

CORE

OCCUPATIONAL MEDICINE

2018 NEW HIRE OVERVIEW



Your New Hire Enrollment Overview

CORE, LLC knows how important it is to provide quality employee benefits to our employees and their dependents. We always strive to provide a total benefits package that meets your needs as well as the needs of the company.

The following plans are available to you on the 1st of the month following 30 days after date of hire:

- Medical
- Voluntary Dental
- Voluntary Vision
- Group Life & AD&D
- Voluntary Life & AD&D
- Voluntary Short-Term Disability
- Long-Term Disability
- AFLAC

Please take the time to read the following benefit summaries carefully. This information along with your benefit election documentation will help you in deciding the best benefit selections for you and your family.

At other times during the year, you may request changes ONLY when there is a Family Status Change, and the proposed change is consistent with the Family Status Change event. Family Status Changes include:

- Change in legal marital status (e.g., marriage or divorce);
- Change in the number of dependents (e.g., birth, adoption or placement for adoption, death);
- Change in employment status or residency of the employee, spouse or dependent that affects eligibility;
- Change in coverage under another employer's plan.

Changes, additions or voluntary cancellations generally cannot be made during the plan year unless the employee experiences a Family Status Change. The employee MSUT contact Human Resources within 30 days of the qualifying event. Otherwise, the employee must wait until the annual enrollment period to change or cancel an election.

Please complete your online enrollment within two weeks after registration.

Medical Insurance

CORE, LLC offers two Medical plan options through Blue Cross Blue Shield of Louisiana. Benefits are outlined below.

Benefits	PPO Plan		High Deductible Plan	
	In-Network Benefit	Out-Network Benefit	In-Network Benefit	Out-Network Benefit
Deductible Individual Family	\$1,000 \$3,000	\$2,000 \$6,000	\$1,900 \$3,800	\$3,800 \$7,600
Coinsurance	80%	60%	80%	60%
Out-of-Pocket Maximum Individual Family	\$5,250 \$10,500	\$10,500 \$21,000	\$4,100 \$8,200	\$8,200 \$16,400
Lifetime Maximum	Unlimited		Unlimited	
Office Visit (Primary / Specialist)	\$40/\$55	60% After Deductible	80% After Deductible	60% After Deductible
Wellness Preventive Care	100%	60%	100%	60%
Emergency Room	80% After Deductible	80% After in-network Deductible	80% After Deductible	80% After in-network Deductible
Urgent Care	\$55 Copay	60% After Deductible	80% After Deductible	60% After Deductible
Inpatient Services	80% After Deductible	60% After Deductible	80% After Deductible	60% After Deductible
Outpatient Surgery	80% After Deductible	60% After Deductible	80% After Deductible	60% After Deductible
Prescription Drug Coverage	Tier 1 - \$7 Copay Tier 2 - \$30 Copay Tier 3 - \$70 Copay		80% (Generic) After Deductible 60% (Brand) After Deductible	

Medical Insurance Cost

CORE, LLC will contribute toward the employee and dependent premiums for both Medical plans. Payroll deduction amounts are listed below:

ELECTION	PPO Plan	High Deductible Plan
	2018 EE Payroll Deduction (26 paychecks)	2018 EE Payroll Deduction (26 paychecks)
Employee Only	\$137.24	\$83.94
Employee / Spouse	\$307.41	\$199.64
Employee / Child(ren)	\$284.35	\$184.67
Family	\$445.88	\$290.96

Health Savings Account

A Health Savings Account, or HSA, can be a valuable tool to help you save money for medical expenses for you and your family. An HSA is a tax-exempt account that can be used to pay or reimburse certain medical expenses you incur.

Employees who choose to participate in the High Deductible Health Plan may also open a Health Savings Account (HSA). CORE, LLC will contribute \$500 annually. Employees will receive \$250 January 1st and \$250 July 1st. Health Savings Account Dollars will be accessible via an HSA debit card. The HSA debit card can be used for qualified medical, dental, vision, hearing and prescription drug expenses as defined by the Internal Revenue Service Publication 502 (You may reference www.irs.gov for the complete list). The HSA plan will be administered by TASC.

