

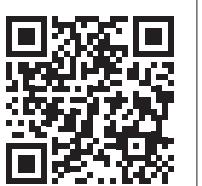


Employee Benefits Overview

January 1, 2019–December 31, 2019

Visit <https://kvgo.com/psa/Adfinitas2019>
or scan the QR code with your smart phone to
view a short presentation about your benefits.

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Message from our Partners:

Adfinitas Health was founded in 2007 by Douglas Mitchell, MD, MBA, and Hung Davis, MD, CMD, both board-certified internal medicine hospitalist physicians. Their strong hospitalist backgrounds enable Adfinitas Health to strategically assign lead physicians, hospitalists physicians, and advanced practice providers to each client hospital and post-acute care center based on their experience, credentials, and match to the individual needs, goals, and culture of each facility. We have developed a reputation of compassionate care delivered effectively and efficiently.

Our first hospital partner was established in 2007 with Anne Arundel Medical Center, where we began providing consultative inpatient and co-management services for medical and surgical specialists. Since then, we have grown to provide care at 15 more hospitals throughout Maryland, Pennsylvania, Virginia, and Michigan, and at 53 Post Acute Care facilities. Adfinitas Health employs over 500 providers, and we treat over 1,800 patients per day through our Partner Hospitals and Post-Acute Facilities.

Adfinitas Health is committed to the health and well-being of its employees and believes in providing a coverage option that is free to you and very low cost to your family members, which we continue to provide this year with our HSA option. While the industry trend is to increase premiums and cut back on benefits, Adfinitas Health continues to significantly cover premium costs on high-quality plans and will strive to keep this option available to you as part of our core values.

We are pleased to present you with the Adfinitas Health Benefits Guide, which outlines your various options to assist you with understanding the available coverage and selecting the benefits that best fit your needs. Benefits enrollment is important, so make sure that you don't miss your opportunity to enroll during your eligibility period. Our annual Open Enrollment is November 26, 2018 to December 10, 2018. If you have any questions, please contact our office at 443-949-0814.

Thank you for your hard work and dedication to Adfinitas Health and our important mission.

Douglas Mitchell

Hung Davis

Steven Hamlette

Chang Choi

Timothy Capstack

Ivelisse Michel

Adfinitas Health continually strives to offer you a comprehensive benefits program to help you and your family live healthier lives. Selecting benefits that match your lifestyle, family needs and family obligations is a very important task. This guide will provide you with an overview of the benefits offered, as well as important resource information. Please read this guide and keep it handy throughout the year.

Important Notice about Your Prescription Drug Coverage and Medicare—see pages 18 and 19

Please read the notice and share it with any of your Medicare-eligible dependents.

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Questions?

Who to contact when you have questions about your benefits

Our benefits consultant, PSA Insurance & Financial Services, provides a Benefits Hotline to help with managing questions and issues with your benefits plan.

Representatives are available Monday through Friday from 8:30 a.m. to 5 p.m. ET. You can also obtain information by contacting your Human Resources Department at 443-949-0814 or by calling our benefit providers directly.



Eligibility and Enrollment

Employees

If you are a full-time Adfinitas Health employee, you are eligible to participate in the benefit programs on the first day of the month following date of hire except if hired on first of the month, then benefits are effective date of hire. You may enroll yourself and your eligible dependents.

Eligible Dependents

In addition to enrolling yourself, you may also cover your legal spouse and your dependent children up to age 26.



Want to learn more about qualified change-in-status events?

Visit <https://kvgo.com/psa/Change-in-Status101> or scan the QR code with your smart phone or tablet to view a short presentation.



In general, you can only change your benefits coverage outside of the Open Enrollment period if you have a qualified change-in-status event. Examples of qualified change-in-status events are changes in legal marital status, number of dependents, employment status, and eligibility. You must notify HR directly within 30 days of the event in order to request a change to your benefit elections. Documentation will be required.

