That’s why at Community Bridges we are committed to a comprehensive employee benefit program that helps our employees stay healthy, feel secure and maintain a work/life balance.

**Stay Healthy**
- Medical, Prescription and Dental Care
- Deductible Reimbursement
- Flexible Spending Accounts
- Vision
- Wellness

**Feeling Secure**
- Life/Accidental Death and Dismemberment
- Short Term Disability
- 403(b)

**Work/Life Balance**
- EAP
- Earned Time
- Holidays

Our employees are our most valuable asset.
Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources.

**MEDICAL:** (Plan Year June 1, 2018 – May 31, 2019)
Provider Name: Harvard Pilgrim HealthCare
Provider Contact: Harvard Pilgrim Customer Service
Provider Phone Number: 888-333-4742
Provider Web Address: www.harvardpilgrim.org
LP Labs and Surgical Centers: www.harvardpilgrim.org/providerdirectory

**DEDUCTIBLE REIMBURSEMENT:** (Plan Year June 1, 2018 – May 31, 2019)
Mail Claims to:
Community Bridges
70 Pembroke Road
Concord, NH 03301
Fax: 603-565-1092

**DENTAL:** (Plan Year July 1, 2018 – June 30, 2019)
Provider Name: Delta Dental
Provider Contact: Customer Service
Provider Phone Number: 800-832-5700 or 603-223-1234

**FLEXIBLE SPENDING ACCOUNTS (FSA):** (Plan Year July 1, 2018 – June 30, 2019)
Provider Name: IPG Benefits
Provider Contact: Brian Donnelly
Provider Phone Number: 888-474-3539
Provider Fax Number: 603-358-6882
Provider Web Address: www.ipgflex.com
Email: info@ipgbenefits.com
Mail Claims to: IPG Benefits
85 Washington Street
Keene, NH 03431

**VISION:** (Plan Year July 1, 2018 – June 30, 2019)
Provider Name: Humana Voluntary Benefits
Provider Contact: Customer Service
Provider Phone Number: 800-327-9728
Provider Web Address: HumanaVoluntaryBenefits.com

**EAP:** (Plan Year January 1, 2018 – December 31, 2018)
Provider Name: Concord Hospital
Provider Contact: EAP Services
Provider Phone Number: 603-227-7125 or 1-800-435-4464 x. 3121
Provider e-mail Address: eap@crhc.org
Medical Insurance

Who is Eligible and When:
Eligibility for medical coverage is effective the first of the month following 60 days of full time employment. New employees have 30 days to elect medical coverage. Regular full time employees working 30 hours or more per week are eligible to participate in the Medical Plan with Agency contribution.

Benefits You Receive:
Community Bridges will continue to offer medical benefits through Harvard Pilgrim. This year we will be offering an ElevateHealth HMO plan and an HMO-LP plan, unchanged from last year.

ElevateHealth is a New Hampshire only plan with a limited network of providers and hospitals including Concord Hospital, Elliot Hospital and Dartmouth Hitchcock. You choose a primary care provider (PCP) for yourself and each family member. Once you have selected your PCP, he/she will provide or arrange for your care, including referrals for specialty care. Participating providers are called Easy Access providers. The network includes hundreds of primary care providers, thousands of specialists and 20 premier New Hampshire hospitals plus Brattleboro Memorial Hospital in Vermont. Please call Harvard Pilgrim at 1-800-848-9995 to see if your doctors are in the network, before you choose to enroll in this plan.

Best Buy Tiered Copayment HMO Low Cost Provider (LP) plan (FULL HARVARD PILGRIM NEW ENGLAND NETWORK): This plan offers typical HMO coverage and helps keep your out of pocket costs down by covering in full the cost of Low Cost Provider labs and charging only $100 for surgery at participating Low Cost Surgical Centers. Please see the LP section of this guide for further information.

Please remember that we have a Plan Year deductible. Your deductible will reset in June.

Please refer to the plan’s Summary of Benefits for a full outline of coverage.

For complete details about the various Community Bridges Premium Contribution schedules, please contact Human Resources.
Preventive Care Services

The preventive services and tests listed below are covered with no Member Cost Sharing when received from a Plan Provider.

Women Only

- Aspirin (81 mg/day) for women who are at least 12 weeks pregnant and at high risk for preeclampsia
- BRCA 1 or 2 genetic counseling, evaluation and testing for women with a family history associated with increased risk of mutation
- Breast cancer chemoprevention (counseling only for women at high risk for breast cancer and low risk for adverse effects of chemoprevention)
- Breast cancer screening, including mammograms and counseling for genetic susceptibility screening
- Breast cancer risk reducing medications, such as Raloxifine and Tamoxifen, for women at increased risk for breast cancer and at low risk for adverse medication effects
- Breastfeeding primary care interventions (applicable to pregnant women and new mothers), including electric and manual breast pumps, lactation classes and support at prenatal and post-partum visits, and newborn visits
- Cervical cancer screening, including pap smears
- Comprehensive lactation support, counseling, and costs of renting breastfeeding equipment.
- Contraceptive methods approved by the FDA\(^1\), sterilization procedures and contraceptive patient education and counseling (contraceptives covered with no member cost sharing include generics and brand name drugs with no generic alternative, including emergency contraceptives.)
- Folic acid supplements (women planning or capable of pregnancy only)
- Gestational diabetes screening
- HPV (human papillomavirus) testing
- Interpersonal and domestic violence counseling and screenings
- Iron deficiency anemia (pregnant women at prenatal visits)
- Microalbuminuria test (pregnant women)
- Osteoporosis screening (screening to begin at age 50 for women at increased risk)
- Ovarian cancer susceptibility screening
- Over the counter contraceptive items such as sponges and spermicides, when prescribed by a health care provider
- Rh (D) incompatibility, screening (pregnant women)
- Routine OB/GYN examinations
- Routine outpatient prenatal and postpartum visits

