2020 Employee Benefit Guide

BOWEN CENTER

Our mission is to positively impact the quality of life of those we serve by providing professional, caring, cost-effective behavioral healthcare services.

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This booklet provides only a summary of your benefits. All services described within are subject to the definitions, limitations, and exclusions set forth in each insurance carrier or provider's contract.

Benefits for 2020

Introduction

As an employee at Bowen Center enjoying your work and making valuable contributions to business are equally vital. The health, satisfaction and security of you and your family are important to your well-being and ultimately, achieving the goals of our organization.

For the 2020 plan year, Bowen Center has worked hard to offer a competitive total rewards package that includes valuable and competitive benefit plans. These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, and Bowen Center is offering an overall benefits package with many possible choices - one that can be shaped and molded by you, to fit your needs.

This enrollment booklet is a summary description of your Bowen Center benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

We hope this enrollment booklet, along with our additional communication and decision-making tools, will help you make the best health care choices for you and your family.

UPDATE ON HEALTH CARE REFORM

Effective January 1, 2019 the Tax Cuts and Jobs Act (TJCA) repealed the individual mandate to maintain health insurance or be responsible for a “shared responsibility payment”. We hope to keep offering these benefits as a valuable part of your total compensation in the future. However, because we offer you coverage that satisfies all the health reform requirements, you will not qualify for any federal assistance to purchase an individual or family policy on the open market (the “marketplace”).

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Benefits for 2020

Overview of Benefits Programs

CHANGES AND QUALIFYING EVENTS

When Coverage Begins and Ends

› Regular full-time employees working 30 or more hours per week are eligible to enroll in benefits. You have 30 days from your eligibility date to elect coverage. You may also enroll the following family members:

- Your spouse (if they are not offered coverage through their employer)
- Your children under age 26
- Your unmarried children who are age 26 or older and mentally or physically disabled.
  - Children include your natural and adopted children, step-children who you support, and children covered under a child support order.

› Your coverage under the benefits plans will end if you no longer meet the eligibility requirements, your contributions are discontinued or the Group Insurance Policy is terminated.

Qualifying Events

› Eligible employees may enroll or make changes to their benefit elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a "Qualifying Event". These may include, but are not limited to:

- Changes in employment status
- Changes in legal marital status
- Changes in number of dependents
- Taking an unpaid leave of absence
- Dependent satisfies or ceases to satisfy eligibility requirement
- Family Medical Leave Act (FMLA) leave
- A COBRA-qualifying event
- Entitlement to Medicare or Medicaid
- A change in the place of residence of the employee, resulting in the current carrier not being available

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Benefits for 2020

Overview of Benefits Programs

Bowen Center provides an array of benefits that can help you enjoy increased well-being, deal with an unexpected illness or accident, build and protect your financial security, balance your personal and professional life and meet every day needs. These benefits are affordable, comprehensive and competitive.

The table below summarizes the benefits available to eligible staff and their dependents. These benefits are described in greater detail in this booklet.

BENEFITS AT-A-GLANCE

Coverage	Carrier
Medical	UMR
Dental	UMR
Vision	VSP (Vision Service Plan)
Life	Symetra
Long-Term Disability	Symetra
Short-Term Disability	Symetra
FMLA	Symetra

ELIGIBILITY

Regular full-time employees working 30 or more hours per week and their eligible dependents are eligible to enroll in benefits. You have 30 days from your eligibility date to elect coverage. Plans are effective on the first day of the month following 30 days of employment.

