CVS/pharmacy.

Email: customercare@minuteclinic.com

Phone: 866.389.2727



<http://www.rediclinic.com/>

RediClinic clinics can be found in select H-E-B® and Wal-Mart® stores.

Email: customercare@minuteclinic.com

Phone: 713.935.0333



<http://www.takecarehealth.com>

Phone: 1.866.825.3227

Shared Benefits

Urgent Care versus Emergency Room

Urgent Care is a convenient, walk-in care service (no appointment is necessary), for many of minor injuries and illnesses, such as:

- Laceration repair and wound care
- Fractures and athletic injuries
- Skin lesion removal
- Treatment of boils and abscesses
- Joint and trigger point injections
- Cough, colds and flu
- Upper respiratory infections such as strep throat, sinus infections, bronchitis and ear infections
- Flu shots
- Headaches
- Nausea, vomiting and diarrhea
- Bladder infections
- Skin infections, rashes
- Hemorrhoids
- Asthma care
- Sprains and strains
- Allergies
- Ear infections
- Rashes
- Poison oak
- Skin infections and burns
- Cuts and scrapes
- Laceration repair and wound care
- Diarrhea
- Dehydration
- Headaches
- Backaches
- Mild stomach aches
- Minor eye problems and nose bleeds
- Gynecologic and urinary problems
- Falls
- Fracture care (broken bones)
- Eye injuries (foreign bodies)

Urgent Care Centers do not see seriously ill patients who require a lot of time and attention. This means that patients wait a much shorter time to see a doctor than during a visit to an emergency room.

Urgent Care facilities do not carry the expensive costs of emergency rooms, therefore a visit to urgent care for injuries such as stitches or illnesses will generally be a lot less costly than a visit to the emergency room. They will see you when you cannot get in to your own doctor on the same day, or until you find a primary care physician.

Any accident or illness that may lead to loss of life or limb, serious medical complications or permanent disability should be evaluated in the emergency department at the hospital.

Emergency Departments are prepared to care for patients suffering true emergencies such as heart attacks, serious motor vehicle accidents, suicide attempts and other life threatening conditions. Located within a hospital, these centers are able to provide access to major surgeries and critical care units. Patients with less serious conditions can go to the emergency room for care; but when the emergency room staff can see these patients, the sicker patients always take priority, which means that those with minor injuries or illnesses may wait a long time to be seen. Also, because emergency rooms are backed-up by operating rooms, critical care units, and other expensive hospital facilities, they charge 'facility fees' on their bills which can add hundreds of dollars to an emergency room visit.

Shared Benefits

Urgent Care versus Emergency Room

Examples of conditions that should be evaluated in the ER include (this is not a complete list):

- Chest pain
- Severe difficulty breathing or shortness of breath
- Sudden dizziness, loss of coordination or balance
- Numbness or weakness in the face, arm or leg
- Difficulty speaking
- Sudden blurred vision
- Loss of consciousness
- Severe abdominal pain
- Sudden, severe headache
- Seizures
- Coughing up or vomiting blood
- Severe burns
- Deep cuts or bleeding that won't stop
- Fractures with bone showing
- Overdoses

Voluntary Benefits



Dental Benefits

CIGNA Group Plan Number **3328441**

Staying healthy includes obtaining quality dental care for you and your family. MHMRA of Harris County offers you a dental plan provided by Guardian. This plan covers routine preventive care, basic and major restorative services as well as orthodontia services. You can go to www.guardianlife.com, "Provider Online Search" and search for a Dentist. Again, using a network provider can potentially save you money. Always ask if your provider is "in network."

