

# Granite's Sample Benefit Booklet

December 2014-2015 Plan Year Benefits



# ANNUAL OPEN ENROLLMENT DATES:

**11/01/2014 - 11/30/2014**

## what you need to do

To make sure you have the benefits coverage you want for the 2014-2015 plan year:

- If your employer uses Granite HealthPro, powered by Maxwell Health, you will receive a welcome email with your log-in instructions to start your enrollment process
- Read this brochure to see what's available to you
- Review the benefits and who you want to cover, discuss with your family
- Submit enrollment/change forms through Granite HealthPro or give them back to Human Resources

**You are required to complete the enrollment process**, even if you are waiving medical, dental and vision coverage. If you elect to waive all health coverages, you still need to provide beneficiary information for the company-paid life insurance benefit if Granite Insurance Brokers offers this coverage.

**Granite Insurance Brokers waiting period is 1st of the month following 60 days.** You must complete the probationary waiting period before you become eligible for benefits.

The only time you can change your elections during the plan year outside your eligibility period timeframe is when you experience a qualifying event, **you have 30 days to notify HR to change your benefits.** Examples of qualifying events include changes in:

- Marital Status (marriage, divorce, or legal separation)
- Number of dependent children (birth, adoption, placement for adoption, or being named legal guardian)
- Employment status (part-time to full-time or full-time to part-time)
- Dependent status (child reaches maximum age)
- Eligibility status (you or your spouse experience a change in hours, job loss, getting a new job, become entitled to Medicare or Medicaid)

## common enrollment questions

### **Who is eligible for employee benefits?**

All employees who work 30+ hours a week are considered full-time employees and are eligible for employee benefits with Granite Insurance Brokers.

### **What happens if I waive coverage during my eligibility period?**

If you waive coverage with Granite Insurance Brokers during your initial eligibility period, you will only be able to enroll during the plan year if you experience a qualifying event. If you do not experience a qualifying event, you will need to wait until your company's next open enrollment to come on to the plan. You may also be subject to late entrant waiting periods for dental.

### **What is considered a qualifying event?**

A qualifying event is a marriage, divorce, birth/adoption, loss of other coverage and change in work status such as full-time to part-time.

### **If I have questions regarding my health coverage or need assistance with my benefits program, who may I contact?**

You may contact Human Resources, our broker, Granite Insurance Brokers, or you may contact the insurance carrier directly. We have provided carrier phone numbers and websites in this brochure for your reference.

### **Who can I cover under my plan?**

You can cover yourself, your spouse or domestic partner, and your eligible dependent children (up to age 26), and any legal dependents.

### **Will I receive new ID cards?**

You will receive new ID cards from your medical carrier if you enroll for the first time or make plan changes. If you've downloaded the Maxwell Health mobile app, important plan specifics will also be available there.

# get in the know

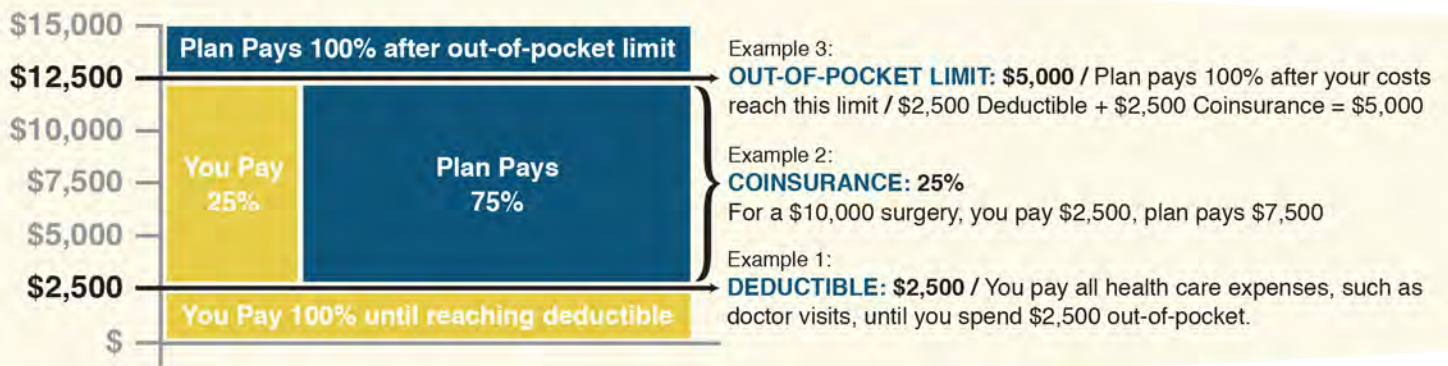
**What is your premium?** – Your cost of the insurance per paycheck.

**Is my doctor in-network?** – You receive the most benefits if your doctor is in-network. All carriers have a provider search that can be accessed from their website. Visit the carrier websites located at the end of the booklet to find a doctor within your network.

