ASBURY COMMUNITIES

Part-time/PRN - ACA Eligible Associates

Employee benefits

PASSIVE ENROLLMENT

JULY 1 – 15

2020

The upcoming benefits plan year will be a short plan year running from Aug. 1-Dec. 31, 2020. Open Enrollment will be “passive” meaning you do not have to elect any benefit changes if you would like your current 2019-2020 benefits to continue through December 31, 2020.

WELCOME TO ANNUAL ENROLLMENT!

JULY 1 – 15, 2020

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/associate-resources** or on the Associate app.

Here's where to find ...

ENROLLING IN YOUR BENEFITS

Enroll online at https://e13.ultipro.com/login.aspx

If you are a new employee, you will need to to complete your enrollment within 30 days of the beginning of your employment.

Before you enroll:

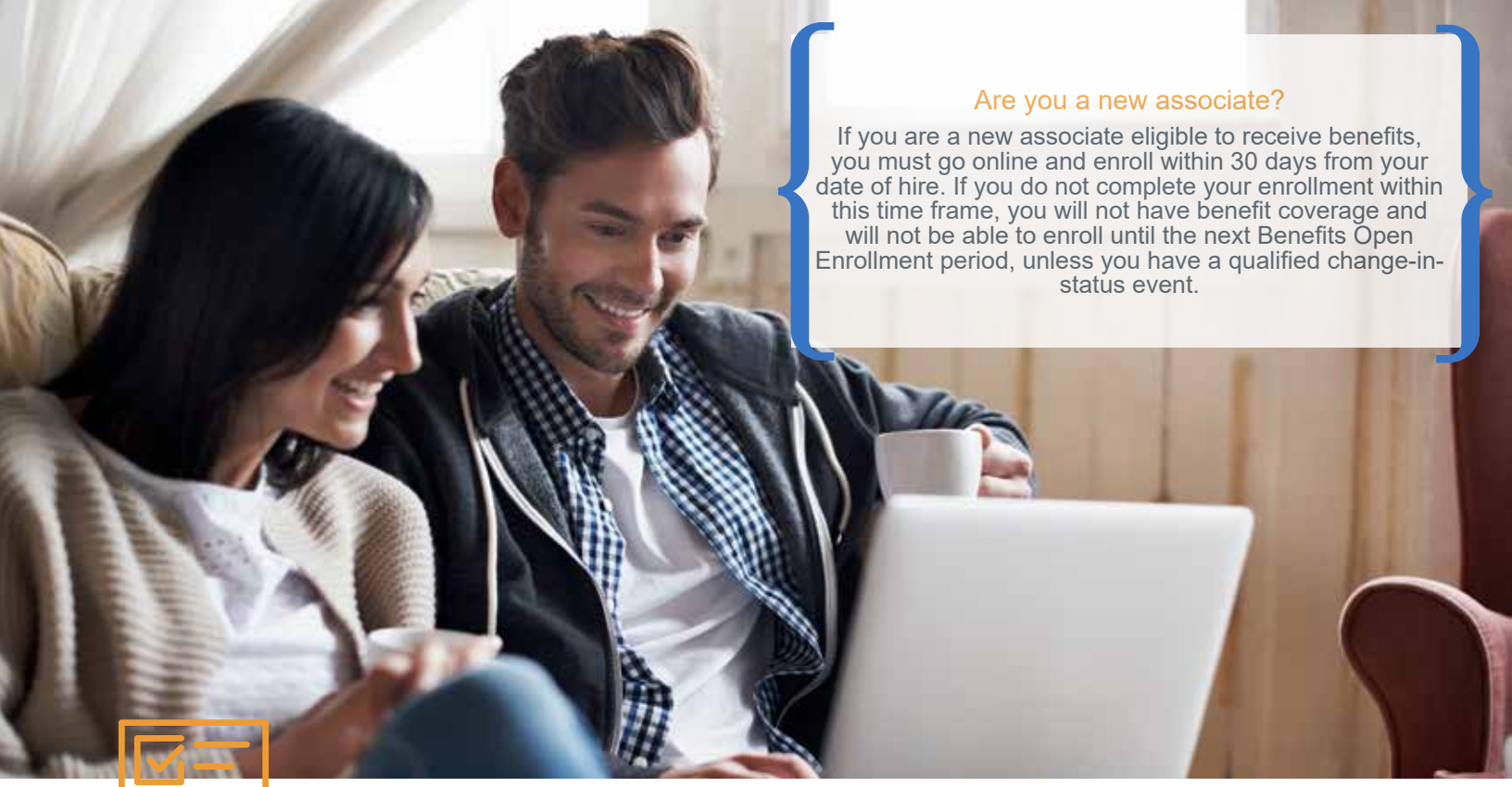
- Familiarize yourself with your options by reading this 2020 Guide to your Benefits.
- Have the following information handy:
  - Social Security Numbers for you and your eligible dependents
  - Dates of Birth for you and your eligible dependents

