

# 2021 BENEFITS GUIDE



**ATHLETICO**  
PHYSICAL THERAPY

# WELCOME TO ATHLETICO!



Athletico offers a comprehensive benefits package to promote health and wellness along with financial security for both you and your family. The complete benefit package is briefly summarized in this guide. Please be sure to review each benefit carefully so that you are able to elect the coverage that is most appropriate for your personal situation.

## **?** Need assistance?

Certain words are highlighted in orange throughout the guide; we've included a glossary of benefit terms on page 38 to help you better understand the plan offerings!

New this year, Member Advocacy, provided by Conner Strong & Buckelew, allows you to speak to a specially trained Member Advocate who can help you get the most out of your benefits.

You can also review your benefit offerings online anytime by visiting the new Athletico BenePortal at [www.athleticobenefits.com](http://www.athleticobenefits.com). See page 36 for more details about these benefits.

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# BENEFITS ELIGIBILITY



## Your Eligibility

The benefits that you are eligible for **depend on the number of hours you work per week.**

Benefit effective dates are as follows:

### New Hires

Benefits begin for eligible new hires on the date of hire.

### Status Change (Newly Eligible)

If you become eligible because your hours increase, your benefits will start the **date of your status change.**

### Status Change (Loss of Eligibility)

If you are no longer eligible because you are working less hours, your benefits will end at varying times depending on the plan.

- **Medical/Dental/Vision:**  
Last day of the month
- **Life/Disability/FSA:**  
Day of change in eligibility status

## What benefits can I choose?

	Full-Time 40 hours per week	Part-Time 30+ hours per week	Part-Time 24+ hours per week	Part-Time <24 hours per week
Medical	✓	✓	✓	
Dental	✓	✓	✓	
Vision	✓	✓	✓	
HSA or FSA	✓	✓	✓	
Short-Term Disability	✓	✓	✓	
Long-Term Disability	✓			
Basic Life & AD&D	✓			
Supplemental Life (EE, Spouse, Child)	✓			
Employee Assistance Program (EAP)	✓	✓	✓	✓
Pre-Tax & Roth 401(k) (21+)	✓	✓	✓	✓
Commuter/Transit	✓	✓	✓	
Headspace	✓	✓	✓	
Ovia Health	✓	✓	✓	
Perks at Work	✓	✓	✓	✓

\* Seasonal, temporary employees and independent contractors or other non employees are not eligible for participation in any Athletico benefit plans.



# ELIGIBLE DEPENDENTS & MAKING CHANGES



## Who can I cover?

Eligible dependents include:

- Your spouse/domestic partner\*
- Your children until they turn 26, including:
  - Natural children
  - Adopted children
  - Step-children
  - Children of your domestic partner
  - Children of whom you are legal guardian
  - Unmarried children called to military duty (up to age 30)

\* If your spouse or domestic partner works and has access to coverage through their employer, they are not eligible as a dependent on Athletico's medical plan and should not be added to medical coverage.

For a full listing of eligible dependents, please refer to the Summary Plan Description (SPD) on the Benefits tab on [www.athleticobenefits.com](http://www.athleticobenefits.com).

## Don't forget!

Make sure you designate beneficiaries in ADP, and with HSA Bank and T. Rowe Price and review them every year for accuracy.

## When can I make plan changes?

- **Every year during Annual Enrollment**
  - Unless you have a life event, you can only make changes once per year at annual enrollment, so be sure to consider your options carefully.
- **If you have a life event during the year, you have 31 days from the effective date of the event to make changes to your benefits. Examples of life events are:**
  - Marriage/Divorce/Separation
  - Birth/Adoption
  - Change in employment (you or your spouse/domestic partner)
  - Death of a dependent
  - Medicare eligibility
  - Other HIPAA special enrollments
- Post-tax deductions, Health Savings Account changes and Commuter benefits can be changed at any time during the plan year without a qualifying life event.

## Healthcare Reform Reporting Requirements

You will receive a form called the Internal Revenue Service form 1095-C each January. You should keep this form with your tax records.



# HOW TO ENROLL

## ADP ONLINE ENROLLMENT

### I'm ready to enroll! How do I do it?

When you are ready to enroll, visit the MyADP Dashboard by clicking on the MyADP link on the Athletico portal, and then the Benefits tab.

**Please note:** If you are accessing [myADP.com](https://myadp.com) outside of the Athletico Portal single sign on, you will need to log in using your ADP-specific credentials. If you are accessing [myADP.com](https://myadp.com) for the first time, you will need to register. Select "New User" and register using the Registration Code: **Athletico-register**

### When something in your life changes: Don't wait!

You have 31 days from the date of your life event to make changes in MyADP. If you miss your special enrollment window, you will have to wait until Annual Enrollment (unless you have another life event first).

On the Benefits tab, you will see a tile to **Report a Qualifying Change - Declare an Event**. Under **Declare an Event**, you will choose **Spouse Gains Other Coverage** or **Dependent Gains Other Coverage** (for domestic partners).

**Important Note:** If you cover your spouse or domestic partner and they become eligible for medical coverage through their employer, please tell us. It is your responsibility to visit MyADP and remove them from Athletico coverage within 31 days of gaining coverage.

Athletico will not be responsible for claims paid if your spouse/domestic partner was eligible for his/her employer health insurance at the time a claim occurred.

### ADP Dependent Verification Services

Once you submit your life event in MyADP, ADP Dependent Verification Services (DVS) will contact you by email and mail. This communication will outline what supporting documentation needs to be submitted for the approval of your life event.

**Important Note:** The dependent/event verification process will not stop your request from being processed, but if the required documentation is not received within the allotted timeframe, coverage will revert to what it was prior to the event effective date (which could result in no coverage for your dependents).



### Need help enrolling or navigating MyADP?

Contact the HR Resource Center.  
Call **844.MYATHCO** or **844.692.8426**.



# COST-SHARING & TAXATION

## Who pays for my benefits, and will I pay taxes on them?

BENEFIT	WHO PAYS	TAX TREATMENT
Medical and Pharmacy	Athletico and You	Pre-tax*
Health Savings Accounts	Athletico and You	Pre-tax
Dental	Athletico and You	Pre-tax*
Vision	You	Pre-tax*
Basic Term Life and Accidental Death & Dismemberment (AD&D) Insurance	Athletico	Post-tax
Supplemental Term Life Insurance	You	Post-tax
Short and Long Term Disability	Athletico	Post-tax
Buy Up Long Term Disability	You	Post-tax
401(k) Retirement Plan	Athletico and You	Pre- and Post-tax
Employee Assistance Program	Athletico	N/A
Healthcare Flexible Spending Accounts	You	Pre-tax
Dependent Care Flexible Spending Accounts	You	Pre-tax
Commuter Benefits	You	Pre-tax

\* If covering a domestic partner, per IRS rules and regulations, his/her portion of your benefits premium is treated as post-tax, with the addition of imputed income.






# MEDICAL BENEFITS

## BLUE CROSS BLUE SHIELD OF ILLINOIS



You can elect one of the three medical/pharmacy plan options we offer at Athletico. You should choose the plan that fits the type of care you think you may need for the upcoming year. Each plan offers different benefits.

	 COST UP-FRONT	 COST FOR CARE	 CARRYOVER SAVINGS
<b>PPO Plan</b>	\$ \$ \$	\$	
<b>HSA Plan</b>	\$ \$	\$ \$	\$ \$ \$
<b>Minimum PPO Plan</b>	\$	\$ \$ \$	

The plan with the least **out-of-pocket** expenses will cost more in payroll **contributions** throughout the year, so you will have to decide whether it makes sense for your to pay more **“up front”** in payroll **contributions** or pay more later on when — and if — you need healthcare services during the year.

Consider the savings advantages that the HSA plan offers. The HSA plan’s payroll **contribution** are in the “middle of the road” between the **PPO plan** (highest **contributions**) and the **Minimum PPO plan** (lowest **contributions**). Depending on your healthcare usage during the year, and with the ability to contribute to the Health Savings Account, you could end up saving a significant amount of money that will carry over year-to-year.

To contact BCBSIL, call **800.828.3116** or go to **www.bcbsil.com**.

### Physical Therapy

If you need physical therapy services, we encourage you to use our own Athletico facilities. In the HSA plan, once you have met your deductible for the year, all other costs for services at Athletico facilities will be waived and fully paid for by the plan. If you are enrolled in one of the PPO plans, services at Athletico do not apply to the deductible.



To search for an in-network provider before receiving your ID number, log onto **www.bcbsil.com**. All of our plans use the Participating Provider Organization (PPO) network.

