

2018

Macon Water Authority

2018 Benefits Enrollment Guide



Welcome to your Employee Benefits Enrollment Guide. This guide is your summary of the benefit options that are available to eligible employees and retirees of the Macon Water Authority. Each benefit is designed to protect your health and well-being as well as provide valuable financial protection.

Each section of the Employee Benefits Enrollment Guide is structured to provide you with plan highlights as well as detailed, descriptive instructions to assist you in navigating through the web-based enrollment portal.

While the Employee Benefits Enrollment Guide is an important component in the benefit communication process, your dedicated ShawHankins service team continues to provide annual enrollment meetings in addition to being available for questions and concerns regarding benefits throughout the plan year.

Please review the plans contained in the Employee Benefits Enrollment Guide and see how these plans can work for you and your eligible dependents. Your participation in the plans is voluntary. The benefit plans have been chosen to provide a continuation of protection that complements the Macon Water Authorities leave policies and retirement plans. The plan year is in effect from January 1, 2018, to December 31, 2018.

This Employee Benefits Enrollment Guide is intended for orientation purposes only. It is an abbreviated overview of the plan documents. Please refer to the plan documents (the contract) available from the respective carriers for complete details. Your plan documents will provide detailed information regarding copayments, coinsurance, deductibles, exclusions and other benefits. The plan documents will govern should a conflict arise relating to the information contained in this summary. This summary does not establish eligibility to participate in or receive benefits from any benefit plan.

NOTICE: If you are an active employee and you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 25 for more details.

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This guide describes the benefit plans available to you as an eligible employee of Macon Water Authority. The details of these plans are contained in the official plan documents, including some insurance contracts and Summary Plan Descriptions (SPD). This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your plan documents.

If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the plan documents, the formal wording in the plan documents will govern.

Please note the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of Macon Water Authority and ShawHankins.

Open Enrollment Memo

Macon Water Authority will be holding our annual Open Enrollment beginning November 13, 2017, through November 22, 2017.

We continually strive to provide employees with choices of quality health care plans that provide competitive benefits and coverage for employees and their families, while at the same time, managing the cost of these plans so they are affordable for both our employees and Macon Water Authority.

Like most employers, managing health care costs and analyzing the future impact of health care reform continue to be great challenges for Macon Water Authority. While some factors that contribute to our rising health care costs are related to government mandates such as provisions of health care reform, other factors are a direct result of the healthcare choices or decisions that plan members make.

Please remember Open Enrollment is your annual opportunity to:

- Compare plan designs and plan costs and determine which benefit plans will best suit your needs for the upcoming plan year.
- Make changes such as:
 - enrolling in a plan for the first time
 - adding or dropping dependents
 - switching health plans
 - modifying the nature of your coverage (i.e., adding dental coverage).

The elections you make during Open Enrollment will become effective with the new plan year beginning January 1, 2018.

Elections and changes will be processed through bSwift, our online enrollment system serviced by ShawHankins. It's as easy as visiting the website, <http://maconwater.bswift.com>. Employees will be able to review their current benefits and other important plan information.

Please take the time to carefully weigh the plans available, and choose the option that is best for you. If you have questions or need assistance, please contact ShawHankins. Benefit Counselors from **ShawHankins will be available November 15th and November 16th to assist with enrollment and questions.**

If you would like assistance with making a change to your benefits or you simply have questions, please don't hesitate to sign-up for an appointment with a ShawHankins Benefit Consultant. You can also make your election changes online on your own or with the support of the ShawHankins Call Center at 800-994-7429. You can view plan documents, contact information, and additional benefit information on the Benefit Resource Center site at www.shawhankinsbenefits.net/mwa.

Before You Enroll – Things to Know

How to Enroll in Benefits for the 2018 Plan Year

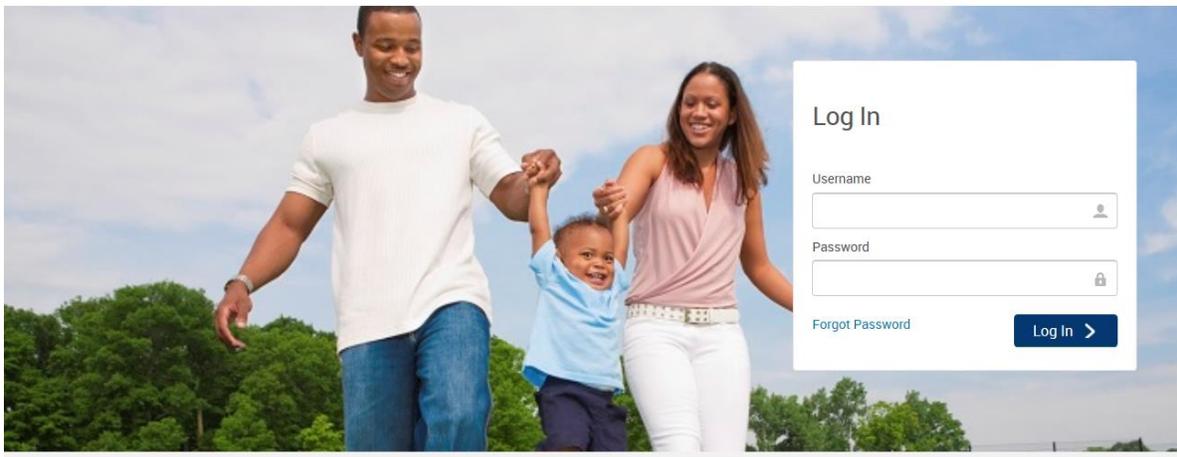
Employees will enroll in or make changes to all benefits through the bSwift enrollment portal. Employees will access this online system by going directly to www.maconwater.bswift.com.

Please follow these directions for the benefits enrollment:

- Your username is your first initial, last name, and the last four digits of your social security number (ex: jdoe6025)
- Your password is the last four digits of your social security number
- Once logged in you will be prompted to create a new password.
- At this point you are ready to update your information and enroll in your benefits. Please be sure to have your reference materials on hand for review. It is very important that you have the names, dates of birth, and SSNs for your family members on hand for the enrollment as you will need to enter this information into the system
- You will need to make sure all your personal information is up to date, including your address, phone number, and email address.
- All plan documents are located on the Benefits Resource Center Site or in the document center on the bSwift portal.

