

Ethos Medical Staffing Benefits Plan Overview Feb 1, 2019 – Jan 31, 2020



Rights & Disclosures

This information is intended to be shared by employees with their spouse and dependents.

Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents other coverage). However, you must request enrollment within 30 days after your or your dependents other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or to obtain more information contact Bukaty Companies at 888.657.0440.

Woman's Health and Cancer Rights Act (WHCRA) of 1998

Do you know that your plan, as required by the Women's Health and Cancer Rights Act (WHCRA) of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call Bukaty Companies at 888.657.0440 for more information.

COBRA Rights In the Event You Lose Your Health (Medical/Dental/Flex) Coverage...

A group health plan is required to offer COBRA continuation coverage to you, your spouse and your dependents enrolled in the Plan when a qualifying event occurs that causes loss of group health coverage. Coverage may be available for 18 months up to a maximum of 36 months, depending upon the qualifying event. The employer is required to notify the Plan if the qualifying event is:

- Termination (for any reason other than gross misconduct) or reduction in hours of employment of the covered employee - eligible for up to 18 months of continuation coverage
- Death of the covered employee - eligible for up to 36 months of continuation coverage
- Covered employee becomes entitled to Medicare - eligible for up to 36 months of continuation coverage depending upon date of Medicare entitlement

The covered employee or one of the qualified beneficiaries is responsible for notifying the Plan Administrator within 60 days of the occurrence if the qualifying event is:

- Divorce or legal separation - eligible for up to 36 months of continuation coverage
- A child's loss of dependent status under the Plan - eligible for up to 36 months of continuation coverage.

Disability Extension

If you or anyone in your family covered under the Plan is determined by the Social Security Administration (SSA) to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of coverage for a total of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. To obtain the extended coverage, a copy of the SSA disability determination must be received by the Plan Administrator within 60 days after the determination is issued and within the individual's first 18 months of continuation coverage. If SSA determines later the individual is no longer disabled, that individual must notify the Plan Administrator within 30 days after the date of the second determination.

Second Qualifying Event

If while on 18 months of continuation coverage, family members enrolled in the Plan experience another qualifying event, they may be entitled to an additional 18 months of coverage, for a maximum of 36 months. The extension may be granted if the employee or former employee dies, becomes entitled to Medicare or gets divorced or legally separated, or if the dependent child loses dependent status, but only if the events would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. When responsibility for notification rests with the covered employee or qualified beneficiary, notice of the qualifying event must be made within 60 days of the occurrence to the company's Plan Administrator.

Other Coverage Options Besides COBRA

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to company's Plan Administrator. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, 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 www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep Us Informed of Status Changes

It is very important that you keep your Plan Administrator informed of address changes and other personal data changes for you and/or dependents who are or may become qualified beneficiaries on any of the company's group benefits. Changes should be reported to the Plan Administrator.

A detailed explanation of COBRA rights and procedures is available in the Plan's Summary Plan Description.

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

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

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 one of the following States, you may be eligible for assistance paying your employer health plan premiums.

You should contact your State for further information on eligibility.

KANSAS – Medicaid	MISSOURI – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

To see if any other states have added a premium assistance program since July 31, 2015, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

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

Lifetime limit

The lifetime limit on the dollar value of benefits under your group health plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. For more information, contact Bukaty Companies at 888-657-0440.

Employee Benefits Summary

We recognize that our employees are our most valuable resource and therefore, your benefits program is extremely important to Heartland. Therefore, it is our pleasure to offer our benefits-eligible employees a variety of solutions to help address your benefit needs, as well as the needs of your families.

Our employees continue to be the driving force behind our past success and position us well for the future. Thank you for your ongoing commitment as we strive to be the best employer in our industry. We are proud to include all of you as part of the Heartland family.

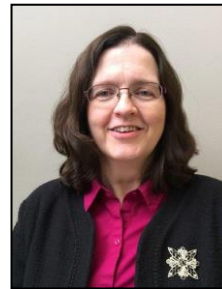
This summary of benefits is intended only to highlight your benefits and should not be relied upon to fully determine coverage. This plan may not cover all your health care expenses. Please refer to the Certificate of Coverage for a complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage.

