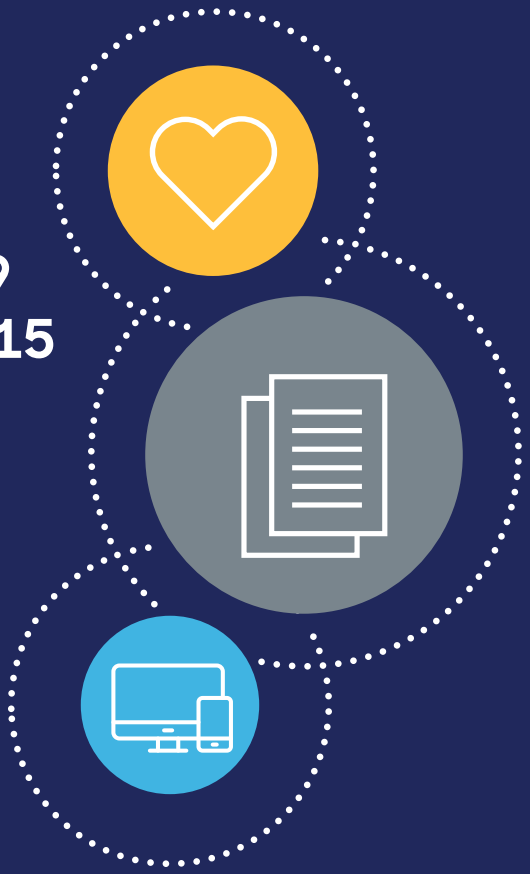
# My Health and Wellness Benefits: 2019

for Trustmark Services Company and CoreSource, Inc. Associates



## Open Enrollment for 2019
## Enroll in Workday Nov. 1–15

Helping people increase wellbeing through better health and greater financial security.

Trustmark®
benefits beyond benefits

## A Message from CEO Joe Pray

Welcome to our 2019 benefits open enrollment. Please set aside ample time to review this benefits booklet as you make these important benefit elections.

### How Medical Plan Costs Affect Premiums

As you may know, our associate medical plans are self-insured, which means the cost (claims and administration) is shared by the company and associates. Our philosophy is to share the cost, with associates paying 30 percent (which includes premiums through payroll deductions and out-of-pocket costs like deductibles and coinsurance) and the company paying the remaining 70 percent. When we manage plan costs, it saves money for both you, our associates, and our company.

Unfortunately, we experienced a significant increase in medical plan costs over the last year, specifically related to specialty drugs and large-dollar claims. Given this, the company made the decision to pay more than 70 percent as a temporary stop-gap for 2019 to avoid a larger increase in associate payroll deductions. Even with this decision, associates' premiums for next year will rise about 10 percent. We will be working hard over the next year to find additional ways to contain medical costs in hopes of avoiding large increases to associate payroll deductions and company costs in 2020.

### Addressing Rising Healthcare Costs

While we can't completely control the ever-increasing cost of healthcare services, there are things we can all do to impact medical costs. Trustmark is committed to offering competitive coverage. We continue to expand programs that we believe will help contain costs, provide greater access to quality physicians and help you save for future healthcare expenses. In this booklet, you'll learn about two new programs from Grand Rounds and Healthcare Blue Book that will help you find quality providers offering cost-effective services. Our new HSA partner, HealthEquity, provides mentors who will help you better understand your HSA, empowering you to build your health savings. We ask that you take the time to understand your options, use your healthcare dollars wisely and share in the responsibility to manage costs.

As always, we're also offering webinars during open enrollment to introduce new programs and 2019 changes. New this year is a Brainshark presentation for those who cannot attend a webinar. Look for more information about both of these on the following page. I encourage you to use all the resources we provide to learn and make informed healthcare choices during open enrollment and throughout the year.

Be well,
Joe Pray

## Message from the Benefits Team

Choosing your benefits is an important responsibility. In order for us to better serve you this open enrollment period, we ask that you take the time to review and submit your open enrollment event in Workday by Nov. 15th. Please review the materials thoroughly and join a webinar or view the Brainshark presentation. Contact the Benefits Team if you have any questions – we're here to help!

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## Tips for a Successful Open Enrollment

**Further your understanding and ask questions:** Plan to attend an informational **webinar** to learn about changes and new programs for 2019, how to make informed decisions and how to best maximize the benefits and tools available to you. Each one-hour webinar includes a presentation and Q&A session. All webinars are Central time. A **Brainshark presentation** about your 2019 benefits is also available on **Healthy and Wise.**

## Register for a webinar:

Click on a session below to register for a webinar. You may add the webinar details to your calendar after registration.

**Tuesday, Oct. 23, 1 p.m. – 2 p.m. Central**
**Thursday, Nov. 1, 3 p.m. – 4 p.m. Central**
**Monday, Nov. 5, 10 a.m. – 11 a.m. Central**
**Thursday, Nov. 8, 11 a.m. – 12 p.m. Central**

**Start early:** Review the materials in advance so you are ready to enroll starting on Thursday, Nov. 1. Your enrollment event is in your Workday inbox. The last day to make your elections on **Workday** is Thursday, Nov. 15.

**Take your time to avoid mistakes:** Choose the right plan by reading the enrollment instructions and plan descriptions in Workday. FSA and HSA sound alike but are very different. Changes after Open Enrollment ends are not allowed. Also, a new election is required each year for health savings account (HSA) and flexible spending account (FSA).

**Put important deadlines on your calendar:** Open Enrollment in Workday ends on Nov. 15. Evidence of insurability for life plans must be completed online with **The Standard** by Nov. 30.

# What's New in 2019

## New HSA Partner HealthEquity

We are pleased to introduce our new HSA partner, HealthEquity, replacing HSA Bank. Starting with the first pay date in January 2019, employer and employee pre-tax payroll contributions will be placed in your HealthEquity HSA. HealthEquity was selected because they provide a more engagement-focused platform, educating our associates to optimize their accounts. Also, they offer a more robust and user-friendly platform that integrates with CoreSource claims information, so you can pay providers from your HSA account with the click of a mouse.

**Action Required:**

During your enrollment on Workday, you'll be asked to authorize the transfer of your HSA Bank account funds to HealthEquity and close your HSA Bank account. The company will continue to pay administration fees for your HealthEquity account but will no longer pay fees to HSA Bank. In addition, we will cover the $25 fee to close your HSA Bank account when you make this choice during open enrollment. If you are currently investing your funds with HSA Bank you will need to liquidate HSA Bank funds by Jan. 3, 2019 in order to transfer your funds to HealthEquity. Fund transfers to HealthEquity will occur in January so you must stop using your HSA Bank account after Jan. 8.

## New Transparency and Quality Healthcare Provider Programs

We are introducing two new programs to replace the Castlight transparency tool. Combined, these programs offer improved services. Grand Rounds will help you find high-quality in-network doctors that meet your needs. Learn more about Grand Rounds on page 13. Healthcare Bluebook will help you better understand the approximate cost of medical services, especially those where cost may be the primary driver, like labs and imaging. Learn more about Healthcare Bluebook on page 14.

## Behavioral Health Services Now Available Through Teladoc

We are expanding our telehealth services to include Behavioral Health. Now Teladoc provides convenient and cost-effective care via phone or computer to assist with your concerns such as stress, anxiety, depression, grief, family difficulties and others. You can work with a provider who can prescribe medication and medication management, if needed. Learn more about Teladoc services for medical and behavioral health concerns on page 16.

## Life Insurance Coverage Change

Supplemental life insurance is moving to a flat dollar coverage amount in increments of $5,000, up to $500,000. If you have current coverage, the amount will be mapped to the next $5,000 tier. You may increase your supplemental life coverage up to the guaranteed issue amount of $200,000 unless you have been previously declined for coverage. Any increase to Dependent Life will require evidence of insurability. For details on life insurance, see page 27.

## Maximum Contribution Limits Increased for HSA and Healthcare FSA

The maximum of all HSA contributions (yours and the company's) in 2019 will be $3,500 for individual coverage and $7,000 for family coverage. Trustmark will contribute $500 to your HSA if you have employee-only coverage or $1,000 if you have spouse, children or family coverage. The flexible spending account (FSA) maximum contribution for healthcare expenses will increase to $2,700 in 2019.

## Vision Plan Enhancements

VSP has increased its annual frame allowance and the contact lens allowance to $200, up from $170, in the Enhanced Plan. For more information on your vision plan choices, see page 21.

Hearing loss can have a huge impact on productivity and overall quality of life, but the high cost of hearing aids is a major factor keeping people from addressing their hearing loss. Now Trustmark associates who are VSP Vision Care members can save up to 60 percent on the latest brand-name hearing aids. Family members are eligible for exclusive savings, too. See page 21 for details.

# Voluntary Benefits Enrollment

## Voluntary Benefits

**Your voluntary benefits are available with special discounted rates!**
*Don't miss this great opportunity! All associates should* **schedule their time** *to* ***learn about their voluntary benefits*** *from an expert counselor!*

Trustmark associates are eligible to enroll in the same high-quality voluntary benefits that Trustmark Voluntary offers to our clients – with a unique employee discount. These benefits can help offer additional financial security and protection against life's curveballs.

To learn more and/or enroll, all associates should make an appointment with a benefit counselor. This one-on-one phone call is important for you to fully understand your opportunities, so **make your appointment today!**

**Available products:**

- **Universal Life and Universal LifeEvents®**: life insurance products that offer two benefits in one policy: permanent life insurance and living benefits for long-term care.
- **Accident:** helps with the cost of unexpected bills related to accidents that occur any day. Benefits for initial care, injuries and follow-up care.
- **Critical HealthEvents℠**: provides tiered cash benefits for both early identification and late-stage diagnosis of critical illnesses like cancer, heart attack, and stroke. Benefit replenishes each year.

**Schedule your ONE-ON-ONE benefits call TODAY!**
**Click on this link or call:**
**1-866-998-2915 to schedule.**

Scheduler opens: **Oct. 18, 2018**
First appointments: **Nov. 1, 2018**
Last appointment: **Nov. 15, 2018**

**Visit this page to learn more about voluntary benefits options for Trustmark associates!**

There are also two live webinars where you can learn about available plans and ask questions directly. Click on the date you prefer to register for the webinar:

**Webinar #1: Oct. 29, 2018, 2-3 pm Central**

**Webinar #2: Nov. 2, 2018, 9-10 am Central**

All associates should take advantage of this opportunity – even if you already have voluntary benefits, you should review your coverage with a counselor!

# Health and Well-Being Program Eligibility

| Associates working 30 or more hours | All Associates |
|---|---|
| Medical<br>Health Savings Account (HSA)<br>Telemedicine and Telebehavioral Health<br>24/7 Nurseline<br>Health Management<br>Dental<br>Vision<br>Flexible Spending Account (FSA)<br>Life Insurance<br>Short-Term and Long-Term Disability<br>Employee Assistance Program<br>Be Your Best Self Wellness Program<br>Voluntary Benefits | Commuter Benefits<br>401(k) - See page 26 for eligibility |

## Waiting Periods

If you are newly eligible for benefits, you'll have a waiting period prior to the coverage start date. All benefits, with the exception of the Short-Term Disability and Long-Term Disability plans, begin on the first day of the month following your date of hire or rehire. The Short-Term Disability and Long-Term Disability plans have a 3-month waiting period.

