



AMERICAN ASSOCIATION  
OF AIRPORT EXECUTIVES

# Employee Benefits Guide





## Who is Eligible?

If you are an American Association of Airport Executives full-time employee (working 30 or more hours per week) you are eligible to enroll in the benefits described in this guide. The following family members are eligible for medical, dental, and vision: spouses, children and domestic partners through American Association of Airport Executives



## How to Enroll

The first step is to review your current benefit elections. Verify your personal information and make any changes if necessary. Make your benefit elections. Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.



## When to Enroll

The open enrollment period runs from September 1, 2016 through September 30, 2016 for medical insurance and from December 1, 2016 through December 31, 2016 for all other insurance. The benefits you elect during open enrollment will be effective from October 1, 2016 through September 30, 2017 and January 1, 2017 through December 31, 2017, respectively. If you are a new hire AND hired on the first day of the month, you may enroll and be effective immediately. Otherwise, as a new hire, you may enroll immediately but your effective date will be the 1<sup>st</sup> of the month, following your date of hire. For example, if you were hired January 18, you can enroll immediately (fill out your specific forms), and your coverage would start on February 1<sup>st</sup>.



## How to Make Changes

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, domestic partnership status change, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you, your spouse or domestic partner, commencement or termination of adoption proceedings, or change in spouse's or domestic partner's benefits or employment status.

# What's New for 2016-2107?



The good news is there are no changes to the insurance AAAE offers. Meaning the plans remain the same and the cost to employees will remain the same as well.

Where we have made changes are in the health savings account contributions made by AAAE and the other benefits AAAE will offer staff in 2017. We have increased some benefit offerings and added new offerings. So please review the Summary of Benefits and the Additional Benefits and Resources sections carefully.

# Medical and Prescription Drug Benefits



Employees are offered a BlueChoice HMO, H.S.A #2 with CareFirst. This plan does not require physician referrals but employees must still elect a Primary Care Physician (PCP). This plan is offered with a Health Savings Account to help offset the cost of the deductible.

Benefit	HMO – In-Network Only
<b>Annual Deductible</b>	Individual: \$2,500 Family: \$5,000
<b>Out-of-pocket Maximum</b>	Individual: \$3,500 Family: \$6,550
<b>Lifetime Maximum</b>	Unlimited
<b>Preventive Care</b> Adult Physical (18+) Well Baby Care Immunizations Annual GYN Exam	No Charge No Charge No Charge No Charge
<b>Outpatient Care</b> Primary Care Physician office Specialist	Deductible, then \$0 Deductible, then \$0
<b>Hospital Care</b> Outpatient Surgery Inpatient Service	Deductible, then \$0 Deductible, then \$250 per admission
<b>Emergency Care</b> Ambulance when medically necessary Urgent Care Emergency Room	Deductible, then \$0 Deductible, then \$0 Deductible, then \$100
<b>Maternity Care</b> Prenatal and Post natal care Hospital services for mother of child	No Charge Deductible, then \$250 per admission
<b>Mental Health</b> Inpatient Outpatient	Deductible, then \$250 per admission Deductible, then \$0
<b>Durable Medical Equipment</b>	Deductible, then 25% of Allowed Benefit
<b>Prescriptions</b> Retail Pharmacy  Mail Order	Deductible then: \$0 Generic, \$25 Preferred (Tier 2), \$45 Non-Preferred (Tier 3) Deductible, then: \$0 Generic, \$50 Preferred, \$90 Non-Preferred

# Medical and Prescription Drug Benefits

Employees are offered a BlueChoice HMO, H.S.A #6 with CareFirst. This plan does not require physician referrals but employees must still elect a Primary Care Physician (PCP). This plan is offered with a Health Savings Account to help offset the cost of the deductible.