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Benefits for 2020

Medical

SUMMARY OF COVERAGE

Plan Features	Traditional Plan	High Deductible Plan
IN NETWORK		
Calendar Year Deductibles (Indiv / Family)	$1,500 / $3,000	$3,000 / $6,000
Preventive Care	No charge	No charge
Primary Care Visit	$30 copay per visit	20% coinsurance
Specialist Visit	$50 copay per visit	20% coinsurance
Outpatient Procedure	20% coinsurance	20% coinsurance
Inpatient Visit	20% coinsurance	20% coinsurance
Emergency Room	$250 copay per visit; 20% coinsurance	20% coinsurance
Urgent Care	$50 copay per visit	20% coinsurance
Pharmacy / RX (30 Day Supply)	Out of Pocket Maximum Single $3,000 / Family $6,000	
Tier 1	$10 copay per prescription	Deductible & Coinsurance
Tier 2	30% Minimum of $30 per prescription	Deductible & Coinsurance
Tier 3	30% Minimum of $60 per prescription	Deductible & Coinsurance
Tier 4	30% Minimum of $60 per prescription	Deductible & Coinsurance
Pharmacy / RX (90 Day Supply)		
Tier 1	$20 copay per prescription	Deductible & Coinsurance
Tier 2	30% Min $30 – Max $250 per prescription	Deductible & Coinsurance
Tier 3	30% Min $120 – Max $500 per prescription	Deductible & Coinsurance
Tier 4	30% Min $120 – Max $500 per prescription	Deductible & Coinsurance
Calendar Year Out-of-Pocket Max (Indiv / Family)	$4,000 / $8,000	$5,000 / $10,000
OUT OF NETWORK		
Calendar Year Deductibles (Indiv / Family)	$3,000 / $6,000	$6,000 / $12,000
Preventive Care	50% coinsurance	50% coinsurance
Primary Care Visit	50% coinsurance	50% coinsurance
Specialist Visit	50% coinsurance	50% coinsurance
Outpatient Procedure	50% coinsurance	50% coinsurance
Inpatient Visit	50% coinsurance	50% coinsurance
Emergency Room	$250 copay per visit; 20% coinsurance	20% coinsurance
Urgent Care	50% coinsurance	50% coinsurance
Pharmacy / RX (30 Day Supply)	Out of Pocket Maximum Single $3,000 / Family $6,000	
Tier 1	$10 copay per prescription	Deductible & Coinsurance
Tier 2	30% Minimum of $30 per prescription	Deductible & Coinsurance
Tier 3	30% Minimum of $60 per prescription	Deductible & Coinsurance
Tier 4	30% Minimum of $60 per prescription	Deductible & Coinsurance
Pharmacy / RX (90 Day Supply)	Not Covered	Not Covered
Calendar Year Out-of-Pocket Max (Indiv / Family)	$8,000 / $16,000	$10,000 / $20,000

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Benefits for 2020

Medical

MEDICAL PREMIUMS

MONTHLY PRICING	Traditional Plan – No Discounts	High Deductible – No Discounts
Employee	$340	$155
Employee + Spouse	$590	$285
Employee + Child(ren)	$510	$245
Employee + Family	$710	$360
MONTHLY PRICING	**Traditional Plan – Discount for Screening**	**High Deductible – Discount for Screening**
Employee	$310	$135
Employee + Spouse	$560	$265
Employee + Child(ren)	$480	$225
Employee + Family	$680	$340

Employees Participate in Bowen Center's Biometric Screening
OR: Employee obtains same required information from personal provider (obtained between 1/1/19 to 10/31/19)
AND: Submits verification by 10/31/19

BI-MONTHLY PRICING	Traditional Plan – No Discounts	High Deductible – No Discounts
Employee	$170	$77.50
Employee + Spouse	$295	$142.50
Employee + Child(ren)	$255	$122.50
Employee + Family	$355	$180
BI-MONTHLY PRICING	**Traditional Plan – Discount for Screening**	**High Deductible – Discount for Screening**
Employee	$155	$67.50
Employee + Spouse	$280	$132.50
Employee + Child(ren)	$240	$112.50
Employee + Family	$340	$170

Employees Participate in Bowen Center's Biometric Screening
OR: Employee obtains same required information from personal provider (obtained between 1/1/19 to 10/31/19)
AND: Submits verification by 10/31/19

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Benefits for 2020

New for 2020 – HealthJoy!!

Bowen Center is very excited to offer HealthJoy!

HealthJoy is healthcare at your fingertips.

One app for all your healthcare needs:

- Consult with an online doctor
- Live healthcare concierges
- Locate providers & facilities
- Find lower-cost medications
- Check bills for errors
- Schedule appointments

On-demand benefit guide:

- Access & understand your benefits; including medical, vision, dental and more
- On-demand LIVE help
- Make smart decisions about your healthcare and save time & money.
- Chat or phone 24/7/365

Download the mobile app to get started.

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Benefits for 2020

Edison Healthcare

Our health plan has partnered with Edison Healthcare to provide preferred access to some of the nation's leading Smart Care Medical Centers. These centers feature integrated care teams who meet specific criteria for ethics, quality, safety and effectiveness, and who have an established track record for successfully treating patients with complex conditions.

Countless people put their personal health and quality of life at risk every day by assuming all doctors and hospitals provide the same level of care. Unfortunately, that's just not the case. When you or a loved one face a complex surgery or a life-threatening illness, choosing the right health care provider is even more important. **The good news – you now have help making that choice.**

It is important that you take care of yourself and your family – the right way. Edison Healthcare is an added benefit to you and your family when facing one or more of the following:

Spine Surgery	Hepatitis-C Treatment
Orthopedic Surgery	Transplant Surgery
Heart Surgery	Stem-Cell Therapy
Valve Replacement Surgery	Cancer Diagnosis

SECOND OPINIONS MATTER

- Focuses on the *appropriateness* of care
- Center of Excellence network
- Concierge services
  - Pre-certification
  - Scheduling
  - Travel plans
- No Cost To Employees-if enrolled in PPO Plan; If you elect HDHP, then deductible has to be satisfied first.

