



# 2018 BENEFIT ENROLLMENT GUIDE

About this Guide: This guide describes the benefit plans available to you as an employee of North Country Healthcare. The details of these plans are contained in the official Plan Documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your Summary Plan Description (SPD) (as described by the Employee Retirement Income Security Act). If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the Plan Documents, the formal wording in the Plan Documents will govern. Please note that the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of North Country Healthcare.



# 2018 Benefits Introduction

***We Believe: Employee benefits should be all about you and your family.***

That's why we're putting control over a very important decision in the right hands – yours. Your benefits choices should be reflective of your personal needs. Only you know the benefits package that's right for you depending on your own health and well-being, goals for the future and attitudes about risk.

In 2018 we have partnered with the Gallagher Marketplace. With the Gallagher Marketplace you'll shop for your benefits and complete your enrollment online. You have the opportunity to choose a health plan and a variety of other valuable benefit options that provide the best overall protection for your unique situation.

The benefits that are right for you and your family might not be the same as those for the person sitting next to you. And we don't know your personal goals and plans for the future that might affect the coverage you may need. Only you know that. So we've opted to let you choose from a broader array of benefits than you might be used to. And the best part is, we're giving you money with which to shop.

Benefits are really about having the right financial protection in place to guard against life's unknowns. And medical coverage alone does not address the full range of needs for financial protection.

But everyone's needs are different, so a marketplace helps you get the benefits that you need for yourself and your family. For some it could be Life insurance, for others, Accident or Critical Illness or Dental and Vision, or a combination of these.

For 2018 we have partnered with providers that have common goals with North Country Healthcare. These providers include:

- Harvard Pilgrim
- Northeast Delta Dental
- Vision Service Plan (VSP)
- Unum
- The Guardian
- MetLaw
- Nationwide

Just having insurance isn't enough; you need to have the right types of insurance, and the right amount. Through our new marketplace, we're letting you choose the combination of insurance products that's right for you – so you pay for exactly what you want. You'll see the amount we're contributing to your benefits overall and what your share of the cost is.

George Hunter  
Vice President of Human Resources

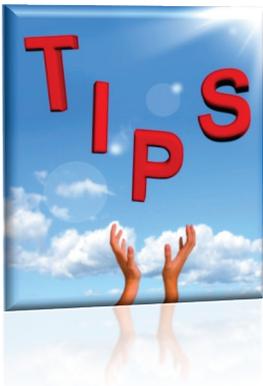
Warren West  
Chief Executive Officer

# How to Enroll



## It's easy to get started...

When you log in to Gallagher Marketplace, a short video will show you exactly how to use the system. Answer some questions about yourself and your family and Gallagher Marketplace will get to know you. Your answers help the system recommend the best plans for you. After enrollment, the marketplace is your first stop when you want more information about your benefits, want to track and manage your costs, or need to add a spouse or baby to your plans.



### A few tips...

- You may want your spouse present while using Gallagher Marketplace – remember, your benefit choices impact your whole family.
- You'll need to have Social Security Numbers (SSNs) handy for yourself and any dependents that you want to cover, as the system will require them.
- You can print a complete summary – detailing all of the benefits Gallagher Marketplace offers – at any time from the "Introduction" page.

### Log In...

To log in, please do the following:

- Go to <https://login.gallaghermarketplace.com>
- Username: NCH + first initial + last initial + last 4 digits of your Social Security Number (SSN)
- Password: Last 4 digits of your SSN + 4-digit year DOB
- Upon log in, you will be prompted to change your password

*Example log in for Jane Smith with a SSN of 123-45-6789 and born in 1980:*

Username: NCHjs6789

Password: 67891980

*For the best experience when you visit Gallagher Marketplace, use the latest web browser. The marketplace works on Mozilla Firefox, Google Chrome, Internet Explorer 9.0+, Opera 15+, and Safari 5.1+ browsers. Use a screen resolution of 1024x768 or greater. Enable cookies and JavaScript for full functionality.*





# Enrollment

We all have different needs that influence the choices we make every day. North Country Healthcare embraces these differences by providing you with the freedom to select quality benefit options that work best for you and your family. We encourage you to carefully review this guide and educate yourself about the benefit options available to you.

## Eligibility

If you are a full-time employee with standard hours of at least 30 hours per week, you are eligible to enroll in the benefits described in this guide. As a new employee, your coverage is effective the First of the Month following thirty (30) days of employment.

## WHEN CAN I ENROLL

**As a new employee**, you become eligible for benefits the first of the month, after one month of employment. You must enroll within 30 days from your date of hire to have coverage for the rest of the plan year. You will need to enroll for the next plan year's benefits during the annual enrollment period.

If you do not enroll for coverage during your initial enrollment period, you will not be eligible to enroll until the next open enrollment unless you have a qualified life event change.

## WHO CAN I COVER

You have the option of enrolling yourself and your eligible dependent. Eligible dependents include your:

- ◆ Legal Spouse, as declared by law
- ◆ Child(ren) up to age 26 regardless of status for medical, dental, and vision. Coverage ends on the last day of the month your dependent turns 26.
- ◆ Your children up to age 26, if a full-time student, for supplemental life insurance.
- ◆ Unmarried child(ren) of any age who become mentally or physically disabled before age 26, and are totally dependent on you.
- ◆ Children under the age of 26 who you are legally required to provide health care coverage under a court order.



