

Imagine!



2018

BENEFITS
guide



INTRODUCTION

Here at Imagine! we understand that your benefits are an integral part of your life. We also understand that we all have different lives and needs. Imagine! provides you with a comprehensive program of benefits to protect you and your family. The benefits that you choose at this time will remain in effect until the next benefit effective date. It is important that you understand your benefit options in order to make informed decisions. This guide contains a brief description of the plans available to you and your family members, and how to enroll online. Here is a quick look at your options.

Benefits Package

- Comprehensive Medical Plan
- Vision Plan
- Competitive Dental Plan
- Company paid Basic Life and AD&D Insurance
- Voluntary Life Insurance
- Company paid Long Term Disability Benefits
- Company-sponsored 403(b) Retirement Savings Plan
- Flexible Spending Accounts
- Wellness Benefit
- **NEW!** Childcare Discount Program
- EcoPass
- Employee Assistance Plan
- Credit Union
- WellsFargo at Work Program
- **NEW!** Pet Insurance
- Generous Sick and Vacation Time



	COMPANY PROVIDED	YOU CAN ENROLL NOW*	WHO PAYS
Medical Plan	Yes	Yes	Imagine! & You
Vision Plan	Yes	Yes	You
Dental Plan	Yes	Yes	You
Flexible Spending Accounts	Yes	Yes	You
Basic Life and AD&D	Yes	Automatic	Imagine!
Voluntary Life	Yes	Yes	You
Long Term Disability	Yes	Automatic	Imagine!
403(b) Retirement Plan	Yes	Yes	Imagine! & You
EcoPass	Yes	Yes	Imagine!
Wellness Benefit	Yes	Yes	Imagine! & You
Employee Assistance Plan (EAP)	Yes	Automatic	Imagine!
Pet Insurance	Yes	Yes	You

*Once you meet company eligibility requirements or have a Qualified Status Change.

This brochure provides only a highlight of the benefit plans offered to you by Imagine! and in no way serves as the actual plan description or plan document for the plans. The plan documents will always govern the offered benefits that your employer provides for you. We reserve the right to modify any or all of these plans at anytime.



Who Is Eligible?

Full-time employees regularly scheduled to work 30+ hours per week, and part-time employees regularly scheduled to work 20-29 hours per week are eligible for benefits. Eligible dependents are your legal spouse and dependent children.

Making Careful Choices

Please choose your benefits carefully as the annual enrollment period is the only time you can change benefit plans or add/drop dependents during a plan year, unless you have a Qualified Status Change. A Qualified Status Change includes, but is not limited to, birth, death, marriage, divorce, adoption or a significant change in health coverage for you or your spouse because of your spouse's employment. If you do have a Qualified Status Change, please notify Human Resources as soon as possible, changes must be made within 30 days of the status change.

ONLINE ENROLLMENT

Easy Steps To Benefits Enrollment Online

Enrollment via Imagine!'s employee Self Service is easy and convenient and can be completed in just a few minutes. You can enroll at home or work 24 hours a day/7 days a week during your enrollment window.

Access Imagine!'s employee Self Service portal at <https://www.dayforcehcm.com/mydayforce/login.aspx>. You can also find this link on Imagine!'s website, under "Resources for Employees". Click on Dayforce HCM. If you have not previously logged in to Dayforce and established your login credentials, your user name is your employee clock number and your temporary password is your birth year plus imagine in lowercase (1985imagine). Once logged in please follow the steps below.

- 1** Click **My Benefits** and select **Benefit Enrollment**. This screen displays the new hire enrollment banner.
- 2** Click on the banner to start the enrollment: The introduction and your personal profile will then appear.
- 3** Complete all sections under your profile, including dependent and beneficiary information.
- 4** Review your benefit selections and make changes if necessary.
- 5** **Print summary for your record.**
- 6** Submit (Note: Your enrollment is not complete until it is submitted).

MEDICAL

Somebody Get Me A Doctor

Imagine! offers two **Kaiser** plan options, a DHMO Plan and a Multi-Choice Point of Service (POS) Plan. Benefits and rates are different between the two medical plan offerings, so please review the benefit highlights and rate sheet to determine which program best suits you and your family's needs.

