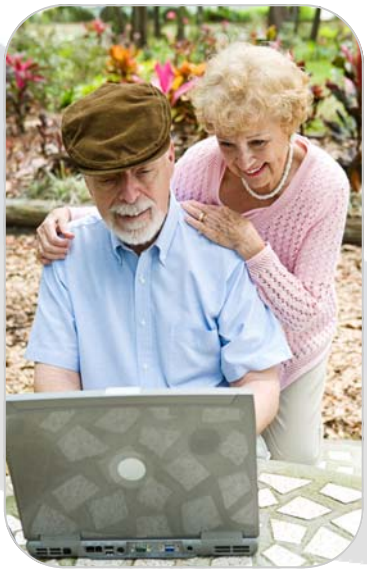
Capital Health Group, LLC

2014 EMPLOYEE BENEFIT GUIDE



Hamilton Insurance Agency

Important Information about this book

Please Note: **This guide provides a summary of employee benefits available. Capital Health Group, LLC reserves the right to modify, amend, suspend, or terminate any plan at any time, and for any reason without prior notification. You will be notified of any changes to these plans and how they affect your benefits, if at all. The plans described in this guide are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make the explanations of the plans in this guide as accurate as possible. However, should there be a discrepancy between this guide and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of these plans, since the written provisions in the insurance contracts or plan documents will always govern.**

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Atrium at Serenity Pointe

Mission Lodge

CHG Management, LLC

ELIGIBILITY

You are eligible to participate in the Capital Health Group, LLC benefit plans if you are a full-time employee working an average of 32 hours per week. Part-time employees working 20+ hours a week are eligible for dental and vision. Your eligibility will be as follows:

- First of the month following 60 days of hire.

Family members eligible to participate are:

- The spouse of an eligible employee.
- Child(ren) of an eligible employee, up to age 26 for medical, dental and vision regardless of marital or student status. Eligible employee's dependent children are children by birth or adoption, and children of the eligible employee's spouse beginning when the employee has a legal responsibility for the child.

BENEFITS ELIGIBLE FOR SECTION 125 CAFETERIA PLAN

You are eligible to participate in Capital Health Group, LLC Section 125 Cafeteria Plan. The plan allows you to pay your premiums for qualified insurance plans on pre-tax basis, which can reduce your total taxable income and possibly increase your take-home income.

BENEFITS ELIGIBLE FOR SECTION 125 CAFETERIA PLAN

- Major Medical Insurance
- Dental Insurance
- Vision Insurance
- Cancer and Critical Illness
- Accident

GROUP PLANS

A group plan is a single policy covering a group of individuals. Group benefits provided by Capital Health Group, LLC include:

- Major Medical Insurance
- Dental Insurance
- Vision Insurance
- Group Term Life Insurance

INDIVIDUAL PLANS

An individual plan is owned by the employee and premiums are based on individual assessment and are subject to review and approval by the provider company. Individual benefits include:

- Permanent Life Insurance
- Short Term Disability
- Accident Indemnity
- Cancer and Critical Illness

CANCELING YOUR BENEFITS

During the plan year 1/1/2014 - 12/31/2014 please refer to the chart below to determine if you will be permitted to cancel a benefit for which you are enrolled. Please see page 13 for additional details.

CHANGING YOUR BENEFITS

You may be permitted to change or cancel your elections for benefits throughout the year if you have one of the following **Qualifying Events**:

- Loss of group coverage
- Birth of child (You must contact your HR within 31 days of birth to enroll this child, as he/she is only automatically covered for the first 31 days immediately following birth.)
- Open enrollment of a spouse
- A court order requires that your child receive health coverage under this plan or a former spouse's plan
- You, your spouse or dependent becomes entitled to Medicare or Medicaid
- Marriage, divorce, adoption of a child, or death
- There is a significant change in the health coverage of you or your spouse attributable to changes in cost or coverage. (Example: Court order)

You have 30 days from the date of event to submit your changes in to Capital Health Group, LLC.

Benefit	Qualifying Event Only	Without Qualifying Event	With or Without Qualifying Event
Medical	Cancelable	Non-Cancelable	
Dental	Cancelable	Non-Cancelable	
Vision	Cancelable	Non-Cancelable	
Group Life			Non-Cancelable
Permanent Life			Cancelable
Aflac— Short Term Disability			Cancelable
Aflac— Critical Illness	Cancelable	Non-Cancelable	
Aflac— Accident Indemnity	Cancelable	Non-Cancelable	

Aetna
Health Network Only (HMO) Medical Highlights

A Word About Your Benefits

Health Plan Benefits:

Your health plan generally provides benefits for behavioral health services. However, the types of services and coverage amounts can vary from policy to policy. Please check your benefits to understand what is available under your policy.

