



Around theClock

Healthcare Services

"Staffing...wherever healthcare is provided."

MEMORANDUM

To: Contract Nurses and Contract Allied HCA (Health Care Associate) Employees
Eligible For Two (2) Health Insurance Plan Options
Includes: "Contract Nurses" - (i.e., Travel Nurse, Local Nurse, etc.)
and
"Contract Allied" Health Personnel

From: Joe Travella - (Human Resources Department)

Date: December 4, 2014

Subject: **OPEN ENROLLMENT - 2015**

Option 1 – (Nationwide Limited Medical Plan)

- A) Medical Plan - (Nationwide)
- B) Dental Plan/Vision Plan - (Nationwide)
- C) Flexible Spending Accounts

Option 2 – (Enhanced Health Insurance Plan)

- A) Medical Plan - (Blue Cross Blue Shield (PPO) Blue Card Plan)
- B) Dental Plan – (MetLife's Dental Plan)
- C) Flexible Spending Accounts

Open Enrollment is a time when all benefit eligible "Contract Nurses" and "Contract Allied" HCA employees are allowed to join, drop, or make changes to ATC's Two (2) Health Insurance Plan Options, and Flexible Spending Accounts. This Open Enrollment period will begin on December 4, 2014 and end December 19, 2014 with benefit coverage and contributions to be effective January 1, 2015.

A waiting period of three months (13 weeks), or 90 days, is usually imposed in order to enroll in the Health Insurance Plans; however, "Contract Nurses" and "Contract Allied" personnel, who sign their first contract assignment for 13 weeks or more and are expected to work a minimum of 390 hours over the 13 week (90 day) period may select Option 1- (Nationwide Limited Medical Plan), with **no three month (13 week), or 90 day waiting period** imposed. At the conclusion of the first contract period, employees immediately signing a second 13 week contract, may decide to continue Option 1- (Nationwide Limited Medical Plan), or switch to Option 2 - (Enhanced Health Insurance Plan).

Option 1 – (Nationwide Limited Medical Plan)

Please be advised that for calendar year 2015, there will be no premium rate increase imposed for the Limited Medical Plan, and there will be no premium rate increase imposed for the Dental/Vision Plan, which are administered by the Nationwide Life Insurance Company.

The Nationwide program includes a choice of two (2) benefit level medical plans, a “Premier Plus” plan and a “Standard Plus” plan. Enclosed is the “Nationwide Benefits Brochure” outlining both plans.

Note: The Nationwide Limited Medical Plan is product is (a) not a substitute for minimum essential health coverage under the Affordable Care Act (ACA); and (b) does not qualify as minimum essential coverage under the ACA.

Option 2 - (Enhanced Health Insurance Plan)

Blue Cross and Blue Shield of Alabama has advised ATC that a premium rate increase to our BCBS Blue Card PPO Plan will be imposed for Plan Year 2015. **Metropolitan Life Insurance Company** has advised ATC that a premium rate increase will be imposed for dental coverage under the MetLife Dental Plan. For additional information regarding this rate increase, including an improvement to our dental plan, please reference Page 6, under Dental Benefit Changes for Year 2015.

To assist in your selection of either **Option 1 (“Nationwide’s Limited Medical Plan” - Premier Plus and Standard Plus, and Dental/Vision Plan)** or **Option 2 (“Enhanced Health Insurance Plan”- BCBS PPO BlueCard Medical Plan and MetLife’s Dental Plan)**, please review thoroughly the enclosed informational material for each of the two options, as follows:

Informational Material For the Two (2) Options

Option 1 - (Nationwide Limited Medical Plan)

- Nationwide Benefits Brochure - 4 Page Brochure
- Employee Medical and Dental/Vision Plan Weekly Premium Costs (January 1, 2015 through December 31, 2015) - (After-Tax Payroll Deductions)

Option 2 - (Enhanced Health Insurance Plan)

- BlueCard PPO – (800)-(003/006) Plan Benefits Brochure and Summary of Benefits and Coverage – Blue Cross Blue Shield
- MetLife - (Dental Benefits) - (6 Page Brochure)
- Employee Medical and Dental Plan Weekly Premium Costs (January 1, 2015 through December 31, 2015) - (Pre-Tax Payroll Deductions)

Flexible Spending Accounts - (FSAs) Note: Flexible Spending Accounts are offered in both Option 1 and Option 2 Health Insurance Plans)

(Pre-Tax Reimbursement Accounts) - Health Care Reimbursement Account and Dependent Care Reimbursement Account

Note: The 2015 FSA Plan Year will reimburse eligible expenses incurred for the period January 1, 2015 through March 15, 2016, and such expenses for this period must be submitted no later than April 30, 2016. According to IRS regulations, if this requirement is not satisfied, it will result in the forfeiture of funds remaining in your account(s). This is known as the “Use It or Lose It” rule.

