IT’S NOT THE PLAN THAT IS IMPORTANT, IT’S THE PLANNING.

EMPLOYEE BENEFITS GUIDE 2017
Hello Trilogy Team Member!

We are so excited to have you on the Trilogy Team! Thanks for choosing a mission of service to others. One of our main company goals is to make this your most positive employment experience ever, and I trust you will find the contents of this Benefits Guide consistent with that effort. After all, we know that if we take great care of you, you will in turn take great care of our Residents and other customers. We are proud of the benefits we have to offer you and hope you enjoy our journey together as we continue toward being the Best Healthcare Company in the Midwest!

We are working diligently to improve your employment experience. Trilogy is committed to improving the well-being of our employees and has created a culture through TrilogyFIT that promotes health awareness, education, fitness and healthy lifestyle choices. You will find ample resources for your wellness efforts that includes education and coaching through programs such as maternity support, diabetes management and other chronic illnesses as the need may arise. Trilogy and our health and wellness partners UnitedHealthcare and Interactive Health, support our values in providing a positive employment experience and offer countless resources to support you and your family's personal health and wellness journey. We encourage you to utilize our UnitedHealthcare Nurse Liaisons who travel to your location to offer onsite health and wellness education and can provide support with our company sponsored health insurance programs. These nurses also offer, guidance in understanding your “numbers”, treatment decision support and connect you to condition specific programs for improved health care management.

Our fabulous wellness programs provide support for active lifestyles, help you control health claim costs for preventive care and encourage healthier choices to prevent disease. We offer a savings incentive of $20 per week on health insurance premiums through satisfying 3 easy steps: a health screening, a health questionnaire and being tobacco and nicotine free. In 2016 approximately 60% of our eligible employees participated in this cost saving program, an increase from 52% in 2015! We all know that healthcare is changing! We continue to seek ways to help you manage your healthcare costs. We encourage you to be an active consumer when reviewing the many options available to you and your family. When it’s time to select your health plan for the year, remember that you have a Patient Care Advocate to help you compare plans so that you find the best fit for you and your family. Patient Care is a free and confidential health care advocacy service that helps to explain and gain a better understanding of all of our benefit programs. They are prepared to answer questions about health care options including information regarding access to government provided subsidies and other forms of financial assistance. Your Advocate can explain plan options to help you make the best use of your health care dollars, clarify the total and out-of-pocket costs for services, and find an in-network doctor or specialist.

We’re going green and this will be the first Benefits Guide that will be available exclusively online through ADP Vantage, emerge, the Trilogy App and Red e App. I encourage you to become familiar with its contents and to take advantage of instant access to information providing you with the right tools, when you need it the most. We also encourage you to embrace access to technology through virtual office visits, wearable fitness devices and various other fitness apps that help you and your family reach and monitor your fitness goals!

Please review the enclosed information thoroughly. The decisions you will make are important ones. We care for you as you care for others! Thank you for your service and commitment to making Trilogy a Great Place to Work. Your dedication, hard work and compassion for others allows our Residents and their loved ones to receive world-class customer service and care. We wish you continued wellness!

Randy Bufford
President / CEO
Trilogy Health Services, LLC
This Benefits Guide is intended to be a brief summary. More detail is available in the Summary Plan Descriptions of most benefits, as well as in the plan documents, contracts, and insurance policies governing each benefit; if any of those other documents conflict with this summary, those other documents supersede this guide. Benefit plans are subject to change, amendment, or termination without notice to or the agreement of any employee/participant.

Information is available through ADP Vantage, emerge, the Trilogy App, Red e App, at trilogyhs.com/benefits and respective carrier websites.
THE TRILOGY ADVANTAGE

WEEKLY PAYROLL
Get paid every Friday!

GAS BONUS
During periods of escalated fuel costs, the company may provide a bonus to full-time and part-time employees with at least six months of employment!

ER3 RECOGNITION PROGRAM
Employee Recruitment, Relationships, & Recognition. ER3 celebrations are employee gatherings held to recognize tenure, personal achievements, perfect attendance, and exemplifying the Trilogy Culture. These celebrations include refreshments and employees, residents, and volunteers may sometimes attend. Tenure awards are given at each milestone year of service, as well as incremental years of service.

<table>
<thead>
<tr>
<th>Milestone Years of Service</th>
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<td>6 mo.</td>
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<tr>
<th>Personal Achievements</th>
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<tr>
<td>Milestone Wedding Anniversaries</td>
</tr>
<tr>
<td>Birthdays</td>
</tr>
<tr>
<td>New Child</td>
</tr>
<tr>
<td>Completion of Certification or Licensure</td>
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<tr>
<td>Internal Promotions</td>
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</table>

Recognition at employee meetings and cash awards up to $5,000 are given for monthly and yearly perfect attendance!

STARS
The STARS Program reflects key aspects of the Trilogy Culture and recognizes individuals for achievements related to those cultural components. STARS is an acronym for:

- **Service**: Compassionately Committed to Excellence in Customer Service.
- **Team Approach**: The Team Approach Works Best.
- **Attention to Details**: Pay Attention to the Details.
- **Responsiveness**: Be Responsive to Our Resident and Co-Worker Needs.
- **Servant’s Heart**: Ensuring Customer Satisfaction by Leading with a Servant’s Heart.

STARS can be earned and awarded individually or for the work of an entire team for positive results in state surveys, customer satisfaction surveys, and meeting other campus goals such as turnover and census. Discretionary individual STARS are awarded to employees who exemplify the Trilogy Culture as defined by the STARS acronym, such as recognized customer service moments or picking up extra shifts. STARS can be redeemed for rewards through the Trilogy STARS portal.

The most popular item selected by employees is the Trilogy Health Services weekly meal tickets! Other popular items include microwave ovens, portable DVD players, coffeemakers, flat-screen televisions, digital cameras, Android tablets, luggage, and kitchen mixers.
ABOUT US
The Trilogy Foundation is a nonprofit corporation, which was established in Kentucky in 2007. It is tax-exempt as a private foundation under Section 501(c)(3) of the Internal Revenue Code of the United States. The Foundation currently has six programs to serve employees:

EMERGENCY ASSISTANCE
An employee can receive up to $1,000 combined in Emergency Assistance per 12 months, beginning on the day Emergency Assistance is awarded.

There are two types of Emergency Assistance Awards:
Foundation Award: Covers life-threatening medical emergency care for the employee or immediate family member (including domestic violence), property loss due to natural disaster (fire, tornado, flood, etc.), or the death of an immediate family member.
Campus Designated Awards: Covers non-life threatening medical emergencies, home eviction, car problems, and other situations deemed an emergency (at the committee’s discretion). The maximum award is $200, which comes from the campus account.
EMPLOYEE AND DEPENDENT SCHOLARSHIPS

The purpose of the Trilogy Foundation Scholarship Program is to empower our employees to expand their education, achieve higher levels of personal fulfillment, and increase job satisfaction. Employees at startup campuses are eligible regardless of their tenure during the first 12 months of the campus being open. Employee Scholarships are generally between $500 and $2,000; Dependent Scholarships are $500. Employees must:

• Apply for employee scholarships year-round for approval review twice a year, in the spring and fall.
• Apply for dependent scholarships year-round for approval review in the spring only.
• Have at least six months of service with the company to be eligible for these programs.
• Work at least 20 hours a week at the times of payment to receive funds if awarded.

STUDENT LOAN REPAYMENT

Employees who have completed their degree and are no longer in school are eligible. Awards are $1,000 paid quarterly in $250 increments.

Employees must:

• Have at least six months of service with the company to be eligible for this program.
• Work at least 20 hours a week at the times of payment to receive funds if awarded.

EDUCATION/ HOME OWNERSHIP SAVINGS

• Available to qualified employees.
• Participants agree to a $10 (or more) payroll deduction per week for 50 weeks.
• Every dollar saved is matched by $4. For example, if $1,000 is saved through the payroll deduction is matched with an additional $4,000 for a total of $5,000 for education/home ownership.

TAX PREPARATION

• This program is a partnership with the Internal Revenue Service (IRS) and tax preparation agencies.
• Employees with household incomes of less than or equal to $64,000 receive free online tax preparation and submission assistance from H&R Block.
• Employees with household incomes of $54,000 or less can have their taxes completed in person by a licensed tax preparer for free at a Volunteer Income Tax Assistance (VITA) site.
• All employees in these income brackets automatically qualify for services. Ask your manager how you can take part.

ANNUAL CHARITY PROGRAMS

In addition to the Foundation’s employee programs, the Trilogy Foundation also helps organize two annual charity drives.

Independence from Hunger: Helps raise food for the food banks in our communities to serve local members struggling to put food on their tables.

Hope for the Holidays: Helps raise support at designated charities within our communities. All proceeds benefit the organization that is selected by campus leadership prior to the drive.

EMPLOYEE ONE CAMPAIGN

The Trilogy Foundation depends on the charitable giving of our Trilogy, Paragon Rehab, and PCA Pharmacy employees. Approximately 70% of our employees donate through payroll deduction.

The Foundation organizes the Opportunity Needs Everyone (ONE) campaign to encourage employees to give at least $1 per pay period to the general Foundation account, which funds each of our programs.

When an employee gives money to the Foundation, half is restricted for Campus Designated Funds (CDF) – to assist employees at their campus – for emergency assistance and education not specifically covered by the Trilogy Foundation guidelines.

MAKE A DIFFERENCE EVERY DAY!

For more information about the Trilogy Foundation or to apply for assistance, visit www.thetrilogyfoundation.org

The Trilogy Foundation
EASE THE SQUEEZE

Trilogy’s Ease the Squeeze voluntary programs can help you plan for your financial future, protect your family, and achieve a work/life balance.

DEALS ON MEALS
Meals are discounted by more than 50% when five campus meal tickets are purchased on a weekly basis through payroll deduction – at $12.50 a week, that’s just $2.50 per meal! Campus meal tickets can also be obtained through the STARS program.

CARPOOL PROGRAM
Employees who participate in carpools enjoy gas savings, less wear and tear on their vehicles, and reduced stress from their commutes. They also help keep the air clean while building friendships with co-workers.

TRILOGY PERKS
Trilogy Perks offers local and national discounts, cash-back comparison shopping, hotels, restaurants, movie theaters, theme parks, and more. Trilogy Perks is available to all Trilogy employees and can be accessed through emerge by following these easy steps:

- Log in to emerge.
- On the home page, click the button labeled “Trilogy Perks”.
- First-time visitors/users register with registration code TrilogyPerks411.
- Repeat visitors simply enter your login and password. Once you have completed the registration process, you will begin seeing local as well as national offers.

Employees can also visit trilogyperks.employeediscounts.co/perks to access the website directly.

Trilogy Perks has more than 100,000 available discounts and offers, including:

Over 150 national attractions and theme parks also participate in the program, including the Walt Disney World Resort, Universal Studios, SeaWorld, Kings Island, and Six Flags! Vendors and/or discounts are subject to change.

METLIFE DISCOUNT PROGRAM
Discounted homeowner, auto, and pet insurance are available through payroll deduction. In addition, MetLife offers an interactive tool – www.metlifeyourlife.com – with free information on home and belongings’ safety, improvement, and maintenance. These discounts include Lowe’s, Merry Maids, Enterprise Rent-A-Car, Contractor Connection and others. An interactive tool is available for all employees, whether or not you purchase a policy.

