



MEMORANDUM

This product is (a) not a substitute for minimum essential health coverage under the Affordable Care Act (ACA); and (b) does not qualify as minimum essential coverage under the ACA.

To: Benefit Eligible HCA (Health Care Associate) Employees
From: Joe Travella - (Human Resources Department)
Date: December 1, 2016
Subject: **OPEN ENROLLMENT - 2017**
A) Medical Plan
B) Dental Plan/Vision Plan
C) Flexible Spending Accounts - Health Care Reimbursement Account
and
Dependent Care Reimbursement Account

Open Enrollment is a time when all benefit eligible employees are allowed to join, drop, or make changes to ATC's Medical Plan, Dental/Vision Plan, and Flexible Spending Accounts. This Open Enrollment period will begin on December 1, 2016 and end December 16, 2016. Employees completing their open enrollment by December 16, 2016 will have their elections processed with an effective date of December 26, 2016.

Please be advised that for calendar year 2017, there will be no premium rate increase imposed for the Medical Plans, and there will be no premium rate increase imposed for the Dental/Vision Plan, which are administered by the Nationwide Life Insurance Company.

The Nationwide program includes two (2) benefit level medical plans, a "Premier Plus" plan and a "Standard Plus" plan. Enclosed is the "Nationwide Benefits Brochure" outlining both plans.

The following are the eligibility requirements in order to participate in the Nationwide Plan:

1. HCAs who work a minimum of 260 hours over a three month period (13 consecutive weeks), or 90 days, are eligible to select either the "Premier Plus" or "Standard Plus" plan.
2. HCAs enrolling in either the "Premier Plus" or "Standard Plus" plan are also eligible to enroll in the dental/vision plan option.
3. HCAs who work less than 260 hours over a three month period (13 consecutive weeks), or 90 days, are not eligible to participate.

OPEN ENROLLMENT PROCESS

The information, as outlined below, should provide a reference to guide you through this year's Open Enrollment process.

A) MEDICAL PLAN

If you are not making a change to your existing coverage, no action on your part is necessary.

If you are not currently enrolled and wish to enroll during this Open Enrollment period, or wish to make a change to your existing medical coverage, please contact Nationwide's Enrollment Center at [1-800-690-7731](tel:1-800-690-7731), or on-line via www.TheAmericanWorker.com.

Medical Plan Weekly Employee Premium Costs

Please reference the enclosed "Employee Medical and Dental/Vision Plan Weekly Premium Costs" (January 1, 2017 through December 31, 2017)." There will be no increase in your weekly premium costs for the Medical Plans for calendar year 2017. Any premium costs will be deducted from your paycheck on an "after-tax" basis.

B) DENTAL/VISION PLAN

Note: The dental/vision plan option is available only to employees who enroll in one of the Nationwide medical plans.

If you are not making a change to your existing dental/vision coverage, no action on your part is necessary.

If you are not currently enrolled and wish to enroll during this Open Enrollment period, or wish to make a change to your existing dental/vision coverage, please contact Nationwide's Enrollment Center at [1-800-690-7731](tel:1-800-690-7731), or on-line via www.TheAmericanWorker.com.

Dental/Vision Plan Weekly Employee Premium Costs

Please reference the enclosed "Employee Medical and Dental/Vision Plan Weekly Premium Costs" (January 1, 2017 through December 31, 2017). Your current weekly premium costs for the Dental/Vision Plan will not change for calendar year 2017. Any premium costs will be deducted from your paycheck on an "after-tax" basis.

FLEXIBLE SPENDING ACCOUNTS

Important: If you are currently participating in either the Health Care Reimbursement Account or the Dependent Care Reimbursement Account, or both Accounts and wish to continue for calendar year 2017, **you must complete a new PayFlex “Flexible Spending Accounts (FSA) Enrollment Form.”** Participation will not automatically roll-over into the next calendar year.

The 2017 pre-tax contribution limit for the Health Care Reimbursement Account is **\$2,600.00**.