VOLUNTARY DENTAL - CIGNA		
BENEFIT	DHMO	PPO
	In-Network	In-Network / Out-of-Network
Calendar Year Deductible	None	\$50 / 3x Family
Office Visit Copay	\$5.00	None
Calendar Year Maximum	Unlimited	\$1,000
Orthodontia Lifetime Maximum	N/A - Fee Schedule	\$1,000
Preventive & Diagnostic	Fee Schedule	100%, deductible waived
Basic Services	Fee Schedule	80% after deductible
Major Services	Fee Schedule	50% after deductible
Orthodontia Services	Fee Schedule	50%, deductible waived
Oral Surgery	Fee Schedule	Basic Services
Periodontics	Fee Schedule	Basic Services
Endodontics	Fee Schedule	Basic Services
Implants	Not Covered	Major Services
Orthodontia In Progress	Covered	Not Applicable
Out-of-Network Payment Basis	N/A	Negotiated Fee Schedule
Waiting Periods	None	None
Network Name	CIGNA Dental Care Network	CIGNA Radius Network and DNSP Providers

Voluntary Dental Plan Employee Payroll Deductions		
GUARDIAN DENTAL		
Coverage Status	DHMO	PPO
Employee Only	\$5.98	\$15.44
Employee + One Dependent	\$10.02	\$30.99
Employee + Family	\$15.55	\$44.15

Dental Premium Contributions will be payroll deducted on a Pre-Tax basis

Voluntary Benefits



Vision Benefits

EyeMed Group Plan Number **9664343**

Vision care is an important part of you and your family's healthcare. You are eligible for benefits provided by EyeMed, which includes an extensive network of providers who offer co-payments and/or allowances for eye exams, lenses and frames. Every 12 months, the plan will cover your choice of either contact lenses or eyeglass lenses, but not both. You can go to www.eyemedvisioncare.com, "Providers" and search for a vision provider.

VOLUNTARY VISION – EYEMED VISION CARE		
BENEFIT	In-Network	Out-of-Network (Maximum Reimbursement)
Benefit Frequency	12 / 12 / 12	
Eye Exam	\$0 copay	Up to \$35
Lenses		
Single	\$0 copay	Up to \$30
Bifocal	\$0 copay	Up to \$50
Trifocal	\$0 copay	Up to \$60
Lenticular	\$0 copay	Up to \$100
Frames	\$110 allowance and 20% off balance over \$110	Up to \$47
Contact Lenses	(in lieu of eyeglass lenses and frames benefit)	
Elective – Conventional	\$110 allowance and 15% off balance over \$110	Up to \$86
Elective – Disposable	\$110 allowance	Up to \$86
Medically Necessary	Paid in Full	Up to \$86
Contact Lens Fit & Follow-Up		
Standard	Paid in full with 2 follow-up visits	Up to \$40
Premium	10% off retail price, then Apply \$40 allowance	Up to \$40
Laser Vision Correction	15% off retail pricing or 5% off promotional pricing	N/A

Voluntary Vision Plan Employee Payroll Deductions	
EYEMED VISION CARE	
Coverage Status	Employee Cost
Employee Only	\$4.64
Employee + One Dependent	\$8.81
Employee + Family	\$12.75

Vision Premium Contributions will be payroll deducted on a Pre-Tax basis

Voluntary Benefits



Group Voluntary Life / AD&D Insurance

Unum Group Plan Number **209619**

In addition to Basic Life / AD&D insurance you may also elect to purchase additional Voluntary Life / AD&D insurance for yourself and your spouse and legal dependents in order to meet your family's needs. Premiums are based on your age and amount of coverage elected. **You must elect voluntary coverage when first eligible or you will be asked to complete the evidence of insurability (EOI) process -- subject to carrier approval.** There is **NO** annual open enrollment for Group Voluntary Life / ADD Insurance.

VOLUNTARY LIFE / AD&D - UNUM			
	Employee	Spouse	Children
Voluntary Life	1 – 4 times annual salary	100% of the employee's coverage amount	100% of the employee's coverage amount
Maximum	Lesser of 4 times annual salary or \$500,000	Lesser of 100% of the employee's coverage amount or \$50,000	Lesser of 100% of the employee's coverage amount or \$10,000 (maximum benefit for a child live birth to 6 months old is \$500)
Guarantee Issue*	The lesser of 2 times annual salary or \$200,000	\$30,000	\$10,000
	Employee	Spouse	Children
Voluntary AD&D	\$25,000 increments	60% of employee coverage	20% of employee coverage
Maximum	\$250,000	Lesser of 60% of the employee's coverage amount or \$150,000	Lesser of 20% of the employee's coverage amount or \$30,000

Guarantee Issue is only when you are first eligible. Otherwise you will be subject to EOI and carrier approval.