HSA contributions are exempt from federal, state and FICA taxes. Your contributions belong to you and can be rolled over to subsequent years. HSA funds may also be invested in the same type of funds as IRA's and 401(k)'s.

Important Notes:

- **If you or your spouse participate in a health FSA or an HRA that pays or reimburses qualified medical expenses before the minimum annual HDHP deductible has been satisfied, you are not eligible to participate in an HSA.**
- **If you are enrolled in another plan that is a non-High Deductible Health Plan, including Medicare, you are not eligible to participate in an HSA.**

****NOTE: The maximum amount of money that can be deposited in 2018 for single HDHP coverage is \$3,450 and \$6,900 for family HDHP coverage. Individuals 55 or older may make additional catch up contributions. For 2018, the maximum catch up contribution is \$1,000 per account holder.**

Health Reimbursement Account

CORE, LLC offers a Health Reimbursement Account for covered members in the PPO plan.

After \$500 of a member's deductible has been met, CORE, LLC will reimburse up to \$500 additional dollars to cover expenses toward the remaining deductible. You can file for reimbursement on a quarterly basis with CORE.

The HRA will cover medical expenses that apply to your annual deductible.

Qualifying expenses can be submitted to CORE, at the end of each quarter for reimbursement. A copy of the EOB must be submitted.

Dental Insurance

CORE, LLC offers Dental Insurance through **Mutual of Omaha**. The Plan benefits and premiums are outlined below:

Benefits	Benefit Description
Deductible	\$50 Annual; maximum 3 per family (Applies to Class B and C Services)
Benefit Year Maximum	\$1,000 per calendar year (Includes Class A, B and C Services)
Coinsurance	In Network & Non-Network: Class A – 100%; Class B – 80%; Class C – 50%; Class D – 50%
Preventive Services (Class A)	<u>Services include:</u> Oral Examinations, Routine Cleanings, and X-Rays.
Basic Services (Class B) Waiting Period: None	<u>Services include:</u> Full mouth/panoramic x-rays, Emergency treatment, Fillings, Sealants, Space Maintainers, Simple Extractions, Oral Surgery, Repair of Crown, Denture and Bridges, Stainless Steel Crowns.
Major Services (Class C) Waiting Period: 12 months	<u>Services include:</u> Simple Periodontics, Endodontics, Surgical Periodontics, Crowns, Bridges, Dentures, Inlays, and Onlays.
Orthodontics (Class D) Waiting Period: 12 months	Dependent Children Only – To Age 19 Lifetime Maximum - \$1,000 Annual Maximum - \$500

Dental Insurance Cost

Employee pays the full premium for Dental

ELECTION	2018 Total Monthly Cost	2018 Employee Payroll Deduction (26 Pay Periods)
Employee Only	\$26.64	\$12.30
Employee / Spouse	\$54.33	\$25.08
Employee / Child(ren)	\$62.89	\$29.03
Family	\$90.61	\$41.82

Vision Insurance

CORE, LLC offers Vision Insurance through **AlwaysCare Benefits**. Benefits are outlined below:

Vision Care Services	In-Network (Other Participating Providers – See Brochure for list of Providers)	Out-of-Network
Co-Pays:	Once every 12 months	
Exam Materials	\$10 \$10	Up to \$35 See Below
Standard Plastic Lenses:	Once every 12 months	
Single Vision	Covered by Co-pay	Up to \$25
Bifocal	Covered by Co-pay	Up to \$40
Trifocal	Covered by Co-pay	Up to \$50
Lenticular	\$80 allowance	Up to \$50
Progressive	\$80 allowance	Up to \$40
Frames:	Once every 12 months	
	\$70 allowance	Up to \$40
Contact Lenses:	Once every 12 months	
Contact lenses may be purchased in lieu of frames and eyeglass lenses. (Includes fit and materials) Elective Medically Necessary	Up to \$120 retail Up to \$210 retail	Up to \$100 retail Up to \$210 retail

