

The Power of Possible



- i Contact Information
- 1 Eligibility & Enrollment
- 3 What's New or Changing?
- 4 Medical Benefits
- 5 Dental Benefits
- 6 Vision Benefits
- 7 Flexible Spending Accounts
- 8 Life/Accident & Disability
- 11 Additional Benefits
  - Employee Assistance Program
  - 403(b) Thrift Plan
  - Paid Time Off
- 14 Legal Disclosures

## 2019 Benefits Guide for Easterseals Central Texas

Welcome to Easterseals Central Texas' comprehensive and competitive benefits program. We know how important it is to have good, affordable health and group benefits. Our program is designed to recognize the diverse needs of our workforce and provide you with the flexibility to choose the plans that are right for you and your family.

This Guide provides an overview of your benefits. Be sure to review this Guide carefully so you have a better understanding of the plans offered and elect the coverages you need for the year. If you need additional benefit information, contact the Benefit Service Center [1-866-533-3227](tel:1-866-533-3227) or [benefitservicecenter@fedcap.org](mailto:benefitservicecenter@fedcap.org).

## Contact Information



### Benefit Service Center

Contact the Benefit Service Center at [1-866-533-3227](tel:1-866-533-3227) if you have benefit questions or need assistance with enrollment. Benefit representatives are available Monday through Friday between 9:00 am and 5:00 pm ET. You may also send questions via email anytime at [benefitservicecenter@fedcap.org](mailto:benefitservicecenter@fedcap.org).

During Open Enrollment, Benefit representatives are available Monday through Friday between 9:00 am and 7:00 pm ET as well as on Saturday November 17, 2018 and Sunday November 18, 2018 between 12:00 pm and 5:00 pm ET.

Benefits/Carrier	Telephone	Website
<b>Medical</b> United Healthcare	866-633-2446	<a href="http://www.myuhc.com">www.myuhc.com</a>
<b>Dental</b> United HealthCare	866-633-2446	<a href="http://www.myuhc.com">www.myuhc.com</a>
<b>Vision</b> United HealthCare	866-633-2446	<a href="http://www.myuhc.com">www.myuhc.com</a>
<b>FSA</b> TASC	800-422-4661	<a href="http://www.tasconline.com">www.tasconline.com</a>
<b>Life, Disability, LTD and STD</b> Sun Life Financial	800-786-5433	<a href="http://www.sunlife.com">www.sunlife.com</a>
<b>403(b) Thrift Plan</b> Mutual of America	212-587-9045	<a href="http://www.mutualofamerica.com">www.mutualofamerica.com</a>
<b>Employee Assistance Plan</b> Guidance Resources	800-460-4374	<a href="http://www.GuidanceResources.com">www.GuidanceResources.com</a> Your company Web ID: EAPEssential

The material in this benefits brochure is for informational purposes only and is neither an offer of coverage nor medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. In case of a conflict between your plan contracts and this information, the plan contracts will govern. While this material is believed to be accurate as of the print date, it is subject to change. If you have any questions about the benefits available to you as an eligible employee of Easterseals Central Texas, please feel free to contact the Benefit Service Center.

Medical, dental and vision benefits are administered and insured by United Healthcare. Short term disability, long term disability, life insurance, and accidental death and dismemberment benefits are administered and insured by Sun Life.

All trademarks, trade names or company names referenced herein are used for informational and identification purposes only and are the exclusive property of their respective owners.



### Eligibility

**For you:** You are eligible for benefits if you are a full-time or regular part-time employee regularly scheduled to work at least 30 hours per week.

**For your dependents.** Your dependents become eligible for coverage on the same date you do. Eligible dependents are your:

- ▶ Legal spouse
- ▶ Common Law spouse
- ▶ Children up to age 26, including stepchildren, foster children and adopted children (for medical, dental and vision)
- ▶ Disabled child of any age (with documentation) who is dependent on you for support due to a mental or physical disability that occurred before reaching age 26

Benefits become effective according to the schedule below.

#### When Your Benefits Are Effective

For new hires, benefits are effective:

Medical Dental Vision Short-Term Disability Long-Term Disability Life Insurance Employee Assistance Plan	First of the month following 60 days of employment
403(b) Thrift Plan	Immediately

If you are a current employee making changes during the open enrollment period, any benefit changes will be effective on January 1.

### Enrollment

**New Hires:** You have 30 days from your date of hire to enroll in your benefits.

**Current Employees:** You may enroll in or change your benefit elections only during the annual open enrollment period or if you experience a Qualified Life Event.

#### How to Enroll

To enroll or make changes to your benefits, you will need to access the Benefit Portal:

- ▶ Visit [www.fedcapbenefits.hrintouch.com](http://www.fedcapbenefits.hrintouch.com)
- ▶ Register as a new user
- ▶ Make a note of your Username and Password for future use
- ▶ View your benefits online and make your elections

Once you have submitted your elections for 2019, your benefits will remain in effect until December 31, 2019 unless you experience a qualifying life event (see Making Changes During the Year on the next page).