ShawHankins will be available to assist employees during the Enrollment Assistance November 15th and November 16th. The Enrollment Assistance Period is part of the larger open enrollment from November 13th through November 22nd.

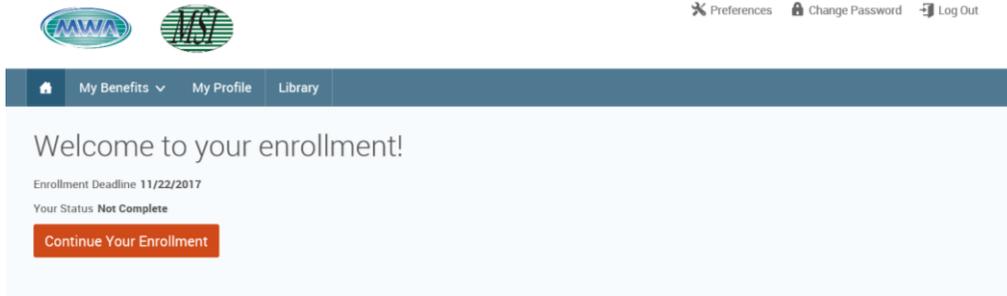
If you do not make elections through the online system, your coverage will roll over for the 2018 plan year. You will not be permitted to make changes after the open enrollment period, unless you experience a qualifying event.



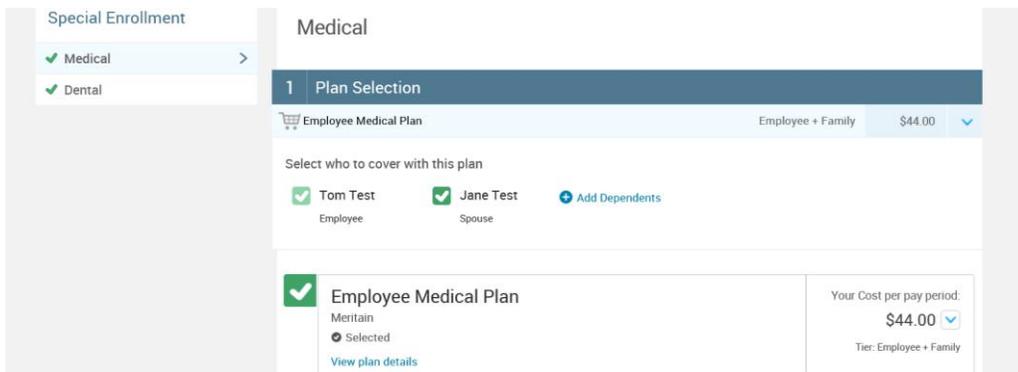
How To Enroll Online

To Begin:

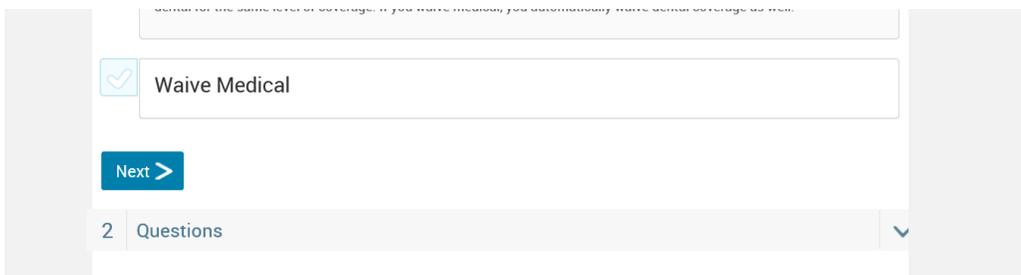
- 1) From the "Home Page" click on the "Start Your Enrollment" link, to begin the election process. Make sure you go to "My Profile" before you begin the enrollment process to confirm your demographic and dependent information, as well as add any new dependents.



- 2) Select the dependents you wish to cover under that particular benefit plan. Then either select the medical plan or choose waive.



- 3) Click NEXT to continue.



- 4) Answer the tobacco user question then click NEXT to continue.



How to Enroll Online

5) After reviewing your election, click Save and Continue Enrollment.

3 Summary

Employee Medical Plan

Employee + Family

Cost Summary (per pay period)	
Total Premium	\$432.68
Employer Contribution	\$379.88
Your Cost	\$44.00

[✔ Save and Continue Enrollment](#)

6) Repeat this process for all remaining benefits. Once you have finished selecting benefits, click the Continue button on the right hand side.

ment

Dental

1 Plan Selection

Waive Dental

Select who to cover with this plan

Tom Test
Employee

Jane Test
Spouse

[+ Add Dependents](#)

7) Review your selections for accuracy. Once you have completed your review, click inside the box next to I agree and I'm finished with my enrollment. Next click on the Save My Enrollment button.

Once You've Reviewed All Your Selections:

Participation

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions are required for this coverage, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (before tax dollars) unless I submit a declination election. I reserve the right to revoke this deduction authorization at any time upon written notice.

I agree, and I'm finished with my enrollment.

[✔ Save My Enrollment!](#)

8) Once you have successfully completed your enrollment, you will see the confirmation above. You will now have the option to view, print, or email your benefit confirmation statement.

Your enrollment is complete!

You may make changes to your elections until: **November 10, 2017**

You have completed your enrollment. Click the Print icon to print out a copy of your Confirmation Statement for your records or the Email icon to email yourself a copy of the Statement. If you would like to make changes to your enrollment, click on the plan's Edit Selection button.

Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

[VIEW](#) [EMAIL](#) [PRINT](#)

Eligibility & Qualifying Events



Eligibility:

Active Full Time Employees of Macon Water Authority are eligible for all benefits. Eligible retirees may receive health benefits and dental benefits.

Spouses and dependent children of the employee are also eligible to participate in our benefit plans. Dependent children include natural children, legally adopted, stepchildren, and children for whom the employee has been appointed guardian.

Eligible Dependents are classified as:

- Your legal spouse who resides in the United States.
- Child/stepchild/legal dependent child.

Your child can be covered on the medical and ancillary benefits to age 26. If your dependent child is approaching 26 and is disabled, an application for continuation of dependent status must be made within 30 days of the child's 26th birthday.

Qualifying Events: (refer to your Summary Plan Description - Special Enrollment Rights)

Most benefit deductions are withheld from your paycheck on a pre-tax basis and therefore your ability to make changes to these benefits is restricted by the IRS under Section 125.

