



NEW HIRE



2020

## Benefits Guide

It's Time To Talk  
About Your Benefits



# CONTACT Information

If you have specific questions about a benefit plan, please contact the administrator listed below or the Benefit Advocate Center.

BENEFIT	ADMINISTRATOR	PHONE	WEBSITE/EMAIL
Medical	UMR	(800) 826-9781	www.umar.com
Pharmacy	CVS/Caremark	(877) 864-7750	www.caremark.com
Flexible Spending Accounts (FSA)	UMR	(800) 826-9781	www.umar.com
Health Spending Account (HSA)	HSA Bank	(800) 357-6246	www.hsabank.com
Dental	MetLife	(800) 942-0854	www.metlife.com/dental
Vision	MetLife	(800) 438-6388	www.metlife.com/vision
STD, LTD and Supplemental Life	Unum	(800) 858-6843	www.unum.com
Employee Assistance Program (EAP)	Unum	(800) 854-1446	www.unum.com/employees/services/life-balance
Voluntary Benefits	MetLife	(800) 438-6388	www.metlife.com
401(k)	Merrill Lynch	(800) 229-9040	www.benefits.ml.com
Benefit Assistance	Benefit Advocate Center (BAC)	(855) 295-6945	bac.boydgroup@ajg.com

## ENROLLMENT WEBSITE



- ⇒ If you have an assigned company e-mail address, **enroll online at <https://hr.boydgroup.com>**.
- ⇒ **Click** the “Sign in with Google” button and sign in using your company e-mail and password.
- ⇒ If you do not have an assigned company e-mail address, **enroll online at <https://hr.boydgroup.com/login/register>**. **Enter** the required fields and submit the registration.
- ⇒ Once logged in, navigate to the “Benefits” tab on the left side bar. **Verify** your information and then click “Continue” within the Actions section to begin the enrollment process.



# BENEFIT ADVOCATE Center



## Ask your Advocate

We have great news for employees and dependents who enroll in our benefit programs. The Boyd Group's Benefit Advocate Center is ready to help you get the most from our benefit programs by providing an advocate to assist you with:

- **Explanation of benefits.** Is it unclear to you what the insurance covers and what is your responsibility?
- **Prescription/pharmacy problems.** Is the pharmacy telling you that your medication is not covered or charging you full price? Do you need help getting an authorization on a medication?
- **Benefits questions.** Are you unsure if the insurance will pay for a certain procedure?
- **Claim issues.** Did you receive a bill from a doctor but don't know why?
- **Difficult situations.** Are you having difficulty getting a referral? Has the insurance carrier denied a procedure and you want to appeal their decision?

You have a dedicated Advocate ready to handle any situation in a discreet and confidential manner.

CALL: (855) 295-6945

EMAIL:

Bac.boydgroup@ajg.com

**Available Monday—Friday between  
7:00 a.m. and 6:00 p.m. (CST)**

Spanish bilingual advocates available



# ENROLL FOR 2020 BENEFITS

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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to, provide legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

The **Boyd Group** is proud to offer a comprehensive benefits package to eligible, full-time employees who work at least 30 hours per week. The complete benefits package is briefly summarized in this booklet.

For detailed summaries of your benefits, please visit [www.gerbercollision.com/benefits](http://www.gerbercollision.com/benefits)

### BENEFITS OFFERED

- Medical
- Dental
- Vision
- Spending Accounts
- Basic Life and AD&D Insurance
- Supplemental Term Life
- Short-Term Disability and Long-Term Disability
- Employee Assistance Program (EAP)
- Voluntary Benefits
- 401(k)

### ELIGIBILITY

You and your dependents are eligible for most of The Boyd Group benefits on the first of the month following 30 days of employment.

Eligible dependents are your spouse, children under age 26, and disabled dependents of any age. **Remember**, if your spouse is eligible for medical coverage through his or her employer, they are not eligible to enroll in medical coverage through The Boyd Group plans.

### QUALIFIED LIFE EVENTS

Once you enroll, you cannot make changes until the next annual enrollment period unless you have a qualifying event or change in family status such as marriage, the birth of a child or a change in your spouse's employment. You have 30 days following a qualifying event to make benefit changes.



# COMPARING YOUR MEDICAL PLAN OPTIONS

The main difference between a HDHP/HSA and traditional PPO is how and when you pay for your health care.

The Boyd Group offers five medical plan options. Choosing the right medical plan is an important decision. Take the time to learn about your options to ensure you select the right plan for you and your family.



## HDHP with HSA

- Lower cost per pay period
- Higher deductible
- You pay all medical and prescription expenses until the deductible is met
- You can budget for your out-of-pocket expenses by funding a health savings account (HSA)

# VS.

## Traditional PPO

- Higher cost per paycheck
- Lower deductible
- You can budget for your out-of-pocket expenses by funding a health care FSA (flexible spending account)

1. Do you prefer to pay more for medical insurance out of your paycheck, but less when you need care? (PPO) Or, do you prefer to pay less out of your paycheck, but more when you need care? (HDHP)
2. What planned medical services or prescriptions do you expect to need in the upcoming year?
3. Are you able to budget for your deductible by setting aside pre-tax dollars from your paycheck in an HSA or FSA?

