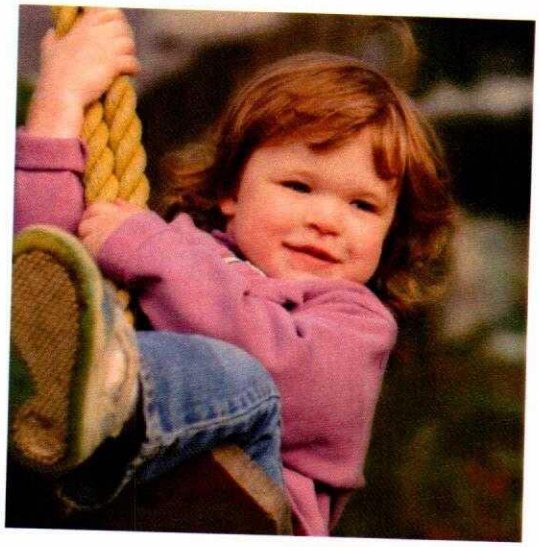
PLC Charter Schools Benefits Enrollment Guide

September 1, 2016 through August 31, 2017

NOTE: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal Law gives you more choices about your prescription drug coverage. Please see pages 14-15 for more details.



Who is Eligible?

If you are an active, full-time employee working at least 30 hours per week, you are eligible to enroll in the benefits described in this guide. The following family members are eligible for Medical, Dental, Vision, and Voluntary Dependent Life coverage:

- Legal Spouse
- Child(ren) up to age 26 (medical, dental, and/or vision) regardless of student, marital, or financial status
- Unmarried children from 14 days up to age 19 or up to age 25 if full-time student (Voluntary Dependent Life)
- Extended coverage may be available for children with special needs/disabilities. Please see policy for details.

New Hires: Benefits will begin on the first of the month following 30 days. If your hire date is on the 1st, coverage will start on the 1st of the following month.

Deferred Effective Date: *If you are not Actively at Work on the date your insurance benefit would otherwise take effect, the insurance will take effect on the day you resume Active Work. If a spouse or child is in a Period of Limited Activity on the day his or her Dependent Life Insurance would otherwise take effect, insurance for that dependent will not take effect until the day after:*

(1) his or her final discharge from the health care facility; or
(2) his or her resumption of the normal activities of a healthy person of the same age and sex.

How to Make Changes After Enrollment Closes

After the Initial Enrollment/Annual Enrollment period is closed, you cannot make changes to the benefits you elect/waive until the next Annual enrollment period unless you experience a Qualified Change in Status. Under the regulations, events falling within the following categories are change in status events:

- Change in legal marital status (marriage, divorce, death of spouse, legal separation, and annulment);
- Change in number of dependents (birth, adoption, placement for adoption, and death);
- Change in employment status (termination/commencement of employment, change in worksite);
- Dependent satisfies or ceases to satisfy dependent eligibility requirements;

You must notify Human Resources representative within 31 calendar days of an event in order to be eligible to make changes.

PLAN YEAR 16-17

Name:

Status: First Time Elections
Status: Electing Medical no Change Otherwise
Status: Electing Dependent Changes & Medical no Change Otherwise
Status: Returning With Multiple Changes

Dependents= Full Name\DOB\SSN\ Family Orientation\Add or Drop

Signature:

Date:

Legend
EE-Employee Only
ES-Employee Spouse
EC-Employee Child
EF-Employee Family

Check Status

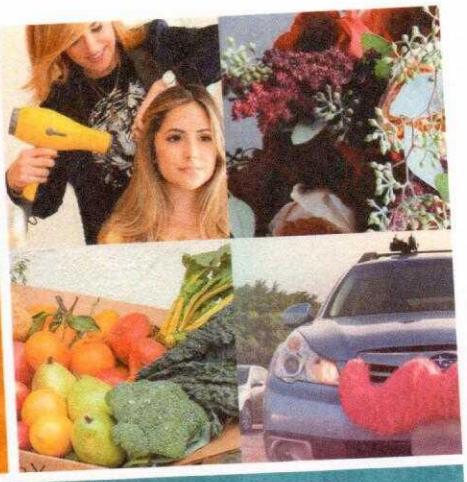
Medical Election	Cost	If Waiving Benefits Initial in this Column Next to each Benefit
PPO	EE- ES - EC - EF	
H.S.A	EE- ES - EC - EF	
H.S.A (Additional Contribution-Per Pay Check)	$	

