



New Hire Enrollment Guide for 2024 Employee Benefits



**benefits
service center**

Visit us online to enroll or call the
Jim Ellis Benefits Service Center.

www.jimellisbenefits.com

(770) 295-1100

New Hire Enrollment



Jim Ellis Atlanta offers an extensive benefits portfolio for you and your family. Basic life insurance and an Employee Assistance Program are provided for you at no cost. You are eligible to elect medical, dental, vision, healthcare Flexible Spending Account (FSA), optional life insurance, short term disability, long term disability, critical illness, accident, and identity theft coverage. Jim Ellis makes a financial contribution to your medical and dental premiums.

Complete benefit details are located at www.jimellisbenefits.com. The Benefits Service Center can also assist with benefits questions and enrollment. We encourage you to use these resources to maximize your benefits and understand your options.

We appreciate your service as a Jim Ellis team member.

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Pre-Tax Benefits

Your medical, dental, vision, and healthcare Flexible Spending Account (FSA) premiums will be deducted on a pre-tax basis. Once you enroll in these plans, no changes are permitted during the plan year without a qualifying life event.

Common qualifying life events that could result in changes to your benefit coverage include the following:

- Marriage or divorce
- Birth or adoption of a child
- Loss of a dependent
- Medicare entitlement
- A change in your spouse’s employment that affects benefits
- Gain or loss of coverage

Should you have a qualifying event during the year, please notify the Benefits Service Center at (770) 295- 1100. You must submit the necessary documentation to the Benefits Service Center within 30 days of the event for the change to be effective.

Benefits Eligibility

You are eligible for benefits on the first of the month following 60 days of your hire date. You must enroll in benefits by the 25th of the month before your effective date. Your voluntary benefits will be waived if you do not complete your elections by the deadline. Annual Open Enrollment is held in November, and the plan year begins on January 1. Should you wish to change your elections after your effective date, you must wait until the next Annual Open Enrollment unless you have a qualifying life event.

Information Needed to Enroll

- Your name, date of birth, and Social Security Number.
- The name(s), date(s) of birth, and Social Security Number(s) of your dependent children up to age 26. Dependent children include your natural children, adopted children, step-children, and children whom you claim as dependents for Federal Income Tax purposes, or for whom you have legal guardianship.
- Your spouse's name, date of birth, and Social Security Number, if applicable.

Note: Collecting dependent Social Security Numbers is a legislative requirement for enrollment in the health, dental, and vision plans.

Two Ways to Enroll

Telephonic Enrollment: Please call the Benefits Service Center at (770) 295-1100, Monday – Thursday from 8 a.m. to 6 p.m. and Friday from 8 a.m. to 5 p.m. The Benefits Specialists will explain your benefit choices and complete your enrollment.

On-line Enrollment: You may also enroll online. Access www.jimellisbenefits.com. Click on “Enrollment Portal.”

- **Step 1:** Click on “Get Started Now.” You will be prompted to enter your email address, the last four digits of your Social Security Number, and your Date of Birth. The system will identify you by these credentials and allow you to create a password.
- **Step 2:** Once you have created your password, you can complete your enrollment. Complete your benefits elections by clicking “Begin Enrollment” and following the prompts. For future logins, your User ID will be your email address.

The Benefits Service Center is available to assist you with website navigation should you choose to enroll on-line. Once you have completed the new hire enrollment process, you will receive a Confirmation Statement. Please review this form carefully and contact the Benefits Service Center if you need to make changes.

Other Important Enrollment Notes

- \$25 per month tobacco surcharge if you enroll in medical and use tobacco/nicotine products of any kind.

Spousal Health Plan Coverage Requirements

- Team members covering spouses on the health plan will be required to provide proof of current marriage (marriage certificate and joint marital document, i.e. mortgage / bank statement, utility bill, etc.).
- Spouses with other employer-sponsored health coverage available are not eligible for the Jim Ellis health plan. An affidavit acknowledging no other employer-sponsored health coverage offer will be **required**.

- You will receive an email from the Benefits Service Center following your enrollment explaining what's needed.

Employee Portal Information

The Jim Ellis Employee Portal is your online resource for:

- Company events, news, and announcements (located on the Welcome page)
- Viewing and updating your personal information, such as address or dependent changes
- Viewing attendance, paid time off, and sick time
- Viewing and printing benefits forms
- Searching the Company Directory
- Accessing your Jim Ellis email
- And much more...

You can access the Portal from anywhere at anytime, using a laptop, desktop, or mobile device.

If you do not have your own desktop, you can access your Jim Ellis email through the Portal. A link to the email login screen is located on the Welcome Page. You are encouraged to check your email regularly for inter-company communication!

Note: For email address inquiries, please contact: training@jimellis.com.

Please direct questions about the Employee Portal to:

- Mickey Patterson, Portal Administrator
(770) 225-4837
mickeyr@jimellis.com





Medical Coverage

Jim Ellis is pleased to offer two medical plan options, a High Medical Plan and a Low Medical Plan, administered by Nova Healthcare Administrators (Nova). The High Medical Plan has copays for all of your medical services with higher employee payroll deductions. The Low Medical plan has a high deductible and services other than office visits and Tier 1 medications subject to the high deductible, but the Low Medical plan has lower payroll deductions. These plans are explained in further detail on the following page.

Both medical plan options use the extensive national Cigna PPO network. Although the plans include out-of-network coverage, your costs are significantly lower if you remain in the Cigna PPO network. You may access Cigna PPO network information as follows:

- www.novahealthcare.com/member
- Find a Provider
- Click on the Cigna Provider directory, select PPO for the plan, and follow search instructions or access <https://hcpdirectory.cigna.com/web/public/consumer/directory/search?consumerCode=HDC001> or call (855) 206-1040

Understanding Your Healthcare Vendors



Physician and hospital network only.

Provider network status is available here:
<https://hcpdirectory.cigna.com/web/public/providers>
 Questions or can't find your provider?
 Call Nova or HealthJoy.



Contact for pharmacy-related questions.

- Common reasons to contact PBD:
- 1) Prescription costs and mail order enrollment
 - 2) Pharmacy network information



Administrator who processes claims and manages pre-certifications.

- Common reasons to contact Nova:
- 1) Provider/facility claims questions/concerns, including network status
 - 2) Verifying eligibility and benefits
 - 3) Requesting a new ID card or for help accessing the member portal



Healthcare Guidance App to improve benefits and healthcare experience.

- Common reasons to contact HealthJoy:
- 1) Help finding a recommended high-quality doctor that is in-network
 - 2) Cost estimation before seeking services
 - 3) Connect with a Healthcare Concierge

Quality Matters

All doctors are not the same. Your medical plans include tools and resources to help you and your family members find high quality healthcare.