**THREE**  
Things to  
Consider

## SPENDING ACCOUNT COMPARISON

	HEALTH SAVINGS ACCOUNT (HSA)	HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)
Who can open an account?	Employees enrolled in a qualified HDHP plan (Bronze medical plans)	Employees enrolled in a PPO medical plan (Platinum, Gold, or Silver)
What is the contribution limit for 2020?	Individual—\$3,550 Family—\$7,100 Catchup Contributions age 55+ —\$1,000	\$2,750
Can I contribute pre-tax dollars?	YES, contributions are tax-free and lower your taxable income	
Does the account earn interest?	YES, if you invest your HSA, the interest earnings are not taxed	NO
Will any unused funds rollover to next year?	YES, your account balance rolls over year after year and can be used for future medical expenses and retirement.	NO, you have 120 days following the end of the plan year (July 30th) to submit eligible expenses for reimbursement. Any remaining funds are subject to the use-it-or-lose it rule and will automatically be



# MEDICAL & PHARMACY

## Administered by UMR and CVS/Caremark

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, they can often be treated at little cost.

To confirm that your doctor is in-network, visit [www.myuhc.com](http://www.myuhc.com). Click on **Find Physician, Laboratory or Facility** in the top right menu, then select **Choice Plus** to find providers in your network.

Participants under The Boyd Group’s medical plan will automatically be enrolled in the pharmacy benefits with CVS/Caremark.

Visit CVS/Caremark at [www.caremark.com](http://www.caremark.com) or call directly at (877) 864-7750 for specific pharmacy drug coverage questions.

BENEFIT PLAN	PLATINUM		GOLD		SILVER		BRONZE PLUS		BRONZE ALT.	
Plan Type	PPO		PPO		PPO		HDHP		HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>DEDUCTIBLE</b>										
Individual	\$300	\$5,000	\$650	\$1,300	\$800	\$1,600	\$2,250	\$2,500	\$4,500	\$5,000
Family	\$600	\$10,000	\$1,300	\$2,600	\$1,600	\$3,200	\$4,500	\$5,000	\$9,000	\$10,000
<b>OUT-OF-POCKET MAXIMUM</b>										
Individual	\$3,000	\$10,000	\$4,000	\$8,000	\$5,500	\$11,000	\$5,500	\$11,000	\$6,000	\$12,000
Family	\$6,000	\$20,000	\$8,000	\$16,000	\$11,000	\$22,000	\$11,000	\$22,000	\$12,000	\$24,000
Preventive Care	100%	70% after deductible	100%	70% after deductible	100%	50% after deductible	100%	60% after deductible	100%	60% after deductible
<b>OFFICE VISIT</b>										
Primary Care	\$30	70% after deductible	\$30	70% after deductible	\$40	50% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Specialist	\$50		\$50		\$60					
Inpatient Hospital	90% after deductible	70% after deductible	90% after deductible	70% after deductible	\$250, then 70% after deductible	\$500, then 50% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Emergency Room (True ER Only)	90% after deductible		90% after deductible		\$150, then 70% after deductible		80% after deductible		80% after deductible	
Other Expenses	90% after deductible	70% after deductible	90% after deductible	70% after deductible	70% after deductible	50% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
<b>PRESCRIPTION DRUGS</b>										
Generic	\$5	50%	\$5	50%	\$10	50%	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Formulary Brand	80%, \$50 maximum	50%	80%, \$50 maximum	50%	\$40	50%	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Non-Formulary	60%, \$100 maximum	50%	60%, \$100 maximum	50%	\$60	50%	80% after deductible	60% after deductible	80% after deductible	60% after deductible
<b>SAVINGS ACCOUNTS</b>										
Account Type	FSA		FSA		FSA		HSA		HSA	



# MEDICAL ADDITIONAL RESOURCES

## Administered by UMR

The Boyd Group offers its employees and eligible family members the Real Appeal experience. Real Appeal is an online weight loss program that can help you lose weight and improve your health. This benefit is covered at no additional cost to you as part of your medical coverage.

### What is included?

- A Success Kit with recipes, scales, workout DVDs, and more—shipped right to your door.
- Transformation Coach who leads online group sessions
  - ⇒ **Topics include** nutrition, how to break through barriers to reach your goals and more
- Online tools to help track your food, activity, and weight loss progress—available anywhere, and anytime



Real Appeal Success Kit

Please consult with your doctor prior to joining the program to determine if this is a fit for you.