## Dependent Coverage

Dependent coverage is available for your spouse or qualified partner; your child up to age 26 (including a stepchild or child of a qualified partner); your child who, because of a handicap condition that occurred before the attainment of the limiting age, is incapable of self-sustaining employment and is dependent on his parents or other care providers for lifetime care and supervision.

## Qualified Partner Information

The company extends medical, dental, vision and life insurance benefits to your qualified partner and his or her eligible children. Qualified partners are domestic partners as defined by Trustmark or common law marriage, civil union relationships or domestic partnerships as defined by the state in which you live.

Children of your qualified partner can also be covered by the medical plan up to age 26. The portion of premium you pay for your qualified partner's coverage and the amount the company contributes for their premium may be considered taxable income. You will see a separate deduction for pre- and post-tax premium on your pay slip.

Please complete the Attestation of Qualified Partnership form and provide dependent verification documentation by the enrollment deadline or within 10 days of entering a status change on Workday. Please download the form and review the list of acceptable verification documents located on the intranet and submit with your enrollment in Workday or send an email to Hillary Kravitz at **hillary.kravitz@trustmarkins.com**.

## Qualified Plan Changes

After you make your annual enrollment elections, you may not change your elections unless you have a qualified change in status as permitted by federal regulations and your employer's plan.

Elections may be changed if a loss or gain of eligibility of coverage occurs due to the following reasons:

- Change in family status:
  - Marriage or divorce
  - Gain or loss of a dependent
  - Dependent satisfies or ceases to satisfy eligibility requirements
  - Termination or commencement of employment
  - Change in work schedule that affects eligibility
  - Change in residence or worksite that affects eligibility
- Taking or returning from a leave of absence under the Family and Medical Leave Act of 1993
- Significant change in the coverage or cost of the spouse's benefits during spouse's open enrollment period
- Associate purchases coverage through a state or federal health insurance marketplace
- A court order, judgment or decree
- Entitlement to Medicare or Medicaid, or enrollment in a state child health insurance program (CHIP)
- A COBRA qualifying event

Please see the Summary Plan Description for additional information regarding qualified plan changes.

If you experience one of the qualified status changes and wish to change your plan elections, you must enter your plan changes in Workday within 30 days of the status change (60 days for CHIP event). Additionally, please provide supporting documentation of the status change and verification of newly added dependents within 10 days of entering your change in Workday. You may attach documents to the event in Workday or send to Hillary Kravitz at **hillary.kravitz@trustmarkins.com**.

Benefit changes will not display in Workday until approved by the Benefits team. Do not create an additional event if your change is not shown immediately. Contact Hillary Kravitz at **hillary.kravitz@trustmarkins.com** if you have questions.

Your benefits will begin or end on the event date or the day of the start or loss of other coverage. Premium will be deducted or refunded retroactive to the date of the qualified status change.

An employee who loses coverage during the plan year and subsequently re-enrolls in coverage during the same plan year must enroll in the same plan option in which he or she was enrolled at the time he or she terminated the original election.

# 2019 Medical Plans at a Glance

| Premier 1500 | Essential 2500 | Balanced 4500 |
|---|---|---|
| HDHP Premier | HDHP Essential | HDHP Balanced |

Provider Networks: Call or login to Grand Rounds to find a quality in-network doctor.
You may also see a list of in-network providers at www.aetna.com/asa or medcost.com (N.C. only).

**HSA Contributions**

Trustmark contributes $500 if you have Employee Only coverage or $1,000 if you have Spouse, Children or Family coverage. Contributions are prorated for a partial year. The total of company and employee contributions cannot exceed $3,500 for Employee Only coverage or $7,000 for family coverage

Deductible*: the amount of expenses that must be incurred by the participant before the plan pays at the coinsurance level.

| In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
|---|---|---|---|---|---|
| · $1,500 deductible if you have Employee Only coverage<br>· $3,000 aggregate deductible if you have Spouse, Children or Family coverage | · $3,000 deductible if you have Employee Only coverage<br>· $6,000 aggregate deductible if you have Spouse, Children or Family coverage | · $2,500 deductible if you have Employee Only coverage<br>· $5,000 aggregate deductible if you have Spouse, Children or Family coverage | · $5,000 deductible if you have Employee Only coverage<br>· $10,000 aggregate deductible if you have Spouse, Children or Family coverage | · $4,500 deductible if you have Employee Only coverage<br>· $9,000 aggregate deductible if you have Spouse, Children or Family coverage | · $6,350 deductible if you have Employee Only coverage<br>· $12,700 aggregate deductible if you have Spouse, Children or Family coverage |

Coinsurance*: the percentage of covered expenses shared by the plan and participant after the deductible has been met.

| | | | | | |
|---|---|---|---|---|---|
| Plan pays 80%<br>Participant pays 20% | Plan pays 60%<br>Participant pays 40% | Plan pays 80%<br>Participant pays 20% | Plan pays 60%<br>Participant pays 40% | Plan pays 70%<br>Participant pays 30% | Plan pays 50%<br>Participant pays 50% |

Participant's Coinsurance Maximum*: does not include deductible.

| | | | | | |
|---|---|---|---|---|---|
| · $2,750 if you have Employee Only coverage<br>· $5,500 aggregate if you have Spouse, Children or Family coverage | · $5,500 if you have Employee Only coverage<br>· $11,000 aggregate if you have Spouse, Children or Family coverage | · $3,000 if you have Employee Only coverage<br>· $6,000 aggregate if you have Spouse, Children or Family coverage | · $6,000 if you have Employee Only coverage<br>· $12,000 aggregate if you have Spouse, Children or Family coverage | · $1,850 if you have Employee Only coverage<br>· $3,700 aggregate if you have Spouse, Children or Family coverage | · Unlimited |

Out-of-Pocket Maximum: The combined amount of deductible and coinsurance that must be met before the plan pays at 100%.
No individual will have an in-network out-of-pocket maximum that exceeds $6,850.

| | | | | | |
|---|---|---|---|---|---|
| · $4,250 if you have Employee Only coverage<br>· $8,500 aggregate if you have Spouse, Children or Family coverage | · $8,500 if you have Employee Only coverage<br>· $17,000 aggregate if you have Spouse, Children or Family coverage | · $5,500 if you have Employee Only coverage<br>· $11,000 aggregate if you have Spouse, Children or Family coverage | · $11,000 if you have Employee Only coverage<br>· $22,000 aggregate if you have Spouse, Children or Family coverage | · $6,350 if you have Employee Only coverage<br>· $12,700 aggregate if you have Spouse, Children or Family coverage | · Unlimited |

Plan Pays* (after out-of-pocket maximum is met)

| | | | | | |
|---|---|---|---|---|---|
| 100% | 100% | 100% | 100% | 100% | N/A |

* Subject to the usual and customary charges, exclusions and limitations.

# 2019 Medical Plans at a Glance

## Call CoreSource at (877) 367-5690 if you have questions.

| Premier 1500 | | Essential 2500 | | Balanced 4500 | |
|---|---|---|---|---|---|
| HDHP Premier | | HDHP Essential | | HDHP Balanced | |
| **Annual Preventive Care Including Well Child Care** | | | | | |
| In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| 100% coverage of preventive care. | 60% after deductible. | 100% coverage of preventive care. | 60% after deductible. | 100% coverage of preventive care. | Not covered. |
| **Office Visits/ Therapies/ Lab Services (excluding lab services for preventive care)** | | | | | |
| Plan pays 80% after your deductible is met. | Plan pays 60% after your deductible is met. | Plan pays 80% after your deductible is met. | Plan pays 60% after your deductible is met. | Plan pays 70% after your deductible is met. | Plan pays 50% after your deductible is met. |
| **Inpatient and Outpatient Care** | | | | | |
| Plan pays 80% after your deductible is met. | Plan pays 60% after your deductible is met. | Plan pays 80% after your deductible is met. | Plan pays 60% after your deductible is met. | Plan pays 70% after your deductible is met. | Plan pays 50% after your deductible is met. |
| **Teladoc** | | | | | |
| Talk to a doctor anytime through Teladoc, a national network of U.S. board-certified doctors available on demand 24 hours a day, 365 days a year to diagnose, treat and prescribe medication for many medical issues. Pay a $45 fee upfront and Teladoc will submit the claim to CoreSource. The fee to use telebehavioral health is $160 for a psychiatry initial consultation, $90 for a subsequent psychiatry visit, and $80 for licensed clinical social worker, psychologist, counselor or therapist visit. | | | | | |
| **Emergency Room Visits** | | | | | |
| Plan pays 80% for emergency visits and 50% for non-emergency visits after your deductible is met. | | | | Plan pays 70% for emergency visits and 50% for non-emergency visits after your deductible is met. | |
| **Mental Health/Substance Abuse Services** | | | | | |
| Plan pays 80% after your deductible is met. | Plan pays 60% after your deductible is met. | Plan pays 80% after your deductible is met. | Plan pays 60% after your deductible is met. | Plan pays 70% after your deductible is met. | Plan pays 50% after your deductible is met. |
| **Prescription Drugs** | | | | | |
| Preventive Drugs[1] (Routine/Women's/Preventive Therapy) – Covered at 100%<br>All Other Drugs – Subject to deductible and coinsurance. You pay 100% of the discounted cost until the deductible is met and then you pay 20%.<br>* Specialty Drugs must be obtained through Caremark's Specialty Pharmacy<br>** Mail order optional; 90-day supply at CVS pharmacy is available | | | | Preventive Drugs[1] (Routine/Women's/Preventive Therapy) – Covered at 100%<br>All Other Drugs – Subject to deductible and coinsurance. You pay 100% of the discounted cost until the deductible is met and then you pay 30%.<br>* Specialty Drugs must be obtained through Caremark's Specialty Pharmacy<br>** Mail order optional; 90-day supply at CVS pharmacy is available | |

[1] Drugs that are subject to generic step therapy, brand penalty and prior authorization may be not covered at 100% by the plan. See the Prescription Drug section on the Virtual Water Cooler for more detailed information about this program. Please check the Caremark website at www.caremark.com for the most accurate up-to-date coverage and cost information.

## Preventive Care Coverage at 100 Percent

One of the best ways to ensure you stay healthy is to get regular preventive care from your medical provider. You'll enjoy peace of mind knowing that Trustmark's medical plan provides 100 percent coverage of the following in-network preventive care services.

**In-Network Routine and Preventive Care**
In-network routine and preventive care is care that is not required due to illness or injury and has been recommended by your provider. Coverage guidelines related to age and frequency may apply.

**Annual medical exam**
Routine preventive exams (which can also be a routine gynecological exam) by a network provider are covered each year. Be sure that your provider codes the visit as routine so the preventive care benefit will apply.

**Pap smear**
A pap test is covered once per year beginning at the recommended age by your provider.

**Mammogram**
The plan covers one preventive or diagnostic mammogram per year. The recommended start date is age 40. Women who are at high risk for developing breast cancer may need to begin getting mammograms earlier and more frequently. The plan covers 3D mammograms at the age recommended by your provider.

**Breast screening MRI**
The plan covers a breast screening MRI when medically necessary.

**Colonoscopy including prep kit**
There's no reason to avoid getting your colonoscopy starting at age 50 because if there is a need for an additional procedure (such as the removal of polyps), the cost of the procedure is still covered at 100 percent under the preventive care benefit. Specific brands of the colonoscopy prep kit from the pharmacy are covered at 100 percent. Please see the Caremark website for the brands.

