Enriched
Senior Living

2018-2019
EMPLOYEE
BENEFITS GUIDE

The information contained herein is subject to the disclosures & disclaimers contained in this Employee Benefits Guide

INSIDE THE GUIDE

Because we value your contribution here at Enriched Senior Living, your compensation is more than just a paycheck. It is both your salary and your benefits. Your day-to-day concerns about health care are also a concern at New Haven. This enrollment guide is designed to provide you with information and resources to help you make informed decisions about your benefits. This guide includes summary information on the following programs:

- **Medical**
- **Dental**
- **Vision**

Think about your choices carefully as this is your only opportunity to make elections for the upcoming plan year. Unless you have a family status change, your benefit elections will remain in force for the entire plan year. (June 1, 2018– May 31, 2019).

INSIDE:

If you and/or your dependents have Medicare or will become eligible for Medicare in the next 12 months, Federal Law gives you more choices about your prescription drug coverage. Please see the notice on page 14-15 for more details.

ELIGIBILITY

Who is Eligible for Coverage?

You are eligible to participate in the benefit programs if you are a full-time employee regularly scheduled to work at least 30 hours on average per week. Coverage is effective 1st of the month following 60 days.

Who can be insured on my health plan?

Eligible employees may insure their legal spouse or domestic partner as well as eligible children. An eligible child is defined as your natural born child, stepchild, legally adopted child, the child of your domestic partner and other children for whom you are the legal guardian or are required to cover by a Qualified Medical Child Support Order (QMSCO) issued by the court or state agency. The age limit for eligible dependent children is up to age 26.

How Do I Make Enrollment Changes During the Year?

In most cases, your benefit elections remain in effect for the entire plan year (June 1st 2018 - May 31th 2019).

Certain coverages allow limited changes to elections during the year. These benefits include the medical, dental and vision plans. Under these benefits, you may only make changes to your elections during the year if you have a qualifying event. Qualifying events include:

- Marriage, divorce or legal separation
- Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death, marriage, or reaching the dependent child age limit
- Changes in your spouse's employment affecting benefit eligibility
- Changes in your spouse's benefit coverage with another employer that affects benefit eligibility
- Change in employee work status
- Loss of eligibility by dependent child under the Medicaid or CHIP program
- May cease coverage under the group health plan when he/she purchased coverage on public exchange (or marketplace)

The change to your benefit elections must be consistent with the change in family status. For example, if you gain a new dependent due to birth, you may change your benefit elections to add that dependent. **You have 31 days from the date of a family status change** to turn in a completed enrollment change form to Human Resources. Otherwise, you must wait until the next open enrollment period to make a change to your elections. In most cases, your election will become effective the first of the month following your request.

OPEN ENROLLMENT

Enriched Senior Living is excited to offer a comprehensive package for the 2018-2019 plan year. We believe that the success of the company begins with the success of our professionals. The medical plan will continue to be administered by BlueCross BlueShield of Texas; Guardian will continue to provide voluntary benefits for all eligible employees for dental and vision coverage.

This year, Open Enrollment is from May 21, 2018 through May 28, 2018. Any changes that you make to your benefit elections during Open Enrollment will become effective on June 1, 2018.

The Enriched Senior Living plan will continue to offer dual medical plans. The options are an HMO and a PPO, through BCBS of TX. Therefore, please review these options carefully on pages 6 on page 7.

What do I need to do during open enrollment?

- This enrollment will be passive, meaning if you wish to continue your current coverage thru the Enriched Senior Living Plan, you don't need to do anything. However, if you enrolled in the HMO plan, please contact BCBS of TX to select a Primary Care Physician in the Blue Advantage Network.
- If making plan changes:
  - * Do not schedule any procedures for the beginning of June unless medically necessary.
  - * Refill any maintenance medications prior to June 1st, if possible.
- New Enrollees will need to complete the BCBS of TX enrollment form and return the completed form to Human Resources.

