



2020

BENEFITS ENROLLMENT



This publication contains important information
about your employee benefit program.

Please read thoroughly.

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Welcome to your benefits enrollment. This is your opportunity to review our comprehensive selection of benefits and special programs. Our benefits program is designed to help you achieve maximum potential at work and at home. Additionally, we hope this guide helps educate and empower you to elect the coverage and support you and your family needs. Please note, full details regarding our plans are contained in our plan booklets. Should this publication differ from our booklets, the booklets prevail.

YOUR 2020 BENEFITS GUIDE

Welcome to Your 2020 Benefits Enrollment

At ARHA, we offer our employees a competitive and comprehensive benefits program. This is one of many ways we recognize how important you are to the company. This benefit guide briefly summarizes our program in a quick and easy-to-understand way.

New Hire Enrollment

New employees are eligible for coverage on the first day of the month following your date of hire. However, you must enroll in benefits within 30 days of your date of hire.

Qualifying Life Event

Once you make your elections, you will not be able to make changes until the next annual enrollment period unless you experience a qualifying life event. A qualifying life event is a change in your personal life which may impact your eligibility or dependent's eligibility for benefits.

Examples of some qualifying events include the following.

- Change of legal marital status (e.g., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (e.g., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status

Benefits Eligibility

Eligible Employees

You may enroll in the benefits program if you are a regular full-time employee who is actively working a minimum of 30 hours per week.

Eligible Dependents

Eligible dependents generally include your legally married spouse and children up to age 26. Children may include natural, adopted, step-children, as well as children obtained through court-appointed legal guardianship.

SSN Required

You must provide a valid Social Security Number for yourself and each enrolled dependent. Employers are required to provide names and Social Security Numbers to the federal government for each individual enrolled for medical coverage.



BENEFITS ENROLLMENT INSTRUCTIONS

To enroll in benefits, go to www.employeenavigator.com

Login Page

Click on the Registration Link in the email sent to you by your admin or “Register as a new user.” Create an account, and create your own username and password.

If “Registering as a new user,” please see important user needs below:

Company Identifier

Pin

Last four digits of your Social Security Number.

Homepage

On the Homepage, click “Let’s Begin” to complete your required tasks.

Personal Information

First, you’ll be asked to review and update your profile and ensure that all information listed about yourself and your family members is correct.

BENEFITS ENROLLMENT INSTRUCTIONS, CONT.

Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under "Who am I enrolling?"

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click "Select"

Click "Save and Continue" at the bottom of each screen to save your elections.

If you do not want a benefit, click "Don't want this benefit?" at the bottom of the screen and select a reason from the drop-down menu.

Forms

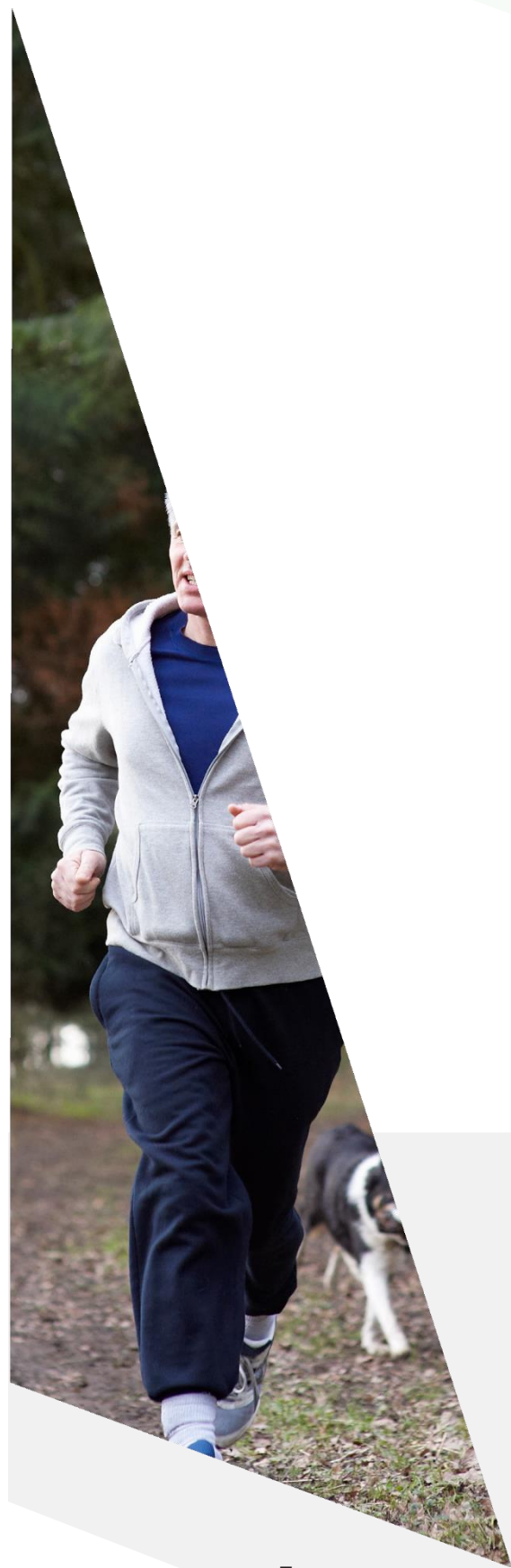
If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct the click "Click to Sign" to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

