



LEGION

Open Enrollment **October 1st, 2018**

**REQUIRED ACTION BY WEDNESDAY, SEPTEMBER 12TH.
All forms are available and should be returned to Lacy Starling.**

Legion Logistics recognizes the importance of providing our employees and their families with quality benefits as part of their overall compensation package. This packet highlights the benefit options offered by Legion Logistics.

Benefit Offerings

- **Medical Insurance— Humana**
- **Dental Insurance— Dental Care Plus**
- **Vision Insurance—Humana**
- **Life and AD&D, Voluntary Life and AD&D, Long and Short-Term Disability—Lincoln Financial Group**

✓ *All employees, even if you are waiving coverage, need to complete the Benefit Election Form .*

✓ *If you are new to any plans, you need to complete the applicable enrollment form included in your packet.*





What is annual open enrollment?

Annual enrollment is the time of year that your benefit plans renew. During this period you can add or drop a dependent or enroll in the plan. If you would like to make any changes, now is your opportunity. The next time to make changes will be during open enrollment 2019.

I do not wish to enroll at this time. Can I enroll later?

Generally, you will not be able to enroll until the next open enrollment period. However, if you have a qualifying life event throughout the year, you will be able to make a change. Qualifying life events include birth, adoption, marriage, divorce, legal separation, loss of coverage and death. Please contact your Human Resources Representative within 30 days of the event.

Will I get a new ID card?

Yes, everyone will receive new ID cards to begin using effective October 1st, 2018.

Will my deductible start over on July 1st?

No, the deductible and out-of-pocket limits are “calendar-year-based” and will start over on January 1st, 2019.

COMMON TERMS AND DEFINITIONS



Copayments - flat dollar amount. Member responsibility.

Deductible - amount a member pays before insurance begins to pay. Member responsibility.

Embedded deductible: Each covered family member only needs to satisfy the single deductible before Humana pays for benefits for that individual. Once the full family deductible is met the plan pays for all covered family members.

Coinsurance - Percentage members pay after the deductible is met. This is a cost share between the member and the insurance company.

Out of Pocket Maximum - Total dollar amount a member will pay in a calendar year. Includes deductible, coinsurance and medical and prescription copayments



2018 Medical Plan Summary

This is a summary of benefits.
Refer to the certificate for detailed information.

Will my medical benefits be changing for October 1st, 2018?

After careful review and consideration Legion Logistics has decided to move medical benefits to Humana for the 2018 -2019 plan year. Below is a brief summary of the plan offerings effective October 1st. Please reference your Humana detailed plan summaries (attached) for more information.

	KY EHDHP 17 NPOS OPT 10 LFP	KY NPOS 17 Copay OPT 5 LFP
Benefits	In-Network	
Deductible	\$5,000/Single \$10,000/Family	\$3,000/Single \$6,000/Family
Coinsurance	100/0%	
Out-of-Pocket Annual Maximum	\$5,000/Single \$10,000/Family	\$5,500/Single \$11,000/Family
Office Visit		
* PCP Sick Visit	Deductible, then 0%	\$35 copay
* Specialist Visit	Deductible, then 0%	\$65 copay
* Wellness @ PCP	Covered in full	
Inpatient Hospital	Deductible, then 0%	Deductible, then 0%
Outpatient Hospital	Deductible, then 0%	Deductible, then 0%
Emergency Room	Deductible, then 0%	\$450 copay
* Urgent Care	Deductible, then 0%	\$100 copay
Prescription Drugs	Deductible, then 0%	\$10/\$40/\$90/25%
Mail Order	Deductible, then 0%	\$25/\$100/\$225/25%

NOTE Going out of your network will result in a higher deductible and out of pocket expenses. This will affect office visit , urgent care and prescription copays. Mail order prescriptions are not covered when you choose to go out of network to have them filled.

KY EHDHP 17 NPOS OPT 10 LFP MEDICAL PLAN—PAYROLL DEDUCTIONS (BI-WEEKLY)			
Employee Only	Employee + Spouse	Employee + Child(ren)	Family
\$63.43	\$139.56	\$120.53	\$202.99
KY NPOS 17 COPAY OPT 5 LFP MEDICAL PLAN—PAYROLL DEDUCTIONS (BI-WEEKLY)			
Employee Only	Employee + Spouse	Employee + Child(ren)	Family
\$77.06	\$169.54	\$146.42	\$246.60

Humana Member Resources

Below are the member resources offered by Humana.

Program	Summary	Get Started
MyHumana	With MyHumana, you have fast, easy access to your personalized benefits information, planning tools and wellness resources. MyHumana also gives you access to claims, ID cards, coverage details, provider search and more.	<ol style="list-style-type: none">1. Have your Humana member ID or Social Security number available2. Go to Humana.com and select "Register"3. Create a username, password and security prompt and click "next" to finish
MyHumana Mobile App	You have the ability to manage your health care needs virtually anywhere, anytime.	Download the MyHumana Mobile app from Google Play or the App Store.
EAP & Work-Life Services	We offer you around-the-clock access to Work-Life specialists who have expertise in convenience needs. Whether you have a quick question or need a local resource, we can help you find what you need.	<p>Call 1-866-440-6556 or visit us at Humana.com/eap.</p> <p>Username: eapt Password: eapt</p>
Doctor On Demand	Doctor On Demand allows you see to see a board certified doctor in minutes, with video access from your mobile device or computer. You may receive treatment 24 hours a day, seven days a week. Video visits cost \$40 or less based on your medical plan.	<ol style="list-style-type: none">1. Visit www.doctorondemand.com/humana or download the Doctor On Demand mobile app2. Enter your Humana information3. See an MD within minutes

Humana Pharmacy[™]

Humana Pharmacy[™], Humana's mail-delivery pharmacy, is a convenient way for you to order your medications. More and more Humana members are finding Humana Pharmacy to be their choice for value, experience, safety, accuracy, convenience and service.

After you become a Humana member, you can sign in with your MyHumana identification number or register to get started, or you can visit the App Store or Google Play to download the Humana Pharmacy App.

Personal Nurse[®]

Personal nurses help you navigate the health care system, work better with your doctor, and make smart health decisions with confidence.

Call HumanaFirst[®] at 1-800-622-9529 and select "Nurse Advice", then "Health Planning and Support" to speak to a registered nurse.

Go365[™]

With Go365[™] you can get rewarded for your healthy behaviors including completing a Health Assessment, logging a verified workout and/or getting a biometric screening.

Download the Go365[™] App or visit Go365.com to access your secure, password-protected Go365[™] account and program.


For additional information about these programs, please contact your Human Resources representative.



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or get a copy of the complete terms of coverage by calling 1-866-4ASSIST (427-7478). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-866-4ASSIST (427-7478) to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Network: \$5,000 Individual / \$10,000 family; Non-Network: \$15,000 Individual / \$30,000 family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Network Providers: Yes. Preventive. Non-Network Providers: No.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	For network providers \$5,000 individual / \$10,000 family; For non-network providers \$17,500 individual / \$35,000 family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, Balance-billing charges, Health care this plan doesn't cover, Penalties, Non-network transplant, non-network prescription drugs, non-network specialty drugs	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.humana.com/directories or call 1-866-4ASSIST (427-7478) for a list of network providers For Prescription Drugs: National Rx Network	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.

