



# 2018 OPEN ENROLLMENT GUIDE

November 2017

For more information about your benefits go to [www.ensignbenefits.com](http://www.ensignbenefits.com).

## 2018 Open Enrollment: Nov. 29 - Dec. 13

Your employer continues to offer a comprehensive benefits program through Ensign Services with a range of choices and coverage options to fit your needs and budget. Open Enrollment is here which means it's time to think about your current benefit elections and decide if they still match your needs, or if you want to make any changes for 2018. This guide explains what's new and what's changing for 2018. Use it to help you evaluate and select the right combination of benefits for you and your family. More information is available on the benefits website at [www.ensignbenefits.com](http://www.ensignbenefits.com).

### Changes Coming in 2018

As part of our benefits philosophy, we ask for your participation in using your benefits effectively and playing an active role in considering the choices available to you. This isn't changing. But the changes to our medical plans coming in 2018 will require more involvement from you. Now more than ever, your individual costs will be directly affected by your choices. Here's a look at changes to the medical plans for 2018.

**new** **PPO 5000 with HSA:** We are replacing the Anthem Blue Cross PPO 3000 with the Anthem Blue Cross PPO 5000. This plan will have the lowest payroll contribution in 2018 along with the highest deductible. You will continue to have the flexibility to go to the provider of your choice. However, if you use out-of-network providers, your out-of-pocket costs will be higher in 2018. See page 3.

**EPO 2000 with HSA and PPO 1500 with HSA:** We are lowering the cost for virtual doctor visits through **LiveHealth Online**. After you meet your deductible, your coinsurance is decreasing from 20% to 10% of the cost. Both plans have updates to the calendar year out-of-pocket maximums and what you'll pay when go to an emergency room. See page 3.

**new** **Live Health Online:** Coinsurance you pay per virtual visit is decreasing to 10% after deductible. **New** — counseling sessions with a psychologist or psychiatrist. See page 3.

**Health Savings Account (HSA) Maximums:** All of our medical plans will continue to provide you with access to a Health Savings Account (HSA) which allows you to contribute pre-tax dollars to pay for eligible health care expenses. For 2018, the maximum amounts you can contribute to an HSA are \$3,450 employee only or \$6,900 for family coverage.

**new** **Anthem Health Guides:** When you are enrolled in one of our Anthem Blue Cross plans, you will have access to **Anthem Health Guides**—a new enhanced customer service team trained on our medical plans who can guide you through the health care system and show you how to make the most of your plan benefits. See page 4.

**Medical Payroll Contribution Changes:** Payroll contributions for the EPO 2000, PPO 1500 and Kaiser CA HMO 2000 will increase in 2018. **The PPO 5000 will be the lowest cost medical option in 2018.** See the rate sheet included in your Open Enrollment packet for the 2018 payroll contribution amounts.

**new** **Spouse/Domestic Partner Surcharge:** If your spouse or domestic partner is eligible for group medical coverage outside of our plan (through their employer), you will pay a \$125 surcharge per pay period if you choose to cover your spouse or eligible domestic partner as your dependent on an Ensign Services plan.

### You Must Enroll During Open Enrollment

In order to have medical, dental and vision coverage in 2018, you must enroll during this year's Open Enrollment period. You must also enroll to contribute to Flexible Spending Accounts (FSAs) or a Health Savings Account (HSA). If you don't enroll by December 13, 2017, your health coverage and contributions to FSAs or an HSA will end on December 31, 2017. Your other benefits will continue in 2018. See page 2 for enrollment instructions on Workday.

### Other Benefit Changes for 2018

**Mobile Health Consumer Discontinued\*:** Due to low participation, we are discontinuing Mobile Health Consumer and the associated wellness incentives. Many of the reminders and care alerts provided through Mobile Health Consumer will be available through Anthem Blue Cross.

**new** **Dental PPO Plan in ID, OR and WA:** If you live in Idaho, Oregon or Washington, the Dental PPO Plan will be provided through Delta Dental of California. In all other states, the Dental PPO Plan will continue to be provided through Cigna. Plan benefits will be the same in 2018. All states will continue to have the Cigna DHMO as a lower cost dental option in 2018. See page 5.

**Dental & Vision Payroll Contribution Changes:** Payroll contributions for the PPO Dental Plan will increase in 2018. Payroll contributions for the Dental HMO and Vision Plan remain the same.

**Health Care Flexible Spending Account (FSA):** For 2018, you can contribute up to the \$2,650 into a Health Care FSA to pay for eligible health care expenses. If you participate in a Health Savings Account, you can contribute to a Limited Purpose Health Care FSA that you can use to pay for eligible dental and vision expenses only. See page 5.

