

Audiology Benefits Services

Employee Benefits Program New Employees 2017

A U D I O L O G Y
B E N E F I T S S E R V I C E S 

Key Notes

- Benefit Overview
- Eligibility
- Plan Review
- How to enroll

Benefits Overview

- Audiology Benefit Services (ABS) is the heading under which benefits are offered across all businesses.
- We value our employees and strive to offer the most competitive cost effective benefit plans.
- Given the changing healthcare environment, we encourage you to be a smart consumer and to choose the healthcare plan and services that are the most cost effective for you and your family.

What is New Hire Enrollment?

- Opportunity to elect or waive benefits for the coming policy year. Elections made as a newly hired employee cannot be changed until the next annual Open Enrollment for 2018.
- Aside from your New Hire elections and Open Enrollment, changes to your elections can only be made during the plan year if a Qualifying Event occurs.
 - Marriage, divorce, birth or adoption, death
 - Spouse loses coverage
 - During spouse's open enrollment period
- If you waive supplemental and/or voluntary coverages now and wish to enroll at a later date certain limitations may apply.



Enrollment Information

- You are eligible for health and welfare benefits on the 1st of the month following 30 days of service.
- **Enrollment is mandatory.** You will need to make your benefit elections / waivers on the benefits enrollment site. **You must enroll in your benefits within 30 days of your eligibility date or you will be defaulted to no coverage.**
- Initial login instructions are provided by email from the Benefits Department.
- Detailed enrollment instructions are available upon login
- Benefits Hotline:
 - (732) 560-9586 9am – 5pm EST – Mon-Fri
 - Email: Benefits@dgs.com

Who is Eligible?

- **Employees:**
 - Full time working 30 hours per week

- **Dependents:**
 - Spouse
 - Domestic Partner – Same & Opposite Sex
 - Dependent Children to Age 26

Benefit Options & Flexibility

During your new hire period, you may elect the following:

Medical Plans:

Four choices

Dental:

Three choices

Vision:

One choice

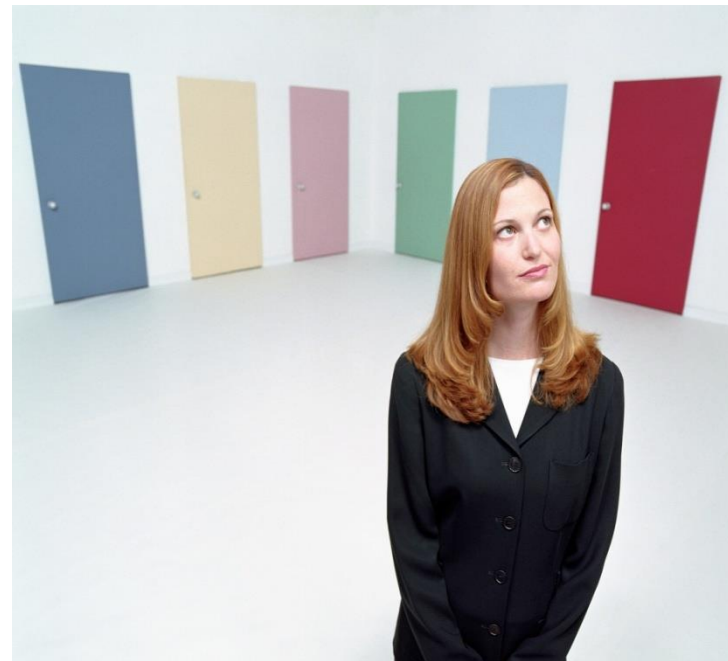
Flexible Spending Accounts:

Medical
Dependent Care

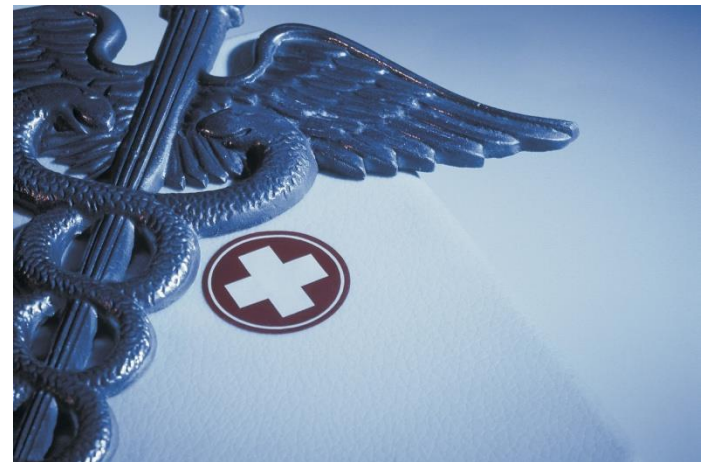
Health Savings Account:

Bundled with medical HDHP

Voluntary Life & Disability Coverage Options



Medical Plans



Four Medical Plan Options

Spectrum of Plans

Lowest Out of Pocket / Highest Cost

CoPay Plan 1

- Direct Access Plan
- In and out-of-network

CoPay Plan 2

- Direct Access Plan
- In and out-of-network



CoPay Plan 3

- EPO Plan
- In Network Only

HDHP / HSA

- Direct Access Plan
- In Network & Out of Network
- HSA Employee/ Employer funding opportunity

Highest Out of Pocket / Lowest Cost

Horizon BC Copay Plans – 2017 Summary of Benefits

Plan Provision:	CoPay Plan 1 Direct Access Plan	CoPay Plan 2 Direct Access Plan	CoPay Plan 3 EPO Plan	High HDHP / H.S.A. Direct Access Plan
<i>Company H.S.A. Funding</i>	N/A	N/A	N/A	Matching - Up to \$500
<u>In - Network</u>	<u>In - Network</u>	<u>In - Network</u>	<u>In - Network</u>	<u>In - Network</u>
<i>Office Visit CoPay - Primary / Specialist</i>	\$25 / \$50	\$25 / \$50	\$30 / \$50	deductible / coinsurance
<i>Deductible (Single / Family)</i>	\$500 / \$1,000	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,500 / \$5,000 (Combined)
<i>Coinsurance % - Horizon Pays</i>	90%	80%	70%	80%
<i>Out of Pocket Maximum (Single / Family)</i>	\$2,000 / \$4,000 <i>includes Ded./Copays - Med & RX</i>	\$4,000 / \$8,000 <i>includes Ded./Copays - Med & RX</i>	\$5,000 / \$10,000 <i>includes Ded./Copays - Med & RX</i>	\$5,000 / \$10,000 <i>includes Ded./Copays - Med & RX</i>
<i>Hospital InPatient</i>	deductible / coinsurance	deductible / coinsurance	deductible / coinsurance	deductible / coinsurance
<i>Emergency Room CoPay</i>	\$100 CoPay; 90%	\$100 CoPay; 80%	\$100 CoPay; 70%	deductible / coinsurance
<i>Preventive Care</i>	covered 100% - no copay	covered 100% - no copay	covered 100% - no copay	covered 100% - deductible waived
<i>Mental / Health-Substance Abuse</i>	\$50 CoPay	\$50 CoPay	\$50 CoPay	deductible / coinsurance
<i>Major Diagnostic (CAT,MRI,PET Scans)</i>	deductible / coinsurance	deductible / coinsurance	deductible / coinsurance	deductible / coinsurance
<i>Outpatient Surgery</i>	deductible / coinsurance	deductible / coinsurance	deductible / coinsurance	deductible / coinsurance
<u>Out of Network</u>	<u>Out of Network</u>	<u>Out of Network</u>	<u>Out of Network</u>	<u>Out of Network</u>
<i>Deductible (Single/Family)</i>	\$1,000 / \$2,000	\$2,000 / \$4,000	n/a	\$2,500 / \$5,000 (Combined)
<i>Coinsurance % - Horizon Pays</i>	70%	60%	n/a	60%
<i>Out of Pocket Maximum Single/ Family</i>	\$4,000 / \$8,000 <i>Includes Ded. & Coin.</i>	\$7,500 / \$15,000 <i>Includes Ded. & Coin.</i>	n/a	\$10,000 / \$20,000 <i>Includes Ded. & Coin.</i>
<i>Preventive Care</i>	coinsurance only	coinsurance only	n/a	coinsurance only
<i>Lifetime Maximum (In & Out-of-Network)</i>	Unlimited	Unlimited	Unlimited	Unlimited
<i>Retail Rx (Rx Includes Specialty Drugs)</i>	<i>All Prescription Coverage includes reimbursement for PPACA Mandated Preventive & Well Care Drugs</i>			
<i>Retail CoPay</i>	\$20 / \$40 / \$70	\$20 / \$40 / \$70	\$50 Ded., then \$20 / \$40 / \$75	deductible / coinsurance
<i>MailOrder CoPay</i>	\$40 / \$80 / \$140	\$40 / \$80 / \$140	\$40 / \$80 / \$150	deductible / coinsurance