Do you need a <u>referral</u> to see a <u>specialist</u> ?	No	You can see the <u>specialist</u> you choose without a <u>referral</u> .		
 All <u>copayment</u> and <u>coinsurance</u> costs shown in this chart are after your <u>deductible</u> has been met, if a <u>deductible</u> applies.				
Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a <u>health care provider's office</u> or <u>clinic</u>	Primary care visit to treat an injury or illness	No charge after <u>deductible</u>	30% <u>coinsurance</u>	None
	<u>Specialist</u> visit	No charge after <u>deductible</u>	30% <u>coinsurance</u>	None
	<u>Preventive care</u> / <u>screening</u> / immunization	No charge	30% <u>coinsurance</u>	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services you need are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a <u>test</u>	<u>Diagnostic test</u> (x-ray, blood work)	No charge after <u>deductible</u>	30% <u>coinsurance</u>	Imaging: <u>Cost sharing</u> may vary based on where service is performed <u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
	Imaging (CT/PET scans, MRIs)	No charge after <u>deductible</u>	30% <u>coinsurance</u>	30 day supply <u>Preauthorization</u> may be required - if not obtained, penalty will be 100% for certain <u>prescription drugs</u> (Retail) 90 day supply <u>Preauthorization</u> may be required - if not obtained, penalty will be 100% for certain <u>prescription drugs</u> (Mail Order)
If you need <u>drugs</u> to treat your <u>illness</u> or <u>condition</u> More information about <u>prescription drug coverage</u> is available at www.humana.com/2018-HDHP-EHB	Generic and brand-name drugs	No charge after <u>deductible</u> (Retail)	30% <u>coinsurance</u> (Retail)	Non-network <u>cost sharing</u> does not count toward the <u>out-of-pocket limit</u> .
		No charge after <u>deductible</u> (Mail Order)	30% <u>coinsurance</u> (Mail Order)	
If you have <u>outpatient surgery</u>	Facility fee (e.g., ambulatory surgery center)	No charge after <u>deductible</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
	Physician/surgeon fees	No charge after <u>deductible</u>	30% <u>coinsurance</u>	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need immediate medical attention	<u>Emergency room care</u>	No charge after <u>deductible</u>	No charge after <u>deductible</u>	None
	<u>Emergency medical transportation</u>	No charge after <u>deductible</u>	No charge after <u>deductible</u>	
	<u>Urgent care</u>	No charge after <u>deductible</u>	30% <u>coinsurance</u>	
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge after <u>deductible</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
	Physician/surgeon fees	No charge after <u>deductible</u>	30% <u>coinsurance</u>	None
	Outpatient services	No charge after <u>deductible</u>	30% <u>coinsurance</u>	Inpatient services: <u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
If you are pregnant	Inpatient services	No charge after <u>deductible</u>	30% <u>coinsurance</u>	
	Office visits	No charge; <u>deductible</u> does not apply	30% <u>coinsurance</u>	Office visits: <u>Cost sharing</u> does not apply for <u>preventive services</u> . Childbirth/delivery professional services: Depending on the type of services, a <u>deductible</u> may apply. Childbirth/delivery facility services: Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound) <u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
	Childbirth/delivery professional services	No charge after <u>deductible</u>	30% <u>coinsurance</u>	
	Childbirth/delivery facility services.	No charge after <u>deductible</u>	30% <u>coinsurance</u>	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	No charge after <u>deductible</u>	30% <u>coinsurance</u>	100 visits per year <u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
	<u>Rehabilitation services</u>	Physical, occupational, speech, cognitive and audiology therapy: No charge after <u>deductible</u>	Physical, occupational, speech, cognitive and audiology therapy: 30% <u>coinsurance</u>	Therapies: <u>Preauthorization</u> may be required - if not obtained, penalty will be 50% REHABILITATION Physical, occupational, speech, cognitive and audiology therapy: For <u>network</u> , 40 visits per year For <u>non-network</u> , 10 visits per year. Network and non-network visit limits reduce each other. HABILITATION Physical, occupational, speech, cognitive and audiology therapy: For <u>network</u> , 40 visits per year excludes CT For <u>non-network</u> , 10 visits per year excludes CT. Network and non-network visit limits reduce each other.
	<u>Habilitation services</u>	Physical, occupational, speech, cognitive and audiology therapy: No charge after <u>deductible</u>	Physical, occupational, speech, cognitive and audiology therapy: 30% <u>coinsurance</u>	
	<u>Skilled nursing care</u>	No charge after <u>deductible</u>	30% <u>coinsurance</u>	60 days per year <u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
	<u>Durable medical equipment</u>	No charge after <u>deductible</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> may be required - if not obtained, penalty will be 50% for durable medical equipment \$ 750 and over

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	<u>Hospice services</u>	No charge after <u>deductible</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of other <u>excluded services</u> .)	
<ul style="list-style-type: none"> • Bariatric Surgery • Hearing Aids • Infertility Treatment • Non-emergency care when traveling outside the U.S., when traveling outside the U.S. more than 6 consecutive months in a year 	<ul style="list-style-type: none"> • Private Duty Nursing • Routine eye care (Adult) • Routine Foot Care • Long Term Care • Weight Loss Programs • Child Dental Check-Up • Child Eye Exam • Child Glasses

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)	
<ul style="list-style-type: none"> • Manipulations 20 Visits per year 	

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is:

- Humana at 1-866-4ASSIST (427-7478).
- For group health coverage subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.
- If your coverage is a church plan, church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law.

Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- Humana, Inc.: www.humana.com or 1-866-4ASSIST (427-7478).
- Department of Labor Employee Benefits Security Administration: 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform

Does this plan provide Minimum Essential Coverage? Yes.

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

_____ To see examples of how this plan might cover costs for a sample medical situation, see the next page. _____

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$5,000
■ Specialist copayment	\$0
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$5,000
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Peg would pay is	\$5,000

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$5,000
■ Specialist copayment	\$0
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$5,000
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$5,020

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$5,000
■ Specialist copayment	\$0
■ Hospital (facility) coinsurance	0%
■ Other coinsurance	0%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$1,900
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$40
The total Mia would pay is	\$1,940

The plan would be responsible for the other costs of these EXAMPLE covered services.

Discrimination is Against the Law

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Humana Inc. and its subsidiaries provide:

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call 1-866-427-7478 or, if you use a TTY, call 711.

If you believe that Humana Inc. and its subsidiaries have 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:

Discrimination Grievances
P.O. Box 14618
Lexington, KY 40512-4618

If you need help filing a grievance, call 1-866-427-7478 or, if you use a TTY, call 711.

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/index.html>

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-866-427-7478 (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-427-7478 (TTY: 711).

繁體中文 (Chinese): 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 1-866-427-7478 (TTY: 711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-427-7478 (TTY: 711).

한국어 (Korean): 주의 : 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 . 1-866-427-7478 (TTY: 711) 번으로 전화해 주십시오 .

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-427-7478 (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-427-7478 (телефакс: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis ed pou lang ki disponib gratis pou ou. Rele 1-866-427-7478 (TTY: 711).

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-427-7478 (ATS : 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-427-7478 (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-427-7478 (TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-427-7478 (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-427-7478 (TTY: 711).

日本語 (Japanese):
注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-427-7478 (TTY : 711) まで、お電話にてご連絡ください。

فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-427-7478 (TTY: 711) تماس بگیرید.

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yániłt'ígo Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hółó, kóji' hódíłínih 1-866-427-7478 (TTY: 711).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-427-7478 (رقم هاتف الصم والبكم: 711).



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or get a copy of the complete terms of coverage by calling 1-866-4ASSIST (427-7478). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-866-4ASSIST (427-7478) to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Network: \$3,000 Individual / \$6,000 family; Non-Network: \$9,000 Individual / \$18,000 family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Network Providers: Yes. PCP Office Visit, Specialist Office Visit, Preventive, Diagnostic Lab and Radiology, Rx Retail, Rx Mail, Specialty Rx Preferred, Specialty Rx Non-Preferred, Emergency Room, Urgent Care, Behavioral Health Outpatient Therapy, Mental Disorders Outpatient Therapy, Alcohol Dependence Outpatient Therapy, Chemical Dependence Outpatient Therapy, Manipulations, Chiropractor Exam, and Maternity Office Visit are covered before you meet your deductible. Non-Network Providers: Yes. Rx Retail, Rx Mail, Specialty Rx Preferred, Specialty Rx Non-Preferred, and Emergency Room are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.

