



Open Enrollment for January 1, 2014 Plan Year

Cumberland Heights (CHF) is proud to offer the following benefits package to all eligible fulltime employees. You are considered benefits-eligible if you are a Part-time Regular Employee scheduled in the payroll system to work 30-39 hours per week, or if you are a Full-time Regular Employee scheduled in the payroll system to work 40 hours per week. Please review your plan options and make the choice that best suits your personal needs. The benefits you choose now will go into effect on **January 1, 2014**.

NEW! This year we will be using a new online enrollment system called **Employee Navigator** available through The Crichton Group. Information regarding enrolling online will be included at the end of this guide.

GROUP MEDICAL BENEFITS (Cigna Healthcare)

CHF is pleased to announce that we are moving our group medical coverage to Cigna Healthcare for 2014. This year you will continue to have a choice between 2 plan options:

- **Option 1:** \$1,500 High Deductible Health Plan with a Health Reimbursement Arrangement (HRA)
- **Option 2:** \$2,500 High Deductible Health Plan with a Health Savings Account (HSA)

SIDE-BY-SIDE COMPARISON OF IN-NETWORK BENEFITS

Below is a brief in-network overview of the plans available to you. For out-of-network benefits and additional details, please refer to the full Cigna benefit summaries available on Employee Navigator.

IN-NETWORK BASIC BENEFITS	OPTION 1 HDHP with HRA	OPTION 2 HDHP with HSA
Lifetime Maximum	Unlimited	Unlimited
Dependent Limiting Age	To Age 26	To Age 26
Calendar Year Deductible		
<i>Individual</i>	\$1,500	\$2,500
<i>Family</i>	\$3,000	\$5,000
Calendar Year Out-of-Pocket Maximum (<i>Includes deductible</i>)		
<i>Individual</i>	\$4,000	\$3,500 (Applies Only to Rx)
<i>Family</i>	\$8,000	\$7,000 (Applies Only to Rx)
Coinsurance	80% Cigna/ 20% Member	100% Cigna/ 0% Member
Physician Office Visit	You pay 20% after deductible	You pay \$0 after deductible
Preventive Healthcare Services	100% Covered	100% Covered
Hospital (Inpatient & Outpatient)	You pay 20% after deductible	You pay \$0 after deductible
Emergency Room	You pay 20% after deductible	You pay \$0 after deductible
Mental Health		
<i>Inpatient</i>	You pay 20% after deductible	You pay \$0 after deductible
<i>Outpatient</i>	You pay 20% after deductible	You pay \$0 after deductible
Prescription Drugs*		
<i>Tier 1</i>	\$10 Copay	\$10 Copay After Deductible Is Met
<i>Tier 2</i>	\$35 Copay	\$35 Copay After Deductible Is Met
<i>Tier 3</i>	\$60 Copay	\$60 Copay After Deductible Is Met

***Please Note: Prescription drugs are NOT covered if an out-of-network pharmacy is utilized.**

OPTION 1 – YOUR HIGH DEDUCTIBLE HEALTH PLAN OPTION WITH AN HRA

Option 1 is called High Deductible Health Plan (HDHP) and has a Health Reimbursement Arrangement (HRA) that accompanies it. The Option 1 medical plan includes a high deductible (although not as high as Option 2) and out-of-pocket maximum and does NOT include any copays except for prescription drugs. On Option 1, everything will count towards your deductible EXCEPT for your prescription drug copays. Once you meet your deductible, your coinsurance will kick in and you will be responsible for 20% of the cost up to the out-of-pocket maximum (OOP max). Once you reach your OOP max, all covered services except for prescriptions drugs will be covered at 100%. On Option 1 even though you may have met your deductible/out-of-pocket maximum, you could continue to incur the cost of prescription drugs copays indefinitely. For this reason it is difficult to truly ascertain your total out-of-pocket cost under this plan.

To assist you in offsetting the cost of your deductible/coinsurance, CHF will fund a Health Reimbursement Account (HRA) for you, as a companion to your Cigna medical plan if you enroll in medical Option 1. **IMPORTANT: Employees cannot contribute to the HRA, only the employer does.**

For employees who elect Option 1 medical plan...

- CHF will contribute **\$750** for an individual HRA and **\$1,500** for EE + One of More Dependents HRA. *(This amount will be prorated for midyear enrollees.)*

If you are enrolled in Option 1 you will have access to the HRA plan administered through Pittman & Associates. With your HRA, you will receive a **debit card** which you may use to pay for eligible medical expenses. If a provider does not accept debit cards, you will be able to file for manual reimbursement through Pittman & Associates. Once you have exhausted your HRA funds, you will be responsible for paying for the remainder of your eligible medical expenses.

