

Your Benefits Choices



LifeCare
Health

2020 Benefits Guide

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Provider Contact Information

LifeCare Health works with a number of vendors for its various health and welfare benefits. Listed below is the contact information for the providers you'll see throughout this guide, as well as policy or group numbers where applicable.

Name of Plan	Website / Email	Member Services	Group Number
Medical, Prescription and Dental Plans	www.cigna.com	1.800.244.6224	3343081
TeleHealth: MD Live Amwell	MDliveforCigna.com AmwellforCigna.com	1.888.726.3171 1.855.667.9722	NA NA
Life and Disability Insurance	www.cigna.com	1.800.362.4462	Life - FLX969208 AD&D - OK970660 STD - VDT962946 LTD - FLK961077
Vision Plan VSP	www.metlife.com/mybenefits	1.855.MET-EYE1 1.855.638.3931	5966237
401(k)	MassMutual Myserviceteam.central7 @massmutual.com	1.800.637.6444 Ext. 59403	Myserviceteam.central7 @massmutual.com
FSA	Flexible Benefits	1-844-859-7306 www.myflexaccount.com	Jan. 1
Cobra	PayCom www.Paycom.com	www.Paycom.com	
HSA	Cigna HSA Bank www.myCigna.com	1.800.244.6224	NA
MetLaw	www.legalplans.com	1.800.821.6400	Jan.1
MetLife Auto & Home	www.metlife.com/mybenefits	1.800.438.6388	Jan. 1
Colonial Plans	www.coloniallife.com	1.800.325.4368	Coming Soon

Enrollment Basics

» HOW TO ENROLL IN BENEFITS ONLINE

Use [PayCom.com](https://www.paycom.com) to compare all plan options and choose the best benefit plan for you. You can also review dental, vision, life insurance, and disability plans, as well as designate beneficiaries and enroll eligible dependents. [PayCom.com](https://www.paycom.com) is available on your desktop and mobile device.

HOSPITAL & SUPPORT CENTER ASSOCIATES

If you are logging in follow these steps:

- » Go to [PayCom.com](https://www.paycom.com)
- » Enter your log in credentials
- » Click **Sign In/Log In**
- » Click **Benefits**
- » Click **2020 Benefits Enrollment**

» WHO IS ELIGIBLE TO ENROLL IN BENEFITS?

FULL-TIME ASSOCIATES

Associates averaging 30+ regularly scheduled hours/week are eligible for all benefits offered.

PART-TIME ASSOCIATES

Associates regularly scheduled to work 16-29 hours/week are eligible for PTO, 401(k), and voluntary benefits.

PRN - ASSOCIATES

Associates not regularly scheduled and averaging less than 30 hours/week are eligible to participate in voluntary benefits (excluding Met Law).

PRN/PT 30+ ASSOCIATES

PRN/PT associates who average 30+ hours/week during a specified measurement period will be eligible for medical benefits for themselves and dependents. You will be notified when you are eligible and provided the benefit options and bi-weekly costs.

» ELIGIBLE DEPENDENTS

Dependents may be eligible for certain benefits. Eligible dependents include:

YOUR LEGAL SPOUSE - Marriage certificate must be provided

YOUR COMMON LAW SPOUSE - Common law marriage certificate required

YOUR BIOLOGICAL CHILDREN, LEGALLY ADOPTED CHILDREN, AND STEP CHILDREN TO AGE 26 - Birth certificates required

ANY OTHER CHILDREN FOR WHOM YOU SERVE AS A LEGAL GUARDIAN, AS DEFINED BY A COURT ORDER - Executed court order required

» WHEN TO ENROLL

NEW ASSOCIATES

New associates must make benefit elections within their first 30 days of employment. Associates who are rehired as Full-Time associates are eligible for all benefits offered, effective on the 1st of the month following 30 days from the date of rehire.

STATUS CHANGE (PRN/PT TO FULL TIME)

Associates changing to Full-Time status must make benefit elections within 30 days of the status change.

REHIRED ASSOCIATES

Associates must make elections within their first 30 days of re-employment.

Note: Associates are responsible for deductions beginning on the pay period which includes the effective date of the coverage.

