



2017–2018 *Guide to your* **BENEFITS**



August 1, 2017–July 31, 2018

Benefits Overview Video

Scan QR code or visit:

<http://www.brainshark.com/HRTechnologies/Asbury2017benefits>



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Have questions?

Client Advocates at PSA Insurance & Financial Services can help you and your eligible family members with your benefit needs, such as:

- Questions regarding eligibility and benefits
- Claims questions and issue resolution
- Enrollment support during Open Enrollment and for new hires
- Change-in-status events

Call 1-877-716-6618 or email Asbury@psafinancial.com. Available Monday through Friday, 8:30 a.m. to 5 p.m. (Eastern Time).



Associates are the reason for Asbury's success, and we are dedicated to providing a competitive compensation and benefits package, a safe workplace, and other programs to assist you and your family on and off the job.

We understand that each individual has different needs. As an associate, you have the ability to choose plans for you and your family that are cost-effective and comprehensive in design. Please take the time to review all of the information in this guide. This guide was designed to help you make educated and sound decisions regarding your benefits.



Get the tools and information you need to participate in Asbury's Benefits program by going to the Associate Resources webpage at www.asbury.org/associates — accessible from anywhere at any time from any device (smartphone, computer, or tablet.)



Benefits enrollment is fast, easy, and convenient with our UltiPro online enrollment system!

ENROLLING IN YOUR BENEFITS



Enroll online at

<https://e13.ultipro.com/login.aspx>



Want to take a quick tour to learn how you can use UltiPro to review, elect, and submit your benefit choices?

Visit <http://bit.ly/UltiProQuickTour-LifeEvents>.

When you're ready to enroll:

1. Visit <https://e13.ultipro.com/login.aspx>.
2. Once logged in, click on the Menu button in the upper left, hover over the "Myself" tab, and navigate to "Life Events."
3. For new hires, select "I am a new employee."
4. The system will prompt you to add your dependents and beneficiary information, and will then walk you through the steps to enroll in each benefit.
5. Once you are finished with your elections, the last page will show a summary of the changes you are about to make. Please verify your changes carefully and review any outstanding actions or errors. You must take care of these action items prior to submitting your final elections. When you are satisfied with your changes, please print a copy of this page for your records and click the Submit button to submit your elections.



Before you enroll:

- Familiarize yourself with your options by reading this **2017-2018 Guide to your Benefits**.
- Have the following information handy:
 - Social Security Numbers for you and your eligible dependents
 - Dates of Birth for you and your eligible dependents



The benefits Plan Year runs August 1, 2017 through July 31, 2018. You will not be able to make changes to your elections during the plan year, unless you are a new hire, or you or one of your dependents experience a qualified change-in-status event. See page 5 of the **2017-2018 Guide to your Benefits** for details regarding change-in-status events.



As a benefits-eligible Asbury Associate, you and your dependents can participate in the benefits described in this 2017-2018 Guide to your Benefits.

BENEFITS ELIGIBILITY

Employees

Associates whose work status is at least 60 hours per pay period (excluding seasonal, interns, and temporary workers) are eligible for benefits. Benefits for newly hired associates are effective on the first day of the month on or following 60 days of employment.

Eligible Dependents

In addition to enrolling yourself, you may also enroll any eligible dependents. Eligible dependents are defined as:

- **Spouse:** a person to whom you are legally married by ceremony.
- **Child(ren):** Your biological, adopted, or legal dependents.
 - Medical, Dental, Vision, Critical Illness Insurance, and Accident Insurance: eligible up to age 26 regardless of student, financial, and marital status.
 - Supplemental Life Insurance: eligible age 6 months up to age 18, or up to age 23 if a full-time student.
- **Disabled Child**
 - A child who is unmarried and is dependent on you and your spouse as a result of a mental or physical incapacity.
 - A child who is disabled prior to reaching the maximum age allowed under the plan.

Dependent coverage terminates on the last day of the month in which the dependent ceases to meet the definition of an eligible dependent.



Are you a new associate?

If you are a new associate eligible to receive benefits, **you must go online and enroll within 30 days** from your date of hire. If you do not complete your enrollment within this time frame, you will not have benefit coverage and will not be able to enroll until the next Benefits Open Enrollment period, unless you have a qualified change-in-status event.

CHANGE-IN-STATUS EVENTS

Life is constantly changing. Sometimes these changes mean you may need to make updates to your current benefit elections. When one of these qualified change-in-status events happen, you can make certain changes to your benefit elections without waiting for the next annual Benefits Open Enrollment.

You must be employed for at least 60 days and you must notify your Human Resources Department within 30 days of the change-in-status event in order to make a change to your benefit elections. Documentation supporting the change will be required.

Benefit changes must be consistent with your change-in-status event. For example, if you have a baby, you may add the baby to your medical coverage. You cannot, however, drop dental coverage for other family members at this time. Also, you cannot change your plan option; for example, you cannot change from one PPO medical plan to another.

Some examples of change-in-status events include:



Marriage or divorce



Birth, adoption, or death



Change in employment, or employment status for you, your spouse, or your dependent child



Eligibility for, or loss of other coverage, due to spouse's Benefits Open Enrollment period, or a loss or gain of benefit eligibility



The benefits plan year runs from August 1, 2017 through July 31, 2018. You will not be able to make changes to your elections during the plan year, unless you or one of your dependents experience a change-in-status event. If you do not experience a qualified change-in-status event, the elections you make will remain in effect through July 31, 2018.

Documentation is required to make changes.



For documentation to be valid, it must be a copy of an official document and include the impacted member's name and the date of the event.

Some examples of documentation include:

Event	Documentation required
Marriage	Marriage certificate
Divorce	Divorce decree
Spouse starting or ending employment	Letter from spouse's employer
Spouse losing other coverage	Letter from spouse's employer
Birth or adoption of a child	Birth certificate or adoption certificate
Death of a spouse or child	Death certificate
Court order requiring you to cover a child	Court order

Don't understand what a change-in-status event is?

Scan the QR code below or visit <http://bit.ly/Change-in-Status> to watch a short video.



WORKING ON WELLNESS PROGRAM

Asbury's mission involves a strong commitment to doing all the good we can by enabling personal fulfillment and enriching the lives of those we serve and associates. As part of that mission, we encourage residents and associates to live a healthy lifestyle. The WOW! Working on Wellness program is a wellness and healthy living program designed for associates that provides fitness activities, health risk evaluation, and healthy lifestyle coaching.



Earn a total of 150 incentive points by completing a Biometric Screening (50 points), Personal Health Profile (50 points), and earning 50 additional points in the Wellness program.

Benefits-eligible associates will be eligible to pay a lower medical plan payroll deduction for the 2018-19 plan year by completing all of the steps in the wellness program. To earn your wellness incentive for the 2018-19 plan year, you (and your spouse, if you elected employee + spouse or family coverage) will need to **complete the steps below by May 31, 2018, for a total of 150 points**. For those Associates not covered by an Asbury medical plan, you are eligible to earn a \$100 wellness incentive if you complete all of steps in the wellness program.

