

## **2014 BENEFITS GUIDE**





As a leader in children's healthcare, we offer an attractive and comprehensive benefits package. Our benefits program is designed to support many aspects of your life—from health and wellness services to income protection and retirement.

At Children's National, our goal is to make your benefits enrollment experience as easy as possible for you and your family. This guide offers detailed information that will help you make informed decisions.

Remember, we are here to support you throughout the year and help you make the most of your benefits. If you have questions about how the Children's National benefits program works, please contact a member of our benefits team.

This benefits guide provides highlights of some of your Children's National benefit plans. This guide is not intended to provide detailed descriptions of plans. Details are contained in the official Plan documents and contracts. If there is any discrepancy between those documents and contracts and this guide, the official Plan documents and contracts will govern. Children's National reserves the right to change or terminate its benefit plans at any time and for any reason. Participation in these plans is not a guarantee of continued employment.

Your benefit choices are important. This guide will help you understand your benefit choices as a Children's National employee. Understanding your options helps you maximize the value of your Children's National benefits package. Please take time to review this guide carefully. The more you know about your benefits, the better equipped you are to make the benefit decisions that are right for you and your family.

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## Your Benefits Options at a Glance

| COVERAGE   | PLAN OPTIONS   |
|--|--|
| Medical  | <b>New</b> Bear Advantage PPO Consolidated Plan (Aetna Choice POS II network) Bear High Deductible Health Plan with Health Savings Account (Aetna Choice POS II network) Bear Select HMO (Aetna HMO) Kaiser Permanente HMO |
| Dental   | Delta Dental Plus Premier Standard<br>Delta Dental Plus Premier Enhanced   |
| Vision   | Vision Service Plan (VSP) Standard<br>Vision Service Plan (VSP) Signature  |
| Flexible Spending<br>Accounts (FSA)                                    | Medical FSA: \$2,500 pre-tax limit Dependent Care FSA: \$5,000 pre-tax limit   |
| Basic Life Insurance<br>and Accidental Death<br>& Dismemberment (AD&D) | Coverage based on your staff level.<br>See page 29 for details.  |
| Supplemental Life &<br>Dependent Life<br>Insurance                     | Employees – purchase in \$10,000 increments Spouse/Domestic Partner – purchase in \$5,000 increments Children – Purchase \$1,000 or \$10,000 Certain maximums apply. See page 27 for details.                              |
| Long Term Disability   | Coverage based on your staff level. See page 29 for details.   |
| Retirement   | 401(k)<br>403(b)   |
| Optional Income<br>Protection Benefits                                 | Hospital Protection Whole Life Insurance Accident Critical Illness Short Term Disability (STD)   |
| Optional Benefits  | Computer Purchase Program Legal Assistance Homeowners and automotive coverage Pet Insurance Identity Theft Protection Retail Benefits Marketplace  |
| Employee Assistance<br>Program (EAP)                                   | Confidential Counseling<br>24 hour telephone access and web resources<br>Free educational materials  |
| Backup Child and<br>Elder Care   | 24 hour access to emergency home-based and center-based care   |
| Children's Discount  | Discount for children of employees who receive hospital services at Children's   |
| Commuter Benefits  | SmartBenefits for Metrorail, Metrobus, and other local transportation  |
| Fitness Centers  | Global Fit discounted memberships<br>Trinity University Fitness Center<br>Washington Sports Clubs  |
| Educational Assistance   | Up to \$1,200 per fiscal year<br>Separate Nursing Tuition Assistance benefit. Benefit varies for SEIU members.   |
| Credit Union   | Free checking, online banking, bill payment, and other services  |

## **Eligibility and Enrollment Information**

### **ELIGIBILITY**

You are eligible for the benefits described in this guide if you are a benefitseligible employee regularly scheduled to work 20 or more hours per week.

You also may enroll your eligible dependents, which include your:

- Spouse;
- Same-sex domestic partner;
- Dependent child under age 26;
- Unmarried children age 26 or older who are mentally or physically disabled and rely on you for support and care; and/or
- Children of a same-sex domestic partner relationship under age 26.

## SAME-SEX DOMESTIC PARTNER AFFIDAVIT

If you are covering a same-sex domestic partner, a Domestic Partner Affidavit is required to cover your same-sex domestic partner. This form is available on the intranet (under Benefits Forms) or in the Human Resources Office at the main campus. If you are covering a same-sex spouse, a marriage certificate is required.

### **DEPENDENT DOCUMENTATION**

Dependent documentation is required for newly added dependents of current employees and new hires. Documentation for dependents that are added during open enrollment must be submitted no later than October 31, 2013. The following is a list of acceptable documentation: birth certificate, adoption agreement, marriage certificate, and/or court order documents. Proof of disability is required to enroll a disabled child age 26 or older. New hires who enroll dependents must submit acceptable documentation to the Benefits Department within 30 days of your hire date.

Documentation can be faxed to 301-830-7695, or emailed to Benefits@ChildrensNational.org.

## **COVERAGE LEVELS**

When you enroll for medical, dental, and vision coverage, you must choose a coverage level. Coverage level choices may differ from benefit to benefit. For example, you can choose "Family" coverage for medical and "Employee Only" coverage for dental.

Children's National provides the following coverage levels to accommodate you and your family:

- Employee Only
- Employee + Spouse (or Same-Sex Domestic Partner)
- Employee + Child(ren)
- Family (employee, spouse, and children)

## SPECIAL ENROLLMENT RIGHTS UNDER CHIPRA

Employees who lose eligibility for Medicaid or CHIP or become eligible for a state premium assistance subsidy have a HIPAA special enrollment period of 60 days to enroll in a Children's National medical plan.

- Enrollment must occur within 60 days of loss of coverage or becoming eligible for the premium assistance subsidy.
- Additional information is available in the Legal Notices section of this guide.

# During 2014 Open EnrollmentEnroll by October 31, 2013:

- You must re-enroll in the flexible spending account (FSA) by October 31, 2013, if you want to participate in the FSA for 2014. 2013 FSA coverage does not roll-over to the next year.
- If you are enrolled in the High Deductible Health plan you must re-elect your Health Savings Account (HSA) payroll contribution by October 31, 2013. If you do not re-elect an HSA payroll contribution, you will not be able to fund your 2014, HSA account.
- If you were not enrolled in a Children's National medical, dental, vision, flexible spending accounts, supplemental or dependent life or Hartford-term disability for 2013, and want to enroll for 2014, you must enroll by October 31, 2013.
- If you were enrolled in medical, dental, and/or vision coverage in 2013, you must re- enroll by October 31, 2013, to have coverage in 2014.

### WHEN TO ENROLL OR MAKE CHANGES

#### As a New Hire

You must enroll in benefits within 30 days of your hire date. The benefits you elect will become effective the first day of the month following your hire date. For example: if your hire date is March 14 and you enroll within 30 days (by April 12), your benefits will be effective April 1. Your premiums will be based on the April 1 effective date of your benefits. If you choose to enroll on the 30th day , your check will reflect an increased deduction until all premiums have been satisfied.

## **During Open Enrollment (October)**

You generally have one opportunity each year to make changes to your medical, dental, vision benefits and to re-enroll in the flexible spending account benefits for the next calendar year. This is the annual Open Enrollment period in October. Any medical, dental, vision and flexible spending account changes made by October 31, 2013, will be effective on January 1, 2014.

## WHAT HAPPENS IF I DON'T ENROLL

• New Hire: You must enroll within 30 days of your hire date if you want medical, dental, vision, flexible spending accounts, short-term disability or supplemental life coverage. If you do not enroll within 30 days of your hire date you will only be enrolled in Basic Life and AD&D, Long Term Disability, and \*The Hartford Short-Term disability 50% coverage option.

## Default Coverage If You Don't Enroll as a New Hire

| Benefit                              | If you don't enroll          |
|--------------------------------------|------------------------------|
| Medical                              | No coverage                  |
| Dental                               | No coverage                  |
| Vision                               | No coverage                  |
| Flexible Spending Accounts           | No coverage                  |
| Basic Life and AD&D                  | Children's provides coverage |
| Supplemental Life or Dependent Life  | No coverage                  |
| Long-Term Disability                 | Children's provides coverage |
| Short-Term Disability (The Hartford) | 50% STD coverage*            |

<sup>\*</sup>If you do not want Short-term Disability coverage, you must waive the coverage within 30 days of your hire date.

## Default Coverage for 2014 If You Don't Re-enroll During Open Enrollment

| If you are currently enrolled in    | If you don't re-enroll by 10/31/13   |
|-------------------------------------|--|
| Medical                             | 2013 coverage ends December 31, 2013   |
| Dental                              | 2013 coverage ends December 31, 2013   |
| Vision                              | 2013 coverage ends December 31, 2013   |
| Flexible Spending Accounts          | You will not have Flexible Spending Account (FSA) coverage for 2014.  You must re-enroll in the FSA each year during open enrollment to continue coverage for the next year. |
| Supplemental Life or Dependent Life | 2013 coverage continues for 2014   |

### **HOW TO ENROLL or MAKE CHANGES**

The best way to enroll or make changes is online. You can access the online enrollment system from any computer with Internet access. Here are the easy steps for enrolling online.

- 1. From any computer with Internet access go to Bear Resources https://bearresourceshr.cnmc.org
- 2. Enter your username and password.
  - Your User ID is your Network ID.
  - Your password is the same password you use to log on to the network.

    If you need to reset your password or you have problems logging in, please contact the HELPDESK at x4357 or 202-476-4357.
- 3. After you have completed your enrollment or made changes confirm your elections before exiting.

## If you don't have Internet access and want to enroll

• Call the Benefits Line at 301-830-7640, Monday – Friday, from 7 am until 5 pm (ET).

### MAKING CHANGES DURING THE YEAR

Outside of annual open enrollment, you may change your medical, dental, vision, flexible spending account benefits, and optional benefits **within 30 days** of experiencing one of the following qualifying life events during the year such as:

- Birth, legal adoption or placement for adoption
- Marriage, divorce or legal separation
- Dependent child reaches age 26
- Spouse gains or loses employment or eligibility with current employer
- Death of spouse or dependent child
- Spouse or dependent becomes Medicare/Medicaid or SCHIP eligible or ineligible
- Change in residence that changes eligibility for coverage
- Court-ordered change

To make changes during the year, call the Children's Benefits Line at 301-830-7640 or x7640 within 30 days of the event. Any changes you make for yourself and your dependents must be consistent with, and as a result of, your life event. Documentation of the qualifying life event is required. The following is a list of acceptable documentation: birth certificate, adoption agreement, marriage certificate, divorce decree, death certificate, and/or court order documents. If you fail to make changes within 30 days of the event, you will have to wait until the next Open Enrollment period to make changes.

## WHEN BENEFITS BEGIN - NEW HIRES

| For these benefits   | Enroll   | When Coverage Begins  |
|--|--|---|
| Health Benefits  • Medical  • Dental  • Vision  • Flexible spending accounts   | <ul> <li>Within your first 30 days of hire         Note: If you do not enroll within your first 30 days,         your next opportunity to enroll will be during         annual open enrollment, unless you have a         family status change such as a birth, adoption,         marriage, death or divorce     </li> <li>Log onto https://bearresourceshr.cnmc.org or</li> <li>Call 301-830-7640 (M-F, 7am – 5pm)</li> </ul> | <ul> <li>On the first of the month following your date of hire (if you enroll within the first 30 days of your employment)</li> <li>For example, if your hire date is January 15, coverage begins on February 1</li> <li>If your hire date is February 1, your coverage starts on February 1</li> </ul>   |
| Basic Life Insurance   | <ul> <li>You are automatically enrolled</li> <li>You must designate a beneficiary</li> <li>To designate a beneficiary log onto<br/>https://bearresourceshr.cnmc.org or<br/>call 301-830-7640 (M-F, 7am – 5pm)</li> </ul>   | On the first of the month following<br>your date of hire  |
| Supplemental Life & Dependent Life Insurance   | <ul> <li>Within your first 30 days of hire</li> <li>Log onto https://bearresourceshr.cnmc.org or</li> <li>Call 301-830-7640 (M-F, 7am – 5pm)</li> </ul>  | On the first of the month following your<br>date of hire (if you enroll within the first<br>30 days of your employment)   |
| Long-Term Disability   | You are automatically enrolled   | Six months after your hire date   |
| UNUM Short-Term Disability (STD)  The Hartford Short-Term Disability*  | <ul> <li>Apply within the first 30 days of hire. Application<br/>must be reviewed by UNUM Underwriting. If<br/>denied, you can not enroll during the semi-<br/>annual Optional Benefits enrollment period</li> <li>Call 1-800-650-6118 to enroll</li> </ul>  | <ul> <li>Approval is not automatic</li> <li>Coverage begins based on approval<br/>by UNUM, the STD vendor</li> </ul>  |
| Retirement • 401(k) • 403(b)   | <ul> <li>At any time</li> <li>Start contributions by logging onto Fidelity<br/>Net Benefits at www.fidelity.com/atwork or</li> <li>Calling 1-866-461-2662 (M-F, 7:30am – 9pm)</li> <li>Complete enrollment/beneficiary designation<br/>online at www.fidelity.com/atwork</li> </ul>  | <ul> <li>Contributions start on the next available pay period after you enroll</li> <li>401(k) matching employer contributions begin after one year of employment if you are contributing to the 401(k)</li> <li>403(b) participants should consult their collective bargaining agreement for details on matching employer contributions</li> </ul> |
| Optional Income Protection Benefits  Debix Identity Theft  Homeowners/automobile insurance  Legal Assistance  Pet Insurance  Computer Purchase Program | <ul> <li>Any time by logging onto https://enrollvb.com/site/cnmc</li> <li>Use the group login and password to access the site</li> <li>Login: your last name</li> <li>Password: Last 5 digits of your SSN</li> <li>Type in your date of birth</li> <li>Begin the self-enrollment experience</li> </ul>   | Contributions start based on your<br>enrollment in these plans  |
| Optional Benefits  • Whole Life Insurance  • Accident  • Critical Illness  • Short Term Disability (STD)  • Hospital Protection                        | <ul> <li>During the semi-annual Optional Benefits enrollment period with guaranteed issue (coverage approved even if you have a pre-existing condition)</li> <li>May enroll in Short-Term Disability during the semi-annual Optional Benefits enrollment period if you did not apply for STD during the first 30 days of hire</li> <li>You may enroll during semi-annual Optional Benefits enrollment period</li> </ul>        | Coverage begins on the effective date<br>established for the semi-annual<br>enrollment period   |

\*You are automatically enrolled in The Hartford Short-Term Disability 50% coverage option. You must waive within 30 days of hire if you do not want coverage.

