2019

Employee Benefits Overview

SPIN
A Life of Possibilities

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Medicare Part D Notice: 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 Annual Notices on Company Intranet for more details.

Ready, Set Enroll!!

At SPIN, we believe that you, our employees, are our most important asset. Helping you and your families achieve and maintain good health—physical, emotional and financial—is the reason SPIN offers you this benefits program. We are providing you with this overview to help you understand the benefits that are available to you and how to best use them. Please review it carefully and make sure to ask about any important issues that are not addressed here.

While we've made every effort to make sure that this guide is comprehensive, it cannot provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

The benefits in this summary are effective:

January 1, 2019 - December 31, 2019

Who Can You Cover?

WHO IS ELIGIBLE?

In general, full-time employees working 30 or more hours per week are eligible for the benefits outlined in this overview.

You can enroll the following family members in our medical, dental and vision plans.

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse.)
- Your domestic partner is eligible for coverage if you have completed a Domestic Partner Affidavit. Please review the affidavit carefully because it includes important information about the guidelines for adding, ending or changing your domestic partner. Any premiums for your domestic partner paid for by SPIN are taxable income and will be included on your W-2. Any premiums you pay for your domestic partner will be deducted on an after-tax basis. Contact your tax advisor about your domestic partner's tax dependent status and advise SPIN if your domestic partner is a tax dependent.
    - Dependents under the age of 26 are eligible to enroll in medical coverage. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
    - Dependents over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
    - Dependents named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

Please refer to the Summary Plan Description for complete details on how benefits eligibility is determined.

WHO IS NOT ELIGIBLE?

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings.
- Any individual who is covered as an employee of SPIN cannot also be covered as a dependent.
- Employees who work less than 30 hours per week, temporary employees, contractors, or employees residing outside the United States.

WHEN CAN I ENROLL?

Open enrollment for current full-time employees is generally held in November. Open enrollment is the one time each year that employees can make changes to their benefit elections without a qualifying life event.

Make sure to notify Human Resources right away if you do have a qualifying life event and need to make a change (add or drop) to your coverage election. Life events include (but are not limited to):

- Birth or adoption of a baby or child
- Loss of other healthcare coverage
- Eligibility for new healthcare coverage
- Marriage
- Divorce

You have 31 days to make your change.

Making the Most of Your Benefits Program

Helping you and your family members stay healthy and making sure you use your benefits program to its best advantage is our goal in offering this program. Here are a few things to keep in mind.

STAY WELL!

Harder than it sounds, of course, but many health problems are avoidable. Take action—from eating well, to getting enough exercise and sleep. Taking care of yourself takes care of a lot of potential problems.

ASK QUESTIONS AND STAY INFORMED

Know and understand your options before you decide on a course of treatment. Informed patients get better care. Ask for a second opinion if you're at all concerned.

GET A PRIMARY CARE PROVIDER

Having a relationship with a PCP gives you a trusted person who knows your unique situation when you're having a health issue. Visit your PCP or clinic for non-emergency healthcare.

GOING TO THE DOCTOR?

To get the most out of your doctor visit, being organized and having a plan helps. Bring the following with you:

- Your plan ID card
- A list of your current medications
- A list of what you want to talk about with your doctor

If you need a medication, you could save money by asking your doctor if there are generics or generic alternatives for your specific medication.

AN APPLE A DAY

Eating moderately and well really does help keep the doctor away. Stay away from fat-heavy, processed foods and instead focus on whole grains, vegetables, and lean meats to be the healthiest you can be.

USING THE EMERGENCY ROOM

Did you know most ER visits are unnecessary? Use them only in a true emergency—like any situation where life, limb, and vision are threatened. Otherwise, call your doctor, your nurse line, or go to an Urgent Care clinic. You'll save a lot of money and time.

BE MED WISE!

Always follow your doctor's and pharmacist's instructions when taking medications. You can worsen your condition(s) by not taking your medication or by skipping doses. If your medication is making you feel worse, contact your doctor.

Medical

Medical coverage provides you with benefits that help keep you healthy like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition.

SPIN gives you a comprehensive medical plan through Aetna Group.

