



AMERICAN ACADEMIC  
— HEALTH SYSTEM —

# 2018 YOUR GUIDE TO BENEFITS

# Welcome to your 2018 Benefits

American Academic Health System (AAHS) offers a competitive benefits package, including a variety of programs you can choose from to meet your and your family’s needs. Your Guide to Benefits is designed as a quick reference to provide general information about AAHS benefits and programs.

We know that making benefit choices can be a bit overwhelming. Please read this guide carefully to help you make the right choices for you and your family. Then keep this guide for future reference when you have questions about your benefits or want to make changes.

*Benefits highlighted in this guide are governed by American Academic Health System’s plan contracts and policies, applicable state and federal law and company policy. If there is a conflict between the wording of this guide and the group policies and contracts, the policies, contracts and applicable laws govern. American Academic Health System reserves the right to alter, amend or terminate any of the benefits described in this guide at any time.*

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# Eligibility

## EMPLOYEES

Eligibility for benefits is based on your status:

<b>Full-Time</b> Scheduled to work 30 or more hours per week	<b>Part-Time 1</b> Scheduled to work 24 to 29 hours per week	<b>Part-Time 2</b> Scheduled to work less than 24 hours per week
<p><b>Voluntary Plans</b> (You must enroll to participate in these plans.)</p> <ul style="list-style-type: none"> <li>▪ Medical (includes prescription drug)</li> <li>▪ Dental</li> <li>▪ Vision</li> <li>▪ Flexible Spending Accounts</li> <li>▪ Supplemental Life and AD&amp;D</li> <li>▪ Disability</li> <li>▪ 401(k) Retirement Savings Plan</li> <li>▪ Accident</li> <li>▪ Critical Illness</li> <li>▪ Hospital Indemnity</li> <li>▪ Group Legal</li> </ul> <p><b>Automatic Plans</b> (You do not need to enroll in these plans.)</p> <ul style="list-style-type: none"> <li>▪ Basic Life and AD&amp;D</li> <li>▪ Employee Assistance Program</li> </ul>	<p><b>Voluntary Plans</b> (You must enroll to participate in these plans.)</p> <ul style="list-style-type: none"> <li>▪ Medical (includes prescription drug)</li> <li>▪ Dental</li> <li>▪ Vision</li> <li>▪ Flexible Spending Accounts</li> <li>▪ Supplemental Life and AD&amp;D</li> <li>▪ Disability</li> <li>▪ 401(k) Retirement Savings Plan</li> <li>▪ Accident</li> <li>▪ Critical Illness</li> <li>▪ Hospital Indemnity</li> <li>▪ Group Legal</li> </ul> <p><b>Automatic Plans</b> (You do not need to enroll in these plans.)</p> <ul style="list-style-type: none"> <li>▪ Basic Life and AD&amp;D</li> <li>▪ Employee Assistance Program</li> </ul>	<p><b>Voluntary Plans</b> (You must enroll to participate in these plans.)</p> <ul style="list-style-type: none"> <li>▪ 401(k) Retirement Savings Plan</li> </ul> <p><b>Automatic Plans</b> (You do not need to enroll in these plans.)</p> <ul style="list-style-type: none"> <li>▪ Employee Assistance Program</li> </ul>

## ELIGIBLE DEPENDENTS

If you are an eligible employee, you may enroll the following dependents:

- Your legal or common law spouse
- Your children up to age 26, living inside or outside the family home, regardless of student status, including:
  - » Natural-born children
  - » Stepchildren
  - » Foster children
  - » Children for whom you are the legal guardian
  - » Children ordered to be covered through a Qualified Medical Support Order
  - » Your children of any age who are mentally or physically disabled and were disabled prior to age 26

### ***If You Cover an Eligible Dependent***

To control health care costs and meet health plan contract obligations, AAHS performs periodic reviews to verify dependents' eligibility for enrollment in the benefit plans. AAHS and the insurance carriers reserve the right to request documentation (for example, marriage and/or birth certificates) to verify eligibility.

# Enrollment and Making Changes

## IMPORTANT: ENROLLMENT

This year's Open Enrollment will be Active, meaning you must log in to ADP to elect benefits should you wish to have coverage in 2018.

**Open Enrollment will run from Monday, December 11 - Friday, December 15, 2017.**

In order to make benefit elections, you will need to register and log in to the MyADP portal. Registration instructions can be found starting on page 22.

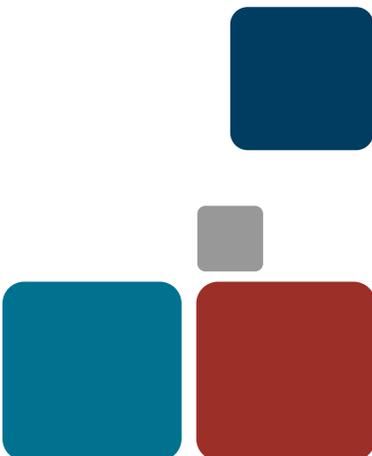
## MAKING BENEFIT CHANGES

Every year you will have an opportunity to make changes to your benefits and covered eligible dependents during Open Enrollment. When it is not Open Enrollment, you must have a qualifying change in status that satisfies federal regulations.

### *Examples of Qualifying Changes in Status*

If one of the following qualifying changes in status below occurs, you may make adjustments to your benefits that are consistent with the change in status.

- Marriage, legal separation or divorce
- Birth, adoption or change in eligibility of a child
- Death of a dependent family member
- Change in your spouse's/partner's employment status
- Your spouse/partner reaches age 65 and is covered by Medicare
- FMLA special requirements
- HIPAA special enrollment rights
- Increase or reduction of hours that changes employment status
- Transfer to or from benefits-eligible position



# Medical

*American Academic Health System is investing in quality medical plans, which include providing you with a variety of resources to support your health and 100% coverage for routine check-ups and preventive services received in-network.*

You may choose from the following Independence Blue Cross medical coverage options:

- **Platinum Plan** — This is an Exclusive Provider Organization (EPO) plan, offering a high level of benefits at the highest premium cost. However, you must use in-network providers only. There are no out-of-network benefits in the Platinum Plan.
- **Gold Plan** — This Preferred Provider Organization (PPO) plan is incorporating the value of the previously funded Health Reimbursement Account (HRA) into lower deductibles and out-of-pocket maximums.
- **Silver Plan** — This is a High Deductible Health Plan (HDHP) but includes a Health Savings Account (HSA).
- **Bronze Plan** — This basic PPO provides coverage at the lowest premium cost because of higher deductibles and out-of-pocket maximums.