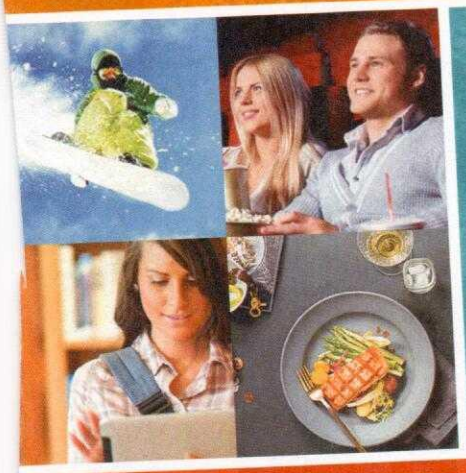
Dental	Cost	If Waiving Benefits Initial in this Column Next to each Benefit
High	EE- ES - EC - EF	
Low	EE- ES - EC - EF	

Vision	Cost	If Waiving Benefits Initial in this Column Next to each Benefit
	EE- ES - EC - EF	

LIFE Insurance	Amount of Coverage	Semi-Monthly Cost
Term-Life Employee		
Term-Life Spouse		
AD&D-Employee		
AD&D- Spouse		
Child Life		

UNUM	Amount of Coverage	Semi-Monthly Cost
Critical Illness		
Accident		





INTRODUCING ANYPERK

OUR EMPLOYEE PERKS PROGRAM

MOVIES & SHOWS

HOUSE CLEANING

TRAVEL

FRESH FOOD

FITNESS

CHILDCARE

As a new member of our team, you now have access to 700+ Perks through the AnyPerk platform. It is the primary location to find deals on local and nationwide products that make your everyday life easier.

To access your Perks check your email for your invitation or visit and sign up with your work email address at

WWW.ANYPERK.COM/SIGN_UP

If you have trouble signing up be sure to speak with a member of your HR team.

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ANY PERK Employee Happiness Made Simple

MEDICAL & PRESCRIPTION DRUG

Aetna

Policy Number: TBD

www.aetna.com

888.802.3862

PLC Charter Schools offers medical coverage through Aetna with the choice of two plans. You may go directly to any doctor in **Aetna's PPO Network** and no referrals are required for specialists. When accessing care from:

Network Providers (Contracted with Aetna)

- You receive a higher level of benefits
- You are not required to file claim forms
- You are not balance billed
- Your provider will preauthorize necessary services

Non-Network Providers (no PPO contract)

- You receive a lower level of benefits
- You may be required to file your own claim forms
- You may be billed for charges over the Allowed Amount for covered services
- You must preauthorize necessary services

Plan	AZ PPO 5000 100/50 HSA		AZ PPO 3500 100/50	
Services	**Network**	**Non-network**	**Network**	**Non-network**
Deductible	*Based on calendar year*		*Based on calendar year*	
Individual	$5,000	$10,000	$3,500	$7,000
Family	$10,000[1]	$20,000[1]	$7,000[1]	$14,000[1]
After deductible, you pay:	0% coinsurance	50% coinsurance	0% coinsurance	50% coinsurance
Out-of-Pocket Maximum[2]	*Includes Deductible, Coinsurance, and All Rx copays*		*Includes Deductible, Coinsurance, Medical copays, and All Rx copays*	
Individual	$6,450	$12,900	$6,600	$13,200
Family	$12,900[1]	$25,800[1]	$13,200[1]	$26,400[1]
PLC HSA Contribution	Up to $1,200/annual Employee Only Up to $1,800/annual Employee + 1 Up to $2,400/annual Employee + 2		N/A; Not Eligible	
	You pay:		**You pay:**	
PCP Office Visit	0%[3]	50%[3]	$30 copay	50%[3]
Specialist	0%[3]	50%[3]	$60 copay	50%[3]
Preventive Care	No charge	50%[3]	No charge	50%[3]
Hospitalization	0%[3]	50%[3]	0%[3]	50%[3]
Emergency (ER) *(life or limb threatening)*	0%[3]		$250 copay	
Urgent Care	0%[3]	50%[3]	$70 copay	50%[3]
Diagnostic Lab and/or X-Ray	0%[3]	50%[3]	Lab: $30 copay X-Ray: $60 copay	50%[3]
Imaging *(CT/PET/MRI)*	0%[3]	50%[3]	0%[3]	50%[3]
Retail Pharmacy	*per 30 day supply*		*per 30 day supply*	
Tier I	$15 copay[3]	Applicable copay/ coinsurance + penalty amounts + any difference in the allowed amount[3]	$15 copay	Applicable copay/ coinsurance + penalty amounts + any difference in the allowed amount[3]
Tier II	$50 copay[3]		$50 copay	
Tier III	$80 copay[3]		$80 copay	
Specialty Drugs	Pref.: 30% up to $300 Non-Pref.: 50% up to $500[3]		Preferred: 30% up to $300 Non-Preferred: 50% up to $500	
Mail Order *(Up to 90-day supply)*	2x retail copay[3]		2x retail copay	