If you need assistance with enrollment, contact the Benefit Service Center at 1-866-533-3227 or [benefit-service-center@fedcap.org](mailto:benefit-service-center@fedcap.org).

#### Benefit Portal

The Benefit Portal is your online resource for benefits information and enrollment. You can enroll from the convenience of your home computer, mobile device or at work. The website also provides detailed information and tools to help you decide among the available benefit options.

With a single login you can:

- ▶ Compare available benefit plans
- ▶ Enroll — make benefit elections or make changes
- ▶ Enter eligible dependents
- ▶ Designate/change beneficiaries at any time
- ▶ Download necessary forms, Summary Plan Descriptions (SPD), etc.
- ▶ Access carrier phone numbers and link to carrier websites & claims addresses



### Making Changes During the Year

The IRS requires that benefit elections paid for on a pre-tax basis remain in effect for the full plan year. However, the IRS permits changes within 30 days of a qualifying life event. Examples of qualifying life events are:

- ▶ Your marriage, divorce, legal separation or annulment,
- ▶ The birth of your baby, or adoption or placement of a child with you for adoption, or another change in the number of your dependents,
- ▶ The death of a dependent,
- ▶ Your dependent's eligibility or ineligibility for coverage (for example, he or she reaches the plan's eligibility age limit),
- ▶ A change in work location or home address for you, your spouse or your dependents,
- ▶ A change in coverage of your spouse or your dependent under another plan,
- ▶ Your qualification for a special enrollment under the Health Insurance Portability and Accountability Act of 1996 (HIPAA),
- ▶ A court order received by the plan, such as a Qualified Medical Child Support Order (QMCSO), or
- ▶ You, your spouse or your dependent's qualification for Medicare or Medicaid.

If you need to make an election change during the year or have questions about what constitutes a life status change, contact the Benefit Service Center at [1-866-533-3227](tel:1-866-533-3227) or [benefitservicecenter@fedcap.org](mailto:benefitservicecenter@fedcap.org).

### Terms You Should Know

**Deductible:** A fixed dollar amount (individual or family) during the calendar year that the insured pays out-of-pocket, before the insurer begins to make payments for covered services.

**Coinsurance:** A form of cost sharing in an insurance plan that requires an insured person to pay a shared percentage of covered expenses after the deductible amount, if any, is paid.

**Copay:** A fixed amount required by a health provider to be paid by the insured for each outpatient (office) visit or prescription.

**Out-of-Pocket Maximum:** The maximum dollar amount an insured is required to pay "out of his/her pocket" during a plan year. After the maximum is reached, the insurance carrier pays the total cost of all eligible covered expenses.





<b>What's new or changing in 2019?</b>	
<b>Benefit Service Center</b>	Your first point of contact for benefits assistance is the Benefit Service Center, 1-866-533-3227 and <a href="mailto:benefitservicecenter@fedcap.org">benefitservicecenter@fedcap.org</a> , which is staffed with benefit specialists who can answer your questions. You can also review more detailed benefits information at the Benefits Portal,  <a href="http://www.fedcapbenefits.hrintouch.com">www.fedcapbenefits.hrintouch.com</a>
<b>Medical Plans</b>	Medical plans will have the following changes:  Base Plan: Annual Deductible: \$4,000/\$8,000 Coinsurance: 10% Specialist Office Copay: \$50 Emergency Room Copay: \$500  Buy Up Plan: Annual Deductible: \$2,500/\$5,000 Coinsurance: 10% Specialist Office Copay: \$50 Emergency Room Copay: \$500
<b>New ID Cards</b>	Members of United HealthCare plans will receive a new ID card to be used for medical visits.

## Medical Benefits



Easterseals Central Texas offers two medical plans through United Healthcare. For additional information, refer to the detailed plan descriptions provided by United Healthcare.

UHC Plan Features	Base Plan	Buy Up Plan
Annual Deductible (individual/family)	\$4,000/\$8,000	\$2,500/\$5,000
Coinsurance (plan/member)	90%/10%	90%/10%
Out-of-Pocket Maximum (individual/family)	\$6,500/\$13,000 (all in-network cost shares)	\$6,500/\$13,000 (all in-network cost shares)
Annual Preventive Physical	Covered 100%	Covered 100%
Office Visits PCP	\$25 Copay	\$25 Copay
Office Visits Specialist	\$50 Copay	\$50 Copay
Urgent Care	\$50 Copay	\$50 Copay
Emergency Room (waived if admitted)	\$500 Copay	\$500 Copay

The United Healthcare medical plans also include coverage for prescription drugs. Below is a summary of UHC's prescription drug coverage.:

UHC Plan Features	Base Plan	Buy Up Plan
Retail (30-day supply)		
▶Tier 1	\$10 copay	\$10 copay
▶Tier 2	\$35 copay	\$35 copay
▶Tier 3	\$70 copay	\$70 copay
Mail Order (90-day supply)		
▶Tier 1	\$25 copay	\$25 copay
▶Tier 2	\$87.50 copay	\$87.50 copay
▶Tier 3	\$175 copay	\$175 copay

There are also alternate generic discount programs through Target or Walmart.

