Employee Benefit Plans 2019 Personalized Benefits Statement

<<First Name>> <<Last Name>>

<<Location>>

Health Care	Enrollmo	ent as of Janu ce any Annual		lections	Tobacco User	Monthly Cost
Medical	< <medical>> <<mcov>></mcov></medical>			< <smkyy>></smkyy>		
Dental	< <dplan>> <<dcov>></dcov></dplan>			< <smkn>></smkn>		
Vision	<	<vplan>> <<vo< td=""><td>cov>></td><td></td><td></td><td><<vcost>></vcost></td></vo<></vplan>	cov>>			< <vcost>></vcost>
< <hsa1>></hsa1>		< <hsae>></hsae>				
Disability						
Short Term Disability - Option 1 50%	< <std50%>></std50%>					
Short Term Disability - Option 2 60%	< <std60%>></std60%>					
Long Term Disability	< <itdplan>></itdplan>					
Life and Accident						
Basic Life	< <bli><<bli>< >></bli></bli>					< <zcost>></zcost>
Optional Life – Employee	< <slifemult>> <<slife>></slife></slifemult>					
Dependent Life - Spouse/DP	< <splife>></splife>					
Dependent Life - Child(ren)		< <chlife>></chlife>				
Basic AD&D	< blife>>				< <zcost>></zcost>	
Optional AD&D - Employee	< <vac< td=""><td>ldmul>> <<vac< td=""><td>ddamnt>></td><td></td><td></td><td></td></vac<></td></vac<>	ldmul>> < <vac< td=""><td>ddamnt>></td><td></td><td></td><td></td></vac<>	ddamnt>>			
Dependent AD&D - Spouse/DP		< <spvadd></spvadd>	>			
Dependent AD&D - Child(ren)		< <chvadd></chvadd>	>			
Other Plans						
Employee Assistance Program	Enrolled				< <zcost>></zcost>	
Health Care FSA	< <hfsa>></hfsa>					
Dependent Care FSA		< <dfsa>></dfsa>				
Voluntary Critical Illness Insurance - Emplo	oyee	< <vcil>>></vcil>				
Voluntary Critical Illness Insurance - Spous	se/DP	< <vcillsp>></vcillsp>	,			
Voluntary Accident Insurance		< <vacc>></vacc>				
Legal and Identity Theft	< <lguard>> <<lguardcov>></lguardcov></lguard>					
Dependent Information						
<u>Name</u>	Relationship	Birth Date	<u>Sex</u>	<u>Medical</u>	<u>Dental</u>	<u>Vision</u>
< <d1f>> <<d1l>></d1l></d1f>	< <d1r>></d1r>	< <d1b>></d1b>	< <d1s>></d1s>		< <d1den>></d1den>	< <d1vis>></d1vis>
< <d2f>> <<d2l>></d2l></d2f>	< <d2r>></d2r>	< <d2b>></d2b>	< <d2s>></d2s>		< <d2den>></d2den>	< <d2vis>></d2vis>
< <d3f>> <<d3l>></d3l></d3f>	< <d3r>></d3r>	< <d3b>></d3b>	< <d3s>></d3s>		< <d3den>></d3den>	< <d3vis>></d3vis>
< <d4f>> <<d4l>></d4l></d4f>	< <d4r>></d4r>	< <d4b>></d4b>	< <d4s>></d4s>		< <d4den>></d4den>	< <d4vis>></d4vis>
< <d5f>> <<d5l>></d5l></d5f>	< <d5r>></d5r>	< <d5b>></d5b>	< <d5s>></d5s>		< <d5den>></d5den>	< <d5vis>></d5vis>

The enrollment and dependent information shown on this statement reflects information on file with our benefits system as of October 24, 2018. It does not guarantee coverage since your enrollment is subject to continued compliance with any eligibility criteria, including the payment of any required contributions. Your employer reserves the right to verify eligibility status and terminate coverage as deemed appropriate. If you believe any information shown above is incorrect, please contact HR/Benefits.

PHCA 2019 PBS 10-23-2018





October 24, 2018

To: <<First Name>> <<Last Name>> <<address>> <<city>>, <<state>> <<zip>>>

<group>> <count>>

From: Kim Uttech HR Manager

2019 Employee Benefits Program Annual Enrollment Information – Action Required

On behalf of Novelle Health, I am pleased to present our benefits program for 2019. We are committed to continuing to provide you with a range of benefits to meet the needs of you and your family. We hope you will take full advantage of the choices you have with regard to your plans of coverage and the choices you make in support of your own health.

Enclosed please find important information regarding our plans and the steps you need to take during this year's Annual Enrollment period to make and confirm your choices for 2019. Please review this correspondence carefully. As you do so, you will see there are no changes to our current plans.