Benefit	HMO – In-Network Only
<b>Annual Deductible</b>	Individual: \$1,300 Family: \$2,600
<b>Out-of-pocket Maximum</b>	Individual: \$2,600 Family: \$6,550
<b>Lifetime Maximum</b>	Unlimited
<b>Preventive Care</b> Adult Physical (18+) Well Baby Care Immunizations Annual GYN Exam	No Charge No Charge No Charge No Charge
<b>Outpatient Care</b> Primary Care Physician office Specialist	Deductible, then \$15 Deductible, then \$25
<b>Hospital Care</b> Outpatient Surgery Inpatient Service	Deductible, then \$15/\$25 Deductible, then \$250 per admission
<b>Emergency Care</b> Ambulance when medically necessary Urgent Care Emergency Room	Deductible, then \$0 Deductible, then \$25 Deductible, then \$100
<b>Maternity Care</b> Prenatal and Post natal care Hospital services for mother of child	No Charge Deductible, then \$250 per admission
<b>Mental Health</b> Inpatient Outpatient	Deductible, then \$250 Deductible, then \$0
<b>Durable Medical Equipment</b>	Deductible, then 25% of Allowed Benefit
<b>Prescriptions</b> Retail Pharmacy  Mail Order	Deductible then: \$0 Generic, \$25 Preferred (Tier 2), \$45 Non-Preferred (Tier 3) Deductible, then: \$0 Generic, \$50 Preferred, \$90 Non-Preferred

# Medical and Prescription Drug Benefits

Employees are offered a BluePreferred PPO, H.S.A #4 with CareFirst. This plan does not require physician referrals but employees must still elect a Primary Care Physician (PCP). This plan is offered with a Health Savings Account to help offset the cost of the deductible.

Benefit	PPO – In-Network	PPO – Out-of-Network
<b>Annual Deductible</b>	Individual: \$2,700 Family: \$5,400	Individual: \$5,400 Family: \$10,800
<b>Out-of-pocket Maximum</b>	Individual: \$6,550 Family: \$13,100	Individual: \$10,000 Family: \$20,000
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Preventive Care</b> Adult Physical (18+) Well Baby Care Immunizations Annual GYN Exam	No Charge No Charge No Charge No Charge	Plan pays 80% Plan pays 100% Plan pays 100% Plan pays 80%
<b>Outpatient Care</b> Primary Care Physician office Specialist	Deductible, then \$0 Deductible, then \$0	Deductible, then 20% Deductible, then 20%
<b>Hospital Care</b> Outpatient Surgery Inpatient Service	Deductible, then \$0 Deductible, then \$0	Deductible, then 20% Deductible, then 20%
<b>Emergency Care</b> Ambulance when medically necessary Urgent Care Emergency Room	Deductible, then \$0 Deductible, then \$0 Deductible, then \$100	Deductible, then 20% Deductible, then 20% Paid as in-network
<b>Maternity Care</b> Prenatal and Post natal care Hospital services for mother of child	No Charge Deductible, then \$0	Deductible, then 20% Deductible, then 20%
<b>Mental Health</b> Inpatient Outpatient	Deductible, then \$0 Deductible, then \$0	Deductible, then 20% Deductible, then 20%
<b>Durable Medical Equipment</b>	Deductible, then \$0	Deductible, then 20%
<b>Prescriptions</b> Retail Pharmacy Mail Order	Deductible then: \$0 Generic, \$25 Preferred (Tier 2), \$45 Non-Preferred (Tier 3) Deductible, then: \$0 Generic, \$50 Preferred, \$90 Non- Preferred	

# Medical and Prescription Drug Benefits

Employees are offered a BluePreferred PPO, H.S.A. #6 with CareFirst. This plan does not require physician referrals but employees must still elect a Primary Care Physician (PCP). This plan is offered with a Health Savings Account to help offset the cost of the deductible.