\* Employees of Cornerstone — affiliated home health and hospice agencies — will continue to have access to Mobile Health Consumer. See insert in your Open Enrollment packet.

## Open Enrollment in 3 Easy Steps

**1** **Read** this Open Enrollment guide to learn about your 2018 benefit options and how to enroll or make changes to your benefits.

**2** **Explore** other resources to learn more about your 2018 benefits. Visit the Ensign Benefits website at [www.ensignbenefits.com](http://www.ensignbenefits.com) or call Anthem Health Guides at **844-264-3045** for questions about medical plan coverage or how the medical plans work.

**3** **Enroll** in your 2018 benefits between **Nov. 29** and **Dec. 13**. See the instructions to the right to enroll online using Workday.

## Enroll in Your 2018 Benefits on Workday

If you are logged into Workday, click on the Benefits worklet.

You can also go to [www.ensignbenefits.com](http://www.ensignbenefits.com). Click on the **Benefits Enrollment** link at the top of any page and follow the instructions to sign in to Workday.

Enter your user name and password and click **Sign In**. Your **user name** is your Ensign Employee ID.

For help using Workday to enroll, visit [www.ensignbenefits.com/benefit-basics/open-enrollment](http://www.ensignbenefits.com/benefit-basics/open-enrollment) and follow the **Workday Employee Open Enrollment User Guide**.

### Need Help?

If you are having trouble signing in to Workday, call **949-540-1200** or email [Support@EnsignServices.net](mailto:Support@EnsignServices.net).

If you have questions about your benefits call the Ensign Benefits Center at **877-352-8104** weekdays 7 a.m. to 7 p.m. PT extended hours during Open Enrollment.



## Check Out the Ensign Benefits Website [www.ensignbenefits.com](http://www.ensignbenefits.com)

Our website is your go-to resource for benefits information and news. With a wealth of information, this website should be your first stop for all benefit matters and questions. Find out what's new, get answers to your questions and use the tools and resources available to learn about your benefits.

You can connect to the website from home or work and you don't need a user name or password to access the site.

### Access Benefits Information from Your Smartphone

The Benefits website is mobile friendly so you can access your benefits information from your smartphone when you're on-the-go.



## Medical Plans

We offer a choice of medical plans designed to help you and your family maintain good health and offer protection from the financial burden of a serious illness or injury. For 2018, you can select from the following medical plans:

- Anthem Blue Cross PPO 5000 with HSA
- Anthem Blue Cross EPO 2000 with HSA
- Anthem Blue Cross PPO 1500 with HSA
- Kaiser HMO 2000 with HSA (CA only)

All of the plans provide coverage for preventive care, office visits, hospitalization, surgery, prescription drugs and more. The plans differ in deductibles, out-of-pocket costs, provider choice and how much you pay out of your paycheck.

With all of the medical plans offered, you can open and fund a Health Savings Account (HSA) with tax-free dollars that you can use to pay for eligible medical, dental and vision expenses.

### **new** Anthem Blue Cross PPO 5000 with HSA

This plan has the lowest deduction per paycheck for 2018. You have the flexibility to go to the provider of your choice. If you see providers in the Anthem Blue Cross network, your out-of-pocket costs will be lower than if you go out-of-network for your care.

### Anthem Blue Cross EPO 2000 with HSA

EPO stands for Exclusive Provider Organization and is similar to an HMO because you must use the physicians and facilities within the EPO network. There is no out-of-network coverage except for a life-threatening emergency. You can see any doctor in the Anthem Blue Cross network.

### Anthem Blue Cross PPO 1500 with HSA

Like the Anthem Blue Cross PPO 5000 with HSA, you have the flexibility to go to the provider of your choice. If you see providers in the Anthem Blue Cross network, your out-of-pocket costs will be lower than if you go out-of-network for your care.

### Kaiser HMO 2000 with HSA (CA only)

Employees who live in a Kaiser Permanente service area in California can choose the Kaiser HMO 2000 with HSA. HMO stands for Health Maintenance Organization. The Kaiser HMO provides patient services, hospitalization, supplies and prescription drugs through its own network of doctors, hospitals and other health care facilities. Kaiser covers your expenses only if you go to a Kaiser provider or facility. You are also covered if you have a life-threatening emergency outside of a Kaiser service area. You can choose a primary care physician (PCP) to manage your care and refer you to specialists when needed.

## Find Anthem Blue Cross Providers

To find an Anthem Blue Cross provider, follow these steps.