Bukaty Companies Service Team



Kent Friend
Benefits Consultant
kfriend@bukaty.com
Direct: 913.777.7535
Cell: 816.803.7406

Kent oversees all aspects for your employee benefits program.



Shari Sheridan
Client Service Specialist
ssheridan@bukaty.com
913.258.2239

Shari is responsible for the day-to-day administrative and service issues including claims, billing, enrollment issues and employee terminations.



Rebecca Murray
New Business/Renewal Specialist
rmurray@bukaty.com
913.396.0864

Rebecca works with carriers to obtain quotes, assists in the group renewal process, as well as with the enrollment and underwriting stages.

HHP- key insurance information

Humana Medical Insurance Provider Search:

- www.humana.com
- Under member resources, click find a doctor.
- Search type Medical, select “just looking.”
 - 1. coverage type is Insurance through your employer
 - 2. enter zip
 - 3. Network, Select Humana/ChoiceCare Network PPO
 - 4. Under Provider Search: Select all or name, and type in the name
- Click search
- In-network results appear on the next page
 - **Always a good idea to call ahead of time to double check they are in the Humana ChoiceCare Network PPO and they bill it as in network.**
- After February 1st go to www.humana.com and register - you can print off your own ID cards at the end of February and throughout the year
- Register for the Humana wellness program – **Go365** and track your activity and doctor’s visits.
- **Everyone should get to the Silver Status asap on the GO365 Wellness program – when you attain the silver status - you earn reward money from Humana!! See program for details.**

Principal Dental Provider Search ; <https://www.principal.com/individuals/insure/get-started>

- Search the directory
- Fill in criteria. Network is PPO
- No card is necessary - just name and SS#

Vision search is at vsp.com

- No card is necessary - just name and SS#

Pharmacy - try to use **GoodRX** every chance you can – it usually will save you money over the Humana plan. Download the free App on your phone and personal computer.

All Coverages are effective the date of hire for new hires. For renewals, the new plans start on February 1st. Deductibles are calendar year.

Planning

Be Prepared prior to an emergency – keep your important information in a safe place, that your emergency contact / family knows about it.

- Everybody should in advance sit down with your family / roommates and figure out who your primary care doctor is? _____.
- Which Urgent care you are going to go to? _____.
- Which Emergency Room Hospital you are going to go to? _____.

Medical: Humana

You are eligible to participate in the employee benefit plan on date of hire. Eligible dependents may also participate; eligible dependents include your legal spouse and/or dependent child(ren) age 26 and under.

Simplicity Plan	In-Network	Non-Network
Deductible - Individual/Family (per cal. year)	\$0 / \$0	\$5,000 / \$10,000
Out-of-Pocket max. - Individual/Family (per cal. year)	\$6,000 / \$12,000	\$18,000 / \$36,000
Co-insurance	100%	70%
Office Visit Copay (telemed \$0 copay)	\$45 / Specialist \$90	Ded + Coins
Routine Preventive Care	No Copay	Ded + Coins
Retail Pharmacy Drug Coverage - Tier 1/ Tier 2/ Tier 3/ Tier 4	\$10 / \$35 / \$65 / 25%	30% after network copays
Mail order Pharmacy Drug Coverage - Tier 1/ Tier 2/ Tier 3/ Tier 4	\$25 / \$87.50 / \$162.50 / 25%	30% after network copays
Urgent Care	\$125 Copay	Ded + Coins
Inpatient Hospital Care (hospital stay) - Copay is per day for up to 3 days. After 3 days is covered at 100%	Facility Fee \$1750 CP per visit	Ded + Coins
Outpatient Hospital Care	Facility Fee \$1750 CP per visit	Ded + Coins
Emergency Services (copay waived of admitted)	\$425 Copay	\$425 Copay
Chiropractic	\$90 Copay (<i>office visit only</i>)	Ded + Coins
Imaging	\$425 Copay	Ded + Coins
Lifetime Maximum	Unlimited	

Simplicity	Employee Only	Employee/Spouse	Employee/Child	Family
Full Monthly Rate	\$ 339.04	\$ 678.08	\$ 644.17	\$ 1084.93
Full Weekly Rate	\$ 78.24	\$ 156.48	\$ 148.65	\$ 250.37

