

# Signature Consultants, LLC 2017-2018 Open Enrollment Decision Guide



## Benefits for *your* life.

**OPEN ENROLLMENT:**  
FEBRUARY 21 – MARCH 7

**BENEFITS EFFECTIVE:**  
APRIL 1, 2017 – MARCH 31, 2018



### Your Enrollment Checklist

- Read** this guide for a benefits overview and helpful tips.
- Visit** [www.mercermarketplace.com/signature](http://www.mercermarketplace.com/signature) to learn more about your personal options.
- Use** the tools and resources on the website to help you make your choices.
- Select** your benefits for 2017-2018. If you do not select your benefits by 11:59 pm ET on March 7, you will default to the offering closest to your current plan elections for all plans except savings and spending accounts. You must re-enroll in FSA (Healthcare, Combination, and Dependent Care), Transportation, Parking and HSA programs to make your contribution elections (these benefit elections will not automatically roll over if you do not re-elect them). If you are currently not enrolled and do not wish to do so at this time, no action is required. Please note you will not be able to enroll until this time next year unless you have a Qualified Life Event.



# Welcome to your 2017-2018 benefits!

Signature Consultants, LLC is pleased to offer a wide selection of benefits for 2017-2018 that offer you flexibility and choice, an easy online shopping experience and the ability to take charge of your benefits spending.

Here's how it works:

- **Visit** [www.mercermarketplace.com/signature](http://www.mercermarketplace.com/signature) to access Mercer Marketplace 365. The website features built-in decision support to guide you through the benefits selection process – one step at a time.
- **Review** the benefits available to you, which are summarized in this guide and on the website.
- **Choose** the plans that best meet your needs and fit your budget. Be sure to enroll by March 7!

## Questions?

Mercer Marketplace 365 benefits counselors are ready to help you understand your options and make the right choices for your needs and budget. Beginning February 21, simply call the toll-free number listed below or visit [www.mercermarketplace.com/signature](http://www.mercermarketplace.com/signature) and start an online chat for personal assistance.

**1-855-220-3561**

**Monday through Friday, 7 am to 9 pm Eastern Time**

## What happens if I don't enroll?

Remember, your enrollment period ends on March 7! If you do not select your benefits by 11:59 pm ET on March 7, you will default to the offering closest to your current plan elections for all plans except savings and spending accounts. You must re-enroll in FSA (Healthcare, Combination, and Dependent Care), Transportation, Parking and HSA programs to make your contribution elections (these benefit elections will not automatically roll over if you do not re-elect them). If you are currently not enrolled and do not wish to do so at this time, no action is required. Please note you will not be able to enroll until this time next year unless you have a Qualified Life Event.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Creditable Prescription Drug Coverage and Medicare Notice in the Legal Notices at the back of this booklet for more details.



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Visit Mercer Marketplace 365 to enroll in your benefits beginning February 21!  
[www.mercermarketplace.com/signature](http://www.mercermarketplace.com/signature)



# New for 2017-2018

## MEDICAL PLANS

In an effort to insulate our employees from the rising health care costs across the country, we have opted to raise the deductibles slightly, rather than to significantly impact your premiums. All plans are still the high quality plans that you're accustomed to from the prior year.

- **\$400 Deductible Plan** – This plan is replacing the \$350 Deductible Plan.
  - Copays increase from \$15/\$30 to \$20/\$40
  - Individual/Family deductible is increasing from \$350/\$700 to \$400/\$800
  - Out of Pocket increases from \$2,000/\$4,000 to \$2,200/\$4,400
  - ER copay increases from \$100 (then 80% after deductible) to \$150 (then 80% after deductible)
- **\$900 Deductible Plan** – This plan is replacing the \$800 Deductible Plan.
  - Individual/Family deductible is increasing from \$800/\$1,600 to \$900/\$1,800
  - Out of Pocket increases from \$2,400/\$4,800 to \$3,000/\$6,000
- **\$1,850 Deductible Plan with HSA** – This plan is replacing the \$1,500 Deductible Plan with HSA.
  - Individual/Family deductible is increasing from \$1,500/\$3,000 to \$1,850/\$3,700
  - Out of Pocket increases from \$3,000/\$6,000 to \$3,500/\$6,500
  - HSA Compatible
- **\$2,850 Deductible Plan with HSA** – This plan is replacing the \$2,500 Deductible Plan with HSA.
  - Individual/Family deductible is increasing from \$2,500/\$5,000 to \$2,850/\$5,700
  - Out of Pocket increases from \$4,500/\$6,850 to \$5,500/\$11,000
  - HSA Compatible
  - Once one family member meets the individual deductible, benefits begin to be paid for that individual
  - Once one family member meets the Individual Out of Pocket Max, plan pays covered benefits in full for that individual
- **Mercer Marketplace 365 HUB – NEW PRODUCT!**
  - You must be enrolled in Signature's medical plan
  - Health Advocate - assists with cost estimates of procedures and facility recommendations
  - Advance Medical - Expert Second Opinion
  - MD insider - assists with physician search and scheduling (See page 10 for more information)
  - \$1.17/week for the entire family
- **Spending and Savings Accounts** – There is a contribution increase in FSA/Combination FSA from \$2,550 to \$2,600. HSA increase for individual coverage from \$3,350 to \$3,400.

## DENTAL PLANS

- **You will be offered the same dental plans as last year with a slight increase in cost.**

## DISABILITY PLANS

- **Short & Long Term Disability rates have decreased slightly.**

### What happens if I don't enroll?

If you do not select your benefits by 11:59 pm ET on March 7, you will default to the offering closest to your current plan elections for all plans except savings and spending accounts. You must re-enroll in FSA (Healthcare, Combination, and Dependent Care), Transportation, Parking and HSA programs to make your contribution elections (these benefit elections will not automatically roll over if you do not re-elect them). If you are currently not enrolled and do not wish to do so at this time, no action is required. Please note you will not be able to enroll until this time next year unless you have a Qualified Life Event.



# How to Enroll

It's easy to enroll! The Mercer Marketplace 365 website takes you through your benefits shopping one decision at a time, providing helpful education and decision support every step of the way. If you don't have access to a computer, you can enroll with a benefits counselor by calling 1-855-220-3561.

Get started at [www.mercermarketplace.com/signature](http://www.mercermarketplace.com/signature).

## LOG IN

The first time you visit the Mercer Marketplace 365 website, select "Create an account." Next, enter your last name, date of birth and the last four digits of your Social Security Number to identify yourself. Then, you'll select a unique username and password that you'll use whenever you come back to the site.

If you enrolled in benefits last year, you created a username and password. You'll need to have this information to access the Mercer Marketplace 365 website and elect benefits for 2017-2018. If you forgot your username, please contact Mercer Marketplace 365 at 1-855-220-3561. However, if you forgot your password, you will be able to click on "Can't access your account?" on [www.mercermarketplace.com/signature](http://www.mercermarketplace.com/signature) and answer a series of questions that will let you reset your password.

## START SHOPPING

Once you've logged in, click on the "Get started" button and follow these simple enrollment steps:

### 1. Profile

- Review your personal information.
- Enter information for any dependents you wish to cover, if needed. This includes dependent Social Security Numbers and dates of birth.

### 2. Shop for Benefits

- Answer questions to help identify the best coverage for your needs.
- Compare plan features and costs.
- Use the educational resources to learn more.
- Select the benefits you want to enroll in. Make sure you hit "Save" after each benefit election.

### 3. Confirm & Finish

- Review the summary of your enrollment selections. You can make changes up until your enrollment period ends.
- If you'd like, you can print a copy of your Employee Detail Report which summarizes all of your choices.

## CLICK TO CHAT

If you run into questions while enrolling, a “Chat Now” button is located in the bottom right corner of each page on the Mercer Marketplace 365 website. By clicking this, you will be able to have a secure, live chat with a benefits counselor during the hours the call center is open. No phone call required!

## CHANGING YOUR BENEFIT SELECTIONS

You can change any of your benefit selections before the Open Enrollment deadline on March 7. Simply return to the Mercer Marketplace 365 website to make changes.

After the enrollment deadline, you may be able to make changes to some of your benefits if you have a change in personal circumstances. For example, if you get married or have a baby, you can add coverage for your spouse or new child. **To change your benefits due to a life event, you must make the change within 30 days of the event.** Visit [www.mercermarketplace.com/signature](http://www.mercermarketplace.com/signature) or call one of our Mercer Marketplace 365 benefits counselors at 1-855-220-3561.

