



KNOW YOUR EMPLOYEE BENEFITS

SUMMARY OF BENEFITS

FOR

ASI FISCAL INTERMEDIARY FOR GEORGIA CONSUMER-DIRECTED WAIVER PROGRAMS

This Employee Benefits Handbook Summary provides an overview of the benefits available to you. The descriptions are only summaries. Please contact Kathy Logan, Benefits Customer Services Representative - to learn more about your benefits: (301) 654-3903 or 1-800-250-3754

ELIGIBLE EMPLOYEES

The benefits described in this Summary are available to employees who work in the State of Georgia in Consumer-Directed Programs whose employers have entered into agreements with by ASI Works, Inc. for fiscal intermediary services.

Employees become eligible for most of the benefits in this Summary on the first day of the month that begins at least fifteen days following the effective date of their employment contract with their employer.

EMPLOYEE HEALTH BENEFITS AVAILABLE THROUGH ASIWORKS, INC.

MEDICAL INSURANCE PLAN

This is a limited medical plan. It is NOT a comprehensive health plan or major medical plan. Many of the benefits are limited to a maximum amount for a procedure or service. Should you reach the maximum for a particular procedure or service the plan will not pay any benefit beyond that amount (see Plan Features in the table below containing the phrase "Max"). However, **new this year, there is no yearly "Plan Maximum."** You should carefully evaluate whether the benefits this Plan offers are a good choice for you.

The medical plan is provided through Reliance Standard Insurance Company for Georgia Person-Directed employees whose employers have contracted with ASI as Fiscal Intermediary. The plan has its own in-network doctors, hospitals, and other healthcare providers. In many cases, your benefits under the medical plan will be determined by whether you choose an in-network doctor or provider or an out-of-network doctor or provider. To find in-network doctors and other health care providers, go to www.beechstreet.com.

IN ADDITION TO THE ELIMINATION OF THE YEARLY PLAN MAXIMUM, OTHER FEATURES INCLUDE:

- Visit Any Doctor or Hospital
- Prescription Drug Card
- 24 Hour Nurse Helpline
- No Medical Underwriting
- Vision Discount Card
- No Pre-existing Conditions, Exclusions or Limitations
- On Call Travel Assistance
- Vitamin & Nutritional Supplements Plan
- Online Wellness
- Available Through Convenient Payroll Deductions

PLEASE SEE HEALTH INSURANCE PLAN SUMMARY FOR DETAILS.

INPATIENT HOSPITAL BENEFIT	
Daily Room and Board Benefits	
All Other Covered Conditions Amount per (Max 90 Days/Coverage Year)	\$400
Mental and Nervous Amount per Day (Max 25 Days/Coverage Year)	\$100
Alcohol and Substance Abuse Amount per (Max 25 Days/Coverage Year)	\$100
Hospital Admission Benefit for Specified Conditions	
Cancer (Malignant Neoplasm) Number of Admissions/Coverage Year	\$4,000
Heart Attack (Myocardial infarction) OR Heart Disease Number of Admissions/Coverage Year	\$3,000 \$1,500
Accidental Injury Number of Admissions/Coverage Year	\$2,000
Stroke (Cerebrovascular Accident - CVA) Number of Admissions/Coverage Year	\$1,500
Childbirth Number of Admissions/Coverage Year	\$1,500
Surgical Benefit (Benefits for covered inpatient are scheduled and vary based on the specific procedure performed.)	
Max Surgery Benefit per Procedure	\$1,000
Anesthesia Benefit (Benefits for covered inpatient and are equal to 20% of applicable inpatient surgery benefit.)	
Max Anesthesia Benefit	\$200
*The Hospital Admission Benefit is payable for either Heart or Heart Disease during a coverage year but	
OUTPATIENT BENEFITS	
Doctor Visit Benefits	
New Patient Office Visit Number of Vis its/Coverage Year	\$75
Established Patient Office Visit Number of Vis its/Coverage Year	\$70 3
Consultation Office Visit Number of Vis its/Coverage Year	\$100
Emergency Room Doctor Visit Number of Vis its/Coverage Year	\$75
Radiology Benefits	
Magnetic Resonance Imaging (MRI) Number of Vis its/Coverage Year	\$150
All Other Radiology Services Number of Vis its/Coverage Year	\$40 5
Pathology Benefits	
All Pathology Services Number of Vis its/Coverage Year	\$40 5
Wellness Care Visit Benefits	
Annual Physical Number of Vis its/Coverage Year	\$75
Mammogram Screening Number of Vis its/Coverage Year	\$50
Prostate or Cervical Cancer Screening Number of Vis its/Coverage Year	\$35