» FAMILY STATUS CHANGES (LIFE EVENT)

The IRS provides strict regulations on making changes to pre-tax elections during the year. However, associates who experience a qualifying family status change can make changes to benefit elections effective on the date of the event. To make changes, notify your HR representative within 30 days of a qualifying event. Once election changes are made, supporting documentation must be provided to your local HR representative. Associates are responsible for deductions beginning on the pay period, which includes the effective date of insurance. If a request is not made within 30 days of a qualifying event, changes cannot be made until the next Annual Enrollment period.

	Documentation
Birth / Adoption	Birth Certificate; Verification of birth facts
Marriage	Marriage certificate; executed court document
Divorce / Annulment	Finalized divorce decree or annulment paperwork
Associate or Dependent gains other coverage	Proof of other coverage; letter from spouse's employer with specific start date of employment and benefits
Associate or Dependent loses other coverage	Proof of loss of other coverage
Death of Spouse/Child	Death Certificate
Court Ordered Dependent	Court order paperwork
Change in Dependent Care Costs	Letter from daycare provider

Benefits Paid by LifeCare Health

» BASIC LIFE AND AD&D INSURANCE

LifeCare Health provides Life and Accidental Death & Dismemberment Insurance to all Full-Time associates. Coverage is 1x annual base pay up to \$50,000 max*.

*Benefits reduced to 65% at age 65 and 50% at age 70

» BASIC LONG-TERM DISABILITY

When you can't work due to illness or injury not covered by workers' compensation, disability benefits replace a portion of your pay. To receive benefits the disability must be authorized. LifeCare Health provides a Long-Term Disability benefit to Full-Time associates equal to 40% of your base pay up to a maximum of \$5,000 per month; this benefit begins after 13 weeks of disability. Additional coverage may be purchased at an additional cost to the associate. See page 11 for more information.

» PAID TIME OFF (PTO) AND HOLIDAYS

LifeCare Health offers eligible associates paid time off (PTO) for vacation, illness, holidays and personal time in hopes that associates will return to work refreshed and with renewed interest in their responsibilities. PTO for personal time includes time needed to care for a sick child, spouse or other family member. Details on the PTO program is available in the PTO policy.

» TELEHEALTH

Associates enrolled in LifeCare Health's medical plans have access to two telehealth services - AmWell and MDLIVE. This service gets you the care you need - including most prescriptions - for a wide range of minor conditions for only \$42-\$49 per use, depending on your plan. Through these providers, you can connect with board-certified doctors via secure video chat or phone, without leaving your home or office.



Common ailments for telehealth are sore throat, headaches, stomach-ache, fever, cold and flu, allergies, rash, acne, UTI's and more. Remember telehealth services are only available for minor, non-life-threatening conditions. In an emergency, dial 9-1-1 or go to the nearest hospital.

To get started, download the apps from The App Store and Google Play and get registered. That will save you valuable time when you need to use the service.

» TUITION ASSISTANCE

LifeCare provides tuition reimbursement or tuition advance opportunities to Full Time associates. Review the Tuition Reimbursement policy for more information.

» EMPLOYEE ASSISTANCE RESOURCES

LifeCare understands that when personal problems arise, many choose to cope alone, which can at times results in negative consequences both at home and at the workplace. That is why LifeCare teamed up with Cigna Behavioral Health to offer associates an easy and convenient way to find the help they need. Whether it's an emotional, legal or financial issue, these resources can provide support and solutions.

All Full-Time associates may participate in this program by visiting **CignaLAP.com** or calling **800.538.3543**. For more details, please review the flyer located in the benefits section of www.insurancisboring.com.

Benefits Paid by You and LifeCare

» MEDICAL

Lifecare Health offers three medical plan options to meet the needs of our associates. View the chart below to compare the plans and determine which one best meets your needs.