WHY EDISON HEALTHCARE?

- Edison Health is a second opinion center of excellence.
- This service is in place as a second opinion service for employees in need of a surgery.
- Their concierge service controls the whole process form the initial contact by the employee, to booking any travel and accommodations, patient care and treatment follow up.
- Employees covered by the HDHP will be responsible to pay up to their deductible.
- 20% of surgeries are misdiagnosed and 40% of surgeries have wrong treatment plans. Edison Health is working to provide higher quality care at a low or no cost to employees.
- For members of the Bowen Center plan who qualify for services provided by Edison Healthcare, your expenses will be covered in full.

To learn more visit us at www.EdisonHealthcare.com

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Benefits for 2020

Health Savings Account (HSA)

FOR 2020 BOWEN CENTER IS OFFERING A HEALTH SAVINGS ACCOUNT (HSA). THIS IS HOW AN HSA WORKS:

A health savings account (HSA) is a health care account and savings account in one. The main purpose of this account is to offset the cost of a qualifying high deductible health plan (HDHP) and provide savings for your out-of-pocket eligible health care expenses – those you and your tax dependents may have now, in the future, and during your retirement.

This is a "portable" account. You own your HSA! It's included in your employee benefits package, but after you set up your account, it's yours to keep, even if you change jobs or retire.

Once your HSA is established, money is contributed to your account by you, Bowen Center or friends and family, and you can then use your HSA dollars tax-free to pay for eligible health care expenses. You save money on expenses you're already paying for, like doctors' office visits, prescription drugs, and much more. Best of all, you decide how and when to use your HSA dollars.

WHY IS IT A GOOD IDEA TO HAVE AN HSA?

HSAs benefit everyone who is eligible to have this account – single individuals, families, and soon-to-be retirees. You save money on taxes in three ways:

› Tax-free deposits – The money you contribute to your HSA isn't taxed (up to the IRS annual limit)	› Tax-free earnings – Your interest and any investment earnings grow tax-free.	› Tax-free withdrawals – The money used toward eligible health care expenses isn't taxed – now or in the future.

› Setting aside pre-tax dollars into your HSA means you pay fewer taxes and increase your take-home pay by your tax savings. You save money on eligible expenses that you are paying for out of your pocket. The amount you save depends on your tax bracket. For example, if you are in the 30 percent tax bracket, you can save $30 on every $100 spent on eligible health care expenses.

HSA funds roll over from year to year and accumulate in your account. There is no "use-it-or-lose-it" rule with HSAs, and you decide how and when to use your HSA funds, which can be used for eligible expenses you have now, in the future, or during retirement. And when you have a certain balance in your HSA, investment opportunities are available.

Refer to your HSA documentation for more information.

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Benefits for 2020

Health Savings Account (HSA)

If you participate in the qualified **high-deductible health plan**, you can set aside money in a Health Savings Account (HSA) before taxes are deducted to pay for eligible medical, dental and vision.

How does the HSA work?
You can choose to defer money into the HSA (either a lump sum payment or through payroll deductions).
You can use HSA dollars to pay your health insurance deductible, along with other qualified medical expenses such as dental or vision services.

Once you meet your deductible, your insurance pays additional covered expenses in accordance with our plan.
The HSA monies are held in a bank account in your name through **Old National / HSA Authority.** You are responsible for setting up a bank account, monies deposited, and withdrawals can be made via a debit card.

Bowen Center contributes to your HSA if you are in the High Deductible plan:

- Single $600
- Employee/Spouse $900
- Employee/Child $900
- Family $1,200

Who is Eligible to enroll in the HSA?

Anyone who is:

- Covered by a High Deductible Health Plan (HDHP)
- Not enrolled in Medicare
- Not covered under other health insurance
- Not another person's dependent

2020 HSA Annual Limits
The maximum amounts that can be contributed to the HSA are below. This is the combined amount that both you and **Bowen Center** can contribute for the 2020 calendar year, per the IRS.
Single coverage: **$3,550** Family coverage: **$7,100**

You are allowed (not required) to contribute the entire year's limit whenever you first become eligible for the HSA. You must remain eligible for at least 12 months after that date, or you will be subject to taxes and penalties on the amount you contributed.
For individuals ages 55+, the IRS allows additional "catch-up contributions." Eligible individuals may contribute an extra **$1,000** for the year.

