



A V E N U
INSIGHTS & ANALYTICS

Thompson | Flanagan

Avenu

2019-2020 New Hire Enrollment

know your benefits

Plan Year: March 1, 2019 — February 29, 2020

Please review all options and complete your enrollment no later than ***30 days after your hire date***

New Hire Enrollment 2019

As a new employee, you will have 30 days to select health and welfare benefits offered through Avenu's Group Benefit Plan. This guide will outline all of the different benefits Avenu offers, so you can identify which benefits are best for you and your family. Elections you make during this enrollment period will become effective retroactive to your hire date. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to HR.



Who is Eligible?

If you're a full-time employee at Avenu, you're eligible to enroll in the benefits outlined in this guide. Full-time employees are those who work 30 or more hours per week.

When to Enroll

Are you ready to enroll? The first step is to review the benefit offerings. Verify all of your personal information, including the information for any dependents you want to enroll in coverage.

Once you have all of your information, it's time to make your benefit elections. The decisions you make during enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully. You can enroll during the new hire enrollment period which runs 30 days starting with your hire date. After this period ends, IRS rules do not allow midyear changes unless there is a life-changing qualifying event (such as birth of a child) or an employment change.

How to Enroll

Complete your online enrollment through ADP no later than 30 days after your hire date. Contact Human Resources at hr@avenuinsights.com if you have any questions.

When to Make Changes

As mentioned, unless you experience a life-changing qualifying event, you **cannot** make changes to your benefits until the open enrollment period. Qualifying events include things like:

- » Marriage, divorce or legal separation
- » Birth or adoption of a child
- » Change in child's dependent status
- » Death of a spouse, child or other qualified dependent
- » Change in residence
- » Change in employment status or a change in coverage under another employer-sponsored plan

You must notify HR within 30 days of your event, otherwise you will not be able to make changes.

MEDICAL / HSA - p3

BlueCross BlueShield of AL
Medical
1 (855) 880-6350
alabamablue.com

Kaiser Permanente
Medical
1 (800) 464-4000
kp.org

Benefit Wallet
HSA
1 (877) 472-4200
mybenefitwallet.com

DENTAL / VISION - p5

MetLife
Dental
1 (800) GET-MET8
metlife.com

MetLife
Vision
1 (800) GET-MET8
metlife.com

LIFE / DISABILITY - p6

Cigna
Life/AD&D
Basic: 1 (800) 828-3485
Voluntary: 1 (888) 842-4462
cigna.com

Cigna
Disability
1 (888) 842-4462
cigna.com

Cigna
Employee Assistance Prgm.
1 (800) 538-3543
cigna.com

MISC. BENEFITS - 7

WageWorks
FSA/Commuter
1 (877) 924-3967
wageworks.com

MetLife
Accident/Critical Illness
1 (800) GET-MET8
metlife.com

MetLife
Legal Assistance
1 (800) GET-MET8
metlife.com

REQ'D NOTICES - p8

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Human Resources Dept.
hr@avenuinsights.com

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1 (312) 239-2882

askTF@thompsonflanagan.com

Your 2019-2020 Benefits

Health Insurance

Avenu provides medical plan coverage through BlueCross BlueShield of Alabama. You can find an in-network provider at www.alabamablue.com.

These plans utilize BlueCross BlueShield's national network, so no matter where you are, you can take advantage of these in-network benefits. For out of network benefits, see your specific plan's [Summary of Benefits and Coverage \(SBC\)](#).

\$600 PPO	In-Network Care	Out-of-Network Care
Deductible	\$600 Ind / \$1,200 Family	\$1,200 Ind / \$2,400 Family
Out-of-Pocket Maximum (includes Ded & Rx; your financial worst case scenario)	\$4,000 Ind / \$8,000 Family	No Out-of-Pocket Maximum
Coinsurance	80%	60%
Preventive Care	100% Covered	Not Covered
Office Visits	\$30 PCP / \$60 SCP	60% after Deductible ¹
Emergency Room	\$250 copay	\$250 copay after Deductible
Inpatient Hospital	80% after Deductible	60% after Deductible ²
Outpatient Surgery	80% after Deductible	60% after Deductible ³
Prescriptions	\$10 / \$30 / \$50 copay	Not Covered