	Aetna Choice POS II	
	In-Network	Out-Of-Network
Annual Deductible	$3,000 individual $6,000 family	$5,000 individual $10,000 family
Annual Out-of-Pocket Max	$5,600 individual $11,200 family	$10,000 individual $20,000 family
Lifetime Max	Unlimited	Unlimited
Office Visit		
Primary Provider	Plan pays 100% after deductible	Plan pays 50% after deductible
Specialist	Plan pays 100% after deductible	Plan pays 50% after deductible
Preventive Services	Plan pays 100% deductible waived	Plan pays 50% after the deductible
Chiropractic Care	Plan pays 100% after deductible (limited to 60 visits per plan year for chiropractic care combined with rehab services)	Plan pays 50% after deductible (limited to 60 visits per plan year for chiropractic care combined with rehab services)
Lab and X-ray	Plan pays 100% after deductible	Plan pays 50% after deductible
Inpatient Hospitalization	Plan pays 100% after deductible	Plan pays 50% after deductible
Outpatient Surgery	Plan pays 100% after deductible	Plan pays 50% after deductible
Urgent Care	Plan pays 100% after deductible	Plan pays 50% after deductible
Emergency Room	Plan pays 100% after deductible	Plan pays 50% after deductible

Participating Urgent Care Clinics

Non-Emergency Service	Average ER Cost	Average Urgent Clinic
Ear Infection	$550-$750	$59
Sinus Infection	$550-$750	$59
Minor Laceration	$550-$750	$110-$150
Headaches-Migraines	$550-$750	$110-$150

If you've already seen and saved at your local urgent care center- Congratulations. You've taken a giant step toward protecting your health and your wallet. If not there are plenty of reasons to start.

- No appointment needed- Just walk right in
- Convenient hours- Some clinics are open seven days a week with extended evening, weekend hours just like the ER
- Lower prices- Lower copays and out of pocket costs, with prices averaging $ 59 to $150 compared to ER costs of $550 to $750
- Many locations - with approximately 3,432 (and growing) centers nationwide, it's easy to find one near you.
- Aetna contracts nationally with Concentra, as well as other urgent care clinics
- Fully staffed by doctor- Clinics are overseen by doctors, with doctors proving the service
- Connections with local ERs - If you need more extensive care, you'll be referred to the closest ER. Get familiar with the urgent care and walk-in clinics in your neighborhood before you need them. Here's how:
    - Visit www. Aetna.com
    - Click on "Find a Doctor"
    - Select " Urgent Care are Facilities" or "Walk-In Clinics"

You can also visit www.concentra.com to find a Concentra urgent care clinic near you. If your medical needs are more than urgent, for example, characterized by chest pain, trouble breathing, bad bleeding or other symptoms that are serious or put your life at risk you should go straight to your local ER.

Health Reimbursement and Flexible Spending Accounts

THE HEALTH REIMBURSEMENT ACCOUNT

SPIN gives each employee who participates in the medical plan $1,500 HRA account. If you are enrolling in SPIN'S insurance, you will receive a card in the mail linked to this account. There is no separated premium for this coverage. You can use your card 3 ways:

1. Swipe your card at the providers' office at time of service.
2. Mail completed portion of the bill to the provider with card number information
3. Pay over the phone using the card numbers. Be sure to keep your receipts for payments you make.

Benefit Express does not automatically require Explanation of Benefits or copies of bills; instead they will contact you directly if there is a claim they have a question about, or if the claim amounts is greater than $1,000.00 which occur less than 10% of the time. Direct Deposits is available for any reimbursements you may receive for claims you pay out of pocket.

Please note that this HRA account can only be used towards medical expenses that are charges towards your $3,000 Aetna deductible.

HEALTHCARE AND DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

SPIN offers an additional Flexible Spending Account (FSA) through Benefit Express. Flexible Spending Accounts (FSA) are IRS regulated voluntary plans that allow employees to save pre-tax dollars to pay for qualified expenses for both the employee and their dependents. For a FSA account you are eligible to put aside up to $2700 annually in pre-tax dollars. This money can then be used to reimburse you for dental, vision and prescription payments that you would normally pay for out of pocket.