**Note: These Benefits do not apply to employees of North Country Home Health and Hospice.**



# Medical Benefits

For 2018 we are offering all employees the choice of 6 Medical Plan options insured by Harvard Pilgrim. With these 6 options you will be able to choose a plan that meets the needs of you and your family. Our four hospitals all participate in the Harvard Pilgrim network. Harvard Pilgrim has a total of 182 hospitals across New England in the network.

The charts on the following pages provide an overview of the benefits of each plan. Below you will find a brief description of the choices available to you:

## Best Buy Plans:

**Best Buy PPO LP 1500:** With the Best Buy PPO LP 1500 plan you can select any provider in the Harvard Pilgrim network. If you select an LP provider when you receive care for diagnostic lab and outpatient surgery you save money. You can also elect to go outside the network with higher out of pocket costs. If you or a family member reside outside of New England, you can access care through Harvard Pilgrim's partnership with United Healthcare. This plan does not require a PCP election.

**Best Buy LP HMO 1000\*:** This is an HMO plan which requires that you select a primary care provider (PCP) and also receive referrals for specialist care. Similar to the Best Buy PPO LP 1500 plan, you can save money when you use an LP provider for diagnostic lab and outpatient surgery. With an HMO plan there is no coverage when you go outside of the network, except for emergency care.

**Best Buy HSA PPO 3000\*:** This plan is a qualified High Deductible HSA plan. As a qualified HSA plan all expenses, except preventive care, are subject to the plan deductible. You may also receive certain preventive maintenance prescription drugs without meeting your deductible. With the Best Buy HSA PPO you have access to the full Harvard Pilgrim network and can also see a provider outside of the network with higher out of pocket costs. This plan does not require a PCP election.

**\* The Best Buy HSA plan contains a non-embedded family deductible. In this situation, before your insurance helps you pay for any of the family's medical bills, the entire amount of the deductible must be met. It can be met by one family member or by a combination of family members. There are no benefits until expenses equaling the deductible amount have been incurred.**

## ElevateHealth Plans:

The Elevate Health Network includes 20 Hospitals in New Hampshire and 1 in Vermont. The Elevate network includes our 4 Hospitals and Dartmouth Hitchcock. With the three Elevate options below there is no out of network coverage except in an emergency.

**ElevateHealth Options HMO\*:** ElevateHealth is a smaller network within the Harvard Pilgrim network. If you select the ElevateHealth Options HMO option you will pay lower costs if you use an Elevate provider (Tier 1). If you go outside of the Elevate network you will have access to the Harvard Pilgrim network (Tier 2) and your cost share will be greater. This is an HMO plan which requires that you select a primary care provider (PCP) and also receive referrals for specialist care. You will not receive coverage if you go outside the Harvard Pilgrim HMO network unless it is an emergency.

**ElevateHealth HMO 2000\*:** This is an HMO plan with the Elevate network only. As with the ElevateHealth Options plan you are required to select a primary care provider (PCP) and obtain referrals for specialty care.

**ElevateHealth HSA HMO 3000\*:** This plan is a qualified High Deductible HSA plan with the Elevate Network only. As a qualified HSA plan all expenses except preventive care are subject to the plan deductible. You may also receive certain preventive maintenance prescription drugs without meeting your deductible. With this plan you will only have access to the Elevate Network and as with the other HMO plans you will be required to select a Primary Care Provider (PCP) and will need referrals to see a specialist.

*These plans require a selection of a Primary Care Physician (PCP). Once you receive your Harvard Pilgrim ID Card, please contact Harvard Pilgrim to designate your PCP.*

### Important things to keep in mind:

- HMO plans only provide coverage for in-network providers unless you have a medical emergency.
- North Country will provide all employees who elect coverage in 1 of the 2 HSA plans funding into an HSA account. You will be required to open your own HSA bank account to receive the HSA funds.

# Medical Benefits: provided by Harvard Pilgrim Health Care (HP)

Below is a chart that highlights the medical benefits under the Harvard Pilgrim plans. Below is a brief summary of each plan. For more details, please see the full summary of benefits for each plan provided by Harvard Pilgrim which can be found online at [www.harvardpilgrim.org/nch](http://www.harvardpilgrim.org/nch).