**Prostate exam**
The plan covers one prostate exam and prostate-specific antigen (PSA) blood test when recommended by your provider.

**Routine immunizations**
Immunizations for children, flu vaccinations, shingles immunizations and others are covered by the plan. If you receive the shot from your medical provider, the provider will submit the claim to the plan. If you receive the shot from the pharmacy, you may need to pay out of pocket and submit your bill to the plan for reimbursement.

**Prenatal, pregnancy and postnatal care**
Having a healthy baby is important. The plan provides 100 percent coverage of the cost of prenatal vitamins and folic acid supplements (covered under the prescription plan with a prescription and filled at the pharmacy). In-network gestational diabetes screenings are also covered at no charge.

Review the Schedule of Benefits and Summary Plan Document for more information as well as the U.S. Preventive Services Task Force (USPSTF) A & B recommendations. These recommendations change throughout the year so speak with your provider and contact CoreSource if you have questions about preventive care benefits.

Call CoreSource at (877) 367-5690 if you have questions.

## Prescription Drug Coverage

Your medical plans offer coverage of quality medications in two ways:

1. **Preventive Drugs**
   Covered by the plan at 100 percent. These include over-the-counter and prescription drugs mandated by the Affordable Care Act, as well as preventive therapy drugs the company has chosen to offer with no cost share.

   **Categories include:**
   Aspirin therapy
   Tobacco Cessation
   Prescription Contraception
   Cardiovascular conditions
   Diabetes
   Hypertension
   Mental health

Go to **www.caremark.com** or use Caremark's mobile app to get the most up-to-date coverage and cost information. Enrollment in the plan and registration to the site is required in order to gain access. Drugs that are subject to generic step therapy, brand penalty and prior authorization may be not covered at 100 percent by the plan.

2. **All Other Prescription Drugs**
   Subject to deductible and coinsurance. You'll pay 100 percent of the discounted cost until the deductible is met and then you'll pay at the applicable coinsurance level.

## Mail Order

Visit the Caremark website at **www.caremark.com** to print the form for use with a paper prescription, or use the site to request that Caremark contact your doctor for authorization. You can also get a 3-month supply by using the Maintenance Choice program at a local CVS Pharmacy.

## Health Plan Portal

myCoreSource.com is your online portal to personal information about your medical and dental benefits and flexible spending accounts and links to access your health plan programs. First-time users should register online at myCoreSource.com to start accessing your data. Visit the site or download the mobile app to:

- View an explanation of benefits (EOB).
- Get more detail on your benefits, including deductibles and out-of-pocket limits.
- Get speedy answers to your important questions and request additional ID cards.

Please contact CoreSource Customer Service at **(877) 367-5690** for login issues.

## Finding a Quality Doctor

Whether you are looking for a doctor, in need of a second opinion or have questions about a current treatment plan, Grand Rounds is your first stop. Grand Rounds provides expert medical guidance and support to help ensure you always receive the best care possible. Whether you need help finding the best physician in your area, information about a new diagnosis or treatment, or support deciding if surgery is right for you, Grand Rounds will take care of it all.

Grand Rounds works with top doctors and specialists across the country and identifies the highest quality physicians for your unique needs.

**Grand Rounds is with you when:**

- You need a doctor/specialist. They'll find the best physician in your area
- You need a hand. Once a new physician is recommended, they'll book the appointment with that physician and gather your medical records
- You need an expert. They'll get you a second opinion or personalized care plan from a world-leading expert
- You need support. They'll help you make tough decisions or help you decide if surgery is right for you

**Use Grands Rounds any time, but especially if:**

- You need a second opinion on a new or long-term health issue or treatment plan
- You were recently diagnosed and need to see an expert about your condition
- You are considering surgery and want to make sure it's right for you
- You need personalized advice about recommendations your doctor has made
- You are in pain and having a hard time getting to the root of the problem
- You want peace of mind that you are on the right medications
- You've recently moved and need to find a new doctor

Grand Rounds delivers expert opinions from world-leading doctors on any condition: neck or back pain, joint-related issues, chronic headaches/migraines, IBD/IBS/ Crohn's, fibromyalgia, sports injuries, cancer, endocrinology, pediatric care, pregnancy complications and others.

Grand Rounds will connect you to world-leading in-network doctors including: primary care physicians, orthopedists, OB/GYNs, neurologists, dermatologists, gastroenterologists, otolaryngologists, endocrinologists, psychiatrists, pediatricians and more.

The phone number to call Grand Rounds will be on your 2019 medical card and starting in January, you may access the link to register and request services at **myCoreSource.com**.

## Healthcare Cost Transparency

You know you have a choice about where you go for healthcare tests and procedures — but how can you get the information you need to help you save money? Healthcare Bluebook offers a number of resources to enable you to become an informed consumer by learning how to understand your medical needs and treatment options. Healthcare Bluebook is a tool that makes healthcare shopping simple and fast. Using a cost and transparency tool like Healthcare Bluebook could potentially save you thousands of dollars on procedures like sleep studies, MRIs and CTs.

You can compare cost and quality information on the Healthcare Bluebook website or mobile app:

**Search –** Easily search any procedure to find out how much you should be paying in your area.

**Compare –** Use Fair Price information to compare procedure costs and make decisions about your healthcare.

**Save –** Save hundreds to thousands of dollars in out-of-pocket costs every time you receive medical care.

Starting in January, you may access Healthcare Blue Book on the CoreSource portal at **myCoreSource.com**.

## Health Savings Accounts

Starting in 2019, Trustmark has selected HealthEquity as its preferred trustee of HSA accounts. **During open enrollment in Workday, you must select whether to authorize the transfer of your HSA Bank funds to Healthy Equity or choose to keep your current funds with HSA Bank.** See the What's New section in this booklet for more information. Regardless of whether you transfer current account funds, all employer and employee pre-tax payroll contributions will be placed in your HealthEquity HSA starting in January.

HealthEquity is the largest, independent provider of HSAs, managing 3.7 million HSAs with $6.7 billion in custodial assets. While it is not owned by a bank or health plan, HealthEquity partners with FDIC-insured banks so your savings account is protected. Their U.S.-based customer service is available 24/7/365, and you'll have access via phone, email or chat to HSA mentors who will help you better understand your HSA, empowering you to build your health savings account balance.

HealthEquity's robust and user friendly platform will integrate with CoreSource claims information, so you can pay providers from your HSA account with the click of a mouse. The portal serves as a document library to store all your receipts for tracking and auditing. You can also use the HealthEquity mobile app for all services including investing. Visit **www.healthequity.com/trustmark** to learn more.

## Understanding Your HSA

An HSA is an account you can use for your and your IRS dependents' qualified healthcare expenses. These may include expenses that apply to your deductible and coinsurance, prescription drugs, expenses not covered by the medical plan, prescription eyeglasses and contacts not covered by a vision plan, and expenses not covered by your dental plan.

You own the account and manage it. You choose whether to use funds or let them build up. The account is not "use it or lose it" like FSA. Funds must be in the account in order to use them. If funds are not available, you may use your personal funds to pay for your healthcare expense and pay yourself back later when HSA funds become available. Human Resources will contact you with information regarding your account upon enrollment in the plan.

The company will pay for your HealthEquity account maintenance fees while you are enrolled in the high deductible health plan as an active employee.

## Health Savings Account (HSA) Eligibility and Dual Coverage

To enjoy the benefits of the health savings account, participants may only be enrolled in another health plan if that coverage is also another qualified high deductible health plan. Non-qualifying health coverage for an HSA includes coverage under Medicare, coverage by the military, copay plans offered through a spouse, as well as others. Please notify the benefits team if you have dual coverage through another health plan that makes you ineligible for the health savings account.

Since HSA eligibility is based on coverage under a qualified health plan, your enrolled adult dependents may also open their own HSA account through their own bank if they do not have other coverage unless that coverage is another qualified HDHP.

## Company Contribution to Your HSA Account

The company will contribute $500 to your HSA if you select Employee Only coverage or $1,000 if you choose Spouse, Children or Family coverage. Amounts are prorated for mid-year enrollment. The money in your HSA is yours and you may continue to draw on the funds until they are used, even if you are no longer enrolled in a qualified high deductible health plan.

## Your HSA Contributions are Tax-Free from Federal and Most States

You can also contribute money to your HealthEquity HSA with pretax dollars through payroll deduction, but the sum of all contributions to your HSA (yours and the company's) cannot exceed the annual maximum of $3,500 for individual and $7,000 for family coverage. Employees over age 55 may contribute an additional $1,000 catchup contribution. **You can start, change or stop your HSA contribution throughout the year by creating a change benefit event on Workday.**

It is estimated that $265,000 will be needed for healthcare expenses after retirement. Your 401k is intended for your living expenses and use of these funds are not tax free if used for healthcare expenses. Plan ahead by growing your HSA balance for payment of healthcare expenses in the future, including after retirement.
**Visit www.healthequity.com/trustmark to learn more.**

## Telemedicine/Telebehavioral Health

Associates and their covered dependents can talk to a doctor anytime through Teladoc. Teladoc is a national network of U.S. board-certified doctors available on demand 24 hours a day, 365 days a year to diagnose, treat and prescribe medication for many medical issues, including behavioral health.

Board-certified physicians can resolve many medical issues, including: cold and flu symptoms; bronchitis; respiratory infections; sinus problems; allergies; urinary tract infections; ear infections and pink eye. The fee to use telemedicine is $45. Associates pay the fee upfront and Teladoc will submit the claim to CoreSource.

If you have concerns such as stress, anxiety, depression, grief or family difficulties, Teladoc Behavioral Health Services provide convenient and cost-effective care via phone or computer. You can work with a provider who can prescribe medication and medication management, if necessary. The fee to use telebehavioral health is $160 for a psychiatry initial consultation, $90 for a subsequent psychiatry visit, and $80 for licensed clinical social worker, psychologist, counselor or therapist visit.

Whether for medical or behavioral health services, associates pay the fee upfront and Teladoc will submit the claim to CoreSource.

Call Teladoc at 800-Teladoc or (800) 835-2362, visit **www.teladoc.com** or download the mobile app.

## 24/7 Nurseline

MyNurse 24/7 is a free, confidential service that provides access to a registered nurse any time of the day or night. Call **(866) 366-6877** toll-free to talk to a nurse to address health concerns, including: symptoms; self-care tips; treatment options, including when to go to the emergency room; decision support regarding procedures, services and tests; and education on health conditions diagnosed by a physician.

MyNurse 24/7

## Health Condition Management

Research shows when people get regular medical checkups and follow treatment plans prescribed by their doctor, they stay healthy longer and their medical costs go down.

YourCARE HealthCenter

**Preventive Care Reminders**
The YourCARE team can help you remember to make your health a priority by sending you a reminder when you need to get a preventive test like a mammogram or colonoscopy.

**Focus Nurse Coaching**
If you have a chronic condition, YourCARE's registered nurses can help. You'll build an ongoing relationship over the phone with a nurse who can help you control your condition, reduce your risk of complications, and improve your overall health.

**Chronic Condition Monitoring**
With a chronic condition, compliance is key. If you have missed a health test or necessary appointment for one of these conditions, the YourCARE team will send you and your doctor a reminder to get the care you need.

- Asthma
- COPD
- Coronary Artery Disease
- Congestive Heart Failure
- Diabetes
- High Blood Pressure
- High Cholesterol

Be on the lookout for reminders from the YourCARE team. Together, we can take steps toward better health.

