



Employee Benefits Guide

Plan Year: January 1, 2020 - December 31, 2020

Class 1 & 2

Owners, Officers, Management (Magee Only)
Admin, Admin Support, RN, LPN



Contact Information

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Ross & Yerger

KNOW THE POSSIBILITIESSM

Medical

Health Cost Solutions
Group#: 100430
Website: www.managebenefits.com
Email: eob@hcsbenefits.com
Phone: 1-800-526-3919



Pharmacy and Prescriptions

SouthernScripts
Website: www.southernscripts.net
Phone: 1-800-710-9341



Dental, Vision, and Critical Illness

Guardian
Group# 481946
Website: www.guardiananytime.com
Phone: 1-888-482-7342



Life, and LTD

Symetra
Website: www.symetra.com
Phone: 1-800-426-7784



Telemedicine

Teladoc
Website: www.teladoc.com
Phone: 1-800-362-2667



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Introduction

Advanced Healthcare Management is pleased to offer our employees a comprehensive and competitive benefits program. Through our benefit partners, we offer coverage in the areas of Medical, Dental, Vision, Life / AD&D, Voluntary Life, Long Term Disability, and Telemedicine. This Benefits Guide provides a description of our company's benefit program effective January 1, 2020. You may choose benefits that are best for you and your family. Please take the time to review your benefit options prior to making your selections. Be sure to review applicable copayments, deductibles, how to file claims, preauthorization requirements, participating networks, and services that may be limited or not covered (exclusions). Consider each benefit and the associated cost carefully and choose the benefits package that meets the needs of you and your family throughout the year. We hope this guide will give you an overview of your benefits and help you be better prepared for the enrollment process.



Cafeteria Plan

Advanced Healthcare Management currently offers a Cafeteria Plan which provides a valuable tax benefit to both the Company and its employees. A cafeteria plan is a benefit plan authorized by Section 125 of the Internal Revenue Code, which allows employees to elect benefits on a pre-tax basis. Employees may elect to have premium deductions for certain employee benefit plans taken from their pay before Federal Income, Social Security and Medicare tax calculations. This can result in a savings to you. *However, pre-tax benefit elections will remain in effect until the next annual enrollment period unless you experience an IRS-approved qualifying change in status.*

Examples of a qualifying change in status are:

- Marriage
- Divorce or legal separation
- Birth, adoption, or legal custody of a dependent child
- Involuntary loss of other insurance coverage
- Dependent no longer qualifies for coverage

If you experience a qualifying event, you must contact Human Resources within 30 days of the event to make changes to your benefit elections.

Who is Eligible for Coverage?

Benefit eligible employees are provided an opportunity to participate in the Advanced Healthcare Management sponsored benefits program after satisfying the new hire waiting period and annually during Open Enrollment. As a full time, employee, you are eligible to participate in the benefit program on the 1st of the month following 60 days of employment. At that time, you have the opportunity to elect coverage for you and your eligible dependents.

An eligible dependent includes:

- Your legal spouse*
- Your dependent children. Dependent child(ren) are covered until the age of 26 regardless of student or marital status.**

*You may be required to show proof of marriage if the last name of your spouse differs from yours.

**You may be required to complete an Insurance Affidavit form to verify eligibility. You will be required to show the birth certificate if children have a different last name, legal documentation for either the adoptions of a child or the court order to cover step children.

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Medical

Medical cost have continued to rise year over year with no relief in sight. AHM believes they have a positive solution to help save you money as you seek treatment for care. Effective January 1, 2020 Advanced Healthcare Management will be implementing a Value Based Health Plan (VBP). VBP looks at the type of care you are receiving and determines a fair price by looking at Medicare and the average cost for the specific treatment/service. This price will be beneficial for you and your family, the Plan and the provider.

Physicians

A PPO network will still be utilized for physician and other non-hospital provided services. Your out of pocket expenses will be less when you see a physician within the network.

Facilities

For inpatient and outpatient services, your plan is open access allowing you to choose any facility. VBP determines a fair price by looking at Medicare and cost for a specific service. VBP ensures you are not overpaying for your medical services.

Frequently Asked Questions:

How does my VBP Plan work?

Your VBP Plan works by paying providers a percentage above what Medicare would pay. This establishes a Fair and Reasonable price that is beneficial for you and your family, the Plan and the provider.