Claim Example – Single Coverage

In Network Benefits	CoPay Plan 1	CoPay Plan 3
Knee Surgery (Example Only):	<p>\$1,200 MRI</p> <p><u>\$8,000</u> Surgery</p> <p>\$9,200</p>	<p>\$1,200 MRI</p> <p><u>\$8,000</u> Surgery</p> <p>\$9,200</p>
Deductible:	\$500 Member pays	\$1,500 Member pays
Coinsurance after deductible:	\$870 -Member pays <u>10%</u> (\$9,200 - \$500 = \$8,700)	\$2,310 –Member pays <u>30%</u> (\$9,200 - \$1,500 = \$7,700)
Total Member Paid:	\$1,370	\$3,810
Plan Paid:	\$7,830	\$5,390
Payroll Contribution (annual)*	\$2,905	\$855
Total out of pocket for Employee *	\$4,275	\$4,665

* For illustrative purposes only, not based on actual payroll contributions.

Prescription Drug Program

- “Smart” PA = step therapy
 - *For certain medications, the generic drug must be used before a brand name medicine will be approved.*
- Generic Incentive
 - *Cost impact for utilizing brand named medication that have a generic equivalent.*
 - *Prior authorization for a brand medication may be requested by your physician.*
- Prior Authorization for certain medications

Detailed information / RX benefit flyers posted on the *Benergy* benefits website.

Pre-certification



- Some procedures may require pre-certification.
 - **In-network**: Your prescribing physician is responsible for all medical pre-certifications
 - **Out-of-network**:
You are responsible for pre-certifications (although your doctor may assist)
 - **Penalty if out-of-network procedure is not certified!**
- Pre-certification may be obtained by calling the number on your ID Card.

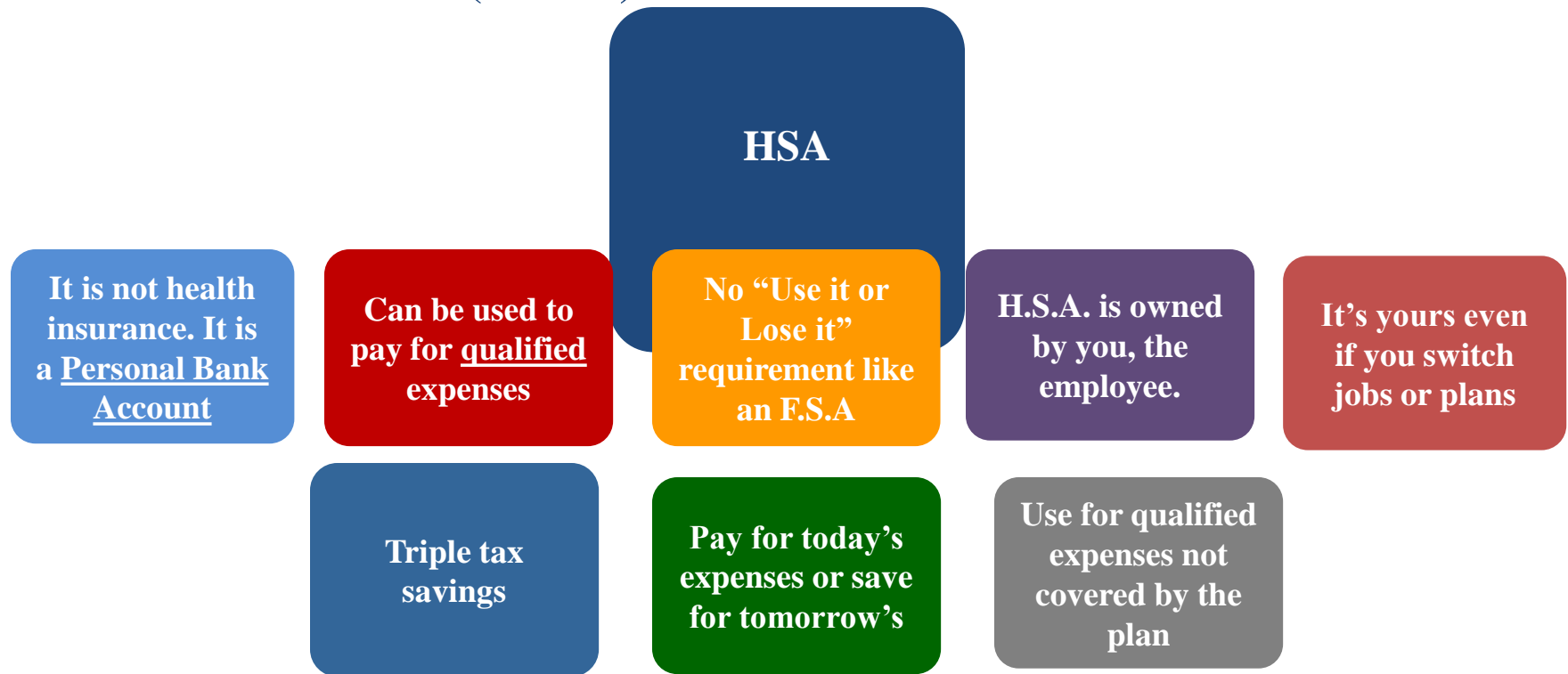
Please refer to the benefits materials on Benergy for complete pre-certification requirements and listing of out-patient procedures that may require pre-certification.