All HCA employees, who average **30 hours** or more per week for three (3) consecutive months, (**390 hours**), are eligible. HCA employees are covered on the first of the month following the completion of this three (3) consecutive month requirement. After satisfying the average workweek requirement, the HCA employee must continue to average 30 hours or more per week for every subsequent three (3) consecutive month period (390 hours), in order to maintain continued eligibility.


Note: The 2017 FSA Plan Year will reimburse eligible expenses incurred for the period **January 1, 2017 through March 15, 2018, and such expenses for this period must be submitted no later than April 30, 2018.** According to IRS regulations, if this requirement is not satisfied, it will result in the **forfeiture of funds remaining in your account(s).** This is known as the **“Use It or Lose It” rule.**

If you do not wish to participate in the Flexible Spending Accounts for Year 2017, no action on your part is necessary.

If you do wish to participate or re-enroll in either one or both of the Reimbursement Accounts, please complete the enclosed PayFlex **“Flexible Spending Accounts (FSA) Enrollment Form,”** and either mail, fax, or email it to: Joe Travella, Vice President, Human Resources, ATC Healthcare Services, 1983 Marcus Avenue, Lake Success, NY, 11042; Fax# 516-750-1758; email: jtravella@atchealthcare.com. The “Enrollment Form” must be returned on or before December 16, 2016.

Note: For additional information regarding these pre-tax savings accounts, please reference the enclosed “Flexible Spending Accounts (FSAs) - Benefit Summary.”

Should there be any questions, please contact Joe Travella at (516) 750-1699.

JT/ 

Enclosures:

- Nationwide Benefits Brochure
- Employee Medical and Dental/Vision Plan Weekly Premium Costs
(January 1, 2017 through December 31, 2017)
- Flexible Spending Accounts (FSA) - “Reimbursement Accounts Enrollment Form” –
(PayFlex)
- Flexible Spending Accounts (FSAs) - (Benefit Summary)



ATC Healthcare

Nationwide Benefits Brochure

Affordable Supplemental Medical Benefit Program

Featuring:

- Affordable Rates
- No Pre-Existing Condition Limitations
- Optional Dental/Vision Coverage
- \$10 Co-Pay on Generic Drugs
- Benefits That Work!

Benefits Include Coverage For:

- Doctor's Office Visits
- Outpatient Diagnostic X-Ray & Lab
- Preventive Care
- Accident Coverage
- Hospital Indemnity and more!

There are Two Ways to Enroll or Make Changes:

**Go to www.TheAmericanWorker.com or
Call 1-800-690-7731**

***If you are currently enrolled, your benefits will continue with Nationwide**

Important Notices: This program is not intended or recommended to replace any comprehensive program of insurance in which you currently participate, or intend to participate. This plan is not designed to replace or provide major medical or catastrophic coverage. This brochure is for summary purposes only. The insurance benefits for the medical indemnity plan are underwritten by Nationwide Life Insurance Company. A detailed Certificate of Coverage will be available upon enrollment in the Program. Plan exclusions and limitations apply.

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**The American
Worker®**

Provided by Fringe Benefit Group



Nationwide®
is on your side

Nationwide and the Nationwide N and Eagle are service marks of Nationwide Mutual Insurance Company.

Plan Descriptions— Please refer to the Memorandum to see which plan you are eligible for.