Please note. If you have any questions regarding your account with Old National Bank, please contact the bank's customer service at 888.472.8697.

HSA Distribution Rules
Distributions from your HSA are tax-free if they are taken for "qualified medical expenses." Your HSA can only be used for expenses that are incurred on or after the date the HSA was established/opened via Old National Bank account. It is important to keep all receipts as you may need to demonstrate to the IRS that your distributions were for qualified medical expenses. Failure to provide receipts could result in having to pay a penalty.
Please refer to IRS Publication 502 for further information.
www.irs.gov/publications/p502/ar02.html#en_US_publink1000178947

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Benefits for 2020

Flexible Spending Account (FSA)

Bowen Center is offering a Flexible Spending Account (FSA) for 2020. This is how an FSA works:

- You set aside money for your FSA from your paycheck before taxes are taken out.
- Then use your pre-tax FSA funds throughout the plan year to pay for eligible health care or dependent care expenses.
- You save money on expenses you're already paying for.
- You are able to contribute up to $2,500 each year.
- You are not able to participate in the FSA if you are enrolled in the HSA plan.

HEALTH FSA ELIGIBLE EXPENSES

- Medical expenses: co-pays, co-insurance, and deductibles
- Dental expenses: exams, cleanings, X-rays, and braces
- Vision expenses: exams, contact lenses and supplies, eyeglasses, and laser eye surgery
- Professional services: physical therapy, chiropractor, and acupuncture
- Prescription drugs and insulin
- Over-the-counter health care items: bandages, pregnancy test kits, blood pressure monitors, etc.

DEPENDENT CARE FSA ELIGIBLE EXPENSES

- Care for your child who is under age 13
- Before and after-school care
- Baby sitting and nanny expenses
- Day care, nursery school, and preschool
- Summer day camp
- Care for a relative who is physically or mentally incapable of self-care and lives in your home

Refer to your FSA documentation for more information.

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Benefits for 2020

Medical

KEY TERMS TO REMEMBER

ANNUAL DEDUCTIBLE

The amount you have to pay each year before the plan starts paying a portion of medical expenses. All family members' expenses that count toward a health plan deductible accumulate together in the aggregate; however, each person also has a limit on their own individual accumulated expenses (the amount varies by plan).

OUT-OF-POCKET MAXIMUM

This is the total amount you can pay out of pocket each calendar year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible, copays and coinsurance.

COPAYS AND COINSURANCE

These expenses are your share of cost paid for covered health care services. Copays are a fixed dollar amount, and are usually due at the time you receive care. Coinsurance is your share of the allowed amount charged for a service, and is generally billed to you after the health insurance company reconciles the bill with the provider.

PLAN TYPES

- PPO – A network of doctors, hospitals and other health care providers
- HDHP – A plan that has higher annual deductibles in exchange for lower premiums.