The plans runs on a calendar year basis. You can enroll within 30 days of being hired or during the specified FSA enrollment period at the end of the calendar year.

The Dependent Care FSA allows employees to set aside up to $5,000 annually in pre-tax dollars to pay for daycare expenses for dependent children through age 12. It may also be used to pay for eldercare for tax qualified parents.

For questions about your FSA or HRA account including claims, card status or general questions, contact Benefit Express at

1-877-837-5017 or by email at help@mybenefitexpress.com.

Prescription Drugs

Prescription drug coverage provides a benefit that is important to your overall health, whether you need a prescription for a short-term health issue like bronchitis or an ongoing condition like high blood pressure.

If you enroll in medical coverage, you will automatically receive coverage for prescription drugs. Here are the prescription drug plans that are offered with our Aetna OA Select plan.

	Aetna Choice POS II
	In-Network
Prescription Drug Deductible	None
Annual Out-of-Pocket Limit	None
Pharmacy	
Generic	$10 copay then plan pays 100%
Preferred Brand	$20 copay then plan pays 100%
Non-preferred Brand	$35 copay then plan pays 100%
Supply Limit	30 days
Mail Order of CVS	
Generic	$20 copay then plan pays 100%
Preferred Brand	$40 copay then plan pays 100%
Non-preferred Brand	$70 copay then plan pays 100%
Supply Limit	90 days

Vision

Routine vision exams are important, not only for correcting vision but because they can detect other serious health conditions.

We offer our vision plan through Meritain Health.

	Meritain Health Vision	
	In-Network	**Out-Of-Network**
Examination		
Benefit	Plan pays 100% up to $75.00	Plan pays 100% up to $75.00
Frequency	12 months	12 months
Materials	See allowance below	See allowance below
Eyeglass Lenses		
Single Vision Lens	$50 allowance	$50 allowance
Bifocal Lens	$75 allowance	$75 allowance
Trifocal Lens	$90 allowance	$90 allowance
Frequency	12 months	12 months
Frames		
Benefit	$75 allowance	$75 allowance
Frequency	24 months	24 months
Contacts (Elective)		
Benefit	$120 allowance	$120 allowance
Frequency	12 months	12 months
LASIK Surgery	$120 per surgery (lifetime benefit)	$120 per surgery (lifetime benefit)

Dental

Regular visits to your dentist can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease. SPIN provides you with comprehensive coverage through Meritain Health.

	Meritain Dental Indemnity (Aetna Dental PPO Network)
	In-Network
Calendar Year Deductible	$25 $100
Annual Plan Maximum	$1,500
Waiting Period	N/A
Diagnostic and Preventive	Plan pays 100%
Basic Services	
Fillings	Plan pays 80%
Root Canals	Plan pays 80%
Periodontics	Plan pays 80%
Major Services	Plan pays 50%

Life Insurance

If you have loved ones who depend on your income for support, having life and accidental death insurance can help protect your family's financial security.

LIFE AND AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident. The cost of coverage is paid in full by the company. Coverage is provided by Lincoln Financial Group Company.

Basic Life Amount	Equal to salary with a minimum benefit of $25,000
Basic AD&D Amount	Equal to salary with a minimum benefit of $25,000

BASIC LIFE

Basic Life Insurance pays your beneficiary a lump sum if you die. The cost of coverage is paid in full by the company. Coverage is provided by Lincoln Financial Group.

Basic Life Amount	$25,000 up to a maximum of $300,000

Beneficiary Reminder: Make sure that you have named a beneficiary for your life insurance benefit. It's important to know that many states require that a spouse be named as the beneficiary, unless they sign a waiver.

Disability Insurance

If you become disabled and cannot work, your financial security may be at risk. Protecting your income stream can provide you and your family with peace of mind.

SHORT-TERM DISABILITY INSURANCE

Short-Term Disability coverage pays you a benefit if you temporarily can't work because of an injury, illness, or maternity leave. Benefits may be reduced by income from other income sources such as paid time off. Your doctor and the insurance company will work together to determine how long benefits are payable, based on your condition. Coverage is provided by Lincoln Financial Group .

