



# A guide to your 2020 Employee Benefits





# people. service. performance.

At Populus Group, we believe everyone should have the opportunity to succeed. We understand that having the benefits you need is a part of that. The Populus Group Benefit Program gives access to plans that help you protect the health and security of you and your family. We realize benefit needs vary from person to person so we provide a range of plans that allows you to choose the level of coverage and the combination of benefits you want and need. This guide highlights the benefits available to you and explains how to enroll.

**In this guide, you will find:**

- **Your 2020 Benefits-at-a-Glance**
- **Who is eligible and how to enroll**
- **Summaries of each benefit plan**



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# at-a-glance: your populus group benefits

Medical (with prescription drug benefit) <sup>1</sup>	
<b>BlueCross BlueShield Basic Medical Plan</b>	<ul style="list-style-type: none"> <li>✓ Features the national BlueCross BlueShield network</li> <li>✓ Plan pays 100% with no deductible for most preventive care in-network</li> <li>✓ Plan pays 100% of basic services, such as in-network office visits and in-network generic drugs (no coverage for major services such as hospitalization and surgery)</li> <li>✓ Includes prescription drug coverage through Caremark</li> </ul>
<b>BlueCross BlueShield Bronze Medical Plan</b>	<ul style="list-style-type: none"> <li>✓ Features the national BlueCross BlueShield network</li> <li>✓ Annual individual deductible of \$5,000</li> <li>✓ Annual family deductible of \$10,000</li> <li>✓ Includes prescription drug coverage through Caremark</li> </ul>
<b>BlueCross BlueShield HSA Eligible Medical Plan</b>	<ul style="list-style-type: none"> <li>✓ Features the national BlueCross BlueShield network</li> <li>✓ Annual individual deductible of \$4,000</li> <li>✓ Annual family deductible of \$8,000</li> <li>✓ Includes prescription drug coverage through Caremark</li> <li>✓ Health Savings Account Eligible</li> </ul>
<b>Health Savings Account<sup>3</sup></b>	<ul style="list-style-type: none"> <li>✓ Allows you to set aside pre-tax dollars to pay for current or future medical expenses</li> <li>✓ Keep your HSA account even if you end employment with Populus Group (No "Use It or Lose It")</li> <li>✓ Only available if you elect the HSA Eligible High Deductible Medical Plan</li> </ul>
<b>Symetra Life Insurance Company</b>	<ul style="list-style-type: none"> <li>✓ Choice of three fixed indemnity medical insurance plans (Essential Plan, Enhanced Plan, Advanced Plan)</li> <li>✓ Access to the Multiplan network of providers</li> <li>✓ Benefits are paid at a fixed amount regardless of the actual cost of service</li> <li>✓ Plans include prescription drug</li> </ul>
Hospital Bridge Insurance Plan <sup>1</sup>	
<b>Symetra Life Insurance Company</b>	<ul style="list-style-type: none"> <li>✓ Pays a daily benefit for medical services such as hospitalization, major diagnostic testing, emergency room visits, and more, up to the annual maximum</li> <li>✓ Three options available, with different maximum benefits per covered person per year: Traditional— \$25,000; Enhanced— \$35,000; and Premium— \$45,000</li> <li>✓ Designed to be used in combination with Basic Medical Plan, or coverage can be purchased separately</li> </ul>
Critical Illness Insurance <sup>1</sup>	
<b>Symetra Life Insurance Company</b>	<ul style="list-style-type: none"> <li>✓ Pays a fixed dollar amount if you or a covered family member is diagnosed for the first time with a serious illness or condition</li> <li>✓ Two options available, with different lump sum benefits: Option 1— \$10,000; or Option 2— \$20,000</li> <li>✓ Benefits for the employee or spouse are 100% of the lump sum benefit you enrolled for; benefits for children are 25% of the adult benefit</li> <li>✓ Coverage can be purchased separately or in addition to a medical plan</li> </ul>
Accident Insurance <sup>1</sup>	
<b>Symetra Life Insurance Company</b>	<ul style="list-style-type: none"> <li>✓ Covers any type of accidental injury not incurred at work (up to three accidents per calendar year per covered person) and pays your actual billed expenses up to the maximum benefit for the option you purchased; can help you meet your deductible or pay other expenses that are not covered by a comprehensive medical plan</li> <li>✓ Two options available, with different benefit levels: Option 1— Up to \$3,500 per accident; or Option 2— Up to \$10,000 per accident</li> </ul>

(1) You may elect or change these benefits during the annual open enrollment period or anytime during the year with a qualifying status change.

(2) You may elect or change these benefits anytime during the year with medical underwriting requirements.

(3) You may elect to open an HSA through Populus during the annual Open Enrollment period or anytime during the year with a qualifying status change provided you elect the Bronze Medical plan offered by Populus. You may change your contribution level to your HSA at any time during the year.



Hospital Indemnity <sup>1*</sup>	
<b>Symetra Life Insurance Company</b>	<ul style="list-style-type: none"> <li>✓ Provides direct payment to the insured for inpatient hospitalization</li> <li>✓ Coverage can be purchased separately to any one of the three medical options</li> <li>✓ If hospitalized, plan pays \$1,000 for three hospital stays per covered person per calendar year, and \$300 per day (at least 24 hours in a hospital) for up to 30 days per year</li> <li>✓ Includes a Prescription Drug Discount Program and Health Advocate Services</li> </ul>
Major Expense Protection Plan <sup>1</sup>	
<b>Symetra Life Insurance Company</b>	<ul style="list-style-type: none"> <li>✓ Provides direct payment to the insured for emergency room and inpatient hospital benefits which includes substance abuse and mental health</li> <li>✓ Coverage can be purchased separately or in addition to any one of the medical options or the Hospital Indemnity plan</li> <li>✓ If hospitalized, the plan pays \$1,500 per day up to 30 days per plan year</li> </ul>
Health Advocate	
<b>Advocacy Services</b>	<ul style="list-style-type: none"> <li>✓ Access to a Personal Health Advocate, typically a registered nurse, supported by a team of physicians and administrative experts, who will help in handling health care and insurance related issues</li> <li>✓ You, your spouse, children, parents and the parents of your spouse are eligible to use this service</li> <li>✓ You automatically receive this benefit when you enroll in a BlueCross medical plan or one of the three Symetra fixed indemnity medical insurance plans</li> </ul>
<b>Employee Assistance &amp; Work Life Benefit</b>	<ul style="list-style-type: none"> <li>✓ Confidential counseling for emotional, legal, financial, and other personal issues</li> <li>✓ Company paid, automatically enrolled at hire</li> </ul>
Dental <sup>1</sup>	
<b>MetLife Dental</b>	<ul style="list-style-type: none"> <li>✓ Pays 100% for preventive and diagnostic care; 50% to 80% for other services</li> <li>✓ Deductible \$50 per person</li> </ul>
Vision <sup>1</sup>	
<b>Vision Service Plan (VSP)</b>	<ul style="list-style-type: none"> <li>✓ In and out-of-network option (eye exam every 12 months; lenses/frames/contacts every 24 months)</li> <li>✓ Interim Benefits for lenses and frames</li> </ul>
Disability <sup>2</sup>	
<b>The Hartford Short Term Disability</b>	<ul style="list-style-type: none"> <li>✓ Plan pays 60% of pre-disability weekly pay up to a maximum benefit of \$600 per week</li> <li>✓ Benefits begin on the 8th day of total disability and will be paid for up to 13 weeks</li> <li>✓ Weekly premiums are based on age and weekly benefit amount</li> </ul>
<b>MetLife Long Term Disability</b>	<ul style="list-style-type: none"> <li>✓ Two plan options: five-year option or to age 65 option</li> <li>✓ Plan pays 60% of pre-disability monthly base pay after 90 days of disability</li> <li>✓ Maximum monthly benefit is \$5,000</li> <li>✓ Weekly premiums are based on age, monthly earnings, and plan option</li> </ul>
Voluntary Life <sup>2</sup>	
<b>Reliance Standard Life</b>	<ul style="list-style-type: none"> <li>✓ Employee Voluntary Life: up to \$150,000— cost is based on age and level of coverage</li> <li>✓ Spouse Voluntary Life: up to \$30,000— cost is based on age and level of coverage</li> <li>✓ Child Voluntary Life: up to \$10,000— cost is based on level of coverage</li> </ul>
Voluntary AD&D <sup>2</sup>	
<b>Reliance Standard Life</b>	<ul style="list-style-type: none"> <li>✓ Employee Voluntary AD&amp;D: up to \$500,000</li> <li>✓ Family AD&amp;D: spouse's benefit is 60% of employee's, dependent children's benefit is 15% of employee's</li> </ul>

(1) You may elect or change these benefits during the annual open enrollment period or anytime during the year with a qualifying status change.

(2) You may elect or change these benefits anytime during the year with medical underwriting requirements.

(3) You may elect to open an HSA through Populus during the annual Open Enrollment period or anytime during the year with a qualifying status change provided you elect the Bronze Medical plan offered by Populus. You may change your contribution level to your HSA at any time during the year.

# eligibility

**In order to qualify for benefits coverage, you must maintain a minimum of 20 hours per week, each week, in order to qualify for enrollment and to maintain your coverage throughout the calendar year. The following individuals are also eligible:**

## Spouse

1. A person who is legally recognized as the Employee's spouse pursuant to a legally recognized ceremony between a man and a woman, or
2. A same sex partner who is legally recognized as the Employee's spouse or partner pursuant to a state-sanctioned legal union between two individuals of the same-sex, which affords substantially similar rights to the parties thereto as those imposed by an opposite sex marriage.

## Child

1. Is under the age of 26 or is permanently and totally disabled (and meets the eligibility requirements described below); and
2. Is related to you in one of the following ways:
  - ▶ You or your spouse's or same-sex domestic partner's child by birth or legal adoption;
  - ▶ Under testamentary or court appointed guardianship, other than temporary guardianship of less than 12 months duration, and who resides with, and is the dependent of you or your spouse or same-sex domestic partner;
  - ▶ A child who is the subject of a Medical Child Support Order or a Qualified Medical Support Order that creates or recognizes the right of the child to receive benefits under a parent's health insurance coverage;
  - ▶ A grandchild who is in the court-ordered custody, and who resides with, and is the dependent of you or your spouse or same-sex domestic partner.

*Children whose relationship to you is not listed above, including, but not limited to grandchildren (except as provided above), foster children or children whose only relationship is one of legal guardianship (except as provided above) are not eligible, even though the child may live with you and be dependent upon you for support.*

Please note the Populus Group Fixed Indemnity Medical Insurance Plans Options for Contract Employees does not recognize common law marriage. Employee contributions for health care coverage are generally taken on a pre-tax basis, however, according to federal law, employee benefit contributions for same-sex spouses who are not dependents as defined in the Internal Revenue code, and children of same sex married couples who are not dependents of the employee as defined in the Internal Revenue code cannot be taken pre-tax.

If you and your spouse both work for Populus Group, each family member—you, your spouse, and your eligible children— can be covered only once for medical, dental and vision. One of you can enroll in a plan and cover all eligible children, and the other can waive coverage, or you can both enroll. Children cannot be covered by each parent separately.

**Coverage may be available to your disabled child who is over age 26, provided the child is financially dependent on you, is unmarried and was enrolled in the plan prior to attaining age 26. If you have an over age disabled dependent child, documentation of the disability may be required to continue coverage under the Plan.**

*Note: Enrolling an individual that is not eligible for Populus' plans is a fraudulent act and could result in disciplinary action up to and including termination.*



## when benefits begin

If you are a new hire, your benefit coverage begins on the first of the month following your hire date if you are on active service. Active service means you are doing your regular duties in the usual manner on a scheduled work day at one of the places of business where you normally work or where your work sends you.