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Benefits for 2020

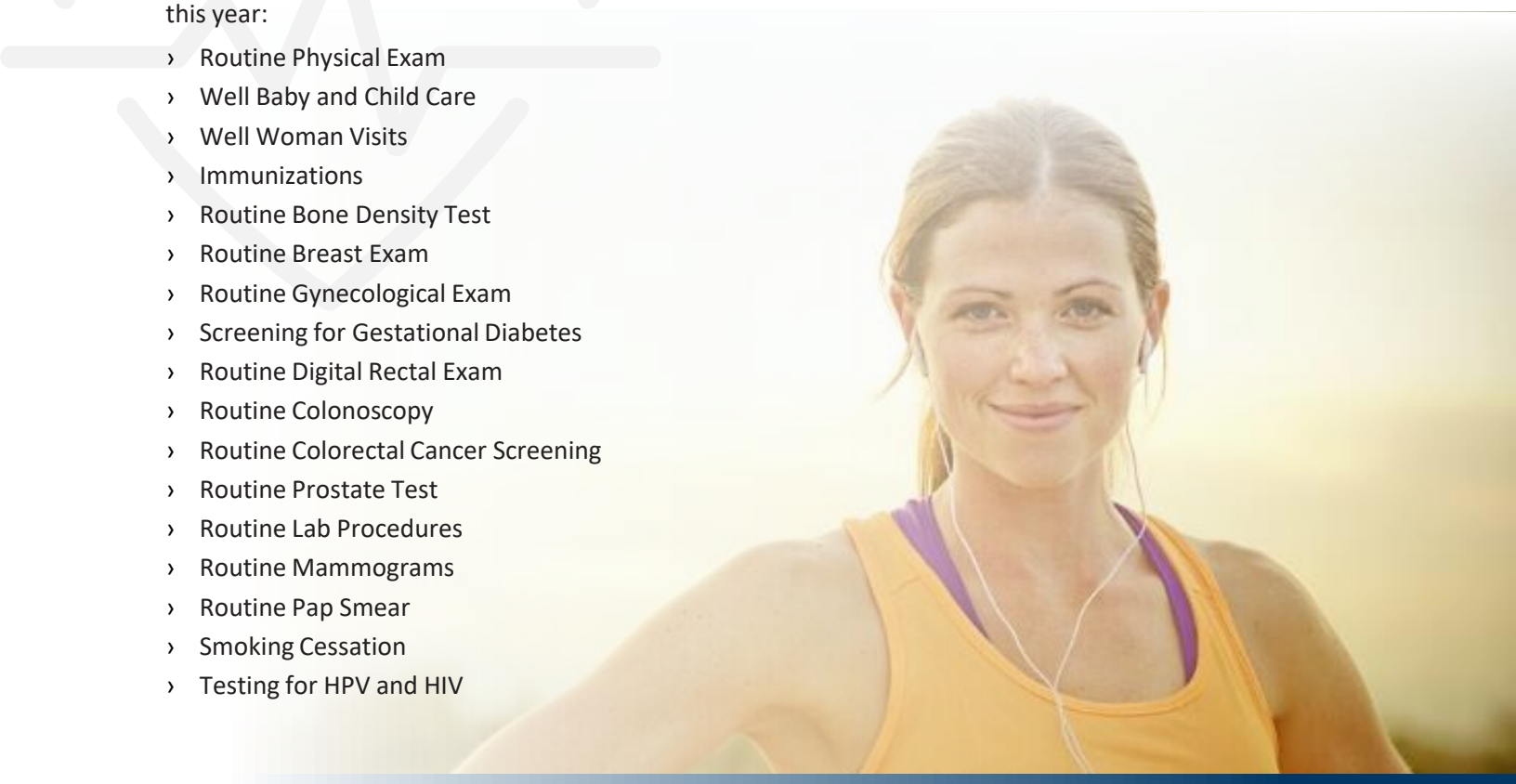
Medical

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered by Bowen Center, all covered individuals and family members are **eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.**

WHICH PREVENTIVE CARE SERVICES ARE COVERED?

Below is a list of common services that are included in the plans offered this year:

- Routine Physical Exam
- Well Baby and Child Care
- Well Woman Visits
- Immunizations
- Routine Bone Density Test
- Routine Breast Exam
- Routine Gynecological Exam
- Screening for Gestational Diabetes
- Routine Digital Rectal Exam
- Routine Colonoscopy
- Routine Colorectal Cancer Screening
- Routine Prostate Test
- Routine Lab Procedures
- Routine Mammograms
- Routine Pap Smear
- Smoking Cessation
- Testing for HPV and HIV



"An ounce of prevention is worth a pound of cure"

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Benefits for 2020

Dental Coverage

SUMMARY OF COVERAGE

Plan Features	
IN NETWORK	
Annual Deductible (Individual / Family)	$50 / $150
Calendar Year Maximum Benefit	$1,000
Preventive Care	100%
Basic Procedures (Extractions, fillings, etc.)	50%
Major Procedures (Crowns, dentures, etc.)	50%
Orthodontia	50% - No Age Limit
Lifetime Orthodontia Maximum Benefit	$1,000
OUT OF NETWORK	
Annual Deductible (Individual / Family)	$50 / $150
Calendar Year Maximum Benefit	$1,000
Preventive Care	100%
Basic Procedures (Extractions, fillings, etc.)	50%
Major Procedures (Crowns, dentures, etc.)	50%
Orthodontia	50% - No Age Limit
Lifetime Orthodontia Maximum Benefit	$1,000
MONTHLY PRICING	
Employee	$12
Employee + Spouse	$40
Employee + Child(ren)	$32
Employee + Family	$52
BI-MONTHLY PRICING	
Employee	$6
Employee + Spouse	$20
Employee + Child(ren)	$16
Employee + Family	$26

