

OPEN ENROLLMENT GUIDE

Choose your benefits for 2019

October/November 2018



2019 Open Enrollment is Oct. 29–Nov. 12

Open Enrollment is here which means it's time to think about your current benefit elections and decide if they still match your needs, or if you want to make any changes for 2019.

Here's the Pitch

We're making some exciting changes and enhancements to our medical plans, including a new low-cost option in 2019. We're also introducing enhanced tools and access to better resources to help you understand your benefits and make smart enrollment choices. This guide will walk you through your choices, and make sure you have what you need to decide which plans are best for you and your family.

So step up to the plate and get ready to swing.



YOU MUST TAKE ACTION DURING OPEN ENROLLMENT TO HAVE MEDICAL COVERAGE IN 2019.

Changes to the Benefits Line-up for 2019

NEW **New medical plan partner:** We are pleased to announce a new partnership with Collective Health to administer the PPO and EPO plans (formerly done by Anthem Blue Cross), and the new Copay 5000 plan (see below). All medical plans through Collective Health use the Blue Shield provider network in most geographic locations. To keep the plans affordable, employees living in Arizona or Colorado will have access to a select quality network. Use the Collective Health online portal to find in-network providers in your area.

NEW **New medical plan option with lower employee contributions:** We are introducing a new Copay 5000 plan through Collective Health. This plan and the PPO 5000 with HSA will have the lowest employee contribution rates in 2019.

NEW **Grand Rounds:** If you enroll in an EPO, PPO or Copay 5000 plan, you have access to Grand Rounds. You can use Grand Rounds to get a **FREE** second opinion from leading specialists or search for top-ranked in-network doctors.

NEW **Telemedicine Through Teladoc Replaces LiveHealth Online:** Need a doctor but don't want to leave the house—or want to see someone on a Sunday? If you enroll in an EPO, PPO or Copay 5000 plan, you have access to Teladoc, giving you convenient 24/7 video access to doctors who can diagnose, treat and write prescriptions to your local pharmacy for most non-emergency conditions.

NEW **New administrator for FSAs, Transportation Benefit Program and COBRA:** TRI-AD will be the new administrator for the Flexible Spending Accounts (FSAs), Transportation Benefit Program and COBRA in 2019.

Health Savings Account (HSA) Maximums: All of our medical plans except the new Copay 5000 plan provide you with access to a Health Savings Account (HSA). For 2019, the maximum contribution is increasing to \$3,500 for employee only coverage and \$7,000 for family coverage.

Paycheck contributions: Paycheck contributions for most existing medical plans will increase in line with overall health care cost increases. There are no changes to dental or vision contributions. See the rate sheet included in your Open Enrollment packet for the 2019 payroll contribution amounts.

MetLaw Legal Plan and pet insurance discontinued: Due to low participation, these plans are being discontinued for 2019.

Before You Make Your Enrollment Decisions, Spend Some Time with ALEX[®]

ALEX is our new interactive online benefits counselor who will explain your benefits in simple language in a fun and entertaining way. ALEX can help you choose the benefits and coverage options that will meet your needs and your budget.

Go to <https://www.myalex.com/ensign/2019> to get started.



alex[®]



Enroll by November 12

Be accountable—2019 Open Enrollment begins October 29 and ends November 12. **YOU MUST TAKE ACTION DURING OPEN ENROLLMENT TO HAVE MEDICAL COVERAGE OR PARTICIPATE IN A HEALTH SAVINGS ACCOUNT (HSA) OR FLEXIBLE SPENDING ACCOUNTS (FSAS) IN 2019.** The chart at right shows you which benefits are required now, optional now or optional anytime. For those benefits that are required now or optional now, if you don't take action during Open Enrollment, you cannot make any benefit changes until the next Open Enrollment (for 2020), unless you have a Qualifying Family Status Change like marriage or the birth/adoption of a child during the year.

