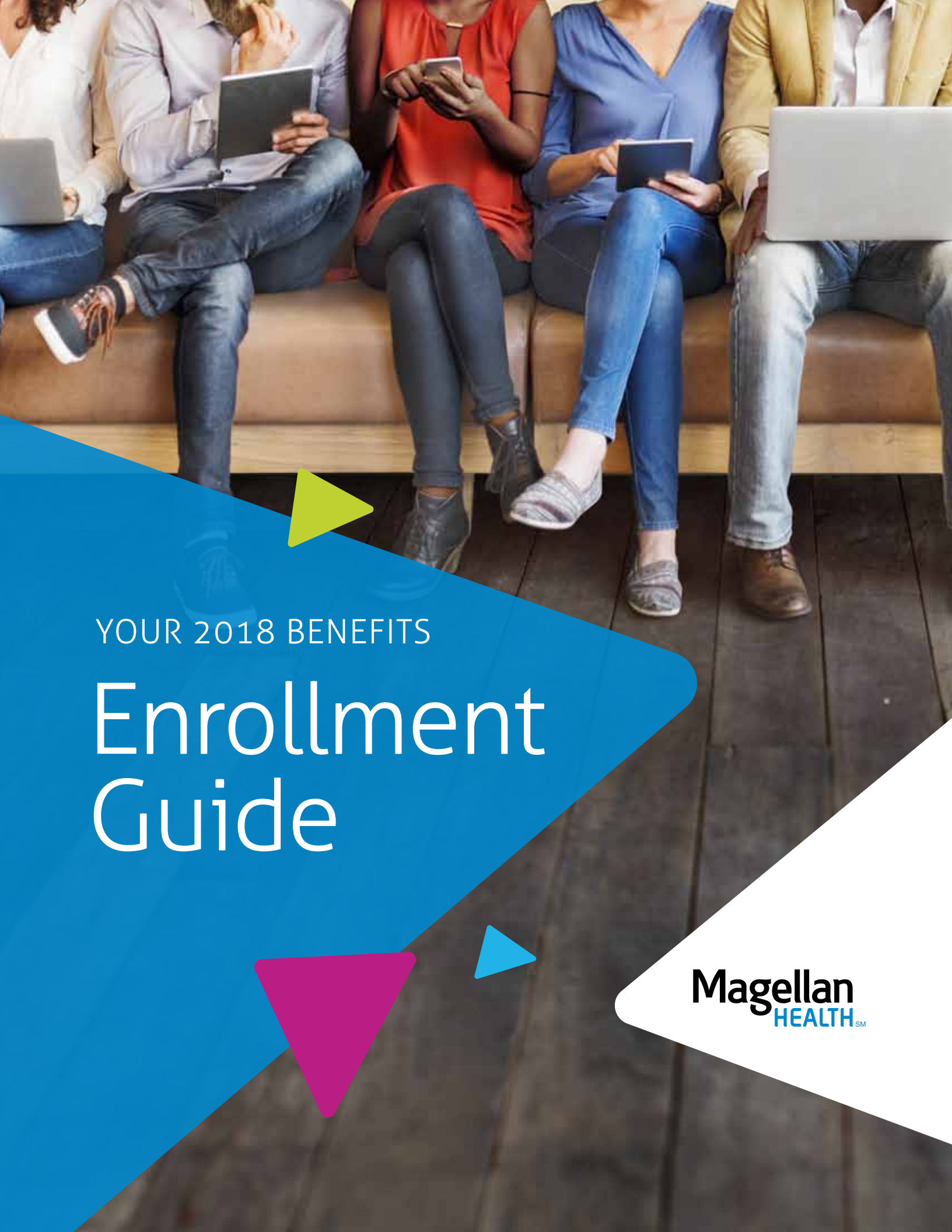

YOUR 2018 BENEFITS

Enrollment Guide

Magellan HEALTH℠

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Welcome to Benefits Enrollment

You have 30 days from your date of hire to enroll in benefits.

Together, we're leading humanity to healthy, vibrant lives.

Achieving our goal of helping others to live the best, most productive lives they can demands that we first take care of ourselves. Being healthy means different things to different people, so we offer a comprehensive range of benefits programs and resources to support your physical, emotional and financial wellbeing.

Looking for more digital tools and resources?

We are pleased to offer you access to even more digital tools and resources to make it easy for you to manage your health and wellness, where and when you want it. Also, most of our benefit providers offer easy-to-use apps and a wealth of online resources to connect you to your health information real time.

Among our newest digital offerings is Jiff, which provides a 24/7 portal to your health benefits and a wealth of resources and activities—all from the convenience of your mobile device or desktop.

New!

We're also providing free access to Grand Rounds, which provides you and your family expedited access to top physicians for an expert second opinion on a current diagnosis and treatment plan.

New!

Learn about these new offerings and more inside this guide.

As health care costs continue to rise, being an informed consumer is the best way to get the most value from your benefits.

This enrollment guide is designed to help you understand our comprehensive 2018 benefits offerings and take advantage of the preventive and money-saving resources that are available. Inside you can estimate the cost of these different plan options, review what to consider as you choose your benefits, and find step-by-step instructions on how to enroll.

2018 Overview

New for 2018!

Jiff:

Jiff is a personalized, one-stop shop for all of your benefits and wellness activities. You can navigate your benefits quickly and easily, when and where you want to! Read more »

Grand Rounds:

You and your family have access to top physicians across the country for an expert second opinion on a current diagnosis and/or treatment plan.

Talkspace:

You or your family members can text with one of more than 1,500 licensed therapists whenever and wherever you are, on web or mobile, without scheduling, traveling or worrying about privacy. Read more »

Health Equity:

Health Equity's industry-leading tools and investment options help you re-imagine your HSA as a "Medical 401(k)," and if you have an FSA, getting reimbursed is quicker and easier! Read more »

Clickotine:

Clickotine is a leading-edge digital therapeutics solution designed by scientists and doctors to help you quit smoking and create a healthier life. Read more »

Things you need to know for 2018

Two medical plan options

There are two CDHP plan options: the Premium Option and the Basic Option. Both provide comprehensive coverage; the differences between the two plan options are the deductibles and out-of-pocket maximums, which apply to medical, pharmacy and behavioral health expenses. See page 8 for more information.

Wellness Credit

If you are enrolled in a Magellan medical plan in 2018, you can earn a wellness credit to offset your medical plan payroll deductions. Similar to last year, this year's requirements include biometric screenings from a physician. For more information on how to complete these requirements, see page 36 or search VERN for "wellness credit."

Health Advocate

Health Advocate's benefits experts are available 24/7 and can support you in many ways. On your first call, you will be assigned a Personal Health Advocate who will work with you, one on one. While the decisions are yours to make, they can help you understand the plan options, as well as which services you can budget for in your HSA. See page 18 for more information.

Flexible Spending Accounts (FSAs)

If you enroll in a Magellan medical plan, you will only be eligible to contribute to a Limited Purpose FSA.

Calculating out-of-pocket maximums and deductibles for Employee + 1 or more

- Deductibles will be considered met for a family when the full deductible is reached, regardless of whether the expenses are for one family member or several members (this includes Employee + 1).
- Out-of-pocket maximums will be calculated on an individual basis. Once the *Employee Only* out-of-pocket maximum is met for an individual family member, that member's expenses will be reimbursed at 100%. However, the total out-of-pocket maximum is not met until the remaining out-of-pocket maximum is reached by one or more other covered members.

Dependent eligibility verification

If you newly enroll a dependent, you will be required to submit proof of eligibility. You will receive a packet in the mail from AonHewitt requesting verification documents. See page 6 or search VERN for "dependent eligibility" to review dependent eligibility criteria.

Understand and evaluate your options

To help you make decisions about your benefits options, detailed information and tools are available in VERN and in Workday.

- Check out the Health Equity HSA Comparison Tool to help you choose the best plan option for you and your family.
- After you have reviewed the materials, contact Health Advocate at 866-695-8622 with additional questions you have about your benefits.
- You can find plan highlights and payroll deduction information on pages 15 – 17.

How to enroll for 2018 benefits

You have 30 days from your hire date to elect benefits for 2018.

