



2019 EMPLOYEE BENEFITS GUIDE



YOUR 2019 BENEFITS GUIDE

ER Hospitals is committed to providing you with a program of benefits and services that is comprehensive and affordable for the 2019 plan year. The complete benefits package is briefly summarized in this booklet. You may request plan booklets or review these on your benefits portal (erhospitals.a2portal.com), which give you more detailed information about each of these programs. You share the costs of some benefits, and ER Hospitals provides other benefits at no cost to you. In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

2019 ELIGIBILITY FOR BENEFITS

You and your dependents are eligible for benefits on the first of the month following 30 days of full-time employment. Eligible dependents are your spouse (without the option of coverage through an employer), children under age 26, or disabled dependents of any age. Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days. For the purpose of this Open Enrollment, all benefits begin January 1, 2019.

BENEFIT CHANGES

The IRS has established rules for your elections that dictate once you have made elections for the plan year, you may not change them until the next annual enrollment, unless a qualifying event occurs.

It is your responsibility to notify your Human Resources department of your benefit changes within 30 days of the qualifying event. If you miss this opportunity to enroll within the 30-day period, you are required to wait until the next open enrollment.

2019 ENROLLMENT INSTRUCTIONS

ER Hospitals is excited to announce the rollout of our 2019 plan year Open Enrollment via Employee Navigator.

Below are instructions on how to log in to Employee Navigator:

- Go to <https://www.employeenavigator.com> and select “login” in the top right corner.
- As a new user, you will need to click “Register as a new user” and provide the following information to create your user name and password.
 - First Name
 - Last Name
 - Company Identifier: EH1
 - Last 4 digits of your social security number
 - Date of Birth
- Once you have logged in, click “Start Benefits” and follow the prompts to enroll in your 2019 benefits.



BENEFIT PLANS OFFERED:

- Medical
- Dental
- Vision
- Basic Life and AD&D Insurance
- Voluntary Life and AD&D Insurance
- Short Term Disability
- Long Term Disability
- Retirement Plan

A qualifying event includes any of the following changes:

- Marriage or Divorce
- Birth or Adoption of a Child
- Death of a Spouse or Child
- Change in Spouse's employment or health insurance that affects your family benefits
- Change in residence or worksite if it affects health coverage
- Change in Spouse's coverage/enrollment



MEDICAL

ER Hospitals is offering two medical plan options this year through Blue Cross Blue Shield (BCBS). You have the option of the BCBS HSA (Health Savings Account) Plan, a qualified high deductible health plan or a BCBS PPO plan.

If you go outside the BCBS PPO network you would use the Out-of-Network* benefit and will pay more and could be balance billed. The deductibles and out of pocket maximums for the In-Network options accumulate toward each other and are not separate. The out-of-network deductible and out-of-pocket maximum is a completely separate deductible and out-of-pocket maximum.

Coverage	BCBS HSA Plan In-Network	BCBS PPO Plan In-Network
Annual Deductible • Individual • Family	\$4,000 \$8,000	\$4,000 \$12,000
Coinsurance	70%	80%
Out-of-Pocket Maximum • Individual • Family	\$6,750 \$13,500	\$7,900 \$15,800
Preventive Care	Covered at 100%	Covered at 100%
Office Visits • Primary Care • Specialists • Urgent Care	Plan pays 70% after deductible	\$25 copay \$50 copay \$60 copay
Inpatient Hospitalization (Facility/Hospital)	Plan pays 70% after deductible	Plan pays 80% after deductible
Inpatient Hospitalization (Physician Services)	Plan pays 70% after deductible	Plan pays 80% after deductible
Outpatient Services (Surgery Facility/Hospital Charges)	Plan pays 70% after deductible	Plan pays 80% after deductible
Emergency Room	Plan pays 70% after deductible	\$150 copay, then 20% (waived if admitted)
Prescription Drugs Deductible Retail (30-day supply) • Generic • Preferred • Brand • Specialty Mail Order (90 day supply)	Plan pays 70% after deductible	\$200 / \$400 \$15 \$45 \$85 20% to max \$300 \$15 / \$90 / \$255 / 20% up to \$300
Lifetime Maximum	Unlimited	Unlimited

* Out-of-network benefits are available but not shown. Please refer to the plan document for a listing of out-of-network benefits.