Call CoreSource at (877) 367-5690 if you have questions.

## Maternity Special Services

It's important to know all you can about your health when you become pregnant. That's why CoreSource offers Special Delivery, a comprehensive program that promotes the health and well-being of soon-to-be moms and babies to help prevent health issues during pregnancy. Best of all, this program is available at no additional cost to you.

When you discover that you're expecting, just call **(888) 785-2229** to enroll in Special Delivery and take part in a voluntary assessment for pregnancy risks and information to help you have a healthy pregnancy. Based on your initial assessment results, you'll receive personalized health information and a prenatal education book. Registered nurses are available to answer your questions about pregnancy, labor and delivery, preparing the nursery, infant safety, feeding and newborn care.

**You can earn up to $100 in gift cards for enrollment and participation in Special Delivery.** When you enroll, you'll receive a $25 gift card. If you participate in the program and complete the assessment after delivery, you'll receive a $75 gift card.

## Financial Healthcare

As part of your benefits, you have access to Simplicity, a unique financial healthcare benefit. Simplicity revolutionizes how you pay your medical expenses. Instead of getting bills from multiple doctors, you get one monthly statement from Simplicity that includes all of your obligations for the month – just like a credit card statement.

And to make it even simpler for you to manage your medical expenses, you may pay your statement in full or spread out the payments over 12 months.

Activate Simplicity to get:

- One consolidated monthly healthcare bill
- Flexible payment options, with a manageable minimum payment due and 0 percent interest
- The ability to earn up to 5 percent in rewards to be used on future payments

For more information, visit **myCoreSource.com**.

## Wellness Program

The 2018 Be Your Best Self Wellness Program has wrapped up. Premium credit earned for the 2019 plan year will be displayed in Workday during Open Enrollment. More details on the 2019 program coming soon.

## Biweekly Medical Premiums

Premiums are withdrawn before taxes from each of your 26 paychecks. Medical premium is based on your salary on January 1, 2019 or the date you enroll in coverage, if later.

If you earned a wellness credit in 2018, this amount will display on the enrollment submission page on Workday and on your pay slip. Associates hired on or after June 1, 2018 will receive the maximum wellness discount of $23.08 per pay period if enrolled in the medical plan in 2019.

To determine your actual premium paid, subtract the wellness discount you will receive from the per paycheck premium amount.

**$600** wellness discount = **$23.08** per paycheck
**$500** wellness discount = **$19.23** per paycheck
**$400** wellness discount = **$15.38** per paycheck

| | $0-$52,999 | $53,000-$78,499 | $78,500-$117,999 | $118,000-$182,999 | $183,000+ |
|---|---|---|---|---|---|
| **HDHP Premier 1500** | | | | | |
| Employee Only | $72.46 | $78.00 | $84.92 | $91.38 | $96.92 |
| Employee + Spouse/QP | $127.85 | $139.85 | $155.08 | $168.46 | $180.46 |
| Employee + Children | $107.08 | $116.77 | $128.77 | $139.85 | $149.54 |
| Employee + Family | $164.77 | $180.92 | $201.23 | $219.69 | $235.85 |
| **HDHP Essential 2500** | | | | | |
| Employee Only | $59.08 | $63.23 | $68.31 | $73.38 | $77.08 |
| Employee + Spouse/QP | $100.15 | $108.92 | $120.00 | $130.15 | $138.92 |
| Employee + Children | $85.85 | $93.23 | $102.00 | $110.31 | $117.23 |
| Employee + Family | $127.38 | $139.38 | $154.62 | $168.00 | $180.00 |
| **HDHP Balanced 4500** | | | | | |
| Employee Only | $54.00 | $57.69 | $62.31 | $66.00 | $69.69 |
| Employee + Spouse/QP | $88.15 | $95.54 | $104.77 | $113.08 | $120.46 |
| Employee + Children | $76.15 | $82.15 | $90.00 | $96.46 | $102.92 |
| Employee + Family | $111.23 | $120.92 | $133.85 | $144.92 | $155.08 |

## Dental Plans

Your benefits package offers a choice of four dental plans. There are two dental plans offering varying levels of benefits – the Basic Plan and the Enhanced Plan. Each of these plans offer a plan with a PPO network and a plan without a network.

CoreSource
*A Trustmark Company*

The two PPO plans use a provider network to take advantage of negotiated discounts and offer lower premiums, so visiting non-network providers results in reduced benefits. Out-of-network charges are covered up to the reasonable and customary limits for the geographic area. Employees in the PPO dental plan will use the Aetna Signature Administrators dental network (**www.aetna.com/asa**).

The other two plans, called the Open plans, do not use networks and offer more flexibility. Charges will be covered up to the reasonable and customary limits for the geographic area.

Call CoreSource at (877) 367-5690 if you have questions.

**Basic Benefit**
The Basic dental options cover an assortment of preventive and standard dental services. After you meet the plan's annual deductible, it will pay a percentage of covered expenses. This plan does not cover orthodontic services.

**Enhanced Benefit**
If you want a more comprehensive range of dental benefits, the Enhanced dental options cover all the services provided by the Basic options, with the addition of orthodontic services. They also offer lower deductibles than the Basic options, while providing a greater level of coverage for some services.

| | PPO Dental Plans | | | | Open Dental Plans | |
|---|---|---|---|---|---|---|
| | Basic Benefit | | Enhanced Benefit | | Basic Benefit | Enhanced Benefit |
| **Plan Features** | **In-Network** | **Out-of-Network** | **In-Network** | **Out-of-Network** | | |
| Deductible | $50 | $50 | $25 | $25 | $50 | $25 |
| Maximum Family Deductible | $150 | $150 | $75 | $75 | $150 | $75 |
| **Coinsurance Levels** | | | | | | |
| Preventive Services | 100% | 80% | 100% | 80% | 100% | 100% |
| Basic Services | 70% | 50% | 80% | 60% | 70% | 80% |
| Major Treatment | 60% | 50% | 60% | 50% | 60% | 60% |
| Orthodontia | 0% | 0% | 50% | 50% | 0% | 50% |
| Calendar Year Maximum | $1,000 | $1,000 | $2,000 | $2,000 | $1,000 | $2,000 |
| Orthodontia Maximum* | $0 | $0 | $2,000 | $2,000 | $0 | $2,000 |

**New treatment and appliances only*

**Biweekly Dental Premiums**
Premiums are withdrawn before taxes from each of your 26 paychecks.

| Basic Dental | PPO | Open |
|---|---|---|
| Employee Only | $6.46 | $12.92 |
| Employee & Spouse/Qualified Partner | $12.92 | $24.92 |
| Employee & Children | $11.54 | $23.54 |
| Employee & Family | $18.00 | $35.54 |

| Enhanced Dental | PPO | Open |
|---|---|---|
| Employee Only | $19.38 | $29.54 |
| Employee & Spouse/Qualified Partner | $39.69 | $59.08 |
| Employee & Children | $37.85 | $55.85 |
| Employee & Family | $57.23 | $86.31 |

## Vision Plans

As a member, you'll receive access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at low out-of-pocket costs. You'll get great care from a VSP network doctor, including a WellVision Exam — a comprehensive exam designed to detect eye and health conditions. With the largest national network of private-practice doctors, plus participating retail chains, it's easy to find the in-network doctor who's right for you.

VSP Vision care for life

**Visiting the Doctor**

VSP uses a network of professionally certified optometrists and ophthalmologists. To find an eye doctor who's right for you, visit vsp.com or call (800) 877-7195. At your appointment, tell them you have VSP. There's no ID card necessary. After the appointment, the doctor will submit the claim to VSP for processing and VSP will pay the doctor directly. You won't have to complete any paperwork, including claim forms; however, you will be responsible for paying any applicable copays, and for additional services or materials not covered.

**Hearing Aid Discounts**

VSP members in either plan can save up to 60 percent on the latest brand-name hearing aids through its TruHearing discount program. Dependents and even extended family members are eligible for exclusive savings, too. TruHearing provides access to a national network of more than 3,800 hearing healthcare providers, nationally fixed pricing on a wide selection of hearing aids and deep discounts on batteries shipped directly to your door. Call (877) 396-7194 and mention VSP to schedule an exam.

TruHearing also provides you with:

- Three provider visits for fitting and adjustments
- A 45-day trial
- Three-year manufacturer warranty for repairs and one-time loss and damage replacement
- 48 free batteries per hearing aid

**Biweekly Vision Plan Premiums**

Premiums are withdrawn before taxes from each of your 26 paychecks.

| | Basic | Enhanced |
|---|---|---|
| Employee Only | Company Paid | $5.44 |
| Employee & Spouse/Qualified Partner | Company Paid | $8.68 |
| Employee & Children | Company Paid | $8.87 |
| Employee & Family | Company Paid | $14.08 |

## Basic Plan

VSP Provider Network: VSP Choice

| Benefit | Description | Copay |
|---|---|---|
| **Your Coverage with a VSP Provider** | | |
| **WellVision Exam** | • Focuses on your eyes and overall wellness<br>• Every calendar year | $10 |
| **Extra Savings** | **Glasses and Sunglasses**<br>• 20% savings on complete pair of prescription glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months from your last WellVision Exam | |
| | **Contacts**<br>• 15% savings on a contact lens exam (fittng and evaluation) | |
| | **Laser Vision Correction**<br>• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. | |

## Enhanced Plan

VSP Provider Network: VSP Choice

| Benefit | Description | Copay |
|---|---|---|
| **Your Coverage with a VSP Provider** | | |
| **WellVision Exam** | • Focuses on your eyes and overall wellness<br>• Every calendar year | $10 |
| **Prescription Glasses** | | $25 |
| **Frame** | • $200 allowance for a wide selection of frames<br>• $220 allowance for featured frame brands<br>• 20% savings on the amount over your allowance<br>• $110 Costco® frame allowance<br>• Every other calendar year | Included in Prescription Glasses |
| **Lenses** | • Single vision, lined bifocal, and lined trifocal lenses<br>• Polycarbonate lenses for dependent children<br>• Every calendar year | Included in Prescription Glasses |
| **Lens Enhancements** | • Standard progressive lenses<br>• Premium progressive lenses<br>• Custom progressive lenses<br>• Average savings of 20-25% on other lens enhancements<br>• Every calendar year | $0<br>$95 - $105<br>$150 - $175 |
| **Contacts (instead of glasses)** | • $200 allowance for contacts; copay does not apply<br>• Contact lens exam (fitting and evaluation)<br>• Every calendar year | Up to $50 |
| **Extra Savings** | **Glasses and Sunglasses**<br>• Extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details.<br>• 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam | |
| | **Retinal Screening**<br>• No more than a $30 copay on routine retinal screening as an enhancement to a WellVision Exam | |
| | **Laser Vision Correction**<br>• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. | |

**Your Coverage with a Out-of-Network Providers**

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

# Flexible Spending Plans

## Healthcare and Dependent Care Flexible Spending Accounts (FSA)

A flexible spending account is an employer-sponsored plan that lets you deduct dollars from your paycheck and put them into a special account that's protected from taxes. The money in an FSA account can be used for eligible healthcare and dependent care expenses incurred by you, your spouse and your IRS dependents. FSAs are exempt from federal taxes, Social Security (FICA) taxes and, in most cases, state income taxes. You can change your FSA election only if it corresponds to the IRS rules for a qualified change in status. Do not overestimate your expenses because you cannot stop deductions once they have begun.