METLIFE AUTO & HOME INSURANCE
Choose from a variety of insurance policies to meet your coverage needs, including home, boat, condo, motor home and recreational vehicle, and renter’s insurance. You may apply for auto and home insurance through this group program at any time by calling 1-800 GET-MET8 (1-800-438-6388) or by visiting www.metlife.com.
VPI® PET INSURANCE
Benefits include treatments related to accidents and illnesses, including cancer. A Veterinary Pet Insurance (VPI)/NCC policy covers diagnostic tests, X-rays, prescriptions, hospitalization, and more. You can enroll for coverage at any time – just call 1-800-GET-MET8 (1-800-438-6388) or visit www.metlife.com.

PAYMENT LENGTH IMPACTS PURCHASE PRICE

<table>
<thead>
<tr>
<th>Financing Options</th>
<th>Number of Total Years</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>0</td>
<td>$900</td>
</tr>
<tr>
<td>Purchasing Power</td>
<td>1</td>
<td>$1,035</td>
</tr>
<tr>
<td>Credit</td>
<td>3</td>
<td>$1,204</td>
</tr>
<tr>
<td>In-Store Financing</td>
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<td>$1,758</td>
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<table>
<thead>
<tr>
<th></th>
<th>Cash</th>
<th>Purchasing Power</th>
<th>Credit Card</th>
<th>Payday Loans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay Over Time</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>No Credit Check</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Cash</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easy Payroll Deduction</td>
<td>✓</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Manageable Payments</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>No Ballooning Interest</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Late Fees</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

An item’s cost and financial pressure increase sharply the longer it takes to pay for it.

Purchasing Power lets eligible employees purchase computers, electronics, exercise equipment, education, and household goods through payroll deduction. There is no credit check and the risk often associated with sub-prime financing is eliminated.

Eligible employees are full-time and part-time, non-union staff members who meet all the following criteria:

- Have completed one year of service with Trilogy Health Services, including Paragon and PCA.
- Are at least 18 years of age.
- Earn a minimum of $20,000 annually.

- Do not have any current garnishments except for child support.
- Have both a bank account and credit card (to be used in case of non-payment in payroll deduction).

To register for Purchasing Power:

- Enter your email address.
- Enter your personal information.
- At the “Employer/ Organization” box type TRILOGY HEALTH SERVICES, LLC (if a drop-down menu appears, select TRILOGY HEALTH SERVICES, LLC).
- Click “REGISTER” and the catalog will appear.

Purchasing Power lets eligible employees purchase computers, electronics, exercise equipment, education, and household goods through payroll deduction. There is no credit check and the risk often associated with sub-prime financing is eliminated.

Eligible employees are full-time and part-time, non-union staff members who meet all the following criteria:
At Trilogy, we believe our greatest asset is YOU and we commit to providing you opportunities to grow and develop! Current programs include:

**NURSE MENTOR / CAREGIVER PRECEPTOR PROGRAM**
Mentor/Preceptor is a program designed to equip each campus with the expertise to provide excellence in customer service. Nurse Mentors and Caregiver Preceptors assist in the onboarding process as well as the ongoing training of fellow employees. Applicants attend a 2.5-day immersion session where they focus on enhancing leadership and clinical skills. Eligible nurses and caregivers are full-time, demonstrate superior work performance, have been in a Trilogy campus for a minimum of 6 months, and have an impeccable attendance record. There are currently over 800 Mentors and Preceptors serving in our campuses.

**ONLINE LEARNING**
Trilogy’s learning management system, emerge, is a comprehensive solution that delivers training, provides company news, and presents single sign-on access to a variety of partners.

Employees have easy access to learning on computers and mobile devices through a single platform for online, classroom, virtual, and on-the-job training. We offer nearly 2,000 e-learning courses from our Award-Winning Relias Learning Library and over 2,700 Continuing Education Unit (CEU) hours available at no cost to our employees.

Internal employment opportunities are available here, as well as department resources and links.

**CLINICAL LEADERS OF THE FUTURE/ADMINISTRATOR IN TRAINING PROGRAM**
We recognize the opportunity and ongoing need to develop leadership talent within our organization. That’s why we offer the Clinical Leaders of the Future/ Administrator in Training program (also known as CLF/AIT). This program provides qualified employees opportunities to strengthen their leadership skills to serve as Directors of Health Services (DHS) and Executive Directors (EDs). The program builds a “Promote from Within” culture for the DHS/ED positions and increases leadership competencies for leaders prior to assuming campus leader roles.

**SERVICE EXCELLENCE**
Exceeding expectations of our customers and a compassionate commitment to excellence in customer service are the foundations of Trilogy’s culture. Training on service delivery at Trilogy is unparalleled and includes three main components:

- **ICARE** for Customer Service introduces the ICARE model: Ideal Service, Culture of Service, Attentiveness, Responsiveness, and Empowerment, which are the foundation to a compassionate service experience.
- **Trilogy Service Standards** – Trilogy Service Standards, or TSS, are proprietary service programs that differentiate our customer service experience from that of our competitors. Extensive training on TSS is provided during a new employee’s onboarding phase as well as on an ongoing basis for reinforcement.
- **Customer Service Excellence** – Customer Service Excellence, or CSE, provides real-life, tactical solutions for executing on the Trilogy Service Standards in order to guarantee excellence in customer service.

**COMPREHENSIVE ONBOARDING PROGRAMS**
When you are hired at Trilogy, you become part of our family. Families set each other up for success, and we are no different. Every new employee will receive a structured, multi-day onboarding experience that will equip you with the basics needed to succeed in your role. Role specific onboarding should be facilitated to competence and comfort, in order to ensure all employees are prepared to serve.

**LEADERSHIP DEVELOPMENT**
Trilogy wants to provide each employee with an opportunity to grow and develop themselves as leaders. Several leadership development courses are offered by the Training and Leadership Development team throughout each year. Offerings include: Crucial Conversations, Situational Leadership, Leadership Essentials, Think Like an Owner, The Leadership Challenge, Building High Performing Teams, and Optimal Motivation. Leadership development opportunities are available to all employees of Trilogy Health Services.
TUITION REIMBURSEMENT PROGRAM
The purpose of this program is to assist employees with college tuition during their pursuit of education related to their job in order to expand their education, achieve higher levels of personal fulfillment, and increase job satisfaction. To be eligible for this program, employees must:

• Work full time.
• Have at least six months of service with the company.
• Agree to work for the company for a period of one year from the completion of the reimbursed course.
• Agree to reimburse the company a prorated amount based on how close they are to reaching the one (1) year work agreement if leaving the company prior to the fulfillment.
• Must submit an invoice for their tuition cost and a copy of their grades from the course.
• Reimbursement covers tuition only.

CERTIFICATION AND TRAINING ASSISTANCE PROGRAM
This program assists employees seeking a certification. Examples include wound certification and QMA certification. These funds are paid directly to the training group or school prior to the beginning of the training. Employees must agree to:

• Work for the company for a period of one year from the completion of the certification or training course.
• Agree to reimburse the company a prorated amount based on how close they are to reaching the one (1) year work agreement if leaving the company prior to the fulfillment.
• Apply for this program at least 2 weeks prior to the school or training group requiring the funds.

Employees can receive up to $2,000 combined per calendar year from Tuition Reimbursement and Certification Assistance.

EMPLOYEE AND DEPENDENT SCHOLARSHIPS
As an employee of Trilogy, you and your dependents are eligible for educational scholarships ranging from $500 – $2000. In 2016, a total of 254 employee scholarships and 362 dependent scholarships were awarded.

STUDENT LOAN REPAYMENT
In 2016, 646 Trilogy employees received reimbursement funds to help offset student loans.

To apply for these programs, visit: www.thetriologyfoundation.org.

While this is an impressive list, there are many other ways we look to grow and develop our employees and make YOU a priority! If you have questions regarding any development opportunities, please contact the Training and Leadership Development team.
BeWell ASSISTANCE PROGRAM

RE-IMAGINE EMPLOYEE ASSISTANCE SERVICES!
BeWell Assistance Program is part of the TrilogyFiT wellness program and an important resource for your overall health and well-being.

Life is full of changes. It’s easier to take them on with some help. Find articles, interactive tools, podcasts, webinars, discounts and more all in one place! Benefits are provided at no cost (they are prepaid by Trilogy) and available to you, your spouse or domestic partner, dependent children/students or anyone who resides in your home. You do not need to participate in the Trilogy sponsored health insurance program to access BeWell benefits.

WORK-LIFE SERVICES
Whether you need guidance and support during major life events or expert help with life’s day-to-day challenges; Work-Life Service specialists do the busy work, freeing you up to focus on other things, or just relax and recharge. Assistance is available when you need it - 24 hours a day, 7 days a week, 365 days a year.

HOW DO WORK-LIFE SERVICES MAKE LIFE EASIER?
They do all this and more:
• Locate child care or daycare that works best for your family.
• Find and screen caregivers for aging loved ones who live far away.
• Match your elderly parents with housing options based on their needs.
• Help with college planning and research financial aid.
• Help you plan and prepare for a baby, wedding, move, or other major life event.
• Crisis at home:
  – Addiction
  – Dependency
  – Depression
  – Stress
• Assist with career, legal and financial issues.

COUNSELING AND REFERRAL SERVICES
Trilogy’s program also offers confidential counseling and referral services that can help you and your family successfully deal with life’s challenges. You have up to 3 counseling sessions available to you. Counselors have a list of resources where they can refer you as well.

CONSIDER THE COUNSELOR A RESOURCE
Some people may feel uneasy or embarrassed about seeing a counselor for personal problems. However, every one of us has similar on and off-the-job struggles. Nearly everyone is faced at some time with challenges that are difficult to resolve independently. Seeking assistance for personal problems is just as important as receiving assistance for medical problems, a wise step and a sign of personal strength.

All services are provided in strict confidence. The personal information that you share with your counselor is confidential and not shared outside the program unless you sign a release of information or if law requires disclosure. No reports come back to Trilogy and there is no external record of using of the counseling services.

CONTACT MAGELLAN
1-800-424-4039 or MagellanHealth.com/member for assistance. All consultations are confidential.
BENEFITS ELIGIBILITY

EMPLOYEES ARE ELIGIBLE FOR THE FOLLOWING BENEFITS
(benefits marked with an asterisk (*) are available to full-time employees only)

- Health Insurance*
- Dental Insurance
- Vision Insurance
- Critical Illness/Accident
- Short-term Disability
- Long-term Disability
- Basic Term Life Insurance/AD&D*
- Personal Auto & Home and Pet Insurance
- Patient Care
- Health and Wellness Program*
- Voluntary Life/AD&D and Voluntary Spouse and Dependent (Child) Life
- Weekly Payroll
- Flexible Spending Accounts
- Educational Assistance*
- Scholarship Program
- 401(k) Retirement Savings Program
- Gas Bonus
- Purchasing Power
- STARS
- ER3
- BeWell Assistance Program
- Trilogy Perks
- LegalShield
- IDShield

SPOUSE/DEPENDENT CHILD ELIGIBILITY

Spouses are not eligible to participate in the company sponsored health insurance plan. Dependent children are covered to the end of the birth month in which the child reaches age 26. Social Security Numbers are required to enroll any spouse and/or dependent child(ren) in the benefit plans. You will be required to provide proof of eligibility for dependent children covered under the health insurance program. A dependent audit will be conducted by ADP Dependent Verification Services. Failure to provide proof of dependency will result in the removal of your dependent(s) from the plan without the ability to re-enroll them until the following Open Enrollment period.