WELLNESS PROGRAM

ER Hospitals is rolling out a wellness program in 2019. Taking care of yourself should be at the top of your to-do list, that's why ER Hospitals is offering you the opportunity participate in this program.

If you are in the BCBS PPO plan you are encouraged to participate in the program.

- Employees with Employee Only coverage and Employee + Spouse coverage enrolled in the BCBS PPO plan must complete their Biometric Screening in order to have the copays waived for in-house Primary and Specialty care office visits.

If you are in the BCBS HSA plan and you participate, you have the opportunity to earn up to \$250 deposited by ER Hospitals into your Health Savings Account (HSA).

Step 1: Complete a Biometric Screening during the 1st quarter of 2019 (by March 31, 2019)

2nd Quarter 2019: ER Hospitals deposits \$125 into your HSA account for completing the screening!

Step 2: Complete a Wellness Provider Visit by the end of the 3rd Quarter of 2019 (by September 30, 2019)

Wellness visits are covered by insurance at 100%. You must submit your Explanation of Benefits (EOB) to HR for proof of visit. If your spouse is covered under the medical plan, they will also need to complete the wellness exam and provide their EOB for you to receive the funds. Physician sign off form is also acceptable for proof of visit.

4th Quarter 2019: ER Hospitals deposits \$125 into your HSA account for completing the wellness visit!

HOW TO PULL AN EXPLANATION OF BENEFITS (EOB)

1. Log in to bcbsga.com. If you haven't registered yet, you'll need to register to log in.
2. Select **Claims**.
3. Scroll down the page and click on **View EOB**.

TOBACCO CESSATION WITH A WELLBEING COACH

Your coaches are ready to support you. Staying healthy can feel like a full-time job — especially when you have an ongoing health condition or a busy schedule. What if you had a coach or even a whole coaching team to answer that quick question, and keep you on track, motivated and successful? And what if you could reach your coaches by phone or online chat . . . anywhere? With Wellbeing Coach, you can — and at no extra cost to you! Here's the idea in three simple steps:

1



You and your coach will identify habits you want to change.

2



You'll develop custom action plans to make those changes.

3



You'll figure out what kind of resources and support you need to maintain your new, healthier habits.

HEALTH SAVINGS ACCOUNT (HSA)

HealthEquity



HOW AN HSA WORKS:

- 1 Select an HSA-qualified health plan**
 Enroll in an HSA-qualified plan. These plans typically cost less than traditional plans and provide tax saving opportunities. HealthEquity will work with your health plan to automatically set up your account and supply a HealthEquity Visa® Health Account card¹ to conveniently pay for eligible expenses.
- 2 Contribute to your HSA**
 Make deposits to your HSA through pre-tax payroll deductions or through the HealthEquity member portal. To take full advantage of tax savings and to build a reserve for the future, we encourage you to maximize your contributions according to IRS regulations. The contribution limits for 2016 are \$6,750 for family coverage, and \$3,350 for single coverage.
- 3 Watch your HSA grow**
 Your FDIC-insured HSA earns tax-free² interest. Maximize your tax-free² earning potential by investing HSA funds using a convenient online investment tool.³
- 4 Use your HSA for qualified medical expenses**
 HSA funds can be used for a variety of qualified medical, dental and vision expenses.

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When you enroll in the BCBS HSA High Deductible Health Plan (HDHP) you have the option to participate in an HSA through Health Equity.

Please note: you cannot participate in the HSA if you join the BCBS PPO Plan as it is not a qualified HDHP—you may use funds previously held in your HSA if you move to this plan, however, you cannot contribution additional funds beginning January 1, 2019.

HSA's are a tool to assist you in saving for out-of-pocket medical, dental, vision and prescription expenses on a pre-tax basis. Enrollees receive a Visa card to use at the point of sale.

You can contribute to your HSA through payroll deduction, up to the maximum amount allowed by the IRS. For 2019, employees with individual coverage can contribute up to \$3,500 and employees with family coverage can contribute up to \$7,000 on a pre-tax basis. Individuals age 55 or older may be eligible to make catch-up contributions of \$1,000 in 2019.