1. **Understand the 2018 benefits and plan options.**
   - Read the provided information.
   - Take advantage of tools available to you, including video resources, links and documents on VERN.
   - Contact Health Advocate at 866-695-8622 for any additional health-related benefits information.

2. **Choose what's right for you.**
   - Estimate your 2018 medical and other related health care costs, such as prescription drugs, by using the Health Equity HSA Comparison Tool.
   - Determine how much you would like to contribute to your HSA account.

3. **Take action! Enroll online.**
   - Go to Workday.
   - Go to your personal Workday Inbox.
   - Click on the Annual Enrollment action item.
   - Start electing your benefits.
   - Click "Submit" to save your elections.
   - When finished, you will see an online confirmation page—print for your records.

4. **Complete additional requirements.**
   - Verify your dependents if you enrolled a spouse or child—you will receive a packet of information from AonHewitt with instructions.
   - Complete an Evidence of Insurability (EOI) form if you elect an amount above the guaranteed issue amount.
   - Make an appointment with your physician to get your biometric screening.

You will need to complete two steps in Workday to enroll in a medical plan AND contribute to the HSA. Enrolling in the medical plan will give you health coverage, but you will need to take a second step and decide how much to contribute to your HSA.

Eligible dependents

If you enroll in a medical, dental or vision plan, your dependents are also eligible for coverage. Because our medical plan is self-funded, we all share in the cost of the plan. Ensuring that only eligible participants receive benefits helps keep ***your*** costs down.

What you need to do

Prior to enrolling, read and understand Magellan's dependent eligibility criteria carefully and determine if your dependents are eligible for coverage. Upon enrollment, you will receive a packet in the mail from AonHewitt requesting verification of your dependent(s).

Dependent eligibility criteria

Your eligible dependents include:

- A spouse* to whom you are legally married in a legally recognized ceremony. If you are divorced, your former spouse is not an eligible dependent.
- A dependent child under age 26, whether married or eligible for health care coverage with another employer. Dependent children are covered until the end of the month in which they turn 26. The term 'child' includes any of the following until they reach age 26:
  - Your natural child, step child, foster child, legally adopted child or child legally placed with you for adoption, or any other child permanently living with you for whom you are the legal guardian in accordance with the laws of the state in which you reside. A dependent child who is unable to work due to a disability that began while he or she was covered as an eligible dependent under a Magellan medical plan option, has remained continuously covered by the plan since the date of disability and is wholly dependent upon you for support. As long as the child continues to meet the criteria, he/she will be eligible for coverage regardless of age.

**Applies to opposite-sex and same-sex spouses.*

Take time to clearly understand dependent eligibility criteria so you know if your dependents are eligible.

Medical benefits

Magellan's plan offerings in 2018

Magellan offers two CDHP plan options, the Premium Option and the Basic Option, both with a Health Savings Account (HSA), to which you can contribute your own money. HSAs help you pay your covered medical expenses until you reach your deductible, have tax advantages and allow you to roll over any unused money each year to invest and save for the future.

Features and definitions

Each medical plan option has the following features:

- **Health Savings Account:** The bank account that you make contributions to via payroll deductions; this account can be used to pay for qualified medical expenses or to save and invest for the future.
- **Covered Benefits:** The health care services—from routine preventive care to emergency care and more—that are covered by your medical plan and at what levels.
- **Payroll Deductions:** The amount you pay for the health plan per paycheck, also called 'premiums.'
- **Coinsurance:** Health care services you pay for as a percentage of your share of the cost (e.g., 20%), often billed later by your doctor or hospital.
- **Annual Deductible:** The amount of money you pay each year for covered medical, pharmacy and behavioral health benefits before Magellan pays its portion of the coinsurance.
- **Out-of-pocket (OOP) Costs:** The money you pay for health care services in addition to your per paycheck premiums. Also called out-of-pocket expenses.
- **OOP Maximum:** The maximum amount that you pay in a plan year for both medical, pharmacy and behavioral health expenses (including the deductible, copayments and coinsurance). Once you reach the OOP maximum, the plan will pay 100% of covered expenses.

CareFirst BlueCross BlueShield **855-229-5719** **www.myhealthtoolkitcf.com**

Use a network provider to save a significant amount of money. In-network preventive care is covered at 100% in both medical plan options. To check if your doctor is in the CareFirst BCBS network, or find one who is, go to www.myhealthtoolkitcf.com and click on "Find a Provider." Then enter "MNL" after checking "Show me only doctors and hospitals in my Plan."

Skip the emergency room and utilize urgent care facilities when you are not experiencing a true emergency. Urgent care facilities can cost up to 75% less than an Emergency Room visit, or check out Teladoc for an even better price—see page 19 for details.

Consumer-Driven Health Plans and Health Savings Accounts

About Consumer-Driven Health Plans (CDHPs)

CDHPs have been around for more than a decade, but have become more popular as health care costs have continued to rise for both employers and employees. CDHPs offer you more financial control over where and how you spend your health care dollars and encourage you to become a more informed health care consumer. A CDHP typically combines a high-deductible plan with a PPO network and a medical savings account to give you greater flexibility in accessing and paying for health care.

About the Health Savings Account (HSA)

The HSA is an employee-funded account, which means you choose to contribute money through payroll deductions up to a certain amount set by the IRS. HSAs are like personal savings accounts, but the money in them can only be used for eligible medical expenses. Search VERN for more information on eligible medical expenses.

Health Equity is the administrator for HSAs for 2018.

What you need to know about your HSA:

- If you elect to contribute to an HSA, we'll open your account with Health Equity. You'll receive a new debit card and information packet
- If you do not elect to contribute to an HSA at the time you enroll, you may do so through Workday at any time. An account will be opened for you with Health Equity as soon as administratively possible.

Advantages of HSAs

- *It's yours*—You decide whether to spend or add funds to your account. Anytime you leave the company, you take the HSA with you.
- *It rolls over*—Money not used by the end of the year rolls over each year, and you can choose to use it for eligible medical expenses or to invest and save for the future.
- *It grows*—Because the HSA acts like a bank account, you earn interest on your account balance. You can let it grow to pay health care costs down the road, even during retirement.

How your HSA works

- When you enroll in a Magellan medical plan option in Workday, you will then decide how much money per paycheck you want to put into your HSA account. You can use money from your HSA to pay for covered medical services before you meet your deductible, or you can pay "out of pocket." Once your deductible is met, you will pay coinsurance of 20% (in-network) for covered medical services.
- Magellan automatically sends your contributions directly to Health Equity, Magellan's HSA provider.
- Just like your personal bank, Health Equity sends you statements and manages your funds.
- You will receive a packet of materials from Health Equity that includes a debit card you can use to pay eligible medical expenses, such as prescription drug, eyeglass, doctor, dentist or hospital bills. Search VERN for "HSA" to find a list of eligible expenses.

HSAs have triple tax advantages

- *Tax savings*—The money you put into your account reduces your taxable income.
- *Tax-free earnings*—The earnings on your account are tax-free.
- *Tax-free spending*—Money you take out of your HSA to pay for qualified health care costs is never taxed.

Important notes about your HSA in 2018

- For 2018, you can contribute up to $3,450 for employee-only coverage and $6,900 for all other coverage levels. If you are 55 years of age or older, you can also contribute an additional $1,000 for 2018 (you can contribute this amount anytime during the year you turn age 55).
- Magellan pays the basic account fee for you while you're an active participant in the medical plan. If you terminate coverage, the fees will be deducted monthly from your HSA.
- All eligible employees will be able to earn $250 in HSA funding by completing activities in the Jiff app. More information to come.
- You may only contribute money to your HSA through payroll deductions at Magellan if you are enrolled in one of the Magellan medical plan options.
- You can change your HSA contribution amount at any time throughout the plan year in Workday.
- Keep in mind that similar to your personal bank accounts, you can only withdraw funds that are in your account. If your HSA is new, you may need to wait a few pay periods before using it in order to build up your available funds.

Health Equity **866-346-5800** **https://my.healthequity.com**

Download the Health Equity app from your App Store.

