

Metro Lagoons, LLC Employee Benefits Guide

Plan Year 2023

Salary 2

Brought to you by:



Employee Benefit Booklet

Customer Support

Metro Lagoons, LLC

Kim Carroll

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Metro Lagoons, LLC has partnered with **One Source Advisory** to provide the medical benefit plans. Please contact us if you have questions about your medical benefits, claims or billing issues.

Hours of Operation

Monday – Thursday 9:00 a.m. – 5:00 p.m. EST

Friday 8:00 a.m. – 4:00 p.m. EST

Office Number

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About This Guide

This document is intended to merely highlight or summarize certain aspects of the employer's benefit program(s). It is not a Summary Plan Description (SPD) or an official plan document. Your rights and obligations under the program(s) are set forth in the official plan documents. All statements in this summary are subject to the terms of the official plan documents, as interpreted by the appropriate plan fiduciary. In the case of an ambiguity or outright conflict between a provision in this summary and a provision in the plan documents, the terms of the plan documents control. The employer reserves the right to review, change or terminate the plan or any benefits under it, for any reasons, at any time and without advanced notice to any person.

How to Enroll in Benefits

For your convenience, Open Enrollment and On-going benefits administration will be offered on the on-line enrollment system EASE. EASE allows you to view your benefit options and make benefit elections for you and your family. You can view plan details; coverage amounts and cost. Your family's information only needs to be entered once. Instructions on how to enroll is included in the back of this booklet.

2023 Open Enrollment:

- EASE enrollment system has been prepopulated with current enrollments.
- Current Insurance enrollment will roll over to the new plans.
- Employees will need to log into the system to update personal information, addresses, make any plan changes, add dependents, and beneficiaries.

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Eligibility, Enrollment, Medical Terms & Conditions

The Open Enrollment period for eligible employees is from June 12th through June 23rd, 2023. The new benefit plan will be effective July 1, 2023.

- Eligible employees may make changes or add dependents without having to provide proof of insurability during the Open Enrollment Period.
- The Open Enrollment period is the only time employees can enroll in the coverage listed below without the occurrence of a qualifying event (see definition below).

Open Enrollment applies to medical, dental and Vision.

To make enrollment changes through the year:

Under these benefits, you are only allowed to make changes to your elections during the year if you have one of the following status changes:

- Marriage, divorce, or legal separation
- Gain or loss of an eligible dependent for such as birth, adoption, court order, disability, death, reaching the dependent child age limit
- Significant changes in employment or benefit coverage that may affect you or your spouse's benefit eligibility
- Termination of Medicaid or CHIP coverage
- Eligibility for employment assistance under Medicaid or CHIP

Your benefit change must be consistent with your change in family status.

You must notify your Human Resources office within 30 days of the qualifying event. For more information, please go to "How to enroll or make changes to benefits?" section of this handbook.

Employee Eligibility: An eligible employee must be classified as full-time and work 30 hours or more per week.

Waiting Period: Benefits will begin on the 1st of the month following 30 days of full-time employment.

Benefit Payments: For benefits received In-Network, you are responsible only for your co-payment or deductible amount and coinsurance. Your provider will file the claim. Benefits for Out-of-Network services are for emergency coverage only. You may be subject to additional charges over the reasonable and customary allowed amounts.

Calendar Year Deductible/Out of Pocket Maximum: Your deductible and out of pocket expenses are credited on a calendar year basis. A calendar year is January 1st – December 31st. Your deductible and out of pocket will restart January 1st of each year, regardless of when you enrolled in the plan or when annual open enrollment occurs.

Primary Care Physician/Specialty Physician Referrals: Participants who enroll in the Simply Blue HMO Plan will need to choose a Primary Care Physician (PCP) on their enrollment form or call Blue Cross Blue Shield once enrolled to assign their PCP. Referrals are not needed for Specialty Physicians.

Dependent Age Limitation: Dependent children are eligible for coverage on your medical plan until the age of 30. Their Florida Blue coverage will end December 31st of the year they turn 30. They are eligible for coverage in the vision and dental plans until age 26 and their Guardian coverage will end on the last day of the month, they turn 26.