Benefits	Standard Plus	Premier Plus
Daily In-Hospital Indemnity	Plan Pays \$500 per day 500 day lifetime maximum	Plan Pays \$1,000 per day 500 day lifetime maximum
Intensive Care Unit	Plan Pays \$1,000 per day	Plan Pays \$2,000 per day
Mental Illness Disorder	Plan Pays \$250 per day	Plan Pays \$500 per day
Substance Abuse	Plan Pays \$250 per day	Plan Pays \$500 per day
In-patient Skilled Nursing Facility	Plan Pays \$250 per day	Plan Pays \$500 per day
Doctor's Office Benefit	Plan Pays \$60 per day 6 days per calendar year	Plan Pays \$75 per day 6 days per calendar year
Outpatient Diagnostic X-ray	Plan Pays \$75 per testing day 3 days per calendar year	Plan Pays \$125 per testing day 3 days per calendar year
Outpatient Diagnostic Lab	Plan Pays \$75 per testing day 3 days per calendar year	Plan Pays \$100 per testing day 3 days per calendar year
Surgical Benefit		
- Daily Inpatient	Plan Pays \$1,000 - 1 day per year	Plan Pays \$2,000 - 1 day per year
- Daily Outpatient/Outpatient Minor	Plan Pays \$500 / \$100 - 1 day per year	Plan Pays \$1,000 / \$200 - 1 day per year
Preventive Care	Plan Pays \$50 per day 3 days per calendar year	Plan Pays \$75 per day 2 days per calendar year
Accident Expense Benefit	Plan Pays \$500 max per occurrence	Plan Pays \$1,000 max per occurrence
Emergency Room Indemnity Benefit for Illness Only	Not Included	Plan Pays \$75 per day 4 days per calendar year
Life/AD&D Insurance (Employee)	\$10,000	\$25,000
Dependent Life Insurance	\$2,500 spouse; \$1,250 child; \$200 infant	\$2,500 spouse; \$1,250 child; \$200 infant
Discount Health Savings Program*	Teladoc, Medical Bill Saver™, Medical Health Advisor, Nurseline™, EAP Counseling, Vision, VIP Health & Wellness, Hearing & Chiropractic	Teladoc, Medical Bill Saver™, Medical Health Advisor, Nurseline™, EAP Counseling, Vision, VIP Health & Wellness, Hearing & Chiropractic
First Health Network*	Doctors & Hospitals	Doctors & Hospitals
Prescription Drug Benefit*	Included	Included

*These benefits are not underwritten by Nationwide Life Insurance Company.

The Discount Health Savings Program is NOT insurance. This plan provides discounts at certain healthcare providers for medical services. This plan does not make payments directly to the providers of medical services. Pharmacy discounts range from 10% to 85% on most medications. The plan member is obligated to pay for all healthcare services but will receive a discount from those healthcare providers who have contracted with the discount plan organization. The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. This discount card program contains a 30 day cancellation period. The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary service received. The discount medical card program makes available, before purchase and upon request, a list of program providers, including the name, city, state, and specialty of each program provider located in the cardholder's service area. Member shall receive a full refund of membership fees, excluding registration fee, if membership is cancelled within the first 30 days after the effective date. AR and TN residents: A refund of all fees will be issued if membership is cancelled within the first 30 days. MD Residents: The membership fee and one-time registration fee (minus \$5.00) will be refunded if cancelled within the first 30 days and upon return of the discount card. Discount Medical Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 671309 Dallas, TX 75367-1309, 800-800-7616. Website to obtain participating providers: MyMemberPortal.com.

Optional Dental/Vision Coverage

Employees enrolling in the medical plan, have the option of also enrolling in the Dental/Vision plan. The coverage level for the optional coverage must be the same as the medical.

Dental Benefit

\$100 calendar year deductible
\$1,000 calendar year maximum

Eligible preventative or basic dental expenses are paid at 80% of usual and customary. Major dental and Orthodontia expenses are covered at 50% of usual and customary.

Pre-Certification is recommended for dental claims exceeding \$250.

Vision Benefit

\$300 calendar year maximum
Covered vision care expenses are paid at 80%.

Routine exams covered at 80% once every 12 months.
Lenses, frames or contacts covered at 80% - one set every 24 months.

Benefit Descriptions

Doctor's Office Indemnity Benefit - due to Illness, Accident or Medical Emergency

Benefit payable per day per covered person. Routine exams, medical treatment, immunizations and injections are not covered under this benefit.

Outpatient Diagnostic X-Ray and Lab Indemnity Benefit

Benefit is payable per testing day per covered person, when Hospital Confinement is not required. Routine exams are not covered under this benefit.

Preventive Care Indemnity Benefit

Benefit payable per day per covered person. Routine exams, medical treatment, and immunizations are covered under this benefit.

