



# BENEFITS GUIDE

An overview of the wide array of benefits provided by GIBALTAR CONSTRUCTION, to help you enjoy increased well-being and financial security

## **Benefits for 2019**

# **Introduction**

**A**s an employee at Gibraltar Construction enjoying your work and making valuable contributions to business are equally vital. The health, satisfaction and security of you and your family are important to your well-being and ultimately, achieving the goals of our organization.

For the 2019 plan year, Gibraltar Construction has worked hard to offer a competitive total rewards package that includes valuable and competitive benefits plans. These programs reflect our commitment to keeping our staff healthy and secure.

This enrollment booklet is a summary description of your Gibraltar Construction benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

We hope this enrollment booklet, along with our additional communication and decision-making tools, will help you make the best health care choices for you and your family.

## **Changes and Qualifying Events**

### **Qualifying Events**

Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a “Qualifying Event”. These may include, but are not limited to:

- Changes in employment status
- Changes in legal marital status
- Changes in number of dependents
- Taking an unpaid leave of absence
- Dependent satisfies or ceases to satisfy eligibility requirement
- Family Medical Leave Act (FMLA) leave.
- A COBRA-qualifying event
- Entitlement to Medicare or Medicaid
- A change in the place of residence of the employee, resulting in the current carrier not being available

## Benefits for 2019

# Medical

## Summary of Coverage



HealthyBlue Advantage Option E-S H.S.A.			
Coinsurance		100% In / 100 Out*	
Deductible	In-Network	\$2,000 Ind. / \$4,000 Fam.	
	Out-of-Network*	\$4,500 Ind. / \$9,000 Fam.	
Out-of-Pocket Maximum	In-Network	\$4,500 Ind. / \$6,550 Fam.	
	Out-of-Network*	\$6,000 Ind. / \$12,000 Fam.	
In -Network Primary Care Office Visit		Deductible, then no charge	
In-Network Specialist Office Visit		Deductible, then \$30 copay	
In-Network Lab	Non-Hospital	Deductible, then no charge	
	Hospital	Deductible, then \$100 copay	
In Network X-Ray	Non-Hospital	Deductible, then \$50 copay	
	Hospital	Deductible, then \$150 copay	
In-Network Imaging	Non-Hospital	Deductible, then \$100 copay	
	Hospital	Deductible, then \$200 copay	
Vision Exam		\$10 copay	
In-Network In-Patient Facility		Deductible, then \$300/day (\$1,500 max)	
In-Network Out-Patient Facility		Deductible, then \$300 copay	
In-Network Emergency Room		Deductible, then \$200 copay	
In-Network Urgent Care		Deductible, then \$50 copay	
Prescription Drugs		Integrated Deductible	
ACA Preventative Drugs		\$0 copay / \$0 deductible	
Generic		\$0 copay	
Brand Formulary		\$25 copay	
Brand Non-Formulary		\$45 copay	
Specialty Formulary		50% up to \$100 max	
Specialty Non-Formulary		50% up to \$150 max	
Maintenance/Mail Order (90 day supply)		2x's copay	
Weekly Deduction Amount			
Coverage Level	Medical	Dental	Vision
Individual	\$28.24	\$1.61	\$0.29
Individual + Adult	\$64.94	\$3.70	\$0.67
Individual + Child(ren)	\$52.24	\$2.98	\$0.54
Individual + Family	\$85.84	\$4.89	\$0.89

\* Member may be responsible for any amount over the allowed amount



# Health Care Reform Update

## Summary of Preventive Services *(as of September 2017)*

The preventive services set forth below apply to plans that have elected or are required to provide preventive services under the Patient Protection and Affordable Care Act. Such preventive services are covered where clinically appropriate, under recommendations of the United States Preventive Services Task Force and supporting evidence. Limitations may apply with respect to the availability, setting, frequency, or method of a service or treatment.

### Children

- Well child visits (to age 21) to include:
  - ☐ Autism screening
  - ☐ Certain diagnostic screenings for newborns
  - ☐ Cervical dysplasia for sexually active females
  - ☐ Depression screening
  - ☐ Developmental screenings—under age 3
  - ☐ Hearing screening for newborns
  - ☐ Hematocrit or hemoglobin screening
  - ☐ HIV screening
  - ☐ Lead testing
  - ☐ Obesity screening
  - ☐ Vision screening
- Immunizations for children:
  - ☐ Diphtheria, Tetanus, Pertussis
  - ☐ Hepatitis A and Hepatitis B
  - ☐ Human Papillomavirus (HPV)
  - ☐ Inactivated Polio
  - ☐ Influenza
  - ☐ Influenza B
  - ☐ Measles, mumps and rubella
  - ☐ Meningococcal
  - ☐ Pneumococcal
  - ☐ Rotavirus
  - ☐ Varicella
- Health, diet and weight counseling
- Alcohol and drug assessments for older children

## Adults

- Preventive care visits include:
  - Abdominal aortic aneurysm (one-time) screening
  - Alcohol misuse screening
  - Anemia screening
  - Breast cancer (mammogram)
  - BRCA testing for breast/ovarian cancer risk and genetic counseling
  - Breastfeeding support, supplies and counseling
  - Cervical cancer screening
  - Cholesterol screening
  - Colon cancer (colonoscopy)
  - Depression screening FDA-approved contraceptives and counseling
  - Gestational diabetes screening
  - Hepatitis B and Hepatitis C screening
  - High blood pressure screening
  - HIV screening
  - HPV DNA testing
  - Intimate partner, interpersonal and domestic violence screening and counseling
  - Lung cancer screening
  - Obesity screening
  - Osteoporosis screening
  - Rh incompatibility and urinary tract infection screenings for pregnant women
  - Sexually transmitted diseases
  - Tuberculosis screening
  - Type 2 diabetes screening
- Health, diet and weight counseling for qualifying adults
- Tobacco use screening and cessation counseling
- Immunizations for adults:
  - Hepatitis A and B
  - Herpes Zoster
  - HPV
  - Influenza
  - Measles, mumps and rubella
  - Diphtheria, Tetanus, Pertussis
  - Meningococcal
  - Pneumococcal
  - Varicella
- Breast cancer drugs
  - Tamoxifen and Raloxifene for women 35 and older at an increased risk for invasive breast cancer. Preauthorization required.
- Breastfeeding supplies (*provided under the Durable Medical Equipment (DME) benefits of the contract*)
  - Coverage is provided for:
    - Electric breast pump (rental and/or purchase)
    - Hospital grade electric breast pump (rental)
    - Manual breast pumps (rental and/or purchase)
  - Replacement supplies include:
    - Adapter for breast pump
    - Breast pump replacement tubing
    - Breast shield and splash protector for use with breast pump
    - Cap for breast pump bottle
    - Locking ring for breast pump
    - Polycarbonate bottle for use with breast pump

#### ■ Fall Prevention

- Physical therapy and Vitamin D (OTC\*) supplementation to prevent falls in community-dwelling adults (those who are not in assisted living facilities or nursing homes), age 65 years or older who are at increased risk for falls.