To find a UHC provider:

1. Visit [www.myuhc.com](http://www.myuhc.com).
2. On the Home page, top right-hand side, click Find a Physician, Laboratory, or Facility.
3. In the middle of the page, click "All United Healthcare Plans".
4. Next, specify your plan type – choose Choice.
5. Enter your zip code, then click search.
6. Enter name of doctor or provider type.
7. Click continue and view results



Easterseals Central Texas offers two dental plans through United HealthCare. For additional information, refer to the detailed plan description provided by United HealthCare.

UHC Plan Features	DHMO Base Plan	DPPO Buy Up Plan
<a href="#">Out-of-Network Benefits</a>	No	Yes
<a href="#">Annual Deductible</a> (individual/family) Waived for preventive and diagnostic services	\$0	\$50/\$150
<a href="#">Annual Maximum</a>	Unlimited	\$1,000 per person
<a href="#">Preventive &amp; Diagnostic Services</a> ▶ Oral exams ▶ Cleanings ▶ Full mouth x-rays ▶ Bitewing x-rays ▶ Fluoride treatment ▶ Sealants (children under age 16)	Copay Varies- Refer to Fee Schedule	Covered 100%
<a href="#">Basic Services</a> ▶ Fillings ▶ Amalgam (silver) fillings ▶ Simple extractions	Copay Varies- Refer to Fee Schedule	20% after deductible
<a href="#">Endodontics</a> ▶ Root canal	Copay Varies- Refer to Fee Schedule	50% after deductible
<a href="#">Periodontics</a> ▶ Scaling and root planning	Copay Varies- Refer to Fee Schedule	50% after deductible
<a href="#">Oral surgery</a> ▶ Surgical extractions	Copay Varies- Refer to Fee Schedule	50% after deductible
<a href="#">Major Services</a> ▶ Crowns	Copay Varies- Refer to Fee Schedule	50% after deductible
<a href="#">Prosthodontics</a> ▶ Dentures ▶ Bridges	Copay Varies- Refer to Fee Schedule	50% after deductible
<a href="#">Orthodontia</a>	Copay Varies- Refer to Fee Schedule	50% after deductible
<a href="#">Orthodontia Lifetime Maximum</a>	See schedule	\$1,500

### Accessing UHC Benefits

**DHMO Plan:** Choose this plan if you see a dentist that is In-Network with UHC. You will not be balance billed for any amount over the negotiated contract fees with network providers. If you choose to go out-of-network under this plan, you will be responsible for a higher dollar amount. ▶DHMO Network: UHC DHMO

**Buy Up Plan:** Choose this plan if you see a dentist that is out-of-network (not contracted with UHC). This plan pays a higher dollar amount for reimbursement so if your provider is out-of-network, it will pay out the most and your financial responsibility for out-of-network services will be as low as possible. ▶Buy Up Network: UHC Dental Preferred Provider Organization

▶ Go to [www.myuhc.com](http://www.myuhc.com) to find an in-network provider

## Vision Benefits



Easterseals Central Texas offers vision benefits through United HealthCare. For additional information, refer to the detailed plan descriptions provided by United HealthCare.

UHC Plan Features	UHC Vision Benefits	
	In-Network*	Out-of-Network
<b>Eye Exam</b> Once every 12 months	\$20 Copay	\$20 Materials
<b>Prescription/Materials</b> Once every 12 months	\$20 Copay	\$20 Materials
<b>Lenses</b> Once every 12 months	100% Covered	Single: Up to \$40 Reimbursed Bifocal: Up to \$60 Reimbursed Trifocal: Up to \$80 Reimbursed
<b>Frames</b> Once every 24 months	\$100 Allowance	Up to \$45 Reimbursed
<b>Contact Lenses (in lieu of eyeglasses)</b> Once every 12 months ▶ Elective	\$105 Allowance	Up to \$80 Reimbursed
<b>Contact Lenses (in lieu of eyeglasses)</b> Once every 12 months ▶ Medically Necessary	100% Covered	Up to \$210 Reimbursed
<b>Laser Correction Surgery</b>	▶ 15% off the usual charge or 5% off promotional price for vision laser surgery. ▶ Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.	

\*If you see an In-Network provider, you may receive greater network benefits and lower out of pocket costs.

### Accessing UHC Benefits

1. Visit [www.myuhc.com](http://www.myuhc.com).
2. On the right-hand side of the screen, click "Vision Provider".
3. Enter in your address or zip code and select "Search".
4. View results





## Flexible Spending Accounts (FSAs)

FSAs allow you to pay for unreimbursed health care and/or dependent care expenses on a pre-tax basis.