DHMO

The DHMO plan offers extensive coverage within Kaiser Facilities. Members pay a flat copay for many basic services. Some services require a deductible and coinsurance. Lab, X-ray and Pharmacy services are located within each facility. Under this plan, out-of-network benefits are not covered. Members must visit a Kaiser doctor in a Kaiser facility to obtain benefits (except in some life or limb threatening circumstances).

Multi-Choice POS (Buy-Up Plan)

The Multi-Choice offers a more flexible plan for members who would like to access physicians outside of Kaiser. Under this plan, you can use Kaiser facilities, as well as some doctors outside of the Kaiser network.

DHMO (Base Plan) Cost per Month

	Total Monthly Premium	Full-Time Employee	Part-Time Employee
EE Only	\$484.54	\$48.45	\$242.27
EE + Spouse	\$973.92	\$293.14	\$731.65
EE + Child(ren)	\$896.40	\$254.38	\$654.13
EE + Family	\$1,376.09	\$494.23	\$1,133.82

POS (Buy-up Plan) Cost per Month

	Total Monthly Premium	Full-Time Employee	Part-Time Employee
EE Only	\$677.32	\$241.23	\$435.05
EE + Spouse	\$1,361.41	\$680.63	\$1,119.14
EE + Child(ren)	\$1,253.04	\$611.02	\$1,010.77
EE + Family	\$1,923.59	\$1,041.73	\$1,681.32

KAISER DHMO

KAISER MULTI-CHOICE POS (BUY-UP PLAN)

	In-Network	Kaiser POS	POS In-Network	Out-of-Network
Deductible (Individual/Family)	\$250/\$500	\$500/\$1,500	\$500/\$1,500	\$1,000/\$3,000
Out-of-Pocket* (Individual/Family)	\$2,250/\$6,750	\$3,000/\$6,000	\$3,000/\$6,000	\$4,000/\$12,000
Office Visit Copay	\$25 Primary \$40 Specialist	\$25 Primary \$40 Specialist	\$25 Primary \$40 Specialist	Deductible + 40%
Preventive Care	100% no copay	100% no copay	100% no copay	\$70 copay
Hospital Admission	Deductible + 10%	Deductible + 20%	Deductible + 20%	Deductible + 40%
Outpatient Surgery	Deductible + 10%	Deductible + 20%	Deductible + 20%	Deductible + 40%
Urgent Care Copay	Deductible + 10%	Deductible + 20%	Deductible + 20%	Deductible + 40%
Emergency Room Copay	Deductible + 10%	Deductible + 20%	Deductible + 20%	Deductible + 20%
Chiropractic Benefit (20 visits per year)	\$25	\$25	\$25	Not Covered
Acupuncture Benefit (20 visits per year)	\$25	\$25	\$25	Not Covered
Vision Benefit	\$25	\$25	Kaiser only	Kaiser only
Prescription Drugs (Generic/Preferred Brand)	\$20/\$40 up to a 30-day supply	\$25/\$40 up to a 30-day supply	\$30/\$45 up to a 30-day supply	Not Covered

*Out-of-Pocket maximum includes in-network deductible, medical copays and prescription drug copays.

An ounce of prevention,
is worth a pound of cure!



What We Don't Know Can Hurt Us

Prevention and early detection is key to your long-term health. At Imagine!, we believe in preventive and routine care and encourage your wellness participation through plan design. The Imagine! Medical Plans covers most preventive testing, routine physicals and immunizations at 100%.

Below are general guidelines published by the AMA of just some of the adult preventive testing you should consider, and the appropriate age to have them.

Immunizations – They're Not Just For Kids Anymore!

Both Imagine! Medical Plans cover child and adult immunizations, as directed by your physician and AMA guidelines.

TEST	AGE
Lipid Screening	Every 5 years beginning at age 20
Cervical Cancer Screening	Annually beginning at age 18
Mammograms	Starting at age 40
Prostate Screening	Annually beginning at age 40
Colorectal Cancer Screening	Every 5-10 years beginning at age 50

TELEHEALTH

E-Visits

If you have a non-urgent medical condition at any time and you're not sure what kind of care you need, an e-visit may be a good option for you. An e-visit is an online medical consultation with a Kaiser Permanente Advice Call Center Registered Nurse that's available at no cost for select medical conditions like nausea/vomiting, pink eye, female UTI, sinus, constipation, diarrhea, and more.