What is the <u>out-of-pocket limit</u> for this plan?	For <u>network providers</u> \$5,500 individual / \$11,000 family; For <u>non-network providers</u> \$16,500 individual / \$33,000 family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u>?	<u>Premiums</u> , <u>Balance-billing charges</u> , Health care this <u>plan</u> doesn't cover, Penalties, Non-network transplant, non-network <u>prescription drugs</u> , non-network <u>specialty drugs</u>	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u>?	Yes. See www.humana.com/directories or call 1-866-4ASSIST (427-7478) for a list of <u>network providers</u> For Prescription Drugs: National Rx Network	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a <u>bill</u> from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u>?	No	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$35 <u>copay</u> /office visit; <u>deductible</u> does not apply	30% <u>coinsurance</u>	None
	<u>Specialist visit</u>	\$65 <u>copay</u> /visit; <u>deductible</u> does not apply	30% <u>coinsurance</u>	None
	<u>Preventive care</u> / <u>screening</u> / immunization	No charge	30% <u>coinsurance</u>	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services you need are <u>preventive</u> . Then check what your <u>plan</u> will pay for.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge; <u>deductible</u> does not apply	30% <u>coinsurance</u>	<u>Diagnostic Test:</u> <u>Cost sharing</u> may vary based on where service is performed <u>Imaging:</u> <u>Cost sharing</u> may vary based on where service is performed <u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
	Imaging (CT/PET scans, MRIs)	No charge after <u>deductible</u>	30% <u>coinsurance</u>	
	Level 1 - Lowest cost generic and brand-name drugs	\$10 <u>copay</u> (Retail); <u>deductible</u> does not apply \$25 <u>copay</u> (Mail Order); <u>deductible</u> does not apply	30% <u>coinsurance</u> , after <u>Network copay</u> (Retail); <u>deductible</u> does not apply 30% <u>coinsurance</u> , after <u>Network copay</u> (Mail Order); <u>deductible</u> does not apply	30 day supply <u>Preauthorization</u> may be required - if not obtained, penalty will be 100% for certain <u>prescription drugs</u> (Retail) 90 day supply <u>Preauthorization</u> may be required - if not obtained, penalty will be 100% for certain <u>prescription drugs</u> (Mail Order) Non-network cost sharing does not count toward the <u>out-of-pocket limit</u> .
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.humana.com/2018-Rx4	Level 2 - Higher cost generic and brand-name drugs	\$40 <u>copay</u> (Retail); <u>deductible</u> does not apply \$100 <u>copay</u> (Mail Order); <u>deductible</u> does not apply	30% <u>coinsurance</u> , after <u>Network copay</u> (Retail); <u>deductible</u> does not apply 30% <u>coinsurance</u> , after <u>Network copay</u> (Mail Order); <u>deductible</u> does not apply	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	Level 3 - Generic and brand-name drugs with higher cost than Level 2	\$90 <u>copay</u> (Retail); <u>deductible</u> does not apply \$225 <u>copay</u> (Mail Order); <u>deductible</u> does not apply	30% <u>coinsurance</u> , after <u>Network copay</u> (Retail); <u>deductible</u> does not apply 30% <u>coinsurance</u> , after <u>Network copay</u> (Mail Order); <u>deductible</u> does not apply	
	Level 4 - Highest cost drugs	25% <u>coinsurance</u> (Retail); <u>deductible</u> does not apply 25% <u>coinsurance</u> (Mail Order); <u>deductible</u> does not apply	30% <u>coinsurance</u> , after <u>Network Coinsurance</u> (Retail); <u>deductible</u> does not apply 30% <u>coinsurance</u> , after <u>Network Coinsurance</u> (Mail Order); <u>deductible</u> does not apply	
	<u>Specialty Drugs</u>	35% <u>coinsurance</u> ; <u>deductible</u> does not apply 25% <u>coinsurance</u> (Preferred Specialty Pharmacy); <u>deductible</u> does not apply	50% <u>coinsurance</u> ; <u>deductible</u> does not apply 50% <u>coinsurance</u> (Preferred Specialty Pharmacy); <u>deductible</u> does not apply	30 day supply <u>Preauthorization</u> may be required - if not obtained, penalty will be 100% for certain <u>prescription drugs</u>
	Facility fee (e.g., ambulatory surgery center)	No charge after <u>deductible</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
If you have outpatient surgery	Physician/surgeon fees	No charge after <u>deductible</u>	30% <u>coinsurance</u>	None
	<u>Emergency room care</u>	\$450 <u>copay</u> /visit; <u>deductible</u> does not apply	\$450 <u>copay</u> /visit; <u>deductible</u> does not apply	<u>Emergency room care</u> : <u>Copayment</u> waived if admitted
	<u>Emergency medical transportation</u>	No charge after <u>deductible</u>	No charge after <u>deductible</u>	
	<u>Urgent care</u>	\$100 <u>copay</u> /visit; <u>deductible</u> does not apply	30% <u>coinsurance</u>	
If you need immediate medical attention				

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge after <u>deductible</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
	Physician/surgeon fees	No charge after <u>deductible</u>	30% <u>coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$35 copay/visit; <u>deductible</u> does not apply	30% <u>coinsurance</u>	Inpatient services: <u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
	Inpatient services	No charge after <u>deductible</u>	30% <u>coinsurance</u>	
If you are pregnant	Office visits	No charge; <u>deductible</u> does not apply	30% <u>coinsurance</u>	Office visits: <u>Cost sharing</u> does not apply for <u>preventive services</u> .
				Childbirth/delivery professional services: Depending on the type of services, a <u>deductible</u> may apply.
	Childbirth/delivery professional services	No charge after <u>deductible</u>	30% <u>coinsurance</u>	Childbirth/delivery facility services: Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound) <u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
	Childbirth/delivery facility services.	No charge after <u>deductible</u>	30% <u>coinsurance</u>	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	No charge after <u>deductible</u>	30% <u>coinsurance</u>	100 visit limit per year <u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
	<u>Rehabilitation services</u>	Physical, occupational, speech, cognitive and audiology therapy: \$65 <u>copay/visit</u> ; <u>deductible</u> does not apply	Physical, occupational, speech, cognitive and audiology therapy: 30% <u>coinsurance</u>	Therapies: <u>Preauthorization</u> may be required - if not obtained, penalty will be 50% REHABILITATION Physical, occupational, speech, cognitive and audiology therapy: For <u>network</u> , 40 visits per year For <u>non-network</u> , 10 visits per year. Network and non-network visit limits reduce each other. HABILITATION Physical, occupational, speech, cognitive and audiology therapy: For <u>network</u> , 40 visits per year excludes CT For <u>non-network</u> , 10 visits per year excludes CT. Network and non-network visit limits reduce each other.
	<u>Habilitation services</u>	Physical, occupational, speech, cognitive and audiology therapy: \$65 <u>copay/visit</u> ; <u>deductible</u> does not apply	Physical, occupational, speech, cognitive and audiology therapy: 30% <u>coinsurance</u>	
	<u>Skilled nursing care</u>	No charge after <u>deductible</u>	30% <u>coinsurance</u>	60 day limit per year <u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
	<u>Durable medical equipment</u>	No charge after <u>deductible</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> may be required - if not obtained, penalty will be 50% for durable medical equipment \$750 and over

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
	<u>Hospice services</u>	No charge after <u>deductible</u>	30% <u>coinsurance</u>	<u>Preauthorization</u> may be required - if not obtained, penalty will be 50%
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of other <u>excluded services</u> .)	
<ul style="list-style-type: none"> • Bariatric Surgery • Hearing Aids • Infertility Treatment • Non-emergency care when traveling outside the U.S., when traveling outside the U.S. more than 6 consecutive months in a year 	<ul style="list-style-type: none"> • Private Duty Nursing • Routine eye care (Adult) • Routine Foot Care • Long Term Care • Weight Loss Programs • Child Dental Check-Up • Child Eye Exam • Child Glasses
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)	
<ul style="list-style-type: none"> • Manipulations 20 visits per year 	

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is:

- Humana at 1-866-4ASSIST (427-7478).
 - For group health coverage subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.
 - For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov.
 - If your coverage is a church plan, church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law.
- Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- Humana, Inc.: www.humana.com or 1-866-4ASSIST (427-7478).
- Department of Labor Employee Benefits Security Administration: 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform

Does this plan provide Minimum Essential Coverage? Yes.