Benefit	PPO – In-Network	PPO – Out-of-Network
<b>Annual Deductible</b>	Individual: \$1,300 Family: \$2,600	Individual: \$2,600 Family: \$5,200
<b>Out-of-pocket Maximum</b>	Individual: \$2,600 Family: \$6,550	Individual: \$5,200 Family: \$10,400
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Preventive Care</b> Adult Physical (18+) Well Baby Care Immunizations Annual GYN Exam	No Charge No Charge No Charge No Charge	Plan pays 80% Plan pays 100% Plan pays 100% Plan pays 80%
<b>Outpatient Care</b> Primary Care Physician office Specialist	Deductible, then \$0 Deductible, then \$0	Deductible, then 20% Deductible, then 20%
<b>Hospital Care</b> Outpatient Surgery Inpatient Service	Deductible, then \$0 Deductible, then \$0	Deductible, then 20% Deductible, then 20%
<b>Emergency Care</b> Ambulance when medically necessary Urgent Care Emergency Room	Deductible, then \$0 Deductible, then \$0 Deductible, then \$100	Deductible, then 20% Deductible, then 20% Paid as in-network
<b>Maternity Care</b> Prenatal and Post natal care Hospital services for mother of child	No Charge Deductible, then \$0	Deductible, then 20% Deductible, then 20%
<b>Mental Health</b> Inpatient Outpatient	Deductible, then \$0 Deductible, then \$0	Deductible, then 20% Deductible, then 20%
<b>Durable Medical Equipment</b>	Deductible, then \$0	Deductible, then 20%
<b>Prescriptions</b> Retail Pharmacy Mail Order	Deductible then: \$0 Generic, \$25 Preferred (Tier 2), \$45 Non-Preferred (Tier 3) Deductible, then: \$0 Generic, \$50 Preferred, \$90 Non-Preferred	

# Medical – Per Pay Deductions

	HMO H.S.A 2	HMO H.S.A 6	PPO H.S.A 4	PPO H.S.A 6
Employee Only	\$23.95	\$48.03	\$76.71	\$128.06
Employee & Spouse	\$124.98	\$181.57	\$350.01	\$470.68
Employee & Child(ren)	\$91.30	\$137.06	\$258.91	\$356.48
Employee & Family	\$154.92	\$221.13	\$430.97	\$572.19

## Health Savings Account (H.S.A)

### What is a Health Savings Account?

An H.S.A is a personal savings account that allows you to contribute pre-tax dollars to your account. You can use these dollars for your deductible, co-insurance, dental, vision, etc. The unused dollars can be saved or invested and accumulate through retirement. Employees can contribute an additional amount pre-tax up to the IRS limits. **You CANNOT be enrolled in a medical FSA if you open an H.S.A Account.**

Maximums	2016	2017
Single	\$3,350	\$3,400 (\$1,000 catch up)
Family	\$6,750	\$6,750 (\$1,000 catch up)

AAAE Employer H.S.A Contributions	HMO H.S.A. #2	HMO H.S.A. #6	PPO H.S.A. # 4	PPO H.S.A. # 6
Single	\$1,950	\$1,300	\$1,950	\$1,300
Two Party +	\$2,925	\$1,950	\$2,925	\$1,950

You may elect to pre-tax contributions through payroll. You are also able to make post tax contributions directly to your account at any time during the year. The tax savings will be determined annually when you complete your tax return.

Catch-up amounts refer to participants over the age of 55.

Please refer to Publication 969 on the IRS website ([www.irs.gov](http://www.irs.gov)) for more Health Savings Account details.



## How does the H.S.A work?

**Step 1:** Member Visits PCP for a sick visit.

**Step 2:** Member **may** be asked to make a small payment or (if you are seeing an out-of-network provider) the cost of the visit in full at the time of service. Swipe your debit card to pay.

*Note:* Member will never be required to pay more than CAREFIRST's plan allowance/allowed benefit for that service. In addition, the majority of in-network providers will usually do not require payment at the time of service.

**Step 3:** Claim is submitted from the physician's office to CAREFIRST.

**Step 4:** CAREFIRST applies charges toward annual deductible and annual out-of-pocket maximum.

**Step 5:** CAREFIRST sends appropriate billing amount to Provider (called an EOC, or Explanation of Coverage) and sends an EOB (Explanation of Benefits) to member.

**Step 6:** Provider bills member for any outstanding amount. Member may pay outstanding bill with debit card – Mellon Bank (BenefitWallet) or check book through H.S.A. account.

The account is a personal savings account. Your debit card will NOT work if you don't have money in the account. Be sure to save all documentation. This is an IRS mandated benefit and if audited you must be able to provide documentation.

**If you are seeing an-of-network provider, you may be responsible for the full amount of service charged by the provider.**

# Dental

Employees are offered a dental plan provided by United Concordia (UCCI).