Voluntary Benefits



Voluntary Short Term Disability Coverage (STD)

Unum Group Plan Number **209617**

No one thinks a disability will happen to them but it can occur when you least expect it. Short Term Disability coverage is available to all eligible employees for you to purchase on yourself only. You have the option to purchase an income replacement benefit at the age-banded rates shown below. MHMRA of Harris County offers this benefit to you that will pay you beginning the 8th day of an accident and the 15th day of an illness. Your compensation will be 60% of your basic weekly earnings to a **maximum benefit of \$2,000**. The Short Term Disability has a maximum coverage period of 12 weeks for accident, 11 weeks for illness. **You must elect voluntary STD coverage when first eligible or you will be asked to complete the evidence of insurability (EOI) process -- subject to carrier approval.** There is **NO** annual open enrollment for voluntary STD.

UNUM VOLUNTARY STD Per \$10 of Weekly Covered Benefit	
Employee Age	Monthly Rate
<25	\$0.85
25 – 29	\$0.97
30 – 34	\$0.86
35 – 39	\$0.63
40 – 44	\$0.46
45 – 49	\$0.52
50 – 54	\$0.58
55 – 59	\$0.71
60 – 64	\$0.80
65 – 69	\$0.93
70 – 74	\$0.92
75 – 79	\$0.84
80 – 84	\$0.79
85 – 89	\$0.75
90 – 94	\$0.71
95 - 99	\$0.67

EXAMPLE:			
Employee age 35 with a weekly income of \$1,200 electing to purchase 60% of his income for voluntary short term disability coverage			
	Weekly Income multiplied by 60%	Multiply by Monthly STD Rate and divide by \$10	= Monthly Cost
35 years old	\$1,200 x .60	(\$720 x \$0.63)/\$10	\$45.36

Voluntary Benefits

Section 125 Flex Plan

- Pre-Tax Premiums
 - Pre-tax insurance premiums will **save** you money
- The following premiums are **automatically** deducted on a pre-tax basis:
 - Medical
 - Dental
 - Vision

Flex Spending Accounts (FSA)

- Each employee may set aside money to help pay for un-reimbursed health care expenses
 - You can elect up to \$2,500 each year
 - Expenses for your entire **family** can be reimbursed
 - Be conservative as you cannot change the amount during the year
- IRS “Use it or Lose it” rules apply
 - Employees must “use” account funds on eligible expenses by March 15th following each plan year or employee “loses” any remaining balance
 - Over-The-Counter medicine is **no longer** eligible without a prescription or doctor’s letter of necessity
 - 2.5 month extension at year-end

FSA Medical

- Example of some types of expenses you can submit for reimbursement:
 - Co-payments
 - Coinsurance
 - Deductibles
 - Dental Expenses
 - Eyeglasses and Contacts
 - Lasik Surgery
 - Prescription Drugs
 - Expenses allowed for reimbursement are determined by the IRS
- **Effective 1/1/2011 OTC Drugs will no longer be an eligible FSA expense with a prescription or doctor’s letter of necessity**

FSA Dependent Care

- Pay for daycare, after-school care and summer daycare expenses on a pre-tax basis
 - Expenses for children up to age 13 are eligible
- May elect up to:
 - \$5,000 annually if single or married
 - \$2,500 annually if married filing separately

Carriers for 2012

Medical	CIGNA
Dental	CIGNA
EAP	CIGNA
Vision	EyeMed
Basic & Voluntary Life / AD&D	Unum
Voluntary Short Term Disability	Unum
Long Term Disability	Unum
FSA	Wells Fargo TPA

For assistance with insurance carrier issues such as claims or membership, please call the Wells Fargo Insurance Services Hotline. Your “one stop shop” for help!