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

_____ To see examples of how this plan might cover costs for a sample medical situation, see the next page. _____

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$3,000
- Specialist copayment \$65
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This **EXAMPLE** event includes services like:

Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$3,000
Copayments	\$30
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Peg would pay is	\$3,030

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$3,000
- Specialist copayment \$65
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This **EXAMPLE** event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$2,400
Copayments	\$1,200
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$3,620

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$3,000
- Specialist copayment \$65
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This **EXAMPLE** event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$700
Copayments	\$1,000
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$40
The total Mia would pay is	\$1,740

The plan would be responsible for the other costs of these **EXAMPLE** covered services.

Discrimination is Against the Law

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call 1-866-427-7478 or, if you use a TTY, call 711.

If you believe that Humana Inc. and its subsidiaries have 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:

Discrimination Grievances
P.O. Box 14618
Lexington, KY 40512-4618

If you need help filing a grievance, call 1-866-427-7478 or, if you use a TTY, call 711.

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/index.html>

MyHumana

Your secure member account



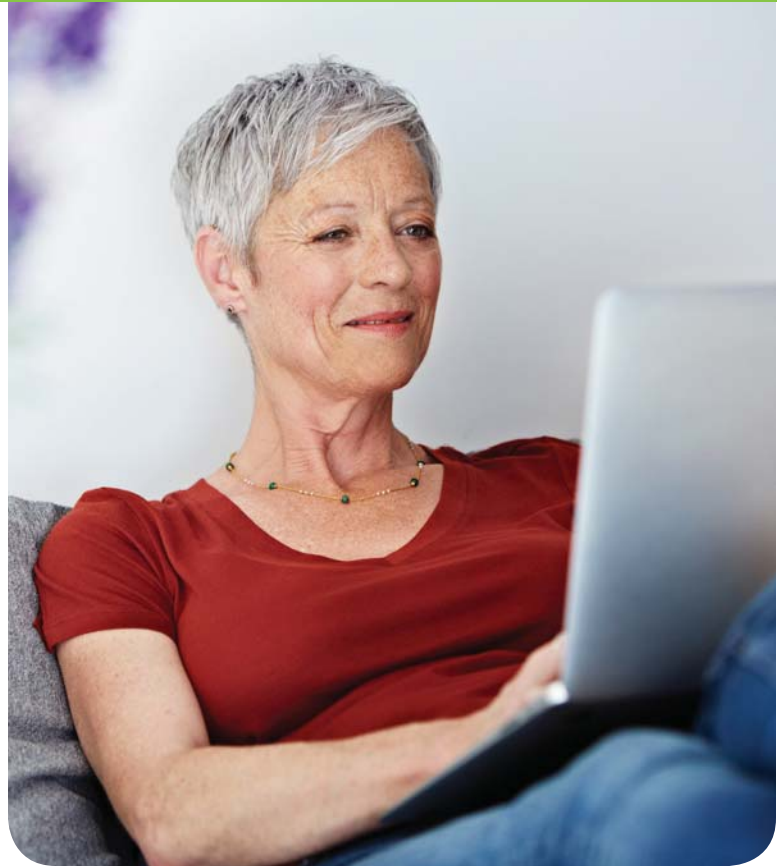
MyHumana is a secure and personalized account that lets you view your plan information online in one place, anytime you want.

With MyHumana, you can:

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- Choose how you want to get your plan information: online or in print
- See your latest claims, status and other details
- Find in-network providers, hospitals, pharmacies and urgent care centers
- Give a family member access to your health information
- Update your contact information

Registering is easy

- Have your Humana member ID or Social Security number available
- Go to **Humana.com/registration**
- Click “Get Started”
- Fill in some basic information and click “continue”
- Create a username, password and security prompt and click “continue” to finish



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Do you have a smartphone?
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Humana®



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- View and fax medical, dental and pharmacy ID cards
- View your plans and coverage details
- View your HumanaVitality® Dashboard†
- Receive medication reminders
- Research drug prices
- Locate providers in your network
- Refill your Humana Pharmacy™ prescriptions

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From your mobile device's browser:

You can visit MyHumana from your mobile device's browser. To get started, go to **Humana.com** and sign in.

Text message alerts*

On the MyHumana Mobile app:

1. Register or sign in (have your Humana ID or Social Security number available)
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3. Select “Text Alerts”
4. Register and verify your mobile #
5. Select the alerts you want to receive

On Humana.com:

1. Register or sign in (have your Humana ID or Social Security number available)
2. Click on “Account settings & preferences”
3. Select “Edit your preferences”
4. Select “Mobile” from the tab
5. Register and verify your mobile #
6. Select the alerts you want to receive

†Available to HumanaVitality members only.

*Message and data rates may apply.

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Finding your doctor is easy with Humana's Physician Finder

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1. Go to: Humana.com/PhysicianFinder

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Select your coverage type, enter your ZIP code, then select a network.

Just Looking

Member ID

The physician list varies by network. To help us narrow the search, choose a coverage type, and enter your home ZIP code. This will give you a list of networks to select for your search.

Already a member?

Simply enter your member ID. From there you can find all of the providers in your network.

Just Looking

Member ID

The physician list varies by network. To help us narrow the search, choose a coverage type, and enter your home ZIP code. This will give you a list of networks to select for your search.

2. Select **all** for a general search. Or be more specific by choosing **physician name**, **specialty** or **condition**. You can also see a list of participating hospitals by typing in the word **hospital**.

* Search ?

All



hospital

Enter name, symptom, condition or [specialty](#)

→ Search

Find out:

- Doctor's specialty
- If doctor is accepting new patients
- Languages spoken
- Maps/directions that can be texted or emailed to you

Find a doctor that fits your needs at Humana.com/PhysicianFinder

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Humana Individual plans are Insured by Humana Insurance Company, Humana Health Plan, Inc., Humana Health Insurance Company of Florida, Inc., Humana Health Benefit Plan of Louisiana, Inc., or offered by Humana Employers Health Plan of Georgia, Inc., Humana Medical Plan, Inc., Humana Health Plan, Inc., Humana Health Plan of Texas, Inc., Humana Medical Plan of Michigan, Inc., Humana Health Plan of Ohio, Inc., or Humana Medical Plan of Utah, Inc. For Arizona residents: Insured by Humana Insurance Company or offered by Humana Health Plan, Inc. For Texas residents: Insured by Humana Insurance Company or offered by Humana Health Plan of Texas, Inc. These companies are Qualified Health Plan Issuers in the Health Insurance Marketplace, kynect, or Connect for Health Colorado. Applications are subject to eligibility requirements. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, call or write your Humana insurance agent or broker.

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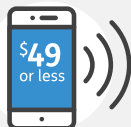
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2 Enter your health insurance information; select Humana and enter your group ID and member ID



3 Enter a payment method



4 See a doctor within minutes



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Skip the waiting. Doctor On Demand allows you see to see a board-certified doctor in minutes, with video access from your mobile device or computer. It's easy.

Doctor On Demand is the perfect option when your primary care doctor is unavailable and other healthcare options are closed. You may receive treatment 24 hours a day, seven days a week for many health issues including:

- Colds, flu and sore throat
- Upper respiratory infections
- Skin and eye problems
- Urinary tract infections

Telemedicine is not for emergencies such as chest pain, abdominal pain or shortness of breath.

Doctor On Demand may treat members except children under the age of two for non-emergency health conditions. If needed, your physician may send a prescription to your pharmacy.

Video visits cost **\$49 OR LESS**
based on your medical plan.

Telemedicine is not a substitute for emergency care and not intended to replace your primary care doctor or other providers in your network.

Behavioral health visits are not covered. Limitations on health care and prescription services delivered by telemedicine and communication options vary by state. This material is provided for informational use only and should not be considered medical advice or used in place of consulting a licensed medical professional.