## For Your Health

## MAKING YOUR ENROLLMENT DECISIONS

Everyone has different needs when it comes to benefits coverage, so Children's National offers you many choices. Ultimately, the decision is up to you. To help you make your choices, the enrollment decisions of three sample Children's National employees are shown in this guide. Each employee has a different size family, health concerns, and annual income. We'll show you which options each employee chose and explain why that choice was right for his or her situation.

## MEDICAL PLAN OPTIONS

You have four medical options to select from:

- One Preferred Provider Organization (PPO) Plans administered by Aetna
  - New Bear Advantage PPO Consolidated Plan (Aetna Choice POS II)
- One High Deductible Plan administered by Aetna
  - Bear High Deductible Health Plan with
     Health Savings Account (HSA) (Aetna Choice POS II)
- Two Health Maintenance Organization (HMO) Plans
  - Bear Select HMO (Aetna HMO)
  - Kaiser Permanente HMO

## **Terms You Need to Know**

**Co-pay:** a fixed dollar amount that covered employees and dependents pay for medical services.

**Co-insurance**: a percentage of medical plan costs that covered employees and dependents pay after the deductible is met.

**Deductible:** a fixed dollar amount that covered employees and dependents pay out-of-pocket before the plan will begin paying benefits.

• Under the PPO plans, examples of expenses that do not count toward the deductible include preventive care, office visits, and prescription drugs.

**In-network:** doctors, hospitals, and other providers with whom the medical plan has an agreement to care for its members. Covered employees and dependents have lower out-of-pocket costs when using in-network providers.

**Out-of-network:** care received from a doctor, hospital, or other provider with whom the medical plan does not have an agreement. Covered employees and dependents pay more to use out-of-network providers.

**Pre-certification:** when you need authorization from your insurance provider before specific services can be covered. Often times, this includes hospital admissions (in-patient or outpatient) or surgery. Failure to obtain precertification could result in a financial penalty.

# WHICH PLAN TO CHOOSE?

#### **Meet Chris**

Chris is single, healthy, and active. He is a member of SEIU. His annual income is \$35,000 and he has no dependents. Chris usually sees a doctor once a year for his annual physical, and with the exception of allergies, Chris rarely has the need to visit the pharmacy. Chris also wears contact lenses and needs to see his eye doctor at least once per year.

## **Meet Sarah**

Sarah is a relatively healthy single mom with two young children. Her annual income is \$50,000. Sarah has been going to the same family doctor for years and likes the fact that her doctor helps manage her family's care.

### **Meet Maria**

Maria is married and has three children. Her annual income is \$75,000. Maria's husband is selfemployed, so all family members are covered by Children's benefit plans. Maria's youngest child is getting orthodontia treatment, her oldest child goes to college out-of-state, and her husband has type 2 diabetes. Maria likes the flexibility of choosing her own doctors and going straight to a specialist if she or someone in her family needs one. Since Maria has a college student who lives out-of-state, she wants to make sure this child is covered while at school.

## **How the Options Compare**

Your medical options are different in some important ways, such as how you access care, your cost when you seek care, and your bi-weekly premiums. Over the next few pages, we'll explain the differences in each type of plan.

## • PREFERRED PROVIDER ORGANIZATION (PPO)

A PPO gives you the freedom to choose any provider when you need care. You pay less and there are no claim forms to file when you use a provider in the PPO's network of doctors, hospitals, and other facilities. Aetna's large network of over 22,000 PCPs and 59,000 specialists in the DC, MD, and VA area (including PA and DE) offers you many choices when it comes to finding a network provider. If you decide to go out-of-network, you are still covered but you pay more. There are limits on the amount you have to pay out of your pocket each year (out-of-pocket maximum) for all covered services. If you meet your out-of-pocket maximum during a calendar year, the plan pays 100% of your remaining eligible expenses up to the allowed amount.

NOTE: This is a summary. Please see the Schedule of Benefits and Plan Booklet for detailed information.

## **PPO Comparison Chart**

New Bear Advantage PPO Consolidated Plan (Aetna Choice POS II)

| BENEFIT SUMMARY  Deductible (Individual/Family)  Out of Pocket Maximum (Individual/ Family)  Lifetime Maximum Benefit (per covered person)  PREVENTIVE CARE  Well Child Exams  Well Adult Routine and Physical Exams @ PCP  Routine Gynecological Exam  Routine Cancer Screenings (Routine Mammogram and PAP smears, PSA, Colonoscopy)**  ** see Aetna Schedule of Benefits for restrictions and limits. | In-Network \$300/\$600 \$3,500/\$7,000 None In-Network Covered @ 100% Covered @ 100% Covered @ 100% Covered @ 100% no co-pay | Out-of-Network \$600/\$1,200 \$7,000/\$14,000 None  Out-of-Network \$40 after deductible \$40 after deductible \$40 after deductible |
|--|--|--|
| PHYSICIAN SERVICES   | In-Network   | Out-of-Network   |
| Primary Care Physician Office Visit  | \$25 co-pay  | Deductible & 40% Coinsurance   |
| Specialist Office Visit  | \$40 co-pay  | Deductible & 40% Coinsurance   |

## **KEEPING YOU HEALTHY**

Children's National and Aetna, our health plan administrator, have partnered to offer you a wealth of resources you can use to get and stay healthy, monitor your health and address health issues as they arise. Make sure to check out the specific health tools that Aetna provides to its participants.

## **PPO Comparison Chart**

# New Bear Advantage PPO Consolidated Plan (Aetna Choice POS II)

|  | •  | ,                                    |
|--|--|--------------------------------------|
| MATERNITY CARE SERVICES  | In-Network   | Out-of-Network                       |
| Initial Office Visit   | Covered @ 100%   | 40% after deductible                 |
| Pre-natal Maternity  | Covered @ 100%   | 40% after deductible                 |
| Diagnostic, X-ray, and Lab, (DXLR, ultrasound, amniocentesis)  | 20% after deductible   | 40% after deductible                 |
| Outpatient Facility / Outpatient Hospital: Diagnostic,<br>X-ray, and Lab, (DXLR, ultrasound, amniocentesis)  | 20% after deductible   | 40% after deductible                 |
| Delivery Hospital  | 20% after deductible   | 40% after deductible                 |
| Physician Delivery Charges, (Global Maternity Package - subject to deductible & coinsurance - Includes routine prenatal office visit, ante partum care, urinalysis and delivery)   | 20% after deductible   | 40% after deductible                 |
| PRESCRIPTION DRUG  | In-Network   | Out-of-Network                       |
| At Pharmacy (30 day supply)  |  |                                      |
| Generic<br>Preferred Brand<br>Non-Preferred Brand<br>Specialty (4th Tier)  | \$15 co-pay<br>\$35 co-pay<br>\$60 co-pay<br>20% with max of \$150 | NA<br>NA<br>NA                       |
| Mail Order (90 day supply)   |  |                                      |
| Generic  | \$30 co-pay  | NA                                   |
| Preferred Brand Non-Preferred Brand Mail Order covered In-Network only   | \$70 co-pay<br>\$120 co-pay  | NA<br>NA                             |
| HOSPITAL/FACILITIES SERVICES   | In-Network   | Out-of-Network                       |
| Emergency Room (deductible and co-pay waived if admitted)  | \$150 co-pay plus deductible &                                     | \$150 co-pay plus deductible &       |
|  | 20% coinsurance  | 20% coinsurance                      |
|  | Not covered for<br>Non-Emergency use                               | Not covered for<br>Non-Emergency use |
| Urgent Care Center (no coverage for non-urgent use in or out of network)   | \$40 co-pay plus<br>20% coinsurance                                | 40% after deductible                 |
| Inpatient  | 20% after deductible   | 40% after deductible                 |
| Outpatient Surgery (includes facility and provider)  | 20% after deductible   | 40% after deductible                 |
| Outpatient Hospital Expenses (hospitals and other facilities such as ambulatory surgery center, hospital outpatient dept., free-standing birthing center). Includes STR in a hospital outpatient setting. (60 visit maximum per calendar year) | 20% after deductible   | 40% after deductible                 |
| Advanced Imaging (X-rays, MRI, PET Scan, CAT Scan) at Free-standing facilities and outpatient hospital facilities  | 20% after deductible   | 40% after deductible                 |
| Outpatient Lab Free-standing Facility Services provided by Quest/LabOne covered at 100% through LabCard Program  | 20% after deductible   | 40% after deductible                 |
| Outpatient Lab in Outpatient Hospital Facility   | 20% after deductible   | 40% after deductible                 |
| Outpatient X-ray at Free-standing Facility or  | 20% after deductible   | 40% after deductible                 |
| Outpatient X-ray at Hospital Facility  | 20% after deductible   | 40% after deductible                 |
|  |  |                                      |

## **PPO Comparison Chart**

# New Bear Advantage PPO Consolidated Plan (Aetna Choice POS II)

| OTHER  | In-Network  | Out-of-Network                   |
|--|---|----------------------------------|
| Allergy Testing and Treatment  | \$25 co-pay PCP performs<br>\$40 co-pay Specialist performs   | 40% after deductible             |
| Allergy Injections   | \$25 co-pay PCP performs<br>\$40 co-pay Specialist performs   | 40% after deductible             |
| Infertility Testing (Diagnosis and treatment of underlying medical condition only) | \$25 co-pay PCP performs<br>\$40 co-pay Specialist performs   | 40% after deductible             |
| Chiropractic Care<br>(50 visit maximum)  | \$40 co-pay<br>deductible waived  | 40% after deductible             |
| MENTAL HEALTH/ SUBSTANCE ABUSE   | In-Network  | Out-of-Network                   |
| Inpatient  | 20% after deductible  | 40% after deductible             |
| Detoxification   | 20% after deductible  | 40% after deductible             |
| In-Patient Rehabilitation  | 20% after deductible  | 40% after deductible             |
| Out-Patient Rehabilitation   | \$40 co-pay office visit/therapy 20% coinsurance after deductible for all other Outpatient Settings (i.e. Partial Hospitalization, Outpatient Hospital) | 40% after deductible             |
| HOME HEALTH CARE   | In-Network  | Out-of-Network                   |
| Home Health Services<br>(120 visits maximum annually)                              | 20% after deductible  | 40% after deductible             |
| Hospice Care<br>(Inpatient 6o day maximum)   | 20% coinsurance<br>after deductible   | 40% after deductible             |
| DURABLE MEDICAL EQUIPMENT  | In-Network  | Out-of-Network                   |
| Durable Medical Equipment  | 20% coinsurance<br>after deductible   | 40% coinsurance after deductible |
| Vision   | In-Network  | Out-of-Network                   |
| Vision Exam<br>1 routine exam every 12 months                                      | \$40 Specialist co-pay<br>no deductible for<br>office visit   | NA                               |
| Lenses/Frames * at participating optical centers                                   | Aetna Vision <sup>sm</sup><br>Discounts Program<br>discounted eyewear   | NA                               |

## HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT

The Bear High Deductible Health Plan with Health Savings Account (HSA) uses a network of providers, just like the PPO plan, but the way you pay for your care and prescription drugs is different. In addition, the cost of participating in this plan ("your payroll contribution") is significantly lower than the cost for other health coverage offered by Children's.

The Bear High Deductible Health Plan includes four components:

- 100% coverage for preventive care in-network
- Deductible for all other services
- Plan coverage (in- and out-of-network)
- Health Savings Account (HSA)

Let's look at the features of the plan more closely:

**Preventive Care** – When you use an in-network provider, your preventive care services, such as annual physicals, well childcare, annual gynecological visits, and wellness screenings are covered in full – and no deductible applies.

**Deductible** – You must meet a deductible before the plan pays for all other services other than preventive care. This includes office visits, hospital stays, and prescription drugs. The deductible is significantly higher than the deductible for the PPO Options.

You can pay your deductible from your own pocket, or you can decide to use funds from your Health Savings Account (HSA).

**Plan Coverage** – Once you meet the deductible, the plan pays for covered services. Most services received in-network are covered at 90% and out-of-network services are covered at 70% of reasonable and customary amounts.

**Health Savings Account (HSA)** – If you elect the High Deductible Health Plan, you have the option of opening an HSA with your own pre-tax contributions. You can use your HSA to pay your qualified out-of-pocket healthcare expenses. It is a good idea to save at least an amount equal to your deductible. You must re-elect your payroll contribution for the Health Savings Account each year during open enrollment to fund your account for the upcoming year.

## **BENEFITS OF AN HSA**

- It's a type of savings account permitted under current tax law.
- Money you contribute to this account will be automatically deducted from your pay on a pre-tax basis each pay period.
- The money in your account can grow with investment earnings on a tax-free basis.
- Unlike the flexible spending accounts, any money you have left in the account at the end of the year can be rolled over to the next year.
- You can roll the money over to a new health savings account or take the money with you if you leave Children's National.
- You can use the money you have saved over time to help pay for any healthcare expenses whenever you need it. You won't have to pay taxes on any of the money you withdraw if you use it for qualified healthcare expenses.

# IS THE HIGH DEDUCTIBLE HEALTH PLAN RIGHT FOR YOU?

If you don't use healthcare services frequently and are looking for a plan with the lowest paycheck contribution, the High Deductible Health Plan may be the right choice for you. A high deductible health plan might result in you spending more time identifying services that are the best for you, at the most reasonable cost. Since there is a tax savings element to this plan, you will need to be sure to save all bills, explanation of benefits (EOB) forms or other documentation to support your use of your HSA funds.

If you have an ongoing medical condition or are anticipating a major medical event (such as the birth of a baby), the High Deductible Health Plan may not be your best option. The decision is yours. Log on to www.aetna.com/hsa/videopre for useful information in determining if an HSA is right for you.

### LIMITED FSA

You may not submit medical expenses to the Medical FSA if you select the High Deductible Health Plan with HSA option. As an HSA participant, you are eligible to participate in a special Medical FSA known as a "Limited FSA." This is a pre-tax account that can be used in addition to your HSA to pay for eligible out-of-pocket dental and vision expenses.

### **HSA ENROLLMENT**

When you enroll, you can elect the HSA and the amount you want to contribute. Your contributions will be deducted from your pay in equal installments over the course of the year, tax-free. For 2014, the IRS maximum annual HSA contribution for an individual with Employee Only coverage is \$3,300. For Family coverage, the maximum contribution is \$6,550. In addition, catch-up contributions for participants who are age 55 or older is \$1,000.