Men Only

- Abdominal aortic aneurysm screening (for males 65 – 75 one time only, if ever smoked)

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\(^1\) Plans provided by certain religious employers may be exempt from covering contraceptive services. Please see your Schedule of Benefits.
Adults Only

- Aspirin for the prevention of heart disease when prescribed by a health care provider
- Blood pressure screening (adults without known hypertension)
- Colorectal cancer screening, including colonoscopy, sigmoidoscopy and fecal occult blood test
- Diabetes screenings
- HIV screening and counseling
- Lung cancer screening for adults ages 55 to 80 who have a 30 pack per year smoking history and currently smoke or have quit within the past 15 years
- Vitamin D supplements for the prevention of falls when prescribed by a health care provider to community-dwelling members beginning at age 65

Children Only

- Autism screening (for children at 18 and 24 months of age; primary care settings)
- Behavioral assessments (children of all ages; developmental surveillance, in primary care settings)
- Congenital hypothyroidism (screening for newborns only)
- Dyslipidemia screening (for children at high risk for higher lipid levels)
- Fluoride-oral supplementation for children to age 5 Note: Coverage for oral fluoride supplementation is only provided if your plan includes outpatient pharmacy coverage.
- Fluoride varnish for children to age 5 only, when applied by primary care providers, including pediatricians. Maximum of four fluoride varnish applications are covered per year.
- Hearing screening (screening for newborn only, primary care settings)
- Iron deficiency prevention (primary care counseling for children ages 6 to 12 months only)
- Lead screening (children at risk)
- Phenylketonuria screening (newborns before 7 days old)
- Sickle cell disease, screening (screening at birth and first newborn visit)
- Tuberculosis skin testing
- Vision screening (children to age 5 only)

Adults and Children

- Routine physical examinations
- Alcohol misuse screening and counseling (primary care visits only, beginning at age 11)
- Cholesterol screening
- Depression screening (adults, children ages 12-18, primary care visits only)
- Diet behavioral counseling (included as part of annual visit and intensive counseling by primary care clinicians or by nutritionists and dieticians)
- Hemoglobin A1c
- Hepatitis B screening for people at high risk of infection
- Hepatitis C Testing (for members born between 1945 through 1965)
- Immunizations, including flu shots (flu shots at age 19 and above at a doctor’s office or pharmacy; under age 19 at a doctor’s office)
- Obesity screening and counseling (adults and children, in primary care settings)
- Sexually transmitted diseases (STDs) – screening and counseling (adolescents, adults and pregnant women)
- Tobacco use screening and counseling, including smoking cessation counseling and FDA-approved nicotine replacement therapy (primary care visits only)
- Total cholesterol tests
### Benefit Highlights

**HMO-LP**

- Limited NH Only Select Network:
  - Dartmouth-Hitchcock Medical Center
  - Elliot Hospital
  - Alice Peck Day Memorial Hospital
  - Androscoggin Valley Hospital
  - Brattleboro Memorial Hospital (VT)
  - Cheshire Medical Center
  - Concord Hospital
  - Cottage Hospital
  - Exeter Hospital
  - Franklin Regional Hospital
  - Frisbie Memorial Hospital
  - Lakes Region General Hospital
  - Littleton Regional Healthcare
  - Monadnock Community Hospital
  - New London Hospital
  - St. Joseph Hospital
  - Southern NH Medical Center
  - Upper Connecticut Valley Hospital
  - Valley Regional Hospital
  - Weeks Medical Center
  - Wentworth-Douglass Hospital

- Entire New England Network

**ElevateHealth**

- Limited NH Only Select Network:
  - Dartmouth-Hitchcock Medical Center
  - Elliot Hospital
  - Alice Peck Day Memorial Hospital
  - Androscoggin Valley Hospital
  - Brattleboro Memorial Hospital (VT)
  - Cheshire Medical Center
  - Concord Hospital
  - Cottage Hospital
  - Exeter Hospital
  - Franklin Regional Hospital
  - Frisbie Memorial Hospital
  - Lakes Region General Hospital
  - Littleton Regional Healthcare
  - Monadnock Community Hospital
  - New London Hospital
  - St. Joseph Hospital
  - Southern NH Medical Center
  - Upper Connecticut Valley Hospital
  - Valley Regional Hospital
  - Weeks Medical Center
  - Wentworth-Douglass Hospital

- Entire New England Network

### Primary Care Physicians

- **HMO-LP**
  - Copay Level 1 - $25
  - Includes PCPs, OB/GYN, Licensed mental health professionals, Certified midwives, Nurse practitioners (see summary of benefits for full list)