EAP and Work-Life Services

Convenience services

Good news – you can get more done in a day. We understand that balancing work and life can be challenging. That's why we offer you around-the-clock access to Work-Life specialists who have expertise in convenience needs. Whether you have a quick question or need a local resource, we can help you find what you want, including services to address things like:

Home or appliance repair	Dependents with special needs
Moving and relocation	Retirement
Marriage	Passports and visas
Emergency readiness	Event planning
Restaurant reservations	Purchasing household items
Travel needs	Errand-running
Event tickets	Family planning
Personal shoppers	Adoption
Pet care	Child and adult care
Adolescent issues	Parenting
College planning	Emergency dependent care

How it works

When you call, our specialists will talk with you about your concerns and discuss your options. Then we'll perform a custom search for local resources based on your needs and preferences and give you a list of referrals along with relevant articles, checklists, and other resources to help you meet your unique needs.

Online resources

You and members of your household have unlimited access to the program and can call anytime for information and referrals.

Our website also features:

- Articles on work-life topics including child care, parenting, pet care, adoption, moving and relocation, and more
- Checklists and calculators
- Quizzes and assessments
- Local resource searches by address or ZIP code
- The SpendLess discount program

Employee Assistance Program (EAP) and Work-Life Services are convenient, confidential, and provided at no cost to you and members of your household. We're here 24 hours, seven days a week, so contact us today and take back some of the hours in your day.

Life made easier.



Call **1-866-440-6556** or visit us at
Humana.com/eap
Username: eapt
Password: eapt

Humana®

Humana.com

Personal information about participants remains confidential according to all applicable state and federal laws, unless disclosure is required by such laws. Services provided by Humana EAP and Work-Life Services.



READY. SET. Go365.



It's simple to get started with Go365™. Here's how to get rewarded for your healthy behaviors.

1. Register now

Download the Go365 App or visit Go365.com to access your secure, password-protected Go365 account and program.

2. Take the next step

Three easy ways to start earning Points and get to Bronze Status:

- Complete at least one section of your Health Assessment
- Log a verified workout
- Get your biometric screening

3. Enjoy the rewards

Keep earning Points by completing healthy activities. The more Points you earn, the more Bucks you will have to spend in the Go365 Mall. Reward yourself with brands including:



Join the Go365 support community
community.go365.com



Register or sign in at Go365.com
or on the App

Go365 is not an insurance product. Not available with all Humana health plans.

Adult children can only move a family into Bronze Status by completing a verified workout.

The merchants represented are not sponsors of Go365 or otherwise affiliated with Go365. The logos and other identifying marks attached are trademarks of and owned by each represented company and/or its affiliates. Please visit each company's website for additional terms and conditions.

Humana, Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-877-320-1235 (TTY: 711).

ATENCIÓN: Si usted habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-320-1235 (TTY: 711).

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1-877-320-1235 (TTY：711)。



The Go365 App

Put the power in your pocket



Download the Go365 App today to your smartphone. Use it to help you stay on track in reaching your health and well-being goals.

The App has it all

Look what you can do:



Challenge yourself and other Go365 members to private or community Challenges*



Submit proof of eligible Activities for Points



Connect compatible devices



Personalize experiences with photos



Complete or update your Health Assessment in quick, two-minute sections



Explore ways to increase your Points total



Complete Activities that focus on areas such as weight, food and sleep tracking for Points**



Check on your Go365 Age and Status



Sign up for HealthyFood¹



Enroll and interact with a health coach²



See your Points history



Spend your Bucks in the Go365 Mall

Look how the Go365 App can make your life easier. Sign in today.



Download the Go365 App

*Members earn 50 Points for joining a Challenge and 50 more for joining a Challenge team, up to a maximum of 100 combined Points per month no matter how many Challenges and Challenge teams a member may join.

**Depending on the activity, Activities can be worth two Points a day or may have a weekly or monthly cap. Refer to the App for Points limits.

¹HealthyFood is not available to all Go365 members. Sign in to your Go365.com account to determine your eligibility.

²Not all Go365 programs include working with a personal health coach.

What's on your mind?

EAP and Work-Life Services



EAP and Work-Life includes a network of services, including short-term counseling and referrals to local resources, to help you and members of your household cope with everyday issues. Our EAP professionals can help you with:

RELATIONSHIP ISSUES

Primary relationship

Loneliness

Intimacy issues

Dealing with conflict

Physical and/or emotional distress

ADULT CARE

Finding services and care

Housing options

Caregiving issues

Helping from a distance

Adjusting to retirement

MANAGER RESOURCES

Helping employees

Organizational changes

Managing diversity

Leadership skills

Effective communication

EDUCATION

K-12

Colleges and universities

Financing

GED and vocational

Tutors and test prep

CHILD CARE

Adoption, pregnancy, and fertility

Child care and back-up care

Infant and toddler options

Special-needs care

Summer care services

WORKPLACE CHALLENGES

Working successfully with others

Communicating with your boss

Career development

Avoiding burnout

Dealing with stress

EVERYDAY ISSUES

Consumer education

Moving and relocation

Home ownership

Recreational activities

Pet care

HEALTH AND WELLNESS

Stress reduction

Exercise and preventive health

Nutrition

Mind/body balance

Women's, men's, and children's health

EMOTIONAL WELL-BEING

Depression

Stress and anxiety

Addictions

Eating and weight-related issues

Grief and loss

PARENTING

Discipline techniques

Talking to your teen

Developmental milestones

Children with special needs

Dealing with stress

LEGAL AND FINANCIAL CONCERNS

Retirement planning

Budget and credit management

Resolving legal issues

Coping with financial issues

Avoiding fraud

COMMUNITY RESOURCES

Housing

Programs for adults and children

Transportation

Support groups

Emergency resources

EAP and Work-Life are convenient, confidential, and provided at no cost to you and members of your household. We're here 24 hours, seven days a week, so call anytime.

Humana®

Life made easier.



For free and confidential assistance,
call **1-866-440-6556** or visit us at
Humana.com/eap

Services provided by Humana EAP and Work-Life Services.

GCHHSGAEN 1213



Employees can payroll deduct for eligible medical, dental and vision on a pre-tax basis.

- *The **individual** maximum **HSA contribution limit** is \$3,450.*
- *The **family** maximum **HSA contribution limit** has **decreased** from \$6,900 to **\$6,850**.*
- ***This change is effective January 1st, 2018 and for the entire 2018 calendar year.***
- *When reviewing your 2018 HSA contribution election (both to date and planned contributions, remember to add any employer contribution, if applicable, to your total.*
- *If you have already contributed over \$6,850, please contact your HSA banking institution for assistance.*
- *If you have elected over \$6,850 but have not yet contributed over that amount, contact your Human Resources department for instructions.*

***Please note that dental and vision expenses do not apply toward your medical plan deductible.**



2018 Dental Plan Summary

This is a summary of benefits.
Refer to the certificate for detailed information.

Legion Logistics dental benefits will remain as is with Dental Care Plus for October 1st. Below is a brief summary of your benefits. Please see your detailed Dental Care Plus certificate for more information.

	HMO (base plan) D125	HMO (buy-up plan) D511
Dental Benefits	In-Network	
Deductible	\$50/\$150	\$50/\$150
Annual Maximum	\$1,000 per person	\$1,500 per person
Preventive Services Exams, Cleanings, X-rays, & Sealants	Covered in full	Covered in full
Basic Services	Deductible, then 20%	Deductible, then 20%
Major Services	Deductible, then 50%	Deductible, then 50%
Orthodontics	Not covered	Deductible, then 50% \$1,000 Lifetime Maximum Covered to age 19

To verify your dentist is in the network, please call or visit The Dental Care Plus website at www.dentalcareplus.com

D125 DENTAL PLAN—PAYROLL DEDUCTIONS (BI-WEEKLY)

Employee Only	Family
\$3.89	\$11.28

D511 DENTAL PLAN—PAYROLL DEDUCTIONS (BI-WEEKLY)

Employee Only	Family
\$4.04	\$12.18





Benefit Summary

LEGION LOGISTICS LLC

HMO Plan

Benefit Plan Number: D125

Benefit Year: The 12 month period beginning January 1st
and ending December 31st (calendar year)

Annual Maximum Benefit: \$1000 per Member

Orthodontic Lifetime Maximum Benefit: \$0 per Eligible Member

Deductible: \$50 per Member, per Benefit Year
\$150 per Family, per Benefit Year
The deductible applies to Basic and Major Benefits only

Covered Dental Services	Deductible Applied	Percentage of Allowable Expense Paid by the Plan	Member Copayment
Preventive Benefits	No	100%	None
Basic Benefits	Yes	80%	20%
Major Benefits	Yes	50%	50%

Endodontic Services are covered as Basic Benefits.