HEALTH INSURANCE MARKETPLACE

While Trilogy offers health insurance to eligible employees as defined by the Affordable Care Act, there is also another way for you and your family to purchase health insurance as part of Healthcare Reform Legislation. The Marketplace, also known as the Exchange, offers “one-stop shopping” to find and compare private health insurance options. Patient Care (1-877-548-7714) is available to educate you and your family on available options for coverage through the Marketplace.
FREQUENTLY ASKED QUESTIONS

AM I ELIGIBLE FOR BENEFITS?

Full-time employees who consistently work 30 or more hours a week are eligible for all benefits as listed on page 11.

Part-time employees who consistently work 15-29 hours are eligible for all benefits except health insurance, educational assistance, company-provided life and AD&D insurance. See page 11 for a full list of benefits.

I AM BENEFIT ELIGIBLE, BUT DO NOT WANT TO PARTICIPATE IN ANY OF THE PROGRAMS OFFERED. DO I STILL NEED TO COMPLETE ENROLLMENT?

Yes, you will need to log in to ADP Vantage and access the benefit enrollment screen to make your declinations. If you are a full-time employee, you must name a beneficiary for your company paid basic life insurance.

WHAT HAPPENS IF I MISS THE DEADLINE?

As a new hire, if you do not enroll by the deadline you will not have benefits and you will not be eligible to enroll for benefits again until the next Open Enrollment period unless you have a Qualifying Life Event.

WHAT HAPPENS IF I CHANGE MY MIND AFTER ENROLLING?

New employees and newly benefit eligible employees can make changes to their benefit elections after their initial enrollment using the online benefit enrollment system in ADP Vantage until the last day of the month before they become eligible for benefits.

WHEN WILL MY ELECTIONS BE EFFECTIVE?

New employees become effective for benefits the first of the month after 60 days of employment.

If you have a change in employment status (from PRN or part-time to full-time), your elections will be effective the first of the month after 60 days from the date of the status change.

If you are making changes due to a Qualifying Life Event (marriage, birth, etc.), your elections will be effective on the date of the event if requested within 30 days from the event. If you miss the 30-day deadline, you may not make changes.

CAN I MAKE CHANGES DURING THE YEAR?

You may change beneficiaries, HSA weekly contributions, and 401(k) contributions at any time.

Only employees with a Qualifying Life Event or status change may add, drop, or change coverage levels during the plan year. It’s important to note that changing from one health insurance plan to another is not possible until the next Open Enrollment.

QUALIFYING LIFE EVENT CHANGES MAY INCLUDE:

- Marriage, divorce, legal separation, or death of a spouse.
- Birth, adoption, or death of a dependent child.
- A dependent child becoming eligible or ineligible for coverage.
- A change in your or your spouse’s work status that affects benefits eligibility.
- Termination or commencement of your spouse’s employment.
- Becoming eligible and enrolling in Medicare, Medicaid, or CHIP (the Children’s Health Insurance Program available through the federal government). Refer to page 36 for a Special Enrollment Notice and additional information.
IF I LEAVE TRILOGY OR BECOME INELIGIBLE FOR BENEFITS, WHEN DOES MY COVERAGE END?

Medical, dental, vision, life, and disability benefits end the last day of the month in which your status changes or employment ends.

Flexible Spending Accounts will end on the separation date or the date of the status change.

HOW DO I QUALIFY FOR THE WELLNESS RATE?

To qualify for the wellness rate, you must complete the three requirements highlighted on page 27.

IF I ALREADY HAVE THE WELLNESS RATE, HOW DO I KEEP IT?

To maintain the Wellness Rate, you must complete the three requirements annually. The requirements can be completed each year around the annual Open Enrollment period.

WHAT IS THE DEADLINE FOR ENROLLING?

NEW HIRE or CHANGE TO BENEFIT ELIGIBLE STATUS – The benefits you enroll in will go into effect on the 1st of the month following 60 days from hire date or from the status change date. You may enroll in benefits when you receive your first paycheck from Trilogy or the first paycheck after your status change has been entered in the payroll system. You have until the last day of the month before you become eligible to make your New Hire enrollment elections. For example, if you are hired on May 31, 2017, you have until July 31, 2017, to enroll for benefits effective date of August 1, 2017.

MAKING CHANGES

Employees making changes to benefits because of a Qualifying Life Event must do so within 30 days of the event date. See more information on Qualifying Life Events on page 15. Access Trilogy’s online benefits enrollment system in ADP vantage to make enrollment changes.
Your Advocate becomes your first point of contact for all benefit-related questions! Patient Care is your single resource for advocacy, transparency, benefit education, and enrollment assistance, as well as support for the Health Insurance Individual Marketplace and Medicaid. Patient Care Advocates can help you navigate the healthcare system and Trilogy benefits.

CONFIDENTIAL
Patient Care is completely confidential and is free to you and your dependents, spouse, parents and parents-in-law.

UNDERSTANDING YOUR BENEFITS
An Advocate will educate you on Trilogy’s benefits and make recommendations best suited for you and your family members.

MEMBER ADVOCACY
Advocates assist in resolving claim and billing issues and help you determine potential out-of-pocket costs for services.

Patient Care can:
• Assist with medical and prescription drug claim questions and resolution.
• Locate providers and schedule appointments.
• Research physicians and facilities.
• Search for in-network providers for our benefit programs – helping reduce your out-of-pocket costs for treatment.

HEALTH INSURANCE INDIVIDUAL MARKETPLACE EDUCATION AND OTHER PROGRAMS
You may be eligible for low-cost, quality healthcare coverage through Health Insurance Individual Marketplace created by the Affordable Care Act (ACA). Patient Care can help you or your family members find out your eligibility status and how to apply.

TRILOGY TESTIMONIALS
“My Advocate’s follow-up was great. She made sure the whole process was taken care of.”

“Great service! My Advocate responded timely and was always very respectful of the questions I asked.”

“My Advocate’s service was excellent!”

“I am very grateful for this service. It has saved me time. It’s always hard - during work - to stop and look for doctors in my neighborhood, but this service makes it easy!”

“My Advocate was awesome! She was determined to solve my issue. It was a great experience working with her!”

“My Advocate was so helpful. He went out of his way and followed up with me several times to see if I needed any additional help.”

TRANSPARENCY TOOLS - DO YOU WANT TO REDUCE YOUR MEDICAL EXPENSES?
Patient Care’s unique transparency reporting reveals insight into healthcare costs – educating and enabling you to be a more-informed consumer. Prices vary greatly depending on where you live and where you receive treatment.

Once you contact Patient Care to discuss your upcoming procedure or test, Patient Care contacts your physician for detailed information, then researches alternate facilities and providers. Your Advocate will develop and deliver to you a cost and quality report.

We’ve found members using Patient Care save an average of $300 per transparency service request! Remember, you have options and control over your healthcare dollars!

CONTACT PATIENT CARE
1-877-548-7714
Monday - Friday 8:00 a.m. - 9:00 p.m. ET
Saturday 9:00 a.m. to 2:00 p.m. ET
**HOW TO ENROLL**

**WHEN DO I ENROLL AS A NEW HIRE, REHIRE, OR AN EMPLOYEE WHO HAS HAD A STATUS CHANGE INCREASING HOURS?**

Once you receive your first paycheck or first paycheck following a status change, you may go online to enroll. Your benefits will become effective the first of the month following 60 days from your hire date or status change effective date.

**HOW DO I ENROLL?**

Log in to ADP Vantage (adpvantage.adp.com) and click:

- Myself > Benefits > Enrollments.
- Select Enroll and click OK.
- On the Enrollments page, make your benefit elections.
- When all benefit elections are correct, click Confirm Elections (You must confirm your elections in order for them to begin).
- Click Agree.
- Confirm your notification preference and click Done.

**REMEMBER!**

If you are a full-time employee, you must designate a beneficiary for your company-provided life insurance. To be enrolled for coverage, Social Security Numbers are required on spouses and all dependent children. **Proof of dependent eligibility will be required for all dependents.** You will receive a notice from ADP Verification Services immediately following your enrollment.

**YOU HAVE AN ADVOCATE**

Call Patient Care for enrollment assistance and questions about your benefit options at 1-877-548-7714.
HEALTH INSURANCE

ABOUT THE HEALTH PLANS

Trilogy Health Services offers you two plans:

- Choice Plus Plan with HSA (Health Savings Account)
- Choice Plus Plan Traditional

As required by the Affordable Care Act, a Summary of Benefits and Coverage (SBC) for both health plans is available to employees in ADP Vantage. The SBCs include covered and uncovered services, coverage examples, and coverage costs, such as deductibles and out-of-pocket maximums.

- Both plans cover preventive services at 100%.
- Both plans offer access to UnitedHealthcare’s Premium Tier 1 network of providers, which consists of doctors and facilities that meet standards for quality and cost efficiency.
- Both plans offer disease management programs and provide access to a Nurse Liaison.
- Both plans offer access to a Wellness Coach through Interactive Health.

Need help? Before selecting your health plan, you may contact Patient Care (1-877-548-7714) and use the four-step checklist to make the best selection for you and your family members.

1. **Find your in-network doctor.** Your doctor is likely already in United Healthcare’s nationwide network.

2. **Figure out what your healthcare costs might be for the year.** For each plan you are considering, estimate how much of your own money you’ll have to spend throughout the year, including what comes out of your paycheck, any copayments for office visits or medications, and your annual deductible.

3. **Understand what each plan covers.** Look for the plan that best meets your needs. Whether you go to the doctor once a year or are dealing with a chronic condition or an ongoing illness, there’s an option for you.

4. **Review the extras designed to keep you healthy.** Spend a few minutes to understand the extras each plan offers. These can help you get the most out of your benefits.

NON-NETWORK BENEFITS

Trilogy Health plan participants who choose to seek the services of non-network providers and pharmacies will be subject to higher deductibles and reduced benefits. We encourage you to use in-network providers and pharmacies to maximize your healthcare dollars. A full description of non-network benefits can be found in the Summary Plan Descriptions (SPDs). This information applies to both health insurance plans.

Participants may locate in-network providers by accessing the provider network through www.myuhc.com, or by contacting UnitedHealthcare directly at 1-888-267-3518.
LET’S COMPARE HEALTH COVERAGE

TAKE TIME TO COMPARE

When considering which plan works best for you and your family, review how much you spent in medical expenses last year. You may be surprised at the plan differences when it comes to your cost.

A Higher Deductible and a Lower Premium

- The Choice Plus Plan with HSA typically has a higher deductible, with lower plan premiums. You typically pay less up front (with lower premiums) and more for care when you need it. You only pay for the care you need, which may save you money!

- The Choice Plus Plan Traditional works the opposite way – a lower deductible and higher premiums; that means you pay more up front and less when you need care.

A Health Savings Account (HSA)

- You have the option of opening a Health Savings Account, if you are eligible. An HSA is a personal bank account that you own.

- You can use the HSA to save money, federal income tax-free, to pay for qualified medical expenses, or you can save the money for a future need – even into retirement.