Domestic Partners: Covered same & opposite sex

Employee Benefit Booklet

Blue Cross Blue Shield of Florida Medical Plan Summary

Summary of Benefits and Coverage for each plan are available on www.floridablue.com

1-800-FLA-BLUE (352-2583)

	Simply 21 HMO 20853 Everyday Simply Blue	Select 21 PPO 15605 Everyday Blue Select
Provider Network Name www.floridablue.com	SimplyBlue	BlueSelect
Calendar Year Deductible - (Individual / Family)	\$9,100 / \$18,200	\$2,500 / \$5,000
Out of Pocket Maximum – (Individual / Family)	\$9,100 / \$18,200	\$6,700 / \$13,400
Coinsurance	0%	20%
Prescription Drugs (Preferred Pharmacies)		
Generic: Preventive / Condition Care* / All Others	\$0 / \$4 / Low: \$30 or High: \$100	\$0 / \$4 / \$15
Brand: Condition Care* / All Others	\$50 / \$100	\$50 / \$100
Non-Preferred Brand	\$200	\$200
Mail Order Drugs (90 Day Supply)	2.5x retail	2x retail
Specialty prescription Drugs	\$200	\$300
Physician Office Visits		
Primary Care Physician	\$45	\$30
Specialist	\$85	\$75
Virtual Visit (Designated Virtual Network Provider)	\$0	\$0
Referral Needed for Specialist?	No, but PCP election required	No
Preventive Care (In Network Only)		
Routine Adult Physical Exams, Well Woman, Well Child, Routine Mammograms and Colonoscopy	\$0	\$0
Diagnostic / Laboratory		
Independent Clinical Lab (Blood Work)	\$50	\$0
Independent Diagnostic Testing Facility (X-rays)	Deductible	Deductible & 20%
Independent Facility Advanced Imaging (MRI, PET, CT Scan, Nuclear Medicine)	Deductible	Deductible & 20%
Hospitalization / Outpatient Services		
Inpatient Hospitalization (Facility)	Deductible	Deductible & 20%
Outpatient Surgical Care (Hospital Facility)	Deductible	Deductible & 20%
Ambulatory Surgical Center	Deductible	20%
Provider Services at Hospital, ER or Surgical Center	Deductible	\$0
Emergency Room	\$750	Deductible & 20%
Urgent Care (Walk-In Clinic)	\$90	\$80
Out of Network Benefits		
Calendar Year Deductible - (Individual / Family)	Emergency Services Only	\$5,000 / \$10,000
Out of Pocket Maximum – (Individual / Family)		\$13,400 / \$26,800
Coinsurance		50%

*Condition care drugs are drugs that treat conditions such as high blood pressure, cholesterol, diabetes, depression, and asthma

*This summary is intended only to highlight the most commonly used benefits and should not be relied upon to fully determine your coverage. *If enrolling any dependents, the individual deductible/maximum out of pocket will not apply. Benefits will not be paid until the family deductible has been met.*

Employee Benefit Booklet

Summary of Benefits and Coverage for each plan are available on www.guardiananytime.com / Groupnumber:00023792 / (888) 600-1600

PPO plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are limited to our PPO fee schedule.

Dental Plan		
	In-Network	Out-Of-Network
Annual Deductible		
<i>Individual</i>		\$50
<i>Family</i>		\$150
<i>Waived for Preventive</i>		Yes
Annual Maximum		\$1,500
Basis of Payment	Negotiated Fees	Negotiated Fees
Preventive	100%	100%
Basic	100%	80%
Major	60%	50%
Orthodontia	50%	50%
<i>Additional Deductible</i>		None
<i>Adult and/or Child(ren)</i>		Yes
Orthodontia LifeTime Max		\$1,000

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. **

Coverage	VSP/Full Feature Choice B	
	Plan Frequency:	
.. Exam	Every 12 Months	
.. Lenses	Every 12 Months	
.. Frames	Every 24 Months	
	In-Network:	Out-of-Network:
.. Exam Copay	\$10	Up to \$39
.. Lenses Copay	\$25	Up to \$49
.. Frames	\$130 allowance + 20% discount for overage	Up to \$46
.. Contact Lenses (elective)	\$130	Up to \$100

25,000 Basic Life Insurance Plan Summary

Your employer provides eligible full-time employees with a **group life and accidental death and dismemberment (AD&D) insurance policy** of \$25,000 for the employee. Please make sure to maintain your beneficiary information up to date.