**What is an In-Network Provider?** – A group of doctors, hospitals and other health care providers that are approved and under contract with insurance plan, they provide services at discounted rates. You will generally pay less for services received from in-network providers.

**What is an Out-Network/Non-Network Provider?** – A health care professional, hospital or pharmacy that is not part of a health plan's network of health care providers. You will generally pay more for services received from out-of-network providers.

**What is a Maximum Plan Benefit?** – The most a plan will pay for benefits during the entire period you are enrolled in a plan. Typically applies to dental plans.



**What is an Annual Deductible?** – The amount you must pay out-of-pocket before the insurance company makes any benefits payments under a policy. Deductibles can vary whether you are in-network or out-of-network.

**What is an Annual RX Deductible for Brand Name?** – The amount you must pay out-of-pocket for brand name prescriptions before the insurance company begins to make payments for a brand name RX. Please check your plan's formulary on the insurance company's website to determine which tier your prescription falls under. The Formulary Rx Drug List is a list of prescription drugs that are covered by the plan. Some drugs require prior authorization from your plan. The four common prescription drug tiers are Tier 1: Generic formulary; Tier 2: Brand formulary; Tier 3: Brand non-formulary; Tier 4: Specialty Drugs. Your cost share will be determined by the tier.

**What is a Copayment?** – The flat dollar amount you pay each time you receive certain covered health services. Some services will require a copayment in lieu of a deductible. Example: \$45 office visit copayment.

**What is a Coinsurance?** – The percentage of the amount you pay for eligible services after you have met the annual deductible. The Insurance Company typically pays the larger percentage.

**What is an Out-of-Pocket Maximum?** – The most you will pay out-of-pocket each calendar year for covered health services in-network.

**What is not included in the Out-of-Pocket Maximum?** – Premiums, balance-billing charges, penalties for non-certification and health care the plan does not cover, including exclusions and limitations.

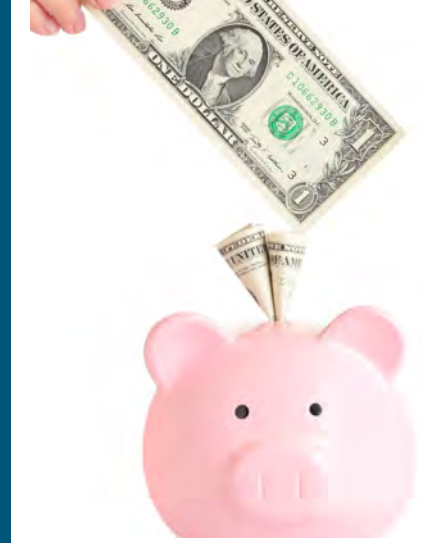
# tips on maximizing your benefits

**Emergency Room Visits** – Depending on your plan benefits, you could be responsible for an Emergency Room copayment, your calendar year deductible and coinsurance for an emergency room visit. The ER is typically used for severe pain, heart attack, stroke, severe dehydration, and other "emergency" life-threatening conditions.

**Urgent Care** – You can avoid a long wait and save money by going to an urgent care center instead of the ER when possible. Urgent care centers typically handle broken bones, minor burns, cuts that require stitches or a stomach virus. Check with your plan as most in-network urgent care visits are treated like an office visit.

**Preventive Care/Wellness Visits** – Covered at no out-of-pocket costs to you:

**CAUTION:** Do not mix Preventive visits (routine physicals, well-child visits, immunizations, mammograms, etc.) with diagnostic visits (my shoulder or knee hurts) as the visit will no longer be considered a Preventive visit.



**Take your benefits mobile** – If your employer uses Granite HealthPro, download the Maxwell Health Mobile app.



## more tips

**Try to stay In-Network when possible** – There is no contracted rate with out-of-network providers. The Insurance Company uses Medicare or a negotiated fee schedule to determine the allowable charge out-of-network. You will pay the balance for amounts over the allowable charge and that balance will not count towards the out-of-pocket maximum.

### **RX Tips**

- You can save time and money by using your plan's mail order RX program. Typically, you will pay twice the retail copay for a 90 day supply.
- Shop around for your RX as prices vary by retailer.
- Ask for generic instead of brand name RX to keep your costs down.
- Find therapeutic alternatives. Some brand-name drugs don't have a generic equivalent, but they may have a therapeutic equivalent, which is in the same class of drugs but is chemically a little different.
- Split your pills. Ask your doctor if you can save money by cutting any of your pills. For example, the 30 day cost for 20-mg tablets of Lipitor can be about the same as the 30-day cost for the 40-mg tablets. You may be able to order the larger Lipitor tablet and split it in half.
- Double Up. If you're taking a 20-mg pill twice a day, ask your doctor whether it would be safe to switch to a 40-mg pill once a day.