### Shopping tip

Take advantage of helpful information and resources by visiting [www.mercermarketplace.com/signature](http://www.mercermarketplace.com/signature). As you enroll, you’ll find key information displayed for each plan, including coverage details and cost. You’ll also find a variety of tools, educational videos and reference documents to help you better understand your benefit options.

## THE MERCER MARKETPLACE 365 WEBSITE: A YEAR-ROUND RESOURCE

After you enroll in your benefits, don’t wait until next year to come back! The website is a great resource throughout the year for your benefit and coverage information.

Here’s what you’ll find:

- **Cost** of the coverage you are currently enrolled in
- Information about your benefits
- Detailed **plan summaries**
- **Videos and tips** to help you get the most out of your coverage
- **Access to the 365 HUB** if you elect it

Be sure to add [www.mercermarketplace.com/signature](http://www.mercermarketplace.com/signature) to your online favorites for easy reference all year long!



## ACCESS YOUR BENEFITS ANYWHERE

With the “Mercer Marketplace Benefits” mobile app, you’ll have convenient access to your benefits on the go. Once downloaded, you will log in with the same username and password you use for the Mercer Marketplace 365 website. You can use the app to access plan information and costs. The mobile app is available for download for use on your Apple device from Apple’s App Store or Google Play for your Android device.



# Medical and Prescription Drug Coverage

Medical coverage offers valuable benefits to help you stay healthy and pay for care if you or your covered family members become sick or injured.

The medical plans available to you include a range of coverage levels and costs, giving you the flexibility to select the plan that is right for you. You'll find a summary of each of the plans in this guide. Visit the Mercer Marketplace 365 website at [www.mercermarketplace.com/signature](http://www.mercermarketplace.com/signature) or call one of our Mercer Marketplace 365 benefits counselors at 1-855-220-3561 for complete details and plan costs.

## Which medical plan is right for you?

When you go online, you can answer a few questions about your medical insurance usage, payment preference and ability to afford an unexpected medical expense. Then, Mercer Marketplace 365 will show you one or more plans that may best match your situation. While the decision is yours, these matches may help you make an appropriate choice.

## Before you choose your benefits, think about...

- How much health care – and what type of care – did you need this year?
- Do you expect your needs to be similar next year? Do you foresee changes?
- Do you prefer to pay less from your paycheck and more out of your pocket when you need care, or more from your paycheck and less out of your pocket when you need care?

### Need more coverage?

Consider combining medical insurance with **supplemental medical insurance**, like hospital indemnity, accident and critical illness insurance. These options are intended to supplement your medical plan's coverage. In fact, based on your situation, you may be able to save money by purchasing a lower cost medical plan and adding one or more supplemental plans. The combined coverage could offer effective protection against out-of-pocket expenses at a lower plan cost.

### It's the law!

As part of the Affordable Care Act, most Americans must have medical insurance or pay a federal tax penalty. Be sure you're covered, either through your employer-sponsored plan or through another option available to you, such as your spouse's employer benefits or a government program such as Medicare or Medicaid.

## Key Words to Know:

Below are general examples of key words to know and are not a guarantee of coverage. Check your Plan Documents and Benefit Summaries to confirm covered benefits.

**Copay:** An amount you pay for a covered service each time you use that service. It does not apply toward the deductible.

**Deductible:** The amount you pay before the plan begins to pay.

**Out-of-Pocket Costs:** Expenses you pay yourself, such as deductibles, copays, coinsurance and non-covered services.

**Out-of-Pocket Maximum:** The maximum amount you pay for covered services in a year (you may need to pay additional amounts if coverage is received from an out-of-network provider).

**Coinsurance:** Percentage of the charge that your plan will pay, typically after you have met the deductible.

## In-Network vs. Out-of-Network

For plans that offer in- and out-of-network benefits, you have the option to see any provider you choose. However, you'll save money when receiving care from an in-network provider. To access a list of in-network providers, click on the carrier's link from the Mercer Marketplace 365 medical enrollment page.

## Prescription Drug Coverage Terms

Do you or a family member take medications? If so, keep in mind that your prescription drug coverage depends on the medical coverage level you choose.

You'll see in the medical charts that medications are grouped into three tiers, and the tier that your medication falls into determines your portion of the drug cost.

TIER	YOU PAY	WHAT'S COVERED
1	Lowest Cost Sharing	<b>Most Generic Prescription Drugs</b> Generic prescription drugs use the same active ingredients as brand-name prescription drugs and work the same way. Generic drugs are equivalent to a brand product in dosage form, strength, quality, and intended use.
2	Second Lowest Cost Sharing	<b>Preferred Brand Name Drugs</b> Drugs sold under a specific trade name that are favorably priced by the pharmacy plan.
3	Highest Cost Sharing	<b>Non-Preferred Brand Name Drugs</b> Drugs sold under a specific trade name that have a reasonable, more cost-effective alternative on Tier 1 or Tier 2.



# REVIEW YOUR MEDICAL PLAN OPTIONS

## Blue Cross Blue Shield of Florida

### IN-NETWORK MEDICAL PLAN SUMMARY: Blue Cross Blue Shield<sup>1</sup>

	\$400 DEDUCTIBLE	\$900 DEDUCTIBLE	\$1,850 DEDUCTIBLE	\$2,850 DEDUCTIBLE
<b>HSA Eligible</b>	No	No	Yes	Yes
<b>In-Network</b>				
Preventive Doctor's Visit	One annual visit covered at 100% in-network* (as per Healthcare Reform requirement)			
Individual/ Family Deductible	\$400/\$800 <sup>3</sup>	\$900/\$1,800 <sup>3</sup>	\$1,850/\$3,700 <sup>2</sup> (Family deductible must be satisfied before benefit starts for any member.)	\$2,850/\$5,700 <sup>3</sup>
Individual/Family Out-of-Pocket Max	\$2,200/\$4,400	\$3,000/\$6,000	\$3,500/\$6,500 (Family OOP Max must be satisfied before any member is covered at 100%.)	\$5,500/\$11,000
Plan Coinsurance	80%	80%	80%	70%
Office Visit (Primary Care/Specialist)	\$20/\$40 copay*	80% after deductible	80% after deductible	70% after deductible
<b>Hospital Facility</b>				
Inpatient	80% after deductible	80% after deductible	80% after deductible	70% after deductible
Outpatient	80% after deductible	80% after deductible	80% after deductible	70% after deductible
<b>Hospital Physician</b>				
Inpatient	80% after deductible	80% after deductible	80% after deductible	70% after deductible
Outpatient	80% after deductible	80% after deductible	80% after deductible	70% after deductible
<b>Maternity</b>				
Office Visits	80% after deductible	80% after deductible	80% after deductible	70% after deductible
Delivery	80% after deductible	80% after deductible	80% after deductible	70% after deductible
<b>Emergency Services</b>				
Emergency Room (waived if admitted)	\$150, then 80% after deductible	80% after deductible	80% after deductible	70% after deductible
Ambulance	80% after deductible	80% after deductible	80% after deductible	70% after deductible
Urgent Care	\$50 copay*	80% after deductible	80% after deductible	70% after deductible
<b>Laboratory/X-Rays</b>				
Diagnostic Test (X-Ray, Bloodwork)	80% after deductible	80% after deductible	80% after deductible	70% after deductible
Imaging (CT/PET Scans/MRIs)	80% after deductible	80% after deductible	80% after deductible	70% after deductible
Allergy Extracts/ Injections/Testing	80% after deductible	80% after deductible	80% after deductible	70% after deductible

Retail Prescriptions				
Tier 1	\$10 copay*	70% (min \$10, max \$20)*	80% after deductible	70% after deductible
Tier 2	\$30 copay*	70% (min \$25, max \$50)*	80% after deductible	70% after deductible
Tier 3	\$60 copay*	55% (min \$40, max \$80)*	80% after deductible	70% after deductible
Mail Order Prescriptions				
Tier 1	\$25 copay*	70% (min \$25, max \$50)*	80% after deductible	70% after deductible
Tier 2	\$75 copay*	70% (min \$62.50, max \$125)*	80% after deductible	70% after deductible
Tier 3	\$150 copay*	55% (min \$100, max \$200)*	80% after deductible	70% after deductible

<sup>1</sup> **Important Note:** Your ID cards will reference BCBS of Florida. However, this coverage is through the BlueCard program and gives you national access to doctors and hospitals almost everywhere, so finding a provider is easy no matter where you live, work or travel. To access a network provider, visit MyHealthToolkitFL.com and click Find a Doctor or Hospital (use suffix EES).

If you have questions or need to speak with a BCBS representative, call 1-800-830-1501.

\* Deductible does not apply; does apply to out-of-pocket maximum.

**NOTE: The Deductible and Out-of-Pocket Max are on a benefit year schedule (not calendar year), April 1, 2017 – March 31, 2018.**

### Helpful information about Deductibles and Out-of-Pocket Maximums

<sup>2</sup> Under the \$1,850 Deductible with HSA Plan, if you cover any family member(s) in addition to yourself:

- The entire Family Deductible must be met before benefits begin to pay out for *any* family member.
- The entire Family Out-of-Pocket Maximum must be met before the plan pays in full for *any* family member.

<sup>3</sup> For the \$400, \$900 and \$2,850 Plans, if you cover any family member(s) in addition to yourself:

- Once one family member meets the Individual Deductible, benefits begin to be paid for that individual.
- Once one family member meets the Individual Out-of-Pocket Maximum, the plan pays covered benefits in full for that individual.

### Learn more online

For additional plan details, including cost and any out-of-network benefits, visit [www.mercermarketplace.com/signature](http://www.mercermarketplace.com/signature).



# Mercer Marketplace 365 HUB

New  
Product!

Have you needed help finding the right doctor or getting an appointment scheduled with your doctor during regular business hours? Can you locate the lowest cost provider that's convenient for you for x-rays, MRIs and other medical services that you or a family member needs? Do you think you might need a second opinion from an expert to review your diagnosis or treatment plan? Ever had a claim issue with your insurance that you can't resolve on your own and you don't know where to turn?

Now you can get personalized support with all of this and more by enrolling in the Mercer Marketplace 365 HUB. The Mercer Marketplace 365 HUB is a destination of services, information and tools that can help you improve the quality and cost of your care – for about \$5 per month, and it's always just a click or phone call away!

## Take advantage of all of your health care benefits

Once your benefits begin, visit [www.mercermarketplace.com/signature](http://www.mercermarketplace.com/signature) to access Mercer Marketplace 365 HUB tools online or call us at 1-866-385-8032 to talk to a dedicated Personal Health Advocate. You can get help with everything from finding the best doctor for your condition to claim and billing resolution to clinical support and even support for eldercare and special needs.

## Get help finding doctors who provide the highest quality care for your needs

With the Mercer Marketplace 365 HUB, you can review the quality scores of doctors in your area based on your condition and need. Quality matters! Especially when it comes to you and your family's health. You'll be more likely to get the care you need to recover faster and save money. In-network physicians are ranked by data-driven quality scores for easy selection.

## Find the best price for the health care services you need

The cost of health care can vary widely, even within the same area. You share in the cost of health care services, so it's important to know how much a service can cost in advance. Use the Mercer Marketplace 365 HUB to help you save money on your health care.

## Get an expert second opinion for peace of mind

Take charge of your health care. Don't hesitate to get another opinion, especially if it's a concerning or serious condition. The Mercer Marketplace 365 HUB gives you and your covered family members access to world-class specialists that will review your case and give you an expert opinion on your diagnosis and treatment plan. About 40% of people receive an improved diagnosis and 99% recommend this service. It's peace of mind at a time when you may need it most. Mercer Marketplace 365 HUB accepts all cases and sticks with you every step of the way.



# Teladoc

*Signature Consultants LLC Teladoc service is offered through the Blue Cross Blue Shield medical plans and is NOT accessed through Mercer Marketplace 365*

You are automatically eligible for Teladoc services once you are enrolled in any of Signature Consultants, LLC's Blue Cross Blue Shield medical plans. Teladoc® gives you 24/7/365 access to U.S. board-certified doctors through the convenience of phone or video consults. It's an affordable alternative to costly urgent care and ER visits when you need care now. The cost is \$40 or less.

## When can I use Teladoc?

Teladoc does not replace your primary care physician. It is a convenient and affordable option for quality care.

- When you need care now
- If you're considering the ER or urgent care center for a nonemergency issue
- On vacation, on a business trip, or away from home
- For short-term prescription refills

## Get the Care You Need

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Respiratory infection
- Sinus problems
- And more!

## Meet Our Doctors

Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:

- Are practicing PCPs, pediatricians, and family medicine physicians
- Average 15 years of experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years, meeting NCQA standards

## Contact Information

Contact Teladoc at **1-800-Teladoc** or **[www.teladoc.com](http://www.teladoc.com)**.



# Spending and Savings Accounts

You can save money on your health care and dependent care costs through the use of tax-advantaged accounts that allow you to use before-tax dollars to pay for eligible expenses. For additional details about the following accounts, visit [www.mercermarketplace.com/signature](http://www.mercermarketplace.com/signature).

## Key Words to Know:

Below are general examples of key words to know and are not a guarantee of coverage. Check your Plan Documents and Benefit Summaries to confirm covered benefits.

**Health Savings Account (HSA):** An account funded by you that lets you set aside a portion of your income, before taxes, to pay for eligible health care expenses. Health care expenses include eligible medical, dental and vision expenses. This type of account is available only to participants who are enrolled in the \$1,850 or \$2,850 Deductible Plan and who are not covered by any other type of medical plan.

**Flexible Spending Account (FSA):** An account that allows you to set aside a portion of your income, before taxes, to pay for eligible expenses.

## What are eligible health care expenses?

For a complete list of eligible expenses, visit [www.irs.gov](http://www.irs.gov) and see Publication 502. Some examples include:

- Office visits
- Prescription drugs
- Hospital stays and lab work
- Speech/occupation/physical therapy
- Dental and vision care

## Reminder

Keep documentation to support your use of the money in these accounts for tax purposes.



## Access your accounts anywhere

The “Mercer Marketplace Accounts” mobile app is available for Health Care Flexible Spending Accounts, Dependent Care Flexible Spending Accounts, Health Savings Accounts, and Commuter Benefits. Once downloaded, you will log in to the mobile app with the spending and savings account username and password you created when you opened your reimbursement account. These login credentials may differ from your Mercer Marketplace 365 credentials.

You can use the “Mercer Marketplace Accounts” mobile app to view account balances, upload receipts, review plan details, see your account activity and contact customer service. Health Care Flexible Spending Account claims may be filed and Health Savings Account investment details may also be viewed through this app. The mobile app is available for download for use on your Apple device from Apple’s App Store or Google Play for your Android device.

## HEALTH SAVINGS ACCOUNT (HSA)

With the \$1,850 and \$2,850 Deductible Plans, you're eligible to contribute money to a Health Savings Account (HSA). HSAs are tax-advantaged savings accounts you can use to help pay for eligible health care expenses as you incur them, or you can build up the money in your account and use it for future expenses, even during retirement. Your HSA is always yours to keep — if you leave your employer, your HSA goes with you.

### Key features

- **Works like a bank account.** Use account funds to pay for eligible health care expenses by using your debit card when you receive care, or submit a claim for reimbursement for payments you've made (up to the available balance in your account).
- **You can save.** You decide how much to contribute to your HSA and can change that amount at any time.
- **It's tax-advantaged.** You don't pay taxes on contributions made from your paycheck, and the money will never be taxed when used for eligible health care expenses.
- **It's your money.** Unused funds can be carried over each year and invested for the future — you can earn tax-free interest on your HSA balance. Once your account reaches a certain balance, you will have other investment choices for the money. You can even take the account with you if you leave Signature Consultants, LLC, or save it to use during retirement.
- **Can be paired with a Combination Flexible Spending Account (FSA).** Combine the HSA with this account for additional tax savings. Eligible dental and vision expenses can be paid for with Combination FSA funds from the first day of the plan year. Once you have incurred \$1,300/individual (\$2,600/family) in out-of-pocket medical expenses, you can also use your account to pay for eligible medical expenses for the remainder of the plan year.
- **You are not eligible to contribute to an HSA if you:**
  - Are enrolled in Medicare
  - Are covered by any health insurance (including Tricare) other than a qualified high deductible health plan through Signature Consultants, LLC
  - Can be claimed as a dependent on another person's tax return
  - Have access to reimbursement under a Health Care Flexible Spending Account (FSA) established by another employer for you, your spouse, or other family member

### Contributions

For 2017, you can make pre-tax contributions from your paycheck up to:

- Individual coverage = \$3,400
- Family coverage = \$6,750
- If you're age 55 or older, you can contribute an additional \$1,000 per year.

## FLEXIBLE SPENDING ACCOUNTS (FSA)

No matter what type of Flexible Spending Account (FSA) you open, each one provides a great way to save money on your health and dependent care expenses. They are all unique and offer different benefits.

	Health Care Flexible Spending Account	Combination Flexible Spending Account	Dependent Care Flexible Spending Account
<b>Do you have an HSA?</b>	You <u>are not</u> eligible to have a Health Care FSA if you contribute to a Health Savings Account (HSA).	You must contribute to a Health Savings Account (HSA) to have a Combination FSA.	You <u>are</u> eligible to have a Dependent Care FSA whether or not you contribute to a Health Savings Account (HSA).
<b>Eligible expenses</b>	Eligible medical, dental and vision	Eligible dental and vision (medical after you have incurred \$1,300/individual or \$2,600/family in out-of-pocket medical expenses)	Expenses for child/elder care for eligible dependents that allow you and/or your spouse to work (medical, dental and vision expenses are not eligible for reimbursement with this account)
<b>How it's funded</b>	<ul style="list-style-type: none"> <li>You can make paycheck contributions up to \$2,600 per year.</li> <li>Your election is made during the Open Enrollment period. You cannot change it unless you have a qualifying life event during the year (such as getting married or having a baby).</li> <li>Your entire annual contribution is available to you at the beginning of the plan year.</li> </ul>	<ul style="list-style-type: none"> <li>You can make paycheck contributions up to \$2,600 per year.</li> <li>Your election is made during the Open Enrollment period. You cannot change it unless you have a qualifying life event during the year (such as getting married or having a baby).</li> <li>Your entire annual contribution is available to you at the beginning of the plan year.</li> </ul>	<ul style="list-style-type: none"> <li>You can make paycheck contributions up to \$5,000 per year per married couple to use for qualified dependent care or elder care expenses.</li> <li>Your election is made during the Open Enrollment period. You cannot change or elect it unless you have a qualifying life event during the year (such as having a baby or a change in dependent care expenses).</li> <li>Your funds are only available to you after they have been deposited into your account each pay period.</li> </ul>
<b>Unused funds</b>	You should estimate your expenses carefully before enrolling because unused funds in your account do not carry over at the end of the year and are forfeited.		
<b>How to access</b>	You will receive a benefits debit card that you can use to pay for eligible expenses. Or, you can submit claims for reimbursement of eligible expenses.  NOTE: You'll receive only one debit card to use for all accounts.		



# Supplemental Medical Insurance

## Aflac

Supplemental medical insurance can help protect you from significant expenses not covered by your medical plan. In fact, based on your situation, you may be able to save money by adding a supplemental plan to a lower cost medical plan. Be sure to consider your anticipated medical needs for the year along with the cost of the medical plans available to you.

The following three supplemental medical plans may be available to you for plan year April 1, 2017 - March 31, 2018. These plans are available in most, but not all states. Coverage is available for you and your dependents. Complete details about coverage and cost can be found at [www.mercermarketplace.com/signature](http://www.mercermarketplace.com/signature).

### Keep in mind

Supplemental medical plans are intended to enhance your medical plan. On their own, they don't provide the minimum level of medical coverage needed to meet the Affordable Care Act requirement to have medical insurance.

## ACCIDENT

You can't always avoid accidents, but you can help protect yourself from accident-related costs that can strain your budget. Accident insurance supplements your medical plan by providing cash benefits in cases of accidental injuries. You can use this money to help pay for non-covered medical expenses, such as your deductible or coinsurance, or for ongoing living expenses, such as your mortgage or rent. Benefits are paid in addition to your medical plan, and are payable regardless of any other insurance plans you may have. You will be able to elect coverage for yourself and your dependents during your enrollment period regardless of prior health history.

## CRITICAL ILLNESS

When a serious illness strikes, critical illness insurance can provide financial support to help you through a difficult time. It protects against the financial impact of certain illnesses, such as a heart attack or cancer. You receive a lump-sum benefit that you can use to cover out-of-pocket expenses for your treatment that are not covered by your medical plan. You can also use the money to take care of your everyday living expenses like housekeeping services, special transportation services and day care. Benefits are paid in addition to your medical plan, and are payable regardless of any other insurance plans you may have. You will be able to elect coverage for yourself and your dependents during your enrollment period regardless of prior health history.

## HOSPITAL INDEMNITY

A trip to the hospital can be stressful, and so can the bills. Even with a medical plan, you may still be responsible for deductibles, coinsurance and other out-of-pocket costs. A hospital indemnity plan provides supplemental payments that you can use to cover expenses that your medical plan doesn't cover for hospital stays, ambulance service, surgery and certain inpatient or outpatient treatment. Benefits are paid in addition to your medical plan, and are payable regardless of any other insurance plans you may have. You will be able to elect coverage for yourself and your dependents during your enrollment period regardless of prior health history.





# Dental Insurance

## Delta Dental

Your smile says a lot about your overall health. Healthy teeth and gums are an essential part of your general health and well-being. In fact, research shows there may be a connection between poor dental health and serious health conditions. Dental exams can detect some health conditions sooner rather than later. That's why it's important to have regular dental check-ups and maintain good oral hygiene.

### Key Words to Know:

Below are general examples of key words to know and are not a guarantee of coverage. Check your Plan Documents and Benefit Summaries to confirm covered benefits.

**Annual Maximum Benefit:** The maximum total amount the plan will pay during the plan year.

**Deductible:** The amount you pay before the plan begins to pay.

**Preventive Services:** Services designed to prevent or diagnose dental conditions including oral evaluations, routine cleanings, X-rays, fluoride treatments and sealants.

**Basic Services:** Services such as basic restorations, some oral surgery, endodontics and periodontics.

**Major Services:** Services such as crowns, dentures, implants and some oral surgery.

**Orthodontia:** Services such as straightening or moving misaligned teeth and/or jaws with braces and/or surgery.

## IN-NETWORK DENTAL PLAN SUMMARY

	ENHANCED WITH ORTHODONTIA	STANDARD	BASIC
<b>Annual Maximum Benefit</b>	\$2,000	\$1,500	\$750
<b>IN-NETWORK</b>			
<b>Individual/Family Deductible (waived for preventive services)</b>	\$50/\$150	\$50/\$150	\$50/\$150
<b>Preventive Services</b>	Plan pays 100%*	Plan pays 100%*	Plan pays 90%*
<b>Basic Services</b>	Plan pays 80%	Plan pays 80%	Plan pays 70%
<b>Major Services</b>	Plan pays 50%	Plan pays 50%	Not covered
<b>Orthodontia Services</b>	Plan pays 50%	Not covered	Not covered
<b>Orthodontia Maximum Lifetime (in-network and out-of-network)</b>	\$1,500**	Not covered	Not covered

\* Deductible does not apply.

\*\* Orthodontia coverage available for eligible children up to age 19.

### Learn more online

For additional plan details, including cost and any out-of-network benefits, visit [www.mercermarketplace.com/signature](http://www.mercermarketplace.com/signature).



# Vision Insurance

## EyeMed

Having an annual eye exam is one of the best ways to make sure you're keeping your eyes healthy. Eye exams can help prevent and treat easily correctable vision problems which can cause permanent vision impairment. You can enroll in vision coverage to save money on eligible vision care expenses, such as eye exams, glasses and contact lenses.

### Key Words to Know:

Below are general examples of key words to know and are not a guarantee of coverage. Check your Plan Documents and Benefit Summaries to confirm covered benefits.

**Copay:** An amount you pay for a covered service each time you use that service.

**Retail Allowance:** Maximum allowance paid toward the cost of vision materials. You are required to pay any amounts in excess of the retail allowance.