Account Type	Examples of Eligible Expenses	Contribution Limits	Access to Funds	Pre-Tax Benefit
<b>Health Care FSA</b> For yourself or any dependent claimed on your federal tax return	<ul style="list-style-type: none"> <li>• Medical plan deductibles and coinsurance</li> <li>• Most insurance copays</li> <li>• Prescription drugs</li> <li>• Vision exams/eyeglasses/contacts</li> <li>• Laser eye surgery</li> </ul>	Up to \$2,650 not applicable towards contributions toward the cost of medical plan coverage	Immediate access to your entire annual contribution amount as of January 1	<ul style="list-style-type: none"> <li>• Save 20% - 40% on your health care expenses</li> <li>• Save on purchases not covered by insurance</li> <li>• Reduce your taxable income</li> </ul>
<b>Dependent Care FSA</b> For eligible dependents under age 13, a disabled spouse, a parent or disabled child over age 13	<ul style="list-style-type: none"> <li>• Dependent/child care centers</li> <li>• Adult day care</li> <li>• Nursery school/pre-school</li> <li>• After school/summer day camp</li> </ul>	Up to \$5,000 (\$2,500 if married and filing separately)	<ul style="list-style-type: none"> <li>• Funds are added to your Dependent Care FSA account on every pay date.</li> <li>• Submit claims up to your year-to-date accumulated amount in your account</li> </ul>	<ul style="list-style-type: none"> <li>• Save 20% - 40% on your dependent care expenses</li> <li>• Reduce your taxable income</li> </ul>

**Budget Appropriately:** It is important you budget appropriately and use all of the funds within the FSA plan year. FSAs are considered “use it or lose it” plans. This means you will forfeit your remaining balance if you do not use all the funds by March 15, 2020. You have until March 31, 2020 to submit all claims. Any Health Care FSA balance from the previous year will not be available on your card. You must submit a manual claim for reimbursement and note that this expense should be reimbursed from your prior plan year’s funds.

## Life/Accident & Disability



### Life & Accidental Death & Dismemberment (AD&D) Insurance

Basic Life/AD&D coverage is provided to you at no cost through Sun Life

Benefit	Active Employees
Benefit Amount (Life)	\$10,000
Benefit Amount (AD&D)	\$10,000
Benefit Reduction Schedule	35% at age 70 and an additional 15% at age 75

You must designate a beneficiary to receive your benefit in the event of your death. Be sure to review your beneficiary designation on file and make any updates as necessary.

### Voluntary Short-Term Disability

You have the opportunity to purchase Short-Term Disability through Sun Life.

Benefit	Active Employees
Benefit Amount (STD)	60% of salary up to a weekly maximum benefit of \$500. Calculate your weekly benefit by subtracting any other income you receive as a result of your disability from the amount shown. The benefit amount is the payment you may receive if you become disabled.
How Benefits Are Paid	There is a 7 day elimination period for disabilities caused by accident or illness. The maximum benefit period is 12 weeks.

### Cost to you

Short Term Disability (STD) coverage is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction. Calculate your cost by dividing your weekly benefit by 10 and multiplying the result by the rate \$0.412. Follow the example below to determine your cost.

Example Weekly Benefit (60% of earnings)	Divided by 10	Multiplied by rate	Example monthly cost*
\$350	/ 10	x \$0.412	\$14.42

### How to enroll

- STD coverage begins once you meet the eligibility requirements, satisfy any Waiting Period applicable to your policy, and complete the enrollment process.
- To enroll, call the Benefit Service Center at 1-866-533-3227.

### About Evidence of Insurability

- Evidence of Insurability – also called “proof of good health” – is required if:
  - ▶ You decline coverage during your initial eligibility period and then want coverage at a later date.
- All late entrants and increases require Evidence of Insurability.

The Benefit Service Center will advise you if you need to submit an Evidence of Insurability application. If so, Sun Life may arrange for you to take a medical exam (at Sun Life’s expense) and/or complete a questionnaire. Coverage will not go into effect until Sun Life approves the application.



## Voluntary Life and AD&D Insurance

You have the opportunity to purchase Voluntary Life and AD&D Insurance through Sun Life.

LFG Voluntary Life Plan Features	Employee	Spouse	Child (6 mos-25 yrs)
Benefit Increment Amount	\$10,000	\$5,000	\$1,000
Minimum Amount	\$10,000	\$5,000	\$1,000
Maximum Amount	\$500,000 or 5x annual salary	\$250,000 (Maximum 100% Employee Amount)	\$10,000 (Maximum 100% Employee Amount)
Guarantee Issue Amount for New Hires	\$100,000	\$25,000	N/A
AD&D (1x Life Insurance Benefit)	Eligible	Not Eligible	Not Eligible
Age Reduction	35% at 65, 50% at 70, terminates upon retirement	35% at 65, 50% at 70, terminates upon retirement	N/A
Rate	See chart below	See chart below	\$0.360

## About Evidence of Insurability

- Evidence of Insurability – also called “proof of good health” – is required if:
  - ▶ You decline coverage during your initial eligibility period and want coverage at a later date; or
  - ▶ You apply for Optional Life in excess of Guaranteed Issue Amount.
- All late entrants and increases require Evidence of Insurability.