# medical coverage

The following chart summarizes the benefits for the medical plans offered to all eligible employees of Granite Insurance Brokers. As an eligible employee, you may choose from one of the following plans. **Granite Insurance Brokers contributes 90% for eligible employees and 0% for their dependents.**

LEARN MORE: Please note that the chart below is intended for comparison purposes only. For a comprehensive listing of what is covered and not covered under each plan, **please refer to the Summary of Benefits Coverage.**

	Kaiser \$30/\$1,500 HMO	Kaiser \$0/\$2,700 HSA Plan
Annual Deductible Individual/Family	\$1,500 single/\$3,000 family	\$2,700 single/\$5,450 family
Annual Out-of-Pocket Max Individual/Family	\$3,500 single/\$7,000 family	\$4,500 single/\$9,000 family
<b>Professional Services</b>		
Office Visits	\$30	\$0 (after deductible)
Specialty Visits	\$30	\$0 (after deductible)
Preventive Care	\$0	\$0
<b>Hospital Services</b>		
Inpatient Hospitalization	\$500 per day (after deductible)	\$450 per day (after deductible)
Outpatient Surgery	\$250 per procedure (after deductible)	\$250 per procedure (after deductible)
<b>Diagnostic X-Ray &amp; Lab</b>		
Advanced Imaging	\$50 (after deductible)	\$50 (after deductible)
All Other X-Ray & Lab	\$10 (after deductible)	\$0 (after deductible)
<b>Urgent/Emergency Care Visits</b>		
Urgent Care	\$30	\$0 (after deductible)
Emergency Room (Waived if Admitted)	\$100 (after deductible)	\$100 (after deductible)
Ambulance	\$75 (after deductible)	\$100 (after deductible)
<b>Prescriptions</b>		
Deductible	N/A	N/A
Generic	\$10 (up to 30-day supply)	\$10 (after deductible/up to 30-day supply)
Brand-name	\$30 (up to 30-day supply)	\$30 (after deductible/up to 30-day supply)

**NOTE: Deductibles and out of pocket maximums renew on calendar year, not plan renewal date.**

# medical coverage continued

The following chart summarizes the benefits for the medical plans offered to all eligible employees of Granite Insurance Brokers. As an eligible employee, you may choose from one of the following plans. **Granite Insurance Brokers contributes 90% for eligible employees and 0% for their dependents.**

LEARN MORE: Please note that the chart below is intended for comparison purposes only. For a comprehensive listing of what is covered and not covered under each plan, **please refer to the Summary of Benefits Coverage.**

	Health Net PPO Silver \$45/\$1,500 - 9LZ	
	In-Network	Out-of-Network
Annual Deductible Individual/Family	\$1,500 single/\$3,000 family	\$3,000 single/\$6,000 family
Annual Out-of-Pocket Max Individual/Family	\$6,350 single/\$12,700 family	\$12,700 single/\$24,400 family
<b>Professional Services</b>		
Office Visits	\$45 (deductible waived)	50%
Specialty Visits	\$65 (deductible waived)	50%
Preventive Care	\$0	Not Covered
<b>Hospital Services</b>		
Inpatient Hospitalization	20%	50%
Outpatient Surgery	20% (deductible waived)	50%
<b>Diagnostic X-Ray &amp; Lab</b>		
Advanced Imaging (CT/PET Scans/MRI)	20%	50%
All Other X-Ray & Lab	\$65/\$45 (deductible waived)	50%
<b>Urgent/Emergency Care Visits</b>		
Urgent Care	\$90 (deductible waived)	50%
Emergency Room (Waived if Admitted)	\$250	\$250
Ambulance	\$250	\$250
<b>Prescriptions</b>		
Deductible	\$500 single/\$1,000 family	Not Covered
Generic	\$19	Not Covered
Brand	\$50	Not Covered
Non-Formulary Brand	\$70	Not Covered
Specialty Drugs	20%	Not Covered

**NOTE: Deductibles and out of pocket maximums renew on calendar year, not plan renewal date.**

# dental coverage

The following chart summarizes the benefits for Guardian's DentalGuard Preferred network plans offered to all eligible employees of Granite Insurance Brokers. **Granite Insurance Brokers contributes 90% for eligible employees and 0% for their dependents of the BASE PLAN.**

LEARN MORE: Please note that the chart below is intended for comparison purposes only and provides only a brief overview of the most common benefits covered under your plan. For a comprehensive listing of what is covered and not covered (limitations and exclusions) under each plan, **please refer to your benefits summary.**