REQUIRED NOW Enroll in Workday	If you are eligible, you must enroll for these benefits during Open Enrollment if you want coverage for 2019: • Medical • Flexible Spending Accounts (FSAs)
OPTIONAL NOW Enroll in Workday	If you are eligible, you can add or change these benefits during Open Enrollment, or continue current coverage: • Dental • Supplemental AD&D • Vision • Voluntary Long-term Disability • Supplemental Life
OPTIONAL ANYTIME Enroll through carrier or call the Ensign Benefits Center	If you are eligible, you can elect or change these benefits any time: • Voluntary Short-term Disability • 401(k) Savings Plan • Voluntary Group Accident • Auto and Home Insurance • Voluntary Critical Illness • Transportation Benefit Program • Voluntary Hospital Indemnity

1 Open Enrollment in 3 Easy Steps

1 Read this Open Enrollment guide to learn about your 2019 benefit options and how to enroll or make changes to your benefits.

2 Explore other resources to learn more about your 2019 benefits.

- Say hello to ALEX, our new interactive online benefits counselor who will explain your benefits and help you choose the best options for you. Go to <http://www.myalex.com/ensign/2019>.
- Visit the Ensign Benefits website at www.ensignbenefits.com



3 Enroll in your 2019 benefits using Workday between October 29 and November 12. Enroll from home or your smartphone or on a dedicated Kiosk at your worksite.

Enroll in Your 2019 Benefits in Workday

If you are logged in to Workday, click on the **Benefits worklet**. You can also go to www.ensignbenefits.com. Click on the Benefits Enrollment link at the top of any page and follow the instructions to sign in to Workday.

- Enter your **user name** and **password** and click **Sign In**. Your user name is your Workday employee ID printed on your paycheck stub.
- If you are adding new dependents, gather eligibility verification documents to provide proof of dependent eligibility and submit in Workday by Nov. 30.



Need Help Signing In to Workday?

Call 949-540-1200 or email support@ensignservices.net to reset your password.

Need Help Enrolling in Your Benefits? Call the Ensign Benefits Center at **877-352-8104, Option 1**, M-F, 7 am to 7 pm PT or email benefits@ensignservices.net.



Big League Benefits with Collective Health



We are partnering with Collective Health to introduce a new way to keep you healthy and stay informed about your medical and pharmacy benefits. Through their web and mobile app, you can learn about your coverage, find an in-network doctor, submit and track claims, and much more. And if you get stuck—Collective Health's knowledgeable Member Advocates are just an email or call away to help you use your medical and pharmacy benefits with confidence.

In 2019, we are celebrating our core value of **ACCOUNTABILITY**. Our partnership with Collective Health allows us to continue to provide an array of health plan options to fit your needs and your budget. We are all accountable to understand our needs and the benefit options available for 2019. We are also accountable to manage our health and the cost of health care by getting recommended preventive screenings, using in-network providers, requesting generic drugs from your doctor and accessing all of the resources available in becoming a smarter health care consumer.

More information on Collective Health

- Online: <http://join.collectivehealth.com/ensign>
- Call: **833-743-3221**
- Email: help@collectivehealth.com

Starting Oct. 29, 2018



Medical Plans

For 2019, our medical plan offerings are designed to give you the options you need to manage your health the way you want. You can choose from four medical plans through Collective Health. If you live in California, you also have an HMO option through Kaiser if you live in a Kaiser Permanente service area.

PPO 1500 with HSA

You can see both in-network and out-of-network doctors without a referral, but keep in mind staying in-network for care will almost always be cheaper. To help with your share of costs, this plan comes with a Health Savings Account (HSA) that you can contribute to.

PPO 5000 with HSA

You can see both in-network and out-of-network doctors without a referral, but keep in mind staying in-network for care will almost always be cheaper. To help with your share of costs, this plan comes with a Health Savings Account (HSA) that you can contribute to.

Copay 5000

Unlike the PPO 5000, this is a copay plan. This means that you'll usually pay a fixed amount when you see in-network providers, and the plan will pay for the rest. You can see both in-network and out-of-network doctors without a referral, but keep in mind staying in-network for care will almost always be cheaper.

EPO 2000 with HSA

This plan exclusively covers you for in-network doctors and facilities. Except in the case of an emergency, you'll pay the full price for any out-of-network care. To help with your share of costs, this plan comes with a Health Savings Account (HSA) that you can contribute to.

Kaiser HMO 2000 with HSA (CA only)

You can select this plan if you live in California in a Kaiser Permanente service area. This plan exclusively covers you when you use Kaiser Permanente doctors and facilities. Except in the case of an emergency, you'll pay the full price for any care you receive from a non-Kaiser doctor or facility. To help with your share of costs, this plan comes with a Health Savings Account (HSA) that you can contribute to.