If you have questions, please reach out to your Health Equity Account Mentor at 866-346-5800.



HOW TO FIND A PROVIDER

Please follow these easy steps to find Open Access Doctors and Facilities in your area.

1. Go to www.bcbsga.com
2. Scroll down to “Find a Doctor”
3. Click on “Find a Doctor”
4. If you are not yet registered and logged in under yourself as a member, choose the “Search as a Guest”
5. Follow these simple steps to help you with your search:
 - A. In the first dropdown, **“How do you get insurance”** select **“Through my employer”**
 - B. In the **“What State do you want to search in”** select GEORGIA as the plan is written there. See D below for an alternative search option.
 - C. Select what type of care you need or are searching for from Medical, Dental or Vision in that dropdown.
 - D. In the **“Select a plan/network”** always select **“Blue Open Access POS”** (Outside of Georgia select the **“National PPO (Bluecard PPO)”** Do not select any other options.
 - E. After you click the button below that, the next page will ask you what type of facility or doctor you are looking for and where the providers for which you are searching are located.
 - F. Once you have selected your provider type and specialty (you don’t have to enter anything in these two fields if you are doing a general search), enter the city and state in which you are searching (for example; Denver, CO) and select a distance from the dropdown box.
 - G. If you know the provider name, you can enter it in the box provided but that isn’t required.
 - H. Once you click search, this will give you a list of providers for you based on your search criteria that are in your network and in your area.
6. Once the list populates, you can elect to print a copy of the provider list by selecting “Print Search Results” in the top right margin. Doing this will produce a PDF file of only the top 250 providers near your location. You can save this to your desktop or print it locally on your printer. Do note that as these files are very large and because there is some turn over of providers from time to time, BCBSGA does not recommend you print these files.

If you do not have access to a computer or a web-enabled device, please call the Customer Service number on Your ID card. The customer service representative can help you locate a doctor or facility.

Once you are registered, you will be able to use the Anthem BCBS mobile app to search for your choice of providers.

Anthem BCBSGA has mobile app! Download the mobile app here—scan the QR code to access the app today:



Android



iOS



BCBS MEDICAL RESOURCES

Check out the WebMD Online Wellness Toolkit

You have the power to change your lifestyle — whether it's eating healthier, getting into an exercise routine, learning to manage your stress or stop smoking. When you use the Online Wellness Toolkit at bcbsga.com, you'll take a private Health Assessment, which will give you a snapshot of your overall health. Based on the results, you'll be able to spot areas to focus on that will help you get the most out of the interactive toolkit.

You can earn points for each activity you complete within the Online Wellness Toolkit. Once you reach the 100-, 200- and 300- point levels, you'll get \$50 at each of those levels, up to \$150. After you redeem a reward, your points will start again from zero. You'll earn 75 points just by completing the health assessment. Consider the toolkit a one-stop shop for your health:

- Use the Health Assistant to meet your health goals by creating a personalized plan based on your lifestyle, interests and schedule.
- Use our trackers to stay on top of your blood pressure, diet, exercise, tobacco use, even your mood.
- Have fun learning how to stay healthy with our interactive quizzes, health information, videos and more.

Call 24/7 NurseLine—800-377-4770

Your health concerns don't keep normal business hours, that's why 24/7 NurseLine is here for you any time of the day or night. Call the toll-free number on your member ID card to speak with a nurse when you have a general health question or any urgent health concerns. Depending on your reason for calling, you may even get a follow-up call to make sure you've taken steps to get the right care.

Join Future Moms maternity management program—866-664-5404

Are you a mom-to-be? If so, you're just a phone call away from a nurse who can help answer your pregnancy questions. The Future Moms program also offers prenatal goodies, including a book about pregnancy and a week-by-week pregnancy tracking tool.

Take control of a health condition with Condition Care—800-638-4754

If you have one of the five conditions below, this might be the perfect program for you because you can speak one-on-one with a nurse to get support managing your condition. You can also speak with a personal health coach who'll give you tips, help keep you on track and supply encouragement to make a positive change in your health.