#### ■ FDA-approved contraceptives

- Cervical cap (P) with spermicide (OTC\*)
- Contraceptive implant system (inserted by doctor)
- Contraceptive patch (P)
- Contraceptive ring (P)
- Diaphragm (P) with spermicide (OTC\*)
- Female condom (OTC\*)
- IUD (inserted by doctor)
- Morning after pill (generic only) (OTC\*)
- Oral contraceptive (brand name (P) only when generic equivalent drug is medically inappropriate, as determined by the individual's health care provider).

**Preauthorization and medical review of brand name oral contraceptives is required.**

- Oral contraceptive (generics) (P)
- Shot/injection<sup>1</sup> (generic only) (P)
- Spermicide (OTC\*)
- Sponge (OTC\*) with spermicide (OTC\*)
- Sterilization implant
- Sterilization surgery

#### ■ Prenatal care

- Prenatal laboratory diagnostic tests and services related to the outpatient care of an uncomplicated pregnancy
- Routine prenatal obstetrical office visits

#### ■ Preventive drugs for adults

- Aspirin (81mg) (OTC\*)
- Colon Preparations—age 50–74 (P)
- Folic Acid—women of childbearing age (P)
- Smoking Cessation (OTC\*)
- Vitamin D (600IU–800IU)—age 65 years and older (P)

#### ■ Preventive drugs for children

- Fluoride—preschool age (P)
- Iron—6–12 mo. risk of anemia (OTC\*)

**Additional information on preventive services is available at [healthcare.gov/coverage/preventive-care-benefits](https://healthcare.gov/coverage/preventive-care-benefits)**

\* Requires a prescription from a physician and must be purchased at a pharmacy to obtain the zero-cost share.

<sup>1</sup> Includes brand name Depo-SubQ Provera 104 (injection)

(P) Prescription Required

(OTC) Over the Counter





# Know Before You Go

## Your money, your health, your decision

Choosing the right setting for your care—from allergies to X-rays—is key to getting the best treatment with the lowest out-of-pocket costs. It's important to understand your options so you can make the best decision when you or your family members need care.\*

### Primary care provider (PCP)

Establishing a relationship with a primary care provider is the best way to receive consistent, quality care. Except for emergencies, your PCP should be your first call when you require medical attention. Your PCP may be able to provide advice over the phone or fit you in for a visit right away.

### FirstHelp—free 24-hour nurse advice line

Call 800-535-9700 anytime to speak with a registered nurse. Nurses can provide you with medical advice and recommend the most appropriate care.

### CareFirst Video Visit

See a doctor 24/7 without an appointment! You can consult with a board-certified doctor on your smartphone, tablet or computer. Doctors can treat a number of common health issues like flu and pinkeye. Visit [www.carefirst.com/needcare](http://www.carefirst.com/needcare) for more information.



### Convenience care centers (retail health clinics)

These are typically located inside a pharmacy or retail store (like CVS MinuteClinic or Walgreens Healthcare Clinic) and offer accessible care with extended hours. Visit a convenience care center for help with minor concerns like cold symptoms and ear infections.

For more information, visit  
[www.carefirst.com/needcare](http://www.carefirst.com/needcare).

### Urgent care centers

Urgent care centers (such as Patient First or ExpressCare) have a doctor on staff and are another option when you need care on weekends or after hours.

### Emergency room (ER)

An emergency room provides treatment for acute illnesses and trauma. You should call 911 or go straight to the ER if you have a life-threatening injury, illness or emergency. Prior authorization is not needed for emergency room services.

\* The medical providers mentioned in this document are independent providers making their own medical determinations and are not employed by CareFirst. CareFirst does not direct the action of participating providers or provide medical advice.

## When you need care

When your PCP isn't available, being familiar with your options will help you locate the most appropriate and cost-effective medical care. The chart below shows how costs\* may vary for a sample health plan depending on where you choose to get care.

	Sample cost	Sample symptoms	Available 24/7	Prescriptions?
<b>Video Visit</b>	\$20	<ul style="list-style-type: none"><li>■ Cough, cold and flu</li><li>■ Pink eye</li><li>■ Ear infection</li></ul>	✓	✓
<b>Convenience Care</b> (e.g., CVS MinuteClinic or Walgreens Healthcare Clinic)	\$20	<ul style="list-style-type: none"><li>■ Cough, cold and flu</li><li>■ Pink eye</li><li>■ Ear infection</li></ul>	X	✓
<b>Urgent Care</b> (e.g., Patient First or ExpressCare)	\$60	<ul style="list-style-type: none"><li>■ Sprains</li><li>■ Cut requiring stitches</li><li>■ Minor burns</li></ul>	X	✓
<b>Emergency Room</b>	\$200	<ul style="list-style-type: none"><li>■ Chest pain</li><li>■ Difficulty breathing</li><li>■ Abdominal pain</li></ul>	✓	✓

\* The costs in this chart are for illustrative purposes only and may not represent your specific benefits or costs.



Did you know that **where** you choose to get lab work, X-rays and surgical procedures can have a big impact on your wallet? Typically, services performed in a hospital cost more than non-hospital settings like LabCorp, Advanced Radiology or ambulatory surgery centers.

## To determine your specific benefits and associated costs:

- Log in to *My Account* at [www.carefirst.com/myaccount](http://www.carefirst.com/myaccount)
- Check your Evidence of Coverage or benefit summary
- Ask your benefit administrator, or
- Call Member Services at the telephone number on the back of your member ID card

For more information and frequently asked questions, visit [www.carefirst.com/needcare](http://www.carefirst.com/needcare).

**PLEASE READ:** The information provided in this document regarding various care options is meant to be helpful when you are seeking care and is not intended as medical advice. Only a medical provider can offer medical advice. The choice of provider or place to seek medical treatment belongs entirely to you.





# CareFirst Video Visit

## See a doctor 24/7/365

When your primary care provider (PCP) isn't available, CareFirst Video Visit allows you to securely connect with a doctor\* whenever and wherever you want on a smartphone, tablet or computer. For most CareFirst health plans, Video Visit costs the same as your PCP sick office visit copay (up to a maximum of \$60).

