2018

Employee Benefits Overview

INNOVATIVE HEALTH

At Innovative Health we value your contributions to our success and want to provide you with a benefits package that protects your health and helps your financial security, now and in the future. We continually look for valuable benefits that support your needs, whether you are single, married, raising a family, or thinking ahead to retirement. We are committed to giving you the resources you need to understand your options and how your choices could affect you financially.

This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

A list of plan contacts is included at the back of this guide.

Who Can You Cover?

WHO IS ELIGIBLE?

In general, Full-time employees working 30 or more hours per week are eligible for the benefits outlined in this overview. You can enroll the following family members in our medical, dental and vision plans.

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse.)
- Your children:
    - Under age 26 are eligible to enroll in medical coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
    - Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
    - Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

Please refer to the Summary Plan Description for complete details on how benefits eligibility is determined.

WHO IS NOT ELIGIBLE?

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings.
- Any individual who is covered as an employee of Innovative Health cannot also be covered as a dependent.
- Employees who work fewer than 30 hours per week, temporary employees, contract employees, or employees residing outside the United States.

ENROLLMENT PERIODS

Coverage for new full-time employees begins on the 1st of the month following date of hire. After that, Open Enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying life event. Notify Human Resources within 31 days if you have a qualifying life event and need to add or drop dependents outside of Open Enrollment. Life events include (but are not limited to):

- Birth or adoption of a baby or child
- Loss of other healthcare coverage
- Eligibility for new healthcare coverage
- Marriage or divorce.

Medical coverage provides you with benefits that help keep you healthy, like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition. Prescription drug coverage provides a benefit that is important to your overall health, whether you need a prescription for a short-term health issue like bronchitis or an ongoing condition like high blood pressure. Here are the prescription drug benefits that are included with our medical plans.

Medical

	Aetna Medical Extended PPO Plan	
	In-Network	Out-Of-Network
Annual Deductible	$1,000 per individual $2,000 family limit	$3,250 per individual $6,000 family limit
Annual Out-of-Pocket Max	$3,000 per individual $6,000 family limit	$7,500 per individual $15,000 family limit
Lifetime Max	Unlimited	Unlimited
Office Visit		
Primary Provider	$30 copay then plan pays 100%	plan pays 60% after deductible
Specialist	$60 copay then plan pays 100%	plan pays 60% after deductible
Preventive Services	plan pays 100%	plan pays 60% after deductible
Lab and X-ray	Complex plan pays imaging:80% after deductible; all others: plan pays 80%	plan pays 60% after deductible
Inpatient Hospitalization	plan pays 80% after deductible	plan pays 60% after deductible
Outpatient Surgery	plan pays 80% after deductible	plan pays 60% after deductible
Urgent Care	$75 copay then plan pays 100%	plan pays 60% after deductible
Emergency Room	$300 copay then plan pays 100% (copay waived if admitted)	$300 copay then plan pays 100% (copay waived if admitted)

Prescription Drugs

	Aetna Medical Extended PPO Plan	
	In-Network	Out-Of-Network
Pharmacy		
Generic	$20 copay then plan pays 100%	$20 copay then plan pays 70%
Preferred Brand	$40 copay then plan pays 100%	$40 copay then plan pays 70%
Non-preferred Brand	$70 copay then plan pays 100%	$70 copay then plan pays 70%
Supply Limit	30 days	30 days
Mail Order		
Generic	$40 copay then plan pays 100%	$40 copay then plan pays 70%
Preferred Brand	$80 copay then plan pays 100%	$80 copay then plan pays 70%
Non-preferred Brand	$140 copay then plan pays 100%	$140 copay then plan pays 70%
Supply Limit	90 days	90 days

Getting Care When You Need It Now

WHEN TO USE THE ER

The emergency room shouldn't be your first choice unless there's a true emergency—a serious or life threatening condition that requires immediate attention or treatment that is only available at a hospital.

WHEN TO USE URGENT CARE

Urgent care is for serious symptoms, pain, or conditions that require immediate medical attention but are not severe or life-threatening and do not require use of a hospital or ER. Urgent care conditions include, but are not limited to: earache, sore throat, rashes, sprains, flu, and fever up to 104°.

PREVENTIVE OR DIAGNOSTIC?

Preventive care is intended to prevent or detect illness before you notice any symptoms. Diagnostic care treats or diagnoses a problem after you have had symptoms.

Be sure to ask your doctor why a test or service is ordered. Many preventive services are covered at no out-of-pocket cost to you. The same test or service can be preventive, diagnostic, or routine care for a chronic health condition. Depending on why it's done, your share of the cost may change.