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 "Open Enrollment."
3. For new hires, select "Open Enrollment ACA 2020."
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.

The benefits Plan Year runs August 1, 2020 through December 31, 2020. This will be a passive open enrollment. If you do not make any changes, your coverage will continue with the plans you are currently enrolled in. If you do not make any desired changes during July 1 - July 15 2020, 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 2020 Guide to your Benefits for details regarding change-in-status events.



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.

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 of the month following or coinciding with 30 days of employment.

Eligible Dependents

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

- **Spouse:** a person to whom you are legally married by ceremony
- **Domestic Partner** (same sex or opposite sex) who has signed a notarized Domestic Partner Affidavit with you
- **Child(ren):** Your biological, adopted, or legal dependents
  - Medical, Dental, Vision, Critical Illness Insurance, Hospital Indemnity, 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 25
- 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.

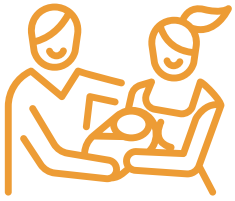
CHANGE-IN-STATUS EVENTS

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 30 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. Some examples of change-in-status events are highlighted below:

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, 2020 through December 31, 2020. This will be a passive open enrollment. If you do not make any changes, your coverage will continue with the plans you are currently enrolled in. If you do not make any desired changes during July 1 - July 15 2020, 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 December 31, 2020.

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 are listed below:

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

MEDICAL & PRESCRIPTION DRUGS

Your medical plan for 2020 is administered by CareFirst BlueCross BlueShield (BCBS) and includes prescription drug coverage. The plan does not require you to select a Primary Care Physician (PCP), and you do not need a referral to see a Specialist. To locate a participating, in-network provider, visit **www.carefirst.com/doctor**.

- **HSA-QUALIFIED PLAN:** The HSA-qualified plan features the highest deductible of the three plans, but the premium rates per pay are the least costly. This is an HSA-qualified plan, which means you are eligible to open a Health Savings Account (HSA) that allows you to contribute money pre-tax to pay for eligible health care expenses. Asbury also contributes to the HSA for you! After you meet your deductible, in-network, the plan pays 90% for most covered services, and you pay 10%. If you are enrolled with dependents, the entire family deductible must be met before the plan will pay for covered services. This can be met by one individual or a combination of all family members.

Preventive care services are covered in full if you visit an in-network provider.

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.

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/associate-resources**, or on the Associate app in the Open Enrollment section.
- A paper copy is also available by contacting the Human Resources Department.