	DentalGuard Preferred Plan #1 Base Plan	
	In-Network	Out-of-Network
<b>Deductibles and Benefit Maximums</b>		
Annual Deductible Individual/Family	\$50	\$50
Annual Maximum	\$1,500	Maximums for In-Network and Out-of-Network are Inclusive
Claim Payment Basis	Negotiated Fee Schedule	Negotiated Fee Schedule
<b>Diagnostic Services</b>		
Oral Evaluations	100%	100%
X-Rays (Full-mouth series once/6 mos.)	100%	100%
<b>Preventive Services</b>		
Cleanings (once/ 6 mos.)	100%	100%
Fluoride Treatments (to age 19, once/6 mos.)	100%	100%
Sealants (to age 16, once/36 mos.)	100%	100%
Space Maintainers/Harmful Habit Appliances	100%	100%
<b>Basic Dental Services</b>		
Fillings (include posterior composites)	80%	50%
Periodontal Services (eg Scaling and Root Planing)	80%	50%
Periodontal Surgery	80%	50%
Simple Extractions	80%	50%
Complex Extractions	80%	50%
Endodontic Services (eg. Root Canal)	80%	50%
Repair & Maintenance of Crowns, Bridges & Dentures	80%	50%
General Anesthesia	80%	50%
Oral Cancer Screens, includes Vizilite (age 40 or older, once/24 mos.)	80%	50%
<b>Major Dental Services</b>		
Bridges & Dentures, Implants, Single Crowns, Inlays, Onlays & Veneers	50%	25%

# dental coverage continued

The following chart summarizes the benefits for Guardian's DentalGuard Preferred network plans offered to all eligible employees of Granite Insurance Brokers. **Granite Insurance Brokers contributes 90% for eligible employees and 0% for their dependents of the BASE PLAN.**

LEARN MORE: Please note that the chart below is intended for comparison purposes only and provides only a brief overview of the most common benefits covered under your plan. For a comprehensive listing of what is covered and not covered (limitations and exclusions) under each plan, **please refer to your benefits summary.**

	DentalGuard Preferred Plan #2 Buy-Up Plan	
	In-Network	Out-of-Network
<b>Deductibles and Benefit Maximums</b>		
Annual Deductible Individual/Family	\$50 / 3 per family	\$100 / 3 per family
Annual Maximum	\$1,500 plus Maximum Rollover*	\$1,500 plus Maximum Rollover*
Claim Payment Basis	Negotiated Fee Schedule	UCR 90th
<b>Diagnostic Services</b>		
Oral Evaluations	100%	100%
X-Rays (Full-mouth series once/60 mos.)	100%	100%
<b>Preventive Services</b>		
Cleanings (once/ 6 mos.)	100%	100%
Fluoride Treatments (to age 19, once/6 mos.)	100%	100%
Sealants (to age 16, once/36 mos.)	100%	100%
Space Maintainers/Harmful Habit Appliances	100%	100%
<b>Basic Dental Services</b>		
Fillings (include posterior composites)	90%	80%
Periodontal Services (eg Scaling and Root Planing)	90%	80%
Periodontal Surgery	90%	80%
Simple Extractions	90%	80%
Complex Extractions	90%	80%
Endodontic Services (eg. Root Canal)	90%	80%
Repair & Maintenance of Crowns, Bridges & Dentures	90%	80%
General Anesthesia	90%	80%
Oral Cancer Screens, includes Vizilite (age 40 or older, once/ 24 mos.)	90%	80%
<b>Major Dental Services</b>		
Bridges & Dentures, Implants, Single Crowns, Inlays, Onlays & Veneers	60%	50%



# vision coverage

The following chart summarizes the benefits for the Guardian vision plan offered to all eligible employees of Granite Insurance Brokers. **Granite Insurance Brokers contributes 90% for eligible employees and 0% for their dependents.**

LEARN MORE: Please note that the chart below is intended for comparison purposes only and provides only a brief overview of the most common benefits covered under your plan. For a comprehensive listing of what is covered and not covered (limitations and exclusions) under each plan, **please refer to your benefits summary.**

	VSP Full Feature Choice B In-Network (Copay)	VSP Full Feature Choice B Out Network (Max After Copay)
<b>Vision Exams</b>		
Copay	\$10	\$39 max
<b>Service Frequencies</b>		
Eye Exams	Once Every Calendar Year	Once Every Calendar Year
Lenses Benefit	Once Every Calendar Year	Once Every Calendar Year
Contact Lenses	Once Every Calendar Year	Once Every Calendar Year
Frames	Once Every Other Calendar Year	Once Every Other Calendar Year
<b>Materials (lenses &amp; frames, or contact lenses)</b>		
<b>Lenses Benefits</b>		
Single Vision	\$20	\$23 max
Bifocal	\$20	\$37 max
Trifocal	\$20	\$49 max
Lenticular	\$20	\$64 max
<b>Contact Lenses Benefit**</b>		
Medically Necessary	Covered after copay	\$210 max
Elective	\$130 Max (Copay Waived)	\$100 Max (Copay Waived)
Frames Benefit	\$130 retail max + 20% off balance	\$46 max

**\*\*In lieu of complete set of glasses**



# life insurance

Granite Insurance Brokers provides all active employees with an employer-paid basic life insurance and accidental death and dismemberment (AD&D) benefit. This benefit provides valuable income protection in the case that you suffer a severe accident or loss of life. An accelerated death benefit is also included. For a complete benefit summary, please contact Human Resources. **Granite Insurance Brokers contributes 100% for eligible employees. Dependents are not eligible for this benefit.**

You must name a beneficiary for your life and AD&D benefits. Beneficiary changes can be done at any time during the plan year. Review your policy document for any benefit limitations that may apply.