The Condition Care program focuses on these specific conditions:

1. Chronic Obstructive Pulmonary Disease (COPD)
2. Asthma
3. Coronary artery disease (CAD)
4. Diabetes
5. Heart failure

HERE'S HOW TO SIGN UP FOR A PROGRAM OR GET MORE INFO:



Call Member services at the phone number on your member ID Card.



Visit BCBSGA.com

BCBS MEDICAL RESOURCES

Telemedicine—through LiveHealth Online®

Easy, fast doctor visits. All from the comfort of your own computer or mobile device. Talk to a doctor today, tonight, anytime — 365 days a year. Just enroll at livehealthonline.com or on the free mobile app.

Now you can get the health care you need without all the hassle

Have a health question? Under the weather? With LiveHealth Online, you don't have to schedule an appointment, drive to the doctor's office, and then wait for your appointment. In fact, you don't even have to leave your home or office. Doctors can answer questions, make a diagnosis, and even prescribe basic medications when needed.*

With LiveHealth Online, you get:

- Immediate doctor visits through live video.
- Your choice of U.S. board-certified doctors.
- Help at a cost of only \$49 per visit, subject to deductible and coinsurance.
- Private, secure and convenient online visits.

Just enroll for free at livehealthonline.com or on the app, and you're ready to see a doctor.

Pharmacy tools on BCBS GA's mobile app:

Using your smartphone and other mobile devices, you can:

- Find an in-network pharmacy near you with Locate a Pharmacy or switch to home delivery.
- Browse your medication history and compare the prices of medicines to find ones that cost less with My Rx Choices.
- Get reminders to take your prescription the way your doctor and pharmacist want you to using Pharmacy Care Alerts.
- Check on an order status, order a refill or repeat a past order in seconds with Order Status and Worry-Free Fills®.
- Get drug interaction warnings about prescriptions and over-the-counter medicines, vitamins and supplements that may be harmful when taken together using Medicine Cabinet.
- Research a drug's potential side effects and other important details with Drug Information.

Anthem BCBSGA has mobile app! Download the mobile app here—scan the QR code to access the app today:



Android



iOS



DENTAL

Good oral care enhances overall physical health, appearance and mental well being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the dental benefit plan. To find a provider, visit www.GuardianAnytime.com or call the Guardian Helpline at **888.600.1600** weekdays 8:00 a.m. to 8:30 p.m. est.

Guardian		
Deductible	In-Network	Out-of-Network
Single		\$25
Maximum per Family:		\$75
Covered Expenses:		
Preventive (Type 1)	100%	100%
Basic Dental Services	80% After Deductible	50% R&C
Major Dental Services	50% After Deductible	50% R&C
Orthodontia (Adults and children)	50%	50%
Maximums		
Annual		\$1,000
Orthodontia Lifetime Maximum		\$1,000



VISION

Your vision health is an important part of complete wellness. Vision benefits are provided by EyeMed. To find a provider, visit www.eyemed.com or contact EyeMed Customer Service at **866.939.3633**.

EyeMed		
	In-Network	Out-of-Network
Exam with dilation as necessary	\$10 exam copay	Up to \$40
Standard Plastic Lenses		
Single Vision	\$15 copay	
Bifocal	\$15 copay	
Trifocal	\$15 copay	
Standard Progressive Lens	\$80 copay	Up to \$50
Frames	\$0 copay; \$130 Allowance; 20% off balance over \$130	Up to \$91
Contact Lenses (allowance includes materials only)		
Conventional	\$0 copay; \$110 allowance, 15% off balance over \$110	Up to \$110
Disposable	\$0 copay; \$110 allowance plus balance over \$110	Up to \$110
Medically Necessary	\$0 copay, paid in full	Up to \$210
Frequency		
Exam	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frames	Once every 24 months	

ANCILLARY BENEFITS

Life and Accidental Death & Dismemberment Insurance

Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump-sum payment if you die. The company provides basic life insurance of 1x your annual salary to a maximum of \$100,000 at no cost to you.

Accidental Death and Dismemberment Insurance (AD&D)

AD&D insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. Our Company provides AD&D coverage of 1x your annual salary to a maximum of \$100,000 at no cost to you. This coverage is in addition to your company-paid life insurance described above.