DEADLINE: You have until May 28, 2018 to make your elections for the 2018-2019 plan year. Failure to make your elections by this date will result in you not being able to enroll in benefits until the next open enrollment, unless you experience a qualifying life event.

Primary Care, Convenience Care, Urgent Care or Emergency Care…. How do you know?

Primary Care	Convenience Care Center
When: You are ill or need medical care For: Routine primary/preventive care or non-urgent treatment Your primary doctor knows you and your health history and has access to your medical records	When: You are not be able to get to your doctor's office For: Non-urgent conditions that are not an emergency such as bronchitis, ear infections, strep throat, or minor skin conditions Convenience Care Centers are conveniently located and offer services without the need to schedule an appointment
Urgent Care	**Emergency Room**
When: It's after hours and your doctor's office is closed. For: Typical conditions that may be treated are sprains, mild asthma attacks, strains, small cuts, rashes or minor infections You need medical care fast, however a trip to the emergency room may not be necessary	When: Emergent medical condition For: An emergent condition is any condition which you believe that without immediate medical care may result in serious jeopardy to your health; serious impairment to bodily functions; serious dysfunction of any bodily organ or part **If you believe you are experiencing an emergent medical condition go to the nearest emergency room or call 911**

BlueCross BlueShield of Texas

MEDICAL BASE

S644ADT Blue Advantage Silver HMO**	In-Network ONLY	
Calendar Year Deductible	**Member Pays**	
Individual	$7,350	
Family	$14,700	
Payment Level/Coinsurance	0%	
Annual Out-of-Pocket Maximum	*Includes Deductible & Copays*	
Individual Maximum	$7,350	
Family Maximum	$14,700	
Lifetime Maximum	Unlimited	
Primary Care Physician (PCP) **Specialist**	$30 Copay $60 Copay	
Preventive Care Services	$0 Copay	
Inpatient Hospital Expenses	$250 Copay + 0% After Deductible	
Outpatient Surgery Expenses	$200 Copay + 0% After Deductible	
Diagnostic X-ray and Laboratory Facility (except for Complex Imaging)	0% After Deductible	
Complex Imaging (MRI, CT, PET Scans)	$250 Copay	
Emergency Room (True Emergency)	$500 Copay + 0% After Deductible	
Urgent Care Provider	$30 Copay	
Prescription Drugs	***Preferred Pharmacy***	***Non-Preferred Pharmacy***
Preferred generic drugs	$0 Copay	$10 Copay
Non-preferred generic drugs	$10 Copay	$20 Copay
Preferred brand drugs	$50 Copay	$70 Copay
Non-Preferred brand drugs	$100 Copay	$120 Copay
Specialty drugs*	$150 / $250 Copay	$150 / $250 Copay
Mail Order (90 Days)	$0 / $30 / $150 / $300 Copay	

Effective June 1, 2017	Total Monthly Cost	Employee Cost per Pay Period
Employee Only	$401.48	$80.30
Employee + Spouse	$802.95	$281.03
Employee + Child(ren)	$802.95	$281.03
Employee + Family	$1,204.43	$481.77

*Specialty Drugs are not covered for mail order.