Call CoreSource at (877) 367-5690 if you have questions.

**Healthcare FSA**
An employee may contribute an annual maximum of $2,700 to a healthcare FSA. Your spouse may elect to contribute to an FSA through his or her employer. Employees will receive a stored-value FSA card with a MasterCard logo that can be used to pay some healthcare FSA-reimbursable expenses.

**How the FSA Works with the High Deductible Health Plan**
If you are enrolled in a high deductible health plan and you are eligible for health savings account (HSA) contributions, your use of the healthcare FSA will be limited. When you are eligible for the HSA, your FSA funds cannot be used to pay for expenses that go toward meeting your plan deductible. You can use FSA funds to pay coinsurance expenses after your deductible is met. For non-deductible expenses, dental and vison expenses, it does not matter whether you seek reimbursement from your HSA or FSA, but keep in mind that FSA funds do not roll over to the following year.

If you are eligible for an HSA, you must choose the **Healthcare FSA Limited (Allowed with HSA)** on Workday if you choose to enroll in the FSA. Associates enrolled in the Healthcare FSA Limited may not use the stored-value card for FSA-reimbursable medical expenses; you will be reimbursed for these expenses by submitting an FSA claim form.

If you choose to enroll in the FSA, select the correct plan based on whether you are eligible to receive contributions to an HSA in this plan year:

- If you are enrolled in a high deductible health plan and you are eligible to receive contributions to your HSA, select the Healthcare FSA Limited (Allowed with HSA) in Workday.
- If you are not eligible to receive HSA contributions due to your participation in Medicare or military benefits, select the Healthcare FSA Standard (Not allowed with HSA) in Workday

Enrollment in the Dependent Care FSA is not tied to your health plan.

**Steps to Start Saving with an FSA**

1. Determine Your Expenses. Estimate the amount of healthcare expenses you think you will experience through Dec. 31. Be sure to calculate your annual FSA contribution wisely because any money in your FSA that you do not use for eligible expenses incurred during the calendar year will be forfeited.
2. Enroll. You must enroll in your FSA each calendar year. Make your FSA election when you select your benefits via Workday. The annual amount you elect is deducted in equal amounts based on 26 deductions per year.
3. Reimbursement. As you have eligible expenses throughout the year, you have three options for reimbursement: submit a claim form and receive a check, submit a claim form and receive reimbursement through direct deposit (you must sign up for this service) or depending on the type of service, you can use the FSA card to access monies in your healthcare FSA. Download FSA reimbursement forms from the Virtual Water Cooler. As an active employee, you'll have 90 days after the last day of the plan year to submit your claims for reimbursement.

Use the CoreSource portal and mobile app to help you manage your FSA. Use the portal, accessible through mycoresource.com to check balances, claims and payments; file claims and submit receipts, order new debit cards and sign up for direct deposit. The mobile app, called myCoreSource FSA/HRA, allows you to submit claims and receipts using your device's camera, receive text message alerts, check claims and more.

**Dependent Care FSA**

The dependent care flexible spending account helps you pay for childcare services which make it possible for you and your spouse (if applicable) to work. Under certain circumstances it also may be used to help pay for the care of elderly parents, or a disabled spouse or dependent. To be eligible, you must be at work during the time your eligible dependent receives care.

You must also meet one of the following eligibility criteria:

- You are a single parent or guardian
- You have a working spouse or a spouse looking for work
- Your spouse is a full-time student at least five months during the year while you are working
- Your spouse is physically or mentally unable to provide for his or her own care
- You are divorced or legally separated and have custody of your child even though your former spouse may claim the child for income tax purposes. (Your FSA can be used to pay for childcare services provided during the period the child resides with you.)

**Eligible Dependents**

An eligible dependent is a qualifying individual who spends at least eight hours a day in your home and is one of the following:

- Your dependent under age 13 for whom you can claim an exemption
- A child under the age of 13 for whom you have custody if you are divorced or legally separated
- Your spouse who is physically or mentally incapable of self-care
- Your dependent who is physically or mentally incapable of self-care, even if you cannot claim an exemption for the person for income tax purposes.

**Eligible Expenses**
Expenses may be reimbursed for services provided:

- Inside or outside your home by anyone other than your spouse, a person you list as your dependent for income tax purposes or one of your children under the age of 19
- In a dependent care center or a childcare center. (If the center cares for more than six children, it must comply with all applicable state and local regulations.)
- By a housekeeper whose services include, in part, providing care for a qualifying individual
- Through child or adult day care; through nursery, preschool, after-school or summer day camp programs. Taxes you pay on wages for eligible dependent care can also be reimbursed.
- By a home day care provider. The provider's Social Security or Tax ID number and payment/services details must be included with your federal income tax return on Form 2441. (As a result, your provider will have to pay taxes on that income.)

**Ineligible Expenses**
Expenses will not be reimbursed for:

- Dependent care for a child 13 or over, overnight camp, babysitting that is not work-related, schooling in kindergarten and higher grades, long-term care services. All submitted expenses are reviewed for eligibility according to Internal Revenue Code Sections 125 and 129.

## Commuter Benefits

Use tax-free money to pay the costs of commuting to work via mass transit and to pay parking fees at work. With Commuter Benefits through CoreSource you can make tax-free payroll deductions, up to the IRS limits, to cover various modes of mass transit and parking expenses. Contributions are deducted from your pay before taxes, which can mean substantial tax savings. This program is open to all regular full-time and part-time associates in any location (as well as on-call workers in San Francisco, New York and DC) who commute to work for Trustmark. Enrollees must also receive a regular paycheck allowing for this deduction.

**Use Commuter Benefits to pay for:**

**Mass Transit**
Mass Transit accounts cover eligible workplace mass transit expenses such as tickets, vouchers and passes to ride a subway, train, bus, vanpool or ferry.

**Parking**
Parking accounts enable you to pay for eligible workspace parking expenses, parking costs at or near your primary work site, as well as parking costs at the place where you access transportation to work, such as a train station or vanpool stop.

Contact Julie Pierce at **julie.pierce@trustmarkins.com** for additional plan and enrollment information.

## Financial Wellbeing Program

MoneySteps is a program available to you at no cost that can support you in taking control of your personal finances to achieve financial wellbeing. Associates can gain both knowledge and support for personal finance issues ranging from basic topics like budgeting and saving through more complex areas like investing and preparing for retirement.

**MoneySteps includes:**

- Access to educational materials and financial tools/calculators at a secure website, **www.financialwellbeing.com**.
- Financial coaches who will support you in setting and achieving financial goals that are relevant to you
- Monthly newsletters, webinars, and other program events.

For questions or help in getting started with the program, call (877) 230-0899 or email **help@financialwellbeing.com**.

## 401(k) Plan

The 401(k) plan is a convenient way to invest in your future by allowing you to make contributions into a retirement account. You're never too old or too young to start! Learn more about your retirement plan on the **Healthy and Wise** site.

Your tax-deferred contributions are deducted from your pay before income taxes. This means that you may actually lower the amount of current income taxes you pay each pay period. Another program offered by your 401(k) plan is the automatic Annual Increase Program. You can set your deferral percentage to increase automatically every year. To make changes to your deferral percentage or to update your 401(k) plan beneficiaries, log onto the Fidelity website at **www.401k.com**.

**401(k) Plan Highlights**

- You decide how much to contribute to the plan – up to 50% of your gross wages (subject to IRS limits)
- If you don't make an election, you will automatically be set up at the plan designated deferral percentage
- The company will make a generous match on your contributions
- 6-year graduated vesting schedule on company match
- 401(k) contribution maximum is $18,500, $6,000 for catch-up contributions
- Contributions to the plan are withheld through the convenience of payroll deductions
- You choose how to invest your contributions from more than 25 available fund options with varying risk
- You can change your payroll deductions and investment allocations at any time (redemption fees may apply)
- You have access to your account 24 hours a day, 7 days a week via internet and an automated phone system

**Eligibility**

You are eligible to participate in the plan if you are an employee:

1. Regularly scheduled to work 1,000 hours; or
2. Part-time scheduled less than 1,000 hours upon reaching 1,000 hours worked cumulatively

**How to Enroll**

The online enrollment process is fast and easy (should take approximately 5 to 10 minutes). Once you have received your first paycheck, go to the Fidelity participant website or call their toll-free number.

Fidelity Website: **www.401k.com**
Fidelity Retirement Benefits Line: **(800) 835-5091**

**Automatic Enrollment**

Newly eligible associates will be automatically enrolled in the plan at the plan designated contribution rate if you do not make any other election. Fidelity Investments will mail a letter to your home address with more information.

## Life Insurance

The company's benefit plan offers Basic and Supplemental Life Insurance plans to provide personalized life coverage for employees and their families.

**Company-Paid Basic Life Insurance and Accidental Death and Dismemberment**
Full-time employees are automatically enrolled in the Basic Life Insurance Program. This plan pays benefits to your selected beneficiary in the event of your death. The Basic Plan provides a life and AD&D benefit equal to your annual base salary with a minimum of $50,000. Salespeople receive a life benefit of two times base salary. The company pays the entire cost of the Basic Plan benefit for all full-time employees.

**Supplemental Life Insurance Plan and Accidental Death and Dismemberment Benefit**
For those desiring additional life and AD&D insurance protection, the company offers a Supplemental Group Term Life Insurance and AD&D insurance. All employees may purchase life insurance in increments of $5,000 up to $500,000. Premiums vary according to age and benefit amount. To determine your biweekly premium cost, find your age on the chart at right. Take your benefit election amount, divide it by 1000 and multiply by the selected premium rate. Supplemental coverage is subject to underwriting guidelines.

This open enrollment, new or increased coverage amounts up to $200,000 do not require evidence of insurability, unless you have been previously denied coverage. Any increase to coverage after this enrollment will require evidence of insurability (EOI). If EOI is required for your election, complete the **medical history statement online** by Nov 30. This link is also available on Workday on the Enrollment submission page, and on the intranet.

**Biweekly Premium**
Based on current salary and age throughout the year.

| Age | Cost per $1,000 of coverage | Age | Cost per $1,000 of coverage |
|---|---|---|---|
| under 30 | 0.030 | 55-59 | 0.225 |
| 30-34 | 0.033 | 60-64 | 0.282 |
| 35-39 | 0.040 | 65-69 | 0.498 |
| 40-44 | 0.053 | 70-74 | 0.819 |
| 45-49 | 0.083 | 75-79 | 1.508 |
| 50-54 | 0.133 | 80+ | 3.003 |

**Dependent Life Insurance**
You may choose life insurance coverage for your spouse/qualified partner and dependent children, provided the amount of your dependent coverage does not exceed 100 percent of your own life insurance benefit. Life insurance benefits for your spouse are available in $5,000 increments ranging from $5,000 to $50,000 and coverage for children is half the spouse amount in $2,500 increments from $2,500 to $25,000. Choose from one of the coverage pairings at right; one premium covers your spouse and/or all eligible children. To determine the biweekly premium amount, locate the premium amount that corresponds to the benefit amount you wish to purchase.