The Edison Centers of Excellence program is mandatory for cancer, orthopedic, spine, joint, and non-acute cardiac procedures. To receive coverage for one of these procedures, members are required to access the Edison Smart Care Centers network. The medical plans also includes access to Edison's Smart Care Centers for additional conditions on a voluntary basis (refer to Page 7).

In-Network Medical Benefit Summary

In-Network Plan Design	High Medical Plan	Low Medical Plan
Deductibles		
Individual	N/A	\$9,450
Family		\$18,900
Out-of-Pocket Maximums		
Individual	\$9,100	\$9,450
Family	\$18,200	\$18,900
Coinsurance		
Member Pays	0%	0%
Office Visits		
Preventive Care	\$0 copay	\$0 copay
Primary Care Physician	\$25 copay	\$75 copay
Specialist	\$75 copay	\$250 copay
Diagnostic Lab & Radiology	\$150 copay	Subject to Deductible
Chiropractic & Physical Therapy	\$75 copay	\$250 copay
Testing		
Diagnostic Testing	\$150	Subject to Deductible
Advanced Imaging (CT / MRI)	\$450 freestanding facility \$750 hospital	Subject to Deductible
Outpatient Surgery		
Facility & Physician Fee	\$1,500 freestanding facility \$2,500 hospital	Subject to Deductible
Inpatient Hospitalization		
Facility & Physician Fee	\$4,500	Subject to Deductible
Emergency & Urgent Care		
Emergency Room	\$750 copay	Subject to Deductible
Ambulance	\$500 copay	Subject to Deductible
Urgent Care	\$75 copay	\$150 copay
Prescription Drugs		
Tier 1 - Generics	\$10 copay	\$5 copay
Tier 2 - Preferred Brand	\$60 copay	Subject to Deductible
Tier 3 - Non-Preferred Brand	\$80 copay	Subject to Deductible
Tier 4 - Specialty	Not Covered	Not Covered

Benefit Summary Notes:

1. Higher out-of-pocket costs for out-of-network services
2. Refer to the benefits summary on the benefits website for additional details

Payroll Deductions

High Medical Plan Option

Annual Earnings	Under \$14,999	\$15,000 - \$19,999	\$20,000 - \$24,999	\$25,000 - \$29,999	\$30,000 - \$34,999	\$35,000 - \$39,999	\$40,000 - \$44,999	\$45,000 - \$49,999	\$50,000 - \$54,999	\$55,000 - \$59,999	\$60,000 - \$99,999	\$100,000 +
Semi-Monthly Contributions												
Employee	\$31.58	\$47.37	\$63.15	\$78.94	\$94.73	\$110.52	\$126.31	\$142.09	\$157.88	\$173.67	\$179.18	\$201.94
Employee + Spouse	\$353.70	\$369.49	\$385.27	\$401.06	\$416.85	\$432.64	\$448.43	\$464.21	\$480.01	\$495.79	\$501.30	\$524.06
Employee + Child(ren)	\$315.51	\$331.30	\$347.09	\$362.88	\$378.67	\$394.45	\$410.24	\$426.03	\$441.82	\$457.61	\$463.11	\$485.88
Family	\$595.53	\$611.32	\$627.11	\$642.90	\$658.69	\$674.47	\$690.26	\$706.05	\$721.84	\$737.63	\$743.13	\$765.90
Weekly Contributions												
Employee	\$14.57	\$21.86	\$29.15	\$36.43	\$43.72	\$51.01	\$58.29	\$65.58	\$72.87	\$80.16	\$82.70	\$93.20
Employee + Spouse	\$163.25	\$170.53	\$177.82	\$185.10	\$192.39	\$199.68	\$206.97	\$214.25	\$221.54	\$228.83	\$231.37	\$241.87
Employee + Child(ren)	\$145.62	\$152.91	\$160.20	\$167.48	\$174.77	\$182.05	\$189.34	\$196.63	\$203.92	\$211.20	\$213.74	\$224.25
Family	\$274.86	\$282.15	\$289.43	\$296.72	\$304.01	\$311.29	\$318.58	\$325.87	\$333.16	\$340.44	\$342.98	\$353.49

Low Medical Option

Annual Earnings	Under \$14,999	\$15,000 - \$19,999	\$20,000 - \$24,999	\$25,000 - \$29,999	\$30,000 - \$34,999	\$35,000 - \$39,999	\$40,000 - \$44,999	\$45,000 - \$49,999	\$50,000 - \$54,999	\$55,000 - \$59,999	\$60,000 - \$99,999	\$100,000 +
Semi-Monthly Contributions												
Employee	\$27.72	\$41.58	\$55.44	\$69.30	\$83.17	\$97.03	\$110.89	\$124.75	\$138.61	\$152.47	\$157.30	\$177.29
Employee + Spouse	\$310.52	\$324.38	\$338.24	\$352.10	\$365.96	\$379.82	\$393.68	\$407.54	\$421.41	\$435.27	\$440.10	\$460.08
Employee + Child(ren)	\$276.99	\$290.86	\$304.71	\$318.57	\$332.44	\$346.30	\$360.16	\$374.02	\$387.88	\$401.74	\$406.57	\$426.56
Family	\$522.83	\$536.69	\$550.55	\$564.41	\$578.27	\$592.13	\$605.99	\$619.85	\$633.72	\$647.58	\$652.41	\$672.39
Weekly Contributions												
Employee	\$12.79	\$19.19	\$25.59	\$31.99	\$38.38	\$44.78	\$51.18	\$57.57	\$63.97	\$70.37	\$72.60	\$81.82
Employee + Spouse	\$143.31	\$149.71	\$156.11	\$162.51	\$168.90	\$175.30	\$181.70	\$188.10	\$194.49	\$200.89	\$203.12	\$212.34
Employee + Child(ren)	\$127.84	\$134.24	\$140.64	\$147.03	\$153.43	\$159.83	\$166.23	\$172.62	\$179.02	\$185.42	\$187.65	\$196.87
Family	\$241.30	\$247.70	\$254.10	\$260.50	\$266.89	\$273.29	\$279.69	\$286.08	\$292.48	\$298.88	\$301.11	\$310.33

Medical ID Cards

Medical plan participants will provide your ID Card to your Cigna PPO physician or hospital when you schedule medical care. Please note: Providers contact Nova to verify eligibility and benefits. High Medical Plan members pay the applicable copay for office visits.