Health Savings Account



What is a Health Savings Account (HSA)?

A Health Savings Account is a **Personal Bank Account**. You are eligible to open a Health Savings Account only if you are enrolled in a **Qualified High Deductible Health Plan (HDHP)**.



How you can use the HSA



Medical,
pharmacy,
dental and
vision care and
services

Medical plan
deductibles and
coinsurance

Coverage while
receiving
unemployment
benefits

COBRA
continuation
coverage

Use HSA dollars to
pay for qualified
expenses for your
spouse or
dependents

Eligible long-term
care premiums

Medicare
premiums and
out-of-pocket
expenses

High Deductible Health Plan w/HSA Account

Administered through Mellon Bank

Health Savings Account – paired with HDHP

- Set aside pre-tax contributions to pay for qualified medical , dental, vision expenses – e.g. deductibles, coinsurance, copays
- Annual limit to funding an HSA Account for 2017:

Single:	\$3,400
Family:	\$6,750
55+ Catchup	\$1,000
- **Company will match your HSA funding up to \$500 –annual maximum includes both EE & ER contributions.**



Managing Your H.S.A.

Using your debit card

- Use to pay for prescriptions at the pharmacy
- Use as to pay eligible healthcare expenses
- Online payments & transfer of funds
- No ATM withdrawals available
- Monthly Maintenance fee of \$3.50

Investments Options

Portfolio of 22 funds

\$1,000 minimum balance required to initiate an investment

Requesting additional cards

- Additional cards available upon request

Paper statements

- Statements are available online
- Paper statements are available for \$1.25 per statement

Picking the Right Plan



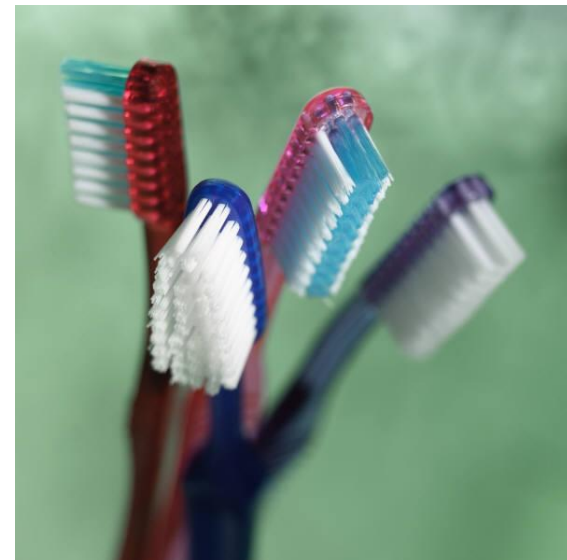
Tips on how to choose a plan:

Considerations:

- Review coverage options and compare with your Spouse/Domestic Partners employer sponsored plans to find a plan that best suits your health and financial needs.
- Network status of current providers used?
- Types of medical expenses incurred throughout the year (i.e. routine, chronic, medications)?
- Payroll deductions vs. plan out of pocket costs (*copays, deductible, coinsurance*)
- Supplemental pre-tax plans (i.e. FSA or HSA)