\$2,700 HDHP	In-Network Care	Out-of-Network Care
Deductible	\$2,700 Ind / \$5,200 Family	\$5,200 Ind / \$10,400 Family
Out-of-Pocket Maximum (includes Ded & Rx; your financial worst case scenario)	\$3,800 Ind / \$7,000 Family	No Out-of-Pocket Maximum
Coinsurance	100%	80%
Preventive Care	100% Covered	Not Covered
Office Visits	100% after Deductible	80% after Deductible ¹
Emergency Room	100% after Deductible	100% after Deductible
Inpatient Hospital	100% after Deductible	80% after Deductible ²
Outpatient Surgery	100% after Deductible	80% after Deductible ³
Prescriptions	\$10 / \$30 / \$50 copay all after Deductible	Not Covered

¹Office visit out-of-network benefits are shown for non-Alabama located services; in Alabama, benefit is 50% after deductible

²Out-of-network inpatient services only available for emergencies

³Out-of-network outpatient services are not covered in the state of Alabama

Health Insurance Continued

Avenu offers all employees, located in the state of California, access to an HSA-Qualified High Deductible Health Plan (HDHP) HMO w/ Kaiser Permanente.

\$2,000 Kaiser HDHP / HMO	In-Network Only
Deductible	\$2,000 Ind / \$4,000 Family
Out-of-Pocket Maximum (includes Ded & Rx; your financial worst case scenario)	\$3,500 Ind / \$7,000 Family
Preventive Care	100% Covered
Office Visits	\$30 PCP / \$30 SCP after Deductible
Emergency Room	\$100 copay after Deductible
Inpatient Hospital	\$250 per admission after Deductible
Outpatient Surgery	\$150 per procedure after Deductible
Prescriptions	\$10 / \$30 / 20% Coinsurance (not to exceed \$200); after Deductible

Your Bi-Weekly Cost in 2019/2020

Bi-Weekly Cost	\$600 PPO Plan - Non Tobacco	\$600 PPO Plan- Tobacco	\$2,700 HSA Plan- Non Tobacco	\$2,700 HSA Plan- Tobacco	Kaiser HDHP / HMO- Non Tobacco	Kaiser HDHP / HMO- Tobacco
Employee Only	\$79.13	\$104.13	\$39.62	\$64.62	\$37.87	\$61.76
Employee + Spouse	\$244.91	\$294.91	\$183.98	\$233.98	\$179.01	\$227.69
Employee + Child(ren)	\$165.79	\$215.79	\$111.79	\$161.79	\$105.50	\$152.70
Employee + Family	\$358.32	\$408.32	\$270.59	\$320.59	\$246.26	\$297.79

Employees who use tobacco products or do not complete a non-tobacco affidavit are subject to a surcharge. Employees who successfully complete a tobacco cessation program through Avenu and BlueCross BlueShield of Alabama will be able to qualify for non-tobacco rates.

For those in the HDHP w/ BCBS of AL (not including those enrolled in the Kaiser HDHP/HMO), Avenu will contribute \$1,000 for employee only coverage and \$2,000 for employee + spouse/children/family coverage towards your HSA. These contributions will be broken down in to bi-weekly payments.

A **Spousal Surcharge** applies to coverage for employees with spouses who are eligible for group health insurance through their own employers and choose to enroll in Avenu's health plan. **The Spousal Surcharge is \$46.15 per pay period/bi-weekly (\$1,200 annually).** If you enroll your spouse, you will be asked to complete a Health Care Spousal Surcharge Form to confirm whether your spouse has access to other coverage.

High Deductible Health Plans & HSAs

WHAT IS A HIGH DEDUCTIBLE HEALTH PLAN (HDHP)?

A HDHP is a plan with a certain annual deductible amount and a maximum out-of-pocket limit as listed below:

- In-Network Deductible: \$2,700 Single / \$5,200 Family
- In-Network Out-of-Pocket Maximum: \$3,800 Single / \$7,000 Family (Out-of-Pocket Max includes the Deductible)

Sometimes referred to as consumer-driven health insurance, a HDHP still covers you for catastrophic illness and injury—what health insurance was originally intended to do.

Office visits and prescription drugs are subject to the deductible. This means you pay a BCBS negotiated discount price instead of a fixed co-pay until you reach your deductible.

WHAT IS A HEALTH SAVINGS ACCOUNT (HSA) AND HOW DOES IT WORK?

A Health Savings Account is a tax-advantaged trust account that allows you to take charge of your health, your savings and your future.

It allows you to put away tax-free dollars to help pay for your eligible healthcare expenses including medical, prescription drugs, dental, vision, certain premium expenses like COBRA and Medicare premiums, etc., both today and in the future.

The 2019 maximum annual contribution to an HSA is \$3,500 for single coverage and \$7,000 for family coverage (combined between yourself and Avenu). The IRS determines the contribution maximums annually.

ADVANTAGES OF AN HSA

- Money you put into your account is deducted pretax therefore reducing your taxable income.
- Money that stays in your account earns tax-free interest.
- Money you pay from your account to pay for your qualified healthcare expenses is not taxed.
- Money rolls over from year-to-year - no “use it or lose it” restriction.

WHO IS ELIGIBLE FOR AN HSA?

- You must be enrolled in a qualified High Deductible Health Plan (HDHP).
- You cannot be covered by any other plan that is not a qualified HDHP, with certain exceptions.
- You cannot be enrolled in Medicare or receiving Social Security.
- You cannot be claimed on another person’s tax return.
- You have not received VA medical benefits at any time over the past three months.

BASIC BENEFITS OF THE HIGH DEDUCTIBLE HEALTH PLAN

- Visits to any doctor or facility for covered service.
- Your plan includes deductibles, coinsurance and a limit on what you pay out-of-pocket.
- Annual routine preventive care services are included in your plan. You generally do not pay for these services; not even an office visit copay.
- Certain Preventive Prescriptions are also included. On these the deductible is waived and you only pay the coinsurance.

WHEN DO I USE MY HSA?

After visiting a physician, facility, or pharmacy, your medical claim will be submitted to your HDHP for payment. Your HSA dollars can be used to pay your out-of-pocket expenses (deductibles and coinsurance) billed by the physician, facility, or pharmacy, or you can choose to save your HSA dollars for a future medical expense. In addition, HSA dollars are available to pay for dental, vision and other expenses as well.

HOW DOES THE HDHP DEDUCTIBLE WORK?

Under the HDHP, your annual deductible and out-of-pocket maximum includes both medical and pharmacy expenses. All expenses are your responsibility until the deductible is reached (except qualified preventive care). For single coverage, your annual deductible is \$2,700 per covered person per year. For family

coverage, the annual deductible is \$5,200 per calendar year for all covered persons in a family.

HOW ARE BENEFITS COVERED AFTER THE DEDUCTIBLE IS SATISFIED?

Once you have satisfied the in-network deductible, remaining qualified expenses are covered by the HDHP plan at 100 percent up to the out-of-pocket maximum. The in-network out-of-pocket maximum (including the deductible) is \$3,800 for single coverage and \$7,000 for family coverage.

HOW DOES THE HDHP WORK IF I GO OUT-OF-NETWORK?

Out-of-network coverage is covered in the same manner as it is today under your current PPO plan. You must satisfy the out-of-network deductible then expenses are covered at the out-of-network coinsurance level of 80 percent.

CAN INELIGIBLE EXPENSES BE REIMBURSED FROM AN HSA?

Ineligible disbursements from an HSA are subject to a 20 percent penalty. Neither the trustee, bank, insurance company nor Avenu are required to determine if a claim submitted for reimbursement is a qualifying medical expense.

Any amount withdrawn from an HSA for a non-qualifying medical, Rx, dental, or vision expense will be subject to income tax and possibly an additional 20 percent penalty. Where funds are distributed as a result of the account beneficiary’s death, disability, or after he or she is eligible for Medicare, the 20 percent penalty does not apply.

WHY SHOULD I ELECT AN HSA?

Cost savings

- Tax Benefits
 - HSA contributions are excluded from federal income tax
 - Interest earnings are tax-deferred
 - Withdrawals for eligible expenses are exempt from federal income tax
- Unused money is held in an interest-bearing savings or investment account

- Lower employee contribution
 - Company contribution

Long-Term Financial Benefits

- Save for future medical, Rx, dental, or vision expenses
- Funds roll over year to year
- This is your account, you take it with you if your employment at Avenu ends

Choice

- You control and manage your healthcare expenses.
- You choose when to use your HSA dollars to pay for your healthcare expenses.
- You choose when to save your HSA dollars and pay healthcare expenses out of pocket.

WHO WILL ADMINISTER THE HSA?

BenefitWallet administers the HSA bank accounts for the Avenu employees that are enrolled in the qualified High Deductible Health Plan. For more information on setting up this bank account, please contact your Human Resources Department.

WHERE CAN I FIND MORE INFORMATION ON HSAs?

To view statute, technical guidance and other customer friendly information released by the U.S. Department of Treasury, please visit:

<https://www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx>

Dental /Vision Insurance

For 2019/2020, Avenu's dental and vision insurance will continue to be insured by MetLife. For a full summary of covered services, please see the Plan Certificate. To find an in-network provider, visit metlife.com

Dental Benefits	In-Network Care	Out-of-Network Care
Deductible	\$50 Ind / \$150 Family	
Annual Benefit	\$2,000	
Orthodontia Lifetime Benefit	\$1,500	
Type I Expenses (Cleanings, Exams, X-Rays)	100% w/ no deductible	100% of usual & customary fee*
Type II Expenses (Fillings, Oral Surgery, Extractions, Periodontics, Root Canal)	80% after deductible	80% of usual & customary fee*
Type III Expenses (Dentures, Crowns, Implants)	50% after deductible	50% of usual & customary fee*
Type IV Expenses (Orthodontia Services—Children Only to age 19)	50% after deductible	50% of usual & customary fee*

*usual & customary fee is at the 90th percentile

PLEASE NOTE: Non-participating dentists can bill you for charges above the amount covered by your Dental Plan. To ensure you do not receive additional charges, visit a participating PPO Network Dentist.

Vision Benefits	In-Network Care	Out-of-Network
Frequency (Exams / Lenses / Frames)	Once every 12 / 12 / 24 months	
Exams	\$0 copay	\$45 allowance
Lenses (Single / Bifocal / Trifocal)	\$0 copay for all	\$30 / \$50 / \$65 allowance
Frames	\$100 allowance plus 20% off balance (\$55 allowance at Costco)	\$55 allowance
Contacts (Disposable / Necessary)	\$100 allowance / Covered in full	\$80 / \$210 allowance

Your Bi-Weekly Cost in 2019/2020

Cost	Dental	Vision
Employee Only	\$4.91	\$.76
Employee + Spouse	\$9.67	\$1.89
Employee + Child(ren)	\$11.17	\$1.60
Employee + Family	\$16.51	\$2.63

Basic Life and AD&D Insurance

Life and Accidental Death & Dismemberment (AD&D) insurance is available to all employees working 30 hours or more per week. This benefit can help provide for your loved ones if something were to happen to you. Avenu provides employees with a benefit equal to 1 times your earnings to a maximum of \$250,000 for group life and AD&D insurance. Your benefit reduces to 65% at age 70 and to 45% at age 75. Avenu pays for the full cost of this benefit—meaning you are not responsible for paying any monthly premiums. Contact HR if you would like to update your beneficiary information.

Voluntary Life and AD&D Insurance

While Avenu offers basic life and AD&D insurance, some employees may want to purchase additional coverage. With voluntary life and AD&D insurance, you are responsible for paying the full cost of coverage through bi-weekly payroll deductions.

You can purchase coverage for yourself in increments of your salary, from 1x to 5x. The maximum coverage level is \$500,000. The chart outlines the monthly costs of purchasing additional coverage. Spouse coverage is available in increments of \$10,000 to a maximum of \$100,000, not to exceed 50% of your coverage amount. You may also cover your children with \$10,000, not to exceed 100% of your benefit amount. The cost for one child covers all unmarried children to age 21.

The guarantee issue amounts are the lesser of 3x your earnings or \$200,000 for yourself and \$30,000 for your spouse when you first become eligible for voluntary life. If you request amounts over this, increase your coverage at open enrollment, or sign up for the first time after initial eligibility, you will be required to complete an Evidence of Insurability, a medical questionnaire. These new amounts will not go into effect until carrier approval is received.

Cigna—Monthly Cost per \$1,000 of Coverage		
Age	Smoker	Non-Smoker
< 24	\$0.080	\$0.06
25 - 29	\$0.080	\$0.06
30 - 34	\$0.100	\$0.08
35 - 39	\$0.130	\$0.09
40 - 44	\$0.220	\$0.12
45 - 49	\$0.370	\$0.20
50 - 54	\$0.560	\$0.30
55 - 59	\$0.830	\$0.46
60 - 64	\$1.160	\$0.67
65 - 69	\$1.940	\$1.31
70+	\$2.840	\$2.06
Child Rate/\$1,000		\$0.200
AD&D Rate/\$1,000 (EE/Sp/Ch)	\$0.018 / \$0.023 / \$0.026	

Disability Insurance

Disability benefits are available to Avenu employees through Cigna. See HR for specific cost and age-based premium amounts for buy-up plans. A 3 month prior / 12 month following pre-existing condition limitation applies to the STD buy-up or the LTD core and buy-up.

Short Term Disability (STD): Your STD benefit pays a portion of your pre-disability earnings. Benefits are payable for up to 11 weeks and begin the 14th day of disability for both accident and illness.

Core Plan—Paid 100% by Avenu, you are eligible for up to 60% of weekly earnings to a maximum of \$1,000/week

Buy-up Plan—Paid 100% by employees, you are eligible for up to 66.67% of weekly earnings to a maximum of \$2,000/week

Long Term Disability (LTD): Your LTD benefit pays a portion of your pre-disability earnings. Disability benefits under the LTD plan are payable after you have been disabled for 90 days. Benefits are payable up to your Social Security Normal Retirement Age (SSNRA)

Core Plan—Paid 100% by Avenu, you are eligible for up to 60% of weekly earnings to a maximum of \$5,000/month

Buy-up Plan—Paid 100% by employees, you are eligible for up to 66.67% of weekly earnings to a maximum of \$10,000/week

Employee Assistance Program (EAP)

Avenu offers resources to help you and your family with issues such as:

- » Depression, grief, loss and emotional well-being
- » Family, marital and other relationship issues
- » Life improvement and goal-setting
- » Addictions such as alcohol and drug abuse
- » Stress or anxiety
- » Financial and legal concerns
- » Identity theft and fraud resolution

This free service is available 24/7 and includes up to 3 face-to-face sessions per individual per calendar year. Call 1 (800) 538-3543 24 hours a day or you can also access the EAP at www.cignabehavioral.com/cgi

Flexible Spending Accounts and Commuter Benefit

Avenu offers four tax advantaged programs to help you save money on healthcare, childcare, and work-related transportation expenses.

- » **Health Care Flexible Spending Account (HCFSA)** can help pay for eligible health care expenses which include many medical, pharmacy, dental and vision services and supplies. (Maximum **\$2,700** per year)
- » **Limited Purpose Flexible Spending Account (LPFSA)** can help pay for eligible dental and vision expenses, and certain preventative care, if you are enrolled in the \$2,700 deductible HDHP/HSA plan. (Maximum **\$2,700** per year)
- » **Dependent Care Flexible Spending Account (DCFSA)** can help pay for eligible dependent care expenses. This can include day care for children to age 13 and elder care services and programs. (Maximum \$5,000 per year)
- » **Transportation and Parking Reimbursement (TRP), or the Commuter Benefit** (**New Effective April 1, 2019**), can help pay for eligible parking and transportation expenses incurred. The benefit can be used for train passes, parking garages, and van-pooling (Maximum \$265 per month).
 - » Unlike FSA, the entire balance can be carried over from year to year

The Avenu Health Care FSA allows a maximum of \$500 to rollover each year. This ensures you have the opportunity to maximize your FSA funds and avoid forfeiting money through the IRS “use-it-or-lose-it” rule. The Flexible Spending Account and Commuter Benefit programs are administered through WageWorks.

Legal Assistance

We’ll all need an attorney at some point in our lives, whether it’s when starting a family, buying a house or caring for elderly parents. But it doesn’t have to be expensive – or stressful. With MetLaw®, a group legal plan offered through Hyatt Legal Plans, employees can have access to legal expertise.

Examples of covered legal services include:

- » Preparation of wills and trusts
- » Real estate matters
- » Debt matters, including identity theft defense
- » Consumer protection
- » Document preparation and review
- » Traffic and juvenile matters
- » Family law, including adoptions

Network attorneys are carefully selected and monitored by Hyatt Legal Plans, and have an average of 25 years of experience in the practice of law.

This service is available for a bi-weekly cost of \$9.69.

Cigna Value Added Programs

Cigna offers a number of value added services that are available to employees of Avenu, such as:

- » **Healthy Rewards** - Discounts of up to 60% on health and wellness products and services such as weight management, nutrition, fitness, smoking cessation and more.
 - » Phone: (800) 258-3312
- » **Identity Theft** - Provides access to personal case managers who give step-by-step assistance and guidance if your identity is stolen.
 - » Phone: (888) 226-4567 or (202) 331-7635
- » **Will Preparation & Funeral Planning Services** - Online forms, tools and advice to build state-specific customized wills, powers of attorney and other legal documents, as well as assistance in funeral planning.
 - » Phone: (800) 901-7534
- » **Secure Travel** - provides emergency medical evacuation assistance and travel services, as well as helpful pre-trip planning assistance, when traveling 100 miles or more away from home on company business or on vacation.
 - » Phone: (888) 226-4567 or (202) 331-7635

Accident Coverage

MetLife Accident Insurance can complement existing medical coverage and help fill financial gaps caused by out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services. Accident benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as you choose. Please see MetLife plan documents for plan details.

Cost	Bi-Weekly
Employee Only	\$8.34
Employee + Spouse	\$15.76
Employee + Children	\$16.93
Employee + Family	\$21.21

Critical Illness Coverage

MetLife Critical Illness Insurance can complement existing medical coverage and help fill financial gaps caused by out-of-pocket expenses such as mortgage payments, college tuition, hiring household help, or treatment not covered by your medical plan. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose. Please see MetLife plan documents for plan details. Eligible employees have the option to enroll in \$10,000, \$20,000 or \$30,000 of benefit. Guaranteed Issue Coverage. Eligible employees have the option to enroll their Spouse/Domestic Partner in 50% and their children 50% of employee benefit amount. Please see MetLife plan documents for plan details.

Attained Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
<25	\$0.90	\$1.51	\$1.41	\$2.02
25-29	\$0.94	\$1.57	\$1.45	\$2.09
30-34	\$1.18	\$1.93	\$1.69	\$2.44
35-39	\$1.33	\$2.16	\$1.84	\$2.67
40-44	\$1.51	\$2.44	\$2.03	\$2.95
45-49	\$2.13	\$3.36	\$2.64	\$3.88
50-54	\$3.01	\$4.70	\$3.52	\$5.21
55-59	\$4.19	\$6.49	\$4.70	\$7.00
60-64	\$5.61	\$8.64	\$6.13	\$9.15
65-69	\$7.72	\$11.83	\$8.23	\$12.35
70+	\$11.32	\$17.27	\$11.83	\$17.79

*Multiply the per \$1,000 rates shown above by the benefit amount divided by \$1,000 (e.g., 15 for \$15,000 of coverage) and round to two decimals to calculate rates for the quoted benefit amounts.

2019-2020 Annual Notices

The following notices must be provided on an annual basis. Please contact your Human Resources department if you have any questions.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Since key parts of the health care law took effect in 2014, there is 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.

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 2019 for coverage starting as early as January 1, 2020.

Can I Save Money on my Health Insurance Premiums in 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?

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.

Date: 2/1/2019

Name of Entity/Sender: Avenu

Contact--Position/Office: April Bullion, Human Resources Director

Address: 5860 Trinity Parkway, Suite 120, Centreville, VA 20120

Phone Number: (571) 449-2067

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prosthesis; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Please see the summary in the preceding pages for coverage levels.

Newborns & Mothers Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

HIPAA Notice of Privacy Practices

We sponsor a group health plan ("Plan") for the benefit of its employees and their eligible beneficiaries. The Plan maintains a Notice of Privacy Practices in accordance with the Health Insurance Portability and Accountability Act ("HIPAA"). The Notice of Privacy Practices informs the Plan's participants about the Plan's use and disclosure of protected Health Information.

HIPAA requires that the Plan inform you of the availability of the Notice of Privacy Practices at least once every three years. With your new hire materials and Plan enrollment, you received a copy of the Notice of Privacy Practices. If you would like another copy of the Notice of Privacy Practices please contact Human Resources.

Statement of HIPAA Portability Rights

Right to Get Special Enrollment in another Plan

Under HIPAA, if you lose your group health plan coverage, you may be able to get into another group health plan for which you are eligible (such as a spouse's plan), even if the Plan generally does not accept late enrollees, if you request enrollment within 30 days. (Additional special enrollment rights are triggered by marriage, birth, adoption, and placement for adoption.)

Therefore, once your coverage ends, if you are eligible for coverage in another plan (such as a spouse's plan), you should request special enrollment as soon as possible.

Prohibition against Discrimination Based on a Health Factor

Under HIPAA, a group health plan may not keep you (or your dependents) out of the plan based on anything related to your health. Also, a group health plan may not charge you (or your dependents) more for coverage, based on health, than the amount charged a similarly situated individual.

Right to Individual Health Coverage

Under HIPAA, if you are an "eligible individual," you have a right to buy certain individual health policies (or in some states, to buy coverage through a high-risk pool) without a preexisting condition exclusion. To be an eligible individual, you must meet the following requirements:

- You have had coverage for at least 18 months without a break in coverage of 63 days or more;
- Your most recent coverage was under a group health plan (which can be shown by this certificate);
- Your group coverage was not terminated because of fraud or nonpayment of premiums;
- You are not eligible for COBRA continuation coverage or you have exhausted your COBRA benefits (or continuation coverage under a similar state provision); and
- You are not eligible for another group health plan, Medicare, or Medicaid, and do not have any other health insurance coverage.

The right to buy individual coverage is the same whether you are laid off, fired, or quit your job.

Therefore, if you are interested in obtaining individual coverage and you meet the other criteria to be an eligible individual, you should apply for this coverage as soon as possible to avoid losing your eligible individual status due to a 63-day break.

State Flexibility

This certificate describes minimum HIPAA protections under federal law. States may require insurers and HMOs to provide additional protections to individuals in that state.

For More Information

If you have questions about your HIPAA rights, you may contact your state insurance department or the U.S. Department of Labor, Employee Benefits Security Administration (EBSA) toll-free at 1-866-444-3272 (for free HIPAA publications ask for publications concerning changes in health care laws). You may also contact the CMS publication hotline at 1-800-633-4227 (ask for "Protecting Your Health Insurance Coverage"). These publications and other useful information are also available on the Internet at: <http://www.dol.gov/ebsa>, the DOL's interactive web pages - Health Elaws, or <http://www.cms.hhs.gov/HealthInsReformforConsumer>.

Important Notice from Huntington Solutions 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 Blue Cross Blue Shield of Alabama 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. Huntington Solutions has determined that the prescription drug coverage offered by Blue Cross Blue Shield of Alabama 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?

If you decide to join a Medicare drug plan, your current Blue Cross Blue Shield of Alabama coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Blue Cross Blue Shield of Alabama coverage, please know that you and your dependents will be able to get this coverage back.

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 Blue Cross Blue Shield of Alabama 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 Human Resources Department of our office 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 Blue Cross Blue Shield of Alabama 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: 2/1/2019

Name of Entity/Sender: Avenu

Contact--Position/Office: April Bullion, Human Resources Director

Address: 5860 Trinity Parkway, Suite 120, Centreville, VA 20120

Phone Number: (571) 449-2067

NOTICE REGARDING WELLNESS PROGRAM - Alternative to Qualifying for Non-Tobacco Rates

Avenu's Wellness Program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. You are not required to complete quit tobacco usage but members who participate in this program will not be penalized with a tobacco surcharge. Although you are not required to participate in the tobacco cessation program, only tobacco user employees who do so will not be subject to the surcharge.

Protections from Disclosure of Medical Information we are required by law to maintain the privacy and security of your personally identifiable health information. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment. Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately. You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact April Bullion or Renata Sandham.

Thompson|Flanagan

Bright People » Driving Ideas

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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 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 the guide, please contact HR.