- **ElevateHealth**
  - Copay Level 1 - $25
  - Includes PCPs, OB/GYN, Licensed mental health professionals, Certified midwives, Nurse practitioners (see summary of benefits for full list)

### Deductible

- **HMO-LP**
  - $4,000/$8,000/$12,000
  - Employee pays the first:
    - Individual: $3,000
    - Two-Person: $6,000
    - Family: $9,000

- **ElevateHealth**
  - $3,000/$6,000/$9,000
  - Employee pays the first:
    - Individual: $1,500
    - Two-Person: $3,000
    - Family: $4,500

### Deductible Reimbursement

- **HMO-LP**
  - Community Bridges pays the last:
    - Individual: $1,000
    - Two-Person: $2,000
    - Family: $3,000

- **ElevateHealth**
  - Community Bridges pays the last:
    - Individual: $1,500
    - Two-Person: $3,000
    - Family: $4,500

### Out of Pocket Max

- **HMO-LP**
  - $6,500/$13,000

- **ElevateHealth**
  - $6,500/$13,000

### Acupuncture

- Limited to 20 visits per calendar year

- **HMO-LP**
  - Copay Level 1: $25/visit

- **ElevateHealth**
  - Copay Level 1: $25/visit

### Chiropractic Care

- Limited to 12 visits per calendar year

- **HMO-LP**
  - Copay Level 1: $25/visit

- **ElevateHealth**
  - Copay Level 1: $25/visit

### Emergency Room Copay

- **HMO-LP**
  - Deductible, then $250 Copayment per visit

- **ElevateHealth**
  - Deductible, then $250 Copayment per visit

### Hospital - Inpatient Services

- **HMO-LP**
  - Deductible, then no charge

- **ElevateHealth**
  - Deductible, then no charge
### Benefit Highlights

<table>
<thead>
<tr>
<th>Benefit Highlight</th>
<th>HMO-LP</th>
<th>ElevateHealth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory Services</td>
<td>Select LP Providers: No charge</td>
<td>Deductible, then no charge</td>
</tr>
<tr>
<td></td>
<td>Other Plan Providers: Deductible, then no charge</td>
<td>No charge</td>
</tr>
<tr>
<td>Preventive Care, Services and Tests</td>
<td>No charge</td>
<td>No Charge</td>
</tr>
<tr>
<td>Surgery - Outpatient</td>
<td>Select LP Providers: $100 copay/visit</td>
<td>Freestanding Ambulatory Surgery Center: $100 copay/visit</td>
</tr>
<tr>
<td></td>
<td>Other Plan Providers: Deductible, then no charge</td>
<td>Outpatient Hospital Facility: Deductible, then no charge</td>
</tr>
<tr>
<td>Therapies:</td>
<td>Copay Level 2: $50/visit</td>
<td>Copay Level 2: $50/visit</td>
</tr>
<tr>
<td>Physical/Occupational/Speech</td>
<td>Deductible, then no charge</td>
<td>Deductible, then no charge</td>
</tr>
<tr>
<td>limited to 60 visits combined per calendar year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-Ray and Advanced Radiology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent Care Copays</td>
<td>Convenience Care Clinic: Copay Level 1 - $25/visit</td>
<td>Convenience Care Clinic: Copay Level 1 - $25/visit</td>
</tr>
<tr>
<td></td>
<td>Urgent Care Clinic: $25/visit</td>
<td>Urgent Care Clinic: $50/visit</td>
</tr>
<tr>
<td></td>
<td>Hospital Urgent Care Clinic: Deductible, then $75/visit</td>
<td>Hospital Urgent Care Clinic: Deductible, then $75/visit</td>
</tr>
</tbody>
</table>

This summary of benefits is not a contract. It is a general description of the benefits. Complete information about all benefits, limitations and exclusions is in the Harvard Pilgrim Schedule of Benefits which will be distributed at open enrollment and is available from Human Resources. If you need further information, please call the Harvard Pilgrim Customer Service number at 1-888-333-4742.

### Wellness

The Wellness Committee celebrated its eighth anniversary this past fall! Committee members are committed to providing events, learning opportunities, healthy ideas, and social events to all employees of the agency. We started out small and keep growing each year with new events and keeping those events that employees tell us never to take away! The focus of the Wellness Committee is to provide social and wellness events that promote healthy activities and learning opportunities for all employees of the agency. From our healthy snack weeks, painting parties, cooperative gardens, to our annual wellness fair our focus as a committee is to listen and then have some fun. We are also committed to a high level of education to ensure that all employees are educated on their benefits in particular health care benefits. Cost containment is a real focus and educated employees are our best way to keep health care costs down and keep money in each and every employee’s pocket. Share your ideas anytime with a committee member and thanks for doing your part to keep the agency healthy!