Coverage for your dependents begins when yours does, unless you add them to your coverage later. You have 30 days from your effective hire date.

	example 1	example 2
Date of Hire	2/5/20	4/1/20
Date Coverage Begins	3/1/20	5/1/20
<b>Enroll By Date</b>	<b>12 Midnight EST, 3/31/20</b>	<b>12 Midnight EST, 5/30/20</b>

*Please keep in mind, you pay for benefits through weekly payroll deductions and if you miss deductions, payment will automatically be made up with double deductions. Please see the "Paying for Your Benefits" section of the guide for more detailed information.*

# how to enroll

## Enroll online at [www.PopulusBenefits.com](http://www.PopulusBenefits.com) (powered by KTBSOnline)

[www.PopulusBenefits.com](http://www.PopulusBenefits.com) is an online benefits service that puts benefits information and enrollment at your fingertips, 24 hours a day, seven days a week. [www.PopulusBenefits.com](http://www.PopulusBenefits.com) lets you look at your personal benefits record, including current coverage, dependents, and costs. You can also find details about all the available plans, so you can choose benefits that will work best for you and your family. In addition:

- ▶ You **do not** have to fill out a paper enrollment form.
- ▶ [www.PopulusBenefits.com](http://www.PopulusBenefits.com) is private and accessible via the internet, anywhere, anytime.
- ▶ You can enroll online and print a confirmation.
- ▶ You can print a Temporary Benefit Confirmation to present to your providers in the event you have not received your ID cards.
- ▶ You can access [www.PopulusBenefits.com](http://www.PopulusBenefits.com) after the enrollment period whenever you have questions about your benefits.
- ▶ **You cannot enroll over the phone.**
- ▶ You have from your date of hire through the end of your first full calendar month of employment to enroll. If you wait until the latter part of your effective month to enroll, your benefits will still begin on the first of the month and you will be responsible for all missed premiums.

## Logging on to [www.PopulusBenefits.com](http://www.PopulusBenefits.com)

### First Time Users

1. Send an Email to [pgbenefits@populusgroup.com](mailto:pgbenefits@populusgroup.com) to obtain access to [www.PopulusBenefits.com](http://www.PopulusBenefits.com).
2. Go to [www.PopulusBenefits.com](http://www.PopulusBenefits.com). (We strongly recommend the most recent version of Internet Explorer or Firefox).
3. Click on **Register** located on the right-hand side of your screen.
4. When prompted, enter your Last Name, Date of Birth, and your Social Security Number. For security purposes, you will also be asked to type a randomly generated security code that will be presented when the page loads. Select **Next**.
5. Follow the directions provided on the site to complete your registration and setup your online account.

### Returning Users

1. Go to [www.PopulusBenefits.com](http://www.PopulusBenefits.com). (We strongly recommend the most recent version of Internet Explorer or Firefox).
2. You will see a Login on the right of your screen where you can enter your Username and Password. Enter your Username and Password and then select **Login**.

Please note: If you have forgotten your username and/or password, click **Login Help**.

### Mobile App Benefits on the go!

Whether you're enrolling for the first time or making selections during open enrollment, adding a mid-year change for a qualifying event, or need to view your coverage in an emergency, you can access your benefits anytime through the KTBSOnline mobile app. Available for free in the App Store and on Google Play, search for "KTBSOnline".



# the enrollment process

Once you log in, just follow these steps:

1. Review your personal information,
  - ▶ Demographic (if you need to make changes, you may do so at this screen. If you need to change a field you do not have access to, please contact your local office)
  - ▶ Employment information (if this information is incorrect, please contact your local office)
  - ▶ Dependent Review. If you need to add or remove a dependent, you should do so from this screen. Please note, adding a dependent here DOES NOT enroll them in benefits. You must add them to each plan you wish to enroll them in. Review your current benefits and details of your 2019 options.
2. Review your current benefits and details of your 2020 options.
3. Elect your benefits or waive those you do not wish to elect. Choose your coverage level (Employee, Employee + Child, Employee + Spouse, Family) or waive medical coverage. If you choose coverage other than employee only, you must add your dependents to the plan.
  - ▶ Medical
  - ▶ Health Savings Account (only if you are enrolled in the HSA Eligible High Deductible medical plan)
  - ▶ Hospital Bridge Insurance Plan
  - ▶ Critical Illness Insurance
  - ▶ Accident Insurance
  - ▶ Hospital Indemnity Plan
  - ▶ Major Expense Protection Plan (MEPP)
  - ▶ Dental
  - ▶ Vision
  - ▶ Life Insurance (If you enroll outside of your eligibility period or increase your existing coverage you will be subject to approval by Reliance).
  - ▶ AD&D
  - ▶ Short Term Disability (STD)
  - ▶ Long Term Disability (LTD)
4. Review all of your elections and continue through the enrollment process.
5. Review the Online Enrollment User Acknowledgment and complete the online enrollment process.
6. Print your online Enrollment Election form and keep this copy for your records.

# beneficiaries

Many people overlook and underestimate the importance of designating a beneficiary. In many cases, people don't designate a beneficiary at all, and in other cases, the information is outdated. Taking the time to designate or update your beneficiaries today can eliminate many challenges for your family in the event of your death.

## How To Designate Or Update Your Beneficiaries

Below is a list of the benefits that need a beneficiary as well as step-by-step instructions on how to check and update your beneficiaries.

### Life Insurance and AD&D

Log on to [www.PopulusBenefits.com](http://www.PopulusBenefits.com). Click **My Benefits & Personal Information** at the top of the page. Under the Benefits section on the left side of the page, click **Beneficiaries**.

### Health Savings Account (HSA)

Log on to [www.OptumBank.com](http://www.OptumBank.com). Click **Manage Profile** at the bottom of the page. Click **Beneficiary Designation** to complete your beneficiary information.

## Benefit Identification (ID) Cards

Your medical and hospital bridge insurance plan ID cards will arrive at your home approximately three weeks from the time your enrollment is received at Symetra or BCBS. You will not receive ID cards for the critical illness, accident, hospital indemnity, major expense protection plan, dental and vision plans, as Symetra, MetLife and VSP do not require you to have an ID card for these plans.

You may print a Temporary Benefit Confirmation if you have not received your medical ID card or if you would prefer to have your dental and vision information on hand when you visit your provider. To print your Temporary Benefit Confirmation, log on to [www.PopulusBenefits.com](http://www.PopulusBenefits.com) and select **My Benefits & Personal Information** at the top of the Homepage. Under the Benefits Information Column, select **Print Temporary Benefit Confirmation**. Select the benefits you would like to print a temporary confirmation for and select **Retrieve ID Cards**.

## If You Do Not Enroll

If you do not enroll during your initial eligibility period (generally 30 days from the first day of the month following your date of hire), you cannot enroll or make changes to your coverage under the following plans until the next Open Enrollment period, or unless you have a qualifying status change, described later in this guide; medical/prescription, hospital bridge plan, critical illness insurance, accident insurance, hospital indemnity, major expense protection, dental, and vision.

You may enroll for short-term disability, long-term disability, life and/or AD&D insurance at any time, but you must complete the Evidence of Insurability (EOI) questionnaire if you do not elect during your initial eligibility period.

## If You Do Not Have Web Access

If you do not have access to PopulusBenefits.com, you may complete a paper enrollment to enroll in your benefits. To obtain a paper enrollment form, please contact your local office. You may send your completed forms to: **Populus Group Benefits Department, 3001 W. Big Beaver Rd, Suite 400, Troy, MI 48084.**

**Fax Number: 248-712-8099.**

## Paying For Your Benefits

You pay for your benefits through weekly payroll deductions. Your premiums for your medical, hospital bridge plan, critical illness insurance, accident insurance, hospital indemnity, major expense protection plan, dental, and vision coverage will be deducted from your paycheck on a pre-tax or post-tax basis, depending on the option you choose. However, according to federal law, premiums for a same-sex spouse and his/her children cannot be paid on a pre-tax basis unless, the spouse or child qualifies as your dependent as defined under the Internal Revenue Code.

Under Section 125 of the Internal Revenue Code, if you choose pre-tax contributions, you may not change or cancel your benefits unless you incur a qualifying life status change, described later in this guide. If you choose post-tax contributions you may completely cancel all of the benefit plans you are enrolled in at any time during the year without restriction, however, you may not just cancel one benefit plan and keep the others (i.e., cancel medical, keep dental and vision) or change medical plans. In addition, you cannot change your benefits (i.e. adding/removing dependents) unless you incur a qualifying life status change.

Deductions for Disability, Life, and AD&D insurance are made on a post-tax basis. Please keep in mind:

- ▶ Weekly payroll deductions begin the first full week of benefit coverage;
- ▶ If you wait until the latter part of your effective month to enroll, your benefits will still begin on the first of the month and you be responsible for all missed premiums.
- ▶ Missed deductions will be made up with double deductions in subsequent weeks.
- ▶ You must pay for your benefits every week, regardless of how often you use them.

## If You Have Questions

If you have questions about your benefit choices or the enrollment process, contact your local office or the Benefits Service Center at **1-888-858-6310**, Monday through Friday 8am to 6pm EST, or send an email to **[pgbenefits@populusgroup.com](mailto:pgbenefits@populusgroup.com)**. Phone numbers and web addresses for the various benefit plan providers are found on the back of this guide.



# medical & prescription benefits

## BlueCross BlueShield Basic Medical Plan (“Basic Plan”)

benefit	in-network
Benefit Period <sup>1</sup> Maximum <sup>2</sup>	Unlimited
Lifetime Maximum	Unlimited
Benefit Period <sup>1</sup> Deductible <sup>2</sup>	\$0.00
Benefit Period <sup>1</sup> Out-of-Pocket Maximum <sup>3</sup>	\$0.00
<b>Office Visits</b>	
PCP Visit	Covered at 100%
Specialist Visit	Covered at 100%
<b>Preventive Care<sup>4</sup></b>	
Well Child Care & Immunizations (through age 17)	Covered at 100%
Annual Physicals	Covered at 100%
Routine GYN Exam	Covered at 100%
Mammography	Covered at 100%
<b>Hospitalization</b>	
Inpatient & Outpatient	Not covered
<b>Labs, and Testing</b>	
X-Ray & Diagnostic Imaging	Not covered
Outpatient Lab Work	Covered at 100%
<b>Mental Health and Substance Abuse</b>	
Inpatient <sup>4</sup> & Outpatient	Not covered
<b>Prescription Drug</b>	
Deductible	\$0.00
Generic Drugs	\$0.00 copay
Preferred Brand Drugs	\$0.00 copay
Non-Preferred Brand and Specialty Drugs	Not Covered

(1) Benefit Period is January through December of each calendar year. (2) Per covered member for all medical services. (3) Includes deductible, coinsurance and copayments. (4) As defined under the Affordable Care Act.

Note: The Basic Medical Plan does not provide the minimum creditable coverage that adults who file taxes in Massachusetts need to have in order to avoid penalties. Employees residing in Massachusetts who select the Basic Medical Plan may be subject to penalties.

## BlueCross BlueShield Medical Plans – 2020 Weekly Premiums

coverage level	basic plan	bronze plan	HSA eligible plan
Employee	\$47.61	\$99.43	\$99.04
Employee & Child*	\$73.19	\$183.93	\$183.21
Employee & Children*	\$73.19	\$183.93	\$183.21
Employee & Spouse*	\$82.06	\$228.68	\$227.78
Family	\$111.14	\$302.25	\$301.07

\*Please see the Eligibility section of this guide for the definition of an eligible dependent.

**Basic:** If you earn less than \$15.87 per hour, you may qualify for a portion of your health benefits to be paid by Populus Group. **Bronze:** If you earn less than \$33.62 per hour, you may qualify for a portion of your health benefits to be paid by Populus Group. **HDHP:** If you earn less than \$33.49 per hour, you may qualify for a portion of your health benefits to be paid by Populus Group.

\*For more information on how this may impact your medical plan cost for either of the above three plans, contact the Populus Group Benefits Team at [PGBenefits@PopulusGroup.com](mailto:PGBenefits@PopulusGroup.com).