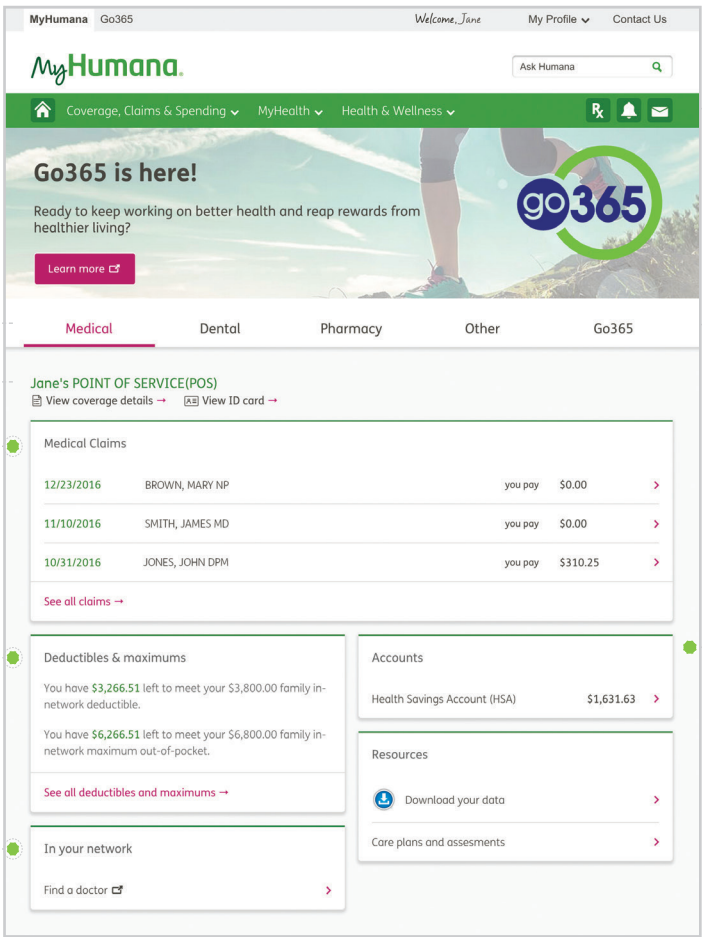
HSA Plan \$5500	In-Network	Non-Network
Deductible - Individual/Family (per cal. year)	\$5,500 / \$11,000	\$16,500 / \$33,000
Out-of-Pocket max. - Individual/Family (per cal. year)	\$6,550 / \$13,100	\$19,650 / \$39,300
Co-insurance	80%	50%
Office Visit Copay (telemed up to \$45 copay)	Ded + Coins	Ded + Coins
Routine Preventive Care	No Copay	Ded + Coins
Retail Pharmacy Drug Coverage - Tier 1/ Tier 2/ Tier 3	Ded + Coins	Ded + Coins
Mail order Pharmacy Drug Coverage - Tier 1/ Tier 2/ Tier 3	Ded + Coins	Ded + Coins
Urgent Care	Ded + Coins	Ded + Coins
Inpatient Hospital Care	Ded + Coins	Ded + Coins
Outpatient Hospital Care	Ded + Coins	Ded + Coins
Emergency Services (copay waived of admitted)	Ded + Coins	Ded + Coins
Chiropractic	Ded + Coins	Ded + Coins
Lifetime Maximum	Unlimited	

HSA	Employee Only	Employee/Spouse	Employee/Child	Family
Full Monthly Rate	\$ 274.99	\$ 549.98	\$ 522.48	\$ 879.97
Full Weekly Rate	\$ 63.46	\$ 126.92	\$ 120.57	\$ 203.07

Per pay period rate with employer contribution will be calculated on Employee Navigator

MyHumana: Your health plan at your fingertips

Your personal MyHumana account gives you quick, convenient and secure access to your Humana plan information, educational resources and access to wellness programs. **It's available anytime, anywhere.**



MyHumana Go365 Welcome, Jane My Profile Contact Us

Ask Humana

Coverage, Claims & Spending MyHealth Health & Wellness Rx

Go365 is here!
Ready to keep working on better health and reap rewards from healthier living?
[Learn more](#)