- Once your elections become effective, you will not be able to change your elections until the next annual enrollment period unless you experience an eligible qualifying event.
- Waiving coverage as a retiree is an irrevocable decision. Once coverage has been waived, you are ineligible to come back onto the plan.
- Examples of qualifying events include: a change in marital status; a change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent; a change in employment status for yourself or spouse; loss or gain of coverage through your spouse; a change in dependents eligibility.
- You must notify the HR Department, provide proof of your qualifying event, and enroll within 30 days from the effective date of the qualifying event.
- Please contact ShawHankins at 800-994-7429 to speak with a Benefit Counselor regarding enrollment due to a Qualifying Event.

Medical Benefits – Administered by Meritain

Although we don't plan on getting sick or injured, most of us generally will need some type of medical care or attention. Medical insurance is important to assist in paying for medical expenses, whether they are expected or unexpected.

Macon Water Authority offers a medical plan through Meritain. When you and your family seek healthcare services, you have access to Aetna's broad national provider network of healthcare providers and facilities.

Plan Provisions	Meritain Medical Plan	
	In-Network Benefits	Non-Network Benefits
Lifetime Maximum	Unlimited	
Deductible (Individual / Family)	\$750 / \$2,250	\$1,500 / \$4,500
Annual Out of Pocket Maximum (consists of deductible, coinsurance, medical co-pays, and prescription copays)	\$7,150 / \$14,300	Unlimited
Coinsurance	80% Plan / 20% Member	70% Plan / 30% Member
Preventive Care:		
Immunizations	100% (no copay)	Not Covered
Pap Smear / Mammography / Prostate Screening	100% (no copay)	Not Covered
Office Visits:		
Primary Care	\$25 copay up to \$400, then 20% after deductible	30% after deductible
Specialist	\$35 copay up to \$400, then 20% after deductible	30% after deductible
Hospital/Inpatient Services	20% after deductible	\$500 copay + 30% after deductible
Hospital/Outpatient Services	20% after deductible	30% after deductible
Emergency Room (waived if admitted)	\$250 copay + 20% co-insurance	
Urgent Care	\$75 copay	30% after deductible

When you visit providers in the Aetna network, you will receive services at strong, negotiated rates, helping you to save on the cost of healthcare.

To verify whether or not a doctor or healthcare facility participates, visit <http://www.aetna.com/docfind/custom/mymeritain/>.

Your benefit plan includes a vision care discount program through **VSP**. This voluntary program provides vision care discounts on eye exams, eyeglasses and contact lenses. To obtain your discount, visit any participating VSP vision care provider and show your Meritain Health ID Card. Your vision discount will be applied at the time of your visit. To locate a participating VSP provider, go to www.vsp.com.

RX Coverage – Administered by CVS Caremark

PharmAvail- Prescription Drug Benefit	Meritain Medical Plan
RX Calendar Year Deductible	None
Retail Pharmacy 30-Day Supply	
Tier 1 – Generic Drugs	\$10
Tier 2 – Preferred Drugs	\$35
Tier 3 – Non-Preferred Drugs	\$55
Tier 4- Specialty Drugs	\$55
Mail Order Pharmacy 90-Day Supply	
Tier 1 – Generic Drugs	\$25
Tier 2 – Preferred Drugs	\$87.50
Tier 3 – Non-Preferred Drugs	\$137.50
Tier 4 – Specialty Drugs	Not Available

Mail Order Program

With the CVS Caremark Mail Service Pharmacy you can:

- Receive an extended supply of medicine.
- Enjoy the convenience of having your medicine delivered to a location of your choice – home, office or vacation spot.
- Speak to a registered pharmacist 24 hours a day, seven days a week.
- Order prescriptions and get health information online at www.caremark.com

There are three simple ways of signing up for the Mail Order program through CVS Caremark:

1. Complete and return the Mail Order Service Form (located on the Benefit Resource Center site at www.shawhankinsbenefits.net/mwa)
2. Sign up for mail service with FastStart
 - By Internet.
 - Log in to www.caremark.com and sign in or register if necessary.
 - Click on Start a New Prescription and then click on FastStart®.
 - Fill in your information.
3. By phone.
 - Call FastStart toll free at 1.800.875.0867 Monday through Friday, 7 am to 7 pm (CST).
 - Let the representative know you wish to fill your prescription through mail service.
 - Provide the representative the information on your member ID Card; the names of your long-term medicines; your doctor's name and phone number; and your payment information and mailing address.

There are three easy ways to refill your prescription:

1. Online. You can order your mail service refills by logging on to www.caremark.com. Register online to receive refill reminders, informative newsletters and other important alerts. Have our benefit ID number handy to register.
2. By phone. Call our toll-free Customer Care number for fully automated refill service. Have your benefit ID number ready.
3. By mail. You will receive an order form with every prescription order. Simply fill in the ovals for the prescriptions you want to refill. If you need to refill a medication that is not listed, write in the prescription number(s) in the space provided. Send the order form to CVS Caremark and enclose your payment, if your plan requires a payment.

Preventive Services

Remember to get preventive care!

Getting regular checkups and exams can help you stay well and catch problems early. It may even save your life.

Our health plans covers 100% of the services listed in this preventive care section, when you get these services from in-network physicians.

Preventive versus diagnostic care

What's the difference?

- Preventive care helps protect you from getting sick.
- Diagnostic care is used to find the cause of existing illnesses.

For example, if your doctor suggests you have a cancer screening because of your age, that's preventive care. On the other hand, if your doctor suggests a screening or testing to see what's causing your symptoms, that's diagnostic care and you may need to pay part of the cost.

Adult preventive care (19 years and older)

Preventive care physical exams are covered. So are the screenings, tests and vaccines listed here. The preventive care services listed below may not be right for every person. Ask your doctor what's right for you.

Here is an overview of the types of preventive services.

Child Preventive Services (birth through 18 years)

Preventive care physical exams are covered. So are the screenings, tests and vaccines listed here. The preventive care services listed below may not be right for every person. Ask your doctor what's right for you.