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Benefits for 2020

Vision Coverage

SUMMARY OF COVERAGE

Plan Features	
IN NETWORK	
Vision Exam	$10 Copay
Contact Lens Exam	Up to $60 Copay (In Addition to Vision Exam)
Lenses	
Single	$25 Copay
Bifocal	$25 Copay
Trifocal	$25 Copay
Frames	$25 Combined with Frames ($130 Allowance)
Elective Contact Lenses (In Lieu of Glasses)	$25 Copay ($130 Allowance)
Frequency (Months)	
Exam	Every 12 Months
Lenses	Every 12 Months
Frames	Every 24 Months
Contacts	Every 12 Months
OUT OF NETWORK	
Vision Exam	$10 Copay (Reimbursed up to $50)
Lenses	
Single	$25 Copay (Reimbursed up to $50)
Bifocal	$25 Copay (Reimbursed up to $75)
Trifocal	$25 Copay (Reimbursed up to $100)
Frames	$25 Copay Combined with Lenses ($130 Allowance)
Elective Contact Lenses	$25 Copay ($105 Allowance)
MONTHLY PRICING	
Employee	$8
Employee + Spouse	$16
Employee + Child(ren)	$17
Employee + Family	$27
BI-MONTHLY PRICING	
Employee	$4
Employee + Spouse	$8
Employee + Child(ren)	$8.50
Employee + Family	$13.50

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Benefits for 2020

Life Insurance

SUMMARY OF COVERAGE

Basic Life Insurance

Plan Features	
Employee Benefit Amount Paid by Bowen Center	$10,000
AD&D Benefit	$20,000

Voluntary Life Insurance

Plan Features	
Employee Benefit Amount	Employees can choose different amounts of coverage between the minimum and maximum benefit amount. See plan documentation for more details.
Benefit Amount	Elections of $25,000; $50,000; $75,000; $100,000; $125,000; $175,000 or up to 5 times your salary ($500,000 Max)
Guaranteed Coverage Amount	Proof of Good Health will be required for any coverage elections made after your initial election period. Employee may elect up to $175,000 without proof of Good Health. Spouse may elect up to $25,000 without proof of Good Health.
Spouse Benefit	Up to $250,000 in increments of $25,000; not to exceed 50% of employee amount
Dependent Benefit	$10,000

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Benefits for 2020

Disability Insurance Short Term

SUMMARY OF COVERAGE

Plan Features	
Employee Benefit Amount	60% per week
Maximum Benefit Amount	$1,500 per week
Elimination Period (Accident)	7 days
Elimination Period (Sickness)	7 days
Benefit Duration	12 weeks

Disability Insurance Long Term

SUMMARY OF COVERAGE

Plan Features	
Employee Benefit Amount	60%
Maximum Benefit Amount	$6,000
Elimination Period	90 days
Benefit Duration	To Normal Retirement Age

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Benefits for 2020

Value of Pre Tax Benefits

SECTION 125 PLAN

Bowen Center operates a Premium Only Section 125 Plan, which allows you to reduce your total taxable income by your portion of group insurance premiums. In effect, this is just like getting a raise - your withholding taxes are reduced, and your take-home pay increases!

Example: Employee earning $30,000 annually, paying $200/month for benefits

	Without Pre-Tax Benefits	With Pre-Tax Benefits
Gross Pay	$30,000	$30,000
Insurance Deductions/Payments	$0	$2,400
Taxable Income	**$30,000**	**$27,600**
Taxes at 25%	$7,500	$6,900
After-Tax Income	**$22,500**	**$20,700**
After-Tax Payment for Benefits	$2,400	$0
Take-home Pay	**$20,100**	**$20,700**
INCREASE IN TAKE-HOME PAY		**+$600**

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Benefits for 2020

403(b)

The 403(b) is a tax deferred retirement plan available to employees of Bowen Center as determined by section 501(c)(3) of the Internal Revenue Code. Contributions and investment earnings in a 403(b) grow tax deferred until withdrawal (assumed to be retirement), at which time they are taxed as ordinary income. Bowen Center will match up to 4% of your contributions to the plan. We also offer a Roth option for the 403(b).

Matching Examples

Bowen Center matches a percentage of employee contribution up to a certain limit.

Years of Service	Total Employer Match
1-3	$0.25 match per $1.00 contributed up to 4% of pay
4-7	$0.50 match per $1.00 contributed up to 4% of pay
8-10	$0.75 match per $1.00 contributed up to 4% of pay
10+	$1.00 match per $1.00 contributed up to 4% of pay

Upon retirement, participants may:

1. Leave their funds to accumulate tax-deferred in the account
2. Take an immediate lump sum withdrawal
3. Take periodic withdrawals

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Benefits for 2020

Rx Help Centers

Rx Help Centers is available for any member covered on the medical plan. This advocacy program is available to help those with high dollar / expensive prescriptions and free to Bowen employees covered under the medical plan. If you spend $75 or more per month on prescriptions, you may be a good candidate for Rx Help Centers.