1. Go to [www.anthem.com/ca](http://www.anthem.com/ca).
2. Scroll down the page and select **Find a Doctor**.
3. If you are already enrolled in an Anthem Blue Cross plan, log in to the website or use your ID card to find doctors in the network. If you are not enrolled in an Anthem Blue Cross plan, click on **Continue** under **Search as a Guest**.
4. Answer the onscreen questions. Under select a plan/network, choose **National PPO (BlueCard PPO)** and click **Continue**.
5. Using the onscreen options, refine your search then click on the **Search** button.

### Utah employees follow these steps:

1. Go to [www.anthem.com](http://www.anthem.com).
2. Same as above.
3. Same as above.
4. Answer the onscreen questions. Under select a plan/network, choose **Traditional** and click **Continue**.
5. Same as above.

If you need help finding an Anthem Blue Cross provider, call Anthem Blue Cross Customer Service at **844-264-3045**.

Employees of Utah operations see below.

# 2018 Medical Plans At-a-Glance

Changes for 2018 are highlighted in the table below in red.

**NEW**

Plan Feature	Anthem Blue Cross PPO 5000 with HSA		Anthem Blue Cross EPO 2000 with HSA	Anthem Blue Cross PPO 1500 with HSA		Kaiser CA HMO 2000 with HSA
Employee Cost	\$		\$\$	\$\$\$\$		\$\$\$
Providers	In-Network	Out-of-Network	Network Only	In-Network	Out-of-Network	Network Only
Calendar Year Deductible Employee Only Family	\$5,000 <sup>6</sup> \$10,000 <sup>1,6</sup>	\$7,000 <sup>6</sup> \$12,000 <sup>1,6</sup>	\$2,000 \$4,000 <sup>1</sup>	\$1,500 <sup>6</sup> \$3,000 <sup>1,6</sup>	\$3,000 <sup>6</sup> \$6,000 <sup>1,6</sup>	\$2,000 \$4,000 <sup>1</sup>
Coinsurance (You Pay)	20%	50%	20%	20%	50%	20%
Calendar Year Out-of-Pocket Max Employee Only Family	\$6,550 <sup>7</sup> \$13,100 <sup>7</sup>	\$11,000 <sup>7</sup> \$22,000 <sup>7</sup>	<b>\$6,000</b> <b>\$12,000</b>	<b>\$5,000<sup>7</sup></b> <b>\$10,000<sup>7</sup></b>	<b>\$11,000<sup>7</sup></b> <b>\$22,000<sup>7</sup></b>	\$3,425 \$6,850
Health Savings Account (HSA)	You can contribute pre-tax dollars to a Health Savings Account (HSA) through HealthEquity. IRS limits for 2018 are \$3,450 (employee only) and \$6,900 (family). You can contribute an additional \$1,000 if you are age 55 or older in 2018.					
	IN-NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY	NETWORK ONLY YOU PAY	IN-NETWORK YOU PAY	OUT-OF-NETWORK YOU PAY	NETWORK ONLY YOU PAY
Preventive Care	Covered in full <sup>3</sup>	Not covered	Covered in full <sup>3</sup>	Covered in full <sup>3</sup>	Not covered	Covered in full <sup>3</sup>
Virtual Doctor Visit	10% <sup>2</sup> (Cost is \$49 per primary care visit)	Not covered	<b>10%<sup>2</sup></b> (Cost is \$49 per primary care visit)	<b>10%<sup>2</sup></b> (Cost is \$49 per primary care visit)	Not covered	20% <sup>2</sup>
Office Visit PCP or Specialist Visit	20% <sup>2</sup>	50% <sup>2</sup>	20% <sup>2</sup>	20% <sup>2</sup>	50% <sup>2</sup>	20% <sup>2</sup>
Urgent Care	20% <sup>2</sup>	50% <sup>2</sup>	20% <sup>2</sup>	20% <sup>2</sup>	50% <sup>2</sup>	20% <sup>2</sup>
Emergency Room	\$500 copay <sup>2,8</sup> then you pay 30%	\$500 copay <sup>2,8</sup> then you pay 30%	<b>\$500 copay<sup>2,8</sup></b> <b>then you pay 30%</b>	<b>\$500 copay<sup>2,8</sup></b> <b>then you pay 30%</b>	<b>\$500 copay<sup>2,8</sup></b> <b>then you pay 30%</b>	20% <sup>2</sup>