Voluntary Short-Term Disability Insurance (STD)

Short-Term Disability (STD) insurance provides income if you become disabled due to an injury or illness. Your Weekly Benefit is units of \$100 up to \$2,000 not to exceed 60% of your weekly earnings.

Option One: Your benefit begins on the 8th day of any injury, hospitalization or illness and can continue up to 25 weeks.

Option Two: Your benefit begins on the 15th day of any injury, hospitalization or illness and can continue up to 24 weeks.

	AGE	Rate Per \$10
Option 1	<20–49	\$1.162
	50–99	\$1.335
Option 2	<20–49	\$1.077
	50–99	\$1.237

Voluntary Life and Accidental Death & Dismemberment Insurance

You may purchase Life and AD&D insurance in addition to the company-provided coverage. You may also purchase coverage for your dependents if you purchase coverage for yourself. Guaranteed coverage up to \$100,000 for you and \$25,000 for your spouse is available without answering medical questions if you enroll when you are first eligible.

Employee—Up to \$500,000 in increments of \$10,000

Spouse—100% of employee’s benefit, up to \$500,000 in increments of \$5,000

Children—Birth to 6 months: \$1,000; 6 months to 26 years: Units of \$2,000 to a max of \$10,000.

For a Voluntary Life and AD&D form please contact your Human Resources Department.

Long-Term Disability Insurance (LTD) (100% Employer Paid)

Meeting your basic living expenses can be a real challenge if you become disabled. Your options may be limited to personal savings, spousal income and possibly Social Security. Disability insurance provides protection for your most valuable asset—your ability to earn an in-come. Your Company provides LTD coverage for you at no cost.

LTD coverage provides income when you have been disabled for 180 days or more. Your benefit is 60% of your monthly earnings, up to \$6,000 per month. This amount may be reduced by other deductible sources of income or disability earnings. Benefit payments can continue to age 65 if you are under age 60 at the time of disability.

RETIREMENT BENEFITS

Each hospital manages their own Retirement Plan. Please reach out to the appropriate contact below to find out your plan details.

Benefit	Administrator	Phone	Website
Dorminy Medical Center	457(b) Valic	Denise McDonald 229-424-7135	dmcdonald@dorminyhospital.org
ERH	401(k) Great West Financial	Ellen Boyd 706-373-2961	eboyd@erhospital.com
Emanuel Medical Center	457(b) Valic	Jinny Newman 478-289-1135	jnewman@erhospitals.com

CONTACT INFORMATION

Benefit	Administrator	Phone	Website
Benefit Portal	-	-	erhospitals.a2portal.com
Employee Navigator	-	-	www.employeenavigator.com
Medical / Pharmacy	Blue Cross Blue Shield of GA	855-397-9267	www.bcbsga.com
Dental	Guardian	888.600.1600	www.GuardianAnytime.com
Vision	EyeMed	866.939.3633	www.eyemed.com
Life and AD&D Insurance	Cigna	1-800-244-6224	www.mycigna.com
Voluntary Life and AD&D Insurance	Cigna	1-800-244-6224	www.mycigna.com
Short-Term Disability	Cigna	1-800-244-6224	www.mycigna.com
Long-Term Disability	Cigna	1-800-244-6224	www.mycigna.com
Employee Assistance Program	Cigna	800.538.3543	www.cignabehavioral.com/cgi
Benefits Assistance	a2 benefits	678-540-1428	email: ERH@a2benefits.com



2019 EMPLOYEE CONTRIBUTIONS AND PREMIUMS

Medical—BCBS HSA Plan	Total Monthly Premium	Employee Contribution Per Pay Check	Employee Tobacco* Contribution Per Pay Check
Employee Only	\$550.99	\$89.01	\$119.01
Employee Plus Spouse	\$1,157.06	\$186.91	\$216.91
Employee Plus Child	\$1,074.43	\$173.56	\$203.56
Family	\$1,680.51	\$271.47	\$301.47