The amount you pay for your healthcare depends on which provider you see and what services you receive.

- **AAHS Network** - This network consists of AAHS facilities and employed providers providing you with the deepest discounts on your out of pocket expenses.
- **In-Network** - These are providers who are not AAHS employed, owned or managed, but are in the Independence Blue Cross network.
- **Out-of-Network** - Providers in this network are not part of the Independence Blue Cross network. Your out of pocket expenses will be far more if you elect to see any of the providers within this tier. Note that the Platinum EPO plan does not provide any coverage for non-network providers.

Generally, here's how the plans work:

- For many services, you pay an annual deductible before your plan begins paying benefits. Then you pay a portion of the cost (co-insurance) and the plan pays the rest. The plan you choose will dictate your share of the co-insurance.
- In some plans, services such as a doctor's office visit may require a copay. This is a fixed dollar amount that you must pay (not a percentage like co-insurance), but you do not need to meet your deductible first.
- For all plans, certain preventive care visits and screenings — depending on age and gender — are covered at 100 percent, which means you pay nothing for those services if you use an In-Network provider. Refer to the medical plans comparison on the following pages for more details.

## TOBACCO SURCHARGE

When you enroll for medical coverage, you must complete a Tobacco Declaration. If you and your covered dependents have used tobacco products (cigarettes, e-cigarettes, cigars, pipes, smokeless tobacco) within the last 12 weeks, you will pay a surcharge every pay period for medical coverage. This higher premium relates to the higher healthcare costs associated with tobacco users.

The tobacco surcharge is **\$25 per paycheck**. If you do not complete a Tobacco Declaration during enrollment, tobacco-related claims could be denied in the future.

**MEDICAL COVERAGE PLAN SUMMARY: PLATINUM AND GOLD**

	Platinum Plan Independence Blue Cross		Gold Plan Independence Blue Cross		
	AAHS NETWORK*	IN-NETWORK OUT-OF-NETWORK NOT AVAILABLE	AAHS NETWORK*	IN-NETWORK	OUT-OF-NETWORK
<b>Annual Deductible</b>					
Individual	\$0	\$800	\$0	\$1,300	\$3,200
Family	\$0	\$2,400	\$0	\$2,600	\$6,400
<b>Annual Out-of-Pocket Maximum</b>					
Individual	\$4,000		\$5,000		Unlimited
Family	\$12,000		\$10,000		Unlimited
Lifetime Maximum	Unlimited		Unlimited		
<b>Coinsurance / Copays</b>					
Preventive Care	No Charge		No Charge	No Charge; deductible waived	Full cost
Primary Care Physician Office Visit	\$15 copay	\$30 copay	10%	20%	75% after deductible
Specialist Office Visit	\$30 copay	\$45 copay	10%	20%	75% after deductible
Diagnostics X-Ray and Lab	\$15 copay	\$30 copay	10%		75% after deductible
Urgent Care	\$45 copay		10%	20% after deductible	75% after deductible
Emergency Room	\$100 ER fee (waived if admitted) + 10% after deductible		\$100 ER fee (waived if admitted) + 10% after deductible		
Ambulance	\$0		10%		
Inpatient Hospital Care	\$500*	\$500 copay per admission	10%	20% after deductible	75% after deductible
Outpatient Surgery	\$250*	\$250 copay per admission	10%	20% after deductible	75% after deductible
<b>Pharmacy</b>					
Retail Prescriptions (up to 30-day supply)	Generic: \$5 copay Brand: 35% (\$30 min, \$100 max) Non-Formulary: 50% (\$40 min, \$150 max)		Generic: \$5 copay Brand: 35% (\$30 min, \$100 max) Non-Formulary: 50% (\$40 min, \$150 max)		Not Covered
Mail Order Prescriptions (up to 90-day supply)	Generic: \$10 copay Brand: 35% (\$75 min, \$200 max) Non-Formulary: 50% (\$100 min, \$300 max)		Generic: \$10 copay Brand: 35% (\$75 min, \$200 max) Non-Formulary: 50% (\$100 min, \$300 max)		Not Covered

\* For more information about the AAHS Network, please refer to the MyADP Employee Benefit Portal.

**Please be aware that a number of elective, non-emergency medical services require precertification in order to be covered.** Please refer to the applicable precertification requirements on the MyADP Employee Benefit Portal.

## MEDICAL COVERAGE PLAN SUMMARY: SILVER AND BRONZE

	Silver Plan Independence Blue Cross			Bronze Plan Independence Blue Cross		
	AAHS NETWORK*	IN-NETWORK	OUT-OF-NETWORK	AAHS NETWORK*	IN-NETWORK	OUT-OF-NETWORK
<b>Annual Deductible</b>						
<b>Individual</b>	\$1,350		\$2,400	\$3,000		\$6,000
<b>Family</b>	\$2,700		\$4,800	\$6,000		\$12,000
<b>Annual Out-of-Pocket Maximum</b>						
<b>Individual</b>	\$6,450		Unlimited	\$6,750		Unlimited
<b>Family</b>	\$12,900		Unlimited	\$13,500		Unlimited
<b>Lifetime Max.</b>	Unlimited			Unlimited		
<b>Coinsurance / Copays</b>						
<b>Preventive Care</b>	No Charge		Full cost	No Charge		Full cost
<b>Primary Care Physician Office Visit</b>	10% after deductible	20% after deductible	75% after deductible	10% after deductible	30% after deductible	75% after deductible
<b>Specialist Office Visit</b>	10% after deductible	20% after deductible	75% after deductible	10% after deductible	30% after deductible	75% after deductible
<b>Diagnostics X-Ray and Lab</b>	10% after deductible	20% after deductible	75% after deductible	10% after deductible	30% after deductible	75% after deductible
<b>Urgent Care</b>	10% after deductible	20% after deductible	75% after deductible	10% after deductible	30% after deductible	75% after deductible
<b>Emergency Room</b>	\$100 ER fee (waived if admitted) + 10% after deductible			\$100 ER fee (waived if admitted) + 10% after deductible		
<b>Ambulance</b>	10% after deductible			10% after deductible		
<b>Inpatient Hospital Care</b>	10% after deductible	20% after deductible	75% after deductible	10% after deductible	30% after deductible	75% after deductible
<b>Outpatient Surgery</b>	10% after deductible	20% after deductible	75% after deductible	10% after deductible	30% after deductible	75% after deductible
<b>Pharmacy</b>						
<b>Retail Prescriptions</b> (up to 30-day supply)	Generic: \$5 copay after deductible Brand: 35% after deductible (\$30 min, \$100 max) Non-Formulary: 50% after deductible (\$40 min, \$150 max)		Not Covered	Generic: \$5 copay Brand: 35% (\$30 min, \$100 max) Non-Formulary: 50% (\$40 min, \$150 max)		Not Covered
<b>Mail Order Prescriptions</b> (up to 90-day supply)	Generic: \$10 copay after deductible Brand: 35% after deductible (\$75 min, \$200 max) Non-Formulary: 50% after deductible (\$100 min, \$300 max)		Not Covered	Generic: \$10 copay Brand: 35% (\$75 min, \$200 max) Non-Formulary: 50% (\$100 min, \$300 max)		Not Covered

\* For more information about the AAHS Network, please refer to the MyADP Employee Benefit Portal.