Sample Prescription Drugs: Insulin (all types), Xaralto, Vivanse, Lyrica, Cymbalta, Crestor, Nexium, Spiriva, Invokana, Humira, Concerta, Singulair, Synthroid, Enbrel, Suboxene, Celebrex, Cialis, Advair Discus, Advair, Albuterol, Dilantin, Hydroclorothiazide, Levothyroxine, Prozac, Restasis, Effient, Eliquis, Flovent HFA, Welchol, Abilify, Atorvastatin, Janumet, Latuda, Lipitor, Plavix, Seroquel, Victoza and **MANY, MANY More!!**

Phone number and website are located at the back of this booklet.

Employee Assistance Program (Resource Advisor)

Bowen Center's Employee Assistance Program (EAP), administered by Symetra, provides highly confidential, experienced, professional assistance to manage life's challenges that may interfere with your personal and/or professional life. All employees and their eligible dependents are eligible for up to 5 counseling sessions per issue per year. The EAP also provides referral services. Symetra is available to assist you and your dependents 24-hours a day, seven days per week.

Examples of issues covered by the EAP:

- Marriage, relationship and family problems
- Problems at work
- Changes in mood
- Legal and financial issues
- Stress and anxiety
- Alcohol and drug dependency
- Identity theft

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Gradifi – Student Loan PayDown

Bowen Center provides a great benefit for all full-time employee (0.75 FTE or higher). We've partnered with Gradifi to offer a PayDown solution to help you with your student loans. Based on the chart below, Bowen Center will provide a monthly benefit for loan repayment. This is a great benefit that we encourage you to utilize!

Length of Employment	PayDown Amount
6 months to 1 year	$50 per month
1 year +	$100 per month

Additional Benefits

Paid Time Off (PTO)

Paid Holidays

Funeral Leave

Tuition Reimbursement

Fitness Reimbursement

YMCA – Corporate Discount with Payroll Deduction (at select YMCAs)

Employee Referral Program

Jellystone Park

Oil Change Benefit

Bowen Ticket Monster Perks

Bowen Wellness Initiative

Visit the HR Wiki Page on the Bowen Intranet for more information about the benefits listed above.
http://intranet.bowen.lcl/display/HRD/HR+Department

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Benefits for 2020

Legal Notices

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 addresses how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have a right to inspect copy-protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you get access to the information, contact Human Resources.

The HIPAA Privacy Rule was effective beginning April 14, 2003. The Privacy Rule is intended to safeguard protected health information (PHI). The provisions of the Privacy Rule have a significant impact on those who deal with health information and on all citizens with regard to their personal PHI. Our health insurance broker and all our contracted plans adhere to the HIPAA Privacy Rule.

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

If you're eligible for health coverage from Bowen Center, but can't afford the premiums, some states have premium-assistance programs that can help pay for coverage with funds from their Medicaid or CHIP programs. If you or your dependents are already enrolled in Medicaid or CHIP, 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, once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, the employer's health plan is required to permit you and your dependents to enroll in the plan - as long as you and your dependents are eligible, and not already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

Women's Health and Cancer Rights Act Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Woman'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:

1. All stages of reconstruction of the breast on which mastectomy was performed.
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses.
3. Treatment of physical complications of the mastectomy, including lymphedema.

Newborns' and Mothers' Health Protection Act Disclosure

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

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Benefits for 2020

Legal Notices

Patient Protection Notice

Your carrier generally may require the designation of a primary care provider. You have the right to designate any primary care provider who participates in your network and who is available to accept you or your family members. Until you make this designation, your carrier may designate one for you.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from your carrier or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in your network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

HIPAA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

HIPAA PRIVACY NOTICE

Please contact HR if you have any questions or need assistance obtaining a privacy notice.

NOTICE EXTENSION OF DEPENDENT COVERAGE TO AGE 26 AND ENROLLMENT OPPORTUNITY

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in medical, dental and vision programs. For more information contact your plan administrator.

NOTICE LIFETIME LIMIT NO LONGER APPLIES AND ENROLLMENT OPPORTUNITY

The lifetime limit on the dollar value of benefits under UMR medical program does not apply. Enrollment opportunities for individuals who previously lost coverage due to a lifetime limit are available. For more information contact your plan administrator.