IMPORTANT HRA REMINDER:

Please remember that you may only use your HRA debit card to pay for eligible medical expenses. The following expenses **DO NOT QUALIFY** for reimbursement under the plan:

- ***Pharmacy copays;***
- ***Dental expenses;***
- ***Vision expenses; and***
- ***Any expenses that are not covered under the Cigna medical plan.***

OPTION 2 – YOUR HIGH DEDUCTIBLE HEALTH PLAN OPTION WITH AN HSA

Option 2 is called High Deductible Health Plan (HDHP) and has a Health Savings Account (HSA) that accompanies it. As you may recall, there are no office visit copays or ER copays included in this plan. Instead all covered medical services count towards the deductible/out-of-pocket maximum. This year we did not make any changes to the plan design. Below is a brief explanation of how the plan works. For simplicity's sake only in-network deductible/out-of-pocket maximums (OOP max) are discussed below.

On Option 2 the deductible is \$2,500 individual/ \$5,000 family and the OOP max is \$3,500 individual/ \$7,000 family. Members will first have to meet their deductible. Once they've met their deductible, all benefits (except for prescriptions) will be covered at 100% by Cigna for the rest of the calendar year.

With prescription drugs, once the deductible is met, Rx copays will kick in (\$10/\$35/\$60). Members will continue to pay out prescription copays until the OOP max has been satisfied. Once the OOP max is met, prescription drug copays will be covered at 100% by Cigna for the rest of the calendar year.

With this plan you are able to truly estimate your maximum out-of-pocket expenses. Since this plan includes a high deductible, you are able to establish an HSA account through Pinnacle Bank, to which you may contribute pre-tax dollars. CHF will also contribute to your HSA. Throughout the year, you may access your HSA to pay for qualified eligible expenses as you incur claims towards your deductible. Please see the section entitled "Health Savings Account – 2014 Contributions" for detailed information on how much you may contribute to your HSA and how much CHF will be contributing on your behalf.

HEALTH SAVINGS ACCOUNT – 2014 CONTRIBUTIONS

For employees who elect Option 2 medical plan...

- CHF will contribute **\$750 (\$28.85 per payroll)** to an individual HSA and **\$1,500 (\$57.69 per payroll)** to an HSA for EE + One or More Dependents. *(This amount will be prorated for midyear enrollees.)*

Important Points to Remember Regarding HSAs:

- You must meet the criteria below in order to be able to participate in one:
 - You must be enrolled in an HDHP (High Deductible Health Plan).
 - You cannot be enrolled in a medical/healthcare FSA (Flexible Spending Account).
 - You cannot be entitled to Medicare.
 - You cannot be enrolled in another medical plan that is NOT an HDHP.
 - You cannot be claimed on another person's tax return.
- You have the opportunity to contribute to your HSA through pre-tax payroll deductions. The IRS sets the maximum contributions each calendar year.
 - For 2014 they are as follows:
 - Employee Only: **\$3,300** *(less your employer's contribution amount)*
 - Family (EE + One or More Dependents): **\$6,550** *(less your employer's contribution amount)*
 - Catch-up Contributions for participants age 55 and older: \$1,000
- Money that's deposited into your HSA account is yours even if you leave the employment of CHF.
- Your HSA funds will rollover from year to year – there's no "Use It or Lose It" rule!
- Pinnacle Bank is the financial institution through which CHF employees may establish their HSA. With your Pinnacle Bank HSA, you will be able to access your HSA funds through a debit card and checks (if you decide to order them).
- Because the HSA is an IRS-regulated plan, you will want to keep all receipts for items/services purchased with HSA funds to have on record.
- Should you use your HSA funds for items that are not considered eligible expenses as listed under IRS Section 213(d), you will have pay taxes on said item and will incur a penalty.
- There is a list of expenses that are considered eligible HSA expenses by the IRS available on Employee Navigator. **Important Reminder:** Effective January 1, 2011, in order for Over-the-Counter (OTC) medications to be considered an HSA-eligible expense, the IRS requires that you have you a prescription for any OTC medications purchased with HSA monies.

WHAT'S THE DIFFERENCE BETWEEN AN HRA & AN HSA?