Carrier Resources

Benefit/Contact	Phone Number	Website or Email
Medical and Prescription UnitedHealthcare	1-866-633-2446	www.myuhc.com
Dental United Concordia	1-800-332-0366	www.ucci.com
Vision UnitedHealthcare	1-800-638-3120	www.myuhcvision.com
Flexible Spending Accounts Discovery Benefits	1-866-451-3399	www.discoverybenefits.com
Life and Disability Insurance Lincoln Financial	1-800-423-2765	www.lfg.com
401(k) Savings Plan	1-800-433-1685	admin@alerusmail.com
Employee Assistance Program Lincoln Financial	1-888-628-4824	www.GuidanceResources.com user ID: LFGsupport password: LFGsupport1
Benefits Hotline PSA Insurance & Financial Services	1-877-716-6618	benefitshotline@PSAFinancial.com
Adfinitas Health	443-949-0814	www.AdfinitasHealth.com

Payroll Contributions

Your bi-weekly cost for medical, dental, and vision coverage

Pre-tax Contributions

Contributions for medical/prescription drug, dental, vision, and the retirement savings plan will be deducted from your paycheck on a pre-tax basis. This means that you do not pay federal or Social Security taxes on your contributions.



Adfinitas Health pays 100% of the medical plan premium for the Choice HSA Plan for the employee only option!

Plus, you can enjoy tax savings by opening a Health Savings Account!

Tier	MEDICAL		
	Choice HSA Plan	Choice Plan \$1,000 Ded.	Choice Plus Plan \$250 Ded.
Employee	\$0.00	\$77.76	\$117.95
Employee + Child(ren)	\$25.00	\$143.86	\$218.20
Employee + Spouse	\$25.00	\$178.86	\$271.28
Family	\$50.00	\$256.08	\$367.38

Tier	DENTAL	VISION
Employee	\$13.94	\$4.08
Employee + Child(ren)	\$27.89	\$7.14
Employee + Spouse	\$30.54	\$9.18
Family	\$40.50	\$10.20

UnitedHealthcare Virtual Visits

Get access to care online, at any time

You can connect with a doctor from your mobile device or computer 24/7 through UnitedHealthcare Virtual Visits. Doctors can diagnose and treat a wide range of non-emergency medical conditions and even write a prescription. And, the cost of a Virtual Visit is typically lower than being treated at a doctor's office, urgent care center, or emergency room.

Virtual Visit doctors can help you with non-emergency issues such as those listed below:

- Bladder infection/urinary tract infection
- Bronchitis
- Cold/flu
- Diarrhea
- Fever
- Migraine/headaches
- Pink eye
- Rash
- Sinus problems
- Sore throat

Connecting with a doctor is simple!

Most visits take about 10-15 minutes, and doctors can write a prescription, if needed, that you can pick up at your local pharmacy. Get started by registering at www.myuhc.com.

Medical and Prescription Drugs

The health benefits available to you represent a significant component of your compensation package, and they provide important protection for you and your family in the event of an illness or injury. Adfinitas Health offers a choice among three medical plan options through **UnitedHealthcare**. To find a doctor, visit www.myuhc.com.

Plan Features	Choice HSA Plan	Choice Plan	Choice Plus Plan	
	In-Network Only YOU PAY	In-Network Only YOU PAY	In-Network YOU PAY	Out-of-Network YOU PAY
Annual Deductible Individual/Family	\$3,000/\$6,000	\$1,000/\$2,000*	\$250/\$500*	\$1,000/\$2,000*
Annual Out-of-Pocket Limit Individual/Family	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$4,000/\$8,000
Preventive Care Services				
Well-child care, adult physical, routine GYN visits, mammograms, cancer screenings, and other age/gender appropriate ACA services	No charge	No charge	No charge	20% of AB after deductible, except for mammography
Office Visits, Labs, and Testing				
Office Visits	No charge, after deductible	Primary: \$30 Specialist: \$50	Primary: \$20 Specialist: \$40	20% of AB, after deductible
Lab, X-ray, and Diagnostics	No charge, after deductible	No charge	No charge, after deductible	20% of AB, after deductible
Major Diagnostics —CT, PET, MRI, MRA and Nuclear Medicine	No charge, after deductible	\$150 copay per service	\$150 copay per service	20% of AB, after deductible
Urgent Care and Emergency Care				
Urgent Care Center	No charge, after deductible	\$75 copay per visit	\$75 copay per visit	20% of AB, after deductible
Hospital Emergency Room <i>waived if admitted</i>	No charge, after deductible	\$150 copay per visit	\$150 copay per visit	
Hospitalization				
Inpatient Hospital Stay <i>prior authorization required</i>	No charge, after deductible	10% of AB, after deductible	\$500 per admission	20% of AB, after deductible
Outpatient Surgery <i>prior authorization required</i>	No charge, after deductible	10% of AB, after deductible	\$250 copay per date of service	20% of AB, after deductible
Prescription Drugs				
Retail (up to 30-day supply)	Deductible applies	No deductible applies	No deductible applies	
Generic	\$10 copay	\$10 copay	\$10 copay	
Preferred Brand Name	\$30 copay	\$35 copay	\$35 copay	
Non-Preferred Brand Name	\$50 copay	\$60 copay	\$60 copay	
Maintenance (90-day supply)				
All Tiers	2.5 x Retail Copay	2.5 x Retail Copay	2.5 x Retail Copay	

AB = Allowed Benefit. This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.