**Take charge of your weight with Real Appeal!**

Get started today and enroll at [realappeal.com](http://realappeal.com)



# SPENDING ACCOUNTS BENEFITS

## FLEXIBLE SPENDING ACCOUNTS

### Administered by UMR

A Flexible Spending Account (FSA) allows you to set aside pre-tax dollars to pay for qualified Healthcare or Dependent/Elder daycare expenses throughout the plan year. All FSA contributions are pre-tax, which means you save money by not paying taxes on the amounts you set aside for eligible Healthcare and Dependent/Elder daycare expenses.

ACCOUNT TYPE	2020 CONTRIBUTION LIMIT	ELIGIBLE EXPENSES
Healthcare FSA	\$2,750	Deductibles, copays or coinsurance for medical, prescription, dental and vision, hearing and other medical supplies
Limited Healthcare FSA	\$2,750	Dental and vision expenses only until you meet your medical plan deductible
Dependent Care FSA	\$5,000 (\$2,500 if you are married and file separate income tax returns)	Charges for daycare services outside your home for eligible dependents who are under the age of 13 or that are physically or mentally incapable of self-care, regardless of age, including nannies, daycare, day camps, babysitters, nursery

## HEALTH SAVINGS ACCOUNT

### Administered by HSA Bank

Employees enrolled in the Bronze medical plans are eligible to contribute to a Health Spending Account (HSA) on a pre-tax basis.

An HSA is a savings account that allows you to save pre-tax dollars to pay for qualified medical expenses for you and your family. Unlike Flexible Spending Accounts, these account balances roll over year to year and are not subject to the use-it or lose-it rule. Additionally, your HSA is a great way to save for future healthcare expenses in your retirement and watch your contributions grow tax-free interest.

TIER	2020	ELIGIBLE EXPENSES
Single	\$3,550	<ul style="list-style-type: none"> <li>Medical plan costs, including deductible and copays</li> <li>Dental expenses</li> <li>Vision expenses</li> <li>Non-covered services such as Lasik eye surgery</li> </ul>
Family	\$7,100	
Catch-up Contributions at age 55 and older	\$1,000	





# DENTAL & VISION



## BENEFITS

### Dental

#### Administered by MetLife

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and can be easily treated health problems. Keep your teeth healthy and your smile bright with The Boyd Group dental benefit plan.

Visit [www.metlife.com/dental](http://www.metlife.com/dental) to find an in-network provider.

SERVICES	GOLD	SILVER	BRONZE
Annual Deductible (Individual/Family)	\$50 / \$150	\$100 / \$300	\$100 / \$300
Annual Benefit Maximum	\$2,000	\$1,500	\$1,000
Preventive Dental Services (cleanings, exams, x-rays)	100%	100%	100%
Basic Dental Services (fillings, root canal therapy, oral surgery)	80%	80%	80%
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	80%	60%	Not Covered
Orthodontia Services (children covered to age 19)	50% (adults and children) to \$2,000 lifetime maximum	50% (children only) to \$1,500 lifetime maximum	Not Covered

### Vision

#### Administered by MetLife - VSP

The Boyd Group offers a dual options vision plan through MetLife. This vision plan will include safety glasses and will give employees access to affordable and comprehensive services.

Regular eye examinations can not only determine your need for corrective eyewear, but also may detect general health problems in their earliest stages.

IN-NETWORK COVERAGE	HIGH	LOW
EXAMS	ONCE EVERY 12 MONTHS	
Eye Exam	\$10 copay	\$20 copay
Safety Exam	Covered in full	Covered in full
LENSES	ONCE EVERY 12 MONTHS	
Single Vision Lenses	\$10 copay	\$20 copay
Lined Bifocal Lenses		
Lined Trifocal Lenses		
Standard Progressive		
Safety Lenses	Covered in full	Covered in full
FRAMES	ONCE EVERY 12 MONTHS	ONCE EVERY 24 MONTHS
Frames Allowance	\$200 allowance, 20% off remaining balance (\$110 allowance at Costco, Sam's and Walmart)	\$125 allowance, 20% off remaining balance (\$70 allowance at Costco, Sam's and Walmart)
Safety Frame	\$100 allowance, 20% off remaining balance	\$100 allowance, 20% off remaining balance
CONTACT LENSES	ONCE EVERY 12 MONTHS IF YOU ELECT CONTACTS INSTEAD OF LENSES/FRAMES	
Conventional	\$200 allowance, 15% off additional cost	\$100 allowance, 15% off additional cost
Disposable	\$200 allowance	\$100 allowance



# LIFE & DISABILITY INSURANCE

## LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

### Insured by Unum

#### Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by The Boyd Group. The company provides full-time employees a basic life insurance benefit of \$25,000 at no cost to you.

#### Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. The Boyd Group provides AD&D coverage of \$25,000 at no cost to you. This coverage is in addition to your company-paid life insurance described above.

## SUPPLEMENTAL TERM LIFE INSURANCE

### Insured by Unum

You may purchase term life insurance in addition to the company-provided coverage. You may also purchase life insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage during your initial eligibility period as a new hire (up to \$200,000 or seven times your salary, and up to \$30,000 for your spouse without answering medical questions). All amounts elected over the guaranteed issue amount and submitted after your initial eligibility period will require medical underwriting.