## IN-NETWORK VISION PLAN SUMMARY

	ENHANCED
IN-NETWORK	COPAY
Exam	\$10 (1 per 12 months)
Lenses	\$10 (1 per 12 months)
Contact Lens Fitting	Not to exceed \$60 (1 per 12 months)
	RETAIL ALLOWANCE
Frames	Up to \$175; 20% off any amount over allowance (1 per 12 months)
Contact Lenses (in lieu of Frames & Lenses)	Up to \$175 (1 per 12 months)

### Learn more online

For additional details, including cost, any out-of-network benefits and possible discounts on expenses that exceed the retail allowance, visit [www.mercermarketplace.com/signature](http://www.mercermarketplace.com/signature).



# Life Insurance

*Cigna – TERM LIFE, ACCIDENTAL DEATH & DISMEMBERMENT*

*Aflac – PERMANENT LIFE*

Life insurance provides important financial protection for you and your family. You can choose from different levels of life insurance coverage to meet your needs.

**Employer-Paid Life and Accidental Death and Dismemberment (AD&D)** – Your employer provides you with a base level of employee term life and accidental death and dismemberment (AD&D) insurance at no cost to you when you are enrolled in a Signature Consultants, LLC medical plan. This coverage provides a benefit of \$10,000 for Basic Life and AD&D.

**Employee-Paid Term Life** – To supplement the coverage provided by your employer, you can purchase additional term life insurance for yourself. This coverage is tied to your employment and typically ends if you leave your employer. However, you may be able to retain this coverage on your own with the same insurance carrier if you leave your employer. **You must purchase this coverage if you wish to purchase spouse and/or child term life.**

**Spouse Term Life** – You can purchase term life insurance for your spouse. This coverage is tied to your employment, and typically ends if you leave your employer. However, you may be able to retain this coverage for your spouse on your own with the same insurance carrier if you leave your employer.

**Child Term Life** – You can purchase term life insurance for your dependent children. This coverage is tied to your employment, and typically ends if you leave your employer. However, you may be able to retain this coverage for your children on your own with the same insurance carrier if you leave your employer.

**Permanent Life** – You also have the option to purchase permanent life insurance. With a permanent life insurance policy, you are the policy owner and can maintain the coverage, whether or not you leave your employer, for as long as you choose to continue to pay the premium. This option offers you the ability to provide lasting protection for your family.

## Important Information

### Select a beneficiary

It's important to choose a beneficiary or beneficiaries to receive the policy's benefit payment in the event of the insured person's death. You should designate your beneficiary/beneficiaries on [www.mercermarketplace.com/signature](http://www.mercermarketplace.com/signature). For Spouse and Child Term Life policies, you (the employee) are automatically listed as the beneficiary.

### Statement of Health

If you are increasing your current life insurance coverage or electing life insurance for the first time and you are not a new hire, evidence of insurability will be required on the entire amount.



# Disability Insurance

## *Cigna*

A disability can be one of the biggest financial risks you face. Your work income will end, but your living expenses will continue. Make sure you protect your income by choosing the disability coverage you need.

## SHORT-TERM DISABILITY

When you need to miss work for an extended period of time due to an illness or accident, short-term disability insurance can replace a percentage of your lost income (up to a maximum weekly benefit) for a certain number of weeks. Visit [www.mercermarketplace.com/signature](http://www.mercermarketplace.com/signature) for coverage and cost information.

If you live in a state that requires your employer to offer short-term disability benefits, your disability will be coordinated between your employer and the state. This applies to employees in California and New York.

## LONG-TERM DISABILITY

If you experience a disabling illness or injury that lasts longer than your short-term disability benefit, long-term disability insurance can replace a percentage of your lost income (up to a maximum monthly benefit). Visit [www.mercermarketplace.com/signature](http://www.mercermarketplace.com/signature) for coverage and cost information.

### **Statement of Health**

If you are electing disability insurance for the first time and you are not a new hire, evidence of insurability will be required on the entire amount.



## Commuter Benefits

Commuter benefits allow you to lower your commuting costs by using before-tax dollars to pay for qualified transportation expenses, such as transit passes and parking. You decide how much to contribute, and the money will be automatically deducted from your paycheck and placed on a debit card for your use. Maximum coverage is \$3,060 annually, \$255 monthly for parking and transit. Please note if you are a Massachusetts resident, the maximum you can contribute for transit is \$1,560 annually or \$130 monthly for state tax purposes.



## Legal Benefits

### *MetLife Hyatt Legal*

The MetLife® Hyatt Legal Assistance Plan offers you economical access to attorneys for common legal services, such as will preparation, estate planning, family law and more. You, your spouse and dependents will have access to a nationwide network of 13,500 experienced attorneys — just a phone call away! If you choose, you also have the flexibility to use a non-plan attorney and get reimbursed for covered services according to a set fee schedule.

When you call, a knowledgeable client service representative can help you locate a plan attorney in your area. You'll also have convenient online access to resources that will assist with court appearances, document review and preparation, and/or real estate matters.



## Identity Theft Protection

### *InfoArmor*

Get peace of mind by protecting yourself against the damage of identity theft. Identity theft protection services from InfoArmor® monitor your identity, detect fraud and restore your identity in the event of theft. Certified privacy advocates are also available to act as dedicated case managers on your behalf to resolve any identity theft issues.



## Pet Insurance

### *Nationwide*

For pet owners, the cost of providing unexpected veterinary care if medical issues arise could add up to hundreds or even thousands of dollars. Pet insurance through Nationwide gives you peace of mind, and is a cost-effective way to protect you from the risk of these expenses and provide medical care for your pet. Mercer Marketplace 365 participants are eligible to receive at least a 5% discount on premiums.

Nationwide offers several policy options to meet a variety of needs and budgets. With this coverage, you are free to use any veterinarian worldwide.



## Online Discount Mall

### *PerkSpot*

PerkSpot Online Discount Mall offers you 24/7 access to exclusive prices, discounts and offers from hundreds of local and national merchants. Choose from health clubs, movie theaters, restaurants, retailers and all major cell phone providers. Offers are updated frequently.

As a Mercer Marketplace 365 participant, you pay nothing for this service. Once you register with an email address, you can sign up to receive email alerts for discounts you may be interested in. You will be connected to exclusive discounts and savings of up to 40%.

For more information, log on to [www.mercermarketplace.com/signature](http://www.mercermarketplace.com/signature) and visit the Resource Center.



# Employee Assistance Program

## *Magellan*

At Signature Consultants, LLC, we understand how challenging it can be to balance your work and personal life. We are committed to helping you do just that! **All employees and family members are covered at no cost to you.** Your employee assistance program can help you find solutions for the everyday challenges of work and home, as well as for more serious issues involving emotional and physical well-being. This program can assist with:

- Childcare and/or eldercare referrals
- Personal relationship information and counseling
- Health management support and referrals
- Financial planning assistance
- Stress management

## Help is Easy to Access

- **Telephone consultation:** Speak confidentially with a master's level consultant to clarify your need, evaluate options, and create an action plan.
- **Face-to-face consultations:** You and each of your dependents can consult with a local counselor up to five times per issue for short-term problem resolution.
- **Educational materials:** Receive information on a variety of issues through a library of CDs and booklets.
- **Online resources:** Access interactive tools, articles and free materials online.

Complete details about coverage can be found on the Resource Center at [www.mercermarketplace.com/signature](http://www.mercermarketplace.com/signature).



# Managing Your 401K Retirement

*Signature Consultants LLC 401K Plan through Wells Fargo Institutional and Retirement Trust is NOT accessed through Mercer Marketplace 365*

## TWO EASY WAYS TO ACCESS AND MANAGE YOUR RETIREMENT ACCOUNT

You can access and make changes to your account by signing on to the Wells Fargo website at [www.wellsfargo.com](http://www.wellsfargo.com), or by calling Participant Services, at 1-800-728-3123. This is to help you manage your account online and learn more about how to access your account by phone.

From the comfort of home or virtually anywhere, day or night, you can access your retirement account online. Once you sign up, you can use the website to do everything from calculating how much you may need in retirement to choosing how much you want to save and how to invest it.

### GO ONLINE: [WWW.WELLSFARGO.COM](http://WWW.WELLSFARGO.COM)

#### First time user?

To get started, follow these simple steps:

1. Choose **Sign Up** at the top of the page.
2. Answer a short series of questions; be sure to check the box indicating you don't have an account number.
3. Click the name of your retirement plan account.
4. Select your ePreferences.