Accident Expense Benefit

Up to 100% of charges incurred are payable within 90 days of an Accidental Bodily Injury. Benefit is per Accident.

Daily In-Hospital and Skilled Nursing Facility Indemnity Benefit

Daily In-Hospital Benefit

Benefit payable per day. Up to a Lifetime Maximum of 500 days of confinement (except for Substance Abuse, Mental Illness Disorder, and In-patient Skilled Nursing Facility).

Intensive Care Unit

Double the Daily In-Hospital Benefit will be paid, up to a maximum of 30 days per Calendar Year.

Mental Illness Disorder

50% of the Daily In-Hospital Benefit will be paid, up to a maximum of 30 days (Standard Plus Plan) or 10 days (Premier Plus Plan) per Calendar Year. Lifetime Maximum \$30,000.

Substance Abuse

50% of the Daily In-Hospital Benefit will be paid, up to a maximum of 30 days per Calendar Year. Lifetime Maximum \$30,000.

In-patient Skilled Nursing Facility

50% of the Daily In-Hospital Benefit will be paid. Maximum benefit per Covered Person per period of confinement is 60 days. The confinement is covered only if it follows a covered Hospital stay of at least 3 days.

Daily Inpatient, Outpatient or Outpatient Minor Surgical Benefit

Benefit is payable per Covered Person. Inpatient maximum is 1 day per Calendar Year and Outpatient maximum is 1 day per Calendar Year.

Emergency Room Indemnity Benefit for Illness Only

Benefit is payable per day. Maximum per person per calendar year is 4 days.

Life Insurance/Accidental Death and Dismemberment Benefit

The Life Insurance Benefits reduce by 35% of the original amount upon attainment of Age 65, and by an additional 35% each five year period thereafter.

Dependent Life Insurance

Spouse; Child (from 6 months to 26 years); Infant (from 10 days to 6 months)

The below benefits are not underwritten by Nationwide Life Insurance Company

Prescription Drug Coverage by Regence Rx -

\$10 Co-Pay on Generic Drugs for up to a 30 day supply.

Brand Name Drugs—Discounts averaging 16% - 18% off average wholesale price.

Mail Order Program - \$30 Co-Pay on Generic Drugs for up to a 90 day supply.

Annual Maximum - \$2,500 per Covered Person.

(A separate ID card will be mailed to you for this coverage)

First Health Network—Doctors & Hospitals -

The First Health Network provides access to one of the nation's largest and most respected networks. By going to a First Health provider you can reduce your out of pocket expenses and stretch your benefit dollars.

- Access to more than 490,000 provider locations across all 50 states and the District of Columbia

- First Health logo on medical ID card for fast and easy recognition by the provider

- Re-priced Claims will be assigned directly to the provider to simplify the claims process

To find a provider, visit www.yourmedbenefits.com. Members retain the ability to choose any doctor they wish and have those claims assigned. All benefits will pay as specified in the benefit provisions of the policy regardless of the provider chosen.

Discount Health Savings Program (not available to WA or VT residents) -

Your membership provides significant savings on the following services: Vision, Hearing, Chiropractic, and Vitamins & Nutritional Supplements

In addition, members also receive access to the following: Teladoc, Health Advocate Services (Medical Bill Saver™, Medical Health Advisor, Nurseline™, Telephonic Counseling Services

TELADOC—Teladoc provides 24/7/365 access to a national network of U.S. board-certified doctors who can resolve many of your medical issues via telephone. Teladoc doctors can diagnose, treat and prescribe medication, when necessary, for medical issues including cold and flu symptoms, allergies, bronchitis, sinus problems, urinary tract infection, respiratory infection, pink eye, ear infection and more!

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HEALTH ADVOCATE SERVICES

Medical Bill Saver™ - The Health Advocate Medical Bill Saver™ benefit can lower out-of-pocket costs on medical bills not covered by insurance. Advocates will work with healthcare providers and attempt to lower the balance on any uncovered medical or dental bill over \$400.