### Get treatment for common health issues

Use CareFirst Video Visit for the treatment of uncomplicated, non-emergency\*\* health concerns such as:

- Fevers
- Cold and flu
- Migraines
- Ear infections
- Allergies
- Pink eye and more

Video Visit doctors provide consultation, diagnosis and even prescriptions (when available and appropriate). They are all U.S. board-certified, licensed, credentialed and have profiles so you can see their education and practice experience.

### When to use Video Visit

- Your doctor's office is closed
- While on business travel or vacation
- You have children at home and can't get to the doctor's office

### Register today so you'll be ready when you need care!

1. Visit [carefirstvideovisit.com](https://carefirstvideovisit.com)
2. Download the CareFirst Video Visit app from your favorite app store



\* The doctors accessed via this website are independent providers making their own medical determinations and are not employed by CareFirst. CareFirst does not direct the action of participating providers or provide medical advice.

\*\* In the case of a life-threatening emergency, you should always call 911 or your local emergency services. CareFirst Video Visit does not replace these services.



# It's Easy to Manage Your Health Care with *My Account*



*My Account* is an online tool that makes it easier than ever to use and manage your personal health care information. You can access *My Account* from your computer, tablet or smartphone.

## Top features of *My Account*:

- **Simplified navigation** to find the information you look for most often
- **Updated look and feel** that's organized more intuitively
- **Optimized screen views** for smartphone or tablet

## *My Account* at a glance:

### 1. Home

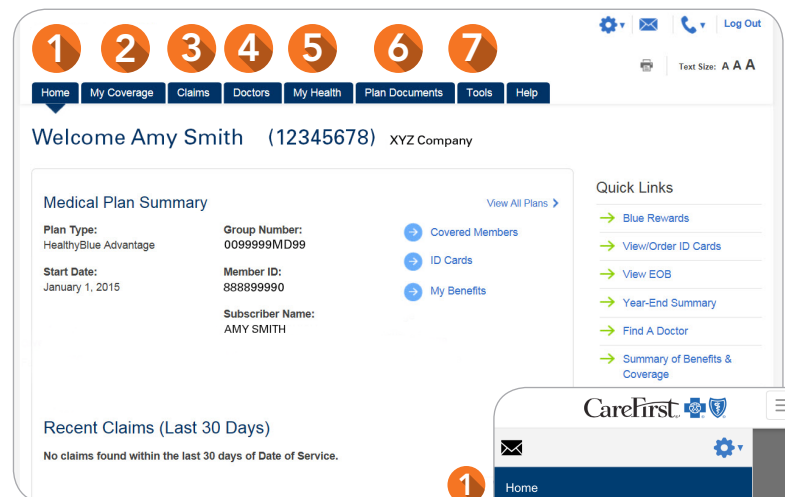
- Quickly view your coverage, deductible, copays, claims and out-of-pocket costs
- Use My Profile  to manage your password and communications preferences
- Access the Message Center 

### 2. My Coverage

- Access your plan information, including who is covered
- Update your other health insurance info
- View/order ID cards
- Order and refill prescriptions<sup>1,2</sup>
- View prescription drug claims<sup>1,2</sup>
- Find a pharmacy<sup>1</sup>
- Oversee your BlueFund account

### 3. Claims

- Check your paid claims, deductible and out-of-pocket totals
- Research your Explanation of Benefits (EOBs) history
- Review your year-end claims summary



As viewed on a computer.

### 4. Doctors

- Select or change your primary care provider (PCP)
- Search for a specialist

### 5. My Health

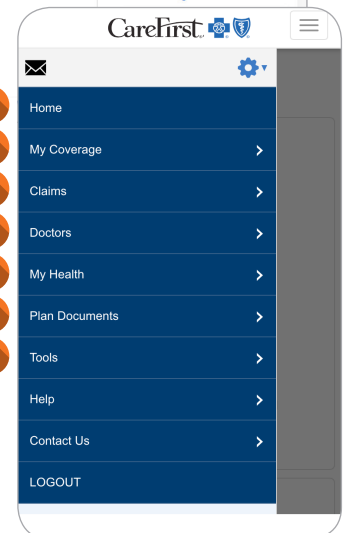
- Learn about your wellness program options<sup>2</sup>
- Locate an online wellness coach<sup>2</sup>
- Track your Blue Rewards progress

### 6. Plan Documents

- Look up your forms and other plan documentation<sup>2</sup>
- Review your member handbook<sup>2</sup>

### 7. Tools

- Treatment Cost Estimator
- Drug pricing tool<sup>1,2</sup>
- Hospital comparison tool<sup>2</sup>



As viewed on a smartphone.

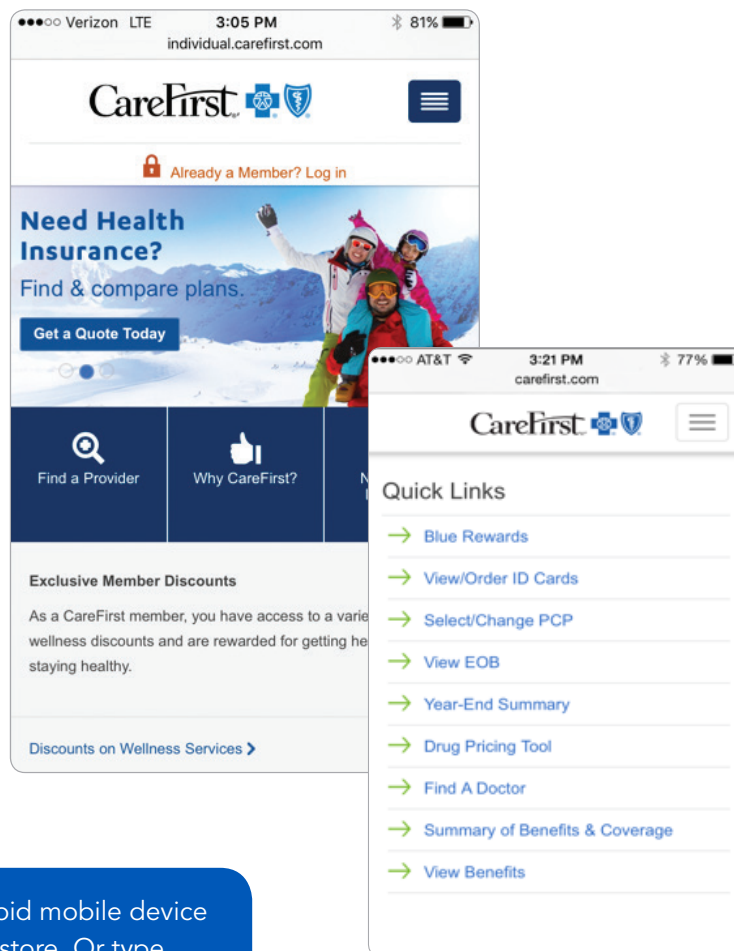
<sup>1</sup> These features are available only if your drug benefits are provided by CareFirst.

<sup>2</sup> These features are available only when using a computer at this time.

# Have your health care information as close as your mobile device

## Get the information you need wherever you go with **My Account**.<sup>1</sup>

- Quickly find a doctor or urgent care center and get directions from your location
- View, print or email your ID card
- Check your plan's benefits,<sup>2</sup> deductibles, copays and out-of-pocket costs
- See who is covered
- Manage your health care spending with the Treatment Cost Estimator
- Review your claims status
- Submit claims for out-of-network care
- Track wellness program participation
- Find and call important phone numbers
- Send and receive information securely



Download our free app to your Apple or Android mobile device by searching for CareFirst in your favorite app store. Or type **www.carefirst.com** into your mobile web browser and you will be directed to our mobile site.

<sup>1</sup>Register for My Account to view your personal information.

<sup>2</sup>May not be available to all members at this time.





## LIVING HEALTHY JUST GOT EASIER. Join Blue365 and start saving today!

With Blue365, great deals are yours for every aspect of your life—like 20% off at Reebok.com, discounted products through Jenny Craig, or a gym membership for only \$25 a month.

Register now at [www.carefirst.com/wellnessdiscounts](http://www.carefirst.com/wellnessdiscounts) to take advantage of Blue365. It's an online destination featuring healthy deals and discounts exclusively for our members.

Just have your Blue Cross and Blue Shield member ID card handy. In a couple of minutes, you will be registered and ready to shop. Every week, we will send a special deal straight to your email inbox.

Check out these top brands with discounts just for you:



# Blue365

Because health is a big deal™

© 2000-2014 Blue Cross and Blue Shield Association – All Rights Reserved. The Blue365 program is brought to you by the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Association is an association of independent, locally operated Blue Cross and/or Blue Shield Companies. CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield and CareFirst BlueChoice, Inc. are both independent licensees of the Blue Cross and Blue Shield Association. ® Registered trademark of CareFirst of Maryland, Inc. Blue365 offers access to savings on health and wellness products and services and other interesting items that Members may purchase from independent vendors, which are different from covered benefits under your policies with your local Blue Company, its contracts with Medicare, or any other applicable federal healthcare program.

To find out what is covered under your policies, contact your local Blue Company. The products and services described on the Site are neither offered nor guaranteed under your Blue Company's contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding your health insurance products and services may be subject to your Blue Company's grievance process. BCBSA may receive payments from vendors providing products and services on or accessible through the Site. Neither BCBSA nor any Blue Company recommends, endorses, warrants, or guarantees any specific vendor, product or service available under or through the Blue365 Program or Site.

CST2251-1S (2/17)

# BlueVision

*A plan for healthy eyes, healthy lives*

Professional vision services including routine eye examinations, eyeglasses and contact lenses offered by CareFirst BlueCross BlueShield and CareFirst BlueChoice, through the Davis Vision, Inc. national network of providers.

## How the plan works

### How do I find a provider?

To find a provider, go to [carefirst.com](http://carefirst.com) and utilize the *Find a Provider* feature or call Davis Vision at **800-783-5602** for a list of network providers closest to you. Be sure to ask your provider if he or she participates with the Davis Vision network before you receive care.

### How do I receive care from a network provider?

Simply call your provider and schedule an appointment. Identify yourself as a CareFirst BlueCross BlueShield or CareFirst BlueChoice member and provide the doctor with your identification number, as well as your date of birth. Then go to the provider to receive your service. There are no claim forms to file.

### What if I go out-of-network?

BlueVision offers an allowance for a routine eye exam, eyeglasses, and contact lenses at a non-Davis Vision provider. You will be responsible for paying the entire amount of the service fees up-front. Out-of-network benefits are limited to an allowed benefit. After the services, you can submit your claim to Davis Vision for reimbursement. You can find the claim form by going to [carefirst.com](http://carefirst.com), locate *For Members*, then click on *Forms, Vision, Davis Vision*.

### Can I get contacts and eyeglasses in the same benefit period?

With BlueVision, the benefit covers one pair of eyeglasses or a supply of contact lenses per benefit period at a discounted price<sup>1</sup>.

### Mail order replacement contact lenses

[DavisVisionContacts.com](http://DavisVisionContacts.com) offers members the flexibility to shop for replacement contact lenses online after benefits are spent. This website offers a wide array of contact lenses, easy, convenient purchasing online and quick shipping direct to your door.



Need more information?  
Visit [carefirst.com](http://carefirst.com) or call  
800-783-5602.

<sup>1</sup> As of 4/1/14, some providers in Maryland and Virginia may no longer provide these discounts.

## Summary of Benefits

(12-month benefit period)

In-Network	You Pay
<b>EYE EXAMINATIONS<sup>1</sup></b>	
Routine Eye Examination with dilation (per benefit period)	\$10
<b>FRAMES<sup>1,2</sup></b>	
Priced up to \$70 retail	\$40
Priced above \$70 retail	\$40, plus 90% of the amount over \$70
<b>SPECTACLE LENSES</b>	
Single Vision	\$35
Bifocal	\$55
Trifocal	\$65
Lenticular	\$110
<b>LENS OPTIONS<sup>2,3</sup> (add to spectacle lens prices above)</b>	
Standard Progressive Lenses	\$75
Premium Progressive Lenses (Varilux®, etc.)	\$125
Ultra Progressive Lenses (digital)	\$140
Polarized Lenses	\$75
High Index Lenses	\$55
Glass Lenses	\$18
Polycarbonate Lenses	\$30
Blended invisible bifocals	\$20
Intermediate Vision Lenses	\$30
Photochromic Lenses	\$35
Scratch-Resistant Coating	\$20
Standard Anti-Reflective (AR) Coating	\$45
Ultraviolet (UV) Coating	\$15
Solid Tint	\$10
Gradient Tint	\$12
Plastic Photosensitive Lenses	\$65
<b>CONTACT LENSES<sup>1,2</sup></b>	
Contact Lens Evaluation and Fitting	85% of retail price
Conventional	80% of retail price
Disposable/Planned Replacement	90% of retail price
DavisVisionContacts.com Mail Order Contact Lens Replacement Online	Discounted prices
<b>LASER VISION CORRECTION<sup>3</sup></b>	
Up to 25% off allowed amount or 5% off any advertised special <sup>4</sup>	

Out-of-Network	You Pay
Routine Eye Examination with dilation (per benefit period)	Plan pays \$33, you pay balance
Frames <sup>2</sup>	Plan pays \$15, you pay balance
Single Lenses <sup>2</sup>	Plan pays \$20, you pay balance
Bifocal Lenses <sup>2</sup>	Plan pays \$35, you pay balance
Trifocal Lenses <sup>2</sup>	Plan pays \$45, you pay balance
Medically Necessary Contacts <sup>2</sup>	Plan pays \$80, you pay balance
Routine Contact Lenses <sup>2</sup>	Plan pays \$10, you pay balance
Bifocal Contact Lenses <sup>2</sup>	90% of retail price

<sup>1</sup> At certain retail locations, members receive comparable value through their everyday low price on examination, frame and contact lens purchase.

<sup>2</sup> CareFirst BlueChoice does not underwrite lenses, frames and contact lenses in this program. This portion of the Plan is not an insurance product. As of 4/1/14, some providers in Maryland and Virginia may no longer provide these discounts.

<sup>3</sup> Special lens designs, materials, powers and frames may require additional cost.

<sup>4</sup> Some providers have flat fees that are equivalent to these discounts.

### Exclusions

The following services are excluded from coverage:

- Diagnostic services, except as listed in What's Covered under the Evidence of Coverage.
- Medical care or surgery. Covered services related to medical conditions of the eye may be covered under the Evidence of Coverage.
- Prescription drugs obtained and self-administered by the Member for outpatient use unless the prescription drug is specifically covered under the Evidence of Coverage or a rider or endorsement purchased by your Group and attached to the Evidence of Coverage.
- Services or supplies not specifically approved by the Vision Care Designee where required in What's Covered under the Evidence of Coverage.
- Orthoptics, vision training and low vision aids.
- Glasses, sunglasses or contact lenses.
- Vision Care services for cosmetic use.

Exclusions apply to the Routine Eye Examination portion of your vision coverage. Discounts on materials such as glasses and contacts may still apply. Benefits issued under policy form numbers: MD/BCOO/VISION (R. 1/06) • DC/BCOO/VISION (R. 1/06) • VA/BCOO/VISION (R. 1/06).





# Summary of Benefits

(24-month benefit period)

In-Network	You Pay
<b>EYE EXAMINATIONS</b> (once per 12-month benefit period)	
Routine Eye Examination with dilation (per benefit period)	\$10 copay
<b>FRAMES</b> (once per 24-month benefit period)	
Davis Vision Frame Collection	No copay for approximately 400 frames
Non-Collection Frame	Plan pays up to \$130, you pay balance minus 20% discount <sup>1,2</sup>
<b>SPECTACLE LENSES</b> (once per 12-month benefit period)	
Basic Single Vision	\$20 copay
Lenticular (post-cataract)	\$20 copay
Basic Bifocal	\$20 copay
Basic Trifocal	\$20 copay
<b>CONTACT LENSES</b> (initial supply; once per 12-month benefit period, in lieu of spectacle lenses)	
Medically Necessary Contacts	No copay with prior approval
Davis Vision Contact Lens Collection*	No copay
Other (Non-Collection) Contact Lenses	Plan pays up to \$130, you pay balance minus 15% discount <sup>1,2</sup>
<b>CONTACT LENS EVALUATION, FITTING AND FOLLOW-UP CARE</b> (once per 12-month benefit period)	
Davis Vision Collection, Standard Contact Lenses and Medically Necessary Contact Lenses	\$20 copay
Specialty Contact Lenses that are non-collection, including, but not limited to, toric, multi-focal and gas permeable lenses	Plan pays up to \$60, you pay balance minus 15% discount <sup>1,2</sup> , plus \$20 copay
<b>LENS OPTIONS<sup>2</sup></b> (add to spectacle lens prices above)	
Standard Progressive Lenses	\$50
Premium Progressive Lenses (Varilux®, etc.)	\$90
Ultra Progressive Lenses (digital)	\$140
Polarized Lenses	\$75
High Index Lenses	\$55
Blended Segment Lenses	\$20
Polycarbonate Lenses for children, monocular and high prescription	No copay
Polycarbonate Lenses for all other patients	\$30
Transition Lenses	\$65
Intermediate Vision Lenses	\$30
Photochromic Lenses	\$20
Scratch-Resistant Coating	\$20
Standard Anti-Reflective (AR) Coating	\$35
Premium AR Coating	\$48
Ultra AR Coating	\$60
Ultraviolet (UV) Coating	\$12
Tinting	No copay
Plastic Photosensitive Lenses	\$65
Oversized Lenses	No copay

In-Network	You Pay
<b>CONTACT LENSES<sup>1</sup></b> (mail order)	
DavisVisionContacts.com Mail Order Contact Lens Replacement Online	Discounted prices
Laser Vision Correction <sup>2</sup>	Up to 25% off allowed amount or 5% off any advertised special <sup>3</sup>
Out-of-Network	You Pay
Routine Eye Examination with dilation (per benefit period)	Plan pays \$45, you pay balance
Contact Lens Evaluation, Fitting & Follow-Up Care	Plan pays \$60, you pay balance
Frames	Plan pays \$60, you pay balance
Single Lenses	Plan pays \$52, you pay balance
Bifocal Lenses	Plan pays \$82, you pay balance
Trifocal Lenses	Plan pays \$101, you pay balance
Lenticular (post-cataract) Eyeglass Lenses	Plan pays \$181, you pay balance
Medically Necessary Contacts	Plan pays \$285, you pay balance
Elective Contact Lenses	Plan pays \$112, you pay balance
Elective Bifocal Contact Lenses	Plan pays \$127, you pay balance

\*The Davis Vision contact lens Collection offers a wide variety of covered-in-full contact lenses from today's top manufacturers, including CooperVision® and Vistakon®, in both traditional and silicone hydrogel materials. The Collection is inclusive of disposable, planned replacement and select torics and multifocals. The Collection is updated regularly to reflect industry trends.

<sup>1</sup> Additional discounts not applicable at Walmart or Sam's Club locations.

<sup>2</sup> These discounts are not considered covered benefits under the Plan. This portion of the Plan is not an insurance product. As of 4/1/14, some providers in Maryland and Virginia may no longer provide these discounts.

<sup>3</sup> Please note that some providers have flat fees that are equivalent to these discounts.

## Exclusions

The following services are excluded from coverage:

1. Diagnostic services, except as listed in What's Covered under the Evidence of Coverage.
2. Medical care or surgery. Covered services related to medical conditions of the eye may be covered under the Evidence of Coverage.
3. Prescription drugs obtained and self-administered by the Member for outpatient use unless the prescription drug is specifically covered under the Evidence of Coverage or a rider or endorsement purchased by your Group and attached to the Evidence of Coverage.
4. Services or supplies not specifically approved by the Vision Care Designee where required in What's Covered under the Evidence of Coverage.
5. Orthoptics, vision training and low vision aids.
6. Replacement, within the same benefit period of frames, lenses or contact lenses that were lost.
7. Non-prescription glasses, sunglasses or contact lenses.
8. Vision Care services for cosmetic use.

Benefits issued under policy form numbers: Non-rider/Freestanding:

MD CFMI: CFMI/51+/GC (R. 7/10) • CFMI/EOC/D-V (R. 10/11) • CFMI/VISION DOCS (R. 10/11) • CFMI/VISION SOB (R. 10/11) • CFMI/ELIG/D-V (7/09) • and any amendments.

MD GHMSI: MD/CF/GC (R. 7/10) • MD/CF/EOC/D-V (R. 10/11) • MD/CF/DOCS-V (R. 10/11) • MD/CF/SOB-V (R. 10/11) • MD/CF/ELIG (R. 1/08) • and any amendments.

Ridered: CFMI/VISION RIDER (10/11) • MD/BCOO/VISION (R. 10/11) • MD/CF/VISION (R. 10/11).



CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., and CareFirst BlueChoice, Inc. are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield Names and Symbols are registered trademarks of the Blue Cross and Blue Shield Association.



# BlueDental Plus

*Includes access to a national provider network*

CareFirst BlueCross BlueShield (CareFirst) offers BlueDental Plus coverage, which allows you the freedom to see any dentist you choose.

## Advantages of the plan

- **Freedom of choice, freedom to save**—With BlueDental Plus, you can see any dentist you choose. However, this plan also gives you the option to reduce your out-of-pocket expenses by visiting a dentist who participates in our Preferred Provider Network. It's your choice!
- **Comprehensive coverage**—Benefits include regular preventive care, X-rays, dental surgery and more. A summary of your benefits is available on the following page.
- **Nationwide access to participating dentists**—You have access to one of the nation's largest dental networks, with participating dentists throughout the United States. BlueDental Plus gives you coverage for the dental services you need, whenever and wherever you need them.

## Three options for care

- **Option 1**—By choosing a dentist in the Preferred Provider Network, you incur the lowest out-of-pocket costs. These dentists accept CareFirst's allowed benefit as payment in full, which means no balance billing for you. You are responsible for deductibles and coinsurance, and also have the convenience of your provider being reimbursed directly.
- **Option 2**—By choosing a dentist who participates with CareFirst, but not through the Preferred Provider Network, you incur slightly higher out-of-pocket costs. Similar to Option 1, there is no balance billing. You are responsible for deductibles and coinsurance, and also have the convenience of your provider being reimbursed directly.
- **Option 3**—You can receive out-of-network coverage from a dentist who has no relationship with CareFirst. With this option, you may experience higher out-of-pocket costs since you pay your provider directly. You can be balance billed and must pay your deductible and coinsurance as well.

## Using your plan

### How do I find a preferred dentist?

Visit **[carefirst.com/doctor](https://carefirst.com/doctor)** to access our online directory 24 hours a day. Click on *Dental* and then select *BlueDental Plus*.

### How much will I have to pay for dental services?

The chart on the following page gives you an overview of many of the covered services along with the percentage of what you will pay for each class of services, both in and out-of-network.

### Is there a lot of paperwork?

There is no paperwork when you see a participating dentist, you are free from filing claims. However, if you use a non-participating dentist, you may be required to pay all costs at the time of care, and then submit a claim form in order to be reimbursed for covered services.

### Who can I call with questions about my dental plan?

Call Dental Customer Service toll free at: 866-891-2802 between 8:30 am and 5:00 pm ET, Monday–Friday.

## Summary of Benefits

		You Pay
<b>DEDUCTIBLE APPLIES TO ALL BASIC AND MAJOR SERVICES*</b>		\$25 Individual/\$75 Family—in-network \$50 Individual/\$150 Family—out-of-network
<b>ANNUAL MAXIMUM APPLIES TO ALL BASIC AND MAJOR SERVICES*</b>		Plan pays \$2,000 maximum
<b>PREVENTIVE &amp; DIAGNOSTIC SERVICES</b>		
<ul style="list-style-type: none"> <li>Oral Exams (two per benefit period)</li> <li>Prophylaxis (two cleanings per benefit period)</li> <li>Bitewing X-rays</li> <li>Full mouth X-ray or panograph and bitewing X-ray combination and one cephalometric X-ray (once per 36 months)</li> <li>Fluoride treatments (two per benefit period per member, until the end of the year the member reaches the age 19)</li> <li>Sealants on permanent molars (once per tooth per 36 months per member, until the end of the year the member reaches the age 19)</li> <li>Space maintainers (once per 60 months)</li> <li>Palliative emergency treatment</li> </ul>		No charge from participating dentist <sup>1</sup>
<b>BASIC SERVICES AND MAJOR SERVICES—SURGICAL</b>		
<ul style="list-style-type: none"> <li>Direct placement fillings using approved materials (one filling per surface per 12 months)</li> <li>Periodontal scaling and root planing (once per 24 months, one full mouth treatment)</li> <li>Simple extractions</li> <li>Endodontics (treatment as required involving the root and pulp of the tooth, such as root canal therapy)</li> <li>Surgical periodontic services including osseous surgery, mucogingival surgery and occlusal adjustments (once per 60 months)</li> <li>Oral surgery (surgical extractions, treatment for cysts, tumor and abscesses, apicoectomy and hemi-section)</li> <li>General anesthesia rendered for a covered dental service</li> </ul>		20% of Allowed Benefit after deductible <sup>1</sup>
<b>MAJOR SERVICES—RESTORATIVE</b>		
<ul style="list-style-type: none"> <li>Full and/or partial dentures (once per 60 months)</li> <li>Fixed bridges, crowns, inlays and onlays (once per 60 months)</li> <li>Denture adjustments and relining (limits apply for regular and immediate dentures)</li> <li>Recementation of crowns, inlays and/or bridges (once per 12 months)</li> <li>Repair of prosthetic appliances as required (once in any 12 month period per specific area of appliance)</li> <li>Dental implants, subject to medical necessity review (once per 60 months)</li> </ul>		50% of Allowed Benefit after deductible <sup>1</sup>
<b>HIGHER OUT-OF-NETWORK REIMBURSEMENT AVAILABLE</b>		
Talk to your benefits manager about our 90 fee schedule option.		

<sup>1</sup> CareFirst payments are based on the CareFirst Allowed Benefit. Participating Dentists accept 100% of the Allowed Benefit as payment in full for covered services. Non-participating dentists may bill the member for the difference between the Allowed Benefit and their charges.

\* Deductible and Annual Maximum Combined In-network/Out-of-network.

**Summary of Exclusions:** Not all services and procedures are covered by your benefits contract. This plan summary is for comparison purposes only and does not create rights not given through the benefit plan.

**MD Benefits issued under policy form numbers:** CareFirst of Maryland, Inc.: CFMI/BLUEDENTAL EOC (1/15); CFMI/BLUEDENTAL DOCS (1/15); CFMI/BLUEDENTAL SOB (1/15); CFMI/51+/GC (R. 1/13); CFMI/ELIG/D-V (7/09) and any amendments; Group Hospitalization and Medical Services, Inc.: MD/GHMSI/BLUEDENTAL EOC (1/15); MD/GHMSI/BLUEDENTAL DOCS (1/15); MD/GHMSI/BLUEDENTAL SOB (1/15); MD/CF/GC (R.1/13); MD/CF/ELIG (R. 1/08) and any amendments;

**DC Benefits issued under policy form numbers:** DC/GHMSI/BLUEDENTAL EOC (1/15); DC/GHMSI/BLUEDENTAL DOCS (1/15); DC/GHMSI/BLUEDENTAL SOB (1/15); DC/CF/GC (1/14); DC/CF/ELIG (1/14) and any amendments.PP



# LEGAL NOTICES

## **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**

The Health Insurance Portability and Accountability Act of 1996 addresses how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have a right to inspect copy-protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you get access to the information, contact Human Resources.

The HIPAA Privacy Rule was effective beginning April 14, 2003. The Privacy Rule is intended to safeguard protected health information (PHI). The provisions of the Privacy Rule have a significant impact on those who deal with health information and on all citizens with regard to their personal PHI. Our health insurance broker and all our contracted plans adhere to the HIPAA Privacy Rule.

## **Women's Health and Cancer Rights Act Enrollment Notice**

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

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

## **Newborns' and Mothers' Health Protection Act Disclosure**

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

# LEGAL NOTICES

## **Patient Protection Notice**

Your carrier generally may require the designation of a primary care provider. You have the right to designate any primary care provider who participates in your network and who is available to accept you or your family members. Until you make this designation, your carrier may designate one for you.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from your carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in your 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.

## **HIPAA Special Enrollment Notice**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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 yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

## **HIPAA Privacy Notice**

Please contact HR if you have any questions or need assistance obtaining a privacy notice.

## **Notice Extension Of Dependent Coverage To Age 26 And Enrollment Opportunity**

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in medical, dental and vision programs. For more information contact your plan administrator.

# LEGAL NOTICES

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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

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

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

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

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

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864



# LEGAL NOTICES

<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>IOWA – Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> 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: <a href="http://dhs.iowa.gov/hawk-i">http://dhs.iowa.gov/hawk-i</a> Phone: 1-800-257-8563
<b>KANSAS – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	Website: <a href="https://www.dhhs.nh.gov/ombp/nhhpp/">https://www.dhhs.nh.gov/ombp/nhhpp/</a> Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999
<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA – Medicaid</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MAINE – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a> Phone: 919-855-4100
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MINNESOTA – Medicaid</b>	<b>OKLAHOMA – Medicaid and CHIP</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MISSOURI – Medicaid</b>	<b>OREGON – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>MONTANA – Medicaid</b>	<b>PENNSYLVANIA – Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462

# LEGAL NOTICES

## NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>  
Phone: (855) 632-7633  
Lincoln: (402) 473-7000  
Omaha: (402) 595-1178

## RHODE ISLAND – Medicaid

Website: <http://www.eohhs.ri.gov/>  
Phone: 855-697-4347

## NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>  
Medicaid Phone: 1-800-992-0900

## SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>  
Phone: 1-888-549-0820

## SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059

## WASHINGTON – Medicaid

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

Website: <http://gethipptexas.com/>  
Phone: 1-800-440-0493

## WEST VIRGINIA – Medicaid

Website: <http://mywvhipp.com/>  
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

## UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>  
CHIP Website: <http://health.utah.gov/chip>  
Phone: 1-877-543-7669

## WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>  
Phone: 1-800-362-3002

## VERMONT– Medicaid

Website: <http://www.greenmountaincare.org/>  
Phone: 1-800-250-8427

## WYOMING – Medicaid

Website: <https://wyequalitycare.acs-inc.com/>  
Phone: 307-777-7531

## VIRGINIA – Medicaid and CHIP

Medicaid Website:  
[http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)  
Medicaid Phone: 1-800-432-5924  
CHIP Website:  
[http://www.coverva.org/programs\\_premium\\_assistance.cfm](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  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

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

# LEGAL NOTICES

## **Important Notice from E-D Corp / Gibraltar Construction Co. Inc. About Your Prescription Drug Coverage and Medicare**

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. E-D Corp / Gibraltar Construction has determined that the prescription drug coverage offered by Cigna through Benefit Indemnity Corp is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### **When Can You Join A Medicare Drug Plan?**

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

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

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

If you decide to join a Medicare drug plan, your current E-D Corp / Gibraltar Construction coverage will not be affected. You can keep this coverage if you elect part D and the plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current E-D Corp / Gibraltar Construction coverage, be aware that you and your dependents will be able to get this coverage back during a future enrollment period.

# LEGAL NOTICES

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

You should also know that if you drop or lose your current coverage with E-D Corp / Gibraltar Construction Co. Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact the person listed below for further information Betsy Fravel at (410) 573-1000. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through E-D Corp / Gibraltar Construction changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Contact--Position/Office:

Address:

Phone Number:

Betsy Fravel, E-D Corp / Gibraltar Construction Co. Inc.