HR Tasks (if applicable)

To complete any required HR tasks, click "Start Tasks." If your HR department has not assigned any tasks, you're finished!



2020 BENEFITS ENROLLMENT

How to Find a Provider

1. Visit **www.bcbsal.org** and click Find a Doctor. Enter your City, State, or ZIP Code and the name of your doctor or type of doctor you are looking to find.
2. On the next page, on the left-hand side, you can choose to filter your search. Your plan is in the BlueCard PPO Network.

MEDICAL/PHARMACY

ARHACare offers a robust medical and pharmacy insurance program to our employees. We partner with Blue Cross Blue Shield of Alabama to offer this coverage.

Plan Highlights

You have the option of choosing one of three plans. Our plans offer coverage for most healthcare services. When you receive care in-network you benefit from our negotiated discounts with BCBS of Alabama.

BCBS of Alabama Member Site

The BCBS of Alabama member site, www.bcbsal.org offers many valuable services including the following:

- In-network provider search
- See patient reviews and view hospital information
- Information regarding paid and pending claims



Medical coverage provided by BCBS of Alabama

In-Network vs. Out-of-Network

A network is a group of providers your plan contracts with at discounted rates. You will almost always pay less when you receive care in-network.

If you choose to see an out-of-network provider, you may be balance billed, which means you will be responsible for charges above BCBS of Alabama's reimbursement amount.



2020 BENEFITS ENROLLMENT

You have three medical plans to choose from—a base plan, a mid plan, and a buy-up plan. All plans are provided through Blue Cross Blue Shield of Alabama and all offer comprehensive coverage when care is provided through network providers. A brief summary of your plans are included for your review below.

	Base Plan		Mid Plan		Buy-Up Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	*Embedded		*Embedded		*Embedded	
Individual	\$4,000	\$8,000	\$3,000	\$6,000	\$3,000	\$6,000
Family	\$8,000	\$16,000	\$6,000	\$12,000	\$6,000	\$12,000
Out-of-Pocket Maximum	*Embedded		*Embedded		*Embedded	
Individual	\$6,800	Unlimited	\$6,000	Unlimited	\$6,000	Unlimited
Family	\$13,600	Unlimited	\$12,000	Unlimited	\$12,000	Unlimited
Physician Office Visits						
Primary Care	\$45 copay	50% after deductible	\$30 copay	50% after deductible	\$30 copay	50% after deductible
Specialist	\$65 copay	50% after deductible	\$30 copay	50% after deductible	\$30 copay	50% after deductible
Preventive	100%	Not covered	100%	Not covered	100%	Not covered
Hospital Services						
Inpatient	80% after deductible	50% after deductible	80% after deductible	50% after deductible	\$6,000 ded/coin offset through GAP	50% after deductible
Outpatient	80% after deductible	50% after deductible	80% after deductible	50% after deductible	\$3,000 deductible offset through GAP	50% after deductible
Emergency Room	80% after deductible		80% after deductible		80% after deductible	
Telemedicine	\$45 copay	Not covered	\$30 copay	Not covered	\$30 copay	Not covered
In-Network Prescription Drug Coverage						
Tier 1	\$15 copay		\$15 copay		\$15 copay	
Tier 2	\$60 copay		\$50 copay		\$50 copay	
Tier 3	\$100 copay		\$70 copay		\$70 copay	
Tier 4	\$425		\$395		\$395	
Mail Order (90-day supply—maintenance medications only at 3x the Retail copay))						

This is a high-level summary of your benefit coverage. Full coverage details are available in your summary plan description (SPD). In the event there is a discrepancy between what is reflected in this guide and what is communicated in your SPD, the terms of your SPD will prevail.