Video Visits

Kaiser Permanente Colorado is now offering another convenient option to get care - Video Visits. Video Visits are a new way to get care that's secure, convenient and personalized.

A Video Visit takes the place of an in-person visit at a Kaiser Permanente medical office with a Kaiser Permanente provider. Your provider will work with you to determine if the care you need can be met in a Video Visit.

If you're interested in Video Visits, speak to your provider. Remember, if you have questions about non-urgent symptoms or another aspect of your care, visit [kp.org/myhealthmanager](https://www.kp.org/myhealthmanager) to email your **Kaiser Permanente doctor**.

Please note: Video Visits are not available to members who see physicians outside of Kaiser Permanente.

Complete an E-Visit

- Log on to [kp.org](https://www.kp.org). Then, go to My Health Manager and then the Appointment Center.
- From there, choose the appropriate medical condition that best describes your symptoms.
- Answer and submit the series of questions.

An Advice Call Center Registered Nurse will respond within four hours of receiving your questionnaire.



DENTAL

Imagine! offers employees access to affordable dental care through the **Delta Dental of Colorado** Plan. You have two plan options with Delta: an Exclusive Panel Option (EPO), which includes Delta PPO dentists only and no out-of-network benefits, or the Delta Preferred Provider network (PPO) plan which allows you to use PPO dentists, the expanded Delta Premier network, and non-participating dentists. Finding a **Delta Dental** Provider is easy, simply call **303.741.9305 (or 800.610.0201)** and follow the prompts. You can also go online at **www.deltadentalco.com**. Below is an overview of the two plans.

Dental (Employee Cost per Month)		
	EPO Plan	PPO Plan
EE Only	\$23.68	\$40.29
EE + Spouse	\$44.08	\$79.59
EE + Child(ren)	\$62.23	\$82.96
EE + Family	\$94.61	\$123.29

DELTA DENTAL EPO

DELTA DENTAL PPO

	PPO	NON-PPO	DELTA PREFERRED/ PREMIER	NON-PARTICIPATING
Annual Deductible (per person)	\$50	N/A	\$50	\$50
Annual Maximum Benefit (per person)	\$1,000	N/A	\$1,000	\$1,000
	In-Network	Out-of-Network	In-Network	Out-of-Network
TYPE I – DIAGNOSTIC & PREVENTIVE Oral Evaluations and Cleanings Fluoride Sealants Space Maintainers Bitewing X-Rays/Full Mouth X-Rays	100%	0%	80%	80%
TYPE II – BASIC SERVICES Fillings Simple Extractions Palliative Services	80%	0%	60%	60%
TYPE IIIA – MAJOR SERVICES* Endodontics (Root Canal) Surgical Extractions Crown/Bridge/Denture Repair	50%	0%	40%	40%
TYPE IIIB – MAJOR SERVICES* Inlays/Onlays/Crowns Complete and Partial Dentures Fixed Bridgework	50%	0%	40%	40%
ORTHODONTIC LIFETIME MAXIMUM (per dependent child to age 26)	\$1,000	N/A	\$1,000	\$1,000
ORTHODONTIC SERVICES*	50%	0%	50%	50%

*Waiting periods may apply.



VISION PLAN

The vision plan is administered by **Vision Service Plan (VSP)**. The vision plan offers both in-network and out-of-network coverage. Employees may choose any licensed provider for vision care services. If an out-of-network provider renders covered services, the employee will be reimbursed up to the maximum allowances shown on the schedule of vision benefits.

The most current list of in-network providers can be found on the **VSP** website at www.vsp.com or by calling **1.800.877.7195**.