Medical and Prescription Plan Highlights

Summary of Services	HSA-qualified Plan In-Network YOU PAY	HSA-qualified Plan Out-of-Network YOU PAY
Network	BluePreferred (PPO)	N/A
Annual Deductible (Per Plan Year)	$3,000 Individual $6,000 Family non-embedded	$6,000 Individual $12,000 Family non-embedded
Out-of-Pocket Maximum (Per Plan Year)	$6,650 Individual $13,300 Family embedded	$9,000 Individual $18,000 Family embedded
Preventive Services[1]		
Well Child visits and immunizations, routine annual GYN visit, mammography screening, prenatal office visits, annual adult physical	No charge	50% after deductible
Office Visits, Labs, and Testing		
PCP/Specialist Office Visits	10% after deductible	50% after deductible
Lab/Pathology	10% after deductible	50% after deductible
Routine Imaging		
Complex Imaging		
Inpatient & Outpatient Services		
Inpatient Hospital Pre-certification required	10% after deductible	50% after deductible
Outpatient—Hospital	10% after deductible	50% after deductible
Outpatient—Facility	10% after deductible	50% after deductible
Urgent & Emergency Care		
Urgent Care Facility	10% after deductible	50% after deductible
Hospital Emergency Room (Copay waived if admitted)	Deductible, then 20% after $200 copay	Deductible, then 20% after $200 copay
Prescription Drugs		
Retail (34-day supply)	Subject to deductible	
Generic	$5 copay	
Preferred Brand	20% up to $50	
Non-Preferred Brand	50% up to $100	
Preferred Specialty	$250 copay	
Non-Preferred Specialty	$500 copay	
Mail Order (90-day supply)	Subject to deductible	
Generic	$15 copay	
Preferred Brand	20% up to $150	
Non-Preferred Brand	50% up to $300	
Preferred Specialty	$750 copay	
Non-Preferred Specialty	$1,500 copay	

[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 or on the Associate app in the Open Enrollment section.

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.

New to CareFirst?

Visit **www.carefirst.com/MyAccountDemo** to take a tour of My Account, and download the mobile app for personalized access on the go.

- 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

You can also contact customer service toll-free at **1-800-628-8548**.

Health and Wellness Resources

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.

WHERE TO GO FOR CARE

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 $49. 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** or call **1-800-810-2583**.

Important Reminders:

- To pay for qualified expenses, your HSA must be opened prior to incurring those expenses.
- You may not have any other health insurance coverage, including through your spouse, Health Care FSA, Medicare, or Medicaid.
  - If you enroll in the HSA-qualified plan, but are not eligible to contribute to an HSA, you can choose to participate in the Health Care FSA.
- If your child is under the age of 26, but does not qualify as a dependent on your tax return s/he may be covered under your medical plan, but your HSA funds cannot be used for expenses for that dependent.
- If you have any questions about your HSA eligibility or eligible expenses, please consult a tax professional.

HEALTH SAVINGS ACCOUNT (HSA)

Available only to employees who enroll in the HSA-qualified medical plan.

A Health Savings Account (HSA) is a tax-advantaged savings account that can be used for qualified expenses today, or can help you save for future expenses.

An HSA can help you save money by allowing you to pay for qualified expenses with tax-free dollars. You can use the funds to pay for qualified expenses, such as medical and prescription drug expenses, as well as dental and vision expenses, for you and your tax dependents—even if they are not covered under your medical plan! Your HSA can be used to pay for eligible medical expenses of any family member who qualifies as a dependent on your tax return.

To contribute to an HSA, you must be covered by an HSA-qualified medical plan, and you cannot be eligible to make a claim for benefits under any other public or private health benefit arrangement. Health benefit arrangements include, but are not limited to, non-qualified commercial insurance, private employer arrangements such as Health Care Flexible Spending Accounts or Health Reimbursement Arrangements, and public options such as Medicare. This would also include a Health Care FSA solely as a result of a carryover of unused amounts, until the end of the plan year when the Health Care FSA carryover balance is exhausted.

Please note: If you use a Health Savings Account (HSA) you cannot enroll in the Medical FSA, but you can still enroll in the Dependent Care FSA.

Funding your HSA

You can set up an automatic per pay deposit to fund your HSA on a regular basis without any hassle. Your contributions will be deducted pre-tax from each pay and deposited into your HSA.

The IRS establishes a limit that you can contribute per year. The limits are based on whether you have the Individual or Family coverage under the qualifying medical plan, and they include contributions made by Asbury. Limits for the 2020 tax year are below:

	2020 HSA Limits Set by the IRS	Asbury HSA Contribution	Employee 2020 HSA Contribution Limit
Individual	$3,550	$250	$3,050
Family	$7,100	$500	$6,100

Individuals over age 55 may make an additional "catch-up" contribution of $1,000.