### Take Action!

1. Review plan options
2. Select a plan or no coverage
3. Select who your plan will cover: you and eligible dependents



# MEDICAL PLAN SUMMARIES

## BLUE CROSS BLUE SHIELD OF ILLINOIS



BENEFIT	HSA PLAN		PPO PLAN		MINIMUM PPO PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Deductible</b> Individual/ Family	\$2,500/ \$5,000 (Non-embedded*)	\$5,000/ \$10,000 (Non-embedded*)	\$1,000/ \$2,000	\$2,000/ \$4,000	\$5,000/ \$10,000	No coverage
<b>HSA Seed Match</b> Individual/ Family	<b>\$500/ \$1,000**</b>	N/A	N/A	N/A	N/A	N/A
<b>Out-of-Pocket Maximum</b> Individual/ Family	\$4,000/ \$8,000	\$10,000/ \$20,000	\$3,250/ \$6,500	\$6,000/ \$12,000	\$8,150/ \$16,300	No coverage
<b>Lifetime Maximum</b>	Unlimited		Unlimited		Unlimited	
<b>Coinsurance</b>	Plan pays: 80%	Plan pays: 60%	Plan pays: 80%	Plan pays: 60%	Plan pays: 80%	No coverage
<b>Preventive Care</b>	Covered 100%	60% after Deductible	Covered 100%	60% after Deductible	Covered 100%	No coverage
<b>Primary Care Office Visit</b>	80% after Deductible	60% after Deductible	\$30 Copay	60% after Deductible	\$40 Copay	No coverage
<b>Specialist Office Visit</b>	80% after Deductible	60% after Deductible	\$50 Copay	60% after Deductible	\$80 Copay	No coverage
<b>Pregnancy – Maternity Services</b>	80% after Deductible	60% after Deductible	80% after Deductible	60% after Deductible	80% after Deductible	No coverage
<b>Emergency Room Visit</b>	80% after Deductible	80% after Deductible	\$100 Copay	\$100 Copay	\$200 Copay	\$200 Copay
<b>Hospital – Inpatient Care</b>	80% after Deductible	60% after Deductible	80% after Deductible	60% after Deductible	80% after Deductible	No coverage
<b>Lab, X-ray, CT Scan, MRI – Outpatient</b>	80% after Deductible	60% after Deductible	80% after Deductible	60% after Deductible	80% after Deductible	No coverage
<b>Outpatient Surgery</b>	80% after Deductible	60% after Deductible	80% after Deductible	60% after Deductible	80% after Deductible	N/A
<b>Physical Therapy</b>	80% after Deductible 100% at Athletico after Deductible	60% after Deductible	80% after Deductible in outpatient setting; Office copays in non-Athletico facilities; Copays WAIVED & no Deductible at Athletico	60% after Deductible	80% after Deductible in outpatient setting; Office copays in non-Athletico facilities; Copays WAIVED & no Deductible at Athletico	No coverage
<b>Mental Health</b> Inpatient & Outpatient	80% after Deductible	60% after Deductible	80% after Deductible	60% after Deductible	80% after Deductible	No coverage
<b>Neurobiological Services</b> (Autism Spectrum Disorder) Inpatient & Outpatient	80% after Deductible	60% after Deductible	80% after Deductible	60% after Deductible	80% after Deductible	No coverage

\* A non-embedded **deductible** means the entire family **deductible** needs to be satisfied before co-insurance is paid. There are no individual **deductibles** unless you have Employee Only coverage.

\*\* Athletico will match **contributions** you make each payroll up to \$500 (annually) if you are enrolled in single coverage or up to \$1,000 (annually) for any other tier of coverage under the HSA plan. These **contributions** will be made on a quarterly basis.

For a full listing of benefits for all medical plans offered, please refer to the Summary of Benefits and Coverage (**SBCs**) or the Summary Plan Description (**SPDs**) on the Athletico Benefit Portal.

### Need help choosing a plan?

See page 14 for examples to help you decide which plan best fits your needs.

### Need more ID Cards?

BCBSIL will initially issue two ID cards upon enrollment. The employee's name will be the only name shown on the cards. Additional ID cards can be obtained at [www.bcbsil.com](http://www.bcbsil.com) and through the mobile app. It is important to give your new ID information to all of your providers.

# PRESCRIPTION BENEFITS

## PRIME THERAPEUTICS

When you enroll in one of the three medical plans, you also will receive prescription drug coverage through Prime Therapeutics.

	HSA PLAN	PPO & MINIMUM PPO PLANS
<b>PRESCRIPTION BENEFITS</b>		
<b>Retail*</b>		
Generic	\$10 after deductible	\$10
Formulary	\$50 after deductible	\$50
Non-Formulary	\$75 after deductible	\$75
<b>Mail Order*</b>		
Generic	\$20 after deductible	\$20
Formulary	\$100 after deductible	\$100
Non-Formulary	\$150 after deductible	\$150

\* Retail: Up to a 31-day supply; Mail Order: Up to a 90-day supply.

**If you are enrolled in the HSA plan**, you must meet your **deductible** for both prescriptions and medical expenses. Once your **deductible** is met, you will pay a **copay** for prescriptions until you meet your maximum out of pocket. **If you are enrolled in the PPO or Minimum PPO**, you will pay **copays** for your prescriptions until your maximum out of pocket is met. Your **copays** will vary depending on the kind of medication your doctor prescribed.

### Save money on your prescriptions!

Save money by using in-network **retail** pharmacies. When you go to a pharmacy that's in the Prime Advantage Network, you'll often pay less for your medicine. To find an in-network pharmacy near you, go to [www.bcbsil.com](http://www.bcbsil.com) or [www.myprime.com](http://www.myprime.com).

If you take maintenance medications, you will need to fill them through AllianceRx Walgreens Prime **mail order** or at an in-network retail pharmacy after your initial two **retail** fills. You'll save money by getting a 3 month supply of medication for only 2 **retail copays**!

### Taking a preventive medication?

Certain **preventive** prescriptions are covered at 100% and not subject to the **deductible** under any Athletico plan.



## Home Delivery

AllianceRx Walgreens Prime delivers up to a 90-day supply of long-term medicines.

You can order from the comfort of your home — either online or over the phone. Your doctor can fax or send your prescription electronically to AllianceRx Walgreens Prime.

To register, visit [alliancerxwp.com/home-delivery](http://alliancerxwp.com/home-delivery) or call 877.357.7463.



## Take Action!

Make sure to ask your doctor for a 90-day prescription for any medications you take on a regular basis.

# 2021 CONTRIBUTIONS

## MEDICAL PLANS

Employee **contributions** are made each **bi-weekly pay period** and are deducted on a **pre-tax** basis.

### Employees Working 30+ Hours Per Week

	HSA PLAN		PPO PLAN		MINIMUM PPO PLAN	
	Tobacco User	Non-Tobacco User	Tobacco User	Non-Tobacco User	Tobacco User	Non-Tobacco User
<b>Employee Only</b>	\$56.82	\$26.82	\$102.41	\$72.41	\$8.04*	\$8.04*
<b>Employee + Spouse</b>	\$136.90	\$106.90	\$318.63	\$288.63	\$62.07	\$32.07
<b>Employee + Child(ren)</b>	\$124.29	\$94.29	\$284.58	\$254.58	\$58.29	\$28.29
<b>Family</b>	\$164.09	\$134.09	\$392.03	\$362.03	\$70.23	\$40.23

### Employees Working 24-29 Hours Per Week

	HSA PLAN		PPO PLAN		MINIMUM PPO PLAN	
	Tobacco User	Non-Tobacco User	Tobacco User	Non-Tobacco User	Tobacco User	Non-Tobacco User
<b>Employee Only</b>	\$152.75	\$122.75	\$176.57	\$146.57	\$8.04*	\$8.04*
<b>Employee + Spouse</b>	\$388.44	\$358.44	\$418.39	\$388.39	\$310.09	\$280.09
<b>Employee + Child(ren)</b>	\$353.21	\$323.21	\$381.40	\$351.40	\$281.05	\$251.05
<b>Family</b>	\$542.05	\$512.05	\$584.85	\$554.85	\$440.86	\$410.86

\* Due to the rules of the Affordable Care Act (ACA), this rate is standard throughout all levels of eligibility and is not impacted by tobacco usage.

### Additional costs for tobacco users

The use of tobacco (smoking and smokeless) has been shown to negatively impact health and adds unnecessary costs to the Medical Plan that have to be shared by all Medical Plan participants.

Athletico has a cost difference for employees who enroll in the Medical Plan if the employee attests to not using tobacco.

**If you are currently using tobacco and would like to be eligible for the non-tobacco credit, you must successfully complete the BCBS Lifestyle Management Program for tobacco.** For more details, see page 16.

### Non-Tobacco Credit

If you do not use tobacco products, you are eligible for a discount on your medical plan contribution. You qualify for this discount by self-certifying your response on the Non-Tobacco Certification tile during your online enrollment event on MyADP. Based on the answer you provide, the correct medical rates will automatically generate.

**Important Note:** This certification is required and only applies to the employee's usage, not any covered dependent.



# HEALTH SAVINGS ACCOUNT

## HSA BANK



The HSA plan allows you to put money aside in a Health Savings Account (HSA) to help you pay for medical expenses and save on taxes.

### Advantages of the HSA

- There is no “use it or lose it” provision with an HSA. If you don’t use the money in your account by the end of the year, don’t worry! Unused funds will roll over year after year.
- You can save and invest unused HSA money for future healthcare needs
- Your HSA is portable. When you retire or leave the company, your HSA funds go with you.



**Triple Tax Advantages:** HSA contributions are tax deductible, you can spend money tax-free, and any growth is tax free.

### Do I qualify?

To be an eligible individual and qualify to make or receive contributions to an HSA, you must meet the following requirements.

- You are covered under the HSA medical plan.
- You have no other health coverage.
- You aren’t enrolled in Medicare.
- You can’t be claimed as a dependent on someone else’s tax return

For more details on eligibility requirements, visit [www.irs.gov/publications/p969#en\\_US\\_2019\\_publink1000204025](http://www.irs.gov/publications/p969#en_US_2019_publink1000204025).