--- ElevateHealth HMO New Hampshire Plan ---

**Elevate Health HMO New Hampshire (LIMITED NETWORK OF HOSPITALS AND PROVIDERS):** ElevateHealth is a partnership between Dartmouth-Hitchcock, Elliot Health System and Harvard Pilgrim Health Care. The goal of ElevateHealth is to focus on better health and well-being for you and your family by featuring New Hampshire’s premier providers. ElevateHealth is about strong patient-doctor communication, relationship and accessibility with emphasis on helping patients improve their health and stay well to avoid disease. There is support from a Harvard Pilgrim personal health coach who works one-on-one with you to set and achieve health improvement goals. You will also receive help setting up appointments, answering questions and ensuring you take tests just once so you don’t have to repeat them. After-hours support is also available. ElevateHealth’s care approach is also valuable in helping patients with chronic conditions navigate the health care system and take best advantage of support and resources. Special programs are available to help patients manage conditions, ensure follow-up care after hospitalizations, and to help avoid complications and relapses. To find a provider, hospital or surgical center go to go to www.harvardpilgrim.org/providerdirectory or call the phone number on the back of your member ID card.
Harvard Pilgrim’s Best Buy LP plans are designed to help save you money by working with select low-cost providers (LP) when you need services such as lab tests or outpatient surgery. This helps you to lower your out of pocket costs. With the Best Buy LP Plans, when you use one of Harvard Pilgrim’s select low-cost providers, Harvard will waive your deductible for these services and instead cover lab tests at no charge or require a copayment of $100 for outpatient surgery. Be sure to talk to your doctors. Let them know that you want to use one of Harvard Pilgrim’s Low Cost Providers because it can save you money.

If you use a Low Cost Provider whenever you have a blood test, urine test, Pap test or biopsy, your share of the cost will be zero ($0). You will not have to pay any deductible and/or coinsurance.

Whenever you have outpatient surgery or an outpatient procedure such as a colonoscopy, tonsillectomy or knee arthroscopy done at an eligible Outpatient Surgical Center your share of the cost will be $100. You will not have to pay any deductible and/or coinsurance unless you have a hospital lab connected with your surgery. There can also be balance billing for certain types of anesthesia. Please call ahead of time when having surgery at an Ambulatory Surgical Center.

To find an eligible Outpatient or Ambulatory Surgical Center, go to www.harvardpilgrim.org/providerdirectory or call the phone number on the back of your member ID card. Harvard Pilgrim has an extensive network of Outpatient Surgical Centers in New Hampshire, Massachusetts, Maine, Rhode Island and Vermont.

Convenience Care and Urgent Care

As you know, in a medical emergency, you should always dial 911 or go to the nearest Emergency Room. But, when your condition isn’t life threatening, there are many places where you may seek care that are far less expensive for you than the ER.

Urgent Care and Convenience Care Clinics are becoming a popular alternative for non-emergency care. Their doctors, assistants and nurses treat broken bones, cuts, fevers, and conditions that need immediate care. While your Emergency Room visit will go toward your deductible and if you’ve met your deductible you will then need to pay an expensive copayment, your Convenience Care (for instance, CVS Minute Clinic) copayment is only $25 and your Urgent Care Clinic (for example, Convenient MD or Concentra) copayment is only $25 for the LP plan and $50 for the ElevateHealth plan! Urgent and Convenience Care save you considerable expense.

ELEVATEHEALTH PROVIDER LOOKUP

How to Find ElevateHealth Options HMO Providers on the Harvard Pilgrim Website

1. Go to https://www.harvardpilgrim.org
2. Click on “Find a Provider”
3. Select and click on ElevateHealth HMO
4. Enter your zip code.

5. Under “Search by Provider Type,” click on whichever provider type you need (hospitals, primary care doctors, specialists, etc.). If you are looking for an ambulatory surgical center, click on “Other Care Providers,” then, under “Specialty,” click on “Ambulatory Surgical Center.”

6. Please note that the default search (Distance From You) is 10 miles from zip code, but you can easily change the number of miles by entering a new number or sliding the bar to the right. The site will automatically update.

7. The list will be posted for your review. There is a print option below the “Distance From You” option.

**HMO-LP PROVIDER LOOKUP**

*How to Find HMO-LP Providers on the Harvard Pilgrim Website*

1. Go to https://www.harvardpilgrim.org

2. Click on “Find a provider”

3. Under LP (Low-Cost Provider) Plan, click on “HMO-LP”

4. Enter zip code

5. Under “Search by Provider Type,” click on whichever provider type you need (hospitals, primary care doctors, specialists, etc.). If you click “LP-Ambulatory Surgical Centers and Laboratory Providers,” you will receive a printable pdf of the latest low cost ambulatory surgical centers and labs.

6. Please note that the default search (Distance From You) is 10 miles from zip code, but you can easily change the number of miles by entering a new number or sliding the bar to the right. The site will automatically update.

7. The list will be posted for your review. There is a print option below the “Distance From You” option.

**HP DRUG LOOKUP – Value 5-Tier**

*How to Look Up a Drug in the Value-5 tier Formulary on the Harvard Pilgrim Website*

1. Go to https://www.harvardpilgrim.org

2. Scroll to the bottom of the page until you see a teal colored box on the right

3. Within that teal box, click on “Look Up a Drug”

4. “Select Year” currently defaults to 2018

5. Under the “Choose Your Plan” arrow click on “Value 5-Tier”
6. You may choose to download a printable pdf on the right which will list the drugs alphabetically or by category, or

7. You may “Look Up Drugs by Tier” or “Look Up Drugs by Category.”

8. If you wish to look up drugs by tier, click on this option and type in a drug name.

9. If the drug is covered it will give you the tier number of the drug.

10. If the drug is not covered and a generic is available, it will give you the generic names. Click on a generic and it will give you the tier number.