	Guardian Life AD&D
Guarantee Issue (Can't be declined)	\$200,000
Life Benefit	100% of salary to a maximum of \$500,000
AD&D Benefit	100% of Life Benefit to a maximum of \$500,000
Common Carrier	Included
Waiver of Premium	If disabled, insurance will continue until age 65 or no longer disabled
Portability	Included with Evidence of Insurability
Conversion	Included
Benefit Reduction (of original amount)	
Age: 65	35% Reduction
Age: 70	60% Reduction
Age: 75	75% Reduction
Age: 80	85% Reduction



# retirement plan

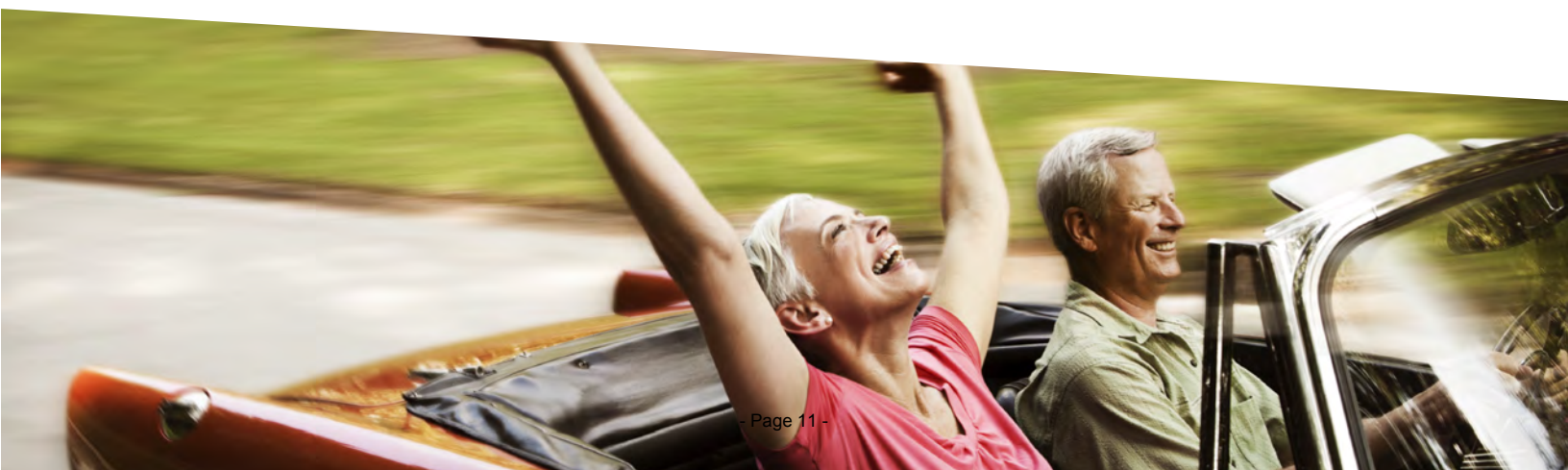
With our 401(k) retirement savings plan, Granite Insurance Brokers has established a tax favored program that will help you save for retirement. Planning now for your retirement will provide you the best opportunity to reach your financial goals. The sooner you begin contributing to a retirement savings plan, the better your chance of growing your investment over time.

The contributions you make are deducted from your pay before taxes are withheld. As a result, your taxable income is reduced and you pay less in current taxes. The money you have invested can also grow without being reduced by current taxes. This potential growth in savings is not taxed until the money is withdrawn, and is called tax-deferred compounding.

**LEARN MORE:** Please note that the information below gives a general overview only. For more comprehensive information, **please refer to the Summary Plan Description.**

Below are some highlights of our 401(k) plan:

	Plan Coverage
Funds Manager	Nationwide
Annual Contribution Limit	\$18,000
Company Match	Discretionary
Catch Up Contribution Limit for People over Age 50	\$6,000
Waiting Period	1 year of service (i.e. 12 months of employment with 1,000 hours of service)
Entry Date	January 1st or July 1st
Minimum Entry Age	21
Is a Roth 401(k) Available?	No



# health savings accounts (HSA)

The Health Savings Account (HSA) is designed to give you more control over how you save for and manage your health care expenses. Read on to learn the many advantages and important facts associated with an HSA.