Generic drugs are mandatory when available and may be classified at any tier.

* Family Coverage and Embedded Deductibles

Embedded deductibles mean your plan has individual deductibles for each family member and the family deductible. When a family member meets his or her deductible, the plan will begin sharing healthcare costs for that family member. The rest of the family still has to satisfy their individual deductible. However, all individual expenses for each family member count toward the family deductible. Once the family deductible is met (by more than one family member) the plan will share costs for all family members for the rest of the plan year.

2020 Employee Contributions

	Base Plan Bi-Weekly	Mid Plan Bi-Weekly	Buy-Up Plan Bi-Weekly
Employee Only			
Employee and Spouse			
Employee and Child(ren)			
Employee and Family			

SUPPLEMENTAL MEDICAL EXPENSE (GAP) INSURANCE

Like many people today, you may now be responsible for paying some of your healthcare costs. Even with your Blue Cross Blue Shield insurance, you may have certain expenses that are not covered.

For example, you may need to meet a deductible before your Blue Cross Blue Shield insurance pays.

Supplemental Medical (Gap) insurance with Beazley covers certain out-of-pocket medical expenses you incur in inpatient and outpatient settings. If you elect the Buy-up plan you will have access to the Supplemental Medical (Gap) insurance with Beazley.

Covered Services	Benefit
Inpatient	\$6,000 benefit amount reimburses eligible out-of-pocket expenses through BCBS
Outpatient	\$3,000 benefit amount reimburses eligible out-of-pocket expenses through BCBS
Ambulance Transportation	\$350 benefit amount reimburses eligible out-of-pocket expense through BCBS
Dependent Coverage	Your family maximum is two times the individual benefit as long as they are covered under BCBS

How does the Supplemental Medical (GAP) Insurance work?

1. Enroll in Buy-up Medical Plan with BCBS
2. You will receive an ID card from Beazley
3. If you receive services, you may assign your benefits to the provider
4. Your provider will submit claim to Beazley on your behalf
5. BCBS will send you an explanation of benefits showing your out-of-pocket expense
6. You (or your provider) will submit your explanation of benefits to Beazley
7. Beazley will send payment to your provider if benefits were assigned or to you



TELEMEDICINE

Telemedicine Available Through Teladoc

Blue Cross Blue Shield of Alabama has partnered with Teladoc, which gives you 24/7 access to board-certified doctors by web, phone, or mobile app.

It is an affordable alternative to costly urgent care and ER visits when you need care right away. It is a helpful service if you are on vacation, a business trip, or away from home and has a 92% resolution rate. Teladoc doctors can treat many medical conditions, including, but not limited to, cold and flu symptoms, allergies, urinary tract infection, sinus problems, etc. You can talk to a doctor anytime for a fee of \$40.

Telemedicine services are only available for minor conditions and should not replace care provided by your regular physician.

Teladoc is Easy to Use

- Provide your medical history
- Request a consult
- Talk with a physician
- No waiting room time
- Do not have to drive to the doctor
- Get care 24/7 from any location

To register, go to Teladoc.com/Alabama or call 855.477.4549.

DENTAL COVERAGE

We partner with Unum to offer you and your family members dental insurance. You have the choice of two plans to choose from. Below is a general overview of the in-network benefits for the base and buy-up plans. Visit www.unumdentalcare.com to find in-network providers and access a variety of online tools and programs.

	Base Plan	Buy-Up Plan
Calendar Year Deductible		
Individual	\$50	\$100
Family	\$150	\$300
Calendar Year Maximum	\$500	\$1,000
Coinsurance		
Preventive	100% after deductible	
Basic	80% after deductible	
Major	0%	50% after deductible

This is a high-level summary of your benefit coverage. Full coverage details are available in your summary plan description (SPD). In the event there is a discrepancy between what is reflected in this guide and what is communicated in your SPD, the terms of your SPD will prevail.

2020 Employee Contributions

	Base Plan Bi-Weekly	Buy-Up Plan Bi-Weekly
Employee		
Family		

Find an In-Network Provider

Remember to visit in-network dentists to receive the deepest level of discount on your services.