Employee Benefit Booklet

FL Blue Low Plan - Simply Blue / Everyday Health 20853			FL Blue High Plan Blue Select/ Everyday Health 15605		
Medical Age	Employee Biweekly Cost	Bi-weekly Per Dependent*	Medical Age	EE Biweekly Cost	Bi-Weekly Per Dependent*
<15	\$0.00	\$122.81	<15	\$10.36	\$133.17
15	\$0.00	\$133.73	15	\$11.28	\$145.01
16	\$0.00	\$137.90	16	\$11.63	\$149.53
17	\$0.00	\$142.08	17	\$11.99	\$154.06
18	\$0.00	\$146.57	18	\$12.36	\$158.94
19	\$0.00	\$151.07	19	\$12.74	\$163.81
20	\$0.00	\$155.72	20	\$13.13	\$168.85
21	\$0.00	\$160.54	21	\$13.54	\$174.08
22	\$0.00	\$160.54	22	\$13.54	\$174.08
23	\$0.00	\$160.54	23	\$13.54	\$174.08
24	\$0.00	\$160.54	24	\$13.54	\$174.08
25	\$0.00	\$161.18	25	\$13.60	\$174.78
26	\$0.00	\$164.39	26	\$13.86	\$178.26
27	\$0.00	\$168.24	27	\$14.19	\$182.43
28	\$0.00	\$174.50	28	\$14.72	\$189.22
29	\$0.00	\$179.64	29	\$15.15	\$194.79
30	\$0.00	\$182.21	30	\$15.37	\$197.58
31	\$0.00	\$186.06	31	\$15.70	\$201.76
32	\$0.00	\$189.91	32	\$16.02	\$205.93
33	\$0.00	\$192.32	33	\$16.22	\$208.55
34	\$0.00	\$194.89	34	\$16.44	\$211.33
35	\$0.00	\$196.18	35	\$16.55	\$212.72
36	\$0.00	\$197.46	36	\$16.66	\$214.12
37	\$0.00	\$198.74	37	\$16.77	\$215.51
38	\$0.00	\$200.03	38	\$16.87	\$216.90
39	\$0.00	\$202.60	39	\$17.09	\$219.69
40	\$0.00	\$205.17	40	\$17.30	\$222.47
41	\$0.00	\$209.02	41	\$17.64	\$226.65
42	\$0.00	\$212.71	42	\$17.94	\$230.65
43	\$0.00	\$217.85	43	\$18.37	\$236.22
44	\$0.00	\$224.27	44	\$18.92	\$243.19
45	\$0.00	\$231.82	45	\$19.55	\$251.37
46	\$0.00	\$240.81	46	\$20.31	\$261.12
47	\$0.00	\$250.92	47	\$21.17	\$272.09
48	\$0.00	\$262.48	48	\$22.14	\$284.62
49	\$0.00	\$273.88	49	\$23.10	\$296.98
50	\$0.00	\$286.72	50	\$24.19	\$310.91
51	\$0.00	\$299.40	51	\$25.26	\$324.66
52	\$0.00	\$313.37	52	\$26.44	\$339.80
53	\$0.00	\$327.49	53	\$27.63	\$355.12
54	\$0.00	\$342.75	54	\$28.91	\$371.66

Employee Benefit Booklet

FL Blue Low Plan - Simply Blue / Everyday Health 20853			FL Blue High Plan Blue Select/ Everyday Health 15605		
Medical Age	Employee Biweekly Cost	Bi-weekly Per Dependent*	Medical Age	EE Biweekly Cost	Bi-Weekly Per Dependent*
55	\$0.00	\$358.00	55	\$30.20	\$388.20
56	\$0.00	\$374.53	56	\$31.59	\$406.13
57	\$0.00	\$391.23	57	\$33.00	\$424.23
58	\$0.00	\$409.05	58	\$34.50	\$443.55
59	\$0.00	\$417.88	59	\$35.25	\$453.12
60	\$0.00	\$435.70	60	\$36.75	\$472.45
61	\$0.00	\$451.11	61	\$38.05	\$489.16
62	\$0.00	\$461.22	62	\$38.90	\$500.13
63	\$0.00	\$473.90	63	\$39.98	\$513.88
64+	\$0.00	\$481.61	64+	\$40.62	\$522.24

***Premium applies to Each dependent. Dependent cost is based on dependent age.**

Dental Bi-Weekly Rate	
Employee	\$15.59
Employee + Spouse	\$31.64
Employee + Child(ren)	\$41.90
Family	\$62.00

Vision Bi-Weekly Rates	
Employee	\$3.99
Employee + Spouse	\$6.72
Employee + Child(ren)	\$6.85
Family	\$10.84

Employee Benefit Booklet

Staying healthy just got less expensive

Great discounts and valuable information that can be used all year long—Blue365[®]

You can save BIG on a wide variety of healthy products and services through our members-only discount program—Blue365¹. Take advantage of exclusive discounts at select local companies and leading, national brands for everyday health and wellness or family care. Save up to 60% on fitness clubs, exercise equipment, contact lenses or glasses, nutrition and weight management programs and so much more! All available to you as part of your Florida Blue membership. We're dedicated to your pursuit of health.

Fitness

BodyMedia[®]

Get 15% off wearable body monitors plus receive a 3-month subscription to easily track more than 5,000 data points including everything from calorie expenditure to step count to sleep quality.

Snap Fitness[®]

Get 50% off the current enrollment fee, 10% off personal training sessions, a complimentary 1-month online nutrition and meal planning membership, and more.

Healthways[™]

Members will have access to *Healthways Fitness Your Way*, which includes a fitness membership with access to over 8,000 participating fitness locations for just \$25 a month and a network of 40,000 health and well-being specialists. Plus save up to 30% off health and wellness related products and services.

Polar

Save up to 25% on a selection of heart rate monitors that will allow you to track your progress, plus get recommendations on choosing a type of exercise, access training programs tailored to individual level and goals, and much more.

Reebok

- Make a purchase of footwear and apparel from the online Reebok store and receive a 20% discount and free shipping on the entire order (enter Promo Code REEBOK365 at checkout on reebok.com).
- At Reebok outlet stores when you use one of the online coupons you'll receive 15% off the entire purchase.
- Plus, each quarter there are additional specials just for our members, including Reebok Friends and Family events at 30% off and free shipping at Reebok.com, and 40% off at Reebok Outlets.

Healthy Eating

Children's Nutrition Education

Nutritional information is available for your children through the SuperKids program from Dole Food Company, Inc. The program offers unique Superkids recipes, games, and comics, and, where available, printable coupons for in-store promotions.

¹ Blue365 offers access to savings on items that members may purchase directly from independent vendors. Blue365 does not include items covered under your policies with Florida Blue or any applicable federal health care program. To find out what is covered under your policies, call Florida Blue. Blue Cross and Blue Shield Association (BCBSA) and local Blue companies may receive payments from Blue365 vendors. Neither BCBSA nor any local Blue company recommends, endorses, warrants or guarantees any specific Blue365 vendor or item. For more information about Blue365, go to floridablue.com.

Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc., an Independent Licensee of the Blue Cross and Blue Shield Association.

See next page...

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Staying healthy just got less expensive

Jenny Craig®

Members and their eligible dependents can enjoy a FREE 30-day trial program and 25% off the 1-year Premium Success Program. Plus a FREE welcome kit, dining out guide, cookbook, water bottle, pedometer, snacks, reusable grocery bag, and freezer bag.

†Plus the cost of food and shipping, when applicable. Discounts apply to membership fee only. Offer good at participating Centers and Jenny Direct in the U.S., Canada and Puerto Rico.

Nutrisystem®

Save an extra 12% on any 28-day program order and get an extra week of food. Get a 10% discount on the advance line program if a member purchases two consecutive auto-ship orders.

Personal Care

Lasik

You will have a choice of companies to go to for great discounts on laser vision correction services for traditional and custom LASIK. Check out QualSight and LasikPlus for all of their options.

Davis Vision

Davis Vision's national network of vision professionals offers 10-40% off everything from exams to lenses, frames, contacts and more.

Hearing Care and Products

You will have a choice of companies for your hearing needs. TruHearing and Beltone™ offer big discounts on eligible products and services, including hearing and screening exams, hearing aids, plus custom fitting and follow-up visits.

Caringbridge

Members will have free access to a nonprofit online community where people experiencing significant health challenges can connect with family and friends.

Hope Paige Designs

Members will have access to Hope Paige Designs' discounted products through the Blue365 website. Hope Paige Designs offers a line of fashionable, trendy and chic medical emergency bracelets. Every member who makes a purchase from Hope Paige Designs' online store will receive a 30% discount off list price and free shipping on the entire order.