Please refer to the Eligibility section for the definition of dependent children. Any increase to coverage this open enrollment requires evidence of insurability. If EOI is required for your election, complete the **medical history statement online** by Nov. 30. This link is also available on Workday on the Enrollment submission page, and on the intranet.

| Spouse/Qualified Partner Benefit | Dependent Children | Biweekly Premium |
|---|---|---|
| $5,000 | $2,500 | 0.30 |
| $10,000 | $5,000 | 0.60 |
| $15,000 | $7,500 | 0.90 |
| $20,000 | $10,000 | 1.20 |
| $25,000 | $12,500 | 1.50 |
| $30,000 | $15,000 | 1.80 |
| $35,000 | $17,500 | 2.10 |
| $40,000 | $20,000 | 2.40 |
| $45,000 | $22,500 | 2.70 |
| $50,000 | $25,000 | 3.00 |

## Workplace Accidents or Injuries

If you are injured, you must notify your manager or Human Resources as soon as possible. Since these situations may fall under the company's Workers Compensation policy, you should complete the Occupational Illness and Injury form located on the company intranet upon return to work and within 24 hours, if possible. You do not need to complete paperwork prior to seeking medical attention, especially if a delay could worsen your condition.

## Leave of Absence

Trustmark provides associates who qualify under the Family and Medical Leave Act (FMLA) or other state leave laws, time off for their own health condition, to care for a parent, spouse or child with a health condition, for the birth or adoption of a child, or to perform military service. Complete eligibility requirements for FMLA are located in the policy located on the company intranet. Time off may also be granted under the personal leave policy if you do not qualify for FMLA or for personal reasons that would not otherwise be approved under the paid time-off policy.

You should review all leave policies to learn more about which type of leave may apply to your situation. Leave may be requested on a continuous or an intermittent basis. A 30-day notice is required for all types of leave, when practical. If a provider certification form is required, you will have 15 days to return the completed form. To apply for leave, complete the Leave of Absence form. You will be notified by HR upon approval or denial of your leave request.

## Disability Benefits

**Short-Term Disability**
Disability benefits are provided by the company to regular, full-time associates once they reach three months of service. The Short-Term Disability Plan protects full-time employees against loss of income if they are unable to work because of a non-occupational illness or accidental injury. The plan provides a benefit of 60 percent of weekly base salary for up to 120 days after a one-week elimination period. Disability benefits for salespeople are based on the average of the last 24 months' incentive compensation and base salary.

**Long-Term Disability Plan**
Income protection for extended disabilities is provided by the Long-Term Disability (LTD) Plan. This plan allows you to choose whether premiums are paid on a before- or after-tax basis. All full-time employees with at least three months of service are eligible for LTD coverage.

**Begins Where Short-Term Plan Leaves Off**
Coverage for this benefit begins after 120 days of continuous disability. Usually, benefits for an eligible disability would be paid by the Short-Term Disability Plan during this waiting period.

**Continuing Benefits**
Once eligible, you will receive LTD benefits equal to 60 percent of your base salary (up to a maximum benefit of $13,000 per month) for the duration of the disability period or until you reach the plan's maximum benefit. Disability benefits for salespeople are based on the average of the last 24 months' incentive compensation and base salary. Your benefit is subject to integration guidelines with other sources of income.

**Choice to Pay Tax on Premium**
When you enroll after three months of service, you must select whether or not you want to pay income tax on the company-paid Long-Term Disability premiums. If you do not choose to pay the income tax now, you will pay tax on any subsequent disability benefits you receive. If you opt to treat the premiums as income, they will produce tax-free disability benefits. This is a one-time decision at the time of initial eligibility and cannot be changed.

## New Parent Benefit

New parents due to birth or adoption of a child who are not receiving a paid leave benefit through the short-term disability plan are eligible for one week of paid time off. Leave must be taken immediately following the birth of the child or prior to or immediately following the adoption. Additional time off using personal or vacation time is available. *Please see the* **FMLA policy** *for additional time off.*

Associates adding new dependents to benefit plans must do so on **Workday** within 30 days of the birth or adoption or wait until the following Open Enrollment period.

## Employee Assistance Program (EAP)

We all experience times when we need a little help with life's challenges. You can take advantage of the EAP services offered by The Standard through Morneau Shepell whenever you experience personal problems of any kind, whether or not they are affecting your job performance.

A master's level Member Advocate will confidentially consult with you over the phone and help you find resources and solutions. The Member Advocate will provide you with consultation, resources, an action plan and information to help you address your issue. You may also receive referrals to support groups, community resources, a network counselor or your health plan. If you or a family member are referred to a counselor, up to six sessions will be covered at absolutely no cost to you. Telephone consultation is available at **(888) 293-6948**.

Online access is available at **https://www.workhealthlife.com/Standard6**. Your calls and all counseling services are completely confidential. Information will be released only with your permission or as required by law.

**You can contact the EAP with any kind of personal problem:** child care and elder care, alcohol and drug abuse, difficulties in relationships, stress and anxiety with work or family, identity theft and fraud resolution, life improvement, depression, personal achievement, emotional well-being, financial and legal concerns, and grief and loss.

**Life Services Toolkit**

Your EAP plan provides online services that can help you create a will, make advance funeral plans and put your finances in order. After a loss, your beneficiary can consult experts by phone or in person, and obtain other helpful information online.

Services to help you now:

- Estate planning assistance
- Financial planning
- Health and wellness
- Identity theft prevention
- Funeral arrangements

Services for your beneficiary:

- Grief support
- Legal services
- Financial assistance
- Support services
- Online resources

Learn more by viewing the Life Services Toolkit flyer on the Virtual Water Cooler under My Benefits

## Home and Auto Discounts

Liberty Mutual has partnered with Trustmark to offer employees special savings on quality auto and home insurance.[1] And with benefits such as Multi-Policy Discount, Personal Property Replacement[2], and 24-Hour Claims Assistance, you'll worry less and save more. You can also sign up for payroll deduction, and your Liberty Mutual Insurance monthly premium will be automatically deducted from your paycheck.[3] Employees can call Liberty Mutual at **(800) 699-5298** for a no-obligation rate quote year-round.

For online quotes, Trustmark employees can visit **www.libertymutual.com/trustmark** and CoreSource employees can visit **www.libertymutual.com/coresource**.

1 Discounts and savings are available where state laws and regulations allow, and may vary by state. Certain discounts apply to specific coverages only. To the extent permitted by law, applicants are individually underwritten; not all applicants may qualify.
2 Optional coverage.
3 Payroll deduction available only through employer affinity groups

## Pet Insurance

Through its partnership with Liberty Mutual, Trustmark offers discounted pet insurance for associates' dogs and cats from ASPCA Pet Health Insurance. Any elected coverage is maintained directly between the employee and ASPCA and premium payment is made to ASPCA. ASPCA's Complete Coverage offers protection for your pet when they're hurt or sick. You can set your annual coverage limit with choices from $5,000 to unlimited.

**The plan covers:**

- Accidents
- Illnesses
- Dental disease
- Behavioral issues
- Hereditary conditions and more.

**What's not covered:**

- Pre-existing conditions
- Breeding costs
- Cosmetic procedures

To get a quote, visit **https://www.aspcapetinsurance.com/trustmark**.

# DEPENDENT VERIFICATION DOCUMENTATION REQUIREMENTS

**Dependent verification is required for all dependents prior to coverage start date.**

**IMPORTANT:** Send only photocopies of all official documents. DO NOT send originals, as we will retain the documents. Please be sure to write the employee's name on all documents, and submit them. Please retain a copy of all documents for your records.

| STATUS | REQUIRED DOCUMENTATION |
|---|---|
| **Spouse** | • Photocopy of the first page of the employee or spouse's most recent tax return showing "Married Filing Jointly" or "Married Filing Separately." The spouse's name must be entered on the employee's tax form in the space provided after the "Married Filing Separately" status.<br>**or**<br>• Photocopy of a certified marriage certificate issued by county (after date of marriage) with appropriate signatures (Decorative copies or certificates issued by religious institutions will not be accepted)<br><br>plus one of the following which must be dated within the past 6 months:<br><br>✔ Copy of rental agreement/lease/mortgage showing both as tenants/mortgagees<br>✔ Property tax receipt<br>✔ Homeowner's or renters insurance<br>✔ Church tithing statement<br>✔ Automobile title or registration listing co-owners<br>✔ Loan agreement showing both names as co-borrowers<br>✔ Credit card statements listing both names as cardholders<br>✔ Two separate current billings, one in each spouse's name sent to the same address<br>✔ Current automobile title or registration for each spouse's car showing the same address<br>**or**<br>• Photocopy of immigration papers that identify employee-spouse relationship plus one of the following which must be dated within the past 6 months:<br>✔ Copy of rental agreement/lease/mortgage showing both as tenants/mortgagees<br>✔ Automobile title or registration listing co-owners<br>✔ Loan agreement showing both names as co-borrowers<br>✔ Credit card statements listing both names as cardholders |
| **Civil Union** | • Complete the Attestation of Qualifed Partner form and<br>• Photocopy of the first page of the employee or spouse's most recent tax return showing "Married Filing Jointly" or "Married Filing Separately." The spouse's name must be entered on the employee's tax form in the space provided after the "Married Filing Separately" status.<br>**or**<br>• Photocopy of a certified marriage/civil union certificate issued by county (after date of marriage) with appropriate signatures<br><br>plus one of the following which must be dated within the past 6 months:<br><br>✔ Copy of rental agreement/lease/mortgage showing both as tenants/mortgagees<br>✔ Property tax receipt<br>✔ Homeowner's or renters insurance<br>✔ Church tithing statement<br>✔ Automobile title or registration listing co-owners<br>✔ Loan agreement showing both names as co-borrowers<br>✔ Credit card statements listing both names as cardholders<br>✔ Two separate current billings, one in each spouse's name sent to the same address<br>✔ Current automobile title or registration for each spouse's car showing the same address |
| **Common Law Marriage, State Domestic Partnership** | • Complete the Attestation of Qualifed Partner form and<br>• Photocopy of the State certificate or Affidavit, if applicable<br><br>plus one of the following which must be dated within the past 6 months:<br><br>✔ Copy of rental agreement/lease/mortgage showing both as tenants/mortgagees<br>✔ Property tax receipt<br>✔ Homeowner's or renters insurance<br>✔ Church tithing statement<br>✔ Automobile title or registration listing co-owners<br>✔ Loan agreement showing both names as co-borrowers<br>✔ Credit card statements listing both names as cardholders<br>✔ Two separate current billings, one in each spouse's name sent to the same address<br>✔ Current automobile title or registration for each spouse's car showing the same address |