Note: This is a summary. Please see the High Deductible Health Plan Schedule of Benefits and Plan Booklet for detailed information.

## **HSA DEPENDENT TREATMENT**

Health Care Reform has made it possible for parents to keep dependents up to age 26 on their health plan. The IRS tax law did not change the definition of a dependent. You may have adult dependent children covered under your health plan who are not dependents for tax purposes. HSA funds can only be spent on family members who qualify as true tax dependents.

## **HSA ACCOUNT FOR DEPENDENTS**

The dependent may establish his or her own HSA account (in their own name) and obtain reimbursement for his or her qualified medical expenses. The dependent would receive a paper enrollment kit. Call JP Morgan Chase at 1-877-238-3452, with any HSA account questions.

## Bear High Deductible Health Plan w/ Health Savings Account (Aetna Choice POS II)

| BENEFIT SUMMARY   | In-Network  | Out-of-Network           |
|---|---|--------------------------|
| Deductible (Individual/Individual Plus One/Family)  | \$1,500/\$2,400/\$3,000   | \$3,000/\$4,800/\$6,000  |
| Out of Pocket Maximum (Individual/Individual Plus One, Family)  | \$3,000/\$4,800/\$6,000   | \$6,000/\$9,600/\$12,000 |
| Lifetime Maximum Benefit (per covered person)   | None  |                          |
| Health Savings Account (HSA) Funding<br>2014 Annual Contribution Maximums   | Employee Funded<br>Individual \$3,300<br>Family \$6,550<br>Catch-up (age 55 or older) \$1,000 |                          |
| PREVENTIVE CARE   | In-Network  | Out-of-Network           |
| Well Child Exams  | Covered @ 100%, no deductible   | 30% after deductible     |
| Well Adult Routine and Physical Exams<br>@ PCP (1 per 12 months)  | Covered @ 100%, no deductible   | 30% after deductible     |
| Routine Gynecological Exam (1 per calendar year)  | Covered @ 100%, no deductible   | 30% after deductible     |
| Routine Cancer Screenings (Routine Mammogram and PAP smears, PSA, Colonoscopy) ** see Aetna Schedule of Benefits for restrictions and limits.                                   | Covered @ 100%, no deductible   | 30% after deductible     |
| PHYSICIAN SERVICES  | In-Network  | Out-of-Network           |
| Primary Care Physician Office Visit   | Covered @ 90% after deductible  | 30% after deductible     |
| Specialist Office Visit   | Covered @ 90% after deductible  | 30% after deductible     |
| MATERNITY CARE SERVICES   | In-Network  | Out-of-Network           |
| Initial Office Visit  | Covered @ 90% after deductible  | 30% after deductible     |
| Routine Prenatal Office Visits/Ante partum care   | Billed as part of<br>Global Maternity Package   | 30% after deductible     |
| In office Diagnostic, X-ray, and Lab, (DXLR, ultrasound, amniocentesis )  | Covered @ 90% after deductible  | 30% after deductible     |
| Outpatient Facility / Outpatient Hospital: Diagnostic, X-ray, and Lab, (DXLR, ultrasound, amniocentesis)  | Covered @ 90% after deductible  | 30% after deductible     |
| Delivery Hospital   | Covered @ 90% after deductible  | 30% after deductible     |
| Physician Delivery Charges (Global Maternity Package – subject to deductible & coinsurance – Includes routine prenatal office visit, ante partum care, urinalysis and delivery) | Covered @ 90% after deductible  | 30% after deductible     |
| PRESCRIPTION DRUG   | In-Network  | Out-of-Network           |
| At Pharmacy (30 day supply)   |   |                          |
| Generic   | \$15 co-pay   | NA                       |
| Preferred Brand   | \$35 co-pay   | NA                       |
| Non-Preferred Brand   | \$6o co-pay   | NA                       |
| Specialty (4th Tier)  | 20% with max of \$150<br>After deductible is met, co-pay<br>applies to out of pocket max      |                          |
| MAIL ORDER (90 day supply)  | applies to out of pocket max  |                          |
| Generic   | \$30 co-pay   | N/A                      |
| Preferred Brand   | \$70 co-pay   |                          |
| Non-Preferred Brand   | \$120 co-pay  |                          |
| Mail Order covered In-Network only  | After deductible is met, co-pay applies to out of pocket max                                  |                          |

## Bear High Deductible Health Plan w/ Health Savings Account (Aetna Choice POS II)

| HOSPITAL/FACILITIES SERVICES  | In-Network   | Out-of-Network                  |
|---|--|---------------------------------|
| Inpatient   | Covered @ 90% after deductible   | 30% after deductible            |
| Outpatient Surgery (includes facility and provider)   | Covered @ 90% after deductible   | 30% after deductible            |
| Outpatient Hospital Expenses (hospitals and other facilities such as ambulatory surgery center, hospital outpatient dept., free-standing birthing center). Includes STR in a hospital outpatient setting. | Covered @ 90% after deductible   | 30% after deductible            |
| Emergency Room (deductible waived if admitted)*   | Covered @ 90% after deductible   | 10% after deductible            |
| Urgent Care Center (no coverage for non-urgent use)   | Covered @ 90% after deductible   | 30% after deductible            |
| Advanced Imaging (X-rays, MRI, PET Scan, CAT Scan)  | Covered @ 90% after deductible   | 30% after deductible            |
| Advanced Imaging at Free-standing Facility (X-rays, MRI,  | Covered @ 90% after deductible   | 30% after deductible            |
| PET Scan, CAT Scan)   |  |                                 |
| Advanced Imaging at Outpatient Hospital Facility (X-rays, MRI,  | Covered @ 90% after deductible   | 30% after deductible            |
| PET Scan, CAT Scan)   |  |                                 |
| Outpatient Lab Free-standing Facility Services provided by  | Covered @ 90% after deductible   | 30% after deductible            |
| Quest/LabOne covered at 100% through LabCard Program  |  |                                 |
| Outpatient Lab in Outpatient Hospital Facility  | Covered @ 90% after deductible   | 30% after deductible            |
| Outpatient X-ray at Free-standing Facility or   | Covered @ 90% after deductible   | 30% after deductible            |
| Outpatient Hospital Facility  |  |                                 |
|   |  |                                 |
| OTHER   | In-Network   | Out-of-Network                  |
| Allergy Testing and Treatment   | Covered @ 90% after deductible   | 30% after deductible            |
| Allergy Injections  | Covered @ 100% after deductible  | Covered @ 100% after deductible |
| Infertility Testing (Diagnosis and treatment of underlying medical condition only)  | Covered @ 90% after deductible   | 30% after deductible            |
| Chiropractic Care (50 visit maximum)  | Covered @ 90% after deductible   | 30% after deductible            |
| MENTAL HEALTH/SUBSTANCE ABUSE   | In-Network   | Out-of-Network                  |
| Inpatient   | Covered @ 90% after deductible   | 30% after deductible            |
| Detoxification  | Covered @ 90% after deductible   | 30% after deductible            |
| In-Patient Rehabilitation   | Covered @ 90% after deductible   | 30% after deductible            |
| Out-Patient Rehabilitation  | Covered @ 90% after deductible   | 30% after deductible            |
|   |  |                                 |
| HOME HEALTH CARE  | In-Network   | Out-of-Network                  |
| Home Health Services (120 visits maximum annually)  | Covered @ 90% after deductible   | 30% after deductible            |
| Hospice Care (Inpatient 6o day maximum)   | Covered @ 90% after deductible   | 30% after deductible            |
|   |  |                                 |
| DURABLE MEDICAL EQUIPMENT   | In-Network   | Out-of-Network                  |
| Durable Medical Equipment   | Covered @ 90% after deductible   | 30% after deductible            |
|   |  |                                 |
| VISION  | In-Network   | Out-of-Network                  |
| Vision Exam 1 routine exam every 12 months  | Covered @ 100%, no deductible  | N/A                             |
| Lenses/Frames   | Aetna Visionsm Discounts Program discounted eyewear services at participating optical centers nationwide | N/A                             |

<sup>\* 30%</sup> coinsurance after deductible for non-emergency use (in or out-of-network)

## • HEALTH MAINTENANCE ORGANIZATION (HMO) PLANS

With an HMO, all care must be received from doctors and hospitals who participate in that HMO network. If you receive care from a provider who does not belong to the HMO, it's not covered. There is one exception – emergency care. Coverage for the use of non-HMO providers is limited to a medical emergency. In addition, you must select a primary care physician within the HMO who is responsible for managing all of your care. You may select a separate primary care physician for yourself and each of your covered dependents. With an HMO, there are no claim forms to complete.

## HMO coverage includes:

- No deductible
- Hospital services covered in full
- Most other services, including office visits and prescription drugs covered in full after a co-payment
- An annual out-of-pocket maximum limit on the amount you have to pay for covered services for the calendar year

## **HMO Benefits Comparison**

|  | Bear Select HMO<br>(Aetna HMO)                    | Kaiser Permanente HMO                                   |
|--|---|---|
| BENEFIT SUMMARY  |   |   |
| Deductible (Individual/Individual Plus One/Family)                 | None  | None  |
| Out of Pocket Maximum )<br>(Individual/Individual Plus One, Family | \$2,750/\$6,500                                   | \$2,000/\$4,000   |
| Lifetime Maximum Benefit (per covered person)                      | None  | None  |
| Coinsurance, Deductible and out-of-pocket                          | None  | 100%  |
| PREVENTIVE CARE  |   |   |
| Well Baby and childcare  | o-36 months – No charge<br>3-19 years – No charge | o-6o months - No charge<br>5-19 years — No charge       |
| WELL ADULT CARE @ PCP  | No charge   | No charge   |
| Annual Gynecological Visit   | No charge   | No charge   |
| Mammogram  | No charge   | No charge   |
| Cancer Screenings  | No charge   | No charge   |
| PHYSICIAN SERVICES   |   |   |
| Primary Care Doctor  | \$20 co-pay                                       | \$15 co-pay<br>(co-pay waived for children under age 5) |
| Specialist**   | \$20 co-pay                                       | \$25 co-pay   |
| MATERNITY CARE SERVICES  |   |   |
| Initial Office Visit   | \$20 co-pay                                       | \$15 co-pay   |
| All Other Office Visits  | No charge   | No charge   |
| Delivery Hospital  | No charge   | No charge   |

 $<sup>\</sup>hbox{$^*$ This is a summary. See the HMO Schedule of Benefits and Plan Booklet for detailed information.}$ 

 $<sup>** \</sup>textit{Referrals/approvals are needed. Contact your Primary Care Doctor for referrals and approvals.}\\$ 

## **HMO** Benefits Comparison

|   | Bear Select HMO<br>(Aetna HMO)   | Kaiser Permanente HMO  |
|---|--|--|
| OTHER   |  |  |
| Allergy Care Testing  | \$20 co-pay  | \$15 co-pay  |
| Injections  | \$20 co-pay  | \$15 co-pay  |
| HOSPITAL/FACILITIES SERVICES                                      |  |  |
| Inpatient   | \$500 co-pay   | \$300 co-pay   |
| Outpatient Surgery  | \$250 co-pay   | \$25 co-pay  |
| Emergency Room (Co-pay waived if admitted)                        | \$150 co-pay   | \$150 co-pay   |
| Urgent Care Center  | \$50 co-pay  | \$35 co-pay  |
| Outpatient Lab & Lab X-ray  | No charge  | No charge  |
| DURABLE MEDICAL EQUIPMENT   |  |  |
| Durable Medical Equipment   | \$50 co-pay  | No charge  |
| Dorable Medical Equipment   | 450 co pay   | 110 charge   |
| MENTAL HEALTH (MH)/SUBSTANCE ABUSE (SA)                           |  |  |
| Inpatient Facility Services (MH)                                  | covered in full  | \$300 co-pay   |
| Inpatient Physician Services (MH)                                 | covered in full  | No charge  |
| Outpatient Services (MH)  | \$20 copay per visit; No limit   | \$15 individual/\$7 group co-pay                             |
| Inpatient (SA)  | No charge; No limit  | \$300 co-pay   |
| Outpatient Services (SA)  | covered @ 100%; No limit   | \$15 individual/\$7 group co-pay                             |
| Outpatient Detoxification (SA)                                    | \$20 co-pay per visit; No limit  | \$15 individual/\$7 group co-pay<br>to comply with MHPA      |
| In-Patient Rehabilitation (SA)                                    | No charge; No limit  | \$300 co-pay   |
| Outpatient Rehabilitation (SA)                                    | \$20 co-pay per visit; No limit  | \$15 individual/\$7 group co-pay<br>to comply with MHPA      |
| PRESCRIPTION DRUG   |  |  |
| Pharmacy  |  | Kaiser Pharmacy  |
| Generic   | \$15 co-pay  | \$10 co-pay  |
| Preferred Brand   | \$35 co-pay  | \$20 co-pay  |
| Non-Preferred Brand   | \$60 co-pay  | \$35 co-pay  |
| Specialty (4th Tier)  | 20% with max of \$150  | 33 1 7   |
| MAIL ORDER (90 day supply)  |  |  |
| Generic   | \$30 co-pay  | \$8 co-pay   |
| Preferred Brand   | \$70 co-pay  | \$18 co-pay  |
| Non-Preferred Brand   | \$120 CO-pay   | \$33 co-pay  |
| Covered In-Network Only   | . ,  |  |
| VISION DISCOUNTS  |  |  |
| Lenses/Frames   | Participants may access Aetna VisionSM   | 15% discount for initial fitting                             |
|   | Discounts Program, to receive discounts on eye-care products, including eyeglasses contact lenses and solution,non-prescription sunglasses, other eye-care accessories and LASIK (laser correction) surgery. | and purchase of contact lenses at Kaiser optical center only |
|   | Optical Centers include LensCrafters®, Target Optical®, and select Sears® Optical and Pearle Vision® locations.  | and lenses   |
| OUT-OF-NETWORK  |  |  |
| Care received by a non-participating provider (Individual/Family) | No out-of-network coverage   | No out-of-network coverage                                   |

## **PAYING FOR BENEFITS**

The rate sheet shows your costs for enrolling in medical, dental and vision plans for 2014. For medical, you and Children's National share the cost of coverage. Your benefits costs are deducted from your paycheck throughout the year on a pre-tax or after-tax basis, as follows:

- **Pre-tax contributions** are deducted from your paycheck for medical, dental, vision, the flexible spending accounts and the 403(b) and 401(k) plans before federal or Social Security taxes are deducted.
- Federal tax law does not permit pre-tax deductions for same-sex domestic partner medical coverage, so these are taken out after tax after income and Social Security taxes have been deducted.