	HRA (Health Reimbursement Arrangement) – Option 1	HSA (Health Savings Account) – Option 2
Who can contribute to the account?	Only the employer funds this account. The employee cannot add to it.	You the employee can contribute to the account. Likewise, your employer can contribute to the account.
When are account funds available?	Once your HRA account has been established with Pittman & Associates, the full HRA funds are immediately available for you to access as needed as you incur claims.	CHF will fund your account per payroll along with your contribution. You may only get out of your HSA account the money that is presently available in it.
Tax Advantages?	Employees cannot contribute to the HRA so there is no tax advantage to the employee. However, employees who elect Option 1 are eligible to participate in CHF's Healthcare FSA, which offers tax savings.	The contributions you make to your HSA will be pre-tax so you will be saving tax dollars.
Who owns the account? Is it portable?	This is an employer account and it is not portable. However, a terminated employee could elect to COBRA their HRA.	The HSA account is yours. Should you ever leave the employment of CHF you could keep the funds in the account to use towards future eligible expenses.
Rollover Function	HRA funds do NOT rollover year after year.	You can allow your HSA balance to grow year after year.
What expenses qualify as eligible expenses under each account type?	You may only use HRA funds on medical expenses as covered under your Cigna Option 1 plan that count towards your deductible/coinsurance.	You may use your HSA funds to pay for any eligible expense as listed under IRS Code Section 213(d). Eligible expenses include not only medical expenses as covered under your medical plan, but a wide range of expenses such as dental, vision, Over-the-Counter drugs (with a prescription), etc.

HOW DO I DECIDE BETWEEN OPTION 1 & 2?

We strongly recommend that you take a good look at your total out-of-pocket costs for the plan year, including the payroll deduction cost for each medical plan option which can be found on page 6. Likewise, you need to take into consideration the contributions that CHF will make into your HRA or HSA. In attempting to calculate your worse-case-scenario cost under each option, you know that if you're an individual the most you would pay for medical expenses (including prescription drugs) under HDHP Option 2 is \$3,500. The most you would pay under Option 1 is a little more difficult to calculate because even though your out-of-pocket maximum under Option 1 is \$4,000, you could still continue to incur the cost of prescription drug copays indefinitely after reaching your out-of-pocket maximum. More often than not, most individuals end up finding the HDHP plan more advantageous from a bottom line financial perspective. However, sometimes HDHPs/HSAs can present a cash-flow issue due to the way the HSA funding occurs on a per payroll basis. You need to take a look at what kind of healthcare user you and your family are and figure out not only what is the most financially sound but what you are most comfortable with.

CIGNA NETWORK

The provider network associated with your CHF coverage is Cigna's Open Access Plus (OAP) network, which is Cigna's largest network. Please note that with this plan/network, you are NOT required to select a primary care physician (PCP), nor are referrals required to see specialists. To find a provider near you, please call **Cigna Customer Service at 866-494-2111** or once enrolled, you may register and log onto **www.mycigna.com** for provider information. Cigna also offers a mycigna Mobile App.

CHF HEALTH SCREENING PROGRAM & WELLNESS INITIATIVE

CHF will continue to make an investment in you and your health by continuing our voluntary wellness program. In order to receive the wellness discount to your premium, the requirements for 2014 are as follows:

- **Each person must participate in the onsite Biometric Screening, which includes the following:**
 - Finger prick blood test
 - Testing for cholesterol, glucose, blood pressure, weight, height, waist circumference and BMI
 - Online Health Risk Assessment
- **Participation in four CHF or Cigna "Wellness" events:**
 - Must participate in a minimum of one event every 3 months
 - At least one event should target an identified risk area (weight loss, stress, blood pressure, etc.)
 - Although employees can complete all four events early in the year, we encourage an ongoing focus on wellness throughout the year.
 - Ongoing wellness will be key as we move into an outcome-based wellness program in 2015.
- **Remember: Participation in the screening and Wellness events is not mandatory. However, those not participating will pay the non-wellness medical rate.**
- **Results Are Confidential:** CHF will only have access to an aggregate group report, not individual results.

NEW IN 2014 – TOBACCO USER SURCHARGE

Beginning in 2014, tobacco users will be required to attend at least one class regarding tobacco cessation, dangers of using tobacco, etc. Tobacco users will receive the non-tobacco rates unless they do not complete a class by June 30, 2014, at which time they will begin paying a tobacco user surcharge (an additional 20% increase) and will do so for the remainder of the year.

PREVIEW OF COMING ATTRACTIONS FOR 2015 & 2016: In 2015, in order to receive the non-tobacco user rate, you will have to attempt to quit using tobacco through a tobacco cessation class. In 2016, you must be a non-tobacco user period or you will pay the tobacco user surcharge.