Periodontic Services are covered as Major Benefits.

Sealants are covered as Basic Benefits.

Dependent children are eligible for coverage until age 19, or until age 25 if enrolled as full-time students.

A complete description of benefits, limitations and exclusions are available in the Member Handbook. Members must receive services from a Dental Care Plus dentist.

Benefit Summary

LEGION LOGISTICS LLC

HMO Plan

Benefit Plan Number: D511

Benefit Year: The 12 month period beginning January 1st
and ending December 31st (calendar year)

Annual Maximum Benefit: \$1500 per Member

Orthodontic Lifetime Maximum Benefit: \$1000 per Eligible Member
Limited to eligible dependent children under age 19

Deductible: \$50 per Member, per Benefit Year
\$150 per Family, per Benefit Year
The deductible applies to Basic and Major Benefits only

Covered Dental Services	Deductible Applied	Percentage of Allowable Expense Paid by the Plan	Member Copayment
Preventive Benefits	No	100%	None
Basic Benefits	Yes	80%	20%
Major Benefits	Yes	50%	50%
Orthodontic Benefits	No	50% Limited to eligible dependent children under age 19	50%

Endodontic Services are covered as Basic Benefits.

Periodontic Services are covered as Major Benefits.

Sealants are covered as Basic Benefits.

Dependent children are eligible for coverage until age 19, or until age 25 if enrolled as full-time students.

A complete description of benefits, limitations and exclusions are available in the Member Handbook. Members must receive services from a Dental Care Plus dentist.

Covered Services

This is a summary only. A complete description of covered services, limitations and exclusions is available in the member handbook or certificate of insurance.

Preventive Benefits

PREVENTIVE AND DIAGNOSTIC SERVICES

- Routine oral examinations:** limited to two visits each year
- Prophylaxis (cleaning):** limited to two each year
- Topical application of fluoride:** limited to two treatments each year to children under age 18
- Bitewing X-Rays:** limited to one set each year
- Vertical bitewing X-Rays:** limited to once every three years (7-8 films)
- Periapical X-Rays:** limited to five films per year
- Full-mouth X-Rays (complete series or panoramic):** limited to once every three years

Basic Benefits

DIAGNOSTIC SERVICES

- Emergency/limited oral examinations**
- Office visit after hours:** for emergencies only
- Referral consultations and examinations performed by a specialist**
- Extraoral X-Rays**
- Emergency palliative treatment**

SPACE MAINTAINERS

- Space maintainer – fixed, unilateral:** limited to children under 19 years of age
- Distal shoe space maintainer – fixed, unilateral:** limited to children under 8 years of age

ORAL SURGERY

Includes local anesthesia and routine postoperative care.

Extractions

- Simple single-tooth extractions
- Root removal – exposed roots

Surgical extractions

- Removal of an erupted tooth (uncomplicated)

Incision and drainage of abscess

Biopsy and examination

General anesthesia or intravenous sedation: only when necessary and provided in connection with oral surgery

RESTORATIVE SERVICES

Includes local anesthesia. Multiple restorations on single surface considered as a single restoration.

Restorations

Amalgam, composite and sedative fillings: limited to once every two years per tooth (same surfaces only)

Pins: pin retention as part of restoration when used instead of gold or crown restoration

Stainless-steel crowns: when tooth cannot be adequately restored with filling material

Recementation of inlays, onlays, crowns, bridges, and space maintainers

Repairs to crowns and bridges

FULL AND PARTIAL DENTURE REPAIRS

- Repair broken complete or partial dentures**
- Replacement of broken teeth on complete or partial denture**
- Additions to partial dentures to replace extracted natural teeth**

Major Benefits

RESTORATIVE SERVICES

Inlays, Onlays, Crowns, Post and Core

Limited to once in five years on the same tooth.

Gold restorations and crowns are covered only as treatment for decay or traumatic injury and only when teeth cannot be restored with a filling material or when the tooth is an abutment to a covered partial denture or fixed bridge.

ORAL SURGERY

Includes local anesthesia and routine postoperative care.

Surgical extractions

- Removal of impacted tooth – soft tissue
- Removal of impacted tooth – partially bony
- Removal of impacted tooth – completely bony
- Removal of impacted tooth – completely bony, with complications
- Surgical removal of residual roots

Pre-prosthetic oral surgery

- Alveoloplasty and vestibuloplasty

PROSTHODONTIC SERVICES

Fixed bridge: limited to one original or replacement prosthesis every five years

Complete upper or lower denture: limited to one original or replacement prosthesis every five years

Partial upper or lower denture: limited to one original or replacement prosthesis every five years

Relining and rebasing: limited to once every three years

Other Benefits

PERIODONTIC SERVICES

Includes local anesthesia and routine postoperative care.

Emergency treatment (periodontal abscess, acute periodontitis, etc.)

Periodontal scaling and root planing: limited to four quadrants each year as definitive treatment when pocket depths of at least 4mm are demonstrated

Scaling in presence of generalized moderate or severe gingival inflammation: limited to once in a 24 month period when clinical

documentation demonstrates that 30% or more of teeth are involved.

Surgical periodontics: (includes post-surgical visits) limited to two additional recalls in the first year following complex surgery

Gingivectomy, osseous and muco-gingival surgery, gingival grafting

Guided tissue regeneration

Periodontal maintenance procedure: limited to two each year following a history of periodontal disease

SEALANTS & PREVENTIVE RESIN RESTORATIONS

Permanent molar teeth: limited to children under 15 years of age and once every five years per tooth

ENDODONTIC SERVICES

Includes local anesthesia and routine postoperative care.

Root canal therapy, traditional

Retreatment of previous root canal: must be at least three years following previous root canal on same tooth

Recalcification and apexification

Orthodontic Services*

Orthodontic benefits refer to plan design for individual lifetime maximum.

Comprehensive orthodontic treatment

Other orthodontic treatment: limited to one appliance per individual

Appliance for tooth guidance

Orthodontic retention appliance

All benefits paid toward orthodontia services by your current employer's previous dental carrier(s) will be applied to the Dental Care Plus lifetime orthodontia maximum.

**Call us at (800) 367-9466 or visit our website at DentalCarePlus.com
with any questions you have about service or coverage.**

*May or may not apply to your specific plan. Please refer to your benefit summary in your packet or your benefits administrator for details.

Dental insurance plans are issued by Dental Care Plus, Inc., located at 100 Crowne Point Place, Cincinnati, OH 45241. Domicile: Ohio. NAIC No. 96265.

DCPG-ADDITIONAL-Covered Services



2018 Vision Plan Summary

This is a summary of benefits.
Refer to the certificate for detailed information.

Legion Logistics has decided to move the vision benefits to Humana for 2018-2019 plan year. Below is a brief summary of your benefits. Please see your detailed Humana certificate for more information.