  For more information about pre-tax contributions, consult a tax adviser.
- After-tax contributions will be taken from your paycheck for supplemental life insurance and optional benefits.

## DOCFIND - AETNA'S ONLINE PROVIDER DIRECTORY

The most current information on doctors and facilities that participate in the Aetna PPO and network can be found on Aetna's DocFind online directory. DocFind also shows medical schools attended, board certification status, and languages spoken by each network doctor.

To find a network doctor: Go to www.aetna.com and click on "Find a Doctor," and then search by zip code, city, state or country. Choose HMO, "Aetna Choice POS II", and HSA under "Select A Plan" and "OPEN ACCESS" under type of plan.

You can access DocFind before enrolling. Aetna members can access DocFind after logging on to Aetna navigator, the secure member site.

# BENEFITS OF USING AN IN-NETWORK PROVIDER

As a PPO or High Deductible Health Plan participant, the best way to manage your healthcare costs is to use in-network providers. With in-network providers, you pay less and there are no claim forms to file. Aetna's in-network providers can be located online using DocFind.

# WHICH PLAN TO CHOOSE?

## Maria's Choice

## Bear Advantage PPO (Aetna Choice POS II)

Under this plan, Maria has the flexibility to use any provider and ensures her out-of-state college student is covered. She prefers the fixed cost of higher premiums to ensure her out-of-pocket costs are as low as possible. Maria also has options for her husband's care, as he uses the plan frequently.

## Chris' Choice

# Bear High Deductible Health Plan (Aetna Choice POS II)

Chris doesn't think he will need much care, other than preventive, and he wants to keep his premiums low. He wants to take the savings from his lower premiums and put them into an HSA for future health care needs. Chris also wants to be sure he is covered in an emergency, both in- and out-of-network.

## Sarah's Choice

## Bear Select HMO (Aetna HMO)

Sarah already has an in-network primary care physician who coordinates her family's health care. She wants lower co-pays, and it's very important that she keep her current doctor, who is in the plan's network.

## PRE-CERTIFICATION REQUIREMENTS

All Aetna medical options (PPO, High Deductible Health Plan, and HMO) require that all planned hospital admissions and certain procedures be approved before they are performed. This is called precertification. If you have questions about precertification, you can contact Aetna directly at 1-888-632-3862 (for PPO-based plans). If pre-certification is not obtained, there is a \$200 penalty for out-of-network inpatient confinement.

### PRESCRIPTION DRUGS

Prescription drug coverage is provided automatically with all medical options. Under all Aetna medical options, prescriptions must be filled at a network pharmacy or through Aetna's mail order program. For High Deductible Health Plan participants, the co-pay applies after the deductible is met. Under Kaiser Permanente, prescription drugs must be filled at a Kaiser Community pharmacy or through the Kaiser mail order program. Co-payments for prescription drugs under all medical options are based on a formulary (an approved list of drugs). There are three levels of drugs – generic, preferred brand, and non-preferred brand. Your lowest co-payment is for generic drugs and applies to a 30-day supply.

## Maintenance Choice - Delivery or Pick-up

Do you take maintenance medicines regularly? These are drugs that treat conditions like arthritis, asthma, diabetes or high cholesterol. If you need this type of drug, you can get a 90-day supply. The Maintenance Choice® program gives you a choice to use Aetna Rx Home Delivery mail order pharmacy or a CVS/pharmacy near you. You will pay the same out-of-pocket costs either way.

# MAINTENANCE MEDICINE

Once you fill a 30-day supply at any network pharmacy, you may only receive up to two refills.

See page 20 for details.

## Aetna Mail Order Delivery

Your plan covers you to fill your maintenance drugs up to two times at any in-network pharmacy that offers your drug. After that, you must get your refills through Aetna Rx Home Delivery in order to have coverage. At that point, if you try to fill at a retail pharmacy, you will not be covered. If the retail pharmacy is able to fill your drug, your cost will be 100 percent of the full drug price. This does not apply to drugs you take on an urgent or short-term basis, like antibiotics.

#### ExtraCare Health Card

The ExtraCare Health Card, a new way to save, is provided as a value-added service to Aetna prescription drug members. It's offered to you at no additional cost. Use your card to help you save money on the over-the-counter (OTC) items you use most. Your ExtraCare Health Card saves you 20% on thousands of CVS/pharmacy brand health-related items for you and your family. Your discount applies to regularly priced items of \$1 or more. You can use this discount to shop at any CVS/pharmacy location. You can also shop online at www.cvs.com.

### SAVE MONEY WHEN YOU BUY GENERIC

When your doctor recommends a prescription, be sure to ask if a generic is available. If your prescription is for an ongoing medical condition, use the mail order program. This way, your costs will be lower.

## PRESCRIPTION DRUG TERMS TO KNOW

**Formulary** An extensive list of safe and effective brand name and generic prescription drugs.

**Generic** A drug that meets the same quality of standards as its brand-name equivalent.

Generic drugs generally have a lower co-pay.

**Preferred Brand** A drug that does not have a generic equivalent included on the medical plan's

preferred drug list. Most plans require a higher co-pay for preferred brand drugs.

**Non-preferred Brand** A drug that is not on the medical plan's preferred drug list.

**Specialty\*** A drug that helps patients with complex conditions.

Specialty drugs have the highest co-pay.

## **GENERIC SUBSTITUTION**

If your physician prescribes, or you request your physician to prescribe, a brand name drug when a generic is available you will pay a higher cost. In this situation, your physician generally writes the prescription using a "dispense as written" (DAW) statement. In this case, the pharmacist can't substitute a generic drug. Because the physician's note doesn't allow for a generic substitution, your costs are higher. In addition to your regular co-pay for the brand name drug, you will pay the difference between the cost of the generic and the brand name drug. Here's an example:

| Brand<br>Name<br>Drug | Brand Name<br>Drug Cost | Generic<br>Name Drug | Generic Name<br>Drug Cost | Your non-<br>preferred<br>brand<br>co-pay | Difference in<br>cost between<br>Brand Name and<br>Generic Drugs | Your Total<br>Cost for<br>selecting the<br>brand drug |
|-----------------------|-------------------------|----------------------|---------------------------|---|--|---|
| Lipitor               | \$166.24                | Atorvastatin         | \$65.84                   | \$60                                      | \$100.40*  | \$160.40  |

<sup>\*</sup>You would save \$100.40 by choosing the generic drug.

## **SAVE A CO-PAY**

If you and your family members are enrolled in a Bear Advantage PPO plan and taking a brand medication in a targeted drug class you will be asked to switch to a generic. If you make the switch, you will not pay a co-pay for your medication for 6 months. Here's an example:

| You currently take: | Therapeutic<br>Equivalent: | Current<br>Non-preferred | Generic<br>Co-pay:<br>Brand Co-pay: | Your annual savings by switching to the preferred generic? |
|---------------------|----------------------------|--------------------------|-------------------------------------|--|
| Treximet            | Sumatriptan                | \$60                     | \$15                                | \$630  |

<sup>\*</sup>When you switch from Treximet to sumatriptan you will have \$0 co-pay for 6 months which is a savings of (Treximet co-pay \$60 x 6 months) \$360. For the remaining 6 months your savings is the difference between the Treximet and sumatriptan co-pays (\$60-\$15) =\$45x 6 months=\$270. Total annual savings (\$360+\$270) = \$630.

<sup>\*</sup>For more information on specialty drugs, visit www.AetnaSpecialtyRx.com or call 1-866-782-2779.

### STEP THERAPY

Step Therapy is a process of finding the best drug treatment for your situation balancing both cost and effectiveness. First, you will receive a front-line drug, generally a generic medication, for your condition. If there are problems with this first treatment, the next step is to try an alternative or back-up drug. The medications available for treatment are updated frequently as new products and generic drugs become available. Here's an example:

| Drug Class         | Your prescription is written for one of the back-up drugs  | In Step Therapy, you will be asked to take one of the front-line drugs                              |
|--------------------|--|---|
| Ulcers/Acid Reflux | Aciphex, Kapidex, Prevacid,<br>Prilosec, Protonix, Zegerid | A documented trial of one month of each of two preferred drugs:  Dexilant OR Nexium OR Lansoprazole |

You can determine which category or tier your prescription drugs fall under by checking the formulary lists of the health plan websites or calling the health plans.

# Example of Mail Order Savings Bear Advantage PPO

| Prescription<br>Level  | Retail co-pay<br>(30-day supply)                     | Retail co-pay<br>(if purchasing<br>6o-day supply) | Mail order<br>co-pay<br>(9o-day supply) | Savings by<br>using mail order<br>or maintenance choice |
|--|--|---|---|---|
| Generic<br>Preferred Brand<br>Non-preferred Brand<br>Specialty | \$15<br>\$35<br>\$60<br>20% of co-pay<br>up to \$150 | \$30 (\$15 x 2 months)<br>\$70 (\$35 x 2 months)  | \$30<br>\$70<br>\$120<br>Not available  | \$15<br>\$35<br>\$60<br>Not available                   |

## **AETNA RESOURCES FOR LIVING WELL**

### **Aetna Navigator**

Aetna Navigator is Aetna's online tool to help you manage your health care online, anytime and from anywhere that you have computer access. This site allows you to check for participating doctors and facilities, check claim status, order a new ID card, research hospital outcomes, price medical procedures, and more!

To download your free Aetna mobile app, text Apps to 44040 to download. Standard text messaging rates may apply.

## Aetna Mobile

Life takes you on the go. Now your health information can follow. Use your cellphone with web access to view your health plan information. The Aetna Mobile app works with iPhone® mobile digital devices and Android<sup>TM</sup> powered phones. Use a different Smartphone or mobile device? Instead of loading an app, just visit www.aetna.com and use the mobile web version of the siite.

## **AETNA RESOURCES FOR LIVING WELL (continued)**

### 24-Hour Nurseline

Did you know you have access to a nurse 24 hours a day and seven days a week? Nurses are available to help you with your medical needs anytime, day or night. Just call the Aetna Nurseline, 1-800-556-1555.

## Health Risk Assessment (HRA)

Aetna's Health Risk Assessment (HRA), available via Simple Steps to a Healthier Life<sup>TM</sup>, is a confidential, individual health questionnaire that takes only 15 minutes to complete. After you complete the questionnaire, you will receive a personalized health report that identifies potential health risk areas and provides suggestions on actions you can take to maximize your chances of remaining healthy. Not an Aetna participant? To access the HRA, you must waive medical coverage, with the Benefits Department.

## **Disease Management Programs**

If you have a chronic disease, chances are the Aetna Health Connections disease management program can help you better manage your condition. Aetna Health Connections offers support for 35 common medical conditions, such as congestive heart failure, diabetes, hypertension, asthma, COPD, and cancer. You can request program enrollment by calling 1-866-269-4500 or through the Aetna Navigator website at www.aetna.com. In certain cases, a caseworker may contact you based on your medical and pharmacy claims data. The program offers information on your condition, a review of your treatment plan, and access to a 24-hour toll-free disease-management phone number.

### **Discount Programs**

As an Aetna member, you have access to discounts on fitness club memberships, treadmills, elliptical trainers, LASIK surgery, massage therapy, colored contact lenses, and more. Participating vision discount providers include Sears Optical, Target Optical, JC Penney Optical, LensCrafters, and Pearle Vision. Through the Aetna Natural Products and Services Program, you can save on services not typically covered by insurance, such as acupuncture, chiropractic care, dietetic counseling, and natural products such as vitamins and health supplements. You also receive a discount for participation in the Jenny Craig weight loss program. For additional information, go to www.aetna.com.

## SPECIFIC RESOURCES WITH AETNA

As an Aetna member, you have access to the following resources designed to help you live well:

- Aetna Navigator
- 24 Hour Nurseline
- Health Risk Assessment
- Aetna Health Connections
   Disease Management
- Discounts for healthy living programs and services
- Aetna Mobile
- And much more!

## **DENTAL PLAN OPTIONS**

### You have two dental options:

- Delta Dental PPO plus Premier Standard Plan
- Delta Dental PPO plus Premier Enhanced Plan

## Dental options cover:

- Preventive Care such as exams, routine x-rays, and cleanings
- Basic Care such as fillings, simple extractions, endodontics, and periodontics
- Major care such as crowns, bridges, dentures, inlays, and onlays

## **DENTAL PROVIDERS**

Access to dental providers is outlined below:

#### Delta Dental Plans

Delta Dental PPO plus Premier Standard and Delta Dental PPO plus Premier Enhanced Plans – You may see any dentist and you save time and money when you see a Delta Dental PPO network dentist because there are no claim forms to file and your dentist accepts the negotiated rate. If you see a non-network dentist, your out-of-pocket costs will be higher. Remember, when you use network providers, your benefits are higher, which saves you money.

#### **Delta Dental Online**

Delta Dental offers a convenient website that you can access for your dental health care needs. Log in to www.deltadentalins.com and you can print your ID card or a claim form, find a dentist, read dental health tips, and visit the kid's dental health website.

### **NEED ORTHODONTIA CARE?**

The Delta Dental PPO plus Premier Enhanced Plan provides a \$3,000 orthodontia benefit for adults and children.

# WHICH PLAN TO CHOOSE?

## Maria's Choice

## Delta Dental PPO Enhanced Plan

Maria wants to continue care under her current dentist, who is out-of-network. She doesn't mind paying higher premiums since her family often uses their dental coverage. It's important that her out-of-state child be able to access care while at school and her other child needs orthodontia coverage.

## Chris' Choice

## Delta Dental PPO Standard Plan

Chris likes to use any dentist, in- or out-of-network, and he does not need orthodontic care.

## Sarah's Choice

## Delta Dental Standard PPO Plan

Sarah wants to see her current dentist, who is in-network, and she does not need orthodontic care.

## Delta Dental on the go: deltadentalins.com

Go mobile for convenient services and fast easy access to your information. Find a dentist, view ID card, manage your account, check benefits, eligibility, check claims status and claims history.

