



# KROME PROJECT - NUSOG OPEN ENROLLMENT 2014-2015



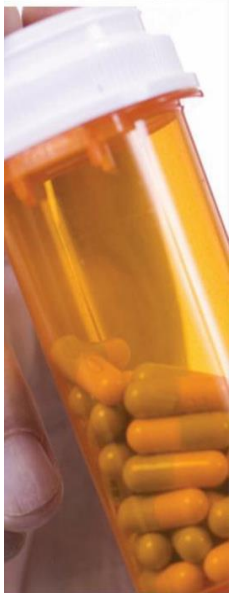
Open Enrollment for Benefit Plan Year 2014-2015 will begin Thursday, September 4, 2014 and run through Friday, September 12, 2014. Your new benefit plans and coverage begin on Wednesday, October 1, 2014.

Open Enrollment Sessions will be held **Wednesday, September 10<sup>th</sup>** and **Thursday, September 11<sup>th</sup>** at Miccosukee Resort and Gaming | 500 S.W. 177th Avenue | Miami, FL 33194 | 2<sup>nd</sup> Floor. This will also be an opportunity for employees to ask questions and submit completed paperwork.

Attendance during Open Enrollment Sessions will be unpaid. All benefit eligible employees are strongly encouraged to attend an Open Enrollment Session, as there are both enhancements and changes to the current plan year offerings. Important information will be explained regarding your Retirement Plan and Medical, Dental and Vision Plan benefits during the Open Enrollment Sessions.

Open Enrollment Sessions - September 10<sup>th</sup> and September 11<sup>th</sup> - are scheduled as follows:

Meeting times	Attend only one session
6:45 am – 8:15 am	Shifts ending at 6:00 am
11:30 am – 1:00 pm	Shifts beginning at 2:00 pm
3:00 pm – 4:30 pm	Shifts ending at 2:00 pm



Be sure to Sign Up for the Open Enrollment Session you will attend by clicking the following link.  
[Open Enrollment Sign Up](#)

## PLAN CHANGES AND ENHANCEMENTS EFFECTIVE OCTOBER 1, 2014

### MEDICAL, DENTAL and VISION

#### **401(k)**

In addition to rolling over your existing 401(k) funds from your previous employer's retirement plan, the 401(k) Plan provides the opportunity to save for your retirement years and reduce your taxable income. For more details on how to save for your future, please review the attached Summary and reference your 401(k) Enrollment Workbook. 401k Plan Representatives for both the Akal and AGS provided 401k Plans will be present to review your new 401k Plan and respond to your questions.

**Aetna** will be our medical insurance carrier for the new plan year. They have expanded their already large network of doctors to give employees the lowest possible out of pocket costs.

**Guardian** will be our new provider for both Dental and Vision coverage. You will continue to be able to elect either DMO or PPO dental coverage. Under the PPO plan there have been a few enhancements. Firstly, coverage maximum will increase from \$750 to \$1,250 per year, with a rollover feature. The rollover feature allows you to carry-forward your remaining annual maximum benefit to the next plan year, up to a maximum benefit of \$2,250, if you do not use all of your benefit within the current plan year. In addition, the Buy-Up PPO Dental Plan will cover orthodontia services for both children (up to age 19) and adults.

#### **SHOP Plan**

The SHOP Plan is an important part of your benefits package that helps you offset out of pocket costs for healthcare.

#### **Bundled Coverage**

Your Medical, Dental and Vision benefits are offered in a Bundled Package. This means that your benefit election effective October 1, 2014 will include Medical, Dental and Vision coverage. If you elect PPO Dental, there will be an additional "buy-up" cost for coverage.

#### **New Employee Cost Sharing**

BSI and your Benefits Team have worked very hard to provide you with high quality benefits at competitive prices in a market where medical insurance premium costs have increased significantly over the past couple of years. These rising costs for medical insurance are partly due to benefit requirements of the Affordable Care Act, and also due to the high utilization and rising costs of medical services.





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As a result, employees electing bundled Medical, DMO Dental and Vision dependent coverage will see a premium deduction taken from their first pay check in October 2014. Employees who elect Employee Only Medical, DMO Dental and Vision coverage will have no cost for their bundled package.

The following chart provides employee premium deductions per pay period for bundled Medical, DMO Dental and Vision coverage, depending on the level of coverage elected; and additional cost for Buy-up PPO Dental.

COVERAGE LEVEL	MEDICAL/DMO DENTAL/VISION PAY PERIOD DEDUCTION	PPO DENTAL BUY-UP ADDITIONAL COST PER PAY PERIOD
Employee Only	\$0.00	add \$3.71
Employee + Child(ren)	\$60.00	add \$10.43
Employee + Spouse	\$110.00	add \$11.40
Family	\$220.00	add \$17.80

## **ADDITIONAL CHANGES AND ENHANCEMENTS**

### **TeleDoc**

Getting to a doctor during normal business hours can be a challenge for many employees. For the same co-pay as a doctor's visit, you can now call a U.S. Board-Certified doctor through TeleDoc who can resolve many of your medical issues 24/7/365 via phone or online video consult from wherever you happen to be. It's health care on your terms.

### **Wellness Programs**

A personalized health and wellness program that begins by completing a confidential health assessment is included in your health benefit. Through your Health Assessment, an action plan is recommended that includes online wellness and printable health summaries that you can track over time. Your participation is completely voluntary and confidential. Your personal health information is private and protected – at your choice; you may share the information with your healthcare provider.

### **Onsite Screening Programs**

Onsite Health Screening will be conducted using a finger stick instead of a blood draw. Results take only 7 minutes. The nurse meets privately with employees to discuss their personal health assessment. Your participation in the onsite screening is voluntary, confidential and at your discretion. These services will be available during the Open Enrollment Sessions.