PLEASE NOTE: The limits are based on a calendar year per IRS regulation. The combined amount of your Health Savings Account contributions during 1/1/2020 – 7/31/2020 from the prior plan year and your elections for the new plan year running 8/1/2020 – 12/31/2020, may not exceed the 2020 IRS HSA Limits. If you have questions regarding how your contributions will impact your individual tax situation, please consult a tax professional.

Access HSA Information!

Access account balances, HSA calculators, as well as log in for personalized access to manage your account at **www.discoverybenefits.com**.

Don't forget to download the free mobile app to manage your HSA on the go!

- Get instant status notifications on the status of your claims and upload documentation in seconds using your phone's camera
- Easily move funds from your HSA into your bank account to cover eligible expenses
- Check your balance and view account activity
- And more!

You can also call customer service toll-free at **1-866-451-3399**.

Reasons to Love a Health Savings Account (HSA)

- Triple Tax Savings
  - You can contribute to your HSA using tax-free dollars.
  - You can use the money in your HSA to pay for qualified expenses with tax-free money.
  - Money in the account accumulates year over year, and earns interest that is tax-free!
- You decide how and when to use the funds in your account; you can use the funds to pay for your qualified expenses or save them for future health care costs.
- The account may be used to build funds for retirement. Once you reach age 65, you can withdraw the money for non-medical reasons without a penalty.
- Your account is owned by you, which means you take it with you if you leave, resign, or retire from the company.
- Increased earning potential with investments—once your HSA balance reaches $1,000, you may invest your funds for increased earning potential that is also tax-free.

Learn how to maximize your health savings with an HSA

There are a variety of resources on the Discovery Benefits website:

- How an HSA works and what to expect at the doctors office or pharmacy
- HSA member guide to maximizing your savings
- Contribution and balance calculators

Visit **www.discoverybenefits.com/hsavideos**

Eligible Expenses

Need a new pair of glasses? How about hearing aids? Due for a trip to the dentist? Those are just a few of the expenses an HSA covers. To view a full, searchable list of eligible expenses, go to **www.DiscoveryBenefits.com/eligibleexpenses**

Tip: Unlike with an FSA, purchases made with HSA funds don't require documentation. However, it's a good idea to save all documentation in case you're ever the subject of an IRS audit.

How your medical plan and HSA work together

At the doctor's office...

1. Receive services. No copay is required at the time of service. Be sure to present your insurance ID card. If your health care provider requires a payment from you, it will be applied to your invoice.
   - **Remember:** In-network preventive care is covered at 100% with no deductible. You pay $0 out-of-pocket for your annual physical, well-woman visit, mammogram, colonoscopy, routine immunizations, preferred preventive drugs, and other age and gender appropriate services.
2. Provider bills the medical plan. Your provider will submit a claim to CareFirst for services rendered. CareFirst will review the claim and apply contracted rates. The amount you owe will:
   - Be credited toward your deductible, or
   - Paid to the provider per your benefit plan if you have already met your deductible
3. You will receive an Explanation of Benefits (EOB) from CareFirst. Tip: Register on **www.carefirst.com/myaccount** to receive your EOBs electronically.
4. The provider will send you a bill reflecting the owed charges. Check to make sure that the amount matches the EOB sent to you by CareFirst. If not, contact CareFirst.
5. You can pay the bill with your HSA debit card. If the doctor's office doesn't accept credit cards, you can pay out-of-pocket using another method, and reimburse yourself from your HSA. **Tip:** Register on **www.discoverybenefits.com** and set up an electronic funds transfer to your bank account to make reimbursements easy.

At the pharmacy...

1. You can obtain a prescription from your doctor by submitting the prescription for needed medication along with your insurance ID card.
2. Verify your insurance coverage on the spot to determine the amount you owe for the prescription.
3. Use your HSA to pay for your prescription. The pharmacy fills your prescription, and you pay the determined amount owed. The expense is automatically applied to your deductible. Use your HSA debit card to pay for your prescription.