## **Delta Dental PPO Plan Summary**

|  | Delta Dental PPO<br>plus Premier<br>Enhanced Plan | Delta Dental PPO<br>plus Premier<br>Standard Plan |
|--|---|---|
| DENTAL SUMMARY   |   |   |
| Deductible calendar year per individual  Deductible is not applied to diagnostic and preventive services | \$25  | \$50  |
| Benefit maximum per calendar year per individual   | \$2,000   | \$1,500   |
| PREVENTIVE/DIAGNOSTIC  |   |   |
| Oral exams, prophylaxis/cleaning, fluoride treatments, space maintainers, X-rays                         | Plan pays 100%                                    | Plan pays 100%                                    |
| BASIC RESTORATIVE  |   |   |
| Fillings, simple extractions, surgical extractions   | Plan pays 80%                                     | Plan pays 60%                                     |
| Oral Surgery   | Plan pays 80%                                     | Plan pays 60%                                     |
| Endodontics  | Plan pays 80%                                     | Plan pays 60%                                     |
| Periodontics   | Plan pays 80%                                     | Plan pays 60%                                     |
| MAJOR RESTORATIVE & PROSTHODONTICS   |   |   |
| Dentures, bridges, implants, inlays/onlays, and crowns   | Plan pays 80%                                     | Plan pays 60%                                     |
| Implants   | Plan pays 80%                                     | Plan pays 60%                                     |
| ORTHODONTICS – LIFETIME MAXIMUM BENEFIT  |   |   |
| Dependent Children up to age 26  | Plan pays up to 50%<br>\$3,000 maximum per person | N/A   |
| Adults   | Plan pays up to 50%<br>\$3,000 maximum per person | N/A   |
|  |   |   |

<sup>\*</sup> Out-of-network providers are covered at the same percentage level. However, your costs may be higher since benefits for non-network dentists are subject to usual and customary rates. You are responsible for any amount that exceeds the usual and customary amount.

## **VISION SERVICE PLAN (VSP)**

With VSP, you have coverage for eye exams, prescription glasses, and contact lenses. You also are eligible for discounts on laser vision corrective surgery. The plan is built around a network of vision care providers, with higher benefits when you use providers who belong to the VSP network. If you see an out-of-network provider, you must pay out-of-pocket and file a claim for reimbursement. To locate a VSP provider, go to **www.vsp.com**, go to "Find a VSP Doctor," then if prompted to select doctor network, select VSP Signature or call 1-800-877-7195.

The chart below shows coverage amounts for both VSP plans. Note that benefits for eye exams and prescription lenses are covered once a year.

|   | VSP Standard<br>VSP Provider   | VSP Signature<br>VSP Provider  | Non VSP Provider          |
|---|--|--|---------------------------|
| Exam  | \$10 co-pay<br>(exam every 12 months)  | \$10 co-pay<br>(exam every 12 months)  | \$52 allowance            |
| Prescription Glasses  |  |  | Lenses:                   |
| Single Vision   | 100% coverage after co-pay   | 100% coverage after co-pay   | \$55 allowance            |
| Lined Bifocal   | 100% coverage after co-pay   | 100% coverage after co-pay   | \$75 allowance            |
| Lined Trifocal  | <ul> <li>100% coverage after co-pay</li> <li>Lenses covered in full every 12 months.</li> <li>Polycarbonate lenses for dependent children Photochromic lenses/tints covered in full</li> </ul>                         | <ul> <li>100% coverage after co-pay</li> <li>Lenses covered in full every 12 months.</li> <li>Polycarbonate lenses for dependent children Photochromic lenses/tints covered in full</li> </ul> | \$100 allowance           |
| Frames  | <ul><li>\$150 frame allowance</li><li>20% discount on amount<br/>over allowance</li></ul>  | <ul> <li>\$150 frame allowance</li> <li>20% discount on amount<br/>over allowance</li> </ul>   | Frame -<br>\$70 allowance |
| Contact Lenses  | <ul> <li>Covered every 12 months when you choose contacts instead of glasses.</li> <li>\$130 allowance applies for contacts.         Contact lens exam(fitting and evaluation) no more than up to \$60     </li> </ul> | <ul> <li>Covered every 12 months</li> <li>\$130 allowance for contacts.</li> <li>Contact lens exam</li> <li>(fitting and evaluation)</li> <li>no more than up to \$60</li> </ul>               | \$105 allowance           |
| Second Pair of<br>Prescription Glasses<br>or Contact Lenses | Discount Only  | You obtain a second pair of glasses or contact lenses for a \$10 co-pay. \$150 frame allowance and \$130 allowance for contacts  | Discount Only             |

## WHICH PLAN TO CHOOSE?

## Maria's Choice

## **VSP Signature Premium**

Maria's entire family will use her vision coverage and she knows at least one of her children will lose their eyeglasses during the year. She can obtain a second pair for only a \$10 co-pay.

## Chris' Choice

#### **VSP Standard**

As a contact lens wearer, Chris needs a plan that covers his regular eye exams and keeps his lenses up to date. He doesn't mind paying the small premium for the plan.

## Sarah's Choice

## No vision plan

Neither Sarah nor her children have vision problems, so she does not want to pay for vision coverage when she doesn't plan to seek vision care for herself or her children.

## Flexible Spending Accounts (FSA)

## **HOW FSAs WORK**

You can use pre-tax dollars to pay for your eligible out-of-pocket costs for health and dependent care.

You have two FSA plan options:

- Medical FSA for eligible out-of-pocket healthcare costs.
- Dependent Care FSA for eligible dependent care expenses you have while you work.

## **HOW FSAs WORK**

You choose whether you want to contribute to one or both FSAs.

It works like this:

- 1. You decide how much you want to contribute for the calendar year.
- 2. Your contributions are taken out of your paychecks in equal amounts before taxes each payday.
- 3. When you incur health care or dependent care expenses, you are reimbursed from your account.

## **FSA DEBIT CARD:**

If you elect to enroll in the medical FSA account, you will automatically receive a FSA debit card. If you do not wish to utilize it, you do not have to activate it.

## **FSAs SAVE YOU MONEY**

When you use an FSA to pay for eligible expenses, it's like buying these items "on sale." With savings of up to 35% or more (depending on your tax bracket), the amount you save can really add up. Log on to **www.aetna.com/fsa** to view a Savings Worksheet and other helpful FSA tools. These tools will help you determine if you should participate in an FSA, and how much you should contribute to cover your eligible out-of-pocket medical and dependent care expenses.

### **FSA RULES**

It is important to remember certain IRS rules apply to FSA accounts. FSA accounts are designed as "use it or lose" plans so you want to make sure to carefully estimate what your healthcare and dependent care expenses will be for the year.

#### The IRS has established rules for FSA administration:

- 1. For the calendar year 2014, all claims should be incurred between January 1, 2014, and March 15, 2015, (a full 14-1/2 months) to be reimbursed from your 2013 FSA account.
- 2. You must file all claims by May 15, 2015.
- 3. You forfeit any money that remains in your FSA after the deadline.
- 4. The two FSAs are separate you cannot transfer money from the Medical FSA to the Dependent Care FSA or vice versa.

## ESTIMATE YOUR COSTS CAREFULLY

How can you avoid "losing" money that remains in your FSA? The answer is simple. Just take the time to carefully estimate what you think your expenses will be for the year.

## IMPORTANT REMINDER: Re-enroll!

You must re-enroll annually during open enrollment. You are not automatically re-enrolled for next year if you participated this year.

## **FSAs**

| Plan Feature                | Medical FSA   | Dependent Care FSA   |
|-----------------------------|---|--|
| You can contribute          | <ul> <li>Up to \$2,500         <ul> <li>(if you enroll in the high deductible health plan, you are not eligible for the medical FSA), but may enroll in the Limited Scope FSA.</li> </ul> </li> </ul>   | Up to \$5,000     \$2,500 limit if married and you and your spouse file separate returns   |
| To pay for                  | Health related expenses, such as:  Out-of-pocket medical, prescription, dental or vision expenses not reimbursed by healthcare plans  Co-pays, deductibles, and co-insurance  Alternative medical care, such as acupuncture and holistic treatments  Smoking cessation programs  Weight loss programs for individuals diagnosed as obese  Over-the-counter medications, if prescribed by a doctor.  For eligible expenses see www.aetna.com/fsa | Out-of-pocket expenses for dependent children under age 13 or disabled dependents of any age, such as:  • Day Care centers or in-home care provided by someone who is not your child and who you do not claim as a tax dependent  • Pre-school expenses for children not yet in kindergarten or a higher grade  • After school programs on summer camps for children under age 13  • Day camp expenses (not overnight) |
| Qualifying expenses must be | <ul> <li>Medically necessary</li> <li>Not reimbursable under the plan</li> <li>Incurred by you or anyone you claim as<br/>a dependent on your tax return</li> </ul>   | <ul> <li>Necessary so you can work and, if you are married:         <ul> <li>Necessary so your spouse can work or attend school full-time, or</li> <li>Necessary to care for your disabled dependent of any age</li> </ul> </li> <li>Incurred by you</li> </ul>  |
| Reimbursement<br>Options    | <ul> <li>Direct Deposit: you can have your reimbursements deposited into your bank account.</li> <li>Debit Card: use the debit card to pay co-pays. You must elect debit card as a New Hire or during open enrollment.</li> </ul>   | <ul> <li>File paper claims with Aetna.</li> <li>You can receive a paper check or direct deposit to your bank account.</li> <li>You can only receive reimbursement based on the balance in your account.</li> </ul>   |

## WHICH PLAN TO CHOOSE?

## Maria's Choice

Health Care FSA – \$1,000 contribution Dependent Care FSA – \$2,500 contribution

Health Care FSA
Maria has many eligible outof-pocket expenses such
as her husband's diabetes
prescriptions and her child's
orthodontic expenses.

Dependent Care FSA

Both Maria and her husband
work and her youngest child
is in daycare.

### Chris' Choice

### No FSA contributions

Health Care Limited FSA Chris participates in the HSA plan so he doesn't need to set additional money aside in the Limited FSA plan.

Dependent Care FSA Chris has no dependents so he's not eligible for the Dependent Care FSA.

### Sarah's Choice

### No FSA contributions

Health Care FSA
Sarah does not anticipate many
out-of-pocket costs and can't
afford to put money in an FSA
when she's not sure it will be used
for eligible expenses.

Dependent Care FSA
Sarah would prefer claiming her
dependents' day care expenses at
the time she files her taxes so that
she has money available throughout the year.

## For Your Income Protection

## BASIC LIFE AND AD&D INSURANCE

As a Children's National employee, you automatically receive basic life and accidental death and dismemberment insurance (AD&D) at no cost to you.

Life insurance provides benefits upon your death for any reason. AD&D insurance provides benefits if you die or suffer a covered loss as the result of an accident.

Basic life and AD&D insurance is based on your staff level, as shown in the chart to the right.

## Basic Life and AD&D

| Staff Level<br>Non-exempt staff  | Coverage                  | Maximum                  |
|--|---------------------------|--------------------------|
| Exempt management Exempt non-management staff CP&A (Not included in any other staff level) Fellows/Residents | 2 x annual<br>base salary | \$200,000*               |
| Faculty, Directors and Above   | 3 x annual                | \$600,000<br>base salary |
| DCNA Neonatal and Pediatric Transport Teams and Cardiac Harvest SEIU Transport Team Paramedics               | 4 x annual<br>base salary | \$400,000                |
| and Respiratory Care Practitioners   |                           |                          |

<sup>\*</sup> maximum does not apply to DCNA members

## EMPLOYEE PAID LIFE INSURANCE - Enroll within 30 days of your hire date.

## Supplemental Employee Life Insurance

You can add to your basic life insurance by purchasing supplemental employee life insurance. Supplemental employee life insurance is available in \$10,000 increments up to a maximum benefit of five times your annual earnings or \$500,000, whichever is less.

### **Dependent Life Insurance**

If you elect supplemental employee life insurance for yourself, you also may elect life insurance for your spouse/same sex domestic partner and your dependent children. Coverage for your spouse/same-sex domestic partner is available in \$5,000 increments, up to a maximum benefit of \$250,000. Coverage for your dependent children is available in amounts of \$1,000 or \$10,000.

## Life Insurance Costs

The cost of supplemental life insurance for you and your spouse depends on you/your spouse's age. Your premiums change as your age increases. The Hartford will provide copies of the Hartford premium rate sheets to you upon request or if you apply online.

# WHAT IS EVIDENCE OF INSURABILITY?

Evidence of insurability (EOI) requirements (proof showing you/your dependents are in good health) apply to your life insurance elections. When you first enroll, evidence of insurability is needed to apply for supplemental employee life insurance over \$100,000 and spouse/ domestic partner coverage over \$50,000. Once you've made your initial life insurance elections, evidence of insurability requirements are needed to enroll in or increase your coverage during annual open enrollment.

# THE HARTFORD, OUR BASIC LIFE AND AD&D INSURANCE VENDOR, PROVIDES THE FOLLOWING BENEFITS.

## Free Will – Estate Guide Program

This service helps you create a simple legal will quickly and conveniently online, with the support of licensed attorneys if needed. It can save you the time and expense it would take to create a will with a private attorney. Creating your will online is just a few simple steps away:

- 1. Access The Hartford's EstateGuidance service online at www.EstateGuidance.com/wills .
- 2. Sign in to the secure site by entering the access code HFD3543.
- 3. Follow the instructions and create your will.
- 4. Download the final will to your computer and print.
- 5. Obtain signatures and determine if your will should be notarized.

When creating your will, EstateGuidance gives you the option to save a draft of your will for up to 6 months. Revisions to the will can be made during this period at no cost to you, provided you have not already printed or downloaded your will.

## **Everest Funeral Planning and Concierge Service**

Your Basic life insurance policy through The Hartford provides a 24/7 funeral planning assistance from Everest, the first nationwide funeral planning and concierge service. You and your family (spouse/partner and children under age 25) are entitled to:

- 24/7 Advisor Planning Assistance: assistance with funeral planning issues and help creating a personal funeral plan. A Sr. Advisor is assigned to the family to provide 24 hour assistance throughout the funeral process including communicating the Personal Funeral Plan to the funeral home, gathering pricing information and presenting it in an easy-to-read format, negotiating funeral service pricing with local funeral homes and helping the family compare prices of caskets and other products.
- Everest PriceFinder: detailed, local funeral home price comparisons available on demand via the website www.everestfuneral.com.
- Online Funeral Planning Tools that are stored in a secure data warehouse for you.

Call an Everest Advisor at 1-800-913-8318 if you have questions or log onto the website **www.everestfuneral.com**, select **Client Log In** and select **Create Your Profile** in the **New to Everest?** box to view services available to you.