COVERAGE	MAXIMUM GUARANTEED ISSUE COVERAGE AMOUNTS
Employee	The lesser of 7 times your salary or \$200,000
Spouse	\$30,000
Children up to age 26	\$10,000 per child

## DISABILITY INSURANCE

### Insured by Unum

#### Short-Term Disability Insurance

Short-Term Disability coverage replaces 60% of your income for up to 26 weeks if you become disabled for more than 7 days due to an accidental injury or sickness. The maximum benefit is \$1,000 per week.

#### Long-Term Disability Insurance

Long-Term Disability coverage replaces 60% of your income if you remain disabled for more than 180 days due to an accidental injury or sickness. The maximum benefit is \$10,000 per month. Benefits continue as long as you are disabled or for up to 5 years.



# EMPLOYEE ASSISTANCE PROGRAM (EAP)

Administered by Unum

## Getting support to help you manage your life.

The Employee Assistance Program (EAP) is a confidential, 24-7 service that can help you and your family balance the demands of work, life and personal issues, including:

- Marriage, relationship and family problems
- Work-related situations
- Work/Life resources for parenting, child and elder care
- Substance abuse
- Health and wellness concerns
- Financial wellness
- Legal services

The EAP is a no cost, confidential service that The Boyd Group provides to help you be your best self. We all need a little help sometimes to manage “life”. Whether you need a reliable source of information, confidential counseling, or a live person to ask for advice on a number of topics, try the EAP.

## Services include:

- 3 face-to-face sessions at no cost
- Unlimited telephonic consultations
- 24/7 Call Center

## 24/7 Access

Online : [www.unum.com/employees/services/life-balance](http://www.unum.com/employees/services/life-balance)

OR

Call: (800) 854-1446





# VOLUNTARY BENEFITS

## VOLUNTARY BENEFITS

### Insured by MetLife

The following voluntary plans are 100% employee-paid and are meant to supplement the medical plans.

### Accident Insurance

Each year there are millions of ER/Urgent Care visits related to injuries. The Boyd Group is partnered with MetLife to offer reimbursements for accident related injuries for you and your family.

Covered accidents include broken bones, burns and torn ligaments.

Reimbursements range from \$50 to \$15,000 depending on your treatment and health care expenses such as doctor's visits, emergency room treatment and physical therapy. This plan also offers an annual \$50 Health Screening Benefit payment for all family members enrolled.

### Critical Illness

Critical Illness insurance safeguards your finances by providing you a lump-sum payment when you or a covered family member are diagnosed with a medical condition such as cancer, heart attack, stroke, or kidney failure. It helps you manage your expenses—so that you can focus on getting well.

For the full list of covered medical conditions, please refer to your plan document.

### Hospital Indemnity

Hospital Indemnity insurance pays a flat dollar amount for admissions related to sickness, injury, or other hospital stays such as birth of a child. There are additional benefits paid per day for confinements.

You receive \$1,000 for the day you are admitted and \$100 per day for each additional day, up to 31 days. If you are hospitalized in Intensive Care, an additional daily benefit is payable.



### Questions?

If you have questions about your accident insurance, critical illness and/or hospital indemnity coverage, please call **800-GET-METS (800)-438-6388**.

Or visit online at [www.metlife.com](http://www.metlife.com)



# 401(K) Benefits

Administered by Merrill Lynch

## Investing in your future.

As a benefits-eligible employee, you have the opportunity to build financial resources for the future through your participation in The Boyd Group’s 401(k) Plan. All full-time employees are eligible to participate in the 401(k) plan following 90 consecutive days of employment.

There are three key ways you can make your 401(k) Plan savings grow:

### Your Contributions

Employees can contribute to their 401(k) on both a before tax and/or after-tax basis. You may contribute the maximum as allowed by the IRS.

### The Boyd Group’s Matching Contributions

The company may make a discretionary matching contribution equal to 50 cents on the dollar of the first 6% of compensation that the employee contributes, up to a maximum annual benefit of \$2,700.

### Investing Your Savings

You may invest your savings in your choice of the investment funds offered through the plan. Visit [www.education.ml.com](http://www.education.ml.com) to learn more investing education opportunities.

## The pretax advantage

The contributions you make to your 401(k) and the matching contributions The Boyd Group makes on your behalf are pretax contributions, which means you pay no federal income and Social Security taxes on these contributions. This way, you can invest your pretax contributions and watch them grow on a tax-deferred basis. You’ll pay taxes on this money when you take it out of the plan, but if you are retired when you do, you will likely be in a lower income-tax bracket (and will pay a lower amount in income tax).



## How to Enroll

Employees can enroll in the 401(k) at any time after they are eligible. To enroll, visit [www.benefits.ml.com](http://www.benefits.ml.com) and create a login using your social security number or call Merrill Lynch at (800) 229-9040.