Medical Dental Pharmacy Other Go365

Jane's POINT OF SERVICE (POS)
[View coverage details](#) [View ID card](#)

Medical Claims

Date	Provider	Amount	Status
12/23/2016	BROWN, MARY NP	you pay \$0.00	Completed
11/10/2016	SMITH, JAMES MD	you pay \$0.00	Completed
10/31/2016	JONES, JOHN DPM	you pay \$310.25	Completed

[See all claims](#)

Deductibles & maximums
You have \$3,266.51 left to meet your \$3,800.00 family in-network deductible.
You have \$6,266.51 left to meet your \$6,800.00 family in-network maximum out-of-pocket.
[See all deductibles and maximums](#)

Accounts
Health Savings Account (HSA) \$1,631.63 [View](#)

Resources
[Download your data](#)
[Care plans and assessments](#)

In your network
[Find a doctor](#)

Callouts:

- Quick access to all your plans
- View, print and email ID cards
- Check your claim status
- Review deductibles, coverage levels and limits
- Find a doctor near you
 - Search by name, specialty or condition
 - Compare doctors and get directions
- Send a secure message with any of your questions about your plan
- Connect with Go365®, a health coach and other health and wellness resources*
- Check your spending account balance and view account activity

*Check with your benefits administrator for program availability.

Registering is easy

1. Go to Humana.com/register and "Get Started"
2. Enter your member ID number (or Social Security number), date of birth and ZIP code
3. Create a username, password and security prompt and click "Next" to finish

Use MyHumana anywhere

Download the MyHumana Mobile app from your app store. You can also sign up for text message alerts** at Humana.com.



Register for MyHumana today to stay connected to your health benefits anytime you need them.

**Message and data rates may apply.

Say hello to Go365.

It's your personalized wellness and rewards program.

Getting healthier is easier – and lots more fun – with Go365™. When it comes to health and wellness, you have your own approach. One that works for you. Go365 makes it easier to get moving along your path with more ways to start, more Activities to unlock, and more ways to rack up rewards.



Unlock Activities.

Go365 is all about you. You'll receive Activities personalized to help you reach your health goals, no matter where you are on your journey to better health. Just unlock your Activities and earn Points for higher Status.



Stay inspired.

Getting healthier can be hard. Go365 makes it easier by connecting you to all the tools and resources you need to get there. Tracking your activity is a breeze – just connect your compatible apps or fitness devices and earn Points for all your healthy activities.



Earn rewards.

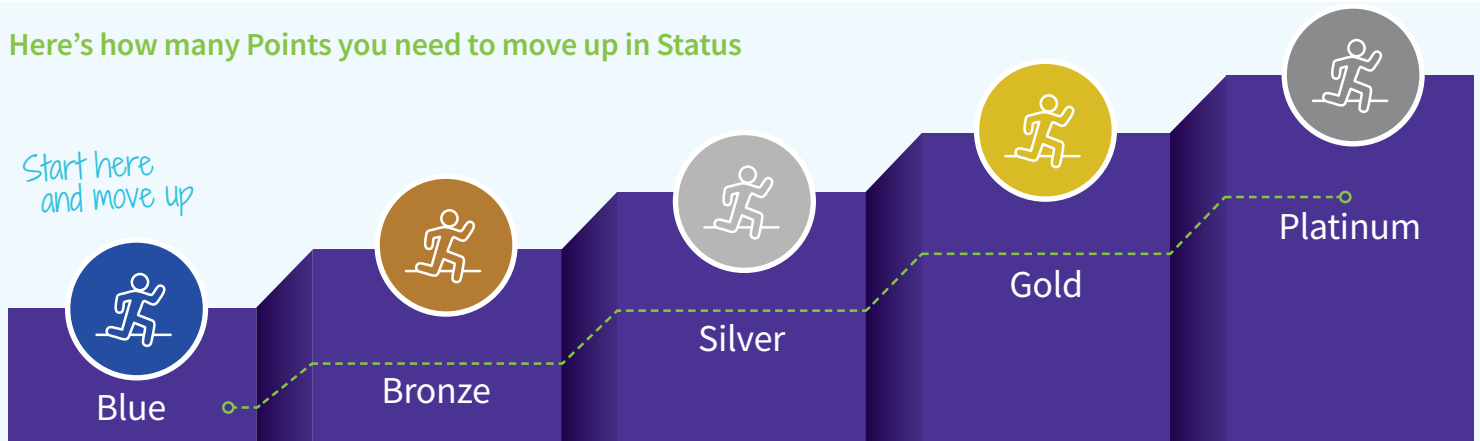
Making healthier choices is a lot more fun with Go365. The more you move up in Status, the more Bucks you can earn and spend on great items in the Go365 Mall. Plus, Bonus Bucks, surprise rewards, and monthly Jackpot drawings make getting healthy more fun!