*No one person in a family will be required to meet more than the individual deductible amount before the plan begins to pay for their services.



Choosing a health coverage option is an important decision. To help you make an informed choice, a Summary of Benefits and Coverage (SBC), which summarizes important information in a standard format, is available for review. The SBC is located on the enrollment website at www.ktbsonline.com, under the document library in the Resource Center. A paper copy is also available, free of charge, by contacting Human Resources.

UnitedHealthcare Resources

Your UnitedHealthcare medical benefits provide you with access to people, resources, and tools to help you when you aren't feeling your best. You also have access to programs that may help you improve or maintain your health and wellness.

Access your account online at myuhc.com

Register on myuhc.com and start getting more from your benefits.

myuhc.com is an online portal that provides you and your family with the tools and resources to help you manage your health care as well as a healthier lifestyle.

- Review plan details and locate an in-network provider
- Estimate costs using the Treatment Cost Estimator
- View claims status
- Build a health improvement program by completing an online health assessment
- Keep a Personal Health Record
- Get health product discounts

The screenshot shows the homepage of myuhc.com. At the top right is the UnitedHealthcare logo. Below it is a navigation bar with links: Site Demo, Contact Us, Feedback, Login, and En Español. The main content area has a "Site Login" form on the left and a large banner on the right featuring a smiling father and child. The banner text reads: "Get information you can trust. Anywhere, anytime." It explains that myuhc.com is a 24/7, one-stop shop for health information, health plan tools, and helpful apps. Below the banner are sections for "Information Center" (News) and "Learn More About". To the right is a sidebar titled "Links and Tools" with links to various services like Find Physician, Find a Dentist, Pharmacy Information, etc., and a "Common Questions" section with links to frequently asked questions about browsers, registration, and plan changes.



Scan with your Smartphone to go directly to www.myuhc.com or to download the myuhc app!



UnitedHealthcare Health4MeSM Mobile App

Download UnitedHealthcare's Health4Me mobile app to your Apple® or Android™ smartphone or tablet and see how easy it is to find nearby physicians, check the status of a claim, see your account balance, or speak directly with a nurse. You can even pull up an image of your health plan ID card if it's not in your wallet.

How to save money when you need care

Here are some things to know when you need health care from a doctor or hospital. Knowing how your plan works can prevent surprises and save you money.

- **Make sure doctors, hospitals, and other health care professionals are in the plan's network.**
Use the doctor search tool on myuhc.com or call Customer Care using the number on the back of your health plan ID card.
- **Know how much of your care is covered before you visit.**
Health plans vary in their coverage of brand-name drugs, emergency care, and different types of surgery. Check your benefit plan documents to see what your plan covers and what it doesn't cover.
- **Estimate and compare costs and quality for upcoming treatments.**
UHC's online tool, myHealthcare Cost Estimator, helps you understand and manage your health care costs by helping you estimate physician and facility costs for services you wish to receive. It covers the most common treatments and conditions. This helps you easily understand how your benefits apply and the estimated out-of-pocket costs you may expect. It's available 24/7, at no additional cost, to help you increase your savings while you improve your health.

Health Savings Account

If you enroll in the Choice HSA Plan, you are eligible to open a Health Savings Account (HSA). An HSA can help you save money by allowing you to pay for health care expenses with tax-free dollars. You can use the funds to pay for qualified health care expenses, including dental and vision expenses, for you and your tax dependents—even if they are not covered under your medical plan!

Funds you withdraw from your HSA are tax-free when used to pay for qualified health care expenses, including dental and vision expenses. The Internal Revenue Service defines qualified medical expenses within IRS Section 213(d). For more detailed information, refer to [IRS Publication 502](#) or contact a tax professional. **Note: if you elect the HSA medical plan and open a Health Savings Account, you are prohibited from using a Health Care Flexible Spending Account (FSA).**

How the HSA Works with your Medical Plan

An HSA combines traditional medical coverage with a tax-free savings account.

