

## IMPORTANT INFORMATION ABOUT A CHANGE TO YOUR EMPLOYER BENEFITS DUE TO JOB CHANGE OR EXTENDED LEAVE

Effective 1/1/2020

This handout contains important information about the change to your benefits coverage and continuation options to which you may be entitled.

### **MEDICAL, DENTAL, VISION & EAP BENEFITS**

Coverage of medical, dental, vision and employee assistance program (EAP) benefits extend through the end of the month in which you lose eligibility. If you qualify under the ACA to continue medical coverage, you will receive an enrollment event in your Workday Inbox.

Premium for coverage through the end of the month will be deducted from your paycheck. Contact Trustmark Health Benefits at (877) 367-5690 for questions regarding medical claims or prescription drug coverage. Contact Delta Dental at (800) 553-9536 for questions regarding your dental claims. Contact the EAP at (877) 851-1631 or online at [www.workhealthlife.com/Standard6](http://www.workhealthlife.com/Standard6).

Information on how to continue coverage through COBRA will be sent to your home, usually within two weeks after your coverage ends. The COBRA premium chart is shown below. Contact Trustmark Health Benefits COBRA at (866) 433-0318 for questions.

If returning from leave, benefits will be reinstated on the first of the month.

You may be able to get coverage through the Health Insurance Marketplace. Your COBRA materials outline information about the Health Insurance Marketplace as well as COBRA eligibility.

### **MONTHLY COBRA RATES (including 2% administration fee)**

	<b>Individual</b>	<b>Individual + Spouse</b>	<b>Individual + Child(ren)</b>	<b>Individual + Family</b>
<b>HDHP Premier</b>	\$555.04	\$1,288.56	\$1,049.88	\$1,825.08
<b>HDHP Essential</b>	\$495.88	\$1,152.90	\$937.68	\$1,636.38
<b>HDHP Balanced</b>	\$407.14	\$948.90	\$769.38	\$1,352.82
<b>Dental</b>	\$34.68	\$69.36	\$66.30	\$100.98
<b>Basic Vision</b>	\$1.26	\$2.04	\$2.08	\$3.81
<b>Enhanced Vision</b>	\$13.26	\$21.21	\$21.65	\$34.91
<b>EAP</b>	\$0.36			

## FLEXIBLE SPENDING ACCOUNTS - FSA

Healthcare and Dependent Care FSA expenses incurred prior to or on your separation date may be submitted up to ninety days after separation date. If your account Healthcare FSA balance is greater than the amount you have incurred, you may elect COBRA to continue access to the funds in your account. Contact Trustmark Health Benefits at (877) 267-3359 for questions regarding your FSA balances or claims.

## HEALTH SAVINGS ACCOUNTS – HealthEquity

The money in your health savings account is yours and you can draw from it for eligible health expenses until all the funds are used. Contact HealthEquity at (866) 346-5800 or visit [www.healthequity.com/trustmark](http://www.healthequity.com/trustmark) for information pertaining to your bank account.

## GROUP LIFE INSURANCE

Your Group Life Insurance coverage ends on the date you lose eligibility. Please visit

The Standard's website at <https://www.standard.com/eforms/9563.pdf> for conversion of your Basic Life, Supplemental Life and/or Dependent Life coverage or <http://www.standard.com/eforms/9178.pdf> for portability options.

***MN RESIDENTS ONLY.*** You may elect to continue your basic life and supplemental life (if applicable) insurance under MN Insurance Continuation law for a period of up to 18 months. AD&D coverage may not be continued. Should you elect to continue coverage, you will be responsible for paying the monthly cost of the premium plus a 2% administration fee. You must elect coverage within 60 days from the date coverage is scheduled to end or the date of the election form notice, whichever is later.

## LONG TERM and SHORT TERM DISABILITY

Coverage ends the date you lose eligibility under the plan. You may not continue or convert your coverage under the group disability plan.

## VOLUNTARY BENEFITS

If you will no longer receive a regular paycheck that will allow for voluntary deductions, please contact Voluntary Benefit Solutions Customer Service at (800) 918-8877 or Liberty Mutual at (800) 981-2372 to transition your individual policy to direct pay.

## PAID TIME OFF (PTO)

Earned but unused PTO time will be paid out to you on your last regular paycheck. Used but unearned PTO time will be paid by you to the Company either through a deduction from your last paycheck, if allowed by law, or by a personal check (or some other form of payment) from you prior to your last day of employment/status change.

## CONTACT INFORMATION

Benefits Questions	(847) 283-1170	Employee Assistance Program	(877) 851-1631
General HR Questions	(800) 931-6499	HealthEquity (HSA)	(866) 346-5800
Trustmark Health Benefits-Medical	(877) 367-5690	VSP-Vision	(800) 877-7195
Delta Dental	(800) 553-9536	Trustmark Voluntary Benefit Solutions	(800) 918-8877
Trustmark Health Benefits-FSA/Commuter	(877) 267-3359	Liberty Mutual	(800) 981-2372
Trustmark Health Benefits-COBRA	(866) 433-0318	Fidelity 401(k)	(800) 835-5091