To learn more about the medical plans administered by Collective Health, visit <http://join.collectivehealth.com/ensign>.

2019 Medical Plans At-a-Glance

You have a choice of medical plans administered by Collective Health as shown below. If you live in California in a Kaiser Permanente service area, you can also choose the Kaiser CA HMO 2000 with HSA. With the PPO 1500 with HSA, PPO 5000 with HSA and Copay 5000, you can see both in- and out-of-network doctors, but staying in-network will almost always be cheaper. Refer to the applicable Summary of Benefits and Coverage (SBC) for information on out-of-network benefits available with the PPO 1500, PPO 5000 and Copay 5000 plans available on www.ensignbenefits.com.

Plan Feature	PPO 1500 with HSA	PPO 5000 with HSA	Copay 5000	EPO 2000 with HSA	Kaiser CA HMO 2000 with HSA
Employee Cost	\$\$\$\$	\$	\$	\$\$	\$\$\$
Calendar Year Deductible Employee Only Family	\$1,500 ⁵ \$3,000 ^{1,5}	\$5,000 ⁵ \$10,000 ^{1,5}	\$5,000 ⁵ \$10,000 ^{1,5}	\$2,000 \$4,000 ¹	\$2,000 \$4,000 ¹
Coinsurance (You Pay)	20%	20%	20%	20%	20%
Calendar Year Out-of-Pocket Max Employee Only Family	\$5,000 ⁶ \$10,000 ⁶	\$6,550 ⁶ \$13,100 ⁶	\$7,000 ⁶ \$14,000 ⁶	\$6,000 \$12,000	\$3,425 \$6,850
Health Savings Account (HSA)	You can contribute pre-tax dollars to an HSA through HealthEquity. IRS limits for 2019 are \$3,500 (employee only) and \$7,000 (family). You can contribute an additional \$1,000 if you are age 55 or older in 2019.		N/A	You can contribute pre-tax dollars to an HSA through HealthEquity. IRS limits for 2019 are \$3,500 (employee only) and \$7,000 (family). You can contribute an additional \$1,000 if you are age 55 or older in 2019.	
	IN-NETWORK YOU PAY	IN-NETWORK YOU PAY	IN-NETWORK YOU PAY	NETWORK ONLY YOU PAY	NETWORK ONLY YOU PAY
Preventive Care	Covered in full ³	Covered in full ³	Covered in full ³	Covered in full ³	Covered in full ³
Telemedicine Virtual Doctor Visit	10% ² (Cost is \$40 per visit)	10% ² (Cost is \$40 per visit)	\$25 copay	10% ² (Cost is \$40 per visit)	20% ²
Office Visit PCP Specialist	20% ² 20% ²	20% ² 20% ²	\$45 copay \$75 copay	20% ² 20% ²	20% ² 20% ²
Urgent Care	20% ²	20% ²	\$75 copay	20% ²	20% ²
Emergency Room	\$500 copay ^{2,7} then you pay 30%	\$500 copay ^{2,7} then you pay 30%	\$500 copay ^{2,7} then you pay 30%	\$500 copay ^{2,7} then you pay 30%	20% ²
Diagnostic Testing	20% ²	20% ²	20% ²	20% ²	20% ²
Outpatient X-ray and Lab	20% ²	20% ²	20% ²	20% ²	20% ²
Hospitalization Inpatient Semi-Private Room Inpatient Physician	20% ² 20% ²	20% ² 20% ²	20% ² 20% ²	20% ² 20% ²	20% ² 20% ²
Outpatient Treatment (PT, OT, ST)	20% ²	20% ²	20% ²	20% ²	20% ²
Mental Health/Substance Abuse Inpatient Outpatient	20% ² 20% ²	20% ² 20% ²	20% ² 20% ²	20% ² 20% ²	20% ² 20% ²
Pharmacy Retail Specified Preventive Drugs ⁴ Generic Brand Formulary Brand Non-Formulary Specialty Drugs	30-day supply 100% covered ³ \$10 copay ² \$25 copay ² \$40 copay ² 20% ^{2,8} up to \$125	30-day supply 100% covered ³ \$10 copay ² \$25 copay ² \$40 copay ² 20% ^{2,8} up to \$125	30-day supply 100% covered ³ \$10 copay ³ \$25 copay ² \$40 copay ² 20% ^{2,8} up to \$125	30-day supply 100% covered ³ \$10 copay ² \$25 copay ² \$40 copay ² 20% ^{2,8} up to \$125	30-day supply 100% covered ³ \$10 copay ² \$20 copay ² N/A 20% ² up to \$125
Pharmacy Mail Service Specified Preventive Drugs ⁴ Generic Brand Formulary Brand Non-Formulary	90-day supply ⁸ 100% covered ³ \$20 copay ² \$50 copay ² \$80 copay ²	90-day supply ⁸ 100% covered ³ \$20 copay ² \$50 copay ² \$80 copay ²	90-day supply ⁸ 100% covered ³ \$20 copay ² \$50 copay ² \$80 copay ²	90-day supply ⁸ 100% covered ³ \$20 copay ² \$50 copay ² \$80 copay ²	100-day supply 100% covered ³ \$20 copay ² \$60 copay ² N/A