BlueCross BlueShield of Texas

MEDICAL BUY-UP

S667CHC Blue Choice Silver PPO	In-Network	Out-of-Network
Calendar Year Deductible	**Member Pays**	
Individual	$6,000	$8,000
Family	$12,000	$24,000
Payment Level/Coinsurance	20%	40%
Annual Out-of-Pocket Maximum	*Includes Deductible & Copays*	
Individual Maximum	$7,350	$14,700
Family Maximum	$14,700	$44,100
Lifetime Maximum	Unlimited	
Primary Care Physician (PCP) **Specialist**	$40 Copay $70 Copay	40% After Deductible
Preventive Care Services	$0 Copay	40% After Deductible
Inpatient Hospital Expenses	$250 Copay + 20% After Deductible	$350 Copay + 40% After Deductible
Outpatient Surgery Expenses	$200 Copay + 20% After Deductible	$300 Copay + 40% After Deductible
Diagnostic X-ray and Laboratory Facility (except for Complex Imaging)	20% After Deductible	40% After Deductible
Complex Imaging (MRI, CT, PET Scans)	20% After Deductible	40% After Deductible
Emergency Room (True Emergency)	$750 Copay + 20% After Deductible	
Urgent Care Provider	$40 Copay	40% After Deductible
Prescription Drugs	***Preferred Pharmacy*** **	
Preferred generic drugs	$0 Copay	$10 Copay + 50%
Non-preferred generic drugs	$10 Copay	$20 Copay +50%
Preferred brand drugs	$50 Copay	$70 Copay + 50%
Non-Preferred brand drugs	$100 Copay	$120 Copay + 50%
Specialty drugs*	$150 / $250 Copay	$150 / $250 Copay
Mail Order (90 Days)	$0 / $30 / $150 / $300 Copay	

Effective June 1, 2017	Total Monthly Cost	Employee Cost per Pay Period
Employee Only	$537.95	$148.53
Employee + Spouse	$1,075.90	$417.51
Employee + Child(ren)	$1,075.90	$417.51
Employee + Family	$1,613.85	$686.48

*Specialty Drugs are not covered for mail order. **Non-preferred Pharmacy: $10 / $20 / $70 / $120 / $150 / $250 Copay

Understanding Your Pharmacy Benefits

What is a Prescription Drug Formulary? A formulary is a list that places commonly prescribed medications for certain conditions into tiers. The list includes preferred generic, non-preferred generic, preferred brand, non-preferred brand, and specialty prescription medications approved by the U. S. Food and Drug Administration (FDA). When choosing a medication, you and your doctor should consult the formulary.

What's the difference between Brand Name and Generic medications? FDA approved generic medications contain the same ingredients as brand name medications, but they often cost less. Many companies that make brand name medications also produce and market generic medications. So, the next time your doctor gives you a prescription for a brand name medication, ask if a generic equivalent or lower tier alternative is available and if it might be right for you.

How do I access updated information about my pharmacy benefit? Since the formulary may change, BlueCross BlueShield encourages you to visit **www.bcbstx.com** or call the toll free member services phone number on the back of your health plan ID card for more current information.

Don't forget about Mail Order! You have a mail order pharmacy benefit as well. By using the Mail Order services, you can get your maintenance prescriptions (prescriptions you take for ongoing conditions such as High Blood Pressure, a Thyroid condition, Cholesterol, etc.) in a 90-day supply. When you utilize this option you pay 2 copays for a 3 month supply. These prescriptions are mailed directly to your home and this saves you time wasted at the Pharmacy. To learn more about Mail Order services and to obtain a form, log onto **www.myprime.com**.

Preferred Pharmacy Network

Your prescription drug benefit plan has a preferred pharmacy network (lower copays).
Preferred pharmacies in your network are, but not limited to:

- Walgreens
- Walmart
- Sam's Club
- HEB
- Randall's

To find Preferred Network Pharmacies visit **www.myprime.com**

DENTAL PLAN

Enriched Senior Living will continue to offer full-time employees the option to purchase dental insurance with Guardian. The benefit is voluntary and paid by the employee. Please refer to the Summary Plan Description provided to you by Guardian for the exact benefit levels associated with your procedure. To receive the highest level of benefit, you must see an in-network provider. To find DentalGuard Preferred Network providers in your area visit **www.guardianytime.com**.