#### Have other Wells Fargo accounts?

Sign on using your existing username and password, then select the name of your retirement plan. Don't automatically see your retirement plan account in your account summary?

Once you've signed on, visit the **Account Services** tab, then under **Account Information**, select **Add Accounts**. Your retirement account should be available to add.

#### Managing your account online

Once you are enrolled in your company's retirement plan, managing and updating your account online is simple. Some of the things you can do online include:

- Check your balance
- Change your contribution rate
- Choose investments
- View your account transaction history
- Update your beneficiaries

#### CALL: 1-800-SAVE-123 (1-800-728-3123)

The Retirement Service Center offers 24-hour automated account access. Representatives are also available Monday through Friday from 7:00 am to 11:00 pm Eastern Time.

You'll need your Social Security number (SSN) and your personal identification number (PIN), which is initially the last four digits of your SSN. You'll be required to change your PIN the first time you call.

#### Managing your account by phone

Accessing, managing, and updating your account over the phone is simple. Some of the things you can do over the phone include:

- Enroll in your plan
- Get a free retirement consultation
- Increase your contribution rate
- Choose investments





## Contact Information

You'll find many details about the Signature Consultants, LLC benefit plans on the Mercer Marketplace 365 website. However, you can use this table if you need to contact a benefit provider directly.

BENEFIT	ADMINISTRATOR	PHONE NUMBER	WEBSITE
Medical and Prescription	Blue Cross Blue Shield <sup>1</sup>	1-800-830-1501	<a href="http://www.myhealthtoolkitfl.com">www.myhealthtoolkitfl.com</a>
Teladoc	Teladoc	1-800-TELADOC	<a href="http://www.teladoc.com">www.teladoc.com</a>
Spending and Savings Accounts	Mercer Marketplace 365	1-855-220-3561	<a href="http://www.mercermarketplace.com/signature">www.mercermarketplace.com/signature</a>
Mercer Marketplace 365 HUB	Mercer Marketplace 365	1-866-385-8032	<a href="http://www.mercermarketplace.com/signature">www.mercermarketplace.com/signature</a>
Supplemental Medical	Aflac	1-800-433-3036	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>
Dental	Delta Dental	1-800-521-2651	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
Vision	EyeMed	1-866-723-0513	<a href="http://www.eyemed.com">www.eyemed.com</a>
Term Life Insurance/ Accidental Death & Dismemberment	Cigna	1-800-732-1603	
Permanent Life Insurance	Aflac	<a href="http://www.aflacgroupinsurance.com">www.aflacgroupinsurance.com</a>	
Disability	Cigna	1-800-732-1603	
Commuter Benefits	Mercer Marketplace 365	<a href="http://www.mercermarketplace.com/signature">www.mercermarketplace.com/signature</a>	
Legal	MetLife Hyatt Legal	<a href="http://www.legalplans.com">www.legalplans.com</a> Use Access Code: GET LAW	
Identity Theft	InfoArmor	<a href="http://www.myprivacyarmor.com/marketplace365">www.myprivacyarmor.com/marketplace365</a>	
Pet Insurance	Nationwide	<a href="http://www.petinsurance.com">www.petinsurance.com</a>	
Online Discount Mall	PerkSpot	<a href="http://www.perkspot.com">www.perkspot.com</a>	
Employee Assistance Program	Magellan	1-800-424-4485	<a href="http://www.magellanhealth.com">www.magellanhealth.com</a>
401K (Not offered through Mercer Marketplace 365)	Wells Fargo	1-800-728-3123	<a href="http://www.wellsfargo.com">www.wellsfargo.com</a>

<sup>1</sup> **Important Note:** Your ID cards will reference BCBS of Florida. However, this coverage is through the BlueCard program and gives you national access to doctors and hospitals almost everywhere, so finding a provider is easy no matter where you live, work or travel. To access a network provider, visit [MyHealthToolkitFL.com](http://MyHealthToolkitFL.com) and click Find a Doctor or Hospital (use suffix EES). If you have questions or need to speak with a BCBS representative, call 1-800-830-1501.

# Legal Notices

**Signature Consultants, LLC reserves the right to change, amend or terminate any benefits plan at any time for any reason. Participation in a benefit plan is not a promise or guarantee of future employment. Receipt of benefits documents does not constitute eligibility.**

The Benefits Decision Guide, combined with these legal notices, provides an overview of the benefits available to you and your family. In the event of a discrepancy between the information presented in the Benefits Decision Guide and official plan documents, the official plan documents will govern.

## STATEMENT OF MATERIAL MODIFICATIONS

This enrollment guide constitutes a Summary of Material Modifications (SMM) or Summary of Material Reductions (SMR), as applicable, to the Signature Consultants, LLC Health & Welfare Plan summary plan description (SPD). It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

## SUMMARY OF BENEFITS COVERAGE

A Summary of Benefits Coverage (SBC) for each of the employer-sponsored medical plans is available at [www.mercermarketplace.com/signature](http://www.mercermarketplace.com/signature). You may also request a paper copy by calling Mercer Marketplace 365.

## IMPORTANT NOTICE FROM SIGNATURE CONSULTANTS, LLC ABOUT CREDITABLE PRESCRIPTION DRUG COVERAGE AND MEDICARE

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Signature Consultants, LLC medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2017-2018. This is known as “creditable coverage.”

Why this is important: if you or your covered dependent(s) are enrolled in any prescription drug coverage during 2017-2018 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty — as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.

Please read the notice below carefully. It has information about prescription drug coverage with Signature Consultants, LLC and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

### Notice of creditable coverage

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by one of the Signature Consultants, LLC prescription drug plans listed below, you'll be interested to know that coverage is, on average, at least as good as standard Medicare prescription drug coverage for 2017-2018. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

- \$400 Deductible Plan
- \$900 Deductible Plan
- \$1,850 Deductible Plan with HSA
- \$2,850 Deductible Plan with HSA

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the employer plan will continue to pay primary or secondary, as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Signature Consultants, LLC coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the Signature Consultants, LLC plan.

You should know that if you waive or leave coverage with Signature Consultants, LLC and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future — such as before the next period you can enroll in Medicare prescription drug coverage, if this Signature Consultants, LLC coverage changes, or upon your request.

### **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. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

Visit [www.medicare.gov](http://www.medicare.gov) for personalized help.

Call your state Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number).

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call 1-800-772-1213 (TTY 1-800-325-0778).

**Remember:** Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, contact:

**Nancy Tarchis, Benefits Manager**  
**200 W. Cypress Creek Rd, Suite 400, Fort Lauderdale, FL 33309**  
**1-954-717-1014**  
**[scbenefits@sigconsult.com](mailto:scbenefits@sigconsult.com)**

## **HIPAA SPECIAL ENROLLMENT NOTICE**

### **Notice of special enrollment rights for health plan coverage**

If you decline enrollment in a Signature Consultants, LLC health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in a Signature Consultants, LLC health plan without waiting for the next Open Enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption or placement for adoption. You must request health plan enrollment within 30 days after the marriage, birth, adoption or placement for adoption.
- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 30-day timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment. In addition, you may enroll in a Signature Consultants, LLC medical plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

Note: If your dependent becomes eligible for special enrollment rights, you may add the dependent to your current coverage or change to another health plan. Any other currently covered dependents may also switch to the new plan in which you enroll.

## **WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) NOTICE**

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 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.
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your medical carrier at the phone number listed on the back of your ID card.

## **NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT (NMHPA OR "NEWBORNS' ACT") NOTICE**

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your medical carrier at the phone number listed on the back of your ID card.

## **NOTICE REGARDING WELLNESS PROGRAM**

The wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening, which will include a blood test for cholesterol and glucose. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks. You also are encouraged to share your results or concerns with your own doctor.

## **PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION**

We are required by law to maintain the privacy and security of your personally identifiable health information. The wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Human Resources.