Visit the Health Equity customer portal at https://my.healthequity.com to manage your HSA, order debit cards and view balances and transaction history. Also, search VERN for "HSA" for more details, including access to videos, websites and educational tools.

IRS regulations you may need to know about

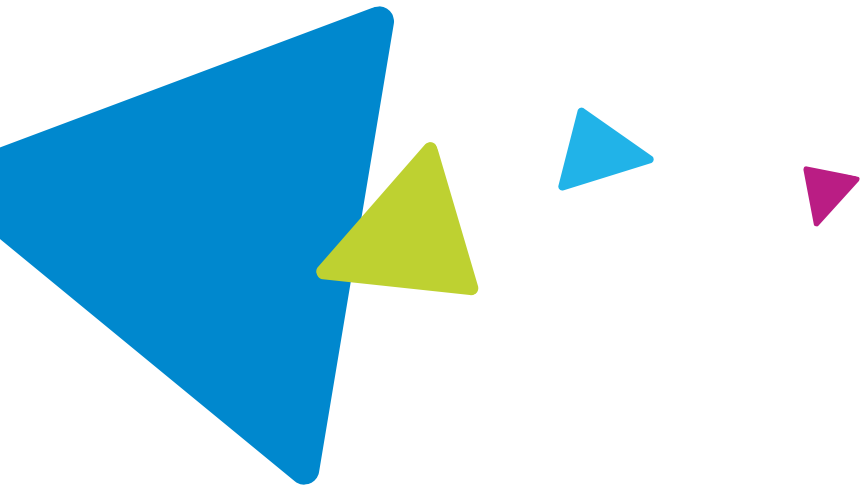
You are responsible for complying with these and other IRS regulations—you may wish to consult a financial or tax advisor:

- If you are covered under any other non-CDHP medical plan (e.g., Medicare, TRICARE, or your spouse enrolls you as a dependent) you may not contribute to an HSA.
- If you and your spouse are both enrolled in CDHPs and contributing to HSAs, you cannot exceed the family maximum contribution of $6,900 (plus $1,000 catch up if over age 55) in a plan year.
- If you enroll in the plan mid-year and elect to contribute the annual IRS maximum to the HSA, you must stay enrolled in the CDHP through the entire next plan year (through all of 2019).
- The HSA funds, if not used for qualified medical expenses, are subject to taxes and penalties. It is your responsibility to ensure the expenses are qualified. Neither Magellan nor Health Equity monitors how you spend your HSA dollars.
- If you enroll in any CDHP with an HSA (whether at Magellan, through another employer or through the Health Care Exchange), you cannot contribute to a Health Care FSA. However, you will be able to contribute to a Limited Purpose Health Care FSA—see page 31 for details.
- While the Affordable Care Act allows you to cover your adult children (up to age 26) under the medical plan, the IRS definition of a qualified dependent child is different for HSA accounts. The IRS defines a qualified child dependent as under age 19, or under 24 if a full-time student. This means, for example, that an employee whose 24-year-old child is covered under his/her high-deductible health plan cannot use HSA funds to pay that child's medical bills.

USA Patriot Act requirement

In compliance with the USA Patriot Act, all banks are required by federal regulation to implement Customer Identification Programs (CIPs) to prevent financing of terrorist operations and money laundering.

- The following information is required and collected by Health Equity for our Customer Identification Program (CIP): Name, residential address, date of birth and Social Security Number.



- If you elect to contribute to the HSA, Health Equity may require you to provide additional forms of identification.

CDHPs and HSAs at-a-glance

What is an HSA?	Tax-exempt account established to pay for eligible medical expenses for a member who is enrolled in the Magellan Premium or Basic medical plan option.
What's my deductible?	Your medical deductible is the amount you will pay out-of-pocket for medical, pharmacy and behavioral health expenses before medical coinsurance or pharmacy copayments apply. Once you meet your deductible, coinsurance and copayments apply until you meet the out-of-pocket maximum.
What's my out of-pocket maximum?	The out-of-pocket maximum is the maximum you will pay for medical and pharmacy expenses in a given plan year. If you hit the out-of-pocket maximum, Magellan pays 100% of your claims for the remainder of the year.
How do I pay for my medical expenses and get reimbursed from my HSA?	You may... 1. Use the debit card to pay your providers or pharmacies. 2. Log onto https://my.healthequity.com to reimburse yourself for out-of-pocket expenses by making a one-time or recurring online transfer from your HSA to your savings or checking account. 3. Log onto https://my.healthequity.com to pay providers directly from your HSA.
Can I contribute to my HSA? How much?	Yes, in 2018 you may contribute up to $3,450 for Employee Only coverage or $6,900 for Employee + 1 or Family coverage. If you are age 55 or older, you may contribute an additional $1,000.
Who owns the account?	You.
What are the tax advantages?	The HSA has triple tax advantages: 1. Pre-tax contributions. 2. Earnings on contributions are tax free. 3. Spending is tax free as long as you use the money for eligible medical expenses.
Can I take my money with me if I leave?	Yes! The HSA money is yours to keep for life—you can even use this money to pay for medical expenses once you retire. Keep in mind, if you take cash out of your account that is not used for eligible medical expenses, the funds are subject to a 20% excise tax and considered taxable income prior to age 65. After age 65, you will pay ordinary income taxes on withdrawals for non-qualified medical expenses.
What expenses are considered eligible for reimbursement?	Qualified medical expenses as listed in IRS Publication 502. Click here for more details. It is your responsibility to ensure the money is used for qualified medical expenses—you should keep records/receipts of these expenses.

When can I use the funds?	Anytime, for IRS-qualified medical expenses. Even if you enroll in a different plan option in the future, you can use your HSA account to pay for eligible expenses.
Do funds roll over?	Yes. An HSA is not a "use it or lose it" fund; it is a true savings account.
Can I enroll in the CDHP and also enroll in a Flexible Spending Account?	Yes, but if you choose to enroll in an FSA account, you are only eligible for a "Limited Purpose" FSA. See page 31 for further explanation.

Consider your family economics. For example:

- What is your monthly budget?
- Should you put more money in your HSA than you think you'll need so you're prepared for unanticipated costs?
- How will you pay for your health care costs before you meet your deductible?

Check out the Health Equity HSA Comparison Tool to estimate your cost savings.

Prescription drug benefits

Magellan Rx Management is our pharmacy benefits manager

When you enroll in a medical plan option, pharmacy benefits are included. **After you meet your deductible**, which includes medical, pharmacy and behavioral health claims, you will pay the copays and coinsurance as shown below. With Magellan Rx Management, you will be able to access thousands of retail pharmacies nationwide and take advantage of convenient, cost-effective mail order services. In addition, Magellan Rx Management offers:

- 24/7 access to personalized customer service where you can speak confidentially with experienced, certified pharmacy technicians about your medications and pharmacy benefits.
- Quality and safety—Magellan Rx Management's clinical quality management program helps to identify potentially harmful prescribing practices, such as overlapping prescriptions from multiple doctors and inaccurate dosing.
- Online tools to help you manage your prescriptions at https://employee.magellanrx.com.

You can set your mail order prescriptions to automatically refill! Learn more on VERN.

Types of prescription drugs

- *Generics* are the same as brand-name drugs in dosage, safety and strength, but generally priced at a fraction of the cost of the brand-name drug.
- *Preferred brand-name* drugs provide a better combination of effectiveness and cost relative to available alternative brand-name drugs.
- *Non-preferred brand-name* drugs have a trade name and are protected by a patent. These have a higher copayment than preferred brand-name drugs.

Learning to manage your pharmacy spend is important. GoodRx can help!

What you need to know:

- The cost of a prescription may differ by more than $100 between two pharmacies across the street from each other.
- You might be taking a brand drug when a cheaper, equally effective generic is available.
- You could pay less just by getting a 90-day supply.

Use GoodRx to find the lowest prices, generic options, coupons, pharmacy locations and more. GoodRx will even help you transfer your prescription if you find a better price!

Magellan Rx Management **800-424-8009** **https://employee.magellanrx.com**

Prescription drug benefits

Good Rx

If you are currently enrolled in a Magellan medical plan, log on to the Magellan Rx website or download the MGLN Rx Benefits mobile app to use it on the go. Your login and password for the app are the same as the Magellan Rx website. Have your Magellan Rx ID card handy with your member ID. For questions and support, contact Magellan Rx Member Services at 800-424-8009.