Step 1: Biometric Screening (50 points)

Complete a Biometric Screening (50 points) by using a Physician Form. This form can be taken to your doctor during a routine visit. Your doctor will complete the bottom portion of the form and send it to Health Advocate.

Step 2: Personal Health Profile (PHP) (50 points)

Associates (and your spouse if you elected employee + spouse or family coverage) complete the PHP, which is a series of questions designed to help identify your potential health risks. To complete your PHP, log on to the secure website hosted by Health Advocate at www.HealthAdvocate.com/members.

New Hires: If you were hired after August 1, 2017, you are considered a new hire and will need to complete a PHP within 30 days of your date of hire in order to receive the 2017-18 incentive.

Step 3: Earn an additional 50 points

In addition to your Biometric Screening and PHP, you will also need to earn an additional 50 points by completing items of your choosing: Healthy Challenges, Workshops, Healthy Trackers, Wellness Coaching, and more. You can also earn points for completing Preventive Care exams if you are covered by an Asbury medical plan. Please note that these exams can take up to three months to process, so it is recommended you have your exams early in order to get your incentive paid out in time.



How to access your Health Advocate account, and complete your PHP

1. Go to the secure website hosted by Health Advocate at www.HealthAdvocate.com/members.
2. Enter the organization name: Asbury Communities.
3. Register as a new user, and sign in with your username and password.

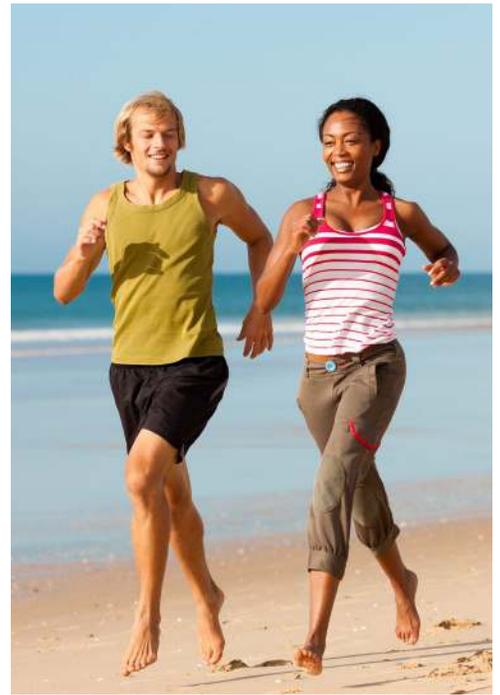
The Wellness incentive is available to benefits-eligible associates and spouses. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources. You may also involve your personal physician in this process.

Staying on top of your health can be challenging.

Once you are logged into your Health Advocate account (see page 6 for details on how to log in), you will have access to many health and wellness features for you to use anytime to help you meet your health goals at your own pace. The member website provides you with all of the necessary tools to help get—and stay—healthy.

To access all of the wellness specific tools available to you, hover over the Well-Being tab at the top of the screen, and then click on Wellness Programs. Here you will have access to the following items and more:

- Personal Health Profile to assess your health risks.
- Self-guided wellness workshops and programs.
- Health trackers compatible with a wide range of fitness devices and apps.
- Monthly newsletters full of healthy tips as well as a health and wellness blog.
- Secure web messaging system to communicate with a personal Wellness Coach.



EAP+WORK/LIFE PROGRAM

Struggling with a personal problem, concern, or emotional crisis? Balancing the needs of work, family, and personal responsibilities isn't always easy. The Health Advocate Employee Assistance Program (EAP)+Work/Life program gives you access to a Licensed Professional Counselor and Work/Life Specialist for help with personal, family, and work problems. All it takes is one phone call, available 24/7, at **no cost to you through Health Advocate**.

Your EAP gives you confidential access to a Licensed Professional Counselor who will provide short-term assistance with issues that are having an impact on your life and ability to focus on work. The program includes up to 6 in-person sessions per issue, per person, per year.

Your Licensed Professional Counselor can help address:

- Anger, grief, loss, depression
- Job stress, burnout, work conflicts
- Marital relationships, family/parenting issues
- Addiction, eating disorders, mental illness
- And more!

You can also reach out to a Work/Life Specialist for help with managing your time and locating resources for better balancing work and life. Your Work/Life Specialist can help with:

- Childcare centers, babysitter tips, preschools
- Assisted living, nursing homes, adult day care services
- Personal/family/elder law, identity theft
- Debt management, budgeting, credit issues



How does it work?

Call 1-866-799-2728, and the right professional will help you address your problem, assess the type of help you need, and either provide the required help or make the most appropriate, cost-effective referral for you.

For added support, log on to the EAP+Work/Life member website for information and to sign up for monthly webinars.

www.HealthAdvocate.com/members

MEDICAL & PRESCRIPTION DRUGS

Keeping you and your family in good health

You have three medical plan choices, which support Asbury's efforts to provide a consistent experience for all associates and provide meaningful choices. All plans are administered by CareFirst BlueCross BlueShield (BCBS). The plans offer tiered coverage, so you can pay less by receiving care from in-network providers. All options include prescription drug coverage.

To locate a participating, in-network provider, visit www.carefirst.com/doctor.

No PCP or referrals required!



Summary of Benefits and Coverage (SBC)

Choosing a health coverage option is an important decision. To help you make an informed choice, a Summary of Benefits and Coverage (SBC), which summarizes important benefit information in a standard format, is available for each medical plan option.

The SBCs are located on the Associate Resources webpage at www.asbury.org/associates.

A paper copy is also available, free of charge, by contacting the Human Resources Department.



How do I choose the right plan for me?

The plans differ in terms of how much you will pay up front (deductible) for certain services, the cost you will have to pay (coinsurance and copays), and the maximum amount you pay per year (out-of-pocket maximum).

Deductible, coinsurance, copays, out-of-pocket maximum — what do these terms mean?

Visit http://bit.ly/Medical_Terms to watch a short video about understanding medical insurance terms.



- **PPO Plan 1:** features the highest deductible and out-of-pocket maximum of the 3 plans, but comes at a lower cost. After you meet your deductible, in-network, the plan pays 60% for most covered services, and you pay the remaining 40%. Some services, such as office visits, are not subject to the deductible and you will pay a copay at the time of service.
- **PPO Plan 2:** features a lower deductible and out-of-pocket maximum than Plan 1. After you meet your deductible, in-network, the plan pays 70% for most covered services, and you pay 30%. Some services, such as office visits, are not subject to the deductible and you will pay a copay at the time of service.
- **PPO Plan 3:** features the same deductible and out-of-pocket maximum as Plan 2, but the amount the plan pays for covered services is higher, making this plan the most costly. After you meet your deductible, in-network, the plan pays 80% for most covered services, and you pay 20%. Some services, such as office visits, are not subject to the deductible and you will pay a copay at the time of service.

Note: The amount the plan pays for covered services is based on the Allowed Benefit. The Allowed Benefit is generally the contracted rates or fee schedules that Preferred Providers have agreed to accept as payment for covered services. Out-of-network coinsurances are based on a percentage of the Allowed Benefit. When services are rendered by out-of-network providers, charges in excess of the Allowed Benefit are the member's responsibility.