	<b>PPO – Flex Plan Alliance Network</b>	
<b>Benefit</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Annual Deductible</b>	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
<b>Benefit Maximum</b>	\$5,000	
<b>Preventive Services:</b> <ul style="list-style-type: none"> <li>• Cleanings, Oral Exams</li> <li>• Topical Fluoride</li> <li>• X-Rays, Bitewings</li> <li>• Sealants</li> <li>• Palliative Treatment (Emergency)</li> </ul>	100%	100%
<b>Basic Services</b> <ul style="list-style-type: none"> <li>• Fillings</li> <li>• Simple Extractions</li> <li>• Periodontical scaling &amp; Root planing</li> <li>• General anesthesia</li> <li>• Space Maintainers</li> </ul>	After Deductible, you pay 10%	After Deductible, you pay 10%
<b>Major Services</b> <ul style="list-style-type: none"> <li>• Bridges/Dentures</li> <li>• Inlays, Onlays and Crowns</li> <li>• Implants</li> </ul>	After Deductible, you pay 40%	After Deductible, you pay 40%
	After Deductible, you pay 50%	After Deductible, you pay 50%
<b>Included Plan Features</b> <ul style="list-style-type: none"> <li>• Pregnancy benefit</li> <li>• Smile for Health-Wellness</li> </ul>	Covers 1 additional cleaning and periodontal maintenance per year, covered 100% Covers 1 additional periodontal maintenance per year, scaling and root planing, and 4 periodontal surgery procedures, covered 100%	

\*Please refer to your full SPD for detailed benefits and limitations

**Reimbursement is based on UCCI's schedule of maximum allowable charges.**

## Dental – Per Pay Deductions

	<b>2017 Deductions</b>
<b>Employee Only</b>	\$8.49
<b>Employee &amp; Spouse</b>	\$16.82
<b>Employee + child(ren)</b>	\$15.23
<b>Employee &amp; Family</b>	\$25.52

# Vision



Employees are offered a Vision plan provided by Vision Service Plan (VSP).

Benefit	In-Network
Exam	\$10
Frequency of Service	Exam: 12 Months Frames: 12 Months Lenses: 12 Months Contact Lenses: 12 Months
Frames Single Lenses Bifocal Lenses Trifocal Lenses	Co-pays \$25 \$25 \$25 \$25
Contact Lenses	Up to \$60
Frames	\$130 allowance for wide selection \$150 allowance for featured frame brands 20% savings on amount over allowance

*\*Please refer to your full SPD for detailed benefits*

## Vision – Per Pay Deductions

	2017 Deductions
Employee Only	\$1.58
Employee & Spouse	\$2.67
Employee & Children	\$2.72
Employee & Family	\$4.38



# Life and Disability Insurance



Unum provides full-time employees with group life insurance and long-term disability income benefits, and AAAE pays the full cost of LIFE/AD&D coverage and EMPLOYEES pay the full cost of the LTD coverage. Additionally, 100% participation is required.

## Life and AD&D

- Basic Life Insurance coverage provides important supplemental financial protection for your family in the event of your death. Unum provides eligible employees this benefit at no cost to you!
- **Benefit:** 3 x's your annual earnings, up to \$500,000
- **Accelerate Benefits:** If you are deemed terminally ill with less than 6 months to live then you are eligible to draw a portion of your life benefit to use for anything you wish.
- **Benefit Reductions:** reduces by 35% @ age 70 and 50% @ age 75

## Long Term Disability

- Long-term disability insurance pays you a portion of your earnings if you cannot work because of a disabling illness or injury
- **Benefit Amount:** 60% of your income, up to \$10,000 per month
- **Waiting Period:** 90 days

## Specific Voluntary Worksite Benefits

- **Individual Short-Term Disability Insurance:** Provides a source of income in the event you become disabled from a non-work related injury or sickness.
- **Individual Accident Insurance:** Provides a source of income in the event you become disabled from a non-work related accident
- **Critical Illness:** Provides a source of income in the event you become critically ill.  
**\*\* For enrollment in Specific Voluntary Worksite Benefits, provided by UNUM, you may ONLY sign up during AAAE's Open Enrollment.\*\***

# Worldwide Emergency Travel Assistance Services



Whether your travel is for business or personal reasons, our worldwide emergency travel assistance program goes with you when you travel to a foreign country or just 100 miles or more from home.