1) The family deductible must be met before any person receives benefits.

2) After calendar year deductible.

3) Calendar year deductible waived.

4) As specified in drug list.

5) In-network calendar year deductible is separate from out-of-network calendar year deductible and does not cross accumulate. Refer to the Summary of Benefits and Coverage (SBC) for the plan for information on out-of-network deductible amounts on www.ensignbenefits.com.

6) In-network calendar year out-of-pocket maximum is separate from out-of-network calendar year out-of-pocket maximum and does not cross accumulate. Refer to the Summary of Benefits and Coverage (SBC) for the plan for information on out-of-network out-of-pocket maximum amounts on www.ensignbenefits.com.

7) Emergency Room copay waived if admitted.

8) May be available at CVS retail pharmacy or Pharmacy Mail Service if authorized.

Telemedicine Through Teladoc

PPO 1500, PPO 5000, Copay 5000 and EPO 2000

You will have access to Teladoc which provides 24/7 access to a doctor through live video chat.

Teladoc's medical doctors can diagnose, treat, and write prescriptions to your local pharmacy for most non-emergency conditions. With Teladoc, you have access to quality healthcare whenever you need it so you can get healthy faster.

The cost is \$40 per visit if you are enrolled in the PPO 1500, PPO 5000 or the EPO 2000. Once you reach your deductible, you'll pay 10% or \$4.00 per visit. If you are enrolled in the Copay 5000, the cost is \$25 per visit.

Use your medical plan ID card to set up your account on Teladoc and complete your profile. You can also download the Teladoc mobile app from the App Store or Google Play.



Video or Phone Appointments

Kaiser CA HMO 2000

If you are enrolled in the Kaiser CA HMO 2000, you can set up video or telephone appointments with your doctor on a computer or mobile device. Go to kp.org/videoappointment to make an appointment and sign on to kp.org to join your appointment.

Have questions, Call 844-800-0820 M-F 8:30 am—5 pm PT. You can also download the Kaiser Permanente app from the App Store or Google Play.

Health Savings Account

If you enroll in the PPO 1500, PPO 5000, EPO 2000 or Kaiser CA HMO 2000, you may open a Health Savings Account (HSA) through HealthEquity which is funded by you. An HSA is a tax-free savings account that works with a qualified health plan to help you pay your plan deductible and qualified out-of-pocket healthcare expenses. You use your account to pay qualified medical, dental, vision and pharmacy expenses.

Health Savings Account At-a-Glance

Who is Eligible?	<p>You are eligible to contribute to an HSA if you are:</p> <ul style="list-style-type: none"> • Enrolled in an HSA-qualified medical plan; • Not covered by any other medical plan (through your spouse or as a retiree), including a Health Care FSA; • Not enrolled in Medicare, Medicaid or TRICARE; and • Not claimed as a dependent on another person's tax return.
HSA Advantages	<ul style="list-style-type: none"> • Your contributions are tax-free* and reduce your overall taxable income. • You never pay taxes on withdrawals for qualified health care expenses. • Unlike the Medical FSA, you won't lose your HSA balance if you don't spend it. You take it with you if you change jobs, retire, or leave the health plan.
How Much Can Be Contributed to Your HSA	<ul style="list-style-type: none"> • Up to \$3,500 for 2019 if you have Employee Only coverage. • Up to \$7,000 for 2019 if you have Employee + Dependents coverage. • Additional \$1,000 if you are age 55 or older. • If your account balance reaches at least \$1,000, you may choose available investment funds for your balance.
What Can Be Paid from Your HSA	<ul style="list-style-type: none"> • Medical, dental, vision and pharmacy expenses for you and any family member who qualifies as a dependent on your tax return. • Visit the official IRS website at http://www.irs.gov/publications/p502/index.html for a complete list of qualified expenses.
Using Your HSA Complete instructions are included in your HealthEquity Welcome Kit after you enroll	<ul style="list-style-type: none"> • Use the HealthEquity Visa® health account card, or submit expenses online at www.healthequity.com. • Your account balance and information on claims is available 24/7 on your HealthEquity member portal, by calling HealthEquity Member Services, or by accessing via your HealthEquity mobile app. • Your account balance is NEVER forfeited; unused amounts stay in your account.

