



# 2019 – 2020 Employee Health Benefits Guide

Non-Georgia Residents

An overview of the wide array of benefits provided by White Bros. Auto Supply, Inc. to help you enjoy increased well-being and financial security.



## Benefits for 2019 - 2020

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## Benefits for 2019 - 2020

# Introduction

As an employee of White Bros. Auto Supply, Inc. enjoying your work and making valuable contributions to business are equally vital. The health, satisfaction and security of you and your family are important, not only to your well-being, but ultimately, in terms of achieving the goals of our organization.

For the 2019 - 2020 plan year, White Bros. Auto Supply, Inc. has worked hard to offer a competitive total rewards package that includes valuable and competitive benefits plans. These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, and White Bros. Auto Supply, Inc. is offering an overall benefits package that can be shaped and molded by you to fit your needs.

This benefits booklet is a summary description of your White Bros. Auto Supply, Inc. benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

We hope this benefits booklet, along with our additional communication and decision-making tools, will help you make the best health care choices for you and your family.



## Update On Health Care Reform

Effective January 1, 2019 the Tax Cuts and Jobs Act (TJCA) repealed the individual mandate to maintain health insurance or be responsible for a “shared responsibility payment”. We hope to keep offering these benefits as a valuable part of your total compensation in the future.

## Benefits for 2019 - 2020

# Overview Of Benefits Program

White Bros. Auto Supply, Inc. provides an array of benefits that can help you enjoy increased well-being, deal with an unexpected illness or accident, build and protect your financial security, balance your personal and professional life and meet everyday needs. These benefits are affordable, comprehensive and competitive.

The table below summarizes the benefits available to eligible staff and their dependents. These benefits are described in greater detail in this booklet.

## Benefits At-A-Glance

| Coverage | Carrier                                       |
|----------|-----------------------------------------------|
| Medical  | Humana Employers Health Plan of Georgia, Inc. |
| Dental   | Humana Employers Health Plan of Georgia, Inc. |
| Vision   | Humana Employers Health Plan of Georgia, Inc. |
| Life     | Humana Employers Health Plan of Georgia, Inc. |

## Eligibility

Permanent, full-time employees are eligible for coverage. The following dependents will also be considered eligible:

Your Legally Married Spouse

Your children can receive Medical, Dental, Vision, and Voluntary Term Life to age 26 regardless of student status.

## *Benefits for 2019 - 2020*

# Overview Of Benefits Program

## Changes and Qualifying Events

### When Coverage Begins

Coverage begins on the first day of the month following 60 days of full-time employment.

### When Coverage Ends

Your coverage under the benefits plans will end if you no longer meet the eligibility requirements, your contributions are discontinued or the Group Insurance Policy is terminated.

### Qualifying Events

Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a “Qualifying Event”. These may include, but are not limited to:

- Changes in employment status
- Changes in legal marital status
- Changes in number of dependents
- Taking an unpaid leave of absence
- Dependent satisfies or ceases to satisfy eligibility requirement
- Family Medical Leave Act (FMLA) leave.
- A COBRA-qualifying event
- Entitlement to Medicare or Medicaid
- A change in the place of residence of the employee, resulting in the current carrier not being available