Wells Fargo Insurance Services
BENEFITS HELP LINE

(888) 336-7463

Fax: (916) 231-0662

- Benefits Questions
- Claims Assistance
- Eligibility Issues
- Provider Relations
- Supply Request



Notices Regarding Your Benefits and Certain Rights

<p>ERISA The Employee Retirement Income Security Act of 1974 (ERISA) is a federal law that sets minimum standards for retirement and health benefit plans in private industry. ERISA does not require any employer to establish a plan. It only requires that those who establish plans must meet certain minimum standards. ERISA covers retirement, health and other welfare benefit plans (e.g., life, disability and apprenticeship plans). Among other things, ERISA provides that those individuals who manage plans (and other fiduciaries) must meet certain standards of conduct. The law also contains detailed provisions for reporting to the government and disclosure to participants. There also are provisions aimed at assuring that plan funds are protected and that participants who qualify receive their benefits. A full explanation of ERISA and your rights is beyond the scope of this document. If you want to know more, please see the Summary Plan Description (SPD) for any of our group insurance coverages or go to this site: http://www.dol.gov/dol/topic/health-plans/erisa.htm</p>	<p>The Women's Health and Cancer Rights Act As a Plan participant or beneficiary of your company sponsored Health Plan who elects breast reconstruction in connection to a mastectomy you will also be covered for:</p> <ul style="list-style-type: none"> ◆ reconstruction of the breast on which the mastectomy was performed ◆ surgery and reconstruction of the other breast to produce symmetrical appearance; and ◆ prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas. <p>This coverage will be provided after consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply for the mastectomy. For more information on your rights after a mastectomy, you can go to this site: http://www.dol.gov/ebsa/Publications/whcra.html</p>
<p>Uniformed Services Employment and Re- Employment Rights Act of 1994 (USERRA) The Uniformed Services Employment and Re-employment Rights Act of 1994 (USERRA) sets requirements for continuation of health coverage and re-employment in regard to an Employee's military leave of absence. These requirements apply to medical and dental coverage for you and your Dependents. They do not apply to any Life, Short term or Long-term Disability or Accidental Death & Dismemberment coverage you may have. A full explanation of USERRA and your rights is beyond the scope of this document. If you want to know more, please see the Summary Plan Description (SPD) for any of our group insurance coverages or go to this site: http://www.dol.gov/vets/programs/userra/main.htm An alternative source is VETS. You can contact them at 1-866-4-USA-DOL or visit this site: http://www.dol.gov/vets An interactive online USERRA Advisor can be viewed at http://www.dol.gov/elaws/userra.htm</p>	<p>HIPAA What is the Health Insurance Portability and Accountability Act of 1996 (HIPAA)? HIPAA is a federal law that:</p> <ul style="list-style-type: none"> ◆ Limits the ability of a new employer plan to exclude coverage for preexisting conditions ◆ Provides additional opportunities to enroll in a group health plan if you lose other coverage or experience certain life events ◆ Prohibits discrimination against employees and their dependent family members based on any health factors they may have, including prior medical conditions, previous claims experience, and genetic information ◆ Guarantees that certain individuals will have access to, and can renew, individual health insurance policies. ◆ Established rules that employers, health plans and other organizations with access to your personal health information must follow to protect your medical information. For more information about how we may use and must protect this information, please ask for a copy of our Notice of Privacy Practices (NPP). <p>A full explanation of HIPAA and your rights is beyond the scope of this document. If you want to know more, please see the Summary Plan Description (SPD) for any of our group insurance coverages and ask for a copy of the NPP mentioned above. Also, you can go to this site: http://www.dol.gov/ebsa/faqs/faq_consumer_hipaa.html The Summary Plan Descriptions for each of our group benefits plans also cover certain information regarding HIPAA that you need to know.</p>
<p>About COBRA Continuation Rights COBRA continuation coverage is continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. For more information regarding your COBRA rights, please ask a Human Resources staff member for a copy of your COBRA initial rights notice. Alternatively, you could go to this site: http://www.dol.gov/ebsa/faqs/faq_consumer_cobra.HTML</p>	<p>Requirements of Medical Leave Act of 1993 (FMLA) Family and Medical Leave Act of 1993. The Family and Medical Leave Act of 1993 (federal law) entitles an eligible employee to job-protected, unpaid leave (1) upon the birth or adoption of a son or daughter of the employee, or one's placement with the employee for foster care; or (2) when the employee's spouse, son, daughter, or parent has a serious health condition and requires care from the employee. The law also gives employees job-protected, unpaid leave for the employee's own serious illness. For more information regarding FMLA, you can refer to the Summary Plan Description (SPD) for any of our group insurance coverages or go to this site: http://www.dol.gov/dol/topic/benefits-leave/fmla.htm</p>
<p>Qualified Medical Child Support Order A qualified medical child support order is a court order used to enforce an order for a health plan participant to provide child support health benefits. It requires a health plan to include a child as covered under a health plan, even if the child(ren) or the participant do not meet the conditions of the health plan. A QMCSO is typically used to gain coverage for a child under a non-custodial parent's group health plan. It is normally obtained by a divorced or separated spouse or by a state child support or Medicaid agency. The order authorizes withholding the participant's share of the cost for coverage from their pay. They may not drop coverage for the child without proof that the QMCSO is no longer in effect. For more information you can go to this site: http://www.dol.gov/ebsa/publications/QMCSO.html or http://www.acf.hhs.gov/programs/cse/</p>	<p>Newborns' and Mothers' Health Protection Act Group health plans and health insurance issuers offering group health insurance coverage generally may not, under a federal law known as the "Newborns' and Mothers' Health Protection Act": restrict benefits for any Hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section; or require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of the above periods. The law generally does not prohibit an attending provider of the mother or newborn, in consultation with the mother, from discharging the mother or newborn earlier than 48 or 96 hours, as applicable. For more information you can go to this site: http://www.dol.gov/ebsa/faqs/faq_consumer_newborns.html</p>