* State taxes will apply in Alabama, California and New Jersey



HealthEquity www.healthequity.com 866-346-5800

Covering Your Bases with Grand Rounds

If you enroll in the PPO 1500, PPO 5000, Copay 5000 or EPO 2000 you have access to Grand Rounds starting January 1, 2019. If you are diagnosed with a serious medical condition and would like to get a **FREE** second opinion on your treatment options, Grand Rounds provides just that. Receive peace of mind with a medical review, written opinion and optional recommendation on treatment with the highest quality specialists.



Grand Rounds www.grandrounds.com/ensign 800-929-0926 (Starting Jan. 1, 2019)

Collective Health Transition Tips

Starting January 1, 2019, Collective Health will be our new medical plan partner providing personalized, concierge-level service replacing Anthem Blue Cross. The information below can help you as we transition to Collective Health. For questions, contact Collective Health by phone or email starting October 29, 2018.



Collective Health

Online: <http://join.collectivehealth.com/ensign>

Call: 833-743-3221

Email: help@collectivehealth.com

} Starting Oct. 29, 2018

Finding In-network Providers

Blue Shield has an extensive provider network with significant overlap of in-network providers with Anthem Blue Cross. To find out if your provider is part of the Blue Shield network or to find a new in-network provider, use the Collective Health online portal above and go to "Find Care." If you have questions or need assistance finding in-network providers, contact Collective Health by phone or email noted above.

Do You Live in Arizona or Colorado?

To keep the plans affordable, employee living in Arizona or Colorado will have access to a select quality network. Use the Collective Health online portal to find in-network providers in your area.

Transition Assistance

If you are currently receiving care for an ongoing medical condition (including pregnancy) from an Anthem Blue Cross provider who is not in the Blue Shield network, you may be eligible for transition assistance for a limited period of time. For assistance, please contact Collective Health by phone or email noted above.

Moving Maintenance Prescriptions to CVS

If you enroll in a medical plan administered by Collective Health, you will have two ways to save on maintenance medications:

1) Mail Service: Take advantage of home delivery from the CVS Pharmacy. You can get 90-day supplies of your medications delivered directly to your home.

2) CVS Retail Pharmacy: You can visit a CVS retail pharmacy to fill a 90-day prescription.

With the transition to Collective Health beginning January 1, 2019, your current mail order prescriptions for maintenance medications with Express Scripts will automatically be transferred to CVS. You do not need to take any action to transfer your mail order prescriptions, but your authorizations and prescriptions will still expire on the same date that was originally designated. Some exceptions apply for controlled substances and prescriptions with no remaining refills. Contact Collective Health directly for more information by phone or email as noted above. If you want to access a CVS retail pharmacy for your maintenance medications, you will need to ask your doctor to write a 90-day prescription with the CVS retail pharmacy you wish to use.

New ID Cards Coming in December

Your Anthem ID card will expire December 31. If you enroll in a medical plan, you'll get a new medical/pharmacy ID card in December (one per family member) to use starting January 1. The ID card will include information about your benefits based on the plan you select along with important ID numbers your doctors and pharmacy will use to submit claims. The ID card will also include telephone numbers for you or your providers to call for any questions. You will also receive new ID cards if you are enrolling in the Kaiser CA HMO 2000 or the Cigna Dental DHMO for the first time. No ID cards are issued for the dental PPO or vision plans.



Dental Plans

Our dental plans provide coverage for preventive services, as well as benefits to help pay for more expensive dental procedures such as fillings, root canals, crowns, bridges and orthodontia coverage.