[1] ***EMBEDDED***: *Benefits for an individual within a family are paid once the individual deductible/out-of-pocket has been met.*

[2] *Once you reach the out-of-pocket maximum (non-covered benefits are excluded from this total) in any one calendar year, covered services will be payable at 100% for the remainder of the year.*

[3] *Applies after deductible is met.*

This guide is a general description of coverage(s) provided. For a detailed description of policy terms and conditions, please refer to the policy itself. If a conflict exists between this guide and the policy, the policy will be controlling.

Health Savings Account (HSA)

Optum Health Bank

www.OptumBank.com
866.234.8913

What is a Health Savings Account?

When you enroll in the AZ PPO 5000 100/50 HSA Plan, you can pair a Health Savings Account (HSA) which has several tax-advantages:

- Deposit Dollars on a Pre-Tax Basis: Deposits are exempt from income tax and savings grow tax-free. PLC will also make contributions on your behalf (see page 3). The IRS sets guidelines for how much you can contribute to an HSA each year.

	2016 IRS Limits	2017 IRS Limits
Individual Coverage	$3,350*	$3,400*
Family Coverage	$6,750*	$6,750*
Age 55 or older	you can make "catch-up" contributions, meaning you can deposit an additional $1,000 per year	

*including PLC's Contribution

Note: your contribution limit may be pro-rated based on the date you become an eligible individual and/or the date you cease to be an eligible individual

- Grow Your Healthcare Savings: The money in an HSA belongs to the account holder, no matter who deposited it. And there's no "use it or lose it" rule, meaning deposits can earn interest and funds could grow over time. If you leave employment with PLC, the account including all deposits go with you.

- Pay for Healthcare, Now or Later: HSA funds can be used to pay for qualified medical, dental, and/or vision expenses for the account holder and dependents. Payments can be made online or with a debit MasterCard®. There's no "use it or lose it" rule, meaning the funds can remain in the account year after year and accumulate. This allows account holders to save money for future expenses (including Medicare or COBRA premiums) or pay for current ones. For a complete listing of the IRS-allowable expenses, you can visit: www.irs.gov/pub/irs-pdf/p502.pdf

HSA Eligibility

You can open and fund a health savings account (HSA) if you:

- Are covered by an HSA-qualified high-deductible health plan (HDHP) such as the AZ PPO 5000 100/50 HSA Plan
- Are not covered by any other non-HSA-eligible health plan (such as a spouse's plan)
- Are not enrolled in Medicare, TRICARE or TRICARE for Life
- Have not received Veterans Administration (VA) benefits within the past three months. (Some exclusions may apply.)
- Are not eligible to be claimed as a dependent on someone else's tax return
- Do not have a health care flexible spending account (FSA) or health reimbursement account (HRA). Alternative plan designs, such as a limited-purpose FSA, might be permitted.