More Points. Higher Status.

Earning Points pays off big with higher Status levels. Get your spouse and kids involved too and see how fast you can move up in Status.

Here's how many Points you need to move up in Status



3 ways to get to Bronze

1. Complete at least one Health Assessment section online or on the Go365 App
2. Get a Biometric Screening
3. Log a verified workout

5,000
One adult per policy

8,000
combined two adults
per policy

+3,000
for each member
18 years and older
per policy

8,000
One adult per policy

12,000
combined two adults
per policy

+4,000
for each member
18 years and older
per policy

10,000
One adult per policy

15,000
combined two adults
per policy

+5,000
for each member
18 years and older
per policy

Adult children can only move a family out of Blue Status by completing a verified workout.



Go365.com

Voluntary Dental: Principal

Maintaining good dental health by getting regular checkups may prevent you from having major expenses later. The dental plan covers routine checkups – and just about any other type of dental work you might need. You are eligible for benefits on date of hire. Eligible dependents may also participate. Eligible dependents include your legal spouse who does not have coverage available through their employer and/or dependent child(ren) under the age of 26.

Base Plan	
Deductible (<i>applied to Basic & Major services</i>)	\$50 per person / Maximum of \$150 per family
Annual Maximum	\$1,000 per covered person
Preventive Services (<i>not subject to deductible</i>)	Covered at 100% Network Providers (100% Non-Network)
Basic Services	Covered at 90% Network Providers (80% Non-Network)
Major Services (includes endo and perio)	Covered at 60% Network Providers (50% Non-Network)
Orthodontic Services	Covered at 50% Network Providers (50% Non-Network) \$1000 lifetime max

Buy-Up Plan	
Deductible (<i>applied to Basic & Major services</i>)	\$50 per person / Maximum of \$150 per family
Annual Maximum	\$1,500 per covered person
Preventive Services (<i>not subject to deductible</i>)	Covered at 100% Network Providers (100% Non-Network)
Basic Services	Covered at 100% Network Providers (80% Non-Network)
Major Services (includes endo and perio)	Covered at 60% Network Providers (50% Non-Network)
Orthodontic Services	Covered at 50% Network Providers (50% Non-Network) \$1500 lifetime max

Monthly Rates	Employee Only	Employee/Spouse	Employee/Child	Family
Base Plan	\$ 29.97	\$ 57.39	\$ 82.63	\$ 116.35
Buy-Up Plan	\$ 39.11	\$ 72.11	\$ 108.81	\$ 150.13

Voluntary Vision: Principal

Annual eye exams are important to your overall health. During your eye exam, a doctor will look for vision problems and signs of other health conditions like diabetic eye disease, high blood pressure, and high cholesterol. You are eligible for benefits on date of hire. Eligible dependents may also participate. Eligible dependents include your legal spouse who does not have coverage available through their employer and/or dependent child(ren) under the age of 26.

VSP Network	
Eye Exam (once every 12 months)	\$10 copay
Lenses: (once every 12 months) Single/Bifocal/Trifocal	\$25 copay
Frames: (once every 24 months)	\$130 allowance + 20 off balance
Contacts Lenses Elective: (once every 12 months) <i>In lieu of lenses and frames</i>	\$130 allowance

Employee Rates	Employee Only	Employee/Spouse	Employee/Child	Family
Rate per month	\$ 7.79	\$ 14.98	\$ 15.59	\$ 24.36

Basic Life/AD&D: Principal

Coverage is provided by the employer and is available on date of hire.