Plan Type	Best Buy PPO LP 1500	ElevateHealth Options HMO	Best Buy Tiered HMO LP 1000
<b>In-Network Expenses</b>		Tier 1 Elevate Tier 2 HP Full Network	
Deductible (Single/Family)	\$1,500/\$4,500	<b>Tier 1:</b> \$1,000/\$2,000 <b>Tier 2:</b> \$3,000/ \$6,000	\$1,000/\$3,000
HSA Bank Funding (Funded Quarterly)	N/A	N/A	N/A
Embedded Deductible and Coinsurance	Yes	Yes	Yes
Coinsurance	100%	<b>Tier 1:</b> None <b>Tier 2:</b> 80%	80%
Out of Pocket Maximum (Single/Family)	\$6,500 /\$13,000	\$6,500 /\$13,000	\$4,000/\$12,000
Preventive Care Services	100%, No Cost Sharing	100%, No Cost Sharing	100%, No Cost Sharing
Primary Office Visit Copay	\$25 Copay	<b>Tier 1:</b> \$25 Copay <b>Tier 2:</b> Deductible then 80%	\$25 Copay
Specialist Copay	\$50 Copay	<b>Tier 1:</b> \$50 Copay <b>Tier 2:</b> Deductible then 80%	\$50 Copay
Hospital - Inpatient	100% after Deductible	<b>Tier 1:</b> subject to Deductible <b>Tier 2:</b> subject to Deductible and 80% Coinsurance	80% after Deductible
Hospital - Outpatient Surgery	<b>Select Providers:</b> \$100 Copay <b>Other Providers:</b> General Deductible	<b>Tier 1:</b> subject to Deductible then \$150 Copay <b>Tier 2:</b> subject to Deductible and Coinsurance	<b>Select Providers:</b> \$100 Copay <b>Other Providers:</b> General Deductible then Coinsurance
Emergency Room	\$250 Copay after Deductible	\$250 Copay after Deductible	\$250 Copay after Deductible
<b>Rx Deductible</b>	None	None	None
<b>RX Copay – Retail</b> Generic/Generic/Preferred/Non-Preferred	\$5/\$20/20%/30% to \$300 maximum per prescription	\$5/\$20/20%/30% to \$300 maximum per prescription	\$5/\$20/20%/30% to \$300 maximum per prescription
<b>Mail Order RX</b> Generic/Generic/Preferred/Non-Preferred	\$10/\$40/20%/30% to \$600 max per prescription	\$10/\$40/20%/30% to \$600 max per prescription	\$10/\$40/20%/30% to \$600 max per prescription
<b>Lifetime Maximum</b>	<b>Unlimited</b>	<b>Unlimited</b>	<b>Unlimited</b>
<b>Out-of-Network Expenses</b>		<b>In Network Coverage Only</b>	<b>In Network Coverage Only</b>
Deductible (Single/Family)	\$3,000/\$9,000	N/A	N/A
Coinsurance	80%	N/A	N/A
Out of Pocket Maximum (Single/Family)	\$6,500 /\$13,000	N/A	N/A
Lifetime Maximum	Unlimited	N/A	N/A

# Medical Benefits: provided by Harvard Pilgrim Health Care (HP)



ElevateHealth HMO 2000	Best Buy HSA PPO 3000	ElevateHealth HSA HMO 3000
\$2,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000
N/A	\$500 / \$1,000	\$500 / \$1,000
Yes	Not Embedded	Yes
100%	80%	80%
\$6,500 /\$13,000	\$5,000/\$10,000	\$5,000/\$10,000
100%, No Cost Sharing	100%, No Cost Sharing	100%, No Cost Sharing
\$25 Copay	80% after Deductible	80% after Deductible
\$50 Copay	80% after Deductible	80% after Deductible
100% after Deductible	80% after Deductible	80% after Deductible
<b>Select Providers:</b> No Charge <b>Other Providers:</b> Deductible then 100% Coinsurance	80% after Deductible	80% after Deductible
\$250 Copay after Deductible	80% after Deductible	80% after Deductible
None	Select Preventive maintenance prescriptions not subject to plan Deductible	Select Preventive maintenance prescriptions not subject to plan Deductible
\$5/\$20/20%/30% to \$300 maximum per prescription	\$5/\$20/20%/30% after Deductible	\$5/\$20/20%/30% after Deductible
\$10/\$40/20%/30% to \$600 maximum per prescription	\$10/\$20/20%/30% after Deductible	\$10/\$40/20%/30% after Deductible
<b>Unlimited</b>	<b>Unlimited</b>	<b>Unlimited</b>
<b>In-Network Coverage Only</b>		<b>In-Network Coverage Only</b>
N/A	\$6,000/\$12,000	N/A
N/A	60%	N/A
N/A	\$10,000 /\$20,000	N/A
N/A	Unlimited	N/A

# How the Health Savings Account (HSA) Works

## What is an HSA and how can it work for me?

If you elect either the Best Buy HSA PPO or ElevateHealth HSA HMO, North Country Healthcare will contribute to your HSA account to help you pay for your qualified medical expenses. North Country Healthcare will contribute \$500 if you elect to cover only yourself or \$1,000 if you cover yourself plus one or more dependents. HSA funds will be deposited in your account on a bi-weekly basis and will be prorated based on date of hire.

A Health Savings Account (HSA) is a tax-advantaged savings account that you can use for qualified medical expenses. Employees who enroll in either of the plans above will be required to open a HSA bank account of their choice. You can also choose to contribute your own funds to your HSA account, per paycheck basis. Please see your Human Resources Department for more information.

### SAVE, GROW, SPEND



The HSA is like your 403(b) plan for healthcare and offers triple tax advantages:

- Money goes in tax free
- Money can be invested and grow tax free
- Money comes out tax free when you use it for healthcare expenses

Plus, you can roll over the balance from year to year. It's your money to keep, grow and spend as needed.

### How to Use Your Health Savings Account

The HSA can be used to pay for qualified health expenses for you, your spouse and your eligible dependent children or any other tax-qualified dependent that you support, such as an elder parent. Here are some examples of how the funds can be used:

- Deductibles and coinsurance
- Pharmacy copays once you have met your deductible, including some over-the-counter medications
- Vision and Dental out of pocket plan costs (and you can also open a limited FSA to cover these expenses too)

### MAXIMIZE YOUR PRE-TAX HSA SAVINGS

Contributions are made to the HSA based on the amount you choose through payroll deductions up to the IRS annual maximum contribution limit of \$3,450 for a Single Plan and \$6,900 for a Family Plan for 2018.