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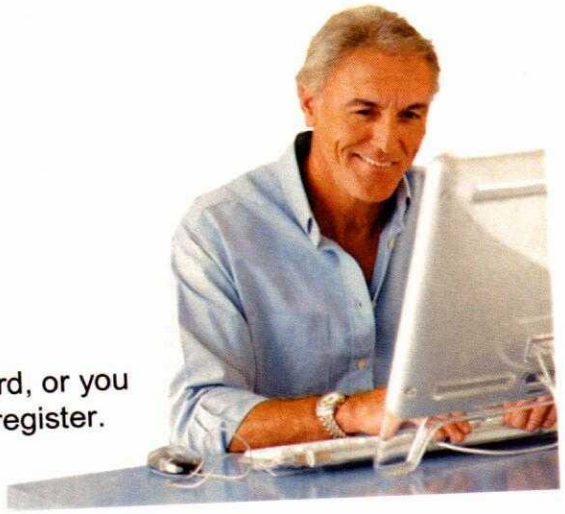
Using Your Aetna Website and Mobile App

Register on **aetna.com** and start getting more from your benefits!

The more you know about health care costs and the options you have, the easier it may be for you to make better decisions. When you register on aetna.com, you will have helpful tools and information to help you manage and improve your health and save money.

- ★ Track claims and expenses for each family member
- ★ Find a doctor or facility
- ★ Stay on top of your medical history
- ★ View/print ID cards
- ★ Check on a Pharmacy Order



Registration is Quick and Simple:

1. Go to aetna.com
2. Click on *Log In*.
3. Click on *Register Now*. You'll need your health plan ID card, or you can use your Social Security number and date of birth to register.
4. Follow the step-by-step instructions.

Aetna's Mobile App

To use the app, you have to be registered for your secure member website. Download Aetna's mobile app to your Apple® or Android® device by searching for Aetna's Mobile App or scanning the QR Code below. Our mobile app gives you access to your secure member information, anytime, anywhere. Use it to:

- ★ Search for a doctor, urgent care or facility
- ★ View claims
- ★ View coverage and benefits
- ★ View your Personal Health Record
- ★ View your ID card information
- ★ Contact us by phone or e-mail
- ★ Use Member Payment Estimator to compare cost estimates
- ★ Look up symptoms on iTriage
- ★ View and reply to secure messages
- ★ Complete a health assessment and enroll in an online health coaching program

aetna

DENTAL

Lincoln Financial

Policy Number: 00001D030843

www.LincolnFinancial.com

800.423.2765

PLC Charter Schools offers two dental coverage options through Lincoln Financial. A dentist participating in the **DentalPreferred PPO Network** has agreed to accept Lincoln's negotiated fees as payment-in-full for services provided to plan participants. Negotiated fees may even extend to non-covered services and services provided after you've reached the plan maximum.

You are always free to select the dentist of your choice; however, if you choose a dentist who does not participate in the Lincoln Financial network, your out-of-pocket expenses may be more since you will be responsible to pay any difference between the dentist's fee and Lincoln's payment for approved services.

Plan Highlights	Low Plan		High Plan	
	In Network	Out-of-Network	In Network	Out-of-Network
Annual Deductible	**$50 per person up to $150 per family** Applies to Basic & Major Services only; Waived for Preventive Services		**$50 per person up to $150 per family**	**$100 per person up to $300 per family** Applies to Basic & Major Services only; Waived for Preventive Services
Preventive Services	**Plan covers 100%** *Routine Oral Exams, Standard X-rays, Cleanings, Space Maintainers*	**Plan covers 100% of MAC***	**Plan covers 100%** *Routine Oral Exams, Standard X-rays, Cleanings, Space Maintainers*	**Plan covers 100% of MAC***
Basic Restorative Services	**Plan covers 80%** *Fluoride Treatment, Sealants, Fillings, Emergency Treatment/General Services, Simple Extractions, Stainless Steel Crowns*	**Plan covers 50% of MAC***	**Plan covers 100%** *Fluoride Treatment, Sealants, Fillings, Emergency Treatment/General Services, Simple Extractions, Stainless Steel Crowns*	**Plan covers 80% of MAC***
Major Restorative Services	**Plan covers 25%** *Oral Surgery (incl. surgical extractions), Periodontics (gum treatment), Endodontics (root canal), Inlays/Onlays/Crowns, Dentures, Bridges, Implants*	**Plan covers 25% of MAC***	**Plan covers 60%** *Oral Surgery (incl. surgical extractions), Periodontics (gum treatment), Endodontics (root canal), Inlays/Onlays/Crowns, Dentures, Bridges, Implants*	**Plan covers 50% of MAC***
Benefit Maximum	**$1,000 per person for Preventive, Basic & Major Services combined**		**$2,000 per person for Preventive, Basic & Major Services combined**	
Orthodontia Services	**Plans cover 50% up to $1,000 (children up to age 19)**			
Late Entrant	If you waive(ed) coverage when initially eligible and then join the plan during a subsequent enrollment, all services except Preventive Care will be excluded for the first 12months. You may get credit for prior coverage.			