Benefits	
Life Benefit	\$25,000
Benefit Age Reduction	35% at age 65 and additional 15% at age 70

Kemper Benefits' Accident Expense Plan

Kemper Benefits' Accident Expense Insurance plan can help offset a number of costs; ER care, Follow up care, Hospitalization, Physical Therapy, Diagnostic exams, Outpatient recovery, Concussions, Lacerations, Dental repair work and more! **The check comes to you to use in however you need. This plan will pay in addition to any other coverage in place.** Claims are simple, can pay off the EOB, (Explanation of Benefits), or an itemized bill showing billed charges from the provider. Claim form requires no signature from the physician.

Examples of some actual filed Accidents:

- Sprains/Strains – the most common accident that occurs
- Children's accidents due to sports; gymnastics, dance, football, baseball, softball, etc.
- Shoveling snow
- Falling down steps
- Car accident
- Burns, cuts from preparing food at home

You can elect a maximum calendar year benefit for **\$2,000** or **\$4,000** for yourself and dependents. \$50 deductible for emergency room is the only deductible and it's waived if admitted.

The following expenses are paid up to the calendar year maximum benefit as a result of a covered accident:

- Emergency care
- Follow up care
- Ambulance – ground ambulance pays 10% of the max benefit per benefit period. Air ambulance pays 25% of the maximum benefit per benefit period.
- Inpatient drug – administered in a hospital or urgent care center
- Fracture/dislocation – diagnosed within 14 days of the accident
- Diagnostic exam – policy pays for one major diagnostic exam per accident if completed within 14 days of the accidental injury. Benefit is limited to 25% of the Maximum Benefit. Major diagnostic exams limited to CT scan, CTA scan, MRI, MRA and EEG
- Physical Therapy – the physical therapy must begin within 45 days of the accident or discharge from the hospital and must be completed within six months after the accident. Benefits are limited to one physical therapy visit per day, up to a maximum of 10 visits for each accident.
- Prosthesis
- Dental – pays benefits if any insured receives dental work for repair of broken teeth. Benefit is limited to 15% of the maximum benefit.
- Appliance – pays benefits if physician prescribes the use of a medical appliance as an aid in personal locomotion or mobility. Benefit is limited to 10% of the maximum benefit.
- Accident Dismemberment – pays a benefit for an accidental dismemberment of either 100% or 200% of the maximum benefit per calendar year per insured person depending on the loss.
- Sports – pays benefits if any insured has an accident due to non-professional or scholastic sports activity
- **Portable – you can take your coverage with you if you retire or change jobs regardless if the group stays in force**

Monthly Rates	Family Coverage Options			
Annual Benefit	Employee Only	Emp + Spouse	Emp + Child(ren)	Family
\$2000	\$15.10	\$29.95	\$32.35	\$41.50
\$4000	\$22.65	\$45.35	\$49.40	\$63.20

Kemper Benefits' Critical Illness with Cancer Plan

Kemper Benefits' Critical Illness with Cancer Insurance plan covers heart attacks, strokes, cancer and other critical illnesses. The plan also pays you a **\$100 wellness benefit** for getting your free preventative screening that costs you nothing! Our Critical Illness plan provides a lump sum benefit payment upon diagnosis of a covered critical condition. The cash benefit is paid out with no restrictions on its use. Also, the benefit increases by \$1000/year for each year you do not file a claim for up to 10 years without an increase in premium.

Children are included at NO additional premium!

The following are included in this plan for a covered Critical Illness:

- Covered Conditions – 100% paid of Benefit Amount for heart attack, stroke, cancer, major organ transplant, end-stage renal failure, paralysis, loss of sight, speech or hearing, coma, major third degree burns, occupational HIV
- Partial Benefits – 25% paid of Benefit Amount for Alzheimer's, Parkinson's, Muscular Dystrophy Syndrome with the loss of 3 or more ADL's; bone marrow transplant, benign brain tumor, bypass surgery, cancer in situ
 - 10% of Benefit Amount for Angioplasty
- **Guaranteed Issue up to \$10,000 for employee, \$5,000 for spouse, \$2500 for children regardless of health history**
- \$100 wellness benefit for one of 26 preventative screenings per year per covered member, no waiting period
- Additional Occurrence Benefit – **no limit** on number as long as at least 6 months between last diagnosis
- Reoccurrence Benefit – An additional lump sum payment for a reoccurrence of the same covered critical illness, as long as the reoccurrence is more than 365 days from the date of initial diagnosis for that covered critical illness. A "reoccurrence" must be diagnosed as a reoccurrence, rather than a continuation of the initial covered occurrence. **No limit** on number of reoccurrences
- Benefit Enhancement Rider – **Without evidence of insurability, coverage increases by \$1,000 per year for 10 years or until first claim without increase in premium**
- Premiums are locked in at the age when applied, you will never move up to the next age bracket
- **Portable – you can take your coverage with you if you retire or change jobs regardless if the group stays in force**