What is the benefit to having a VBP Plan?

VBP Plans make sure providers are charging you a fair price for your medical services. Think of buying a car; you compare prices to make sure you are getting the best deal and not being overcharged. VBP allows you to compare prices for medical services the same way you would shop for any major household purchase.

What happens if a provider balance bills me?

If the provider should attempt to balance bill you for an amount above the patient responsibility, contact the Patient Advocacy Center (PAC) at 1-888-837-2237. The PAC will work directly with the provider to resolve the outstanding items. Our partner, HST, handles all inquiries from the provider and will keep you apprised of any updates or forms that may need to be signed by you.

What if my provider does not accept VBP?

First, call your provider directly to make sure they do not accept your insurance, as your provider may be updating their insurance or health plans. If your provider does not accept your insurance, you have the right to seek services from another provider in your area.

Medical Benefits

For Facility Claims – you will receive the most from the benefit plan if you utilize the Baptist Network of hospitals.

Website: <http://mbhs.org/baptist-medical-news-network/>

For Professional Claims – you will receive the most by utilizing the MPCN network.

Website: <https://www.mpcn-ms.com/Directory/>

Facility Claims (Hospital, Surgery Centers, Emergency Rooms)		
	<u>Baptist Facility</u>	<u>Non-Baptist Facility</u>
Deductible	\$500 individual \$1,000 family	\$1,500 individual \$3,000 family
Coinsurance	Plan pays 90% after deductible	Plan pays 80% after deductible
Out of Pocket Maximum	\$3,000 individual \$6,000 family	\$5,000 individual \$10,000 family
Inpatient Hospital	You Pay Deductible, then 10%	You Pay Deductible, then 20%
Outpatient Hospital	You Pay Deductible, then 10%	You Pay Deductible, then 20%
Emergency Room	You Pay Deductible, then 10%	You Pay Deductible, then 10%
Professional Claims (Primary Care, Specialist, Chiropractor, OBGYN, Urgent Care)		
	<u>MPCN Network</u>	<u>Non MPCN Network</u>
Preventive Services	Covered at 100%	Not Covered
Physician Office Visit	\$25 – Primary Care \$50 – Specialist	You will pay 20% after deductible is met
Telemedicine (Teledoc)	\$0	
Prescription Drug – SouthernScripts/First Choice Network		
	<u>In-Network</u>	<u>Out of Network</u>
Retail (30 Days)	Tier 1 \$10 Tier 2 \$25 Tier 3 \$50 Tier 4 \$100	Not Covered
Specialty Drugs	\$350 copay	Not Covered

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Medical Deductions

Advanced Healthcare Management is happy to announce there will be no changes to the medical deductions for 2020.

Election	2019 Per Pay Period	2020 Per Pay Period
Employee Only	\$53.25	\$53.25
Employee / Spouse	\$364.92	\$364.92
Employee / Child(ren)	\$213.29	\$213.29
Employee / Family	\$514.03	\$514.03

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Teledoc

1 The convenient choice



Teladoc®

- ✓ Talk to a doctor in minutes
- ✓ Visit by phone or video
- ✓ Available 24/7, anywhere
- ✓ Get a prescription
- ✗ Cannot treat more severe medical conditions

2 The in-office choice



Family Doctor

- ✓ Long-term relationship
- ✓ Treats more severe issues
- ✗ May not be available for days
- ✗ Must leave home or work
- ✗ Sit in a waiting room with other sick people

3 The immediate choice



Urgent Care

- ✓ No appointment needed
- ✓ Treats more severe issues
- ✗ Long wait times
- ✗ Must leave home or work
- ✗ Sit in a waiting room with other sick people

4 The emergency choice




ER

- ✓ Available 24/7/365
- ✓ Treats emergency issues
- ✗ Long wait times
- ✗ Must leave home or work
- ✗ Sit in a waiting room with other sick people

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Dental

Guardian is Advanced Healthcare Management's dental carrier. The PPO plan provides coverage for both in-network (contracted) and out-of-network (non-contracted) dental providers. While you do have the flexibility of seeking care from non-contracted dental providers, out-of-network services are subject to the carrier's reimbursement policy, higher deductibles and co-insurance, and balance billing. You will receive the maximum level of benefits when you use a Guardian contracted dentist. You can locate preferred providers by visiting www.guardiananytime.com Please refer to the following chart for an overview of your dental benefits.