11. If a drug is not covered and there is no generic available, please go to https://www.harvardpilgrim.org/public/request-an-exception to learn how you may request an exception and to download an exception form to be completed by you and your physician.

12. If you wish to look up drugs by category, click on this option and click on the drug category to make your choice. You may also click on the subcategory to further define your selection, but clicking on subcategory is not mandatory.

13. A list of drugs in your chosen category will appear, along with each drug’s tier number.

Doctor on Demand

For Harvard Pilgrim members, Doctor on Demand can treat many common medical conditions through live online video. See and talk to a board-certified doctor from your home or office through your smartphone, tablet or computer. You and your family get a convenient way to receive care with a cost per visit of $25. You can download the app now and be prepared when someone in the family comes down with a UTI, skin rash, pink eye or influenza. Most prescriptions can be instantly sent to your nearest pharmacy. You’ll be glad a doctor is only a few taps away on the day you can barely get out of bed. Go to www.doctorondemand.com to start your visit on your computer or to download the app on your smartphone.

Prescription Drug Benefits:

In 2018-2019 Community Bridges will continue to provide your Prescription Drug benefits through the Harvard Pilgrim Pharmacy Program. We will remain with the value closed formulary 5-Tier Prescription Program. This program places all covered medications into one of five levels or tiers. The medications in each tier have been selected for that tier by Harvard Pilgrim. The Value formulary excludes certain high-cost medications that have effective alternatives. FDA-approved alternatives will be available for all medications not covered. When generic equivalents are available, they will be offered in place of brand-name drugs. Please see the flyer on the next page for a further explanation.

Tier 1: Tier 1 is primarily made up of lower-cost generic drugs. You pay the lowest cost-sharing amount for these drugs
Tier 2: Tier 2 is primarily made up of higher-cost generic drugs. These drugs contain the same active ingredients as their brand-name counterparts.

Tier 3: Tier 3 is primarily made up of preferred brand-name drugs

Tier 4: Tier 4 is primarily made up of preferred specialty drugs and non-preferred brand name drugs.

Tier 5: Tier 5 is primarily made up of non-preferred specialty drugs and other selected, high-cost brand-name and generic drugs.

Your prescription drug benefit covers most generic drugs and most brand-name drugs that do not have generic equivalents.

Your coverage includes a deductible. This means that you will pay for your medications until you have paid the required deductible amount. Once you have met your deductible, your drugs are covered with copayments. The deductible applies on a plan year basis. Your deductible amount is $100 for individual coverage and $400 for family coverage. The family deductible is met when the combined deductible payments of any covered family member add up to the total family deductible amount. The most each covered family member will pay toward the family deductible is equal to the individual deductible amount, regardless of the number of family members. The deductible applies to both retail and mail order prescriptions. For more information, please see your Harvard Pilgrim plan Summary of Benefits.

Network Pharmacies

Co-pay for a 30-day supply:

<table>
<thead>
<tr>
<th>Tier</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>$5</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$15</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$35</td>
</tr>
<tr>
<td>Tier 4</td>
<td>$50</td>
</tr>
<tr>
<td>Tier 5</td>
<td>30%</td>
</tr>
</tbody>
</table>

Mail Order

Co-pay for a 90-day supply:

<table>
<thead>
<tr>
<th>Tier</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>$10</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$30</td>
</tr>
<tr>
<td>Tier 3</td>
<td>$70</td>
</tr>
<tr>
<td>Tier 4</td>
<td>$150</td>
</tr>
<tr>
<td>Tier 5</td>
<td>30%</td>
</tr>
</tbody>
</table>

Deductible Reimbursement Process

What Are The Differences Between Co-Pays And Deductibles?

A co-pay is an amount set under the medical plan that the insured subscriber or eligible dependent must pay when services such as a doctor visit or purchase of a prescription (or other services requiring a co-pay) are rendered.
A deductible is an amount of eligible covered medical expense that the insured subscriber or eligible dependent must pay before the plan pays benefits.

**What Does It Mean that Community Bridges is Self Funding Part of My Deductible?**

**ElevateHealth HMO New Hampshire** has a deductible of $3,000 for an individual, $6,000 for a 2-person plan and $9,000 for a family. **The HMO-LP** has a deductible of $4,000 for an individual, $8,000 for a 2-person plan and $12,000 for a family.