You can contribute tax-free dollars into your HSA to pay for services covered under the plan (tax-free), including expenses you must pay until you meet your annual deductible. You decide how and when to use the funds in your account—you can use the funds to pay for your health care expenses or save them for future health care costs. Whatever you do not use during the plan year earns interest and rolls over to the next year.

The IRS establishes limits that you can contribute per year which are based on whether you have the individual or family coverage under the qualifying medical plan. Please note the limits are based on a calendar year and subject to change each year based on IRS regulations. The annual contribution limits set forth by the IRS for 2019 are below:

- Individual—\$3,500
- Family—\$7,000

Individuals over age 55 may make an additional “catch-up” contribution of \$1,000 per year.

Using the HSA

Once the account is funded, you can access your funds at any time to pay for qualified expenses. If your bank issues a debit card, you can pay for eligible expenses using your debit card, or you can pay out of pocket and then pay yourself back out of your HSA account.

Your Deductible

A deductible is the amount you must pay for eligible health expenses before your medical plan pays for the covered services. Only services covered by the medical plan count toward the deductible. Refer to the Summary of Benefits for details.

Health Plan

Once you meet your deductible, you pay a portion of the allowed amount for certain expenses, called coinsurance, or copays for prescription medications.

Opening and Funding an HSA UHC Optum Bank HSA

It only takes minutes to enroll in the health savings account from Optum Bank. Go to https://enrollhsa.optumbank.com/hsaAppWeb/WelcomeAction.do?is_partner_post=Y&group_num=901607. Be sure to have your Social Security Number, a valid e-mail address, and your Medical ID card containing your group/employer number handy.

The online enrollment process takes approximately ten minutes to complete. Once you begin the enrollment process, you must complete it before you log off. If you log off before you complete the enrollment process, none of your information will be saved.

Once you have applied, you will hear from Optum Bank via mail within ten business days. It is possible that you will be required to submit proof of identity (social security card, driver's license and a copy of a utility bill). Once you have submitted any and all necessary proof, you will receive a welcome kit with information about your Optum Bank HSA and debit card(s). If you elected to receive your welcome materials electronically, you will receive an email notifying you when your welcome kit is available online.

Dental

Adfinitas Health provides dental coverage to you through **United Concordia**. You have the freedom to select the dentist of your choice; however, when you visit a participating, in-network dentist, you will have lower out-of-pocket costs, no balance billing, and claims will be submitted by your dentist on your behalf. You have access to United Concordia's Elite Plus Network.

To locate a dentist, call
1-800-332-0366 or visit
www.ucci.com.



UCCI Preferred PPO Dental Plan Features	In-Network YOU PAY	Out-of-Network* YOU PAY
Deductible applies to Class II and III only Individual/Family	\$25/\$75	\$50/\$150
Annual Maximum (per person)	Plan Pays \$1,500 per person per calendar year	
Preventive and Diagnostic (Class I) deductible waived Oral exams, cleanings, x-rays, sealants, space maintainers, fluoride	No charge no deductible	20%* no deductible
Basic Services (Class II) Fillings, simple extractions, periodontics, endodontics, oral surgery	20% after deductible	40%* after deductible
Major Services (Class III) Recementation of crowns/inlays/bridgework, dentures, implants	50% after deductible	65%* after deductible
Orthodontia Services (Class IV) deductible waived All ages (adult and children)	50% no deductible	65%* no deductible
Lifetime Orthodontic Maximum (per person)	Plan pays \$1,500 per person per lifetime	

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.

*Out-of-network benefits are based off of the Maximum Allowable Charge (MAC). Out-of-network dentists may balance bill you for the difference between the MAC paid by the plan and their usual fees.

Vision

Vision coverage is available to you through **UnitedHealthcare**. Using an in-network provider gives you the best benefit, but the plan also offers an out-of-network allowance. If you go out-of-network, you will be responsible for payments up front and filing your claim with UnitedHealthcare.

To locate a provider, call
1-800-638-3120 or visit
www.myuhcvision.com.



Plan Features	In-Network	Out-of-Network
Eye Exam <i>Once every 12 months</i>	No copay	Reimbursed up to \$40
Frames <i>Once every 12 months</i>	\$130 retail allowance, 30% off balance	Reimbursed up to \$45
Standard Lenses <i>Once every 12 months</i> Single Vision Lined Bifocal Lined Trifocal Standard Lenticular	No copay No copay No copay No copay	Reimbursed up to \$40 Reimbursed up to \$60 Reimbursed up to \$80 Reimbursed up to \$80
Elective Contact Lenses <i>Once every 12 months in lieu of glasses</i> Selection Non-Selection Medically Necessary	Up to 4 boxes \$105 allowance No copay	Reimbursed up to \$105 Reimbursed up to \$105 Reimbursed up to \$210
Laser Vision Correction	Up to 15% off standard price or 50% off promotional price	No discounts available

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.