*Payment to Out-of-Network providers (i.e. non-contracted providers) is based on the contracted rate with In-Network providers, also known as the Maximum Allowable charge (MAC). You may be balance billed for non-covered charges exceeding MAC.

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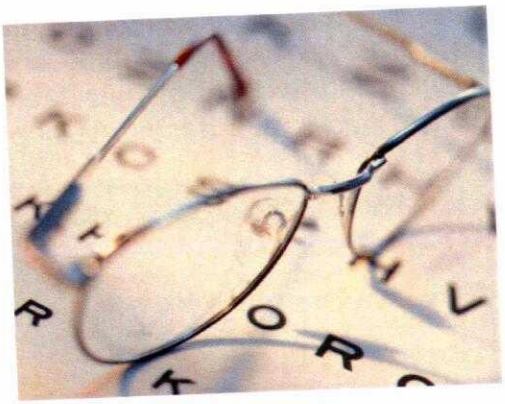
VISION

www.EyeMed.com
☎ 866.939.3633

EyeMed

Policy Number: 9825910



PLC Charter Schools offers vision coverage through EyeMed. There are "In-Network" providers (contracted with **EyeMed's Select Network**) and "Out-of-Network" providers (no PPO contract). This means that you can obtain products or services through any provider you choose, though you'll generally pay less with in-network providers. When visiting an In-Network provider, you are responsible for paying any applicable copay and for items that are not covered or that exceed your benefit limitations. When visiting Out-of-Network providers, you pay for all services in full and then file a claim for reimbursement according to your Out-of-Network benefits schedule.

Services	In-Network	Out-of-Network Reimbursement
Eye Exam	$10 copay	Up to $30
Standard Plastic Lenses	*Includes Standard Scratch-Resistant Coating*	
Single Vision	$10 copay	Up to $25
Lined Bifocal	$10 copay	Up to $40
Lined Trifocal	$10 copay	Up to $60
Lenticular	$10 copay	Up to $60
Frames	Covered up to $130 allowance + 20% discount on frame overage	Up to $65
Contact Lenses		
Fit and Follow-up Exam	Up to $40	N/A
Elective	$130 allowance + 15% discount on contact lens overage	Up to $104
Medically Necessary	Covered in full	Up to $200
Service Frequencies	Eye exam covered once every 12 months Lenses for Glasses covered once every 12 months Frames covered once every 24 months Contact lenses covered once every 12 months in lieu of glasses	

Features:

- ★ Flat copays and discounts for additional lens options like UV treatment, tints, scratch resistant coating, polycarbonate, etc.
- ★ Lasik or PRK from U.S. Laser Network 15% off retail pricing or 5% off promotional pricing
- ★ 40% discount off additional pair eyeglasses
- ★ 15% discount off conventional contact lenses once the funded benefit has been used

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GROUP LIFE AND AD&D

Lincoln Financial

Policy Number: 000010207282

www.LincolnFinancial.com

800.423.2765

PLC Charter Schools pays the full cost of a Group Life and Accidental Death and Dismemberment benefit for all eligible full-time employees. Life insurance can protect your survivors from financial difficulty in the event of your death. AD&D insurance can provide assistance if you suffer accidental dismemberment or death resulting from a covered accident. (See "Deferred Effective Date" page 2).