*You will be responsible for paying the first $1,500 for an individual, $3,000 for a 2-person or $4,500 for a family of the Deductible for the ElevateHealth plan*

*or*

*the first $3,000 for an individual, $6,000 for a 2-person or $9,000 for a family of the Deductible for the HMO-LP plan.*

Only part of the deductible will be passed on to you:

**ElevateHealth Deductible:**

<table>
<thead>
<tr>
<th>The employee pays the first:</th>
<th>HMO-LP Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual: $1,500</td>
<td>Individual: $3,000</td>
</tr>
<tr>
<td>Employee/Spouse: $3,000</td>
<td>Employee/Spouse: $6,000</td>
</tr>
<tr>
<td>Employee/Child: $3,000</td>
<td>Employee/Child: $6,000</td>
</tr>
<tr>
<td>Family: $4,500</td>
<td>Family: $9,000</td>
</tr>
</tbody>
</table>

**COMMUNITY BRIDGES pays the next:**

| Individual: $1,500          | Individual: $1,000|
| Employee/Spouse: $3,000     | Employee/Spouse: $2,000|
| Employee/Child: $3,000      | Employee/Child: $2,000|
| Family: $4,500              | Family: $3,000|

**What Does the Deductible Apply To?**

The deductible applies to inpatient acute hospital services, day surgery, ambulance transports, skilled nursing care, inpatient rehabilitation, diagnostic lab services, CT scans and MRI, X-rays and inpatient maternity services for the mother, ER, and Hospital Urgent Care. Please refer to the Harvard Pilgrim Schedule of Benefits for a complete listing.

**How Will Community Bridges Be Paying Part of My Deductible?**

If you receive one of the services that apply to the deductible, you will need to take the following steps:

Present your Harvard Pilgrim card at the time of service and receive services as you currently do today.

You will receive a quarterly Activity Summary from Harvard Pilgrim in the mail (or monthly if you have received medical services). You may also obtain this Activity Summary online. This will indicate that a portion of the bill is subject to all or part of the deductible.
Complete a Deductible Reimbursement Form which is available from Human Resources and on the back page of this Benefits Summary. You will fill out a few lines on the form, sign it, and submit it to Celeste Connor in Human Resources along with the Activity Summary.

Community Bridges will mail you a check for the deductible reimbursement, typically within 1 week of receiving your information.

When the provider bills you, YOU WILL BE RESPONSIBLE for paying the bill in full. The check that you receive is for the existing bill from the provider that you must pay yourself.

Flexible Spending Accounts (FSA)

Medical Reimbursement and Dependent Care

In 2018-2019 Community Bridges will continue to offer full-time employees working 30+ hours per week a Flexible Spending Account (FSA) program that allows employees to have pre-tax dollars deducted from their salaries to pay for eligible out-of-pocket expenses. The pre-tax contributions made to the FSA can be used to pay for predictable non-reimbursed health care expenses and dependent care expenses during the plan year. Through the FSA program, you can reduce your taxable income without reducing your real income, so that you can keep more of the money you earn.

Participation in the Health Care and/or Dependent Care FSA is optional and determined on an annual basis for the plan year. **You must enroll for each plan year during Open Enrollment.** You determine how much to contribute to the account, up to a specified maximum, based on anticipated expenses during the plan year.

Health Reimbursement Account contributions are limited to $2650 per plan year, per Health Care Reform. Dependent Care Reimbursement Account contributions are limited to $5000 per plan year.

Please be advised that the health care reform law has revised the definition of “qualified medical expenses” for purposes of reimbursement from health FSAs. Under the new definition, qualified medical expenses include amounts paid for medicines or drugs only if the medicine or drug is a prescribed drug (determined without regard to whether the drug is available without a prescription) or is insulin. This means that health FSAs may not reimburse the cost of over-the-counter medications that do not have a prescription.

Plan participants may carry over up to $500 of their unused Health FSA balances remaining at the end of a plan year. Employees can still elect the full $2650 allowable Health FSA Benefit amount even if they carry over the maximum amount of $500 from the prior year.

Please contact Human Resources for more information on the Flexible Spending Account program and to obtain enrollment and reimbursement forms and worksheets with examples of reimbursable and non-reimbursable expenses.
Community Bridges provides full-time employees working 30+ hours per week with short-term disability income benefits, and pays the full cost of this coverage. In the event you become disabled from a non work-related injury or sickness, disability income benefits are provided as a source of income. Employees must notify Human Resources in order to fill out the required forms. Doctor’s certificates may be required.

<table>
<thead>
<tr>
<th>Benefits Begin</th>
<th>Short-Term Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1&lt;sup&gt;st&lt;/sup&gt; day of Disability for Accidental Injury, 8&lt;sup&gt;th&lt;/sup&gt; day of</td>
</tr>
<tr>
<td></td>
<td>Disability for Sickness</td>
</tr>
<tr>
<td>Benefits Payable</td>
<td>26 Weeks</td>
</tr>
<tr>
<td>% of Income Replaced</td>
<td>60% of salary</td>
</tr>
<tr>
<td>Maximum Benefit</td>
<td>$500.00 per week</td>
</tr>
</tbody>
</table>

**Life and AD&D Insurance**

**Basic Life Insurance**
Life insurance offers you and your family important financial protection. Community Bridges provides full-time employees working 30+ hours per week a 100% employer paid basic term life insurance plan of **1x your annual salary up to a maximum of $150,000**. The benefits reduce by 35% at age 65 and 50% at age 70. Please contact Human Resources to update your beneficiary.

You are also provided with a 100% employer paid Accidental Death and Dismemberment (AD&D) insurance which provides benefits if a serious injury or death results from an accident.

**Voluntary Life Insurance**
Full-time employees working 30+ hours per week who would like to supplement their group life insurance benefits may purchase additional coverage. This benefit is 100% employee paid.