# WHICH PLAN TO CHOOSE?

## Maria's Choice

## **Employee and Dependent Life**

Because of the relatively inexpensive cost of life insurance, Maria elected supplemental life for herself, her husband, and their children.

## Chris' Choice

#### No additional life insurance

Chris has no dependents and doesn't have much in the way of assets. He is content with the default basic life and AD&D insurance.

### Sarah's Choice

### **Employee and Dependent Life**

Because of the relatively inexpensive cost of life insurance, Sarah elected supplemental life for herself so that her children would be financially stable in the event of her death. She also elected dependent life insurance for her children since she would not be able to afford the costs in the event something happened to a child.

## TRAVEL ASSISTANCE AND ID THEFT PROTECTION SERVICES

The Hartford's travel assistance and ID theft protection services provides four kinds of services for your business or vacation travels. Emergency medical assistance, pre-trip information, emergency personal services, and identity theft protection while traveling. Contact Europ Assistance USA at 1-800-243-6108, and provide Travel Assistance Identification Number GLD-09012.

### **DISABILITY INSURANCE**

## Long-Term Disability Insurance

As a Children's National employee, you automatically receive long-term disability insurance at no cost to you. Long-term disability insurance may cover you if your illness or injury continues beyond three months. You are eligible to participate in long-term disability coverage after you have been continuously employed by Children's National for six months.

Benefits are based on your staff level, as shown below:

## Long-Term Disability

| Staff Level<br>Non-exempt               | % of Monthly Pay<br>60% | Maximum<br>\$5,000/month |
|---|-------------------------|--------------------------|
| Exempt/Managers                         | 60%                     | \$5,000/month            |
| Faculty/Directors/<br>Fellows/Residents | 70%                     | \$10,000/month           |

## **OPTIONAL INCOME PROTECTION BENEFITS**

## UNUM Short-Term Disability Income (STD) Plan

This option replaces up to 60 percent of your income in the event of a qualified sickness or injury that keeps you from working. The maximum monthly benefit is \$5,000; you decide the amount of coverage needed. Your income benefit is payable for three months, less the 14 day waiting period. All monthly benefits are received income tax free to you. You pick the plan that best fits your needs and your budget.

As a new employee, you have two options for enrolling in STD:

### • Apply within your first 30 days of employment

- If you apply now and have pre-existing medical conditions, you could be denied for coverage. If your application is denied, you will not be able to apply during the semi-annual enrollment period.
- If you don't have pre-existing medical conditions and want to apply now, call 1-800-650-6118. UNUM will review the application and make a decision.

#### • Enroll Later

• If you enroll later, during the semi-annual enrollment period, your coverage will be approved whether or not you have a pre-existing medical condition.

If you have questions about the STD coverage, please call the 1-800-650-6118.

### The Hartford Short-Term Disability Income (STD) Plan

This option replaces up to 60 percent of your income. STD insurance pays you a portion of your earnings if you cannot work because of disability illness or injury. The maximum voluntary short-term disability benefit you could receive is \$2,310 per week. As a new hire you are automatically enrolled in the 50 percent STD option plan. If you do not want short-term disability coverage, you must waive the coverage within 30 days of your hire date.

## FINANCIAL SECURITY WHEN YOU NEED IT MOST

Three out of every 10 employees between the ages of 25 and 65 will be out of work for three months or longer due to an accident or illness. Long-term disability insurance can help by continuing a portion of your income during the time you are disabled.

# OTHER OPTIONAL INCOME PROTECTION BENEFITS - AVAILABLE DURING OPTIONAL BENEFIT ENROLLMENT PERIOD

You may only enroll in the following Optional Income Protection Benefits during a semi-annual Optional Benefits Enrollment Period. The 2014 semi-annual Optional Benefits Enrollment Periods will be held in March and September. You will receive additional enrollment information prior to the semi-annual Optional Benefits Enrollment Periods.

## Whole Life Insurance with Long-Term Care Insurance Rider

This option provides a fixed premium and level death benefit for life, as well as cash value accumulation within the policy as long as premiums are paid by the due date. Coverage starts as low as \$10,000 of death benefit. Coverage also is available for your spouse and children under the age of 25. Benefits are paid as a lump sum and are received income tax free to you. With the long-term care insurance rider, your long-term care insurance will cover you when you are chronically ill. Being chronically ill means you are unable to perform at least two Activities of Daily Living (ADLs) — such as bathing, dressing, toileting, transferring, continence and eating — without assistance, or you suffer from severe cognitive impairment, requiring substantial supervision to protect you from threats to your health and safety. In addition, optional benefits available to your long-term coverage include:

- **Restoration Benefit** restores 100 percent of the policy's specified amount, death benefit, and cash value.
- **Continuation Benefit** continues benefits after all monthly amounts under that rider have been exhausted. No death benefit is payable during continuation.
- **Combination Restoration/Continuation** combines both of the above riders' features, triples the long-term care benefit available.

### Critical Illness Plan

This option pays a one-time lump sum amount, determined by the employee, if the employee is diagnosed with any of the following critical illnesses: heart attack, stroke, major organ transplant, permanent paralysis, end stage renal failure, coronary artery bypass and cancer. A policy is not guaranteed for this coverage; you will be asked limited medical health questions to qualify.

### **Accident Insurance**

This option provides flat dollar payments that are not offset by health insurance benefits, when an accidental injury occurs on and off the job. The base plan covers a wide range of injuries and accident-related expenses such as hospitalization, physical therapy, transportation and lodging, plus coverage for accidental death and catastrophic accidents that involve the loss of sight, hearing, speech, arms, or legs. An optional Sickness Confinement Rider can be added to the base accident plan that pays a daily hospital confinement sickness benefit (\$100 per day for employee and spouse and \$75 per day for children) for covered sicknesses if confined as an inpatient to a hospital for at least 20 hours or more.

### **Hospital Protection**

AFLAC will pay the amount of \$400 per day for sickness or \$500 per day for injury for the first five (5) days of hospitalization when a covered person requires hospital confinement for a covered sickness or injury and a charge is incurred. Benefits are limited to a total benefit payment of five (5) days per calander year, per policy.

## For Your Retirement

## **RETIREMENT PLAN OPTIONS**

Planning for retirement is important. That's why Children's National offers retirement plans to help you save for the future and contributes to your retirement account. You may enroll in a Children's National retirement plan or change your retirement plan contributions at any time during the year by calling Fidelity at 1-888-461-2662, or logging on to Fidelity Net Benefits at www.fidelity.com/atwork.

Depending on your staff level, you are eligible for one of these two retirement plans listed below.

## 401(k) Retirement Plan (non-union staff)

Your contributions to the 401(k) retirement plan are deducted before taxes and you are immediately 100% vested. After one year of employment, Children's will begin making a 100% matching contribution (based on your contribution) up to 5% of your gross bi-weekly salary\*. The money that you and Children's contributes invests over time in selected funds with Fidelity Investments. You choose your own investments from Fidelity's family of funds. Your contributions are limited to \$17,500\*\* in 2013 per IRS regulations. To find out more about the services Fidelity offers to plan participants, log on to www.fidelity.com/atwork.

### 403(b) Retirement Plan

(Represented staff covered under DCNA or SEIU) You may be eligible to participate in the 403(b) Retirement Plan, which allows you to make pre-tax contributions toward your retirement using Fidelity Investment's family of funds. Consult your collective bargaining agreement (CBA) for terms and conditions of employment, plan vesting rules, and terms and conditions of matching employer contributions. Your contributions are limited to \$17,500\*\* in 2013 per IRS regulations. To find out more about the services Fidelity offers to plan participants, log on to www.fidelity.com/atwork.

## RETIREMENT SPECIAL CATCH-UP RULES

If you are age 50 or turning 50 in 2014, the IRS allows you to make additional contributions (called "catch-up contributions") over and above the annual limit. For 2013, you may contribute an additional \$5,500, if eligible, after you have reached the \$17,500\*\* annual limit.

\*Must work at least 1,000 hours during the first year of employment, to be eligible for the match.

\*\*IRS limits were not set at the time this Guide went to print. You will receive notice of the 2014 limits if the limits are changed.

## **IMPORTANT NOTE**

You can change your retirement plan contributions at any time during the year. Retirement plan contribution changes will take affect the next available pay period after you elect changes. The table below shows you the key features of each retirement plan offered at Children's National.

## **Retirement Benefits at a Glance**

|  | 401(k) Plan  | 403(b) Plan<br>(DCNA, SEIU)   |
|--|--|---|
| When may I enroll?   | Immediately following hire date  | Immediately following hire date   |
| When am I vested?  | 100% immediate vesting   | Vesting is based on collective bargaining agreements                      |
| How much may I contribute?                                   | \$17,500 per year under 2013**<br>IRS limits (if under age 50)   | \$17,500 per year under 2013**<br>IRS limits (if under age 50)            |
| Is there a matching contribution by Children's?              | After one year of service,<br>Children's National matches your<br>contributions at 100% up to<br>5% of your gross bi-weekly salary | Match is based on collective bargaining agreements                        |
| Can I rollover money from another qualified retirement plan? | Yes  | Yes   |
| Can I take a loan against my retirement account?             | A loan or a hardship withdrawal can be taken if you meet certain criteria  | A loan or a hardship withdrawal can be taken if you meet certain criteria |

<sup>\*\*</sup>IRS limits were not set at the time this Guide went to print. You will receive notice of the 2014 limits if the limits are changed.

## WHICH PLAN TO CHOOSE?

## Maria's Choice

## 401(k) Plan

Maria knows she needs to prepare for retirement, so she contributes 10% on a pre-tax basis and receives a 5% match from Children's National because she contributes at least 5%.

## Chris' Choice

### 403(b) Plan

Chris realizes the value of saving for retirement early, so he contributes 3% of his earnings on a pre-tax basis. He receives a match based on the collective bargaining agreement.

## Sarah's Choice

### 401(k) Plan

Sarah knows she needs to be ready for retirement, so she contributes 5% on a pre-tax basis. She receives a 5% match from Children's National because she contributes at least 5%.

## For Your Living Resources

We realize you work hard at Children's National, so you deserve benefits that help you balance work and life. The chart below summarizes the Work/Life benefits available to you. You are automatically eligible for these benefits. Benefits marked with a "check" are paid by Children's National.

## SUMMARY OF LIVING RESOURCES BENEFIT PROGRAMS

- Computer Purchase Plan
- Legal Insurance
- Homeowners and Automotive Coverage
- Pet Insurance
- Identity Theft Protection
- ✓ Employee Assistance Program (EAP)
- Back-up Child Care Program
- Children's Discount on Hospital Services
- Commuter Benefits-SmartBenefits
- Global Fit Gym Membership
- Trinity Fitness Center
- Washington Sports Club
- ✓ Educational Assistance
- Credit Union Membership

## **Optional INSURANCE PROTECTION AND SERVICES**

You may enroll in the following benefits at any time during the year.

## Paycheck Direct Purchase Plan

Paycheck Direct is a unique employee benefit program that can help you purchase new brand name computers, electronics, and home appliances through payroll deduction with, no interest fees, convenient payroll deductions, no finance charges, no credit checks, and no down payments. Prices are competitive with brand-name selections. With over 5,000 products to choose from and you get 12 months to pay – interest free – via payroll deductions. Major appliances are shipped for free. You receive a purchase limit based on your salary.

## Legal Insurance

The LegalEASE LegalGuard Family Legal Protection Plan provides you access to professional legal consultation and representation at affordable group rates. If you need legal assistance, simply call the Member Service Center and a Specialist will help you get in touch with the right Plan Attorney for your legal matter.

### HOMEOWNERS AND AUTOMOTIVE COVERAGE

Travelers Insurance offers special discounted rates and quality coverage for auto, home, condo and other personal insurance coverage. This option offers you a group discount with the added convenience of payroll deduction for all your auto, home/condo and renter insurance needs.

## **PET INSURANCE**

PetFirst insurance provides comprehensive coverage for accidents, illnesses and routine care. Save up to 90% on your pet's veterinary bills after a \$50 per incident deductible. Reimbursement issued within two weeks. Important features include: use any veterinarian nationwide, easy online policy management to track claims processing, quick and easy administration and payroll deduction.

## **IDENTITY THEFT PROTECTION**

Debix is the nation's leader in protecting your identity. Debix sets a customer's fraud alert using a unique telephone number called the Debix Safe Number. This number is used to transmit credit requests to the Debix Identity Protection Network<sup>TM</sup>. When a credit request is made, Debix contacts its customer at up to three (3) telephone numbers provided by the customer during enrollment and sends the customer an email alerting them of the credit request. This enables Debix customers to quickly approve or deny credit requests and reduces the need for returning calls or playing phone tag with creditors. You pay for this benefit via credit card.

## **RETAIL BENEFITS MARKETPLACE**

As an employee at Children's National, you are automatically a member in Retail Benefits, which provides you with access to hundreds of brand name retailers, all from one website! Find great deals and enjoy unique discounts up to 40 percent on all your purchases.

## HOW TO ENROLL IN OPTIONAL INSURANCE PROTECTION AND SERVICES

To enroll or find out more about the optional income protection and services benefits listed above, including premiums and services, login to the Enrollvb web link, a special self service enrollment website. The Enrollvb global link and initial login and passwords are:

- A. Go to Link: http://enrollvb.com/site/cnmc
- B. Click on the 'Enroll Now'
- C. Type in your last name
- D. Type in the last 5 digits of your social security number
- E. Type in your date of birth
- F. Begin the self enrollment experience

If you have questions on how to navigate the self-service enrollment, please dial the customer service toll-free number **1-800-650-6118**.

#### **EMPLOYEE ASSISTANCE PROGRAM (EAP)**

Aetna's EAP/Work Life Program can help you and your family members with personal or work-related issues that affect your work, health or general well-being. Through the EAP, you may take advantage of the following benefits and services:

- **24-Hour Telephone Access** call 1-888-AETNA-EAP(1-888-238-6232) 24 hours a day, seven days per week.
- **Confidential Counseling** receive up to six free counseling sessions to help with stress, depression, relationship issues, addictions, eating disorders, etc.
- Interactive Web Resources use a full range of web-based tools and resources on a variety of behavioral health, work/life and other relevant topics.
- **Expert Guidance** get guidance on childcare, adoption, elder care, health and wellness, relocation.
- **Personalized Referrals** access a wide range of work/life services and referrals to local providers to assist you with any of your related issues.
- Free Educational Materials get informational materials on child care, parenting, pregnancy, adoption.