- Trilogy gives you money to participate! Not only are you saving money in premiums, but Trilogy provides you with a quarterly contribution and payroll deduction match into your HSA account. Employees who participate could receive up to $800 a year; employees with dependent children coverage could receive up to $1,500 a year in employer contributions.

- You own the money in the HSA. There is no “use it or lose it” rule like with an FSA! You decide how and when to use your HSA dollars! Unused funds roll over each calendar year.

The Choice Plus Plan with HSA focuses on managing your health! The plan helps you better manage your health by encouraging you to:

- Take a more active role in your healthcare buying decisions.
- Make healthier choices and seek quality care.

<table>
<thead>
<tr>
<th>Your Healthcare Buying Decisions</th>
<th>Choice Plus Plan with HSA</th>
<th>Choice Plus Plan Traditional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay healthcare expenses using the money in your HSA</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Pay a higher deductible</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Pay higher premiums</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Pay less in premiums</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Pay only for the care you need</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Save money by making healthcare decisions based on a greater awareness of costs and your options</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

SHIFT YOUR FOCUS TO MANAGING YOUR HEALTH!
MEET ELAINE!

Elaine is a caregiver with two teenage daughters, Lydia and Claire. Elaine is an average user of health insurance. She and her children receive annual preventive exams and screenings each year. It’s easy with Trilogy since preventive care is covered at 100% regardless of the plan she is enrolled in.

Elaine has high cholesterol and uses mail order to save money on her maintenance medication. Elaine also utilizes in-network healthcare providers who are part of the UnitedHealthcare Premium Tier 1 network. This year Elaine’s daughter, Lydia, sustained a knee injury while playing soccer. Lydia was seen in the emergency room. Below are Elaine’s medical expenses for the year. Each member of the household saw a primary care doctor at least once during the year, as well as one visit to the urgent care center.

Elaine saved money by selecting the Choice Plus Plan with HSA. Not only did Elaine pay less in payroll deductions, she also received $1,500 from Trilogy in HSA contribution and match! This money was deposited into her HSA and used for eligible reimbursable medical expenses.

<table>
<thead>
<tr>
<th>Service</th>
<th>Choice Plus Plan Traditional</th>
<th>Choice Plus Plan with Health Savings Account</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Screenings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Employee (Elaine)</td>
<td>$568.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>- Children (Lydia and Claire)</td>
<td>$1,362.00</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>ER Visit</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Lydia</td>
<td>$1,305.00</td>
<td>$461.00</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 3 visits ($76 per visit)</td>
<td>$228.00</td>
<td>$165.00</td>
</tr>
<tr>
<td><strong>Primary Doctor Office Visits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- 3 visits ($59 per visit)</td>
<td>$177.00</td>
<td>$30.00</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Elaine’s Prescription Drugs</td>
<td>$610.50</td>
<td>$120.00</td>
</tr>
<tr>
<td><strong>Total Medical Claim Expenses</strong></td>
<td>$776.00</td>
<td>$2,320.50</td>
</tr>
<tr>
<td>Elaine’s Payroll Deduction (Wellness Rate)</td>
<td>$3,120.00</td>
<td>$1,300.00</td>
</tr>
<tr>
<td>Payroll Deduction plus Medical Claim Expenses</td>
<td>$3,896.00</td>
<td>$3,620.50</td>
</tr>
<tr>
<td>Elaine’s Total HSA Contribution</td>
<td>$0.00</td>
<td>$500.00</td>
</tr>
<tr>
<td>Trilogy’s Total Contribution To Elaine’s HSA</td>
<td>$0.00</td>
<td>($1,500.00)</td>
</tr>
<tr>
<td><strong>Total Medical Claim Expenses</strong></td>
<td>$3,896.00</td>
<td>$2,620.50</td>
</tr>
</tbody>
</table>

Have you done the math? What are your estimated healthcare expenses for this year?
Can you save money like Elaine did? Contact Patient Care today for assistance at 1-877-548-7714!

This example is for illustrative purposes only; it is intended to show how hypothetical medical and pharmacy expenses are paid out of the Trilogy HSA plan. The pricing in this example is based on average expenses in the Louisville, KY, metro area. Your expenses may be different.
WHAT IS THE UNITEDHEALTH PREMIUM® PROGRAM?
The UnitedHealth Premium program recognizes doctors who meet standards for quality and cost efficiency. The quality standards are based on evidence-based medicine and national industry guidelines. The cost-efficiency standards are based on local market benchmarks for cost-efficient care.

HOW DO I LOCATE AN IN-NETWORK OR PREMIUM TIER 1 PHYSICIAN?
You may locate providers by logging in to myuhc.com or by contacting Patient Care at 1-877-548-7714.

WHAT IF I NEED SERVICES BEFORE I RECEIVE MY ID CARDS?
If you enroll in health insurance and need services after your effective date, but before you have received your health insurance ID card, simply contact UnitedHealthcare at 1-888-267-3518 for information about filing a claim.

WHAT IS A PRESCRIPTION DRUG LIST (PDL)?
A PDL is a list of commonly prescribed medications placed into tiers. The PDL includes both brand name and generic prescription medications approved by the U.S. Food and Drug Administration (FDA). The PDL is reviewed periodically and may change. It is not a complete list of medications and not all medications listed may be covered under the plan. Log in to myuhc.com or contact UnitedHealthcare at 1-888-267-3518 for more information.

WHAT ARE PRESCRIPTION DRUG TIERS?
If you elect the Choice Plus Plan Traditional, your plan pays benefits at different levels for tier 1, tier 2, tier 3, and tier 4 prescription drugs. Each tier is assigned a copay or coinsurance amount, which is what you are required to pay when you visit the pharmacy or order your medications through mail order.

• For the lowest out-of-pocket expense, you should consider tier 1 drugs if you and your physician decide these drugs are appropriate for your treatment.
• Consider a tier 2 drug if no tier 1 drug is available to treat your condition.
• The drugs in tier 3 are usually costlier. Sometimes there are alternatives available in tier 1 or tier 2 that can save you money.
• Tier 4 drugs are specialty drugs.

WHAT COUNTS TOWARD MY OUT-OF-POCKET MAXIMUM?
Regardless of the plan you choose, all covered health services, including deductibles, office visit copays, and prescription drug charges, count toward your out-of-pocket maximum.

WHAT IS THE DIFFERENCE BETWEEN PREVENTIVE CARE AND DIAGNOSTIC CARE?
Preventive care focuses on evaluating your current health status when you are symptom-free. Your preventive care services may include physical examinations, immunizations, laboratory tests, and other types of screening tests. Diagnostic care is used to find the cause of existing symptoms or when abnormal test results require further testing or services.

WHAT IS AN OUT-OF-POCKET MAXIMUM?
The annual out-of-pocket maximum is the most you pay each calendar year for covered health services. There are separate Network and Non-Network out-of-pocket maximums for each plan. If your eligible out-of-pocket expenses in a calendar year exceed the annual maximum, both plans pay 100% of eligible expenses for covered health services through the end of the calendar year.

WHAT IS A DEDUCTIBLE?
Your annual deductible is the amount of eligible expenses you must pay each calendar year for covered health services before you are eligible to begin receiving insurance benefits. There are separate Network and Non-Network Annual Deductibles for each plan. Your deductible is based on the calendar year, from January 1, 2017, through December 31, 2017. The deductible may not apply to all healthcare services. Each plan has a single deductible and an employee plus child(ren) deductible. The deductible for employee plus child(ren) will not exceed the maximum total deductible as listed in your benefit guide.

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Health Insurance FAQs
VIRTUAL VISITS

A virtual visit lets you see and talk to a doctor from your mobile device or computer. When you use one of the provider groups in our virtual visit network, you have benefit coverage for certain non-emergency medical conditions. Your member cost share amount will vary depending on the health plan you elect. Costs must be paid by you at the time of the virtual visit and will apply toward your deductible and out-of-pocket maximum. You can use a credit or debit card to pay, including a health savings account debit card if you have one. Use virtual visits when: your doctor is not available, you become ill while traveling, or you are considering visiting a hospital emergency room for a non-emergency health condition. Your covered children may also use Virtual Visits when a parent or legal guardian is present for the visit.

USE VIRTUAL VISITS TO TALK TO A DOCTOR ABOUT NON-EMERGENCY CONDITIONS

- Bladder infection
- Bronchitis
- Diarrhea
- Fever
- Pink eye
- Rash
- Seasonal flu
- Sinus
- Sore throat
- Stomach

The first time you use a Virtual Visits provider, you will need to set up an account with that Virtual Visits provider group. You will need to complete the patient registration process to gather medical history, pharmacy preference, primary care physician contact information, and insurance information.

Each time you have a virtual visit, you will be asked some brief medical questions, including questions about your current medical concern. If appropriate, you will then be connected using secure live audio and video technology to a doctor licensed to deliver care in the state you are in at the time of your visit. You and the doctor will discuss your medical issue, and, if appropriate, the doctor may write a prescription* for you. Virtual Visits doctors use e-prescribing to submit prescriptions to the pharmacy of your choice. Costs for prescription drugs are based on, and payable under, your pharmacy benefit. They are not covered as part of your Virtual Visits benefit.

*Prescription services may not be available in all states.

TO ACCESS VIRTUAL VISITS

Log in to myuhc.com. Click on the “Physician & Facilities” tab at the top of the page. There you can learn more about Virtual Visits and access direct links to provider sites where you can register and receive care.

*Prescription services may not be available in all states.
The UnitedHealthcare Nurse Liaison program is the presence of an onsite registered nurse who will assist Trilogy employees in making better healthcare decisions. Nurses travel to Trilogy campuses to meet with employees and educate about lifestyles that will bring optimal health and well-being. Some of the services offered are:

- Education on chronic conditions and resources available to help manage those conditions.
- Referrals to clinical and community programs.
- Collaboration with Trilogy’s health and wellness partners for direct referrals into disease and case management programs.
- Non-invasive health screenings and health education.
- Support workplace wellness programs.
- Help with appropriate medical care choices and treatment options.