## Medical & Prescription Benefits – BlueCross BlueShield Medical Plans

	HSA eligible high deductible plan		bronze plan	
Benefit	In-Network <sup>1,2</sup>	Out-of Network <sup>1,3</sup>	In-Network <sup>1,2</sup>	Out-of Network <sup>1,3</sup>
Annual Deductible <sup>4</sup>	\$4,000 Individual \$8,000 Family	\$8,000 Individual \$16,000 Family	\$5,000 Individual \$10,000 Family	\$10,000 Individual \$20,000 Family
Annual Out-of-Pocket Maximum <sup>5</sup>	\$6,550 Individual \$13,100 Family (Combined medical & prescription out of pocket maximum)	\$12,700 Individual \$25,400 Family	\$6,350 Individual \$12,700 Family	\$12,700 Individual \$25,400 Family
Lifetime Maximum Benefit	None	None	None	None
<b>Preventive Services</b>				
Well Child Care (including exams & immunizations)	Covered at 100%	You pay 50% of AB	Covered at 100%	You pay 50% of AB
Adult Physical Exam (including routine GYN visit)	Covered at 100%	You pay 50% of AB*	Covered at 100%	You pay 50% of AB*
Breast Cancer Screening	Covered at 100%	You pay 50% of AB	Covered at 100%	You pay 50% of AB
Pap Test	Covered at 100%	You pay 50% of AB*	Covered at 100%	You pay 50% of AB*
Prostate/ Colorectal Cancer Screening	Covered at 100%	You pay 50% of AB*	Covered at 100%	You pay 50% of AB*
<b>Office Visits, Labs and Testing</b>				
Office Visits for Illness	You pay 20% of AB*	You pay 50% of AB*	You pay \$40 per visit*	You pay 50% of AB*
Imaging (MRA/MRS, MRI, PET & CAT scans) <sup>7</sup>	You pay 20% of AB*	You pay 50% of AB*	You pay \$40 per visit*	You pay 50% of AB*
Labs and X-ray <sup>7</sup>	You pay 20% of AB*	You pay 50% of AB*	You pay \$40 per visit*	You pay 50% of AB*
Physical/Speech/Occupational Therapy <sup>8,9</sup>	You pay 20% of AB*	You pay 50% of AB*	You pay \$40 per visit*	You pay 50% of AB*
Chiropractic <sup>8,10</sup>	You pay 20% of AB*	You pay 50% of AB*	You pay \$40 per visit*	You pay 50% of AB*
<b>Emergency Services</b>				
Urgent Care Center	You pay 20% of AB*	You pay 20% of AB**	You pay \$50 per visit*	You pay \$50 per visit**
Emergency Room – Facility Services	You pay 20% of AB*	You pay 20% of AB**	You pay \$250 per visit* <sup>11</sup>	You pay \$250 per visit** <sup>11</sup>
Emergency Room – Physician Services	You pay 20% of AB*	You pay 20% of AB**	Covered at 100%*	Covered at 100%**
Ambulance (if medically necessary)	You pay 20% of AB*	You pay 20% of AB**	You pay 20% of AB*	You pay 20% of AB**
<b>Hospitalization—(Members are responsible for applicable physician and facility fees)</b>				
Inpatient/Outpatient Facility Services	You pay 20% of AB*	You pay 50% of AB*	You pay 20% of AB*	You pay 50% of AB*
Inpatient/Outpatient Physician Services	You pay 20% of AB*	You pay 50% of AB*	You pay 20% of AB*	You pay 50% of AB*
<b>Maternity</b>				
Preventive Prenatal and Postnatal Office Visits	Covered at 100%	You pay 50% of AB*	Covered at 100%	You pay 50% of AB*
Delivery and Facility Services	You pay 20% of AB*	You pay 50% of AB*	You pay 20% of AB*	You pay 50% of AB*
Nursery Care of Newborn	You pay 20% of AB*	You pay 50% of AB*	You pay 20% of AB*	You pay 50% of AB*
<b>Mental Health and Substance Abuse</b>				
Inpatient Facility Services	You pay 20% of AB*	You pay 50% of AB*	Not covered	You pay 50% of AB*
Outpatient Facility Services	You pay 20% of AB*	You pay 50% of AB*	You pay 20% of AB*	You pay 50% of AB*
Inpatient/Outpatient Physician Services	You pay 20% of AB*	You pay 50% of AB*	You pay 20% of AB*	You pay 50% of AB*
<b>Prescription Drugs <sup>6</sup></b>				
Deductible	See Medical Summary			
Out-of-Pocket Maximum	See Medical Summary			
Up to a 34-day supply	Generic: You pay \$15 per prescription   Preferred: You pay \$50 per prescription   Non-preferred: You pay \$100 per prescription			
Maintenance Drugs: Up to a 90-day supply	Generic: You pay \$30 per prescription   Preferred: You pay \$100 per prescription   Non-preferred: You pay \$200 per prescription			

Not all services and procedures are covered by your benefits contract. This summary is for comparison purposes only and does not create rights not given through the benefit plan.

No copayment or coinsurance.

AB= Allowed Benefit

\*After deductible is met.

\*\*After In-Network deductible is met.

(1) When multiple services are rendered on the same day by more than one provider, Member payments are required for each provider.

(2) In-Network: When covered services are rendered in Maryland, Washington D.C. and/or Northern Virginia, collectively known as the CareFirst BlueChoice service area, by a provider in the CareFirst BlueChoice Provider network, care is reimbursed at the in-network level. In-network benefits are based on the CareFirst BlueChoice Allowed Benefit. The CareFirst BlueChoice Allowed Benefit is generally the contracted rates or fee schedules that CareFirst BlueChoice providers have agreed to accept as payment for covered services. These payments are established by CareFirst BlueChoice, Inc., however, in certain circumstances, an allowance may be established by law. Outside of the CareFirst BlueChoice service area, when covered services are rendered by a provider in the preferred provider network, care is also covered at the in-network level. These in-network benefits are based on the contracted rates or fee schedules that preferred providers have agreed to accept as payment for covered services that are established by the local Blue Cross and Blue Shield Plan, however, in certain circumstances, an allowance may be established by law.

(3) Out-of-Network: When covered services are rendered by a provider that is not in the CareFirst BlueChoice network in Maryland, Washington D.C. or Northern Virginia, or is not in the preferred provider network outside of CareFirst BlueChoice service area, the care is reimbursed as out-of-network. Out-of-network benefits are based on the Allowed Benefit. The Allowed Benefit is generally the contracted rates or fee schedules that are established by CareFirst BlueChoice, or the local Blue Cross and Blue Shield Plan, however, in certain circumstances, an allowance may be established by law.

(4) For family coverage only: When one family member meets the individual deductible, they can start receiving benefits. Each family member cannot contribute more than the individual deductible amount. The family deductible must be met before the remaining family members can start receiving benefits.

(5) For family coverage only: When one family member meets the individual out-of-pocket maximum, their services will be covered at 100% up to the Allowed Benefit. Each family member cannot contribute more than the individual out-of-pocket maximum amount. The family out-of-pocket maximum must be met before the services for all remaining family members will be covered at 100% up to the Allowed Benefit. The out-of-pocket maximum includes deductibles, copays and coinsurance.

(6) Plan has an integrated medical and prescription drug out-of-pocket maximum.

(7) If you receive laboratory services inside the CareFirst Service area (Maryland, D.C., Northern Virginia) members should use LabCorp to receive In-Network benefits. Services performed by any other provider, while inside the CareFirst Service area will be considered out-of-network. If you receive laboratory services outside of Maryland, D.C. or Northern Virginia, you may use any participating BlueCard PPO laboratory and receive in-network benefits.

(8) There are no limits for children until the end of the month in which the insured or enrollee turns 19 years of age when Physical, Speech or Occupational Therapy is included as part of Habilitative Services.

(9) Limited to 30 visits per injury per benefit period

(10) Limited to 20 visits per injury per benefit period

(11) Waived if admitted



# health savings account (HSA)

## Who Can Have An HSA?

To be eligible to open an HSA, you must be covered by a qualified high deductible health plan such as the Populus Group BlueCross BlueShield HSA Eligible High Deductible Medical Plan\*. You are not eligible if:

- ▶ You can be claimed as a tax dependent of another individual;
- ▶ You are currently enrolled in Medicare; or
- ▶ You have medical plan coverage other than a high deductible health plan, including secondary coverage under your spouse/domestic partner's plan. There cannot be coordination of benefits with another plan.

## What Is An HSA?

An HSA is a tax-advantaged savings account that allows you to put aside pre-tax income, invest your savings, and use your tax-free savings for eligible medical expenses. Unlike other medical savings accounts, any money you do not use stays in your account.

An HSA helps you save for health care expenses over your lifetime. If you use the account to pay for eligible medical expenses, (a list can be found at [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf)), you will not have to pay federal income taxes on your savings. You may choose to use the funds for ineligible expenses, but you will be taxed on the amount, and if you are under age 65, you will also be subject to an additional 20% tax penalty. (Please note you may want to keep your receipts for IRS purposes).

In addition to being an excellent way to put money aside for current expenses, an HSA is a tax-free way to save for future expenses— such as the need to cover retiree health premiums (excluding Medicare Supplement plans) or to pay for uncovered healthcare expenses at some time in the future.

Your HSA is your personal account and is entirely portable. This means if you leave Populus Group, you can take the account with you. Populus Group has partnered with Optum to manage your Health Savings Account. Once you set up your HSA, you will receive a Welcome Package from Optum (which will include your Healthcare Payment card), quarterly Health Savings Account statements and other information pertaining to your HSA.

You may contribute to your HSA through pre-tax payroll deductions or through post-tax contributions of your own (you will set this up directly with Optum), up to the amount allowed by the IRS. If you choose to contribute through post-tax contributions, you will adjust your gross income when filing your income tax return the following year.

It is important to note although some expenses are eligible for reimbursement from your HSA, they may not count toward your annual deductible or annual out-of-pocket maximum (such as certain over-the-counter medications or long term care insurance premiums). For additional information about eligible and ineligible expenses, please refer to IRS Publication 502 [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

## HSA Contributions

You determine how much you want to contribute to your HSA on an annual basis. You may contribute up to the following IRS maximums:

### HSA Annual Contributions – 2020

pre-tax contributions	
Employee	\$3,550
Employee & Child(ren)	\$7,100
Employee & Spouse	\$7,100
Family	\$7,100

If you are age 55 or older, for the 2020 plan year and beyond you are also eligible to make an additional contribution of \$1,000 to your HSA by logging into your account at [www.optumbank.com](http://www.optumbank.com). From the main dashboard page, click on “make a deposit” and follow the prompts to make a deposit from the bank account of your choosing. Call Optum customer service at **1-844-326-7967** if you have questions or need assistance.

## How To Set Up Your HSA

You will set up your HSA with Optum via [www.PopulusBenefits.com](http://www.PopulusBenefits.com) at the time you enroll in the BlueCross BlueShield HSA High Deductible Bronze Medical Plan. After enrolling in your medical benefits, you will be asked to enter an annual election amount you wish to contribute to your HSA. Once you complete this step, choose your other benefits and submit your enrollment, your information will be sent to Optum and your HSA will be established.

## HSA Changes

You may change your HSA contributions at any time during the year by logging on to [www.PopulusBenefits.com](http://www.PopulusBenefits.com). A voluntary HSA contribution change will take effect on the following week's paycheck.

## States Not Recognizing The Tax-Free Status Of HSA Contributions

While the pre-tax contributions to your HSA made through payroll always provide tax savings on the federal level, the following states do not currently recognize those contributions for state income tax purposes: **California and New Jersey**. Please note, this is the most current list at the time this guide was created.

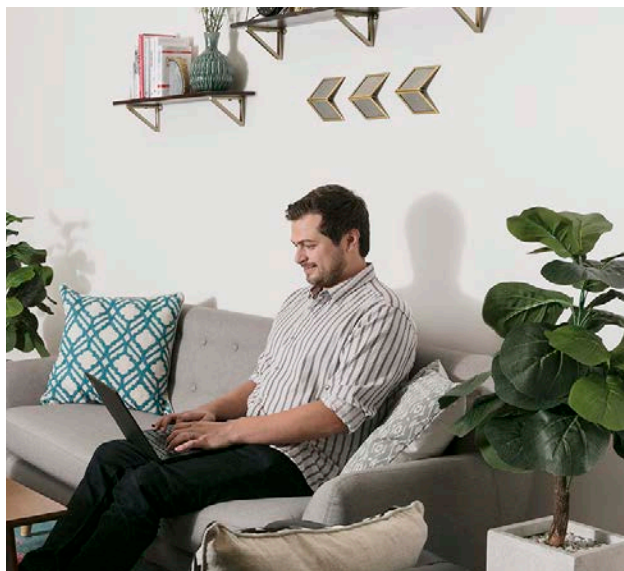
## Account Balance

Depending on your health care expenses in a given year, you may not need to use all of the funds in your HSA. In this event, the remaining balance in your HSA will be available for your use in future years.

## Interest And Earnings On Your Account Balance

Initially, the contributions made by you through payroll are deposited into an FDIC Insured interest bearing account.

Once your account balance reaches \$1,000, you may choose to invest your HSA savings in a variety of mutual funds. Please keep in mind mutual funds carry a certain level of risk and return. You should consult a financial advisor when making investment decisions.



# medical & prescription benefits

## Symetra Life Insurance Company

You may choose one of three fixed indemnity medical plans coverage options. The plans offer access to the MultiPlan national network of providers. For a network provider near you, visit [www.PopulusBenefits.com](http://www.PopulusBenefits.com) for a direct link to the MultiPlan website or go to [www.multiplan.com](http://www.multiplan.com). The following charts highlights commonly covered services under the Symetra Life Insurance Company Fixed Indemnity Medical Insurance Plans.