The total limits include the funding that North Country Healthcare will contribute to your account, so the maximum you can contribute is \$2,950 for a Single Plan and \$5,900 for a Family Plan. In addition, if you are over the age of 55, you are eligible to contribute an additional \$1,000 annually.

### Eligibility Rules

To qualify for an HSA, you cannot be enrolled in a non-High Deductible Health Plan (HDHP) or have health coverage that reimburses health care expenses before the minimum HDHP deductible \$1,350 self-only coverage and \$2,700 for all other coverage in 2018 is satisfied. If you are enrolled in Medicare or covered by another health plan you are not eligible to contribute to an HSA or receive HSA contributions from North Country Healthcare. See page 15 for more information. Please consult your tax advisor if you have questions on how this may affect you.

# Dental Benefits

Dental coverage is important to your overall health and wellness. As a North Country Healthcare employee, you can select from 3 Delta Dental options.

## Delta Dental PPO plus Premier Network

You will get the best value from your Delta Dental Plan when you receive your dental care from one of Delta Dental's PPO (greatest savings) or Premier network participating dentists:

- No Balance Billing - Because participating dentist accept Northeast Delta Dental's allowed fees for services; you will typically pay less when you visit a participating dentist.
- No Claims Paperwork – When you use a Delta Dental participating dentist.
- Direct Payment: Northeast Delta Dental pays participating dentist directly, so you don't have to pay the covered amount up front and wait for a reimbursement check.
- If you use an out of network dentist, you will need to submit a claim for reimbursement and your benefit will be based on the in-network allowance.



DENTAL PLAN OPTIONS			
	Enhanced Plan Option	Basic Plan Option	Value Plan Option
Annual Deductible (calendar year) Single/Family	\$50 / \$150	\$25 / \$75	No Deductible
Annual Maximum Limit	\$1,500 per person	\$1,000 per person	\$750 per person
Preventive & Diagnostic Services (no deductible)	100%	100%	100%
Basic Restorative Services	90%	80%	80%
Major Restorative Services	60%	50%	Not Covered
Orthodontia Services	50%	Not Covered	Not Covered
Orthodontia Limit (Applies to Adult & Child under age 26)	\$2,000 per lifetime	Not Covered	Not Covered

To find out if your dentist participates in our PPO or Premier network, you can call your dentist; visit our website at [nedelta.com](http://nedelta.com), or call Customer Services at 1-800-832-5700.



# Vision Care Benefits



Vision coverage is also important to your wellbeing. As a North Country Healthcare employee, you can elect to cover you and your dependents in one of three VSP plans.

With VSP, you may select any provider for eye care services; however, by receiving services from a network provider, in addition to receiving exceptional eye care, your out-of-pocket cost will be less than if you used an out-of-network provider. Care from a non-network provider can cost more since they are not under a contracted arrangement and in most cases you will be required to submit a claim to VSP. The VSP provider will contact VSP to confirm your eligibility and benefit details.

Below is a brief summary of the three plans you can choose from VSP's Signature Network. To find a participating vision center, visit the website at [www.vsp.com](http://www.vsp.com).

In Network Benefits:	VSP Network		
	High Option	Mid Option	Low Option
Exam	\$10 copay	\$20 copay	\$20 copay
Frames	\$175 allowance toward any frame plus 20% off any balance over \$175	\$130 allowance toward any frame plus 20% off any balance over \$130	\$130 allowance toward any frame plus 20% off any balance over \$130
Standard Lenses	No copay	\$20 copay	\$25 copay
Progressive Lenses	\$55 copay	\$55 copay	\$55 copay
Contact Lens Evaluation, Fitting & Follow Up Care	Up to \$55 (includes follow up visits)	Up to \$55 (includes follow up visits)	Up to \$55 (includes follow up visits)
Contact Lens:			
Conventional Lenses	\$175 allowance	\$130 allowance	\$130 allowance
Disposable Lenses	\$175 allowance	\$130 allowance	\$130 allowance
Medically Necessary Lens	Covered in full with prior approval	Covered in full with prior approval	Covered in full with prior approval
<b>Out of Network Reimbursement:</b>			
Exam	Up to \$45	Up to \$45	Up to \$45
Frames	Up to \$70	Up to \$70	Up to \$70
Spectacle Lenses	Single Up to \$30, Bifocal Up to \$50, Trifocal Up to \$65, Lenticular Up to \$100	Single Up to \$30, Bifocal Up to \$50, Trifocal Up to \$65, Lenticular Up to \$100	Single Up to \$30, Bifocal Up to \$50, Trifocal Up to \$65, Lenticular Up to \$100
Contact Lenses: Evaluation, Fitting & Follow Up Care	Subtracted from the Contact Lens Allowance. The remainder of the allowance will be applied to the materials.	Subtracted from the Contact Lens Allowance. The remainder of the allowance will be applied to the materials.	Subtracted from the Contact Lens Allowance. The remainder of the allowance will be applied to the materials.
Conventional Lenses	Up to \$105	Up to \$105	Up to \$105
Disposable Lenses	Up to \$105	Up to \$105	Up to \$105
Medically Necessary Lens	Up to \$210	Up to \$210	Up to \$210
<b>Frequency:</b>			
Exam	Once every calendar year	Once every calendar year	Once every calendar year
Spectacle Lenses	Once every calendar year	Once every calendar year	Once every calendar year
Contact Lenses	Once every calendar year (instead of lenses)	Once every calendar year (instead of lenses)	Once every calendar year (instead of lenses)
Frames	Once every calendar year	Once every calendar year	Once every 24 months

# Life and Accidental Death and Dismemberment



## Basic Life and Accidental Death & Dismemberment (AD&D)

North Country Healthcare provides eligible employees Life and AD&D insurance\*; equal to 2 times your base annual earnings to a maximum of \$350,000. The coverage also provides a benefit in the event you suffer the loss of a limb or accidental death.