Screening tests (depending on age) may include:	Immunizations:
Behavioral counseling to promote a healthy diet	Diphtheria, tetanus and pertussis (whooping cough)
Blood Pressure	Haemophilus influenza type B (Hib)
Cholesterol and lipid level	Hepatitis A
Depression	Hepatitis B
Development and behavior	Human papilloma virus (HPV)
Hearing	Influenza (flu)- Vaccines also available from PCPs or Pharmacies
Height, weight and body mass index (BMI)	Measles, mumps and rubella (MMR)
Hemoglobin or hematocrit	Meningococcal (meningitis)
Lead Testing	Pneumococcal (pneumonia)
Newborn	Polio
Obesity, including counseling	Rotavirus

Preventive Services Continued

Preventive physical exams

Screening tests and services (depending on your age) may include

- Aortic aneurysm screening (men who have smoked)
- Blood pressure
- Bone density test to screen for osteoporosis
- Breast cancer, including exam and mammogram
- Breastfeeding support, supplies and counseling (female)
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and CT colonography (as appropriate)
- Contraceptive (birth control) counseling and FDA-approved birth control methods that need a prescription (female)
- Depression
- Eye chart test for vision
- Hearing
- Height, weight and BMI
- HIV screening
- HPV (female)

Intervention services (includes counseling and education):

- Behavioral counseling to promote a healthy diet
- Counseling related to aspirin use for the prevention of cardiovascular disease (does not include coverage for aspirin)

- Genetic counseling for women with a family history of breast or ovarian cancer
- Primary care intervention to promote breastfeeding
- Screening and behavioral counseling related to alcohol misuse
- Screening and behavioral counseling related to tobacco use
- Screening and counseling for interpersonal and domestic violence
- Screening and counseling for obesity
- Pelvic exam and Pap test, including screening for cervical cancer
- Prostate cancer, including digital rectal exam and PSA test
- Screenings during pregnancy (including, but not limited to, gestational diabetes, hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, iron deficiency anemia, gonorrhea, chlamydia and HIV)
- Sexually transmitted infections

Immunizations

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A
- Hepatitis B
- HPV
- Influenza (flu)
- Meningococcal (meningitis)
- MMR
- Pneumococcal (pneumonia)
- Varicella (chicken pox)
- Zoster (shingles)



Dental Benefits – Administered by Ameritas

Maintaining our dental health is a large component in our overall health. While brushing and flossing may help us maintain our dental health, routine dental exams and cleanings are necessary to remove bacteria, plaque, and tartar and detect early signs of gum disease. In addition, regular dental visits may actually help reveal other health issues you may be unaware of.

Regular preventive care visits to your dentist can help protect your overall health. Studies have linked gum disease to problems in other areas of the body. In fact, studies by the Centers for Disease Control and Prevention show there may be a link between oral infections and diabetes, heart disease, stroke, and preterm, low-weight births.

Macon Water Authority offers dental coverage as summarized below.

Plan Provisions	Dental Plan
Calendar Year Deductible Single Family Max	\$50 \$150
Annual Benefit Max	\$1,000 calendar year
Diagnostic/Preventive Services <i>Periodic oral evaluation, Prophylaxis (cleanings), Bitewing X-rays, Sealants (age 16 and under)</i>	100% coverage No Deductible
Basic Treatment (Type B) <i>Fillings, Periodontics, Endodontics, Simple Extractions</i>	80% coverage (subject to deductible)
Major Treatment <i>Onlays, Crowns, Crown Repair, Prosthodontics</i>	50% coverage (subject to deductible)

It is important to note that while you do have coverage for non-network providers, you could be balance billed for any services provided by a non-network provider. To receive the most from your benefits, use an in-network provider.

Deductible does not apply to Preventive/Basic Services.

To find a provider, go to www.ameritas.com and click on "Find a Provider" in the upper right hand corner. Select "Dental" and click "Network Provider". Enter the zip code, distance and select "Classic (PPO)" for the network.



Regular preventive care visits to your dentist can help protect your overall health. Studies have linked gum disease to problems in other areas of the body. In fact, studies by the Centers for Disease Control and Prevention show there may be a link between oral infections and diabetes, heart disease, stroke, and preterm, low-weight births.

Additional Benefit Information

Weekly Payroll Deductions - Medical & Dental

Employee (Non-Tobacco User)	Employee (Tobacco User)	Family (Non-Tobacco User)	Family (Tobacco User)
\$16.50	\$19.80	\$44.00	\$52.80



Meritain Member Registration

Your personalized member website

Once enrolled as a Meritain Health member, you will have access to the **Meritain Health Member Portal**. When you log in, you'll find everything you need to know about your benefits—from eligibility, to enrollment, to what's covered. It's another way we're working with you to help you get the most from your benefits—so you can live a life that's balanced and informed.

Registration for the member website is easy

If you're already registered to access your online account, simply enter www.meritain.com into your browser and login from the homepage.

- If you're not yet registered, it's OK. Registration is an easy three-step process.
- Go to www.meritain.com. Then, in the top right corner, click *Register*.
- Next, select *Member* under *I am a* and enter your group ID. You can find your group ID on the front of your member ID Card. (If you are new to the plan, you will soon receive your member ID Card in the mail.) Then, click *Continue*.

Please note: you may set up a login for yourself, as well as any children under age 18 who are covered by your plan. For privacy purposes, your spouse and dependents over the age of 18, covered by the plan, must each establish logins to access their individual information.

You will need to fill in your:

- Group ID (located on your member ID Card)
- Member ID (located on your member ID Card)
- Date of birth | Name | Zip code | Email address

A username will be provided to you. After you create a password and confirm your email address—you're done! You'll automatically be logged into your new Meritain.com account. The next time you log in, just use the same username and password from Step 3.

Members have the right to ask their health plan to place restrictions on (i) the way the health plan uses or discloses their PHI for treatment, payment or healthcare operations; and (ii) the health plan's disclosure of their PHI to persons who may be involved in their healthcare or payment thereof (e.g., family members, close friends).

Voluntary Dental Benefits – Administered by Principal

In addition to the dental plan available when you elect to participate in the Meritain medical plan, you have the option to enroll in the voluntary dental plan through Principal. This plan offers both network and non-network benefits.

In order to get the most from this voluntary dental plan, you are encouraged to utilize a network provider. By utilizing a network provider you will avoid being balance billed for charges that are above the usual, customary, and reasonable limits. You can locate a participating provider by following the instructions at the bottom of the page. This voluntary dental plan utilizes the Dental Preferred Provider Organization (PPO).