Vision (Employee Cost per Month)	
EE Only	\$8.06
EE + One	\$12.89
EE + Child(ren)	\$13.16
EE + Family	\$21.21

	VSP PROVIDER	NON-PARTICIPATING PROVIDER	FREQUENCY
Exam	\$10 copay	up to \$45	12 months
Eyeglass Lenses			
Single Vision	\$25	\$30	12 months
Lined Bifocal	\$25	\$50	
Lined Trifocal	\$25	\$65	
Eyeglass Frames	\$130 allowance	up to \$70	24 months
Contact Lenses	\$130 allowance	up to \$105	12 months



LIFE INSURANCE

Basic Life Insurance and AD&D

Imagine! provides you Basic Life and AD&D insurance **equal to one times your annual salary up to a maximum of \$50,000** at no cost to you. You simply have to designate a beneficiary. AD&D insurance is provided in the event of an accidental death. AD&D insurance may also pay a partial benefit if you are seriously injured in an accident and suffer a significant injury (such as a loss of a limb).

Voluntary Term Life Insurance*

You may choose to increase your Life insurance by purchasing Voluntary Term Life coverage. If you elect voluntary coverage for yourself, you also have the option to select coverage for your spouse and dependent child(ren), as well.

Employee - You may elect coverage in increments of \$10,000 up to a maximum of \$250,000, not to exceed 5 times your annual salary. Amounts over \$180,000 will require evidence of insurability.

Spouse - You may elect coverage in increments of \$5,000 up to a maximum of \$100,000, not to exceed 100% of employee's benefit. Amounts over \$50,000 will be subject to evidence of insurability.

Child(ren) - You may elect coverage in increments of \$5,000 up to a maximum of \$10,000. Your dependent children must be under age 21 (under age 25 if a full-time student).

*Please note: If you do not enroll when initially eligible, all amounts are subject to evidence of insurability.

Voluntary Employee/Spouse* Rates per \$1,000

AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE
under 20	\$0.060	30-34	\$0.060	45-49	\$0.200	60-64	\$0.820	75-79	\$4.350
20-24	\$0.060	35-39	\$0.080	50-54	\$0.340	65-69	\$1.470	80+	\$8.820
25-29	\$0.060	40-44	\$0.120	55-59	\$0.530	70-74	\$2.640		

Voluntary Child Rates per \$1,000

AMOUNT	RATE
\$1,000	\$0.10

*Spouse rates are based on the age of the employee.

DISABILITY

Long-Term Disability Benefits

How do you see yourself five years from now? Or maybe ten? Chances are, you don't see yourself injured or sick and unable to work. But a surprising number of people do find themselves hurt or sick and unable to work – even if only for a short time. Imagine! offers employer-paid Long Term Disability Coverage.

If you become disabled, there is an elimination period before benefits are payable. Your benefits begin 90 days after the onset of your disabling injury or illness. Your benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount of \$6,000.

FLEXIBLE SPENDING ACCOUNT

Flexible Spending Accounts

Our Health and Dependent Care Flexible Spending Accounts (FSA) allow you to use tax-free dollars to reimburse yourself for a wide variety of health and/or dependent care expenses that aren't covered through your other benefit plans. The annual amount you elect to contribute to each account will be divided into equal amounts and deducted from your paycheck before federal and, in most cases, state and local income taxes are withdrawn.

Health Care FSA

Health care expenses for yourself and your dependents — such as deductibles, coinsurance, and copays — are eligible for reimbursement from your Health Care FSA. The annual maximum contribution is \$2,650.

Dependent Care FSA

Expenses for dependent care services for children under age 13 (excluding kindergarten), a spouse who is disabled, or incapacitated parents are eligible for reimbursement from your Dependent Care FSA as long as you incur them while you and your spouse work or attend school full time. The annual maximum contribution is \$5,000. (Some restrictions may apply based on your marital and/or tax filing status).

Filing FSA Claims For Reimbursement

For health care expenses, reimbursement may be as easy as swiping your debit card. Each Health FSA participant will receive a Benefit Card which can be used at the point of sale or service to pay for eligible health expenses. **SAVE YOUR RECEIPTS!** The IRS requires documentation of your expenses, so you may be asked to submit a receipt after you pay.

To file a claim for dependent care reimbursement, simply complete a reimbursement form and submit it with a copy of your dependent care expenses. For additional information, please contact **24HourFlex** at **800.651.4855**, or at **www.24hourflex.com**.