Flexible Spending Account

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars to pay yourself back for eligible health care and dependent care expenses. Your FSAs are administered through **Discovery Benefits**. There are two types of FSAs: Health Care FSAs and Dependent Care FSAs.

Health Care FSA

(NOT Compatible with HSA)

Health Care FSAs help you stretch your budget for health care expenses for you and your dependents by allowing you to pay for these expenses using tax-free dollars. You may set aside up to \$2,700 annually in pre-tax dollars, which is deducted out of your pay throughout the year. Funds can be used to pay for qualified health expenses such as deductibles, medical and prescription copays, dental expenses for yourself, your spouse, and your dependent children.

The Health Care FSA has a grace period of 2 $\frac{1}{2}$ months (until March 15, 2020) for you to incur claims for the 2019 plan year. You will have until May 30, 2020 to submit claims for reimbursement for the

2019 plan year, including claims incurred during the grace period. Any funds remaining in your Health Care FSA as of May 30, 2020 will be forfeited.

Dependent Care FSA

(Compatible with HSA)

The Dependent Care FSA allows you to pay for eligible dependent care expenses with tax-free dollars. You may set aside up to \$5,000 annually in pre-tax dollars, or \$2,500 if you are married and file taxes separately from your spouse.

Contributing to a Dependent Care FSA allows you to pay dependent care expenses so that you and your spouse can work or attend school full-time. Eligible expenses include day care, before/after school care, summer day camp, and elder care. When submitting a claim, you can only be reimbursed up to the amount you have contributed to date, less any previous reimbursements.

For further information regarding your Flexible Spending Account, visit www.discoverybenefits.com.



Please note that any money left in your account at the end of the plan year will have a 2 $\frac{1}{2}$ month grace period before it is forfeited.

Examples of FSA-Eligible Expenses

- Acupuncture
- Alcoholism Treatment
- Bandages
- Birth Control
- Chiropractors
- Contact Lenses
- Contact Solution
- Copays
- Crutches
- Deductibles
- Dental Fees
- Diabetic Testing
- Hearing Aids
- Lab Fees
- Orthodontic Fees
- Prescriptions

Tools to manage your account on the go

Manage your FSA online at www.discoverybenefits.com.

The free Discovery Benefits app will help you manage your benefits right from your mobile device. Use it at your convenience to check account balances, upload photos of receipts, file claims, view account activity and contact customer service.

ACCESS ANY TIME; CONVENIENCE ALL THE TIME

With the Mobile App from Discovery Benefits

[DOWNLOAD OUR MOBILE APP >](#)

WE ARE DISCOVERY BENEFITS

Across the country, businesses of every size trust Discovery Benefits as an industry leading administrator of reimbursement accounts and COBRA.

Health Savings Accounts • Flexible Spending Accounts
Health Reimbursement Arrangements • Commuter Benefits • COBRA

Life and AD&D Insurance

Life insurance helps protect your family from financial risk and sudden loss of income in the event of your death. Accidental death and dismemberment (AD&D) insurance provides an additional benefit if you lose your life, sight, hearing, speech, or limbs in an accident.

Basic Life and AD&D

Adfinitas Health provides you with basic life insurance in the amount of \$100,000—at no cost to you through **Lincoln Financial**. If you die as a result of an accident, your beneficiary will receive an additional \$100,000. Evidence of insurability/proof of good health is not required.

The benefit reduces to 65% at age 70 and to 50% at age 75.

Important Note about Evidence of Insurability

If you do not elect employee or spousal voluntary life insurance when you are first eligible, certain amounts elected later may be subject to Evidence of Insurability.

During Open Enrollment, you may elect new coverage or increase existing coverage by two increments up to the maximum benefit amount without Evidence of Insurability for you and your spouse.

Supplemental Life and AD&D

You may purchase additional life and AD&D insurance coverage for yourself, your spouse, and your dependent children. The AD&D benefit amount will equal the life benefit amount.

The benefit reduces by 35% at age 70 for employee, and by 35% at employee's age 65 for spouse. Benefits terminate at employee's age 70.