**Please be aware that a number of elective, non-emergency medical services require precertification in order to be covered.** Please refer to the applicable precertification requirements on the MyADP Employee Benefit Portal.

# Medical Contributions

## CONTRIBUTIONS ARE BIWEEKLY

Tier	Platinum EPO		Gold PPO	
	Full Time	Part Time	Full Time	Part Time
Employee Only	\$38.85	\$77.70	\$22.00	\$44.00
Employee + Child	\$78.75	\$157.50	\$52.00	\$104.00
Employee + Spouse	\$126.00	\$252.00	\$89.00	\$178.00
Employee + Children	\$110.25	\$220.50	\$73.00	\$146.00
Employee + Family	\$183.75	\$367.50	\$130.00	\$260.00

Tier	Silver HDHP with HSA		Bronze PPO	
	Full Time	Part Time	Full Time	Part Time
Employee Only	\$10.00	\$20.00	\$2.31	\$5.81
Employee + Child	\$16.00	\$32.00	\$5.54	\$24.86
Employee + Spouse	\$41.00	\$82.00	\$9.23	\$48.85
Employee + Children	\$23.00	\$46.00	\$7.85	\$33.95
Employee + Family	\$60.00	\$120.00	\$13.85	\$70.71

# Prescription Drugs

If you enroll in any of our medical plan options, you will receive prescription drug coverage administered by CVS/Caremark. The amount you pay for your prescriptions depends on two things:

- Which medical plan you select; and
- The tier to which the drug is assigned (generic, formulary or non-formulary).

You may purchase prescription drugs at any retail pharmacy in the CVS/Caremark network. You will receive a prescription drug ID card with CVS/Caremark's contact information.

## ***Mail Order Program***

With the mail order drug program, you can get up to a 90-day supply of your prescriptions delivered to your home.

If you or your dependents use maintenance prescriptions for a chronic condition — such as high blood pressure or diabetes — they must be filled through mail order or at a retail CVS location.

With each new maintenance prescription, you may fill your prescription twice at a retail pharmacy before you must transition to a 90-day supply through mail order or at a retail CVS location.

## ***Specialty Pharmacy***

Specialty medications may include drugs that are very expensive, have limited access, require complicated treatment regimens, or have compliance issues, special storage requirements or manufacturing reporting requirements. CVS/Caremark will notify you if your prescription is categorized as a specialty drug. Specialty prescriptions may be filled once at any in-network pharmacy, but subsequent fills must be made through the mail order program. You may request that your medication be sent to your home or a nearby CVS/Caremark retail store. If the prescription is not filled through mail order after the initial fill, the claim will not be paid. Specialty medications also may be filled at Philadelphia Academic Health System-owned onsite pharmacies; for a list of these locations, please contact CVS/Caremark.

## ***Generic Drugs Cost Less***

Often, generic drugs will work just as well as the brand name drugs your doctor may have prescribed. Generic drugs contain the same active ingredients and are identical in dose, form and administrative method as brand name drugs. They cost less since the manufacturer doesn't have to pay to develop or market the drug.

**Important note:** If you fill a brand name drug when a generic is available, you may be assessed a penalty on top of the brand copay.



# Health Savings Account

*If you elect the Medical Silver Plan, you will have access to a Health Savings Account (HSA).*

An HSA is designed to give you more control over how your health care dollars are spent. Federal legislation allows you to contribute to your HSA on a pre-tax basis and then use these funds to pay for qualified health expenses. If you do not use all of the money in your HSA in a given calendar year, the remaining money “rolls over” for use in future years. If you enroll the HSA-eligible Silver Plan, you will receive instructions from Discovery Benefits on how to open your HSA account.

**You can contribute up to \$3,450 for individual, and \$6,900 for family coverage per year.**

## WHO IS ELIGIBLE FOR AN HSA?

To be eligible for an HSA, you must meet the following IRS requirements:

- You must be covered by an HSA-qualified “high deductible health plan” (HDHP) as defined by Federal Law
- Have no other first-dollar medical coverage (other types of insurance like specific injury insurance or accident, disability, dental care, vision care, or long-term care insurance are permitted)
- You cannot be claimed as a dependent on someone else’s tax return
- You are not enrolled in Medicare
- You are not enrolled in an FSA

Be sure to keep receipts of your eligible HSA expenses for your records as they may be required by the IRS.

## HOW TO OPEN YOUR HSA

After you have enrolled in the Silver Plan, it’s your responsibility to visit Discovery Benefits’ site at [www.discoverybenefits.com](http://www.discoverybenefits.com) to open your HSA. Refer to the “Accessing Your Accounts” page to view detailed instructions on how to open and use your account.

## RESOURCES

### ELIGIBLE EXPENSE LIST

[www.DiscoveryBenefits.com/eligibleexpenses](http://www.DiscoveryBenefits.com/eligibleexpenses)

### HSA CALCULATOR

[www.DiscoveryBenefits.com/hsacalculator](http://www.DiscoveryBenefits.com/hsacalculator)

### MOBILE APP VIDEO

[www.DiscoveryBenefits.com/mobileappvideo](http://www.DiscoveryBenefits.com/mobileappvideo)

### HSA VIDEOS

[www.DiscoveryBenefits.com/hsavideos](http://www.DiscoveryBenefits.com/hsavideos)

## DID YOU KNOW...

- Your HSA account earns Federal Tax Free Interest
- Similar to an IRA, once your HSA balance reaches \$1,000, you have the opportunity to invest your HSA funds in interest-bearing accounts or mutual funds without ever leaving your consumer portal.
- Any unused HSA funds roll over from year to year. There are no time limits within which you must make withdrawals.
- If you change medical plans or leave the company for any reason, the account and all of the funds in it go with you. In any of those scenarios, you will be able to use the account to pay qualified healthcare expenses, but you won’t be able to contribute to your account anymore.
- For a complete list of eligible and ineligible expenses, you can visit the IRS website at [www.irs.gov](http://www.irs.gov).