# Benefits for 2019 - 2020

## Medical



### Summary of Coverage

| Plan Features                                         | White Bros.<br>Option 1 HDHP NPOS | White Bros.<br>Option 2 NPOS | White Bros.<br>Option 3 NPOS |
|-------------------------------------------------------|-----------------------------------|------------------------------|------------------------------|
| <b>In-Network Benefits</b>                            |                                   |                              |                              |
| Primary Care Visit                                    | 20% After Deductible              | \$40 Copay                   | \$25 Copay                   |
| Specialist Visit                                      | 20% After Deductible              | \$65 Copay                   | \$50 Copay                   |
| Preventive Care                                       | Covered at 100%                   | Covered at 100%              | Covered at 100%              |
| Calendar Year Deductible (Individual / Family)        | \$5,000 / \$10,000                | \$5,000 / \$10,000           | \$1,500 / \$3,000            |
| Calendar Year Out-of-Pocket Max (Individual / Family) | \$6,350 / \$12,700                | \$6,500 / \$13,000           | \$6,500 / \$13,000           |
| Coinsurance                                           | 80%                               | 80%                          | 80%                          |
| Diagnostic Exam                                       | 20% After Deductible              | 20% After Deductible         | 20% After Deductible         |
| X-Rays                                                | 20% After Deductible              | 20% After Deductible         | 20% After Deductible         |
| Complex Images                                        | 20% After Deductible              | 20% After Deductible         | 20% After Deductible         |
| Outpatient Procedure                                  | 20% After Deductible              | 20% After Deductible         | 20% After Deductible         |
| Inpatient Visit                                       | 20% After Deductible              | 20% After Deductible         | 20% After Deductible         |
| Emergency Room                                        | 20% After Deductible              | \$350 Copay                  | \$150 Copay                  |
| Urgent Care                                           | 20% After Deductible              | \$75 Copay                   | \$75 Copay                   |
| Pharmacy / RX (30 Day Supply)                         | 20% After Deductible              | \$10 / \$40 / \$70 / 25%     | \$10 / \$40 / \$70 / 25%     |
| <b>Bi-Weekly Pricing</b>                              |                                   |                              |                              |
| Employee                                              |                                   |                              |                              |
| Employee + Spouse                                     |                                   |                              |                              |
| Employee + Child(ren)                                 |                                   |                              |                              |
| Employee + Family                                     |                                   |                              |                              |

\* Member may be responsible for any amount over the allowed amount

# Benefits for 2019 - 2020

## Medical



### Key Terms to Remember

#### Annual Deductible

The amount you have to pay each year before the plan starts paying a portion of medical expenses. All family members' expenses that count toward a health plan deductible accumulate together in the aggregate; however, each person also has a limit on their own individual accumulated expenses (the amount varies by plan).

#### Out-of-Pocket Maximum

This is the total amount you can pay out of pocket each calendar year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible\*, copays and coinsurance.

\*Except for Grandfathered medical plans

#### Copays and Coinsurance

These expenses are your share of cost paid for covered health care services. **Copays** are a fixed dollar amount, and are usually due at the time you receive care. **Coinsurance** is your share of the allowed amount charged for a service, and is generally billed to you after the health insurance company reconciles the bill with the provider.

#### Plan Types

EPO/PPO – A network of doctors, hospitals and other health care providers

HMO – A network that requires you to select a Primary Care Physician (PCP) who coordinates your health care

POS – Combines aspects of a PPO and HMO

HDHP – A plan that has higher annual deductibles in exchange for lower premiums.



# Wellness and Health Management

## Preventative Care



Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered by Hutton, all covered individuals and family members are **eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.**

### Which Preventive Care Services Are Covered?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliant insurance plans should cover at 100% for in-network providers. Below is a list of common services that are included in the plans offered this year:

- Routine Physical Exam
- Well Baby and Child Care
- Well Woman Visits
- Immunizations
- Routine Bone Density Test
- Routine Breast Exam
- Routine Gynecological Exam
- Screening for Gestational Diabetes
- Obesity Screening and Counseling
- Routine Digital Rectal Exam
- Routine Colonoscopy
- Routine Colorectal Cancer Screening
- Routine Prostate Test
- Routine Lab Procedures
- Routine Mammograms
- Routine Pap Smear
- Smoking Cessation
- Health Education/Counseling Services
- Health Counseling for STDs and HIV
- Testing for HPV and HIV
- Screening and Counseling for Domestic Violence

*“An ounce of prevention is worth a pound of cure”*



## Benefits for 2019 - 2020

## Dental Coverage



## Summary of Coverage

| White Bros. Dental                             |                                         |
|------------------------------------------------|-----------------------------------------|
| Humana                                         |                                         |
| In-Network Benefits                            |                                         |
| Annual Deductible (Individual / Family)        | \$50 / \$150                            |
| Preventive Care                                | 100% Deductible Does Not Apply          |
| Basic Procedures (Extractions, fillings, etc.) | 80% After Deductible                    |
| Major Procedures (Crowns, dentures, etc.)      | 50% After Deductible                    |
| Child Orthodontia                              | Your Plan Does Not Cover These Services |
| Calendar Year Maximum Benefit                  | \$1,000                                 |
| Bi-Weekly Pricing                              |                                         |
| Employee                                       |                                         |
| Employee + Spouse                              |                                         |
| Employee + Child(ren)                          |                                         |
| Employee + Family                              |                                         |