**Granite Insurance Brokers contributes \$50 monthly towards your HSA.**

## are you eligible?

- To be eligible for an HSA, you must be enrolled in an high deductible health plan HSA qualified plan
- You must not be enrolled in another health plan or Medicare to be eligible
- You must not be claimed as a dependent on another person's taxes

## what are the advantages?

- Contributions made to an HSA through payroll deduction are tax free\*
- Contributions made to an HSA using after-tax dollars are tax-deductible
- HSA dollars earn interest tax free\*
- HDHPs offer lower premiums potentially offering enough savings to cover the cost of each member's increased plan deductible
- You may use HSA funds (tax free dollars) to pay for your eligible expenses or any person claimed as a dependent on your tax return; funds available once deposited
- Contributions for the current year may be made in any amount, up to the maximum, and at any time...even until April 15th of the following year
- Any money remaining in the account at year end rolls over, year after year
- You own your HSA — it moves with you if you change jobs or health plans
- Use accumulated HSA savings to pay plan premiums while on COBRA or while receiving unemployment benefits
- Once you turn 65, HSA dollars can be withdrawn for any purpose. You pay normal income taxes with no penalties

**\*contributions and earned interest are taxable income in California**

## what else should you know?

- HSA contributions may not be used to cover expenses incurred by a Domestic Partner
- Pay for services after you receive your Explanation of Benefits
- Limit ATM fees and pay for eligible expenses with your HSA debit card
- Prescriptions are subject to the plan deductible—request generic prescriptions to save time
- The plan deductible is per calendar year and not prorated to the enrollment date
- If enrollment occurs mid-year and the HSA is fully funded, you must remain enrolled through the following calendar year to avoid a tax penalty
- HDHPs generate more paperwork and financial responsibility than a traditional plan
- The first year could be difficult since a large claim could occur prior to funds being available
- You are responsible for legitimizing reimbursed expenses
- Over-the-counter drugs eligible for reimbursement only with a physician's prescription
- Non-qualified withdrawals are taxed as income and subject to an additional 20% penalty
- Contributions in excess of the maximum are allowed if due to a FSA or HRA rollover

2014 Contribution Limits	2015 Contribution Limits
Individual: \$3,300	Individual: \$3,350
Family: \$6,550 (maximum contribution regardless of the annual plan deductible)	Family: \$6,650 (maximum contribution regardless of the annual plan deductible)

Catch-Up Contribution \$1,000 — contribution limits increase by this amount for members age 55 or older

# employee assistance program

Granite Insurance Brokers has included an Employee Assistance Program through Guardian and IBH Work Life Matters, that supports employees and their family members with support services for a variety of issues associated with daily living. The following confidential services are available to you:

- Unlimited telephonic consultation with an EAP Counselor
- Referrals to local counselors – up to 3 sessions free of charge
- State of the art website access to over 3,400 helpful articles on topics like wellness and training courses
- Access to a legal and financial center
- And more

**For more information on how to utilize your Employee Assistance Program, call 800-386-7055 or visit [ibhworklife.com](http://ibhworklife.com).**



# employee discount program

Welcome to **GRANITE PERKS!** Granite Insurance has provided all Granite Insurance Brokers's employees and their families with a valuable service that will help you extend your purchasing power.

You'll enjoy discounts on entertainment, amusement parks, home services and memberships throughout California.

To access your **GRANITE PERKS** membership, simply go to our website at [graniteperks.com](http://graniteperks.com) and click on the Member Login link. It will ask you for your case sensitive User Name and Password.

Everyone in Granite Insurance Brokers will be using the same User Name and Password indicated below:

**User Name: granite**

**Password: one**

If you have any questions, please contact customer service at **877-411-1876 ext 1007**.

# supplemental voluntary benefits

Your benefit program includes additional supplemental benefit protection for **Accident, Cancer and Critical Illness** policies that are not available or more expensive outside of the workplace. When you apply for supplemental voluntary benefits through Granite Insurance Brokers carrier of choice, and you won't have to take a medical exam to enroll. You'll never worry about missing a payment because all of the costs for these benefits are automatically deducted from your paycheck. Additional reasons why you should consider purchasing voluntary benefits include:

- Healthcare is the No.1 cause of personal bankruptcies in the U.S., with 78% of those bankruptcies having some form of health insurance
- They can fill in the gaps of your employee benefits package
- Financial protection for families when a death or serious injury occurs
- These benefits are optional and 100% of the costs for your selections will be payroll deducted, on a pre-tax basis



## wellness

At Granite Insurance Brokers, we take health and wellness very seriously. Once you've enrolled in our benefits program, you'll receive a Fitbit compliments of Granite Insurance Brokers that is integrated into our benefits program. Your device tracks steps, distance, and calories burned – and syncs those stats to your computer and smartphones. We encourage you to set goals, challenge friends, and go farther - one step at time. That's how you turn everyday life into an awesome path to health and wellness. Throughout the year, Granite Insurance Brokers will have team challenges where you will receive rewards based on goals and your participation. Get ready, set your goals, and start every day more motivated, and see how small steps make a big impact.