## USING YOUR HSA FUNDS

There are several ways you can use your HSA funds:

1. You can pay at the point of sale (for example, at the pharmacy counter) by using your Discovery Benefits HSA debit card. The funds will come directly out of your HSA.
2. Take the guesswork out of election decisions, with the **free savings calculator** at [www.DiscoveryBenefits.com/hsacalculator](http://www.DiscoveryBenefits.com/hsacalculator).
3. Discovery Benefits offers a mobile app for ease of tracking your HSA and moving funds to your bank account. Search for “**Discovery Benefits Mobile**” in the Apple App store or Google Play.
4. Also offered is **Claims Sync**, which syncs insurance claims directly into your consumer portal dashboard so you can easily track your expenses.

# Flexible Spending Accounts

*American Academic Health System offers Medical and Dependent Care Flexible Spending Accounts.*

Flexible Spending Accounts (FSAs) lets you set aside pre-tax funds via convenient payroll deductions. You can then use the money to reimburse yourself or pay for eligible expenses.

American Academic Health System offers two FSAs: A Medical Flexible Spending Account (FSA) and a Dependent Care Account (DCA)

- **If you enroll in the Silver Plan with Health Savings Account...** you are not eligible to elect a Medical FSA.

Your actual tax savings depends on a number of factors, including your tax bracket and how much you set aside in the Flexible Spending Account. You will need to re-enroll in the FSA program every year. For a complete list of eligible expenses, you can visit the IRS website at [www.irs.gov](http://www.irs.gov).

## HOW THE PLANS WORK

You determine the annual amount of your contributions to the account. That amount is deducted from your paycheck in equal amounts and credited to your FSA. When you have eligible expenses, you pay them from your account.

It is important to estimate your annual contribution amount carefully because the Internal Revenue Service requires that you forfeit any unclaimed funds in your account at the end of the year (the “use it or lose it” rule).

All medical FSA and DCA funds must be used by December 31 of the current plan year and claimed by March 31 of the following year; unclaimed funds are forfeited.

## MEDICAL FLEXIBLE SPENDING ACCOUNT

You can open a FSA and contribute up to \$2,650 each year to cover qualified out-of-pocket costs such as:

- Medical, dental and vision care deductibles, copayments and/or coinsurance
- Hearing aids
- Eyeglasses, contact lenses or Lasik surgery
- Orthodontia expenses

If you enroll in a FSA, you will receive a Discovery Benefits debit card that you can use to pay eligible expenses at the point of service (for example, at the pharmacy counter).

You also may pay with your own money and file a claim for reimbursement. When you file a reimbursement claim, you must also submit receipts. When you use your debit card, you usually do not have to submit receipts, but it's a good idea to keep them for your records in case of an IRS audit. You can easily upload documentation to a claim by logging in to your online account or taking a photo of your documentation with your phone's camera and uploading it through the Discovery Benefits mobile app.

## DEPENDENT CARE ACCOUNT

A Dependent Care Account is a simple way to save money on care for your dependents. It allows you to set aside pre-tax dollars to pay for day care expenses. The annual IRS limit for this type of account is \$5,000. If you are married and file separate returns, you can each elect \$2,500 for the calendar year. When choosing how much to set aside for dependent care, please note that any unused funds remaining in your Dependent Care Account at the end of your plan year will be forfeited.

To be eligible for this type of account, both you and your spouse (if applicable) must work, be looking for work or be full-time students. You may receive reimbursement up to the current balance in your account at the time the request is made.

### **Eligible Dependents**

- Children under age 13 who are claimed as a dependent for tax purposes
- Disabled spouse or disabled dependent of any age

### **Ineligible Expenses**

- Costs claimed as a dependent care tax credit on your tax return
- Services provided by one of your dependents
- Expenses for nighttime babysitting
- Your own dependents, under age 19, babysitting
- Expenses paid for school (Kindergarten and above)

### **Accessing Your Account**

Access your online account from our website at [www.DiscoveryBenefits.com](http://www.DiscoveryBenefits.com). You can submit expenses online, through the toll-free fax, via email or by mail. Your money will be directly deposited into your checking or savings account, or you can receive a check in the mail.

# Accessing Your Accounts Online

## FOR MEMBERS OF THE HSA OR FSA ACCOUNTS

### HOW TO LOG IN TO YOUR ACCOUNT

Discovery Benefits offers the ability for participants to manage their benefit account(s) online. To create your account online, go to [www.DiscoveryBenefits.com](http://www.DiscoveryBenefits.com), click the Login button and select **Reimbursement Accounts**. Select **Create your new username and password** and complete the steps below to activate your account.

- **Step 1 – User Identification:** Complete the required fields. Note: You can provide either your social security number OR Employee ID number. Then, select Next.

- **Step 2 – Security Questions:** Pick the security questions you would like to answer. Note: You will be prompted to answer security questions when completing certain functions within the portal. Then, select Next.
- **Step 3 – Change Username and Password:** A temporary username will auto-populate. Double click on the autopopulated username to personalize it. Note: Keep record of your personalized username and password. Discovery Benefits does not store this information. Then, select Submit.

### HSA TERMS & CONDITIONS FAQ — THE FIRST STEP TO USING YOUR HSA

#### How do I accept the terms and conditions for my HSA?

After enrolling in an HSA through your employer, log in to the Discovery Benefits consumer portal. Once logged in, you'll be prompted to read and agree to several different agreements. Once you've read and agreed to each, click "Submit" to complete submission of the terms and conditions. Your HSA funds will not be available until these agreements are agreed to and submitted.

#### What happens after I accept the electronic agreements?

Once you accept the agreements, your HSA enrollment will be complete and you can use your account if your identity has been verified as required by the USA PATRIOT Act.

The debit card will become active within 24 hours and as soon as the agreements are accepted, you can file distribution requests using the portal, the mobile app or a form.

#### What is the USA PATRIOT Act?

Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an HSA. This means that when you open an HSA with Discovery Benefits, we will ask for your name, street address, date of birth and other information that will allow us to identify you.

This process takes approximately five to seven business days, during which time your account will be blocked. Once this process is completed and your identity has been verified, access to your HSA will be unblocked and made available to you. If your identity is not verified (e.g. if you moved recently and your new address is not on file with the appropriate government agency), you may be asked to provide proof of your identity by providing a copy of your utility bill to verify your address or a copy of your Social Security card if the number does not match the verifying source's records.