Plan Provisions	Dental Plan
Calendar Year Deductible Single Family Max	\$50 \$150
Annual Benefit Max	\$1,000 calendar year
Diagnostic/Preventive Services	100% coverage No Deductible
Basic Treatment (Type B)	80% coverage (subject to deductible)
Major Treatment	50% coverage (subject to deductible)

To find a provider, go to www.principal.com. Under the **Quick Links** heading on the left-hand side, click **Provider Directory**. In the left-hand navigation under **Providers/Networks**, click **Search for a Dental Provider**. Begin your search by picking the **state** where you would like to find a provider. Next, **specify a network**. Depending on the network you choose, you might be transferred to a partner site. Enter the **name of the provider** you are looking for (if known). If you are looking for a nearby dentist, enter the **city and state** and/or **zip code**. Be sure to indicate how **far you are willing to travel**. Select the **desired specialty** or use the **No Specialty Preference** default. Click **Continue**.



ShawHankins is not the broker of record on the benefit listed above. This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. Definitions, waiting period, pre-existing condition limitation, limitations and exclusions, benefits, termination, portability, etc., may vary based on your employer's home office. Please see your agent for the plan details specific to your employer.

Voluntary Vision Benefits – Administered by Principal

Good visual health can play an important role in our overall health. For those of us with eye care needs, having a Vision plan available from our Employer can ultimately help offset some of those associated costs in preserving our eye health and ongoing wellness. Becoming a member of the Vision plan available through Macon Water Authority will enable you to take advantage of substantial savings on your eye care and eyewear needs.

Benefit	In-Network	Frequency
Vision Exam (Vision exams that are not medically necessary are not covered.)	\$50 Allowance	Once every 12 months
Contact Lenses *	Allowance	Once every 12 months
Elective Medically Necessary	\$150 Allowance	
Standard Plastic Lenses	Copayment	Once every 12 months
Single Vision	\$50 Allowance	
Bifocal	\$75 Allowance	
Trifocal	\$100 Allowance	
Lenticular	\$150 Allowance	
Frames	\$100 Allowance	Once every 24 months

***Your contact lens allowance must be used at the initial time of service.**

****Please note: This plan covers either contact lenses or lenses for your glasses once every other calendar year.**

Late Entrant Waiting Period:

Those members enrolling more than 31 days after becoming eligible will be subject to an individual benefit waiting period, subject to plan guidelines.



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Voluntary Disability Benefits – Administered by Principal

Macon Water Authority provides you the option to elect voluntary disability benefits through Principal. Disability insurance supplements your income if you are unable to work due to a qualifying disability. Disability benefit income will be reduced by other income.

SHORT TERM DISABILITY

Short Term Disability insurance provides you with a portion of your weekly income if you are unable to work or have a reduced income due to an illness or injury unrelated to your occupation.

Benefits	Short Term Disability
Percentage of Income	60%
Maximum Benefits	\$1,500
Benefits Begin After (Elimination Period)	14 Days – Accident 14 Days – Sickness
Maximum Benefit Duration (begins after the Elimination Period ends)	13 Weeks

Pre Existing Condition

Exclusion: Any condition you have been treated for, diagnosed with, or consulted on during the 6 months prior to the policy effective date, will not be covered for the first 12 months following the policy effective date.



LONG TERM DISABILITY

Long Term Disability coverage continues to pay you a benefit for as long as you remain disabled, or until you reach your Social Security Normal Retirement Age.

Benefits	Long Term Disability
Percentage of Income	60%
Maximum Benefits	\$5,000
Benefits Begin After (Elimination Period)	90 Days
Maximum Benefit Duration	SSNRA (Social Security Normal Retirement Age)

Pre Existing Condition

Exclusion:

Any condition you have been treated for, diagnosed with, or consulted on during the 6 months prior to the policy effective date, will not be covered for the first 12 months following the policy effective date.

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Additional Benefits- Principal

Through your group benefits with Principal Life Insurance Company, you are eligible for several discounts and services. Use them to help make a positive impact on your physical and fiscal well-being.

Offered by some of the most trusted companies in the U.S., these discounts and services are one more way Principal Life gives you an edge. These discounts are not insurance.

Available with all products

Laser Vision Correction -Through the National Lasik Network, administered by LCA-Vision, Inc., you, your spouse and dependent children receive savings on one of the most frequently performed elective surgeries in America. The discount includes 15% *off* standard pricing or 5% *off* promotional pricing. www.principallasik.com or 888-647-3937

Hearing Aid Program -You, your spouse, children, parents and grandparents can receive free annual hearing screenings through American Hearing Benefits, Inc. In addition, you are all eligible for up to 60% *off* digital hearing aids as well as a two-year warranty at no additional charge. www.americanhearingbenefits.com or 866-925-1287

Weight Loss -Weight Watchers®, America's trusted name in weight loss, has been helping people lose weight for more than 40 years and offers different weight loss plans to meet your needs. Receive \$10 off a three-month subscription to Weight Watchers Online. www.principal.com/weightwatchers

Oral Health Care - Receive discounts - 50% off the first order and 25% off reorders - on Epic brand toothpaste, oral rinse, mints and gum. Epic products contain Xylitol, a natural sweetener that prevents bacteria from producing enamel-dissolving acid. www.epicdental.com or 866-920-4200 Promotional code: PR25FT

Magazine Program - Purchase a one-year subscription to *Diabetic Living* from the publisher of *Better Homes and Gardens* for just \$8. www.principal.com/diabeticliving

Employee Assistance Program (EAP) - The EAP is provided by Magellan Health Services, an independent, industry-leading company that specializes in health care management. Through the EAP, you can access 24/7 assistance by phone or online.

Licensed professionals provide confidential support and guidance related to:

- Family, relationship and parenting issues
- Basic child and elder care needs
- Emotional and stress-related issues
- Conflicts at work or home
- Alcohol and drug dependencies
- Personal development and general wellness issues

In addition to phone-based help, a lot of information can be found online, such as self-assessment tools, interactive databases, health and wellness calculators, webinars and podcasts.

Online: www.MagellanHealth.com/member Toll-free: 1-800-450-1327

TTY for hearing impaired: 1-800-456-4006 International access only: 1-800-662-4504

Whole Life – Administered by Tansamerica

While Term Life Insurance is an important benefit to maintain through your working years, Whole Life Insurance can also provide you with an additional level of Life Insurance coverage. Macon Water Authority offers you the ability to enroll in a Whole Life insurance plan through Transamerica.