Some services require pre-certification. The medical carrier will not pay for these services unless approval is received. Examples include: hospitalization, surgery, home health care, hospice care, private duty nursing, and therapy services. In order to obtain pre-certification, your doctor should contact BlueCross BlueShield at 1-866-773-2884.

Preventive care services are covered in full under all 3 plans if you visit an in-network provider.



Medical and Prescription Plan Highlights

Summary of Services	PPO Plan 1		PPO Plan 2		PPO Plan 3	
	In-Network YOU PAY	Out-of-Network YOU PAY	In-Network YOU PAY	Out-of-Network YOU PAY	In-Network YOU PAY	Out-of-Network YOU PAY
Network	BluePreferred (PPO)	N/A	BluePreferred (PPO)	N/A	BluePreferred (PPO)	N/A
Annual Deductible (Per Plan Year)	\$300 Individual \$600 Family	\$500 Individual \$1,000 Family	\$100 Individual \$200 Family	\$500 Individual \$1,000 Family	\$100 Individual \$200 Family	\$500 Individual \$1,000 Family
Out-of-Pocket Maximum (Per Plan Year)	\$10,000 Individual \$20,000 Family		\$8,000 Individual \$16,000 Family		\$8,000 Individual \$16,000 Family	
Preventive Services¹						
Well Child visits and immunizations, routine annual GYN visit, mammography screening, prenatal office visits, annual adult physical	No charge	50% after deductible	No charge	50% after deductible	No charge	50% after deductible
Colonoscopy	No charge	50% (no deductible)	No charge	50% (no deductible)	No charge	50% (no deductible)
Office Visits, Labs, and Testing						
PCP/Specialist Office Visits	\$20/\$40	50% after deductible	\$20/\$40	50% after deductible	\$20/\$40	50% after deductible
Diagnostic Lab and X-ray	40% (no deductible)	50% after deductible	30% (no deductible)	50% after deductible	20% (no deductible)	50% after deductible
Inpatient & Outpatient Services						
Inpatient Hospital Pre-certification required	40% after deductible	50% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Inpatient Surgery	40% after deductible	50% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient Surgery	40% after deductible	50% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Urgent & Emergency Care						
Urgent Care Facility	\$40 copay	50% after deductible	\$40 copay	50% after deductible	\$40 copay	50% after deductible
Hospital Emergency Room (Copay waived if admitted)	40% after \$100 copay	40% after \$100 copay	30% after \$100 copay	30% after \$100 copay	20% after \$100 copay	20% after \$100 copay
Ambulance Services	40% (no deductible)	40% (no deductible)	30% (no deductible)	30% (no deductible)	20% (no deductible)	20% (no deductible)
Mental Health/Alcohol & Substance Abuse						
Inpatient Pre-certification required	40% after deductible	50% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient	\$20 copay	50% after deductible	\$20 copay	50% after deductible	\$20 copay	50% after deductible

Prescription Drugs — All 3 plans	Retail Pharmacy up to 30 day supply	Retail Pharmacy or Home Delivery/Mail Order 90 day supply
Preferred Generic Drugs	\$5 copay	\$15 copay
Preferred Brand Name Drugs	20% up to a maximum of \$50	20% up to a maximum of \$150
Non-Preferred Brand Name Drugs	50% up to a maximum of \$100	50% up to a maximum of \$300

¹ As defined by the U.S. Preventive Services Task Force based on your age and gender. For more information, please refer to <https://www.healthcare.gov/coverage/preventive-care-benefits/>.

This chart is intended for comparison purposes only. If there are any discrepancies, the Summary of Benefits and Coverage (SBC) will govern. The SBCs can be accessed on the Associate Resources webpage at www.asbury.org/associates.



Get the most out of your medical plan with value-added resources from CareFirst.

CAREFIRST MEMBER BENEFITS

Manage your benefits – and your health

View personalized information on your claims and out-of-pocket costs online with My Account. You can also sign up for electronic Explanation of Benefits (EOB) from CareFirst and get your health care info quicker and more securely. Simply log on to www.carefirst.com/myaccount to get started. My Account puts you in charge of your health plan information and gives you tools to manage your plan — and your health.

- See who and what is covered under your health plan.
- Review the status of all your claims.
- View and order ID cards.
- Access customized health and wellness information.
- Research drug costs using the Drug Pricing tool.
- Find a Doctor.
- Check the status of your deductible and out-of-pocket maximum.

New to CareFirst?
 Visit <http://www.carefirst.com/MyAccountDemo> to take a tour of My Account, and download the mobile app for personalized access on the go.



Health and Wellness Resources

<http://carefirst.staywellsolutionsonline.com>

Take an active role in managing your health by visiting CareFirst’s Health and Wellness Information website. The online wellness library has information on a variety of health topics, interactive tools, healthy recipes, and much more.

Choosing the right setting for care is key to getting the best treatment with the lowest out-of-pocket costs.

Knowing where to go when you need medical care is key to getting the best treatment with the lowest out-of-pocket costs. Except for emergencies, your first call should be to your primary care provider.

- **Primary care provider (PCP):** Establishing a relationship with your PCP is important. Your PCP may be able to provide advice over the phone or fit you in for a visit right away.
- **FirstHelp - free 24-hour nurse advice line:** Call 1-800-535-9700 anytime to speak with a registered nurse. Nurses can provide you with medical advice and recommend the most appropriate care.



CareFirst Video Visit: See a doctor 24/7 without an appointment! You can consult with a board-certified doctor whenever you want on your smartphone, tablet, or computer. When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room.

Video Visit is perfect when your primary care provider (PCP) isn't available. The cost for a video visit is the same as a visit to your PCP, and will never exceed \$60.

Most visits take about 10-15 minutes and doctors can write a prescription, if needed, that you can pick up at your local pharmacy. Get started by registering at www.carefirstvideovisit.com.

- **Convenience care centers (retail health clinics):** These are typically located inside a pharmacy or retail store (e.g., CVS MinuteClinic or Walgreens Healthcare Clinic) and offer extended hours. Visit a convenience care center for help with minor concerns like cold symptoms and ear infections.
- **Urgent care centers:** (e.g., Patient First or ExpressCare) have doctors on staff for more severe illnesses or injuries when you need care after hours.
- **Emergency room (ER):** An ER provides treatment for acute illnesses and trauma. Call 911 or go straight to the ER if you have a life-threatening injury, illness, or emergency.

NOTE: The information provided herein regarding various care options is meant to be helpful when you are seeking care and is not intended as medical advice. Only a medical provider can offer medical advice. The choice of provider or place to seek medical treatment belongs entirely to you.



Need to locate a participating, in-network provider?

To locate an in-network provider visit www.carefirst.com/doctor.



Want to learn more about ways to save?

Scan the QR code with your smartphone or tablet, or visit <http://bit.ly/Ways to Save> to view a short presentation on ways to save money on your medical expenses.