## health advocate

Health Advocate is able to act as your liaison in the health care system and has access to your benefits information.

Instead of going to your HR administrator, broker, or directly to the carrier, you can turn to the Health Advocate for anything health care-related.

Available via the mobile app, phone 610-825-1222, or email from 8am –9pm EST.

**Your Health Advocate has been included your benefits program by Granite Insurance Brokers.**

# important notices

## **Consolidated Omnibus Budget Reconciliation Act (COBRA)**

Congress passed the landmark Consolidated Omnibus Budget Reconciliation Act (COBRA) health benefit provisions in 1986. The law amends the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Service Act to provide continuation of group health coverage that otherwise might be terminated. COBRA provides certain former employees, retirees, spouses, former spouses, and dependent children the right to temporary continuation of health coverage at group rates. This coverage, however, is only available when coverage is lost due to certain specific events. Group health coverage for COBRA participants is usually more expensive than health coverage for active employees, since usually the employer pays a part of the premium for active employees while COBRA participants generally pay the entire premium themselves. It is ordinarily less expensive, though, than individual health coverage. To be eligible for COBRA coverage, you must have been enrolled in your employer's health plan when you worked and the health plan must continue to be in effect for active employees. COBRA continuation coverage is available upon the occurrence of a qualifying event that would, except for the COBRA continuation coverage, cause an individual to lose his or her health care coverage.

## **Workers Compensation Medical Providers Network**

Granite Insurance Brokers has implemented a Medical Provider Network (MPN). Medical treatment for work-related injuries will be provided by the MPN unless you properly pre-designate a physician or medical group prior to injury. Contact Human Resources if you would like to designate a personal physician for treatment of work-related injuries.

## **Patient Protection and Affordable Care Act (PPACA)**

When the Patient Protection and Affordable Care Act (PPACA) was signed into law on March 23, 2010, we entered a new era of comprehensive health reform. The act includes several provisions which are designed to expand coverage, control health care costs, and improve the health care delivery system. Go to [www.dol.gov/ebsa/healthreform/consumer](http://www.dol.gov/ebsa/healthreform/consumer) for more information on changes that may affect you.

## **Health Insurance Marketplace Notice**

You have the right to purchase health insurance through the Health Insurance Marketplace. If you purchase a health plan through the Marketplace instead of accepting health coverage offered by Granite Insurance Brokers, then you may lose the employer contribution to the cost of the monthly premium. 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. 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.

## **The Newborns' and Mothers' Health Protection Act (Newborns' Act)**

If you have health coverage and are pregnant, you and your new child may be entitled to a 48-hour hospital stay following childbirth (96 hours in the case of a cesarean section). If your employer or your spouse's employer offers a health plan, birth, adoption, and placement for adoption may also trigger a special enrollment opportunity for you, your spouse, and your child, without regard to any open season for enrollment.

## **Health Insurance Portability and Accountability Act (HIPAA)**

You have the right to receive Notice of Privacy practices for your health plans at either adoption of the privacy policy or upon initial eligibility for coverage, whichever was later. For a copy of the Notice describing your Privacy Rights under the medical plan, please contact your Human Resources team. For a copy of the Notice describing your Privacy Rights under the insurance plans, please contact the carrier directly.

# important notices continued

## Plan Administration

Granite Insurance Brokers sponsors all the plans in this summary. Granite Insurance Brokers reserves the right to change or discontinue any of the plans described in this summary and to implement changes as required by federal, state, or local law. You will be informed of any changes that are made to the plans. If a plan is terminated, your rights on the date of termination would be governed by the provisions of the plan document.

In certain instances, Granite Insurance Brokers may exercise discretion on an objective nondiscriminatory basis with respect to the administration of the plans described in this summary.

## Metal Tiers

ACA specifies that beginning in 2014 insurance sold to individuals and small businesses **with fewer than 50 full-time equivalent employees** must be at one of four actuarial value levels: Platinum, Gold, Silver and Bronze. **These metal tiers do not apply to coverage already in existence meeting certain conditions (“grandfathered” or “grandmothered” plans).**

- The actuarial value is the percent of cost paid by the plan for covered benefits in-network.
- Platinum pays 90% of the costs for covered benefits **in-network**
- Gold pays 80% of the costs for covered benefits **in-network**
- Silver pays 70% of the costs for covered benefits **in-network**
- Bronze pays 60% of the costs for covered benefits **in-network**

## Medicaid

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

You may be eligible for assistance paying your employer health plan premiums. You should contact your State for further information on eligibility.