Employee Assistance Programs (EAP):

Your employer may offer you a benefit which often includes the availability of counseling services at no cost to you. EAP is a separate and distinct product from the mental health/chemical dependency benefits included in Aetna's health plans. The behavioral health services provided under the Aetna medical benefits are focused on acute and chronic mental health and substance abuse issues that impact a member's ability to function effectively. EAP services focus on work and life situations that are acute in nature and can be addressed through short-term interventions.

Services	In-Network
Annual Deductible	Individual: $1,000 Family: $2,000
Annual Out-of-Pocket Maximum Amount	Individual: $2,000 Family: $4,000
Services	
Primary Care Visit to treat an injury or illness	$25 copay per visit; deductible waived
Specialist Visit	$40 copay per visit; deductible waived
Other Practitioner Office Visit	$40 copay per visit
Preventive Care / Screening / Immunizations	No charge; deductible waived
Diagnostic Test (x ray, blood work)	Laboratory: No charge X-Ray: $40 copay per visit
Imaging (CT / PET scans, MRIs)	$100 copay per visit
Outpatient Surgery	
Facility Fee (e.g. ambulatory surgery center)	$250 copay per visit
Physician/Surgeon Fees	No charge
Emergency Services	
Emergency Room Services	$200 copay per visit; deductible waived
Emergency Medical Transportation	No charge
Urgent Care	$50 copay per visit; deductible waived
Hospital Stay	
Facility Fee (e.g., hospital room)	$250 copay per admission
Physician / Surgeon Fee	No charge
Mental / Behavioral Health	
Mental / Behavioral Health - Outpatient	$40 copay per visit; deductible waived
Mental / Behavioral Health - Inpatient	$250 copay per admission
Substance Use Disorder - Outpatient	$40 copay per visit; deductible waived
Substance Use Disorder - Inpatient	$250 copay per admission

You must pay all of the costs up to the deductible amount before this plan begins to pay for covered services you use.

Coinsurance is your share of the costs of a covered service, calculated as a percent of the allowed amount for the service. For example, if the plan's allowed amount for an overnight hospital stay is $1,000, your coinsurance payment of 20% would be $200. This may change if you haven't met your deductible.

Prescription Information

Specialty CareRx: First prescription for a speciality drug must be filled at a participating retail pharmacy or Aetna Specialty Pharmacy. Subsequent fills must be through Aetna Specialty Pharmacy.

No Mandatory Generic (No MG): Member is responsible to pay the applicable copay only.

Plan Includes: Diabetic supplies, contraceptive drugs and devices obtainable from a pharmacy.

Precertification included with 90 day Transition of Care (TOC).

Services	In-Network
Maternity	
Prenatal and Postnatal Care	Prenatal: No charge; deductible waived Postnatal: $25 copay per visit; deductible waived
Delivery and All Inpatient Services	$250 copay per admission
Special Health Needs	
Home Health Care	No charge
Rehabilitation Services	$40 copay per visit
Habilitation Services	$40 copay per visit
Skilled Nursing Care	$250 copay per admission
Durable Medical Equipment	No charge
Hospice Service	Inpatient: $250 copay per admission Outpatient: No charge
Other Services	
Eye Exam	No charge; deductible waived
Glasses	Not covered
Dental Check-up	Not covered
Prescription	
Generic Drugs	$10 copay / prescription (retail); $20 copay / prescription (mail order)
Preferred Brand Drugs	$30 copay / prescription (retail); $60 copay / prescription (mail order)
Non-Preferred Brand Drugs	$60 copay / prescription (retail); $120 copay / prescription (mail order)
Specialty	$10 copay / prescription (generic) $30 copay / prescription (preferred); $60 copay / prescription (non-preferred)

NOTE: Health Network Only (HMO) is not available for the following facilities

- **Brookridge Heights Assisted Living**
- **Cherry Park**
- **Curry House**
- **Gardenview (Calumet Operating)**
- **Northridge Pines**
- **Atrium at Serenity Pointe**

For complete benefit details including exclusion and limitations, please see HR.

Healthier Living

Visit www.aetna.com to access a rich source of information for a healthier lifestyle.

- Getting Fit
- Health Eating
- Stress & Mental Health
- Women's Health
- Men's Health
- Children's Health
- Dental Health
- Healthy Aging

Aetna InteliHealth® – The Trusted Source®: Visit this source of articles, tools and expert advice to help you lead a healthier life. Aetna InteliHealth is produced in cooperation with Harvard Medical School.