VISION

When you enroll in one of our medical plans, you will be eligible to elect vision coverage through **EyeMed Vision Care**. The cost of coverage is paid in-full by Asbury, so there is no additional cost to you. You may receive care from any provider you choose, but your benefits are greater when you see a participating, in-network provider. If you choose to receive services from an out-of-network provider, you will be required to pay that provider at the time of service and submit a claim form to EyeMed Vision Care for reimbursement.

The plan allows for an eye exam, frames, and lenses (or contact lenses in lieu of glasses), once every 12 months (for example, if you have an eye exam on 6/16/2017, you would not be eligible for another one under the plan until 6/16/2018.)

Plan Features	In-Network YOU PAY	Out-of-Network Plan Reimbursement
Network	Select	N/A
Eye Exam Once every 12 months	\$10 copay	Up to \$35
Eyeglass Frames Once every 12 months	No copay - \$100 allowance plus 20% off balance	Up to \$50
Lenses Once every 12 months	\$25 copay	Varies based on lens type
Contact Lenses — in lieu of glasses Once every 12 months	Conventional: \$115 allowance plus 15% off any balance over \$115 Disposable: \$115 allowance plus any balance over \$115	Up to \$92



Did you know your eyes can tell an eye care provider a lot about you?

Routine eye exams are essential to preserve your vision and safeguard your eye health. Vision insurance can make routine eye care more affordable, especially if you are among the majority of people who wear prescription eyeglasses or contact lenses.

In addition to a vision screening, a routine eye exam can help detect signs of serious health conditions like diabetes and high cholesterol. This is important, since you won't always notice the symptoms yourself and since some of these diseases cause early and irreversible damage.

This chart is intended for comparison purposes only. If there are any discrepancies, the plan description will govern. The plan description can be accessed on the Associate Resources webpage at www.asbury.org/associates.



Need to locate a participating, in-network provider?

To locate a provider, call the Vision Care Service Line at 1-800-424-1155 or visit the EyeMed Vision Care website at www.eyemedvisioncare.com. When researching providers online, choose the "Select" network.



LENSCRAFTERS®



DENTAL

You have the option to enroll in a dental PPO plan administered by **United Concordia (UCCI)**. You can see any dentist you want; however, using in-network dentists will save you money by allowing you to share in the pre-negotiated discounted fees charged by the network providers. If you receive services out-of-network, you will pay higher out-of-pocket costs and be balance billed by that provider.

Plan Features	In-Network	Out-of-Network
Network	Advantage Plus 2.0	N/A
Annual Deductible (Per Plan Year) Applies to Basic & Major services only	\$50 Individual \$150 Family	
Annual Benefit Maximum (Per Plan Year) Applies to Basic & Major services only	Plan pays \$1,500 per person per plan year	
Preventive Care Oral exams, cleanings, x-rays, fluoride treatment, sealants	Covered at 100% of R&C no deductible	Covered at 100% of R&C no deductible
Basic Services Fillings, root canal, simple extractions, space maintainers	Covered at 80% of R&C after deductible	Covered at 80% of R&C after deductible
Major Services Crowns, inlays, onlays, dentures, oral surgery (wisdom teeth extraction)	Covered at 50% of R&C after deductible	Covered at 50% of R&C after deductible

This chart is intended for comparison purposes only. If there are any discrepancies, the plan description will govern. The plan description can be accessed on the Associate Resources webpage at www.asbury.org/associates.

R&C = Reasonable & Customary. This is the amount on which UCCI bases payment to all participating and non-participating dentists. Non-participating (out-of-network) dentists may balance bill you for their charges that exceed the UCCI payment.



Need to locate a participating, in-network provider?

To locate a participating provider, visit www.ucci.com or call United Concordia at 1-800-332-0366.



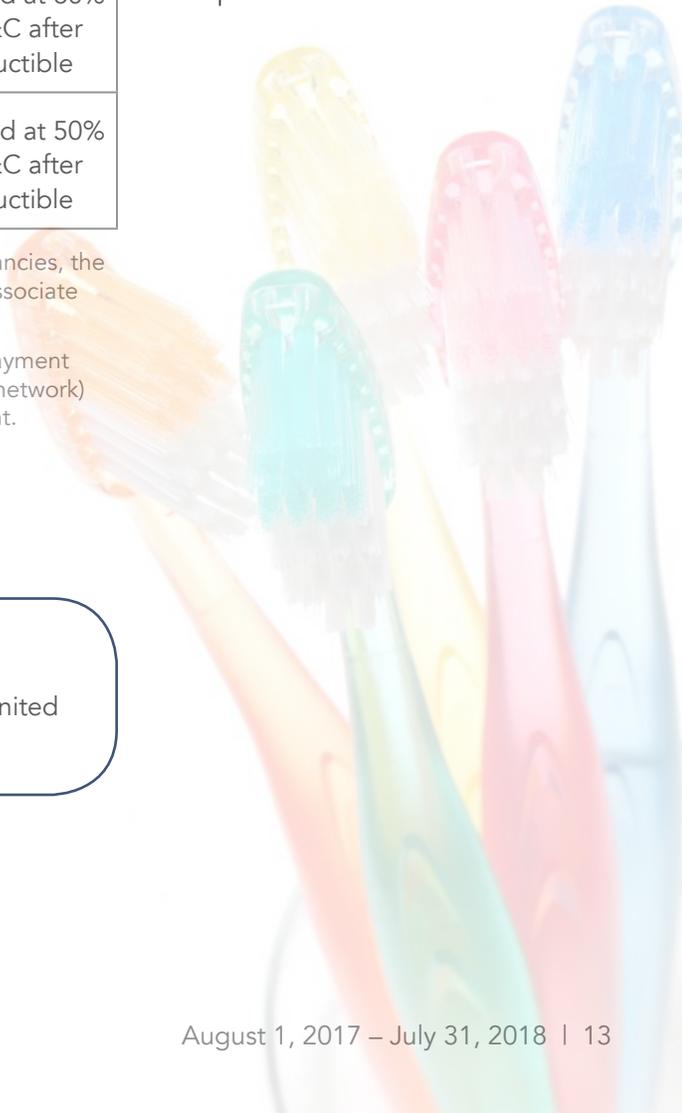
Prevention first!

Make sure you take advantage of your preventive dental visits.

Preventive care services are not subject to the deductible, the plan covers 100 percent of the cost if you visit an in-network provider, and preventive visits do not accumulate toward your annual benefit maximum!

Missing Tooth Provision

Benefits are not payable to replace a tooth that was missing prior to you being covered by the UCCI dental plan. Once you have been insured for 24 months, it will be considered a Major Service expense.





Set aside
pre-tax
dollars to pay
for eligible
expenses.



Do I need to enroll each year?

In order to participate in the FSA, you **must enroll each plan year**. Your annual contribution stays in effect during the entire plan year (August 1 through July 31). The only time you can change your election is during Benefits Open Enrollment or if you experience a qualified change-in-status event.

Will I lose my money if I don't use it in a year?

When you choose how much to contribute to an FSA, be sure to estimate your expenses carefully. These elections are subject to the IRS "use it or lose it" rule.

The Medical FSA has a grace period until October 15 for you to incur claims for the plan year. You have until October 31 to submit any claims. Any funds remaining in your Medical FSA as of October 31 will be forfeited. There is no grace period on the Dependent Care FSA.