Providers must call: 833-384-5899 for eligibility and benefits

Member

Group Name: Jim Ellis Atlanta, Inc.
Group Number: 31N
JANE SAMPLE
A99999999
ID Suffix: 00 Dependents: JANE SAMPLE

Medical Network

To find a Cigna provider please visit: www.myCigna.com

In Network Copays
PCP - \$25 | Specialists - \$75
Urgent Care - \$75 | ER - \$750

Deductible
In Network - Ind. None Family None
Out of Network - Ind. \$4500 Family \$9100
Out of Pocket
In Network - Ind. \$9100 Family \$18200
Out of Network - Ind. \$18200 Family \$27300

RX Information is located on the back of the card

Claims Submission

Self Funded Coverage

BENEFITS ARE NOT INSURED BY CIGNA OR AFFILIATES.

MEDICAL CLAIM SUBMISSION:
PO Box 188061
Chattanooga, TN 37422-8061
PAYER ID 62306

Possession of this card or obtaining pre-treatment authorization does not guarantee coverage or payment for the service or procedure reviewed. Please call the number on the front/back of this card to verify eligibility.

Utilization

Certain benefits noted in your Summary Plan Description may require precertification which you must obtain **BEFORE** services are provided to avoid penalties.

Precertification is not a guarantee of benefits or eligibility. Payment will be based on eligibility and benefits at the time of service.

For Benefits, Eligibility or Precertification call:
1-833-384-5899

24 Hour Medical Helpline 1-844-NOVA-365

Contact Information

Providers/Members
Please call: 833.384.5899
www.novahealthcare.com

AWAY FROM HOME CARE

Pharmacy Plan

Pharmacy Benefit
Dimensions
Member only

Member: 888.878.9172
Pharmacy: 800.993.9898
www.pbdrx.com

RxBIN: 004626
RxGrp: 20131NA



Prescription Drug Coverage

Your Jim Ellis medical plan includes retail and mail order prescription drug benefits administered by Pharmacy Benefit Dimensions. The prescription drug benefit is included in the medical plan out-of-pocket.

30-Day Supply Retail Pharmacy Benefit

The retail pharmacy network includes an extensive listing of retail stores, grocery store pharmacies, and independent pharmacies. To help manage the cost of prescriptions for both our team members and for Jim Ellis, the pharmacy network does not include Walgreens. We encourage team members to obtain prescriptions from grocery store pharmacies such as Kroger and Publix to reduce your cost and the plan's cost.

90-Day Supply Pharmacy Benefit

Your plan includes the following options for a 90-day supply:

- Mail order: Mail order is a cost-effective way to receive your maintenance medications.
- 90-day supply retail benefit: Certain maintenance medications are accessible at your retail pharmacy in a 90-day supply if the script is written for 90 days. Although not all medications are available for a 90-day supply via the retail benefit, this is another convenient way to access your maintenance medications.

Prescription Tier	High Medical Plan		Low Medical Plan	
	30-Day Supply	90-day Retail or Mail Order	30-Day Supply	90-day Retail or Mail Order
Tier 1: Primarily Low-Cost Generics	\$10	\$20	\$5	\$10
Tier 2: Preferred Brands	\$60	\$120	Subject to deductible	Subject to deductible
Tier 3: Non-Preferred Brands	\$80	\$160	Subject to deductible	Subject to deductible
Specialty Drugs	Not Covered	Not Covered	Not Covered	Not Covered

Specialty medications are excluded (not covered) on the pharmacy benefit.

Pharmacy Benefit Formulary

Access the www.jimellisbenefits.com website or contact the Benefits Service Center to obtain the 2024 prescription drug formulary. Please review the formulary list to understand how your current medications are covered on the health plan.



International Pharmacy Program - ENGEDI RX

The international pharmacy program, administered by ENGEDI RX, helps covered health plan members obtain certain medications at zero cost. Using this program saves money for the health plan as well. If you're taking a medication that is eligible for this program, you will be required to obtain your script through ENGEDI RX or pay a higher price. **Questions?** Call ENGEDI RX at (800) 663-8029.

Edison Centers of Excellence











The Edison program is mandatory for cancer (new diagnoses), orthopedic, spine, joint, and non-acute cardiac procedures and conditions. In order for these conditions to be covered on the health plan, medical plan members must engage with Edison and visit a Smart Care Center for care.

Distance and cost should never get in the way of you receiving the best possible medical care. Our team members who are enrolled in medical will have full access to Edison's Smart Care Network. All possible barriers have been removed for the best care and all travel expenses will be covered for you and a companion. All team members, spouses, and dependent children who are enrolled in the medical plan are eligible. This is ZERO COST HEALTHCARE at AMERICA'S BEST MEDICAL CENTERS for the diagnosis types listed below.

EDISON HEALTHCARE

SMART CARE CENTER NETWORK

-  SPINE
-  ORTHOPEDIC
-  CANCER
-  HEART / VALVE
-  TRANSPLANT
-  PEDIATRIC
-  REGENERATIVE MEDICINE
-  COMPLEX CARE

NOT ALL MEDICAL CENTERS ARE THE SAME

Edison Healthcare has contracted with leading health systems committed to offering multidisciplinary, team-based evaluation and treatment of patients. The emphasis is on appropriate care.



Second Opinions

A thorough medical review is provided before traveling to an Edison's Smart Care Center.

Travel with Ease

Edison will coordinate all of your travel, cover all costs, and provide you a prepaid card for your food and incidentals. Traveling for care has never been this easy!

Why are Edison's medical centers considered the best of the best?

- Medical centers that are recognized as the top in the world based on risk-adjusted quality outcomes.
- Multi-disciplinary teams who deliver a fully vetted diagnosis, the best possible treatment, and extraordinary surgical outcomes.
- Team-based diagnosis and treatment plan with doctors who are paid a salary rather than paid by procedure.

Get to know Edison

We encourage you to reach out and learn how Edison can help you and your family today. We understand how frightening a new diagnosis can be, which is why we have partnered with Edison to give you the best resources and care possible!

Phone: (866) 982-7988

Email: ehc@edisonhealthcare.com

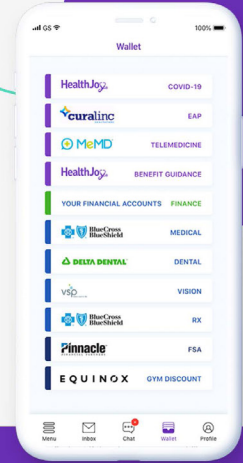
Mandatory for certain conditions:
 Cancer (new diagnoses), orthopedic, spine, joint, and non-acute cardiac procedures and conditions

HealthJoy Member Portal



HealthJoy Helps You and Your Family

HealthJoy connects you with the right care and support throughout the year, making it easier to be healthy and well.



Meet Emily, a busy customer service representative who's expecting her first baby this year.

Cost Estimation

Before she gives birth, Emily asks a healthcare concierge to estimate out-of-pocket costs.

Rx Savings Review

Her husband requests a review and finds a lower-cost prescription for his allergies.