Eldercare

- Through Seniorlink™, an eldercare management and advisory service, you'll receive discounts on 3- or 12-month memberships that include unlimited personalized telephone and Internet-based assistance, advice and support when caring for a family member.
- They can help you understand your options, create a comprehensive plan of care that promotes independence and quality of life for seniors, and help you find the perfect local eldercare services in your community or across the country.

Wellness

eMindful®

When you know it's time to make a lifestyle change, but need support along the way, eMindful can help. Members can enjoy 25% off the price of any retail online wellness webinar course with topics including managing your stress, eating healthier foods, exercise smarter or give up tobacco and many more.

It's easy to find out all the details for these exclusive savings—the information is available online 24/7 for your convenience.

Simply log in at floridablue.com. New discounted products and services are being added all the time—so check back often for new savings opportunities.

78925-0514R E

Florida Blue's Telemedicine Solution

Provides 24/7 Access to Care



The Doctor Is In Anytime, Anywhere

Telemedicine services are now a standard feature for fully-insured employer groups. That means your employees can get the care they need anytime, anywhere. Teladoc[®], the nation's first and largest telemedicine platform, provides on demand and scheduled visits with U.S. board-certified doctors via phone or online video 24/7/365. Members easily get resolution to a wide range of health issues, including cold, flu, upper respiratory infection, cough, pink eye, allergies and more. While your employees get back to feeling better, faster, you'll see reduced absenteeism and greater productivity.

The Nation's First and Largest Telemedicine Platform



8,500+
visits on
busiest day



20M+
members



24/7
availability



10,000
clients



3,100+
providers



90%
member
satisfaction



92%
issues resolved
in first visit

The Teladoc Difference

Convenience

- 24/7/365 access to U.S. board-certified physicians by phone or online video
- Members can be diagnosed, treated and prescribed medication during their visit

Clinical Quality

- Perfect score from the National Committee for Quality Assurance (NCQA) for two consecutive certifications
- 3,100+ U.S board-certified physicians with 20 years' experience on average

Value

- Year-round member engagement drives 5x greater utilization than industry average



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"I have had multiple employees reach out to thank me for letting them know about Teladoc. Teladoc has helped T-Mobile save more money each year we have been with them, now three years running. Our ER visits and absenteeism are all down."

–T-Mobile HR Executive

"After many of my co-workers told me how happy they were with Teladoc, I signed up. Within an hour, I was picking up my prescription and I'm now on the road to feeling better."

– Chris, Teladoc Member

How Does Teladoc Work?

1

Members register themselves and their children. Then they fill out a quick general health summary questionnaire.

2

Members request a visit with a board-certified doctor through mobile app, web or phone. They can arrange an on-demand or scheduled visit to discuss their symptoms.

3

The consulting physician will ask questions about the member's health status, diagnose the condition or problem and treat the patient, which may or may not include ordering a prescription medication.

4

The physician posts a visit summary to the member's file and sends details of the member's visit to their primary care physician.

To learn more about the telemedicine benefit, talk to your agent or Florida Blue sales representative.

Teladoc is an independent company contracted by Florida Blue to provide physician visits via phone or online video to members with non-emergent medical issues. Teladoc is only available in the U.S. Teladoc® is a trademark of Teladoc, Inc.

Health insurance is offered by Florida Blue. HMO coverage is offered by Florida Blue HMO, an affiliate of Florida Blue. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. For more information, visit floridablue.com/ndnotice.

BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

95975 0519R FULLY INSURED

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Employee Assistance Program

We all need a little support every now and then.

Guardian's Employee Assistance Program gives you and your family members access to confidential personal support, across everything from stress management and nutrition to handling legal or financial issues.

The services available include consultations with experts, as well as access to resources and discounts designed to help you in a variety of different ways.

How it can help



Consultative services are available to provide direct support and assistance



Work/life assistance that can help you save money and balance commitments



Access legal and financial assistance and resources – including WillPrep Services



How to access

To access the WorkLifeMatters Employee Assistance Program, you'll need a few personal details.



Visit

ibhworklife.com



User ID

Matters



Password

wlm70101

For more information or support, you can reach out by phoning **1800 386 7055**. The team is available 24 hours a day, 7 days a week¹.