FSA Rules and Regulations

Plan your annual FSA contribution amounts carefully; the election you make when you enroll is binding for the entire plan year (January 1 to December 31) unless you have a Qualified Status Change (as explained in the enrollment section). Additionally, the IRS imposes some rules and restrictions on the way you can use your FSA, including:

- › You must incur eligible expenses during the plan year.
- › You may “roll-over” up to \$500.00 from the 2018 plan year in to the 2019 plan year.
- › You can't transfer money from one account to another. For example, money in your Health Care FSA can't be used for Dependent Care expenses, and money in your Dependent Care FSA can't be used for health care expenses.

WELLNESS

Wellness Benefit

Imagine! will pay a portion of full and part-time employees' fees for approved weight loss programs, event entry fees or fitness centers. Imagine! will pay 100% of the cost up to \$200 per year for a full-time employee. The maximum annual benefit for a part-time employee is 100%, up to \$100. Imagine! also offers no-cost on-site programs throughout the year such as yoga and Lunch and Learns.



ADDITIONAL BENEFITS

NEW Childcare Discount Program

Childcare fees currently rank as one of the top family expenses, second only to a mortgage (or rent) among working families. It is important for single and/or working parent families to be able to afford quality childcare, especially if they need care for their infants and young children for eight hours or more a day. The Work and Family program offers family care solutions through The Learning Experience® Academies of Early Education to ease this burden on working families. All Imagine! employees now receive 10% off tuition plus waived early care and late care program fees at all participating TLE® locations.

From 6 weeks old to 6 years, The Learning Experience provides the tools and the environment that will give every child the opportunity to develop to their greatest potential. With the convenient hours of 6:30am to 6:30pm, employees can rest assured that they are covered to accommodate their busy work schedules. For more information please visit www.thelearningexperience.com.

ADDITIONAL BENEFITS

EcoPass

Imagine! provides an EcoPass at no charge to all full-time, part-time and casual employees. An EcoPass is a transit pass purchased by Imagine! that provides unlimited usage of RTD services. To receive your EcoPass, contact any member of the Human Resources Team. Go to <http://www.rtd-denver.com/> for bus routes, schedules, and other information.

Employee Assistance Plan

Imagine! provides professional, confidential, quality assistance to our employees through EAP services. EAP professionals are available 24 hours a day, 7 days a week by calling **1.800.316.2796**. They are experts in personal and professional matters such as stress, depression, parenting, life changes, mental health, grief, substance abuse and much more. The EAP also includes legal services and at times up to 3 free face-to-face counseling sessions.

Credit Union

All Imagine! employees are eligible to join the Elevations Credit Union or Blue Federal Credit Union. Find more information by going to their websites or calling to speak with a customer service representative:

Elevations Credit Union

<https://www.elevationscu.com/>
303.443.4672

Blue Federal Credit Union

<https://www.bluefcu.com/>
1.800.368.9328

Wells Fargo At Work

All Imagine! Employees are eligible to enroll in the Wells Fargo At Work program at no cost. The program includes an interest-earning checking account when your balance is \$500 or more, no-fee cashier's checks, no-fee money orders, \$10 discount on personal style checks, no-fee debit card replacement, free foreign currency exchange. In addition, you will receive interest rate discounts on auto loans, home equity lines of credit, personal loans, private student loans, and lines of credit as well as a \$500 voucher to use through mymortgagegift.com with any closed new or refinanced home mortgage loan. Please contact our Wells Fargo representative at 720.684.9447 for questions and/or further details.

NEW Pet Insurance

You care about your pets and consider them members of your family. A pet insurance policy can help you plan for your pet's healthcare—and offset costs for routine care and unexpected illness or injury. My Pet Protection plans are now available exclusively through Imagine!. Enroll at PetInsurance.com/Imagine or call **1.877.738.7874**.

Using your pet policy is easy:

- Visit any vet
- Send Nationwide your claim
- Nationwide sends you a check

Price per pay (24)	My Pet Protection	My Pet Protection with Wellness
Dogs	\$17.81	\$29.77
Cats	\$10.68	\$17.86

At no additional cost, pet insurance members also receive VetHelpline - Unlimited, 24/7 access to a veterinary professional.