VESTING SCHEDULE	%
Year 1	0%
Year 2	20%
Year 3+	100%



# EMPLOYEE CONTRIBUTIONS

## BI-WEEKLY EMPLOYEE CONTRIBUTIONS FOR BENEFITS

BENEFIT PLAN	PLATINUM	GOLD	SILVER	BRONZE	BRONZE ALT
Medical/Rx Value Plan					
Employee	\$155.22	\$116.42	\$98.24	\$69.26	\$13.85
Employee + One	\$325.18	\$244.13	\$206.80	\$145.89	\$73.19
Employee + Child(ren)	\$294.73	\$221.05	\$186.66	\$131.65	\$66.80
Family	\$465.67	\$348.76	\$295.22	\$208.27	\$105.12

BENEFIT PLAN	GOLD	SILVER	BRONZE
Dental Rates			
Employee	\$19.16	\$12.46	\$8.07
Employee + One	\$42.14	\$27.42	\$17.75
Employee + Child(ren)	\$47.90	\$31.15	\$18.55
Family	\$74.72	\$48.60	\$29.03

BENEFIT PLAN	HIGH	LOW
Vision Rates		
Employee	\$5.49	\$2.80
Employee + One	\$12.08	\$6.17
Employee + Child(ren)	\$10.97	\$5.61
Family	\$16.46	\$8.42

AGE BAND	SUPPLEMENTAL LIFE FOR YOU AND YOUR SPOUSE RATE PER \$10,000 OF COVERAGE	SUPPLEMENTAL AD&D FOR YOU AND YOUR SPOUSE RATE PER \$10,000 OF COVERAGE
Under 25	\$0.28	All Ages: \$0.18
25-29	\$0.32	
30-34	\$0.42	
35-39	\$0.51	
40-44	\$0.78	
45-49	\$1.29	
		CHILD LIFE INSURANCE
50-54	\$1.98	\$5,000 Benefit: \$0.42 \$10,000 Benefit: \$0.83
55-59	\$3.42	
60-64	\$4.52	
65-69	\$7.34	
70+	\$17.35	

LONG-TERM DISABILITY RATE PER \$100 COVERED PAYROLL		SHORT-TERM DISABILITY RATE PER \$10 OF COVERED PAYROLL	
Under 25	\$0.04	Under Age 39	\$0.19
25-29	\$0.06		
30-34	\$0.10		
35-39	\$0.17		
40-44	\$0.28	40-54	\$0.24
45-49	\$0.37		
50-54	\$0.44		
55-59	\$0.53	55+	\$0.44
60-64	\$0.53		
65-69	\$0.57		
70+	\$0.40		

**IMPORTANT:** Due to rounding the actual payroll deductions may vary slightly for supplemental life and AD&D and Disability coverages.

HOSPITAL INDEMNITY COVERAGE	BI-WEEKLY PREMIUMS
Employee	\$6.24
Employee + Spouse	\$12.38
Employee + Child(ren)	\$11.30
Family	\$19.22



# CONTRIBUTIONS

## CONTINUED

### BI-WEEKLY EMPLOYEE CONTRIBUTIONS FOR BENEFITS

ACCIDENT COVERAGE	LOW OPTION PLAN	HIGH OPTION PLAN
Employee	\$5.58	\$8.29
Employee + Spouse	\$9.46	\$14.11
Employee + Child(ren)	\$10.62	\$15.78
Family	\$13.09	\$19.50

CRITICAL ILLNESS (ATTAINED AGE)	\$10,000 BENEFIT		\$20,000 BENEFIT	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<b>Employee</b>				
Age 18-29	\$2.40	\$3.40	\$4.80	\$6.80
30-39	\$3.30	\$5.00	\$6.60	\$10.00
40-49	\$5.20	\$8.30	\$10.40	\$16.60
50-59	\$11.40	\$19.70	\$22.80	\$39.40
60-69	\$22.50	\$39.20	\$45.00	\$78.40
70+	\$38.20	\$67.20	\$76.40	\$134.40
<b>Employee + Spouse</b>				
Age 18-29	\$3.80	\$5.50	\$7.60	\$11.00
30-39	\$5.20	\$7.80	\$10.40	\$15.60
40-49	\$7.80	\$12.40	\$15.60	\$24.80
50-59	\$16.00	\$27.50	\$32.00	\$55.00
60-69	\$30.70	\$53.20	\$61.40	\$106.40
70+	\$51.90	\$91.00	\$103.80	\$182.00
<b>Employee + Child(ren)</b>				
Age 18-29	\$3.60	\$4.60	\$7.20	\$9.20
30-39	\$4.50	\$6.20	\$9.00	\$12.40
40-49	\$6.40	\$9.50	\$12.80	\$19.00
50-59	\$12.60	\$20.90	\$25.20	\$41.80
60-69	\$23.70	\$40.40	\$47.40	\$80.80
70+	\$39.40	\$68.40	\$78.80	\$136.80
<b>Employee + Spouse &amp; Family</b>				
Age 18-29	\$5.00	\$6.70	\$10.00	\$13.40
30-39	\$6.40	\$9.00	\$12.80	\$18.00
40-49	\$9.00	\$13.60	\$18.00	\$27.20
50-59	\$17.20	\$28.70	\$34.40	\$57.40
60-69	\$31.90	\$54.40	\$63.80	\$108.80
70+	\$53.10	\$92.20	\$106.20	\$184.40