For more information, go to **www.aetnaeap.com** and enter company ID children or call **1-888-AETNA-EAP** (**1-888-238-6232**).

#### BACKUP CHILD AND ELDER CARE

When regular child or elder care is not available due to an emergency, use the backup care services provided through Aetna's Backup Care Connection. When you enroll in Backup Care Connection, you receive the following benefits at a cost of \$5.00 for half-day of coverage and \$10.00 for a full day of coverage:

- Placement at local and credentialed childcare centers or qualified in-home professionals when your child is well.
- Placement at qualified in-home care when your child is mildly ill.
- Care for children of all ages.
- Backup care for older loved ones.

#### Aetna's Backup Care Connection offers:

- The largest network of backup care providers, including child development centers and in-home caregivers.
- National coverage so you can use the benefit no matter where you are located.
- Licensed and credentialed providers that meet the highest quality standards, such as NAEYC and other industry certifications.
- Solutions for both child and elder care.

To enroll in Aetna's Backup Care Connection, call the Aetna EAP number at **1-888-AETNA-EAP** (**1-888-238-6232**).

#### CHILDREN'S NATIONAL DISCOUNT ON HOSPITAL SERVICES

Receive the very best in medical advice and care for your children and come to Children's National when your child needs medical attention. Employees receive a 50% discount on their share of the cost of hospital services for their child(ren) at Children's National. You are responsible for meeting your deductibles, if applicable. Only co-insurance, non-covered, or self-pay services are eligible for the discount.

For example: If a bill for your child's services at the hospital is a total of \$1000 and your insurance covers \$800, the balance you owe (as an employee) could be reduced from \$200 to \$100.

If you bring your children to Children's National, here's what you need to do:

- Identify yourself as a Children's National employee when your child receives care
- Pay your co-pay to the physician's office
- File the claim with your insurance company
- After receiving your bill, call Children's National Billing Customer Service (301-572-3542 or 1-800-787-0021)
   to receive your discount.
- If at the main campus, take your bill to the Billing Office, 1st floor, room 1845.

Dental services are excluded from the Hospital's 50% discount. Employees receive a 20% discount on Dental Department Services. The discount for orthodontic services is:

- 50% upfront with 6 12 month contract agreement
- 1/3 upfront with 6 12 month contract agreement

#### **COMMUTER BENEFITS - SmartBenefits®**

If you take public transportation to commute to and from work, the SmartBenefits® and SmarTrip® program may be for you. This commuter benefit program allows you to use pre-tax dollars to pay for your commute to work. You can elect up to \$240 a month to pay for parking at Metro-operated parking lots and to ride Metrorail and Metrobus. SmarTrip® cards are accepted on DASH, Ride On, Fairfax Connector, CUE, Loudoun County Transit, DC Circulator, Martz/National Coach, PRTC, the Bus and registered vanpools.

Additional information about the SmartTrip® card can be found at Washington Metropolitan Area Transit Authority, (WMATA's) website at **www.wmata.com** (click on the SmarTrip® link). To enroll, complete the SmartBenefits enrollment form available on the intranet under Benefits Forms.

#### **GLOBAL FIT MEMBERSHIPS**

Enroll with Global Fit and your membership includes a host of discounts and resources on living a healthier lifestyle through diet and exercise. The Global Fit membership provides discounts on local gym memberships, information on getting fit, tips on eating healthy, and much more. To enroll, contact GlobalFit at 1-800-294-1500 or **www.globalfit.com**.

#### **Trinity University Fitness Center**

Trinity University offers discounted memberships to Children's National employees. The discounted membership fee is \$150 for a quarterly membership. There is a \$75 initiation. The membership includes full use of all of the facilities including the basketball court, tennis courts, pool, spa, walking track, and fitness area, and majority of classes. For more information or to enroll, go to the fitness center or call 202-884-9092. For club hours and address visit www.trinitydc.edu/trinity\_center/facilities.html

#### WASHINGTON SPORTS CLUBS (TOWN SPORTS INTERNATIONAL)

Children's National employees and their spouses, domestic partners and children age 16 or older are eligible for a discount on the one-year Passport Membership. The Passport Membership provides full membership privileges to all club locations at all times, all group exercise classes and club amenities. There are 19 locations in the D.C., Maryland and Virginia area. Payroll deduction is available. To enroll, call 1-917-351-6680 ext. 1542 or email brendon.hill@town-sports.com. For club locations and hours go to www.mysportsclubs. com/regions/WSC.htm. There is a \$49 new enrollment fee to activate swipe card.

#### **EDUCATIONAL ASSISTANCE**

At Children's National, we encourage our employees to further their education and their careers. After the introductory period of six months, employees are eligible to receive 100% tuition reimbursement, up to \$1,200 per fiscal year (July 1- June 30). Educational assistance benefits may be used to obtain a Certification, Associates, Bachelor's, and Master's degrees. There is no benefit for PhD degrees.

To apply for educational assistance, you must submit an approved completed Educational Assistance application, course description(s) and tuition/fee schedule to Human Resources three weeks prior to class registration. Educational Assistance applications are available on the intranet under Benefits Forms.

SEIU members should consult the collective bargaining agreement for details on available tuition benefits.

#### **NURSING TUITION ASSISTANCE**

If you are a regular, full-time or part-time benefits-eligible RN, Children's National provides you with an additional tuition assistance program. Nursing pays for the costs of formal education courses at accredited colleges or universities. The courses must be related to your job or related to a health care career or a requirement of a health care career program. You are eligible for this tuition assistance after successfully completing six months of employment. You must submit tuition assistance applications to the Nursing Staff Development Department. Benefit is subject to availability of funds.

After you have completed your courses, you are required to remain employed by Children's National in at least a part-time capacity for a minimum of six months following completion of the course(s). Otherwise, you will be required to repay any assistance received. Also, if you fail to successfully complete a course (with a grade of "C" or better) or end employment prior to completing a course(s), you are required to repay any assistance received. You are not required to repay assistance received if you involuntarily terminate employment with Children's National.

### TUITION ASSISTANCE BENEFITS

**Full-Time RNs** 

Nursing will reimburse tuition in an amount not to exceed the cost of two courses per semester, or six courses per year, at the out-of-state tuition rate charged by the University of Maryland.

Part-Time RNs

Nursing will reimburse tuition not to exceed the cost of one course per semester, or three courses per year, at the out-of-state tuition rate charged by the University of Maryland.

#### **CREDIT UNION MEMBERSHIP**

Employees may join the SECU Credit Union (www.secu.org) to receive free checking, online banking, bill payment and other services. Employees may obtain a SECU Credit Union application from the main Human Resources office.

### **Frequently Asked Questions**

#### NEW HIRE ENROLLMENT

When do I need to enroll if I am a new hire? You must enroll in medical, dental, vision, flexible spending accounts, short-term disability and supplemental life insurance within 30 days of your hire date.

#### How do I enroll?

Go to https://bearresourceshr.cnmc.org or call the Benefits Line at 301-830-7640, Monday through Friday, from 7 am until 5 pm (EST). If you enroll online, you will need your username and password. See page 5 (How to Enroll) for detailed instructions.

#### When will my benefits start?

Enrollment is effective on the first day of the month, if you enroll within 30 days of your hire date. If your hire date is the first of the month, coverage begins on the same day, if you enroll within 30 days of your hire date. STD Benefits are effective based on UNUM's approval date.

### What if I don't enroll in medical, dental, vision or flexible spending plans?

You will not have coverage in these plans. You will be enrolled in Children's paid basic life insurance, AD&D and long term disability, and The Hartford Short-Term disability. If you do not want STD coverage you must waive within 30 days of your hire date.

#### When do I receive my insurance cards?

You should receive medical and dental cards within three weeks of enrolling. You can print temporary ID cards from the Aetna and Delta websites. ID card is available for vision coverage but not required. You may obtain a vision ID card by calling 800-877-7195.

#### **OPEN ENROLLMENT**

#### Do I need to re-enroll for 2014?

Yes, if you want medical, dental, or vision benefits for 2014, you must actively enroll by October 31, 2013. \*\*You must re-enroll in the flexible spending accounts (FSA) each year if you wish to participate during the upcoming year. You must re-elect your HSA contribution if you are in the High Deductible Health plan.

### What if I don't re-enroll in the dependent care or medical flexible spending account (FSA) plans?

You will not have coverage in the FSA for 2014.

### When will my open enrollment changes be effective?

If enrolling or re-enrolling during open enrollment, coverage is effective on January 1, 2014.

#### Up to what age can I cover my child?

You may cover dependent children on the medical, dental, and vision plans up to their 26th birthday.

#### When do I receive my insurance cards?

- If enrolling for the first time during open enrollment, you should receive your medical and dental cards by the end of December.
- If you did not make any changes, your current medical and dental cards are still effective.

#### **CHANGES DURING THE YEAR**

#### What if I want to change coverage?

The IRS permits changes to coverage only during open enrollment or within 30 days of certain qualifying events (ex. marriage, birth, adoption of a child, etc.).

### I am getting married in August. Can I add my future spouse now?

- You must add your spouse to medical, dental plans and vision plans within 30 days of your marriage.
   Call the Benefits Line, at 301-830-7640, to make this change.
- If you do not enroll your spouse within 30 days, you must wait until the next Open Enrollment.

### I am having a baby. Is my newborn covered automatically?

No. You must add your newborn to your Children's coverage within 30 days of birth. Call the Benefits Line, at 301-830-7640, to make this change.

### My spouse will start a new job in June. Should we enroll now?

- If you are covered by your spouse's plan and coverage ends when your spouse terminates employment or loses eligibility, you are eligible to enroll in the Children's medical and dental plans within 30 days of the event.
- Coverage under the medical and dental plans is effective on the date the other coverage ends.
   You must provide proof of your loss of coverage.

#### What if I have changes during the year?

Call the Benefits Line, at 301-830-7640, Monday through Friday, from 7 am until 5 pm (EST) within 30 days of the qualified life event for assistance with your enrollment and eligibility questions or changes.

#### **MEDICAL**

#### How do I find an Aetna doctor?

The most current information on doctors that participate in the health plans administered by Aetna is available at www.aetna.com. Click on "Find a Doctor" and choose Aetna Choice POS II or Aetna Standard Plan under select a plan, then "OPEN ACCESS" or "HMO" under Type of Plan.

### Does my family have to choose the same primary care provider (PCP)?

No, each covered family member may select his or her own PCP.

### How much will I have to pay for labs if I select one of the PPO plans?

Any preventive lab work sent via LabOne to a Quest Lab will be considered in network and paid at 100% under the Aetna PPO health plans.

### Who do I contact for medical claims information or problems?

Aetna Customer Service at 1-800-570-6874 or log on to www.aetna.com. Create a login and password for Aetna Navigator.

#### How do I find medical network providers?

You have two options:

- Go online to www.aetna.com. Click on "Find a Provider," and select "Plan type: Aetna Choice POS II (Open Access)."
- Call Aetna Customer Service at 1-800-570-6874.

#### How do I use the Aetna mail-order pharmacy?

You can place orders through the Aetna website or obtain mail-order forms from the Aetna website www. aetna.com.

#### DENTAL

### Do any of the dental plans provide orthodontia benefits for adults?

The Delta Dental Plus Premier Enhanced option offers adult orthodontia benefits

### Who do I contact for dental claims information or problems?

Delta Dental Customer Service at 800-932-0783.

#### How do I find dental network providers?

Contact Delta Dental Customer Service or log on to www.deltadentalins.com.

#### **VISION SERVICE PLAN**

### Whom do I contact for vision claims information or problems?

Vision Service Plan (VSP) Customer Service at 1-800-877-7195.

#### How do I find vision network providers?

Contact VSP Customer Service or log on to www.vsp.com.

#### **PRESCRIPTIONS**

### What is the difference between a generic medication and a brand name or formulary drug?

Both generics and brand-name drugs have the same active ingredients. A generic is a less expensive duplicate version of the brand-name. It can be less expensive because the pharmaceutical company that led the research and development of the original brand-name drug charged more for that drug during the period of time it was protected from competition. This higher charge resulted in a profit for them and offset the development costs. The company producing the generic drug is charging for the cost of the ingredients and their production expenses.

#### How do I know the generic is effective and safe?

The Food and Drug Administration, FDA, oversees the manufacturing of the generic drug to make sure it's the same strength and purity as the brand-name drug. The FDA requires that the generic drug be exactly the same in all aspects including having the same active ingredient, same dose and strength, absorbed the same by the person taking it as well as being safe and effective.

#### How can I find out how much a drug will cost?

If you are enrolled in an Aetna plan and have Internet access, you can use our Price-A-Drug tool on your secure member website to find out your estimated medication costs. Log in to www.aetna.com and click on "Prescription Drug Costs". From there, enter the name of your prescription and your dose. The tool will also show you how much you could save by using our mail-order pharmacy. If you do not have access to the Internet, you can always call member Services. The toll- free number is on your Aetna ID card.

#### STEP THERAPY / SAVE A CO-PAY

## What if I can't take the generic drug? What if I can't take the preferred drug in this new step therapy?

If your physician confirms that you are not able to take either the generic or the preferred drug, your doctor can complete a waiver form. This form will be sent to Aetna for review and approval. If your request is approved, you will pay only the co-pay for the prescription.

### Will Step-Therapy apply to all medications or apply only to targeted conditions or diseases?

Step Therapy only applies to targeted medications for certain conditions and disease.

# What if I already have a prescription for a maintenance medication and I'm not scheduled to go back to my physician for several months for a refill? How and when can I take advantage of Step Therapy or Save A Co-pay?

You would have to contact your physician to obtain a new prescription for your maintenance medication prior to your refill date, to take advantage of Step Therapy. You can take advantage of Save A Co-pay if you are taking a generic maintenance medication or you are able to make the switch to a generic maintenance medication.

### Can I go to any pharmacy to get my prescription filled?

Yes, even with the generic choice option and step therapy, you can go to any network pharmacy to get your prescription filled. Be sure to check the list of pharmacies in the Aetna network so that you are choosing a pharmacy where you, and Children's, pay the least cost.

### Can I use mail order with Step Therapy and Save A Co-pay?

Yes, Aetna's Rx Home Delivery mail order service is a great way to fill your prescription for maintenance medications. Maintenance medications are those you take on a frequent basis to help you control a medical condition such as high blood pressure, migraine headaches or asthma.