Due to state regulations, this plan is not available to employees who live in New Hampshire.

essential plan			
Benefit Provision	Basic Plan Benefits	Per Provision Limit	Collective Benefit Limit
Doctor Office Visits	\$80 per day	none	15 visits*; \$1,200
Outpatient Diagnostic X-Ray	\$80 per day	none	
Preventive Care	\$80 per day	none	
Emergency Room (outpatient DXL benefits may also apply)	\$200 per day	\$600*	\$600*
Hospital Admission	\$1,500 per first day	1*	\$1,500*
Ambulance Transportation			
Ground Transport	\$250 per day	5 days*	
Air Transport	\$500 per day	5 days*	
Hospital Stay <sup>1</sup>			
Regular Room	\$500 per day	10 days*	\$5,000*
ICU	\$1,000 per day	10 days*	\$10,000*
Substance Abuse Facility	\$500 per day	10 days*	\$5,000*
Mental Health (180 day lifetime limit)	\$250 per day	10 days*	\$2,500*
Post-Hospital Nursing Facility Stay <sup>1</sup>	\$250 per day	60 days per stay* <sup>3</sup>	\$15,000*
Surgery (based upon site of service) maximum <sup>1</sup> surgical benefit per day			
Outpatient Doctor's Office	\$75 per day	\$3,000 maximum benefit*	\$3,000 maximum benefit*
Outpatient Surgical Facility	\$550 per day		
Inpatient	\$2,000 per day		
Prescriptions			
Preferred generic Rx <sup>5</sup>	\$10 co-pay	\$5,000*; \$10,000 family benefit	\$5,000*
Non-preferred generic and brand Rx <sup>5</sup>	Discount	none	n/a
In-Network Discounts	when services are received through a MultiPlan PPO Network provider <sup>2</sup>	none	n/a
Non-Network Penalties	none	none	none

\*Per covered person per calendar year

\*\*This is a summary of benefits for illustration purposes only. Policy provisions govern. See policy for details, exclusions and limitations

(1) 500 days per lifetime maximum except that mental health facility stay is limited to 180 days' lifetime maximum.

(2) Access to the MultiPlan PPO Network is included. There is a \$4 PEPM fee included in the monthly premiums shown for this access. Benefits are payable per policy without regard to network status of provider.

(3) This benefit is paid only if following a covered hospital stay of at least 3 consecutive days and the insured is under age 65.

(4) This collective benefit could be higher if more than one confinement in a single calendar year.

(5) Program insured by PRAM Insurance Services, Inc., Brea, CA, administered by RxEDO.

This discount program is not an insured benefit. Insurance benefits are provided under the Select Benefits Indemnity Policy, form number LGC-8786 2/03, and/or Critical Illness Policy, form number LGC-9095 2/07. they are insured by Symetra Life Insurance Company, 777 108th Ave NE, Suite 1200, Bellevue, WA 98004. The coverage is not a substitute for major medical or other comprehensive coverage. Benefits are subject to exclusions, limitations, reductions and termination of benefits provisions. Please review the description of benefits for additional details. For more information, contact your Symetra agent.



enhanced plan			
Benefit Provision	Basic Plan Benefits	Per Provision Limit	Collective Benefit Limit
Doctor Office Visits	\$80 per day	none	20 visits*; \$1,600
Outpatient Diagnostic X-Ray	\$80 per day	none	
Preventive Care	\$80 per day	none	
Emergency Room (outpatient DXL benefits may also apply)	\$200 per day	\$600*	\$600*
Hospital Admission	\$1,000 per first day	2*	\$2,000*
Ambulance Transportation			
Ground Transport	\$250 per day	5 days*	
Air Transport	\$500 per day	5 days*	
Hospital Stay <sup>1</sup>			
Regular Room	\$1,200 per day	none	\$15,000*
ICU	\$2,400 per day	none	
Substance Abuse Facility	\$1,200 per day	none	
Mental Health (180 day lifetime limit)	\$600 per day	none	
Post-Hospital Nursing Facility Stay <sup>1</sup>	\$600 per day	60 days per stay* <sup>3</sup>	
Surgery (based upon site of service) maximum <sup>1</sup> surgical benefit per day			
Outpatient Doctor's Office	\$65 per day	none	
Outpatient Surgical Facility	\$1,500 per day		
Inpatient	\$3,500 per day		
Surgical Anesthesia	\$400 per surgery with anesthesia		
Outpatient Surgical Facility (OPSF)	\$900 per surgery with OPSF		
Prescriptions			
Generic Rx <sup>5</sup>	\$10 co-pay	\$5,000*; \$10,000 family benefit	\$5,000*
Brand Rx <sup>5</sup>	Discount	none	n/a
In-Network Discounts	when services are received through a MultiPlan PPO Network provider <sup>2</sup>	none	n/a
Non-Network Penalties	none	none	none

\*Per covered person per calendar year

\*\*This is a summary of benefits for illustration purposes only. Policy provisions govern. See policy for details, exclusions and limitations

(1) 500 days per lifetime maximum except that mental health facility stay is limited to 180 days' lifetime maximum.

(2) Access to the MultiPlan PPO Network is included. There is a \$4 PEPM fee included in the monthly premiums shown for this access. Benefits are payable per policy without regard to network status of provider.

(3) This benefit is paid only if following a covered hospital stay of at least 3 consecutive days and the insured is under age 65.

(4) This collective benefit could be higher if more than one confinement in a single calendar year.

(5) Program insured by PRAM Insurance Services, Inc., Brea, CA, administered by RxEDO.

This discount program is not an insured benefit. Insurance benefits are provided under the Select Benefits Indemnity Policy, form number LGC-8786 2/03, and/or Critical Illness Policy, form number LGC-9095 2/07. they are insured by Symetra Life Insurance Company, 777 108th Ave NE, Suite 1200, Bellevue, WA 98004. The coverage is not a substitute for major medical or other comprehensive coverage. Benefits are subject to exclusions, limitations, reductions and termination of benefits provisions. Please review the description of benefits for additional details. For more information, contact your Symetra agent.

advantage plan				
Benefit Provision	Basic Plan Benefits	Per Provision Limit	Collective Benefit Limit	
Doctor Office Visits	\$80 per visit	none	\$150,000*	
Outpatient Major Diagnostic Tests	\$375 per day	none		
Emergency Room (outpatient DXL benefits may also apply)	\$200 per day	none		
Hospital Stay¹				
Regular Room	\$2,000 per day	none		
ICU	\$4,000 per day	none		
Substance Abuse Facility	\$2,000 per day	none		
Mental Health (180 day lifetime limit)	\$1,000 per day	none		
Post-Hospital Nursing Facility Stay¹	\$1,000 per day	60 days per stay* ³		
Surgery (based upon site of service) maximum¹ surgical benefit per day				
Outpatient Doctor's Office	\$75 per day	none	\$100*	
Outpatient Surgical Facility	\$1,500 per day			
Inpatient	\$3,500 per day			
Surgical Anesthesia	\$550 per surgery with anesthesia			
Outpatient Surgical Facility (OPSF)	\$900 per surgery with OPSF			
Preventive Care	\$100 per day	\$100*		
Hospital Admission	\$1,000 per admission	3*		\$3,000*
Ambulance Transportation				
Ground Transport	\$250 per day	5 days*		
Air Transport	\$500 per day	5 days*		
Prescriptions				
Generic Rx⁵	\$10 co-pay	\$5,000*; \$10,000 family benefit		
Non-preferred generic and brand Rx⁵	Discount	none		
In-Network Discounts	when services are received through a MultiPlan PPO Network provider²			
Non-Network Penalties	none			

## Symetra Life Insurance Company Medical Plans – 2020 Weekly Premiums

coverage level	essential	enhanced	advantage
Employee	\$27.62	\$37.01	\$68.40
Employee & Child*	\$68.54	\$92.73	\$173.16
Employee & Children*	\$68.54	\$92.73	\$173.16
Employee & Spouse*	\$68.54	\$92.73	\$173.16
Family	\$98.44	\$132.94	\$248.55

\*Please see the Eligibility section of this guide for the definition of an eligible dependent.

# hospital bridge insurance plan

## Symetra Life Insurance Company

Offered through Symetra, the Hospital Bridge Insurance Plan is designed to supplement the Basic Medical Plan, but can also be purchased on a stand-alone basis or as a supplement to another medical plan. The Hospital Bridge Insurance Plan pays a fixed daily benefit directly to you for medical services such as hospitalization, major diagnostic testing, emergency room visits, outpatient surgical facility, mental healthcare room, and more, up to the annual maximum.

When you are admitted to the hospital, you may “assign” your benefits to the hospital or you may choose not to. This is your choice regardless of any major medical or other coverage you may have, but if you do not have major medical coverage the hospital may require you to assign your benefits as a condition of admittance. If you assign benefits, the hospital should file the claim and payment will be made by Symetra directly to the hospital up to the amount the hospital shows due or up to the limit of the plan. Excess benefits, if any, will be paid directly to you. If you do not assign your benefits, you will need to file the claim with Symetra yourself and benefits will be paid directly to you. Paid benefits are not taxed.

Coverage is guaranteed issue, which means you cannot be denied coverage, regardless of current or prior personal or family health history, and there are no pre-existing limitations.

### You may choose from three plan options:

- ▶ **Traditional:** \$25,000 maximum benefit per covered person per year
- ▶ **Enhanced:** \$35,000 maximum benefit per covered person per year
- ▶ **Premium:** \$45,000 maximum benefit per covered person per year

*Due to state restrictions, this plan is not available to employees who live in New Hampshire.*

## personalize your coverage

### Consider the Basic Medical Plan + Hospital Bridge Insurance Plan

The Basic Medical Plan features low premiums and no deductible while providing you with 100% coverage for unlimited sick and well visits to doctors and coverage for generic and preferred brand name prescription drugs. However, **the Basic Medical Plan does not cover surgery, hospitalization, emergency room services, x-ray/diagnostic imaging or non-preferred brand name or specialty prescription drugs.** Combining the Basic Medical Plan with a Hospital Bridge Plan allows you to expand your coverage and build a personalized program that suits your needs and is budget friendly. Any one of the Hospital Bridge Plans can supplement the Basic Medical Plan or any other coverage you may have. You can also further expand your coverage by choosing Critical Illness Protection and/or Accident Protection Plans.



basic medical plan	
Benefit Period Maximum, Lifetime Maximum	Unlimited
Deductible, Out-of-Pocket Maximum, Coinsurance (per calendar year)	\$0
Office Visits	Covered at 100% in-network
Preventive Care (annual physical, well- child care/immunizations, routine GYN exam)	Covered at 100% in-network
Labs and Testing	
X-Ray/Imaging	Not covered
Outpatient Lab Work	Covered at 100%
Hospitalization	Not covered
Prescription Drug	
Generic and Preferred Brand Drugs	Covered at 100% in-network
Non-Preferred Brand and Specialty Drugs	Not Covered

## Hospital Bridge Insurance Plan

	traditional	enhanced	premium
Benefit Period Maximum	\$25,000 per Covered Person per Year	\$35,000 per Covered Person per Year	\$45,000 per Covered Person per Year
Hospital Inpatient Admission (3 day max)	\$1,000/first day (\$3,000 limit)	\$1,500/first day (\$4,500 limit)	\$2,000/first day (\$6,000 limit)
Ambulance Transportation	5 day combined calendar year max per person		
Ground Transport	\$250/day	\$500/day	\$1,000/day
Air Transport	\$500/day	\$1,000/day	\$2,000/day
Hospital Stay	\$25,000 limit	\$35,000 limit	\$45,000 limit
Regular Room	\$1,200/day	\$1,200/day	\$1,500/day
ICU	\$2,400/day	\$2,400/day	\$3,000/day
Substance Abuse Facility	\$1,200/day	\$1,200/day	\$1,500/day
Mental Health (180 day lifetime limit)	\$600/day	\$600/day	\$750/day
Post Hospital Nursing Facility Stay (60 day max per stay)	\$600/day	\$600/day	\$750/day
Outpatient Surgical Facility	\$300/day	\$400/day	\$500/day
Outpatient Major Diagnostic Testing	\$300/day	\$400/day	\$500/day
Outpatient Diagnostic X-ray and Lab	\$30/day	\$40/day	\$50/day
Emergency Room	\$150/day	\$200/day	\$200/day

## Hospital Bridge Insurance Plans – 2020 Weekly Premiums

coverage level	traditional	enhanced	premium
Employee	\$27.70	\$33.51	\$41.35
Employee & Child*	\$53.61	\$65.04	\$80.46
Employee & Children*	\$76.87	\$93.35	\$115.58
Employee & Spouse*	\$53.61	\$65.04	\$80.46
Family	\$76.87	\$93.35	\$115.58

\*Please see the Eligibility section of this guide for the definition of an eligible dependent.