Medical Plan Details

Emily uses her benefits wallet to track out-of-pocket and deductible spending.

Provider Search

Emily uses the provider search feature to find a pediatrician for her new baby.

Accounts for Spouses and Dependents

Emily's husband can download HealthJoy for his phone to have access to the same information.

How will HealthJoy help YOU this year?

Click the Download and Activate link in your email or visit go.healthjoy.com/activate to get started



HealthJoy Member Portal

HealthJoy Makes it Easier to be Healthy and Well.

HealthJoy is the virtual access point for all your healthcare navigation and employee benefits needs. We're provided free by your employer to help understand and make the most of your benefits. We connect you and your family with the right benefits at the right moment in your care journey, saving you time, money, and frustration.

Help For Your Healthcare Journey.

With 24/7 access to our dedicated healthcare concierge team, visits, and care navigation tools, you never have to walk alone. HealthJoy helps you locate in-network doctors, find extra savings on your prescriptions, and navigate your benefits. Our mobile app and dedicated member support team are always on hand to help make it easier to stay healthy and well.



**BENEFITS
WALLET**



**HEALTHCARE
CONCIERGE**



**RX SAVINGS
REVIEW**



**APPOINTMENT
BOOKING**



**PROVIDER
RECOMMENDATIONS**



It saved me the time I would have spent Googling results, calling specialists, and searching for an appointment. Instead, I just put in the request, and HealthJoy did the work. The app is like my little assistant!



Veronica, AZ

Chat with us today by logging into the **HealthJoy** app or call (877) 500-3212

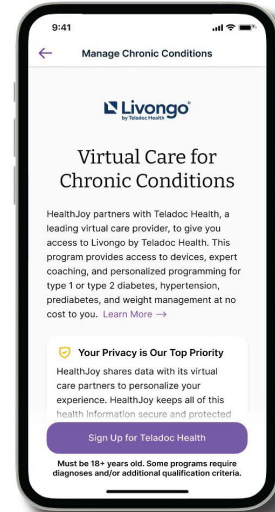


SCAN ME

Chronic Care

Chronic Care

Livongo's Chronic Care Management programs support management of individual member chronic health conditions. The programs help to minimize healthcare costs with less visits to the ER among individual members diagnosed with diabetes or hypertension, or at risk of developing diabetes by addressing multiple conditions in a unified experience, including underlying lifestyle and behavioral drivers.



→ Connected glucometers, scales and blood pressure monitors provide real-time feedback and personalized calls to action

← Health coaches offer ongoing support based on individual conditions, motivations and lifestyles and provide 24/7 remote monitoring with emergency outreach



→ Coaches interpret health metrics, social determinants, preferences, clinical needs and more to trigger timely, actionable feedback that drives behavior change

← Empowers members simplifying and lightening the burden of self management



Who can join?

To enroll in Chronic Care for Diabetes, you must have a diagnosis of type 1 or type 2 diabetes. To enroll in Chronic Care for Hypertension, you must have high blood pressure. To enroll in Diabetes Prevention/Weight Management, you cannot have diabetes; cannot be pregnant; must meet body mass index (BMI) threshold.

Quick Reference Guide for Medical Plan Members



Benefits Guidance App - HealthJoy

The HealthJoy mobile app is your healthcare guidance resource and provides convenient access to all of your Jim Ellis benefits, including benefit summaries and contact information. Use HealthJoy to find providers, obtain medical and prescription cost estimates, connect with a Healthcare Concierge, and access medical plan details including tracking your out-of-pocket costs. Use HealthJoy to access Teladoc for 24/7 convenient access to licensed physicians for non-complex issues like colds, sinus infections, minor injuries, and skin conditions. Members can utilize HealthJoy to access chronic condition management programs like Livongo to help you stay healthy.

(877) 500-3212

www.healthjoy.com



Medical Claims Administrator - Nova Healthcare

Your contact for eligibility verification, ID Card requests, prior authorizations for treatment, coverage questions, and claims issues.

(855) 206-1040

www.novahealthcare.com/member



Pharmacy Manager - Pharmacy Benefit Dimensions

Your contact for prescription questions and inquiries.

(888) 878-9172

www.pbdx.com



International Pharmacy - ENGEDI RX

Your contact for international pharmacy inquiries.

(800) 663-8029



Centers of Excellence - Edison Healthcare

Your contact for complex healthcare conditions including cancer, cardiac, spine, joint, orthopedic, transplant, regenerative medicine, and complex pediatric conditions and diagnoses. Unsure if your serious condition is a good fit for Edison? Contact Edison to learn more. Note: the Edison Healthcare Centers of Excellence Program is mandatory for spine, ortho, cancer (new diagnoses), joint, and non-acute cardiac conditions. If you have one of these conditions, contact Edison today. Edison provides the best possible care for the most complex conditions with no member costs.

(866) 982-7988

www.edisonhealthcare.com



Telemedicine - Teladoc

24/7 convenient access to licensed physicians for non-complex issues like colds, sinus infections, minor injuries, and skin conditions at no member cost. Jim Ellis medical members access Teladoc through the HealthJoy benefit guidance app.

(877) 500-3212

www.healthjoy.com

Telemedicine for All Jim Ellis Team Members

The Teladoc telemedicine benefit is available for all Jim Ellis team members and your family members **with a \$0 consultation fee**. Teladoc's telemedicine benefit provides 24-hour access to board-certified licensed physicians. This convenient benefit helps you and your family members get the care you need when you need it. Speak with a licensed physician for non-complex medical needs and advice. Teladoc is conveniently accessible through the HealthJoy healthcare guidance app.

Teladoc members can consult with a physician 24/7/365 by phone, online video, or mobile app from anywhere. You can get advice and treatment for non-emergency medical concerns. You can also use Teladoc for medical advice and care in the following situations:

- When your primary care physician is not available or accessible.
- After normal business hours, nights, and weekends.
- When you are at home, traveling, or don't want to take time off from work for a doctor's appointment.
- When you need a prescription refill (not all scripts will be filled by your Teladoc physician).

Common Medical Conditions Treated

- Allergies
- Bronchitis
- Sinus issues
- Cold / flu
- Headaches / migraines
- Respiratory infections
- Stomach ache and diarrhea
- Urinary tract infections
- And more

Benefits of Using Teladoc

- Quicker recovery
- Save time and money
- Choice of consultation method
- Convenient prescription



Talk to a doctor anytime, anywhere you happen to be



Receive quality care via phone or online video



Prompt treatment, average call back in 16 min



A network of doctors that can treat children of any age



Secure, personal and portable electronic health record (EHR)



No limit on consults, so take your time

Medical Plan Participants

- Access Teladoc through the HealthJoy portal

Team Members and Dependents Not Enrolled in Medical

- Access Teladoc through www.teladoc.com/mobile or by calling (800) Teladoc (835-2362)



Up to 8 face-to-face or virtual sessions or 8 weeks of text therapy per issue per year

SupportLinc

Employee Assistance Program for All Jim Ellis Team Members

SupportLinc offers expert guidance to help address and resolve everyday issues. This valuable benefit is available for all Jim Ellis team members.