Whatever the reason, it's important to keep up with recommended health screenings to avoid more serious and costly health problems down the road.

WHEN YOU NEED CARE NOW

What do you do when you need care right away, but it's not an emergency? Use Aetna Teladoc, the first and largest provider of telehealth medical consults in the United States giving you 24/7/365 access to quality medical care through phone and video consults. Talk to a doctor anytime for $40 or less. Pay only your doctor visit copay (or deductible) for a Teladoc consult.

You can now connect with board-certified doctors via secure video chat or phone without ever leaving your home or office.

Choose When: Day or night, weekdays, weekends or holiday
Choose Where: Home, work or on the go
Choose How: Phone or Video Chat

Setting up your account is a quick and easy process online. Visit the Teladoc website and click "Set Up Account". The follow the online instructions to connect with a doctor to help with symptoms such as:

- Sore throat
- Headache
- Fever
- Cold and flu
- Allergies
- Rash
- Etc.

Register for one or both today so you will be ready to use Teladoc service when and where you need it!

Online: www.teledoc.com/Aetna

Phone: 1-855-Teladoc (835-2362)

Dental

Regular visits to your dentists can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease.

Innovative Health provides you with a comprehensive coverage through Delta Dental Insurance Company.

	Delta Dental PPO Plan	
	In-Network	Out-Of-Network
Calendar Year Deductible	$50 per individual $150 per family	$50 per individual (combined with in-network) $150 per family (combined with in-network)
Annual Plan Maximum	$1,000	$1,000 (combined with in-network)
Waiting Period	None	None
Diagnostic and Preventive	plan pays 100%	plan pays 100%
Basic Services		
Fillings	plan pays 80% after deductible (oral surgery: plan pays 80% or plan pays 50% after deductible, depending on the specific service)	plan pays 80% after deductible (oral surgery: plan pays 80% or plan pays 50% after deductible, depending on the specific service)
Root Canals	plan pays 80% after deductible	plan pays 80% after deductible
Periodontics	plan pays 80% after deductible	plan pays 80% after deductible
Major Services	plan pays 50% after deductible	plan pays 50% after deductible
Orthodontic Services		
Orthodontia	plan pays 50%	plan pays 50%
Lifetime Maximum	$1,000	$1,000 (combined with in-network)
Dependent Children	Covered from age 8 to age 19	Covered from age 8 to age 19
Full-time Students	Not covered	Not covered

Vision

Routine vision exams can not only correct vision, but also detect more serious health conditions. We give you the option to enroll in a vision plans offered by Delta Dental Insurance Company.

	Delta Dental Vision Plan	
	In-Network	Out-Of-Network
Examination		
Benefit	$10 copay then plan pays 100%	plan pays 100% (reimbursed up to $30)
Frequency	1 x every 12 months from last date of service	In-network limitations apply
Materials	$10 copay then plan pays 100%	plan pays 100% (see schedule below)
Eyeglass Lenses		
Single Vision Lens	plan pays 100% of basic lens (material copay applies)	Reimbursed up to $25
Bifocal Lens	plan pays 100% of basic lens (material copay applies)	Reimbursed up to $40
Trifocal Lens	plan pays 100% of basic lens (material copay applies)	Reimbursed up to $55
Frequency	1 x every 12 months from last date of service	In-network limitations apply
Frames		
Benefit	Up to $120 plus a plan pays 20% discount from the (copay waived) remaining balance	Reimbursed up to $60 (in-network limitations apply)
Frequency	1 x every 24 months from last date of service	In-network limitations apply
Contacts (Elective)		
Benefit	Up to $80 plus a plan pays 15% discount from the (copay waived) remaining balance	Reimbursed up to $64 (in-network limitations apply)
Frequency	1 x every 12 months from last date of service	In-network limitations apply

Life Insurance

If you have loved ones who depend on your income for support, having life and accidental death insurance can help protect your family's financial security and pay for large expenses such as housing and education, as well as day-to-day living expenses.

LIFE AND AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident. The cost of coverage is paid in full by the company. Coverage is provided by Reliance Standard Life Insurance Company.

Basic Life Amount	$50,000
Basic AD&D Amount	$50,000

VOLUNTARY LIFE

Voluntary Life Insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is provided by Reliance Standard Life Insurance Company.

Employee Voluntary Life Amount	Increments of $10,000 (minimum $10,000) up to $500,000
Spouse Voluntary Life Amount	Increments of $10,000 (minimum $10,000) up to $50,000
Child(ren) Voluntary Life Amount	14 days to 6 months: 6 months to age 26: $2,500, $5,000, $7,500 or $10,000 $1,000; up to $10,000

Beneficiary Reminder: Make sure that you have named a beneficiary for your life insurance benefit. It's important to know that many states require that a spouse be named as the beneficiary, unless they sign a waiver.