This notice is provided to you for informational purposes, no action is required on your part. This is summary information only – for more detail, please contact your HR representative. More information regarding much of this can be found in the Summary Plan Description for each plan. As an alternate approach, you can visit the websites that have been provided above.

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free or Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 22, 2010. You should contact your State for further information on eligibility –

ALABAMA – Medicaid

Website: <http://www.medicaid.alabama.gov>
Phone: 1-800-362-1504

ALASKA – Medicaid

Website: <http://health.hss.state.ak.us/dpa/programs/medicaid/>
Phone (Outside of Anchorage): 1-888-318-8890
Phone (Anchorage): 907-269-6529

ARIZONA – CHIP

Website: <http://www.azahcccs.gov/applicants/default.aspx>
Phone: 602-417-5422

ARKANSAS – CHIP

Website: <http://www.arkidsfirst.com/>
Phone: 1-888-474-8275

GEORGIA – Medicaid

Website: <http://dch.georgia.gov/>
Click on Programs, then Medicaid
Phone: 1-800-869-1150

IDAHO – Medicaid and CHIP

Medicaid Website: www.accesstohealthinsurance.idaho.gov
Medicaid Phone: 208-334-5747
CHIP Website: www.medicaid.idaho.gov
CHIP Phone: 1-800-926-2588

INDIANA – Medicaid

Website: <http://www.in.gov/fssa/2408.htm>
Phone: 1-877-438-4479

CALIFORNIA – Medicaid

Website: <http://www.dhcs.ca.gov/Pages/default.aspx>
Phone: 1-800-635-2570

COLORADO – Medicaid and CHIP

Medicaid Website: <http://www.colorado.gov/>
Medicaid Phone: 1-800-866-3513
CHIP Website: <http://www.CHPplus.org>
CHIP Phone: 303-866-3243

FLORIDA – Medicaid

Website: <http://www.fdhc.state.fl.us/Medicaid/index.shtml>
Phone: 1-866-762-2237

MONTANA – Medicaid

Website: <http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml>
Telephone: 1-800-694-3084