What Is SupportLinc?

Designed to help you manage life's challenges and balance home and work, SupportLinc is a no-cost, confidential program available to you and your benefit-eligible family members. Licensed counselors are available 24 hours a day, 365 days a year for support, guidance, and referrals to help you resolve a broad range of concerns, such as:

- Family problems
- Stress and anxiety
- Depression
- Substance abuse
- Grief and loss
- Legal services
- Child care referrals
- Financial planning
- Anger management
- Identity theft
- Elder and adult care referrals
- Marriage and relationship issues

Find Support When You Need It

SupportLinc Employee Assistance Program (EAP) is available whenever you need it most, to address anxiety, work-related pressures, relationships, home responsibilities, substance abuse, and much more.

- Call (888) 881-LINC (5462) for in-the-moment support from a licensed clinician 24/7/365
- Visit the web portal, www.supportlinc.com, to learn more about video coaching, text therapy, and self-guided resources
- Use Live Chat on desktop or mobile app
- Email a question to support@curalinc.com
- **Up to 8 face-to-face or virtual sessions per issue per year including clinical and coaching**
- **Text therapy: up to 8 weeks per issue per year**



In-the-moment support

Reach a licensed clinician by phone 24/7/365 for immediate assistance.



Financial expertise

Planning and consultation with a licensed financial counselor.



Legal consultation

By phone or in-person with a local attorney.



Short-term counseling

Access in-person or video counseling sessions to resolve concerns such as stress, anxiety, depression, relationship issues, work-related pressures, or substance abuse.



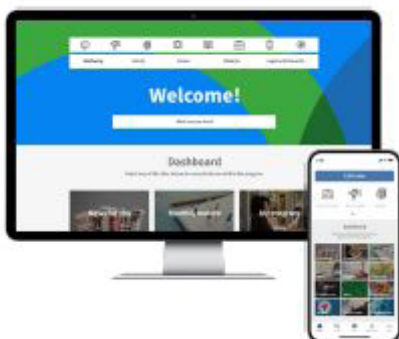
Convenience resources

Referrals for child and elder care, home repair, housing needs, education, pet care and so much more.



Confidentiality

SupportLinc ensures no one will know you have accessed the program without your written permission except as required by law.



Your web portal and mobile app

- The one-stop shop for program services, information and more.
- Discover on-demand training to boost wellbeing and life balance.
- Find search engines, financial calculators and career resources.
- Explore thousands of articles, tip sheets, self-assessments and videos.

Convenient, on-the-go support

- **Textcoach®**
Personalized coaching with a licensed counselor on mobile or desktop
- **Animo**
Self-guided resources to improve focus, wellbeing and emotional fitness
- **Virtual Support Connect**
Moderated group therapy sessions on an anonymous, chat-based platform

Dental Coverage

Anthem Dental Plan

Anthem provides comprehensive dental coverage with an extensive provider network.

Going In-Network Saves You and the Plan Money

Although the plan includes out-of-network coverage, we recommend you review participating Anthem dental provider information at www.anthem.com/find-care. Click “Basic search as a guest”, then select the “**Dental Complete**” network.

What is Balance Billing?

Balance billing happens when a dentist who isn't in your plan's network charges more than your plan pays. This is a risk you take when you receive services from an out-of-network dentist.

Unique Plan Features

- Accidental Injury Benefit – coverage at 100%, no deductible or coinsurance up to the dental plan annual maximum.
- Online resources: “Ask a Dental Hygienist” and Cost Estimator tool
- Benefits such as extra cleanings, gum maintenance, fluoride, sealants, and more for members with certain health conditions.
- International Emergency Dental Program: 100% coverage for emergency dental services while traveling abroad.

Anthem Dental Summary of Benefits

Calendar Year Deductible	\$50 Individual / \$150 Family Does not apply to preventive care or orthodontic care
Calendar Year Maximum	\$5,000
Orthodontia	50% – Children to age 19 only – \$1,000 Benefit Lifetime Maximum
Preventive Care	100% – no deductible <ul style="list-style-type: none"> • Exams and Cleanings – 2 per 12 months • Fluoride – 2 per 12 months (children under age 16) • Bitewing x-rays – once per calendar year • Full mouth x-rays – once per 5 years
Basic Services	80% after deductible <ul style="list-style-type: none"> • Sealants – once per tooth per 3 years (children under 16) • Space maintainers – once per 5 years (to age 16) • Fillings – once per tooth per 2 years
Major Services	50% after deductible <ul style="list-style-type: none"> • Root canal • Periodontal maintenance and surgery • Scaling and root planing • Crowns • Oral surgery – simple & surgical * • Dentures • Fixed bridges • Inlays/onlays • Implant services

Please refer to the Certificate for a complete listing of covered services and frequency limitations.

Dental Payroll Deductions	Weekly	Semi-Monthly
Employee	\$3.75	\$8.13
Employee + Spouse	\$11.55	\$25.03
Employee + Child(ren)	\$15.17	\$32.87
Family	\$24.51	\$53.12

Dependent children are eligible up to age 26.

Vision Coverage



The Anthem vision plan includes benefits for an eye exam and frames or contacts. We encourage you to access in-network providers and retail locations for the best benefits. Plus, when you go in-network, the claim is processed at the time of service with no claims to file for reimbursement.

The Anthem vision network is extensive, including large retail locations such as LensCrafters, Pearle Vision, Target Optical, Costco, and Walmart along with independent vision providers. Not all locations may be participating, so visit the website below to verify network status before scheduling your appointment.

- Access www.anthem.com/find-care
- Click “Basic search as a guest”
- Select “**Blue View Vision**” for the plan/network and follow search instructions.

Preventive vision care is important. During an exam, Anthem vision care doctors are able to see signs of a number of eye and other health conditions. This can lead to early detection of major health problems before they become more serious.

Frequency Limitations: The exam, lens, and frame benefits are once per calendar year. Either the eyeglass benefit or the contact benefit may be used in the same benefit period.