If you, your spouse or your dependent children need immediate assistance anywhere in the world\*

## Services are available for simple to extreme travel emergencies:

- Hospital admissions guarantee
- Emergency medical evacuation
- Care of minor children
- Prescription assistance
- Transportation for a friend or family member to join the hospitalized patient.

# Employee Assistance Program



Your EAP offers professional and confidential counseling services designed to help address the personal concerns and life issues you are facing. This service, staffed by experienced professional clinicians, is available to you and members of your family at no cost, by calling a toll-free phone line 24 hours a day, 7 days a week.

The EAP provides personal and confidential phone counseling services, regardless of your need and can help you with a variety of concerns, including:

- Locating childcare and eldercare services and obtain providers based on your preference
- Getting referrals to local attorneys for a free, 30-minute in-person or telephonic legal consultation
- Financial issues – budgeting, controlling debt, teaching children to manage money
- Work through complex, sensitive issues – personal or work relationships, depression or grief
- Access links to other informative web sites
- Use financial calculators, retirement planners, worksheets, and more

A wallet card can be provided at your request. See Human Resources to request your card.

Balance can be a call or a click away:

English: 1-800-854-1446

Spanish: 1-877-858-2147

Lifebalance.net

LifeWorks mobile app

User ID and password: lifebalance

## Legal Benefits



### Legal Resources

- Protects you from the high cost of attorney fees associated with everyday life events.
- Examples of no cost services that are included with membership are:
  - ✓ Wills, medical directives, Living Trusts, estate planning
  - ✓ Traffic tickets, misdemeanor defense of juveniles
  - ✓ Civil actions as defendant or plaintiff
  - ✓ Real estate
  - ✓ Identity theft
- Login with Company ID: 3306, Password: acaelegal
- National Network: access code: 7330012

# Health Care and Dependent Care Flexible Spending Accounts



AAAE provides you the opportunity to pay for out-of-pocket medical, dental, vision, and dependent care expenses with pre-tax dollars through the Flexible Spending Accounts. You must enroll/re-enroll in the plan to participate for the plan each year. You can save approximately 25% of each dollar spent on these expenses when you participate in a FSA.

A health care FSA is used to reimburse out-of-pocket medical expenses incurred by you and your dependents (this does not apply if you are in AAAE's medical plan which includes an HSA). A dependent care FSA is used to reimburse expenses related to care of eligible dependents while you and your spouse work.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income tax, Social Security taxes, and state and local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period. If you do not use the money you contributed it will not be refunded to you or carried forward to a future plan year. This is the use-it-or-lose-it rule.

The maximum that you can contribute to the Dependent Care Flexible Spending Account is \$5,000 if you are a single employee or married filing jointly, or \$2,550 if you are married and filing separately.

The following example shows how you can save money with a flexible spending account.

*Bob and Jane's combined gross income is \$30,000. They have two children and file their income taxes jointly. Since Bob and Jane expect to spend \$2,000 in adult orthodontia and \$3,300 for day care next plan year, they decide to direct a total of \$5,300 into their FSAs.*

	Without FSAs	With FSAs
<b>Gross income:</b>	\$30,000	\$30,000
FSA contributions:	0	-5,300
Gross income:	30,000	24,700
<b>Estimated taxes:</b>		
Federal	-2,550*	-1,755*
State	-900**	-741**
FICA	-2,295	-1,890
<b>After-tax earnings:</b>	24,255	20,314
<b>Medical and dependent care expenses:</b>	-5,300	0
<b>Remaining spendable income:</b>	\$18,955	\$20,314
<b>Spendable income increase:</b>		\$1,359

\*Assumes standard deductions and four exemptions.

\*\*Varies, assume 3%.

The example above is for illustrative purposes only. Every situation varies and we recommend that you consult a tax advisor for all tax advice.