## CHIP/MEDICAID 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](http://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](http://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](http://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, 2016. Contact your State for more information on eligibility.**

ALABAMA – Medicaid	GEORGIA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ALASKA – Medicaid	INDIANA – Medicaid
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a> Phone (Outside of Anchorage): 1-800-780-9972	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
ARKANSAS – Medicaid	IOWA – Medicaid
Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: <a href="http://www.dhs.state.ia.us/hipp/">http://www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562
COLORADO – Medicaid	KANSAS – Medicaid
Medicaid Website: <a href="http://www.colorado.gov/hcpf">http://www.colorado.gov/hcpf</a> Medicaid Customer Contact Center: 1-800-221-3943	Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-800-792-4884

<b>FLORIDA – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
<p>Website: <a href="http://flmedicaidtprecovery.com/hipp/">http://flmedicaidtprecovery.com/hipp/</a>  Phone: 1-877-357-3268</p>	<p>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Medicaid Phone: 609-631-2392  CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710</p>
<b>KENTUCKY – Medicaid</b>	<b>NEW YORK – Medicaid</b>
<p>Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a>  Phone: 1-800-635-2570</p>	<p>Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a>  Phone: 1-800-541-2831</p>
<b>LOUISIANA – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
<p>Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a>  Phone: 1-888-695-2447</p>	<p>Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a>  Phone: 919-855-4100</p>
<b>MAINE – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
<p>Website: <a href="http://www.maine.gov/dhhs/ofi/publicassistance/index.html">http://www.maine.gov/dhhs/ofi/publicassistance/index.html</a>  Phone: 1-800-442-6003  TTY: Maine relay 711</p>	<p>Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>  Phone: 1-844-854-4825</p>
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
<p>Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a>  Phone: 1-800-462-1120</p>	<p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742</p>
<b>MINNESOTA – Medicaid</b>	<b>OREGON – Medicaid</b>
<p>Website: <a href="http://mn.gov/dhs/ma/">http://mn.gov/dhs/ma/</a>  Phone: 1-800-657-3739</p>	<p>Website:  <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>  Phone: 1-800-699-9075</p>
<b>MISSOURI – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
<p>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>  Phone: 573-751-2005</p>	<p>Website: <a href="http://www.dhs.pa.gov/hipp">http://www.dhs.pa.gov/hipp</a>  Phone: 1-800-692-7462</p>
<b>MONTANA – Medicaid</b>	<b>RHODE ISLAND – Medicaid</b>
<p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>  Phone: 1-800-694-3084</p>	<p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>  Phone: 401-462-5300</p>

<b>NEBRASKA – Medicaid</b>	<b>SOUTH CAROLINA – Medicaid</b>
Website: <a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx</a> Phone: 1-855-632-7633	Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>NEVADA – Medicaid</b>	<b>SOUTH DAKOTA - Medicaid</b>
Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-800-597-1603
<b>NEW HAMPSHIRE – Medicaid</b>	<b>TEXAS – Medicaid</b>
Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218	Website: <a href="http://gethiptexas.com/">http://gethiptexas.com/</a> Phone: 1-800-440-0493
	<b>WASHINGTON – Medicaid</b>
	Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473
<b>UTAH – Medicaid and CHIP</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: Medicaid: <a href="http://health.utah.gov/medicaid">http://health.utah.gov/medicaid</a> CHIP: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	Website: <a href="http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>VERMONT– Medicaid</b>	<b>WISCONSIN – Medicaid and CHIP</b>
Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>VIRGINIA – Medicaid and CHIP</b>	<b>WYOMING – Medicaid</b>
Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-855-242-8282 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 1-307-777-7531

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565



## SIGNATURE CONSULTANTS, LLC HIPAA PRIVACY NOTICE

Please carefully review this notice. It describes how medical information about you may be used and disclosed and how you can get access to this information.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on the use and disclosure of individual health information by Signature Consultants, LLC health plans. This information, known as protected health information (PHI), includes almost all individually identifiable health information held by a plan — whether received in writing, in an electronic medium or as an oral communication. This notice describes the privacy practices of the Signature Consultants, LLC's self-insured health plans. The plans covered by this notice may share health information with each other to carry out treatment, payment or health care operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

### The Plan's duties with respect to health information about you

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It's important to note that these rules apply to the Plan, not Signature Consultants, LLC as an employer — that's the way the HIPAA rules work. Different policies may apply to other Signature Consultants, LLC programs or to data unrelated to the Plan.

### How the Plan may use or disclose your health information

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care treatment, payment activities and health care operations. Here are some examples of what that might entail:

- **Treatment** includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Plan may share your health information with physicians who are treating you.
- **Payment** includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations, and provide reimbursement for health care. This can include determining eligibility, reviewing services for medical necessity or appropriateness, engaging in utilization management activities, claims management, and billing; as well as performing "behind the scenes" plan functions, such as risk adjustment, collection or reinsurance. For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan to coordinate payment of benefits.
- **Health care operations** include activities by this Plan (and, in limited circumstances, by other plans or providers), such as wellness and risk assessment programs, quality assessment and improvement activities, customer service and internal grievance resolution. Health care operations also include evaluating vendors; engaging in credentialing, training and accreditation activities; performing underwriting or premium rating; arranging for medical review and audit activities; and conducting business planning and development. For example, the Plan may use information about your claims to audit the third parties that approve payment for Plan benefits.

The amount of health information used, disclosed or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. If the Plan uses or discloses PHI for underwriting purposes, the Plan will not use or disclose PHI that is your genetic information for such purposes.

### How the Plan may share your health information with Signature Consultants, LLC

The Plan, or its health insurer or HMO, may disclose your health information without your written authorization to Signature Consultants, LLC for plan administration purposes. Signature Consultants, LLC may need your health information to administer benefits under the Plan. Signature Consultants, LLC agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law. Human Resources department employees are the only Signature Consultants, LLC employees who will have access to your health information for plan administration functions.

Here's how additional information may be shared between the Plan and Signature Consultants, LLC, as allowed under the HIPAA rules:

- The Plan, or its insurer or HMO, may disclose “summary health information” to Signature Consultants, LLC, if requested, for purposes of obtaining premium bids to provide coverage under the Plan or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants’ claims information, from which names and other identifying information have been removed.
- The Plan, or its insurer or HMO, may disclose to Signature Consultants, LLC information on whether an individual is participating in the Plan or has enrolled or disenrolled in an insurance option or HMO offered by the Plan.

In addition, you should know that Signature Consultants, LLC cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by Signature Consultants, LLC from other sources — for example, under the Family and Medical Leave Act, Americans with Disabilities Act, or workers’ compensation programs — is not protected under HIPAA (although this type of information may be protected under other federal or state laws).

### Other allowable uses or disclosures of your health information

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information about your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You'll generally be given the chance to agree or object to these disclosures (although exceptions may be made — for example, if you're not present or if you're incapacitated). In addition, your health information may be disclosed without authorization to your legal representative. The Plan also is allowed to use or disclose your health information without your written authorization for the following activities:

<b>Workers' compensation</b>	Disclosures to workers' compensation or similar legal programs that provide benefits for work-related injuries or illness without regard to fault, as authorized by and necessary to comply with the laws
<b>Necessary to prevent serious threat to health or safety</b>	Disclosures made in the good-faith belief that releasing your health information is necessary to prevent or lessen a serious and imminent threat to public or personal health or safety, if made to someone reasonably able to prevent or lessen the threat (or to the target of the threat); includes disclosures to help law enforcement officials identify or apprehend an individual who has admitted participation in a violent crime that the Plan reasonably believes may have caused serious physical harm to a victim, or where it appears the individual has escaped from prison or from lawful custody
<b>Public health activities</b>	Disclosures authorized by law to persons who may be at risk of contracting or spreading a disease or condition; disclosures to public health authorities to prevent or control disease or report child abuse or neglect; and disclosures to the Food and Drug Administration to collect or report adverse events or product defects
<b>Victims of abuse, neglect, or domestic violence</b>	Disclosures to government authorities, including social services or protected services agencies authorized by law to receive reports of abuse, neglect or domestic violence, as required by law or if you agree or the Plan believes that disclosure is necessary to prevent serious harm to you or potential victims (you'll be notified of the Plan's disclosure if informing you won't put you at further risk)
<b>Judicial and administrative proceedings</b>	Disclosures in response to a court or administrative order, subpoena, discovery request or other lawful process (the plan may be required to notify you of the request or receive satisfactory assurance from the party seeking your health information that efforts were made to notify you or to obtain a qualified protective order concerning the information)
<b>Law enforcement purposes</b>	Disclosures to law enforcement officials required by law or legal process, or to identify a suspect, fugitive, witness or missing person; disclosures about a crime victim if you agree or if disclosure is necessary for immediate law enforcement activity; disclosures about a death that may have resulted from criminal conduct; and disclosures to provide evidence of criminal conduct on the plan's premises
<b>Decedents</b>	Disclosures to a coroner or medical examiner to identify the deceased or determine cause of death; and to funeral directors to carry out their duties
<b>Organ, eye, or tissue donation</b>	Disclosures to organ procurement organizations or other entities to facilitate organ, eye, or tissue donation and transplantation after death