MRx Wallet

MRx Wallet is a digital solution to paper identification cards that allows you to download your Magellan Rx pharmacy identification card, right to your smart phone, to present to a pharmacist at the time of medication pick-up.

Access the site at www.mrxwallet.com (only available for Apple and Android.)

2018 Medical plan summaries

Administered by CareFirst BCBS (medical), Magellan Rx Management (pharmacy) and Magellan *LifeResources* (behavioral health).

	Premium Plan Option		Basic Plan Option	
Health Savings Account	You may contribute additional money to your account, up to the IRS maximums of: • Employee only: $3,450 • Employee plus 1 or more: $6,900 If you are 55 or older, you may contribute an additional $1,000.		You may contribute additional money to your account, up to the IRS maximums of: • Employee only: $3,450 • Employee plus 1 or more: $6,900 If you are 55 or older, you may contribute an additional $1,000.	
Deductible	**Applies to medical, pharmacy and behavioral health expenses**. Deductible for child, spouse and family coverage tiers is met when any one person or a combination of family expenses reaches the deductible amount.			
	In-Network	*Out-of-Network*	*In-Network*	*Out-of-Network*
Employee Only	$1,500	$3,000	$3,000	$6,000
Employee + Child or Spouse	$3,000	$6,000	$6,000	$12,000
Employee + Family	$3,000	$6,000	$6,000	$12,000
Out-of-Pocket Maximum	For child, spouse or family coverage tiers, the out-of-pocket maximum is met for an individual when he/she has expenses at the Employee Only out-of-pocket maximum and that individual's expenses will then be reimbursed at 100%. The remaining out-of-pocket maximum is met when a combination of members has expenses at the child, spouse and family out-of-pocket maximum.			
	In-Network	*Out-of-Network*	*In-Network*	*Out-of-Network*
Employee Only	$4,000	$8,000	$6,200	$12,400
Employee + Child or Spouse	$8,000	$16,000	$12,400	$24,800
Employee + Family	$8,000	$16,000	$12,400	$24,800
Coinsurance (What Magellan pays)				
	In-Network	*Out-of-Network*	*In-Network*	*Out-of-Network*
Preventive Care (Adult physical, well baby/well child, colonoscopy, mammogram, PSA, PAP smear, immunizations)	100%, no deductible	60% after deductible	100%, no deductible	60% after deductible
All Other Services* (Specialist visits; imaging; hospital services; behavioral health services)	80% after deductible	60% after deductible	80% after deductible	60% after deductible
	In-Network	*Out-of-Network*	*In-Network*	*Out-of-Network*
Teladoc telemedicine	$45, subject to deductible. $0 after deductible is met.			

** Please note that some services require Prior Authorization.*

	Premium Plan Option		Basic Plan Option	
Emergency Room Visit	80% after deductible	80% after deductible, 60% after deductible if non-emergency	80% after deductible	80% after deductible, 60% after deductible if non-emergency

Both Premium Plan and Basic Plan Options		
Pharmacy benefits provided through Magellan Rx Management		
Deductible	Deductible above applies to medical, pharmacy and behavioral health expenses. Deductible must be met before copayments apply, except for drugs and immunizations considered preventive under the Affordable Care Act. Learn more on VERN.	
	Network Retail and Specialty Drugs (30-day supply)	**Mail Order (90-day supply)**
Generic	$15 copay after deductible	$30 copay after deductible
Brand Name	$35 copay after deductible	$65 copay after deductible
Non-Preferred Brand Name	You pay 15% (Minimum copay is $55, Maximum copay is $175)	You pay 15% (Minimum copay is $105, Maximum copay is $325)
Specialty	$35 copay after deductible	$65 copay after deductible
Not Covered	You will be responsible for 100% of the cost for non-covered prescription drugs. See VERN or contact MagellanRx for list of drugs being removed from the formulary.	
For All Plans	**Mandatory Generics:** After your deductible, should you choose a brand when a generic is available, you may be responsible for the cost difference between the brand and generic drug. **Specialty Pharmacy:** Magellan Rx Management is the exclusive specialty pharmacy provider for Magellan employees. Please call **1-800-327-3568** with any questions or to check if your drug is considered specialty.	

Check out the Health Equity HSA Comparison Tool to help you choose between the Premium and Basic plan options. Take into consideration how you used health care services in 2017.
For example:

- Did everyone get a check-up?
- How often did you see the doctor due to illness or minor injuries?
- How many specialists did your family see?
- Did you or a family member have an unplanned health event that caused you to go to the Emergency Room?
- How often did you have a prescription filled? Do you receive maintenance medications?

Payroll deductions

2018 BlueCross BlueShield Medical plan payroll deductions are shown below per pay period based on 26 pay periods per year.

Full-time employees and MFLC rotational counselors

Plan Option	Coverage Tier	Per pay Period Cost with Wellness Credit	Per pay Period Cost without Wellness Credit
Premium	Employee	$50.11	$78.96
	Employee + Spouse	$175.43	$204.28
	Employee + Child	$121.25	$150.09
	Employee + Family	$268.61	$297.46
Basic	Employee	-$5.83	$23.01
	Employee + Spouse	$57.93	$86.78
	Employee + Child	$20.54	$49.38
	Employee + Family	$106.36	$135.20

Part-time employees

Rates for part-time employees can be found in VERN.

Keep in mind that if you enroll in a Magellan medical plan option, you may be eligible for a Wellness Credit ($28.85 bi-weekly per pay period), which will be applied to your medical plan premiums. See page 36 for more information.

Health Advocate

Magellan offers Health Advocate for our employees and members.

Through Health Advocate, the nation's leading independent health care advocacy and assistance company, you and your eligible family members have access to industry experts who will help you resolve health care and insurance-related issues, quickly and dependably, saving you time, money and worry.

You will have an advocate at your side

With Health Advocate, you will have unlimited, confidential access to a Personal Health Advocate. Depending on your needs (e.g., claim issue assistance, understanding your benefits, or understanding a diagnosis and treatment options), your advocate could be a benefits expert, a claims expert or a nurse supported by a medical director. These advocates can help you:

- Match you with a primary doctor for preventing, diagnosing and treating common conditions
- Help you find a specialist to treat rare, complex and advanced illnesses
- Assist in the transfer of medical records, X-rays and lab results
- Expedite and make appointments
- Explain your benefits and any out-of-pocket costs
- Help you get the most out of your doctor visit—how to prepare, questions to ask
- Answer questions about test results, treatments and medications
- Coordinate all aspects of a second opinion
- Resolve any billing issues

Who is eligible?

One of the unique features of Health Advocate is that your extended family will be able to use its special services. Eligible members, their spouses, dependent children, parents and parents-in-law are all covered under this program.

Getting started

Health Advocate **866-695-8622** **www.healthadvocate.com/magellan**

Download the Health Advocate app from your App Store.

Your Personal Health Advocate can help you make the most of your doctor visit by finding an in-network provider, helping you create a list of questions, research treatment options, transfer records, schedule appointments, and manage a variety of healthcare and insurance-related issues on your behalf.

Teladoc

Magellan provides 24-hour access to Teladoc doctors and pediatricians for members enrolled in a Magellan medical plan. This benefit allows you and your enrolled dependents to talk to a doctor through the convenience of phone or online video consultation, where available.

Talk to a doctor anytime

When you need care now, a Teladoc doctor is always just a phone call or a click away. Teladoc does not replace your primary doctor. Learn more in VERN.

- Immediate care for non-emergency issues such as sinus problems, respiratory infections, allergies, ear infections and cold and flu-like symptoms.
- Convenient alternative to urgent care and emergency room visits.
- Available when you're on vacation, on a business trip or away from home.
- Certain prescriptions written and sent to the pharmacy of your choice.
- 24/7/365 access to U.S. board-certified doctors with an average of 15 years' experience.

The fee for Teladoc services is $45, which is due at the time of service. Teladoc will submit this bill to CareFirst BCBS to be applied against your deductible just like any other medical expense you incur. After you meet your deductible, Magellan will cover Teladoc visits at 100%.