	OAP PPO	HSA2750	HSA6500
Calendar Year Deductible	\$1,750 Individual \$3,500 Family	\$2,750 Individual* \$5,500 Family	\$6,500 Individual \$13,000 Family
Annual Out of Pocket Maximum	\$5,000 Individual \$10,000 Family	\$4,500 Individual \$5,500 Individual within a Family \$9,000 Family	\$6,500 Individual Maximum \$13,000 Family
Coinsurance	Cigna Pays 70% You Pay 30%	Cigna Pays 70% You Pay 30%	Cigna Pays 100% You Pay 0%
LifeCare Annual Contribution Health Savings Account	NA	Maximum Contribution: \$500 Individual \$1,000 Family	Maximum Contribution: \$500 Individual \$1,000 Family
Preventive Care	100%	100%	100%
Non-Preventive Physician Visits	\$40 PCP Copay \$60 Specialist Copay	30% After Deductible	0% After Deductible
Urgent Care Facility	\$75 Copay No Deductible	30% After Deductible	0% After Deductible
Emergency Room	\$750 Copay/Visit* +30% *waived if admitted	30% After Deductible	0% After Deductible
Emergency Medical Transportation	30% After Deductible	30% After Deductible	0% After Deductible
Facility Fee	\$750 Copay/Admission 30% After Deductible	30% After Deductible	0% After Deductible
Physician/Surgeon Fees	30% After Deductible	30% After Deductible	0% After Deductible
Diagnostic Tests (Outpatient)	30% After Deductible	30% After Deductible	0% After Deductible
Imaging	PET 30% CAT: \$250+30% MRI/MRA: \$450+30%	30% After Deductible	0% After Deductible
Independent- Lab	20% After Deductible	20% After Deductible	0% After Deductible
Prenatal & Postnatal Care	30% After Deductible	30% After Deductible	0% After Deductible
Delivery & All Inpatient Services	\$750 Copay/Admission +30% After Deductible	30% After Deductible	0% After Deductible

*The \$5,500 family deductible and \$5,500 out-of-pocket (OOP) maximum apply to individuals of employees with covered family members. All eligible family members contribute to the family plan deductible and family OOP. For more details, or to see Out-of-Network benefits, please review the Summary of Benefits and Coverage documents available in the Benefits section of www.insuranceisboring.com.

» PRESCRIPTION DRUG/PHARMACY

OAP PLAN - \$50 CALENDAR YEAR DEDUCTIBLE (CYD) FOR TIER 2 AND TIER 3

	Tier 1 Generic	Tier 2 Preferred Brand	Tier 3 Non- Preferred Brand	Specialty
OAP Plan				
30 Day Supply – Retail	\$8 copay	\$35 Copay After \$50 deductible	\$55 Copay After \$50 deductible	30% to a maximum of \$150
90 Day Supply – Retail	\$16 copay	\$70 Copay After \$50 deductible	\$110 Copay After \$50 deductible	30% to a maximum of \$150
HSA 2750				
30 Day Supply – Retail	\$5 copay After plan deductible	\$30 Copay After plan deductible	\$50 Copay After plan deductible	30% to a maximum of \$150 After plan deductible
90 Day Supply – Retail	\$16 copay After plan deductible	\$70 Copay After plan deductible	\$110 Copay After plan deductible	30% to a maximum of \$150 After plan deductible
HSA 6500				
30 Day Supply – Retail	0% After plan deductible	0% After plan deductible	0% After plan deductible	0% After plan deductible
90 Day Supply – Retail	0% After plan deductible	0% After plan deductible	0% After plan deductible	0% After plan deductible

Note: The HSA 6500 plan does not have a coinsurance level, therefore no copay applies once CYD has been reached. Certain preventive medications are available free of charge or at the copay level only. For a complete list of medications, and to view Out-of-Network Pharmacy coverage, visit the Benefits section of www.insuranceisboring.com.

» CIGNA 90 NOW

Filling your maintenance medications just got easier with Cigna 90 Now, which provides more choice in how and when you can fill your prescriptions. If you choose to fill your prescription in a 90-day supply, you just use one of the three 90-day retail pharmacies in your plan's network: CVS, Walmart and Kroger.

For more information about the pharmacy network, call 800.244.6224 or visit Cigna.com/Rx90network.

» HEALTH SAVINGS ACCOUNT (HSA)

Associates enrolled in the HSA 2750 or HSA 6500 may be eligible to contribute to a Health Savings Account to save tax-free dollars to pay for out-of-pocket health care expenses. LifeCare will contribute to associates' HSA on a per pay period basis, matching an associate's contributions up to a bi-weekly maximum.

An HSA plan combines a medical plan with a Health Savings Account. With an HSA plan, you must meet your calendar year deductible prior to the co-pays and or co-insurance benefits applying. All expenses, except preventive care, are applied to the plan deductible first, including prescriptions.

The advantage of the HSA plans is that the employee premiums may be less than the co-pay plan premiums, plus the company will match bi-weekly contributions to your HSA if you choose an HSA plan. These funds may be used to pay for eligible medical expenses such as, but not limited to, doctor visits and prescriptions. All employees enrolled in an HSA plan will automatically have an HSA account opened with HSA Bank.