## Summary of Benefits

Benefit Available	Waiting Period	Effective Date	Notes
<b>Medical</b>	End of the month, following date of hire; No wait period if hired on 1 <sup>st</sup> of the month	1 <sup>st</sup> of the month, following the wait period	Employees select 1 of the 4 plans
<b>Dental</b>	End of the month, following date of hire; No wait period if hired on 1 <sup>st</sup> of the month	1 <sup>st</sup> of the month, following the wait period	1 plan
<b>Vision</b>	End of the month, following date of hire; No wait period if hired on 1 <sup>st</sup> of the month	1 <sup>st</sup> of the month, following the wait period	1 plan
<b>Life/AD&amp;D</b>	None	Date of hire	Employer paid, 3 x annual salary, max \$500,000
<b>Long Term Disability</b>	90 Days	Date of hire	Employee Paid, 60% of your monthly salary to a max of \$10,000 per month
<b>Choice FSA</b>	End of the month, following date of hire	1 <sup>st</sup> of the month, following the wait period	Employee paid
<b>Vacation</b>	Accrue immediately	Date of Hire	All fulltime employees are eligible. 0-5 years, 5.23 hours per pay; 5-10 years, 7.07 hours per pay; 11-20 years, 8.0 hours per pay; Rollover to sick leave at year end.
<b>Sick Leave</b>	Accrue immediately	Date of hire	Full time employees accrue 3.7 hours of sick leave per pay. Employees who work a min. 17.5 hours accrue on a pro-rated basis. Up to 1040 hours may be carried over.

<b>Vacation Bonus</b>	Must be employed here on Jan 1	Jan 1 after hire date in a previous year	Eligible employees may take 4 vacation days in a row and earn a \$1,000 vacation bonus (1 time/year).
<b>401k</b>	Can contribute own funds after 90 days; automatic enrollment at 6%; AAEE contributes 3% after 1 year + beginning of next quarter and contributes up to 8% according to schedule	See HR	6 year vesting period for discretionary contribution
<b>Holidays</b>	No waiting period	Date of hire	10 Federal holidays
<b>Family Medical Leave Act</b>	12 months of employment with AAEE and must have worked 1250 hours within that time	Available the 1 <sup>st</sup> day of qualifying event as long as all eligibility requirements have been met	Employee must complete required paperwork and notification. For detailed information about this benefit contact HR. Details are below
<b>Tuition Assistance</b>	2 years of employment with AAEE	Based on meeting eligibility	Must be approved by Supervisor & HR, must make a "C" or better, and 75% upon course completion, 25% on 2 <sup>nd</sup> anniversary after course completion
<b>Student Loan Forgiveness</b>	1 year of employment with AAEE	Based on meeting eligibility	AAEE contributes \$1,000 annually, up to \$3,000, to the student loans of eligible employees with qualified loans.
<b>Tuition Savings Contribution</b>	1 year of employment with AAEE	Based on meeting eligibility	AAEE contributes \$1,000 annually, up to \$5,000, to a qualified Section 529 Tuition Savings Plan of the employee's choice, provided the employee is eligible.



# Additional Benefits and Resources

## CareFirst Options Discount Program

CareFirst's Options Discount Program takes you in healthy directions by opening the door to discounts on a broad range of alternative therapies and wellness services. These services include:

Acupuncture➤Chiropractic➤Elder care➤Gym Memberships➤Personal Training➤Message therapy➤Contacts➤Laser Eye surgery➤Weight Watchers➤Hearing Aids➤Fitness equipment & Much More! Log on to [www.carefirst.com](http://www.carefirst.com) and click on the members section.

## Employee Development

**Training/Seminars:** Eligibility Date: Day of hire

- Seminars/workshops must generally be job related and approved by your supervisor
- AA AE pays 100% of seminar/workshop

**Performance Appraisals: "A's & O's"**

- Formal performance feedback concerning staff member's Accomplishments and Objectives. This occurs twice annually with employees providing input to supervisor.

**Other Automatically Applied Benefits** (no cost to employee)

- Annual Employee Birthday present of \$50
- Paid parking or Metro transportation contribution of \$115 per month available for most public commuting methods
- Assist America: Emergency International Travel Assistance with medical, financial or legal emergencies while traveling on corporate Amex card
- Direct Deposit to your savings or checking account

## Paid Leave

**Maternity and Paternity paid leave have recently been increased**

Benefits eligible after one year of employment

- 20 days of paid leave for new mothers
- 10 days of paid leave for new fathers

## **Miscellaneous (No waiting period)**

**Credit Union Membership** with Commonwealth One Federal Credit Union

**Personal Computer Purchase Program** that allows interest-free loan to purchase your own computer and software

**Gym Subsidy Program** available for employees' memberships at any area gym

- Up to \$150 for initiation fee and \$40/month paid quarterly
- Special arrangements available at Sport and Health Clubs

**Convenient Lunch Room** – Free coffee, tea, and hot chocolate and filtered water; use of refrigerator/freezer, microwave ovens and toasters, 25 cents sodas and a 40 inch cable TV. Tables and chairs to sit with colleagues are at your disposal as well.