- **You:** increments of \$10,000 up to five times your annual salary or \$500,000, whichever is less. Evidence of insurability will be required if you elect an amount over \$150,000.
- **Spouse:** increments of \$5,000 up to 100% of your elected amount or \$250,000, whichever is less. Evidence of insurability will be required if you elect an amount over \$50,000.
- **Children:** 14 days to 6 months: \$250; 6 months to age 19 (or 25 if unmarried and full-time student): \$10,000. Evidence of insurability is not required.

Your cost per month for Voluntary Life and AD&D

After-tax Contributions

Contributions for voluntary life and AD&D are made after taxes.

Please note that the rates shown below are monthly. If you are a smoker, you will pay more for coverage.

VOLUNTARY LIFE			
Age as of 1/1/2017	Monthly Rate per \$1,000		
	Employee & Spouse Non-Smoker	Employee & Spouse Smoker	Child(ren)
Under 25	\$0.047	\$0.070	\$2.00 for \$10,000
25–29	\$0.054	\$0.081	
30–34	\$0.068	\$0.101	
35–39	\$0.094	\$0.151	
40–44	\$0.130	\$0.228	
45–49	\$0.207	\$0.362	
50–54	\$0.316	\$0.608	
55–59	\$0.516	\$0.858	
60–64	\$0.825	\$1.284	
65–69	\$1.447	\$2.146	
70–74	\$2.612	\$3.773	
75+	\$5.288	\$6.823	

VOLUNTARY AD&D			
Employee: \$0.035; Spouse: \$0.025; Child: no extra cost			

Spouse rate based on age of employee.

Disability Insurance

To protect your income in case you are unable to work due to non-work related illness or injury, Adfinitas Health provides disability coverage at no cost to you through **Lincoln Financial**. Full-time employees are eligible for STD after twelve months of employment and LTD after eight months; part-time employees are not eligible for this benefit.

Short-Term Disability (STD)

Once you have been unable to work for fourteen days due to illness or injury, the STD plan pays you a percentage of your weekly earnings up to a maximum benefit amount of \$2,000 per week for up to 11 weeks while you are unable to work due to a non-work-related illness or injury. The schedule of benefit amounts is below:

- After 1 year of service: 60% of salary
- After 2 years of service: 80% of salary
- After 3+ years of service: 100% of salary

Long-Term Disability (LTD)

The LTD plan provides income protection in the event of an extended illness or injury. The plan pays 60% of your monthly earnings up to a maximum benefit amount of \$12,500 for employees earning over \$100,000 a year and \$5,000 for all other employees, for each month you are unable to work due to a disabling condition. Benefits begin after 90 days of disability and may be reduced by income you receive from other sources, such as workers' compensation, Social Security or other disability coverage. Benefits continue as long as you meet the insurance company's definition of disability until you reach age 65 or Social Security Normal Retirement Age (SSNRA).

Pre-existing condition limitations apply. Long-term disability payments are not payable for a disability caused by a pre-existing condition, which is an injury

or illness for which you have consulted a doctor or received treatment during the three months prior to the effective date of coverage. A condition will no longer be considered pre-existing after you have been enrolled in the long-term disability plan for at least 12 consecutive months, or if you have been enrolled in the plan and treatment-free for six consecutive months.

If you need assistance with a disability claim, please contact Lincoln at
1-800-423-2765.



Please note: employees do not accrue paid time off or time in service with Adfinitas Health during periods of extended absence, short or long-term disability.

LifeKeysSM

When you choose life insurance, you're planning for your family's future—assuring their comfort and securing their plans. With Lincoln Term Life Insurance, you can also access services that make a real difference now as well as in the future. **LifeKeys** services, included at no additional cost with all Lincoln term life and AD&D Insurance policies, provides assistance to you, your family, and your benefits.

For you and your family...

EstateGuidance® will preparation

Create your will online—easily and economically. Follow a step-by-step guide through the entire process, and then use online instructions to execute your will.

GuidanceResources® Online

The place to go for articles, tutorials, streaming videos, and "Ask the Expert" personal responses.

To access **LifeKeys** services, call
1-855-891-3684 or visit
www.Lincoln4Benefits.com
(Web ID= LifeKeys)



Identity theft

Identity theft is one of the fastest-growing crimes in the U.S. Be sure you have the information you need to recognize and prevent it.

You may also be eligible for beneficiary services

If you develop a terminal illness and access your Accelerated Death Benefit, you will be able to use beneficiary services. Visit the www.guidanceresources.com to learn more.