Lifecare will contribute the employer match to associates' HSA on a per pay period basis, matching an associate's contributions up to a bi-weekly maximum.

HSA Plan Bi-weekly Employer Maximum Match – HSA Plans ONLY		
	Bi-weekly	Annualized
Employee Only	\$19.23	\$ 500.00
Employee + Spouse	\$38.46	\$1,000.00
Employee + Child	\$38.46	\$1,000.00
Employee + Family	\$38.46	\$1,000.00

You are encouraged to take full advantage of the tax savings and the company match by contributing to your HSA. The IRS limits the amount that can be contributed to an HSA account annually. Both the employer and the employee HSA contributions are on a pre-tax basis. If you or your spouse is 55 years of age or older, you may elect to contribute an additional \$1,000 catch up contribution for yourself and/or your spouse in 2019 and 2020.

Combined annual IRS limits:	<u>Individual Limits</u>	<u>Family Limits</u>
	\$3,550 (2020)	\$7,100 (2020)
	\$3,600 (2021)	\$7,200 (2021)

What are the benefits of an HSA? **An HSA is very similar to an IRA in that:**

- Pre-tax dollars can be used to pay for qualified expenses
- You are in control of more of your health care decisions
- Funds left in an HSA can grow, tax-deferred
- Your account stays with you even if you change employers
- After age 65 you can withdraw your funds and they are only taxed as ordinary income

What expenses are qualified medical expenses? Qualified expenses include most normal medical, dental and vision expenses such as:

- Doctor visits
- Prescription drugs
- Dental services
- Vision care (including contact lenses, glasses and Lasik surgery)

View a complete list of eligible expenses on the www.insuranceisboring.com website

Note: Accounts not opened within 90 days of enrollment effective date will not receive match for the time period when the account was not open/active.

Benefits Paid by You and LifeCare

» DENTAL

LifeCare Offers two dental plans, as well as optional orthodontic coverage. View the chart below to compare the plan options.

	Cigna DPPO	Cigna DHMO
Annual Deductible	\$50 Individual \$150 per family	None
Annual Benefit Maximum	\$2,000	No maximum
Lifetime Orthodontics Benefit Maximum / person	\$2,000 *Only if Ortho elected	No maximum
Cleaning & Exams	100%	100%
Basic Dental Procedures	80%	Costs vary depending on service
Major Dental Procedures	50%	Costs vary depending on service
	May select: Basic DPPO or DPPO with Ortho	Must select an in-network primary care dentist prior to obtaining services

» VISION

LifeCare offers vision insurance through MetLife - VSP. The chart below outlines the plan coverage.

	Benefits In-Network
Eye Exam - once every 12 months	\$10 copay
Retinal imaging	\$39 copay
Lenses - once every 12 months	\$25 copay \$150 allowance
Frames - once every 12 months	\$25 copay \$150 allowance
Contact lenses - b	\$25 copay \$150 allowance
Laser Vision Correction	Discounted Services Available
	Must select an in-network primary care dentist prior to obtaining services

For more details, or to see Out-of-Network benefits for Dental and Vision, please review the Summary of Benefits and Coverage documents available in the Benefits section of www.insuranceisboring.com.

Things to Know

» Spousal Surcharge

Hospital and support center associates who enroll a spouse in a LifeCare medical plan may be required to complete a spousal surcharge verification form. If an associate's spouse is eligible for other employer-sponsored health care coverage (not including Medicare), the associate will be required to pay a \$50 surcharge per pay period. Associates must complete the spousal verification form if they attest that their spouse is not eligible for other coverage. This form is due within 30 days of an associate's benefit effective date, and by December 15th each year during annual enrollment. Associates who do not complete this form on time will be assessed the surcharge.

Benefits Available at Additional Cost

» EMPLOYEE LIFE AND AD&D INSURANCE

1.5X annual base pay rounded to the next \$10,000; \$500,000 max*

» SPOUSE LIFE AND AD&D INSURANCE

You may elect coverage for your spouse in \$10,000 increments to a maximum of either \$250,000 or 100% of your optional Life and AD&D coverage**

» CHILD LIFE AND AD&D INSURANCE

Child life insurance is available for unmarried children ages 14 days to 18 years, 19- 26 years primarily supported by you and 19+ years primarily supported by you and incapable of self-support due to a mental or physical handicap.