Group Life and Accidental Death and Dismemberment (AD&D)	
Benefit Amount	Flat Benefit Amount of $20,000
Waiver of Premium	Included
Accelerated Death Benefit	Included
Conversion	Included
Benefits Reduced to:	65% upon attainment of age 65 50% upon attainment of age 70

Important!
Remember to contact Human Resources to update your beneficiary information.

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VOLUNTARY LIFE

Lincoln Financial

Policy Number: GL 000403005310

www.LincolnFinancial.com

800.423.2765

You are also eligible to purchase life coverage on a voluntary basis through Lincoln Financial which would pay a benefit in addition to the employer-paid life coverage. New hires may elect coverage for self, spouse, and/or child(ren) up to the Guarantee Issue Limits with no medical examinations or health questions asked. If an amount greater than the Guaranteed Issue Limit is selected, an Evidence of Insurability (EOI) form will be required. **If you waive this coverage now and wish to enroll at a subsequent enrollment period, you may be subject to Evidence of Insurability.** Lincoln Financial will then either approve or deny coverage. The chart below is a brief outline of the plan. Please see the summary plan description for complete plan details. (See "Deferred Effective Date" page 2).

	Employee	Spouse	Child(ren)
Benefit Amount	Increments of $10,000	Increments of $5,000	6 months to age 19 (or to age 25 if unmarried, full-time student) $1,000, $2,000, $4,000, $5,000 or $10,000 benefit options 14 days to 6 months reduced benefit of $250 Newborn infants less than 14 days no benefit
Maximum Benefit	Lesser of $500,000 or 5 times annual earnings	Lesser of 50% employee's benefit or $100,000	
Guarantee Issue Amount *(timely enrollees only)*	$100,000 initial new hire enrollment or increase 2 increments during open enrollment	$25,000 initial new hire enrollment or increase 2 increments during open enrollment	
Reduction Schedule	Benefits reduced to: 65% at age 65; 40% at age 70; 25% at age 75; 10% at age 80	Benefits reduced to: 65% at age 65 Terminate at age 70	
Accelerated Death Benefit	Included	Excluded	Excluded

Conversion Privilege & Portability Option: *When you terminate employment, retire or lose insurance eligibility due to a status change, you may have the option to Convert or Port inforce term life insurance. You have 30 days immediately following loss of your coverage to apply and submit first premium payment. Subject to the terms as described in the Certificate of Coverage.*

SHORT TERM DISABILITY

Lincoln Financial

Policy Number: 000010207283

www.LincolnFinancial.com

800.423.2765

PLC Charter School pays the full cost of the Short Term Disability. STD coverage provides financial protection for you by paying a portion of your income while you are disabled (non-work related). The amount you receive is based on the amount you earned before your disability began. In some cases, you can receive disability payments even if you work while you are disabled. (See "Deferred Effective Date" page 2)

Short Term Disability	
Benefits Begin	8th day of disability due to injury or illness
Duration of Benefits	25 weeks
Percentage of Income Replaced	60% of weekly earnings
Maximum Weekly Benefit	$1,000

VOLUNTARY ACCIDENT & CRITICAL ILLNESS

UNUM

Policy Number: 9546719

www.UNUM.com

866.679.3054

PLC Charter Schools offers voluntary worksite benefits through UNUM. Employees are eligible upon initial hire. These benefits include:

Accident Policy– Accident Insurance helps off set the increasing cost of medical expenses. With a variety of on and off the job coverages this will allow employees to be reimbursed for covered procedures which are accident related.

Critical Illness Policy– Pays a lump sum benefit at the first diagnosis of a covered illness. Illnesses include: Heart Attack, Stroke, Cancer, Organ Transplant, and End Stage Renal Failure.