Diagnostic Testing	20% <sup>2</sup>	50% <sup>2</sup>	20% <sup>2</sup>	20% <sup>2</sup>	50% <sup>2</sup>	20% <sup>2</sup>
Outpatient X-ray and Lab	20% <sup>2</sup>	50% <sup>2</sup>	20% <sup>2</sup>	20% <sup>2</sup>	50% <sup>2</sup>	20% <sup>2</sup>
Hospitalization Inpatient Semi-Private Room Inpatient Physician	20% <sup>2</sup> 20% <sup>2</sup>	50% <sup>2</sup> 50% <sup>2</sup>	20% <sup>2</sup> 20% <sup>2</sup>	20% <sup>2</sup> 20% <sup>2</sup>	50% <sup>2</sup> 50% <sup>2</sup>	20% <sup>2</sup> 20% <sup>2</sup>
Outpatient Treatment (PT, OT, ST)	20% <sup>2</sup>	50% <sup>2</sup>	20% <sup>2</sup>	20% <sup>2</sup>	50% <sup>2</sup>	20% <sup>2</sup>
Mental Health/ Substance Abuse Inpatient Outpatient	20% <sup>2</sup> 20% <sup>2</sup>	50% <sup>2</sup> 50% <sup>2</sup>	20% <sup>2</sup> 20% <sup>2</sup>	20% <sup>2</sup> 20% <sup>2</sup>	50% <sup>2</sup> 50% <sup>2</sup>	20% <sup>2</sup> 20% <sup>2</sup>
Pharmacy Retail Specified Preventive Drugs <sup>4</sup> Generic Brand Formulary Brand Non-Formulary Specialty Drugs	<b>30-day supply</b> 100% covered <sup>3</sup> \$10 copay <sup>2</sup> \$25 copay <sup>2</sup> \$40 copay <sup>2</sup> 20% <sup>2</sup> up to \$125	<b>30-day supply</b> 50% <sup>2</sup> 50% <sup>2</sup> 50% <sup>2</sup> 50% <sup>2</sup> Not covered	<b>30-day supply</b> 100% covered <sup>3</sup> \$10 copay <sup>2</sup> \$25 copay <sup>2</sup> \$40 copay <sup>2</sup> 20% <sup>2</sup> up to \$125	<b>30-day supply</b> 100% covered <sup>3</sup> \$10 copay <sup>2</sup> \$25 copay <sup>2</sup> \$40 copay <sup>2</sup> 20% <sup>2</sup> up to \$125	<b>30-day supply</b> 50% <sup>2</sup> 50% <sup>2</sup> 50% <sup>2</sup> 50% <sup>2</sup> Not covered	<b>30-day supply</b> 100% covered <sup>3</sup> \$10 copay <sup>2</sup> \$30 copay <sup>2</sup> \$30 copay <sup>2</sup> 20% <sup>2</sup> up to \$125
Pharmacy Mail Service Specified Preventive Drugs <sup>4</sup> Generic Brand Formulary Brand Non-Formulary	<b>90-day supply</b> 100% covered <sup>3,5</sup> \$20 copay <sup>2</sup> \$50 copay <sup>2</sup> \$80 copay <sup>2</sup>	<b>90-day supply</b> Not covered Not covered Not covered Not covered	<b>90-day supply</b> 100% covered <sup>3,6</sup> \$20 copay <sup>2</sup> \$50 copay <sup>2</sup> \$80 copay <sup>2</sup>	<b>90-day supply</b> 100% covered <sup>3,5</sup> \$20 copay <sup>2</sup> \$50 copay <sup>2</sup> \$80 copay <sup>2</sup>	<b>90-day supply</b> Not covered Not covered Not covered Not covered	<b>100-day supply</b> 100% covered <sup>3</sup> \$20 copay <sup>2</sup> \$60 copay <sup>2</sup> \$60 copay <sup>2</sup>

1) The family deductible must be met before any person receives benefits.  
2) After calendar year deductible.  
3) Calendar year deductible waived.

4) As specified in the essential drug list.  
5) As specified in Evidence of Coverage (EOC) plan document.

6) In-network and out-of-network calendar year deductibles are separate and do not cross accumulate.  
7) In-network and out-of-network out-of-pocket maximums are separate and do not cross accumulate.  
8) Emergency Room copay waived if admitted.

## LiveHealth Online

### Anthem Blue Cross PPO and EPO Plans

If you are enrolled in an Anthem Blue Cross medical plan, you will have access to **LiveHealth Online**—a service that lets you have a virtual doctor visit with highly qualified providers and get advice on basic primary care needs, such as allergies, flu and cold symptoms, ear infections and more.

#### With LiveHealth Online, you get:

- Immediate access to primary care doctors 24 hours a day, 365 days a year.
- Secure and private two-way video chats with board-certified doctors.
- Prescriptions sent to your drugstore, if needed.
- The cost is \$49 per visit for primary care. Once you reach your deductible, you'll pay 10% or \$4.90 per visit.
- Counseling sessions with a psychologist (cost \$75-\$80) or psychiatrist (cost \$150-\$200 initial session then \$95 ongoing).

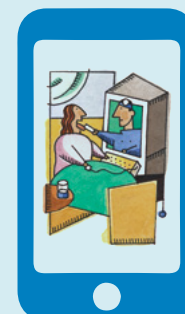
Use your Anthem Blue Cross medical ID card to set up your account on [www.livehealthonline.com](http://www.livehealthonline.com), and complete your profile. You can also download the LiveHealth Online mobile app from the App Store or Google Play.



## Video or Phone Appointments

### Kaiser CA HMO 2000

If you are enrolled in the Kaiser CA HMO 2000, you can set up video or telephone appointments with your doctor on a computer or mobile device. Go to [Kp.org/videoappointment](http://Kp.org/videoappointment) to make an appointment and sign on to [kp.org](http://kp.org) to join your appointment. Have questions? Call **844-800-0820** M-F 8:30-5pm PT. You can also download the Kaiser Permanente app from the App Store or Google Play.



# How the Health Savings Account Works

When you enroll in one of our medical plans, you can open a Health Savings Account (HSA) with HealthEquity which is funded by you. Your employer pays the monthly HSA administration fee for active employees with an account balance. You can use the money in this account to help pay eligible health care expenses, including your deductible, copays and coinsurance. You can also use money in your HSA to pay eligible dental and vision expenses. Refer to IRS Publication 502 for a complete list of eligible expenses.

**1 You put money into your HSA.**  
You can put money into your HSA tax-free. For 2018 you can contribute:

- \$3,450 employee only
- \$6,900 family

If you are age 55 or older in 2018, you can contribute an additional \$1,000 into your HSA.



**2 You get medical care or fill a prescription.**  
You can use your HSA money to help pay your deductible or save your HSA money to use it later to pay for copays or your share of coinsurance.



**3 You meet your deductible.**  
After your eligible medical care or prescription drug expenses satisfy your calendar year deductible, your insurance kicks in.



**4 You pay coinsurance or copays.**  
Each time you get covered medical care, you'll pay coinsurance. Each time you get prescription drugs, you'll pay a copay or coinsurance. Think of health care costs as two pieces of a pie. Your share (coinsurance + copays) is one piece of pie. The other piece is paid for by the plan. Reminder: In-network preventive care is covered at 100% no matter when you get it.



**5 You are protected by the out-of-pocket maximum.**  
It's like a safety net for a year when you need a lot of care. In a worst case scenario year, your plan pays your covered medical care and prescription drugs once you hit this cap. It protects you financially, especially if you get really sick or seriously injured and need specialized (and expensive) care.

This is a cap on your medical and prescription drug costs for the year. It is the most you'll pay for covered medical and prescription drugs. Your deductible counts toward this amount.



## Why Would I Use an HSA?

**It's flexible.** Use the money now to pay for eligible medical expenses. Or, save it for your future health care needs and let the balance grow.

**There's no "use it or lose it rule."** An HSA has no "use it or lose it" feature like the Health Care Flexible Spending Account, so your account balance rolls over each year.

**The money is yours to keep— forever.** That's right. You can take your HSA with you if your employment ends or when you retire.

## Where You Get Care Impacts Your Wallet

When you need medical care, it's important to choose the right health care setting to get the care you need and help keep your medical plan costs under control.

LiveHealth Online	Doctor's Office	Urgent Care	Emergency Room (ER)
<p>A virtual primary care doctor visit through LiveHealth Online is a good choice for minor medical concerns such as flu and cold symptoms, sinus infections, allergies, ear infections and more.</p> <p style="text-align: center; font-size: 24px; font-weight: bold; color: white;">\$49</p>	<p>Your doctor's office is the best choice for preventive exams or treatment for a current health issue.</p> <p style="text-align: center; font-size: 24px; font-weight: bold; color: white;">\$105*</p>	<p>Urgent care centers offer treatment for non-life-threatening injuries or illnesses.</p> <p style="text-align: center; font-size: 24px; font-weight: bold; color: white;">\$147*</p>	<p>The ER is for the treatment of life-threatening or very serious conditions that require immediate medical attention.</p> <p style="text-align: center; font-size: 24px; font-weight: bold; color: white;">\$1,636*</p>

\* National average allowed amounts; 2016 Anthem Blue Cross claims data on large group and individual policies. If you go out-of-network, your costs will be even higher because out-of-network providers are not subject to the in-network negotiated rates from Anthem Blue Cross.