**TO CALCULATE YOUR RATE PER PAY PERIOD, PLEASE USE THE APPROPRIATE FORMULA BELOW**

**IF YOU ARE PAID WEEKLY:**

Bi-weekly rate (as show n) ÷ 2 = Weekly Rate

**IF YOU ARE PAID TWO TIMES EACH MONTH:**

Bi-weekly rate (as show n) x 26 ÷ 24 = Semi-Monthly Rate



# LEGAL NOTICES

## **Special Enrollment Notice**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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

To request special enrollment or obtain more information, contact the **Boyd Group's Benefit Advocate Center at 855-295-6945 or email at [bac.boydbroup@ajg.com](mailto:bac.boydbroup@ajg.com)**

## **Women's Health & Cancer Rights Act of 1988**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All states of reconstruction of the breast on which the mastectomy was performed; Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator Boyd Group's Benefit Advocate Center at 855-295-6945 or email at [bac.boydbroup@ajg.com](mailto:bac.boydbroup@ajg.com)

## **Newborns' Act Disclosure**

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 her 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).





# LEGAL NOTICES

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877- KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility –

ALABAMA –MEDICA ID	COLORA DO –HEALTH FIRST COLORA DO (COLORA DO’S MEDICA ID PROGRA M) & CHILD HEALTH PLAN PL US (CHP+)
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711
ALASKA –MEDICA ID	FLORIDA – MEDICA ID
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://flmedicaidplrecovery.com/hipp/">http://flmedicaidplrecovery.com/hipp/</a> Phone: 1-877-357-3268
ARKA NSAS – MEDICA ID	GEORGIA – MEDICA ID
Website: <a href="http://myarh Hipp.com/">http://myarh Hipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131



# LEGAL NOTICES

<p style="text-align: center;"><b>CALIFORNIA – MEDICA ID</b></p> <p>Website: <a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a>  Phone: 1-800-541-5555</p>	<p style="text-align: center;"><b>INDIANA – MEDICA ID</b></p> <p>Healthy Indiana Plan for low-income adults 19-64  Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>  Phone: 1-877-438-4479 All other Medicaid  Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a>  Phone 1-800-403-0864</p>
<p style="text-align: center;"><b>IOWA –MEDICA ID AND CHIP (HAWKI)</b></p> <p>Medicaid Website: <a href="https://dhs.iowa.gov/ime/membersMedicaid">https://dhs.iowa.gov/ime/membersMedicaid</a>  Phone: 1-800-338-8366  Hawki Website: <a href="http://dhs.iowa.gov/">http://dhs.iowa.gov/</a>  Hawki Hawki Phone: 1-800-257-8563</p>	<p style="text-align: center;"><b>NEBRASKA –MEDICA ID</b></p> <p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>  Phone: 1-855-632-7633  Lincoln: 402-473-7000  Omaha: 402-595-1178</p>
<p style="text-align: center;"><b>KANSAS –MEDICA ID</b></p> <p>Website: <a href="http://www.kdheks.gov/hcf/default.htm">http://www.kdheks.gov/hcf/default.htm</a>  Phone: 1-800-792-4884</p>	<p style="text-align: center;"><b>NEVADA –MEDICA ID</b></p> <p>Medicaid Website: <a href="http://dhcfnv.gov/Medicaid">http://dhcfnv.gov/Medicaid</a>  Phone: 1-800-992-0900</p>
<p style="text-align: center;"><b>KENTUCKY –MEDICA ID</b></p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>  Phone: 1-855-459-6328  Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a>  KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>  Phone: 1-877-524-4718  Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p style="text-align: center;"><b>NEW HAMPSHIRE –MEDICA ID</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
<p style="text-align: center;"><b>LOUISIANA –MEDICA ID</b></p> <p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p style="text-align: center;"><b>NEW JERSEY –MEDICA ID AND CHIP</b></p> <p>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/Medicaid">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/Medicaid</a>  Phone: 609-631-2392  CHIP Website: <a href="http://www.njfamilycare.org/index.html#CHIP">http://www.njfamilycare.org/index.html#CHIP</a>  Phone: 1-800-701-0710</p>
<p style="text-align: center;"><b>MAINE –MEDICA ID</b></p> <p>Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a>  Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p style="text-align: center;"><b>NEW YORK –MEDICA ID</b></p> <p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>
<p style="text-align: center;"><b>MASSACHUSETTS – MEDICA ID AND CHIP</b></p> <p>Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a>  Phone: 1-800-862-4840</p>	<p style="text-align: center;"><b>NORTH CAROLINA – MEDICA ID</b></p> <p>Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>  Phone: 1-844-854-4825</p>
<p style="text-align: center;"><b>MINNESOTA – MEDICA ID</b></p> <p>Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> [Under ELIGIBILITY tab, see “what if I have other health insurance?”]  Phone: 1-800-657-3739</p>	<p style="text-align: center;"><b>NORTH CAROLINA – MEDICA ID</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>  Phone: 919-855-4100</p>