Eligible employees will have the opportunity to participate in two tax saving reimbursement accounts, namely, the Health Care Reimbursement Account (HCRA), and Dependent Care Reimbursement Account (DCRA). Employees may select one or both of the accounts or elect not to participate. Note: Any over-the-counter (OTC) item that is considered a drug or medicine requires a prescription written by a doctor in order to be reimbursed from the HCRA account.

For additional information regarding the two pre-tax reimbursement accounts, including the IRS ruling concerning OTC items, please reference the enclosed material: “Flexible Spending Accounts (FSAs)” – (Benefit Summary).

After making your “Health Insurance Plan” selection of the two choices (**Option 1 or Option 2**), you will now be prepared to begin the “Open Enrollment Process.”

**The pages that follow will
provide you with step-by-step
guidelines in completing the
“Open Enrollment Process.”**



OPEN ENROLLMENT PROCESS

The information, as outlined below, should provide a reference to guide you through this year's Open Enrollment process for either **Option 1** or **Option 2**.

OPTION 1

(Nationwide Limited Medical Plan)

- A) Medical Plan - (Nationwide)
- B) Dental Plan/Vision Plan - (Nationwide)
- C) Flexible Spending Accounts

A) MEDICAL PLAN

If you are currently enrolled in the Nationwide Limited Medical Plan ("Premier Plus" or "Standard Plus" Health Insurance) and you are not making a change to your existing coverage, no action on your part is necessary.

If you are currently enrolled in the Nationwide Limited Medical Plan ("Premier Plus" or "Standard Plus" Health Insurance) and you are making a change to your existing coverage, please contact the Enrollment Center at 1-800-690-7731, or on-line via www.IAmEnrolling.com.

If you wish to enroll or switch to the Nationwide Limited Medical Plan ("Premier Plus" or "Standard Plus" Health Insurance), please contact the Enrollment Center.

B) DENTAL/VISION PLAN

Note: The dental/vision plan option is available only to employees who enroll in one of the Nationwide Medical Plans - ("Premier Plus" or "Standard Plus" Health Insurance).

If you are currently enrolled in the Nationwide Limited Medical Plan (Dental/Vision Plan) and you are not making a change to your existing coverage, no action on your part is necessary.

If you are currently enrolled in the Nationwide Limited Medical Plan (Dental/Vision Plan) and you are making a change to your existing coverage, please contact the Enrollment Center at 1-800-690-7731, or on-line via www.IAmEnrolling.com.

If you wish to enroll or switch to the Nationwide Limited Medical Plan (Dental/Vision Plan), please contact the Enrollment Center.

FLEXIBLE SPENDING ACCOUNTS

Important: If you are currently participating in either the Health Care Reimbursement Account or the Dependent Care Reimbursement Account, or both Accounts and wish to continue for calendar year 2015, **you must complete a new Enrollment Form.** Participation will not automatically roll-over into the next calendar year.

If you do not wish to participate in the Flexible Spending Accounts for Year 2015, no action on your part is necessary.

If you do wish to participate or re-enroll in either one or both of the Reimbursement Accounts, please complete the enclosed PayFlex “Flexible Spending Accounts (FSA) Enrollment Form,” and return it to the Human Resources Department in the enclosed ATC pre-addressed envelope, on or before December 19, 2014. You may also fax the “Enrollment Form” to: Joe Travella, at Fax# 516-750-1755.

OPTION 2

(Enhanced Health Insurance Plan)

- A) Medical Plan - (Blue Cross Blue Shield (PPO) Blue Card Plan)
- B) Dental Plan – (MetLife’s Dental Plan)
- C) Flexible Spending Accounts

A) MEDICAL PLAN

If you are not making a change to your existing BCBS (PPO) medical coverage, no action on your part is necessary. If you are making a change to your existing BCBS (PPO) medical coverage, please reference the enclosed “Forms Completion Instructions (Open Enrollment 2015) - (Option 2),” and follow the instructions in Section A - Medical Plan.

Medical Plan for Year 2015

1. Medical Plan Weekly Employee Premium Costs

Please reference the enclosed “Employee Medical and Dental Plan Weekly Premium Costs (January 1, 2015 through December 31, 2015).” It reflects an increase in weekly employee contributions to be effective **January 1, 2015.**

2. Health Care Reform Act

The Health Care Reform Act will require health insurance plans, such as, Blue Cross Blue Shield, to include the following provisions:

- a) Coverage of Dependents to Age 26.
- b) No Pre-existing exclusion periods for any members.
- c) No dollar amount lifetime limits on benefits.
- d) No dollar amount annual limits on essential benefits.
- e) No waiting periods longer than 90 days.

In addition, the Mental Health Parity and Addiction Act requires all health plans not to impose more restrictive treatment or financial requirements on mental health and substance abuse benefits compared to requirements that apply to other medical and surgical benefits.