You are automatically enrolled for this benefit at no cost to you.

*\* Under current tax laws, you are required to pay income taxes on the "value" of your company provided basic life insurance coverage in excess of \$50,000. The "value" is determined by your age and schedule established by the IRS. This tax liability is called "imputed income."*

## Supplemental Life and Accidental Death & Dismemberment (AD&D)

In addition to your Basic Life benefit, you have the option to purchase additional Life and AD&D Insurance\*\* coverage for you and your eligible dependents.

### Employee Insurance

You can choose to buy additional Life and/or AD&D Insurance amounts in increments of \$10,000 to a maximum of \$500,000, not to exceed 5 times your annual salary. For Life Insurance amounts over \$300,000 you must provide proof of good health referred to as Evidence of Insurability (EOI) to Unum before the insurance company will issue you the additional coverage. AD&D does not require Evidence of Insurability (EOI).

### Spouse Insurance

If you elect coverage for yourself, you can also elect to purchase Life and/or AD&D Insurance for your spouse.

- Life Insurance - The spouse amount cannot exceed the employee amount. If you elect to cover your spouse for an amount over \$30,000, your spouse must provide Evidence of Insurability (EOI) to Unum before the insurance company will issue you the additional coverage.
- AD&D – The spouse amount cannot be greater than the employee election; up to \$25,000. Evidence of Insurability (EOI) is not needed.

### Child Insurance

If you enroll for yourself, you can also elect Life and AD&D Insurance coverage for your child. Children up to age 26 can be covered for either \$5,000 or \$10,000.

**\*\*If you do not elect Supplemental Life Insurance at this enrollment for you and your spouse, you may be required to provide Evidence of Insurability if you apply at a later date.**

### Evidence of Insurability (EOI) Information

**When you enroll online, you will find instructions on where to complete your Evidence of Insurability form.**

**Your full amount of supplemental life insurance for you and your spouse will not take effect until Unum approves your request for insurance.**

# Disability and Employee Assistance Program

## Short Term Disability (STD)

### Short Term Disability

You can also purchase Short Term Disability Insurance (STD) in the event that you are disabled for more than 30 days. You may receive a benefit of 60% of your salary up to \$2,500 a week. The maximum benefit duration is 22 weeks.

## Long Term Disability (LTD)

### Basic Long Term Disability (LTD)

North Country Healthcare provides to you at no cost an LTD benefit that pays 50% of your monthly earnings to a maximum of \$2,500. You may qualify for this benefit if you have been continuously disabled for more than 180 days.

### Long Term Disability Buy-Up

In addition to your basic LTD benefit, you have the option to purchase additional LTD coverage. If you elect to participate in the buy-up plan the benefit amount will increase to 60% of your earnings per month to a maximum of \$15,000. Since you pay for this coverage, benefits you receive under the buy-up LTD plan will not be subject to taxes.

Important: If you waive the LTD buy-up insurance at this enrollment, you may be required to submit evidence of insurability (EOI) to Unum if you apply for coverage at a later date.

## Employee Assistance Program (EAP)

When you have questions, concerns or emotional issues about your personal or work life, you can count on Unum to offer help. Unum's work-life balance employee assistance program (EAP) offers unlimited access to Master's-level consultants by telephone, resources and tools online, and up to three face-to-face visits with a consultant for help with a short-term problem.

### Help for personal challenges, big and small

Keeping your work and personal life in balance can sometimes be tricky. Stressful situations can affect your health, well-being and ability to focus on what's important.

That's when you can pick up the phone and speak confidentially to a Master's-level consultant who can help you or a family member to:

- Locate child care and elder care services and obtain matches to the appropriate provider based on your or your family's preferences and criteria. The consultant will even confirm space availability.
- Speak with financial experts by phone regarding issues such as budgeting, controlling debt, teaching children to manage money, investing for college, and preparing for retirement
- Work through complex, sensitive issues such as personal or work relationships, depression or grief, or issues surrounding substance abuse
- Get a referral to a local attorney for a free, 30-minute in-person or telephonic legal consultation
- You'll have access to an attorney for state-specific legal information and services. If you decide to retain the attorney, you may be eligible to receive a 25% discount on additional services.



Balance can be a call or click away:

1-800-854-1446, English  
1-877-858-2147, Spanish  
1-800-999-3004, TTY/TDD

lifebalance.net  
LifeWorks mobile app  
User ID and password: lifebalance



# Additional Benefits

As a North Country Employee, you will have the opportunity to purchase Critical Illness, Hospital Indemnity, Accident and pre-paid legal plans, to meet the needs of you and your family. These plans pay a benefit in addition to your medical plan.

## Critical Illness

When you or a family member suffers a serious illness, such as a stroke, cancer or heart attack, Critical Illness Insurance can help with expenses that other insurance may not cover. Covered benefits go directly to you in a lump-sum payment and can be used for any purpose. You can use your benefits to help pay for expenses and bills, including: Copays & Deductibles, Medical/Travel Expenses, Child Care, Mortgage/Rent, Groceries and Utilities.