Ask your Supervisor or Business Office for contact information for your Nurse Liaison.
HEALTH PLAN OPTIONS

<table>
<thead>
<tr>
<th>Covered Benefits</th>
<th>Choice Plus Plan with Health Savings Account</th>
<th>Choice Plus Plan Traditional</th>
</tr>
</thead>
<tbody>
<tr>
<td><em><em>Deductible</em> (Based on calendar year)</em>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Employee Only</td>
<td>$3,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>• Employee &amp; Child(ren)</td>
<td>$5,000</td>
<td>$3,000</td>
</tr>
<tr>
<td><strong>Out-of-pocket Maximum * (Includes deductibles, based on calendar year)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Employee Only</td>
<td>$5,300</td>
<td>$7,150</td>
</tr>
<tr>
<td>• Employee &amp; Child(ren)</td>
<td>$7,950</td>
<td>$9,800</td>
</tr>
<tr>
<td><strong>Physician Home &amp; Office Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Primary Care Physician</td>
<td>Deductible, then 10%</td>
<td>$10 copay</td>
</tr>
<tr>
<td>• Specialist Physician</td>
<td>Deductible, then 10%</td>
<td>$55 copay</td>
</tr>
<tr>
<td><strong>Preventive Care</strong></td>
<td>Covered in full</td>
<td>Covered in full</td>
</tr>
<tr>
<td><strong>Inpatient &amp; Outpatient/Hospital Services</strong></td>
<td>Deductible, then 10%</td>
<td>Deductible, then 20%</td>
</tr>
<tr>
<td><strong>Behavioral Health Services: Mental Health and Substance Abuse</strong></td>
<td>Deductible, then 10%</td>
<td>Deductible, then 20% $30 copay</td>
</tr>
<tr>
<td>• Inpatient/Outpatient Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Physician Office and Home Services (PCP/SCP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Urgent Care</strong></td>
<td>Deductible, then 10%</td>
<td>$55 copay</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>Deductible, then 10%</td>
<td>$250 copay, then 20%</td>
</tr>
<tr>
<td><strong>Prescription Drug Coverage (4-Tier)</strong></td>
<td>Deductible, then 10%</td>
<td>$10/$40/$60/$25%</td>
</tr>
<tr>
<td>• Network Retail Pharmacies (30-day supply)</td>
<td>Certain maintenance preventive drugs are available with copayments* Retail Preventive Drugs only: $10/$35/$55/$25%</td>
<td>$10/$40/$60/$25%</td>
</tr>
<tr>
<td>• Rx Home Delivery Service (90-day supply)</td>
<td>Preventive Drugs only $20/$70/$110</td>
<td>$20/$80/$120</td>
</tr>
</tbody>
</table>

*Deductible and out-of-pocket maximum are based on calendar year January 1, 2017 – December 31, 2017. Non-network benefits are paid at a reduced level.

* To see what drugs are considered preventive for the Choice Plus Plan with Health Savings Account, visit myuhc.com or call UHC at 1-888-267-3518.

YOUR WEEKLY EMPLOYEE PAYROLL CONTRIBUTION

<table>
<thead>
<tr>
<th>Health Insurance</th>
<th>Choice Plus Plan with Health Savings Account</th>
<th>Choice Plus Plan Traditional</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Wellness Rate</td>
<td>Standard Rate</td>
</tr>
<tr>
<td>• Employee Only</td>
<td>$5.00</td>
<td>$25.00</td>
</tr>
<tr>
<td>• Employee &amp; Child(ren)</td>
<td>$25.00</td>
<td>$45.00</td>
</tr>
</tbody>
</table>
HEALTH SAVINGS ACCOUNT (HSA)

Quarterly Contributions
Trilogy makes quarterly contributions to your HSA when you open an HSA with OptumHealth Bank. Contributions vary based upon your elected coverage level and estimated annual income.

Matching Contributions
In addition to the quarterly contributions, Trilogy matches your contributions, dollar for dollar, per plan year up to the first $300 on all coverage levels.

<table>
<thead>
<tr>
<th>Projected Income</th>
<th>Single Coverage</th>
<th>Employee &amp; Child(ren)</th>
<th>All Coverage Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 – $49,999</td>
<td>$125</td>
<td>$300</td>
<td>Trilogy matches 100% of employee contributions up to $300 annually.</td>
</tr>
<tr>
<td>$50,000 – $99,999</td>
<td>$100</td>
<td>$250</td>
<td></td>
</tr>
<tr>
<td>$100,000 +</td>
<td>$75</td>
<td>$200</td>
<td></td>
</tr>
</tbody>
</table>

A Health Savings Account (HSA) is a tax-free savings account owned by you, and may be used to pay for qualifying healthcare expenses for you and your family. You decide how much you would like to contribute, when and how to spend the money on eligible expenses, and how to invest the balance.

You have the option of specifying how you want your funds to be invested once your account with OptumHealth Bank grows to $2,000.

When your funds grow, your earnings are tax-free. Unused funds roll over each calendar year.

HSA ROADMAP
- Pre-tax contributions are deducted through weekly payroll.
- Contributions are deposited into your OptumHealth HSA account.
- Use your HSA available funds to pay for qualified medical expenses tax-free. Pay a 20% tax penalty for non-qualified expenses.
- Unused funds remain in your account for future use.

You can change your HSA contribution at any time during the plan year for any reason. If you leave Trilogy, the money in your account goes with you.

OPEN YOUR HSA
If you elect the Choice Plus Plan with HSA, you must open an account with UnitedHealthcare’s OptumHealth Bank to make before-tax payroll deductions. When you enroll, an HSA will be established for you. An account maintenance fee of $3.00 per month will be deducted from your balance.

For more information, www.hsaenroll123.com/hsa-resources. Click on the Pre-Enrollment, Enrollment, and Post-Enrollment sections. You can use the links in the upper right hand corner under “HSA Enroll 1-2-3” to navigate to the tours, videos, and webinar sections.

HSA ROAD RULES
Eligibility requirements for the HSA:
- Must be paired with the Choice Plus Plan with HSA.
- Participants cannot be covered by any other health insurance.
- Participants cannot participate in a Healthcare Flexible Spending Account or spouse/domestic partner’s Healthcare Flexible Spending Account.
- Participants cannot be enrolled in Medicare, including dependents.
- HSA 2017 Internal Revenue Service (IRS) contribution limits (these amounts include the company contributions):
  - Individual: $3,400 per calendar year
  - Family: $6,750 per calendar year
- If you are 55 or older, you can deposit up to an additional $1,000 per calendar year.
- You can contribute up to the maximum allowed amount for the year at any time up until the tax-filing deadline (generally April 15th) of the following year.
TO BE PREPARED IS HALF THE VICTORY.
FLEXIBLE SPENDING ACCOUNTS (FSAs)

Employees who elect the Choice Plus Plan Traditional program may enroll in the Healthcare Flexible Spending Account (FSA), or the FSA may be elected as a stand-alone benefit if you are not enrolled in Trilogy’s health insurance. The money is withheld from your regular paycheck pre-tax and deposited into your account(s). Eligible expenses are then reimbursed from your account(s).

The website www.MyFlexOnline.com allows you to view your balance, file a claim, or submit a receipt. Search for “My Flex” in the Apple App Store or Google Play. To log in, use the same ID and password you use for the MyFlexOnline website. For more information on eligible healthcare and dependent care expenses, call Benefit Marketing Solutions (BMS) at 1-800-919-2674 or visit www.bmsllc.net.

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

With a Healthcare FSA, you can use tax-free dollars in your account for reimbursement of eligible medical, dental, and vision expenses for you and your dependents. The maximum annual contribution is $2,600.

Allowable reimbursed expenses by the IRS for the Healthcare FSAs are generally those that are not reimbursed or paid for by a health insurance plan. Eligible expenses may include copays, deductibles, and coinsurance.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

With the Dependent Care FSA, you can use tax-free dollars for reimbursement of eligible day care expenses, summer day camp, and before- and after-school care expenses. The maximum annual contribution is $5,000 per household.

ELIGIBLE DEPENDENTS

Your eligible dependents include:

- A child under the age of 13 whom you are entitled to claim as a dependent on your income tax return.
- A spouse or other tax dependent who is physically or mentally incapable of caring for him/herself.

HOW TO GET REIMBURSED FOR EXPENSES

When you enroll in an FSA you may:

- Use your Flexible Spending Account VISA® debit card and have the eligible expense debited directly from your account.
- Pay for eligible expenses at the point of service and submit a claim for reimbursement (contact BMS for claim forms).

FUNDING AND USING YOUR FSA

Your annual contribution amount is divided into equal amounts and taken from your paycheck each pay period. If you take part in both a Healthcare FSA and a Dependent Care FSA, each account is separate and money cannot be transferred between your accounts. If your employment status changes to PRN or if you terminate employment, your FSA will terminate on the same date.

You have until June 15, 2018, to incur claims for the April 1, 2017, through March 31, 2018, plan year. You have until June 30, 2018, to submit claims for this period.

USE IT OR LOSE IT

Any unused funds remaining in your Flexible Spending Accounts after June 30, 2018, will be forfeited to the plan.

VISA® DEBIT CARD

You can use your Flexible Spending Account VISA® debit card to pay for eligible copays, deductibles, and healthcare products and services from qualified locations, including hospitals, physician offices, vision providers, pharmacies, and home healthcare services. Keep all receipts in case you need to submit one or more to BMS for validation.
MEDICAL NECESSITY

Trilogy is committed to helping people live healthier lives. One way to do this is by promoting high-quality and affordable care. Medical Necessity is aimed at promoting care that is medically appropriate and proven effective.

**Prior Authorization** is the process of determining benefit coverage prior to certain services being rendered or prescriptions being dispensed. A coverage determination is made based on the requirements outlined in your medical plan. This process may include a determination of whether a prescription, service, test, or procedure is medically necessary and eligible for payment under your plan.

**HOW DOES IT WORK?**

In the Summary Plan Description (SPD), you will find a list of services that may require Prior Authorization. You or your physician must request the proposed services or prescription be reviewed for coverage. This will allow UnitedHealthcare to review the request and provide a determination of whether the requested service will be covered under your plan.

Generally, when seeking medical services from a UHC network provider — a physician, facility, or other health care professional who contracts to participate in the UnitedHealthcare network — your network provider will facilitate this process for you. When seeking services from a non-network provider (if applicable), you will be responsible for obtaining Prior Authorization. In addition, if you are in a UnitedHealthcare Options PPO plan (Out of Area), you will be responsible for obtaining Prior Authorization, regardless of whether the service is provided by a network or non-network provider.

Each request for Prior Authorization should be submitted at least five business days prior to the scheduled service to provide adequate time for UHC to review your request. You and your physician will receive a letter by mail once a determination is made. If the service or prescription is approved, you and your physician may proceed with the acknowledgment that the service will be covered. Please review your approval letter carefully so you understand what services have been authorized and where you can obtain those services.

A complete list of services requiring Prior Authorization is provided in your SPD; some examples of services that require authorization are:

- Chemotherapy
- Procedures involving radiation (also MRIs)
- Surgical procedure
- Procedures related to Coronary Artery Disease
- Certain prescriptions
HOW DO I QUALIFY FOR THE WELLNESS RATE THAT IS DISPLAYED ON PAGE 22?

Once your health insurance is effective, you must annually complete three requirements to maintain or earn the Wellness Rate.

WELLNESS RATE PARTICIPANTS
Health plan participants currently earning the Wellness Rate must attend a campus onsite health evaluation screening event in February 2017 to maintain the Wellness Rate in April 2017.

STANDARD RATE PARTICIPANTS
Health plan participants who have the Standard Rate and want the Wellness Rate, need to attend a campus onsite health evaluation event in February 2017 and complete the three requirements to earn the Wellness Rate in April 2017.

NEW HIRES/REHIRE/STATUS CHANGE
Any new hire, rehire, or status change to full-time with a hire date or status change date between March 1, 2017 – December 31, 2017, can go to LabCorp once their health insurance is effective and receive the Wellness Rate once their wellness requirements are completed and reported to Trilogy by Interactive Health. All employees must be re-screened during the annual health evaluation event screening events.

EXAMPLE:

<table>
<thead>
<tr>
<th>Hire/Rehire/ Status Change Date</th>
<th>Health Insurance Effective Date</th>
<th>Time frame to complete</th>
<th>Timeframe to re-screen</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/4/2016 - 10/2/2017</td>
<td>3/1/2017- 12/1/2017</td>
<td>3/1/2017 - 12/31/2017</td>
<td>2018 Onsite Health Evaluations (February)</td>
</tr>
</tbody>
</table>

Any hire, rehire, or status change employee whose health insurance becomes effective after December 31, 2017 needs to complete wellness rate requirements through the onsite health evaluation screening in February 2018 to receive the wellness rate beginning April 2018.