**Dress Code** - Business Casual Monday-Thursday and Casual on Fridays (clean and neat).

- Professional dress always appropriate depending on business situation

# Federal Notices



## Disclosure Statement to Employees Pertaining to Grandfather Status 2015 Plan Year

AAAE believes the group health plans as indicated by the designated boxes shown below are "grandfathered health plans" under the Patient Protection and Affordable Care Act (PPACA):

CareFirst HMO	#2	<input type="checkbox"/> Grandfathered	✓ Non-Grandfathered
CareFirst HMO	#6	<input type="checkbox"/> Grandfathered	✓ Non-Grandfathered
CareFirst PPO	#4	<input type="checkbox"/> Grandfathered	✓ Non-Grandfathered
CareFirst PPO	#6	<input type="checkbox"/> Grandfathered	✓ Non-Grandfathered

As permitted by PPACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when PPACA was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of PPACA that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections under PPACA, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to your plan administrator at:

Group Contact: Maria Bremis

Email: [hr@aaae.org](mailto:hr@aaae.org)

Phone: 703.797.2528

You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans. You may also contact the U.S. Department of Health and Human Services at [www.healthreform.gov](http://www.healthreform.gov).

---

**Notice of Opportunity to Enroll  
As provided under the Patient Protection and Affordable Care Act**

**Extension of Dependent Coverage to Age 26**

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 the CareFirst Health Plan. Individuals may request enrollment for such children for 30 days from the date of notice. Enrollment will be effective retroactively to 03/01/2011. For more information contact Maria Bremis at 703.797.2528

---

**Notice of Elimination of Lifetime Limits  
As provided under the Patient Protection and Affordable Care Act**

The lifetime limit on the dollar value of benefits under the CareFirst Health Plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment. For more information contact Maria Bremis at 703.797.2528

---

**Patient Protections Notice  
As provided under the Patient Protection and Affordable Care Act**



Designation of Primary Care Providers

CareFirst Health Plan generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, CareFirst designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact CareFirst BCBS @ 800-321-3497.

For children, you may designate a pediatrician as the primary care provider.

Coverage for Obstetric or Gynecological Care

You do not need prior authorization from CareFirst 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 our 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. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Maria Bremis at 703-797-2528

---

# Important Contact Information

## CareFirst

[www.carefirst.com](http://www.carefirst.com)

Member Service Line: 800.321.3497

## Benefit Wallet (HSA)

[www.mybenefitwallet.com](http://www.mybenefitwallet.com)

Customer Service Line: 866.712.4551

## United Concordia (UCCI)

[www.unitedconcordia.com](http://www.unitedconcordia.com)

Customer Service Line: 800.332.0366

## Vision Service Plan (VSP)

[www.vsp.com](http://www.vsp.com)

Customer Service/Claim Line: 800.877.7195

## Unum

[www.unum.com](http://www.unum.com)

Customer Service/Claim Line: 866.679.3054

## Choice Strategies (FSA)

[www.choice-strategies.com](http://www.choice-strategies.com)

Customer Service Line: 888.278.2555

For all your benefit and claims questions you can always contact our brokers, Gallagher Benefit Services! Available Monday through Friday 8:00 am -5:00pm to help with all your benefit questions!

Teresa Conto: [TeresaC@iben.com](mailto:TeresaC@iben.com)  
Colette DeCastro: [ColetteD@iben.com](mailto:ColetteD@iben.com)

301.921.7804

Alexis Tucker: [AlexisT@iben.com](mailto:AlexisT@iben.com)  
Dana Graham: [DanaG@iben.com](mailto:DanaG@iben.com)  
Karen Morilak: [KarenM@iben.com](mailto:KarenM@iben.com)

703.471.5226