## Hospital Indemnity

**If you think your medical insurance covers everything, think again.**

If you become seriously ill or injured, it's likely you will have a hospital stay. It may be a little scary, as well as expensive. Could you manage the out-of-pocket costs that come from being hospitalized if the unexpected should happen?

**Guardian helps protect you and your family from unexpected expenses**

- Guardian Hospital Indemnity Insurance supplements your medical plan—**no matter what type of other coverage you have**
- You receive cash benefits based on your covered sickness or injury, treatments and services
- The cash benefits are paid directly to you—you decide how to use them

## Accident

For every covered accident, Guardian Accident Insurance can pay a benefit based on the injury you've sustained and various treatments and/or services received, regardless of what is covered by medical insurance. Payments are made directly to you and can be used for any purpose. Get coverage for unexpected costs that may result from an accident:

- Medical insurance deductibles and co-pays
- Child care assistance while you recover
- Household expenses if you cannot work

**Additional Coverage for Children**

Guardian Accident Insurance will also increase covered benefits in the plan by 20% for a child who has an accident while playing organized sports.

## Hyatt Legal Plans – MetLaw

MetLaw legal services administered by Hyatt Legal Plans which provides affordable and convenient legal services and representation. This plan provides legal advice and full covered legal services for a wide range of legal matters including (with examples):

- Court Appearances—(Small Claims Assistance, Consumer Protection Matters)
- Document Review and Preparation—(Mortgages, Deeds, Affidavits)
- Debt Collection Defense —(Identity Theft, Repayment Schedule, Tax Audits)
- Wills—(Wills, Living Wills, Powers of Attorney)
- Family Law—(Prenuptial Agreement, Adoption, Name Change)
- Real Estate Matters—(Sale, Purchase or Refinance of Primary Residence, Property Tax Assessment, Home Equity Loans)



Coverage includes spouse and dependents. There are no deductibles, co-payments, waiting periods, forms or limits on usage for fully covered services. The Hyatt Legal Plan has a nationwide network of more than 11,000 attorneys who provide telephone and in-person consultations along with document preparation.

## Pet Insurance



Whether they have two legs or four, every family member deserves quality health care. That's why nationwide pet health insurance plans give you the freedom to use any vet, anywhere, including specialists and emergency providers. As an employee of North Country Healthcare, you are eligible for a 5% discount. For more information visit [www.nationwide.com/pet-insurance.jsp](http://www.nationwide.com/pet-insurance.jsp) or call 1-877-263-6007.

The Nationwide Pet Insurance plan is not a payroll deducted benefit.

# Flexible Spending Accounts (FSA)

For 2018, North Country has partnered with Discovery Benefits to administer your FSA Program

## Flexible Spending Account (FSA)

A Flexible Spending Account (FSA) allows you to budget and save for qualified medical expenses incurred over the course of your plan year. Dollars invested in an FSA are tax-free, and the entire election amount is available on the first day of the plan year. That makes an FSA a great tool for saving money, especially when big expenses are anticipated. The FSA maximum for 2018 is \$2,650.



## Types of FSAs

### Healthcare FSA

When you enroll in any of the Health Care plans, except the HSA plans, you can choose to enroll in the Health Care FSA and save money on your taxes to pay for eligible out-of-pocket health care expenses. Special rules apply if you're in the HSA Plan, as described on the next page. You can use the Health Care FSA for yourself and anyone you claim on your income taxes, such as your spouse and children, for eligible medical, dental, and vision expenses.

### Limited Use FSA

If you elect coverage under one of the HSA plans offered, you're eligible to enroll in a Limited Use FSA alongside your HSA to maximize savings. These funds can be used for qualifying dental and vision expenses.

### Dependent Care Account (DCA)

A DCA allows you to put money aside for dependent care for children up to age 13, a disabled dependent of any age or a disabled spouse. You may receive reimbursement up to the current balance in your account at the time the request is made. To be eligible for a DCA, you and your spouse (if applicable) must work, be looking for work or be fulltime students. The 2018 maximum for a DCA account is \$5,000.

## Eligible Expenses

Common eligible expenses for a Medical FSA are prescriptions, hearing aids, orthopedic goods, doctor visits and dentist visits, while a Limited FSA is limited to dental and vision expenses. A DCA covers expenses such as work-related daycare and elderly care costs. To find out which specific expenses are eligible, view our searchable eligibility list at [www.DiscoveryBenefits.com/eligibleexpenses](http://www.DiscoveryBenefits.com/eligibleexpenses).

## Using Funds



When you enroll in the Health Care FSA plan, you will receive a debit card pre-loaded with the amount you elect for the year.

For easy access to your FSA funds, you can swipe your Discovery Benefits debit card and avoid out-of-pocket costs. If you use your card at a provider with an Inventory Information Approval System (IIAS), the expense will automatically be approved at the point of sale. If the card is swiped at a merchant that meets the IRS' 90% rule, you may need to provide documentation to show the expense is eligible. You can also submit a claim on the website or on a paper claim form.

### Important IRS Rules

Due to the tax advantages of FSAs, the Internal Revenue Service (IRS) has rules about using them.