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSA) allow you to reduce your taxable income by setting aside pre-tax dollars to pay for out-of-pocket health care and dependent care expenses for you and your family. There are two types of FSAs: Medical FSA and Dependent Care FSA. The plans are administered by **Discovery Benefits**.

Medical FSA

Even though your benefits cover many of your health care expenses, you may need to pay some costs out-of-pocket. You can contribute up to **\$2,600** each year to the Medical FSA to pay for copays, deductibles, and coinsurance related to your or your dependents' out-of-pocket medical, dental, vision, or prescription drug costs. The money can be used for your expenses or for expenses for your tax dependents — even if they are not enrolled in the Asbury medical, dental, or vision plans.

The full amount you elect to contribute to your Medical FSA is available in your account on the first day of the plan year. Your contributions will be deducted from your paycheck evenly over the plan year.

Eligible expenses include: Your out-of-pocket costs for doctor visit copays, prescription drugs, prescription eyeglasses, dental copays and deductibles, braces, contacts, hearing aids, and much more.

For a list of eligible expenses, please visit the Discovery Benefits website at <https://www.discoverybenefits.com/employees/eligible-expenses>.



The Discovery Benefits Debit Card — a quick, easy way to pay

We encourage you to use your Discovery Benefits Debit Card to pay for expenses and services at eligible locations, such as the doctor's office or pharmacy. As always, save itemized receipts, bills, or statements any time the debit card is used.

Dependent Care FSA

Contributing to a Dependent Care FSA allows you to use tax-free money to pay for dependent care expenses so that you and your spouse can work, look for work, or attend school full-time. You may set aside up to **\$5,000** annually in pre-tax dollars, or \$2,500 if you are married and file taxes separately from your spouse. When submitting a claim, you can only be reimbursed up to the amount you have contributed to date, less any previous reimbursements.

Eligible expenses include: Daycare, day summer camp, after school care, and preschool expenses, for children 12 years old and younger (or disabled dependents of any age.) Sleep-away or overnight camps are not covered. You may also use this account to pay for adult daycare services for an elderly parent who is your tax dependent.

For a list of eligible expenses, please visit the Discovery Benefits website at <https://www.discoverybenefits.com/employees/eligible-expenses>.



The debit card may also be used at day care providers that accept credit cards and have a valid merchant category code signifying they are a day care provider. The debit card may not be used if you pre-pay day care expenses since the IRS requires the expense must be incurred before reimbursement can be made from your Dependent Care FSA. An expense is incurred when a service is received, not when a bill is paid. Even though your service provider may require payment at the beginning of the service period, you cannot request reimbursement until after the service is provided.

What is the difference between the Dependent Care FSA and the dependent care tax credit?

When considering funding a Dependent Care FSA, you need to weigh your potential savings from the spending account versus your savings through the dependent care tax credit. The money reimbursed through a Dependent Care FSA will reduce the amount of eligible expenses you can use for the tax credit on a dollar-for-dollar basis.

Tax savings with a Dependent Care FSA become more valuable as your income increases. Generally, if your family's adjusted gross income is less than \$39,000 a year, it may be best for you to take the tax credit rather than participating in the FSA.

For tax advice specific to your situation, please contact your tax advisor.

Tools to manage your account on the go

Manage your FSA online at www.discoverybenefits.com.

The free Discovery Benefits app will help you manage your benefits right from your mobile device. Use it at your convenience to check account balances, upload photos of receipts, file claims, view account activity and contact customer service.

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Financial protection for you and your family in the event of your death. Some coverage is provided to you automatically at no cost; additional voluntary coverage is available to purchase based on your needs.

LIFE AND AD&D INSURANCE

Life insurance helps protect your family from financial risk and sudden loss of income in the event of your death. Accidental Death & Dismemberment (AD&D) insurance provides an additional benefit if you lose your life, sight, hearing, speech, or your limbs in an accident. Coverage is provided through **The Hartford**.



Don't Forget to Designate a Beneficiary!

Choosing who will receive your life insurance benefits is an important decision. During your benefits enrollment, make sure you've designated a beneficiary. Open Enrollment is a good time to check your beneficiary information to keep it up-to-date as your life status changes (e.g. you get married).

Core Life and AD&D Insurance – Company-Paid Benefit

- Class 1 (Associates whose work status is at least 60 hours per pay period): 2 times your base salary (rounded to the nearest \$1,000), up to a maximum of \$1,000,000. (Please note that coverage over \$50,000 is considered taxable imputed income.)
- Class 2 (Associates whose work status is between 30 and 59 hours per pay period): \$10,000 benefit.

Evidence of good health is not required. Benefits are subject to a reduction schedule, and reduce by 35% at age 70 and 50% at age 75 due to insurance company guidelines.

Not sure how much life insurance is right for you and your family?

Compare your beneficiaries' assets and expenses to estimate how much insurance you might want to buy. Insurance may be needed to help pay expenses for several years.

Consider these factors:

- Expenses
 - Regular expenses such as food, clothing and other recurring expenses
 - Debts, including car loans, mortgage or credit cards
 - Education costs for your children
 - Funeral expenses
- Resources
 - Savings, spouse's earnings, or other insurance you may have

Associate-Paid Supplemental Life Insurance

For associates whose work status is at least 60 hours per pay period.

Supplemental Life Insurance coverage is available through **The Hartford**; participation is voluntary, and **you pay 100% of the cost.**

You must elect coverage for yourself in order to purchase coverage for your spouse and/or dependent children.

- **For Associate:**

- Increments of \$10,000, up to a maximum of \$500,000 or 5 times your annual salary, whichever is less.
- Evidence of Insurability is required for any increase in coverage, if you waived coverage when you were first eligible and are choosing to add coverage now, or for any requested amount in excess of \$150,000.

- **For your spouse:**

- Increments of \$5,000, up to 50% of your elected Voluntary Life amount. The amount of Spousal Life Insurance cannot exceed \$250,000. You must elect Voluntary Life Insurance for yourself in order to elect coverage for your eligible spouse.
- Evidence of Insurability is required for any increase in coverage, if you waived coverage when you were first eligible and are choosing to add coverage now, or for any requested amount in excess of \$100,000.

- **For your children:**

- \$10,000 benefit (If death occurs before age 14 days there is no benefit. If death occurs age 14 days to 6 months, the maximum benefit received is \$100.)
- Eligible dependent children must be age 6 months to 18 years (up to age 23 if unmarried and a full-time student). You must elect Voluntary Life Insurance for yourself in order to elect coverage for your eligible dependent children.
- Evidence of Insurability is not required for child life insurance.

Age	Supplemental Life Insurance Rates Per Pay per \$1,000
<35	\$0.0415
35-39	\$0.0600
40-44	\$0.0969
45-49	\$0.1523
50-54	\$0.2585
55-59	\$0.4662
60-64	\$1.0615
65-69	\$1.8231
70+	\$3.3646
Child (\$10,000 benefit)	\$0.9231



A note about Evidence of Insurability (EOI)...

The Hartford requires you to show that you are in good health before they will agree to provide certain levels of coverage. This is referred to as "Evidence of Insurability (EOI)".