- **Dental PPO Plan:** For the highest level of benefits, use a provider in the Delta Dental PPO network (ID, OR and WA) or the Cigna DPPO Advantage network (all other states). You can also go out-of-network but will save money if you use a provider in the Delta Dental Premier network (ID, OR and WA) or the Cigna DPPO network (all other states) versus dental providers who are not in a Delta Dental or Cigna provider network.
- **Cigna Dental DHMO:** DHMO stands for Dental Health Maintenance Organization and provides dental services exclusively from Cigna DHMO dentists. There is no deductible and no annual maximum benefit. You pay fixed copays for preventive, basic and major services. You must select a primary care dentist for your care. Go to www.cigna.com/offered-cigna-through-work/dental/dhmo to see if there is a Cigna DHMO provider available in your location (not available in all geographic areas).

To find a Delta Dental dentist (ID, OR and WA), go to www.deltadentalins.com.
To find a Cigna DPPO Advantage or Cigna DPPO dentist (all states except ID, OR and WA) or a Cigna Dental DHMO dentist (most states) go to www.cigna.com.

2019 Dental Plans At-a-Glance

Feature	Dental PPO Plan (Delta Dental in ID,OR & WA or Cigna Dental all other states)			Cigna Dental DHMO
	Delta Dental PPO/Cigna DPPO Advantage Dentist	Delta Dental Premier/ Cigna DPPO Dentist	Out-of-Network	Cigna DHMO Dentists Only
Calendar Year Deductible	\$50 per person, \$150 per family			None
Calendar Year Maximum	\$1,500 per person			Unlimited
Preventive Services Routine exams, dental cleanings	100% covered ⁴	You pay 20% ^{1,5}	You pay 20% ^{1,2}	\$5 office visit copay
Basic Services Fillings, oral surgery	You pay 10% ¹	You pay 20% ^{1,5}	You pay 20% ^{1,2}	Fixed copays ³
Major Services Crowns, inlays, endodontics, periodontics	You pay 40% ¹	You pay 50% ^{1,5}	You pay 50% ^{1,2}	Fixed copays ³
Orthodontia	You pay 50% ¹	You pay 50% ^{1,5}	You pay 50% ^{1,2}	Fixed copays ³
	Available to children under age 19 only, up to \$1,500 lifetime max			Available to children and adults
Temporomandibular Joint (TMJ) \$1,000 lifetime max	You pay 40% ¹	You pay 50% ^{1,5}	You pay 50% ^{1,2}	Fixed copays ³

1) After calendar year deductible.

2) Percentage applies to usual, customary and reasonable charges.

3) DHMO copay schedule available on www.ensignbenefits.com.

4) In-network preventive services do not count toward the annual calendar year maximum.

5) Percentage applies to negotiated rate.



Delta Dental PPO (ID, OR and WA) www.deltadentalins.com 800-765-6003
Cigna Dental PPO (All States Except ID, OR and WA) and Cigna Dental DHMO
(All States Except ID) www.cigna.com 800-244-6224

Vision Plan

Vision benefits provided through VSP are designed to help reduce the cost of eyeglasses, contact lenses and other vision services. You can use any provider, but will save money when you use a VSP Choice network provider. Discounts are available for LASIK surgery, non-prescription sunglasses, contact lens solutions, and other eye care accessories.



VSP
www.vsp.com
800-877-7195

2019 Vision Plan At-a-Glance

Plan Feature	VSP Network Provider	Out-of-Network Provider
Exam for Eyeglasses Once every 12 months	\$10 copay	\$10 copay, Plan pays up to \$73
Lenses Once every 12 months • Single vision • Lined Bifocal • Lined Trifocal Lens Options • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses	\$25 materials copay Copay up to \$55 Copay of \$95-\$105 Copay of \$150-\$175	Plan pays up to \$33 Plan pays up to \$50 Plan pays up to \$65 Plan pays up to \$65 Plan pays up to \$65 Plan pays up to \$65
Frames Once every 24 months	Plan pays up to \$130 (\$70 for Costco)	Plan pays up to \$70
Contact Lenses Instead of eyeglasses once every 12 months	\$130 allowance for contacts Up to \$60 copay for contact lens exam (filling and evaluation)	Plan pays up to \$115

Flexible Spending Accounts

Flexible spending accounts (FSAs) offer you a way to save money on your health care and/or dependent care expenses using tax-free dollars. Your annual election is deducted from your paycheck in equal amounts and you reimburse yourself with tax-free dollars. Annual elections are "use it or lose it" so estimate wisely. Key features of each FSA are highlighted below.