* Employee Assistance Program (EAP)

Stressful situations can affect your health, well-being, and ability to focus on what's important. That's when you can pick up the phone and speak confidentially to a master's level consultant who can help you or a family member to do any of the below:

- Locate childcare or eldercare
- Speak with financial experts regarding issues such as budgeting, debt, managing money, saving for college, and preparing for retirement
- Work through personal or work relationships, depression, or substance abuse
- Get a referral to a local attorney

You don't have to handle your problems alone—the EAP can help. Call 1-888-628-4824 for toll-free, 24-hour access.

GuidanceResources Online is an award-winning, comprehensive, interactive service that provides expert content and unique tools to assist you in every aspect of your life, all in a secure, easy-to-use, personalized environment. To access the site, visit www.GuidanceResources.com; user ID: LFGsupport and password: LFGsupport1.

To access the EAP services, call **1-888-628-4824** or visit www.GuidanceResources.com

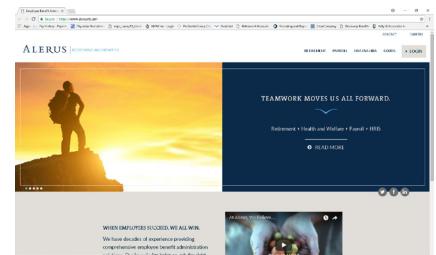
(User ID: LFGsupport and password: LFGsupport1)



401(k) Retirement Plan

Adfinitas Health provides employees with a retirement plan to help employees save for the future. Employees can contribute up to the IRS annual pre-tax limit. In order to be eligible to participate, you must be 21 years of age. An eligible employee who has satisfied the eligibility requirements will become a participant in the plan as of their date of hire. Employees may enroll or make changes in any payroll period. The plan allows Adfinitas Health to make a discretionary matching contribution each year. The amount and/or percentage of the company match is at the discretion of the company. In the event a match is made, the company match will be 100% vested after four years of service. Please refer to the Adfinitas Health 401(k) Retirement Plan Summary Plan Description for more detail on this benefit plan.

To make changes to your existing investments (trade or move money), call Alerus customer service at 1-800-795-2697 or visit Alerus online at www.alerusretirementsolutions.com. You will receive your user ID in the mail. If you do not have your user ID, you can enter your Social Security Number or contact our call center at 1-800-433-1685. If you did not receive your PIN in the mail, you can click "Forgot PIN?" You will be asked for your personal information, and will be able to register for your user ID and password.



Travel Assistance

The TravelConnect program through Lincoln Financial focuses on travel, medical, and safety-related services you may need while traveling. TravelConnect provides the benefits below to you—at no additional cost:

- Destination info—weather, currency, and more
- Emergency travel arrangements and funds transfer
- Lost or stolen travel documents assistance
- Language translation services
- Medical and dental referrals
- Assistance with corrective lenses or medical device replacement

To access travel assistance services, call

1-800-527-0218

and provide them with ID number: 322541



- Arrangement for the delivery of medications, vaccines, or blood
- Updates to family, employer, and/or home physician
- Repatriation of a deceased traveler
- Security and political evacuation assistance

How to Enroll

With our online benefits system, selecting your benefits is fast, easy, and convenient. You will be able to view your benefits information, and make decisions and changes online.

Need assistance or have questions?



Contact the PSA Benefits Hotline at **1-877-716-6618**. Benefit Specialists who know your benefits are standing by to assist you Monday through Friday, 8:30 a.m.–5 p.m. ET.

Benefits information can also be found online at www.ktbsonline.com.



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www.ktbsonline.com



Logging in for the first time

Click on "Register Now" located on the bottom right-hand side of the screen. When prompted, enter your last name, date of birth (MM/DD/YYYY), social security number, and the security code located in the box. Confirm your identity and complete the registration process by creating your online profile. Once you have created a profile, you can proceed to the enrollment.



Enroll Online Step-by-Step

Enrolling online is a three-step process.

- 1. Step 1: Confirm your demographic information.** Please review your personal information and update if needed. Address changes, phone numbers, and email addresses can be updated on this screen.
- 2. Step 2: Enter your dependent information.** To add a new dependent, click the "Add Dependent" link to add a spouse or child. To view or edit the dependent information once it has been entered, click the pencil toward the right of an existing dependent.
- 3. Step 3: Elect your benefits.** This page will show you all of the benefits offered, including any company-paid options. Follow the on-screen instructions to enroll in each benefit. A total contribution calculation per pay will be provided at the bottom of the page once all benefits have been elected or waived. The next screen will allow you to review and update your beneficiary elections before submitting your enrollment. This is a chance to update any information that was missed or to change any benefit elections before submitting your enrollment.