- You must use your FSA money on eligible expenses. For a full list of these, see IRS Publications 502 and 503 at [www.irs.gov/publications/](http://www.irs.gov/publications/).
- If you participate in the HSA Plan, you may only use your Health Care FSA for limited purposes, such as eligible dental and vision expenses.
- You lose any unused money left in your Dependent Care FSA at the end of the year. This is called the IRS "use it or lose it" rule.
- You lose any balance over \$500 left in your personal Health Care FSA at the end of the year. If you have \$500 or less in your Health Care FSA at the end of the year, the IRS "use it or lose it" rule does not apply. A balance of \$500 or less automatically rolls over into your 2019 account.
- You cannot transfer money back and forth between two FSAs.
- There is no automatic re-enrollment for FSAs. If you want to participate in FSAs, you must enroll every year.

# HSA versus FSA Overview

Major Provision	HSA	FSA
<b>Definition</b>	An individual account created to pay for qualified health care expenses of qualified individuals.	An employer-sponsored account that reimburses employees for qualified health care expenses of qualified individuals.
<b>Eligibility to Establish or Contribute to an Account</b>	<p>The 4 HSA eligibility rules:</p> <ol style="list-style-type: none"> <li>1. Covered under a qualified high deductible health plan (HDHP).</li> <li>2. Not covered under any other health plan that is not an HDHP,</li> <li>3. Not enrolled in any part of Medicare, and</li> <li>4. Not eligible to be claimed as a tax dependent by another person.</li> </ol> <p>Non-employees such as sole proprietors and partners may be eligible to establish an HSA*</p>	Any employee eligible under the terms of the employer's FSA plan. Non-employees such as sole proprietors and partners are not eligible.
<b>High Deductible Health Plan</b>	<p>Minimum deductibles and maximum out-of-pocket limits apply. HDHP may not pay benefits — except for certain preventive care expenses - until deductible satisfied.</p> <p>Minimum deductibles for 2018 are:            \$1,350 self-only coverage            \$2,700 any other coverage level</p>	No requirement.
<b>Prohibited Coverage</b>	<p>Coverage under any health plan that is not a qualified high deductible health plan such as a major medical plan with a deductible lower than the minimum or most FSAs.</p> <p>Certain types of coverage such as separate dental and vision plan coverage are permitted.</p>	None.
<b>Annual Contribution Limits</b>	<p>For 2018, the maximum depends on HDHP coverage level and age:            \$3,450 for self-only coverage            \$6,900 for any other coverage            + \$1,000 if age 55 or older</p>	The maximum employee contribution (salary reduction amount) is \$2,650 for plan years beginning on or after January 1, 2018. (Employer may contribute additional amounts subject to certain restrictions.)
<b>Qualified Individuals</b>	Individual, spouse and other tax dependents ("qualifying child" or "qualifying relative".)	Employer may determine eligibility, but limited to employee, spouse the employee's natural, adopted (including placed for adoption), step or eligible foster child until the end of the year in which the child reaches age 26, and other tax dependents ("qualifying child" or "qualifying relative".)
<b>Qualified Expenses</b>	Unreimbursed health care expenses that are tax deductible. Most health insurance premiums are not qualified expenses.	Employer may determine qualified expenses for the FSA, but may only cover unreimbursed health care expenses that are tax deductible. Health insurance premiums are not qualified expenses.
<b>Funds Available</b>	Account balance.	Annual election amount.
<b>Claims Submission</b>	Account holder responsible for determining if expenses are qualified. Must substantiate, upon request by IRS.	Third-party substantiation that expenses are qualified is required.
<b>Balance Forfeited at End of Year</b>	No. Unused amounts carry forward to future years.	Plans may (but are not required) to permit a carryover of up to \$500.
<b>Portability</b>	Fully portable. Account owned by the individual.	None. COBRA continuation may be available.

## Important Notice from North Country Healthcare About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with North Country Healthcare and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. North Country Healthcare has determined that the prescription drug coverage offered by Harvard Pilgrim is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage with North Country Healthcare will not be affected. Your prescription drug benefit under North Country Healthcare is included with your medical plan and will not coordinate with Medicare. The prescription coverage under North Country Healthcare Health and Welfare Benefits program is a three tier drug benefit administered through Harvard Pilgrim. The copayment structure is as follows:

If you do decide to join a Medicare drug plan and drop your current coverage with North Country Healthcare, be aware that you and your dependents will not be able to get this coverage back until the next Open Enrollment.

### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with North Country Healthcare and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact the agency listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through North Country Healthcare changes. You also may request a copy of this notice at any time.

### For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage: Visit [www.medicare.gov](http://www.medicare.gov)

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

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

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

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

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

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

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility.**

NEW HAMPSHIRE – Medicaid	MAINE – Medicaid	VERMONT– Medicaid
Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a>	Website: <a href="http://www.maine.gov/dhhs/of/pub/lic-assistance/index.html">http://www.maine.gov/dhhs/of/pub/lic-assistance/index.html</a>	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a>
Phone: 603-271-5218	Phone: 1-800-442-6003 TTY: Maine relay 711	Phone: 1-800-250-8427

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

### Paperwork Reduction Act Statement

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

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

## **Annual Notices**

### **Consolidated Omnibus Reconciliation Act (COBRA) of 1985**

Under COBRA, you and your covered dependents may be eligible to continue your Medical, and/or Dental coverage at your own expense after your eligibility for coverage ends. COBRA coverage is not available to domestic partners. To continue coverage under COBRA, you must pay a monthly premium. The actual premium amount is determined annually and will not exceed 102% of the costs the company has projected for active employees and/or dependents in a comparable status, except in certain circumstances. You have a certain responsibilities regarding COBRA coverage. You or your dependent must immediately notify North Country Healthcare in the event of:

- Your divorce or legal separation
- Your child ceasing to qualify as a dependent under the plan(s)
- Your death or the death of a covered dependent

Upon receipt of notification, you will be mailed a COBRA enrollment packet.