Vision Insurance Cost

Employee pays the full premium for Vision

ELECTION	2018 Total Monthly Cost	2018 Employee Payroll Deduction (26 Pay Periods)
Employee Only	\$6.36	\$2.94
Employee / Spouse	\$12.68	\$5.85
Employee / Child(ren)	\$10.46	\$4.83
Family	\$17.56	\$8.10

Basic Life & AD&D Insurance

CORE, LLC provides all full-time employees with **\$50,000** Group Life and Accidental Death and Dismemberment (AD&D) insurance offered through **Mutual of Omaha**. You will want to keep your Beneficiary information current with Human Resources at all times.

Voluntary Term Life Insurance

All Full-Time Eligible Employees of **CORE, LLC** may purchase Voluntary Life Insurance as outlined below. **CORE, LLC** offers benefits through **Mutual of Omaha** and as a new hire, you have Guaranteed Issue. Please refer to your online enrollment portal for the costs of this coverage. **If you elect an amount that exceeds guaranteed issue, evidence of insurance forms will be required for approval.** Coverage and guaranteed issue amounts are noted below:

	Coverage Options	Guaranteed Issue Amount
Employee	\$10,000 to 5X Salary to \$500,000	\$100,000
Spouse	\$5,000 to 100% of Employee's Benefit to \$100,000	100% of Employee's Benefit to \$30,000
Child(ren)	\$10,000	\$10,000

Long-Term Disability Insurance

CORE, LLC provides full-time employees with Long-Term Disability Income Insurance through **Mutual of Omaha** at no cost to you. In the event you become disabled as a result of a covered accident or illness, Disability Income Insurance benefits are provided as a source of income. Long-Term Disability Insurance benefits coordinate with and are offset by Social Security Disability benefits and workers' compensation benefits.

Long-Term Disability	
Elimination Period	90 Days
Benefits Period	Social Security Normal Retirement Age
Percentage of Income Replaced	60%
Maximum Benefit	\$6,000 per Month
Pre-Existing?	3/12

Short-Term Disability Insurance

CORE, LLC provides full-time employees with an opportunity to purchase Voluntary Short-Term Disability Income Insurance through **Mutual of Omaha**. In the event you become disabled as a result of a non-work related accident or illness, **tax-free** Disability Income Insurance benefits are provided as a source of income. You are eligible to receive Short-Term Disability benefits if you are eligible to receive workers' compensation benefits. **You will be able to enroll in a benefit equal to 60% of your weekly salary.**

Short-Term Disability

Elimination Period	7 Days
Benefits Period	13 Weeks
Percentage of Income Replaced	60%
Maximum Benefit	\$1,000 Weekly
Pre-Existing Condition Exclusion or Limitation?	3/12

Monthly Short-Term Disability Cost

Short-Term Disability Income Plan cost will be determined on an individual basis dependent upon your personal income and age. **When you elect this plan online, the enrollment system will calculate the cost for you.**

AFLAC

CORE, LLC provides full-time employees with an opportunity to purchase various Aflac supplemental. Aflac supplemental insurance, you can provide an additional level of financial protection for yourself and your family in the event of a serious accident or illness.