Dental Plans



Three Dental Plan Options

Spectrum of Plans

Buy Up PPO

- In and out-of-network
- Deductible / Coinsurance

Base PPO

- In and out-of network
- Deductible / Coinsurance



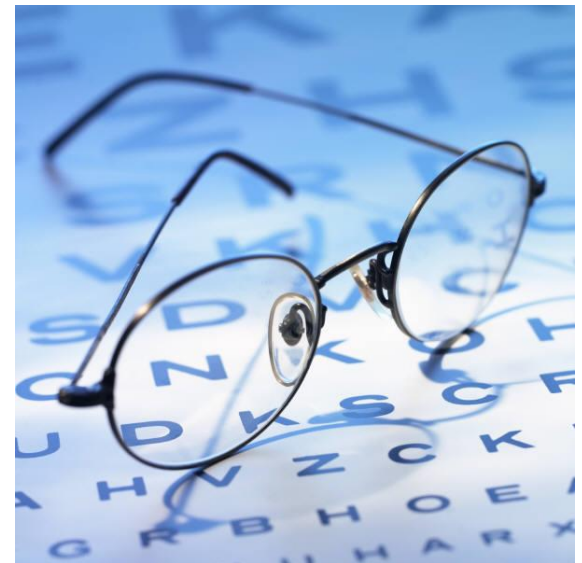
DHMO Plan

- In Network Only
- Scheduled CoPays
- **Must choose Cigna dentist when enrolling**

Cigna Dental Plans – Summary of Benefits

	Cigna		Cigna		Cigna
	Buy-Up PPO Plan		Base PPO Plan		DHMO
	In Network	Out of Network	In Network	Out of Network	In Network Only
Carrier:					
Plan Type:					
Deductible	None	None	None	None	N/A
Level of R&C	Discounted Fees	80th Percentile	Discounted Fees	80th Percentile	N/A
<u>Coinsurance:</u>					
Preventive Services <i>Cleaning, Exams, X-rays</i>	100%	100%	80%	80%	100%
Basic Services <i>Fillings, Oral Surgery, Periodontics, Endodontics</i>	90%	80%	80%	80%	Based on Fee Schedule
Major Services <i>Bridges, Crowns, Dentures Inlays & Onlays</i>	60%	50%	50%	50%	Based on Fee Schedule
Annual Maximum Per Person	\$2,000		\$1,000		Unlimited Maximum
Orthodontic Services	50%	50%	50%	50%	Based on Fee Schedule
	Children to age 19		Children to age 19		(Children & Adults)
Ortho Lifetime Maximum	\$1,000		\$1,000		

Vision Plan



Voluntary VSP Vision Plan Premier Plan

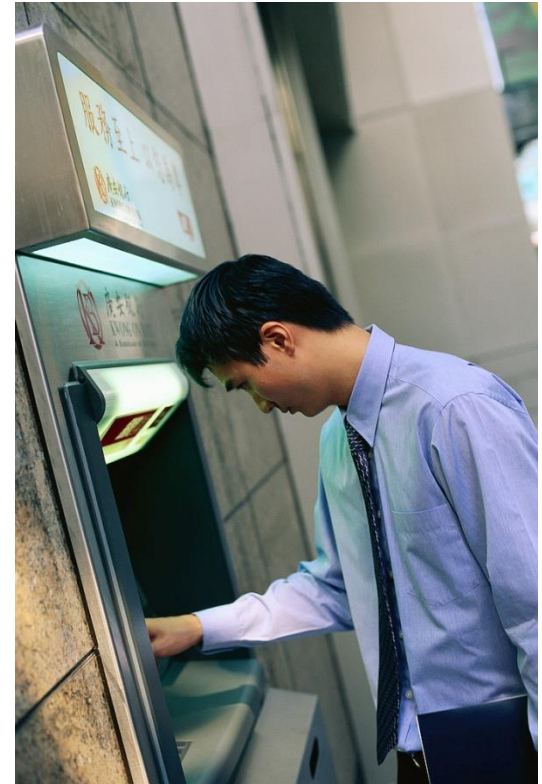
Carrier:	VSP	
Plan Type:	Premier	
What's Covered?	In-Network	Out-of-Network
Exam	\$15 CoPay	\$45
Frames	\$25 CoPay then 100% up to \$150	\$70
Single Lenses	100%	\$30
Bi-Focal Lenses	100%	\$50
Tri-Focal Lenses	100%	\$65
Contact Lenses	100% up to \$150, \$60 Copay for fitting and evaluation	\$115
Frequency	Every Calendar Year	Every Calendar Year
Laser Vision	Discounts provided from approved providers	

Flexible Spending Accounts (FSA)

A U D I O L O G Y
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What is a Flexible Spending Account?