ANNUAL WELLNESS RATE REQUIREMENTS

1. Attend a campus onsite health evaluation screening event or visit LabCorp. Employees must participate in a health evaluation screening. The health evaluation screening includes a 38-panel blood test. The venipuncture test is used to detect a wide range of health issues. Visit www.myinteractivehealth.com to schedule your onsite health evaluation screening appointment or call 1-800-840-6100 to request a LabCorp packet be sent to your home address.

2. Complete the health assessment questionnaire. This short, 20-question assessment offers recommendations based on your risk factors for key health issues, such as cardiovascular-related diseases, heart disease, diabetes, cancer, and obesity. Conveniently, the health assessment questionnaire is included as a standard part of the online health evaluation registration process. If you scheduled your onsite health evaluation screening appointment online, you have already completed the health assessment questionnaire. If you requested a LabCorp packet be sent to your home address, you will need to fill out the paper health assessment questionnaire and return it in the self-addressed envelope or visit www.myinteractivehealth.com to complete your health assessment questionnaire.

3. Be 100% tobacco and nicotine-free compliant. Trilogy’s facilities operate in a smoke-free environment. This includes all of our properties (sidewalks, green areas, parking lots, etc.). If you test positive for tobacco and nicotine use during your health evaluation screening, you must enroll in and complete Interactive Health’s Tobacco-Free for Life program. Call to enroll at 1-800-840-6100.

If you are unable to participate, which is required for you to earn an incentive under this wellness program, you may qualify for an opportunity to earn the same incentive through an alternative course of action (that, if you wish, will be developed with your doctor). Contact Interactive Health at 1-800-840-6100 to ask our health management team about a reasonable alternative standard to qualify for the incentive.
HEALTH AND WELLNESS

The programs listed below are offered at no additional cost to you and are available to employees enrolled in the Trilogy sponsored health insurance program.

INTERACTIVE HEALTH
Interactive Health focuses on each employee’s individual desired health and wellness goals and provides dedicated health behavior coaching, individualized health reports, condition management outreach and workshops.

FREE PREVENTIVE SERVICES
Health plan participants and family members are eligible to receive certain preventive health care services, based upon age, gender, and other factors, with no cost-sharing. UnitedHealthcare covers preventive services, as specified in the health care reform law, at 100% without charging a copayment, coinsurance, or deductible, as long as they are received in the health plan’s network. To learn which services are covered at zero cost to you if your physician is in-network, contact Patient Care at 1-877-548-7714.

NURSELINE
NurseLine is available 24 hours a day, 7 days a week with an experienced registered nurse to understand a wide range of symptoms and determine what type of care may be right for you. Call the NurseLine at 1-888-267-3518.

HEALTH COACHING
If you want to start healthy habits or break unhealthy ones, your Health Coach is here to help you succeed. Start your journey today to a healthier and happier you! Call Interactive Health at 1-800-840-6100 and register for a Health Focus course to get started.

Topics include:

• Tobacco-Free for Life
• Diabetes Prevention and Control
• Lifestyles for Successful Weight Loss
• Managing Cholesterol Levels
• Managing and Preventing High Blood Pressure
• Better Nutrition
• Personalized Fitness
• Achieving Balance
• Getting a Good Night’s Sleep
• Why Managing Your Medications Matters
TOBACCO-FREE FOR LIFE
The Tobacco Cessation program will teach you risks associated with tobacco use, offer techniques to help you quit, help you stay motivated, and develop a strategy to prevent relapse. Members must complete a health evaluation screening prior to registering. Register for Tobacco-Free for Life by calling 1-800-840-6100.

WEIGHT LOSS AND MANAGEMENT RESOURCES
Call Interactive Health at 1-800-840-6100 or go to the website at www.myinteractivehealth.com to enroll in health coaching courses.

DISEASE MANAGEMENT
Call the UnitedHealthcare team today at 1-888-267-3518 to learn more. Conditions include:

- Diabetes
- Cancer
- Coronary Artery Disease
- Heart Failure
- Chronic Obstructive Pulmonary Disease (COPD)

MATERNITY SUPPORT PROGRAM
Mothers and babies benefit from lower medical costs and improved outcomes through programs that prevent the exacerbation of diseases, help avoid delays in services and unnecessary surgeries, and result in more timely hospital discharges. Call UnitedHealthcare at 1-888-267-3518.

INTERACTIVE HEALTH CHALLENGES
You can participate individually or as a team in nutrition and exercise challenges. Log in to www.myinteractivehealth.com.

COMPLETE WELLNESS POINTS AND EARN STARS
The employee health and wellness portal (www.myinteractivehealth.com) is personalized just for you and is available to all full and part-time employees regardless of health insurance status! To earn wellness points that turn into STARS, start participating in team challenges, education workshops, share your health evaluation screening lab results with your physician, receive your flu shot, and much more. Full and part-time employees may complete 100 wellness points and earn 100 STARS or complete 200 wellness points and earn 200 STARS by October 31, 2017 to receive them in November 2017. The portal syncs with multiple fitness devices to log your steps and exercise.
VISION INSURANCE

Regular vision care is an important part of your overall health. That’s why we offer UnitedHealthcare Vision. The table below represents a partial list of benefits and services. For a complete list, refer to your certificate of coverage.

<table>
<thead>
<tr>
<th>Covered Benefits</th>
<th>UHC Vision In-Network</th>
<th>Non Network Reimbursed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Exam</td>
<td>$10 copay</td>
<td>Up to $46</td>
</tr>
<tr>
<td>Once every 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lenses</td>
<td>$20 copay</td>
<td>Up to $47 – $85 based on lens type</td>
</tr>
<tr>
<td>Once every 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frames</td>
<td>Up to $130 retail value</td>
<td>Up to $47</td>
</tr>
<tr>
<td>Once every 24 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact Lenses (In lieu of frame and lens benefits)</td>
<td>100% or up to four boxes of contacts from UHC Vision Covered Contact Lens Selection</td>
<td>$130 allowance</td>
</tr>
<tr>
<td>Once every 12 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Elective</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Non-elective (medically necessary)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CHOICE

UnitedHealthcare offers its vision program through a national network including both private practice and retail chain providers. To access the Provider Locator service, visit myuhcvision.com or call 1-800-638-3120, Monday – Friday 8:00 a.m. – 11:00 p.m. EST and Saturday 9:00 a.m. – 6:00 p.m. EST. You may also view your benefits, search for a provider or print an ID card online at myuhcvision.com.

DISCOUNTS

- Laser Vision
- Additional Material
- Hearing Aids

YOUR WEEKLY EMPLOYEE PAYROLL CONTRIBUTION

<table>
<thead>
<tr>
<th>Vision Insurance</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Employee Only</td>
<td>$1.12</td>
</tr>
<tr>
<td>• Family</td>
<td>$2.68</td>
</tr>
</tbody>
</table>
DENTAL INSURANCE

As a Delta Dental of Kentucky member you can see any licensed dentist and receive discounts (with no balance billing) for using a Delta Dental Premier dentist. Deepest discounts are available when using a Delta Dental PPO provider.

For a complete list of Delta Dental PPO or Premier providers, contact Delta Dental of Kentucky at 1-800-955-2030, visit www.deltadentalky.com, or download the mobile app through the App Store (Apple) or Google Play (Android) and search for Delta Dental.

YOUR WEEKLY EMPLOYEE PAYROLL CONTRIBUTION

<table>
<thead>
<tr>
<th>Dental Insurance</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Employee Only</td>
<td>$4.63</td>
</tr>
<tr>
<td>• Employee + One</td>
<td>$8.99</td>
</tr>
<tr>
<td>• Family</td>
<td>$14.64</td>
</tr>
</tbody>
</table>

The table below represents a partial list of benefits and services. For a complete list, refer to your certificate of coverage.

<table>
<thead>
<tr>
<th>Covered Benefits</th>
<th>PPO Network</th>
<th>Premier Network</th>
<th>Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible* (Individual)</td>
<td>$50</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Deductible (Family)</td>
<td>$150</td>
<td>$300</td>
<td>$300</td>
</tr>
<tr>
<td>Annual Maximum Per Person</td>
<td>$1,500</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td>Diagnostic &amp; Preventive (Deductible waived)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Diagnostic and preventive services, emergency palliative treatment, sealants, brush biopsy, radiographs. Preventive and diagnostic services do not apply toward the annual maximum benefit of $1,500.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Services</td>
<td>80%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Minor restorative services (fillings, crown repair), bite guards, extractions and dental surgery, denture repair.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Services (waiting period applies)**</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Root canals, periodontic service, crowns, implant repair, full/partial dentures, bridgework.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontics Services**</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>(Six-month waiting period for services) Braces for dependent children under the age of 19. Not available to part-time employees.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Deductible is based on calendar year.

**Documentation of previous coverage may waive certain waiting periods. Contact DeltaDental for details. There is a $1,000 lifetime maximum on orthodontic services for each dependent.

Waiting Period – There is a 12-month waiting period for certain services. Endodontic Services, Periodontic Services, Major Restorative Services, Reline and Adjustments, Fixed Prosthodontic Repair, and Prosthodontic Services will not be covered until after a person is enrolled in the dental plan for 12 consecutive months.
SHORT-TERM AND LONG-TERM DISABILITY

DISABILITY INSURANCE – METLIFE

Most people think a disabling injury will never happen to them – yet it happens every 1.5 seconds in the U.S. You can get hurt anywhere, any time. If your injury kept you from working, could your family keep paying the bills? With disability insurance, a portion of your income is replaced when you become unable to work because of an accidental injury or illness (as defined by the plan).

Important! If you choose to waive long-term disability during your new hire waiting period and you choose to enroll at a later time, you will be subject to complete a Statement of Health form. MetLife will review your request and notify you of approval or denial.

All active employees working 15+ hours per week are eligible to enroll in disability coverage.

Both plans include a pre-existing clause.

Rates for disability coverage are based on the benefit amount and your age. Rates will be available at the time you complete your enrollment online.

SHORT-TERM DISABILITY (STD)

Short term disability is designed to provide you with continuing weekly income while you are out of work due to an illness or accident, including pregnancy. Benefits begin following a 14 calendar day waiting period from your first date of absence related to the disability. Short-term disability insurance provides a benefit amount of 60% of your weekly pre-disability earnings, up to a weekly maximum benefit of $750, for as long as you remain disabled up to 24 weeks.

LONG-TERM DISABILITY (LTD)

The LTD plan pays a benefit of 60% of your monthly income up to a maximum of $10,000. Monthly income means the monthly compensation you earn from your normal occupation. It does not include earnings from overtime, bonuses, or any other form of pay. Benefits begin on the 181st calendar day of absence and may last for five years for accident/sickness.

CONTACT MetLife

Employees who need to file a short or long-term disability claim please call 1-866-729-9201
BASIC LIFE AND AD&D INSURANCE

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE - METLIFE

Trilogy offers Basic Term Life/AD&D insurance for full-time employees through MetLife at no cost. Benefits are reduced after age 65:

• by 35% at age 65
• by 60% at age 70
• by 75% at age 75
• by 85% at age 80

IMPORTANT GUARANTEE ISSUE INFORMATION

• If you purchase voluntary life insurance during your new hire enrollment waiting period, you are guaranteed up to $250,000 of coverage for yourself and $25,000 of coverage for your spouse (called guarantee issue). For any coverage for your spouse above $25,000, your spouse will have to complete a health questionnaire. MetLife will review the request for the amounts over the guarantee issue amount and will notify you of approval or denial.