42 Hudson St, #107, Annapolis, MD 21401

410.573.1000

# LEGAL NOTICES



## New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 5-31-2020)

### PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014, in your area.

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

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

#### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

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

#### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact

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

# LEGAL NOTICES

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name <b>E-D Corp / Gibraltar Construction Co. Inc.</b>		4. Employer Identification Number (EIN) <b>52-0939077</b>	
5. Employer address <b>42 Hudson St., #107</b>		6. Employer phone number <b>410.573.1000</b>	
7. City <b>Annapolis</b>	8. State <b>MD</b>	9. ZIP code <b>21401</b>	
10. Who can we contact about employee health coverage at this job? <b>Betsy Fravel</b>			
11. Phone number (if different from above)		12. Email address <b>Betsy@GibConst.com</b>	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
  - ☒ Some employees. Eligible employees are: Full- time employees working 30 hours or more
- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are: Dependent Children up to the age 26 and spouses
    - ☐ We do not offer coverage.
  - ☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

^^ Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.



*Benefits for 2019*

# Contact Information

**HeathlyBlue Advantage Medical Plan**

**BlueDental Plus Dental Plan**

**BlueVision / Davis Vision Plan**

***CareFirst BlueCross BlueShield***

[www.carefirst.com](http://www.carefirst.com)

(855) 300-7751

**Life Insurance and Long Term Disability Plans**

***The Hartford***

[www.thehartford.com](http://www.thehartford.com)

(860) 547-5000

**HSA Account**

***BB&T Bank***

[www.bbt.com](http://www.bbt.com)

(800) 226-5228

EMPLOYEE ELECTION FORM

GROUP BENEFIT SERVICES, INC.  
6 North Park Drive, Suite 310  
Hunt Valley, MD 21030  
(410) 832-1300 Fax: (410) 832-1316  
Toll Free: (800) 638-6085

Every Item Must be completed This is not an application for insurance

1. EMPLOYEE INFORMATION					Employer Section	
Last Name		First Name		M.I.	Social Secuirty Number	
Street Address					Date of Hire	
City		State		Zip	Hours Worked Per Week	
Gender		Date or Birth		Home Phone #		Business Phone # Extension
Marital Status		Date of Marriage		Name of Employer		Benefit Class/Occupation
				GIBALTAR CONSTRUCTION		
GBS Account Number 003-001-0554						
Annual Salary 0					Eff. Date	

2. GENERAL INFORMATION				Gender   Ft Student   Disabled   Tobacco										Existing Patient		
	Last Name		First Name	M	Social Security #	Birth Date	M	F	Y	N	Y	N	POS or HMO only :PCP Info		Y	DHMO Plan
													Physician Name		Physician #	N Dentist #
Self																
Spouse																
Child																
Child																
Child																
Child																
Child																
Child																

3. OTHER HEALTH/DENTAL INSURANCE INFORMATION

Do you or your dependents described on this form have "health" or "dental" coverage with another insurer? ( ) Yes ( ) No - Effective Date Term Date:

Who is covered? ( ) Self ( ) Spouse ( ) All ( ) Other - Carrier Name: ( ) Policy # ( ) Employer ( )

Will you or your dependents continue coverage with other insurer? ( ) Yes ( ) No - Other coverage is through ( ) Individual Policy ( ) Spouse's Employer

Are you covered by Medicare: ( ) Yes ( ) No - Effective Date (Part A) (Part B) Medicare #

Are any of your dependents covered by Medicare? ( ) Yes ( ) No - Effective Date (Part A) (Part B) Medicare #

4. BENEFIT ELECTION - Check those that Apply		
<input type="checkbox"/> MEDICAL CAREFIRST Plan: HB ADVANTAGE HSA OPTION E-S  Level: <input type="checkbox"/> Individual <input type="checkbox"/> Family <input type="checkbox"/> None <input type="checkbox"/> Husband/Wife <input type="checkbox"/> Parent/Child(ren)	<input type="checkbox"/> DENTAL CAREFIRST Plan: BLUEDENTAL PLUS  Level: <input type="checkbox"/> Individual <input type="checkbox"/> Ind & Child <input type="checkbox"/> None <input type="checkbox"/> Husband/Wife <input type="checkbox"/> Ind & Children/Fam	<input type="checkbox"/> VISION CAREFIRST Plan: BLUEVISION PLUS  Level: <input type="checkbox"/> Individual <input type="checkbox"/> Ind & Child <input type="checkbox"/> None <input type="checkbox"/> Husband/Wife <input type="checkbox"/> Ind & Children/Fam

5. LIFE INSURANCE BENEFICIARY:

Beneficiary Name	Relationship	Percentage %	Effective Date	Plan Name

GBS Advantage HRA: I understand that my elections are binding for the entire Plan Year and cannot be revoked, modified or amended unless due to a limited family status change. Under penalty of perjury I agree to use the debit card solely for the purchase of eligible expenses not covered by any other plan. I am responsible for providing proof to support reimbursed expenses and agree that any reimbursed expenses later discovered to be ineligible may be deducted from my paycheck by my employer. I authorize the release of claims information to my employer and Group Benefit Services, Inc.

WAIVER: I hereby certify that the benefits provided by my Employer have been explained to me, that I have been given an opportunity to elect coverage and that I voluntarily decline to participate in the benefits checked "NONE" at this time. I understand that I may be required to wait until the next open enrollment period (if applicable) or until a Special Enrollment event for medical or dental coverage, or be required to provide evidence of insurability for life or disability benefits.

EMPLOYEE SIGNATURE (Waiver Only): \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Waiver: ( ) Coverage Elsewhere Carrier Name \_\_\_\_\_ ( ) Not Interested

CERTIFICATION: I hereby enroll, on behalf of myself and each dependent listed above, for the coverage indicated. If this Form is accepted, coverage will be provided according to terms and conditions of the contract between the carrier and my employer. I agree to pay current and future charges for the coverage provided in excess of any employer contribution. Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. I have carefully read this Form and agree to its terms. The recorded answers on this Form are, to the best of my knowledge and belief, full, complete and true as of this date. I certify that I am the spouse, parent, legal guardian (or the dependent has been placed in my home for adoption) of the dependents listed above and they are dependent upon me for primary support as defined by the IRS. If you have any questions concerning the benefits and services that are provided by or excluded under this agreement, please contact a membership services representative before signing this election form.

EMPLOYEE SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

EMPLOYER SIGNATURE/VERIFICATION: \_\_\_\_\_ Date: \_\_\_\_\_