Weekly Benefit Amount	Plan pays 66% of covered weekly earnings
Maximum Weekly Benefit	$2,100
Benefits Begin After:	
Accident	14 days of disability
Sickness	14 days of disability
Maximum Payment Period*	11 weeks

*Maximum payment period is based on the first day you are disabled, not when benefits begin.

LONG-TERM DISABILITY INSURANCE

Long-Term Disability coverage pays you a certain percentage of your income if you can't work because an injury or illness prevents you from performing any of your job functions over a long time. It's important to know that benefits are reduced by income from other benefits you might receive while disabled, like workers' compensation and Social Security.

If you qualify, long-term disability benefits begin after short-term disability benefits end. Coverage is provided by Lincoln Financial Group .

Monthly Benefit Amount	Plan pays 66%
Maximum Monthly Benefit	$8,800
Benefits Begin After:	
Accident	90 days of disability
Sickness	90 days of disability
Maximum Payment Period*	ADEA schedule

*The age at which the disability begins may affect the duration of the benefits.

Other Programs

Here are some other valuable programs that you are eligible to participate in:

ACCIDENT INSURANCE

If an accident occurs, you may be surprised at how the expenses can add up. Accident Insurance is designed to help you pay for unexpected costs that result from an accidental injury. Accident Insurance includes benefits for a wide range of common injuries such as fractures, dislocations, burns, Emergency Room or Urgent Care visit, and physical therapy.

If you or a covered family member suffers an accident, this plan will pay you a lump-sum, tax-free benefit. The amount of money you receive depends on the type and severity of your injury and can be used any way you choose. Unum provides coverage for this program.

GROUP HOSPITAL INDEMNITY

This coverage is a supplement to health insurance. It is not a substitute for comprehensive health insurance and does not qualify as minimum essential health coverage. This is not Medicare supplement coverage. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company. Unum Group provides coverage for this program.

VOLUNTARY WHOLE LIFE INSURANCE

Did you know that most financial experts recommend life insurance amounts of 7 to 10 times your annual salary? Term Life insurance can help provide this extra security. Term Life is the most popular form of life insurance because it is inexpensive, even in large amounts, and is fairly easy to obtain. Premiums for term Life insurance are only guaranteed for the term of the policy.

Qualification for coverage may be subject to underwriting questions and proof of good health through a medical exam.

If you leave SPIN, you can keep the coverage if you arrange to pay premiums to the insurance company directly. Unum Group provides coverage for this program.

HEALTHY GOALS

This is a free service offered by Connect Care 3 that helps employees achieve their personal health goals such as running a marathon, losing weight, or quitting smoking. This service also offers individualized coaching via phone, text or email. There is no deadline to sign-up and the benefit is free for all benefit eligible SPIN employees. All information shared with Health Goals is confidential.

Other Programs, continued

TELADOC

Teladoc's U.S. board- certified doctors are available 24/7/365 to resolve many of your medical issues through phone or video consults. Set up your account today so when you need care now, a Teladoc doctor is just a call or click away. Setting up your account is quick and easy online, Visit the Teladoc website at Teladoc.com/Aetna, click "Set up account" and provide the required information. You can also call Teladoc for assistance over the phone. Once your account is set up, request a consult anytime you need care.

Provide your medical history so that Teladoc doctors have the information they need to make an accurate diagnosis.

Please contact Teladoc at:

- Phone: 1-855- Teladoc (835-2362)
- Website: Teladoc.com/Aetna
- Mobile App: Teladoc.com/mobile

SPIN 403(b) INVESTMENT OPTIONS

The Haverford Trust Company has been successfully helping clients manage their investments since 1979. You can read more about them at www.haverfordquality.com.

BPAS, www.bpas.com, is our plan administrator. As a partner to Haverford, BPAS is a state-of-the-art administration and consulting firm that administers over 2,300 plans nationwide, encompassing some 320,000 employees in total. In coordination with Haverford and our Human Resources team, BPAS will provide comprehensive plan administration to our plan and its participants.