• If you choose to waive all voluntary life products during your new hire waiting period and you choose to enroll at a later time, you will be subject to complete a Statement of Health form for the entire amount of coverage you purchase. The guarantee issue is no longer available. MetLife will review your request for the additional amounts and will notify you of approval or denial.

VOLUNTARY LIFE INSURANCE - METLIFE

By purchasing voluntary life insurance through work, you take advantage of lower group rates and convenient payroll deducted premiums.

EMPLOYEE VOLUNTARY LIFE INSURANCE

You may purchase voluntary life insurance in multiples of one to five times your annual salary up to a maximum of $250,000 of coverage (if approved).

SPOUSE AND DEPENDENT CHILD(REN) VOLUNTARY LIFE INSURANCE

If you purchase voluntary life insurance for yourself, you may also purchase voluntary life for your spouse and/or dependent children.

• You may purchase voluntary spouse life benefits up to 50% of your voluntary term life benefit, to a maximum of $50,000. Up to $25,000 of voluntary spouse life may be purchased with no medical questions if you enroll when you are first eligible. Voluntary spouse life may be purchased in $5,000 increments.

• You may purchase voluntary child(ren) dependent life benefits of $10,000 for each child age 15 days to 19 years, or 24 years if a full-time student. The rate for voluntary dependent life is $1.40 per month regardless of the number of children covered. The weekly deduction for this benefit is $0.32.

WILL PREPARATION

By enrolling in voluntary life insurance, you have access to a participating plan attorney who will prepare or update your will or your spouse’s will at no additional cost to you. Contact MetLife at 1-800-821-6400.
RETIREMENT SAVING PROGRAM

YOUR FINANCIAL FUTURE - IT’S IN YOUR HANDS.
The 401(k) retirement program offered through John Hancock provides you with a diverse selection of investment options and offers tools to help you plan, manage, and meet your retirement goals.

You are eligible if you are at least 21 years of age and are a regular full- or part-time employee. Employees may begin participating in the 401(k) program on the 1st of the month following 60 days of employment. Employees who are rehired or experience a status change should check with their Business Office or their Employee Services Representative for enrollment details.

START PLANNING YOUR FINANCIAL FUTURE TODAY! HERE ARE A FEW BENEFITS OF PARTICIPATING:

- **Lower Taxes:** Contributions taken out of your paycheck before federal income taxes can lower your taxable income and possibly place you in a lower tax bracket.

- **Easy Retirement Investing:** Automatic payroll deductions can make retirement investing a simple and effortless process. You control your contribution level and have flexibility to make changes at any time.

- **You Have Control:** Once enrolled, you can log in to www.jhpensions.com to manage investment options.

Enroll in minutes online! Walk through the basics of investing and use real-time calculators and tools to set your future financial direction.

Log in to www.jhgoenroll.com and enter the Trilogy Health Services contract number, 11440, and enrollment access number, 683020, to get started.

Need help? Want to enroll on the phone?
Call John Hancock at 1-855-JHENROLL (1-855-543-6765). Representatives are available Monday – Friday 9:00 a.m. to 6:00 p.m. EST.

An enrollment representative can answer your questions about participating in Trilogy’s 401(k) Plan or transferring funds from other qualified retirement plans into your new plan.
VOLUNTARY BENEFITS

METLIFE ACCIDENT INSURANCE (OFF-THE-JOB)
Provides you with a lump-sum payment when you suffer a covered injury or undergo covered testing, medical services, or treatment, and meet the group policy and certificate requirements. Premiums are paid through payroll deduction.

Payments are made directly to you to use as you see fit. They can be used to help pay for medical plan deductibles and copays, out-of-network treatments, for your family’s everyday living expenses, or whatever you need while recuperating from an accident.

Accident insurance is guarantee issue if you enroll during the enrollment period, are actively at work, and dependents to be covered are not under a medical restriction as set forth in the Certificate. There are no medical exams to take and no health questions to answer. Some states require the insured to have medical coverage.

METLIFE CRITICAL ILLNESS INSURANCE
Helps cover the extra expenses associated with a serious illness. This coverage provides a lump-sum payment of $15,000 in Initial Benefits upon diagnosis. The Total Benefit Amount available to you is 3 times the Initial Benefit Amount, $45,000, in the event you suffer more than one Covered Condition. Payment(s) will be made in addition to any other insurance and may be spent as you see fit. You may enroll yourself and your eligible family members and premiums are paid through payroll deduction. This plan provides a $50 annual benefit per calendar year for eligible health screenings/prevention measures.

Critical Illness Insurance is guarantee issue if you enroll during your enrollment period and are actively at work.

If you meet the group policy and certificate requirements, Critical Illness insurance provides you with a lump-sum payment upon diagnosis of the following conditions:
- Full Benefit Cancer
- Stroke
- Alzheimer’s Disease
- Partial Benefit Cancer
- Kidney Failure
- Major Organ Transplant
- Heart Attack

Your plan pays a Recurrence Benefit for the following covered conditions:
- Heart Attack
- Stroke
- Coronary Artery Bypass Graft
- Full Benefit Cancer
- Partial Benefit Cancer

A Recurrence Benefit is only available if an Initial Benefit has been paid for the Covered Condition. There is a Benefit Suspension Period between Recurrences.

LegalShield
Talk to an attorney on an unlimited number of personal legal matters without worrying about the hourly costs. Examples include adoption, child support and custody, divorce, real estate, traffic violations, trusts, power of attorney, bankruptcy consultation and debt collection.

<table>
<thead>
<tr>
<th>LegalShield Weekly Employee Payroll Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
</tr>
<tr>
<td>Family</td>
</tr>
</tbody>
</table>

Dependents up to age 19 or 24 if full-time student.

IDShield
Includes privacy and security monitoring, consultation, and 24/7 covered emergencies with free mobile app, complete identity recovery services by Kroll Licensed Private Investigators and $5 million service guarantee ensure that if your identity is stolen, it will be restored to pre-theft status.

<table>
<thead>
<tr>
<th>IDShield Weekly Employee Payroll Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
</tr>
<tr>
<td>Family</td>
</tr>
</tbody>
</table>

Dependents up to age 19 or 24 if full-time student.
REQUIRED NOTICES

NOTICES TO EMPLOYEES OF TRILOGY MANAGEMENT SERVICES REGARDING HEALTH AND WELFARE PLANS

I. Notices generally applicable to group health plans

A. Special enrollment notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan 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. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Finally, if you or an eligible dependent has coverage under a state Medicaid or child health insurance program and that coverage is terminated due to a loss of eligibility, or if you or an eligible dependent become eligible for state premium assistance under one of these programs, you may be able to enroll yourself and your eligible family members in the Plan. However, you must request enrollment no later than 60 days after the date the state Medicaid or child health insurance program coverage is terminated or the date you or an eligible dependent is determined to be eligible for state premium assistance.

To request special enrollment or obtain more information, contact the plan administrator identified at the end of these notices.

B. 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.

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 or 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 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. Contact your State for further information on eligibility.

ALABAMA-Medicaid
Website: www.myalhipp.com
Phone: 1-855-692-5447

ALASKA-Medicaid
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/
Phone: (Outside of Anchorage): 1-888-318-8890
Phone: (Anchorage): 907-269-6529

COLORADO-Medicaid
Website: http://www.colorado.gov/hcpf
Phone: 1-800-221-3943

FLORIDA-Medicaid
Website: https://www.flmedicaidtplrecovery.com/
Phone: 1-877-357-3268

GEORGIA-Medicaid
Website: http://dch.georgia.gov/
Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)
Phone: 404-656-4507

INDIANA-Medicaid
Website: http://www.in.gov/fssa
Phone: 1-800-889-9949

IOWA-Medicaid
Website: www.dhs.state.ia.us/hipp/
Phone: 1-888-346-9562

KANSAS-Medicaid
Website: http://www.kdheks.gov/hcf/
Phone: 1-800-792-4884

KENTUCKY-Medicaid
Website: http://chfs.ky.gov/dms/default.htm
Phone: 1-800-635-2570

LOUISIANA-Medicaid
Website: http://dhhs.louisiana.gov/index.cfm/subhome/1/n/331
Phone: 1-888-695-2447

MAINE-Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html
Phone: 1-800-977-6740 | TTY 1-800-977-6741

MASSACHUSETTS-Medicaid & CHIP
Website: http://www.mass.gov/MassHealth
Phone: 1-800-462-1120

MINNESOTA-Medicaid
Website: http://www.dhs.state.mn.us/
id_006254
Click on Health Care, then Medical Assistance
Phone: 1-800-657-3739

MISSOURI-Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

NEBRASKA-Medicaid
Website: www.ACCESSNebraska.ne.gov
Phone: 1-855-632-7633

NEW HAMPSHIRE-Medicaid
Website: http://www.dhhs.nh.gov/oi/abouts/hippapp.pdf
Phone: 603-271-5218

NEW JERSEY-Medicaid & CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK-Medicaid
Website: http://www.nyhealth.gov/healthcare/medicaid/
Phone: 1-800-541-2831

TENNESSEE-Medicaid
Website: http://www.tennessee.gov/health/index.shtml
Phone: 1-888-380-4887

VERMONT-Medicaid
Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

WISCONSIN-Medicaid & CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm
Phone: 1-800-362-3022 ext. 15473

WASHINGTON-Medicaid
Website: http://www.hca.wa.gov/medicaid/premium pymt/pages/index.aspx
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA-Medicaid
Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx
Phone: 1-877-598-5820
HMS Third Party Liability

WYOMING-Medicaid
Website: https://wyequalitycare.acs-inc.com/
Phone: 307-777-7531
To see if any more States have added a premium assistance program since January 31, 2015, or for more information on special enrollment rights, you can contact either:

**U.S. Department of Labor Employee Benefits Security Administration**
www.dol.gov/ebsa | 1-866-444-EBSA (3272)

**U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services**
www.cms.hhs.gov
1-877-267-2323, Menu Option 4 Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)

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**ii. Notices applicable to group health plans with certain benefit designs**

**A. Wellness program disclosure**

If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under this program, or if it is medically inadvisable for you to attempt to achieve the standards for the reward under this program, call the plan administrator identified at the end of these notices and we will work with you to develop another way to qualify for the reward.

**B. Newborns’ act disclosure**

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).

**C. WHCRA enrollment/annual notice**

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. If you would like more information on WHCRA benefits, call your plan administrator as identified at the end of these notices.