	KY Humana Vision 130
Vision Benefits	In-Network
Exam (1 every 12 months)	\$10 copay
Lenses (1 every 12 months) Single Bifocal Trifocal	\$15 copay \$15 copay \$15 copay
Frames (1 every 24 months)	\$130 allowance (20% off remaining balance)
Contact Lenses (1 every 12 months)	\$130 allowance (15% off remaining balance)

To verify your vision provider is in the network, please call or visit Humana at www.humana.com

VISION PLAN—PAYROLL DEDUCTIONS (BI-WEEKLY)			
Employee Only	Employee + Spouse	Employee + Child(ren)	Family
\$1.09	\$2.19	\$2.08	\$3.27



Legion Logistics L Lf*A
Vision care services

**If you use an
IN-NETWORK provider
(Member cost)**

**If you use an
OUT-OF-NETWORK provider
(Reimbursement)**

Exam with dilation as necessary • Retinal imaging ¹	\$10 Up to \$39	Up to \$30 Not covered
Contact lens exam options² • Standard contact lens fit and follow-up • Premium contact lens fit and follow-up	Up to \$55 10% off retail	Not covered Not covered
Frames³	\$130 allowance 20% off balance over \$130	\$65 allowance
Standard plastic lenses⁴ • Single vision • Bifocal • Trifocal • Lenticular	\$15 \$15 \$15 \$15	Up to \$25 Up to \$40 Up to \$60 Up to \$100
Covered lens options⁴ • UV coating • Tint (solid and gradient) • Standard scratch-resistance • Standard polycarbonate - adults • Standard polycarbonate - children <19 • Standard anti-reflective coating • Premium anti-reflective coating - Tier 1 - Tier 2 - Tier 3 • Standard progressive (add-on to bifocal) • Premium progressive - Tier 1 - Tier 2 - Tier 3 - Tier 4 • Photochromatic / plastic transitions • Polarized	\$15 \$15 \$15 \$40 \$40 \$45 Premium anti-reflective coatings as follows: \$57 \$68 80% of charge \$15 Premium progressives as follows: \$110 \$120 \$135 \$90 copay, 80% of charge less \$120 allowance \$75 20% off retail	Not covered Not covered Not covered Not covered Not covered Not covered Premium anti-reflective coatings as follows: Not covered Not covered Not covered Up to \$40 Premium progressives as follows: Not covered Not covered Not covered Not covered Not covered Not covered
Contact lenses⁵ (applies to materials only) • Conventional • Disposable • Medically necessary	\$130 allowance, 15% off balance over \$130 \$130 allowance \$0	\$104 allowance \$104 allowance \$200 allowance

Humana Vision 130

Vision care services	If you use an IN-NETWORK provider (Member cost)	If you use an OUT-OF-NETWORK provider (Reimbursement)
Frequency <ul style="list-style-type: none"> • Examination • Lenses or contact lenses • Frame 	Once every 12 months Once every 12 months Once every 24 months	Once every 12 months Once every 12 months Once every 24 months
Diabetic Eye Care: care and testing for diabetic members <ul style="list-style-type: none"> • Examination <ul style="list-style-type: none"> - Up to (2) services per year • Retinal Imaging <ul style="list-style-type: none"> - Up to (2) services per year • Extended Ophthalmoscopy <ul style="list-style-type: none"> - Up to (2) services per year • Gonioscopy <ul style="list-style-type: none"> - Up to (2) services per year • Scanning Laser <ul style="list-style-type: none"> - Up to (2) services per year 	\$0 \$0 \$0 \$0 \$0	Up to \$77 Up to \$50 Up to \$15 Up to \$15 Up to \$33

¹ Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.

² Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.

³ Discounts may be available on all frames except when prohibited by the manufacturer.

⁴ Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.

⁵ Plan covers contact lenses or frames, but not both.

Additional plan discounts

- Member may receive a 20% discount on items not covered by the plan at network Providers. Members may contact their participating provider to determine what costs or discounts are available. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Certain brand name Vision Materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price.
- Members may also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision. Since LASIK or PRK vision correction is an elective procedure, performed by specialty trained providers, this discount may not always be available from a provider in your immediate location.

Limitations and Exclusions:

In addition to the limitations and exclusions listed in your "Vision Benefits" section, this policy does not provide benefits for the following:

1. Any expenses incurred while you qualify for any worker's compensation or occupational disease act or law, whether or not you applied for coverage.
2. Services:
 - That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
 - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
 - Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
3. Any loss caused or contributed by:
 - War or any act of war, whether declared or not;
 - Any act of international armed conflict; or
 - Any conflict involving armed forces of any international authority.
4. Any expense arising from the completion of forms.
5. Your failure to keep an appointment.
6. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
7. Prescription drugs or pre-medications, whether dispensed or prescribed.
8. Any service not specifically listed in the Schedule of Benefits.
9. Any service that we determine:
 - Is not a visual necessity;
 - Does not offer a favorable prognosis;
 - Does not have uniform professional endorsement; or
 - Is deemed to be experimental or investigational in nature.
10. Orthoptic or vision training.
11. Subnormal vision aids and associated testing.
12. Aniseikonic lenses.
13. Any service we consider cosmetic.
14. Any expense incurred before your effective date or after the date your coverage under this policy terminates.
15. Services provided by someone who ordinarily lives in your home or who is a family member.
16. Charges exceeding the reimbursement limit for the service.
17. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
18. Plano lenses.
19. Medical or surgical treatment of eye, eyes, or supporting structures.
20. Replacement of lenses or frames furnished under this plan which are lost or broken, unless otherwise available under the plan.
21. Any examination or material required by an Employer as a condition of employment.
22. Non-prescription sunglasses.
23. Two pair of glasses in lieu of bifocals.
24. Services or materials provided by any other group benefit plans providing vision care.
25. Certain name brands when manufacturer imposes no discount.
26. Corrective vision treatment of an experimental nature.
27. Solutions and/or cleaning products for glasses or contact lenses.
28. Pathological treatment.
29. Non-prescription items.
30. Costs associated with securing materials.
31. Pre- and Post-operative services.
32. Orthokeratology.
33. Routine maintenance of materials.
34. Refitting or change in lens design after initial fitting, unless specifically allowed elsewhere in the certificate.
35. Artistically painted lenses.

Vision health impacts overall health

Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis, and rheumatoid arthritis ¹.



¹ Thompson Media Inc.

Humana Vision products insured by Humana Insurance Company, Humana Health Benefit Plan of Louisiana, The Dental Concern, Inc. or Humana Insurance Company of New York.

This is not a complete disclosure of the plan qualifications and limitations. Specific limitations and exclusions as contained in the Regulatory and Technical Information Guide will be provided by the agent. Please review this information before applying for coverage.

NOTICE: Your actual expenses for covered services may exceed the stated cost or reimbursement amount because actual provider charges may not be used to determine insurer and member payment obligations.





2018 Ancillary Plan Summaries

This is a summary of benefits.
Refer to the certificate for detailed information.

Legion Logistics will continue to provide Life and AD&D for the 2018-2019 plan year. Below is a brief summary of your benefits. Please see your detailed Lincoln Financial Group certificate for more information.

Benefits	Life and AD&D
Class / Eligibility	All Full-Time Employees
Benefit	\$15,000
Disabled Prior to Age	60
Elimination Period	6 months
Maximum Age Duration	65

Benefits	Accidental Death & Dismemberment
Class / Eligibility	All Full-Time Employees
Accelerated Benefit	75% of Benefit
Maximum Benefit	\$15,000
Life Expectancy	12 months or less





2018 Ancillary Plan Summaries continued

This is a summary of benefits.

Refer to the certificate for detailed information.

Legion Logistics will continue to offer Voluntary Long and Short-Term Disability benefits for the 2018-2019 plan year. Below is a brief summary of your benefits. Please see your detailed Lincoln Financial Group certificate for more information.

Benefits	Voluntary Long-Term Disability
Class / Eligibility	All Full-Time Employees
Benefit Percentage	60%
Monthly Benefit Maximum	\$5,000
Elimination Period	90 days
Disability Definition	2 years own occupation
Benefit Duration	Later of age 65 or RBD (Reducing Benefit Duration)

Benefits	Voluntary Short-Term Disability
Class / Eligibility	All Full-Time Employees
Benefit Percentage	Class 1—60% / Class 2—66.67%
Weekly Benefit Maximum	\$1,500
Elimination Period	Accident—1 day / Illness—8 days
Maternity Coverage	Included
Benefit Duration	13 weeks



Legion Logistics

October 1st, 2018

Insurance Open Enrollment Period – Compliance Notifications

Do I need to designate a primary care provider?

Legion Logistics' plans generally do not require the designation of a primary care provider. You have the right to select any primary care provider in the network who is available to accept you and your family members. For children, you may select a participating network pediatrician as a primary care provider.