#### What happens if I do not complete the needed identity verification for the USA PATRIOT Act?

The HSA will be closed and any funds will be returned to your employer.

#### What happens if I am enrolled in an HSA but have not signed the HSA agreements?

You will receive a reminder from Discovery Benefits informing you that your account is still on hold and you will not have access to your HSA funds until the HSA agreements are signed. You will still have access to Limited Medical FSA, Dependent Care, Commuter and HRA funds (if applicable).

#### What happens if I do not accept the HSA Agreements?

Funds will be returned to you if you refuse to sign the HSA agreements, as long as you complete an HSA Distribution Request/Account Closure Form.

#### Can I sign the HSA Agreements through the mobile app?

No, you need to create an online account before you can access the mobile app. The HSA agreements need to be completed online as part of your account registration process.

#### I'm having trouble accepting the terms and conditions. What should I do?

You must scroll and/or read through the terms and conditions prior to selecting "Read and Accept." If you click "Read and Accept" and still cannot see the box to check "Accept the Terms," it may be because your view is zoomed in. With your computer settings, bring the zoom to 100%, which should allow you to see and select "Accept the Terms." Use a computer that does not have internet setting restrictions. Do not try to accept through your mobile phone or a tablet.

# Dental

American Academic Health System offers employees and their families high-quality dental care through Delta Dental.

You have the choice of two dental plans administered by Delta Dental:

- Enhanced Comprehensive Plan
- Preventive Plan (Only Preventive Care Services are covered)

With a range of covered services, the dental plans help you save money and manage your health. With either plan, you may see any dental provider you like (the coverage is the same), but you will save money if you choose a dentist in the Delta Dental network, since the rates are negotiated.

If you use an out-of-network provider, the plan pays only “reasonable and customary” (R&C) charges. An in-network dentist’s charges are always within the “reasonable and customary” range, but an out-of-network provider’s may not be; if his or her charges are higher, you will be responsible for the difference.

To help you understand the features and coverage available to you, we’ve provided a brief summary of benefits. Please refer to plan documents for details, including important coverage exclusions and limitations.

Dental Benefit	Enhanced Comprehensive Plan	Preventive Plan
<b>Annual Deductible</b>	\$25 in-network; \$50 out-of-network	None
<b>Annual Plan Maximum</b>	\$1,500 per covered person per year	Not applicable
<b>Preventive Care</b> (Cleanings, Oral Examinations, Fluoride Treatments, etc.)	In-network: You pay \$0, deductible waived Out-of-network: Plan pays R&C after deductible	In-network: You pay \$0 Out-of-network: Plan pays R&C
<b>Basic Care</b> (Fillings, Simple Extractions, Root Canals, etc.)	You pay 20% after deductible	No coverage
<b>Major Care</b> (Crowns, Inlays, Bridges, etc.)	You pay 50% after deductible	No coverage
<b>Lifetime Maximum Orthodontic Benefit</b>	\$1,500 per covered person, child or adult	No coverage

## DENTAL CONTRIBUTIONS

Cost per Paycheck.

Tier	Enhanced Comprehensive Plan		Preventive Plan	
	Full Time	Part Time	Full Time	Part Time
<b>Employee Only</b>	\$8.54	\$9.80	\$2.52	\$2.89
<b>Employee + Child</b>	\$17.08	\$19.68	\$5.03	\$5.81
<b>Employee + Spouse</b>	\$17.08	\$19.68	\$5.03	\$5.81
<b>Employee + Children</b>	\$27.68	\$31.90	\$8.15	\$9.37
<b>Employee + Family</b>	\$27.68	\$31.90	\$8.15	\$9.37

# Vision

The voluntary vision plan is offered to you through Vision Service Plan (VSP).

VSP is the leading vision carrier in the marketplace and offers coverage for eye exams, frames, contact lenses and related vision services through VSP's network of preferred providers. VSP also provides limited coverage for some services received by non-providers.

When you use one of the providers in VSP's extensive network, you receive a higher level of coverage and you are only required to pay a copayment at the time of service. With an out-of-network provider, you must pay the bill in full and file a claim for reimbursement of covered benefits up to the allowance shown.

Below is a brief summary of benefits. Please refer to plan documents for details, including important coverage exclusions and limitations.

## HOW TO USE THE PLAN

**Step One:** Locate a VSP preferred provider by calling VSP toll-free at **(800) 877-7195** or by visiting the VSP website at [www.vsp.com](http://www.vsp.com).

**Step Two:** Call the preferred provider for an appointment and:

- Give your name and identify yourself as a VSP member
- Identify your employer
- Provide your Social Security Number and date of birth
- Identify the covered family member (if the appointment is not for you)

	VSP Vision Plan	
	IN-NETWORK	OUT-OF-NETWORK
<b>Cost</b>		
<b>Exam</b>	\$10 copay	Up to \$45 reimbursement
<b>Benefit Frequency</b>		
<b>Exams, Lenses</b>	Once every 12 months	
<b>Frames</b>	Once every 24 months	
<b>Contacts</b>	Once every 12 months (in lieu of glasses)	
<b>Covered Services - Lenses</b>		
<b>Single Lenses</b>	Covered in full after materials copay	Up to \$30 reimbursement
<b>Bifocals</b>	Covered in full after materials copay	Up to \$50 reimbursement
<b>Trifocals</b>	Covered in full after materials copay	Up to \$65 reimbursement
<b>Frames</b>	\$170 allowance plus 20% discount on amount exceeding allowance	Up to \$70 reimbursement
<b>Covered Services - Contacts</b>		
<b>Contacts</b>	Elective: \$150 allowance in lieu of frames and lenses Medically necessary: \$15 copay	Elective: Reimbursed up to \$105 in lieu of frames and lenses Medically necessary: Reimbursed up to \$210

## VISION CONTRIBUTIONS Cost per Paycheck

Tier	VSP Vision Plan
Employee Only	\$3.25
Employee + Child	\$5.89
Employee + Spouse	\$5.50
Employee + Children	\$5.89
Employee + Family	\$9.41

# Life and AD&D

Your Life and AD&D insurance benefits are some of the most valuable benefits available to you. They are often referred to as “survivor” benefits because they provide financial security to your loved ones if you die or are severely injured in an accident.

## BASIC LIFE AND AD&D

Basic Life and AD&D insurance is provided at no cost to you by American Academic Health System, and is provided through Unum. The full benefit is one times your base salary, up to \$50,000.

At age 65, the benefit amount will be reduced. Please see the benefit summary for the reduction schedule.

If your injury or death is accidental, you or your beneficiaries may be entitled to AD&D benefits equal to one times your base salary, up to \$50,000. If an accident causes you to lose a limb or partial sight or hearing, a portion of the benefit amount will be paid.

### Beneficiary Information

To ensure your family’s financial security, keep your beneficiary information up-to-date and on file in the ADP employee portal.

## VOLUNTARY LIFE AND AD&D

For additional protection, Voluntary Life and AD&D insurance is available for purchase. This benefit will also be provided through Unum. Coverage amounts are available as follows:

	Supplemental Life	Supplemental AD&D
<b>Employee</b>	1,2,3,4, or 5 times your annual pay to \$1 million	1,2,3,4, or 5 times your annual pay to \$1 million
<b>Spouse</b>	\$10,000 to \$250,000 up to 100% of employee supplemental life coverage	\$10,000 to \$250,000 up to 100% of employee supplemental life coverage
<b>Children</b>	\$5,000, \$10,000, or \$15,000 per child	\$5,000, \$10,000, or \$15,000 per child

### Guarantee Issue

Newly eligible employees may elect any amount of supplemental life up to the Guarantee Issue amount of the lesser of 3 times salary or \$500,000 for employees and \$50,000 for spouses, without providing evidence of insurability (EOI). EOI is required if you elect:

- To increase the amount of coverage during the year; or
- An amount in excess of the Guarantee Issue; or
- Employee supplemental life or spouse life as a late entrant to the plan.

# Disability

## DISABILITY INSURANCE

*An unexpected injury or illness that keeps you out of work for a long time can use up your savings rapidly. Disability insurance can help replace lost wages and can be an important part of personal financial planning.*

Disability insurance provides financial protection should you become temporarily or permanently disabled and are unable to work — including extended illness, injuries, or the birth of a child.

Before the plan begins paying benefits, you must be disabled or absent more than the duration outlined in the table below. This waiting period is called an “elimination period.” This plan does not cover disabilities due to occupational sickness and injury.

You may choose from the disability plans as follows:

Managers, Residents, and Physicians	
Standard	Standard Plus
50% of gross weekly salary, up to \$3,464 per week. Short Term Disability benefits begin after 30 days and last 9 weeks. If you remain disabled after those 90 days, Long Term Disability benefits will begin.	60% of gross weekly salary, up to \$3,464 per week. Short Term Disability benefits begin after 30 days and last 9 weeks. If you remain disabled after those 90 days, Long Term Disability benefits will begin.

Please note that Long Term Disability coverage is voluntary. If you elect to enroll in this coverage, AAHS will provide you with similar employer paid Short Term Disability coverage as a full-time Manager, Resident or Physician. Part Time Managers, Residents and Physicians are eligible for the non-manager disability options below.

Short Term Disability Non-Managers			
Standard Choice 1	Standard Plus 1	Standard Choice 2	Standard Plus 2
50% of gross weekly salary, up to <b>\$1,154</b> per week. Benefits begin after <b>14 days</b> and last <b>166 days</b> . This plan is voluntary (employee paid).	60% of gross weekly salary, up to <b>\$1,385</b> per week. Benefits begin after <b>14 days</b> and last <b>166 days</b> . This plan is voluntary (employee paid).	50% of gross weekly salary, up to <b>\$1,154</b> per week. Benefits begin after <b>30 days</b> and last <b>150 days</b> . This plan is voluntary (employee paid).	60% of gross weekly salary, up to <b>\$1,385</b> per week. Benefits begin after <b>30 days</b> and last <b>150 days</b> . This plan is voluntary (employee paid).

Long Term Disability Non-Managers	
50% Plan	60% Plan
50% of gross monthly salary, up to \$5,000 per month. Benefits begin after 180 days. This plan is voluntary (employee paid).	60% of gross monthly salary, up to \$6,000 per month. Benefits begin after 180 days. This plan is voluntary (employee paid).

**Important:** Disability benefits are reduced by other income you receive (e.g., Social Security, state disability benefits, pension benefits and Workers’ Compensation).

# Employee Assistance Program

The Employee Assistance Program (EAP) with LifeWorks offers confidential counseling service and provides screening and referrals to local providers, at any time, day or night. The EAP can help you and your household members identify and find resources to solve personal problems, such as:

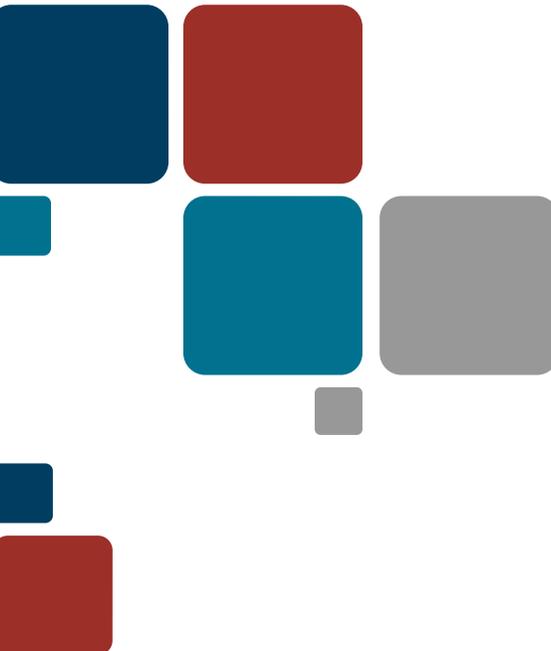
- Legal questions or concerns
- Marital or family conflicts
- Childcare or senior care concerns
- Financial problems
- Alcohol or drug issues
- Stress, depression and other emotional problems

Whether life's challenges are big or small, your EAP is available to help you and your family find a solution and restore your peace of mind. The program is available whenever you need it – at no cost to you. An advocate is ready to help assess your needs and develop a solution to help resolve your concerns. He or she can also direct you to an array of resources in your community and online tools.

You may receive up to five free, in-person professional consultations per issue, per year. You can also call LifeWorks 24 hours a day, seven days a week at 800-854-1446. There is no limit to the number of calls you can make to the toll-free number.

## CONTACT THE EAP

- **Phone:** (800) 854-1446
- **Web:** [www.lifeworks.com](http://www.lifeworks.com)
  - » User ID and Password: *lifebalance*



# Aetna Supplemental Plans

Are you prepared for the unexpected? While medical plans typically cover care for illness, accidental injury or hospitalization, most plans aren't designed to cover unexpected costs like child care and transportation to doctor's appointments. Unfortunately, these expenses can come at a time when you're missing work and your paycheck. All of these voluntary plans are conveniently deducted from your paycheck on a post-tax basis.