Monthly Rates		Non – Tobacco		Tobacco	
Benefit Amount	Ages	Employee	Emp + Spouse	Employee	Emp + Spouse
\$5,000	18-29	\$8.00	\$13.25	\$14.15	\$23.40
	30-39	\$13.25	\$21.15	\$23.30	\$37.10
	40-49	\$19.75	\$30.90	\$34.55	\$54.00
	50-59	\$30.25	\$46.65	\$52.30	\$80.60
	60-69	\$45.50	\$69.50	\$78.05	\$119.25
\$10,000	18-29	\$11.50	\$18.50	\$20.40	\$32.75
	30-39	\$19.00	\$29.75	\$33.30	\$52.10
	40-49	\$29.00	\$44.75	\$50.80	\$78.35
	50-59	\$47.00	\$71.75	\$81.30	\$124.10
	60-69	\$74.50	\$113.00	\$127.80	\$193.85
\$15,000	18-29	\$15.00	\$23.75	\$26.65	\$42.15
	30-39	\$24.75	\$38.40	\$43.30	\$67.10
	40-49	\$38.25	\$58.65	\$67.05	\$102.75
	50-59	\$63.75	\$96.90	\$110.30	\$167.60
	60-69	\$103.50	\$156.50	\$177.55	\$268.50
\$20,000	18-29	\$18.50	\$29.00	\$32.90	\$51.50
	30-39	\$30.50	\$47.00	\$53.30	\$82.10
	40-49	\$47.50	\$72.50	\$83.30	\$127.10
	50-59	\$80.50	\$122.00	\$139.30	\$211.10
	60-69	\$132.50	\$200.00	\$227.30	\$343.10

GoodRx makes it
**easy to find the
lowest price** on
your prescriptions.
(And it's free!)

At www.goodrx.com you can instantly compare local pharmacy prices for any FDA-approved prescription drug. In under 15 seconds you'll know where to go for the lowest price! Visit www.goodrx.com to:

- **Find discount coupons** - Save up to 80% or more on cash prices at over 60,000 U.S. pharmacies.
- **Reduce your out-of-pocket costs** - Prices are often lower than insurance co-pays — great for those with high deductibles.
- **Pay no fees** - GoodRx is 100% free with no obligation or registration.

Saving up to 80% on all your prescription drugs is as simple as...



- 1 Click.**
Visit www.goodrx.com,
enter the drug name
and local zip code



- 2 Compare.**
Instantly view and
compare prices for the
prescription at local
pharmacies



- 3 Save.**
Take the GoodRx coupon
to the pharmacy with
the lowest price and save
up to 80%!



Put GoodRx in the palm of your hand.

Download our award winning mobile app. Instantly compare and save up to 80% on your prescriptions at over 60,000 U.S. pharmacies!

Over 2 million people use
GoodRx to save on
prescriptions each month.

GoodRx will save consumers
nearly \$500,000,000 this year.

GoodRx is recommended by



Forbes



Prevention

**Stop paying too much
for your medications!**

Visit www.goodrx.com
today and save up to 80%!

Accepted at virtually all U.S. Pharmacies.