Account Feature	Health Care Spending Account	Dependent Care Spending Account
Your Pre-tax Contributions	Up to \$2,650 per year	Up to \$5,000 per year (\$2,500 if married and filing separate tax returns)
Eligible Expenses	Expenses for you, your spouse and any dependent you list on your tax return, if expenses have not been reimbursed by other coverages. Examples: health plan deductibles, prescription drug and other copays, certain charges not covered by any plan.	Care expenses for eligible dependents that allow you to work. Eligible dependents include your qualifying child(ren) age 12 and under, your spouse or a qualifying child or relative who is physically or mentally incapable of self-care. Examples : daycare, summer day camp

Combining an HSA with a Limited Purpose Health Care FSA

If you participate in a Health Savings Account (HSA), you can still participate in a Limited Purpose Flexible Spending Account (FSA) that covers only dental and vision expenses. A Limited Purpose Health Care FSA is a great way to conserve your HSA funds and still benefit from tax savings. More information is available on the benefits website at www.ensignbenefits.com.

TRI-AD is the FSA Plan Administrator

If you enroll in Flexible Spending Accounts (FSAs), it's easy to manage your FSAs through TRI-AD, the new plan administrator. Access the TRI-AD website to review your account, including current balance, status of any claims, and other helpful information including a list of eligible health care and dependent care expenses.



TRI-AD www.TRI-AD.com 888-844-1372 (Starting Jan. 1, 2019)

Transportation/Commuter Benefit Program

Set aside pre-tax dollars for transportation and parking. Use our Transportation/Commuter Benefit Program administered by TRI-AD starting January 1, 2019 to save money instantly on your commuting expenses. Eligible expenses include fares for bus, vanpool, subway, ferry, train and parking at or near work.

Contribution Limits	
Transportation	Up to \$260* per month
Parking	Up to \$260* per month

* Contribution limits are set by the IRS and are subject to change.



TRI-AD www.TRI-AD.com 888-844-1372 (Starting Jan. 1, 2019)

Life and Accident Insurance

Basic Company-Paid Coverage

To protect those who rely on your income for their support, your employer pays the full cost of basic life and accidental death & dismemberment (AD&D) insurance. This coverage is available to all full-time benefit eligible employees of an Ensign Services-affiliated company.

Let **Alex** help you decide how much life insurance you need. Go to <http://www.myalex.com/ensign/2019>



Coverage	When Payment Is Made	Benefit Amount*
Basic Life Insurance	If you die from any cause	\$12,000 (1X salary for Service Center/Cornet employees)**
AD&D Insurance	If you die from an accident the benefit amount is paid in addition to basic life insurance	\$12,000 (1X salary for Service Center/Cornet employees)
	If you are severely injured due to an accident and suffer a loss specified in the policy such as the loss of a limb or eyesight.	A portion of the benefit, as specified in the policy

* The benefit amount is reduced after age 65.

** If Basic Life is greater than \$50,000, you can cap your coverage at \$50,000 to avoid imputed income tax. Go to www.ensignbenefits.com for more information

Supplemental Life Insurance

If you need more than basic coverage, you may purchase supplemental life insurance coverage through Unum for yourself and for your eligible dependents. You pay the full cost of supplemental coverage through after-tax payroll deductions. Go to www.ensignbenefits.com in the Financial Protection > Life and AD&D Insurance section for policy details.

Coverage For	Coverage Amount	Maximum	Guaranteed Issue
Employee	\$10,000 to \$500,000 in \$10,000 increments	Lesser of \$500,000 or 5X annual earnings	\$200,000 if enrolling when first eligible. If you purchase a minimum of \$10,000 when first eligible, you can increase coverage in \$10,000 increments up to \$200,000 during a future Open Enrollment without Evidence of Insurability (EOI). Any elections greater than \$200,000 are subject to EOI.
Spouse	\$5,000 to \$250,000 in \$5,000 increments	Lesser of \$250,000 or 100% of your combined Basic and Supplemental coverage	\$25,000 if enrolling when first eligible. Any new elections or elections greater than \$25,000 are subject to Evidence of Insurability (EOI).
Child(ren)	\$2,000 to \$10,000 in \$2,000 increments	\$10,000	\$10,000

Supplemental Accidental Death & Dismemberment (AD&D) Insurance

You have the option to purchase supplemental AD&D insurance for you, your spouse and your children. Benefits are paid in the event of death or a serious injury (such as loss of a limb or eyesight) due to an accident. Evidence of Insurability is not required. You pay the full cost of supplemental AD&D coverage through after-tax payroll deductions. Go to www.ensignbenefits.com in the Financial Protection > Life and AD&D Insurance section for policy details.