## Vision Coverage



## Summary of Coverage

| White Bros. Vision                 |                                      |
|------------------------------------|--------------------------------------|
| Plan Features                      |                                      |
| In-Network Benefits                |                                      |
| Vision Exam                        | \$10 Copay                           |
| Lenses                             |                                      |
| Single                             | \$15 Copay                           |
| Bifocal                            | \$15 Copay                           |
| Trifocal                           | \$15 Copay                           |
| Progressive                        | Varies by Tier – See Benefit Summary |
| Frames                             | \$130 Allowance                      |
| Elective Contact Lenses            | \$130 Allowance                      |
| Medically Necessary Contact Lenses | Paid in Full                         |
| Frequency (Months)                 |                                      |
| Exam                               | Every 12 Months                      |
| Lenses                             | Every 12 Months                      |
| Frames                             | Every 24 Months                      |
| Contacts                           | Every 12 Months                      |
| Bi-Weekly Pricing                  |                                      |
| Employee                           |                                      |
| Employee + 1                       |                                      |
| Employee + 2 or More               |                                      |

# Benefits for 2019 - 2020

## Life Insurance



### Summary of Coverage

| Plan Features                                                      |  | Humana Voluntary Life / AD&D Insurance                                                                                                      |                         |
|--------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Employee Benefit Amount                                            |  | Employees can choose different amounts of coverage between the minimum and maximum benefit amount. See plan documentation for more details. |                         |
| Minimum Benefit Amount                                             |  | \$10,000                                                                                                                                    |                         |
| Maximum Benefit Amount                                             |  | \$300,000                                                                                                                                   |                         |
| AD&D Benefit                                                       |  | \$300,000                                                                                                                                   |                         |
| Spouse Benefit                                                     |  | Minimum of \$5,000 to a maximum of \$150,000                                                                                                |                         |
| Dependent Benefit                                                  |  | \$10,000 Flat Benefit for All Children to age 26                                                                                            |                         |
| Guaranteed Issue Amount                                            |  | Employee: \$100,000<br>Spouse: \$25,000                                                                                                     |                         |
| The following shows how much benefits are reduced at certain ages: |  |                                                                                                                                             |                         |
| Age Band                                                           |  | Benefit Reduction                                                                                                                           |                         |
| 65                                                                 |  | 35%                                                                                                                                         |                         |
| 70                                                                 |  | 55%                                                                                                                                         |                         |
| 75                                                                 |  | 70%                                                                                                                                         |                         |
| 80                                                                 |  | 80%                                                                                                                                         |                         |
| 85                                                                 |  | 85%                                                                                                                                         |                         |
| Monthly Rates per \$1,000 of Coverage                              |  |                                                                                                                                             |                         |
| Attained Age Band                                                  |  | Employee Rate Per \$1,000                                                                                                                   | Spouse Rate Per \$1,000 |
| 00 – 24                                                            |  |                                                                                                                                             |                         |
| 25 – 29                                                            |  |                                                                                                                                             |                         |
| 30 – 34                                                            |  |                                                                                                                                             |                         |
| 35 – 39                                                            |  |                                                                                                                                             |                         |
| 40 – 44                                                            |  |                                                                                                                                             |                         |
| 45 – 49                                                            |  |                                                                                                                                             |                         |
| 50 – 54                                                            |  |                                                                                                                                             |                         |
| 55 – 59                                                            |  |                                                                                                                                             |                         |
| 60 – 64                                                            |  |                                                                                                                                             |                         |
| 65 – 69                                                            |  |                                                                                                                                             |                         |
| 70 – 74                                                            |  |                                                                                                                                             |                         |
| 75 – 79                                                            |  |                                                                                                                                             |                         |
| 80+                                                                |  |                                                                                                                                             |                         |
| Supplemental Dependent Life Rate Per Family Unit                   |  |                                                                                                                                             |                         |