Anthem In-Network Vision Summary of Benefits

Eye Examination	
Standard	\$20 copay
Eyeglass Lenses (instead of contact lenses)	
Single	\$20 copay
Bifocal	\$20 copay
Trifocal	\$20 copay
Lenticular	\$20 copay
Lens Options	
Transitions (children to age 19)	\$0 copay
Standard Polycarbonate (children to age 19)	\$0 copay
Factory Scratch Coating	\$0 copay
Standard Progressive	\$65 copay
UV Coating	\$15 copay
Standard Polycarbonate (adults)	\$40 copay
Eyeglass Frames	Plan pays \$250 allowance after \$20 copay, then 20% off balance Additional pairs: 40% discount
Contact Lenses	
Conventional & Disposable	Plan pays \$250 allowance after copay, then 15% off balance
Medically Necessary	Covered in full when prescribed solely for correcting a specific medical condition

Vision Payroll Deductions	Weekly	Semi-Monthly
Employee	\$1.86	\$4.03
Employee + Spouse	\$3.72	\$8.05
Employee + Child(ren)	\$3.81	\$8.25
Family	\$5.67	\$12.28

Dependent children are eligible up to age 26.

Flexible Spending Accounts (FSA)



A Healthcare Flexible Spending Account (FSA) allows you to use pre-tax dollars to pay for eligible healthcare expenses, saving you money. Your contributions go into your FSA account before federal income or Social Security taxes are withheld. You pay less in taxes, leaving you more disposable income. The Healthcare FSA is available for all benefits-eligible team members, including those not enrolled in our health plan. You can use the account for your expenses and the expenses of your taxable dependents.

The Healthcare FSA allows you to direct a portion of your pay, up to \$3,200 on a pre-tax basis, into a special account to reimburse yourself for qualifying out-of-pocket expenses. Now is your opportunity to elect this benefit for 2024, unless you have a Qualifying Life Event during the year. FSA plan participants pay a \$3.50 monthly post-tax administrative fee via payroll deduction.

Tax Savings Example

Below is an example of the tax savings for a team member with a \$65,000 annual salary.

Annual Salary	\$65,000
Tax Bracket	22%
Annual Healthcare FSA Election	\$2,400
Semi-Monthly Payroll Deduction	\$100
Annual Tax Savings	\$528

Qualifying Expenses

Qualifying expenses include insurance copays and deductibles, prescription drugs, dental and vision expenses, certain over-the-counter medications and supplies, and more. For additional information regarding eligible expenses, access www.fsastore.com or the IRS Publication 969.

Use It or Lose It Rule

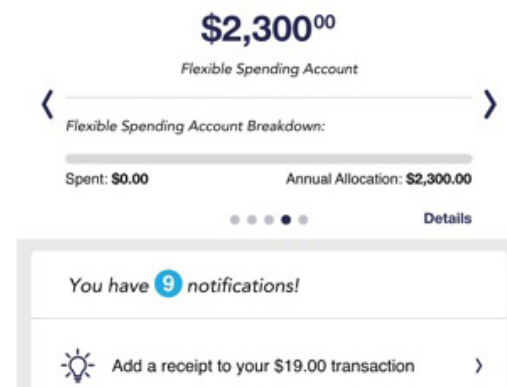
The FSA plan is governed by the IRS, and special rules apply in exchange for the tax savings. Claims must be incurred by December 31, 2024 to be eligible for reimbursement for the 2024 plan year. The IRS requires that any unused money in your account at the end of the plan year be retained by your employer and forfeited by the team member. However, the IRS allows **Healthcare FSA** plan members to roll over up to \$640 of unused funds for future use.

IRS regulations require appropriate documentation to ensure your claims are valid expenses. You will be asked to provide receipts as documentation for most expenses. Retain receipts and provide them promptly upon request.

Sample Debit Card



Free Mobile App



Life Insurance Coverage



Anthem Employer-Paid Basic Life / AD&D Insurance

Jim Ellis provides Basic Term Life Insurance and Accidental Death and Dismemberment (AD&D) coverage at no cost to you.

The Basic Term Life benefit includes Accidental Death and Dismemberment, which is an additional benefit paid for loss of life, limbs, speech, and hearing caused by an accident (see certificate for details.) Even if you are waiving all Jim Ellis benefits, please complete an active enrollment election to provide your life insurance beneficiary information.

Anthem Voluntary Life Insurance

Voluntary Term Life Insurance provides the opportunity to supplement the basic coverage provided by Jim Ellis. Now is your chance to elect additional life insurance coverage for yourself and family members.

You may elect up to \$200,000 for yourself and \$50,000 for your spouse at this time with no health questions. Additional coverage amounts require medical underwriting. Please obtain an Evidence of Insurability (EOI) form from the Benefits Service Center if you wish to enroll in coverage above these amounts. This form will need to be completed and submitted to Anthem for review before coverage can be confirmed.

Voluntary Life Summary of Benefits	Team Member	Spouse
Benefit Amount	Up to 5x annual income in \$10,000 increments	Up to 50% of team member's benefit in \$5,000 increments
Benefit Maximum	\$500,000 or 5x annual income (whichever is less)	\$100,000 or 50% of team member's benefit (whichever is less)
Child		
Age 15 days to 26 years	\$10,000 (not to exceed 50% of team member's benefit)	
<i>Benefits reduce by 35% at age 65 and by 50% at age 70.</i>		

Voluntary Life Payroll Deductions

Your specific costs will be based on your age and desired benefit level.

Team Member	Weekly		Semi-Monthly	
	\$100,000	\$200,000	\$100,000	\$200,000
Age 20	\$2.31	\$4.62	\$5.00	\$10.00
Age 30	\$2.77	\$5.54	\$6.00	\$12.00
Age 40	\$5.77	\$11.54	\$12.50	\$25.00
Age 50	\$17.08	\$34.15	\$37.00	\$74.00
Age 60	\$36.46	\$72.92	\$79.00	\$158.00

Spouse (Based on spouse age)	Weekly		Semi-Monthly	
	\$25,000	\$50,000	\$25,000	\$50,000
Age 20	\$0.35	\$0.69	\$0.75	\$1.50
Age 30	\$0.40	\$0.81	\$0.88	\$1.75
Age 40	\$0.75	\$1.50	\$1.63	\$3.25
Age 50	\$2.13	\$4.27	\$4.63	\$9.25
Age 60	\$5.31	\$10.62	\$11.50	\$23.00

Child(ren)	Weekly	Semi-Monthly
	\$10,000	\$10,000
15 days to Age 26	\$0.28	\$0.60
<i>*Rate covers all children in the family.</i>		

If you are below age 60 and diagnosed with a terminal illness with a life expectancy of less than 12 months, you may collect 75% of your life insurance benefit, up to \$250,000, prior to your death. See certificate for details.

If you terminate employment at Jim Ellis, you may be able to continue your life insurance by paying your premiums directly to Anthem as long as you apply within 31 days of your termination date. See certificate for details.