Dental Guard Preferred Network		
	In Network	Out of Network <Provider can balance bill>
Deductible	\$50 per person (3 Per Family)	
Coinsurance		
Preventive	100%	100%
Basic	100%	80%
Major	60%	50%
Maximum Annual Benefit	\$1,000	\$1,000
Orthodontia (applies to children only up to age 19)		
Lifetime Maximum	\$1,000	
Coinsurance	50%	50%
Maximum Rollover	Please see below for information on Max Rollover	

What is Max Rollover?

Term	Description
Threshold	This is the maximum amount of paid claims the patient can have during a benefit year and still receive the MRA. Only claims incurred while the patient is covered by the plan count toward the MRA threshold.
Maximum Rollover Amount	The amount credited to a patient's MRA when their claims do not exceed the threshold.
In-Network Only Maximum Rollover Amount	The amount credited to a patient's MRA when all claims during the year are from an in-network provider. This amount can be used for out-of-network claims in future years.
Maximum Rollover Account (MRA) Personal Maximum Rollover (PMR)	The total accumulated MRA. The total increases and/or decreases as maximum rollover amounts are credited and claims are paid using the MRA.
Maximum Rollover Account Maximum	The maximum amount a patient can store in their MRA over a series of benefit years

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Dental

How can I qualify for MRA? To qualify for an MRA, the patient must meet the criteria below.

- Submit at least one paid claim during the benefit year
- Be effective for more than 3 months during the benefit year
- Be eligible for major services
- Cannot exceed the threshold in paid claims during the benefit year

How is MRA paid? When determining how an MRA is paid, use the guidelines below.

Once the calendar/policy year maximum is exhausted, the patient can use their accrued MRA towards covered service.

Note: Services are considered and paid out, per the plan's benefits. MRA does not act like a flex account; patients do not receive money for services that are not covered. MRA does not apply to orthodontics. MRA does not apply to TMJ or Cosmetic Services when there is a separate maximum for these services. **Note:** When these services are included in the annual maximum, the MRA will apply.

What is maximum rollover and how does it work?

When a covered family member submits at least one paid claim and stays under the claims threshold during the benefit year, a part of the unused maximum is rolled over for use in future years. Once the plan's annual maximum is met, the covered family member will carry a specified dollar amount to the next year that can be used towards future claims. Each covered family member has their own account and each member must meet the requirements to have funds rollover.

What is the Maximum Rollover Account used for?

When the patient has met the annual plan maximum and submits claims for covered dental expenses, the Maximum Rollover Account is used for future claims.

Can I use the Maximum Rollover Account for another family member?

No, the account is a per person benefit and each covered person has their own account.

I didn't use my dental coverage. Why isn't there any money in my Maximum Rollover Account?

To qualify for the rollover benefit, you must have at least one paid claim during the plan's benefit year.

Dental Deductions

Election	2019 Per Pay Period	2020 Per Pay Period
Employee Only	\$6.16	\$6.39
Employee / Family	\$29.51	\$29.51



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Vision

Your Guardian vision plan provides benefits in network and out of network. You may receive the maximum level of benefits when you access care from participating providers. Advanced Healthcare also lets you choose your network. You can select the VSP network or the Davis Vision network. Please reach out to your vision provider to see what network they are in before deciding. Please visit www.guardiananytime.com for a network directory.

VSP – Signature			
	<u>In Network</u>	<u>Out of Network</u>	<u>Frequency</u>
Exam	\$10	Up to \$46	Once every 12 months
Material Copay	\$25		
Single Vision	Covered in full after applicable copay.	Up to \$47	Once every 12 months
Lined Bifocal		Up to \$66	Once every 12 months
Lined Trifocal		Up to \$85	Once every 12 months
Lenticular		Up to \$125	Once every 12 months
Contact Lenses			
Conventional	Up to \$120	Up to \$120	Once every 12 months
Planned Replacement and Disposable	Up to \$120	Up to \$120	Once every 12 months
Medically Necessary	Covered in full after copay	Up to \$210	Once every 12 months
Eval and Fitting	15% off professional fee	Not Covered	
Frames	\$120 and 20% discount on amount over \$120	Up to \$47	Once every 24 months
Davis Vision - Designer			
Exam	\$10	Up to \$50	Once a year
Material Copay	\$25		
Single Vision	Covered in full after applicable copay.	Up to \$48	Once a year
Lined Bifocal		Up to \$67	Once a year
Lined Trifocal		Up to \$86	Once a year
Lenticular		Up to \$126	Once a year
Contact Lenses			
Conventional	\$120, 15% discount on amount over \$120	Up to \$105	Once a year
Planned Replacement and Disposable	\$120, 15% discount on amount over \$120	Up to \$105	Once a year
Medically Necessary	Covered in full with prior approval. Copay does not apply.	Up to \$210	
Eval and Fitting	15% off professional fee	Included in Elective Contact Allowance	Once a year
Frames	\$120.00, 20% discount on amount over \$120 except Sam's Club/Walmart	Up to \$48	Once every other year