- Employee owned account(s) that use pre-tax dollars to pay for eligible out-of-pocket expenses:
 - Medical expenses
 - Dental expenses
 - Vision expenses
 - Day care expenses (separate account)
- Limited FSA (for H.S.A. members)
 - Dental expenses
 - Vision expenses



How does it work?

- Annual Maximums
 - Health Care: \$2,500 (minimum \$200)
 - Dependent Care: \$5,000 (\$2,500 if married and filing separately)
- Annual Election
 - Cannot change contribution amount unless “qualifying event” occurs.
- Healthcare Fund - allows for \$500 Roll Over of unused funds

FSA Debit Card

- FSA members will receive a debit card for healthcare expenses as an alternative method of receiving FSA reimbursements.
- Save copies of receipts, in the event a debit card claim needs to be substantiated.
- Most vendor credit card machines are coded to accept eligible FSA expenses. In the event the card does not work, paper reimbursement is still available.
- Examples of eligible and non-eligible expenses on [Benergy](#)



Life & Disability Plans

A U D I O L O G Y
B E N E F I T S S E R V I C E S 

Life

Short Term Disability

Long Term Disability

- There are different tiers of eligibility based on your specific employer.
- Opportunity to purchase supplemental and/ or voluntary benefits under these programs.
- Your specific benefits and available elections will be provided to you via the on-line enrollment portal.

Absence Management

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B E N E F I T S S E R V I C E S 

The Standard Absence Management Program

- Contact The Standard if you are absent from work, or know you will be absent from work for more than 3 calendar days due to:
 - Your own serious health condition (including pregnancy)
 - To care for your newborn child
 - The placement of your adopted or foster child
 - To provide care for a qualifying family member with a serious health condition
 - To care for a covered service member injured in the line of duty
 - For qualifying military exigency
- Contact The Standard at 866-756-8116 or at www.standard.com
- Additional information about this program can be found at www.mybenergy.com.

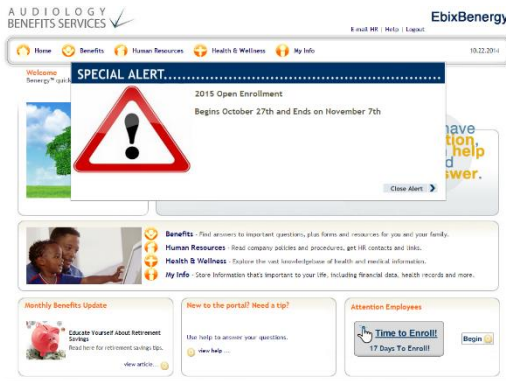
How To Enroll

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MyBenergy

24 /7 Access to your Important Benefit Information

- Summary of Benefits Coverage (SBC's)
- Compare Plans
- Links to Carrier Websites
- Important Notices about your Rights under the Plan
- Tools to manage your health care & Wellness Resources



www.mybenergy.com

User ID: ABS
Password: Benefits

Online Enrollment

- **In order to have benefits you must enroll.** You will need to make your benefit elections / waivers on the online enrollment site.
- Enrollment Instructions are available via email from Benefits.

The screenshot shows a web browser window with a blue header that reads "Welcome to the Benefits Enrollment Site". Below the header is a white box with the title "Website Logon". Inside this box, there is a dark blue bar with the text "Please enter your Username & Password:". Below this bar are two input fields: "Username:" and "Password:". To the right of the "Password:" field is a yellow "Logon" button.

The screenshot shows a document titled "AUDIOLOGY BENEFITS SERVICES" with a logo. Below the title is "2015 Benefits Open Enrollment - Online Instructions" and "Enrollment Period: October 27, 2014 through November 7, 2014". The document contains several sections: "Before you begin" with a bullet point about Social Security number (SSN) and Date of Birth (DOB); "To Enroll:" with a list of steps including going to www.mibenefits.com, logging in with SSN and password, and selecting "Enroll in My Benefit Plans"; and "Keep in Mind" with a note about the annual enrollment period and the opportunity for a change on January 1, 2015. There are also small screenshots of the website interface.

Benefits Hotline

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Need Additional Assistance?

732-560-9586

benefits@dgs.com