



ASBURY COMMUNITIES

Part-time/PRN - ACA Eligible Associates

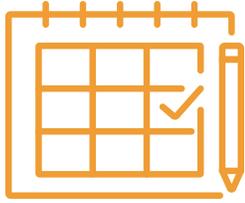
Employee benefits

ACTIVE ENROLLMENT

The upcoming benefits plan year will run from January 1, 2021 through December 31, 2021. This will be an “active” OE through Kronos Benefits Center.

NOV. 1-16

2020



ENROLLING IN YOUR BENEFITS

Enroll online at <https://kronosbenefitscenter.com>

Before you enroll:

- Familiarize yourself with your options by reading this 2021 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
 - Have proof of coverage handy if you're not enrolling
 - Proof of relationship status for dependents



Benefits Center Login

Username

Password

[Forgot Password?](#)

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 coincident 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.



MEDICAL & PRESCRIPTION DRUGS

Your medical plan for 2021 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.

- **CAREFIRST GOLD PLAN:** The HSA-qualified plan features a higher deductible, 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 80% for most covered services, and you pay 20%. 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.

CONTACTS

CareFirst Medical

Group # 5801257
Locate a Provider: 1-800-810-2583
Customer Service: 1-800-628-8548
www.carefirst.com

Prescription Drug Coverage

1-800-241-3371
www.carefirst.com/rx

Discovery Benefits Health Savings Account

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

Medical and Prescription Plan Highlights

Summary of Services	CareFirst Gold HSA-Qualified Plan	
	In-Network YOU PAY	Out-of-Network YOU PAY
Network	BlueChoice Advantage	N/A
Annual Deductible (Per Plan Year)	\$2,000 Individual \$4,000 Family	\$6,000 Individual \$12,000 Family
Out-of-Pocket Maximum (Per Plan Year)	\$5,000 Individual \$10,000 Family	\$9,000 Individual \$18,000 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
Office Visits, Labs, and Testing		
PCP/Specialist Office Visits	20% after deductible	50% after deductible
Lab/Pathology	20% after deductible	50% after deductible
Routine Imaging	20% after deductible	50% after deductible
Complex Imaging	20% after deductible	50% after deductible
Inpatient & Outpatient Services		
Inpatient Hospital Pre-certification required	20% after deductible	50% after deductible
Outpatient—Hospital	20% after deductible	50% after deductible
Outpatient—Facility	20% after deductible	50% after deductible
Urgent & Emergency Care		
Urgent Care Facility	20% after deductible	50% after deductible
Hospital Emergency Room (Copay waived if admitted)	20% after deductible	20% after deductible
Prescription Drugs		
Retail (34-day supply)	Subject to deductible	
Generic	\$5 copay	
Preferred Brand	20% up to \$50	
Non-Preferred Brand	20% up to \$100	
Preferred Specialty	50% up to \$150	
Non-Preferred Specialty	50% up to \$250	
Mail Order (90-day supply)*		
Generic	\$10 copay	
Preferred Brand	20% up to \$100	
Non-Preferred Brand	20% up to \$200	
Preferred Specialty	50% up to \$300	
Non-Preferred Specialty	50% up to \$500	

Maintenance Choice: Fill a 90-day supply of maintenance medications at CVS Pharmacy and receive a 90-day supply for the same price as mail order. 90-day supplies are not covered at non-CVS pharmacies.

¹As 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.

Restricted generic Substitution: If a provider prescribes a non-preferred brand drug when a generic is available, you will pay the non-preferred brand copay or coinsurance PLUS the cost difference between the generic and brand drug up to the cost of the prescription. If a generic version is not available, you will only pay the copay or coinsurance. Also, if your prescription is written for a brand-name drug and DAW (dispense as written) is noted by your doctor, you will only pay the copay or coinsurance.

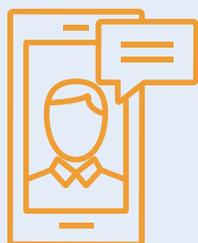
Medical Costs For Coverage

Per pay rates based on 26 pays per year

	Total Cost (Per Pay)	Standard		WOW! Incentive	
		Asbury Pays (Per Pay)	You Pay (Per Pay)	Asbury Pays (Per Pay)	You Pay (Per Pay)
CareFirst Gold Plan					
Associate Only	247.83	197.84	49.99	217.08	30.76
Associate + Spouse/Domestic Partner	545.23	358.96	186.27	397.42	147.81
Associate + Child(ren)	446.10	287.43	158.67	326.89	119.21
Family	768.28	520.96	247.32	559.42	208.86

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.

Please look for more information about the 2021 WOW! wellness program over the next few weeks including program details, how to register, and more!



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

You can also contact customer service toll-free at [1-800-628-8548](tel:1-800-628-8548).



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.



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.



HEALTH SAVINGS ACCOUNT (HSA)

Available only to associates who enroll in the CareFirst Gold Plan.

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

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 2021 tax year are below:

	2021 HSA Limits Set by the IRS	Asbury HSA Contribution	Employee 2021 HSA Contribution Limit
Individual	\$3,600	\$500	\$3,100
Family	\$7,200	\$1,000	\$6,200

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. If you have questions regarding how your contributions will impact your individual tax situation, please consult a tax professional.

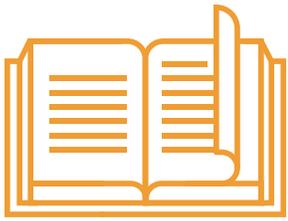
Access HSA Information:

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

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.



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—When you are a Blue Plan member, you take your healthcare benefits with you when you are abroad. Through the BlueCard Worldwide program, you have access to medical assistance services and 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.

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.

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.

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 charged fee for the particular service within that specific community.

All elections must be made by Nov. 16, 2020!

The upcoming benefits plan year will run from January 1, 2021 through December 31, 2021. This will be an “active” OE through Kronos Benefits Center.

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.

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>

2021