DOMESTIC PARTNER COVERAGE

Effective January 1, 2014, domestic partners will no longer be eligible for medical coverage. However, same sex couples that are legally married (in any state) will be able to continue on the medical plan. Please see Human Resources for more information regarding this.

GROUP MEDICAL BENEFITS PLAN COST

OPTION 1 \$1500 HDHP WITH HRA		
	Wellness Cost Per Pay Period	Non-Wellness Cost Per Pay Period
Employee Only	\$67.90	\$81.48
Employee + Spouse	\$214.51	\$257.42
Employee + Child(ren)	\$183.87	\$220.65
Family	\$306.46	\$367.75

OPTION 2 \$2500 DEDUCTIBLE WITH HSA		
	Wellness Cost Per Pay Period	Non-Wellness Cost Per Pay Period
Employee Only	\$57.08	\$68.50
Employee + Spouse	\$191.80	\$230.16
Employee + Child(ren)	\$164.40	\$197.28
Family	\$274.00	\$328.80

COLONIAL MEDICAL BRIDGE SUMMARY (EMPLOYER-PAID)

CHF will continue to pay for this plan for any employee enrolling in CHF Medical Option 1 or Medical Option 2. This plan pays out a lump sum benefit of up to \$500 for an outpatient surgical procedure and/or hospital confinement. This plan also pays the participant \$100 per day for up to 15 days per confinement in a rehabilitation unit if transferred immediately after a period of hospital confinement. The Medical Bridge plan includes a "Wellness Benefit," which pays the participant \$50 for having an annual physical. The Medical Bridge plan is guarantee issue (cannot be declined) and all pre-existing condition clauses are waived for new employees when first eligible.

Please note the CHF employees enrolled in the CHF medical plans can increase the benefit from \$500 to \$1,000 or they may choose to cover their spouse or dependent child(ren). In either case, the employee will be responsible for paying the cost above the additional Medical Bridge coverage. Coverage for spouse/dependent child(ren) is also guarantee issue and a 12-month pre-existing condition limitation will apply.

GROUP VOLUNTARY DENTAL BENEFITS (Assurant)

CHF is pleased to partner with Assurant for dental insurance in 2014. No changes have been made to the dental plan design. You will, however, notice a slight increase in cost.

BASIC BENEFITS	Dental Health Alliance (DHA) Assurant PPO Provider	Out-of-Network (Non-DHA) Provider
Calendar Year Maximum	\$1,750	\$1,750
Calendar Year Deductible	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
Diagnostic & Preventive Services <i>(Oral exams, cleanings, X-rays, fluoride treatment, space maintainers)</i>	100%	100% of R&C*
Basic Services <i>(Fillings, general anesthesia, simple extractions, periodontics, endodontics (root canal therapy) and oral surgery)</i>	80%	80% of R&C*
Major Services <i>(Crowns, bridges, dentures and implants)</i>	50%	50% of R&C*
Orthodontic Services	NOT COVERED	NOT COVERED

****R&C stands for "Reasonable and Customary." Assurant will reimburse out-of-network providers based on the 90th Percentile of R&C. This may result in the member being balance-billed for the difference in cost by the out-of-network provider.***

For additional details, a complete plan summary can be found on Employee Navigator.

To find a Dental Health Alliance (DHA) Assurant PPO participating provider, you may visit www.assurantemployeebenefits.com (select "For Members" and then "Find a Dentist") or call (888) 901-6377. Remember you can maximize your benefits by utilizing a DHA Assurant PPO provider.

GROUP DENTAL BENEFITS PLAN COST

	Assurant Dental Cost Per Paycheck
Employee Only	\$15.30
Family	\$39.78

GROUP VOLUNTARY VISION BENEFITS (VSP)

CHF is pleased to announce that we are moving to VSP (Vision Services Plan) for vision insurance for 2014. For those of you not familiar with VSP, VSP is considered the national leader in vision and eyecare benefits with over 50,000 preferred provider point access points nationwide, including retail, neighborhood, medical and professional settings. With VSP, there are a few enhancements to the plan this year and the cost has decreased slightly. This plan includes:

- Eye Exam: \$20 copay (in-network)
- Single, Bifocal, Trifocal Lenses: \$20 copay (in-network)
- Frames: \$120.00 allowance with 20% off of the amount over your allowance
- Contacts: \$120 allowance for contacts; separate contact lens fitting/follow-up exam copay of up to \$60
- Frequency: Every 12 months for exams/ every 12 months for lenses/ every 24 months for frames
- REMEMBER: Contact lenses may be purchased **in lieu** of glasses.
- **Network Enhancement (includes VSP Open Access):** *Although you will maximize your benefits by choosing to utilize a VSP Choice eye doctor, VSP offers flexibility with their VSP Open Access program that allows you to use your benefits at any location, including specialty optical boutiques and retail chains.*

Please visit www.vsp.com for provider information (select “VSP Choice” network) or you may call VSP Customer Service at (800) 877-7195. For more details, please refer to the VSP benefit summary posted on Employee Navigator.