#### FLEXIBLE SPENDING ACCOUNTS

### When can I use the pre-tax money I put in my Medical Spending FSA Account?

You will have access to your total annual election on the first of the month after you enroll. This means that you can spend up to your annual election at any time during the year, regardless of whether the money has yet been deducted from your paycheck.

### When can I use the pre-tax money I put in my Dependent Care FSA Account?

You will have access to your dependent care account funds as they accrue throughout the year.

#### **HEALTH SAVINGS ACCOUNT**

### Can I enroll in the Health Savings Account if I am not in a Children's medical plan?

You must be in a High Deductible Health Plan (HDHP) to take advantage of HSAs.

### How much can I contribute to a Health Savings Account (HSA) in 2014?

- \$3,300 for employee only coverage
- \$6,550 for family coverage (or employee + spouse or employee + child(ren)
- You can elect an additional \$1,000 in catch-up contributions each year if you are 55 or older and enrolled in, a High Deductible Health Plan.

### What happens if I don't use all of the money in the HSA by the end of the calendar year?

- The unused balance in an HSA automatically rolls over year after year.
- You won't lose your money if you don't spend it within the year.
- You must re-elect the HSA each year during open enrollment to participate for the next year.

#### Can I use my HSA for other expenses?

Any amounts used for purposes other than to pay for "qualified medical expenses" as income are subject to an additional 10% tax penalty. Examples:

- Medical expenses that are not considered "qualified medical expenses" under federal tax law (e.g., cosmetic surgery).
- Other types of health insurance unless specifically described above.
- Medicare insurance premiums.
- Expenses that are not medical or health-related.

Once you turn age 65, you can use your account to pay for non-medical expenses but the amount withdrawn will be taxable as income. Individuals under age 65 who use their accounts for non-medical expenses must pay income tax and a 10% penalty on the amount withdrawn.

#### **OTHER BENEFITS**

### Can I change my retirement contributions at any time?

Yes, you can change your 401(k) or 403(b) contributions at any time during the year on by calling Fidelity Net Benefits at 1-888-461-2662 or logging on to www.fidelity.com/atwork. It may take up to two paychecks for the changes to be reflected.

### **Legal Notices**

Federal law requires that you receive the information provided below each year.

#### IMPORTANT NOTICE 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 Children's National Medical Center and 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. Children's National has determined that the current prescription drug coverage 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 15th through December 7th. 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 Children's National coverage will not be affected. If you decide to join a Medicare drug plan and drop your current Children's National coverage, be aware that you and your dependents may not be able to re-enroll in a Children's National medical option.

### 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 Children's National 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 November to join.

### For More Information About Your Current Children's Prescription Drug Coverage, Call

 Aetna at 1-800-570-6874 for the Bear Advantage PPO, Bear High Deductible Health Plan and Bear Select HMO.

**NOTE:** You will receive this notice each year before the next period you can join a Medicare drug plan. You also may request a copy of this notice at any time.

### For Information About Your Medicare Prescription Drug Coverage Option

- Access the "Medicare & You 2009" handbook at www.medicare.gov. This handbook contains information on Medicare plans that offer prescription drug coverage. You can also order this book by calling Medicare.
  - Visit 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, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Date: 10/01/2009

Name of Entity/Sender:

Children's National Medical Center

Contact: Sherill Kirksey

Senior Benefits Consultant

Health and Welfare

Address: 111 Michigan Avenue, NW,

Washington, DC 20010-2970

Phone Number: 301-830-7656

### ANNUAL NOTICE – WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

As required, Children's Medical plan provides coverage for:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses and treatment of physical complications of mastectomy, including lymphedemas.
- Coverage is subject to co-payments, annual deductibles and coinsurance provisions and referral requirements, if any, outlined in the plan documents. Contact Aetna for more information at 1-800-570-6874.

### HIPAA AND CERTIFICATE OF CREDITABLE COVERAGE

If your coverage ends or you change medical coverage you will receive a certificate of creditable coverage from Aetna as required by the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). This certificate provides evidence of your previous medical plan coverage.

You do not need to present this certificate when changing from one Children's medical option to another Children's medical option. However, if you are enrolling in a Children's medical option after the first 30 days of your employment start date or after open enrollment, you may have to provide the Certificate of Creditable Coverage to the Children's Benefits Center. Contact Aetna directly if you do not receive a certificate. Additionally, enrolled family members who live at a different address from you should contact the plan directly to request a certificate be mailed directly to their addresses.

#### **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

### NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS UNDER CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2009 (CHIPRA)

Benefits-eligible employees and their eligible dependents may enroll for medical coverage when they first become eligible for coverage and annually during Open Enrollment. In addition, benefits-eligible employees and/or their eligible dependents are allowed to enroll in the group medical plan if the experience a Special Enrollment. Effective April 1, 2009, the plan rules have changed to allow you and/or your eligible dependents to enroll for coverage under a new HIPAA special enrollment opportunity.

The following notice describes your rights to a HIPAA special enrollment, including the new special enrollment opportunity, and how to request coverage under a special enrollment.

#### **Loss of Other Coverage**

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

#### New Dependent as a Result of Marriage, Birth, Adoption or Placement for Adoption

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/or your dependent(s). To be eligible for this special enrollment opportunity you must request enrollment within 30 days after the marriage and within 30 days after the birth, adoption or placement for adoption.

The Children's health plan will allow an employee or dependent who is eligible, but not enrolled for coverage, to enroll for coverage if either of the following events occurs:

#### 1. Termination of Medicaid or CHIP Coverage

If the employee or dependent is covered under a Medicaid plan or under a State child health plan (SCHIP) and coverage of the employee or dependent under such a plan is terminated as a result of loss of eligibility.

### 2. Eligibility for Employment Assistance under Medicaid or CHIP

If the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP, including under any waiver or demonstration project conducted under or in relation to such a plan. This is usually a program where the state assists employed individuals with premium payment assistance for their employer's group health plan rather than direct enrollment in a state Medicaid program.

To be eligible for this special enrollment opportunity you must request coverage under the group health plan **within 60 days** after the date the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP or date you or your dependent's Medicaid or state-sponsored CHIP coverage ends.

To request special enrollment, please contact the Children's Benefits Line at 301-830-7640.

#### CONTINUATION OF GROUP MEDICAL AND DENTAL COVERAGE (COBRA)

If you are covered by a Children's sponsored medical or dental plan, you have a right to choose this continuation coverage if lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced such that you are no longer eligible for employee health insurance, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced such that he or she is no longer eligible for employee health insurance;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent (Children's employee) dies;
- The parent's hours of employment are reduced such that he or she is no longer qualified for employee health insurance;
- The parent's employment ends for any reason other than his or her gross misconduct;
- The parent becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents divorce; or
- The child stops being eligible for coverage under the plan as a "dependent child."

Under the law, the employee or family member is responsible for informing the Children's Benefits Center of a divorce or a child losing dependent status under the group health plan within 60 days of the date that coverage would be lost because of the event. Failure to notify Children's within 60 days

waives the right for continuation of coverage for all qualified beneficiaries with respect to the event.

Upon notification, Aetna will send notification of eligibility to the employee and family members.

If you do not choose continuation of coverage, your group health insurance coverage will end. If you choose continuation of coverage, Children's will be required to provide coverage, which, as of the time coverage is being provided, is identical to the coverage provided under the plan to similarly situated employees or family members. You will be charged the full premium plus 2% administrative cost for coverage. The average required continuation coverage period is 18 months. Your continuation of coverage may be cut short for any of the following reasons:

- 1. Children's no longer provides group health coverage to any of its employees;
- 2. The premium for your continuation coverage is not paid;
- 3. You become an employee covered under another group health plan;
- 4. You become eligible for Medicare;
- 5. You were divorced from covered employee and subsequently remarry and are covered under new spouse's group health plan.

You do not have to show that you are insurable to choose continuation of coverage. At the end of the 18 months; you may enroll in an individual conversion health plan.

#### If You Have Questions

This is only a summary. Contact Aetna at 1-800-570-6874 for COBRA premiums and payment information.

For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa.

#### Notice of Patient Protection and Affordable Care Act (the Affordable Care Act)

Children's National Medical Center believes the Bear Advantage PPO, Bear High Deductible Health Plan and Bear Select HMO are "grandfathered health plans" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your medical plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at 202-745-3188. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www. dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

#### **Extension of Dependent Coverage to Age 26**

Employees with dependents 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 their dependents, under age 26, in the Bear Advantage PPO, Bear High Deductible Health Plan, Bear Select HMO and Kaiser Permanente HMO. Employees may enroll such children within 30 days from the date of this notice. Employees may also enroll such children during open enrollment or the open enrollment correction period. Enrollment will be effective on January 1, 2011. To enroll dependents under age 26, contact the Benefits Line at 301-830-7640.

#### Lifetime limits

The lifetime limits on the dollar values of benefits under Bear Advantage PPO, Bear High Deductible Health Plan and Bear Select HMO plans no longer apply. Employees or dependents whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Employees may enroll the Bear Advantage PPO, Bear Advantage Plus PPO, Bear High Deductible Health Plan or the Bear Select HMO during open enrollment or within 30 days from the date of this notice. Enrollment will be effective on January 1, 2011. To enroll, contact the Benefits Line at 301-830-7640.

Notice Date: September 30, 2010

#### Important Health Insurance Marketplace Coverage Options Exchange Notice

Please read this notice carefully and keep it where you can find it. In 2014, the health care reform law creates a new type of online marketplace for purchasing health insurance coverage. This marketplace is referred to as a Health Insurance Marketplace, or an Exchange. You are not required to purchase insurance coverage through the Marketplace. Children's National Medical Center is continuing to offer health coverage as explained below.

Children's National is providing the enclosed notice to help you understand your health insurance coverage options that will be available to you starting in 2014. Beginning in October 2013, you will be able to find and compare health insurance plans through the Marketplace and your coverage may start as early as January 1, 2014.

If you purchase coverage through a Marketplace, you may be eligible for a federal subsidy that lowers your monthly premiums or reduces your cost sharing. However, to receive these federal savings, you cannot be eligible for health plan coverage through Children's National Medical Center that is affordable and provides "minimum value." This determination is made beginning January 1, 2014.

The availability of coverage through the Marketplace does not affect your eligibility for coverage through the health plans Children's National offers. The enclosed notice provides information about Children's National health plans as it exists today. Information on the health plan coverage for 2014 is provided in the Benefits Guide. Please contact Children's National Benefits Department, (301) 830-7640, for additional information concerning our health plans coverage.

More information on the health care reform law and the Marketplaces is available at www.healthcare.gov.

Notice Date: September 30, 2013

#### **BENEFITS RESOURCES**

| Who To Contact   | When   |
|--|--|
| Benefits Line<br>301-830-7640, 7am - 5pm, Monday - Friday<br>https://bearresourceshr.cnmc.org<br>email: Benefits@ChildrensNational.org             | <ul> <li>To enroll in benefits or add/drop dependents from coverage</li> <li>To report a life event (marriage, birth/adoption, divorce, graduation)</li> <li>To reset your password or login call the HELPDESK (x4357) or call 202-476-4357</li> </ul> |
| Bear Advantage PPO Bear High Deductible Health Plan with HSA Bear Select HMO 1-800-570-6874 www.aetna.com  | <ul> <li>For ID cards, plan benefits/services, claims payments, and prescription questions</li> <li>To find an in-network provider</li> <li>For Pre-certification 1-888-632-3862</li> <li>Health Savings Account: 1-800-594-9371, option 2</li> </ul>  |
| Kaiser Permanente HMO<br>301-468-6000 or 1-800-777-7902<br>www.kp.org  | <ul> <li>For ID cards, plan benefits/services, claims payments,<br/>and prescription questions</li> </ul>  |
| Flexible Spending Accounts<br>1-800-570-6874<br>(dedicated line for Children's National employees)<br>www.aetna.com/fsa FSA Savings Calculator     | <ul> <li>For Dependent care and Medical FSA reimbursements<br/>and services</li> <li>For eligible expenses and other plan questions</li> </ul>   |
| <b>Delta Dental PPO</b><br>1-800-932-0783<br>www.deltadentalins.com  | <ul> <li>For ID cards, plan benefits/services, claims and<br/>provider questions</li> <li>To find a Delta Dental provider</li> </ul>   |
| Vision Service Plan (VSP)<br>1-800-877-7195<br>www.vsp.com   | <ul> <li>For Vision benefit plan questions</li> <li>To find a VSP provider</li> <li>To file out-of-network reimbursements</li> </ul>   |
| Employee Assistance Plan<br>Living Resources<br>Back-Up Care<br>1-888-238-6232 1-800-873-1322 TDD/TTY<br>www.aetnaeap.com/EAP (password: children) | For employee assistance benefits, work-life benefits<br>or to make back up care arrangements   |
| Fidelity Investments<br>1-888-461-2662<br>www.fidelity.com/atwork  | <ul> <li>401(k) or 403(b) retirement information</li> <li>Rollovers</li> <li>Loans and withdrawals</li> </ul>  |
| The Hartford<br>1-800-752-9713 www.thehartford.com   | <ul> <li>For Group Life, AD&amp;D, Supplemental Life claims</li> <li>For Group Long-Term Disability claims</li> </ul>  |
| The Hartford/Leave Management<br>1-888-899-1915  | For FMLA leave     For Short-Term disability claims.   |
| UNUM/Willard-Block<br>1-800-650-6118 www.enrollvb.com/site/cnmc  | <ul> <li>To enroll or make changes to Computer Purchase, Pet Insurance,<br/>Homeowners &amp; Automotive insurance, Legal Insurance<br/>and Identity Theft</li> <li>For deduction and benefit questions</li> </ul>                                      |
| Global Fit<br>1-800-294-1500 www.globalfit.com   | <ul> <li>To receive fitness center discount information</li> <li>To join a fitness center</li> </ul>   |
| Trinity Fitness Center<br>202-884-9092<br>www.trinitydc.edu/trinity-center/facilities.html   | • To join the fitness center   |
| <b>Washington Sports Clubs</b><br>917-351-6680 ext. 1542<br>www.mysportsclubs/regions/wsc.htm  | <ul> <li>To receive fitness center membership information</li> <li>To join a fitness center</li> </ul>   |





111 Michigan Avenue, NW Washington, DC 20010-2970

#### www.ChildrensNational.org

This Guide offers details of your benefit options with Children's – details you can use to make informed benefit decisions. We hope you value and appreciate these benefits and use them when you need to. For more complete information on any one of these benefit plans, please refer to the Summary Plan Descriptions (SPD) located on the intranet.

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