# DEPENDENT VERIFICATION DOCUMENTATION REQUIREMENTS

| | |
|---|---|
| **Trustmark-Defined Domestic Partnership** | • Complete the Attestation of Qualifed Partner form and<br>• Photocopy of rental agreement/lease/mortgage showing both as tenants/mortgagees for at least 12 months prior to enrollment<br>plus one of the following which must be dated within the past 6 months:<br>✔ Property tax receipt<br>✔ Homeowner's or renters insurance<br>✔ Church tithing statement<br>✔ Automobile title or registration listing co-owners<br>✔ Loan agreement showing both names as co-borrowers<br>✔ Credit card statements listing both names as cardholders<br>✔ Two separate current billings, one in each spouse's name sent to the same address<br>✔ Current automobile title or registration for each spouse's car showing the same address |
| **Dependent child by birth or adoption up to age 26** | Provide one of the following:<br>• Photocopy of certified birth certificate that establishes employee / dependent relationship<br>• Photocopy of hospital verification of birth (if under 6 months of age)<br>• Photocopy of immigration papers that identify parent-child relationship<br>• Photocopy of Qualified Medical Child Support Order (QMCSO)<br>If the dependent child is disabled, you must also provide one of the following:<br>✔ Photocopy of Social Security disability award letter<br>✔ Copy of signed physician statement<br>Provide one of the following:<br>• Photocopy of certified court approved adoption<br>• Photocopy of placement letter from court/adoption agency<br>• Photocopy of birth certificate naming the adoptive parents as the parents<br>If the dependent child is disabled, you must also provide one of the following:<br>✔ Photocopy of Social Security disability award letter<br>✔ Copy of signed physician statement |
| **Dependent child by custody or guardianship up to age 26** | Provide one of the following:<br>• Photocopy of certified court ordered legal guardianship<br>• Photocopy of Qualified Medical Child Support Order (QMCSO)<br>If the dependent child is disabled, you must also provide one of the following:<br>✔ Photocopy of Social Security disability award letter<br>✔ Copy of signed physician statement |
| **Dependent stepchild(ren) and children of qualified partners up to age 26** | • Photocopy of certified birth certificate plus one of the following:<br>✔ Photocopy of certified marriage certificate issued by county (after date of marriage) with appropriate signatures (Decorative copies or certificates issued by religious institutions will not be accepted)<br>✔ Photocopy of divorce decree<br>**or**<br>• Photocopy of immigration papers that identify parent-child relationship plus one of the following:<br>✔ Photocopy of certified marriage certificate issued by county (after date of marriage) with appropriate signatures (Decorative copies or certificates issued by religious institutions will not be accepted)<br>✔ Photocopy of divorce decree<br>**or**<br>• In cases of qualified partnership, photocopy of Attestation of Qualified Partnership plus photocopy of certified birth certificate that identify qualified partner-child relationship:<br>**or**<br>• Photocopy of Qualified Medical Child Support Order (QMCSO)<br>If the dependent child is disabled, you must also provide one of the following:<br>✔ Photocopy of Social Security disability award letter<br>✔ Copy of signed physician statement |

**Resources for obtaining required documentation: www.marriagelicense.com; www.birthcertificate.com; www.vitalchek.com;** County office that issued original birth certificate/marriage certificate; US Department of State (for children born outside the United States); Hospital in which child was born; Social Security Administration; Dependent's physician's office; State agency that issued final adoption papers or custody/guardianship papers; Adoption agency that issued placement paper

**GROUP BENEFIT PLAN FOR EMPLOYEES (AND THEIR DEPENDENTS)**
**OF**
**TRUSTMARK SERVICES COMPANY AND CORESOURCE, INC.**

**(We, Us, Our)**
**NOTICE OF PRIVACY PRACTICES**
Effective date of this notice: March 15, 2013

**Our Commitment to Protecting Your Privacy**

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**You do not need to respond to this notice in any way.**

**Our Responsibilities and Privacy Commitment**
We understand the importance of protecting your private information. Our highest priority is to maintain your trust and confidence. We will maintain our commitment to safeguarding your information now and in the future.

We are required by law to:
- Maintain the privacy of your personal information.
- Provide you with certain rights with respect to your personal information.
- Provide you with a copy of this Notice of our legal duties and privacy practices with respect to your personal information.
- Follow the terms of the Notice that is currently in effect.

We are guided by our respect for the confidentiality of your personal information. We are providing you with this notice in accordance with privacy laws and because we want you to know that we value your privacy.

**Information We Collect**
*Personal Information* is any information we obtain about you in the course of issuing insurance and/or providing services. The information we may obtain includes, but is not limited to, your past, present, or future physical or mental health or condition, the provision of health care to you, payment for the provision of health care to you, your Social Security number, employment history, credit history, income information, and bank or credit card information.

We obtain this information from several sources, including but not limited to applications or other forms you complete, your business dealings with us and other companies, and consumer reporting agencies.

**Our Privacy and Security Procedures**
Our employees who have access to this information are those who must have it to provide products or services to you. Below are some examples of our guidelines for protecting information.
- Paper copies, when used, are viewed, discussed, and retained in private surroundings.
- Individuals viewing information stored in a computer must have passwords to gain access. Passwords are provided only to individuals who must have access to provide products or services to our insureds.
- Our business associates use information only for the purpose provided. Business associates sign a contract agreeing to follow our privacy procedures.

**Information We Disclose**
We will not disclose any Personal Information about you, except as allowed by law, including the Fair Credit Reporting Act. We may share all of the information we collect with insurance companies, agents, companies that help us to conduct our insurance business, companies that are self-insured, or others as permitted by law. Below are examples of the times we may share information for business purposes.

- Underwriting (but not Personal Information that consists of the genetic information of an individual);
- Premium rating;
- Submitting claims;
- Reinsuring risk;
- Assessing quality;
- Business management and planning; and
- Sales, transfer, merger or consolidation of the business.

Your information may also be shared:
- For purposes of treatment, payment, and operations, including assessment of eligibility, case management activities, coordination of care, collection of premium, payment of benefits, and other claims administration.
- With a regulatory, law enforcement, or other government authority as required by law. This may include finding or preventing criminal activity, fraud, material misrepresentation or material nondisclosures in connection with an insurance issue.
- In response to an administrative or judicial order, including a search warrant or subpoena.

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- With a medical care institution or professional, to verify coverage, conduct an audit of their activities, discuss a medical problem of which the insured may not be aware, discuss drug and disease management approaches, and other purposes permitted or required by law.
- To conduct actuarial or research studies. In this case, individuals are not identified in the research report. Material identifying an individual is destroyed as soon as it is no longer needed.
- With our business associates for use in auditing services or operations, auditing marketing services, performing various functions on our behalf, or to provide certain services.
- With a group policyholder for reporting claims experience, or for conducting an audit of our operations or services.
- To consult with outside health care providers, consultants and attorneys, and other health related services.
- As otherwise permitted or required by law.

We require those with whom we share information to implement appropriate safeguards regarding your Personal Information, as they are also governed by the federal privacy and security law. We share only that which is minimally necessary to accomplish a task. Information that we get from a report made by a company that assists us to conduct insurance business may be retained by that company and used for other purposes. We are prohibited from using or disclosing Personal Information that is genetic information of an individual for underwriting purposes.

Your written authorization is required for uses and disclosures of Personal Information for purposes other than those described above. We will not sell your Personal Information without obtaining your written authorization to do so. If you provide us authorization to use or disclose your Personal Information, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose information for the specific purpose contained in the authorization. We are required to retain any records we may have containing your Personal Information for the periods specified in document retention laws. If you revoke your authorization for payment or health care operations, you may jeopardize the administration of the benefits under your health plan.

**Your Rights**

Upon written request, you have the right to:

- Inspect and copy certain Personal Information. We may charge a reasonable fee for the costs of copying or mailing.
- Receive confidential communication of Personal Information.
- Receive an electronic copy of your Personal Information when it is maintained electronically.
- Request restrictions on certain uses and disclosures of your Personal Information, although we are not required to agree to a requested restriction.
- Request an amendment to your Personal Information, although we are not required to agree to an amendment.
- Receive an accounting of impermissible Personal Information disclosures or disclosures made in compliance with federal law (or state regulations, if applicable) for which an accounting is required.
- Be notified of a breach of unsecured Personal Information.

We will respond to your request in a timely manner. The written request must reasonably describe the information. The information requested must be reasonably locatable and retrievable.

**How to File a Complaint Regarding the Use and Disclosure of Personal Information**

If you believe your privacy rights have been violated, you may file a complaint with us, your respective state insurance department, or with the Secretary of Health and Human Services. All complaints must be in writing.

You may not be retaliated against for filing a complaint.

**How to Contact Us**

You may contact our representative at the following address:

Privacy Officer
Privacy Request
Trustmark Companies
PO Box 7961
Lake Forest, IL 60045-7961

Email – privacysecurityoffice@trustmarkins.com

Notification of a revised privacy notice will be provided through one of the following:

- U.S. Postal Service
- Revised Plan Document
- Internet E-mail.

Any right a consumer, claimant, or beneficiary may have under this notice is not limited by any other privacy notice used by Trustmark Mutual Holding Company or its subsidiaries and affiliates.

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## CONTINUATION COVERAGE RIGHTS UNDER COBRA FOR EMPLOYEES AND (THEIR DEPENDENTS) OF TRUSTMARK SERVICES COMPANY AND CORESOURCE, INC.

**Introduction:**

Employees receive this notice when they become covered under the Trustmark Services Company Employee Plan or CoreSource, Inc. Plan (the Plan). This notice contains important information about the employee's rights to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This Notice generally explains COBRA continuation coverage, when it may become available to an employee and his or her family and what the employee needs to do to protect the right to receive it.**

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to the employee and to other members of his or her family who are covered under the Plan when the employee would otherwise lose his or her group health coverage. It can also become available to other members of his or her family who are covered under the Plan when they would otherwise lose their group health coverage. This Notice gives only a summary of the employee's COBRA continuation coverage rights. For more information about the employee's rights and obligations under the Plan and under federal law, refer to the *Continuation of Coverage* section of this Plan Document.

COBRA continuation coverage for the plan is administered by CoreSource. Questions may be directed to the CoreSource COBRA Team at 5200 77 Center Drive, Suite 400, Charlotte, NC 28217-0718, Phone 866-433-0318.

**What is COBRA Continuation Coverage?:**

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a "qualifying event". Specific qualifying events are listed later in the notice. After a qualifying event, COBRA must be offered to each person who is a "qualified beneficiary". The employee, the employee's spouse, and the employee's dependent children could become qualified beneficiaries if coverage under the Plan is lost because of a qualifying event. Under the plan, qualified beneficiaries who elect COBRA must pay for COBRA continuation coverage.

A covered employee will become a qualified beneficiary if he or she loses coverage under the Plan because either one of the following qualified events happens:

1. The employee's hours of employment are reduced, or
2. The employee's employment ends for any reason other than his or her gross misconduct.

A covered spouse of an employee will become a qualified beneficiary if he or she loses coverage under the Plan because any of the following qualifying events happens:

1. The employee dies;
2. The employee's hours of employment are reduced;
3. The employee's employment ends for any reason other than his or her misconduct;
4. The spouse becomes entitled to Medicare (Part A, Part B or both);or
5. The spouse becomes divorced or legally separated from the employee.

A covered dependent child will become a qualified beneficiary if he or she loses coverage under the Plan because of the any of the following qualifying events happens:

1. The parent-employee dies;
2. The parent-employee's hours of employment are reduced;
3. The parent-employee's employment ends for any reason other than his or her gross misconduct;
4. The parent-employee becomes entitled to Medicare (Part A, Part B, or both);
5. The parents become divorced or legally separated; or
6. The child stops being eligible for coverage under the plan as a "dependent child".

Sometimes, in the case of retiree health coverage, filing a proceeding in bankruptcy under Title 11 of the US Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to the applicable employer, Trustmark Services Company or CoreSource, Inc., and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee is a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and dependent children will also be qualified beneficiaries is bankruptcy results in the loss of their coverage under the Plan.

**The Employee Must Give Notice of Some Qualifying Events**

For the qualifying events of divorce or separation, or a dependent child losing his dependent status under the plan, the employee must notify the Plan Administrator. **The Plan requires the employee to notify the Plan Administrator within 60 days after a qualifying event occurs.** The employee must send this notice to Trustmark Services Company, Attn: Melody Canak, Human Resources, 400 Field Drive, Lake Forest, Illinois 60045 and provide documentation to support the qualifying event.