FLEXIBLE SPENDING ACCOUNTS (FSA)

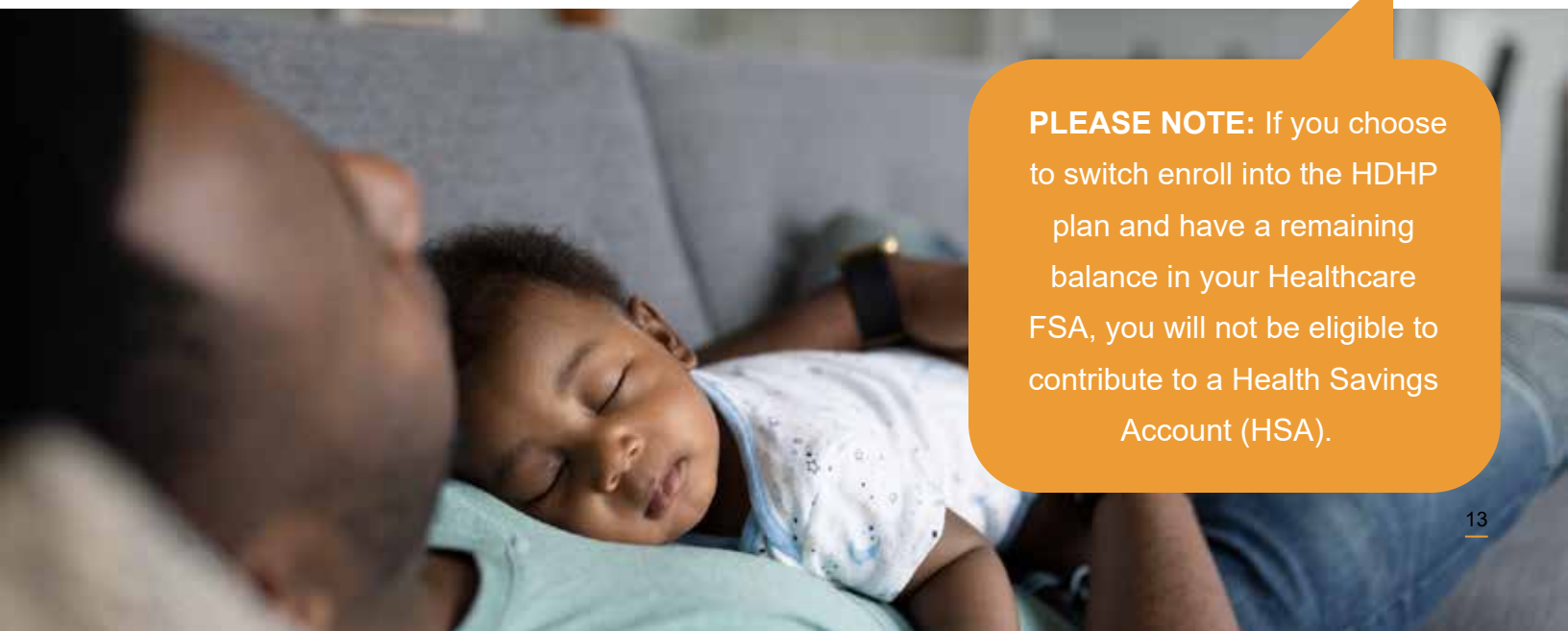
For the plan year running August 1, 2020 through December 31, 2020 Healthcare and Dependent Care Flexible Spending Accounts will not be offered. However, due to the financial impacts of the COVID-19 pandemic, Asbury has taken a number of steps to try and offer more time and flexibility for associates to use their previously contributed funds. As such, Asbury has **extended the grace period** and claims filing deadline for any remaining 8/1/2019 – 7/31/2020 plan year FSA account balance to December 31, 2020.

If you have a remaining unused balance from the 8/1/2019 – 7/31/2020 plan year, **you can now submit for any claims incurred through December 31, 2020 against your remaining 2019-2020 FSA balance.** To see your remaining 2019 account balance, please login to your account with Discovery, our FSA Administrator, at **www.discoverybenefits.com** or the Discovery app.