You do not need prior authorization in order to obtain access to obstetrical or gynecological care from a health professional in or network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

Notice on Women's Health and Cancer Rights Act

In accordance with the Women's Health and Cancer Rights Act of 1998, this plan provides coverage for:

1) All stages of reconstruction of the breast on which the mastectomy was performed; 2) Surgery and reconstruction of the other breast in order to produce a symmetrical appearance; 3) Prosthesis and 4) physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and patient. Such coverage may be subject to annual deductibles and coinsurance provisions as deemed appropriate and consistent with those established for other benefits under the plan or coverage.

I do not wish to enroll at this time. Can I enroll later?

Generally, you will not be able to enroll until the next open enrollment period. However, there are some exceptions that will allow you to enroll mid-year. If you are declining enrollment for yourself, your spouse, or your dependents because of other health insurance coverage, you may be able to enroll in the future, provided you request enrollment within 30 days after your other coverage ends. If you are declining enrollment for yourself, your spouse, or your dependents because of Medicaid coverage or coverage under a state children's health insurance program, you may be able to enroll in the future if you or your dependents lose eligibility for that coverage, provided you request enrollment within 60 days after your other coverage ends. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependent, provided you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. In addition, if you, your spouse, or your dependents become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after you or your dependents' determination of eligibility for such assistance.

CHIP Model Notice**Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2018. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507

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ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/hawk-i Phone: 1-800-257-8563

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: https://www.dhhs.nh.gov/ombp/nhhpp/ Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: https://chfs.ky.gov Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/of/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825

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MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

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

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

U.S. Department of Labor
Services

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

U.S. Department of Health and Human

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

IMPORTANT NOTICES REGARDING YOUR HEALTH INSURANCE RIGHTS**Women's Health and Cancer Rights Act of 1998 (WHCRA)**

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 an individual receiving mastectomy-related benefits, coverage will be provided in a manner determined by 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 an asymmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema in a manner determined in consultation with the attending physician and the patient

The Newborns' and Mothers' Health Protection Act of 1996

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

Special Enrollment

If you are declining enrollment for you or your dependents (including your spouse) because of other health insurance coverage, you may, in the future, be able to enroll you or your dependents in the plan, provided that your request enrollment within 30 days after your other coverage ends (COBRA or state continuation coverage ends, divorce, legal separation, death, termination of employment or reduction in hours worked; or because the employer contributions cease).

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll you and your dependents, provided you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

If you decline enrollment for yourself or for your dependents (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents if you or your dependents lose eligibility for that other coverage.

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However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

If you have any questions, please contact Lacy Starling at (859) 384-1726 ext. 1001.

Michelle's Law (2010)

Michelle's Law prohibits the termination of health coverage if the child takes a medically necessary leave of absence from school or changes to part-time status. The leave of absence must:

- Be medically necessary (and certified by a physician as medically necessary)
- Commence while the child is suffering from a serious illness or injury
- Cause the child to lose student status for the purposes of coverage under the plan (either from an absence from school or reducing his/her course load to part time)

To take advantage of the extension, the child must be enrolled in the group health plan by being a student at a post-secondary educational institution immediately before the first day of the leave.

Coverage must extend for one year after the first day of the leave (or, if earlier, the date coverage would otherwise terminate under the plan). The student on leave is entitled to the same benefits as if they had not taken a leave. If coverage changes during the student's leave, then this law applies in the same manner as the prior coverage.

Genetic Information Nondiscrimination Act (2008)

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits discrimination in group health plan coverage based on genetic information.

GINA expands the genetic information protections included in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA prevents a plan or issuer from imposing a preexisting condition exclusion provision based solely on genetic information, and prohibits discrimination in individual eligibility, benefits or premiums based on any health factor (including genetic information).

GINA provides group health plans and health insurance issuers cannot base premiums for an employer or a group of similarly situated individuals on genetic information. (However, premiums may be increased for the group based upon the manifestation of a disease or disorder of an individual enrolled in the plan.)

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GINA also generally prohibits plans and issuers from requesting or requiring an individual to undergo a genetic test. However, a health care professional providing health care services to an individual is permitted to request a genetic test. Additionally, genetic testing information may be requested to determine payment of a claim for benefits, although the regulations make clear the plan or issuer may request only the minimum amount of information necessary in order to determine payment. There is also a research exception that permits a plan or issuer to request (but not require) a participant or beneficiary undergo a genetic test.

GINA also prohibits a plan from collecting genetic information (including family medical history) prior to, or in connection with enrollment, or for underwriting purposes. Thus, under GINA, plans and issuers generally are prohibited from offering rewards in return for collection of genetic information, including family medical history information collected as part of a Health Risk Assessment (HRA). The regulations provide several examples illustrating GINA's application to HRAs.

An exception is included for incidental collection, provided the information is not used for underwriting. However, the regulations make clear the incidental collection exception is not available if it is reasonable for the plan or issuer to anticipate that health information will be received in response to a collection, unless the collection explicitly states that genetic information should not be provided.

General Notice of COBRA Continuation Coverage Rights

Continuation Coverage Rights Under COBRA

You are receiving this notice because you have recently become covered under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage [*choose and enter appropriate information: must pay or are not required to pay*] for COBRA continuation coverage.

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If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced.
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies.
- Your spouse's hours of employment are reduced.
- Your spouse's employment ends for any reason other than his or her gross misconduct.
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both).
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies.
- The parent-employee's hours of employment are reduced.
- The parent-employee's employment ends for any reason other than his or her gross misconduct.
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both).
- The parents become divorced or legally separated.
- The child stops being eligible for coverage under the plan as a "dependent child."

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee become entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Lacy Starling

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an

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independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee become entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child loses eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement.

For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. This 18-month period of COBRA continuation coverage can be extended.

First qualifying event extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee

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Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

For further information please contact:

Lacy Starling

Legion Logistics

600 Meijer Drive

Suite 304

Florence, Kentucky 41042

(859) 384-1726 ext. 1001

lacy@joiningthelegion.com



1. *Journal of Management Studies*, 1996, 33, 1, 1-15.

PATH TO PREVENTIVE CARE

Did you know that your plan covers Preventive Care at 100% - not subject to any deductibles or copays?

These services refer to the care received in the absence of any symptom or diagnosis. These are often the services that are recommended based on your age and gender.

Do you know where to receive care?

Knowing where to receive care can be confusing in a time of need. Call the customer service number on the back of your **Humana** ID card for help.

Here are a few instances where you should receive care in certain facilities....

Primary Care Physician: Preventive care, common cold

Urgent Care: Sprains, small cuts, infections

Emergency Room: Chest pain, heavy bleeding, major burns



Your medical and prescription copayments accumulate towards your out of pocket maximum. Once you meet your out of pocket maximum in a given calendar year, **Humana** pays for in-network covered services at 100%.

Out of network benefits are used when your provider is not in network, meaning the provider does not accept the insurance carriers negotiated, or contracted, rates. **Balance billing occurs when** the provider bills a patient for the difference between what the health insurance reimburses and what the provider's overall cost is.

By using an in-network provider, you will receive the negotiated, or contracted, rate on services covered under your health plan and you are not subject to balance billing. If you go to an out-of-network provider, you could be subject to balance billing and you will be responsible for paying that amount.



IMPORTANT CONTACT INFORMATION



Humana Group # TBD
(Medical and Vision)
Online: www.humana.com
Phone: 1-800-552-9159



Lincoln Financial Group #000010209229
and 000010209230
(Life and AD&D, Voluntary Life and
AD&D, Long and Short-Term Disability)
Online: www.lfg.com
Phone: 1-877-275-5462



Dental Care Plus Group #5400-005133
(Dental)
Online: www.dentalcareplus.com
Phone: (513) 554-1100

In the event you have a question or concern that not been handled correctly or to your satisfaction by the insurance carrier, please call or e-mail our Small Business Solutions Team or benefits consultant, HORAN.



Chris Pratt, Account Manager
E-mail: ChrisP@horanassoc.com
Phone Number: 513-745-0707

Kimberly Loving, Account Specialist
E-mail: KimberlyL@horanassoc.com
Phone Number: 513-745-0707



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E-mail: lacy@jointhelegion.com