Disability Coverage



Anthem Voluntary Disability

Disability coverage provides an income replacement benefit in the event you are unable to work due to an illness or accident and become disabled. Up to 1 in 4 (27%) of adults in the U.S. have some type of disability.

- **Short Term Disability (STD)** provides a benefit to replace a portion of your income for a short period of time. The benefit amount is 60% of your earnings and the duration is 13 weeks.
- **Long Term Disability (LTD)** pays you an income benefit every month up to age 65 as long as you remain disabled. The benefit amount for LTD coverage is also 60% of your earnings and begins on day 91 of disability.

You may elect Short Term Disability and/or Long Term Disability coverage at this time with no health questions. If you do not enroll during your new hire enrollment period, you will be required to complete Evidence of Insurability (EOI) for Long Term Disability should you wish to enroll at a future date and coverage is not guaranteed. There is no EOI requirement for future enrollment in the Short Term Disability plan.

Pre-Existing Conditions

The plans exclude coverage for disabilities caused by pre-existing conditions. A pre-existing condition is one for which you have been treated or diagnosed during the 12 months prior to your disability effective date. Please refer to the certificates of coverage for details.

Short Term Disability

Short Term Disability Summary of Benefits	
Benefit Amount	60% of weekly earnings
Maximum Weekly Benefit	\$500 (tax-free)
Maximum Benefit Period	13 weeks
Benefits Begin	1st day due to injury 8th day due to illness

Sample Payroll Deductions

Below are sample payroll deductions for STD coverage. Your specific cost will be calculated during your enrollment based on your age and annual income.

The post-tax payroll deductions below are for a team member with:

- An Annual Income of \$50,000
- A Weekly Income of \$961.54
- A Weekly Benefit of \$576.92 (tax-free)

Deduction	Age 25	Age 35	Age 45	Age 55
Weekly	\$2.00	\$2.66	\$4.13	\$6.79
Semi-Monthly	\$4.33	\$5.77	\$8.94	\$14.71

Long Term Disability

Long Term Disability Summary of Benefits	
Benefit Amount	60% of monthly earnings
Maximum Monthly Benefit	\$5,000 (tax-free)
Maximum Benefit Period	To age 65 or Social Security Normal Retirement Age
Benefits Begin	91st day of disability

Sample Payroll Deductions

Below are sample payroll deductions for LTD coverage. Your specific cost will be calculated during your enrollment based on your age and annual income.

The post-tax payroll deductions below are for a team member with:

- An Annual Income of \$50,000
- A Monthly Income of \$4,166.67
- A Monthly Benefit of \$2,500 (tax-free)

Deduction	Age 25	Age 35	Age 45	Age 55
Weekly	\$1.44	\$2.40	\$4.62	\$9.81
Semi-Monthly	\$3.13	\$5.21	\$10.00	\$21.25

Critical Illness Coverage

Jim Ellis offers voluntary critical illness coverage, which provides a flat dollar benefit in the event of a diagnosis of a covered illness. The critical illness plan is insured by Voya Financial.

Benefit Options	
Team Members	From \$5,000 to \$30,000
Spouses (must be below age 70 to elect coverage)	From \$5,000 to \$15,000
Children	\$1,000 \$2,500 \$5,000 \$10,000
Benefit Reduction at Age 70	Team member and spouse benefits reduce at age 70
*Team member must have coverage in order to elect spouse and child coverage.	

Covered Diagnoses

- Cancer (see certificate)
- Carcinoma in situ (25%)
- Heart attack
- Stroke
- Major organ failure
- End state renal (kidney) failure
- Paralysis
- Coma (see certificate)
- Coronary artery bypass surgery (25%)
- Deafness, blindness
- Benign brain tumor
- Occupational HIV

Wellness Benefit Included

The voluntary critical illness plan includes a wellness benefit for preventive screenings, as follows: chest x-ray, mammogram, hemocult, colonoscopy, CA 125 and CEA blood tests, prostate-specific antigen testing, and pap smear.

Wellness Benefit Amount:

- Team member: \$50
- Spouse: \$50
- Child(ren): \$25 (maximum of \$100 for all covered children)

How to File a Claim

- Go to voya.com/claims.
- Scroll down to the "Have a Wellness Benefit Claim?" section and click the "Start your claim" button.
- Select "Policyholder" and complete the information requested. Your Group Name and Number are: Jim Ellis Automotive Group | 70271-4

Critical Illness Payroll Deductions

Team Member Payroll Deductions				
Age	Weekly		Semi-Monthly	
	\$5,000	\$10,000	\$5,000	\$10,000
Under 30	\$0.44	\$0.88	\$0.95	\$1.90
30-39	\$0.65	\$1.29	\$1.40	\$2.80
40-49	\$1.21	\$2.42	\$2.63	\$5.25
50-59	\$2.83	\$5.65	\$6.13	\$12.25
60-64	\$7.10	\$14.19	\$15.38	\$30.75
65-69	\$7.67	\$15.35	\$16.63	\$33.25
70+	\$9.90	\$19.80	\$21.45	\$42.90

Spouse Payroll Deductions				
Age	Weekly		Semi-Monthly	
	\$5,000	\$10,000	\$5,000	\$10,000
Under 30	\$0.60	\$1.20	\$1.30	\$2.60
30-39	\$0.68	\$1.36	\$1.48	\$2.95
40-49	\$1.30	\$2.61	\$2.83	\$5.65
50-59	\$2.48	\$4.96	\$5.38	\$10.75
60-64	\$3.55	\$7.11	\$7.70	\$15.40
65-69	\$5.40	\$10.80	\$11.70	\$23.40
70+	\$8.15	\$16.29	\$17.65	\$35.30

Child Payroll Deductions		
Benefit	Weekly	Semi-Monthly
\$1,000	\$0.06	\$0.14
\$2,500	\$0.16	\$0.34
\$5,000	\$0.31	\$0.68
\$10,000	\$0.62	\$1.35



Accident Coverage

The Jim Ellis voluntary accident plan provides financial protection in the event of an unexpected accident. The accident plan is insured by Voya Financial. The plan provides a benefit based on the schedule below. Please refer to the Summary of Benefits or certificate of coverage for complete details.