New hires can purchase up to 5x salary in increments of $10,000, not to exceed $500,000. Coverage is also available for spouses and dependent children. Spouses may purchase 50% of the employee amount up to...
$250,000. Medical questions will be asked for new employees electing over $200,000 or their spouses electing over $30,000.

At open enrollment each year employees who have already purchased voluntary life can buy up to 4 additional increments of $10,000 with no medical questions asked, up to the maximum of $500,000. Spouses can buy up to 2 increments of $5,000 with no medical questions asked.

For existing employees who want to purchase voluntary life for the first time, evidence of insurability will be required.

Please remember that spousal premiums will be calculated based on employee age. Term Life Insurance is designed to cover individuals for the elected term period, and not thereafter.

**Dental Insurance**

In 2018-2019 Community Bridges will continue to offer a comprehensive Dental plan through Delta Dental, the same plan as last year. Dental benefits are available to all full time staff who work 30+ hours per week. An overview is outlined below.

<table>
<thead>
<tr>
<th>Explanation of Dental Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preventive Services</strong>&lt;br&gt;Covered at 100%</td>
</tr>
<tr>
<td>Exams, cleanings, x-rays oral cancer screenings, fluoride once in a 12 month period</td>
</tr>
<tr>
<td>to age 19, sealant applications to permanent molars for children to age 19</td>
</tr>
<tr>
<td><strong>Deductible</strong>&lt;br&gt;Applies to basic and major services only</td>
</tr>
<tr>
<td>• $25 individual</td>
</tr>
<tr>
<td>• $75 family</td>
</tr>
<tr>
<td><strong>Basic Services</strong>&lt;br&gt;Covered at 80%</td>
</tr>
<tr>
<td>Fillings (including white fillings on anterior and posterior teeth), simple extractions,</td>
</tr>
<tr>
<td>includes periodontics and endodontics</td>
</tr>
<tr>
<td><strong>Major Services</strong>&lt;br&gt;Covered at 50%</td>
</tr>
<tr>
<td>Dentures, crowns, inlays, implants</td>
</tr>
<tr>
<td><strong>Orthodontia</strong>&lt;br&gt;Covered at 50%</td>
</tr>
<tr>
<td>• $1500 lifetime max per patient</td>
</tr>
<tr>
<td>• for dependent children to age 19</td>
</tr>
<tr>
<td><strong>Annual Maximum</strong></td>
</tr>
<tr>
<td>$1500 per person per plan year</td>
</tr>
</tbody>
</table>
In 2018-2019 Community Bridges will continue to offer a Vision Care Plan provided by Humana. **The plan has changed to a “Hardware Only” plan** meaning that exams are no longer included with the vision plan. An annual vision exam is included in the Harvard Pilgrim medical benefits for a $25 copay. This is a 100% employee paid benefit. Employees working 30 or more hours per week are eligible for the Vision Care Plan on the first of the month following 60 days of employment. This plan that includes many savings opportunities for employees interested in purchasing prescription glasses and lenses. Please see the Plan Description for details.

<table>
<thead>
<tr>
<th>Humana Summary of Hardware Vision Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participating Provider</td>
</tr>
<tr>
<td><strong>Frames</strong></td>
</tr>
<tr>
<td><strong>Lenses</strong></td>
</tr>
<tr>
<td>Single</td>
</tr>
<tr>
<td>Bifocal</td>
</tr>
<tr>
<td>Trifocal</td>
</tr>
<tr>
<td><strong>Contact Lenses</strong></td>
</tr>
<tr>
<td>Elective (conventional and disposable)</td>
</tr>
<tr>
<td>Medically Necessary (limit 1 pair)</td>
</tr>
<tr>
<td><strong>Frequency (based on date of service)</strong></td>
</tr>
<tr>
<td>Lenses or contact lenses</td>
</tr>
<tr>
<td>Frame</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee Bi-weekly Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
</tr>
<tr>
<td>Two-Person</td>
</tr>
<tr>
<td>Family</td>
</tr>
</tbody>
</table>
### 403(b) Retirement Plan

Community Bridges employees may enroll in a 403(b)—a tax sheltered annuity. Once you have filed the necessary paperwork, Community Bridges will withhold the designated pre-tax amount from your paychecks and deposit the money into the retirement account. Community Bridges does not match employee contributions or make direct contributions on behalf of employees. Community Bridges also offers the option of contributing to a Roth IRA which is a post tax retirement deduction option. Please contact Celeste Connor in Human Resources at 225-4153 ext. 231 for further information.

### Employee Assistance Program

In 2018-2019, Community Bridges will offer an Employee Assistance Program (EAP) through Concord Hospital to all agency employees. The EAP is a workplace funded, confidential service, designed to help employees reduce stress, balance their work and family responsibilities and improve the quality of their lives. The program consists of services including: individualized assessments, referral to community resources, support for work-related issues, couples and family support, consultations, training and workshops. All services are free, confidential, accessible 24 hours a day, 365 days a year, and available to all members of your household whether or not you elect health insurance coverage. Please contact Concord Hospital EAP at 603-227-7125 or 1-800-435-4464 x. 3121 or e-mail eap@crhc.org for further information and assistance.