## new Anthem Blue Cross Health Guides

### Your Own Personal Health Assistant

Imagine making just one phone call and talking with one person when you have a question about your benefits coverage or your health. What if that person already had your health history and could make suggestions about how to get the care you need?

That's the idea behind Anthem Blue Cross Health Guides—a new enhanced customer service team trained on our medical plans. A Health Guide works closely with health care professionals like nurses, health coaches, social workers and others. This combined service team will guide you through the sometimes confusing health care system and show you how to make the most of your plan benefits. If you are enrolled in an Anthem Plan, you have access to Health Guides to help you and your covered family members:

- Connect with programs and support covered by your medical plan.
- Stay on top of exams, tests or preventive screenings by reminding you to make appointments or help you make appointments.
- Compare costs of health care services, find in-network doctors, address claim issues and much more.
- Answer questions about the medical plans to help you decide which plan may be best for your personal situation.



You can reach us by phone, email, or even web chat. Call **844-264-3045**, M-F from 5 am to 8 pm PT. You can also go to [www.anthem.com/ca](http://www.anthem.com/ca). Once you log in, select the **Customer Support** tab to use our secure email or chat with us.

## Dental Plans

Our dental plans provide coverage for preventive services, as well as benefits to help pay for more expensive dental procedures such as fillings, root canals, crowns, bridges and orthodontia coverage.

- **Dental PPO** Plan gives you the option to use a Delta Dental PPO dentist in ID, OR and WA or a Cigna Dental PPO dentist in all other states. You also have the option to use an out-of-network dentist, but you'll save money when you use a PPO dentist.
- **Cigna Dental DHMO** (Dental Health Maintenance Organization) provides dental services exclusively from Cigna DHMO dentists. There is no deductible and no annual maximum benefit. You pay fixed copays for preventive, basic and major services. You must select a primary care dentist for your care. Go to [www.cigna.com/offered-cigna-through-work/dental/dhmo](http://www.cigna.com/offered-cigna-through-work/dental/dhmo) to see if there is a Cigna DHMO provider available in your location.

**new**

### Do You Live in ID, OR or WA?

Delta Dental of California administers our Delta Dental PPO program in ID, OR and WA. Please let your dentist know that they must submit claims to Delta Dental of California in order for them to be processed. For more information, members and providers can call Delta Dental of California at 800-765-6003 or visit Delta Dental of California's website at [www.deltadentalins.com](http://www.deltadentalins.com).

## 2018 Dental Plans At-a-Glance

Feature	Dental PPO Plan (Delta Dental in ID,OR & WA or Cigna Dental all other states)		Cigna Dental DHMO
	PPO Dentist	Non-PPO Dentist	Cigna DHMO Dentists Only
<b>Calendar Year Deductible</b>	\$50 per person, \$150 per family		None
<b>Calendar Year Maximum</b>	\$1,500 per person		Unlimited
<b>Preventive Services</b> Routine exams, dental cleanings	100% covered <sup>4</sup>	You pay 20% <sup>2</sup>	\$5 office visit copay
<b>Basic Services</b> Fillings, oral surgery	You pay 10% <sup>1</sup>	You pay 20% <sup>1,2</sup>	Fixed copays <sup>3</sup>
<b>Major Services</b> Crowns, inlays, endodontics, periodontics	You pay 40% <sup>1</sup>	You pay 50% <sup>1,2</sup>	Fixed copays <sup>3</sup>
<b>Orthodontia</b>	You pay 50% <sup>1</sup>	You pay 50% <sup>1,2</sup>	Fixed copays <sup>3</sup>
	Available to children under age 19 only, up to \$1,500 lifetime max		Available to children and adults
<b>Temporomandibular Joint (TMJ)</b> \$1,000 lifetime max	You pay 40% <sup>1</sup>	You pay 50% <sup>1,2</sup>	Fixed copays <sup>3</sup>

1) After calendar year deductible.

2) Percentage applies to usual, customary and reasonable charges.

3) DHMO copay schedule available on [www.ensignbenefits.com](http://www.ensignbenefits.com).

4) In-network preventive services do not count toward the annual calendar year maximum.

## Vision Plan

Get focused with vision insurance through Vision Service Plan (VSP) that helps keep down the cost of glasses, contacts and eye exams. You can use any provider, but will save money when you use a VSP Choice network provider. Discounts are available for LASIK surgery, non-prescription sunglasses, contact lens solutions, and other eye care accessories.



## 2018 Vision Plan At-a-Glance

Plan Feature	VSP Network Provider	Out-of-Network Provider
<b>Exam for Eyeglasses</b> Once every 12 months	\$10 copay	\$10 copay, Plan pays up to \$73
<b>Lenses</b> Once every 12 months • Single vision • Lined Bifocal • Lined Trifocal <b>Lens Options</b> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses	\$25 materials copay  Copay up to \$55 Copay of \$95 - \$105 Copay of \$150 - \$175	Plan pays up to \$33 Plan pays up to \$50 Plan pays up to \$65  Plan pays up to \$65 Plan pays up to \$65 Plan pays up to \$65
<b>Frames</b> Once every 24 months	Plan pays up to \$130 (\$70 for Costco)	Plan pays up to \$70
<b>Contact Lenses</b> Instead of eyeglasses once every 12 months	\$130 allowance for contacts Up to \$60 copay for contact lens exam (filling and evaluation)	Plan pays up to \$115

## Flexible Spending Accounts

Flexible spending accounts (FSAs) offer you a way to save money on your health care and/or dependent care expenses using tax-free dollars. Your annual election is deducted from your paycheck in equal

amounts and you reimburse yourself with tax-free dollars. Annual elections are "use it or lose it" so estimate wisely. Key features of each FSA are highlighted below.



Account Feature	Health Care Spending Account	Dependent Care Spending Account
<b>Your Pre-tax Contributions</b>	Up to \$2,650 per year	Up to \$5,000 per year (\$2,500 if married and filing separate tax returns)
<b>Eligible Expenses</b>	Expenses for you, your spouse and any dependent you list on your tax return, if expenses have not been reimbursed by other coverages. <b>Examples:</b> health plan deductibles, prescription drug and other copays, certain charges not covered by any plan.	Care expenses for eligible dependents that allow you to work. Eligible dependents include your qualifying child(ren) age 12 and under, your spouse or a qualifying child or relative who is physically or mentally incapable of self-care. <b>Examples:</b> daycare, summer day camp

### Discovery Benefits is the FSA Plan Administrator

If you enroll in Flexible Spending Accounts (FSAs), it's easy to manage your FSAs through Discovery Benefits, the plan administrator. Access the Discovery Benefits website at [www.discoverybenefits.com](http://www.discoverybenefits.com) to review your account, including current balance, status of any claims, and other helpful information including a list of eligible health care and dependent care expenses.

### Combining an HSA with a Limited Purpose Health Care FSA

If you participate in a Health Savings Account (HSA), you can still participate in a Limited Purpose Flexible Spending Account (FSA) that covers only dental and vision expenses. A Limited Purpose Health Care FSA is a great way to conserve your HSA funds and still benefit from tax savings. More information is available on the benefits website at [www.ensignbenefits.com](http://www.ensignbenefits.com).

# Life and Accident Insurance

## Basic Company-Paid Coverage

To protect those who rely on your income for their support, your employer pays the full cost of basic life and accidental death & dismemberment (AD&D) insurance. This coverage is available to all full-time benefit eligible employees of an Ensign Services-affiliated company.



Coverage	When Payment Is Made	Benefit Amount*
<b>Basic Life Insurance</b>	If you die from any cause	\$12,000 (1X salary for Service Center/Cornet employees)**
<b>AD&amp;D Insurance</b>	If you die from an accident the benefit amount is paid in addition to basic life insurance	\$12,000 (1X salary for Service Center/Cornet employees)
	If you are severely injured due to an accident and suffer a loss specified in the policy such as the loss of a limb or eyesight.	A portion of the benefit, as specified in the policy

\* The benefit amount is reduced after age 65. \*\* If Basic Life is greater than \$50,000, you can cap your coverage at \$50,000 to avoid imputed income tax. Go to [www.ensignbenefits.com](http://www.ensignbenefits.com) for more information.

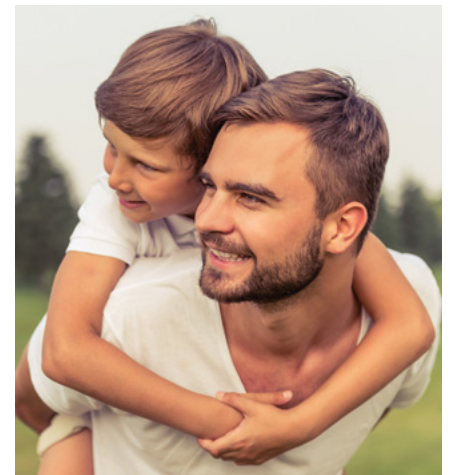
## Supplemental Life Insurance

If you need more than basic coverage, you may purchase supplemental life insurance coverage through Unum for yourself and for your eligible dependents. You pay the full cost of supplemental coverage through after-tax payroll deductions.

Coverage For	Coverage Amount	Maximum	Guaranteed Issue
<b>Employee</b>	\$10,000 to \$500,000 in \$10,000 increments	Lesser of \$500,000 or 5X annual earnings	\$200,000 if enrolling when first eligible. If you purchase a minimum of \$10,000 when first eligible, you can increase coverage in \$10,000 increments up to \$200,000 during a future Open Enrollment without Evidence of Insurability (EOI). Any elections greater than \$200,000 are subject to EOI.
<b>Spouse or Domestic Partner</b>	\$5,000 to \$250,000 in \$5,000 increments	Lesser of \$250,000 or 100% of your combined Basic and Supplemental coverage	\$25,000 if enrolling when first eligible. Any new elections or elections greater than \$25,000 are subject to Evidence of Insurability (EOI).
<b>Child(ren)</b>	\$2,000 to \$10,000 in \$2,000 increments	\$10,000	\$10,000

## Supplemental Accidental Death & Dismemberment (AD&D) Insurance

You have the option to purchase supplemental AD&D insurance for you, your spouse or domestic partner and your children. Benefits are paid in the event of death or a serious injury (such as loss of a limb or eyesight) due to an accident. Evidence of Insurability is not required. You pay the full cost of supplemental AD&D coverage through after-tax payroll deductions.



Coverage For	Coverage Amount	Maximum
<b>Employee</b>	\$10,000 to \$500,000 in \$10,000 increments	Lesser of \$500,000 or 5X annual earnings
<b>Spouse or Domestic Partner</b>	\$5,000 to \$250,000 in \$5,000 increments	Lesser of \$250,000 or 100% of your combined Basic and Supplemental coverage
<b>Child(ren)</b>	\$2,000 to \$10,000 in \$2,000 increments	\$10,000

## Voluntary Plans for Additional Protection

Several voluntary plans that can help you meet your personal and family insurance needs are available. For more information or to enroll in any of the plans described below, contact the **Ensign Benefits Center** at **877-352-8104**.

### Voluntary Short-term Disability Insurance

Replaces a portion of your income if you are unable to work due to a covered injury or sickness. You can choose a monthly benefit from \$400 to \$5,000. Coverage up to 60% of your gross monthly salary may be available (max of 40% in CA, HI, NJ, NY and RI).

### Voluntary Long-term Disability Insurance

Provides financial protection if you are unable to work due to a covered injury or illness. Benefits are 60% of your monthly pre-disability earnings up to \$10,000 per month. The amount is reduced by other disability benefits.

### Voluntary Whole Life Insurance

Provides life insurance coverage for your lifetime. The premium you pay is based on the death benefit you select along with your age and tobacco use status. Coverage is also available for family members.

### Voluntary Group Accident Insurance

Pays benefits for specific injuries resulting from a covered accident such as broken bones, burns or torn ligaments. Examples of covered expenses include emergency room treatment and outpatient surgery. Coverage is also available for family members.

### Voluntary Critical Illness Insurance

Pays a one-time lump sum benefit amount upon the diagnosis of a covered disease or illness such as a heart attack, stroke, cancer and more. You can choose coverage from \$5,000 to \$50,000. Coverage is also available for family members.

### Voluntary Hospital Indemnity Insurance

Pays a \$1,500 cash benefit. You must have comprehensive medical coverage to enroll in this plan. Coverage is also available for family members.

### Legal Plan

The MetLaw Legal Plan provides access to a national network of more than 12,000 attorneys. Fees for covered legal services are fully paid by the plan when you use a network attorney.

### Pet Insurance

Pet insurance through Nationwide provides comprehensive health care coverage for your pet including coverage for accidents, illnesses and routine care.

**Disclaimer:** This guide presents an overview of the benefits program offered on behalf of your employer and is not intended to be all inclusive, nor is it to be used as a summary plan description. It does not include all plan rules and details and is not considered a certificate of coverage. The terms of your benefits are governed by legal plan documents, including insurance contracts. If there are any differences between this guide and the legal plan documents and insurance contracts, the legal plan documents and insurance contracts are the final authority. We reserve the right to change or modify its benefit programs as appropriate without advanced notification. Ensign Services, Inc. is the plan administrator of the Ensign Services, Inc. Comprehensive Health and Welfare Benefit Plan.