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**MEDICARE PART D CREDITABLE COVERAGE NOTICE**

Important Notice from Trilogy Management Services 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 offered by the group health plan through Trilogy Management Services and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

- 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.
- Trilogy Management Services has determined that the prescription drug coverage offered by the group health plan through Trilogy Management Services is, on average for all plan participants, expected to pay out as much as standard Medicare...
You have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).
INTERACTIVE HEALTH INFORMATION PRIVACY STATEMENT for Wellness Vendors and Employer-Sponsored Wellness Programs

Latest Revised Date: November 22, 2016

THIS PRIVACY STATEMENT DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION

Interactive Health Solutions, Inc. d/b/a Interactive Health (and its subsidiaries Health Solutions, Inc., Health Solutions Services, Inc. individually and collectively referred to as “Interactive Health”) and your Employer-Sponsored Wellness Program respects that you have entrusted us with your health information, and we are committed to safeguarding all the information you supply—including personal information, results of biometric screening tests, and information in your health risk assessment. If you choose to participate in the wellness program you will be asked to complete a voluntary health assessment that asks questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for various biometric measurements, including BMI, Blood Pressure, Glucose, etc. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

This wellness program is voluntary and available to all eligible employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act. This Statement sets forth Interactive Health’s obligations and your rights in accordance with the Health Insurance Portability & Accountability Act and its amendments (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act and its amendments (“HITECH”), and the regulations issued under these Acts, but does not imply that Interactive Health is necessarily acting as a Covered Entity as defined by HIPAA. In most instances, Interactive Health receives and shares your “Protected Health Information” (“PHI”) as a Business Associate and in accordance with a Business Associate Agreement. If you participate in a wellness program or disease management program (“Program”) as a member of a “Health Plan”, the Health Plan may have a separate Notice of Privacy Practices that might also be applicable to your PHI. When you receive health care services from a third-party, such as laboratory testing services, the laboratory’s Notice of Privacy Practices may apply to your PHI. All capitalized terms not otherwise defined in this Privacy Statement will have the meanings assigned to them under HIPAA. References to “us”, “we” and “our” refer to Interactive Health.

OUR COMMITMENT TO PROTECTING HEALTH INFORMATION ABOUT YOU

Interactive Health has policies and procedures in place to protect the privacy and security of your personal information including your PHI. Interactive Health uses a combination of physical, electronic, and procedural safeguards in accordance with applicable Federal and State laws. To use the Interactive Health website or mobile device accessible applications you will create your own password protected account. Data transfer, storage, and integrity are secured and transmitted via secure encryption technology, regular data backups, and key code authentication. Interactive Health also limits access to your PHI only to those employees, contractors and agents who need the data to do their jobs or provide their services.

We reserve the right to change the terms of our Information Privacy Statement and to make the new provisions effective for all PHI that we maintain. If and when this statement is changed, we will post this information on our website and provide you with a copy of the revised Information Privacy Statement upon your request or as otherwise required by law. It is your responsibility to check our website periodically for updates or changes to our privacy statement.
HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU

1. USES AND DISCLOSURES FOR PARTICIPANT SERVICES, PAYMENT, AND HEALTH CARE OPERATIONS

Interactive Health is permitted to use and disclose PHI for participant services, payment, and health care operations and, when applicable, in accordance with a Business Associate Agreement as required by HIPAA. You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate. The following examples are illustrative and do not list every type of use or disclosure that may fall within that category.

Participant Services: Interactive Health may use and disclose your PHI in connection with your participation in a Program to help you understand your health and potential risks to your health. Your Program may involve, at your option, completing a health risk assessment form, obtaining laboratory biometric screenings for various health risks, discussing your health with health care coaches or others associated with your Program. Interactive Health may provide you with online viewing of forms, explanations of lab test results and other health care information that may be relevant to you. Interactive Health may disclose PHI to third-parties designated by the sponsoring health plan for use in your participation in the Program.

Payment: HIPAA permits the use and disclosure of PHI so that we can bill and collect payment for our services, however Interactive Health's policy is not to share biometric screening results in connection with billing and payment processes.

Health Care Operations: Interactive Health is permitted to use and disclose your PHI in performing business operations. These include conducting quality improvement activities, training and auditing functions, and cost management analysis and customer service. We may use and disclose your PHI to provide training to new employees who work with PHI within the scope of their employment. All of our employees receive training on the importance of maintaining the privacy of your PHI. Interactive Health may also provide data aggregation services to your sponsoring health plan as part of the plan's health care operations whereby Interactive Health would aggregate De-identified information for purposes of data analyses relating to the plan's operations. De-Identified Information is PHI that has been De-identified by removing all references to individually identifiable information.

Health Related Services: Interactive Health may contact you to provide appointment reminders or to provide you with information about changes to your Program or other participant services that may be of interest to you as we view such information as part of the services you receive under your Program. And, as directed by you or your sponsoring health plan, our contracted third-party vendors may contact you directly with such Program information.

2. OTHER USES AND DISCLOSURES

Disclosures Required By Law: We will disclose your PHI when required to do so by law. For example, we may disclose your PHI when required by national security laws, or when required by the U.S. Department of Health & Human Services.

Business Associates: In accordance with the Participant Services, Health Care Operations, and/or Payment permitted uses and disclosures, we may provide your PHI to other companies (such as third-party wellness providers, disease management providers, Health plans, and/or other health management providers) or other individuals (i) to assist us in providing you with health and wellness services in conjunction with your Program, or (ii) that perform various activities on our behalf. These other entities are referred to under HIPAA as Business Associates. Interactive Health is required by HIPAA to have written Business Associate Agreements with these entities whenever we will share your PHI with the Business Associate. Likewise, we may receive your PHI by virtue of providing Business Associate services to your sponsoring health plan or Covered Entity. Business Associates are required by HIPAA to maintain privacy and security of PHI and to only use/disclose your PHI in accordance with HIPAA.

Incentive Program: Interactive Health may provide certain elements of your information to your sponsoring health plan or incentive administrator for purposes of administering the Health Plan or the implementation of incentives related to your participation in the Program. Your employer may receive a confirmation only that you have qualified for an incentive. However, Interactive Health will not provide your employer with information you supplied on your Health Risk Assessment, your biometric screening results, or how you qualified for an incentive. Employees who choose to participate in the wellness program will be eligible for incentives, as detailed in your Employer-Sponsored Wellness Program. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable alternative standard or a reasonable accommodation.
Uses and Disclosures Requiring Authorization: Other uses and disclosures of PHI about you will be made only with your written authorization. Each authorization will contain an expiration date, your signature and date. If you have authorized us to use or disclose PHI about you, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization. You may make such revocation by providing written notice to the address provided below. Information disclosed pursuant to your authorization may be subject to re-disclosure by the recipient and no longer be protected under HIPAA.

Website and Security Procedures: Interactive Health may use personally identifiable information collected through our website to tailor your use and experience on the website and to authenticate your access to our website.

YOUR RIGHTS REGARDING PROTECTED HEALTH INFORMATION ABOUT YOU

Right to Request Restrictions: You have the right to request additional restrictions on certain uses and disclosures of PHI, including those related to family members or to certain individuals involved in your care or benefit coverage that otherwise are permitted by HIPAA. Interactive Health is not required to agree to your request. If we do agree to your request, we are required to comply with our agreement except in certain cases. To request restrictions, you must make your request in writing to the Covered Entity (for example, your sponsoring health plan), or in accordance with any Business Associate responsibilities assumed by us, to our Privacy Officer.

Right to Receive Confidential Communications: You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that Interactive Health contact you at home, rather than at work. You must make your request in writing to the Covered Entity (for example, your sponsoring health plan), or in accordance with any Business Associate responsibilities assumed by us, to our Privacy Officer in writing.

Right to Inspect and Copy: You have the right to request the opportunity to inspect and receive a copy of PHI about you from the Covered Entity, and perhaps in certain records that Interactive Health maintains as a Business Associate. We may deny your request only in limited circumstances. To inspect and copy PHI, contact our Privacy Officer. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor, and supplies used to meet your request.

Right to Amend: You have the right to request that the Covered Entity, and perhaps in certain instances that we, amend PHI about you as long as such information is kept by or for our office. To make this type of request of us, you must submit your request in writing to our Privacy Officer. We may deny your request in certain cases, including if it is not in writing or if you do not give us a reason for the request or if we are not the proper entity under HIPAA to perform such amendments.

Right to Receive an Accounting of Disclosures: You have the right to receive a list of certain disclosures of your PHI in the past six years other than disclosures made for participant services, payment or health care operations, disclosures made to you or made pursuant to an authorization, and certain limited exceptions under HIPAA. You may exercise this right by contacting the Covered Entity and Interactive Health will work closely with the Covered Entity to provide any accounting of disclosures in accordance with HIPAA.

Right to Breach Notification: Under HIPAA, a Covered Entity must provide notification to you upon any Breach of your Unsecured PHI. Interactive Health will work with the Covered Entity to provide any information necessary as required of a Business Associate.

Right to a Paper Copy of this Statement: You have a right to receive a paper copy of this statement even if you have previously agreed to receive this statement electronically. To obtain a paper copy or a prior version of this statement, contact the Privacy Officer.

Questions/Complaints: If you want further information about matters covered in this Privacy Statement, or believe that your privacy rights have been violated, or disagree with a decision made about access to your personal and health information, you can contact our Privacy Officer. You may also submit a complaint to the Office of Civil Rights of the U.S. Department of Health and Human Services. We want to hear your concerns and you will not be retaliated against if you file a complaint. For more information regarding this notice, protections against discrimination and retaliation from your Employer, or a reasonable alternative standard Contact your Sponsored Wellness Program.
IT’S NEVER TOO LATE TO START PLANNING FOR THE FUTURE.
IMPORTANT CONTACTS

PATIENT CARE
Your single source for all benefit-related questions and assistance!
• Customer Service: 1-877-548-7714
• Email: assistance@patientcare4u.com
• Online Form: patientcare4u.com/help
• Hours:
  Monday-Friday 8:00 a.m. – 9:00 p.m. ET
  Saturday 9:00 a.m. – 2:00 p.m. ET

UNITED HEALTHCARE
• Customer Service: 1-888-267-3518
• www.myuhc.com
• Vision Customer Service: 1-800-638-3120
• www.myuhcvision.com

OPTUM BANK - HEALTH SAVINGS ACCOUNT
• Customer Service: 1-800-791-9361
• www.optumhealthfinancial.com

INTERACTIVE HEALTH
• Customer Service: 1-800-840-6100 (Option 1)
• www.myinteractivehealth.com

BMS FLEXIBLE SPENDING ACCOUNTS
• Customer Service: 1-800-919-2674
• Email for Claims Submissions: claims@bmsllc.net
• Email for Billing Questions: billing@bmsllc.net
• Flex Online: www.MyFlexOnline.com
• www.bmsllc.net

ADP VERIFICATION SERVICES
• Customer Service: 1-800-553-3823

MetLife (ALL PRODUCTS)
• Disability: 1-866-729-9201
• Life, Critical Illness & Accident: 1-800-438-6388
• Auto & Home Insurance: 1-800-438-6388
• www.metlife.com

LegalShield/ID Shield
• Kaitlyn Kilburn: 1-580-447-3822
• www.legalshield.com/info/tms

JOHN HANCOCK RETIREMENT SAVINGS PROGRAM
• Customer Service: 1-855-543-6765
• www.jhpensions.com
• 401k Rollovers: 1-877-525-7655
• Benefits Administrators: 1-877-260-1633

PURCHASING POWER
• Purchasing Power Registration: www.trilogy.purchasingpower.com

TRILOGY PERKS
• trilogyperks.employeediscounts.co/perks

MAGELLAN HEALTH - BeWell Assistance Program
• Customer Service: 1-800-424-4039
• www.MagellanHealth.com/member