Starting Your 403(b) Account

1. Go to WWW.BPAS.com → Participant Accounts → Retirement Account
2. Click "Login to your account"
3. First time users:
   Username: Social Security Number
4. You will be prompter to create a login, password, and security question

New User Setup

Participant Login

1. Enter your initial user ID (your SSN without dashes)
2. Enter your initial password (your date of birth, entered as **mmddyyy**)
3. Click Login

Create New User Options

1. Enter a User Name in the first box (between 8-20 characters, no dashes)
2. Enter a Password in the second box
3. Re-enter your new Password
4. Create a challenge question and answer (e.g., what is your favorite football team, etc.)
5. After clicking 'Next' you will be taken to the appropriate website

**Please Note: if you are in more than one Plan you will be asked to select the Plan before being directed to the site.*

Site Instructions

1. To elect a 403(b) deferral go to "Transactions" and select "Deferral Change"
2. Follow prompts to elect investment options
3. Designate your beneficiaries

If you have any questions, please contact the **Customer Service Hotline** at 1-866-401-5272

Meet Ben-IQ

GETTING STARTED WITH BEN-IQ

Ben-IQ is a free app that includes much of the information that's included in this overview, but in a place that's always at your fingertips — your smartphone. Ben-IQ is available for Android and iPhone.

1. Download and launch the app.
2. Enter your assigned Employer Key: SPIN
3. Read and agree to the Terms and Conditions.

Take a tour of Ben-IQ and review plan summaries, and important contacts like our nurse line. Store and organize ID cards using your phone's camera, and much more! Be sure to share Ben-IQ with your covered family members too.

For Assistance

If you need to reach our plan providers, here is their contact information:

Plan Type	Provider	Phone Number	Website	Policy/Group #
Medical	Aetna Group	800-872-3862	www.aetna.com	837183
Dental	Meritain Health	800-925-2272	www.meritain.com	13567
Vision	Meritain Health	800-925-2272	www.meritain.com	13567
Retirement	Haverford Trust	866-401-5272	www.bpas.com	678912
HRA Care	Benefit Express	877-837-5017	www.wealthcareadmin.com	N/A
Voluntary Insurance	UNUM	866-679-3054	www.unum.com	97379007

Cost of Coverage

Aetna POS II Plan	Per Pay Cost
Employee	$5.00
Employee + Spouse	$337.56
Employee+ Child	$176.94
Employee + Children	$192.86
Employee + Family	$433.88
Employee (41 weeks)	$6.19
Employee (41weeks) + Spouse	$417.94
Employee (41 weeks) + Child	$219.07
Employee (41 weeks) + Children	$238.78
Employee (41 weeks) + Family	$537.18
Employee (45 weeks)	$5.65
Employee (45 weeks) +Spouse	$381.59
Employee (45 weeks) + Child	$200.02
Employee (45 weeks) + Children	$218.02
Employee (45weeks) + Family	$490.47

Cost of Coverage cont'd

Meritain Health – Dental Plan	Per Pay Cost
Employee	NO COST
Employee + One Dependent	$14.00
Employee + Two Dependents	$28.00
Employee + Three or more Dependents	$38.00
Employee (41 weeks)	NO COST
Employee (41 weeks) + One Dependent	$17.33
Employee (41 weeks) + Two Dependents	$34.67
Employee (41 weeks) + Three or more Dependents	$47.05
Employee (45 weeks)	NO COST
Employee (45 weeks) + One Dependent	$15.83
Employee (45 weeks) + Two Dependents	$31.65
Employee(45 weeks) + Three or more Dependents	$42.96

Meritain Health – Vision Plan	Per Pay Cost
Employee	NO COST
Employee + One Dependent	$3.00
Employee + Two Dependents	$6.00
Employee + Three or more Dependents	$7.50
Employee (41 weeks)	NO COST
Employee (41 weeks) + One Dependent	$3.72
Employee (41 weeks) + Two Dependents	$7.43
Employee (41 weeks) + Three or more Dependents	$9.23
Employee (45 weeks)	NO COST
Employee (45 weeks) + One Dependent	$3.39
Employee (45 weeks) + Two Dependents	$6.78
Employee (45 weeks) + Three or more Dependents	$8.48

Key Terms

MEDICAL/GENERAL TERMS

Allowable Charge - The most that an in-network provider can charge you for an office visit or service.