## AETNA HOSPITAL PLAN

Lots of people worry about the expense of an inpatient hospital stay. Out-of-pocket costs can add up fast. The Aetna Hospital Plan can help you cover those costs- no matter what other medical coverage you may have. The Aetna Hospital Plan pays cash benefits directly to you when you're admitted to the hospital for an inpatient stay for covered services.

This plan ONLY provides partial reimbursement for Medical expenses and does not count as minimum essential coverage under the Affordable Care Act. This is a supplement to health insurance and is not a substitute for major medical coverage. A lack of major medical coverage (or other minimum essential coverage) may result in additional payment with your taxes under the Affordable Care Act (ACA).

**Sarah added the Aetna Hospital Plan to her benefits package this year**

In April, Sarah unexpectedly needed back surgery. Sarah was admitted to the hospital for surgery. She submitted her claim and received \$1,000 from Aetna.

Sarah's Hospital Plan Paid:	
Lump-sum Benefit	\$1,000
<b>Total Benefits Paid</b>	<b>\$1,000</b>

\*This example is for illustrative purposes and does not reflect events experienced by an actual participant.

## AETNA CRITICAL ILLNESS PLAN

Recovering from a serious illness can be hard- and expensive. The Aetna Critical Illness plan can help you protect your finances. The plan pays cash benefits to you when you are diagnosed with a covered condition.

## AETNA ACCIDENT PLAN

Are you prepared for the unexpected costs that come along with an accidental injury? About 2/3 of disabling injuries suffered by American workers aren't work related. That means they're not covered by workers' compensation. And, 1.35+ million children were seen in an emergency room for sports-related injuries in 2012. This plan pays cash benefits directly to you when you have a covered accident.

**John added the Aetna Accident Plan to his benefits package this year**

On his way to work, John was in a car accident. He was transported by ground ambulance to the emergency room and admitted to the hospital. He had a dislocated hip and spent five days in the hospital. He had several physical therapy sessions before returning to work. He submitted his accident claim and received \$5,050 from Aetna. He used it toward his deductible, copay and supplemental income for his missed work days.

John's Accident Plan Paid:	
Ground ambulance	\$300
Emergency room	\$150
X-ray	\$50
Medical Imaging (MRI)	\$150
Hospital Stay- Admission	\$1,000
Hospital Stay- Daily	\$200
Dislocated Hip	\$3,000
Appliances	\$100
Physical Therapy Services	\$100 (4 visits)
<b>Total Benefits Paid</b>	<b>\$5,050</b>

\*This example is for illustrative purposes and does not reflect events experienced by an actual participant.

**Karen added the Aetna Critical Illness Plan (High Plan) to her benefits package this year.**

The first year:	The following year:	Karen's Critical Illness Plan Paid:						
<p>Karen had a heart attack and missed 6 weeks of work.</p> <p>She submitted her Critical Illness claim and received \$20,000 from Aetna.</p>	<p>She had a stroke.</p> <p>She submitted her Critical Illness claim and received \$20,000 from Aetna.</p>		<table border="1"> <tbody> <tr> <td>Heart Attack</td> <td>\$20,000</td> </tr> <tr> <td>Stroke (subsequent illness 180 days or more after the first claim)</td> <td>\$20,000</td> </tr> <tr> <td><b>Total Benefits Paid</b></td> <td><b>\$40,000</b></td> </tr> </tbody> </table>	Heart Attack	\$20,000	Stroke (subsequent illness 180 days or more after the first claim)	\$20,000	<b>Total Benefits Paid</b>
Heart Attack	\$20,000							
Stroke (subsequent illness 180 days or more after the first claim)	\$20,000							
<b>Total Benefits Paid</b>	<b>\$40,000</b>							

\*This example is for illustrative purposes and does not reflect events experienced by an actual participant.

# Additional Benefits

## HYATT GROUP LEGAL

MetLaw - from Hyatt Legal Plans, a MetLife company - is a legal plan that offers you access to professional legal services with peace of mind knowing that there are no out-of-pocket costs when using an in-network attorney for a covered service.

For more information go to [members.legalplans.com](http://members.legalplans.com) or call (800) 821-6400.

## COMMUTER BENEFITS

Commuter costs can pile up, especially in major cities. Instead of paying more for your commute to and from work, save up to 40 percent\* on your commuter costs by taking advantage of a Commuter Benefits plan. A commuter plan allows you to set aside pre-tax dollars for qualified transit, vanpooling and parking expenses.

\*Note: 40 percent savings is based on a combined income tax rate of 40 percent for federal, state and local taxes. Tax savings vary by state.

### *Transit and Vanpooling*

Transit and vanpooling benefits let you pay for transportation to and from work with tax-free money. Examples of eligible transportation for transit benefits include train, bus, subway and ferry.

The Discovery Benefits debit card can be added as a payment method in the Uber and Lyft apps. Commuter dollars can be used toward uberPOOL and Lyft Line rides in select cities.

### *Parking*

Save money when you pay for parking at or near your regular place of employment. Those who use park and ride facilities are also able to take advantage of this plan. Parking benefits aren't available when employees park at or near their residence or at a temporary work location.

Commuter dollars can also be used to reserve or pre-pay for parking spots in select cities by adding your Discovery Benefits debit card as a form of payment in the SpotHero app. For a full list of SpotHero-friendly cities, go to [www.spothero.com/cities](http://www.spothero.com/cities).

### *Accessing Funds*

There are a few ways you can access your commuter funds.

- You can use your benefits debit card to pay providers directly at the time of service from your transit and/or parking account.
- If a transit or parking facility doesn't accept debit card payments, you can pay out of pocket and submit a reimbursement request through the Discovery Benefits mobile app or your consumer portal. Sign up for direct deposit to receive your reimbursement as quickly as possible.

## RESOURCES

### Commuter Benefits 101 Video

<http://www.discoverybenefits.com/commuter101>



# Retirement

## 401(K) RETIREMENT SAVINGS PLAN

American Academic Health System offers a 401(k) Retirement Savings Plan to help you save for your future. You contribute through convenient, automatic payroll deductions, and American Academic Health System provides a discretionary matching contribution of 50% for the first 6% of eligible compensation you contribute. The company match is deposited annually and you must be employed on the last day of the year and worked at least 1,000 hours during the year in order to receive it. Vesting is calculated based on years of service and you will be fully vested in the employer match after 5 years of service.

Please note, if you are covered by a collective bargaining agreement, your eligibility to participate and receive the company match will depend on any applicable language within the collective bargaining agreement.