# critical illness insurance

## Symetra Life Insurance Company

Critical Illness Insurance pays you a fixed dollar amount if you or a covered family member is diagnosed for the first time with a serious illnesses or condition such as invasive cancer, heart attack, stroke, end-stage renal failure, major organ transplant, paralysis, and coma. The plan is “guaranteed issue” coverage, which means you cannot be denied coverage, regardless of current or prior personal or family health history. (Please note: while you cannot be denied for your prior personal or family history, you cannot obtain coverage for a specific covered critical illness if you have previously been diagnosed with that critical illness.) You may elect \$10,000 (Option 1) or \$20,000 (Option 2) worth of coverage for yourself and your spouse. Benefits for children are 25% of the adult benefit.

Critical illness insurance is intended to supplement a comprehensive medical plan. It provides a lump sum cash benefit for expenses that may not be covered by a traditional medical plan.

Critical Illness Insurance can be purchased as a stand-alone plan or in addition to any of the medical plan options, Hospital Bridge Insurance Plans, Accident Insurance, Hospital Indemnity Plan and Major Expense Protection Plan.

### The benefits of critical illness insurance include:

- ▶ Helps you have money for deductibles, copays, lost income, experimental treatment, spousal income when using FMLA, etc.
- ▶ Benefits are paid directly to you in addition to the major medical insurance you may already have in place
- ▶ Benefits for the employee or spouse are always 100% of the lump sum benefit you enrolled for (\$10,000 or \$20,000); benefits for children are 25% of the adult benefit
- ▶ With this “first occurrence ever” policy, each condition is independent. So, if you have your first ever heart attack while covered and a year later you are diagnosed with invasive cancer, then you get paid the full benefit amount twice.
- ▶ Payroll deductions can be taken pre-tax and paid benefits are not taxed (except for domestic partners and same- sex civil unions).

## Critical Illness Insurance Plans – 2020 Weekly Premiums

coverage level	option 1 - \$10,000	option 2 - \$20,000
Employee	\$4.14	\$8.28
Employee & Child*	\$5.52	\$11.04
Employee & Children*	\$5.52	\$11.04
Employee & Spouse*	\$8.28	\$16.55
Family	\$9.66	\$19.31

\*Please see the Eligibility section of this guide for the definition of an eligible dependent.

# accident insurance

## Symetra Life Insurance Company

Accident Insurance is another option for supplementing a comprehensive medical plan. When accidents happen, out-of-pocket costs for things such as doctor visits, x-rays and physical therapy can add up fast. This plan can help.

**You can choose from two options:**

- **Option 1:** Coverage of up to \$5,000 per accident
- **Option 2:** Coverage of up to \$10,000 per accident

The Accident Insurance plan covers any type of accidental injury not incurred at work (up to 3 per calendar year per covered person) and pays your actual billed expenses up to the maximum benefit for the option you purchased. As with the other supplementary plans available, this plan can help you meet your deductible or pay other expenses that are not covered by a comprehensive plan.

Accident Insurance can be purchased as a stand-alone plan or in addition to any of the medical plan options, Hospital Bridge Insurance Plans, Critical Illness Insurance, Hospital Indemnity Plan and Major Expense Protection Plan.

Due to state restrictions, this plan is not available to employees who live in New Hampshire.

Here are two examples of how benefits would be paid if Option 1: Up to \$5,000 was elected.

Coverage Level	option 1	option 2
Group Accident	Up to \$5,000 per occurrence (3 occurrences per person, per calendar year max)	Up to \$10,000 per occurrence (3 occurrences per person, per calendar year max)
Emergency Room	\$300 per day, \$600 per person, per calendar year max	\$300 per day, \$600 per person, per calendar year max
Ambulance Transportation		
Ground Transport	\$300 (5 days combined calendar year max per person)	\$120 (5 days combined calendar year max per person)
Air Transport	\$500 (5 days combined calendar year max per person)	\$390 (5 days combined calendar year max per person)

## Accident Insurance Plans – 2020 Weekly Premiums

coverage level	option 1 - \$5,000	option 2 - \$10,000
Employee	\$6.87	\$8.26
Employee & Child*	\$11.27	\$13.54
Employee & Children*	\$11.27	\$13.54
Employee & Spouse*	\$14.64	\$17.60
Family	\$20.39	\$24.51

\*Please see the Eligibility section of this guide for the definition of an eligible dependent.

**Premiums are based on the coverage level you choose and whether you cover yourself only or yourself and your dependents.**

# hospital indemnity plan

## Symetra Life Insurance Company

If you are hospitalized as an inpatient, the plan will pay you \$1,000 in cash per admission, up to 3 admissions per covered person per calendar year. Each covered person will also receive a benefit for each day (24 hour period) hospitalized as illustrated by the chart below subject to all policy provisions.

The plan also includes a Pharmacy Discount Program at no additional cost. The Pharmacy Discount Program is a benefit for those without prescription drug coverage on a Populus medical plan or another medical plan that includes prescription drug coverage. A discount from usual and customary drug charges will be given to you when prescriptions are purchased through an in-network pharmacy. This is not a prescription drug benefit but a discount program provided through ReStat ([www.restat.com](http://www.restat.com)). Most national pharmacies are included in the ReStat network as are many regional and local pharmacies. You can verify participation by asking your pharmacy or checking on-line. You should not attempt to use this discount program if you have prescription drug coverage through your medical plan with Populus or another plan. You can use only one pharmacy benefit program. Benefits cannot be duplicated.

This plan can be purchased as a stand-alone plan, or in addition to any one of the three fixed indemnity medical plan options (Essential, Enhanced, or Advantage), the Hospital Bridge Insurance Plan, Critical Illness Insurance, Accident Insurance, and/or the Major Expense Protection Plan.

benefit	coverage
Deductible	None
Copay	None
Lifetime Maximum	500 days lifetime maximum for each benefit per person (except for Mental Illness)
Hospital Admission	\$1,000 per admission, per covered person, per calendar year
Hospital Stay <sup>1</sup> (ICU)	\$600 per day, 30 days maximum per covered person, per calendar year
Hospital Stay <sup>1</sup> (regular room)	\$300 per day, 30 days maximum per covered person, per calendar year
Hospital Stay <sup>1</sup> (Substance Abuse Facility)	\$300 per day, 30 days maximum per covered person, per calendar year
Hospital Stay <sup>2</sup> (Mental Health Facility)	\$150 per day, 30 days maximum per covered person, per calendar
Post Hospital Nursing Facility Stay <sup>1,3</sup>	\$150 per day, 60 days maximum per confinement per covered person under the age of 65

This is a summary of benefits for illustration purposes only. Policy provisions govern. See policy for details, exclusions and limitations.

(1) 500 days per lifetime maximum

(2) 180 days per lifetime maximum

(3) Following a hospital stay of at least 3 days

## Hospital Indemnity Plan – 2020 Weekly Premiums

coverage level	HEPP
Employee	\$6.32
Employee & Child*	\$12.43
Employee & Children*	\$17.92
Employee & Spouse*	\$12.43
Family	\$17.92

\*Please see the Eligibility section of this guide for the definition of an eligible dependent.



# major expense protection plan

## Symetra Life Insurance Company

The Major Expense Protection Plan offers you the opportunity to buy additional emergency room and inpatient hospital coverage, which includes inpatient hospitalization for substance abuse, and mental health. This plan can be purchased as a stand-alone plan, or in addition to any one of the three fixed indemnity medical plan options (Essential, Enhanced, or Advantage), the Hospital Bridge Insurance Plan, Critical Illness Insurance, Accident Insurance, and/or the Hospital Indemnity Plan. The MEPP does not issue restrictions on hospitals, meaning there is no requirement to use participating providers. The following chart is a summary of the plan.

benefit	coverage
Deductible	None
Copay	None
Lifetime Maximum	500 days lifetime maximum for each benefit per person (except for Mental Illness)
Emergency Room Benefit (Covered events that are the result of an illness or accident are paid at a pre-selected fixed dollar amount per visit up to a calendar year maximum. This benefit will be paid only for procedures received in an emergency room.)	\$200 per visit / \$500 calendar year maximum per person, per calendar year
Inpatient Hospital Benefit Coverage for inpatient hospital stays is provided and benefits are paid at a pre-selected fixed dollar amount per day of confinement up to a maximum number of days per calendar year.	
Daily Hospital (30 days maximum per calendar year)	\$1,500 per daily hospital stay
Substance Abuse (30 days maximum per calendar year)	\$1,500 per day, per person for stays in a substance abuse facility
Intensive Care Unit (30 days maximum per calendar year)	\$3,000 per day, per person for stays in the Intensive Care Unit
Mental Health Facility (30 days maximum per calendar year)	\$750 per day, per person for stays in a mental health facility
Nursing Facility (maximum 60 consecutive days per stay)*	\$750 per day, per person for stays in a nursing facility (only if following a covered hospital stay of at least 3 consecutive days and the person is less than age 65)
Maternity Care	Covered as any other condition
Ambulance Transportation	
Ground Transport	\$250 per day (5 day combined calendar year max per person)
Air Transport	\$500 per day (5 day combined calendar year max per person)

\*Note: 31 days per person per calendar year for New Hampshire residents

The Major Expense Protection Plan is not a replacement for a major medical policy or other comprehensive policy. It is designed to cover benefits used on a routine basis at a preselected, fixed dollar amount. Coverage may be subject to exclusions, limitation, reductions, and termination of benefit provisions. Exclusions, limitations, definitions, and benefits may vary by state. Please see the policy for details. The Major Expense Protection Plan is insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA, 98004. SymetraSM is a service mark of Symetra Life Insurance Company.

## Major Expense Protection Plan – 2020 Weekly Premiums

coverage level	MEPP
Employee	\$23.29
Employee & Child*	\$48.43
Employee & Children*	\$55.45
Employee & Spouse*	\$48.43
Family	\$55.45

\*Please see the Eligibility section of this guide for the definition of an eligible dependent.



## advocacy services

### Health Advocate

Health Advocate, the nation's leading health advocacy company, provides confidential, personalized, one-on-one assistance to you and eligible family members to help navigate many aspects of the health care world. You will have access to a Personal Health Advocate, typically a registered nurse, supported by a team of physicians and administrative experts, who will help in handling healthcare and insurance related issues. Eligible family members who can use Health Advocate include you, your spouse, your children, your parents, and your spouse's parents.

1. **Finding the best doctors, hospitals, dentists, and other leading healthcare providers anywhere in the country. This includes locating providers in your health insurance plan's network.**
2. **Scheduling appointments with providers including hard to reach specialists and critical care providers and arranging for specialized treatments and tests.**
3. **Helping to resolve insurance claims and assisting with negotiating billing and payment arrangements, and related administrative issues.**
4. **Working with our insurance companies to obtain appropriate approvals for needed services often fostering communications between physicians and insurance companies.**
5. **Assisting with eldercare and related healthcare issues facing your parents and parents-in-law. They work with Medicare and other government insurance programs and help make arrangements following discharge from a hospital for in-home or needed institutional service.**
6. **Answering questions about test results, treatment recommendations and medications recommended or prescribed by your physician.**
7. **Obtaining unbiased health information to help make an informed decision.**
8. **Assisting in the transfer of medical records, x-rays and lab results.**
9. **Locating and researching the newest treatments for a medical condition.**
10. **Assisting with finding qualified wellness programs, providers and services.**

Employees who participate in one of three fixed indemnity medical insurance plans are eligible to use Health Advocate. To utilize the services offered by Health Advocate, simply call **1-866-695-8622** or send an email to **answers@HealthAdvocate.com**. When you request service, you will be asked to complete a Medical Information Release Form. Please be assured Health Advocate will keep all information strictly confidential and will protect your privacy. For more information about the company and services, visit **www.HealthAdvocate.com**.

# employee assistance program (EAP) & work life benefit

Populus Group is pleased to announce that an Employee Assistance Program (EAP) and Work Life Benefits will be provided to you at no cost and you will be automatically enrolled!

## What is EAP and Work/Life?

The EAP and Work/Life program is designed to help you lead a happier and more productive life at home and at work. Balancing the needs of work, family and personal responsibilities isn't always easy. This program offers the right support at the right time.