Although we're not making any changes to our plans for 2019, we encourage you to weigh all your coverage options and choose plans and coverage based on your current and future care needs. Learn about your options and use the tools, programs and resources available to help you enjoy better overall health.

Annual Enrollment period begins on Monday, October 29, 2018 and ends on Sunday, November 11, 2018.

Along with this correspondence is a copy of our 2019 Employee Benefits Guide. If you have any questions regarding this correspondence, please contact HR/Benefits via phone during normal business hours (8am-5pm ET) or via email.

Since we have very few changes to our benefit plans, we are not conducting Annual Enrollment meetings. We have, however, prepared an Annual Enrollment video presentation that you should view at your convenience. You'll find a link to the presentation on our employee benefits home page.

Annual Enrollment Dates

October 29, 2018 thru November 11, 2018: Annual Enrollment period via our online benefits system.

Sunday, November 11, 2018: This is the last day you will be able to complete Annual Enrollment elections via our online benefits system.



HR/Benefits Website teamcreativa.com/PHCAadmin

HR/Benefits Phone 813.321.6066

HR/Benefits Email

hrbenefits@novellehealth.com













New 2019 Medical, Dental and FSA Cards

The plan administrator and plan sponsor name will be changing from PHCA Administration to **Novelle Health LLC**.

Because of this Company name change, new ID cards are being issued for the 2019 plan year. When you receive your new ID Card(s) be sure to destroy your old cards that contain the PHCA Administration LLC Company name. Using an old ID card may cause your claim to be rejected or processed incorrectly.

Annual Enrollment Action Items

- 1. Carefully review this personalized enrollment package.
- 2. Visit our HR/Benefits website and watch the short Annual Enrollment Video Presentation.
- **3.** Action is required if you wish to:
- · Make any changes to your benefit plan enrollments,
- Make any corrections to the dependent or beneficiary information on file, or
- Enroll or re-enroll in the health care or dependent care flexible spending accounts.
- Make any contribution changes to your existing HSA.
- 4. Contact HR/Benefits if you have any questions.

If you do not take any action by Sunday, November 11, 2018, you will be enrolled in the plans as shown on your 2019 Personalized Benefits Statement (page 4).

Updates and Announcements

High Deductible Health Plan and Savings Account

The IRS has changed the maximum annual amount you can contribute toward your Health Savings Account as follows:

	IRS HSA Maximums			
	2018	2019		
Individual Coverage	\$3,450	\$3,500		
Family Coverage	\$6,750	\$7,000		

Dental (High Plan Annual Maximum Rollover Dollars)

With the Dental PPO High Plan, you can rollover a portion of your unused annual maximum into your personal Maximum Rollover Account.

To qualify, you must be enrolled in the PPO High Plan and submit one claim on covered services for which a benefit payment is used, such as your semiannual teeth cleaning.

If you were enrolled in the PPO High Plan in 2017, you can go to GuardianAnytime.com to see if you have any Annual Maximum Rollover Dollars from that year.

If you are currently enrolled in the PPO High Plan, make sure to submit a claim before the year ends to rollover any used Annual Maximum dollars that the plan allows.

For more information, go to page 13 in your Employee Benefits Guide.

Update Your Beneficiary Information

Even if you are making no changes to your benefit elections, now is a good time to make sure your beneficiary information is current. Marriage and divorce are the most common reasons beneficiaries change, but it makes sense to confirm choices you've made in the past are still good.

Be sure to go online and make your Annual Enrollment elections. The last day you will be able to complete your elections via our online benefits system is Sunday, November 11, 2018.

Instructions for Accessing Your Personalized Information and Making Annual Enrollment Elections

1. Open your internet browser and in the navigation bar, type in:

teamcreativa.com/PHCAadmin



2. Click on the box/image that will take you to our online benefit system.



- Enter your User ID, which is the first initial of your first name, followed by your last name and the last four digits of your Social Security Number. For Example: Joe Practice, SSN 123-45-6789 would enter: JPractice6789
- 4. Your Password is the last four digits of your Social Security Number.
- Click the **I Accept** box after reading the Terms of Use and Privacy Policy disclaimer, then select Submit.



The next screen will instruct you to change your password. You will also be prompted to complete answers for four security questions.



Once reaching the Home screen you have the option to Enroll, Make a Change, Upload a Document, Change Your Password, View Current Benefits, View Your Benefit Guide or Watch an Overview.



- 8. Click **Go!** to begin making your Annual Enrollment elections.
- When completed and satisfied with your benefit elections, click **Submit** at the bottom of the Review page to save your elections and submit them for processing.



- You can View/Print a Benefits Statement or View/Print Summary of Changes.
- 11. Click on Logout and then close your internet browser.
- 2. Congratulations, you have now completed the Annual Enrollment process.

Visit the HR/Benefits Website at teamcreativa.com/PHCAadmin