Hospital Care <ul style="list-style-type: none"> Surgery – Open abdominal, thoracic Blood Admission Confinement per day up to 365/year Transportation per trip up to 3/accident Lodging per day up to 30 days 	\$1,000 \$500 \$1,125 \$350 \$650 \$150
Accident Care <ul style="list-style-type: none"> Initial doctor visit Urgent care Follow-up doctor treatment Medical equipment Speech & physical therapy up to 6/accident X-Ray 	\$75 \$200 \$75 \$100 \$40 \$40
Common Injuries <ul style="list-style-type: none"> Burns – 2nd and 3rd degree ER dental work Eye injury Torn knee cartilage Lacerations Tendon, ligament, rotator cuff Concussion Paraplegia 	\$1,125 – \$12,500 \$75 – \$300 \$80-\$275 \$175-\$650 \$25-\$400 \$350-\$1,000 \$175 \$13,500 – \$20,000
Dislocations <ul style="list-style-type: none"> Hip Joint Knee Ankle or foot bones (other than toes) Shoulder Elbow, Wrist Finger/Toe Hand bones(s) other than fingers Lower jaw, collarbone Partial dislocations 	Non-Surgical / Surgical \$3,200 / \$6,400 \$2,000 / \$4,000 \$1,200 / \$2,400 \$1,500 / \$3,000 \$900 / \$1,800 \$250 / \$ 500 \$900 / \$1,800 \$900 / \$1,800 25% of the non-surgical benefit
Fractures <ul style="list-style-type: none"> Hip Leg Ankle, Hand, Wrist Collarbone Rib(s) Shoulder 	Non-Surgical / Surgical \$2,500 / \$5,000 \$1,800 / \$3,600 \$1,500 / \$3,000 \$1,200 / \$2,400 \$350 / \$700 \$1,500 / \$3,000
Sports Accident Benefit Covers accidents as a result of an organized sporting activity	Pays an additional 25% of the Hospital Care, Accident Care, or Common Injuries benefit to a maximum of \$1,000

Accident Payroll Deductions Weekly	
Employee	\$1.32
Employee + Spouse	\$2.18
Employee + Child(ren)	\$2.84
Family	\$3.70

Note: Spouses age 70 and older are not eligible to enroll. Team members are eligible regardless of age.

Accident Payroll Deductions Semi-Monthly	
Employee	\$2.85
Employee + Spouse	\$4.73
Employee + Child(ren)	\$6.15
Family	\$8.03

Note: Spouses age 70 and older are not eligible to enroll. Team members are eligible regardless of age.

How to File a Claim

- Go to voya.com/claims.
- Select "Get Started" and then click "Let's Get Started."
- Click the button beside "Policyholder," and then select who the claim is for.
- Click "Continue" and enter the required information.
- Your Group Name and Number are: Jim Ellis Automotive Group | 70271-4





Identity Theft

Every 2 seconds, thieves steal another identity. Your identity includes more than your Social Security Number and bank accounts. The Allstate Identity Protection Pro Plus Plan does more than monitor your credit reports and scores. It safeguards your personal information and the data you share.

Allstate Identity Protection gives you the tools and protection to monitor activity, stop identity theft early, and resolve it quickly. Most victims only discover they have a problem when they are denied credit or receive bills for items never ordered. We encourage you to consider this benefit as a proactive step to help protect your personal information.

The Allstate Identity Protection plan has extensive protection for you and your family. Benefits include but are not limited to:

- Proactive Credit Monitoring
- Credit Score Tracking
- Social Media & Dark Web Monitoring
- Student Loan Activity Alerts
- Lost Wallet Protection
- Data Breach Notifications
- Credit Freeze & Dispute Assistance
- Stolen Fund Reimbursement
- IP Address Monitoring
- Deceased Dependent Protection
- 24 / 7 Remediation Support

Identity Theft Deductions		
Coverage Level	Weekly	Semi-Monthly
Team Member	\$2.30	\$4.98
Family	\$4.14	\$8.98

With Allstate Identity Protection Pro+, get new and enhanced features designed to help you defend yourself from today's risks*

- See and control your personal data with privacy insights and privacy management in our unique tool, Allstate Digital FootprintSM
- Learn more about your risk potential by checking your Identity Health Status
- Receive personalized threat insights to help you protect yourself against the latest trends in scams and fraud
- Protect yourself and your loved ones with a family plan that includes senior family coverage for parents, in-laws, and grandparents over the age of 65 (everyone "under your roof and wallet")
- Get reimbursed for many of your out-of-pocket costs, with additional coverage for:
 - Home title fraud expense reimbursement up to \$1 million[†]
 - Professional fraud expense reimbursement up to \$2 million[†]
 - Stolen wallet emergency cash up to \$500[†]

You'll also be able to:

- Monitor social media accounts for questionable content and signs of account takeover
- View and manage alerts in real time
- Catch fraud early with tri-bureau monitoring and an annual tri-bureau credit report and score
- Lock your TransUnion credit report in a click and get credit freeze assistance
- See if your IP addresses have been compromised
- Receive alerts for cash withdrawals, balance transfers, and large purchases
- Get reimbursed for fraud-related losses, like stolen 401(k) & HSA funds, with our identity theft expense coverage[†]



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 11-30-2023)

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

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

How Can I Get More Information?

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

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

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Important Legal Notice

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

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

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

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

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

If you live in Georgia, you may be eligible for assistance paying your employer health plan premiums. For additional information, please use below contact information:

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)

Phone: (678) 564-1162, Press 1



For additional information on special enrollment rights, you can contact:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 (866) 444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 (877) 267-2323, Menu Option 4, Ext. 61565



Carrier Contact Information

Medical

Nova Healthcare

(855) 206-1040

www.novahealthcare.com/member

Prescription Drug

Pharmacy Benefit Dimensions

(888) 878-9172

www.pbdrx.com

International Pharmacy Program

ENGEDI RX

(800) 663-8029

HealthJoy

Healthcare Guidance App & Benefits

Wallet

(877) 500-3212

www.healthjoy.com/members

Dental

Anthem

(877) 604-2158

www.anthem.com/mydental

Vision

Anthem

(866) 723-0515

www.anthem.com

Flexible Spending Account (FSA)

Medcom

(800) 523-7542

www.medcombenefits.com

Critical Illness & Accident

Voya Financial

(877) 236-7564

www.voya.com

Basic Life Insurance & Voluntary Life Insurance

Anthem

(800) 851-8544

www.anthem.com/employer/life-and-disability/

Disability

Anthem

(800) 232-0113

www.anthem.com/employer/life-and-disability/

Identity Theft

Allstate Identity Protection

(800) 789-2720

www.allstateidentityprotection.com



Benefits Service Center

(770) 295-1100

Benefits Website

www.jimellisbenefits.com



ERISA Disclosure

If you would like to receive a paper copy of your plan documents, please contact the Jim Ellis Benefits Service Center at 770- 295-1100.

Benefit plan documents can be found at www.jimellisbenefits.com.



**benefits
service center**

Please note that this guide is a general summary of your benefits. For specific details, you may refer to each carrier's summary plan description. Every effort has been made to ensure that this booklet accurately represents the benefits. However, if there are any discrepancies between the terms in this booklet and the terms in the plan document, the plan document will prevail.