Getting started

If you enroll in a Magellan medical plan, you will also receive a Teladoc welcome kit mailed to your home with instructions on how to setup your account.

Request a visit with a doctor by web, phone, or mobile app.

Teladoc **800-Teladoc** **www.teladoc.com** **www.teladoc.com/mobile**

Download the Teladoc app from your App Store.

Dental benefits

Magellan offers two dental plans through MetLife: the Preferred Provider Organization (PPO) and the Preferred Dentist Program (PDP) Copay Plan.

MetLife Dental PPO plan

The PPO dental plan is flexible so you can use the provider of your choice. However, you will receive greater benefits if you select an in-network MetLife provider.

PPO plan at-a-glance

Plan Feature	In-Network	Out-of-Network
Calendar Year Maximum	$2,000/person	$2,000/person
Calendar Year Deductible	$50/person $150/family limit	$50/person $150/family limit
Preventive	Covered at 100%	100% of RC*
Basic	80% after deductible	60% of RC* after deductible
Major	50% after deductible	30% of RC* after deductible
Orthodontia	50% no deductible $1,000 max per child	50% no deductible $750 max per child

**RC: All out-of-network benefits are subject to Reasonable and Customary limitations.*

Both the MetLife Dental PPO and Copay plans do not require the use of ID cards—simply let your dentist know that you are a MetLife plan member!

If you live in Louisiana, Mississippi, Montana or Texas, the PPO out-of-network benefits are the same as the in-network benefits.

MetLife Dental Copay plan

(Not available to employees in Louisiana, Mississippi, Montana or Texas)

In the MetLife PDP Copay plan, your expenses are based on a set dollar value rather than a coinsurance percentage. You must use providers who participate in the MetLife PDP network (out-of-network reimbursement is based on Reasonable and Customary (RC) charges and associated coinsurance).

Plan Feature	In-Network	Out-of-Network
Copayments	Flat dollar procedure charge schedule	Subject to RC charges and coinsurance
Deductible	$0	$100 individual/$300 family
Calendar Year Maximum	$1,000 per person	$500 per person
Orthodontia Maximum	$1,000 lifetime per person	$500 lifetime per person

The Copay plan uses flat dollar procedure charge schedules. The chart below is an abbreviated listing of some of the more common dental procedures. Your exact charge will depend upon the Procedure Charge Schedule in VERN, or refer to www.metlife.com/mybenefits for all services covered under your dental plan.

Copay plan at-a-glance

Service Category	Procedure Description	Schedule (See PDP Procedure Charge Schedule to determine your area's appropriate schedule*)			
		1	2	3	4
Diagnostic	Periodic Exam	$0	$0	$0	$0
	Full Mouth & Bitewing X-rays	$5	$5	$5	$5
	Fluoride	$5	$5	$5	$10
Restorative	Amalgams—1 surface	$35	$40	$45	$55
	Amalgams—2 surfaces	$40	$50	$55	$65
	Amalgams—3 surfaces	$55	$60	$70	$85
Endodontic	Root Canal, anterior	$285	$320	$365	$420
	Root Canal, bicuspid	$335	$380	$435	$495

** The schedule above relates to the area in which you receive services (i.e., your dentist's office ZIP code). Procedure charges listed may not represent the full extent of your out-of-pocket costs. Some services may be subject to alternate benefit provisions. It is strongly suggested that you obtain a pre-treatment estimate of benefits from MetLife before the services are rendered in order to better understand what services are covered and an estimate of what you and your plan will pay.*

Bi-weekly payroll deductions

2018 MetLife dental plans payroll deductions (per paycheck) for full-time and part-time employees and MFLC rotational counselors.

Coverage Level	Employee Only	Employee + 1	Employee + Family
Dental PPO	$15.46	$27.99	$46.26
Copay Plan	$7.49	$15.57	$30.68

MetLife **800-942-0854** **www.metlife.com/mybenefits**

Download the MetLife app from your App Store.

You can save money by using a dentist who participates in MetLife's PDP. MetLife's negotiated network dental fees are typically 15% to 45% below community average charges. Search VERN to learn more about MetLife's PDP.

Vision benefits

Magellan's vision benefits are provided by VSP vision care, which has a nationwide network of providers—VSP's Choice Network—offering affordable eye care.

VSP also provides benefits for non-network providers; however, because of negotiated discounts, you will receive a greater benefit by using network providers.

After enrolling, locate a VSP participating doctor by calling 1-800-877-7195 or at vsp.com. When you make your appointment, identify yourself as a VSP member.

VSP providers do not require use of ID cards—simply let your provider or eye doctor know that you are a VSP plan member.

Vision benefits at-a-glance

Plan Feature *every plan year*	**In-Network After You Pay the $20 office/ $20 materials copay**	**Out-of-Network Maximum Amount Reimbursed**
Exam	100%	$45
Single Vision	100%	$30
Lined Bifocal Lenses	100%	$50
Lined Trifocal Lenses	100%	$65
Frames	100% up to $175	$70
Medically necessary contact lenses	100% once approved	$210
Contact lenses instead of glasses	Plan pays up to $175	Plan pays up to $105

Payroll deductions

2018 vision plan payroll deductions (per paycheck) for full-time and part-time employees and MFLC rotational counselors.

Coverage Level	**Employee Only**	**Employee + 1**	**Employee + Family**
Deduction	$3.78	$5.36	$9.60

VSP **800-877-7195** **www.vsp.com**

Download the VSP app from your App Store.

Voluntary benefits

When unexpected health issues arise, MetLife's Accident, Hospital Indemnity and Critical Illness insurance can provide additional financial protection when you need it most.

How do the plans work?

- Lump-sum payments are made directly to you.
- Guaranteed coverage for you and your eligible family members. No medical exam and no hassle.
- Coverage is portable, meaning you can take it with you if your employment status changes.
- These plans are NOT medical coverage.

Accident insurance

Accident insurance can help you pay for costs not covered by your medical plan. MetLife will pay you cash if one of over 150 covered accidents and events happen to you or a family member, including concussions, fractures, ambulatory care, emergency room visits, medical tests, physical therapy and more.

You have a choice of two plan options, according to the level of coverage you desire. Below are some examples of the covered events/services. Go to VERN for more information.

Benefit Type	Low Option	High Option
Ambulance	$200 - $750	$300 - $1,000
Concussions	$200	$400
Cuts/Lacerations	$25 - $200	$50 - $400
Emergency Care	$25 - $100	$50 - $200
Fractures	$50 - $3,000	$100 - $6,000
Hospital Admission	$1,000 per accident	$2,000 per accident
Physical Therapy	$15	$25

Payroll Deductions

2018 Accident insurance payroll deductions (per paycheck) for full-time and part-time employees and MFLC rotational counselors.

Coverage Tier	Low Option	High Option
Employee Only	$3.16	$6.03
Employee + Spouse	$5.03	$9.44
Employee + 1 or more Children	$6.01	$11.27
Employee + Spouse/Children	$7.92	$14.96

Enroll through Workday during enrollment, or call 1-800-GET-MET8 for more information.

Hospital Indemnity insurance

Hospital Indemnity insurance can help if you are admitted or confined to the hospital due to an accident or illness. You have a choice of two plan options, according to the level of coverage you desire. Below are some examples of the covered events/services. Search VERN for more information.

Benefit Type	Low Option	High Option
Hospital Admission	$1,500 per admission	$2,000 per admission
Confinement	$100 a day	$200 a day

Payroll Deductions

2018 Hospital Indemnity insurance payroll deductions (per paycheck) for full-time and part-time employees and MFLC rotational counselors.

Coverage Tier	Low Option	High Option
Employee Only	$11.40	$16.44
Employee + Spouse	$18.47	$27.16
Employee +1 or more Children	$18.47	$27.16
Employee + Spouse/Children	$26.87	$39.49

Enroll in Workday during enrollment, or call 1-800-GET-MET8 for more information.

Critical Illness insurance

Critical Illness insurance can help if you are diagnosed with one of over 25 covered conditions. The plan will pay you a lump sum upon the first diagnosis, and some conditions are even covered for a recurrence.