Balance Billing - Non-network providers are allowed to charge you more than the plan's allowable charge. This is called Balance Billing.

Coinsurance - The cost share between you and the insurance company. Coinsurance is always a percentage totaling 100%. For example, if the plan pays 70%, you are responsible for paying the remaining 30% of the cost.

Copay - The fee you pay to a provider at the time of service.

Deductible - The amount you have to pay out-of-pocket for expenses before the insurance company will cover any benefit costs for the year (except for preventive care and other services where the deductible is waived).

Explanation of Benefits (EOB) - The statement you receive from the insurance carrier that explains how much the provider billed, how much the plan paid (if any) and how much you owe (if any). In general, you should not pay a bill from your provider until you have received and reviewed your EOB (except for copays).

Family Deductible - The maximum dollar amount any one family will pay out in individual deductibles in a year.

Individual Deductible - The dollar amount a member must pay each year before the plan will pay benefits for covered services.

In-Network - Services received from providers (doctors, hospitals, etc.) who are a part of your health plan's network. In-network services generally cost you less than out-of-network services.

Out-of-Network - Services received from providers (doctors, hospitals, etc.) who are not a part of your health plan's network. Out-of-network services generally cost you more than in-network services. With some plans, such as HMOs and EPOs, out-of-network services are not covered.

Out-of-Pocket - Healthcare costs you pay using your own money, whether from your bank account, credit card, Health Reimbursement Account (HRA), Health Savings Account (HSA) or Flexible Spending Account (FSA).

Out-of-Pocket Maximum – The most you would pay out-of-pocket for covered services in a year. Once you reach your out-of-pocket maximum, the plan covers 100% of eligible expenses.

Preventive Care – A routine exam, usually yearly, that may include a physical exam, immunizations and tests for certain health conditions.

PRESCRIPTION DRUG TERMS

Brand Name Drug - A drug sold under its trademarked name. A generic version of the drug may be available.

Generic Drug – A drug that has the same active ingredients as a brand name drug, but is sold under a different name. Generics only become available after the patent expires on a brand name drug. For example, Tylenol is a brand name pain reliever commonly sold under its generic name, Acetaminophen.

Dispense as Written (DAW) - A prescription that does not allow for substitution of an equivalent generic or similar brand drug.

Maintenance Medications - Medications taken on a regular basis for an ongoing condition such as high cholesterol, high blood pressure, asthma, etc. Oral contraceptives are also considered a maintenance medication.

Non-Preferred Brand Drug - A brand name drug for which alternatives are available from either the plan's preferred brand drug or generic drug list. There is generally a higher copayment for a non-preferred brand drug.

Preferred Brand Drug - A brand name drug that the plan has selected for its preferred drug list. Preferred drugs are generally chosen based on a combination of clinical effectiveness and cost.

Specialty Pharmacy - Provides special drugs for complex conditions such as multiple sclerosis, cancer and HIV/AIDS.

Step Therapy - The practice of starting to treat a medical condition with the most cost effective and safest drug therapy and progressing to other more costly or risky therapy, only if necessary.

DENTAL TERMS

Basic Services - Generally include coverage for fillings and oral surgery.

Diagnostic and Preventive Services - Generally include routine cleanings, oral exams, x-rays, sealants and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

Endodontics - Commonly known as root canal therapy.

Implants - An artificial tooth root that is surgically placed into your jaw to hold a replacement tooth or bridge. Many dental plans do not cover implants.

Major Services - Generally include restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Orthodontia - Some dental plans offer Orthodontia services for children (and sometimes adults too) to treat alignment of the teeth. Orthodontia services are typically limited to a lifetime maximum.

Periodontics - Diagnosis and treatment of gum disease.

Pre-Treatment Estimate - An estimate of how much the plan will pay for treatment. A pre-treatment estimate is not a guarantee of payment.