## What does it do?

The EAP and Work/Life program provides a professional counselor or work life specialist to listen and;

- ▶ **Help define the problem clearly,**
- ▶ **Assess the type of help needed, and**
- ▶ **Either provide the required help or make the most appropriate, cost-effective referral for you.**

## How Does It Work?

Your counselor can address:

- ▶ Stress, depression, anxiety
- ▶ Marital relationships, family/parenting issues
- ▶ Work conflicts
- ▶ Anger, grief and loss
- ▶ Drug and alcohol abuse

Work/Life Specialist can assist with:

- ▶ Eldercare, childcare, in-home care
- ▶ Legal, financial issues
- ▶ Summer camps
- ▶ Time management
- ▶ Parenting and Adoption
- ▶ Pet sitting

Simply call **1-866-799-2728** (toll-free) or visit online at [www.HealthAdvocate.com/members](http://www.HealthAdvocate.com/members) to access EAP or Work/Life services.

# dental benefits

## MetLife Dental Plan

The MetLife dental plan covers preventive, basic, and major dental services and supplies. Generally, when you receive care from a MetLife participating dentist, your out-of-pocket expenses will be lower than if you receive services from a non-participating dentist.

For a participating dentist near you, visit [www.PopulusBenefits.com](http://www.PopulusBenefits.com) for a direct link to the MetLife website or go to [www.metlife.com/dental](http://www.metlife.com/dental) or [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits). You can also call MetLife at **1-800-942-0854**.

This chart provides highlights of some covered services. For a full description of covered services and exclusions, please see the detailed plan description provided on [www.PopulusBenefits.com](http://www.PopulusBenefits.com). Please note, deductibles and annual plan limits are per coverage year (January 1 – December 31).

	metlife dental plan	
Benefit	In-Network	Out-of Network
Annual (calendar year) Deductible (for Type B and C Expenses Combined)	\$50 per person	\$50 per person
Annual (calendar year) Plan Limit Maximum Benefit	\$1,000 per person	\$1,000 per person
Type A Expenses		
Preventive Oral Exams, Cleaning, Polishing (once every six months)	Plan pays 100%* no deductible	Plan pays 100%** no deductible
Type B Expenses		
X-rays, Fillings, Minor Oral Surgery	Plan pays 80%* after deductible	Plan pays 80%** after deductible
Type C Expenses		
Crowns, Dentures, Bridgework, Complex oral surgery	Plan pays 50%* after deductible	Plan pays 50%** after deductible
Type D Expenses		
Orthodontia	Not covered	Not covered

Additional Type A, B & C information can be found in the MetLife Dental Plan Certificate of Insurance.

\*Plan Benefits subject to the Maximum Allowed Charge for the types of dental services shown in section C of the Plan Certificate of Insurance. The Maximum Allowed Charge is the lower of: a. the amount charged by the Participating Provider for the service or supply; and b. the maximum amount that the Participating Provider agreed with us to charge for that service or supply. This maximum amount is specified or based on the amounts specified in the Preferred Dentist Program Table of Maximum Allowed Charges.

\*\*Plan Benefits subject to Reasonable and Customary (R&C) limits for the types of dental services shown in section C of the Plan Certificate of Insurance. The Reasonable and Customary Charge is the lowest of: a. the usual charge by the Dentist or other provider of the services or supplies for the same or similar services or supplies; or b. the usual charge of most other Dentists or other providers in the same geographic area for the same or similar services or supplies; or c. the actual charge for the services or supplies.

## Dental Plan – 2020 Weekly Premiums

coverage level	dental
Employee	\$8.08
Employee & Child*	\$16.24
Employee & Children*	\$16.24
Employee & Spouse*	\$18.50
Family	\$20.91

\*Please see the Eligibility section of this guide for the definition of an eligible dependent.



# vision benefits

	Vision Service Plan (VSP)		
Benefit	Frequency*	Vision Service Plan (VSP)	Out-of Network
Eye Exam	Once every 12 months (Well/Vision)	\$15 co-pay, then plan pays 100%	Plan pays up to \$50
Frames	Once every 24 months	Plan pays 100% for selected frames up to \$130	Plan pays up to \$70
Lenses			
Single Vision	Once every 24 months	Combined \$15 co-pay for lenses and frames, then plan pays 100%	Plan pays up to \$50
Bifocal (lined)			Plan pays up to \$75
Trifocal (lined)			Plan pays up to \$10
Lenticular			Plan pays up to \$12
Interim Benefits	For lenses(including contact lenses) and frames every 24 months- If your lens prescription changes before you are eligible for new lenses and those prescriptions meet at least one of the following criteria, lenses & frames will be replaced at a 12 month frequency; a) a new prescription differs from the original by at least a .50 diopter sphere or cylinder; b) an axis change of 15 degrees for more; c) a .5 prism		
Contact Lenses			
Visually Necessary	Once every 24 months	\$15 co-pay, then plan pays 100%	Plan pays up to \$210
Elective		Plan pays up to \$130	Plan pays up to \$105

## Vision Plan – 2020 Weekly Premiums

coverage level	vision
Employee	\$2.06
Employee & Child*	\$3.24
Employee & Children*	\$3.24
Employee & Spouse*	\$3.30
Family	\$5.33

\*Please see the Eligibility section of this guide for the definition of an eligible dependent.



# short term disability (STD)

## The Hartford

The company offers a Short-Term Disability (STD) plan through The Hartford that protects you against loss of income if you cannot work due to a sickness or injury that is not work related.

If you become totally disabled, your benefit will be 60% of your pre-disability weekly pay up to a maximum benefit of \$600 a week.

**Benefits begin on the 8th day of total disability, and will be paid for up to 13 weeks.**

- ▶ If you enroll during your initial eligibility period, you will not be subject to approval by The Hartford. Late enrollees are subject to approval by The Hartford and medical questions will be required to be answered.
- ▶ Deductions are taken on a post-tax basis, so any benefit paid is tax free.
- ▶ Coverage ends on your last day of employment.
- ▶ If you become disabled in the first 12 months after you enroll for STD coverage, benefits will not be paid for a disability caused by any medical condition for which you have been treated or diagnosed within the six months before joining the STD plan, including pregnancy.

The cost of coverage is based on your age and weekly benefit amount, as shown in the following chart. When completing your new hire enrollment on [www.PopulusBenefits.com](http://www.PopulusBenefits.com), you will be able to automatically calculate your weekly STD premium.

your age	STD weekly premium multiplier*
Under Under 25	\$0.13
25-29	\$0.11
30-34	\$0.11
35-39	\$0.10
40-44	\$0.11
45-49	\$0.12
50-54	\$0.15
55 and over	\$0.18

\*The costs shown above are per \$10 of weekly benefit.  
Example – An individual age 36 with \$480 in weekly pay, the weekly benefit is \$288 and the weekly cost to the employee is \$3.92. The weekly benefit of \$288 is based on 60% of the \$480 weekly pay. Weekly premiums are calculated for every \$10 of weekly benefit amount (i.e.  $\$288/\$10 = 28.80$ ). Using the age of the employee and the chart above the premium multiplier is determined. In this example the employee is 36 years old therefore the multiplier is \$.10. When the \$.10 is multiplied by 28.80 the employee arrives at their weekly premium of \$2.88.



## family and medical leave (FMLA)

The company provides Family and Medical Leaves of Absence without pay to eligible employees. Qualified individuals must have worked for the Company for at least 12 months in the last seven (7) years, and must also have worked at least 1,250 hours during the 12 months immediately preceding the request. Qualified individuals may be eligible to take up to 12 weeks of unpaid Family and Medical Leave within a rolling 12 month period for the following reasons:

- ▶ To care for the employee's child during the first 12 months following birth, adoption or foster care.
- ▶ To care for the employee's spouse, child or parent with a serious health condition.
- ▶ For incapacity due to the employee's pregnancy or child birth.
- ▶ For the employee's own serious health condition.

Furthermore, qualified individuals may be eligible to take up to 26 weeks of unpaid Family and Medical Leave within a rolling 12 - month period for the following reasons:

- ▶ To care for the employee's spouse, child, parent or next of kin who is a service member recovering from serious illness or injury sustained in the line of active duty.
- ▶ Due to a qualifying exigency arising because the employee's spouse, child or parent is on active duty or has been notified of an impending call to order to active duty in support of a contingency operation.

In addition to FMLA leave, employees may also be eligible for leave under a similar state law. For information about the availability of state leave, please contact the Benefits Department.



# long term disability

## MetLife

The company offers a Long-Term Disability (LTD) plan through MetLife that pays benefits if total disability lasts more than 90 days.

- ▶ The monthly LTD benefit is 60% of your pre-disability monthly base pay, reduced by Social Security and other disability income benefits.
- ▶ The maximum monthly LTD benefit is \$5,000.
- ▶ The minimum monthly benefit is the greater of \$100 or 10% of your monthly benefit before reductions for Social Security and other income benefits.
- ▶ Deductions are taken on a post-tax basis.
- ▶ Coverage ends on your last day of employment.
- ▶ When you enroll, you can choose a five year benefit period or a benefit period to age 65.
- ▶ LTD benefits are not paid for more than 24 months for mental or nervous disabilities.
- ▶ A work incentive benefit lets you return to work during partial disability.
- ▶ If you die while on LTD, three months of benefits will be paid to your survivor.
- ▶ If you enroll during your initial eligibility period, you will not be subject to approval by MetLife. Late enrollees are subject to approval by MetLife and medical questions will be required to be answered.
- ▶ Conditions existing within three months of your effective date of coverage are considered pre-existing and are not covered until you are continuously insured for 12 months.

The cost of coverage is based on your age, monthly earnings, and benefit period you choose, as shown in the following chart. When completing your new hire enrollment on [www.PopulusBenefits.com](http://www.PopulusBenefits.com), you will be able to automatically calculate your weekly LTD premium.

your age	LTD weekly premium multiplier*	
	Five-year	To age 65
Under 25	\$0.032	\$0.048
25-29	\$0.038	\$0.059
30-34	\$0.053	\$0.085
35-39	\$0.071	\$0.124
40-44	\$0.095	\$0.165
45-49	\$0.151	\$0.267
50-54	\$0.248	\$0.373
55+	\$0.424	\$0.475

\*The costs shown above are per \$100 of monthly earnings.

Example – for an individual age 36 with \$3,000 in monthly earnings who chooses benefits to age 65, the weekly cost is \$3.93 [\$.131 (weekly rate for age 36) times 30 (monthly earnings divided by 100)]. (Please note, the maximum insurable monthly earnings amount is \$8,333.33 (\$100,000 annually).



# life insurance

## Reliance Standard Life

The Populus Group Voluntary Term Life Insurance plans let you choose coverage for yourself, your spouse, and dependent children under age 19 (26 if full-time student). You may elect coverage for your spouse without buying coverage for yourself. However, in order to buy coverage your child(ren), either you or your spouse must elect coverage. Coverage is portable – you may purchase an individual policy if your Populus Group employment ends.

### Employee Life Insurance

You may buy up to \$150,000 in term life insurance coverage. Evidence of Insurability is not required if you enroll within your original eligibility period. If you enroll outside of your original eligibility period, you must provide Evidence of Insurability. Coverage is available in increments of \$10,000. When you enroll, you must name a beneficiary. The Amount of Insurance in effect is subject to automatic reduction beginning at age 75.

### Life Insurance for your Spouse

You may buy up to \$30,000 in term life insurance for your spouse. Evidence of Insurability is not required if you enroll your spouse within your original eligibility period. If you enroll outside of your original eligibility period, you must provide Evidence of Insurability. Coverage is available in increments of \$10,000. You are the beneficiary for spouse's coverage. On the date of application, your spouse must be under age 70. Insurance on a spouse terminates at age 75.

### Life Insurance for Dependent Children

You may elect \$2,500, \$5,000, \$7,500, or \$10,000 for dependent children up to age 19 (26 if full-time student). This benefit covers all of your eligible children. Coverage for children 14 days of age but less than 6 months is \$1,000. Coverage for children age 6 months but less than 26 years is the elected amount. You are the beneficiary.

The cost of employee and spouse's term life insurance is based on age and the amount of coverage you select. The rates are the same for

the employee and spouse's coverage. Weekly Premium Multiplier's are shown on the following chart. When completing your new hire enrollment on [www.PopulusBenefits.com](http://www.PopulusBenefits.com), you will be able to automatically calculate your weekly Life Insurance premiums.

age	weekly premium multiplier*
Under 30	\$0.141
30-34	\$0.171
35-39	\$0.247
40-44	\$0.351
45-49	\$0.653
50-54	\$1.057
55-59	\$1.638
60-64	\$2.993
65-69	\$4.403

\*The costs shown above are per \$10,000 of life insurance coverage. Example – for an individual age 46 with \$50,000 in life insurance, the weekly cost is \$3.27 [\$.653 (weekly rate for age 46) times 5].