403(b) RETIREMENT PLAN

Securing Your Future, Today

Imagine! offers a 403(b) Retirement Plan with an employer match. To qualify for the employer match, you must have accumulated a minimum of one year and 1,000 hours of service at Imagine!. Imagine! will match your contributions up to 4% of your annual base salary. You will be 50% vested after 2 years of employment, and fully vested after 3 years. You may begin making unmatched contributions following your first month of employment.

Imagine! employees who are eligible to receive employer base contributions will automatically be enrolled to receive a contribution to their 403(b) Retirement Plan. Eligibility requirements include a minimum age of 21, a minimum of one year of employment at Imagine!, and at least 1,000 hours of service in the previous year. The amount of the contribution will be a service-weighted percentage of the employee's compensation, as shown in the table.

YEARS OF SERVICE	% COMPENSATION
Less than 5 years	3%
5 years to less than 10 years	6%
10 years to less than 15 years	9%
15 years to less than 20 years	12%
20 years+	16%

IMAGINE! MOBILE APP

As an Imagine! employee, you can access your employee benefits plan information and resources when you're "on the go" from your mobile device. There's no app to download, nothing to install, no waiting... just access the URL below from your mobile browser.

→ <http://imagine.mybenefitsapp.com/>

What information can I access on the app?

- Access & print generic ID cards with Imagine!'s group information
- Download and print benefit related documents and forms
- Quickly find service contact information and online resources
- Review benefit plan design information
- Watch educational benefit videos
- Find online provider directories

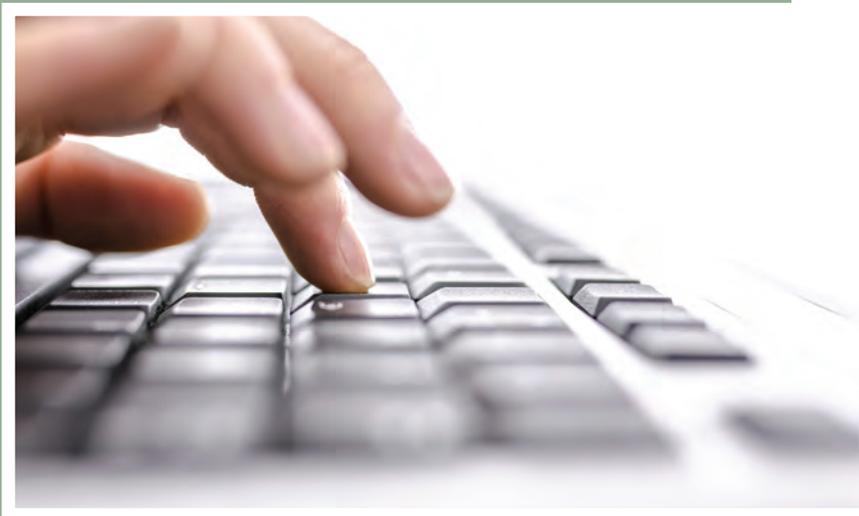
Will the mobile app work on my device?

The My Benefits Mobile App has been tested on a variety of the devices that are most popular with mobile users. However, due to the vast proliferation of devices throughout the industry, we cannot guarantee that all functions and features can be used on every device.

Do I have to download an app to use it?

No, when you access the website address for the app with your mobile device, you will be automatically directed to the mobile app. The app is what's known as a "web app", which means there is nothing to download, no need to access an "app store", etc... it's ready for use when you access the site address from your device.

But, what if I want an "app-like" icon on my home screen? If you have an iPhone, you can add an icon to your Home Screen by clicking the Add to Homescreen icon when you are on the app's home page.





CONTACTS

	COMPANY	PHONE	WEBSITE
Medical	Kaiser DHMO Kaiser Multi-Choice POS Group #26904	800.632.9700	www.kaiserpermanente.org
Dental	Delta Dental of Colorado Group #9102	303.741.9305	www.deltadentalco.com
Vision	VSP Group #30028677	800.877.7195	www.vsp.com
Life Insurance & Disability	Mutual of Omaha Life Policy #102312 Disability Policy #102412	800.775.8805 (Life) 800.877.5176 (Disability)	www.mutualofomaha.com
403(b) Retirement Plan	Mutual of America	303.694.6102	www.mutualofamerica.com
FSA / Dependent Care	24HourFlex	800.651.4855	www.24hourflex.com
Employee Assistance Program	Mutual of Omaha	800.316.2796	www.mutualofomaha.com/eap
Pet Insurance	Nationwide	877.738.7874	PetInsurance.com/Imagine
Imagine!	Human Resources	303.457.5681 303.665.2648 (fax)	www.imaginecolorado.org

IMPORTANT NOTICES

Federal regulations require Imagine! to provide benefit eligible employees with the following notices listed below. If you would like a complete copy of any of the following notices, please contact Human Resources.