EOI will be required for:

- Any Voluntary Life insurance amount you elect for yourself and/or spouse as a late entrant because you did not enroll when you were first eligible.
- Any increases to your coverage after your initial election.
- Any Voluntary Life insurance amount that exceeds the Guarantee Issue Limit.

Coverage that requires EOI will not be in effect until you receive approval from The Hartford.





Asbury offers short-term and long-term disability options that help provide financial security for you and your family if you become sick or injured and unable to work.

DISABILITY INSURANCE

Asbury offers short-term and long-term disability options that help provide financial security for you and your family if you become sick or injured and unable to work. If you are an eligible associate, disability benefits are provided at **no cost to you** through **The Hartford**.

Core Short-Term Disability (STD) – Company-Paid Benefit **Exempt Associates and positions of RN and LPN whose work status is at least 60 hours per pay period.**

- 66.67% of your base salary up to a maximum of \$4,500 per week.
- Benefit payments begin on the 1st day of an accident or after 7 days due to an illness and can last for up to 180 days.

Core Long-Term Disability (LTD) – Company-Paid Benefit **Exempt Associates whose work status is at least 60 hours per pay period.**

- 60% of your base salary up to a maximum of \$15,000 per month.
- Benefits begin after you have been continuously disabled for 180 days (covered by Short-Term Disability), and will continue as long as you are disabled up to age 65 (Social Security Normal Retirement Age).
- Pre-existing condition limitations apply.

Long-Term Disability payments are not payable for a disability caused by a pre-existing condition, which is an injury or illness for which you have consulted a doctor or received treatment during the three months prior to the effective date of coverage. If you have a pre-existing condition, there is a 12-month waiting period before benefits for that condition will become payable. A condition will no longer be considered pre-existing if it causes a disability after you have been enrolled in the Long-Term Disability plan for at least 12 consecutive months.



Short-Term and Long-Term Disability benefits are taxed as ordinary income. Taxes will not be withheld from your benefit payment. You will receive a 1099 from The Hartford for use when preparing your annual tax return.

If you receive benefits from other sources, such as Workers Compensation, Social Security or other group and government disability benefits, they will be subtracted from the benefit amount you receive under the STD or LTD plan.

Associate-Paid Disability Insurance

For Associates not eligible for the company-paid Disability Insurance, and whose work status is at least 60 hours per pay period.

If you are not eligible for the company-paid Disability Insurance, you have the option to purchase voluntary Short-Term and Long-Term Disability coverage through **The Hartford**. If you do not enroll when you are first eligible, Evidence of Insurability will be required.

Voluntary Short-Term Disability (STD)

- Increments of \$100 up to a maximum of \$1,000 per week (not to exceed 70% of your weekly earnings) to cover you in the event you are unable to work due to a qualified injury or illness.
- Benefit payments begin on the 1st day of an accident or after 7 days due to an illness, and can last for up to 180 days.
- The Voluntary STD has a pre-existing condition limitation that applies to conditions for which an employee receives medical services within 6 months of the effective date of coverage. For any disability that results from, or is caused or contributed to by, a pre-existing condition, benefits will only be payable for up to 4 weeks. A condition will no longer be considered pre-existing if it causes a disability after you have been enrolled in the STD plan for at least 12 consecutive months or until the employee has been covered for 6 consecutive months with no medical care for the condition.

Age	Voluntary STD Rates Per Pay Period per \$10
< 40	\$0.3508
40-49	\$0.3092
50-59	\$0.3969
60+	\$0.5585

Voluntary Long-Term Disability (LTD)

- 50% of your monthly salary up to a maximum of \$6,000 per month.
- Benefit payments begin after 180 days of continuous disability and will continue for a maximum of 5 years.
- The Voluntary LTD pre-existing condition limitation applies to conditions for which an employee receives medical services within 6 months of the effective date of coverage. No benefits are payable for a disability resulting from such a condition until the employee has been covered for 6 consecutive months with no medical care for the condition, or until the employee has been covered for 12 consecutive months.



If you receive benefits from other sources, such as Workers Compensation, Social Security or other group and government disability benefits, they will be subtracted from the benefit amount you receive under the STD or LTD plan.

A note about pre-existing conditions

Voluntary Short-Term and Long-Term Disability benefits are subject to a pre-existing condition exclusion. A pre-existing condition is a sickness or injury for which you received medical treatment, consultation, care, or services, including diagnostic measures or taken prescribed drugs or medicines.

Age	Voluntary LTD Rates Per Pay Period per \$100 of Covered Payroll
< 25	\$0.0559
25-29	\$0.0598
30-34	\$0.1327
35-39	\$0.1709
40-44	\$0.2053
45-49	\$0.3075
50-54	\$0.4179
55-59	\$0.6038
60-65	\$0.7107
65+	\$0.8458

CRITICAL ILLNESS INSURANCE

Could your bank account survive a serious illness?

Get protection with Critical Illness Insurance from The Hartford.

A major illness – such as cancer, a heart attack, or stroke – can leave you emotionally, physically, and financially overwhelmed. Critical Illness insurance can help relieve the financial impact of an illness so you can focus on recovery.

Critical Illness Insurance can enhance your traditional medical plan. When combined with accident or disability insurance, it can also help ensure that you'll be better prepared to cover out-of-pocket expenses in the event of a serious illness.

Examples of covered conditions include:

- Cancer
- Bone Marrow Transplant
- Heart Attack
- Stroke
- Heart Transplant
- Kidney Failure
- Major Organ Transplant
- Loss of Hearing, Speech, and Sight
- Paralysis
- Occupational HIV infection
- Coma



The Critical Illness Insurance plan also includes a \$50 wellness benefit, payable each year for a covered person who has a health screening test performed.

With Critical Illness Insurance, you will receive a lump-sum payment when a covered illness is diagnosed. You can use the payment any way you choose, to help cover day-to-day living expenses or any other expenses not covered by your medical plan. Pre-existing condition limitations will apply.



Why Critical Illness Insurance?

Scan to watch a short video or visit <http://bit.ly/Asbury-WhyCriticalIllness>.

- Coverage available for both you and your dependents.
 - For you: \$10,000
 - For your spouse: 50% of your elected amount
 - For your dependent children: \$5,000
- The first time you're diagnosed with an illness from any of the three categories of covered conditions, you will be paid a lump-sum benefit that's 100% of your coverage amount.
- If you suffer from the same illness again later, or you're diagnosed with another illness in the same category, you will be paid a percentage of your benefit.

Premium Rates Per Pay

Rates are based on your age and tobacco status. You are considered a tobacco user if you use any tobacco or nicotine product.