### **Designation of Primary Care Providers**

The Harvard Pilgrim HMO and ElevateHealth plans require the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider.

For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Harvard Pilgrim customer service by calling the toll free number on your identification card.

You do not need prior authorization from Harvard Pilgrim or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Harvard Pilgrim customer service by calling the toll free number on your identification card.

### **Genetic Information Nondiscrimination Act of 2008 (GINA)**

Under Title II of GINA, it is illegal to discriminate against employees or applicants because of genetic information. Title II of GINA prohibits the use of genetic information in making employment decisions, restricts employers and other entities covered by Title II (employment agencies, labor organizations and joint labor-management training and apprenticeship programs—referred to as “covered entities”) from requesting, requiring or purchasing genetic information, and strictly limits the disclosure of genetic information. The EEOC enforces Title II of GINA (dealing with genetic discrimination in employment).

### **Health Coverage Extension for College Students on Medically Necessary Leave “Michelle’s Law”**

“Michelle’s Law” (H.R. 2851) is designed to ensure that dependent college students who take a medically necessary leave of absence do not lose health insurance coverage. Michelle’s Law prohibits a group health plan from terminating a college student’s health coverage on the basis of the child taking a medically necessary leave of absence from school or changing to a part-time status. The leave of absence or reduction in hours must be medically necessary; commence while the child is suffering from a serious illness or injury; and cause the child to lose coverage under the plan. The child must have been enrolled in the group health plan on the basis of being a student at a post-secondary educational institution immediately before the first day of the leave. Medical certification is required. Coverage must extend for one year after the first day of the leave (or, if earlier, the date coverage would otherwise terminate under the plan).

### **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” or any longer period that applies under the plan after you 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” or any longer period that applies under the plan after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Human Resources.

### **Statement of Rights under the Newborns' and Mothers' Health Protection Act**

Under federal law, group health plans offering group health coverage generally may not:

- 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 delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.
- Set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.
- Require that you, your physician, or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, you may be required to obtain pre-certification for any days of confinement that exceeds 48 hours (or 96 hours).

For information on pre-certification, please refer to the Benefit Summaries.

### **The Mental Health Parity and Addiction Equity Act of 2008**

The Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008, was signed into law on October 3, 2008. Under MHPAEA, group health plans with 51 or more employees, insurance companies and HMO's offering mental health and substance abuse benefits are no longer allowed to set annual dollar limits, lifetime dollar limits, financial requirements (copays, deductibles, coinsurance, or out-of-pocket expenses) or day and visit maximums on mental health and substance abuse benefits that are more restrictive than those imposed on medical or surgical benefits. A plan that does not impose an annual or lifetime dollar limit on medical and surgical benefits may not impose such a dollar limit on mental health or substance abuse benefits offered under the plan.

### **Women's Health and Cancer Rights Act of 1998 (WHCRA)**

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 an asymmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymph edema

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

# Do You Have Questions About Your Coverage?

Contact the appropriate vendor directly for assistance

Contact List			
Carrier	Contact	Phone	Email
Harvard Pilgrim*	Customer Service	1-888-333-4742	<a href="http://www.harvardpilgrim.org/nch">www.harvardpilgrim.org/nch</a>
Northeast Delta Dental*	Customer Service	1-800-832-5700	<a href="http://www.nedelta.com">www.nedelta.com</a>
VSP*	Customer Service	1-800-877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Unum*	Customer Service	1-800-275-8686	<a href="http://www.unum.com">www.unum.com</a>
Guardian Life	Hospital Indemnity	1-800-268-2525	<a href="http://www.guardianlife.com">www.guardianlife.com</a>
	Accident Claims	1-800-541-7846	
	Critical Illness	1-800-268-2525	
MetLaw*	Legal Counsel	1-800-821-6400	<a href="https://www.legalplans.com">https://www.legalplans.com</a>
LifeWorks*	Employee Assistance Program	1-800-854-1446	<a href="https://lifebalance.lifeworks.com">https://lifebalance.lifeworks.com</a>
Nationwide Pet Insurance	Employer Group Call Center	1-877-738-7874	<a href="http://www.nationwide.com/pet-insurance.jsp">www.nationwide.com/pet-insurance.jsp</a>
Discovery Benefits*	Benefits Participant Services	1-866-451-3399	<a href="http://www.discoverybenefits.com">www.discoverybenefits.com</a>
	Claims Processing	1-866-451-3245	<a href="mailto:customerservice@discoverybenefits.com">customerservice@discoverybenefits.com</a>
	COBRA Participant Services	1-866-451-3399	<a href="mailto:cobraadmin@discoverybenefits.com">cobraadmin@discoverybenefits.com</a>
Liazon	Employee Service Center	1-855-376-7991	<a href="mailto:gallaghermarketplace-help@liazon.com">gallaghermarketplace-help@liazon.com</a>

\* Visit the Apple Store or Google Play Store to find our app.



Insurance | Risk Management | Consulting

This brochure was produced in conjunction with Arthur J. Gallagher & Co., and is intended to give general information only and is subject to the insurance carriers' coverages, conditions and exclusions as stated in their policies

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

**Note: These Benefits do not apply to employees of North Country Home Health and Hospice**