You may elect coverage of \$10,000 per child over 6 months or \$1,000 for children ages 14 days to 6 months.

» SHORT-TERM DISABILITY PLAN

Short-term disability coverage is available at 66.67% of weekly base pay up to a maximum of \$1,000 per week++. Benefit will begin on the first day of an accident or after a seven-day elimination period for illness. If approved, you may receive the benefit for up to 13 weeks.

If your annual base salary exceeds \$77,000, you will have the opportunity to purchase additional coverage up to a weekly benefit of \$2,500.

» LONG-TERM DISABILITY PLAN

Long-term disability coverage is available at 40% of your annual base pay up to a maximum of \$5,000 per month. Buy-up long-term disability coverage available at 20% of annual base pay (for a total of 60%) to a maximum benefit of \$7,500.

*Benefits reduced to 65% at age 65 and 50% at age 70

+ Evidence of insurability is required for any new hire who elects Optional Employee Life and AD&D in an amount over the guaranteed issue amount of \$150,000 or for any associate who adds any amount during the year

**Evidence of insurability is required for Optional Spouse Life and AD&D if coverage is over the guaranteed issue amount of \$30,000 or for any amount added during the year

++ All associates enrolled in coverage will be subject to pre-existing condition limitations (PCL). There is a three-month look back period from the effective date. Once the policy is in place for 12 months, PCL will not apply.

» FLEXIBLE SPENDING ACCOUNTS (Jan 1, 2020)

HEALTH CARE FSA

Contribute up to \$2,650 pretax via payroll deduction for eligible health care expenses for you and your family. To file a claim, call **888-345-7990** or visit **myflexaccount.com**.

DEPENDENT CARE FSA

Contribute up to \$5,000 pretax via payroll deduction per family to cover eligible dependent care expenses.

Note: If you are enrolled in an HSA medical plan, you cannot contribute to a health care FSA. At the end of the year you will lose any unused money contributed to a health care or dependent care FSA.

» METLIFE BENEFITS (Jan 1, 2020)

METLAW HYATT LEGAL PLAN

Receive fully covered service for frequently needed legal matters including wills, trusts, house closings and personal legal problems.

METLIFE AUTO/HOME

Personal insurance coverage available for auto, home, boat, condo, motor home and renter's insurance. Up to a 20% discount available.

For more details on all available MetLife Benefits, please view the Benefits section of www.insuranceisboring.com.

» COLONIAL BENEFITS (Coming Soon)

GROUP HOSPITAL CONFINEMENT INDEMNITY INSURANCE

An indemnity plan to help cover out of pocket expenses associated with a covered hospital stay, outpatient surgeries, diagnostic procedures and health screenings.

GROUP ACCIDENT

An indemnity plan to help with the out-of-pocket medical and non-medical expenses associated with an accident.

GROUP SPECIFIC DISEASE

A critical illness and cancer policy that provides both lump-sum and monthly benefits for extended treatment of cancer. This plan is HSA compliant and portable.

DISABILITY 1000 (PRN AND PART TIME ASSOCIATES ONLY)

An individual short-term disability plan that provides coverage for off-job accidents and sickness by replacing a portion of your income - includes a partial disability benefit, portability, worldwide coverage and a waiver of premium.

Wellness

» PHYSICAL WELLNESS

CIGNA 24-HOUR NURSE LINE

When it's in the middle of the night, and you or a loved one is hurt or sick.... When you can't wait for a doctor's appointment.... When you are unsure if you should seek medical care.... Talk with a nurse. They're here for you and can help you decide what kind of care is necessary. Contact toll-free at **800-244-6224**, 24/7/365.

CIGNA HEALTHY REWARDS

Start saving today with Cigna Healthy Rewards! Simply use your medical insurance ID card when you pay and let the savings begin. Through this program, users get discounts on the health products and programs you use every day for weight management and nutrition, fitness, mind/body, vision and hearing care, alternative medicine, and a healthy lifestyle. To start saving, visit **mycigna.com** or call **800-870-3470** for more information.