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Benefits for 2020

Legal Notices

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 July 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: 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/hawk-i Phone: 1-800-257-8563

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KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: https://www.dhhs.nh.gov/ombp/nhhpp/ Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999
KENTUCKY – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: https://chfs.ky.gov Phone: 1-800-635-2570	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
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: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	**OREGON – Medicaid**
Website: http://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

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Benefits for 2020

Legal Notices

SOUTH DAKOTA – Medicaid	WASHINGTON – Medicaid
Phone: 1-888-828-0059 Website: http://dss.sd.gov	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)
UTAH – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	**WYOMING – Medicaid**
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
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 July 31, 2018, or for more information on special enrollment rights, contact either:

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

Paperwork Reduction Act Statement

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

OMB Control Number 1210-0137 (expires 12/31/2020)

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Benefits for 2020

Legal Notices

COBRA

Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)

The right to COBRA continuation coverage was created by federal law, so that you and your covered dependents may continue your employer-sponsored benefits coverage at full costs (plus an administrative fee). After a qualifying event, COBRA continuation coverage must be offered to each qualified beneficiary. You, your spouse and your dependent children could become qualified beneficiaries if coverage under the Plan is lost as a result of a qualifying event. If you're an employee, you'll become a qualified beneficiary if you lose your coverage for either of these reasons:

- Your hours of employment are reduced
- Your employment ends for any reason other than your gross misconduct

If you're the spouse/dependent of a Bowen Center employee, you'll become a qualified beneficiary if you lose your coverage under the Plan for any of these reasons:

- Your spouse/parent dies
- Your spouse/parent's hours of employment are reduced
- Your spouse/parent's employment ends for reasons other than his or her gross misconduct
- Your spouse/parent is retired and becomes entitled to Medicare benefits
- You are divorced or legally separated from your spouse
- Child is no longer eligible for coverage under the Plan as a dependent child

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Benefits for 2020

Legal Notices

Medicare Part D

Important Notice from Bowen Center 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 Bowen Center 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. Bowen Center has determined that the prescription drug coverage offered by the Bowen Center 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 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 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current Bowen Center coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Bowen Center coverage, be aware that you and your dependents will be able to get this coverage back.

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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 Bowen Center 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 at 574-267-7169. 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 Bowen Center 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).

Contact--Position/Office:	Cheryl Shepherd, Director of Human Resources
Address:	2621 E Jefferson St; Warsaw, IN 46580
Phone Number:	574-267-7169

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Legal Notices

EEOC

Bowen Center offers a voluntary wellness program available to all Bowen Center employees who are covered on Bowen's group health plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for cholesterol and glucose. You are not required to complete the HRA, participate in the blood test, or other medical examinations.

However, employees who choose to participate in the Bowen Wellness Program will receive an incentive by participating in the biometric screening and blood test, or by obtaining the same required information from their personal provider (obtained between 1/1/19 to 10/31/19). Employees that meet these standards will receive a medical premium discount of $10.00 per pay, or $240.00 annually for the HDHP and medical premium discount of $15.00 per pay, or $360.00 annually for the Traditional Plan.

Although you are not required to complete the biometric/blood screening or provide documentation from a personal provider, only employees who do so will receive the medical premium discount.

If you are unable to participate in any of the health-related activities to earn a medical premium discount, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Cheryl Shepherd cheryl.shepherd@bowencenter.org and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same discount that is right for you in light of your health status. If you are on an approved leave of absence or medical leave, you will still have the opportunity to participate in the wellness program. Because reasons for leaves of absence differ, the company will provide reasonable accommodations upon request, or may, at its discretion, waive the wellness requirements for all or part of the approved leave.

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Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Bowen Center may use aggregate information it collects to design a program based on identified health risks in the workplace, Bowen Center and MedStat will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are MedStat Clinic health professionals in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Cheryl Shepherd cheryl.shepherd@bowencenter.org.

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Contact Information

Carrier Name	Group Number	Website	Phone Number
UMR Medical	7670-00-412299	www.umr.com	(800) 826-9781
HealthJoy		www.healthjoy.com	(877) 500-3212
Edison Healthcare		https://edisonhealthcare.com	(855) 428-5198
HSA Authority	136671	www.thehsaauthority.com	(888) 472-8697
UMR Dental	7670-02-412299	www.umr.com	(800) 826-9781
VSP (Vision Service Plan)	30011071	www.vsp.com	(800) 877-7195
Symetra	01-018104-00	www.symetra.com	(877) 377-6773
Symetra	01-018104-00	www.symetra.com	(877)377-6773
Employee Assistance Program	WEB ID: SYMETRA	www.guidanceresources.com	(888) 327-9573
Rx Help Centers	8290318	http://rxc8290318-bowencenter.rxhelpcenters.com/	(866) 478-9593
Gradifi		www.gradifi.com	(844) GRADIFI
Retirement – WestPoint Financial Group	Ashley Teekaram Client Relations	www.WestPointFinancialGroup.com	(260) 442-3627

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2020 Employee Benefit Guide