# Benefits for 2019 - 2020

## Legal Notices

### Model General Notice of COBRA Continuation Coverage Rights

(For use by single-employer group health plans)

#### **\*\* Continuation Coverage Rights Under COBRA\*\***

#### **Introduction**

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

#### **What is COBRA continuation coverage?**

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

## Benefits for 2019 - 2020

# Legal Notices

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

### **When is COBRA continuation coverage available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or,
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 30 days after the qualifying event occurs.**

**You must provide this notice to: White Bros. Auto Supply, Inc.**

## Benefits for 2019 - 2020

# Legal Notices

### **How is COBRA continuation coverage provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage.

Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

### ***Disability extension of 18-month period of COBRA continuation coverage***

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

### ***Second qualifying event extension of 18-month period of continuation coverage***

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

### **Are there other coverage options besides COBRA Continuation Coverage?**

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

## Benefits for 2019 - 2020

# Legal Notices

### **If you have questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

### **Keep your Plan informed of address changes**

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

**Please contact the HR Department of White Bros. Auto Supply, Inc. for any additional questions or concerns about Cobra coverage**

## Benefits for 2019 - 2020

# Legal Notices

### Family Medical Leave Act (FMLA)

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

### Benefits & Protections

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

### Eligibility Requirements

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;\* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

\*Special "hours of service" requirements apply to airline flight crew employees.

## Benefits for 2019 - 2020

# Legal Notices

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

### **Employer Responsibilities**

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

### **Enforcement**

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

## Benefits for 2019 - 2020

# Legal Notices

### Important Notice from White Bros. Auto Supply, Inc. About Your Prescription Drug Coverage and Medicare

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

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

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

#### When Can You Join A Medicare Drug Plan?

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

#### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Hutton coverage will not be affected. You may keep this coverage if you elect part D and this plan will coordinate with Part D coverage; because White Bros. Auto Supply, Inc. employs more than 20 full-time eligible employees, the company benefits plan will be required to pay before Medicare.

# Benefits for 2019 - 2020

## Legal Notices

### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

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

### For More Information About Your Options Under Medicare Prescription Drug Coverage...

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

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

# Benefits for 2019 - 2020

## Legal Notices



### New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 5-31-2020)

#### PART A: General Information

When key parts of the healthcare law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

##### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014 in your area.

##### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

##### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution, as well as your employee contribution to employer-offered coverage, is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

##### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact HR.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

# Benefits for 2019 - 2020

## Legal Notices

### PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

|                                                                    |          |                                         |  |
|--------------------------------------------------------------------|----------|-----------------------------------------|--|
| 3. Employer name                                                   |          | 4. Employer Identification Number (EIN) |  |
| 5. Employer address                                                |          | 6. Employer phone number                |  |
| 7. City                                                            | 8. State | 9. ZIP code                             |  |
| 10. Who can we contact about employee health coverage at this job? |          |                                         |  |
| 11. Phone number (if different from above)                         |          | 12. Email address                       |  |

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
  - ☐ Some employees. Eligible employees are:
- With respect to dependents:
  - ☐ We do offer coverage. Eligible dependents are:
  - ☐ We do not offer coverage.
  - ☐ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

^^ Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

## Benefits for 2019 - 2020

# Legal Notices

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

**13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☐ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? \_\_\_\_\_(mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard\*? Yes (Go to question 15) ☐ No ☐  
(STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard\* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month  
month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? \_\_\_\_\_

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan

available only to the employee that meets the minimum value standard.\* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ \_\_\_\_\_

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month  
month ☐ Monthly ☐ Quarterly ☐ Yearly

## Contact Information

| Carrier Name                                  | Website                                            | Phone Number   |
|-----------------------------------------------|----------------------------------------------------|----------------|
| Humana Employers Health Plan of Georgia, Inc. | <a href="http://www.humana.com">www.humana.com</a> | 1-800-448-6262 |

| Insurance Broker                  | Website             | Phone Number   |
|-----------------------------------|---------------------|----------------|
| Reliance Human Capital Management | www.reliancehcm.com | 1-844-258-1289 |

# Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.



*2020 Benefits Open Enrollment Booklet*