Medical—BCBS PPO Plan	Total Monthly Premium	Employee Contribution Per Pay Check	Employee Tobacco* Contribution Per Pay Check
Employee Only	\$631.38	\$126.11	\$156.11
Employee Plus Spouse	\$1,325.89	\$264.83	\$294.83
Employee Plus Child	\$1,231.18	\$245.91	\$275.91
Family	\$1,925.71	\$384.64	\$414.64

Dental	Total Monthly Premium	Employee Contribution Per Pay Check
Employee Only	\$25.17	\$3.00
Employee Plus Spouse	\$53.77	\$13.20
Employee Plus Child	\$70.93	\$21.12
Family	\$105.25	\$36.96

Vision	Total Monthly Premium	Employee Contribution Per Pay Check
Employee Only	\$5.19	\$2.40
Employee Plus Spouse	\$9.87	\$4.56
Employee Plus Child	\$10.39	\$4.80
Family	\$15.28	\$7.05

*Your health plan is committed to helping you achieve your best health. The tobacco-free discount is available to all employees who do not use tobacco products. If you think you might be unable to meet a standard for the discount, you may qualify for an opportunity to earn the same discount by different means. Contact your HR department and ER Hospitals will work with you to find a cessation program to help you quit and also earn the discount.

IMPORTANT NOTICES

INITIAL NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS

LOSS OF OTHER COVERAGE - If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other health insurance coverage or group health plan coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage or if the employer stops contributing towards your or your dependent's coverage. To be eligible for this special enrollment opportunity you must request enrollment **within 30 days** after your other coverage ends or after the employer stops contributing towards the other coverage.

NEW DEPENDENT AS A RESULT OF MARRIAGE, BIRTH, ADOPTION OR PLACEMENT FOR ADOPTION - If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and/or your dependent(s). To be eligible for this special enrollment opportunity you must request enrollment **within 30 days** after the marriage, birth, adoption or placement for adoption.

MEDICAID COVERAGE - The ER HOSPITALS group health plan will allow an employee or dependent who is eligible, but not enrolled for coverage, to enroll for coverage if either of the following events occur:

Termination of Medicaid or CHIP Coverage - If the employee or dependent is covered under a Medicaid plan or under a State child health plan (SCHIP) and coverage of the employee or dependent under such a plan is terminated as a result of loss of eligibility.

Eligibility for Premium Assistance Under Medicaid or CHIP - If the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP, including under any waiver or demonstration project conducted under or in relation to such a plan. This is usually a program where the state assists employed individuals with premium payment assistance for their employer's group health plan rather than direct enrollment in a state Medicaid program.

To be eligible for this special enrollment opportunity you must request coverage under the group health plan **within 60 days** after the date the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP or the date you or your dependent's Medicaid or state-sponsored CHIP coverage ends.

To request special enrollment or obtain more information, please contact Corporate Human Resources at 478-289-1100.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

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

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

PROTECTING YOUR HEALTH INFORMATION PRIVACY RIGHTS

ER HOSPITALS is committed to the privacy of your health information. The administrators of the ER HOSPITALS Health Care Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting human resources. The notice also is available online at www.erhospitals.a2portal.com.



IMPORTANT NOTICES (CONTINUED)

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT

The Women's Health and Cancer Right Act requires group health plans that provide coverage for mastectomy to provide coverage for certain reconstructive services. This law also requires that written notice of the availability of the coverage be delivered to all plan participants upon enrollment and annually thereafter. This language serves to fulfill that requirement for this year. These services include:

- Reconstruction of the breast upon which the mastectomy has been performed;
- Surgery/reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment for physical complications during all stages of mastectomy, including lymphedemas.

IN ADDITION, THE PLAN MAY NOT:

- Interfere with a participant's rights under the plan to avoid these requirements; or
- Offer inducements to the healthcare provider, or assess penalties against the provider, in an attempt to interfere with the requirements of the law.

However, the plan may apply deductibles, coinsurance, and copays consistent with other coverage provided by the Plan. If you have any questions about the current plan coverage, please contact Human Resources at 478-289-1100. You may receive a copy of the Notice of Privacy Practices by contacting human resources. The notice also is available online at www.erhospitals.a2portal.com.