The cost of life insurance for dependent children is based on the coverage level you choose, regardless of how many eligible children you have. Weekly Premium Multiplier's are shown on the following chart. When completing your new hire benefits on [www.PopulusBenefits.com](http://www.PopulusBenefits.com), you will be able to automatically calculate your weekly life insurance premium.

amount	weekly premium multiplier
\$2,500*	\$0.01
\$5,000*	\$0.02
\$7,500*	\$0.02
\$10,000*	\$0.03
\$10,000*	\$0.03

\*Please note, Life Insurance is not a COBRA eligible plan. However, if your employment ends you may elect to continue Life Insurance for yourself and your dependents under the Portability and Conversion terms of the plan. You have 30 days to send your completed application to the Populus Group benefits department. Please refer to the plan certificate, which can be located on [www.PopulusBenefits.com](http://www.PopulusBenefits.com) for more details.

# accidental death and dismemberment

## Reliance Standard Life

Accidental Death and Dismemberment (AD&D) insurance covers you if you die or suffer serious injury as a result of an accident.

- ▶ You may buy AD&D coverage of up to \$500,000 in \$10,000 increments.
- ▶ Benefits are paid to your beneficiary if you die, or to you if you suffer certain injuries as a result of an accident.
- ▶ AD&D benefits are paid in addition to your life insurance coverage if you die as a result of an accident.
- ▶ Proof of good health is not required.
- ▶ You may choose employee-only coverage or family coverage (family includes coverage for yourself).
- ▶ If you choose family coverage, your spouse's benefit is 60% of yours and dependent children's benefit is 15% of yours. You are the beneficiary for your dependents' AD&D coverage.

The cost of AD&D coverage depends on the coverage level you choose, as shown on the following chart. When completing your new hire enrollment on [www.PopulusBenefits.com](http://www.PopulusBenefits.com), you will be able to automatically calculate your weekly AD&D premiums.

coverage level	AD&D weekly premium multiplier*
Employee	\$0.090
Family	\$0.210

\*The costs shown above are per \$10,000 of coverage.

Example: For an individual who chooses family AD&D coverage of \$50,000, the weekly cost is \$1.05 [ $\$0.210$  (weekly rate for family coverage) times 5].

Please note: AD&D Insurance is not a COBRA eligible plan. However, if your employment ends you may elect to continue AD&D Insurance for yourself and your dependents under the Portability and Conversion terms of the plan. Please refer to the plan certificate, which can be located on [www.PopulusBenefits.com](http://www.PopulusBenefits.com) for more details.



# filing claims

Below are instructions on filing claims with each of the benefit carriers. All claim forms (where applicable) can be found on [www.PopulusBenefits.com](http://www.PopulusBenefits.com).

## **For Bluecross Blueshield Basic, HSA Eligible High Deductible, Bronze Medical Plan Claims:**

- ▶ **In-Network**— provider should submit claims to BlueCross BlueShield
- ▶ **Out-of-Network**— the employee will pay the claim out-of-pocket and submit the claim to the address located on the BlueCross BlueShield Medical Claim Form

## **For Prescription Reimbursement Claims:**

Submit the CVS/Caremark claim form, along with your register receipt and the appropriate drug receipt with name of pharmacy, name of the drug etc. to the address located on the claim form.

## **For Fixed Indemnity Medical Claims:**

- ▶ **In-Network Providers**— Present your Select Benefits ID card at the time of service and ask your provider to file the claim with Select Benefits Administrators (SBA) and accept an assignment of benefits. Your provider may or may not agree to accept the assignment. SBA will process the claim and send payment to your provider. Both you and your provider will receive an Explanation of Benefits (EOB) showing what was paid.
- ▶ **Out-of-Network Providers**— Ask the provider to file the claim with Select Benefits Administrators (SBA). If the provider is unwilling to submit the claim, you will need to file the claim with SBA, and they will pay benefits based upon the amount covered by your Select Benefits plan. For faster response, please request a copy of the itemized bill from the provider listing dates of service and procedure and diagnosis codes. Ask for Health Care Financing Administration (HCFA) forms for doctor's office visits and Universal Billing (UB92) forms for hospital care.

All claims must be submitted within 90 days from the date of service. Mail or fax claim forms to:

**Attention: Claims Department PO Box 440  
Select Benefit Administrators  
Ashland, WI 54806 Fax: (715) 68-5919**

A few weeks later you will be mailed an Explanation of Benefits showing what was paid.

## **For Hospital Bridge Insurance Plan, Critical Illness Insurance, Accident Insurance, Hospital Indemnity Plan Or Major Expense Protection Plan (MEPP) Claims:**

Simply mail a copy of your itemized receipt for services (given to you by your provider) to the address below:

**Claims: Select Benefit Administrators of America  
Box 440 Ashland, WI 54806**

Make sure the following information is shown on your service receipt:

- ▶ Insured's ID (Social Security Number)
- ▶ Patient Name
- ▶ Provider name, address and ID
- ▶ Diagnosis or ICD-9 code(s) [description of your medical condition]
- ▶ Procedure or CPT or revenue codes [that indicate services rendered]
- ▶ Associated charges
- ▶ Date of service.

If any of this information is missing, simply write it in.

## **For Dental Claims:**

- ▶ **In-Network**— the dentist should submit the claim to MetLife.
- ▶ **Out-of-Network**— the employee should submit the Dental Claim form to:

**MetLife (National)  
P.O. Box 981282 El Paso, TX 79998**

### For Vision Claims:

- ▶ **In-Network**— the employee pays appropriate co-pay, the physician submits the claim to Vision Service Plan.
- ▶ **Out-of-Network**— the employee should pay the provider the full amount of the bill and request an itemized copy of the bill that shows the amount of the eye examination, lens type, and frame (if applicable). The employee should send a copy of the itemized bill to:

#### **Vision Service Plan**

**Attention: Non-Member Doctor Claims  
Box 997105 Sacramento, CA 95899-7100**

The following information must be included:

- ▶ Member's name and mailing address
- ▶ Member's social security number
- ▶ Member's employer (Populus Group)
- ▶ Patient's name, relationship to member, and date of birth
- ▶ Submit the above information on any generic insurance claim form that may be available upon request from your Non-Participating provider. We do not have the claim forms available at Corporate.

***All claims must be submitted within 6 months from the date of service.***

### For Life Insurance And Accidental Death & Dismemberment (AD&D) Claims:

The appropriate Reliance Standard Life Insurance Company Claim Form should be completed in full. The form, along the required documentation (listed on the form) should be mailed to:

**Populus Group Benefits Department  
3001 W. Big Beaver Road, Suite 400  
Troy, MI 48084**

### For Short Term Disability (STD) Claims:

You may file a claim by calling The Hartford's toll-free number **1-866-945-7781** 8:00am to 8:00pm EST, or you file a claim online at **[www.TheHartfordAtWork.com](http://www.TheHartfordAtWork.com)**. You will be asked to provide:

- ▶ Your name and social security number
- ▶ Department and last day of active full-time work
- ▶ Manager's name & phone number
- ▶ Nature of claim and whether it's work-related
- ▶ Treating physician's name, address, and phone number

### For Family And Medical Leave (FMLA) Claims:

Complete the following forms:

- ▶ Family and Medical Leave of Absence Form
- ▶ Certification of Health Provider Form

You must contact your local office to make a request for leave. Both forms must be completed in full and sent together to:

**Populus Group Benefits Department  
Attention: Kortney Overzet  
3001 W. Big Beaver Rd., Suite 400  
Troy, MI 48084**

### For Long Term Disability (LTD) Claims:

- ▶ The physician must complete the Long Term Disability Claim Form-Attending Physician, in full
- ▶ The employee must complete the Long Term Disability Claim Form-Employee Statement, in full
- ▶ The employer must complete the Long Term Disability Claim Form-Employer Statement, in full

All three fully completed forms must be sent together to:

**MetLife  
P.O. Box 14590  
Lexington, KY 40511-4590**



# changing your benefits during the plan year

Once you enroll for pre-tax Medical, Dental, and Vision, Hospital Indemnity, Major Expense Protection, Critical Illness and Accident Insurance coverage you generally cannot change elections during the plan year unless you have a qualifying life status change as defined by the IRS.

## Qualifying Life Status Changes And Effective Dates

status change event	what you may change	effective date
Marriage <sup>1</sup>	Add yourself, spouse, child(ren) and/or stepchild(ren) to existing coverage	First of the month following event
Birth or adoption of a child(ren)	Add yourself, spouse, and child(ren)	Date of event
Divorce/Legal Separation (only in states that recognize legal separation)	Cancel coverage for your spouse and stepchildren if enrolled in your employer's plan/Add coverage for yourself and your children if enrolled in your spouse's plan	First of the month following event
You, spouse or child(ren) loses other coverage <sup>2</sup>	Add yourself, spouse or child(ren) who lost coverage	First of the month coinciding with or following event
You, spouse, or child(ren) gains other group coverage	Cancel coverage for yourself, spouse, and/or child(ren) who gain coverage	End of the week in which coverage is gained
You, spouse or child(ren) exhaust COBRA coverage <sup>3</sup>	Add yourself, spouse, child(ren) who were covered under COBRA	Date of Event
You, your spouse or child(ren) die	Cancel coverage for yourself, spouse or child(ren) who die	Date of Death
Change in dependent's eligibility for benefits, such as age	Cancel coverage for your dependent	End of the month following event

(1) Canceling an individual health plan is not ordinarily considered a qualifying change and does not allow you to add coverage with Populus Group.

(2) Purchasing an individual health plan is not considered a qualifying change and does not allow you to cancel your coverage with Populus Group

(3) COBRA period must be fully exhausted. Choosing to discontinue COBRA during your COBRA period does not allow you to add coverage with Maxim, except during the annual open enrollment period.

This is a brief overview of potential qualifying events. Eligible qualifying events are dictated by Internal Revenue Code Section 125.

You have 30 days from the date of the status change to change your benefits. If you or your dependent becomes eligible for a state premium subsidy for Medicaid or through a state children's health insurance program with respect to coverage under this plan, you have 60 days from the date of such eligibility determination to enroll in the plan. If you or your dependent decline to participate in the plan because you have Medicaid coverage or coverage under a state children's health insurance program and you later lose that coverage you have 60 days from the date of such loss of coverage to enroll in the plan.

You may make your change on [www.PopulusBenefits.com](http://www.PopulusBenefits.com) or submit a change form. In either case, you need to submit hard copy proof of the change, such as a birth or marriage certificate. You can only make changes consistent with the status change. For instance: If you add a child, you may add dependent life insurance and change your medical plan coverage level (i.e. employee plus one or family), but you may not change or cancel your medical plan.

Please note, if you choose pre-tax contributions you may not change or cancel your benefits unless you incur a qualifying status change. If you choose post-tax contributions you may completely cancel all of the benefit plans you are enrolled in at any time during the year without restriction, however, you may not just cancel one benefit plan and keep the others (i.e., cancel medical, keep dental and vision) or change medical plans. In addition, you cannot change your benefits (i.e., adding/removing dependents) unless you incur a qualifying status change.





## when coverage ends

Your coverage under the following plans will end at midnight on the Saturday following your last day of employment: BlueCross BlueShield Basic Medical Plan, Symetra Fixed Indemnity Medical Insurance Plans, Hospital Bridge Insurance Plan, Critical Illness Insurance, Accident Insurance, Hospital Indemnity Plan, Major Expense Protection Plan, Dental and Vision.

Example: If you work your final day on Friday, June 15, 2020, then your coverage under any of the plans listed above will end at midnight on Saturday, June 20, 2020. Disability, Life and AD&D coverage end on your last day of work.

Your coverage under the following plans will end the last day of the month in which employment ends: BlueCross BlueShield HSA Eligible High Deductible Medical Plan, and Bronze Medical Plan.

Your benefit coverage also ends when you are no longer eligible, when you stop paying premiums, or when the group plan ends, whichever comes first. Coverage for dependents ends when they are no longer eligible, when dependent coverage is no longer offered, or when your coverage ends. Please see the Eligibility section of this guide for the definition of an eligible dependent.

# continuation of coverage eligible benefits

While not COBRA eligible, the Fixed Indemnity Medical Plans, Major Expense Protection Plan, and Hospital Indemnity Plan can be continued for up to 18 months after termination. You will receive Continuation of Coverage paperwork from Select Benefits Administrators (SBA).