# HEALTH SAVINGS ACCOUNT

## HSA BANK



### Show me the money!

Athletico will help you reach your goals for saving and paying for your healthcare. If you have single coverage, Athletico will match your **contributions up to \$500 per year**. If you cover dependents, Athletico **will match up to \$1,000 per year**. These **contributions** will be made quarterly and are yours to keep, even if you leave Athletico. You have the flexibility to start, stop or change your **contribution** amount at any time in MyADP.

### HSA Contribution Limits

The 2021 IRS limits to contribute to your HSA account for the calendar year are:

- **\$3,600** for individual & **\$7,200** for family coverage
- **Additional \$1,000 if age 55+** as a catch-up **contribution**

**Note:** These limits are for all **contributions**. (Example: If Athletico contributes \$500 to your HSA for single coverage, you would have \$3,100 left available to contribute)

### HSA Bank Account

After you enroll in the HSA plan, an account with HSA Bank will automatically be set up for you. You'll receive two mailings from HSA Bank; a welcome packet and a debit card.

**Note:** Your HSA account will automatically integrate your claims from Blue Cross Blue Shield of IL on the Member Website. See page 21 for more details.

### Take Action!



- Determine your pre-tax election (up to the maximum)
- Make sure you designate a beneficiary
- Contact HSA Bank with questions by visiting [enterprise.HSA Bank.com](https://enterprise.HSA Bank.com), calling **855.731.5220** or using the HSA Bank mobile app.

### Want to learn more about HSAs?

Visit <https://flimp.me/AthleticoHSA>





# MEMBER EXAMPLES

## WHICH PLAN IS THE RIGHT FIT FOR ME?

Employee benefit plan decisions are very personal to each person. Everyone has unique circumstances and needs which is why we offer a variety of plans and options. Take a look at these examples of fictional Athletico employees to learn about how they decided which benefits fit their needs.



### Meet Julia!

**Age:** 32

**Status:** Single, getting married in 2021

Julia is preparing for her wedding next year. She has no chronic health conditions and takes good care of herself. She plans to get an annual physical, her well-woman exam, her semi-annual dental cleaning and her vision care exam. She is also focused on saving money for her wedding and her future.

	HSA PLAN	PPO PLAN	MINIMUM PPO PLAN
<b>Annual amount of payroll deductions for Employee Only coverage</b>	\$697	\$1,883	\$209
<b>Preventive Care at in-network providers</b>	Plan Pays 100%, no cost to Julia	Plan Pays 100%, no cost to Julia	Plan Pays 100%, no cost to Julia
<b>Julia pays for possible expenses for visit to Urgent Care and then follow up to doctor, lab work</b>	\$500 in expenses	\$50 copay for Specialist; \$50 copay for Urgent Care; \$200 in other expenses that will go towards the deductible <b>(\$300 in total expenses paid by Julia)</b>	\$80 copay for Specialist; \$80 copay for Urgent Care; \$200 in other expenses that will go towards the deductible <b>(\$360 in total expenses paid by Julia)</b>
<b>Athletico Matching Contribution to HSA</b>	\$500 in Athletico matching contributions used to pay out-of-pocket expenses	Not available in this plan	Not available in this plan
<b>Net Total annual cost to Julia</b>	<b>\$697</b>	<b>\$2,183</b>	<b>\$569</b>

Since Julia will be getting married next year she will have the opportunity to **make changes to her benefit plans** at that time since it is a qualified life event.

**Medical:** While the minimum PPO might be a lower cost option, Julia likes the HSA plan since it will help her set aside money on a **pre-tax** basis to cover her medical expenses for next year and into the future. The medical expenses she plans to incur are all **preventive** and will likely not cost her anything out of pocket.

**Dental:** she is going to enroll in the dental plan because she gets regular cleanings and knows that dental health is important to her overall health.

**Vision:** she is going to enroll in the vision plan since she wears contacts and gets an annual eye exam.

**Life Insurance:** she is excited that Athletico will now pay for 2 times her salary in Basic Life Insurance coverage. Since she will be starting a family soon, she is going to consider buying some Supplemental Life Insurance coverage.



# MEMBER EXAMPLES

## WHICH PLAN IS THE RIGHT FIT FOR ME?



### Meet Sam!

**Age:** 44

**Status:** Married with a family of 3 children

Sam is married with 3 children and they have some chronic health issues to manage – one of the kids has asthma and another is a Type 1 diabetic. His wife is self-employed and does not have access to health coverage, so she can be covered under the Athletico plan. The upcoming year they anticipate getting annual physicals for all family members, but they also anticipate some visits to specialist, urgent care visits in the event they get sick, and they know the need to pay for some prescription drugs to treat the asthma and diabetes.

	HSA PLAN	PPO PLAN	MINIMUM PPO PLAN
<b>Annual amount of payroll deductions for Family Coverage</b>	\$3,486	\$9,413	\$1,046
<b>Preventive Care at in-network providers</b>	Plan Pays 100%, no cost to Sam	Plan Pays 100%, no cost to Sam	Plan Pays 100%, no cost to Sam
<b>Sam and his family expect to have about \$3,000 in non-preventive care medical expenses in 2021</b>	\$3,000 in expenses (applied to the deductible)	\$1,000 will be applied to the deductible + \$450 in copays for office visits (the balance is paid by the plan)	\$3,000 in expenses (applied to the deductible)
<b>Sam and his family expect to have prescription drug expenses in 2021</b>	Copays for preventive medications for Asthma and Diabetes: \$300; plus \$200 in other medications	Copays for preventive medications for Asthma and Diabetes: \$300; plus \$200 in other medications	Copays for preventive medications for Asthma and Diabetes: \$300; plus \$200 in other medications
<b>Athletico Matching Contribution to HSA</b>	\$1,000 in Athletico matching contributions used to pay out-of-pocket expenses	Not available in this plan	Not available in this plan
<b>Net Total annual cost to Sam</b>	<b>\$5,986</b>	<b>\$11,363</b>	<b>\$4,546</b>

**Medical:** Sam thought the **PPO plan** would be the best plan for him and his family based on the plan design, however, when he factors in the employee contributions, he realizes that the **best option is the HSA or the Minimum PPO**. He likes the concept of putting away money on a **pre-tax** basis into the health savings account to cover his family's expenses for 2021 and the future. He can put aside up to \$6,200 in the HSA, plus he gets the Athletico contribution of \$1,000 for a total of \$7,200 in the health savings account. The medical services his family plans on having, like annual physicals, are **preventive** and will likely be at no cost. Anything **diagnostic** associated with the physicals will apply to **cost sharing**.

**Dental:** Sam needs dental coverage for his family, so he will enroll in this plan.

**Vision:** Sam will enroll in the vision plan since his family gets annual eye exams and need glasses and contacts.

**Dependent Care FSA:** Sam has some dependent day care expenses to enable him and his wife to work. The kids go to summer camp and they have after-school care. These expenses can be submitted to the Dependent Care FSA, so Sam will put \$5,000 in the account on a **pre-tax** basis.

**Life Insurance:** Sam is excited that Athletico will now pay for 2 times his salary in Basic Life Insurance coverage. He also has supplemental life coverage to add additional life insurance protection for his family, and has elected coverage on his wife. During Annual Enrollment, Sam will confirm that his Beneficiary Designations are up to date.

# STAY AHEAD OF THE CURVE

## PREVENTIVE CARE & TOBACCO CESSATION

### Preventive Care

**Preventive** medical care is important to your health and well-being. You can detect diseases early before they become a bigger problem and keep an eye on your overall health by going for routine checkups and getting regular screenings.

By keeping up with your routine **preventive** care not only can you keep yourself healthier, you're more likely to keep your medical expenses down over time.

Regardless of which medical plan you choose, in-network preventive services are free!

#### Common **Preventive** Services include:

- Annual physicals
- Well woman exams
- Well child visits
- Immunizations
- Tests for diabetes, blood pressure and more
- Cancer screenings
- STD screening
- Smoking cessation
- Health Education/ Counseling

### Tobacco Cessation Program

If you are currently using tobacco and would like to be eligible for the non-tobacco credit to your employee contributions, you must successfully complete the **BCBS Lifestyle Management Program** for tobacco.

This program offers:

- Telephonic one-on-one coaching
- Program toolkit
- Free nicotine replacement therapy
- Online educational materials, interactive tools and resources

For more information or to get the support you need to kick the habit for good, start by calling Blue Cross Blue Shield at **866.412.8795** and choose Lifestyle Management. Upon completion of the program, please contact the Benefits Team to receive your non-tobacco credit!