Don't leave your family unprotected, provide for them now with whole life insurance.

Many employees choose our whole life insurance products because they offer the flexibility to meet a variety of personal needs. With whole life insurance plans, employees have a choice of benefit and premium amounts that fit their paychecks and life styles.

Employees also have access to the cash value accumulated in their plans and may use these savings for loans or withdrawals. And with our voluntary plans, employees own their coverage and can keep them in force even when they retire or change employers.

FLEXIBILITY TO MEET YOUR NEEDS

Employee (ages 16-70) – Coverage amount: from \$5,000 to \$500,000. Spouse (ages 16 – 65) – Coverage amount: up to \$100,000 (not to exceed employee's coverage). Children/Grandchildren (ages 15 days - 24 years)–\$10,000 child term life rider covers all your dependent children for only \$1.38 per week. A \$25,000 certificate is also available for each child.

BUILDS CASH VALUE

In addition to having valuable life insurance protection, you can accumulate savings at a guaranteed rate of return. You have access to your cash value and have the ability to make loans or withdrawals.

NO MEDICAL EXAMS REQUIRED

Employees and their families may apply for benefit amounts by answering only a few medical questions.

PERMANENT INSURANCE PROTECTION

Once your insurance application has been approved and payroll deductions have started, the coverage is yours to keep by continuing to pay premiums. Your premium will never increase.

PORTABILITY

Take your coverage with you if you leave the company (with certain stipulations).

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Group Voluntary Critical Illness – Administered by Allstate

Critical Illness Benefits are payable for specified conditions and can help to cover the costs of your treatments and related expenses, regardless of your major medical insurance coverage.

Benefits			
COVERED CRITICAL ILLNESSES:¹	Cat 1: Heart Attack, Heart Transplant, Stroke, Coronary Artery Bypass Surgery (25%)	Cat 2: Major Organ Transplant, End Stage Renal Failure, Paralysis, Alzheimer's Disease (25%)	Cat 3: Invasive Cancer, Carcinoma in Situ (25%)
FIRST-OCCURRENCE BENEFIT	After the waiting period, a lump sum benefit is payable upon initial diagnosis of a covered critical illness. The benefit amount for the primary plan holder is \$10,000 (Plan 1) or \$20,000 (Plan 2). Spouse and each insured dependent has a benefit amount of \$5,000 (Plan 1) or \$10,000 (Plan 2).		
OPTIONAL/ADDITIONAL BENEFIT	Critical Illness – Equal to elected benefit amount Insured Spouse & each insured dependent – Equal to ½ of the primary insured benefit amount		
RE-OCCURRENCE BENEFIT	25% of previously paid Cat 1 & Cat 2		
\$50 (Plan 1) /\$100 (Plan 2) HEALTH SCREENING BENEFIT (Employee and Spouse only)	After the waiting period, an insured may receive a maximum of \$50 (Plan 1) /\$100 (Plan 2) for any one covered health screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the critical illness benefit payable under your certificate. There is no limit to the number of years the insured can receive the health screening benefit; it will be paid as long as the certificate remains in force. This benefit is payable for the covered Employee and Spouse. This benefit is not paid for Dependent Children.		
COVERED HEALTH SCREENING TESTS INCLUDE:	<ul style="list-style-type: none"> • Mammography • Colonoscopy • Pap smear • Breast ultrasound • Chest X-ray • PSA (blood test for prostate cancer) • Stress test on a bicycle or treadmill • Bone marrow testing • CA 15-3 (blood test for breast cancer) • CA 125 (blood test for ovarian cancer) • CEA (blood test for colon cancer) 	<ul style="list-style-type: none"> • Flexible sigmoidoscopy • Hemocult stool analysis • Serum protein electrophoresis (blood test for myeloma) • Thermography • Fasting blood glucose test • Serum cholesterol test to determine level of HDL and LDL 	

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Voluntary Group Accident – Administered by Allstate

Accidents happen in places where you and your family spend the most time – at work, in the home or during sports and leisure activities.

Macon Water Authority offers voluntary Group Accident Insurance through Allstate. Allstate's Accident Insurance is designed to help you through the different stages of care for an accidental injury by providing benefits directly to you for initial care and treatment, in addition to the follow-up care you may need. The accident plan is guaranteed issue, so no health questions are required. Coverage is also available for your spouse and children.

Examples of covered injuries include:

- broken bones
- eye injuries
- burns
- ruptured discs
- torn ligaments
- lacerations
- brain injury diagnosis

Some covered expenses include:

- hospital intensive care
- outpatient physician's treatment
- ambulance
- blood and plasma
- paralysis
- hospitalization
- physical therapy

Sample of the Schedule of Benefits (the full schedule is available online):

Covered Injuries	Plan 1	Plan 2
Dislocation or Fractures		
Employee	\$2,000	\$3,000
Spouse	\$1,000	\$1,500
Child(ren)	\$500	\$750
Eye Surgery	\$100	\$100
Initial Hospitalization	\$1,000	\$1,000
Physical Therapy (Pays daily: max 6 visits/accident)	\$30	\$30
Ruptured Disc	\$500	\$500
Burns		
>15% of body surface	\$100	\$100
< 15% of body surface	\$500	\$500

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Voluntary Cancer Policy – Administered by Allstate

CASH BENEFITS TO YOU

In the event of a Cancer Diagnosis....

An Allstate Cancer Policy is a vital financial safety net for you and your family