Evidence of Insurability: If you select a coverage amount above a certain limit, you will need to submit an Evidence of Insurability form with additional information about your health in order for the insurance company to approve this higher amount of coverage.

Taxes: A life insurance benefit of $50,000 or more is a taxable benefit. You will see the value of the benefit included in your taxable income on your paycheck and W-2.

Disability Insurance

If you become disabled and cannot work, your financial security may be at risk. Protecting your income stream can provide you and your family with peace of mind.

VOLUNTARY SHORT-TERM DISABILITY INSURANCE

Short-Term Disability (STD) coverage pays you a benefit if you temporarily can't work because of an injury, illness, or maternity leave. Benefits may be reduced by income from other income sources such as paid time off. Your doctor and the insurance company will work together to determine how long benefits are payable, based on your condition. Coverage is provided by Reliance Standard Life Insurance Company.

Weekly Benefit Amount	plan pays 60% of covered weekly earnings
Maximum Weekly Benefit	$1,000
Benefits Begin After:	
Accident	15th day of disability
Sickness	15th day of disability
Maximum Payment Period*	11 Weeks

*Maximum payment period is based on the first day you are disabled, not when benefits begin.

COMPANY PAID LONG-TERM INSURANCE

Long-Term Disability (LTD) coverage pays you a certain percentage of your income if you can't work because an injury or illness prevents you from performing any of your job functions over a long time. It's important to know that benefits are reduced by income from other benefits you might receive while disabled, like workers' compensation and Social Security. Coverage is provided by Reliance Standard Life Insurance Company.

Monthly Benefit Amount	plan pays 60% of covered monthly earnings
Maximum Monthly Benefit	$10,000
Benefits Begin After:	
Accident	90 days of disability
Sickness	90 days of disability
Maximum Payment Period*	SSNRA or Age 65 (changes based on disability date)

*The age at which the disability begins may affect the duration of the benefits.

There are two options for LTD insurance - you can choose that your benefit be either taxable or nontaxable. If you choose to pay taxes on the premium now, your benefit (should you ever need it) will be tax-free. Depending on your tax bracket, this could result in significantly more money to spend on your ongoing living expenses. Innovative Health will report the amount of your LTD premiums as taxable income on your W2 form. You can choose your LTD benefit option at open enrollment.

Other Programs

401(K)

Innovative Health provides employees with a Safe Harbor Non-Elective Contribution of 3% of eligible compensation in their 401k account, even if you do not make any 401 Elective Deferral Contributions. The Safe Harbor Non-Elective Contribution will be allocated as of the end of each payroll period ending within the Plan Year based on compensation within the computation period. In addition, this 3% employer contribution will be 100% vested for employees.

EMPLOYEE ASSISTANCE PROGRAM

There are times when everyone needs a little help or advice. The confidential Employee Assistance Program (EAP) through CuraLinc Healthcare can help you with things like stress, anxiety, depression, chemical dependency, relationship issues, legal issues, parenting questions, financial counseling, and dependent care resources. Best of all, it's free.

Help is available 24/7, 365 days a year by telephone at 1-888-881-5462. Other resources are available online at www.supportlinc.com. When you log in, enter **innovativehealth** as your user name and **linc123** as the password.

In-person counseling may also be available, depending on the type of help you need. The program allows you and your family/household members up to 5 in-person sessions

CURA LINC HEALTHCARE

COMPANY PAID HOLIDAYS

Innovative Health provides the following company paid holidays to all active full and regularly scheduled part-time employees:

- **New Year's Day**
- **President's Day**
- **Memorial Day**
- **Independence Day**
- **Labor Day**
- **Columbus Day**
- **Thanksgiving**
- **Day after Thanksgiving**
- **Christmas Eve**
- **Christmas Day**

TIME OFF

There is no perfect, one-size-fits-all balance between work and home. We provide paid time off so you can relax, recover from illness, and take care of personal business. Our time off benefits include:

Employees are provided 3 weeks of Vacation (front loaded prorated based on date of hire) and 1 week of Sick pay (accrued per pay period). Please contact HR for policy specifics.

Cost of Coverage

Innovative Health subsidizes the cost of medical and dental premiums. You share in the cost of coverage for other plans and coverage levels.

You pay for health coverage before federal, state, and social security taxes are withheld, so you pay less in taxes. Costs are per bi-weekly pay period.

AETNA MEDICAL	Bi-Weekly Cost
Employee Only	$38.75
Employee + Spouse	$90.85
Employee + Children	$84.75
Employee + Family	$103.90
DELTA DENTAL	**Bi-Weekly Cost**
Employee Only	$5.43
Employee + Spouse	$11.33
Employee + Children	$14.54
Employee + Family	$23.96
DELTA VSP VISION	**Bi-Weekly Cost**
Employee Only	$2.51
Employee + Spouse	$5.17
Employee + Children	$6.80
Employee + Family	$9.46

For Assistance

MEET BEN-IQ

Ben-IQ is a free app that includes much of the information that's included in this overview, but in a place that's always at your fingertips - your smartphone. Ben-IQ is available for Android and iPhone.

Simply download Ben-IQ and enter the Employer Key **Innovative Health Benefits**.

Take a tour of Ben-IQ and review plan summaries, and important contacts like our EAP. Store and organize ID cards using your phone's camera, and much more! Be sure to share Ben-IQ with your covered family members and caregivers too.

Plan Contacts

If you need to reach our plan providers, here is their contact information:

Plan Type	Provider	Phone Number	Website	Policy/Group #
Medical	Aetna	1-800-872-3862	www.aetna.com	91548597
Dental	Delta Dental	1-800-352-6132	www.deltadentalaz.com	36570
Vision	Delta Vision	1-866-939-3633	www.deltadentalaz.com/vision	36570
Reliance	Life & Disability	1-800-351-7500	www.reliancestandard.com	VPL302602, VG286645, VG158254, VPS327569
CuraLinc	EAP	1-888-881-5462	www.supporlinc.com	Username: innovativehealth Password: linc123

Words You Need to Know

Health insurance seems to have its own language. You will get more out of your plans if understand the most common terms, explained below in plain English.

MEDICAL

OUT-OF-POCKET COST - A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

DEDUCTIBLE - The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

COINSURANCE - After you meet the deductible amount, you and your health plan share the cost of covered expenses. Coinsurance is always a percentage totaling 100%. For example, if the plan pays 70% coinsurance, you are responsible for paying your coinsurance share, 30% of the cost.

COPAY - A set fee you pay whenever you use a particular healthcare service, for example, when you see your doctor or fill a prescription. After you pay the copay amount, your health plan pays the rest of the bill for that service.

IN-NETWORK / OUT-OF-NETWORK - Network providers (doctors, hospitals, labs, etc.) are contracted with your health plan and have agreed to charge lower fees to plan members, as negotiated in their contract with the health plan. Services from out-of-network providers can cost you more because the providers are under no obligation to limit their maximum fees. With some plans, such as HMOs and EPOs, services from out-of-network providers are not covered at all.

OUT-OF-POCKET MAXIMUM - The most you would pay from your own money for covered healthcare expenses in one year. Once you reach your plan's out-of-pocket maximum dollar amount (by paying your deductible, coinsurance and copays), the plan pays for all eligible expenses for the rest of the plan year.

PRESCRIPTION DRUG

BRAND NAME - A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine. You generally pay a higher copay for brand name drugs.

GENERIC DRUG - A drug that has the same active ingredients as a brand name drug, but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor. You generally pay a lower copay for generic drugs.

PREFERRED DRUG - Each health plan has a list of prescription medicines that are preferred based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

DENTAL

BASIC SERVICES - Dental services such as fillings, routine extractions and some oral surgery procedures.

DIAGNOSTIC AND PREVENTIVE SERVICES - Generally include routine cleanings, oral exams, x-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

MAJOR SERVICES - Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Important Plan Notices and Documents

CURRENT HEALTH PLAN NOTICES

Notices must be provided to plan participants on an annual basis and are available in the Annual Notices Packet:

- Medicare Part D Notice
  Describes options to access prescription drug coverage for Medicare eligible individuals.
- Women's Health and Cancer Rights Act
  Describes benefits available to those that will or have undergone a mastectomy.
- Newborns' and Mothers' Health Protection Act
  Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery.
- HIPAA Notice of Special Enrollment Rights
  Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment.
- HIPAA Notice of Privacy Practices
  Describes how health information about you may be used and disclosed.
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
  Describes availability of premium assistance for Medicaid eligible dependents.

COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this Notice carefully to make sure you understand your rights and obligations.

Summary of Benefits and Coverage

A Summary of Benefits and Coverage (SBC) is a document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. The following SBC are available through HR.

- Aetna Medical Plan

Statement of Material Modifications

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the Innovative Health Benefits Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

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