Once all information has been reviewed, click "Continue" to further attest to the online enrollment process. Click "Complete Online Enrollment" to finalize your enrollment. You will be prompted to print a copy of your online enrollment election for your personal records.

Required Federal Notices

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). WHCRA requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Breast reconstruction benefits are subject to deductibles and coinsurance limitations that are consistent with those established for medical and surgical benefits under the plan.

Health Insurance Portability and Accountability Act (HIPAA)

This group health plan complies with the privacy requirement for Protected Health Information (PHI) under HIPAA. A copy of the Notice of Privacy Practices for dental and vision insurance is available from the insurance carriers. A copy of the Notice of Privacy Practices for the medical and health care flexible spending account plans is available from the Human Resources Department.

Newborns' and Mothers' Health Protection Act

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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

Special Enrollment Rights

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

If you or your dependent lose eligibility for coverage under Medicaid or a State child health plan or if you or your dependent become eligible for State-sponsored premium assistance for the medical plan, you may be able to enroll yourself and/or your dependents in this plan if you request enrollment within 60 days of the date of termination of Medicaid or State child health plan coverage or your eligibility for premium assistance.

Availability of Notice of Privacy Practices

Adfinitas Health maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact our office directly.

CHIP Notice

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 July 31, 2018. Contact your State for more information on eligibility.

ALABAMA – Medicaid
Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – 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>

ARKANSAS – MEDICAID
Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

COLORADO
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

FLORIDA – Medicaid
Website: <http://flmedicaidtprecovery.com/hipp/>
Phone: 1-877-357-3268

GEORGIA – Medicaid
Website: <http://dch.georgia.gov/medicaid>
- Click on Health Insurance Premium Payment (HIPP)
Phone: 404-656-4507

INDIANA – Medicaid
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

IOWA – Medicaid
Website: <http://dhs.iowa.gov/hawk-i>
Phone: 1-800-257-8563

KANSAS – Medicaid
Website: <http://www.kdheks.gov/hcf/>
Phone: 1-785-296-3512

KENTUCKY – Medicaid
Website: <https://chfs.ky.gov>
Phone: 1-800-635-2570

LOUISIANA – Medicaid
Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>
Phone: 1-888-695-2447

MAINE – Medicaid
Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>
Phone: 1-800-442-6003
TTY: Maine relay 711

MASSACHUSETTS–
Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>
Phone: 1-800-862-4840

MINNESOTA – Medicaid
Website: <https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp>
Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA – Medicaid

Medicaid Website: <https://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/ombp/nhhpp/>
Phone: 603-271-5218
Hotline: NH Medicaid Service Center at 1-888-901-4999

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmabs/clients/medicaid/>
Medicaid Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://dma.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm>
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid

Website: <http://www.eohhs.ri.gov/>
Phone: 855-697-4347

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://gethipptexas.com/>
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
CHIP Website: <http://health.utah.gov/chip>
Phone: 1-877-543-7669

VERMONT – Medicaid

Website: <http://www.greenmountaincare.org/>
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm
CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid

Website: <http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program>
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid

Website: <http://mywvhipp.com/>
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website:
<https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://wyequalitycare.acs-inc.com/>
Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits
Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Medicare Notice

Important Notice About Your Prescription Drug Coverage and Medicare

If you and your covered dependents are not currently covered by Medicare and will not become covered by Medicare within the next 12 months, this Notice is for informational purposes only.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Adfinitas Health and about your options under Medicare's prescription drug coverage.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Adfinitas Health 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. Adfinitas Health has determined that the prescription drug coverage offered by Adfinitas Health is, on average for all plan participants, 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 15 through December 7. 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 coverage with Adfinitas Health will not be affected. You can keep this coverage if you join a Medicare drug plan and this plan will coordinate with your Medicare drug coverage. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your medical and prescription drug coverage through Adfinitas Health, be aware that you and your dependents will not be able to get this coverage back until the next Open Enrollment period.

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 Adfinitas Health 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 on this notice 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 Adfinitas Health 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).

Date:	January 1, 2019
Sender:	Adfinitas Health
Contact:	Karen Walsh
Address:	7250 Parkway Drive Suite 500 Hanover, MD 21076
Phone Number:	410-999-1132

Remember: Keep this 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).



This communication highlights some of the benefit plans available at Adfinitas Health. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the official plan documents will always govern. Adfinitas Health reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.