### **Dependent Audit**

For this enrollment period, a full plan audit of all eligible dependents will be conducted. Employees electing dependent coverage will be required to provide dependent information by completing the enclosed Dependent Eligibility Form. This three (3) page form must be completed in its entirety and submitted with your benefit election form during the Open Enrollment period. If an employee elects dependent coverage, their completed Dependent Eligibility Form must be submitted before September 18<sup>th</sup> or the employee will be defaulted into Employee Only coverage. Once an employee is defaulted into employee only coverage, dependent coverage can be added if the dependent certification is completed no later than October 31, 2014.

**Please be sure to review the enclosed Benefits Kit carefully before making your elections. You will then bring your completed packet to one of the above scheduled Open Enrollment Sessions.**

**REMEMBER:** Open Enrollment ends Friday, September 12<sup>th</sup>. All benefit eligible employees must enroll in benefits and paperwork must be completed and submitted on or before September 12<sup>th</sup>. Please note, after your benefits become effective, changes are not allowed during the plan year unless you have a qualifying life event or next open enrollment.

If you have questions or require additional information, please contact SCA at 1.800.382.2044 - select Option #1 or you may e-mail [beau@yoursca.com](mailto:beau@yoursca.com).





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**Contract Holder Acknowledgement**

I have certified that my dependents meet the eligibility criteria for the benefit plan and have attached the required supporting documentation.

I confirm the above dependent information and the enclosed supporting documentation is true and may be used to validate enrollment of these dependents in the benefit plans by Aetna, Guardian, and any other carriers.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (Print)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Employee number



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## PROOF CHECKLIST FORM

### Member Information:

Contract Holder Name (please print): \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number \_\_\_\_\_ Best Time to Call:  AM  PM

Total Number of Proof Documents: \_\_\_\_\_

### Questions:

In accordance with the IRS spouse guidelines, please answer the following "yes" or "no" questions:

1. I have lived with my spouse for the past six months.  Yes  No
2. I provide at least 50 percent of the financial support to keep up our home.  Yes  No
3. My spouse and I filed our taxes as a married couple in 2013.  Yes  No
4. I have obtained a final decree of divorce or separate maintenance agreement.  Yes  No

### Dependent proof included (Please check only those documents that will be included):

#### Spouse:

- Marriage certificate
- Driver's license (front)
- 2013 Federal Tax Return (1040 — top half only)

#### Children:

- Birth certificate
- Adoption papers/Legal guardian papers
- College/university registration document or transcript
- Physician's statement of disability

#### Other:

- Copy of Qualified Medical Child Support Order and birth certificate
- Copy of court order



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## DEPENDENT ELIGIBILITY REFERENCE GUIDE AND REQUESTED PROOF DOCUMENTATION

DEPENDENTS	ELIGIBILITY DEFINITION	DOCUMENTATION REQUESTED
<b>CURRENT SPOUSE</b>	A person to whom you are legally married.	<p>Any ONE of the following:</p> <ul style="list-style-type: none"> <li>&gt; A copy of the certified Marriage Certificate (state/county issued) <b>and</b> a copy (front) of the spouse's driver's license.</li> <li>&gt; A copy of the top half of the front page of your 2013 Federal tax return (Form 1040) that includes the spouse (can black out dollar amounts).</li> <li>&gt; Place of worship marriage certificate <b>and</b> a copy (front) of the spouse's driver's license.</li> </ul> <p>The company recognizes all legally married spouses, regardless of gender. Same-sex spouses are eligible for all benefits that opposite-sex spouses are eligible for and may be enrolled in our plans. While Akima will follow the “place of celebration” rule, if an employee resides in a state that does not recognize same-sex marriage, there may be state tax consequences when enrolling a same-sex spouse.</p>
<b>FORMER SPOUSE</b>	A person to whom you were once legally married and continued coverage is specified under a legal agreement until the spouse remarries.	<ul style="list-style-type: none"> <li>&gt; A copy of the divorce agreement showing that you are required to provide medical coverage to your ex-spouse.</li> </ul>
<b>CHILDREN</b>	<p>Unmarried children under age 26 <b>ONLY IF</b> other insurance is not available through his/her employer or Medicare).</p> <p>Covered if they are you or your spouse's or partner's:</p> <ul style="list-style-type: none"> <li>-Natural Children</li> <li>-Step Children</li> <li>-Legally adopted children, or those placed in your home for whom you have begun adoption procedures</li> <li>-Children living with you for whom you are appointed Legal Guardian by the court and for whom you are financially responsible. - Disabled children over 25.</li> </ul>	<ul style="list-style-type: none"> <li>&gt; A copy of the top half of the front page of your 2013 Federal tax return (Form 1040) that includes the dependent (can black out dollar amounts).</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>&gt; Natural Child — A copy of the child's birth certificate showing you as a parent</li> <li>&gt; Step Child — A copy of the child's birth certificate. &gt;-</li> </ul> <p><u>Adopted Children/Legal Guardianship —</u></p> <p>A copy of the Final Court Order or Adoption Final Decree, each with the presiding judge's signature and seal.</p> <ul style="list-style-type: none"> <li>&gt; <b>AND</b> if Disabled Child over age 25 — copy of physician's statement</li> </ul>
<b>OTHER DEPENDENTS</b>	An alternate recipient under age 26 who is covered under a qualified child support order (QMCSO) or other dependents if required under a court order.	<ul style="list-style-type: none"> <li>&gt; A copy of the QMCSO or court order</li> </ul> <p><b>AND</b> if QMCSO — copy of the child's birth certificate.</p>