Medical Health Advisor - The services are organized around Personal Health Advocates, typically registered nurses, supported by a team of medical directors and administrative experts, who assist individuals in getting the most value from their healthcare benefits. One call to Medical Health Advisor and we'll help members resolve insurance claims and billing issues.

Health Advocate does not replace health insurance, provide medical care or recommend treatment.

Enrollment Information

Information you'll need before enrolling:

1. Your Employer's Name: ATC Healthcare
2. Your Social Security Number
3. The Coverage Level you want to enroll in: Employee only, Employee Plus One or Family
4. Your Dependents' (Spouse and/or Eligible Children's): Date of Birth and Social Security Numbers

Two Ways to Enroll:

Visit www.TheAmericanWorker.com

Available 24/7

OR

Call the Enrollment Center toll free at (800) 690-7731

Monday - Friday from 8 am to 8 pm Eastern Time

Frequently Asked Questions

How does this plan work?

You're allowed to use any licensed doctor or hospital. There are no networks or doctor directories you are restricted to use; however, in order to maximize savings we recommend that you use a provider that participates in the First Health network. There are no deductibles that have to be paid before the insurance covers an eligible expense, but please note that per person calendar year maximums do apply to most benefits.

What type of coverage will I and my eligible dependents have?

The plan pays on an 'indemnity' basis, and pays based on the plan chosen. While these benefits are not catastrophic or unlimited in nature, they will provide you and your family with useful, affordable and valuable benefits.

Who is the insurance company paying my claims?

Nationwide Life Insurance Company, which has an A+ (Superior) rating by A. M. Best Company, pays the claims. They are based out of Columbus, Ohio.

Will I receive an ID card?

Upon enrollment, employees will receive a fulfillment kit containing: Summary of Benefits, describing his/her benefits and plastic Identification Cards. A Certificate of Coverage, explaining the plan in detail, will also be available. The identification cards will include information for the medical and prescription plans as well as the discount health savings program.

Does the member have to use a network of doctors and hospitals to receive benefits?

No, the insured is free to use any doctor or hospital (as defined by the plan policy). The prescription drug program and discount health savings program do require that you use a network provider.

How do I file a claim?

You may present your medical card to any physician for claims processing. Should you encounter a caregiver that does not recognize or wish to process your medical claim, you may file the claim directly with the administrator. Payment would then be tendered directly to you. Your medical card and summary plan booklet will contain information on proper claims procedure.

Claims

Employer Plan Services, Inc.
P. O. Box 21854
Eagan, MN 55121

(800) 517-4791

Member Services

Member Services is available
Monday - Friday
8:00 am - 8:00 pm Eastern Time

Spanish speaking representatives are available

(800) 517-4791

All policies described herein, except the Prescription Plan and the Discount Health Savings Program, are underwritten by Nationwide Life Insurance Company.

EMPLOYEE MEDICAL AND DENTAL/VISION PLAN WEEKLY PREMIUM COSTS

(January 1, 2017 through December 31, 2017)

Health Care Associate (HCA) Employees

(NATIONWIDE PLAN)

I MEDICAL PLAN (Nationwide Life Insurance Company)

A) PREMIER PLUS PLAN

	<u>Coverage</u>	<u>Weekly Costs</u>
EE	Employee Only	\$32.57
EE +1	Employee and One (1) Dependent	\$85.23
EE +2	Employee and Two (2) or more Dependents	\$98.14

B) STANDARD PLUS PLAN

	<u>Coverage</u>	<u>Weekly Costs</u>
EE	Employee Only	\$27.53
EE +1	Employee and One (1) Dependent	\$57.66
EE +2	Employee and Two (2) or more Dependents	\$67.69

II DENTAL/VISION PLAN (Nationwide Life Insurance Company)

	<u>Coverage</u>	<u>Weekly Costs</u>
EE	Employee Only	\$ 6.84
EE +1	Employee and One (1) Dependent	\$15.81
EE +2	Employee and Two (2) or more Dependents	\$17.74