CVS



Walgreens

Safeway



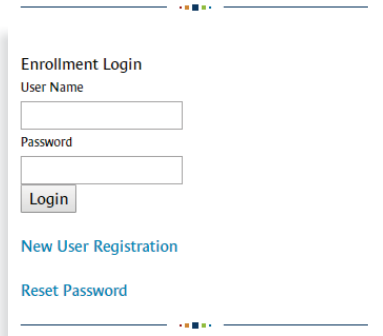
Walmart



Ralphs

Drug discounts of up to 80% off are based on the discount from the cash price which is the price those without insurance coverage typically pay. GoodRx is not sponsored by or affiliated with any of the pharmacies GoodRx identified in its price comparisons. All trademarks, brands, logos and copyright images are property of their respective owners and right holders and are used solely to represent the products of these right holders. All medications must be used as directed, only manufacturer warranties apply

ENROLL IN YOUR BENEFITS: One step at a time



Enrollment Login

User Name

Password

Login

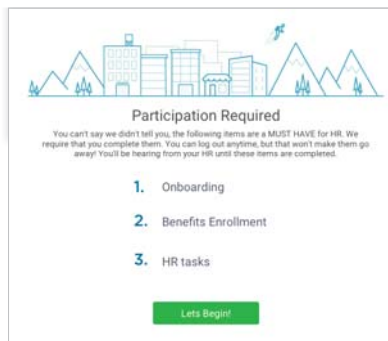
[New User Registration](#)

[Reset Password](#)

Step 1: Log In

Go to www.bukaty.com/online-enrollment

- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.
- You will be asked to provide the following:
 - First and last name
 - PIN (last four digits of your SSN)
 - DOB (MM/DD/YYYY)
 - Company Identifier: **HHP**



Participation Required

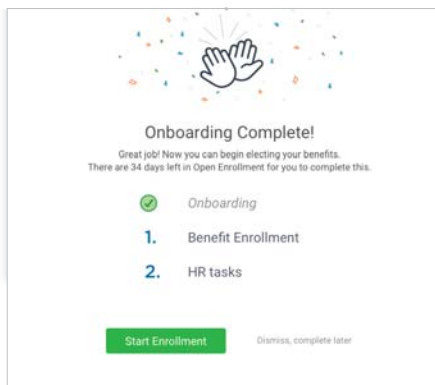
You can't say we didn't tell you, the following items are a MUST HAVE for HR. We require that you complete them. You can log out anytime, but that won't make them go away! You'll be hearing from your HR until these items are completed.

1. Onboarding
2. Benefits Enrollment
3. HR tasks

[Let's Begin](#)

Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.



Onboarding Complete!

Great job! Now you can begin electing your benefits. There are 34 days left in Open Enrollment for you to complete this.

1. Benefit Enrollment
2. HR tasks

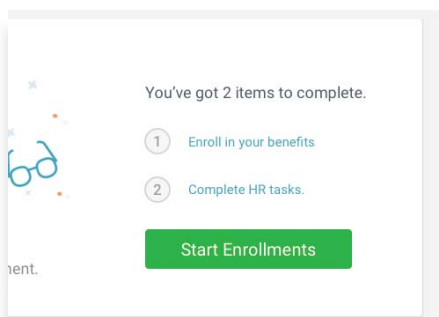
[Start Enrollment](#) [Dismiss, complete later](#)

Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

if you hit "**Dismiss, complete later**" you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking "**Start Enrollments**"



You've got 2 items to complete.

1. Enroll in your benefits
2. Complete HR tasks.

[Start Enrollments](#)

Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

Who am I enrolling?

Myself

☐ Elizabeth Reynolds (Spouse)

☐ Gwen Reynolds (Child)

\$138.46
Cost per pay period

Effective on 08/01/18
Employee

Compare

Details

Selected

How much will it cost?

Plan Cost	Employer Contribution	My Cost
\$138.46	\$ 138.46	\$0.00

View employer contributions summary

Save & Continue

Don't want this benefit?

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

Enrollment Summary

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions or would like to make changes, please contact HR.

Enrollment Not Complete!
Please complete the required highlighted steps from your enrollment progress menu.

Enrolled Plans

Medical
Key Care HSA PPO2017 434E2435 Long Plan Name

Progress 6 of 8

1. Personal Information

2. Dependent Information

3. Medical

4. Dental

5. Vision

6. HSA

7. FSA

8. Enrollment Summary

Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

High Five! Enrollment Complete!

You've only got one more item to complete.

Enroll in your benefits

1. HR Tasks

Start Tasks

Dismiss, complete later

Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!



You can login to review your benefits 24/7