Aflac Accident Advantage	Bi-weekly Premium Total 18-75 INDIVIDUAL \$10.68 \$10.68 18-75 NAMED INSURED/SPOUSE \$14.04 \$14.04 18-75 ONE-PARENT FAMILY \$16.44 \$16.44 18-75 TWO-PARENT FAMILY \$20.46 \$20.46
Aflac Cancer Care Plan Classic	Bi-weekly Premium IDR* (5 units) DCR* SDR* Total 18-75 INDIVIDUAL \$14.64 \$2.70 \$0.00 \$0.42 \$17.76 18-75 INSURED/SPOUSE \$24.90 \$6.00 \$0.00 \$0.78 \$31.68 18-75 ONE-PARENT FAMILY \$14.64 \$2.70 \$0.42 \$0.42 \$18.18 18-75 TWO-PARENT FAMILY \$24.90 \$6.00 \$0.42 \$0.78 \$32.10 AFLAC CANCER CARE PLAN CLASSIC - Series A78300 SDR* = <i>Optional Specified Disease Rider (Series A-78052) premium</i> IDR* = <i>Optional Initial Diagnosis Rider (Series A-78050) premium 1-5 units</i> DCR* = <i>Optional Dependent Child Rider (Series A-78051) premium</i>
Aflac Hospital Advantage Preferred (Option1 Series A49500) (Riders included)	Age Individual One Parent Family Insured/Spouse Two Parent Family 18-49 \$26.82 \$45.42 \$39.06 \$49.26 50-59 \$30.30 \$54.06 \$41.22 \$56.70 60-75 \$34.14 \$61.14 \$46.02 \$65.04

The AFLAC rates shown on this insert page vary from state to state and are for **illustration purposes only**; they do not imply coverage. For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.

To enroll in any AFLAC plans, please contact Shawn Jones below:

CONTACT – SHAWN JONES – AFLAC - 985-969-5527 or shawn_jones@us.aflac.com

REMINDERS

- Employees are responsible for notifying Human Resources if a dependent is no longer eligible for coverage. Failure to notify HR will affect COBRA availability and premium refunds.
- From time to time other coverage information and accident details may be requested by the carriers – please respond promptly to expedite processing of claims.

Questions & Answers

Please click the following link to create an account:

<https://www.employeenavigator.com/benefits/Login/Registration.aspx>

You will be asked for personal identifying data as well as the following company identifier: **CORELLC**

Once you have created your account, you can access Employee Navigator through the following link to make your benefit elections for 2018. You have two weeks to complete your elections after registration.

<https://www.employeenavigator.com/benefits/Login.aspx>

When is the enrollment due?

- All online enrollments must be completed, no later than two weeks prior to start date.

Who do I contact with questions?

- Contact **Marylea Fears** at 1-888-240-5899 or marylea.fears@bxsi.com with any questions you may have.

Carrier Contact Information

We created this simple directory for you. It provides you with important information on your employee benefits and contact information for human resources. Contact **Mandy Nelson** for more information.

Medical Insurance	
Provider Name:	Blue Cross Blue Shield of Louisiana
Phone Number:	800-495-2583
Website:	www.bcbsla.com
Voluntary Vision Insurance	
Provider Name:	AlwaysCare Benefits
Phone Number:	888-729-5433 Extension 2013
Website:	http://www.alwayscarebenefits.com
Group Life Insurance, Long Term Disability, Voluntary Dental, & Voluntary Short-Term Disability	
Provider Name:	Mutual of Omaha
Phone Number:	800-228-7104
Website:	http://www.mutualofomaha.com
CORE, LLC	
HR Contact:	Mandy Nelson
Phone Number:	225-456-2243
Email:	mnelson@coreoccupational.com
BancorpSouth Insurance Services	
Contact:	Marylea Fears
Phone Number:	888-240-5899
Email:	marylea.fears@bxsi.com
AFLAC	
Contact:	Shawn Jones
Phone Number:	985-969-5527
Email:	shawn_jones@us.aflac.com

Healthcare Marketplace Notice

Why am I receiving this notice? The Affordable Care Act requires us to inform you of the healthcare Marketplace that allows you to purchase health insurance online or over the phone. Marketplace open enrollment begins November 15th for enrollment on January 1st.

Does this mean that CORE, LLC will no longer offer health coverage? No. CORE, LLC will continue to offer health plans with the same eligibility rules. Only full-time employees (those working 30 or more hours per week) and their dependents will be eligible.