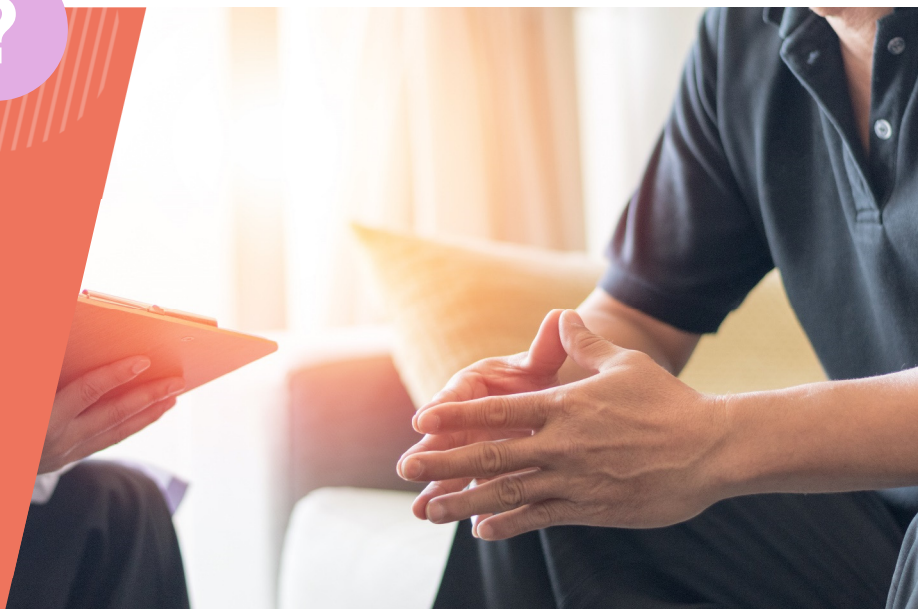


### Did You Know?

Many of your prescriptions are considered preventive and may be available to you at no cost.

### Want to Learn More about Preventive Care?

Visit <https://flimp.me/AthleticoPreventive>



# DENTAL BENEFITS

## DELTA DENTAL



Delta Dental of Illinois

### DENTAL PLAN

BENEFIT	DELTA, DELTA PREMIER & NON-NETWORK
<b>Deductible (waived for preventive care)</b>	\$50 per person; \$150 per family
<b>Preventative Care</b> Cleanings, exams, x-rays, fluoride, sealants, space maintainers	100% coinsurance
<b>Basic Services</b> Fillings, posterior composites, denture repair, endodontics, periodontics, oral surgery	80% coinsurance
<b>Major Restorative Services</b> Inlays, onlays, crowns, bridgework, dentures, athletic mouth guards, occlusal guards, implants	60% coinsurance
<b>Orthodontia Care (covered for dependent children up to age 19 and adults)</b> Orthodontic appliances to correct imperfect position or abnormal bite	50% coinsurance
<b>Maximum</b> Lifetime maximum orthodontia (per person) Annual dental maximum benefit (per person)	\$2,000 \$2,000

\* There may be certain exclusions for services. Please contact Delta Dental at 800.323.1743 for more information.

\*\* Delta PPO Dentists accept a negotiated fee—Dentists cannot balance bill. You will have the lowest out of pocket costs.

\*\*\* Delta Premier Dentists accept payment based on Maximum Plan Allowance (MPA) – dentists cannot charge patients for cost exceeding the plan allowance. You will have a higher out of pocket cost but lower than out of network dentists. All other non-network dentists do not agree to accept Delta Dental’s allowed fees as payment. These dentists can balance bill the patient. You will have the highest out of pocket costs when receiving dental services from a non-network provider.

### Enhanced Benefits Program

- This program enhances coverage for individuals with specific conditions that can be positively affected by additional oral health
- Additional cleanings and applications of fluoride will be provided
- Specific conditions include diabetes, kidney failure (dialysis), high-risk cardiac conditions, periodontal disease, suppressed immune systems, cancer related chemotherapy and/or radiation, pregnancy

**You must enroll in the program to receive additional benefits.**

- Go to Delta Dental of Illinois member website at: [www.deltadentalil.com](http://www.deltadentalil.com)
- Sign into Member Connection
- Select “Enhanced Benefits” tab
- Enter or update the small amount of health information required to qualify for extra benefits for yourself or your dependents

### Don't forget!

Ask your dentist to submit a proposed treatment plan for anything over \$250 before receiving care.

### Take Action!

1. Select a plan or no coverage
2. Select who your plan will cover
3. Contact Delta Dental by visiting [www.deltadentalil.com](http://www.deltadentalil.com), calling **800.323.1743** or using the Delta Dental mobile app.

### Find a Provider

To find a participating dentist, visit [www.deltadentalil.com](http://www.deltadentalil.com) and click on “**Provider Search**”.



# VISION BENEFITS

## EYEMED



Vision care is much more than just sight correction. It is another opportunity to help reach your goal of overall wellness. Not only can an annual eye exam help perfect your vision, but it can also detect signs of serious health conditions such as diabetes, high blood pressure and high cholesterol.

### VISION PLAN

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>Routine Eye Exam</b>	\$0 copay	Up to \$40 reimbursement
<b>Contact Lens Fit and Follow-Up Exam</b>	\$40 for standard; 10% off retail price for premium	N/A
<b>Retinal Imaging</b>	Up to \$39	N/A
<b>Eyeglass Frames</b>	\$0 copay; 20% off balance over \$180	Up to \$100 reimbursement
<b>Standard Plastic Lenses</b>		
Single vision	\$0 copay	Up to \$30 reimbursement
Bifocal	\$0 copay	Up to \$50 reimbursement
Trifocal & Lenticular	\$0 copay	Up to \$70 reimbursement
Standard Progressive	\$65 copay	Up to \$50 reimbursement
Premium Progressive	\$85 copay - \$110 copay	Up to \$50 reimbursement
<b>Lens Options (paid by member &amp; added to base price of lens)</b>		
UV Treatment, Tint, or Standard Plastic Scratch Coating	\$15 copay	N/A
Standard Anti-Reflective Coating	\$45 copay	N/A
<b>Contact Lenses</b>		
Conventional	\$0 copay; 15% off balance over \$180 allowance	Up to \$108 reimbursement
Disposable	\$0 copay; 100% off balance over \$180 allowance	Up to \$108 reimbursement
Medically Necessary	\$0 copay; paid in full	Up to \$210 reimbursement
<b>Lasik or PRK from U.S. Laser Network</b>	15% off the retail price or 5% off the promotional price	N/A
<b>Frequency</b>		
Exam, Lenses/Contact Lenses, Frames	Once every 12 months	Once every 12 months

\* Please see the EyeMed Full Enhanced Plan Benefits Summary for more information on additional discounts on things such as remaining balances beyond plan coverage, non-prescription sunglasses and hearing exams through Amplifon.

The vision plan also includes **Freedom Pass**, which allows members to get any frame at any cost with no out pocket cost at either Target Optical or LensCrafters.

## Save on Contact Lenses!

Save \$20 off your next order of contacts (and free shipping!) above and beyond your regular contact lens benefit. Just create an account at [ContactsDirect.com](http://ContactsDirect.com) and an extra \$20 will be deducted at checkout. No coupons. No codes. No problem.

## Take Action!

1. Select a plan or no coverage
2. Select who your plan will cover
3. Contact EyeMed with questions by visiting [www.eyemed.com](http://www.eyemed.com), calling **855.731.5220** or using the EyeMed Members mobile app.

# 2021 CONTRIBUTIONS

## DENTAL & VISION PLANS

Employee contributions **are made each bi-weekly pay period** and are deducted on a **pre-tax** basis.

### Employees Working 30+ Hours Per Week

DENTAL PLAN	
Employee Only	\$7.24
Employee + Spouse	\$13.82
Employee + Child(ren)	\$16.92
Family	\$28.26

### Employees Working 24-29 Hours Per Week

DENTAL PLAN	
Employee Only	\$10.13
Employee + Spouse	\$19.34
Employee + Child(ren)	\$23.70
Family	\$39.55

VISION PLAN	
Employee Only	\$4.74
Employee + Spouse	\$9.72
Employee + Child(ren)	\$11.86
Family	\$14.00





# FLEXIBLE SPENDING ACCOUNTS

## HSA BANK



### Healthcare Flexible Spending Account

A Healthcare FSA can help you pay out of pocket expenses such as **deductibles, copays**, prescriptions, mental healthcare, dental services, orthodontics, eye exams, glasses, or contacts. Full details regarding eligible healthcare expenses are available in IRS Publication 502, which is on the IRS website at [www.irs.gov/publications/p502/index.html](http://www.irs.gov/publications/p502/index.html).

The maximum annual contribution to your Healthcare FSA is **\$2,750**.

#### Did You Know?



Athletico allows employees to carry over \$550 in unused Healthcare FSA contributions from year to year. You can submit claims until March 31, 2022 for claims occurring between 1/1/2021 to 12/31/2021. After that, any unused dollars over \$550 will be forfeited so don't let your cash go to waste!

### Want to learn more about FSAs?

Visit <https://flimp.me/Athletico-FSA>.

### Dependent Care Flexible Spending Account

If you have child care expenses in the form of day care, pre and post school programs, or summer day camp for eligible dependents age 13 and under, a Dependent Care FSA may be for you. Individuals may contribute up to \$10,500 **pre-tax** annually to their account. Detailed information about eligible expenses can be found on the IRS website at [www.irs.gov/publications/p503/index.html](http://www.irs.gov/publications/p503/index.html). Expenses not related to day care are not eligible for reimbursement. **Examples include:** educational expenses, overnight camps, nursing home care, meals, and special classes such as dance or swimming.





# FLEXIBLE SPENDING ACCOUNTS

HSA BANK



## How do Flexible Spending Accounts (FSAs) Work?

Determine how much to contribute through pre-tax payroll deductions.