## Fixed Indemnity Medical Plans – 2020 Monthly Premiums

coverage level	essential	enhanced	advantage
Employee	\$119.68	\$160.36	\$296.42
Employee & Child*	\$297.00	\$401.81	\$750.34
Employee & Children*	\$297.00	\$401.81	\$750.34
Employee & Spouse*	\$297.00	\$401.81	\$750.34
Family	\$426.56	\$576.08	\$1,077.06

## Major Expense Protection Plan – 2020 Monthly Premiums

coverage level	MEPP
Employee	\$100.93
Employee & Child*	\$209.86
Employee & Children*	\$240.30
Employee & Spouse*	\$209.86
Family	\$240.30

## Hospital Indemnity – 2020 Monthly Premiums

coverage level	HEPP
Employee	\$27.39
Employee & Child*	\$53.87
Employee & Children*	\$77.67
Employee & Spouse*	\$53.87
Family	\$77.67

Please note, the Hospital Bridge Insurance Plan, Critical Illness Insurance, Accident Insurance are not COBRA eligible plans. They are portable, meaning you can elect to continue these plans after your coverage ends with Populus Group. Please contact Symetra directly for instructions.

Please also note, Life Insurance, AD&D Insurance and Disability Insurance are not COBRA or Continuation eligible plans. However, you may elect to continue Life Insurance & AD&D Insurance for yourself and your dependents under the Portability and Conversion terms of the plan, directly through the carrier. You have 30 days to send your completed application to the Populus Group Benefits Department. Please refer to the plan certificate, which can be located on [www.PopulusBenefits.com](http://www.PopulusBenefits.com) for more details.

# COBRA Eligible Benefits

COBRA (Consolidated Omnibus Budget Reconciliation Act) provides for continuation of health care coverage for employees and covered dependents that lose their group coverage for a variety of reasons. It requires employers to offer the same dental and vision coverage as is offered to active employees and their families. You and your eligible dependents covered at the time your Company medical coverage ends may elect to continue coverage, but you must pay the full (employee plus company) premium plus an additional administrative fee.

## When You Can Elect COBRA Coverage

You can continue your Blue Cross Basic Medical Plan, HSA Eligible High Deductible Bronze Medical Plan, Bronze Medical Plan, dental and vision coverage for yourself and your covered dependents for up to 18 months, if your group coverage ends because:

- 1. You separate from service with the Company (for reasons other than gross misconduct on your part).**
- 2. Your hours are reduced so that you are no longer eligible for the Company Plan.**

If you – or a dependent – are determined to be disabled (for Social Security benefit purposes) when the group coverage ends or within the first 60 days of COBRA coverage, coverage for that person may continue for up to a total of 29 months.

Your spouse and covered children can elect to continue coverage for up to 36 months if their coverage ends due to:

- ▶ Your death
- ▶ Divorce or legal separation
- ▶ If a termination or reduction of hours occurs less than 18 months after the employee's Medicare entitlement (36 months of COBRA coverage is allowed from the date of the Medicare entitlement).

## Applying For COBRA Coverage

When your coverage under the Company Plan ends, you or your dependents have 60 days to elect continued coverage. If you lose coverage due to separation from service or a reduction in work hours, the Company will automatically notify you of your COBRA rights. In the case of a divorce, legal separation, or when a child no longer qualifies for dependent coverage, you, your spouse, or dependent child must notify the Company within 60 days of the event. You then will be provided with information on your COBRA rights.

The Company has the right to end your COBRA continued coverage if:

- ▶ The Company stops providing medical coverage for all employees
- ▶ You do not pay your premium on time
- ▶ You become covered by another group health plan
- ▶ You become covered by Medicare
- ▶ You extended COBRA coverage to 29 months due to disability, but are no longer considered disabled

COBRA information will be mailed to you when your COBRA eligible coverage ends. You may want to verify that your address is correct in the Benefits System to prevent any delays in receiving your information.

## COBRA – 2020 Monthly Premiums

coverage level	medical			dental	vision
	basic	bronze	high deductible	MetLife	VSP
Employee	\$151.14	\$439.47	\$437.74	\$35.71	\$9.12
Employee & Child*	\$244.38	\$812.99	\$809.81	\$71.78	\$14.32
Employee & Children*	\$244.38	\$812.99	\$809.81	\$71.78	\$14.32
Employee & Spouse*	\$276.76	\$1,010.76	\$1,006.80	\$81.76	\$14.61
Family	\$382.76	\$1,335.96	\$1,330.72	\$92.40	\$23.56

\*Please see the Eligibility section of this guide for the definition of an eligible dependent.

Please note, Life Insurance, AD&D Insurance and Disability Insurance are not COBRA or Continuation eligible plans. However, you may elect to continue Life Insurance & AD&D Insurance for yourself and your dependents under the Portability and Conversion terms of the plan, directly through the carrier. You have 30 days to send your completed application to the Populus Group Benefits Department. Please refer to the plan certificate, which can be located on [www.PopulusBenefits.com](http://www.PopulusBenefits.com) for more details.

# key contacts, phone numbers, & websites

For Enrollment, Eligibility or Administrative Questions, contact the Benefits Service Center:  
**1-888-858-6310 | [www.PopulusBenefits.com](http://www.PopulusBenefits.com) | [pgbenefits@populusgroup.com](mailto:pgbenefits@populusgroup.com)**

For CareFirst BlueCross BlueShield HSA Eligible High Deductible Medical Plan, Bronze Medical Plan Claim Questions, or questions about how Medical/Prescriptions Benefits work, contact CareFirst BlueCross BlueShield: **1-888-567-9155 | [www.carefirst.com](http://www.carefirst.com)**

For CareFirst BlueCross BlueShield Basic Medical Plan Claim Questions, or questions about how Medical/Prescriptions Benefits work, contact CareFirst BlueCross BlueShield: **1-866-945-9839 | [www.cfablue.com](http://www.cfablue.com)**

Health Savings Account: **1-844-326-7967 | [www.optumbank.com](http://www.optumbank.com)**

Health Advocate Advocacy Services and EAP: **1-866-799-2728 | [www.healthadvocate.com/members](http://www.healthadvocate.com/members)**

For Symetra Fixed Indemnity Medical Insurance Plans Claim Questions, or questions about how Medical/Prescriptions Benefits work, contact Symetra Life Insurance Company: **1-800-497-3699**

For Critical Illness Insurance Claim Questions, or Questions About How Hospital Indemnity Benefits Work, contact Symetra Life Insurance Company: **1-800-497-3699**

For Accident Insurance Claim Questions, or Questions About How Hospital Indemnity Benefits Work, contact Symetra Life Insurance Company: **1-800-497-3699**

For Hospital Indemnity Claim Questions, or Questions About How Hospital Indemnity Benefits Work, contact Symetra Life Insurance Company: **1-800-497-3699**

For Major Expense Protection Plan (MEPP) Benefits or Claims Questions, contact Symetra Life Insurance Company: **1-800-497-3699**

For Dental Benefits, Claim Questions, or Participating Dentists, contact MetLife  
**1-800-942-0854 | [www.metlife.com/dental](http://www.metlife.com/dental)**

For Vision Benefits, Claim Questions, or Participating Eye Care Providers, contact VSP  
**1-800-877-7195 | [www.vsp.com](http://www.vsp.com)**

For Short Term Disability, contact The Hartford: **1-866-945-7781**

For Long Term Disability, contact MetLife: **1-800-300-4296**

For Life and Accidental Death & Dismemberment (AD&D) Insurance, contact Reliance Standard Life Insurance: **1-800-351-7500**



# important annual medical plan notices

## Women's Health And Cancer Rights Act Notice

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). 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.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Please refer to your enrollment guide and/or Summary of Benefits and Coverage for more information on the deductibles and coinsurance that apply under your plan. If you would like more information on WHCRA benefits, contact the Plan Sponsor.

## Newborns' And Mothers' Health Protection Act Notice

Under federal law, employer health plans and health insurance issuers offering group health insurance coverage generally may not 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 delivery by cesarean section. However, the Plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain pre-certification. For information on pre-certification, contact your Plan Sponsor.

## Important Notice About Your Prescription Drug Coverage and Medicare

**Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage from the Plan Sponsor and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.**

There are three important things you need to know about your current coverage under the medical plans (Basic, Bronze, HSA Eligible High Deductible, Fixed Indemnity Medical Plans) and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. The Plan Sponsor has determined that the prescription drug coverage offered by the Plan Sponsor is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the plan. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.

3. You can keep your current coverage from the Plan Sponsor. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

### **When Can You Join a Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you decide to drop your current coverage through the Plan Sponsor, since it is employer, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under the Plan Sponsor's plan.

### **When Will You Pay a Higher Premium (Penalty) To Join a Medicare Drug Plan?**

Since the coverage under the Plan Sponsor's plan is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### **What Happens to Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current coverage will not be affected. Populus coverage pays for other health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits. If you drop your Populus coverage and enroll in Medicare prescription drug coverage, you may enroll back into the Populus benefit plan annually during the open enrollment period.

### **For More Information About This Notice Or Your Current Prescription Drug Coverage...**

Contact the Plan Sponsor listed on the cover of this notice package.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this coverage changes. You also may request a copy of this notice at any time.

### **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- ▶ Visit [www.medicare.gov](http://www.medicare.gov)
- ▶ Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- ▶ Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

## Premium Assistance Under Medicaid & The Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

ALABAMA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>
ARKANSAS – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)
COLORADO – Health First Colorado (Medicaid) & Child Health Plan Plus (CHP+)
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711
FLORIDA – Medicaid
Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268

GEORGIA – Medicaid
Website: <a href="http://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131
INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid - Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
IOWA – Medicaid
Website: <a href="http://dhs.iowa.gov/hawki">http://dhs.iowa.gov/hawki</a> Phone: 1-800-257-8563
KANSAS – Medicaid
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512
KENTUCKY – Medicaid
Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a> Phone: 1-800-635-2570

<b>LOUISIANA – Medicaid</b>
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447
<b>MAINE – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003/ state relay 711
<b>MASSACHUSETTS – Medicaid and CHIP</b>
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840
<b>MINNESOTA – Medicaid</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739
<b>MISSOURI – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
<b>MONTANA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084
<b>NEBRASKA – Medicaid</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178
<b>NEVADA – Medicaid</b>
Medicaid Website: <a href="https://dhcnp.nv.gov">https://dhcnp.nv.gov</a> Medicaid Phone: 1-800-992-0900
<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
<b>NEW JERSEY – Medicaid and CHIP</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>NEW YORK – Medicaid</b>
Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100
<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>OREGON – Medicaid</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075

<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
<b>RHODE ISLAND – Medicaid</b>
Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
<b>SOUTH CAROLINA – Medicaid</b>
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>SOUTH DAKOTA – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>TEXAS – Medicaid</b>
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493
<b>UTAH – Medicaid and CHIP</b>
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>VERMONT – Medicaid</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>VIRGINIA – Medicaid and CHIP</b>
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282
<b>WASHINGTON – Medicaid</b>
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022 ext. 15473
<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://mywhipp.com/">http://mywhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>WYOMING – Medicaid</b>
Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

**U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)**

**U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565**

## Paperwork Reduction Act Statement

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## Health Insurance Marketplace Coverage Options & Your Health Coverage

### Part A: General Information

Key parts of the health care law took effect in 2014, creating a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. For coverage starting in 2019, the Open Enrollment period is November 1, 2018 – December 15, 2018.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution – as well as your employee contribution to employer-offered coverage – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.



## How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the Maxim Benefits Service Center at 1-866-663-1107 or send an e-mail to [BenefitInquiries@maxhealth.com](mailto:BenefitInquiries@maxhealth.com).

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

(1) An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## Part B: Information About Health Coverage Offered By Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name <b>Populus Group LLC</b>	4. Employer Identification Number (EIN) <b>38-3659021</b>	
5. Employer address <b>3001 West Big Beaver Road, Ste 400</b>	6. Employer phone number <b>866-886-9798</b>	
7. City <b>Troy</b>	8. State <b>MI</b>	9. ZIP code <b>48084</b>
10. Who can we contact about employee health coverage at this job? <b>The Populus Benefits Service Center</b>		
11. Phone number (if different from above)	12. Email address <b>pgbenefits@populusgroup.com</b>	

Here is some basic information about health coverage offered by this employer:

### As your employer, we offer a health plan to:

- ☐ All Employees.
- ☒ Some employees. Eligible employees are set out in our benefits guide.

### With respect to dependents:

- ☒ We do offer coverage. Eligible dependents are set out in our benefits guide.
- ☐ We do not offer coverage.
- ☒ If checked, this coverage meets the minimum value standard and the cost of this coverage to you is intended to be affordable based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](http://HealthCare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](http://HealthCare.gov) to find out if you can get a tax credit to lower your monthly premiums.

*Designed & Prepared by:*



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\*This booklet summary is only intended as a brief summary of your benefits. Benefits are subject to the contractual terms, limitations and exclusions as set forth in the master contracts.



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