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Vision Deductions

Election	Davis Per Pay Period	VSP Per Pay Period
Employee Only	\$1.81	\$1.81
Employee / Family	\$5.95	\$5.95

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Life Insurance

Basic Life and AD&D

Employer paid Life and AD&D coverage is available for all actively working full time employees, through Symetra. Advanced Healthcare Management provides full-time employees with group life and accidental death and dismemberment (AD&D) insurance, and pays the full cost of this benefit. The benefit amount \$25,000. This coverage reduces as follows; 65% at age 65, 40% at age 70, 25% at age 75, and 15% at age 80.

Voluntary Life Insurance

This is an option to further protect your family, as you have the option to elect coverage for yourself, your spouse and/or children. Employees must elect coverage for themselves in order for a spouse and/or dependent child(ren) to be eligible. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions. Some coverage is guaranteed issue for employees during their initial eligibility period. For employees who wish to increase their benefit or apply for coverage during the Annual Enrollment Period, Evidence of Insurability forms will be required. Payroll deductions will not begin until we receive notice that coverage has been approved. Spouse coverage is based off employee age and terminates at age 70.

The premium is age-banded and offered on a voluntary basis. Therefore, you will be responsible for paying 100% of the cost, which is deducted on a post-tax basis.

Voluntary Term Life Benefit			
Benefit	Employee	Spouse	Child(ren)
Minimum	\$10,000	\$10,000	\$1,000
Guarantee Issue	\$150,000	\$30,000	\$10,000
Maximum	\$250,000	\$250,000	\$10,000

An Evidence of Insurability (EOI) Form is required for electing Life and AD&D coverage above the Guaranteed Issue amount. EOI will also be required if you had initially declined coverage. The certificate of coverage will take precedence over any provisions noted in this benefits overview.



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Life Insurance

Premium Calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

Employee Life & AD&D Bi-Weekly Premium									
	<30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69
\$10,000	\$0.42	\$0.51	\$0.65	\$0.92	\$1.34	\$1.94	\$3.05	\$4.34	\$6.69
\$20,000	\$0.83	\$1.02	\$1.29	\$1.85	\$2.68	\$3.88	\$6.09	\$8.68	\$13.38
\$30,000	\$1.25	\$1.52	\$1.94	\$2.77	\$4.02	\$5.82	\$9.14	\$13.02	\$20.08
\$40,000	\$1.66	\$2.03	\$2.58	\$3.69	\$5.35	\$7.75	\$12.18	\$17.35	\$26.77
\$50,000	\$2.08	\$2.54	\$3.23	\$4.62	\$6.69	\$9.69	\$15.23	\$21.69	\$33.46
\$60,000	\$2.49	\$3.05	\$3.88	\$5.54	\$8.03	\$11.63	\$18.28	\$26.03	\$40.15
\$70,000	\$2.91	\$3.55	\$4.52	\$6.46	\$9.37	\$13.57	\$21.32	\$30.37	\$46.85
\$80,000	\$3.32	\$4.06	\$5.17	\$7.38	\$10.71	\$15.51	\$24.37	\$34.71	\$53.54
\$90,000	\$3.74	\$4.57	\$5.82	\$8.31	\$12.05	\$17.45	\$27.42	\$39.05	\$60.23
\$100,000	\$4.15	\$5.08	\$6.46	\$9.23	\$13.38	\$19.38	\$30.46	\$43.38	\$66.92