DentalGuard Preferred—Texas	In-Network	Out-of-Network
Annual Deductible Individual Family	 $50 $150	 $50 $150
Annual Maximum (Maximum rollover of $250 is allowed per person per year, with a limited of $1,000)	$1,000	$1,000
	Member Pays	
Preventive services (Bitewings & Full Mouth X-rays, Oral Exams, Sealants and Cleanings)	0%	0%
Basic services (Fillings, General Anesthesia, Simple Extractions, Scaling & Root planning)	20%	20%
Major services (Dentures, Single Crowns)	50%	50%
Out of Network Reimbursement	Fee Schedule	Fee Schedule
Waiting Periods	12 months for Orthodontic services	
Orthodontia (Children up to age 19)	50%	50%
Orthodontia Lifetime Maximum	$1,000	$1,000

Effective June 1, 2018	Total Monthly Cost	Employee Cost per Pay Period
Employee	$25.57	$12.79
Employee + Spouse	$51.92	$25.96
Employee + Child(ren)	$71.49	$35.75
Employee + Family	$103.68	$51.84

VISION PLAN

Enriched Senior Living will continue to offer full-time employees the option to purchase vision insurance with Guardian. The benefit is voluntary and paid by the employee. Please refer to the Summary Plan Description provided to you by Guardian for the exact benefit levels associated with your procedure. To receive the highest level of benefit, you must see a Davis Vision Network provider. To find in-network providers please visit **www.guardianytime.com**.

Davis Vision N33 Plan	In-Network	Out-of-Network
	Member Pays	
Office Visit — Eye Exam	$10 Copay	$50 Allowance; After Copay
Materials	$25 Copay	See Schedule Below
Lenses (single/bifocal/trifocal)	Covered in full; After Copay	$48 / $67 / $86 Allowance; After Copay
Frames	$130 Allowance; 20% discount on any balance, except Sam's Club/Walmart.	$48 Allowance
Contact Lenses *(in lieu of glasses)*		
Elective	$130 Allowance; 15% discount on any balance; Copay waived	$105 Allowance
Medically Necessary	Covered in full; Copay waived	$210 Allowance
Effective June 1, 2018	**Total Monthly Cost**	**Employee Cost per Pay Period**
Employee	$7.11	$3.56
Employee + Spouse	$11.97	$5.99
Employee + Child(ren)	$12.20	$6.10
Employee + Family	$19.31	$9.66
Frequencies		
Exam: every 12 months **/ Lenses:** every 12 months **/ Frames:** every 24 months		

LEGAL NOTICES

HIPAA Special Enrollment Rights

Loss of Other Coverage

If you are declining or have declined enrollment for yourself and/or your dependents (including your spouse) because of other health insurance coverage or group health plan coverage, you may in the future be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage or if the employer stops contributing towards your non-COBRA coverage or your dependent's non-COBRA coverage. However, you must request enrollment within 31 days after your other coverage ends or after the employer stops contributing towards the other non-COBRA coverage.

New Dependent as a Result of 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/or your dependents. To be eligible for this special enrollment opportunity you must request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

Medicaid Coverage

The Enriched Senior Living group health plan will allow an employee or dependent who is eligible, but not enrolled for coverage to enroll for coverage if either of the following events occur:

1. **Termination of Medicaid or Children's Health Insurance Program (CHIP) Coverage** - If the employee or dependent is covered under a Medicaid plan or under a State Child Health Insurance Plan (SCHIP) and coverage of the employee or dependent under such a plan is terminated as a result of loss of eligibility.

2. **Eligibility for Premium Assistance Under Medicaid or CHIP-** If the employee or dependent becomes eligible for premium assistance under Medicaid or a State Child Health Insurance Plan (SCHIP), including under any waiver or demonstration project conducted under or in relation to such a plan. This is usually a program where the state assists employed individuals with premium payment assistance for their employer's group health plan rather than direct enrollment in a state Medicaid program.

To be eligible for this special enrollment opportunity, you must request coverage under the group health plan within 60 days after the date the employee or dependent becomes eligible for premium assistance under Medicaid or CHIP or the date your or your dependent's Medicaid or state-sponsored CHIP coverage ends.

To request special enrollment or obtain more information, please contact Enriched Senior Living Human Resources.