Non-Tobacco User				
Issue Age	Employee	Employee & Spouse	Employee & Child	Family
18-24	\$1.1169	\$1.8646	\$1.9292	\$2.8292
25-29	\$1.4585	\$2.3815	\$2.2938	\$3.3785
30-34	\$1.9985	\$3.1985	\$2.8477	\$4.2092
35-39	\$2.8662	\$4.5092	\$3.7108	\$5.5246
40-44	\$4.3246	\$6.7569	\$5.1600	\$7.7492
45-49	\$6.2169	\$9.6831	\$7.0292	\$10.6477
50-54	\$8.5246	\$13.2646	\$9.3231	\$14.2062
55-59	\$11.5154	\$17.9077	\$12.2908	\$18.8169
60-64	\$15.0969	\$23.4185	\$15.8446	\$24.2908
65+	\$17.0077	\$26.3215	\$17.7369	\$27.1708

Tobacco User				
Issue Age	Employee	Employee & Spouse	Employee & Child	Family
18-24	\$1.2508	\$2.0723	\$2.1000	\$3.0877
25-29	\$1.7585	\$2.8477	\$2.6446	\$3.9138
30-34	\$2.6215	\$4.1723	\$3.5215	\$5.2523
35-39	\$4.1169	\$6.4708	\$5.0123	\$7.5462
40-44	\$6.8769	\$10.7538	\$7.7446	\$11.7923
45-49	\$10.7677	\$16.7954	\$11.6077	\$17.7923
50-54	\$15.8077	\$24.6000	\$16.6246	\$25.5600
55-59	\$22.4585	\$34.8923	\$23.2431	\$35.8154
60-64	\$30.6554	\$47.5338	\$31.4031	\$48.4062
65+	\$35.1138	\$54.3969	\$35.8385	\$55.2415

A study of American cancer survivors showed that 65% of participants did not have sufficient income to cover out-of-pocket expenses for cancer treatment and other incurred debts related to the illness. Following treatment, 30% reported debt of \$10,000 or more.¹

¹ Insights From Survivors: Managing the Personal, Emotional and Financial Impact of Cancer, Washington National Institute for Wellness Solutions, 2014.

ACCIDENT INSURANCE

With Accident Insurance, you will receive a lump-sum payment for a covered injury and related services. You can use the payment any way you choose, to help cover day-to-day living expenses or any other expenses not covered by your medical plan. **No medical questions asked!**



Why Accident Insurance?

Scan to watch a short video or visit <http://bit.ly/Asbury-WhyAccidentInsurance>.

- Coverage available for both you and your dependents.
- Direct payment to you or to your beneficiary.
- If you experience one of the covered accidental injuries or related services, you will be paid a lump-sum benefit (varies based on service).

In the U.S., a disabling injury occurs every second, and an accidental death occurs every 4 minutes.¹ And, more than 3.5 million children ages 14 and younger get hurt each year playing sports or participating in recreational activities.²

Premium Rates Per Pay

Rates are based on which coverage tier you select.

Employee	Employee + Spouse	Employee + Child(ren)	Family
\$4.0846	\$6.4246	\$6.7385	\$10.6292

¹ Injury Facts. National Safety Council. 2014 Edition. P. 37. Print. Viewed on 06/18/2015

² "Sports Injury Statistics." Health Library. Johns Hopkins Medicine, n.d. Web. 18 June. 2015. <http://www.hopkinsmedicine.org/healthlibrary/conditions/pediatrics/sports_injury_statistics_90,P02787>

If you have an accident, will it hurt your bank account, too?

The Hartford's Accident Insurance gives you something to fall back on.

An accident can happen to anyone, and recovery can be costly. Your medical plan may pick up most of the tab, but leave you with out-of-pocket expenses that add up quickly. Accident insurance can help ease the unplanned financial burden by complementing other insurance you may have, including major medical and disability coverage. This additional layer of financial protection may make a difference at a time when you and your family need it most.

Accident Insurance provides benefits for covered accidental injuries, related services, and treatments. Examples include:

- Diagnostic exams, x-rays, and emergency services
- Ambulance transportation
- Hospital admission and confinement
- Follow-up/recovery services, including physical therapy and chiropractic care

PET INSURANCE

Your pet is part of the family too!

Save up to 90% on your dog and/or cat's medical care with Healthy Paws Pet Insurance. If your dog or cat needs treatment for any accident or illness (except pre-existing conditions), you're covered. It's that simple. Enroll your pet anytime between 8 weeks and before 14 years old.

- Unlimited lifetime benefits for your dogs and cats, no caps.
- Mobile app for easy claim submission and quick claim reimbursements.
- Pay Healthy Paws directly via debit or credit card.

Special discounts available for Asbury Associates!

For a free quote and to enroll, visit www.tinyurl.com/AsburyCommunities.





Plan for your long-term financial future with the 401(k) Retirement Savings Plan.

401(K) PLAN

The 401(k) Retirement Savings Plan allows eligible associates to plan for their long-term financial future. By participating in the 401(k) plan, you are saving for your retirement by contributing a percentage of your pay to the Plan on a pre-tax basis. This means that the amount contributed to the Plan from your pay will not be taxed as income until it is ultimately distributed to you from the Plan.

You are eligible to participate on the first day of the payroll period following your date of employment. You may contribute any percentage of your pay. Asbury makes a nonelective contribution equaling 3% of your total earnings into your account. Asbury will also make a matching contribution of the first 2% you contribute. You must complete one year of service (working at least 1,000 hours during the year) to be eligible to receive Asbury's 3% contribution and the 2% matching contribution.

Once your contributions begin, they will continue unless you elect to make a change. You may increase or decrease your contribution percentage, stop your contributions, and/or resume your contribution at any point in time. To change the way your account is invested, call 1-800-547-7754 or visit the Plan's website at www.principal.com.

You may take a withdrawal from your 401(k) account upon normal retirement at age 65 or delayed retirement, total disability, death, or termination of employment. Plan provisions also allow you to take a loan or a hardship withdrawal from your account.

ADDITIONAL BENEFITS

Paid Time Off (PTO)

The company provides an accrual of paid leave hours for associates based on scheduled hours and length of service. PTO hours may be used for short and extended periods of time off from work (when approved by management).

PTO is accrued according to the table below. (This example assumes the hours shown are paid the same each pay period). PTO begins accruing the first day of employment. Eligible associates may begin using PTO after the completion of 90 calendar days of consecutive service. Exception: PTO used for a designated holiday may be used prior to 90 days.

Length of Service:	0 through the end of your 3rd year	4 through the end of your 6th year	7 through the end of your 10th year	11 or more years
Scheduled Hours	Up to Days	Up to Days	Up to Days	Up to Days
80	27.25	32.25	35.25	37.25
72	17.71	21.87	24.38	26.04
64	15.75	19.44	21.67	23.15
60	14.76	18.23	20.31	21.70
48	7.21	8.91	9.92	10.59
40	6.01	7.42	8.27	8.83
32	4.80	5.94	6.61	7.06
30	4.50	5.57	6.20	6.62
24	3.60	4.45	4.96	5.30
16	2.40	2.97	3.31	3.53

Holidays

Asbury recognizes the following six (6) designated holidays for purposes of payment of holiday incentive pay: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

Associates must schedule time off for holidays, and holiday pay (PTO) will not be paid automatically.

Tuition Reimbursement

After completing one year of service, associates whose work status is 60 hours or more may be eligible to receive tuition reimbursement at 90% of approved costs up to \$2,000 per year.



If you have questions about any of these benefits, please contact your Human Resources Department.