Aetna SmartSource℠: Resources at your fingertips: Aetna's cutting-edge search engine pulls it all together for you. Just enter a disease or condition. You'll get medical facts, doctors near you, tests, cost estimates and more.

Simple Steps To Better Dental Health®: Explore a broad range of topics and tools to help keep your teeth and gums healthy. And it's all reviewed by faculty members at Columbia University College of Dental Medicine.

Important health care topics for you:

- Facts about the flu
- Keep your medical identity safe
- Screenings and preventive care
- Finding "Dr. Right"
- Advance directives

Services	In-Network	Out-of-Network
Annual Deductible	Individual: $1,000 Family: $2,000	Individual: $2,000 Family: $4,000
Annual Out-of-Pocket Maximum Amount	Individual: $2,000 Family: $4,000	Individual: $4,000 Family: $8,000
Services		
Primary Care Visit to treat an injury or illness	$30 copay per visit; deductible waived	40% coinsurance
Specialist Visit	$50 copay per visit; deductible waived	40% coinsurance
Other Practitioner Office Visit	$50 copay per visit; deductible waived	40% coinsurance
Preventive Care / Screening / Immunizations	No charge; deductible waived	40% coinsurance
Diagnostic Test (x ray, blood work)	20% coinsurance	40% coinsurance
Imaging (CT / PET scans, MRIs)	20% coinsurance	40% coinsurance
Outpatient Surgery		
Facility Fee (e.g. ambulatory surgery center)	20% coinsurance	40% coinsurance
Physician/Surgeon Fees	20% coinsurance	40% coinsurance
Emergency Services		
Emergency Room Services	$200 copay per visit; deductible waived	$200 copay per visit; deductible waived
Emergency Medical Transportation	20% coinsurance	20% coinsurance
Urgent Care	$50 copay per visit; deductible waived	40% coinsurance
Hospital Stay		
Facility Fee (e.g., hospital room)	20% coinsurance	40% coinsurance
Physician / Surgeon Fee	20% coinsurance	40% coinsurance
Mental / Behavioral Health		
Mental / Behavioral Health - Outpatient	$50 copay per visit; deductible waived	40% coinsurance
Mental / Behavioral Health - Inpatient	20% coinsurance	40% coinsurance
Substance Use Disorder - Outpatient	$50 copay per visit; deductible waived	40% coinsurance
Substance Use Disorder - Inpatient	20% coinsurance	40% coinsurance

You must pay all of the costs up to the deductible amount before this plan begins to pay for covered services you use.

Coinsurance is your share of the costs of a covered service, calculated as a percent of the allowed amount for the service. For example, if the plan's allowed amount for an overnight hospital stay is $1,000, your coinsurance payment of 20% would be $200. This may change if you haven't met your deductible.

Frequently Asked Questions

What is the benefit of seeking care from an in-network vs. an out-of-network practitioner?

The benefit of using in-network practitioners is that your overall out-of-pocket expenses will generally be lower. Aetna recommends that you review your specific benefits plan design carefully to see how in-network compare to out-of-network costs.

What is covered, and how do I find out?

To find out what is covered under your benefits plan, access your plan documents. These describe the services under your selected benefits plan. You can also visit Aetna Navigator's online tools which can provide information about your plan's benefit structure, claims information, and more. Access Aetna Navigator via www.Aetna.com.

Services	In-Network	Out-of-Network
Maternity		
Prenatal and Postnatal Care	Prenatal: No charge; Postnatal: $50 copay per visit; deductible waived	40% coinsurance
Delivery and All Inpatient Services	20% coinsurance	40% coinsurance
Special Health Needs		
Home Health Care	20% coinsurance	40% coinsurance
Rehabilitation Services	20% coinsurance	40% coinsurance
Habilitation Services	$50 copay per visit; deductible waived	40% coinsurance
Skilled Nursing Care	20% coinsurance	40% coinsurance
Durable Medical Equipment	20% coinsurance	40% coinsurance
Hospice Service	20% coinsurance	40% coinsurance
Other Services		
Eye Exam	No charge; deductible waived	40% coinsurance
Glasses	Not covered	Not covered
Dental Check-up	Not covered	Not covered
Prescription		
Generic Drugs	$10 copay / prescription (retail); $20 copay / prescription (mail order)	40% coinsurance after $10 copay / prescription (retail)
Preferred Brand Drugs	$30 copay / prescription (retail); $60 copay / prescription (mail order)	40% coinsurance after $30 copay / prescription (retail)
Non-Preferred Brand Drugs	$60 copay / prescription (retail); $120 copay / prescription (mail order)	40% coinsurance after $60 copay / prescription (retail)
Specialty	$10 copay / prescription (generic) $30 copay / prescription (preferred); $60 copay / prescription (non-preferred)	Not covered

For complete benefit details including exclusion and limitations, please see HR.