The Benefit Service Center will advise you if you need to submit an Evidence of Insurability application. If so, Sun Life may arrange for you to take a medical exam (at Sun Life’s expense) and/or complete a questionnaire. Coverage will not go into effect until Sun Life approves the application.

## Optional Life Rates

Age Bands	Employee Rate for Non-Smoker	Employee Rate for Smoker	Spouse Rate
0-19	\$0.096	\$0.144	\$0.108
20-24	\$0.096	\$0.144	\$0.108
25-29	\$0.096	\$0.144	\$0.108
30-34	\$0.098	\$0.146	\$0.112
35-39	\$0.129	\$0.207	\$0.155
40-44	\$0.178	\$0.314	\$0.222
45-49	\$0.284	\$0.497	\$0.347
50-54	\$0.435	\$0.838	\$0.541
55-59	\$0.710	\$1.180	\$0.300
60-64	\$1.133	\$1.763	\$1.419
65-70	\$1.989	\$2.950	\$2.425
70-74	\$3.588	\$5.183	N/A
75-79	\$7.267	\$9.377	N/A
80-84	\$7.267	\$9.377	N/A
85-99	\$7.267	\$9.377	N/A

## Calculating Cost

Example:

Employee

Age 35

Coverage Level: \$50,000

Non-Smoker

$\$0.129 \times 50 = \$6.45$  per month

Example:

Spouse (based off employee age)

Age 30

Coverage Level: \$25,000

$\$0.155 \times 25 = \$3.88$  per month

## Life/Accident & Disability (cont.)



### Long Term Disability

Long-Term Disability benefits are provided at no cost to you through Sun Life. If you remain disabled beyond the Short-Term Disability period, you may be eligible to continue receiving disability benefits. Below is a summary of coverage.

Benefit	For All Active Full-Time Employees
Benefit Amount:	60% of salary up to \$10,000 per month
Elimination Period:	90 days
Benefit Duration:	Own Occupation: 2 years Maximum Benefit Duration: Later of age 65 or Social Security normal retirement age

### Cost to you

Long Term Disability (LTD) coverage is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction. Calculate your monthly cost by dividing your monthly covered earnings by 100 and multiplying the result by the rate \$0.717. Follow the example below to determine your monthly cost.

Example Monthly Earnings	Divided by 100	Multiplied by rate	Example cost*
\$3,500	/ 100	x \$0.717	\$25.10

### About Evidence of Insurability

- Evidence of Insurability – also called “proof of good health” – is required if:
  - ▶ You decline coverage during your initial eligibility period and then want coverage at a later date.
- All late entrants and increases require Evidence of Insurability.

The Benefit Service Center will advise you if you need to submit an Evidence of Insurability application. If so, Sun Life may arrange for you to take a medical exam (at Sun Life’s expense) and/or complete a questionnaire. Coverage will not go into effect until Sun Life approves the application.

### About FMLA

The federal Family and Medical Leave Act (FMLA) provides eligible employees with up to 12 weeks of unpaid leave, job protection and health benefits continuation in the event of their own serious health condition or the serious health condition of a qualifying family member.

You are eligible for FMLA at the time of the qualifying event if you have at least 12 months of service and have worked a minimum of 1,250 hours in the previous 12 months with Easterseals Central Texas.

In addition, some states have paid family leave. Check [www.fedcapbenefits.hrintouch.com](http://www.fedcapbenefits.hrintouch.com) for more details.



Employee Assistance Program through Guidance Resources

To utilize EAP services, call 800-460-4374 or [www.guidanceresources.com](http://www.guidanceresources.com). Your company Web ID: EAPEssential

Employee Assistance Program	
ComPsych Guidance Resources	Personal problems, planning for life events or simply managing daily life can affect your work, health and family. Guidance Resources is a no-cost, company-sponsored benefit available to you and your dependents that offers confidential support, resources and information to get through life's challenges.
Confidential Counseling on Personal Issues	Your Employee Assistance Program (EAP) is a confidential counseling service to help address the personal issues you face. This service, staffed by experienced clinicians, is available by calling a toll-free phone line 24 hours a day, seven days a week. You'll receive up to three telephonic counseling sessions per issue, at no charge.
Information, Referrals and Resources for Work-Life Needs	Whether you are a new parent, a caregiver for an elder, sending a child off to college, buying a car or doing home repairs, you're bound to have questions or need resource referrals. Our work-life specialists will help you sort out the issues and provide you with information based on your specific criteria.
Legal Information, Resources and Consultation	When a legal issue arises, our attorneys are available to provide confidential support with practical, understandable information and assistance. If you require representation, we can refer you to a qualified attorney in your area for a free initial consult at no cost and a 25% reduction in customary legal fees thereafter.
Financial Information, Resources and Tools	Financial issues can arise at any time, from dealing with debt to saving for college. Our financial professionals are here to discuss your concerns and provide you with the tools and information you need to address your finances.
Online Information, Tools and Services	Guidance Resources® Online is your one stop for expert information to assist you with the issues that matter to you, from personal or family concerns to legal and financial matters. Each time you return, you will receive personalized, relevant information based on your individual life needs.