Employee Benefit Booklet

Important Notice from Your Employer About

Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with . and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Metro Lagoons, LLC has determined that the prescription drug coverage offered by the Metro Lagoons, LLC is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current Metro Lagoons LLC coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Design Styles Architecture Inc .coverage, be aware that you and your dependents will be able to get this coverage back at the next open enrollment or qualifying event.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Metro Lagoons LLC and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact One Source Advisory at 813-961-7940. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Metro Lagoons LLC changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Employee Benefit Booklet

HIPAA Special Enrollment Rights Notice

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides employees additional opportunities to enroll in a group health plan if they experience a loss of other coverage or certain life events. If you are declining coverage at this time for either yourself or your eligible dependents, you may be able to enroll yourself and/or your eligible dependents in coverage at a later date if there is a loss of other coverage. You must enroll and provide the required supporting documentation within 31 days of the date your other coverage ends.

In addition, you may be able to enroll yourself and your eligible dependents if you have a qualifying life event (e.g. change in your marital status, birth or adoption of a child, death of dependent or change in employment status.) You must enroll and provide the applicable required supporting documentation within 31 days of the qualifying life event.

For additional information regarding your rights under HIPAA, please visit the US Department of Labor website at the link below. http://www.dol.gov/ebsa/faqs/faq_consumer_hipaa.html

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

The Women's Health and Cancer Rights Act of 1998 (WHCRA) was signed into law on October 21, 1998. The WHCRA which amends ERISA, requires group health plans that provide coverage for mastectomies to also provide coverage for reconstructive surgery and prostheses following mastectomies. Because your group health plan offers coverage for mastectomies, WHCRA applies to your plan. The law mandates that a participant who is receiving benefits, on or after the law's effective date, for a covered mastectomy and who elects breast reconstruction in connection with the mastectomy will also receive coverage for:

1. Reconstruction of the breast on which the mastectomy has been performed
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. Prosthesis and treatment of physical complications of all stages of mastectomy, including lymphedemas

This coverage will be provided in consultation with the patient and the patient's attending physician and will be subject to the same annual deductible, coinsurance and/or copayment provisions otherwise applicable under the policy/plan.

MICHELLE'S LAW NOTICE

NOTICE OF EXTENDED COVERAGE TO PARTICIPANTS COVERED UNDER A GROUP HEALTH PLAN

Federal legislation known as "Michelle's Law" generally extends eligibility for group health benefit plan coverage to a dependent child who is enrolled in an institution of higher education at the beginning of a medically necessary leave of absence if the leave normally would cause the dependent child to lose eligibility for coverage under the plan due to loss of student status. The extension of eligibility protects eligibility of a sick or injured dependent child for up to one year.

The Metro Lagoons LLC (the "Plan") currently permits an employee to continue a child's coverage until the age of 30 if that child is enrolled at an accredited institution of learning on a full-time basis, with full-time defined by the accredited institution's registration and/or attendance policies. Michelle's Law requires the Plan to allow extended eligibility in some cases for a dependent child who would lose eligibility for Plan coverage due to loss of full-time student status.

There are two definitions that are important for purposes of determining whether the Michelle's Law extension of eligibility applies to a particular child:

- *Dependent child* means a child of a plan participant who is eligible under the terms of a group health benefit plan based on his or her student status and who was enrolled at a post-secondary educational institution immediately before the first day of a medically necessary leave of absence.
- *Medically necessary leave of absence* means a leave of absence or any other change in enrollment:
 - of a dependent child from a post-secondary educational institution that begins while the child is suffering from a serious illness or injury
 - which is medically necessary
 - and which causes the dependent child to lose student status under the terms of the Plan

For the Michelle's Law extension of eligibility to apply, a dependent child's treating physician must provide written certification of medical necessity (i.e., certification that the dependent child suffers from a serious illness or injury that necessitates the leave of absence or other enrollment change that would otherwise cause loss of eligibility).

If a dependent child qualifies for the Michelle's Law extension of eligibility, the Plan will treat the dependent child as eligible for coverage until the earlier of:

- One year after the first day of the leave of absence
- The date that Plan coverage would otherwise terminate (for reasons other than failure to be a full-time student)

A dependent child on a medically necessary leave of absence is entitled to receive the same Plan benefits as other dependent children covered under the Plan. Further, any change to Plan coverage that occurs during the Michelle's Law extension of eligibility will apply to the dependent child to the same extent as it applies to other dependent children covered under the Plan.