You have a choice of two plan options according to the level of coverage you desire—$10,000 or $20,000. The plan will pay the following lump sums on the first diagnosis. Search VERN for limitations and details of coverage.

Covered Conditions (See Plan Summary and Outline of Coverage for Details)	Initial Benefit	Recurrence Benefit
Full Benefit Cancer, Heart Attack, Stroke, Coronary Artery Bypass Graft	100% of Initial Benefit	50% of Initial Benefit
Partial Benefit Cancer	25% of Initial Benefit	12.5% of Initial Benefit
Kidney Failure	100% of Initial Benefit	NA
Alzheimer's Disease	100% of Initial Benefit	NA
Major Organ Transplant	100% of Initial Benefit	NA
22 Other Listed Conditions	25% of Initial Benefit	NA

Payroll Deductions

Critical Illness insurance payroll deductions (per paycheck) for full-time and part-time employees and MFLC rotational counselors.

	$10,000 Initial Benefit		$20,000 Initial Benefit	
Attained Age by January 1, 2018	Employee Only	Employee Plus 1 or More	Employee Only	Employee Plus 1 or More
<30	$0.92	$2.35	$1.85	$4.71
30-39	$1.66	$3.55	$3.32	$7.11
40-49	$3.60	$6.74	$7.20	$13.48
50-59	$7.25	$12.97	$14.49	$25.94
60-69	$12.78	$22.52	$25.57	$45.05
70+	$28.43	$48.14	$56.86	$96.28

Enroll in Workday during enrollment, or call 1-800-GET-MET8 for more information.

Automobile/Home/Pet insurance

Magellan has also partnered with MetLife to offer Auto, Home and Pet insurance. To learn more, access MetLife's online site and enter the company name Magellan Health.

Life, Accidental Death and Dismemberment (AD&D) and Disability Insurance

Life, AD&D and Short- and Long-term Disability insurance, administered by Liberty Mutual, provide financial protection for you and your family in the event of your death, accidental injury or disability. The insurance options available to you include the following:

Magellan provides at no cost to you:

- Basic Life insurance
- Basic AD&D
- Short-term Disability
- Basic Long-term Disability
- Business Travel Accident

You may elect:

- Optional Life insurance
- Spouse/Child Life insurance
- Optional AD&D
- Long-term Disability Buy-up

Basic Life insurance

If you are a full-time employee, Magellan provides Basic Life insurance equal to 1x your annual base salary up to a maximum of $200,000, at no cost to you. The amount you are insured for decreases by 50% when you turn age 70; but Magellan provides you an additional $10,000 in coverage once you reach age 70.

Your Basic Life insurance coverage amount is based on 1x your annual earnings as of January 1, 2018. Part-time employees (those working 20 to less than 30 hours per week) are eligible for $10,000 in Basic Life insurance coverage.

You may also elect to limit your coverage to $50,000. Because Magellan pays for your life insurance, there is imputed taxable income for basic life insurance premiums in excess of $50,000. The imputed income tax can be calculated using the following IRS Table 1 premiums:

Age at end of current year	Imputed income rate per $1,000 of insurance (over $50,000) per month
Under 25	$.05
25 – 29	$.06
30 – 34	$.08
35 – 39	$.09
40 – 44	$.10
45 – 49	$.15
50 – 54	$.23
55 – 59	$.43
60 – 64	$.66
65 – 69	$1.27
70+	$2.06

Optional Life insurance

You are eligible to elect Optional Life insurance coverage of 1 – 5x your annual salary up to a maximum benefit of $1,000,000. If you are a new employee, you can elect up to $200,000 without submitting EOI, if enrolled within 30 days of your date of hire.

The Optional Life insurance amounts are based on the multiple of your annual earnings as of Jan. 1, 2018.

Age	Rate/$1,000/month
Under 25	$0.046
25 – 29	$0.046
30 – 34	$0.054
35 – 39	$0.070
40 – 44	$0.092
45 – 49	$0.138
50 – 54	$0.226
55 – 59	$0.367
60 – 64	$0.574
65 – 69	$1.033
70 – 74	$1.033
75+	$1.033

How to calculate your life insurance premium

You are eligible to elect Optional Life insurance benefits of 1 – 5x your annual salary up to a maximum benefit of $1,000,000.

Example: 47-year-old employee electing $270,000 in optional life coverage

Amount of coverage	$270,000
Coverage amount divided by $1,000	$270
Multiply times rate above, based on current age	x $0.138
EQUALS YOUR MONTHLY PREMIUM	**= $37.26**
Multiply times 12 to get annual premium:	**$447.12**
Divide by 26 for your payroll deduction amount:	**$17.20**

Spouse life and child life insurance

If you elect Optional Life insurance to cover yourself, you are eligible to cover your spouse and your child(ren). Your spouse can be covered for an amount up to $150,000 in increments of $10,000. Children are eligible for either $5,000 or $10,000. The amount of spouse and child life insurance elected in total may not be more than your Basic and Optional Life insurance election.

Rates for child life: $0.12 per month per $1,000 of coverage

Rates for spouse life *(based on employee age):*

Age	Rate/$1,000/month
Under 25	$0.046
25 – 29	$0.046
30 – 34	$0.054
35 – 39	$0.070
40 – 44	$0.092
45 – 49	$0.138
50 – 54	$0.226
55 – 59	$0.367
60 – 64	$0.574
65 – 69	$1.033
70 – 74	$1.033
75+	$1.033

Consider how much life and disability insurance you may need:

- How much life insurance do I need?
- How much disability insurance do I need?

Basic Accidental Death & Dismemberment (AD&D) insurance

If you are a full-time employee, Magellan provides AD&D insurance coverage equal to 1x your base annual earnings at no cost to you up to $200,000. Part-time employees (those working 20 to less than 30 hours per week) are eligible for $10,000 of Basic AD&D coverage.

Optional AD&D—$10,000 up to $500,000

You can purchase additional AD&D insurance to cover yourself or your family members.

- **Employee Only.** You may elect AD&D insurance in increments of $10,000 up to $500,000. No evidence of insurability (EOI) is required for optional AD&D coverage.
- **Employee Plus Family Coverage.** If you elect to cover your family, they will be covered for the following amounts:
  1. Spouse coverage (if you do not have children): 60% of employee elected optional AD&D amount, up to $300,000.
  2. Spouse coverage (if you do have children): 50% of employee elected optional AD&D amount, up to $250,000.
  3. Child coverage (if you are not married): 15% of employee elected optional AD&D amount, up to $75,000.
  4. Child coverage (if you are married): 10% of employee elected optional AD&D amount, up to $50,000.

Rates for optional AD&D

You may purchase this insurance in increments of $10,000 up to a maximum of $500,000.

Employee	Employee + Family	Example *(using Employee option)*
$0.019/ $1,000 per month	$0.030/ $1,000 per month	$30,000 coverage $30,000 / $1,000 = 30 30 x $0.019 = $0.57 per month, x 12 = $6.84 $6.84 / 26 pay periods = $0.26 per paycheck

Liberty Mutual **www.mylibertyconnection.com** **Enter Code: Magellan**

Business Travel Accident (BTA) insurance

Magellan provides insurance coverage through CIGNA at no cost to you while you are traveling on business. This policy covers death, as well as payment in the event of certain injuries. Search VERN for more information.

Short- and long-term disability

In order to be eligible for short- or long-term disability benefits, you must be considered actively at work on the date you become eligible for the program (which is the first day of the month after six months of employment).

Short-term disability (STD)

- Full-time employees are eligible for STD coverage the first of the month following six months of employment with Magellan. Part-time employees (those working 20 to less than 30 hours per week) are not eligible for STD and LTD.
- STD replaces 60% of your earnings, for a maximum of 26 weeks.

Long-term disability (LTD)

If approved, your LTD benefits will start 180 days after your STD coverage begins. In addition to company-paid LTD benefits, you have the option to purchase additional LTD benefits (also called "buy-up") as shown in the table below.

NOTE: Because the company pays for the basic LTD benefit, these benefits are taxable income to you. However, the LTD buy-up option is paid by you and, therefore, benefits are not taxable income to you.