Aetna
Dental PPO MAX Highlights

Other Important Information

This Aetna Dental® Preferred Provider Organization (PPO) MAX benefits summary is provided by Aetna Life Insurance Company for some of the more frequently performed dental procedures. Under the Dental Preferred Provider Organization (PPO) MAX plan, you may choose at the time of service either a PPO participating dentist or any non-participating dentist. With the PPO MAX plan, savings are possible because the participating dentists have agreed to provide care for covered services at negotiated rates. Non-Participating coverage is limited to a maximum allowable charge (MAX) of the plan's payment, which is based on the contracted maximum fee for participating providers in the particular geographic area.

Emergency Dental Care

If you need emergency dental care for the palliative treatment (pain relieving, stabilizing) of a dental emergency, you are covered 24 hours a day, 7 days a week.

When emergency services are provided by a participating PPO dentist, your copayment/coinsurance amount will be based on a negotiated fee schedule. When emergency services are provided by a non-participating dentist, you will be responsible for the difference between the plan payment and the dentist's usual charge. Refer to your plan documents for details. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.

Services	Participating	Non-Participating
Annual Deductible (Applies to Basic & Major services only)	Individual: $50 Family: $150	
Annual Benefit Maximum	$1,500	$1,500
Office Visit Copay	N/A	N/A
Preventive		
Oral Exams (a) Cleanings (a) Adult/Child Fluoride (a) Sealants—permanent molars only (a) Full mouth series X-rays (a) Space Maintainers Bitewing X-rays (a)	100%	100%
Basic		
Root canal therapy (Anterior teeth / Bicuspid teeth) Root canal therapy, molar teeth Scaling and root planning (a) Gingivectomy Amalgam (silver) fillings Composite fillings Stainless steel crowns Incision and drainage of abscess Uncomplicated extractions Surgical removal of erupted tooth Surgical removal of impacted tooth (soft tissue) Osseous surgery (a) Surgical removal of impacted tooth (partial bony / full bony) General anesthesia / intravenous sedation Crown Lengthening	80%	80%
Major		
Inlays Onlays Crowns Full & partial dentures Pontics Denture repairs Crown Build-Ups Implants	50%	50%
Orthodontics**		
Orthodontics Coinsurance	50%	50%
Orthodontics Deductible	None	None
Orthodontics Lifetime Annual Maximum	$1,000	$1,000

****** Orthodontia is covered only for children (appliance must be placed prior to age 20).
(a) Frequency and/or age limitations may apply to these services.

For complete benefit details including exclusion and limitations, please see HR.

Frequency Limitations—Are there restrictions to how often a service can be performed?

Yes, there are certain services under your plan that will have a frequency limitation. As an example, standard plans include frequency limitations for the following procedures:

PPO

- Cleanings – 2 per calendar year
- Exams – Routine: 2 per year/Problem focused: 2 per year
- Fluoride treatment – 1 per year for children under age 16
- Bitewing X-rays – one set per calendar year
- Full mouth X-rays – one set every 3 rolling years
- Sealants – 1 per tooth every 3 rolling years under age 16; permanent molars only
- Scaling and root planing – 4 separate quadrants every 2 rolling years
- Periodontal maintenance – 2 per calendar year following active therapy
- Gingivectomy – 1 per quadrant or site every 3 rolling years
- Osseous surgery - 1 per quadrant every 3 rolling years
- Space maintainers – no age limit (covered for premature loss of primary teeth only)
- Denture, crown, inlays & onlays replacement – must be at least 8 years old

Please see your plan document or contact Customer Service for details.

Predetermination—How will I know if the treatment I need will be covered?

The easiest way is to have your dentist send a pretreatment estimate (predetermination). This will let both you and the dentist know what the benefit would be if the service were done. You and your dentist may also call Customer Service at the number on your ID card for general information about your dental coverage.

Finding Participating Dentists—How do I find a dentist?

Find a network dentist on our DocFind® online directory. Search for a dentist by name, specialty, zip code or miles you are willing to travel. You can search by city and state, or county and state. You'll even find maps and directions to your dentist's office. Find the link to the online directory ("Find a Doctor") under the shortcuts tab right on the Aetna home page (www.aetna.com).

No computer? No problem! After you enroll, you can call the Customer Service toll free number located on the back of your insurance card for answers. Experienced staff is ready to help!

Aetna
Vision Preferred Highlights

Find an Eye Doctor or Retailer Near You!

You can look up independent vision care providers and local retailers that participate in Aetna's network. Visit www.aetnavision.com and click on "Locate a Provider."