Annual Notices

MEDICARE PART D NOTICE

Important Notice from Special People In Northeast (SPIN) About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Special People In Northeast (SPIN) and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Special People In Northeast (SPIN) has determined that the prescription drug coverage offered by Aetna is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your Special People In Northeast (SPIN) coverage will not be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Since the existing prescription drug coverage under Aetna is creditable (e.g., as good as Medicare coverage), you can retain your existing prescription drug coverage and choose not to enroll in a Part D plan; or you can enroll in a Part D plan as a supplement to, or in lieu of, your existing prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your Special People In Northeast (SPIN) prescription drug coverage, be aware that you and your dependents can only get this coverage back at open enrollment or if you experience an event that gives rise to a HIPAA Special Enrollment Right.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Special People In Northeast (SPIN) and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Special People In Northeast (SPIN) changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at socialsecurity.gov, or call them at 800-772-1213 (TTY 800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	November 1, 2018
Name of Entity/Sender:	Special People In Northeast
Contact-Position/Office:	Human Resources Department
Address:	10501 Drummond Road Philadelphia, PA 19154
Phone Number:	(215) 612-7500

WOMEN'S HEALTH AND CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

Aetna Open Access Select
In-network: $0 individual/$0 family.
Coinsurance: In- network 0%.

Aetna Choice POS II
In-network: $3000 individual/$6000 family.
Out-of-network: $5000 individual/$10000 family.
Coinsurance: In 0% - Out 50%.

If you would like more information on WHCRA benefits, call your Human Resources

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or 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 Human Resources.

HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you decline enrollment in SPIN's 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 SPIN's 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 SPIN's health plan 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 a special enrollment rights, you may add the dependent to your current coverage or change to another health plan.

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 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 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 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	ARKANSAS – Medicaid
Website: www.myalhipp.com Phone: 1-855-692-5447	Website: http://myarhipp.com Phone: 1-855-MyARHIPP (855-692-7447)
ALASKA – Medicaid	**COLORADO – Medicaid**
The AK Health Insurance Premium Payment Program Website: myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Medicaid Website: colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943
FLORIDA – Medicaid	**MISSOURI – Medicaid**
Website: flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268	Website: dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

GEORGIA – Medicaid	MONTANA – Medicaid
Website: dch.georgia.gov/medicaid *Click on Health Insurance Premium Payment (HIPP)* Phone: 404-656-4507	Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
INDIANA – Medicaid	**NEBRASKA – Medicaid**
Healthy Indiana Plan for low-income adults 19-64: Website: hip.in.gov Phone: 1-877-438-4479 All other Medicaid: Website: indianamedicaid.com Phone 1-800-403-0864	Website: dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633
IOWA – Medicaid	**NEVADA – Medicaid**
Website: dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	Medicaid Website: dwss.nv.gov Medicaid Phone: 1-800-992-0900
KANSAS – Medicaid	**NEW HAMPSHIRE – Medicaid**
Website: kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	**NEW YORK – Medicaid**
Website: dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	**NORTH CAROLINA – Medicaid**
Website: maine.gov/dhhs/ofi/public-assistance Phone: 1-800-442-6003 TTY: Maine relay 711	Website: ncdhhs.gov/dma Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	**NORTH DAKOTA – Medicaid**
Website: mass.gov/MassHealth Phone: 1-800-462-1120	Website: nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739	Website: insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid	**VERMONT– Medicaid**
Website: oregonhealthykids.gov hijossaludablesoregon.gov Phone: 1-800-699-9075	Website: greenmountaincare.org/ Phone: 1-800-250-8427

PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: dhs.pa.gov/hipp Phone: 1-800-692-7462	Medicaid Website: coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
RHODE ISLAND – Medicaid	**WASHINGTON – Medicaid**
Website: eohhs.ri.gov/ Phone: 401-462-5300	Website: hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473
SOUTH CAROLINA – Medicaid	**WEST VIRGINIA – Medicaid**
Website: scdhhs.gov Phone: 1-888-549-0820	Website: dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
SOUTH DAKOTA – Medicaid	**WISCONSIN – Medicaid and CHIP**
Website: dss.sd.gov Phone: 1-888-828-0059	Website: dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
TEXAS – Medicaid	**WYOMING – Medicaid**
Website: gethipptexas.com/ Phone: 1-800-440-0493	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
UTAH – Medicaid and CHIP	
Medicaid Website: health.utah.gov/medicaid CHIP Website: health.utah.gov/chip Phone: 1-877-543-7669	

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
dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137

NONDISCRIMINATION AND ACCESSIBILITY REQUIREMENTS NOTICE

SPIN complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Neighbours Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Neighbours Inc.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Marla Tyler.