<b>Research purposes</b>	Disclosures subject to approval by institutional or private privacy review boards, subject to certain assurances and representations by researchers about the necessity of using your health information and the treatment of the information during a research project
<b>Health oversight activities</b>	Disclosures to health agencies for activities authorized by law (audits, inspections, investigations or licensing actions) for oversight of the health care system, government benefits programs for which health information is relevant to beneficiary eligibility, and compliance with regulatory programs or civil rights laws
<b>Specialized government functions</b>	Disclosures about individuals who are armed forces personnel or foreign military personnel under appropriate military command; disclosures to authorized federal officials for national security or intelligence activities; and disclosures to correctional facilities or custodial law enforcement officials about inmates
<b>HHS investigations</b>	Disclosures of your health information to the Department of Health and Human Services to investigate or determine the Plan's compliance with the HIPAA privacy rule

Except as described in this notice, other uses and disclosures will be made only with your written authorization. For example, in most cases, the Plan will obtain your authorization before it communicates with you about products or programs if the Plan is being paid to make those communications. If we keep psychotherapy notes in our records, we will obtain your authorization in some cases before we release those records. The Plan will never sell your health information unless you have authorized us to do so. You may revoke your authorization as allowed under the HIPAA rules. However, you can't revoke your authorization with respect to disclosures the Plan has already made. You will be notified of any unauthorized access, use, or disclosure of your unsecured health information as required by law.

The Plan will notify you if it becomes aware that there has been a loss of your health information in a manner that could compromise the privacy of your health information.

## Your individual rights

You have the following rights with respect to your health information the Plan maintains. These rights are subject to certain limitations, as discussed below. This section of the notice describes how you may exercise each individual right.

### Right to request restrictions on certain uses and disclosures of your health information and the Plan's right to refuse

You have the right to ask the Plan to restrict the use and disclosure of your health information for treatment, payment, or health care operations, except for uses or disclosures required by law. You have the right to ask the Plan to restrict the use and disclosure of your health information to family members, close friends, or other persons you identify as being involved in your care or payment for your care. You also have the right to ask the Plan to restrict use and disclosure of health information to notify those persons of your location, general condition, or death — or to coordinate those efforts with entities assisting in disaster relief efforts. If you want to exercise this right, your request to the Plan must be in writing.

The Plan is not required to agree to a requested restriction. If the Plan does agree, a restriction may later be terminated by your written request, by agreement between you and the Plan (including an oral agreement), or unilaterally by the Plan for health information created or received after you're notified that the Plan has removed the restrictions. The Plan may also disclose health information about you if you need emergency treatment, even if the Plan has agreed to a restriction.

An entity covered by these HIPAA rules (such as your health care provider) or its business associate must comply with your request that health information regarding a specific health care item or service not be disclosed to the Plan for purposes of payment or health care operations if you have paid out of pocket and in full for the item or service.

## **Right to receive confidential communications of your health information**

If you think that disclosure of your health information by the usual means could endanger you in some way, the Plan will accommodate reasonable requests to receive communications of health information from the Plan by alternative means or at alternative locations.

If you want to exercise this right, your request to the Plan must be in writing and you must include a statement that disclosure of all or part of the information could endanger you.

## **Right to inspect and copy your health information**

With certain exceptions, you have the right to inspect or obtain a copy of your health information in a “designated record set.” This may include medical and billing records maintained for a health care provider; enrollment, payment, claims adjudication and case or medical management record systems maintained by a plan; or a group of records the Plan uses to make decisions about individuals. However, you do not have a right to inspect or obtain copies of psychotherapy notes or information compiled for civil, criminal, or administrative proceedings. The Plan may deny your right to access, although in certain circumstances, you may request a review of the denial.

If you want to exercise this right, your request to the Plan must be in writing. Within 30 days of receipt of your request (60 days if the health information is not accessible on site), the Plan will provide you with one of these responses:

- The access or copies you requested.
- A written denial that explains why your request was denied and any rights you may have to have the denial reviewed or file a complaint.
- A written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

You may also request your health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. The Plan may provide you with a summary or explanation of the information instead of access to or copies of your health information, if you agree in advance and pay any applicable fees. The Plan also may charge reasonable fees for copies or postage. If the Plan doesn’t maintain the health information but knows where it is maintained, you will be informed where to direct your request.

If the Plan keeps your records in an electronic format, you may request an electronic copy of your health information in a form and format readily producible by the Plan. You may also request that such electronic health information be sent to another entity or person, so long as that request is clear, conspicuous and specific. Any charge that is assessed to you for these copies must be reasonable and based on the Plan’s cost.

## **Right to amend your health information that is inaccurate or incomplete**

With certain exceptions, you have a right to request that the Plan amend your health information in a designated record set. The Plan may deny your request for a number of reasons. For example, your request may be denied if the health information is accurate and complete, was not created by the Plan (unless the person or entity that created the information is no longer available), is not part of the designated record set, or is not available for inspection (e.g., psychotherapy notes or information compiled for civil, criminal or administrative proceedings).

If you want to exercise this right, your request to the Plan must be in writing, and you must include a statement to support the requested amendment. Within 60 days of receipt of your request, the Plan will take one of these actions:

- Make the amendment as requested.
- Provide a written denial that explains why your request was denied and any rights you may have to disagree or file a complaint.
- Provide a written statement that the time period for reviewing your request will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request.

## **Right to receive an accounting of disclosures of your health information**

You have the right to a list of certain disclosures of your health information the Plan has made. This is often referred to as an “accounting of disclosures.” You generally may receive this accounting if the disclosure is required by law, in connection with public health activities, or in similar situations listed in the table earlier in this notice, unless otherwise indicated below.

You may receive information on disclosures of your health information for up to six years before the date of your request. You do not have a right to receive an accounting of any disclosures made in any of these circumstances:

- For treatment, payment or health care operations.
- To you about your own health information.
- Incidental to other permitted or required disclosures.
- Where authorization was provided.
- To family members or friends involved in your care (where disclosure is permitted without authorization).
- For national security or intelligence purposes or to correctional institutions or law enforcement officials in certain circumstances.
- As part of a “limited data set” (health information that excludes certain identifying information).

In addition, your right to an accounting of disclosures to a health oversight agency or law enforcement official may be suspended at the request of the agency or official.

If you want to exercise this right, your request to the Plan must be in writing. Within 60 days of the request, the Plan will provide you with the list of disclosures or a written statement that the time period for providing this list will be extended for no more than 30 more days, along with the reasons for the delay and the date by which the Plan expects to address your request. You may make one request in any 12-month period at no cost to you, but the Plan may charge a fee for subsequent requests. You’ll be notified of the fee in advance and have the opportunity to change or revoke your request.

## **Right to obtain a paper copy of this notice from the Plan upon request**

You have the right to obtain a paper copy of this privacy notice upon request. Even individuals who agreed to receive this notice electronically may request a paper copy at any time.

## **Changes to the information in this notice**

The Plan must abide by the terms of the privacy notice currently in effect. This notice takes effect on April 1, 2017. However, the Plan reserves the right to change the terms of its privacy policies, as described in this notice, at any time and to make new provisions effective for all health information that the Plan maintains. This includes health information that was previously created or received, not just health information created or received after the policy is changed. If changes are made to the Plan’s privacy policies described in this notice, you will be provided with a revised privacy notice.

## **Complaints**

If you believe your privacy rights have been violated or your Plan has not followed its legal obligations under HIPAA, you may complain to the Plan and to the Secretary of Health and Human Services. You won’t be retaliated against for filing a complaint. To file a complaint, contact Nancy Tarchis, Benefits Manager at [scbenefits@sigconsult.com](mailto:scbenefits@sigconsult.com).

## **Contact**

For more information on the Plan’s privacy policies or your rights under HIPAA, contact Nancy Tarchis, Benefits Manager at [scbenefits@sigconsult.com](mailto:scbenefits@sigconsult.com).