For an updated summary of your Blue Cross Blue Shield medical benefits, please reference the enclosed BlueCard PPO-(800)-(003/006) Plan Benefits Brochure and Summary of Benefits and Coverage.

Important Reminder Regarding “In-Network” Providers

One way in which the plan tries to manage health care costs and provide enhanced benefits is through negotiated discounts with medical providers. Sometimes a network provider may furnish a service to you that is either not covered under the plan or is not covered under the contract between the provider and the local Blue Cross Blue Shield plan where services are rendered. When this happens, benefits may be denied or may be reduced to the out-of-network benefit level. Should your in-network provider suggest or require additional medical services, i.e., laboratory tests, or other physician services (surgery, anesthesia, etc.), be certain to request that such services be conducted or performed by an in-network provider. This will ensure that out-of-pocket costs are significantly reduced and, in some cases, eliminated.

B) DENTAL PLAN

If you are not making a change to your existing MetLife dental coverage, no action on your part is necessary.

If you are making a change to your existing MetLife dental coverage, please reference the enclosed “Forms Completion Instructions (Open Enrollment 2015) – (Option 2),” and follow the instructions in Section B - Dental Plan.

Dental Plan for Year 2015

1. Dental Plan Weekly Employee Premium Costs

Please reference the enclosed “Employee Medical and Dental Plan Weekly Premium Costs (January 1, 2015 through December 31, 2015).” It reflects an increase in weekly employee contributions to be effective January 1, 2015.

2. Dental Benefit Changes

In conjunction with a rate increase imposed by MetLife, ATC was successful in negotiating a benefit enhancement by raising the annual maximum benefit, per person, from \$1,500 to \$2,000, effective January 1, 2015.

C) FLEXIBLE SPENDING ACCOUNTS

Important: If you are currently participating in either the Health Care Reimbursement Account or the Dependent Care Reimbursement Account, or both Accounts and wish to continue for calendar year 2015, you must complete a new PayFlex “Flexible Spending Accounts (FSA) Enrollment Form.” Participation will not automatically roll-over into the next calendar year.

If you do not wish to participate in the Flexible Spending Accounts for Year 2015, no action on your part is necessary. If you do wish to participate or re-enroll in either one or both of the Reimbursement Accounts, please reference the enclosed “Forms Completion Instructions (Open Enrollment 2015) – (Option 2),” and follow the instructions in Section C - Flexible Spending Accounts (FSAs) – (Pre-Tax Reimbursement Accounts). Note: For additional information regarding these pre-tax savings accounts, please reference the enclosed “Flexible Spending Accounts (FSAs) - Benefits Summary.”

Reminder:

Section 125 of the Internal Revenue Code (IRS Code)

The employee’s share of the premium costs for the Medical Plan (BCBS-PPO Blue Card) or Dental Plan (MetLife) or contributions to Flexible Spending Accounts are pre-taxed under the Tax Savings Premium Plan (Section 125 of the IRS Code). Under the terms of Section 125, no changes may be made to coverage, including adding or dropping coverage, until the next enrollment period, unless the employee experiences a “lifestyle” change. Examples of a “lifestyle change” include: marriage, birth or adoption of a child, divorce, separation, death of a covered dependent or change in job status of the employee or spouse.

Please return the applicable “Option 2” (Enhanced Health Insurance Plan) Election/Enrollment Forms to the Human Resources Department, in the enclosed ATC pre-addressed envelope, on or before December 19, 2014.

Should there be any questions regarding any of the aforementioned information, including the two (2) Health Insurance offerings (Option 1 and Option 2), please contact Joe Travella, at (516) 750-1699.


JT/

Enclosures:

Enclosures for Option 1, Enclosures For Option 2, and Enclosures For Both Option 1 and Option 2 are listed on the following page (Page 8)

Enclosures For Option 1

- Nationwide Benefits Brochure
- Employee Medical and Dental/Vision Plan Weekly Premium Costs - (Nationwide)
(January 1, 2015 through December 31, 2015)

Enclosures For Option 2

- Forms Completion Instructions, Open Enrollment - (2015) –(Option 2)
- ATC Benefit Election Form
- Application For Enrollment - Blue Cross Blue Shield of Alabama
- BlueCard PPO – (800)-(003/006) Plan Benefits Brochure
- Summary of Benefits and Coverage – Blue Cross Blue Shield
- MetLife’s Enrollment Form for Group Insurance (Dental)
- MetLife - (Dental Benefits) - (6 Page Brochure)
- Employee Medical and Dental Plan Weekly Premium Costs
(January 1, 2015 through December 31, 2015)

Enclosures For Both Option 1 and Option 2

- Flexible Spending Accounts (FSA) - “Enrollment Form” - (PayFlex)
- Flexible Spending Accounts (FSAs) – (Benefit Summary)