## Automatic claims integration to your FSA account\*

Linking your medical claims through the Member Website eliminates the need to upload documentation for FSA reimbursement. The claims integration allows you to pay medical claims directly through the HSA Bank mobile app or Member Website using FSA funds.

### Below are tips for managing your claims:

Sign up for email and text notifications on your preferences page of the Member Website so you are always notified of claims activity on your account.

It is not necessary for you to use your debit card at a medical provider when you have linked healthcare claims unless you are paying for an office copay or prescription that requires payment at the time of service. The claim will automatically be sent to HSA Bank from BCBSIL and you can pay it on the Member Website.

\* You will be automatically enrolled in this service. If you do not wish to participate, visit the Member Website to opt out. This service also applies to HSA accounts with HSA Bank.

## FSA Rules

The Internal Revenue Service (IRS) has limitations on Flexible Spending Accounts. Here are a few important things to know:

- Tax savings are one-time events. A specific expense can be claimed from an FSA or as federal tax deduction, but not both.
- You may not change the amount of your contribution during the year unless you have a qualified change such as marriage, divorce, birth or adoption, etc.
- If you are enrolled in the HSA medical plan, you **may only participate in the Dependent Care FSA.**
- If you separate from Athletico, all expenses must be incurred prior to your termination date. However, you will have 90 days to submit for reimbursement via paper claim forms.
- All HSA Bank debit cards are turned off as of the date of an employee's termination.

**Note:** Healthcare FSA balances are available in their entirety on day one. Dependent Care FSA balances become available as your contributions are made.

## To Contact HSA Bank

- Visit: <https://enterprise.hsabank.com>
- Call: **855.731.5220**
- Use the mobile app: **HSA Bank Mobile**

# COMMUTER BENEFITS

## HSA BANK



You have the opportunity to enroll in a spending account specific to work-related transit expenses, such as parking passes and tokens for buses, trains, and ferries. Transit **pre-tax** reimbursement accounts allow you to pay for eligible work-related transit commuter expenses through **pre-tax** payroll deductions from your paycheck.

For each account, you are able to make a monthly **pre-tax** election **up to \$270**. You are able to make changes to your **pre-tax** election amount on a month to month basis. If your costs exceed this limit, or you want to add more parking or transit funds into your accounts, you can allocate **up to \$230 post-tax**, for a total of \$500 per month.

### Debit Card

Once you make your election, you will receive a **debit card** from HSA Bank that can be used to pay for work-related transit expenses. Your debit card is loaded with your **pre-tax** deductions each time a deduction is taken from your paycheck. For **parking expenses**, you may also submit an online claim on [www.hsabank.com](http://www.hsabank.com). All parking claims must be submitted within 180 days of the purchase date.



### Carry over your Funds!

Any unused funds from your transit account may be carried over to subsequent years. **Note:** All HSA Bank debit cards are turned off as of the date of an employee's termination. Any remaining balance in the account will be forfeited.



### Remember!

- Transit funds can only be accessed by using the HSA Bank debit card – reimbursement is not an option
- If you want to stop or suspend your parking or transit benefits at any point, consider dropping the amount down to the lowest increment of \$5/month rather than waiving, as waiving will forfeit your balance
- All eligible parking and transit expenses must be incurred prior to your termination date, otherwise the remaining balance will be forfeited

# EMPLOYEE ASSISTANCE PROGRAM

## GUIDANCE RESOURCES

### Everyone needs help sometimes

Some days it can be tough to manage the competing priorities in our lives, and keep it running smoothly. If you need assistance with an everyday issue that's becoming hard to handle, your Employee Assistance Program (EAP) is here for you.

ComPsych Guidance Resources, our comprehensive Employee Assistance Program from Voya, is there for you when you need it. This confidential, round-the-clock service offers support and resources whether your issues are parenting, work situations, a troubled relationship, substance abuse or even just a desire for self-improvement. This program is available to you and all members in your household.

Your EAP includes face-to-face counseling sessions with a network provider for each member in your household. Just a call or a click away, ComPsych can confidentially discuss your situation and help you get information and education, as well as referrals to local counselors if you want face-to-face visits.

### Common issues:

- Emotional health and well being
- Personal and professional relationships/conflicts
- Substance abuse
- Grief and loss, stress, anxiety and depression

### Online Resources When You Need Them:

Visit [www.guidanceresources.com](http://www.guidanceresources.com) for free webinars, online child care, eldercare, education searches, concierge database, and discount programs. You'll also have access to articles, videos and tools on worklife and behavioral health topics.

### Ready When You Are

CompPsych is here 24 hours a day, 7 days a week, either by phone or online. If it is not convenient to call, you can find resources and self-help tools for your personal, family and work-related concerns on the EAP website. There is no charge to you or the members of your household for using the program. However, if you choose to use any referrals to additional resources, their charges, if any, would be your responsibility.



### To Contact GuidanceResources

Contact GuidanceResources any time toll-free at **877.533.2363** or visit [www.guidanceresources.com](http://www.guidanceresources.com) and use the Web ID: **MY5848i**.

### Want to Learn More about EAPs?

Visit <https://flimp.me/Athletico-EAP>



## Basic Life & AD&D Insurance

Basic Life and AD&D insurance protects your family in the event of your death while actively employed at Athletico.

Full-time employees working 40 hours per week will automatically receive group life insurance and AD&D coverage equal to 2 times annual base salary to a maximum of \$500,000 **at no cost**.

The first \$50,000 in coverage is provided **pre-tax**. Premiums for any amount in excess of \$50,000 would be considered imputed income.

If your death is due to accidental causes (as defined by the plan) your beneficiary will receive an additional amount through the Accidental Death and Dismemberment (AD&D) coverage. AD&D coverage also provides a portion of the benefit in the event of certain accidental injuries not resulting in death.

### Benefit Age Reduction

Your life insurance will decrease by 35% on the first day of the calendar month following the date you attain age 70 and by 50% when you attain age 75.

## Employee Supplemental Life Insurance

Full-time employees working 40 hours per week have the opportunity to purchase additional group term life insurance through Voya for yourself and your dependents. Some of the highlights of the optional life plan that is available to you, your spouse and your children are:

- Coverage is available in \$10,000 increments from a minimum benefit of \$10,000 to a maximum benefit of the lesser of 5x your annual salary or \$500,000.
- If you are **not currently enrolled** in Supplemental Employee Life Insurance, you must complete Evidence of Insurability (EOI) for any newly elected amount. Your elected amount will pend, subject to EOI approval by Voya. If approved, you will see the premium deduction on the first paycheck of the following month.
- If you are **currently enrolled** in Supplemental Employee Life Insurance, you may purchase two additional \$10,000 increments of coverage annually up to \$300,000 or 3x salary, whichever is less, on a guarantee issue (GI) basis. Any elected amount in excess of the annual \$20,000 GI will be subject to approval of Evidence of Insurability (EOI). Your excess insurance will pend, subject to EOI approval by Voya. If approved, you will see the new premium deduction in the next 1-2 pay periods.



## Evidence of Insurability

If you elect any supplemental life that requires evidence of insurability (EOI) based on the descriptions above, your insurance will pend, subject to approval by Voya. You must complete the electronic EOI form in myADP within 60 days of electing coverage. If approved, you will see the new premium deduction in the next 1-2 pay periods (if you are adding additional coverage for you or your spouse/domestic partner) or on the first paycheck of the following month (if you are electing coverage for you or your spouse for the first time).

## Spousal & Children Supplemental Life & AD&D Insurance

**Note:** You must be enrolled in Supplemental Employee Life to elect Supplemental Spouse and/or Child Life.\*

### Spouse/Domestic Partner Coverage

- Coverage on your spouse/domestic partner is available in increments of \$5,000 from a minimum benefit of \$5,000 to a maximum benefit of the lesser of 100% of your supplemental life insurance amount or \$100,000.
- If your spouse/domestic partner is **not currently enrolled** in Supplemental Spouse Life Insurance, your spouse must complete Evidence of Insurability (EOI) for any newly elected amount.

### Child Coverage

Coverage on your child(ren) age 14 days to 26 years is available for a flat \$10,000 coverage amount (regardless of how many children you are covering).

*Should you or your spouse/domestic partner request coverage that is over the guarantee issue limit, please note that the amount of life insurance you have requested over the guarantee issue limit will not be effective until approved by the carrier. Accordingly, the additional premiums will not be payroll deducted until 1-2 pay periods following approval.*

*Should you and/or your spouse/domestic partner elect not to participate in the Supplemental Life Plan at this time, any future amounts of life insurance that you wish to purchase will require the completion of a medical questionnaire and will be subject to approval by Voya.*

## Employee & Spousal/ Domestic Partner Monthly Supplemental Life Rates per \$1,000 of Coverage

AGE	EMPLOYEE	SPOUSE
< 25	\$0.068	\$0.068
25-29	\$0.080	\$0.080
30-34	\$0.098	\$0.098
35-39	\$0.104	\$0.104
40-44	\$0.153	\$0.153
45-49	\$0.170	\$0.170
50-54	\$0.250	\$0.250
55-59	\$0.450	\$0.450
60-64	\$0.600	\$0.600
65-69	\$1.135	\$1.135
70-74	\$1.850	\$1.850
75+	\$2.080	\$2.080

\* Supplemental AD&D is automatically included when Supplemental Employee and/or Spouse Life is elected.