To see if any more States have added a premium assistance program since July 31, 2011, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor Employee Benefits Security Administration <a href="http://www.dol.gov/ebsa">www.dol.gov/ebsa</a> 1-866-444-EBSA (3272)	U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services <a href="http://www.cms.hhs.gov">www.cms.hhs.gov</a> 1-877-267-2323, Ext. 61565
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## Summary of Benefits and Coverage (SBC)

The ACA requires individual and group health plans to provide a uniform Summary of Benefits and Coverage (SBC) to all applicants and enrollees.

The SBC is not the same as the carrier’s Summary of Benefits.

The carriers offer SBCs in all required languages on their websites.

## ERISA Summary Plan Description and Summary of Material Modifications

The Employee Retirement Income Security Act (ERISA) requires plan administrators to give plan participants in writing the most important facts they need to know about their retirement and health benefit plans. One of the most important documents participants are entitled to receive automatically when becoming a participant of an ERISA-covered retirement or health benefit plan or a beneficiary receiving benefits under such a plan is called the Summary Plan Description or SPD. The SPD tells participants what the plan provides, how the plan operates, when an employee can begin to participate in the plan, how services are calculated, when benefits become vested, when and in what form benefits are paid and how to file a benefits claim. If a plan is changed, participants must be informed, either through a revised SPD or in a separate document, called a summary of material modifications.



# important notices continued

## Family Medical Leave Act (FMLA)

FMLA applies to all public agencies, all public and private elementary and secondary schools and companies **with 50 or more employees**. These employers must provide an eligible employee with up to 12 weeks of unpaid, job-protected leave per year and requires that their group health benefits be maintained during the leave for any of the following reasons:

- For the birth and care of the newborn child of an employee
- For placement with the employee of a child for adoption or foster care
- To care for an immediate family member (spouse, child or parent) with a serious health condition
- To take medical leave when the employee is unable to work because of a serious health condition

## Mental Health Parity and Addiction Equity Act (MHPAEA)

MHPAEA requires group health plans and health insurance companies to ensure that financial requirements (such as co-pays, deductibles) and treatment limitations (such as visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the limitations applied to medical/surgical benefits. **MHPAEA applies to plans sponsored by private and public sector employers with more than 50 employees.**

## Small Group Insurance Rating Structure

- Member Level Rating
  - Each individual will be rated (cap of 3 on children under 21)
- Single-year age bands (except 0-20 and 64+): no rate increases on birthday months, only on policy anniversaries

### Key Contact Information

Provider	Website / Email	Phone
Kaiser	<a href="https://healthy.kaiserpermanente.org">https://healthy.kaiserpermanente.org</a>	800-464-4000
Health Net	<a href="https://www.healthnet.com/portal/member/home.ndo">https://www.healthnet.com/portal/member/home.ndo</a>	888-926-4988
Guardian	<a href="https://www.guardiananytime.com">https://www.guardiananytime.com</a>	212-598-8000
Nationwide	<a href="http://www.nationwide.com/member-resources.jsp">http://www.nationwide.com/member-resources.jsp</a>	877-669-6877
IBH	<a href="http://ibhworklife.com/">http://ibhworklife.com/</a>	800-386-7055
Health Advocate	<a href="https://members.healthadvocate.com">https://members.healthadvocate.com</a>	866-695-8622
Granite Perks	<a href="http://graniteperks.com/">http://graniteperks.com/</a>	877-411-1876 ext 1007
Maxwell Health IT support	<a href="mailto:support@maxwellhealth.com">support@maxwellhealth.com</a>	866-629-7445
US Department of Labor	<a href="http://www.dol.gov/">http://www.dol.gov/</a>	866-487-2365

**Additional information can be found on your carrier's website, within your SBC (Summary of Benefits and Coverages), your employee handbook, and at [healthcare.gov](http://healthcare.gov).**

# questions?

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Granite	Shawn Edgington, President	925.462.8400	sedgington@graniteins.com
Granite	Stacylenn Gutierrez, Account Executive	925.249.2855	sgutierrez@graniteins.com
Granite	Denise Winston, VP, Employee Benefits Central and So-Cal	661.333.5247	dwinston@graniteins.com
Granite	Jason Mikkelsen, Granite HealthPro Specialist	925.264.5148	jmikkelsen@graniteins.com
Granite	Denise Ashford, VP, Employee Benefits	925.249.2842	dashford@graniteins.com

# notes

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This brochure highlights the main features of your Granite Insurance Brokers benefits program. It is intended to help you choose the benefits that are best for you. This booklet does not include all plan rules and details. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between the booklet and the legal plan documents, the plan documents are the final authority. Granite Insurance Brokers reserves the right to change or discontinue its benefits program at any time.





offering the best  
benefit programs and  
services to our  
employees and  
customers

[www.graniteins.com](http://www.graniteins.com)

925-462-8400

888-347-2648