Who to contact when you have questions about your benefits.

If you have any questions about your benefits you may contact your Human Resources Department, the insurance carrier, or the Benefits Hotline at PSA Insurance & Financial Services. PSA is a consulting firm chosen by Asbury to assist with the administration and selection of your benefit plans. PSA can be reached at 1-877-716-6618.

HUMAN RESOURCES CONTACTS

Contact Name/Community	Number	Email Address
Asbury Communities Patrick Dougherty, Benefits and Compensation Coordinator	301-250-2035	pdougherty@asbury.org
Asbury Methodist Village Tim Leiter, Human Resources Director	301-216-4318	tleiter@asbury.org
Asbury Solomons Tami Radisch, Human Resources Director	410-535-2300 x117	tradisch@asbury.org
Calvert County Nursing Center Tami Radisch, Human Resources Director	410-535-2300 x117	tradisch@asbury.org
Bethany Village Faye Betsker, Human Resources Director	717-591-8040	fbetsker@asbury.org
Inverness Village Debbie Yoder, Human Resources Director	918-388-4216	dyoder@asbury.org
Springhill Eunice Moore, Human Resources Director	814-860-7004	emoore@asbury.org
Asbury Place Barbara Machuga, Human Resources Director	865-984-1660 x1006	bmachuga@asbury.org

CARRIER RESOURCES

Plan / Provider	Phone Number	Website
Wellness/Personal Health Profile Health Advocate	1-866-799-2728	www.HealthAdvocate.com/members
Employee Assistance Program Health Advocate	1-866-799-2728 Option 2	www.HealthAdvocate.com/members
Retirement Savings Plan Principal Account/Contract # 523614	1-800-547-7754	www.principal.com
Medical BlueCross BlueShield Group # 5801257	Locate a Provider: 1-800-810-2583 Customer Service: 1-800-628-8548	www.carefirst.com
Prescription Drug Coverage CareFirst	1-800-241-3371	www.carefirst.com/rx
Dental United Concordia Group # 831741000	1-800-332-0366	www.ucci.com
Vision EyeMed Vision Care Group # 1001655	1-866-723-0514	www.eyemedvisioncare.com
Flexible Spending Accounts Discovery Benefits	1-866-451-3399	www.discoverybenefits.com
Life and Disability Insurance The Hartford Group # 678024	Life and AD&D Insurance: 1-888-563-1124 Short-Term and Long-Term Disability: 1-800-549-6514	www.TheHartfordatWork.com
Critical Illness Insurance Accident Insurance The Hartford	1-866-547-4205	www.TheHartfordatWork.com
Pet Insurance Healthy Paws	1-855-898-8991	www.tinyurl.com/AsburyCommunities

GLOSSARY

Allowed Benefit “AB”—This is the amount that the insurance carrier has established for payment of covered services. When receiving services out-of-network, you are responsible for charges that exceed the allowed benefit.

BlueCard Worldwide—International access to doctors and hospitals in more than 200 countries and territories around the world.

Coinsurance—The percentage of the charges that the member is financially responsible for. Coinsurance is often applied after you have met the deductible.

Copay—The flat fee paid by the member when a medical service is received (such as \$20 for a Primary Care doctor’s visit or \$5 for a generic prescription at a retail pharmacy). In most cases, you are responsible for payment when services are received. Copays do not apply to the deductible.

Deductible—The dollar amount you must pay each year out-of-pocket before the plan will pay for certain eligible benefits.

In-Network—Preferred providers and facilities within the plan network that have agreed to negotiated rates. In-network providers generally charge you less than out-of-network providers.

Out-of-Pocket Maximum—The maximum amount the member would have to pay in a plan year for eligible medical expenses. After reaching the Out-of-Pocket maximum, the plan pays 100% of the allowable charges for covered services in-network for the remainder of the plan year.

Pre-certification—Approval from your doctor to receive certain services. The medical carrier will not pay for these services unless approval is received. Examples include: hospitalization, surgery, home health care, hospice care, private duty nursing, and therapy services. In order to obtain pre-certification, your doctor should contact the insurance carrier.

PPO—PPO stands for Preferred Provider Organization. It is a group of hospitals and physicians that are contracted with insurance companies to provide medical services. Out-of-pocket costs are lower when a provider is used within the PPO network (called in-network).

Reasonable & Customary Charges—Reasonable & Customary (R&C) refers to the commonly charged or prevailing fees for services within a geographic area. A fee is considered to be reasonable if it falls within the parameters of the average or commonly charges fee for the particular service within that specific community.

Grandfathered Plan:

Asbury believes that the medical plans are “grandfathered health plans” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to your Human Resources Department. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

REQUIRED NOTICES

Special Enrollment Rights: If you are declining enrollment for yourself, or your dependents (including your spouse) in the medical plan because of other medical coverage, you may be able to enroll yourself and/or 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' coverage). However, you must request enrollment within 30 days after your previous 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 in the medical plan, provided that you request enrollment within 30 days of the marriage, birth, adoption, or placement for adoption.

If you or your dependent lose eligibility for coverage under Medicaid or a State child health plan or if you or your dependent become eligible for State-sponsored premium assistance for the medical plan, you may be able to enroll yourself and/or your dependents in this plan if you request enrollment within 60 days of the date of termination of Medicaid or State child health plan coverage or your eligibility for premium assistance.

Women's Health and Cancer Rights Act of 1998: 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). WHCRA requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. 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 stages 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.

Breast reconstruction benefits are subject to deductibles and coinsurance limitations that are consistent with those established for other benefits under the plan.

Health Insurance Portability and Accountability Act (HIPAA): This group health plan complies with the privacy requirement for Protected Health Information (PHI) under HIPAA. A copy of the Notice of Privacy Practices is available from Human Resources for medical, dental, vision, and Medical FSA.

Newborns' and Mothers' Health Protection Act: 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

Wellness Program - Protections from Disclosure of Medical Information: We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and your employer may use aggregate information it collects to design a program based on identified health risks in the workplace, your personal information will never be disclosed (either publicly or to the employer), except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, and no information you provide as part of the wellness program will be used in making any employment decision. You will not be discriminated against in employment because of medical information you provide as part of participating in the wellness program, nor will you be subject to retaliation if you choose not to participate.

Asbury Communities
Asbury Methodist Village
Asbury Place – Kingsport
Asbury Place – Maryville
Asbury Solomons
Calvert County Nursing Center
Bethany Village
Springhill
Inverness Village
The Asbury Group
Asbury Foundation
Asbury Home Services



MISSION

Doing all the good we can by providing exceptional lifestyle opportunities to those we serve.

VISION

As a nationally recognized leader in senior lifestyle opportunities, Asbury continually redefines the expectations of aging.

CORE VALUES

Asbury holds strong to a set of core values that drives our mission and reinforces our commitment to serving seniors.

- **Commitment to residents, associates, volunteers, and partners**
- **Stewardship and financial strength**
- **Quality and innovation**
- **Integrity**

This communication highlights some of the benefit plans available. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the official plan documents will always govern. The company reserves the right to change any benefit plan without notice.

Benefits are not a guarantee of employment.