CENTURY HEALTHCARE

Heartland Automotive, Inc.

2018 Benefit Summary

CENTURY HEALTHCARE

MEC PLUS PLAN OPTIONS

Important Contacts

Century Healthcare
Customer Service and Claims
(877) 685-2432
Monday through Friday
7:00 AM – 7:00 PM CST

Member Web Portal
(Access important plan documents, claim forms & temporary ID cards)
www.centuryhealthcare.com
Username: CHC5172
Password: heartland

PHCS Limited Benefit Plan

PHCS Limited Benefit Network
www.multiplan.com/chc
(888) 371-7427

Healthcare Highways Rx

Healthcare Highways Rx
www.healthcarehighwaysrx.com
Customer Helpdesk (844) 636-7506
Mail Order Number: (866) 744-0621

Optum

24 Hr Nurse Line
(866) 796-1857 pin: 526

Please Note: A separate claim form is needed for the AD&D, Accident Medical and Term Life benefits. You may access the claims form through the client web portal or call the Century Healthcare's Customer Service Department.

Benefit Description	Value	Select
Preventive Services All preventive services as specified by the Affordable Care Act such as annual physicals, mammograms, pap smears, preventive cancer screenings, routine lab and x-rays, and immunizations. See the MEC Summary.	100% Covered through in-network providers	100% Covered through in-network providers
Doctor's Office Visit Benefits paid for a doctor's office visit for medically necessary treatment, care, or advice of a covered injury or sickness.	Plan pays $60 per day (6 days)	Plan pays $80 per day (6 days)
Outpatient Lab & X-Ray Benefits paid for outpatient lab tests and x-rays when ordered by a doctor and performed by an appropriately licensed technician.	Plan pays $60 per day (3 days)	Plan pays $80 per day (3 days)
Advanced Studies Limited to CT Scan, PET Scan, and MRI.	N/A	Plan pays $500 per day (1 day)
Emergency Room Benefits paid for emergency room visits for a medical emergency caused by sickness.	Plan pays $250 per day (1 day)	Plan pays $250 per day (1 day)
Inpatient/Outpatient Surgery Benefits Benefits paid if a covered person undergoes medically necessary surgery at the direction of a doctor for a coverer injury or sickness.	Inpatient: Plan pays $500 Outpatient: Plan pays $250 (1 IP or 1 OP surgery)	Inpatient: Plan pays $1,000 Outpatient: Plan pays $400 (1 IP or 1 OP surgery)
Inpatient/Outpatient Anesthesia Benefits Benefits paid at 25% of the surgery benefit for anesthesia services for pre-operative screening and during a surgical procedure.	Inpatient: Plan pays $125 Outpatient: Plan pays $62.50	Inpatient: Plan pays $250 Outpatient: Plan pays $100
Outpatient Minor Surgical Benefits Benefits paid if a covered person undergoes a covered outpatient minor surgery as defined in the policy.	Plan pays $60 per day (1 day)	Plan pays $80 per day (1 day)
Ambulance Benefits paid if a covered person requires transportation in an ambulance to the nearest hospital for treatment of an injury or sickness.	Plan pays $150 per day (3 day)	Plan pays $150 per day (3 day)
First Hospital Confinement Benefits Paid when a covered person is confined in a hospital for the first time in the Benefit Year. Pays in addition to the Hospital Confinement benefit.	N/A	Day 1: Plan pays $1500
Hospital Confinement Benefits paid if a covered person is confined as an inpatient in a hospital due to a covered injury or sickness.	Plan pays $100 per day (30 days)	Plan pays $400 per day (30 days)
Maternity Benefits paid under the applicable provision for Doctor's Office Visits, Outpatient Lab & X-ray, Surgery, and Hospital Confinement for pregnancy related expenses.	Included	Included
ICU Confinement Pays in lieu of the Hospital Confinement Benefit.	Plan pays $200 per day (30 days)	Plan pays $800 per day (30 days)
Substance Abuse Confinement Benefits paid for confinement in a rehabilitation facility for substance abuse.	Plan pays $50 per day (30 days)	Plan pays $200 per day (30 days)
Mental Illness Disorder Confinement Benefits paid for confinement in a rehabilitation facility for mental or nervous disorders.	Plan pays $50 per day (30 days)	Plan pays $200 per day (30 days)
Skilled Nursing Facility Confinement Benefits Paid for confinement in a skilled nursing facility. Confinement must begin within 3 days of hospital confinement.	Plan pays $50 per day (30 days)	Plan Pays $200 per day (30 days)

CENTURY HEALTHCARE

MEC PLUS PLAN OPTIONS

Benefit Description	Value	Select
Accident Medical ($100 deductible per occurrence)	Up to $5,000 per occurrence	Up to $5,000 per occurrence
Accidental Death & Dismemberment		
Employee	$15,000	$15,000
Spouse	$7,500	$7,500
Children	$3,000	$3,000
Term Life		
Employee	$10,000	$10,000
Pharmaceutical Benefits	Copay Rx	Copay Rx

Copay Rx Plan(s)

Tier 1 (Most Generics): $10 Co-Pay. Tier 2 (Some Generics & Preferred/Formulary Brand Name): $50 or 50%; whichever is greater. Tier 3 (Non-Preferred / Non-Formulary Brand Name): Employees pay 100% of the cost after pharmacy discounts. Mail order option available for 90 day prescription supply at $25 copay for tier 1 and $125 or 50% for tier 2 medications. Monthly Maximum of $100 Employee / $200 Family. No Deductible. Restricted Formulary.

PHCS PPO Limited Benefit Network

All plan designs provide covered individuals access to a PPO Network that allows them to take advantage of network negotiated rates prior to the above benefits being applied.

24 Hour Nurseline

All plan designs provide covered individuals with 24-hour telephone access to nurses for medical decision support and patient advocacy (available in multiple languages with an audio health information library).

All benefits except Accident Medical, AD&D, and Term Life are subject to Benefit Year Maximums as shown above. Benefit Year means the 12 consecutive months from the group's original effective date. Please note that this is just a summary of the benefits and to know the full details of the policy the certificate of coverage needs to be reviewed once the policy is effective. Benefits Effective 1/1/2018

CENTURY HEALTHCARE

MEC SUMMARY

Preventive Services are covered at 100% through participating providers. The following is a brief description of the preventive benefits available to members and is subject to change under the Affordable Care Act. To learn more visit www.healthcare.gov.

- Routine physical exam
- Well women exam (annual)
- Annual mammogram
- Annual pap smear and other routine lab work
- Breast thermography
- Bone density test
- Well baby / well child care exam
- Routine immunizations
- Flu and pneumonia vaccines
- Routine lab, x-rays, diagnostic testing and other medical screenings including:
  - Blood pressure
  - Diabetes
  - Cholesterol tests
- Many cancer screenings including:
  - Cervical cancer
  - Breast cancer
  - Colorectal cancer
- Contraception (FDA):
  - Approved contraceptive methods
  - Sterilization procedures
  - Patient education and counseling

  (Covered contraceptives do not include abortifacient drugs)
- Counseling on topics such as:
  - Obesity & eating healthy
  - Treating Depression
  - Alcohol & drug abuse
  - Smoking cessation
  - Domestic & interpersonal violence
  - Sexually transmitted diseases

IMPORTANT DETAILS

Network providers: Health plans are required to provide these preventive services only through an in-network provider.
Office visit fees: Your doctor may provide a preventive service, such as a cholesterol screening test, as part of an office visit. Be aware that your plan can require you to pay some costs of the office visit, if the preventive service is not the primary purpose of the visit, or if your doctor bills you for the preventive services separately from the office visit.

Coverage: Coverage is provided for preventive services only. Once a diagnosis has been made, the services are not covered under the MEC.

Talk to your health care provider: To find out which covered preventive services are right for you — based on your age, gender, and health status — ask your health care provider.
For information on preventive practices, visit healthcare.gov.

Questions: If you have questions regarding your coverage, please call Customer Service at (877) 685-2432.

LIMITED BENEFIT MEDICAL VS MEC PLUS PLANS

What is a Limited Benefit Medical Plan (LBMP)?

A Limited Benefit Medical Plan is designed to help you deal with covered medical expenses from covered accident (or sickness) events such as physician office visits, emergency room trips, hospitalization, diagnostic tests and even prescription drugs up to certain *preset* limited benefit levels. This program is not basic health insurance or major medical insurance; and is not designed to replace, provide or modify major medical insurance.

What is a Minimum Essential Coverage (MEC) Plus Plan?

A Minimum Essential Coverage Plus Plan consists of a Fully Insured or Self-Funded Limited Benefit Medical Plan and a Self-Funded 100% Preventive Care Plan. The Limited Benefit Medical Plan is designed to help you deal with covered medical expenses from a covered accident (or sickness) such as physician office visits, emergency room trips, hospitalization, diagnostic lab and X-rays, surgeries and prescription drugs up to certain benefit levels. This program is not major medical insurance. The Self-Funded100% Preventative Care plan is designed to be compliant with the Affordable Care Act by meeting the Minimum Essential Coverage requirements of Healthcare Reform. This plan satisfies the Individual Mandate. Self-Funded plans in the large group market are not required to cover all of the essential benefits. An employer can offer minimum essential coverage and avoid the 4980 H (a) "no offer" penalty/tax/assessment.

The **Century Healthcare** program is packaged with access to Limited Benefit Medical insurance, certain non-insured benefits and PPO savings. This program is not designed to cover the level of expense found with treatment or care for rare disease or catastrophic illness.

How do I use the program if I need care or treatment for an accident or sickness?

Network:

If you chose an in network provider, you are entitled to a discount on your services. This means that you are able to save out of pocket expenses. **Century Healthcare** discounts the bill and sends the provider the benefit payment along with an explanation of benefits. Please note that in order to receive 100% coverage for preventive services in an MEC Plus Plan the services must be received from an in-network provider.

Find a Provider:

To locate a participating **PHCS Limited Benefit Network** provider in your area, please call **PHCS at (877) 796-7427** or visit www.multiplan.com/chc.

Schedule an Appointment :

Call your selected provider and set up an appointment to see your doctor. We recommend you confirm your provider's continued participation in the PHCS Limited Benefit Network when you make your appointment.

Benefit Amounts:

The Plan pays based on a fixed schedule of benefits. If the plan states you are entitled to a $75 office visit benefit per day, the benefit you are entitled to is $75 even if you choose an out of network provider. This does not apply to the preventive services covered under the MEC plans; in order to obtain 100% coverage for preventive services under the MEC, the benefits need to be obtained through an in-network provider.

How to Use the Plan:

When a member goes in for service, the member simply has to show his/her Century Healthcare ID card. You do not need to pay anything at point of service, nor do you need to fill out a claim form. The provider will submit the claim to our third party administrator and the plan pays the provider directly. If the benefit amount is greater than the billed amount, the plan will pay the difference to the member. For example: Member goes to get an X-Ray which costs $100 and the benefit for outpatient diagnostic testing is $125; The plan will pay the $100 to the facility and then pay the remaining $25 to the member.

Assignment of Benefits:

Century Healthcare allows assignment of benefits. There are no deductibles or coinsurance. Only prescriptions are subject to co-pays.

Payment:

The provider will bill the plan directly. If the provider wishes you pay up front, have them call Century Healthcare customer service while you are at the provider's office. If you elect to pay up front you can easily file for reimbursement by submitting the claim to the plan.

If you have questions about your benefits or the status of claims, please call CHC Customer Service at (877) 685-2432 from 7:00 a.m. to 7:00 p.m. CDT/CST. WebTPA pays the claims for Century Healthcare.

Submit the completed form to your employer

CENTURY HEALTHCARE

Enrollment Form

Employer – Please complete this section

Requested Effective date: _____ Date of Hire: _____ Location: _____

Current Employment Status: ❒ Full Time ❒ Part Time _____ (Number of Hours) ❒ Other _____

Indicate one of the following: ❒ Initial Enrollment ❒ Open Enrollment ❒ New Hire ❒ Life Status Change ❒Waive Coverage

Employers Name: Heartland Automotive Services, Inc. CHC Group No. CHC5172

Employee Information – Please print clearly and legible

Last Name	First Name	Middle Initial	Social Security No.

Mailing Address	City	State	Zip Code

E-mail Address	Primary Phone Number	Date of Birth	Location of Employment

Gender: ❒ Male ❒ Female

Marital Status: ❒ Single ❒ Married ❒ Divorced ❒ Legally Separated ❒ Widowed

Benefit Plan Selection Information for: ❒ New Coverage ❒ Change in Coverage

Value Plan (MEC Plus)	Biweekly Cost	Select Plan (MEC Plus)	Biweekly Cost
❒ Employee Only	$39.28	❒ Employee Only	$51.28
❒ Employee + 1	$71.26	❒ Employee + 1	$100.80
❒ Employee + Family	$121.48	❒ Employee + Family	$173.63

Dependent Information – To add more dependents than the ones below, please attach an additional page and label it with your name.
Please note that if you are enrolling dependents, the information below is required. If information is missing their enrollment could be delayed or declined.

Do you have an eligible Spouse? ❒ Yes ❒ No How many dependent children do you have? _____

❒ Spouse ❒ Child	Dependent Full Name:	SSN:	Date of Birth:	❒ M ❒ F
❒ Spouse ❒ Child	Dependent Full Name:	SSN:	Date of Birth:	❒ M ❒ F
❒ Spouse ❒ Child	Dependent Full Name:	SSN:	Date of Birth:	❒ M ❒ F
❒ Spouse ❒ Child	Dependent Full Name:	SSN:	Date of Birth:	❒ M ❒ F

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Refusal of Coverage (check box below to waive coverage)

☐ I choose not to enroll in the Limited Benefit Medical Plan / Minimum Essential Coverage / MVP Bronze, plan(s) offered by my employer. I understand that if I decide to enroll at a later date I will not be able to do so unless it is during the next open enrollment period or a life status event. Please note that if there is a life status change you only have 30 days to enroll or make any changes to the policy.

I have read the benefit summary and enrollment material provided and accept the terms and conditions of the coverage outlined within it. I understand the Limited Fixed Indemnity Insurance Plan does not provide Major Medical or Comprehensive Medical coverage. I have read the enrollment material and understand my coverage is subject to the terms and conditions of the policy issued to my employer. I understand my coverage will go into effect on the date stated in the material only if I am in active service with my employer on that date. If I am not in active service on that date, my coverage will go into effect on the date I return to active service. If I have elected coverage for my dependents, their coverage will not go into effect prior to my effective date

I authorize my employer to deduct the required premium for the plan I have elected from my pay.

To the best of my knowledge and belief, all information I have provided is true and complete. I understand my information is protected by privacy laws and will be released only in accordance with these laws. The only people who have access to this information are employees of the Insurance Company who service my policy or claim and other third parties authorized by the Insurance Company. Information may be disclosed to those who have an insurance-related regulatory or legal need for the information. In other situations, the Insurance Company will ask me for written authorization to disclose information about me.

The MEC Plan for Massachusetts residents: This health plan does not meet the Minimum Creditable Coverage standards and therefore does not satisfy the individual mandate.

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

Employee's Signature _____ Date Signed _____

Accidental Death & Dismemberment – Fairmont Specialty Services:

I understand that the benefits package being offered by my employer automatically includes a $15,000 Accidental Death & Dismemberment benefit through Fairmont Specialty Services.

Beneficiary Information – To add more beneficiaries than shown below, please attach an additional page and label it with your name.

Beneficiary 1

Full Name:	Full Address:	
Social Security No.	% of Benefit	Relationship to Employee

Beneficiary 2

Full Name:	Full Address:	
Social Security No.	% of Benefit	Relationship to Employee

Contingent Beneficiary – Benefits will be paid in case the primary beneficiaries did not survive the insured

Full Name:	Full Address:	
Social Security No.	% of Benefit	Relationship to Employee

If you do not name a beneficiary or if you are not survived by one, benefits will be paid in equal shares to the first surviving class of the ones below:

1) Your Spouse 2) Your Child(ren) 3) Your Parents 4) Your Brother(s) and/or sister(s) 5) Your Estate

Employee's Signature _____ Date Signed _____

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Term Life– The Standard:

I understand that the benefits package being offered by my employer automatically includes a $10,000 Term Life benefit through The Standard.

Beneficiary Information – To add more beneficiaries than shown below, please attach an additional page and label it with your name.

Beneficiary 1		
Full Name:	Full Address:	
Social Security No.	% of Benefit	Relationship to Employee

Beneficiary 2		
Full Name:	Full Address:	
Social Security No.	% of Benefit	Relationship to Employee

Contingent Beneficiary – Benefits will be paid in case the primary beneficiaries did not survive the insured		
Full Name:	Full Address:	
Social Security No.	% of Benefit	Relationship to Employee

If you do not name a beneficiary or if you are not survived by one, benefits will be paid in equal shares to the first surviving class of the ones below:

1) Your Spouse 2) Your Child(ren) 3) Your Parents 4) Your Brother(s) and/or sister(s) 5) Your Estate

Definition of a dependent child:

- Unmarried child from live birth through age 20 or 24 if a registered full time student at an accredited institution
- Your unmarried child who meets either of the following requirements:
  - The child is insured under the group policy and, on and after the date on which insurance would otherwise end because of child's age, is continuously disabled.
  - The child was insured under the prior plan on the day before the effective date of your employer's coverage under the group policy and was disabled on that day, and is continuously disabled thereafter.
- Child includes any of the following, if they otherwise meet the definition of child:
  - Your adopted child or stepchild living in your home

Employee's Signature

Date Signed