## Child Monthly Supplemental Life Rates per \$1,000 of Coverage

SUPPLEMENTAL CHILD(REN) TERM LIFE	
14 days to age 26	\$0.07

**Note:** If you are electing supplemental child life, any children you want to cover must be listed as a dependent in MyADP.

## What if I can't work because of an illness or injury?

Athletico offers Short and Long-Term Disability benefits at no cost to you through Voya to help protect you and your family if you become unable to work because of a non-work related illness or an injury.

### Short-Term Disability (STD)

- Available to all full-time employees or part-time employees working 24+ hours per week
- Offers income replacement for up to 6 months
- You will receive 60% of your income up to \$2,000 on a weekly basis

SHORT-TERM DISABILITY (STD) BENEFITS	
<b>Weekly Benefits Percentage</b>	60%
<b>Weekly Maximum Benefit</b>	\$2,000
<b>Elimination Period</b> Injury or Illness Hospitalized (24+ hours)	7 calendar days (5 business days) 0 days
<b>Maximum Benefit Period</b>	6 months (24 weeks)

### Long-Term Disability (LTD)

- Available to all full-time employees 40 hours per week
- Offers income replacement for up to age 65 or Social Security retirement age
- You will receive 60% of your income up to \$10,000 on a monthly basis

LONG-TERM DISABILITY (LTD) BENEFITS	
<b>Monthly Benefits Percentage</b>	60%
<b>Monthly Maximum Benefit</b>	\$10,000
<b>Elimination Period</b>	Coordinates with STD benefit
<b>Maximum Benefit Period</b>	Age 65 or Social Security Normal Retirement Age

## Long-Term Disability Buy-Up\*

LONG-TERM DISABILITY (LTD) BUY-UP BENEFITS	
<b>Monthly Benefits Percentage</b>	65%
<b>Monthly Maximum Benefit</b>	\$12,500
<b>Elimination Period</b>	Coordinates with STD benefit
<b>Maximum Benefit Period</b>	Age 65 or Social Security Normal Retirement Age

## What if I need more income protection?

Long-term disability insurance is important for protecting your financial future. That is why Athletico continues to offer LTD insurance paid for by the company. To add more protection, you can purchase a supplemental policy that will increase your benefit from the company paid amount of 60% to 65% of pre-disability wages

\* This coverage requires evidence of insurability (EOI) before the coverage will take effect. You must complete the electronic EOI form in myADP within 60 days of electing coverage. Voya's underwriting team will review your completed form to determine if your coverage will be approved. If approved, you will start to see premium deductions within the next 2-3 pay periods.

## Voluntary Long-Term Disability

- Available to all full-time employees 40 hours per week
- Offers income replacement for up to age 65 or Social Security retirement age
- You will receive 65% of your income up to \$12,500 on a monthly basis



# TELEMEDICINE

## MDLIVE

Good news! **Our medical plans provide covered employees with access to telehealth services through MDLIVE.** You and your family can get the care you need –including most prescriptions – for a wide range of minor conditions. You can connect with a board-certified doctor when, where and how it works best for you – via video or phone – without having to leave home or work.

MDLIVE televisits can be a cost-effective alternative to a convenience care clinic or urgent care center, and costless than going to the emergency room. Giving you an easy-to-use and cost effective alternative to care can help reduce costs and non-urgent ER visits. We encourage you to register, so you're ready when and if you need care.

### Getting Started with MDLive

Visit [MDLIVE.com/bcsil](https://MDLIVE.com/bcsil) or call **888.676.4204** to activate your MDLIVE account and schedule a consultation. There is no cost to activate your account. The cost of your consultation may vary depending on the length and type of treatment and your benefit plan.

### Virtual Visits for Convenient, Confidential Care

Your Blue Cross and Blue Shield of Illinois (BCBSIL) benefit includes behavioral health care visits with MDLIVE® board-certified doctors and licensed therapists.

Virtual Visits connect you with an independently contracted, board-certified doctor or therapist by secure online video. They can help with:

- Depression & Anxiety
- Eating Disorders
- Grief and loss
- Stress
- Relationship/parenting issues
- Substance use disorders
- And more!



# WELLNESS

## YOUR WELLNESS RESOURCES

### Well onTarget Member Wellness Portal

The Well onTarget Member Wellness Portal at [wellontarget.com](https://wellontarget.com) provides you with tools to help you set and reach your wellness goals. When you log in to your portal, you will find a wide variety of health and wellness resources, including:

- The Health Assessment (HA)
- Self-Management Programs
- Health trackers & symptom checkers
- News and health education content

### Earn Rewards with the Blue Points program!

With Well onTarget, you can earn Blue Points for making healthy choices, enrolling in the Fitness Program or taking your Health Assessment. You can also earn points when you achieve milestones in the Self-Management Programs. Redeem your Blue Points in the online shopping mall, which offers a wide variety of merchandise.

### Self-Management Programs

These interactive, educational programs include learning activities and content that focus on behavioral changes to reinforce healthier habits. Topics include nutrition, weight management, physical activity, stress management, tobacco cessation and more.

### HealthyLearn

HealthyLearn covers over a thousand health and wellness topics in a simple, straightforward manner, including:

- Ask the Coach
- Daily Health Tip
- Symptom Checker
- A to Z Encyclopedia
- Mental Health Guide
- Tobacco Cessation
- Stress Management
- Nutrition and Weight Loss
- HealthTrackers
- Health Videos

Learn more and get started on your path to wellness today by visiting HealthyLearn at [healthylearn.com/connerstrong](https://healthylearn.com/connerstrong).



# PHYSICAL & OCCUPATIONAL THERAPY BENEFITS

Athletico is **waving co-payments and co-insurance** for physical or occupational therapy services for all employees and eligible dependents covered under the Athletico Employee Health Plan.

Musculoskeletal pain affects the bones, muscles, ligaments, tendons, and nerves. Musculoskeletal conditions are the costliest and most rapidly growing group of diseases. According to the World Health Organization, musculoskeletal conditions are the leading contributor to disabilities worldwide, with low back pain being the single leading cause of disability globally. Musculoskeletal conditions and injuries are not just conditions of older age; they are prevalent across the life-span. Musculoskeletal conditions are manageable and physical and occupational therapy has proven to be safe, effective, and affordable.

Physical and occupational therapy is one of the best healthcare choices you can make to treat musculoskeletal pain at its source. This is why Athletico is offering to **waive co-payments and co-insurance** to all employees when receiving physical or occupational therapy at Athletico clinics regardless of the condition.

Our team is committed to helping you overcome pain and injuries so you can return to day-to-day work and recreational activities and remain at your optimal health without further risk of injury.

## Additionally

If you are experiencing back pain, we encourage you to join our **lower back pain pilot program**. Early physical therapy intervention reduces the incidence of more costly surgical procedures and post-acute care. Initiating physical therapy for patients with acute lower back pain within 14 days of symptom onset has been shown to result in lower medical costs across the continuum of care, relative to similar patients who delay the start of physical therapy intervention. This program offers the same quality services to improve your condition and will also help gather data to prove how physical therapy at Athletico can decrease healthcare costs, minimize opioid exposure and the need for surgery or extensive imaging including X-rays, MRIs and CT scans.



## Save Money!

Our medical plans are specifically designed so that you will **pay less** for physical therapy services at Athletico than you would at any other provider!

## Don't wait to feel better!

To schedule your assessment, call your local Athletico location or dial **877.ATHLETICO (284.5384)**.

We'll see you fast — sometimes the same or next day — but always in the next 24–48 hours!





# PHYSICAL & OCCUPATIONAL THERAPY BENEFITS

## Back Pain Symptoms Include

- Muscle spasms/tension
- Low/mid back or neck pain
- “Pinching” in the neck/back

## Benefits of Physical Therapy

- **Safe:** Movement and exercise are utilized to minimize opioid use and decrease the risk of addiction
- **Affordable:** Accessing a physical therapist first before other treatments results in an average 72% lower costs within the first year of seeking care
- **Effective:** Physical therapy with active care results in lower cost and quicker outcomes than with passive care

## Joining the Lower Back Pain Pilot Program is Simple!

1. Schedule an appointment at your local Athletico clinic
2. Let them know you are an Athletico Employee Health Plan beneficiary
3. Agree to support our profession and be a part of the lower back pain pilot program



# ADDITIONAL BENEFITS

## PERKS AT WORK

### Perks at Work

Athletico Perks at Work is your exclusive Employee discounts platform, designed to help you save money and time. With over 30,000 offers available, you can find the perks that matter to you, from everyday purchases to larger one-off purchases.

The platform uses personalization to recommend offers that may be relevant to you in these categories:

- Travel: flights, hotels, car rentals
- Health & Fitness
- Electronics
- Tickets
- Home & Garden
- Restaurants
- Flowers & Gifts
- Financial Wellbeing

Athletico Perks at Work is free for you to join, and you can even invite family members or friends to the benefit too.

### How to Register

1. Go to [www.perksatwork.com](http://www.perksatwork.com) and click "Register for Free"
2. Enter your work email address, and type Athletico in the Company Name box
3. Select "Create My Account" and start saving!





# ADDITIONAL BENEFITS

## OVIA MATERNITY BENEFIT

### ovia Maternity Benefit

Ovia offers easy access to resources and support services to be able to provide nurturing care during early childhood and beyond through a high-tech platform that is respectful of our employees' privacy.