You can also visit any licensed eye care provider outside of the network, but you'll generally pay less out of pocket if you stay in the network. Network providers will also submit the claim for you!

Go Practically Anywhere for Eye Care!

Choose from more than 50,000 vision offices and retailers, including these popular chains:

- LensCrafters
- Pearle Vision
- Sears Optical
- Target Optical
- JCPenney Optical

Services	In-Network	Out-of-Network
Exam		
Use your Exam coverage once every rolling 12 months		
Routine / Comprehensive Eye Exam	$10 copay	$25 Reimbursement
Standard Contact Lens Fit / Follow-up	Member pays discounted fee of $40	Not covered
Premium Contact Lens Fit / Follow-up	Member pays 90% of retail	Not covered
Eyeglass Lenses / Lens Options		
*Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses **OR** 1 order of contact lenses*		
Single Vision Lenses	$25 copay	$10 Reimbursement
Bifocal Vision Lenses	$25 copay	$25 Reimbursement
Trifocal Vision Lenses	$25 copay	$55 Reimbursement
Lenticular Vision Lenses	$25 copay	$55 Reimbursement
Standard Progressive Vision Lenses	$90 copay	$25 Reimbursement
Premium Progressive Vision Lenses	20% discount off retail minus $120 plan allowance plus $90 copay = Member Out-of-Pocket	$25 Reimbursement
UV Treatment	Member pays discounted fee of $15	Not covered
Tint (Solid and Gradient)	Member pays discounted fee of $15	Not covered
Standard Plastic Scratch Coating	$0 copay	$15 Reimbursement
Standard Polycarbonate Lenses—Adult	Member pays discounted fee of $40	Not covered
Standard Polycarbonate Lenses—Children to age 19	$0 copay	$35 Reimbursement
Standard Anti-Reflective Coating	Member pays discounted fee of $45	Not covered
Polarized	Member pays 80% of retail	Not covered
Contact Lenses		
*Use your Lens coverage once every rolling 12 months to purchase either 1 pair of eyeglass lenses **OR** 1 order of contact lenses*		
Conventional Contact Lenses	$130 Allowance** Additional 15% off balance over allowance	$90 Reimbursement
Disposable Contact Lenses	$130 Allowance	$90 Reimbursement
Medically Necessary Contact Lenses	$0 copay	$200 Reimbursement
Frames		
Use your Frame coverage once every rolling 24 months		
Any Frame available, including frames for prescription sunglasses	$130 Allowance Additional 20% off balance over allowance	$65 Reimbursement
Discounts		
Discounts cannot be combined with any other discounts or promotional offers and may not be available on all brands.		
Additional pairs of eyeglasses or prescription sunglasses. (Discount applies to purchases made after the plan allowances have been exhausted.)	Up to a 40% Discount	No Discount
Non-covered items such as cleaning cloths and contact lens solution	20% Discount	
Lasik Laser Vision Correction or PRK from U.S. Laser Network only (Call 1-800-422-6600)	15% Discount off retail or 5% Discount off the promotional price	
Replacement Contact Lenses	Receive significant savings after your lens benefit has been exhausted on replacement contacts by ordering online. Visit aetnavision.com for details.	

****** Allowances are one-time use benefits. No remaining balances may be used. The plan does not provide a declining balance benefit.

For complete benefit details including exclusion and limitations, please see HR.

Group Life Insurance—Aetna*

Capital Health Group, LLC provides for all active full-time employees working 32 or more hours per week and company paid life insurance. The policy includes an accidental death and dismemberment benefit, as well as an accelerated death benefit. We encourage you to update your beneficiary annually.
***Symphony Square (Bala Cynwyd) and The Arbors at Buck Run (Ridgecrest) please see HR for additional information**

Employee Life Option - Boston Mutual Life Insurance Company

- Interest Sensitive Endowment at 95 policy with guaranteed values with the added advantages of cash accumulations at current interest rates.
- Generous guarantee issue amounts for all eligible employees.
- Flexibility to cover the employee, spouse, children and grandchildren. You don't have to insure yourself to cover other family members.
- Premiums are guaranteed for the life of the policy.
- Policy is portable should the employee leave his/her employer.
- Optional Riders include Children's Term Rider, Accidental Death Benefit, Payor Waiver of Premium, Level Term Rider and a Catastrophic Loss Rider *(based on Loss of Activities of Daily Living - ADL's).*
- Tobacco/Non-Tobacco rates and blended rates available.