Private Health Information

A portion of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) addresses the protection of confidential health information. It applies to all health benefit plans. In short, the idea is to make sure that confidential health information that identifies (or could be used to identify) you is kept completely confidential. This individually identifiable health information is known as "protected health information" (PHI), and it will not be used or disclosed without your written authorization, except as described in the Plan's HIPAA Privacy Notice or as otherwise permitted by federal and state health information privacy laws. A copy of the Plan's Notice of Privacy Practices that describes the Plan's policies, practices and your rights with respect to your PHI under HIPAA is available from your medical plan provider. For more information regarding this Notice, please contact the Human Resources Department.

Summary of Benefits and Coverage (SBC)

Effective for plan renewals after January 1, 2012, the Patient Protection and Affordable Care Act requires employers that offer health coverage to provide a uniform Summary of Benefits and Coverage (SBC) to people who apply for and enroll in the health plan. This document contains the following:

- Four-page overview of plan benefits, cost sharing and limitations
- Required set of examples of how the plan works
- Phone number and internet address for obtaining copies of plan documents
- A Standard glossary of medical and insurance terms must also be available

The SBC will be updated each plan renewal to reflect applicable plan changes.

Women's Health and Cancer Rights Act

Imagine! medical plans, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services. These services include:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications resulting from mastectomy (including lymphedema)

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply to the mastectomy. For more information, contact your medical plan provider.

Individual Coverage Mandate

Effective January 1, 2014, Federal law requires that you have Health Care coverage or you may be subject to an income tax penalty. You can enroll in Imagine! health plan, or you may want to consider visiting www.healthcare.gov for information on health plans available through the Healthcare Marketplace in your area.

Notice of Prescription Drug Creditable Coverage

Imagine! provides a "Notice of Prescription Drug Creditable Coverage" to all Medicare eligible participants on an annual basis. This notice states that under the Imagine! medical plan, you have prescription drug coverage that is, on average, as generous as the standard Medicare Prescription Drug Coverage.

Continuation Of Coverage

If your coverage ends under the Plan, you may be entitled to elect continuation coverage (coverage that continues on in some form) in accordance with federal law.

If you selected continuation coverage under a prior plan which was then replaced by coverage under this Plan, continuation coverage will end as scheduled under the prior plan or in accordance with the terminating events listed below, whichever is earlier.

When Coverage Ends

We may discontinue these Benefit plans and/or all similar benefit plans at any time. Your entitlement to Benefits automatically ends on the date that coverage ends, even if you are hospitalized or are otherwise receiving medical treatment on that date. When your coverage ends, we will still pay claims for Covered Health Services that you received before your coverage ended. However, once your coverage ends, we do not provide Benefits for health services that you receive after coverage ends for

medical conditions that occurred before your coverage ended, even if the underlying medical condition occurred before your coverage ended. An Enrolled Dependent's coverage ends on the date your coverage ends.

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. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer.

If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can contact your State Medicaid or CHIP office at www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at www.askebsa.dol.gov.