Does the Marketplace offer anything besides a place to buy coverage? Yes, for some people, premium tax credits are available to pay for coverage depending upon whether a parent is eligible for affordable employer coverage, family size and household income.

Is it better for me to buy my coverage through the Marketplace? The decision to buy Marketplace coverage is personal and will be determined by your family's financial conditions. If you are eligible for a CORE, LLC health plan, you are not likely to be eligible for a premium tax credit. If you purchase coverage through the Marketplace, you may need CORE, LLC's EIN.

Can I use the CORE, LLC subsidy in the Marketplace? No, if you choose to buy coverage through the Marketplace, the amount that CORE, LLC pays for your coverage will be lost.

If I enroll in the CORE, LLC health plan, will that coverage satisfy my obligation to have health insurance? Yes, you will not be subject to a tax for failure to maintain health coverage because the CORE, LLC plan is intended to satisfy the minimum value standard.

What about my family? If your dependents do not have minimum value coverage through CORE, LLC or some other source, there will be a tax due for them on the tax return of the person who claims them as dependents.

Why does it matter that the plan is minimum value? There are two reasons. If you have minimum value coverage, you won't have to pay a tax to the IRS as described above. The second reason is that if you are offered affordable, minimum value coverage, you are not eligible for a premium tax credit. This does not always mean that other members of your family are ineligible for a premium tax credit. That depends upon many factors, including marital status.

How do you know whether the plan is affordable to me? Affordability is determined on a person-by-person basis. In general, if the cost of coverage for you alone (not family or spousal coverage) exceeds 9.66% of your household income, the coverage is not affordable. We anticipate that our coverage will be affordable.

If I don't have coverage, what is the tax? The tax is the greater of \$695 per adult and \$347.50 per child under 18 (capped at \$2,085) or 2.5% of household adjusted gross income 2017.

How do I contact the Marketplace? Go to www.healthcare.gov or call 1-800-318-2596.

IMPORTANT NOTICES- PLEASE READ

LIFETIME LIMIT NO LONGER APPLIES

The lifetime limit on the dollar value of benefits under the medical plan no longer applies with respect to “essential health benefits,” as defined under the Affordable Care Act.

PATIENT PROTECTION

Blue Cross Blue Shield of Louisiana generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Blue Cross Blue Shield of Louisiana at 1-800-495-2583 or www.bcbsla.com.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Blue Cross Blue Shield of Louisiana at 1-800-495-2583 or www.bcbsla.com.

MEDICAID AND THE CHILDREN’S HEALTH INSURANCE PROGRAM (CHIP) OFFER FREE OR LOW-COST HEALTH COVERAGE TO CHILDREN AND FAMILIES

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP, you can 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, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. For Louisiana, go to <http://bhsfweb.dhh.louisiana.gov/LaCHIP> or call 1-877-252-2447. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

WOMEN’S HEALTH AND CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individual 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;
- Protheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles, coinsurance, and co-payments (if any) applicable to other medical and surgical benefits provided under this plan. Information on the plans specific deductible, coinsurance, or co-payment amounts is found in the Schedule of Benefits document that is issued with your health benefit booklet.

*The terms “you” and “your” as used in this Annual Enrollment Overview refer to an employee of **CORE, LLC** who meets all the eligibility and participation requirements under the CORE’s group health plan. Receipt of this document does not guarantee that the recipient is a participant under the Plan and/or otherwise eligible for benefits under the Plan.*

CORE, LLC reserves the right to make changes or to terminate any benefit plan or plans at any time, without prior notice to or consent from any employee or participant. If there is any inconsistency between this document and the official plan documents and contracts, the official plan documents and contracts will control.

The information contained in this Annual Enrollment Overview may have been supplied by third parties. Although Wright and Percy Insurance has no reason to doubt the accuracy of information used to prepare this document, we make no representation and give

Important Notice about Medicare and Your Prescription Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage 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. It was determined that the prescription drug coverage offered 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 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 coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

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 under the Group Health Plan 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 company 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).