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2016-2017 SEMI-MONTHLY DEDUCTIONS

Medical/Rx	AZ PPO 5000 100/50 HSA	AZ PPO 3500 100/50
Employee Only	$0.00	$10.48
Employee + Spouse	$140.40	$183.40
Employee + Child(ren)	$118.40	$155.00
Employee + Family	$202.40	$264.60

Dental	Low Plan	High Plan
Employee Only	$5.09	$9.06
Employee + Spouse	$10.16	17.31
Employee + Child(ren)	$12.08	$20.42
Employee + Family	$17.16	$28.68

Vision	
Employee Only	$3.74
Employee + Spouse	$7.10
Employee + Child(ren)	$7.48
Employee + Family	$10.99

Voluntary Life

Age	Monthly Rate Employee & Spouse Rate Per $1,000 of Coverage	Child(ren) Rate
< 30	**$0.04**	$1,000 benefit = $0.24/month $2,000 benefit = $0.48/month $4,000 benefit = $0.96/month $5,000 benefit = $1.20/month $10,000 benefit = $2.40/month Covers all eligible children to age 19 (or to age 25 if unmarried and full-time student) regardless of the number of children
30-34	**$0.05**	
35-39	**$0.06**	
40-44	**$0.09**	
45-49	**$0.15**	
50-54	**$0.22**	
55-59	**$0.34**	
60-64	**$0.46**	
65-69	**$0.82**	
70+	**$1.31** *(spouse coverage terminates upon attainment of age 70)*	

REQUIRED NOTICES

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 was signed into law on October 21, 1998. The Act requires that all group health plans providing medical and surgical benefits with respect to a mastectomy must provide coverage for all of the following:

- Reconstruction of the breast on which a mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of all stages of 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 which apply for the mastectomy. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description or contact Human Resources.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Humana Resources .

HIPAA Pre-existing Condition Exclusions

Some group health plans restrict coverage for medical conditions present before an individual's enrollment. These restrictions are known as "pre-existing condition exclusions." A pre-existing condition exclusion can apply only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within the 6 months before your "enrollment date." Your enrollment date is your first day of coverage under the plan, or, if there is a waiting period, the first day of your waiting period (typically, your first day of work). In addition, a pre-existing condition exclusion cannot last for more than 12 months after your enrollment date (18 months if you are a late enrollee). Finally, a pre-existing condition exclusion cannot apply to pregnancy and cannot apply to a participant who is under the age of 19.

If a plan imposes a pre-existing condition exclusion, the length of the exclusion must be reduced by the amount of your prior creditable coverage. Most health coverage is creditable coverage, including group health plan coverage, COBRA continuation coverage, coverage under an individual health policy, Medicare, Medicaid, State Children's Health Insurance Program (SCHIP), and coverage through high-risk pools and the Peace Corps. Not all forms of creditable coverage are required to provide certificates of creditable coverage. If you do not receive a certificate for past coverage, talk to Human Resources

(HIPAA Pre-existing Condition Exclusions continued next page)

REQUIRED NOTICES

HIPAA Pre-existing Condition Exclusions Continued

You can add up any creditable coverage you have. However, if at any time you went for 63 days or more without any coverage (called a lapse in coverage) a plan may not have to count the coverage you had before the lapse.

Therefore, once your coverage ends, you should try to obtain alternative coverage as soon as possible to avoid a 63-day lapse.

All questions about the pre-existing condition exclusion and creditable coverage should be directed to Human Resources.

HIPAA 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 later 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 towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- ★ Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- ★ Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- ★ Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- ★ Reaching the plan's lifetime benefit maximum on all benefits, if the person is covered under a separate plan or a single plan with multiple options and the other option has a higher lifetime maximum, or the benefits paid under the first option were not integrated with the second option;
- ★ Failing to return from an FMLA leave of absence; and
- ★ Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 31 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

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 31 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources.

MEDICARE PART D NOTICE

Important Notice from PLC Charter Schools About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with PLC Charter Schools and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
2. **PLC Charter Schools has determined that the prescription drug coverage offered by the UHC PPO Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

Your current PLC Charter Schools coverage pays for other health expenses in addition to prescription drug. If you decide to join a Medicare drug plan, your current PLC Charter Schools coverage will not be affected. If you elect Medicare drug coverage in addition to your PLC Charter Schools coverage, the pharmacy benefits you are eligible for under your PLC Charter Schools coverage will coordinate with your Medicare drug plan.