For All States:
(877) 267-2323, Ext. 61565

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

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

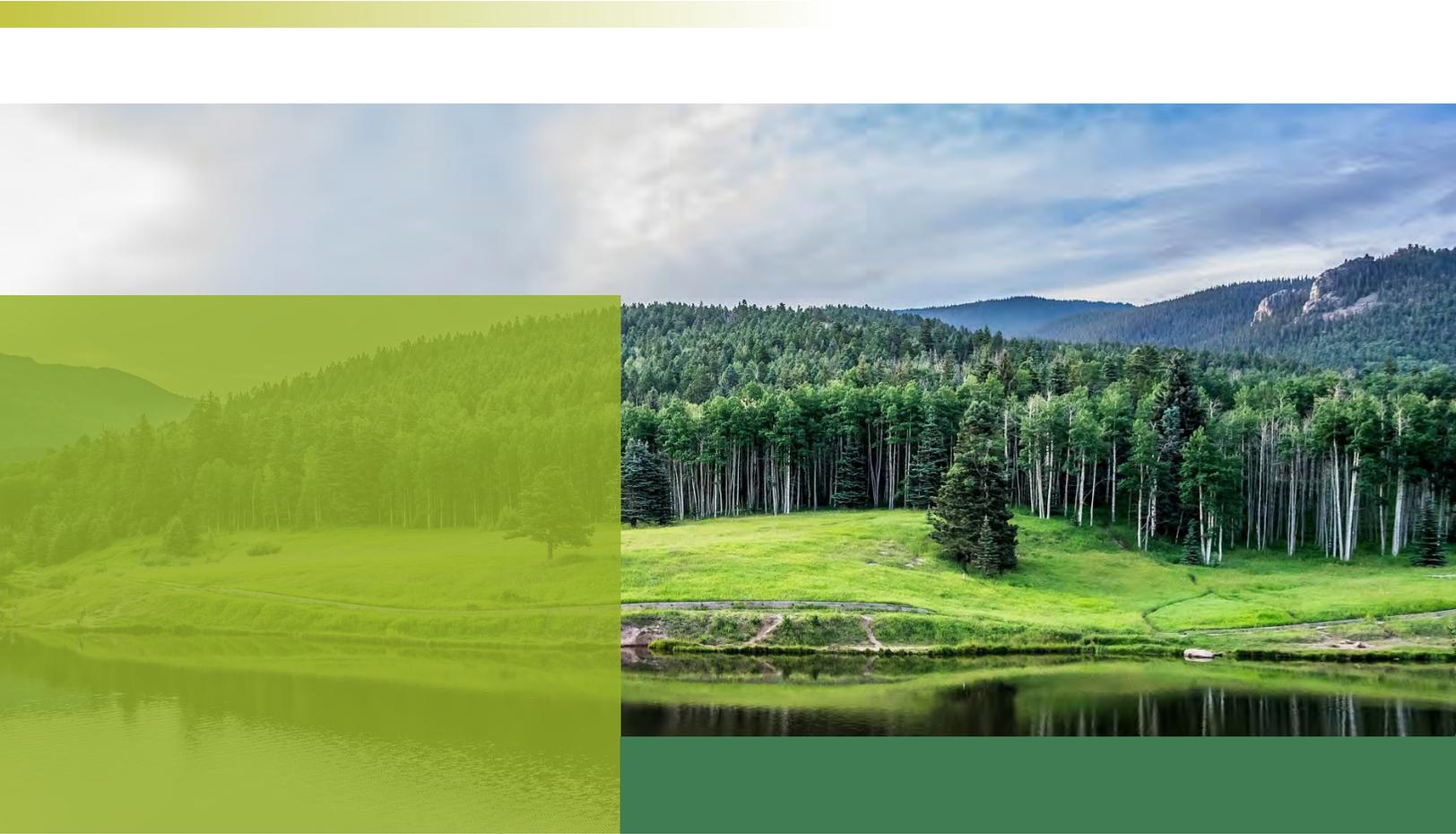
Uniformed Services Employment And Reemployment Rights Act (USERRA)

If you are called to active duty in the uniformed services, you may elect to continue coverage for you and your eligible dependents under USERRA. This continuation right runs concurrently with your continuation right under COBRA and allows you to extend an 18-month continuation period to 24 months. You and your eligible dependents qualify for this extension if you are called into active or reserve duty, whether voluntary or involuntary, in the Armed Forces, the Army National Guard, the Air National Guard, full-time National Guard duty (under a federal, not a state, call-up), the commissioned corps of the Public Health Services and any other category of persons designated by the President of the United States.

Wellness Program

Imagine!'s wellness programs and activities are voluntary programs. The programs are administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in a program you may be asked to answer voluntary questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease).

In some programs, employees who choose to participate can earn a small incentive. If you are unable to participate in any of the health-related activities to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Human Resources/Benefit Department.



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