Covered Benefits	Basic	Enhanced	Premier
<p>Surgery and Anesthesia Rider Surgical Benefit - AWD pays the amount shown depending on the surgery, for a surgical operation performed in a hospital or an ambulatory surgical center. Two or more procedures done at the same time through one incision are considered one operation. We pay the amount shown in the Schedule of Operations for the operation with the largest bene-fit. If any operation other than those listed is performed, we pay an amount based upon the amount stated in the Schedule of Operations for the most comparable procedure.</p> <p>Anesthesia Benefit - AWD pays 25% of the amount paid under the surgical benefit for anesthesia received by a covered person during the course of a covered surgical operation.</p>	<p>\$20-\$500 depending on surgery</p> <p>25% of surgery benefit</p>	<p>\$40-\$1,000 depending on surgery</p> <p>25% of surgery benefit</p>	<p>\$40-\$1,000 depending on surgery</p> <p>25% of surgery benefit</p>
<p>Outpatient Physician's Benefit Rider AWD pays the amount shown for the Outpatient Physician's Benefit when a covered person is treated by a physician outside of a hospital. This benefit is limited to 2 visits each calendar year for each covered person; and a maximum of 4 visits each calendar year if the policy is in force as individual and spouse, individual and children or family coverage.</p>	<p>\$50 each occurrence</p>	<p>\$75 each occurrence</p>	<p>\$75 each occurrence</p>
<p>Outpatient Emergency Accident Rider AWD pays the amount shown for the Outpatient Emergency Accident Benefit when a covered person, as a result of an injury, requires medical or surgical treatment in an emergency room. This benefit is payable a maximum of 2 times each calendar year, for each covered person.</p>	<p>\$100 each occurrence</p>	<p>\$100 each occurrence</p>	<p>\$100 each occurrence</p>
<p>At Home Nursing Benefit Rider AWD pays the amount shown for the At Home Nursing Benefit for each day a covered person requires at home nursing care during the 60 days following a hospital confinement covered under the policy. At home nursing services must be required and authorized by the attending physician. The benefit is limited to one visit each day, and a total of 30 visits within the 60 days following a covered hospital confinement.</p>	<p>\$50 each day</p>	<p>\$50 each day</p>	<p>\$50 each day</p>
<p>Transportation Rider Ambulance Benefit – AWD pays the amount shown for transfer by a licensed ambulance service or hospital owned ambulance (\$200 if air ambulance) to a hospital or emergency treatment center. This benefit is limited to a maximum of 2 trips for each covered person, each calendar year.</p> <p>Non-Local Transportation Benefit – AWD pays the amount shown when a covered person requires hospital confinement for treatment prescribed by the local attending physician that cannot be obtained within a 100 mile radius of the home of the covered person. This benefit is limited to 2 trips for each covered person, each calendar year.</p>	<p>\$100 each occurrence</p> <p>\$200 each trip</p>	<p>\$100 each occurrence</p> <p>\$200 each trip</p>	<p>\$100 each occurrence</p> <p>\$200 each trip</p>

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Voluntary Long Term Care – Administered by John Hancock

A Comprehensive LTC Experience

Managing the long-term care needs of a loved one can be a confusing and stressful time for families, impacting them financially, physically, and emotionally. To make the experience as easy as possible for you and your family, John Hancock's Custom Care II Enhanced goes beyond the ordinary, providing comprehensive LTC insurance coverage and support when you need it most.

When the time comes to assess and address your long-term care needs, and access your benefits, your policy provides you with, at no additional cost, a variety of valuable support services that include:

- Simple claims process - Just contact us by phone to get started. We will then assign a personal care coordinator to help you with the initial paperwork.
- Professional care coordinator - We'll provide you with an experienced care professional - independent of John Hancock - who will work with you and your family to discuss your care needs and preferences.
- Customized plan of care - Your personal care coordinator will prepare a comprehensive plan of care for you, based on your -and your family's -preferences and needs.
- Access to discounts, advice, and information - Through our exclusive Advantage Provider Program,¹ you will receive the Customized Information Guide, listing providers in your area appropriate for the kind of care you need. You'll also be assigned your own care advocate to contact anytime about providers and discounts available through this program.

Enhanced Home Care Benefits

Waiver of Home Care Elimination Period (Zero-Day Home Care Elimination Period)

If you receive home health care; hospice care in your home, or adult day care, your Elimination Period will be waived.

Additional Cash Benefit

This benefit provides a separate pool of funds that assists you in staying at home. The cash benefit is equal to 15% of your Monthly Benefit or 41 times your Daily Benefit and can be used to pay for a variety of long-term care expenses while you are receiving home health care. Note: Benefits received may create a taxable event. Please consult your tax advisor.

Additional Enhancements

Enhanced Return of Premium²⁴

This feature enhances your built-in Return of Premium Benefit beyond age 65, enabling your beneficiary to receive a benefit equal to your total premiums paid, less any long-term care benefits paid, regardless of your age.

Restoration of Benefits²⁵

Your full policy limit can be restored once if you have been receiving benefits and then recover, and do not need care or treatment for 180 days.

Nonforfeiture

If you stop paying your premium after the first three years,²⁶ your past premiums will still be available to pay for services.

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Providing you with the right tools, wherever you are in life.

From simple questions like quick ways to de-stress or how to find more time in your schedule, to more difficult issues like finding support after the loss of a loved one, your program is there to work with you and offer suggestions, options and information.

A Confidential & Important Resource

Your program provides useful tools and resources that can help make the most out of your day or guide you through a difficult time. All confidential and at no cost to you. Some of the topics we can help with include:

Resiliency—overcoming stress and crisis at home and at work.

Emotional Wellness—addiction, depression, anxiety and assistance with other emotional wellness issues.

Workplace success—career goals, team conflict, crisis, management support.

Wellness and balance—work-life balance, stress, relaxation, personal well-being.

Personal and family goals—relationship, children and teen or aging loved ones. Changes in finances or personal situations.

Your program includes up to 6 counseling sessions for you and your eligible dependents or household members at no cost to you.

Step into Action

It's quick and easy. You can access your program's tools and resources in many ways. And remember its completely confidential. We will connect you with the right resources or professionals to help you with your questions, challenges or needs. No situation is too big or too small.

Visit MagellanHealth.com/member for online tools, articles, resources and more.

Employee Assistance Program
For Professional Consultation
Call 1-800-424-1691

Legal & Financial Consultation

Your program offers you quick and confidential access to help with legal or financial questions and services you may need. Legal and financial experts are available to help with any questions you may have, or access the online library for helpful tools and resources.

Work-life Services

You have access to tools, resources and experts who can help with many of the day-to-day things that can happen in life. You also have access to the LifeMart, a discount center which offers valuable discounts on things such as travel, clothing, restaurants, and more.

Magellan Providers and Counselors
Magellan has a national network with thousands of licensed professionals to address personal or family issues, substance abuse, anger management and other emotional health problems that impact health, well-being and job performance.



Disclosure Notice – Prescription Drug and Medicare Notice

Important Notice for Active Employees and Covered Dependents from Macon Water Authority 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 with Macon Water Authority 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. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage 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. Macon Water Authority has determined that the prescription drug coverage offered by the Meritain plan, on average for all plan participants, is expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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 lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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 Macon Water Authority benefits will not be affected.