If you do decide to join a Medicare drug plan and drop your current PLC Charter Schools coverage, be aware that you and your dependents will be able to get this coverage back at open enrollment or qualifying event loss of coverage.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with PLC Charter School and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through PLC Charter School changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- ★ Visit www.medicare.gov
- ★ Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- ★ Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	September 1, 2016
Name of Entity/Sender:	PLC Charter Schools
Contact--Position/Office:	Armando Villarreal, Director of Human Resources
Address:	2504 S. 91st Ave Tolleson, AZ 85353
Email:	AVillarreal@plccharterschools.org
Phone Number:	(623) 474-2173

NEW HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: General Information

General Information

When key parts of the health care law take effect in 2015, 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, 2015.

Can I Save Money on my Health Insurance Premiums on 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.

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 Human Resources.

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.

(Marketplace Coverage notice continued next page)

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by PLC Charter Schools. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Employer Name		Employer Identification Number (EIN)
PLC Charter Schools		**75-2971549**
Employer Address		Employer Phone Number
2504 S. 91st Ave		**(623) 474-2173**
Employer city	Employer State	Employer Zip code
Tolleson	**AZ**	**85353**
Who can we contact about employee health coverage at this job		
Armando Villarreal, Director of Human Resources		
Employer Contact Phone Number	Employer contact Email	
(623) 474-2173	**AVillarreal@plccharterschools.org**	

Here is some basic information about health coverage offered by this employer:

- ★ *As your employer, we offer a health plan to all full-time employees*
- ★ *This offering includes your spouse and dependent children to age 26.*
- ★ *This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.*

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premium

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. The following list of states is current as of January 31, 2016. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: www.myalhipp.com
Phone: 1-855-692-5447

ALASKA – Medicaid

Website: http://health.hss.state.ak.us/dpa/programs/medicaid/
Phone (Outside of Anchorage): 1-888-318-8890
Phone (Anchorage): 907-269-6529

COLORADO – Medicaid

Medicaid Website: http://www.colorado.gov/hcpf
Medicaid Customer Contact Center: 1-800-221-3943

FLORIDA – Medicaid

Website: https://www.flmedicaidtplrecovery.com/
Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: http://dch.georgia.gov/ ;
Click on Health Insurance Premium Payment (HIPP)
Phone: 404-656-4507

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: http://www.hip.in.gov
Phone: 1-877-438-4479
All other Medicaid
Website: http://www.indianamedicaid.com
Phone 1-800-403-0864

IOWA – Medicaid

Website: www.dhs.state.ia.us/hipp/
Phone: 1-888-346-9562

NEW JERSEY – Medicaid and CHIP

Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: http://www.nyhealth.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: http://www.ncdhhs.gov/dma
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid

Website: http://www.oregonhealthykids.gov
http://www.hijossaludablesoregon.gov
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: http://www.dhs.state.pa.us/hipp
Phone: 1-800-692-7462

KANSAS – Medicaid

Website: http://www.kdheks.gov/hcf/
Phone: 1-785-296-3512

KENTUCKY – Medicaid

Website: http://chfs.ky.gov/dms/default.htm
Phone: 1-800-635-2570

LOUISIANA – Medicaid

Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331
Phone: 1-888-695-2447

MAINE – Medicaid

Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html
Phone: 1-800-442-6003
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: http://www.mass.gov/MassHealth
Phone: 1-800-462-1120

MINNESOTA – Medicaid

Website: http://mn.gov/dhs/ma/
Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid

Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx
Phone: 1-855-632-7633

NEVADA – Medicaid

Medicaid Website: http://dwss.nv.gov/
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf
Phone: 603-271-5218

RHODE ISLAND – Medicaid

Website: http://www.eohhs.ri.gov/
Phone: 401-462-5300

SOUTH CAROLINA – Medicaid

Website: http://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: http://gethipptexas.com/
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: http://health.utah.gov/medicaid
CHIP Website: http://health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT– Medicaid

Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm
CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid

Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/ index.aspx
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid

Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx
Phone: 1-877-598-5820, HMS Third Party Liability

WISCONSIN – Medicaid and CHIP

Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf
Phone: 1-800-362-3002

WYOMING – Medicaid

Website: https://wyequalitycare.acs-inc.com/
Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2016, or for more

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

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

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