Newborn's and Mother's Health Protection Act

Federal law (Newborns' and Mothers' Health Protection Act of 1996) prohibits the plan from limiting a mother's or newborn's length of hospital stay to less than 48 hours for a normal delivery or 96 hours for a cesarean delivery or from requiring the provider to obtain preauthorization for a stay of 48 hours or 96 hours, as appropriate. However, federal law generally does not prohibit the attending provider, after consultation with the mother, from discharging the mother or her newborn earlier than 48 hours for normal delivery or 96 hours for cesarean delivery.

The Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act requires group health plans that provide coverage for mastectomy to provide coverage for certain reconstructive services. This law also requires that written notice of the availability of the coverage be delivered to all plan participants upon enrollment and annually thereafter. This language serves to fulfill that requirement for this year.

These services include:

- Reconstruction of the breast upon which the mastectomy has been performed;
- Surgery/reconstruction of the other breast to produce a symmetrical appearance;
  Prostheses; and
- Treatment for physical complications during all stages of mastectomy, including lymphedemas.

In addition, the plan may not:

- Interfere with a participant's rights under the plan to avoid these requirements; or
- Offer inducements to the healthcare provider, or assess penalties against the provider, in an attempt to interfere with the requirements of the law.

However, the plan may apply deductibles, coinsurance, and copayments consistent with other coverage provided by the Plan.

CHIP NOTICE

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2018. Contact your State for more information on eligibility –

ALABAMA – Medicaid	**FLORIDA – Medicaid**
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	**GEORGIA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	**INDIANA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	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: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**IOWA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562

LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	**NORTH CAROLINA – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	**NORTH DAKOTA – Medicaid**
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	**OREGON – Medicaid**
Website: https://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	**PENNSYLVANIA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	**RHODE ISLAND – Medicaid**
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
NEVADA – Medicaid	**SOUTH CAROLINA – Medicaid**
Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	**WASHINGTON – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	**WEST VIRGINIA – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since January 31, 2018 or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov

MEDICARE PART D NOTICE

Important Notice from Enriched Senior Living
About Your Prescription Drug Coverage & 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 Enriched Senior Living and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
2. **Enriched Senior Living has determined that the prescription drug coverage offered by the Enriched Senior Living Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because of 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.**

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 15 through December 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-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 Enriched Senior Living coverage may be affected. See below for more information about what happens to your current coverage if you join a Medicare drug plan.

Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits. Special rules do apply when you are covered by this Plan and by Medicare. Generally, this Plan is a Primary Plan if you are an active Employee, and Medicare is a Primary Plan if you are a retired Employee. If you do decide to join a Medicare drug plan and drop your current Enriched Senior Living coverage, be aware that you and your dependents may not be able to get your Enriched Senior Living coverage back.

MEDICARE PART D NOTICE

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 Enriched Senior Living 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 person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Enriched Senior Living 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
- 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, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date:	June 1, 2018
Name of Entity:	Enriched Senior Living
Contact:	Henry Rivera
Phone:	512.856.4052
Address:	107 Creekside Trail Kyle, TX 78640

WHERE TO GO FOR HELP

COVERAGE CARRIERS	GROUP #	PHONE	WEBSITE
Medical: BlueCross BlueShield of Texas	**164738**	(800) 521-2227	**www.bcbstx.com**
Dental: GUARDIAN	**00511945**	(800) 541-7846	**www.guardiananytime.com**
Vision: GUARDIAN	**00511945**	(877) 393-7363	**www.guardiananytime.com**

This 2018-2019 Employee Benefits Guide highlights recent plan design changes and is intended to fully comply with the requirements under the Employee Retirement Income Security Act ("ERISA") as a Summary of Material Modification and should be kept with your most recent Summary Plan Description.

The information contained in this guide should in no way be construed as a promise or guarantee of employment or benefits. Enriched Senior Living reserves the right to modify, suspend, or terminate any plan at any time for any reason. If there is a conflict between the information in this guide and the actual plan document or policies, the documents or policies will always govern. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies, and plan documents available from Enriched Senior Living.

The intent of this guide is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully