

2019-2020



# BENEFITS GUIDE

June 1, 2019 - May 31, 2020

# Welcome

Your benefits are an important part of your Membership. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you work 30 or more hours per week and reside in Tennessee. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your domestic partner (DP) and/or his/her children, where applicable by state law
- ▶ Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## When Coverage Begins

- ▶ **Employees of a Real Estate Broker:**  
You must complete the enrollment process within 45 days of hire or becoming a member. If you enroll on time, coverage is effective on the first of the month following 60 days of becoming a member or from your date of hire if part of a group.  
  
If you fail to enroll on time, you will **NOT** have benefits coverage.
- ▶ **Open Enrollment:**  
Members or groups enrolling by May 1st will have insurance policies effective June 1st. Members or groups enrolling by May 31st will have insurance policies effective July 1st.

## Making Changes

**To make changes to your benefit elections, you must contact HUB International Customer Service within 31 days of the qualified life event (including newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

**Following are examples of the most common qualified life events:**

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, DP, or child
- ▶ You lose coverage under your spouse's/DP's plan

**Required Information**—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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# Enrollment

Go to <https://tnrealtors.com>. There, you will find detailed information about the plans available to you and instructions for enrolling.

# Medical Plans

We are proud to offer you a choice among three different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offers many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

## Humana PPO

These plans give you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Humana network. The calendar-year deductible must be met before certain services are covered.

## Humana EHDHP

Like the PPO plans, a High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Humana network. If you enroll in the HDHP, you may set up a health savings account (HSA) that allows you to save pre-tax dollars<sup>1</sup> to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

Here's how the plan works:

- ▶ **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses.
- ▶ **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- ▶ **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year.
- ▶ **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses or set up a HSA through a local bank. **To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.**



**Important:** Your contributions may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2019
Employee Only	\$3,500
Family (employee + 1 or more)	\$7,000
Catch-up (age 55+)	\$1,000

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans<sup>2</sup>, retire or leave your employer. There is no “use it or lose it” rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents’ doctor’s visits, prescriptions, braces, glasses—even laser vision correction surgery.

<sup>1</sup> Tax free under federal tax law; state taxation rules may apply

<sup>2</sup> You must be enrolled in a qualified health plan to contribute to an HSA.

# Medical Plans (Cont'd.)

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Humana 80 / 50 EHDHP Plan PPO		Humana 80 / 50 Copay Plan PPO		Humana 100 / 50 Simplicity Plan PPO	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)						
Individual / Family	\$5,000 / \$10,000	\$15,000 / \$30,000	\$5,000 / \$10,000	\$15,000 / \$30,000	None / None	\$5,000 / \$10,000
<b>Out-of-Pocket Maximum</b> (per calendar year)						
Individual / Family	\$6,350 / \$12,700	\$19,050 / \$38,100	\$6,500 / \$13,000	\$19,500 / \$39,000	\$4,000 / \$8,000	\$12,000 / \$24,000
<b>Covered Services</b>						
Office Visits (physician/specialist)	20%*	50%*	\$40 / \$55 copay	50%*	\$25 / \$40 copay	50%*
Routine Preventive Care	No charge	50%*	No charge	50%*	No charge	50%*
Outpatient Diagnostic (lab/X-ray)	20%*	50%*	No charge	50%*	No charge	50%*
Complex Imaging	20%*	50%*	20%*	50%*	\$250 copay	50%*
Chiropractic	20%*	50%*	\$55 copay	50%*	\$40 copay	50%*
Ambulance	20%*	20%*	20%*	20%*	\$250 copay*	\$250 copay
Emergency Room	20%*	20%*	\$350 copay <sup>2</sup>		\$250 copay* <sup>2</sup>	\$250 copay <sup>2</sup>
Urgent Care Facility	20%*	50%*	\$100 copay	50%*	\$75 copay	50%*
Inpatient Hospital Stay	20%*	50%*	20%*	50%*	\$500 copay* <sup>4</sup>	50%*
Outpatient Surgery	20%*	50%*	20%*	50%*	\$500 copay per visit	50%*
<b>Prescription Drugs</b> (Tier 1 / Tier 2 / Tier 3 / Tier 4)						
Retail Pharmacy (30-day supply)	20%*	50%*	\$10 / \$40 / \$70 / 25%	30% <sup>3</sup>	\$10 / \$40 / \$70 / 25%	30% <sup>3</sup>
Mail Order (90-day supply)	20%*	50%*	\$25 / \$100 / \$175 / 25%	30% <sup>3</sup>	\$25 / \$100 / \$175 / 25%	30% <sup>3</sup>

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. Waived if admitted.
3. 30% after applicable in-network cost share.
4. Per day (1 day for copay per admission).

All covered benefits apply to the individual and family deductible and maximum out-of-pocket. When any family member reaches the individual deductible amount, that family member will begin receiving coinsurance benefits even if the family deductible has not been met.

# Dental Plans

We are proud to offer you a choice among three different dental plans.

**DPPO:** These plans offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the network.

Following is a high-level overview of the coverage available.

Key Dental Benefits	Humana DPPO Option 1		Colonial DPPO Option 2		Colonial DPPO Option 3	
	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>	In-Network	Out-of-Network <sup>1</sup>
Dental Waiting Period	No waiting period		12-month waiting period on major services only		12-month waiting period on major services only	
Out-of-Network Claims Paid At	90% UCR <sup>2</sup>		Paid at MAC <sup>3</sup>		90% UCR <sup>2</sup>	
Deductible (per calendar year)						
Individual / Family	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150	\$50 / \$150
Benefit Maximum (per calendar year; preventive, basic, and major services combined)						
Per Individual	\$1,000 <sup>4</sup>	\$1,000 <sup>4</sup>	\$2,000	\$2,000	\$1,500	\$1,500
Covered Services						
Preventive Services	No charge	No charge	No charge	No charge	No charge	No charge
Basic Services	20%*	20%*	20%*	20%*	20%*	20%*
Major Services	50%*	50%*	50%*	50%*	50%*	50%*

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. UCR-Out-of-network benefits are paid based on a stated percentile of Usual, Customary, and Reasonable charges within the area (i.e. your dentist charges \$120 for preventive services, but the UCR is \$100. The carrier pays 100% for preventive based on 90% of UCR. Your benefit is \$90 and your out-of-pocket is \$30).
3. MAC-The Maximum Allowable Charge paid out-of-network is based on a fee scheduled set up by the carrier (i.e. your dentist charges \$120 for preventive but the MAC is \$75. The carrier pays 100% for preventive based on MAC. Your benefit is \$75 and your out-of-pocket is \$45).
4. Extended annual maximum of 30% coinsurance coverage after network discount and maximum benefit is reached.

# Vision Plan

We are proud to offer you a vision plan.

The **Humana** vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Humana network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
<b>Exam</b> (once every 12 months)	\$10	Up to \$30
<b>Materials Copay</b>	\$15	N/A
<b>Lenses</b> (once every 12 months) Single Vision Bifocal Trifocal	\$15	Up to \$25
		Up to \$40
		Up to \$60
		Up to \$65
<b>Frames</b> (once every 24 months)	Covered up to \$130; then 20% off balance	Up to \$65
<b>Contact Lenses</b> (once every 12 months; in lieu of glasses)	Covered up to \$130; then 15% off balance	Up to \$104



# Financial Protection Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our benefits through Colonial are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

You may enroll in the Colonial products during Open Enrollment or throughout the year. If you enroll during Open Enrollment, you may be eligible for guaranteed issue coverage.

## Accident Insurance with Disability Rider

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries.

The Short Term Disability Rider helps replace a portion of your income if you become disabled from a covered accident or covered sickness. A Hospital Confinement Rider is also available.

## Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000<sup>1</sup>? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

Enrollees with previous medical history may be eligible for guaranteed issue coverage.

## Whole Life with Long-Term Care Rider

Whole Life Insurance is designed to provide a benefit to your beneficiary(ies) in the event you pass away, but it also can potentially build cash value that you can utilize while you are still alive. At an affordable guaranteed level premium, you can have the added financial protection you and your family may need during times of uncertainty. You may purchase coverage for yourself, your spouse, and your eligible children.

The optional Long Term Care Rider can provide coverage for inpatient and home based care. Enrollees may be eligible for guaranteed issue coverage.

1. MetLife Accident and Critical Illness Impact Study, October 2013

# Valuable Extras

**We also offer the following additional benefits:**

- ▶ WellCard Program
- ▶ KOFE Financial Wellness Program
- ▶ Humana Go365 Health and Wellness Program

# Cost of Benefits

Your medical premiums depend upon your age, zip code, the plan you select and if you choose to cover eligible family members. Go to <https://tnrealtors.com>, click on Members/Member Services/AHP Options for Humana Medical, Dental, and Vision quotes and for the Colonial Financial Protection Product and Dental quotes. For group quotes contact John Blevins (615) 468-3258.



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# Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Humana	(866) 427-7478	<a href="http://www.humana.com">www.humana.com</a>
Dental	Humana	(800) 233-4013	<a href="http://www.humanadental.com">www.humanadental.com</a>
Vision	Humana	(877) 398-2980	<a href="http://www.humana.com">www.humana.com</a>
Financial Protection	Colonial	(800) 325-4368	<a href="http://www.coloniallife.com">www.coloniallife.com</a>
Financial Protection Billing	Piedmont Payment Services / Colonial	(866) 254-5245	<a href="http://www.piedmontpays.com">www.piedmontpays.com</a>

## Benefits Website

Our benefits website <https://tnrealtors.com> can be accessed anytime you want additional information on our benefits programs.

## Questions?

If you have additional questions, you may also contact:

HUB International Customer Service  
(888) 433-1966  
[tnrealtors@hubinternational.com](mailto:tnrealtors@hubinternational.com)

### Enrollment Website Support

TailorWell  
(206) 701-7618

### Billing and Payments

TailorWell  
(206) 973-2673



**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