To find a participating in-network dentist in your area please follow these steps.

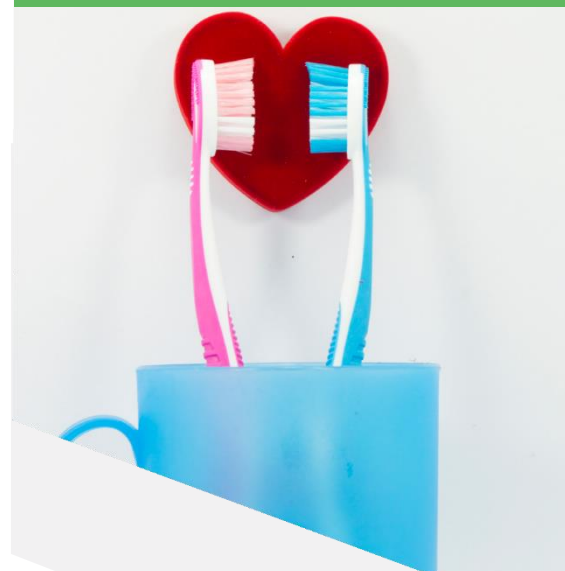
- Go to www.unumdentalcare.com
 - ☐ Click "Search Now" under "Find a Dental Provider"
 - ☐ Select Network and click "Search"
 - ☐ Select by Location or by Dentist

Examples of Services

Preventive—exams, cleanings, fluoride, x-rays, and sealants

Basic—fillings, extractions, and repairs

Major—crowns, inlays, dentures, and periodontics



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You will save the most money out-of-pocket by going to an in-network provider. To find an in-network provider:

- Goto www.eyemedvisioncare.com
 - ☐ Click "Find a Doctor"
 - ☐ Enter your ZIP Code and select "Insight"
 - ☐ Select Doctor and Submit



VISION COVERAGE

We partner with Unum to offer you and your family members vision insurance. This is a general overview of your in-network and out-of-network vision benefits.

	In-Network	Out-of-Network
Copay		
Exam	\$10 copay	Up to \$45
Materials	\$25 copay	Up to \$100
Lenses		
Single	Covered in full after materials copay	Up to \$30
Bifocal	Covered in full after materials copay	Up to \$50
Trifocal	Covered in full after materials copay	Up to \$65
Lenticular	Covered in full after materials copay	Up to \$100
Frames	Up to \$130	Up to \$70
Contacts		
Necessary	Covered in full	Up to \$210
Elective	Up to \$130	Up to \$105
Frequency		
Exam	12 months	
Lenses	12 months	
Contacts (in lieu of glasses)	12 months	
Frames	24 months	

You may receive additional discounts on amounts over your in-network allowance.

This is a high-level summary of your benefit coverage. Full coverage details are available in your summary plan description (SPD). In the event there is a discrepancy between what is reflected in this guide and what is communicated in your SPD, the terms of your SPD will prevail.

2020 Employee Contributions

Bi-Weekly	
Employee	
Employee and Spouse	
Employee and Child(ren)	
Family	

LIFE AND DISABILITY INSURANCE

One of the most critical aspects of financial planning is ensuring that your risks are covered with adequate insurance. Without it, just one catastrophic event could significantly change the financial circumstances for you and your family. Therefore, voluntary life and AD&D insurance is available to assist you and your family in the event of a loss. You have the opportunity to purchase life and AD&D coverage through UNUM for yourself, your spouse, and dependent children. Your cost for this coverage is based on the amount you elect and your age. You must purchase life and AD&D coverage for yourself in order to purchase spouse and/or dependent child(ren) coverage. PlanSource will calculate your premium when you enroll. This will provide you the opportunity to decide to elect the coverage or not.

Voluntary Life and Accidental Death and Dismemberment (AD&D) Insurance

You have the opportunity to elect voluntary life and AD&D benefits in increments of \$10,000 up to \$500,000 or 5× your annual earnings. The guarantee issue amount is \$200,000.

Spouse Voluntary Life and AD&D Insurance

If you elect coverage for yourself, you have the opportunity to elect voluntary life and AD&D benefits for your spouse in increments of \$5,000 up to \$100,000. The amount elected cannot exceed 100% of employee coverage. The guarantee issue amount is \$25,000.

Dependent Voluntary Life and AD&D Insurance

You also have the opportunity to elect voluntary life and AD&D benefits for your dependent children. If your child is six months or younger, the benefit is a flat \$500. If he or she is older, you may elect coverage in increments of \$2,000 up to \$10,000. Dependent children between ages 19 and 26 must be students to be covered.

If you are newly eligible and have not previously waived your opportunity to elect coverage, you can elect up to the guaranteed issue amounts without submitting evidence of insurability (EOI). If you are a late entrant and have previously waived the opportunity to purchase additional coverage, you may be required to submit EOI. However, if you currently have coverage, you may increase your coverage without submitting EOI.

Your benefit will be reduced by 35% at age 65 and again to 50% at age 70.



2020 BENEFITS ENROLLMENT



Short Term Disability (STD)

Short term disability insurance pays you part of your salary in the event of a non-occupational accident or illness which keeps you out of work. STD provides 60% of your weekly earnings up to a maximum benefit. The benefit begins on the 15th day of an accident/illness and continues until the earlier of recovery or 11 weeks.

Long Term Disability (LTD)

Long term disability insurance pays part of your salary in the event of an injury or illness. The LTD benefit provides a monthly benefit of 60% of your monthly earnings up to a monthly maximum benefit. The benefit begins on the 91st day of continuous disability and continues until the earlier of recovery or Social Security Normal Retirement Age.

Please note: If you decline the LTD insurance coverage when you are first eligible and you wish to elect at a later date, you will be subject to medical underwriting (evidence of insurability).

The plan has a “pre-existing condition” provision, which means if you received medical treatment or took prescription drugs for an injury or illness within three months of your effective date, that injury or illness may not qualify you for an LTD benefit.

This limitation will not apply to a period of disability which begins after an employee is covered for at least 12 months after his or her most recent effective date of insurance.

VOLUNTARY ACCIDENT

Accident coverage is designed to help meet the out-of-pocket expenses and extra bills which can follow an accidental injury, whether minor or catastrophic. Indemnity lump sum benefits through MetLife are paid directly to you based on the amount of coverage listed in the schedule of benefits. The accident plan is guaranteed issue, so no health questions are required.

Summary of Benefits*	
Ambulance (ground/air)	\$200/\$750
Doctor's Office/Follow-up Treatment	\$50/visit
Emergency Room Treatment	\$50
Fractures (closed or open)	Up to \$3,000
Dislocations (separated joint)	Up to \$3,000
Hospital Admission	\$500
Hospital Confinement	\$100 per day up to 31 days
Intensive Care Unit Admission	\$1,000
Intensive Care Unit Confinement	\$200 per day up to 31 days
Accidental Death or Dismemberment	Employee: \$25,000 Spouse: \$12,500 Child: \$5,000
Wellness Benefit	\$50
Portable	Yes

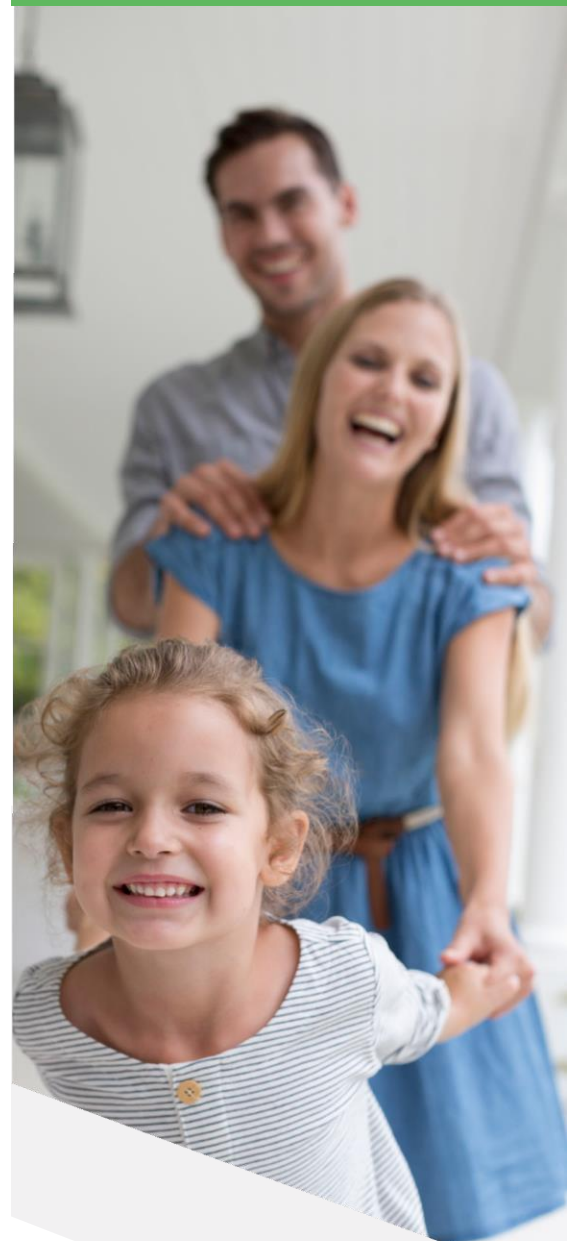
Accident Premiums

Bi-Weekly
Employee
Employee and Spouse
Employee and Child(ren)
Family

* This list is not all-inclusive.

Wellness Benefit

This benefit pays \$50 per calendar year per insured individual if a covered health screening test is performed, including blood tests, chest x-rays, stress tests, mammograms, and colonoscopies. A full list of covered tests will be provided in your certificate.



For assistance please
call 800.438.6388.

VOLUNTARY HOSPITAL INDEMNITY

Voluntary Hospital Indemnity coverage is offered through MetLife. If you suffer from an accident or serious sickness and must go to the hospital, this plan will pay a flat dollar amount when you are admitted. In addition, for each day that you are confined to the hospital or ICU, you will be paid further flat dollar amounts up to a maximum number of days. Here is a general overview of the benefits.

Benefit Type	Low Plan	High Plan
Hospital Coverage (Accident)		
Admission Must Occur Within 180 Days After the Accident	\$500 per accident (non-ICU) \$1,000 per accident (ICU)	\$1,000 per accident (non-ICU) \$2,000 per accident (ICU)
Confinement Must Occur Within 180 Days After the Accident	\$100 a day (non-ICU) for up to 31 days; \$200 a day (ICU) for up to 31 days	\$200 a day (non-ICU) for up to 31 days; \$400 a day (ICU) for up to 31 days
Inpatient Rehab Stay Must Occur Immediately Following Hospital Confinement and Occur Within 365 Days of Accident	\$100 a day, up to 15 days per accident and 30 days per calendar year	\$200 a day, up to 15 days per accident and 30 days per calendar year
Hospital Coverage (Sickness)		
Admission Payable 1x Per Calendar Year	\$500 (non-ICU) \$1,000 (ICU)	\$1,000 (non-ICU) \$2,000 (ICU)
Confinement Paid Per Sickness	\$100 a day (non-ICU) for up to 31 days; \$200 a day (ICU) for up to 31 days	\$200 a day (non-ICU) for up to 31 days; \$400 a day (ICU) for up to 31 days

Bi-Weekly Cost to You		
Coverage Options	Low Plan	High Plan
Employee		
Employee and Spouse		
Employee and Child(ren)		
Family		

TERMS AND OTHER RESOURCES

What is a Deductible?

A deductible is the dollar amount you must pay for certain services during the calendar year before the plan provides benefits for those services. There are two separate deductible amounts. One for in-network providers and another for out-of-network providers. Services which require a copay do not count towards meeting your deductible.

What is Coinsurance?

Coinsurance is the amount you must pay as a percent of the allowed amount. A common example is the percentage of the allowed amount you must pay when you receive other covered services.

What is an Out-of-Pocket Maximum?

The out-of-pocket maximum is your total calendar year out-of-pocket costs. This includes office visit copays, deductible, and coinsurance. Once you meet the out-of-pocket maximum, the plan will cover your costs at 100% of services which are subject to the deductible/coinsurance. You will still be required to meet pharmacy copays.

Below is a list of professionals who partner with our company to help guide you in the benefits process.

Medical Coverage— Blue Cross Blue Shield

- **800.292.8868**—customer service
- **800.248.2342**—preadmission certification
- **800.810.BLUE**—participating providers

Dental – 1-888-400-9304

Vision – 855-652-8686

Life and Disability Insurance— Unum

800.858.6843—file a STD or LTD claim



2020 BENEFITS ENROLLMENT



Notes

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Notes

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This Benefit Enrollment Guide is only intended to highlight some of the major benefit provisions of the Company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's Summary Plan Descriptions for further detail. Should this guide differ from the Summary Plan Descriptions, the Summary Plan Descriptions prevail.