Coverage For	Coverage Amount	Maximum
Employee	\$10,000 to \$500,000 in \$10,000 increments	Lesser of \$500,000 or 5X annual earnings
Spouse	\$5,000 to \$250,000 in \$5,000 increments	Lesser of \$250,000 or 100% of your combined Basic and Supplemental coverage
Child(ren)	\$2,000 to \$10,000 in \$2,000 increments	\$10,000



Be accountable—verify your beneficiary information during Open Enrollment to confirm the information is current and up-to-date to ensure any life insurance benefits go to the loved ones you intend.

Voluntary Long-term Disability

Provides financial protection if you are unable to work for an extended period of time due to a covered injury or sickness. You choose the elimination period (number of days of disability before benefits begin, either 180 or 360). Pre-existing conditions and other limitations and exclusions apply. Go to www.ensignbenefits.com in the Financial Protection > Disability section for policy details.

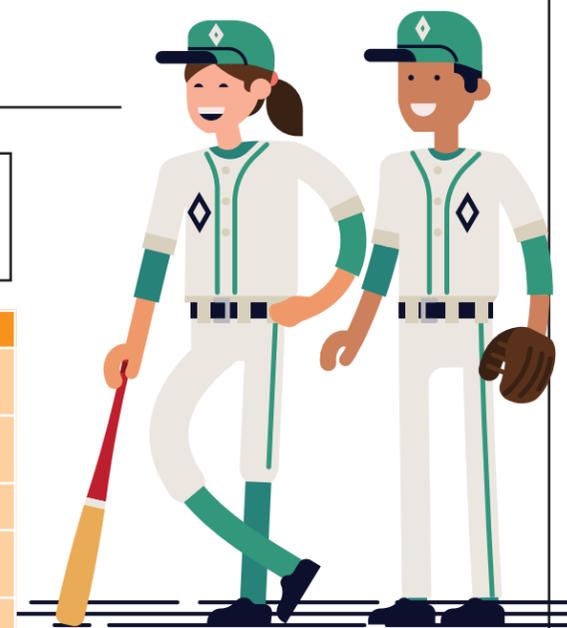
Coverage for	Coverage Amount	Maximum
Employee	60% of monthly pre-disability income reduced by other disability benefits	\$10,000 per month

2019 Open Enrollment Important Dates



Be accountable—understand the dates and deadlines shown here to ensure you are enrolled in the benefits you want for 2019.

WHEN	WHAT
Oct. 29, 2018	Open Enrollment begins—you must take action during Open Enrollment to have medical coverage in 2019. To enroll or make changes to your benefits log in to Workday.
Nov. 12, 2018	Open Enrollment ends. Last day to submit 2019 elections and submit dependent verification for any new dependents you are enrolling in your benefits.
Nov. 16, 2018	Confirmation Statements showing your 2019 benefit elections and payroll deductions mailed to your home.
Dec. 17-31, 2018	New ID cards are mailed for all members enrolled in a Collective Health medical plan and or new enrollees in the Kaiser CA HMO 2000 and Cigna Dental DHMO
Jan. 1, 2019	2019 benefit elections begin.



Disclaimer: This guide presents an overview of the 2019 benefits program offered on behalf of your employer and is not intended to be all inclusive, nor is it to be used as a summary plan description. It does not include all plan rules and details and is not considered a certificate of coverage. The terms of your benefits are governed by legal plan documents, including insurance contracts. If there are any differences between this guide and the legal plan documents and insurance contracts, the legal plan documents and insurance contracts are the final authority. We reserve the right to change or modify its benefit programs as appropriate without advanced notification. Ensign Services, Inc. is the plan administrator of the Ensign Services, Inc. Comprehensive Health and Welfare Benefit Plan.