## Additional Benefits



### 403(b) Thrift Plan

Saving for retirement is important. You have the opportunity to set aside money on a pre-and/or post-tax basis to help build your retirement nest egg.

<b>Eligibility</b>	Employee Contributions: You are eligible to enroll at any time during your employment. There is no minimum service or age requirement to make salary reduction contributions, including Designated Roth contributions, to this plan.
<b>Plan Entry</b>	You are included as a participant in the plan immediately upon enrollment.
<b>Retirement</b>	Attainment of age 65.
<b>Contributions</b>	<p>Salary Deduction: At participant's discretion                      Maximum Allowed: \$19,000 (as of 2019)                      Catch up Contribution Age 50+: \$6,000 (2019)</p> <p>Employer Match: No minimum age or service requirement;                      All full-time employees are eligible to receive matching contributions up to 3% of your base salary (including overtime and bonus)</p>
<b>Vesting</b>	<p>Salary Deduction: 100% immediate                      Employer Match: vested after 3 years of service</p>
<b>Changes to 403(b)</b>	<p>To change beneficiaries or funding allocation, contact Mutual of America at 212-587-9045.                      To change salary deduction, contact HR Benefits at <a href="mailto:hr.benefits@fedcap.org">hr.benefits@fedcap.org</a></p>
<b>Rollovers</b>	You may transfer the taxable portion of a cash distribution from another qualified retirement plan (including an IRA, 403(b), 408(a) or 401(k)).
<b>Withdrawals</b>	<p>You may withdraw your funds upon termination of employment, death or commencement of Social Security Disability benefits.                      In-Service withdrawals are permitted for active employees who are 59 1/2 years old.</p>
<b>Hardship Withdrawals</b>	<p>You may withdraw your funds for purposes of uninsured medical expenses, college tuition, purchase of primary home or preventing foreclosure, funeral expenses and casualty loss only, with supporting documentation. If approved, deductions stop for six consecutive months.                      Contact Mutual of America Withdrawal Processing Department 877-567-9662</p>
<b>Loans</b>	<p>You may request a loan limited to the lesser of half vested interest or \$50,000; Minimum loan \$1,000.                      Repayment is based on a five year amortization schedule.                      Contact Mutual of America Loan Department 800-468-3785 (Option #3)</p>

For assistance, please contact Mutual of America directly at 212-587-9045.



**Paid Time Off**

Fedcap provides the following paid time off:

Years 1-5	Vacation	Sick	Personal
Exempt	15 days	12 days	3 days
Non-Exempt	10 days	12 days	3 days
Years 6+	Vacation	Sick	Personal
Exempt	20 days	12 days	3 days
Non-Exempt	15 days	12 days	3 days

- ▶ Time accrues based on days worked
- ▶ Time off requests need to be scheduled with, and approved in advance by, the employee’s supervisor
- ▶ Vacation and personal days must be used by the end of the fiscal year (September 30th)
- ▶ Accrued unused vacation time is not eligible for carryover, with one possible exception. Under special circumstances, eligible employees may request to carry over up to five accrued unused vacation days to the following fiscal year which begins on October 1 and must be used by December 31.
- ▶ Unused personal time cannot be carried over from year-to-year.
- ▶ Unused sick time can be carried forward up to a maximum balance of 60 days.
- ▶ Employees who either resign or are terminated will not be paid for any accrued unused vacation, sick or personal time at the time of separation, unless otherwise required by state or local law.

Fedcap holidays are as follows:

- ▶ New Year’s Day
- ▶ Independence Day
- ▶ Martin Luther King Day
- ▶ Labor Day
- ▶ President’s Day
- ▶ Thanksgiving Day
- ▶ Memorial Day
- ▶ Christmas Day



### Women's Health and Cancer Rights Act of 1998

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;
- ▶ Prostheses; 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. Therefore, the following deductibles and coinsurance apply:

	Base Plan	Buy Up Plan
	INN**	INN**
Individual Deductible	\$4,000	\$2,500
Family Deductible	\$8,000	\$5,000
Coinsurance	10%	10%

\*\*\*INN=In-Network

### Newborns' and 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).

### Special Enrollment Rights Under HIPAA

If you are declining enrollment for yourself or your de-

pendents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in the Easterseals Central Texas health plan in the future if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If you lose Medicare or CHIP coverage because you are no longer eligible you must request enrollment within 60 days. If you or your dependents become eligible for premium assistance under a State Medicaid or CHIP program that would pay the employee portion of the health insurance premium you may request enrollment within 60 days. To request special enrollment or obtain more information, contact the Benefit Service Center at 1-866-533-3227 or [benefitservicecenter@fedcap.org](mailto:benefitservicecenter@fedcap.org).