- Mobile apps provide personalized, daily support for your fertility, pregnancy, and parenting journey.
- Available to all regular full-time and part-time employees working 24 or more standard hours per week, at no cost to the employee.

#### Getting started is easy!

- Download the mobile app that's right for you: Ovia Fertility, Ovia Pregnancy, & Ovia Parenting
- Select "I have Ovia Health as a benefit" during setup
- Enter Athletico as your employer
  - Employees enrolled in Athletico medical coverage through BCBS: You **must** select **BCBSIL** as your health plan and **Athletico** as your employer

#### Already have an Ovia app on your phone?

- Open your app and tap "Health" on the bottom navigation bar to take the Ovia Health Assessment
- Tap the "Update my healthcare information" box and enter Athletico as your employer
  - Employees enrolled in Athletico medical coverage through BCBS: You **must** select **BCBSIL** as your health plan and **Athletico** as your employer





# HEADSPACE

## MANAGE YOUR EMOTIONAL HEALTH

All benefit-eligible employees (those working 24 – 40 hours per week) have access to Headspace for Work, an on-demand solution to help support your emotional well-being.

### What's included?

Your emotional well-being binds together all things that influence your overall health. Athletico is committed to helping you manage the stressors of daily life, starting with Headspace. Enjoy your life as you deserve!

Members get access to hundreds of hours of guidance, on everything from stress to focus to sleep. Plus, custom features designed for the workplace like team challenges, community programming, monthly newsletters, and more.

Other features include:

- Access to Headspace Plus, with hundreds of meditation and sleep exercises
- Spanish, German, French, and English language options
- Offline content when downloaded to a mobile device
- Mindfulness courses and sessions to suit your mood and lifestyle

**Check out Headspace on Netflix!**

Visit: [www.youtube.com/watch?v=H77PL7SII1M](https://www.youtube.com/watch?v=H77PL7SII1M)



### Getting Started

You may create an account or log into an existing Headspace account directly via web at [work.headspace.com/athletico/member-enroll](https://work.headspace.com/athletico/member-enroll).

Or, scan the following QR Code:



*Follow the guided prompts upon entry to the member enrollment site to gain access and begin your Headspace journey!*

You must enroll using the enrollment link or QR code above. After you have created an account you may download the mobile app in the Apple App Store or Google Play (Search for Headspace: Meditation and Sleep).

# RETIREMENT BENEFITS

## T. ROWE PRICE

### Athletico 401(k) Retirement Plan

The Athletico 401(k) Retirement Savings Plan is one of the most important ways you can help secure your financial future. Participating in the 401(k) is not just about the future, but also about taking advantage of real benefits today that may transform the choices and opportunities you have tomorrow.

#### Enrolling and Changes

All employees over age 21, regardless of job title or hours worked, are eligible to participate in the 401(k) and will be automatically enrolled at 5% of your eligible compensation. You will receive a separate notice about your automatic enrollment and the date by which you must opt out if you prefer.

### Your Savings Options

- **Pre-Tax Contributions**
- **Roth After-Tax Contributions**
- **Catch-Up Contributions**
- **After-Tax Contributions**

### Recordkeeper

T. Rowe Price is the recordkeeper for the Athletico Plan.

### Discretionary Company Matching Contributions

Athletico may match up to 40% of the first 5% of your eligible pay you contribute which may vary from year to year. This discretionary match applies to employees who have worked through December 31<sup>st</sup> of the plan year and have satisfied at least 1,000 hours worked within the plan year.

### 2021 IRS 401(k) Contribution Limits

- \$19,500 for pre-tax and Roth
- \$6,500 for catch-up



# RETIREMENT BENEFITS

## T. ROWE PRICE

### Rollover Contributions

You may make rollover contributions from other 401(k) or similar qualified plans sponsored by previous employers. Rollover contributions are always 100% vested.

### Vesting

Vesting is your right to all or a portion of your account balance. You are always 100% vested in your employee contributions, whether **pre-tax**, after-tax, or Roth, and any rollover contributions, adjusted for earning and losses. Athletico contributions to the Plan, adjusted for earning or losses, vest as follows:



YEARS OF SERVICE	PERCENT VESTED
1 year	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years	100%

### Need assistance?

To make investment changes, call 800.922.9945, or visit [www.rps.troweprice.com](http://www.rps.troweprice.com).





# BENEFIT RESOURCES

## MEMBER ADVOCACY & BENEPORTAL

### Member Advocacy

CONNER STRONG & BUCKELEW

Employee benefits can be complex, making it difficult to fully understand your coverage and use it properly. Member Advocacy allows you to speak to a specially trained Member Advocate, who can answer your questions and help you get the most out of your benefits.



To contact Member Advocacy, call **800.563.9929**, Monday through Friday, 8:30am to 5pm (EST) or submit a request online at [www.connerstrong.com/memberadvocacy](http://www.connerstrong.com/memberadvocacy)

### BenePortal

ONLINE BENEFITS RESOURCE

BenePortal is Athletico's virtual employee benefits portal, available 24/7 to Athletico's employees and their eligible dependents to access benefit plan information, forms, guides, links and other applicable benefit materials.

During Annual Enrollment, employees may also schedule a one-to-one, 15 minute session to discuss their benefit questions through BenePortal.

Simply go to [www.athleticobenefits.com](http://www.athleticobenefits.com) to access your benefits information today!



# CONTACT INFORMATION

## YOUR BENEFIT CARRIERS

If you have questions about your benefits, the following contacts are available to assist you.

BENEFIT	CARRIER	PHONE	WEBSITE
Medical & Prescription	BlueCross BlueShield of Illinois	800-828-3116	www.bcbsil.com
Dental	Delta Dental	800-323-1743	www.deltadentalil.com
Vision	EyeMed	866-804-0982	www.eyemed.com
HSA, FSA, Dependent Care FSA & Commuter Benefits	HSA Bank	HSA: 855.731.5220 HCFSA, DCFSA, & Commuter: 844.650.8936	enterprise.hsabank.com
Life & Disability	Voya	Life/AD&D Claims: 800-955-7736 Medical UW: 800-537-5024 File new STD claim: 866-228-8742 Disability Claims Status: 888-305-0602	Life/AD&D Claims: claimscenter.voya.com/static/claimscenter Resource Center: presents.voya.com/EBRC/Athletico
EAP	ComPsych Guidance Resources through Voya	877-533-2363	www.guidanceresources.com Web ID: My5848i
Maternity Benefit	Ovia Health	N/A	Download the Ovia Mobile App (additional instructions on pg. 32) Email: <a href="mailto:usersupport@oviahealth.com">usersupport@oviahealth.com</a>
Employee Discount Program	Perks at Work	N/A	<a href="http://www.perksatwork.com">www.perksatwork.com</a> To register, use your Athletico email address and enter "Athletico" as your employer
Emotional Well-being Support	Headspace	N/A	Download the Headspace Mobile App <a href="http://work.headspace.com/athletico/member-enroll">work.headspace.com/athletico/ member-enroll</a>
401(k) Retirement Plan	T. Rowe Price	800-922-9945	www.rps.troweprice.com
Member Advocacy & BenePortal	Conner Strong & Buckelew	800-563-9929	www.connerstrong.com/memberadvocacy www.athleticobenefits.com
ADP Dependent Verification Services (DVS)	ADP	844-692-8426	Review verification status and upload supporting documentation via myADP

### Have additional questions?

For all other benefits related questions, please contact the Athletico Benefits Department at [Benefits@Athletico.com](mailto:Benefits@Athletico.com).

# GLOSSARY OF TERMS

- **After-tax contributions:** These are dollars that have been contributed to health and/or retirement benefits after they have been taxed via payroll.
- **Carryover Savings:** Athletico will match your HSA contribution up to \$500 for individuals and \$1,000 for families on an annual basis. HSA balances belong to the employee, therefore, any money left at the end of 2021 is available to carry over into 2022.
- **Coinsurance:** After reaching your deductible, you and the plan share the cost of covered health expenses. This cost-sharing is called coinsurance.
- **Contribution:** A contribution to benefits is your share of the cost towards any health or welfare benefits offered by Athletico. Contributions may be made on a pre- or post-tax basis depending on the benefit.
- **Copay:** A copay is a fixed out-of-pocket amount paid by you for covered healthcare services.
- **Cost for Care:** This is the amount paid out-of-pocket for a health plan relative to another.
- **Cost sharing and taxation:** Some of the benefits offered by Athletico are paid entirely by Athletico, while others are paid for entirely by you, the employee. There are also some benefits where the cost is shared between you and Athletico, such as medical, dental, health savings accounts, and the 401(k) retirement plan. Depending on the benefit, your share of the cost may be contributed on a pre- or post-tax basis.
- **Cost Up Front:** This is what you will contribute for your choice of health plan in pre-tax payroll contributions which varies by plan.
- **Deductible:** The deductible is the amount you pay out of your pocket for non-preventive care each year before the plan begins to pay a portion of your claims.
- **Diagnostic:** Care you receive when you have symptoms or risk factors and your doctor wants to diagnose them.
- **Eligible children:** Children eligible to qualify as your dependent include natural children, adopted children, step-children, children of your domestic partner, or children of whom you are legal guardian. Your child(ren) may maintain dependent status until they reach the age of 26, or 30 if unmarried and called to active duty.
- **Formulary Drugs:** These are brand-name drugs that go through a thorough review process and are chosen based on their safety, cost and how well they work. The cost for formulary drugs is usually lower than non-formulary drugs.
- **Generic Drugs:** Generic drugs are equivalent to brand-name drugs in terms of safety, quality, performance, strength, dosage form, route of administration, performance characteristics and intended use, but typically cost less than brand-name drugs.
- **HSA Plan:** The HSA medical plan is unique in that you may contribute pre-tax dollars to an account dedicated to qualified medical expenses. Athletico will then match your contribution up to \$500 or \$1,000 depending upon your status as an employee only or family plan. Pre-tax contributions towards this health plan are lower than the PPO plan but higher than the Minimum PPO plan.
- **Mail order:** A mail order prescription means that you don't have to pick up your medications from a pharmacy. Instead, your medications are delivered to your doorstep. To add convenience, you may order up to a 90-day supply, as opposed to retail prescriptions which only allow up to a 30-day supply.