**For more information, contact Transamerica at [www.TA-Retirement.com](http://www.TA-Retirement.com) or 800-401-TRAN (8726).**



# Contact Information

Benefit	Company	Contact
Participant Service Center	ADP	855-474-1128
Medical	Independence Blue Cross <a href="http://www.ibx.com">www.ibx.com</a>	800-275-2583
Prescription Drug	CVS/Caremark <a href="http://www.caremark.com">www.caremark.com</a>	844-209-0233
Dental	Delta Dental <a href="http://www.deltadentalins.com">www.deltadentalins.com</a>	800-765-6003
Vision	VSP <a href="http://www.vsp.com">www.vsp.com</a>	800-877-7195
Health Savings Account	Discovery Benefits <a href="http://www.discoverybenefits.com">www.discoverybenefits.com</a>	866-451-3399
Flexible Spending Account	Discovery Benefits <a href="http://www.discoverybenefits.com">www.discoverybenefits.com</a>	866-451-3399
Life and AD&D Insurance	Unum <a href="http://www.unum.com">www.unum.com</a>	800-445-0402
Disability Insurance	Unum <a href="http://www.unum.com">www.unum.com</a>	800-858-6843
Employee Assistance Program	LifeWorks <a href="http://www.lifeworks.com">www.lifeworks.com</a> User ID and Password: lifebalance	800-854-1446
Accident, Critical Illness and Hospital Indemnity Insurance	Aetna <a href="http://www.aetna.com/voluntary">www.aetna.com/voluntary</a>	888-772-9682
Legal	MetLaw / MetLife <a href="http://members.legalplans.com">members.legalplans.com</a>	800-821-6400
Commuter	Discovery Benefits <a href="http://www.discoverybenefits.com">www.discoverybenefits.com</a>	866-451-3399
401(k) Retirement Savings Plan	Transamerica <a href="http://www.TA-Retirement.com">www.TA-Retirement.com</a>	800-401-8726

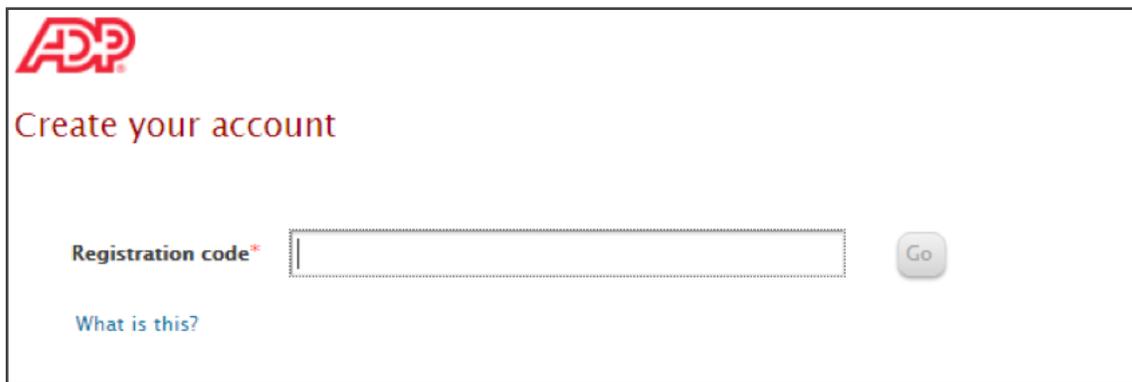
# ADP Vantage Registration

Welcome! ADP and AAHS are committed to protecting your privacy and ensuring that only you can access your personal information. To assist us in meeting that commitment, you must register with us before using our services.

**Before You Begin:** You will need your registration code and the URL to access your ADP service login page. This information has been provided to you during various employee meetings. If you do not have this information, please contact your Human Resources Department.

**Security Tip:** To protect your personal information from fraud, be sure to use a known computer or mobile device with a trusted internet connection.

1. On the login page of your ADP service, click the link to register and create your ADP service account. Follow the instructions on the page.



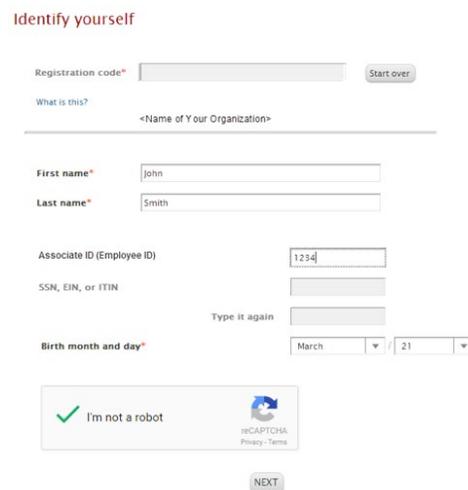
2. **Enter your organizational registration code.** If you do not recognize the name of your organization, select No and start over.

3. **Enter your identity information**

- Since you entered an Organizational Registration code, the information requested might vary based on your organization's setup.
- Google™ reCAPTCHA challenge: Click on the “I’m not a robot” check box and answer a quick challenge and prove you are human.

4. **Answer Identity Questions**

- Select a valid response to each question within 30 seconds. These questions and their answer choices are generated from public records and other commercially available data sources. Your responses are not used for any purpose other than to verify your identity and are not shared with your organization.



Complete the information required on this page to continue.



## Register for ADP Services

John Smith

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**Enter your contact information** How will this be used by ADP?

**Email address\***   **Work**  **Personal**

**Mobile phone number**    **Work**  **Personal**

I authorize ADP to send me text messages regarding my account at the number I have provided, according to [ADP's Text Messaging Terms and Conditions](#).

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**View your user ID and create a password**

**User ID\***

**Password\***  Password Strength: Good

Passwords must be at least 8 characters long and contain at least 1 letter and 1 number. Passwords are case sensitive.

**Confirm password\***

---

**In case you forget your user ID or password**

**Question 1\***

**Your answer\***

**Question 2\***

**Your answer\***

**Question 3\***

**Your answer\***



Your registration is complete. You can use your user ID and password to access your ADP service(s).

- Activate your email and mobile phone number to receive important notifications from your organization or ADP.
- Manage your account information to keep it accurate.



Your registration for ADP services is complete!

**Things to do for your account**

 **Activate your email and mobile phone**  
ADP has sent you a confirmation message to john.smith@testcompany.com and 555-555-5555. Respond to this message within 24 hours so we can activate your contact information.

Did not receive a confirmation message? Contact your organization's administrator for assistance.

✓ **Your user ID:** Jsmith@testcompany

✓ **Your available ADP services**





AMERICAN ACADEMIC  
— HEALTH SYSTEM —