PLEASE NOTE, at this time you will be able to use the Discovery Benefits/Debit Card to claim reimbursement from the 2019-2020 plan year balance. If this process changes, we will notify you immediately

ELIGIBLE HEALTHCARE FSA 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 **www.discoverybenefits.com/employees/eligible-expenses**

MORE GOOD NEWS: The IRS now allows OTC medications and menstrual products purchased 2020 to be eligible for reimbursement. These new items purchased on or after January 1, 2020 are eligible to claim against a remaining 2019 Healthcare FSA balance.



PLEASE NOTE: If you choose to switch enroll into the HDHP plan and have a remaining balance in your Healthcare FSA, you will not be eligible to contribute to a Health Savings Account (HSA).

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.

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/asburycommunitiesinc**

Health Advocate EAP + Work/Life Program can be utilized by all Asbury associates, their spouses, dependent children, parents and parents- in-law.

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

COSTS FOR COVERAGE

Per pay rates based on 26 pays per year

		Standard		WOW! Incentive	
	Total Cost (Per Pay)	Asbury Pays (Per Pay)	You Pay (Per Pay)	Asbury Pays (Per Pay)	You Pay (Per Pay)
HSA-qualified Plan					
Associate Only	$199.60	$139.32	**$60.28**	$159.70	**$39.90**
Associate + Spouse/Domestic Partner	$399.21	$218.77	**$180.44**	$259.52	**$139.69**
Associate + Child(ren)	$356.69	$211.52	**$145.17**	$231.89	**$124.80**
Family	$556.29	$320.98	**$235.31**	$361.72	**$194.57**

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.

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).

Please refer to the PTO Policy for accruals and Asbury-recognized holidays.

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

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.

CONTACTS

Human Resources

Asbury Communities

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Compensation and Benefits

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Asbury Solomons

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Springhill

Linda Vestrand, Human Resources
Director

814-860-7004
lvestrand@asbury.org

Asbury Place - Maryville

Sharon Miller, Human Resources Director

865-738-2763
SKMiller@asbury.org

Asbury Place - Kingsport

Tracy Williams, HR Generalist

423-245-0360
tlwilliams@asburyplace.org

Carrier Resources

Employee Assistance Program

Health Advocate

1-866-799-2728 Option 2
www.HealthAdvocate.com/asburycommunitiesinc

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

Health Savings Account

Discovery Benefits

1-866-451-3399
www.discoverybenefits.com

As the sponsor of Asbury Employee Welfare Plan (“the Plan”), we are obligated to furnish you with certain documents related to the Plan and your benefits under the Plan. The notices include: Medicare Part D Creditable Coverage, HIPAA, Special Enrollment Rights, Women’s Health and Cancer Rights, and Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP). These documents provide employees notice of their rights, benefits, and obligations under the Plan and can be accessed here: https://e13.ultipro.com/login.aspx

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 or 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 or. 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 or 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.

EMBEDDED—Each plan member is only responsible for the Individual amount. See also non-embedded.

EPO—stands for "Exclusive Provider Organization." As a member of an EPO, you can use the doctors and hospitals within the EPO network, but cannot go outside the network for care. There are no out-of-network benefits.

HEALTH SAVINGS ACCOUNT (HSA)—A tax-advantaged savings account that you can use to pay for eligible expenses tax-free.

HSA-QUALIFIED HEALTH PLAN—The type of plan you need to enroll in to be eligible to contribute to a Health Savings Account (HSA).

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.

NON-EMBEDDED—The entire family together meets the Family amount. See also embedded.

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.

PLAN YEAR/BENEFIT YEAR VS CALENDAR YEAR— Plan Year/ Benefit Year is the annual period from August 1 through July 31. Calendar Year is the period of time from January 1 through December 31 of each 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.

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Final notes

This summary of benefits is not intended to be a complete description of Asbury Communities's insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan.

In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Asbury Communities maintains its benefit plans on an ongoing basis, Asbury Communities reserves the right to terminate or amend each plan in its entirety or in any part at any time.

Please contact your Asbury Communities human resources representative with questions regarding the information provided in this overview.

All changes must be made by July 15, 2020!

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.

Employee benefits

2020

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