# GLOSSARY OF TERMS

- **Minimum PPO Plan:** The Minimum PPO plan is brand new and has the lowest payroll contributions. You will have the ability to see your primary care physician and other specialists by simply paying a copay, rather than paying the deductible up-front.
- **Non-Formulary Drugs:** Non-formulary drugs are brand-name drugs and are typically more expensive than formulary drugs.
- **Out-of-Pocket Cost:** Your out-of-pocket cost for all healthcare services is the sum of your deductible, copays, and coinsurance.
- **Out-of-Pocket Maximum:** The out-of-pocket maximum is the limit to how much you have to pay out of your pocket in a year for covered health expenses (including the amounts you pay for your deductible and coinsurance). If you reach this limit, the plan pays 100% of your costs for the rest of the year.
- **Post-tax:** Unlike tax-favored pre-tax benefits, post-tax benefits such as basic life insurance or disability are paid for using dollars that have already been taxed.
- **PPO Plan:** The PPO plan has the same benefits as those under the 2020 PPO 1 plan. Although this plan requires the highest elective contribution, you will pay the least amount out-of-pocket for healthcare services.
- **Pre-tax:** Pre-tax benefits favor you, the employee, because they may be paid for using dollars that have not yet been taxed via payroll.
- **Pre-tax contributions:** These are dollars that have been contributed to health and/or retirement benefits before they have been taxed via payroll.
- **Preventive:** Routine healthcare that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.
- **Retail:** Retail prescriptions are those that are filled in person at a participating pharmacy. These prescriptions provide you with 31-day supplies of your needed drug.
- **SBC:** The Summary of Benefits and Coverage (SBC) is an easy-to-read summary that lets you make comparisons of costs and coverage between health plans. You can compare options based on price, benefits, and other features that may be important to you.
- **SPD:** The Summary Plan Description (SPD) is the main vehicle for communicating health plan rights and obligations to participants.

# LEGAL NOTICES

## Notice Regarding Special Enrollment

### Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program)

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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 Company 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).

### Loss of coverage for Medicaid or a State Children's Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program (CHIP).

### New dependent by marriage, birth, adoption, or placement for adoption

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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If you request a change due to a special enrollment event within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption. For all other events, coverage will be effective the first of the month following your request for enrollment.

## Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Women's Health and Cancer Rights Act

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 benefits.

If you have any questions, please speak with Human Resources.

## 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 July 31, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid  
Website: <http://myalhipp.com/>  
Phone: 1-855-692-5447

ALASKA – Medicaid  
The AK Health Insurance Premium Payment Program  
Website: <http://myakhipp.com/>  
Phone: 1-866-251-4861  
Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid  
Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)  
CALIFORNIA - Medicaid  
Website: [https://www.dhcs.ca.gov/services/Pages/TPLRD\\_CAUCont.aspx](https://www.dhcs.ca.gov/services/Pages/TPLRD_CAUCont.aspx)  
Phone: 916-440-5676

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health First Colorado  
Website: <https://www.healthfirstcolorado.com/>  
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711  
CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>  
CHP+ Customer Service: 1-800-359-1991/ State Relay 711  
Health Insurance Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>  
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid  
Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>  
Phone: 1-877-357-3268

GEORGIA – Medicaid  
Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
Phone: 678-564-1162 ext 2131

INDIANA – Medicaid  
Healthy Indiana Plan for low-income adults 19-64  
Website: <http://www.in.gov/fssa/hip/>  
Phone: 1-877-438-4479  
All other Medicaid  
Website: <https://www.in.gov/medicaid/>  
Phone 1-800-457-4584

# LEGAL NOTICES

## IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>  
Medicaid Phone: 1-800-338-8366  
Hawki Website: <http://dhs.iowa.gov/Hawki>

## KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/default.htm>  
Phone: 1-800-792-4884

## KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  
Phone: 1-855-459-6328  
Email: [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)  
KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>  
Phone: 1-877-524-4718

## LOUISIANA – Medicaid

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)  
MAINE – Medicaid  
Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>  
Phone: 1-800-442-6003  
TTY: Maine relay 711  
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofi/applications-forms>  
Phone: 1-800-977-6740.

## MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>  
Phone: 1-800-862-4840

## MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>  
Phone: 1-800-657-3739

## MISSOURI – Medicaid

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

## MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084

## NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>  
Phone: (855) 632-7633  
Lincoln: (402) 473-7000  
Omaha: (402) 595-1178

## NEVADA – Medicaid

Medicaid Website: <http://dhcnp.nv.gov>  
Medicaid Phone: 1-800-992-0900

## NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/oi/hipp.htm>  
Phone: 603-271-5218  
Toll free number for the HIPP program: 1-800-852-3345, ext 5218

## NEW JERSEY – Medicaid and 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: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

## NORTH CAROLINA – Medicaid

Website: <https://dma.ncdhhs.gov/>  
Phone: 919-855-4100

## NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>  
Phone: 1-844-854-4825

## OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742

## OREGON – Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
<http://www.oregonhealthcare.gov/index-es.html>  
Phone: 1-800-699-9075

## PENNSYLVANIA – Medicaid

Website: <https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>  
Phone: 1-800-692-7462

## RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>  
Phone: 1-855-697-4347, or 401-462-0311 (Direct RlTe Share Line)

## SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>  
Phone: 1-888-549-0820

## SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059

## TEXAS – Medicaid

Website: <http://gethipptexas.com/>  
Phone: 1-800-440-0493

## UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>  
CHIP Website: <http://health.utah.gov/chip>  
Phone: 1-877-543-7669

## VERMONT – Medicaid

Website: <http://www.greenmountaincare.org/>  
Phone: 1-800-250-8427

## VIRGINIA – Medicaid and CHIP

Website: <https://www.coverva.org/hipp/>  
Medicaid Phone: 1-800-432-5924  
CHIP Phone: 1-855-242-8282

## WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>  
Phone: 1-800-562-3022

## WEST VIRGINIA – Medicaid

Website: <http://mywvhipp.com/>  
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)  
WISCONSIN – Medicaid and CHIP  
Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
Phone: 1-800-362-3002

## WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  
Phone: 800-251-1269

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

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

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



# LEGAL NOTICES

## Important Notice 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 Athletico 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 the 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. Athletico has determined that the prescription drug coverage offered by the Athletico Employee Benefit Plan is, on average for plan participants in the High Deductible Health Plan (HSA Plan), NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the Athletico Employee Benefit Plan. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible. Athletico has determined that the prescription drug coverage offered by the Athletico Employee Benefit Plan is, on average for plan participants in the PPO Plan or Minimum PPO Plan, 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.
3. You can keep your current coverage from the Athletico Employee Benefit Plan. However, because coverage under the High Deductible Health Plan (HSA Plan) is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

### 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 through 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 Athletico coverage may be affected. See plan document for details of Athletico's drug program.

If you do decide to join a Medicare drug plan and drop your current Athletico coverage, be aware that you and your dependents may not be able to get this coverage back.

### 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 Athletico 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 Human Resources Department for further information: 630.575.6280

**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 BCBS Health 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 1.800.25.0778).

Reminder: Keep this Creditable Coverage notice for your PPO plan. Please keep in mind the HDHP's prescription drug coverage is non-creditable coverage. 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.

# INSURANCE MARKETPLACE NOTICE

## PART A: General Information

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

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets our needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

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

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the insurance carrier’s customer service number located on your ID card. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area. To get information about the Marketplace coverage, you can call the government’s 24/7 Help-Line at 1-800-318-2596 or go to <https://www.healthcare.gov/marketplace/individual/>.

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

## PART B: Information about Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name Athletico Management LLC & Athletico LTD		4. Employer Identification Number Athletico Management LLC: 46-5605707 Athletico LTD: 36-3771769	
5. Employer Address 2122 York Road, Suite 300		6. Employer phone number 844-692-8426	
7. City Oak Brook	8. State IL	9. Zip Code 60523	
10. Who can we contact about employee health coverage at this job? Beata Kashani	11. Phone number 844-692-8426	12. Email Address beata.kashani@athletico.com	



# **ATHLETICO**

**PHYSICAL THERAPY**

*Athletico reserves the right to modify, amend, suspend or terminate any plan, in whole or in part, at any time. The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. If you have any questions about your Guide, contact Human Resources.*