**How is COBRA Coverage Provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of an employee, enrollment of the employee in Medicare (Part A, Part B, or both), the employee's divorce or legal separation, or a dependent child losing eligibility as a dependent child, then COBRA continuation lasts for up to 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

**1. Disability Extension of 18-month Period of Continuation Coverage**

If an employee or anyone in his or her family covered under the Plan is determined by the Social Security Administration (SSA) to be disabled and the employee notifies the Plan Administrator in a timely fashion, the employee and his or her entire family can receive up to an additional 11 months of COBRA continuation coverage for a total of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. **The employee must make sure that the Plan Administrator is notified of the SSA's determination within 60 days of the determination** and before the end of the 18-month period of COBRA continuation coverage. This notice should be sent to Trustmark Services Company, Attn: Melody Canak, Human Resources, 400 Field Drive, Lake Forest, Illinois 60045 with the supporting documentation from the Social Security Administration.

**2. Second Qualifying Event - Extension of 18-month Period of Continuation Coverage**

If the employee's family experiences another qualifying event while receiving COBRA continuation coverage, the spouse and dependent children in the employee's family can get additional months of COBRA continuation coverage up to a maximum of 36 months total. This extension is available to the spouse and dependent children if the former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, **but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred**. In all these cases, **the employee must make sure that the Plan Administrator is notified of the second qualifying event within 60 days of the second qualifying event.** The supporting documentation must be sent to Trustmark Services Company, Attn: Melody Canak, Human Resources, 400 Field Drive, Lake Forest, Illinois 60045.

**Questions Concerning COBRA**

If an employee has questions about COBRA continuation coverage, the employee should contact Trustmark Services Company, Attn: Melody Canak, Human Resources, 400 Field Drive, Lake Forest, Illinois 60045 847-283-2339, or the employee may contact the nearest Regional or District Office of the US Department of Labor's Employee Benefits Security Administration (ESBA). Addresses and phone numbers or Regional and District ESBA Offices are available through ESBA's website at **www.dol.gov/ebsa**.

**Keep The Plan Informed of Address Changes**

In order to protect his or her family's rights, the employee should keep the Plan Administrator informed of any changes in the addresses of the family members. The employee should also keep a copy for his or her records, of any notices the employee sends to the Plan Administrator.

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## WOMEN'S HEALTH AND CANCER RIGHTS ACT

In compliance with the Women's Health and Cancer Rights Act of 1998, this Group Health Plan provides coverage for mastectomy-related services, including the procedures necessary to effect reconstruction of the breast on which a mastectomy was performed, the cost of prostheses as well as physical complications of all stages of mastectomy, including lymphedemas, as maybe recommended by an attending physician of any patient on whom a mastectomy has been performed.

The Plan will also provide coverage for any necessary surgery or reconstruction of the breast on which a mastectomy was not performed in order to produce a symmetrical appearance, for any participant or beneficiary of the Plan who receives plan benefits for a mastectomy.

Coverage for such surgery or reconstruction will be subject to the same deductibles and copayments that apply to mastectomies under the terms of the Plan.

Contact the ***claims processor*** for medical claims at 877-367-5690 for more information.

## MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) OFFER FREE OR LOW-COST HEALTH COVERAGE TO CHILDREN AND FAMILIES

If the employee is eligible for health coverage from his employer, but is unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If the employee or his dependents are already enrolled in Medicaid or CHIP and the employee lives in a State listed below, the employee can contact his State Medicaid or CHIP office to find out if premium assistance is available.

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

Once it is determined that the employee or his dependents are eligible for premium assistance under Medicaid or CHIP, the employer's health plan is required to permit the employee and his dependents to enroll in the plan – as long as the employee and his dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **the employee must request coverage within 60 days of being determined eligible for premium assistance**.

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**If the employee lives in one of the following States, the employee may be eligible for assistance paying employer health plan premiums. The following list of States is current as of January 31, 2011. The employee should contact his State for further information on eligibility –**

**ALABAMA –** Medicaid
Website: http://www.medicaid.alabama.gov
Phone: 1-800-362-1504

**ALASKA –** Medicaid
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/
Phone (Outside of Anchorage): 1-888-318-8890
Phone (Anchorage): 907-269-6529

**ARIZONA** – CHIP
Website: http://www.azahcccs.gov/applicants/default.aspx
Phone (Outside of Maricopa County): 1-877-764-5437
Phone (Maricopa County): 602-417-5437

**ARKANSAS** – CHIP
Website: http://www.arkidsfirst.com/
Phone: 1-888-474-8275

**CALIFORNIA** – Medicaid
Website: http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx
Phone: 1-866-298-8443

**COLORADO** – Medicaid and CHIP
Medicaid Website: http://www.colorado.gov/
Medicaid Phone (In state): 1-800-866-3513
Medicaid Phone (Out of state): 1-800-221-3943
CHIP Website: http:// www.CHPplus.org
CHIP Phone: 303-866-3243

**FLORIDA** – Medicaid
Website: http://www.fdhc.state.fl.us/Medicaid/index.shtml
Phone: 1-877-357-3268

**GEORGIA** – Medicaid
Website: http://dch.georgia.gov/
Click on Programs, then Medicaid
Phone: 1-800-869-1150

**IDAHO** – Medicaid and CHIP
Medicaid Website: www.accesstohealthinsurance.idaho.gov
Medicaid Phone: 1-800-926-2588
CHIP Website: www.medicaid.idaho.gov
CHIP Phone: 1-800-926-2588

**INDIANA** – Medicaid
Website: http://www.in.gov/fssa
Phone: 1-800-889-9948

**IOWA** – Medicaid
Website: www.dhs.state.ia.us/hipp/
Phone: 1-888-346-9562

**KANSAS** – Medicaid
Website: https://www.khpa.ks.gov
Phone: 1-800-792-4884

**KENTUCKY** – Medicaid
Website: http://chfs.ky.gov/dms/default.htm
Phone: 1-800-635-2570

**LOUISIANA** – Medicaid
Website: http://www.lahipp.dhh.louisiana.gov
Phone: 1-888-342-6207

**MAINE –** Medicaid
Website: http://www.maine.gov/dhhs/OIAS/public-assistance/index.html
Phone: 1-800-321-5557

**MASSACHUSETTS** – Medicaid and CHIP
Medicaid & CHIP Website:
http://www.mass.gov/MassHealth
Medicaid & CHIP Phone: 1-800-462-1120

**MINNESOTA** – Medicaid
Website: http://www.dhs.state.mn.us/
Click on Health Care, then Medical Assistance
Phone (Outside of Twin City area): 800-657-3739
Phone (Twin City area): 651-431-2670

**MISSOURI** – Medicaid
Website:
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

**MONTANA** – Medicaid
Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml
Phone: 1-800-694-3084

**NEBRASKA** – Medicaid
Website: http://www.dhhs.ne.gov/med/medindex.htm
Phone: 1-877-255-3092

**NEVADA** – Medicaid and CHIP
Medicaid Website: http://dwss.nv.gov/
Medicaid Phone: 1-800-992-0900
CHIP Website: http://www.nevadacheckup.nv.org/
CHIP Phone: 1-877-543-7669

**NEW HAMPSHIRE** – Medicaid
Website: www.dhhs.nh.gov/ombp/index.htm
Phone: 603-271-4238

**NEW JERSEY** – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 1-800-356-1561
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

**NEW MEXICO –** Medicaid and CHIP
Medicaid Website:
http://www.hsd.state.nm.us/mad/index.html
Medicaid Phone: 1-888-997-2583
CHIP Website:
http://www.hsd.state.nm.us/mad/index.html
Click on Insure New Mexico
CHIP Phone: 1-888-997-2583

**NEW YORK –** Medicaid
Website: http://www.nyhealth.gov/health_care/medicaid/
Phone: 1-800-541-2831

**NORTH CAROLINA** – Medicaid
Website: http://www.nc.gov
Phone: 919-855-4100

**NORTH DAKOTA** – Medicaid
Website:
http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-800-755-2604

**OKLAHOMA** – Medicaid
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

**OREGON** – Medicaid and CHIP
Medicaid & CHIP Website:
http://www.oregonhealthykids.gov
Medicaid & CHIP Phone: 1-877-314-5678

**PENNSYLVANIA** – Medicaid
Website:
http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm
Phone: 1-800-644-7730

**RHODE ISLAND** – Medicaid
Website: www.dhs.ri.gov
Phone: 401-462-5300

**SOUTH CAROLINA** – Medicaid
Website: http://www.scdhhs.gov
Phone: 1-888-549-0820

**TEXAS** – Medicaid
Website: https://www.gethipptexas.com/
Phone: 1-800-440-0493

**UTAH** – Medicaid
Website: http://health.utah.gov/upp
Phone: 1-866-435-7414

**VERMONT**– Medicaid
Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

**VIRGINIA** – Medicaid and CHIP
Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.famis.org/
CHIP Phone: 1-866-873-2647

**WASHINGTON** – Medicaid
Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm
Phone: 1-800-562-3022 ext. 15473

**WEST VIRGINIA** – Medicaid
Website: http://www.wvrecovery.com/hipp.htm
Phone: 304-342-1604

**WISCONSIN** – Medicaid
Website: http://www.badgercareplus.org/pubs/p-10095.htm
Phone: 1-800-362-3002

**WYOMING** – Medicaid
Website:
http://www.health.wyo.gov/healthcarefin/index.html
Phone: 307-777-7531

To see if any more States have added a premium assistance program since January 31, 2011, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-866-444-EBSA (3272)1-877-267-2323, Ext. 61565

# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 1-31-2017)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Melody Canak, Human Resources mcanak@trustmarkins.com or 847-283-2339.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

| | | |
|---|---|---|
| 3. Employer name<br>CoreSource, Inc. / Trustmark Services Company / Health Fitness Corporation | | 4. Employer Identification Number (EIN)<br>35-1846036/27-0056662/ 41-1580506 |
| 5. Employer address<br>400 Field Drive | | 6. Employer phone number<br>847-283-1500 |
| 7. City<br>Lake Forest | 8. State<br>IL | 9. ZIP code<br>60045 |
| 10. Who can we contact about employee health coverage at this job?<br>Melody Canak | | |
| 11. Phone number (if different from above)<br>847-283-2339 | 12. Email address<br>mcanak@trustmarkins.com | |

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

  ☐ All employees.

  ☑ Some employees. Eligible employees are:

  Regular employees working full-time 30 hours or more per week

  Associates who qualify under ACA, averaging 30 hours per week over a 12-month measurement period.

- With respect to dependents:

  ☑ We do offer coverage. Eligible dependents are:

  Legally married spouse, qualified partner, children up to age 26

  The term “qualified partner” means domestic partner or other qualified relationship type as defined by the employer and/or state in which they live.

  The term “child” means the employee’s natural child, stepchild, legally adopted child, child placed for adoption, a natural child of the employee’s qualified partner, a child for whom the employee, covered spouse or the employee’s qualified partner has been appointed legal guardian, provided the child is less than twenty-six (26) years of age, and dependent, disabled children age 26 and older.

  ☐ We do not offer coverage.

☑ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here’s the employer information you’ll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

## Important Notice

This booklet provides an overview of your benefits choices and is not intended to be all-inclusive. The items and conditions stated in this booklet provide an overview of benefits and are not intended to be contractual. To the extent permitted by law, these benefits may be changed or terminated by the company at any time and for any reason. Premiums, if any, may also be changed at any time.

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