If you drop your current prescription drug coverage and enroll in Medicare prescription drug coverage, you may enroll back into Macon Water Authority's benefit plan during an open enrollment period under Macon Water Authority's benefit plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Macon Water Authority and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, 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 (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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

Contact the person listed below for further information 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 through Macon Water Authority 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

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, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

From: January 1, 2018 to December 31, 2018

Name of Entity/Sender: Macon Water Authority

Contact Person: Benefits Division

Disclosure Notice - CHIP

Premium Assistance Under Medicaid and 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.

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 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 or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2017. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-462-1120	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820

To see if any more States have added a premium assistance program, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)

Disclosure Notice – Continued

Unless otherwise noted, a paper copy is available, free of charge, by calling ShawHankins at 800-994-7429.

NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS:

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contribution toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself or your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

SECTION 125 PRE-TAX BENEFIT AUTHORIZATION NOTICE:

Before-tax deductions will lower the amount of income reported to the federal government. This may result in slightly reduced Social Security benefits. If you do not enroll eligible dependents at this time, you may not enroll them until the next open enrollment period. You may not drop the coverage you elected until the next open enrollment period. You may only make a change or drop coverage elections before the next open enrollment period under the following circumstances:

A change in marital status, or

A change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent, or

A change in employment status for myself or my spouse, or

Open enrollment elections for my spouse, or

A change in dependents eligibility, or

A change in residence or worksite.

Any change being made must be appropriate and consistent with the event and must be made within 30 days of when the event occurred. All changes are subject to approval by your Employer/Plan.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 ANNUAL NOTICE:

The Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy, including lymph edema.

NEWBORNS' ACT DISCLOSURE:

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96) hours.

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION: This Notice describes how the Plan(s) may use and disclose your protected health information ("PHI") and how you can get access to your information. The privacy of your protected health information that is created, received, used or disclosed by the Plan(s) is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This Notice is available on the web at: www.maconwater.bswift.com. A paper copy is also available, free of charge, by calling your Employer or ShawHankins at 800-994-7429. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan."

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS: On April 7, 1986, a federal law was enacted (Public Law 99-272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. If you or your eligible dependents enroll in the group health benefits available through your Employer you may have access to COBRA continuation coverage under certain circumstances. Therefore, your plan makes available to you and your dependents the General Notice Of COBRA Continuation Coverage Rights. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The full Notice is available on the web at: www.maconwater.bswift.com. A paper copy is also available, free of charge, by calling your Employer or ShawHankins at 800-994-7429. Please note the participant is responsible for providing a copy to their spouse/dependents covered under the group health plan.

SUMMARY OF BENEFITS AND COVERAGE (SBC): As an employee, the group health (medical) benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC) which summarizes important information about any health coverage option in a standard format to help you compare across options. The SBC is available on the web at www.maconwater.bswift.com. A paper copy is also available, free of charge, by calling your Employer or ShawHankins at 800-994-7429. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan.

HEALTH INSURANCE MARKETPLACE NOTICE (a.k.a. Exchange Notice): When key parts of the health care law took effect in 2014, a new way to buy health insurance became available through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, the Marketplace notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer. This notice is available on the web at www.maconwater.bswift.com. A paper copy is also available, free of charge, by calling ShawHankins.

Why Would I Contact the Call Center?

Order ID Cards: We can contact the insurance carrier directly and have your replacement card in ten to fifteen business days.

Claim Resolution and Research: We can help you understand your Explanation of Benefits (EOB) as well as contact the insurance carriers on your behalf. We can assist in appealing a denied claim or help you request a Prior Authorization (PA) from your physician as may be required by your medical carrier. We can also help you file out-of-network claims and assist with reimbursement if you require medical assistance while traveling outside of the United States.

Locate In-Network Providers: Staying in network saves everyone money. Our Call Center can help you locate In-Network Providers for medical, dental and vision coverage whether you are at home or away.

Request Copies of Any Necessary Forms: Medical claim forms, out-of-network claim forms, evidence of insurability forms, short and long term disability claim forms and any other applicable forms are always available if the need should arise.

Understanding Your Benefits: We can assist you with questions regarding deductibles, copayments and coinsurance. We can explain waiting periods, elimination periods and eligibility rules.

Explain Section 125 Cafeteria Plans: We can explain qualifying events regulated by the IRS as described in your Summary Plan Description (SPD). We help clarify the time frames and qualifying events allowed by your Plan.

Annual Enrollment Information: We can provide details about when open enrollment begins and ends and if your plan designs or payroll deductions are changing.

Enrollment Assistance: The Call Center Representative can walk you through every step of the enrollment process. Whether it's an online enrollment or paper enrollment form, your Call Center Representative is available to help.

Confirmation Statements: We can provide copies of your online enrollment confirmation statement or a copy of your paper enrollment form at any time.

The Call Center is available from 8:30 a.m. to 5:00 p.m. Monday through Friday to assist you. We have an after-hours voice mailbox and your call will be returned the next business day.

1-800-994-7429

customerservice@shawhankins.com

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Contact Information

Benefits Administered by ShawHankins			
Plan	Administrator	Website	Phone Number
Benefit/Enrollment Questions	ShawHankins	www.shawhankinsbenefits.net/mwa	800-994-7429
Medical Benefits	Meritain	www.meritain.com	800-925-2272
Dental Benefits	Ameritas	www.ameritas.com	800-487-5553
Pharmacy Benefits	CVS Caremark	www.caremark.com	866-475-7589
Employee Assistance Program	Magellan Healthcare	www.Magellanhealth.com/member	800-424-1691
COBRA/Retiree Benefits	Meritain	www.meritain.com	478-464-5646

Voluntary Benefits – Not Administered by ShawHankins			
Plan	Administrator	Website	Phone Number
Voluntary Dental Benefits	Principal	www.principal.com	800-986-3343
Voluntary Vision Benefits	Principal	www.principal.com	800-986-3343
Voluntary Disability Benefits	Principal	www.principal.com	800-986-3343
Voluntary Whole Life	Transamerica	www.transamericaemployeebenefits.com	888-763-7474
Voluntary Supplemental Benefits (Critical Illness, Accident, Cancer)	Allstate	www.allstatebenefits.com	800-521-3535
Voluntary Long Term Care	John Hancock		800-525-4361

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1-844-505-9158