### Mental Health Parity

The Mental Health Parity and Addiction Equity Act of 2008 requires plans to provide mental health and substance abuse benefits at the same level that benefits for medical and surgical related benefits are offered. Additional information and details can be found by visiting the Department of Labor's Mental Health Parity

<https://www.dol.gov/general/topic/health-plans/mental>

### Summary of Benefits and Coverage

As an employee, the health benefits available to you represent a valuable component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan provides a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options. The SBC is available on the company intranet. A paper copy is also available, free of charge, by calling the Benefit Service Center at 1-866-533-3227.



## Continuing Coverage Through COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) allows you, your spouse and your covered dependents to temporarily extend medical, dental and vision benefits and Health Care FSA in certain situations where coverage would otherwise end (like at your termination of employment or a reduction in hours). If you elect COBRA coverage, your benefits will continue for a defined period of time. Your spouse and dependent children can also continue coverage under COBRA upon a divorce, loss of dependent status, or if you die. You will be required to pay the premiums for this continued coverage, which will be the full cost of the plan plus a 2% administrative fee. For more information about continuing coverage through COBRA, please refer to your Plan Documents or call the Benefit Service Center at 1-866-533-3227 or [benefitservicecenter@fedcap.org](mailto:benefitservicecenter@fedcap.org).

## Statement of ERISA Rights

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

### Receive Information about Your Plan and Benefits

- ▶ Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- ▶ Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- ▶ Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

## Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

## Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

## Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

## Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

## Contact Information

Questions regarding any of this information can be directed to Donna Quinn, Benefits Director at 212-727-4267 or [dquinn@fedcap.org](mailto:dquinn@fedcap.org).



### Important Notice from Easterseals Central TX 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 Easterseals Central Texas 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.

If this Notice is being provided electronically to you, and you are a Plan participant, it is your responsibility to provide a copy of this Notice to your Medicare eligible dependents covered under the Medical Plan.

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. Easterseals Central Texas has determined that the prescription drug coverage offered by Easterseals Central Texas 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 Easterseals Central Texas coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Easterseals Central Texas coverage, be aware that you and your dependents may not be able to get this coverage back until the plan's next open enrollment. You may not drop prescription drug coverage under the medical plan and keep other coverage under the medical plan. This is because prescription drug coverage is part of the entire medical plan.

#### 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 Easterseals Central Texas and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact the person listed below for further information.

**NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Easterseals Central Texas 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](http://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](http://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:	November 1, 2018
Name of Entity/Sender:	Easterseals Central Texas
Contact-Position/Office:	Benefit Service Center
Address:	c/o Benefit Management Solutions 45 Research Way, Suite 106 East Setauket, NY 11733



### Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** (1-877-543-7669) or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2018. Contact your State for more information on eligibility –

<p><b>ALABAMA – Medicaid</b>                      Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a>                      Phone: 1-855-692-5447</p>	<p><b>ALASKA – Medicaid</b>                      The AK Health Insurance Premium Payment Program                      Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a>                      Phone: 1-866-251-4861                      Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a>                      Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a></p>
<p><b>ARKANSAS– Medicaid</b>                      Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a>                      Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p><b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>                      Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a>                      Health First Colorado Member Contact Center:                      1-800-221-3943/ State Relay 711                      CHP+: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a>                      CHP+ Customer Service: 1-800-359-1991/                      State Relay 711</p>
<p><b>FLORIDA – Medicaid</b>                      Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a>                      Phone: 1-877-357-3268</p>	<p><b>GEORGIA – Medicaid</b>                      Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a>                      - Click on Health Insurance Premium Payment (HIPP)                      Phone: 404-656-4507</p>
<p><b>INDIANA – Medicaid</b>                      Healthy Indiana Plan for low-income adults 19-64                      Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>                      Phone: 1-877-438-4479                      All other Medicaid                      Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a>                      Phone 1-800-403-0864</p>	<p><b>IOWA – Medicaid</b>                      Website: <a href="http://dhs.iowa.gov/hawk-i">http://dhs.iowa.gov/hawk-i</a>                      Phone: 1-800-257-8563</p>
<p><b>KANSAS – Medicaid</b>                      Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a>                      Phone: 1-785-296-3512</p>	<p><b>KENTUCKY – Medicaid</b>                      Website: <a href="http://chfs.ky.gov">http://chfs.ky.gov</a>                      Phone: 1-800-635-2570</p>