Policy Series: END-95 (ESO)(9/00)

Aflac Supplemental Policies

Aflac policies are designed to pay directly to the employee at the time of an accident or illness (depending on the policy) to help the policyholder avoid financial hardships and have money to pay their everyday bills and expenses. Aflac policies can be continued on a direct basis *at the same rates* should you no longer work at Capital Health Group, LLC. Benefits are paid directly to the employee. For Customer Service please call: 1(800) 992-3522.

Short Term Disability Insurance
Short term disability coverage is designed to provide, to persons insured, coverage for disabilities resulting from a covered accident or sickness, subject to any limitations set forth in the policy as a result of an off-the-job injury. Benefits are subject to limitations and exclusions, pre-existing condition limitations, and other policy terms.

Accident Indemnity
Accident insurance provides coverage for accidents on or off the job—24/7 coverage. Cash benefits are paid directly to you for hospital admission and confinement, paralysis, major injuries (such as fracture and dislocations), specific injuries (such as ruptured disc, concussion, lacerations, burns, emergency dental work, and other miscellaneous benefits such as physical therapy, ambulance, accidental follow-up treatment. The policy includes $45,000 Accidental Death Life Insurance.

Cancer and Critical Illness
A cancer and critical illness policy helps prepare you for the added costs of battling a specific critical illness and provides benefits to help with the cost of cancer. Employee benefit amount up to $5,000 for cancer (internal or invasive), heart attack, stroke, major organ transplant, renal failure, carcinoma in situ, and coronary artery bypass surgery.

Employee Deductions
Per Pay Period

MEDICAL** *Bi-Weekly*						DEDUCTION AMOUNTS
AETNA	Employee	Employee + Spouse	Employee + Child	Employee + Children	Family	
HEALTH NETWORK ONLY	$58.88	$282.61	$247.29	$247.29	$400.37	
OPEN ACCESS MANAGED CHOICE	$85.80	$347.22	$303.81	$303.81	$491.88	$_____
DENTAL *Bi-Weekly*						
AETNA	Employee	Employee + Spouse	Employee + Child	Employee + Children	Family	
PPO MAX	$14.07	$27.18	$31.85	$31.85	$44.96	$_____
VISION *Bi-Weekly*						
AETNA	Employee	Employee + Spouse	Employee + Child	Employee + Children	Family	
VISION PREFERRED	$2.97	$5.65	$5.95	$5.95	$8.75	$_____
PERMANENT LIFE *Bi-Weekly*						
BOSTON MUTUAL	TO ENROLL YOU MUST SEE AN HIA REPRESENTATIVE					$_____
SHORT TERM DISBILITY *Bi-Weekly*						
AFLAC	TO ENROLL YOU MUST SEE AN AFLAC REPRESENTATIVE					$_____
ACCIDENT *Bi-Weekly*						
AFLAC	TO ENROLL YOU MUST SEE AN AFLAC REPRESENTATIVE					$_____
CANCER AND CRITICAL ILLNESS *Bi-Weekly*						
AFLAC	TO ENROLL YOU MUST SEE AN AFLAC REPRESENTATIVE					$_____

TOTAL DEDUCTIONS PER PAY PERIOD: **$** _____

****California locations please refer to enrollment form.**

Benelink Enrollment

New Employees:

To access your Benefits, you will need to log onto the website www.BeneLinkConnect.com.

To enroll, you'll need to provide:

Your Personal Login ID Type "CAP" followed by the first initials of your first name and last name, followed by your full birth date (mmddyyyy) with no spaces in between. *(For example: If "Linda Test" was born on September 17, 1971, her ID would be "CAPLT09171971.")*

Your Personal Password If this is your first time going to your personal records, you'll need to create a temporary password by typing "CAP" followed by the last six digits of your Social Security Number. *(For example: If Linda Test's full SS number is 123-45-6789, the password is "CAP456789.") Passwords are case sensitive.*

Annual Open Enrollment:

Your benefits from 2013 have been rolled into the 2014 plan year. If you want changes to what you currently have, you must make the changes online. It is recommended that you go online and review your beneficiaries for your company paid group life insurance even if you are not enrolling in benefits.

When can I make changes in Benelink for Open Enrollment and how do I access?
Go to Benelink at www.BeneLinkConnect.com Monday, November 25, 2013 from 8:00 a.m. until 5:00 p.m. on Friday, December 6 EST.

To access your Benefits, you will need to log onto the website www.BeneLinkConnect.com.