Company-Paid Basic LTD (no cost to you)

- Replaces 50% of monthly earnings up to a maximum of $3,000/month

LTD "Buy-up" Options (you pay)

- Option 1: Replaces 60% of monthly earnings, up to a maximum of $7,500/month
- Option 2: Replaces 66 2/3% of monthly earnings, up to a maximum of $10,000/month

LTD 2018 Rates

Buy-Up Option	Monthly Rate Paid by Employee	Example *(using Option 1)*
Option 1	$0.46 per $100 of covered salary	Salary $30,000 per year $30,000 / $100= $300 $300 x $0.46 = $138 per year $138 / 26 pay periods = $5.31 per paycheck
Option 2	$0.70 per $100 of covered salary	

Liberty Mutual www.mylibertyconnection.com **Enter Code: Magellan**

Flexible Spending Accounts (FSAs)

Flexible spending accounts offered include a Health Care FSA, Limited Purpose Health Care FSA and Dependent Care FSA.

What you need to know about your FSA:

If you elect either a Health Care or Limited Purpose FSA with Health Equity, you'll get a new debit card and information packet from Health Equity. There are no cards for the Dependent Care FSA—these claims must be submitted online.

Magellan will be integrating the Health Equity website with many of our health care providers, including CareFirst BCBS, MetLife and VSP, so submitting claims will be easier than ever with additional auto-substantiation—meaning you may not have to submit as many receipts.

Types of FSAs

Limited Purpose Health Care FSA

This FSA account allows you to set aside money, before taxes, to help pay for eligible dental and vision expenses only. The account is "limited" to dental and vision because, by enrolling in our CDHP medical plans, you are already able to set aside pre-tax dollars in your Health Savings Account to cover medical expenses.

If you meet the plan deductible during the plan year, your Limited Purpose Health Care FSA then becomes a Health Care FSA which allows you to use the account for eligible medical expenses.

Health Care FSA

The traditional Health Care FSA option will be available to you only if you are not enrolled in a Magellan medical plan. This plan allows you to set aside money, before taxes, to help pay for eligible health care expenses, including medical expenses, incurred by you and your eligible dependents.

How it works—Both Limited Purpose and Health Care FSA

- FSA contributions are taken from your paycheck each pay period on a before-tax basis, meaning you don't pay taxes on your FSA contributions, which will reduce the income taxes taken out of your paycheck.
- You can submit health care claims online for reimbursement from your FSA. Yearly contributions can range from $100 to $2,650.
- Your FSA funds are "use it or lose it" each calendar year. However, you can roll over up to $500 in unused contributions to the next calendar year, even if you do not enroll the following year. Any amount over $500 will be forfeited.

Dependent Care FSA

The Dependent Care FSA allows you to set aside money, before taxes, to pay for care of your eligible dependent children under the age of 13 and/or for care of a physically or mentally handicapped spouse, elderly parent or dependent who is incapable of self-care. The account is a "use it or lose it" plan; therefore, any unused funds will be forfeited at the end of the plan year. Yearly contributions range from $100 to $5,000. The Dependent Care FSA is for day care, NOT for dependent health expenses. Use your Limited Purpose or Health Care FSA for dependent dental, vision and health expenses.

FSA summary

	Limited Purpose Health Care FSA *Eligible if you enroll in a Magellan medical plan option*	**Health Care FSA** *Eligible if you **do not** enroll in a Magellan medical plan*	**Dependent Care FSA**
Maximum contributions	$2,650 annually	$2,650 annually	$5,000 annually
Use of account	• To pay with pre-tax dollars for vision and dental plan expenses • After medical deductible is met, Limited Purpose FSA funds can be used for qualified medical expenses	• To pay with pre-tax dollars for health-related expenses that are not covered or are only partially covered by your health plan, including expenses for your spouse or children not enrolled in your medical, dental or vision plans	• To pay for care (inside or outside your home) provided for your children under age 13 for whom you have custody • To pay for care for a physically or mentally handicapped spouse, elderly parent or dependent who is incapable of self-care • To pay for day care for your dependents so that you can work
Sample of eligible expenses	• Vision plan copayments • Eyeglasses • Dental plan copayments	• Copayments • Deductibles • Eyeglasses, exam fees, contact lenses and solution • Dental fees • Orthodontia	• Services provided by a licensed day care • Babysitting while you work • Practical nursing care • After-school care
What's not covered	• Medical or pharmacy copayments, deductibles or premiums • Premiums for dental or vision plans • Behavioral health expenses	• Premiums for medical, dental or vision plans • Items not eligible for health care tax exemptions by IRS (e.g., cosmetic surgery) • Long-term care expenses	• Private school tuition including kindergarten • Overnight camp expenses • Babysitting while you're not working • Residential nursing

If you have children in day care, you can save by setting aside money in a Dependent Care FSA.

Estimate your savings

The chart below shows that the employee in the example below would take home over $700 of additional salary by using the Dependent Care FSA.

*Example: Tax savings using a Flexible Spending Account**

In-Network	Non-FSA Participant	FSA Participant
Gross salary	$25,000	$25,000
Dependent care FSA election	$0	- $3,000
Taxable income	$25,000	$22,000
Taxes*	- $6,413	- $5,643
Income after taxes	$18,587	$16,357
Dependent care expenses	- $3,000	- $3,000
Available income before FSA reimbursement	**$15,587**	**$13,357**
Tax-free reimbursement	$0	+ $3,000
AVAILABLE INCOME	**= $15,587**	**= $16,357**

The FSA participant has a tax savings and has increased take-home salary by $770.

** Assumes federal withholding equals 15%, state withholding equals 3% and social security withholding equals 7.65%*

Health Equity **866-346-5800** **https://my.healthequity.com**

Download the Health Equity app from your App Store.

Health Equity's mobile app allows you to manage your account on the go!

Take advantage of the free app features:

- View balance and recent activity
- Submit claims
- Manage direct deposit
- Resolve overpayments

Also, stay informed of account activity and balance information instantly through text messages! Log onto Health Equity and go to **My Profile** to sign up for text messages.

Magellan LifeResources

Magellan *LifeResources* is designed to enhance and support your work-life balance as well as provide behavioral health assistance to you and your family. The following resources are available at no cost to all employees as well as their household members and ***do not require participation in a Magellan medical plan***.

Clickotine

Clickotine is an innovative program that uses clinically-driven app technology to help you create and stick to a plan to quit smoking and overcome nicotine cravings. Based on clinical trials and data, Clickotine has a high success rate and includes these key features:

- Receive personal messages that keep you on track towards quitting.
- Monitor and control your breathing—an effective way to reduce nicotine withdrawal symptoms.
- Post comments and share encouragement with others trying to quit.
- Get help diverting cravings to healthier actions.
- Track how much money you've saved since you quit smoking—a powerful motivator for quitting.

Ready to get started? Download the app from your App Store and create an account.

Talkspace

With Talkspace online therapy, you or your adult family members (18+) can text with one of more than 1,500 licensed therapists whenever and wherever, on web or mobile, without scheduling, traveling or worrying about privacy.

Magellan is offering a free 8-week pilot available through the end of 2017 to all employees. Check your email for a one-time voucher code, which can be used by you or given to a member of your household. In 2018, Talkspace will supplement our EAP services as another option for therapy services.

Employee Assistance Program (EAP)

The focus of the EAP is prevention and assistance. The goal is to help you regain control of your circumstances when the challenges of everyday life become less than manageable. Face-to-face and telephonic counseling sessions are available to you on a per-problem type basis, as well as a wealth of web-based interactive resources. If your problem is persistent or recurring, additional assessment will be made to refer you to a Magellan Behavioral Health treatment provider.

Work-life services

In addition to personal, confidential counseling, Magellan LifeResources also offers an abundance of services and resources to help you manage the demands of daily living. Support and resources to assist you, as a caregiver, with dependent care and educational needs, health and wellness issues and personal conveniences are available to you through both the toll-free number and website.

Legal and financial services

You may receive up to a 60-minute free consultation per separate legal or financial matter. For legal services, the initial consultation may be in-person or by telephone. You may receive a discount for ongoing legal services when an attorney in the local community is retained. Consultations for financial services may be done over the telephone with an experienced financial professional.