If you believe that SPIN has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Marla Tyler, Benefits Specialist, 215-612-7123, 10501 Drummond Road, Philadelphia, PA 19154. If you need help filing a grievance, Marla Tyler is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file.
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-856-278-5841.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1 – 215-612-7123.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-215-612-7123.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-215-612-7133.

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-215-612-7123.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-215-612-7133번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-215-612-7123.

[Use tagline provided in Annual Notices document]

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-215-612-7123.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-215-612-7123.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-215-612-7123.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-215-612-7133.

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-215-612-7123។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-215-612-7123.

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS

Part A: General Information

Health care reform created a new way to buy private individual health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage we offer to you. Please note that this notice is informational only.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find private individual health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in November, 2018 for coverage starting January 1, 2019.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does the Employment-Based Health Coverage We Offer to You Affect Your Eligibility for Premium Savings through the Marketplace?

Yes. If we have offered you health coverage that meets certain standards, you will not be eligible for a tax credit through the Marketplace and you may wish to enroll in our health plan, if you are eligible. (Just because you received this Marketplace notice does not mean you are eligible.) However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if we do not offer coverage to you at all or do not offer coverage that meets certain standards. If the cost of self-only coverage under our health plan is more than 9.5% of your household income for the year, or if our health plan does not meet the "minimum value"1 standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting our health plan coverage, then you may lose our contribution (if any) to your coverage under our health plan. Also, our contribution—as well as your employee contribution—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information About the Health Insurance Marketplace?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Part B: Information About Employer-Provided Health Plan Coverage

If you decide to complete an application for coverage in the Marketplace, you will be asked for information about our health plan coverage. The information below can help you complete your application for coverage in the Marketplace.

1. General Employer Information.

Employer name:	Special People In Northeast Inc.
Employer Identification Number (EIN):	23-1742920
Employer street address:	10501 Drummond Road
Employer phone number:	(215) 612-7123
Employer city:	Philadelphia
Employer state:	PA
Employer ZIP code:	19154
Who can we contact about employee health coverage at this job?:	Marla Tyler
Phone number (if different from above):	N/A
Email address:	mtyler@spininc.org

2. Eligibility. You may be asked whether or not you are currently eligible for our health plan coverage or whether you will become eligible for coverage within the next three months. In addition, if you are or will become eligible, you may be required to list the names of your dependents that are eligible for coverage under our health plan.

If you would like information about the eligibility requirements for our health plan, please read the eligibility provisions described in the Employee Benefits Overview of our health plan. You can obtain a copy of the Summary Plan Description by contacting Marla Tyler at (215) 612-7123.

3. Minimum Value. If you are eligible for coverage under our health plan, you may be required to check a box indicating whether or not our health plan meets the minimum value standard. Our health plan coverage meets the minimum value standard.

4. Premium Cost. If you are eligible for coverage under our health plan, you may be asked to provide the amount of premiums you must pay for self-only coverage under the lowest-cost health plan that meets the minimum value standard. If you had the opportunity to receive a premium discount for any tobacco cessation program, you must enter the premium you would pay if you received the maximum discount possible for a tobacco cessation program.

If you would like information about the premiums for self-only coverage under our lowest-cost health plan, please contact Marla Tyler at (215) 612-7123.

5. Future Changes. You may also be asked whether or not we will be making certain changes to our health plan coverage for the new plan year. As usual, we will notify you about changes to our health plan coverage after we approve any such changes. If you are not sure how to answer this question on your Marketplace application, please contact the Marketplace.

Notes

Notes

SPIN
A Life of Possibilities