To enroll, you'll need to provide:

Your Personal Login ID Type "CAP" followed by the first initials of your first name and last name, followed by your full birth date (mmddyyyy) with no spaces in between. *(For example: If "Linda Test" was born on September 17, 1971, her ID would be "CAPLT09171971.")*

Your Personal Password If this is your first time going to your personal records, you'll need to create a temporary password by typing "CAP" followed by the last six digits of your Social Security Number. *(For example: If Linda Test's full SS number is 123-45-6789, the password is "CAP456789.") Passwords are case sensitive.*

Benelink Online Open Enrollment Instructions:

- After accessing your account, Click "Begin Enrollment". Go through each page to confirm your personal information, dependents and beneficiaries are correct.
- To elect or waive your benefits, on the "Edit Benefit Election" Screen, click "Edit" next to the benefit you wish to elect/waive. Make the change and then "Save Changes".
- When you are finished making your selections, confirm by selecting "Go to Confirm", you will then electronically sign your Benefits Authorization.
- Your Confirmation Statement will then be displayed. Audit to make sure your elections are correct and print a copy for your records.

You're done!

Need Additional Resources?
Reference on your home page on www.BeneLinkConnect.com under
Benefit Documents
Product Resources
Forms
Carrier Links and Tools
Call: Benefit Service Center
1-855-363-0840
8:00 a.m. until 5:00 p.m. EST Monday through Friday

Benelink website: www.BeneLinkConnect.com
When to Access: Monday, November 18, 2013 from 8:00 a.m. until 5:00 p.m. on Friday, December 13.
Call: Benefit Service Center
1-855-363-0840
8:00 a.m. until 5:00 p.m. EST Monday through Friday

COBRA
Rights, Coverage and Rates

On April 7, 1986, a federal law was enacted (Public Law 99272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called “continuation of coverage”).

You have the right to choose this coverage for yourself and any other insured if you lose group health coverage for any of the following reasons:
1) Death
2) Termination or reduction of hours
3) Divorce or legal separation
4) Eligible for Medicare
Additionally, a dependent child is eligible when they cease to be a “dependent child”.

You will be notified of your rights under COBRA and will have 60 days to participate in this coverage. If your dependents become ineligible under your policy they may continue this coverage for 36 months. This also applies to divorce, separation, retirement, and death. As the employee, you may continue the coverage for 18 months, this may be extended for up to 29 months if you are deemed disabled by the Social Security Administration.

COBRA Coverage	
Qualifying Event for You	**Maximum COBRA Period**
Your termination of employment (except for termination for gross misconduct) or reduction of your hours to less than full-time.	You have the right to continue medical coverage for up to 18 months.
Qualifying Event for Your Spouse and Children	**Maximum COBRA Period**
Your termination of employment (except for termination for gross misconduct) or reduction of your hours to less than full-time.	Your covered dependents have the right to continue medical coverage for up to 18 months.
• Divorce (or legal separation) between you and your spouse, if it causes loss of coverage • You become entitled to Medicare, if it causes loss of coverage • Dependent child becomes eligible for coverage • Your death	Your covered dependents that would otherwise lose coverage have the right to continue medical coverage for up to 36 months.
Extension of COBRA Coverage	**Maximum COBRA Extension Period**
You or one of your covered dependents is determined by the Social Security Administration to be disabled within the first 60 days of an 18-month period of COBRA coverage.	COBRA may be extended from 18 months up to 29 months. You MUST provide the COBRA Administrator with a copy of the Social Security disability determination letter within 60 days of the date of the determination and before the end of the 18-month period.
A second qualifying event occurs within the 18 - 29 month period.	Your covered dependents may have the right to extend health care coverage for up to 36 months for the first qualifying event, if the COBRA administrator is notified within 60 days of the second qualifying event.

COBRA Rates

	Aetna Medical Health Network Only	Aetna Medical Open Access Managed Choice	Aetna Dental PPO Max	Aetna Vision Vision Preferred
Employee	$540.81	$583.31	$31.09	$6.57
Employee + Spouse	$1,297.93	$1,399.94	$60.08	$12.48
Employee + Child	$1,135.68	$1,224.93	$70.38	$13.15
Employee + Children	$1,135.68	$1,224.93	$70.38	$13.15
Family	$1,838.72	$1,983.23	$99.36	$19.33

Important Notice

Please note that if you have proof that you have made reasonable efforts to obtain the required applicable documentation within the respective timeframes set forth above, but have not yet obtained such documentation, you may be eligible for an exception which would extend the due date stated above. Exceptions are reviewed and granted on the merit of each case.

The following table summarizes how the "qualifying family status changes or special enrollment events" apply to your plan benefits.