Magellan Autism Assist

Magellan Autism Assist℠ gives parents of children diagnosed with autism access to an easy-to-use online program powered by industry leader Rethink Autism. The program provides clinical web-based best practice treatment tools for individuals who care for a child with autism. The program allows parents to be a part of their child's treatment process, become better-informed consumers, and gain confidence in communicating with professionals supporting their child. You do not have to enroll in order to receive the benefit, it's free to all employees and their family members.

Web-based confidential care (CCBT)

When it comes to emotional health, finding the care and support needed may be difficult. You have access to Web-Based Confidential Care to help you or your family members receive the support you need, when you need it and in a way that is most comfortable to you. This web-based care, called cognitive behavioral therapy, is organized into interactive programs that address depression, substance abuse, anxiety, sleep trouble and obsessive-compulsive disorder (OCD). These programs are directly accessible on www.magellanhealth.com/member, our secure member website.

Magellan *LifeResources* **866-266-2376** **www.magellanhealth.com/member**

Health and wellness

Jiff

Jiff integrates your benefits information and wellness activities in one place. You can engage in a variety of programs to improve your health and wellness, all personalized for you based on your needs. Search VERN for "Jiff" for more information.

Earn a wellness credit

We are excited to offer a wellness credit of $28.85 per bi-weekly paycheck to you if you enroll in the Magellan medical plan and complete certain health improvement activities. This year, the program includes a visit to your physician to complete your biometric screening. We believe your family physician or primary doctor plays a vital role in not only providing comprehensive information about your biometrics, but also ensuring you take any steps necessary to improve your biometrics.

Wellness Credit requirements for 2018

For employees newly eligible for benefits beginning January 1, 2018 (e.g., new employees with hire dates December 1, 2017 or later).

What you need to do:

- **Complete a biometric screening between April 1, 2017 and March 31, 2018 and review the results with your doctor**. If your appointment is before March 2018, save your results. Once the personalized physician form is available in early March through new tools we're implementing, you'll need to download it and have it signed by your doctor. If completed, you'll begin to receive the wellness credit with your April 15 paycheck. If you complete the biometric screening and physician form later than March 31, 2018, the wellness credit will be applied to your paycheck as soon as administratively practicable.
- If you are newly eligible for benefits beginning April 1, 2018 (e.g. hired after Mar 1, 2018), your biometric screening will be considered valid if it was completed within the most recent 12 months of your enrollment date in the Medical plan. For example, if you are enrolled beginning May 1, 2018, your screening can from anytime between May 2017 - April 2018. Once your biometric screening has been submitted, you will begin receiving the wellness credit as soon as administratively practical.

Search VERN for "wellness credit" or "Jiff" to learn more.

Don't have a primary doctor? Contact Health Advocate or Blue Cross Blue Shield (BCBS)! They'll help you find the right doctors, hospitals and other leading healthcare providers anywhere in the country—including providers in the BCBS network. Search VERN for "primary doctor" for more resources.

CaféWell

CaféWell is a health and wellness partner that provides tools, motivation and rewards that make it exciting and easy to incorporate healthy habits into busy lives. CaféWell's online platform offers seasonal wellness content, challenges and programs, apps, tracking devices, educational resources, community chats and blogs, online coaching and much more to keep you on track with healthy lifestyle choices. CaféWell provides information on nutrition, fitness, stress management, preventive health and general wellness. CaféWell also offers a Health Risk Assessment. There is no cost for these services that you can access through www.magellanhealth.com/member.

Other wellness programs

- Free health and wellness coaching sessions to help you learn how to adopt a healthier lifestyle.
- Nutritional counseling (5 visits annually), if you are enrolled in a Magellan medical plan.

Search VERN for "wellness credit" or go directly to Magellan LifeResources at www.magellanhealth.com/member, to learn more about our wellness programs.

By earning the wellness credit, you are not only investing in your health, but you are saving money too. When applied to your payroll deductions, you may reduce the monthly cost of your medical plan by an average of 40%.

Check out the Payroll Deductions comparison chart on page 17 to see how much you can save.

Contact information

Workday is your 'go to' self-service resource for Benefits and Enrollment information. For more specific benefits information or questions, contact the following resources:

Subject	Contact	Phone/website
Understanding your health-related benefits: • General health care questions • Navigating your benefits • Clarifying benefits coverage • Explaining conditions, second opinions, scheduling appointments and tests • Resolving medical, dental, vision, pharmacy, behavioral health billing and claim issues	Health Advocate	866-695-8622 www.healthadvocate.com/magellan
Medical benefits	CareFirst BCBS	855-229-5719 www.myhealthtoolkitcf.com
Health Savings Accounts	Health Equity	866-346-5800 https://my.healthequity.com
Pharmacy benefits	Magellan Rx: Magellan Member Call Center	800-424-8009 https://employee.magellanrx.com
	Magellan Rx (Specialty)	800-327-3568
	Mail Order (Walgreens)	877-276-9360 https://walgreens.com/magellan
Behavioral health and EAP, Work-Life, Legal, and Financial Services	Magellan *LifeResources*	866-266-2376 www.magellanhealth.com/member
Dental benefits	MetLife	800 942-0854 www.metlife.com/mybenefits
Vision benefits	VSP	800-877-7195 www.vsp.com
Teladoc Service	Teladoc	800-TELADOC (800-835-2362) www.teladoc.com
Voluntary Benefits • Accident, Critical Illness, Hospital insurance • Auto, home, and pet insurance	MetLife	800-GETMET8 (800-438-6388) www.metlife.com/mybenefits
Flexible Spending Accounts	Health Equity	866-346-5800 https://my.healthequity.com
Wellness resources	CaféWell	www.magellanhealth.com/member email:magellan@cafewell.com
Commuter benefits	TransitChek	888-618-2435 www.tams.transitchek.com Code: YFW14
Life Insurance, Disability, FMLA	Liberty Mutual	www.mylibertyconnection.com
401(k) Plan	Prudential	877-778-2100 www.prudential.com/online/retirement
Workday	Workday Job Aids	See the Job Aid Worklet in Workday.

Qualified life events

To report a qualified life event change outside of annual enrollment, such as the birth of a child, marriage or divorce:

1. Go to Workday and select the Benefits icon on your Workday home page. Select "Change Benefits." Select the appropriate life event, and in the "Benefit Event Date" field, type in the date of the actual event (date of birth, marriage, etc.).
2. Once you report your event within Workday, you may change your benefits, subject to ERISA requirements. The list below includes events generally considered qualified life events:

- Marriage
- Birth of Child or Adoption of Child
- Divorce
- You or your dependent lose or gain other coverage
- You or your dependent become eligible for Medicare/ Medicaid/CHIP
- Change in daycare provider rates
- Change in employment status which affects benefit program eligibility

Things to keep in mind

1. You have 30 days from the date of the event to report it in Workday.
2. The benefit elections you choose during enrollment for the 2018 plan year cannot be changed unless you have a qualified life event or until the next Annual Enrollment period.
3. If you add a dependent to your medical coverage due to the qualified life event, you must provide verification to AonHewitt proving that he or she is an eligible dependent. AonHewitt will send you a packet with the required information. You must respond within the specified time frame or your dependent's coverage will be dropped.
4. All changes to benefits will be effective prospectively the first of the month following the event date, with the exception of birth, adoption and death. These changes will be effective the date of the event.
5. Federal regulations require that the change that you make to your benefits elections must be "on account of" the qualified life event.
6. Some life events, such as a court award or a child support order, will be handled automatically when Magellan's HR department receives notification of the award.

This Enrollment Guide provides a summary of the benefits available to you. This Guide is not a Summary Plan Description. Magellan Health reserves the right to modify, amend, suspend or terminate any plan at any time, and for any reason without prior notification. The plans described in this booklet are governed by insurance contracts and plan documents, which are available for examination upon request. We have attempted to make the explanations of the benefits available under the plans in this Guide as accurate as possible. However, should there be any discrepancy between this Guide and the provisions of the insurance contracts or plan documents, the contracts and plan documents will govern. In addition, you should not rely on any oral descriptions of these plans since the written descriptions in the insurance contracts or plan documents will govern.

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