# LEGAL NOTICES

<b>MISSOURI – MEDICA ID</b>	<b>NORTH DAKOTA – MEDICA ID</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MONTANA – MEDICA ID</b>	<b>OREGON – MEDICA ID</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/">http://dphhs.mt.gov/MontanaHealthcarePrograms/</a> HIPP Phone: 1-800-694-3084	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA – MEDICA ID</b>	<b>RHODE ISLAND – MEDICA ID AND CHIP</b>
Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
<b>SOUTH CAROLINA – MEDICA ID</b>	<b>VIRGINIA – MEDICA ID AND CHIP</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
<b>SOUTH DAKOTA - MEDICA ID</b>	<b>WASHINGTON – MEDICA ID</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022 TEXAS – Medicaid
<b>TEXAS – MEDICA ID</b>	<b>WEST VIRGINIA – MEDICA ID</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>UTAH – MEDICA ID AND CHIP</b>	<b>WISCONSIN – MEDICA ID AND CHIP</b>
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>VERMONT – MEDICA ID</b>	<b>WYOMING – MEDICA ID</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on

U.S. Department of Labor Employee Benefits  
Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)



# LEGAL NOTICES

## **HIPAA Notice of Privacy Practices**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### ***Our Company's Pledge to You***

This notice is intended to inform you of the privacy practices followed by The Boyd Group's Group Health Plan. It also explains the federal privacy rights afforded to you and the members of your family as plan participants covered under a group health plan.

As a plan sponsor The Boyd Group often needs access to health information in order to perform plan administrator functions. We want to assure the plan participants covered under our group health plan that we comply with federal privacy laws and respect your right to privacy. We require all members of our workforce and third parties that are provided access to health information comply with the privacy practices outlined below.

### ***Uses and Disclosures of Health Information***

**Health Care Operations.** We use and disclose health information about you in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control healthcare costs.

**Payment.** We may also use or disclose identifiable health information about you without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a healthcare provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

**Treatment.** Although the law allows use and disclosure of your health information for purposes of treatment, as a plan sponsor we generally do not need to disclose your information for treatment purposes. Your physician or healthcare provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and healthcare operations.

**As permitted or required by law.** We may also use or disclose your health information without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g. preventing the spread of disease) without your written authorization. We are also permitted to share health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

**Pursuant to your Authorization.** When required by law, we will ask for your written authorization before using or disclosing your identifiable health information. If you choose to sign an authorization to disclose information, you can later revoke that authorization to cease any future uses or disclosures.



# LEGAL NOTICES

**Right to Inspect and Copy.** In most cases, you have a right to inspect and copy the health information we maintain about you. If you request copies, we will charge you \$0.05 (5 cents) for each page. Your request to inspect or review your health information must be submitted in writing to the person listed below.

**Right to an Accounting of Disclosures.** You have a right to receive a list of instances where we have disclosed health information about you for reasons other than treatment, payment, healthcare operations, or pursuant to your written authorization.

**Right to Amend.** If you believe that information within your records is incorrect or if important information is missing, you have a right to request that we correct the existing information or add the missing information.

**Right to Request Restrictions.** You may request in writing that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. We will consider your request, but are not legally obligated to agree to those restrictions.

**Right to Request Confidential Communications.** You have a right to receive confidential communications containing your health information. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

**Right to Receive a Paper Copy of this Notice.** You also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

## ***Our Legal Duties***

We are required by law to protect the privacy of your information, provide this notice about information practices, and follow the information practices that are described in this notice.

We may change our policies at any time. Before we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

The Boyd Group  
Human Resources Department  
400 W. Grand Ave.  
Elmhurst, IL 60126  
855-471-4372

## ***Complaints***

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit [www.hhs.gov/ocr](http://www.hhs.gov/ocr) for further information.



# LEGAL NOTICES

## Medicare Part D Notice Requirements

Effective January 1, 2006, new prescription drug coverage, Medicare Part D, became available to everyone with Medicare as part of the Medicare Modernization Act of 2003. This act also includes additional notice requirements for employers that provide group medical coverage to their employees and dependents.

We are required to notify employees and dependents who are Medicare entitled and covered under our group medical plan whether or not our plan provides comparable coverage to Medicare Part D. These notices must be provided:

- Annually
- Upon an employee or dependent becoming Medicare entitled, including entitlement due to a disability
- When a Medicare entitled individual enrolls in our group medical plan.

We have determined that our group medical plan is creditable and are providing you the following Notice of Creditable Coverage. Please retain this for your records.