Spouse Life Bi-Weekly Premium - Based on Employee Age									
	<30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69
\$5,000	\$0.14	\$0.18	\$0.25	\$0.39	\$0.60	\$0.90	\$1.45	\$2.10	\$3.28
\$10,000	\$0.28	\$0.37	\$0.51	\$0.78	\$1.20	\$1.80	\$2.91	\$4.20	\$6.55
\$15,000	\$0.42	\$0.55	\$0.76	\$1.18	\$1.80	\$2.70	\$4.36	\$6.30	\$9.83
\$20,000	\$0.55	\$0.74	\$1.02	\$1.57	\$2.40	\$3.60	\$5.82	\$8.40	\$13.11
\$25,000	\$0.69	\$0.92	\$1.27	\$1.96	\$3.00	\$4.50	\$7.27	\$10.50	\$16.38
\$30,000	\$0.83	\$1.11	\$1.52	\$2.35	\$3.60	\$5.40	\$8.72	\$12.60	\$19.66
\$35,000	\$0.97	\$1.29	\$1.78	\$2.75	\$4.20	\$6.30	\$10.18	\$14.70	\$22.94
\$40,000	\$1.11	\$1.48	\$2.03	\$3.14	\$4.80	\$7.20	\$11.63	\$16.80	\$26.22
\$45,000	\$1.25	\$1.66	\$2.28	\$3.53	\$5.40	\$8.10	\$13.08	\$18.90	\$29.49
\$50,000	\$1.38	\$1.85	\$2.54	\$3.92	\$6.00	\$9.00	\$14.54	\$21.00	\$32.77

Child Life Rate (up to age 26) - \$.170 per month per \$1,000

If you would like to calculate the total premium for your Voluntary Term Life Benefits you can enter the appropriate premium amounts below to obtain a total.

_____	+	_____	+	_____	=	_____
Employee Premium		Spouse Premium		Child(ren) Premium		Total Premium

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Long Term Disability

Long Term Disability coverage is available to all eligible full-time employees through Guardian. Advanced Healthcare Management offers long-term disability income benefits to full-time employees on a voluntary basis through payroll deduction. Those who declined coverage when it was initially offered will be required to answer medical questions to apply for coverage and coverage is not guaranteed issue. Use the rates in the Age/Premium Factor Table to calculate your premium for voluntary long-term disability coverage in the worksheet below, using the example as a guide.

Benefits Begin	After 90 days of disability
Benefit	60 % of your before tax earnings up to \$5,000/monthly
Pre-Existing Condition Exclusion	6 month look back then 12 months after exclusion
Definition of Pre-Existing Condition	You have a pre-existing condition if: <ul style="list-style-type: none">• you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 6 months just prior to your effective date of coverage

Please see below for Monthly Cost:

List your annual earnings divided by 52 = \$ _____
Multiply that by .60 = \$ _____
Divide that number by \$100 = \$ _____
Multiply that by the premium below for your age bracket = \$ _____

Age	Rate Per \$100
< 25	\$0.488
25 - 29	\$0.488
30 - 34	\$0.657
35 - 39	\$0.789
40 - 44	\$1.249
45 - 49	\$1.635
50 - 54	\$2.067
55 - 59	\$2.475
60 - 64	\$2.131
65 - 69	\$2.131
70 - 74	\$2.131
75 +	\$2.131

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Critical Illness

Critical Illness coverage is available to all eligible full-time employees through Guardian and Advanced Healthcare Management pays the cost of this coverage for you. Critical Illness insurance can help with expenses not covered by your medical insurance like deductibles or out of pocket cost in the event of a serious illness like stroke or heart attack. This plan provides a \$1,000 lump sum benefit or applicable percentage should you be diagnosed with the following:

CRITICAL ILLNESS		
Benefit Amount(s)	Lump Sum Amount of \$1,000	
CONDITIONS	PERCENTAGE OF LUMP SUM	
	1 st OCCURRENCE	2 nd OCCURRENCE
Cancer Type 1 (Invasive)	100%	50%
Heart Attack	100%	50%
Kidney Failure	100%	50%
Organ Transplant	100%	50%
Stroke	100%	50%
Cancer Type 2 (Non-Invasive)	25%	0%
Coronary Artery Bypass Graft	25%	0%
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	We Guarantee Issue up to:	
	15-39	\$1,000
	40-54	\$1,000
	55-69	\$1,000
Full evidence of insurability is required if the election amount exceeds the Guarantee Issue amount.		

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