KNOW YOUR COBRA NOTIFICATION RESPONSIBILITIES

It is your responsibility to notify Human Resources when a dependent becomes eligible or ceases to be eligible for coverage under our benefit plans. All eligibility changes should be reported within 30 days of the event. Failure to report changes in a timely manner can impact your ability to add newly eligible dependents or discontinue pre-tax premium contributions on ineligible dependents.

In addition, failure to report a loss of eligibility due to legal separation or divorce or a dependent that has otherwise ceased to be eligible, such as a child reaching the maximum dependent child age limit, can impact your dependent's rights for group health plan coverage under the federal law known as COBRA. If you fail to report the loss of eligibility within 60 days of the event, your dependents may be left with no continuation coverage under our plan. Please see your COBRA notice or your group health plan summary plan description for additional information.

You may receive a copy of the Notice of Privacy Practices by contacting your Branch Administrator or Corporate Human Resources.

INITIAL NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS

LOSS OF OTHER COVERAGE - If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other health insurance coverage or group health plan coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage or if the employer stops contributing towards your or your dependent's coverage. To be eligible for this special enrollment opportunity you must request enrollment **within 30 days** after your other coverage ends or after the employer stops contributing towards the other coverage.

NEW DEPENDENT AS A RESULT OF MARRIAGE, BIRTH, ADOPTION OR PLACEMENT FOR ADOPTION - If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and/or your dependent(s). To be eligible for this special enrollment opportunity you must request enrollment **within 30 days** after the marriage, birth, adoption or placement for adoption.

MEDICAID COVERAGE - The ER HOSPITALS group health plan will allow an employee or dependent who is eligible, but not enrolled for coverage, to enroll for coverage if either of the following events occur:

Termination of Medicaid or CHIP Coverage - If the employee or dependent is covered under a Medicaid plan or under a State child health plan (SCHIP) and coverage of the employee or dependent under such a plan is terminated as a result of loss of eligibility.

Eligibility for Premium Assistance Under Medicaid or CHIP - If the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP, including under any waiver or demonstration project conducted under or in relation to such a plan. This is usually a program where the state assists employed individuals with premium payment assistance for their employer's group health plan rather than direct enrollment in a state Medicaid program.

To be eligible for this special enrollment opportunity you must request coverage under the group health plan **within 60 days** after the date the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP or the date you or your dependent's Medicaid or state-sponsored CHIP coverage ends.

To request special enrollment or obtain more information, please contact Corporate Human Resources at 478-289-1100.

IMPORTANT NOTICES (CONTINUED)

IMPORTANT NOTICE FROM ER HOSPITALS ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with **ER HOSPITALS** and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. ER HOSPITALS has determined that the prescription drug coverage offered by the ER HOSPITALS Medical Benefits Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current **ER HOSPITALS** coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current **ER HOSPITALS** coverage, be aware that you and your dependents will not be able to get this coverage back until the next open enrollment period unless you experience a qualified life event.

Note that your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan and keep your coverage under the **ER HOSPITALS** Medical Benefits Plan.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with ER HOSPITALS and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through ER HOSPITALS changes. You also may request a copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE...

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

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

DATE: November 2018

NAME OF ENTITY/SENDER: ER HOSPITALS/ ERH Shared Services

CONTACT--POSITION/OFFICE: Human Resources

ADDRESS: 117 Kite Rd, Swainsboro, GA 30401

PHONE NUMBER: 478-289-1100

REMEMBER: KEEP THIS CREDITABLE COVERAGE NOTICE. IF YOU DECIDE TO JOIN ONE OF THE MEDICARE DRUG PLANS, YOU MAY BE REQUIRED TO PROVIDE A COPY OF THIS NOTICE WHEN YOU JOIN TO SHOW WHETHER OR NOT YOU HAVE MAINTAINED CREDITABLE COVERAGE AND, THEREFORE, WHETHER OR NOT YOU ARE REQUIRED TO PAY A HIGHER PREMIUM (A PENALTY).



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This benefit summary is a brief overview of the benefits offered by ERH Hospitals and is not intended to offer complete details regarding your plan options. Please see the Summary Plan Documents (SPDs) for complete details. You can request SPDs directly from the insurance carrier or Human Resources. If you are uncertain about any provisions of the benefits available to you, please refer to the SPDs that govern the plans.