### Holidays

Community Bridges recognizes 11 holidays per year:

<table>
<thead>
<tr>
<th>Holiday</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Year’s Day</td>
</tr>
<tr>
<td>Martin Luther King Day</td>
</tr>
<tr>
<td>Presidents Day</td>
</tr>
<tr>
<td>Memorial Day</td>
</tr>
<tr>
<td>Independence Day</td>
</tr>
<tr>
<td>Columbus Day</td>
</tr>
<tr>
<td>Veterans Day</td>
</tr>
<tr>
<td>Thanksgiving Day</td>
</tr>
<tr>
<td>Day after Thanksgiving</td>
</tr>
<tr>
<td>Christmas Day</td>
</tr>
<tr>
<td>Labor Day</td>
</tr>
</tbody>
</table>
Earned Time

Full-time regular (not temporary) or part-time regular employees who normally work at least 20 hours per week are eligible to receive earned time.

Earned time is used for all paid time off from work. This includes vacations, personal days, sick days, bereavement and holidays. Employees are expected to provide a minimum of two weeks notice for scheduled time off for vacation and at least 24 hours notice for doctor appointments. Requests for time off must be authorized by an employee’s supervisor on a first come/first served basis in accordance with staffing needs. The agency recognizes that there are times when employees will need to use earned time and will not be able to provide notice (i.e. illness, bereavement). Employees are still eligible to use earned time for those absences, but must provide reasonable and timely notice to their supervisor and they should be aware that excessive unscheduled absences will be subject to disciplinary action in accordance with the Attendance Policy (HR-7-06). No advance notice is necessary to use earned time on an agency recognized holiday.

When an employee terminates employment or is no longer eligible to participate in the earned time plan, the unused earned time balance will be paid out in accordance with the Earned Time policy.

<table>
<thead>
<tr>
<th>Years as an Eligible Employee</th>
<th>Accrual Rate per Hour Worked</th>
<th>Maximum Accrual per Pay Period</th>
<th>Maximum Accrual Balance Allowed to be Carried</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 2 years</td>
<td>0.127 hours</td>
<td>10.16 hours</td>
<td>248 hours</td>
</tr>
<tr>
<td>2 to 4 years</td>
<td>0.146 hours</td>
<td>11.68 hours</td>
<td>285 hours</td>
</tr>
<tr>
<td>5 to 9 years</td>
<td>0.165 hours</td>
<td>13.20 hours</td>
<td>320 hours</td>
</tr>
<tr>
<td>10 or more years</td>
<td>0.185 hours</td>
<td>14.80 hours</td>
<td>360 hours</td>
</tr>
</tbody>
</table>

Who do I contact?

Who do I contact with questions or changes to my plans?

Any questions about the available benefits should be addressed Celeste Connor, Payroll & Benefits Coordinator at 225-4153 ext. 231. Remember to contact Human Resources if you have a change of address, phone number, or a significant life change such as: marriage, divorce, addition or deletion of dependents.

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.
DEDUCTIBLE REIMBURSEMENT FORM  
SECTION 105 PLAN CLAIM VOUCHER

EMPLOYEE NAME:  ____________________________

MAILING ADDRESS:  ______________________________________

PLAN YEAR:  ________________

REIMBURSEMENT PROCESS:

- Only employees participating in the Community Bridges Harvard Pilgrim Health Plan may submit a claim voucher.
- Employees can submit a voucher at any time during the plan year which runs June 1 through May 31; reimbursement requests must be submitted within 30 days of the last day of the plan year (August 31).
- Documentation supplied for processing will not be returned. Please use photocopies when possible.
- **Substantiation must include the Monthly Activity Statement** from insurance carrier and must contain all information on the Claim Voucher. Canceled checks/credit card receipts/provider bills alone are not sufficient to document medical reimbursement claims.
- Claim eligibility is considered based on the dates of service *not* dates of payment.
- Claims cannot be processed unless ALL of the information on the voucher is completed.
- Payments will only be made directly to the employee.

DEDUCTIBLE REIMBURSEMENT ACCOUNT CLAIMS

<table>
<thead>
<tr>
<th>Name of Person Incurring Expense</th>
<th>Date of Service</th>
<th>Description of Expense including Name of Service Provider</th>
<th>Claim Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>$________</td>
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<tr>
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<td>$________</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>$________</td>
</tr>
</tbody>
</table>

TOTAL DEDUCTIBLE REIMBURSEMENT CLAIM $________

Please Read Carefully

I request payment for these expenses from my reimbursement account(s). I certify that the above information is a true and accurate statement of unreimbursed expenses incurred by *me or my eligible dependents* on the date(s) indicated, and that they were incurred while I was covered under the Community Bridges Health Plan. These expenses have not been nor will ever be reimbursed by another source or claimed on my personal income tax return.

Signature: ____________________________  Date: ________________

PLEASE MAIL, E-MAIL OR FAX COMPLETED FORM AND SUPPORTING DOCUMENTATION TO:

Celeste Connor  
Community Bridges  
70 Pembroke Road  
Concord, NH 03301  
Fax: (603) 565-1092  
E-mail: csconnor@communitybridgesnh.org