In order to assist us with future compliance, please contact the Benefits Group immediately upon becoming Medicare entitled.

## Important Notice from The Boyd Group 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 The Boyd Group 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. The Boyd Group has determined that the prescription drug coverage offered by The Boyd Group 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.



# LEGAL NOTICES

## **When Can You Join a Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two- (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## **What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Boyd Group coverage will be affected. If you do decide to join a Medicare drug plan and drop your current Boyd Group coverage, be aware that you and your dependents will not be able to get this coverage break.

## **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 The Boyd Group and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## **For More Information About This Notice or Your Current Prescription Drug Coverage...**

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through The Boyd Group changes. You also may request a copy of this notice at any time.

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

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

## **For more information about Medicare prescription drug coverage:**

- Visit [www.medicare.gov](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.



# LEGAL NOTICES

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).

## **Important Information About the Notice on Health Insurance Marketplace Coverage Options and Employer-Provided Benefits**

We are required to provide you with information about your Health Insurance Marketplace Coverage options. You are currently eligible to receive health benefits through the Company, but if you are interested in learning more about the Marketplace, please read the information below and Part A of the enclosed notice for general information. If you're interested in applying for coverage through the Marketplace, Part B of the notice provides important information you will need to know.

The Boyd Group is required to send the enclosed notice to every U.S. employee to comply with rules under the federal Patient Protection and Affordable Care Act (ACA).

### **Why Am I Receiving This Notice?**

This notice provides you with instructions on how to access information about the Health Insurance Marketplace, which offers health plans to you through either your state or the U.S. Department of Health and Human Services.

### **What Do I Need to Do?**

You don't need to do anything, unless you're interested in Marketplace coverage. As you know, you're currently eligible to participate in The Boyd Group's group health plan.

### **How Does My Boyd Group Coverage Compare to Marketplace Coverage?**

The Boyd Group's group health plan intends to provide more coverage at a lower cost to you than a Marketplace health plan.

If you buy insurance in the Marketplace, you will not receive any contribution from The Boyd Group. The Boyd Group already meets government standards for providing minimum, affordable coverage.

If you want to continue health coverage through The Boyd Group, you don't need to take further action.

### **What if I'm Interested in Marketplace Coverage?**

Go to [HealthCare.gov](http://HealthCare.gov) to review the plans available in your state.

Keep the enclosed notice because it has information you'll need to enroll in Marketplace coverage. Compare your Boyd Group coverage costs to those of the Marketplace during enrollment.





# LEGAL NOTICES

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

### PART A: General Information

When key parts of the healthcare law took effect in 2014, there was 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.

#### 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.<sup>1</sup>

**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 the **Benefit Advocate Center (BAC) - (855) 295-6945**.

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.



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<sup>1</sup> An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60% of such costs.

## 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.

<b>3. Employer name</b> The Boyd Group	<b>4. Employer Identification Number (EIN)</b> 51-0394062	
<b>5. Employer address</b> 400 W. Grand Avenue	<b>6. Employer phone number</b> 630-532-5776	
<b>7. City</b> Elmhurst	<b>8. State</b> IL	<b>9. ZIP Code</b> 60126
<b>10. Whom can we contact about employee health coverage at this job?</b>		
Michelle Anderson		
<b>11. Phone number</b> 630-532-5776	<b>12. Email address</b> <a href="mailto:michelle.anderson@gerbercollision.com">michelle.anderson@gerbercollision.com</a>	

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

### As your employer, we offer a health plan to:

- All employees
  - Full-time hourly/commissioned and salaried employees working 30 or more hours per week are eligible for most benefits on the first of the month following 30 days of employment.
- Some employees. Eligible employees are:

### With respect to dependents:

- We do offer coverage. Eligible dependents are:
  - Your lawful spouse
  - Children who meet the following criteria:
    - Your natural child, stepchild, adopted child (including a child legally placed with you for adoption), or foster child
    - Under age 26\*
 

\*The age 26 limit does not apply to eligible children who can’t support themselves because of a physical or mental disability that existed and was certified before the child reached age 26.



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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. Below is 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.

For assistance in completing this section, please contact the Benefits Group at [515-875-4500](tel:515-875-4500).

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? The first day of the month following 30 days of employment.**

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 this 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?



# LEGAL NOTICES

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?

## Model General Notice of COBRA Continuation Coverage Rights

\*\* 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.



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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.

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;
- 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 60 days after the qualifying event occurs. You must provide this notice to: The Boyd Group's Benefit Advocate Center.**



# 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 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, Medicare, Medicaid, Children's Health Insurance Program (CHIP), 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).



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## **Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?**

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you **enroll in the other part of Medicare after the date of the election of COBRA coverage.**

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

**For more information visit <https://www.medicare.gov/medicare-and-you>.**

### **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/ebsa](http://www.dol.gov/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.

### **Plan contact information**

Human Resources at 855-471-4372

*This benefit summary prepared by*



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