Change in Status Event	Change in Medical Election Allowed
Change in marital status	Yes
Change in number of dependents	Yes
Change in employment status	Yes
During a leave of absence you may discontinue the benefit. When you return from the leave, you may re-enroll in the exact benefits you were enrolled in prior to the leave (unless you experience a Qualifying event)	Yes
Change in work schedule	Yes
Change in dependent's eligibility	Yes
Change in residence or worksite	Yes
Medicare or Medicaid entitlement	Yes
Significant change in cost of coverage	Yes
Gain or loss of other coverage (when loss is involuntary and beyond your control) or significant curtailment of coverage	Yes
Qualified Medical Child Support Order (QMCSO)	Yes

The following table summarizes the documents required for a qualifying family status change along with the deadlines for making coverage election changes.

Qualifying Family Status Change	Documentation Required	Form Deadline
Marriage	Marriage certificate	Within 31 days of marriage
Divorce or legal separation	Copy of divorce decree or copy of court documentation indicating legal separation	Within 31 days of divorce or legal separation
Birth, adoption, placement for adoption, or confirmation of legal guardianship of a child	Copy of birth certificate or documentation from the hospital or appropriate court document for adoption or legal guardianship.	Within 60 days from the date of birth, adoption or placement for adoption; or within 31 days of confirmation of legal guardianship or of returning to work from a leave of absence
Death of dependent	Copy of death certificate	Within 60 days of death
Dependent's gain or loss of employment	Letter from dependent's employer indicating spouse's hire date or termination date and type of coverage (i.e. employee and spouse) as applicable	Within 31 days of spouse gaining or losing employment
Dependent's employment status changes from part-time to full-time or full-time to part-time	Letter from dependent's employer indicate a change in employment status, effective date of the change and which family members (if any) have benefits coverage through dependent's employer	Within 31 days of status change
Significant change in health coverage for you or your spouse attributable to your spouse's employment	Letter from employer stating the specific health coverage change	Within 31 days of the change in health coverage
Dependent immigration/ deportation	ID page from passport, Visa stamp, Form 094 and deportation documentation	Within 31 days of entry into (or exit out of) the United States
Gain or loss (involuntary loss that is beyond your control) of other health coverage	Letter or documentation from other health coverage provider indicating the gain or loss of other coverage, type of coverage and effective date of change	Within 31 days of the effective date of the coverage change

Legal Notifications and Children's Health Insurance Program

Women's Health and Cancer Rights Act of 1998

As required by the Department of Labor and the Department of Health and Human Services, Capital Health Group, LLC is providing this notice about the Women's Health and Cancer Rights Act of 1998. This notice serves as the annual notice required by the Department of Labor. The Women's Health and Cancer Rights Act of 1998 provides certain benefits for mastectomy-related services. These benefits include coverage for:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prosthesis and physical complication for all stages of the mastectomy, including lymphedema

Newborns' and Mothers' Health Protections Act

As required by the Department of Labor, Capital Health Group, LLC is providing this notice about the Newborns' and Mothers' Health Protection Act. Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a Cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours as applicable).

Continuation of Coverage

Capital Health Group, LLC is required to notify all employees of their right to continue coverage of medical benefits under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) Law. This benefit is extended to employees and their eligible dependents at the time of a qualifying event.

Health Insurance Portability and Accountability Act (HIPAA)

Federal regulations describe how medical information about you may be used and disclosed and how you can get access to this information. For purposes of administering the plans, information may be shared between Capital Health Group, LLC and the plan administrators.

Medicaid and the Children's Health Insurance Program (CHIP)

Offers Free or Low-Cost Health Coverage To Children and Families

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan summaries. The following list of states is current as of March 3, 2010. You should contact your state for further information.

- **Florida**
  Medicaid & MiChild: http://www.floridakidcare.org
- **Maryland** - Medicaid: https://mmcp.dhmh.maryland.gov/
  1(800) 492-5231
  DHMH MCHP: https://mmcp.dhmh.maryland.gov/chp/
  1(800) 456-8900
- **Michigan**
  Medicaid & MiChild: http://www.michigan.gov/mdch/
- **Oregon**
  Medicaid & MiChild: http://www.oregon.gov/oha/healthplan/pages/app_benefits/schip.aspx
- **Pennsylvania**
  Medicaid & MiChild: http://www.chipcoverspakids.com

To see if any more States have added a premium assistance program since March 3, 2010, or for more information on special enrollment rights, you can contact either:

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

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

Company	Benefit	Phone Number and Web Site
Aetna	Medical	1(888) 802-3862 www.aetna.com
Aetna	Dental	1(877) 238-6200 www.aetna.com
Aetna	Vision	1(888) 802-3862 www.aetna.com
Aetna	Group Life Insurance	1(888) 802-3862 www.aetna.com
Boston Mutual	Permanent Life Insurance	1(877) 624-2249 www.bostonmutual.com
Aflac	Short Term Disability, Accident, Cancer and Critical Illness	1(800) 992-3522 www.aflac.com

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