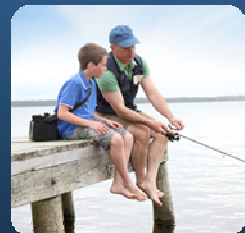
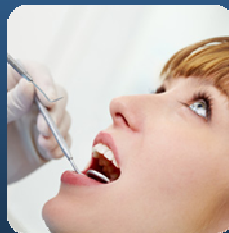




ENROLL NOW

# Eligible Member's Benefits Enrollment Guide

Plan Year: 2014



# Welcome to Annual Enrollment for your 2014 Benefits!

Elections you make during your enrollment are paid for by you *directly* the 20<sup>th</sup> of each month (bank drafted, not payroll deducted), and will become effective only after the initial payment is received.

Your Organization offers you and your eligible family members a comprehensive and valuable benefits program. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

*The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact your Employee Liaison.*



## Who is Eligible?

If you are an Eligible Member (working 30 or more hours per week, and current on dues if required) you are eligible to enroll in the benefits described in this guide. Spouses and dependent children are also eligible for medical, dental, and vision coverage.



## How to Enroll

The first step is to login through [www.VBGConnect.com](http://www.VBGConnect.com) and review your current benefit elections. Verify your personal information and make any changes if necessary. Make your benefit elections. Once you have made your elections, you will not be able to change them until the next annual enrollment period unless you have a qualified change in status.



## When to Enroll

The annual enrollment period runs from November 15, 2013 through December 15, 2013. The benefits you elect during annual enrollment will be effective from January 1, 2014 through December 31, 2014.

Newly hired employees mid-year will have 30 days from their start date to complete their enrollment for benefits to be effective the 1<sup>st</sup> of the month following 30 days of employment through December 31, 2014.



## How to Make Changes

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next annual enrollment period. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status.

# What's New for 2014?



Benefit information for this year.

- ✓ Medical
- ✓ Dental
- ✓ Vision
- ✓ Accident
- ✓ Life
- ✓ Supplemental
- ✓ Short Term Disability
- ✓ Cancer
- ✓ Hospital Protection
- ✓ Gap
- ✓ Critical Illness

## Medical and Prescription Drugs

Several changes took place for 2014 to meet the requirements and latest regulations of Health Care Reform. The following chart displays an overview of the benefits that have recently changed. The official plan summary and policy documents will be available on your client portals through [www.VBGConnect.com](http://www.VBGConnect.com), and will contain further details you should become familiar with. [Our annual enrollments follow a calendar year to easily follow your calendar year deductibles.]

In-Network Services	BASE		BUY-UP	
	Previous	Current (2014)	Previous	Current (2014)
<b>Physician Visit</b>	\$35/\$65	\$35/\$65	\$35/\$60	\$35/\$60
<b>Deductible</b> - Individual - Family	\$5,000 Individual 3 members per family	\$5,000 Individual 2 members per family	\$2,000 Individual 3 members per family	\$2,000 Individual 2 members per family
<b>Hospitalization</b>	20%	20%	0%	0%
<b>Preventive Care</b>	\$0 office visit copay; deductible waived	\$0 office visit copay; deductible waived	\$0 office visit copay; deductible waived	\$0 office visit copay; deductible waived
<b>Emergency Room</b>	20% after \$200 copay; deductible waived	20% after \$200 copay; deductible waived	20% after \$200 copay; deductible waived	20% after \$200 copay; deductible waived
<b>Coinsurance</b> - Individual - Family	\$5,000 Individual 3 members per family	\$1,350 Individual 2 members per family	\$0 Individual 3 members per family	\$0 Individual 2 members per family
<b>Prescription Drugs</b> - Retail/Mail Order - Generic - Preferred - Non-Preferred	\$20 copay for generic drugs, \$40 copay for formulary brand-name drugs, and \$70 copay for non-formulary brand-name drugs up to a 30 day supply at participating pharmacies.	\$20 copay for generic drugs, \$40 copay for formulary brand-name drugs, and \$70 copay for non-formulary brand-name drugs up to a 30 day supply at participating pharmacies.	\$20 copay for generic drugs, \$40 copay for formulary brand-name drugs, and \$70 copay for non-formulary brand-name drugs up to a 30 day supply at participating pharmacies.	\$20 copay for generic drugs, \$40 copay for formulary brand-name drugs, and \$70 copay for non-formulary brand-name drugs up to a 30 day supply at participating pharmacies.
<b>Total Out of Pocket Expense</b> - Individual - Family	\$10,000 \$30,000	\$6,350 \$12,700	\$2,000 \$6,000	\$2,000 \$4,000

## Your Cost

MEMBER MONTHLY RATES				
	Member Only	Member & Spouse	Member & Children	Member & Family
<b>BASE</b>	\$ 482.71	\$ 1,053.15	\$ 918.56	\$ 1,440.08
<b>BUY-UP</b>	\$ 598.18	\$ 1,331.02	\$ 1,161.28	\$ 1,832.25

## Dental

Your Organization's stand-alone dental plan allows you to seek treatment from the dentist of your choice. However, richer benefits are provided when you use in-network providers. ([www.mwgdental.com](http://www.mwgdental.com))

AMFIRST DENTAL PLAN	
Services	Amount You Pay
<b>Preventive Services</b>	Exams, cleanings, x-rays – 100% with no waiting period
<b>Deductible</b>	Applies to Basic, Major, and Orthodontia services only – \$50 Individual / \$150 Family
<b>Basic Services</b>	Fillings, simple extractions – 80% after deductible
<b>Major Services</b>	Oral surgery, root canal, crowns – 50% after deductible
<b>Orthodontia</b>	Available for children up to age 19 with a lifetime maximum of \$1,000
<b>Annual Maximum</b>	\$1,500
<b>Monthly Rates</b>	
<b>Member Only</b>	<b>\$ 31.92</b>
<b>Member &amp; Spouse</b>	<b>\$ 63.84</b>
<b>Member &amp; Children</b>	<b>\$ 72.27</b>
<b>Member &amp; Family</b>	<b>\$111.31</b>

## Vision

Your Organization's stand-alone vision plan allows you to seek treatment from the provider of your choice. However, richer benefits are provided when you use in-network providers. ([www.VSP.com](http://www.VSP.com))

Services	Amount You Pay
<b>Eye Exam</b>	Network = \$10 Copay Non-Network = Up to \$45 Reimbursement, subject to applicable copays
<b>Frames / Lenses: [Scratch Resistant Coating Included on all Lenses]</b>	
<b>Single Vision</b>	Network = \$25 Copay Non-Network = Up to \$30 Reimbursement, subject to applicable copays
<b>Bifocal Lenses</b>	Network = \$25 Copay Non-Network = Up to \$50 Reimbursement, subject to applicable copays
<b>Trifocal Lenses</b>	Network = \$25 Copay Non-Network = Up to \$65 Reimbursement, subject to applicable copays
<b>Frames</b>	Network = \$25 Copay / \$130 Retail Allowance + 20% discount Non-Network = Up to \$70 Reimbursement, subject to applicable copays
<b>Contacts In Lieu of Glasses:</b>	
<b>Medically Necessary</b>	Network = Covered in Full, subject to applicable copays Non-Network = \$210 Allowance, subject to applicable copays
<b>Elective</b>	Network = Covered up to \$130 Allowance, subject to applicable copays Non-Network = Reimbursed up to \$105, subject to applicable copays
<b>Exam Frequency</b>	12 Months
<b>Lens Frequency</b>	12 Months
<b>Frames Frequency</b>	24 Months
<b>Monthly Rates</b>	
<b>Member Only</b>	<b>\$ 7.93</b>
<b>Member &amp; Spouse</b>	<b>\$ 17.05</b>
<b>Member &amp; Children</b>	<b>\$ 17.05</b>
<b>Member &amp; Family</b>	<b>\$ 17.05</b>

## Basic Life Insurance

Your Organization provides Eligible Members enrolled in one of the health packages with \$20,000 group life and accidental death and dismemberment (AD&D) insurance through Aetna, included in the cost of your medical package selection. Contact your Employee Liaison to update your beneficiary.

## Voluntary Life Insurance

Members who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through monthly rates. You can purchase coverage on yourself in \$10,000 increments between \$10,000 and \$250,000, and for your spouse in \$5,000 increments between \$5,000 and \$100,000, not to exceed 50% of the Member benefit.

Monthly Cost for Each \$1,000 of Member & Spouse Life Insurance Coverage										
Age	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64
Life with AD&D	\$0.102	\$0.087	\$0.107	\$0.126	\$0.158	\$0.212	\$0.330	\$0.508	\$0.817	\$0.925
Age	65-69	70-74	75+	<b>\$10,000 Dependent Children Life with AD&amp;D</b> \$1.58 Monthly Premium per Family						
Life with AD&D	\$1.172	\$2.965	\$6.290							

Life and AD&D benefits reduce by 35% of the original amount at age 65, by 60% of the original amount at age 70, and by 50% of the original amount at age 75.

Evidence of Insurability is required for all applicants not enrolling at the time of hire or for those applicants requesting coverage above \$100,000 for the employee or above \$20,000 for the spouse.



## Additional Benefit Offerings

As an Eligible Member, you may also receive the following benefits included in the cost of your medical package selection:

### Supplemental Accident

When you are enrolled in our medical plan you also receive a supplemental accident policy and short term disability policy through AIG. The effective date of your accident policy should coincide with your medical plan's effective date. Your policy will be delivered to your home mailing address, and while you do not need to carry this policy information with you, you should have it saved along with your life insurance policies should they be needed in the future

*If you are enrolled in the company's medical plan, you will not be billed for this accident policy or base short term disability policy. However, if you would like to include your family members under the supplemental accident, you can add them during your enrollment, and their rates will be added to your monthly payment.*

### Cost Containment Tools

**Healthcare Bluebook:** Through your VBGConnect.com portal, you have access to pricing tools for pre-scheduled expenses such as Wellness Screenings, MRIs, surgeries, and more. It is everybody's responsibility to make sure you are making wise choices with your healthcare dollars to keep lower rates and potentially see a decrease in rates the next year. (Example, for an MRI of the knee within 10 miles of zip code 76248, the provider may bill you – or your insurance - \$411 to \$3,895 for the exact same procedure.) You have a choice in providers and expenses and we've provided the tools for you to take charge of these costs.

You are also eligible to enroll or participate in the following voluntary programs as direct pay:

- Accident (buy-up)
- Cancer
- Critical Illness
- Hospital Protection
- Short Term Disability

Applications are available by contacting your Employee Liaison.

## Questions & Answers

### Changes that can be made during annual enrollments or with a qualifying event:

- ◆ Add/Change/Drop benefits (i.e. BASE to BUY-UP)
- ◆ Add/Change/Drop dependent coverage under employee benefit plans
- ◆ Evidence of Insurability is required for some requests, and you will communicate with your Employee Liaison regarding these requirements.

### Forms to be completed if making changes:

- ◆ Visit [www.VBGConnect.com](http://www.VBGConnect.com) for enrollment changes online (to change benefit plans or individual/dependent coverage levels in the benefit plans).
- ◆ Voluntary Life with AD&D, as well as some supplemental plans require additional forms or evidence of insurability. If any forms are requested from you, please communicate with your Employee Liaison to ensure all forms are completed and returned in a timely manner.

### What MUST be completed?

- ◆ For Your Organization to remain compliant under state and federal regulations, your online enrollment must be completed through [www.VBGConnect.com](http://www.VBGConnect.com) to waive benefits, to keep your benefits the same (with or without changes), or to elect new benefits when eligible.
- ◆ If you are not able to enroll online, please contact your Employee Liaison listed below for enrollment by phone on a recorded line, and please be sure to have birth dates and social security numbers for all family members available.

### Where do I enroll?

- ◆ [www.VBGConnect.com](http://www.VBGConnect.com)
- ◆ Your User ID is your SSN, and your PIN is defaulted to the last 4 digits of your SSN.
- ◆ If you are not able to enroll online, please contact your Employee Liaison listed below for enrollment by phone on a recorded line, and please be sure to have birth dates and social security numbers for all family members available.
- ◆ This is the same place you will login for access to your dashboard for temp cards.

### When are the deadlines for enrollment?

- ◆ All annual enrollments are due by **December 15<sup>th</sup>** each year.
- ◆ Mid-year enrollments resulting from qualifying events are due by the 30<sup>th</sup> day from the qualifying event date.
- ◆ Mid-year enrollments resulting from new employment are due by the 30<sup>th</sup> day from the start date as a new employee.

### Who do I contact with benefits questions?

- ◆ Contact your Employee Liaison with any questions you may have.

### Other Information:

- ◆ If you do not make changes to your benefit elections annually, those elections will automatically roll over for the following plan year. However, you will lose any pre-tax status, if applicable, if you do not confirm your acceptance of your benefit plans under Sec.125 rules.

YOUR EMPLOYEE LIAISON		
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