CIGNA YOUR HEALTH FIRST

A disease management program through Cigna, this program allows for those with chronic health conditions to connect with a dedicated contact. A health advocate may contact you to get this started, or you can call at any time. This program will help you manage your chronic health condition, follow a personal care plan, identify health risks that affect your condition, improve your lifestyle through coping with stress, quitting tobacco use, maintaining good eating habits, or managing or losing weight. For more information, contact Cigna directly at **1-800-244-6224**.

CIGNA HEALTHY PREGNANCY HEALTHY BABIES

Seek support by speaking with a maternity nurse starting in your first or second trimester, as well as after your baby is born. You could be eligible for a gift card up to \$150. For more information, contact Cigna directly at **1-800-244-6224**.

TELEHEALTH

Visits with AmWell and MDLive can be a cost-effective alternative to a convenience care clinic, urgent care center, or an emergency room visit. See page 9 for more information.

» MENTAL AND EMOTIONAL WELLNESS

EMPLOYEE ASSISTANCE RESOURCES

LifeCare understands that when personal problems arise, many choose to cope alone, which can result in negative consequences both at home and at the workplace. This is why LifeCare teamed up with Cigna Behavioral Health to offer associates an easy and convenient way to find the help they need. Whether it's an emotional, legal, or financial issue, these resources can provide support and solutions. You may access the Cigna Life Assistance Program at **800.538.3543** or visit www.CignaLAP.com.

» FINANCIAL WELLNESS

TUITION ASSISTANCE

Tuition assistance is available to Full-time LifeCare associates with at least six months of service who wish to pursue advanced education. For more information, speak with your local HR Business Partner.

401(K) (Available for Rollover prior to Jan 1, 2020)

Mass Mutual is the administrator for LifeCare's 401(k) savings plan. Through the plan, you have the flexibility to select from investment options that range from more conservative to more aggressive, making it easy for you to develop a well-diversified investment portfolio. LifeCare periodically reviews the 401(k) plan to ensure the fund lineup is performing to the standards defined in LifeCare's investment policy.

Mass Mutual provides online transactions, portfolio review, investment research, links to educational resources and services, and online statements.

PLAN PROVISIONS

- » To participate, associates must be at least age 21, classified as Full-time or Part-time, and have completed two months of service with LifeCare
- » PRN associates age 21 or older, with at least 12 months of service and who worked at least 1,000 hours during that period are also eligible to participate in the plan
- » **New hires are auto-enrolled at a 3% pre-tax contribution rate** directed to one of the Blackrock IndexSelect Moderate fund. New hires are also enrolled in the Automatic Increase Program, which automatically increases the amount you defer by 1% annual (to a maximum of 6%)
- » To make changes to the items above, to increase or decrease deferral percentages, change investments or opt out of the plan, contact Mass Mutual directly at **800-854-0647**.

VESTING SCHEDULE

Associates are immediately 100% vested in their own contributions to the LifeCare 401(k) plan, plus any earnings, and become vested in the employer's contributions according to the schedule effective 1/1/2020.

Years of Service	Vested Percentage
0-2 Years	0%
3 Years	33.33%
4 Years	66.67%
5 Years	100%

Regulatory Information

Date: October 1, 2019
Name of Entity: LifeCare 2.0 Management Services, LLC
Contact: Human Resources
Address: 15305 Dallas Parkway Suite 1000
Addison, TX 75001
Phone: Contact HR

WOMEN'S HEALTH AND CANCER RIGHTS ACT

The Women's Health and Cancer Rights Act of 1998 was signed into law on October 21, 1998. The Act requires that all group health plans providing medical and surgical benefits with respect to a mastectomy must provide coverage for all of the following:

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

This coverage will be provided in consultation with the attending physician and the patient and will be subject to the same annual deductibles and coinsurance provisions which apply for the mastectomy. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description or contact Human Resources at **866.707.7797**.

HIPAA PRIVACY AND SECURITY

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. The Notice of Privacy Practices has been recently updated. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at contact your HR representative.

HIPAA SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and 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 dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources.

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.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

SUMMARIES OF BENEFITS AND COVERAGE

As part of the Affordable Care Act (ACA), Summaries of Benefits and Coverage (SBCs) were created to provide easy-to-understand descriptions of the medical plan coverage available to you. They are designed to help you better understand, compare and evaluate your medical plan choices.

You may find the SBCs for your medical plan choices as well as a helpful Glossary of Health Coverage and Medical Terms during your enrollment window at Paycom.com.