NEBRASKA – Medicaid

Website: <http://www.dhhs.ne.gov/med/medindex.htm>
Phone: 1-877-255-3092

NEVADA – Medicaid and CHIP

Medicaid Website: <http://dwss.nv.gov/>
Medicaid Phone: 1-800-992-0900
CHIP Website: <http://www.nevadacheckup.nv.org/>
CHIP Phone: 1-877-543-7669

NEW HAMPSHIRE – Medicaid

Website: <http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/default.htm>
Phone: 1-800-852-3345 x 5254

IOWA – Medicaid

Website: www.dhs.state.ia.us/hipp/
 Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.khpa.ks.gov>
 Phone: 1-800-635-2570

KENTUCKY – Medicaid

Website: <http://chfs.ky.gov/dms/default.htm>
 Phone: 1-800-635-2570

LOUISIANA – Medicaid

Website: www.dhh.louisiana.gov/offices/?ID=92
 Phone: 1-888-342-0555

MAINE – Medicaid

Website: <http://www.maine.gov/dhhs/oms/>
 Phone: 1-800-321-5557

MASSACHUSETTS – Medicaid and CHIP

Medicaid & CHIP Website: <http://www.mass.gov/MassHealth>
 Medicaid & CHIP Phone: 1-800-462-1120

MINNESOTA – Medicaid

Website: <http://www.dhs.state.mn.us/>
 Click on Health Care, then Medical Assistance
 Phone: 800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/index.htm>
 Phone: 573-751-6944

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
 Phone: 1-800-755-2604

OKLAHOMA – Medicaid

Website: <http://www.insureoklahoma.org>
 Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Medicaid Website:
<http://www.oregon.gov/DHS/healthplan/index.shtml>
 Medicaid Phone: 1-800-359-9517
 CHIP Website: http://www.oregon.gov/DHS/healthplan/app_benefits/ohp4u.shtml
 CHIP Phone: 1-800-359-9517

PENNSYLVANIA – Medicaid

Website:
<http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm>
 Phone: 1-800-644-7730

RHODE ISLAND – Medicaid

Website: www.dhs.ri.gov
 Phone: 401-462-5300

SOUTH CAROLINA – Medicaid

Website: <http://www.scdhhs.gov>
 Phone: 1-888-549-0820

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
 Medicaid Phone: 1-800-356-1561
 CHIP Website: <http://www.njfamilycare.org/index.html>
 CHIP Phone: 1-800-701-0710

NEW MEXICO – Medicaid and CHIP

Medicaid Website: <http://www.hsd.state.nm.us/mad/index.html>
 Medicaid Phone: 1-888-997-2583
 CHIP Website:
<http://www.hsd.state.nm.us/mad/index.html>
 Click on Insure New Mexico
 CHIP Phone: 1-888-997-2583

NEW YORK – Medicaid

Website: http://www.nyhealth.gov/health_care/medicaid/
 Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <http://www.nc.gov>
 Phone: 919-855-4100

UTAH – Medicaid

Website: <http://health.utah.gov/medicaid/>
 Phone: 1-866-435-7414

VERMONT – Medicaid

Website: <http://ovha.vermont.gov/>
 Telephone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Medicaid Website: <http://www.famis.org/>
 Medicaid Phone: 1-800-432-5924
 CHIP Website: <http://www.famis.org/>
 CHIP Phone: 1-866-873-2647

WASHINGTON – Medicaid

Website: <http://ihrsa/sites/DCS/COB/default.aspx>
 Phone: 1-800-562-6136

WEST VIRGINIA – Medicaid

Website: <http://www.wvrecovery.com/hipp.htm>
 Phone: 304-342-1604

WISCONSIN – Medicaid

Website: <http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm>
 Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <http://www.health.wyo.gov/healthcarefin/index.html>
 Telephone: 307-777-7531

TEXAS – Medicaid

Website: <https://www.gethipptexas.com/>
 Phone: 1-800-440-0493

To see if any more States have added a premium assistance program since January 22, 2010, or for more information on special enrollment rights, you can contact either:

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

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



Wells Fargo Insurance Services USA, Inc.

Wells Fargo Insurance Services USA Confidential. © 2012 Wells Fargo Insurance Services USA, Inc. All rights reserved.