<p><b>LOUISIANA – Medicaid</b>                  Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a>                  Phone: 1-888-695-2447</p>	<p><b>MAINE – Medicaid</b>                  Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a>                  Phone: 1-800-442-6003                  TTY: Maine relay 711</p>
<p><b>MASSACHUSETTS – Medicaid and CHIP</b>                  Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a>                  Phone: 1-800-862-4840</p>	<p><b>MINNESOTA – Medicaid</b>                  Website: <a href="http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>                  Phone: 1-800-657-3739</p>
<p><b>MISSOURI – Medicaid</b>                  Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a>                  Phone: 573-751-2005</p>	<p><b>MONTANA – Medicaid</b>                  Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>                  Phone: 1-800-694-3084</p>
<p><b>NEBRASKA – Medicaid</b>                  Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>                  Phone: (855) 632-7633                  Lincoln: (402) 473-7000                  Omaha: (402) 595-1178</p>	<p><b>NEVADA – Medicaid</b>                  Medicaid Website: <a href="https://dhcfp.nv.gov">https://dhcfp.nv.gov</a>                  Medicaid Phone: 1-800-992-0900</p>
<p><b>NEW HAMPSHIRE – Medicaid</b>                  Website: <a href="http://www.dhhs.nh.gov/ombp/nhhpp">http://www.dhhs.nh.gov/ombp/nhhpp</a>                  Phone: 603-271-5218                  Hotline: NH Medicaid Service Center at 1-888-901-4999</p>	<p><b>NEW JERSEY – Medicaid and CHIP</b>                  Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>                  Medicaid Phone: 609-631-2392                  CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a>                  CHIP Phone: 1-800-701-0710</p>
<p><b>NEW YORK – Medicaid</b>                  Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a>                  Phone: 1-800-541-2831</p>	<p><b>NORTH CAROLINA – Medicaid</b>                  Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a>                  Phone: 919-855-4100</p>
<p><b>NORTH DAKOTA – Medicaid</b>                  Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a>                  Phone: 1-844-854-4825</p>	<p><b>OKLAHOMA – Medicaid and CHIP</b>                  Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>                  Phone: 1-888-365-3742</p>
<p><b>OREGON – Medicaid</b>                  Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a>                  Phone: 1-800-699-9075</p>	<p><b>PENNSYLVANIA – Medicaid</b>                  Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a>                  Phone: 1-800-692-7462</p>
<p><b>RHODE ISLAND – Medicaid</b>                  Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>                  Phone: 855-697-4347</p>	<p><b>SOUTH CAROLINA – Medicaid</b>                  Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>                  Phone: 1-888-549-0820</p>
<p><b>SOUTH DAKOTA - Medicaid</b>                  Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>                  Phone: 1-888-828-0059</p>	<p><b>TEXAS – Medicaid</b>                  Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a>                  Phone: 1-800-440-0493</p>
<p><b>UTAH – Medicaid and CHIP</b>                  Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a>                  CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a>                  Phone: 1-877-543-7669</p>	<p><b>VERMONT– Medicaid</b>                  Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>                  Phone: 1-800-250-8427</p>
<p><b>VIRGINIA – Medicaid and CHIP</b>                  Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a>                  Medicaid Phone: 1-800-432-5924                  CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a>                  CHIP Phone: 1-855-242-8282</p>	<p><b>WASHINGTON – Medicaid</b>                  Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a>                  Phone: 1-800-562-3022 ext. 15473</p>
<p><b>WEST VIRGINIA – Medicaid</b>                  Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a>                  Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>	<p><b>WISCONSIN – Medicaid and CHIP</b>                  Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a>                  Phone: 1-800-362-3002</p>



### WYOMING – Medicaid

Website: <https://wyequalitycare.acs-inc.com/>

Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.



## Important Notice from Easterseals Central Texas about New Health Insurance Marketplace Coverage Options and Your Health Coverage

### Part A: General Information

When key parts of the health care law took effect in 2014, there was a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins November 1, 2018 for coverage starting as early as January 1, 2019.

#### 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 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<sup>1</sup>.

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution – as well as your employee contribution to employer-offered coverage – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

#### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your plan documents or contact the Benefit Service Center at 1-866-533-3227 or [benefitservicecenter@fedcap.org](mailto:benefitservicecenter@fedcap.org).

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> An employer-sponsored health plan meets the “minimum value standard” if the plan's share of the total allowed benefit costs covered by the plan is no less than 60% of such costs.



### Part B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums. This information is numbered to correspond to the Marketplace application.

3. Employer Name Fedcap Rehabilitation Services		4. Employer Identification Number (EIN) 13-5645879
5. Employer address 633 Third Avenue, 6th Floor		6. Employer phone number (212) 727-4200
7. City New York	8. State NY	9. ZIP Code 10017
10. Who can we contact about employee health coverage at this job? Donna Quinn		
11. Phone number (if different from above) (212) 727-4267		12. Email address dquinn@fedcap.org

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

- ▶ As your employer, we offer a health plan coverage to employees who work 30 hours or more per week .
- ▶ With respect to dependents, we offer coverage. Eligible dependents are:
  - Your legal spouse
  - Your dependent children

If checked, this coverage meets the minimum value standard<sup>1</sup>, and the cost of this coverage to you is intended to be affordable, based on employee wages.

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

<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60% of such costs.