OUTPATIENT BENEFITS (continued)	
Computerized Tomography (CT) Scan Number of Vis its/Coverage Year	\$75
Emergency Room Visit Benefits	
Treatment of Accident Number of Vis its/Coverage Year	\$500 2
Treatment of Illness Number of Vis its/Coverage Year	\$50 3
Surgical Benefit (Benefits for covered outpatient are scheduled and vary based on the specific procedure performed.)	
Max Surgical Benefit per Procedure	\$1,000
Anesthesia Benefit (Benefits for covered outpatient and are equal to 2(1/0 of applicable outpatient surgery	
Max Anesthesia Benefit	\$200
Prescription Drug Benefits	
Generic Drug Max Amount per Script Number of Generic Scripts/Coverage Year	\$25 18
Brand Drug MaxAmount per Script Number of Brand Scripts/Coverage Year	Discount Only
Non-Insurance Services	
Vision Discount Card	Included
Prescription Drug Discount Card	Included
Beech Street PPO	Included
24-Hour Nurse Helpline	Included
Online Wellness	Included
On Call Travel Assistance	Included
Vitamins & Nutritional Supplements Plan	Included

Individual and family coverage is available at the following monthly cost.

TYPE OF COVERAGE	MONTHLY PREMIUM
Employee	\$118.13
Employee & Spouse	\$249.25
Employee & 1 Child	\$177.19
Employee & Children	\$298.87
Family	\$396.93

Employees who participate in the medical plan pay the cost through semi-monthly payroll deductions in advance.

DENTAL PLAN

In addition to the medical plan, two dental plan options are available through CIGNA Insurance Company: (1) a Preferred Provider Organization (PPO) plan, and (2) a Dental Health Maintenance Organization (DHMO) plan. Employees who want dental coverage may choose either plan.

PLAN FEATURES	PPO	PPO	DHMO
	In-Network	Out-of-Network	
Deductible			
Individual	\$50	\$50	<i>Fee</i>
Family (waived for preventive care)	\$150	\$150	<i>Schedule</i>
			<i>by</i>
Max. Benefit per contract year	\$1,500	\$1,500	<i>Carrier</i>
Class I (Diagnostic/Preventive)	100%	100%	
Class II (Minor Restorative)	80%	80%	
Class III (Prosthetics/Major Restorative)	50%	50%	
Class IV (Orthodontia-Lifetime Max.)	50%/\$1000	50%/\$1000	

THE DHMO DENTAL PLAN INCLUDES THESE FEATURES:

- **Cleanings:** 4 annual cleanings (2 at no charge) and additional 2 at low cost for both adults and children
- **Fluoride:** Topical Fluoride Varnish and allowed as a combined limit of 2 applications with Topical Fluoride Application
- **Periodontal Maintenance:** Available beyond just the 1st year following periodontal treatment and not inclusive of regular cleanings
- **Whitening:** External bleaching with the use of gel and trays
- **Identity Theft Services:** 24/7 expert assistance in restoring lost identity due to theft

For services provided by a CIGNA Dental PPO in-network dentist, CIGNA Dental will reimburse the dentist according to a Contracted Fee Schedule. For services provided by an out-of-network dentist, CIGNA Dental will reimburse according to Reasonable and Customary allowances, but the dentist may bill you the difference up to the amount of their usual fees.

Individual and family dental coverage is available at the following monthly costs:

TYPE OF COVERAGE	PPO	DHMO
Employee	\$ 31.15	\$25.83
Employee & Spouse	\$ 61.53	\$46.04
Employee & Children	\$ 67.00	\$56.31
Family	\$115.08	\$81.79

Employees who participate in the dental plan pay the cost in advance through semi-monthly payroll deductions.

SHORT-TERM DISABILITY/LIFE INSURANCE

Short-term disability/Life insurance benefits are provided through Reliance Standard Insurance Company as a package. Employees who enroll in the Short-term disability plan also have \$10,000 life insurance coverage.

The short-term disability plan has a 14-day waiting period and a maximum benefit is 50% of base pay up to \$125 per week (\$6,500 per year, or slightly more than \$540 per month). Benefits are for a maximum of 6 months; and at age 70 benefits are reduced by 50%. The short-term disability plan is **only** available for employees, not family.

The semi-monthly cost for the short-term disability benefit and life insurance coverage for employee only is \$9.21, if life insurance is added for the employee's family; the total semi-monthly premium will be \$9.64.

The short-term disability plan is not available to employees who work in CA, HI, NJ, RI, or Puerto Rico. Employees are able to purchase \$10,000 life insurance. The semi-monthly cost for just life insurance is \$1.63 for employee only and \$2.06 for employee + family.

HEALTH BENEFIT INSURANCE WEBSITE LINKS AND TOLL FREE PHONE NUMBERS

For Medical, Short-term Disability & Life insurance:

General information: www.reliancestandard.com

In-network doctors, hospitals, and other healthcare providers: www.beechstreet.com or call: 1-866-375-0775

For Dental insurance:

General information: www.CIGNA.com 1-800-244-6224

**SPONSORED BY ASI FISCAL INTERMEDIARY
FOR GEORGIA CONSUMER-DIRECTED PROGRAMS**

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