GROUP VOLUNTARY VISION BENEFITS PLAN COST

	VSP Cost Per Paycheck
Employee Only	\$2.76
Employee + Spouse	\$4.41
Employee + Child(ren)	\$4.50
Family	\$7.26

BASIC LIFE INSURANCE/ AD&D (Cigna Healthcare)

This year we are changing Basic Life/AD&D carriers to Cigna. You are provided with \$25,000 of coverage as long as you are an active, eligible employee. CHF pays 100% of the cost of this insurance for you.

LONG TERM DISABILITY (Cigna Healthcare)

You are provided with long term disability (LTD) coverage as long as you are an active, eligible Part-time Regular Employee or Full-time Regular Employee. CHF pays 100% of the cost of this insurance for you. In the event that you become disabled (and meet the required criteria as set forth by Cigna), you may receive **60% of your pre-disability earnings up to a maximum of \$10,000 per month**. If it is determined that you are disabled under the plan, benefits will begin to pay after you have been disabled for 30 days. (Please note that this is an enhancement over current coverage which has a 90-day elimination period.) Your benefits will remain in place as long as you remain disabled (according to the plan’s criteria) until you reach Social Security Normal Retirement Age (SSNRA). Pre-existing condition exclusions and other limitations will apply.

VOLUNTARY LIFE/AD&D (Cigna Healthcare)

This coverage is also moving to Cigna effective 2014. This coverage is 100% voluntary and provides you with the opportunity to purchase additional life insurance coverage above and beyond what the company pays for and also allows you to purchase coverage for your spouse and/or dependent children. The Guaranteed Issue Amount (GIA), which is the amount you can elect without submitting Evidence of Insurability (medical questionnaire), for employee coverage is \$200,000; the GIA for spouses is \$50,000; and the GIA for dependent children is \$10,000. Spouses may not have more than 50% of the employee supplemental life coverage.

IMPORTANT NOTE: Cigna has given us special permission to hold a one-time true open enrollment on Voluntary Life/AD&D. If you do not elect voluntary life during this annual enrollment, then you will be required to submit a medical questionnaire for any amount of coverage you wish to purchase next year.

FLEXIBLE SPENDING ACCOUNTS (Pittman & Associates)

Through the Section 125 Cafeteria Flexible Spending Account (FSA) plan, employees can set aside pre-tax dollars to fund eligible out of pocket Healthcare (medical, dental and vision) and Dependent Care expenses. Employees who elect the medical Cigna Option 2 HSA coverage are not eligible to participate in the Healthcare FSA, but they are eligible to participate in the Dependent Care FSA. Only employees who do not participate in our medical plan or who are in our Cigna Option 1 HRA are eligible to establish a Healthcare FSA. Employees may contribute up to a maximum of \$2,500 for the Healthcare FSA or may contribute up to \$5,000 for the Dependent Care FSA.

IMPORTANT NOTES REGARDING FSA/HRA: For those who elect the HRA and Healthcare FSA, you will have a combo-debit card from Pittman & Associates. Please continue to use your current HRA/FSA debit card until yours expires and a new card is sent to you.

VOLUNTARY WORKSITE PRODUCTS (Colonial Life)

You have the opportunity to enroll in any of the following voluntary worksite products through Colonial Life:

- Short Term Disability Insurance
- Accident Insurance
- Cancer Insurance
- Critical Illness Insurance
- Medical Bridge Insurance (in addition to what is provided by CHF)

Colonial Life enrollers will be available to meet with anyone who is interested in this coverage or making changes to existing coverage.

INTRODUCING A VALUABLE BENEFIT—HEALTH ADVOCATE™

We are very pleased to inform you that we have made the decision to offer **Health Advocate** to **all benefit-eligible employees and their eligible family members**. Health Advocate is designed to help handle healthcare and insurance-related issues by cutting through the red tape and barriers that so often create frustration and problems.

You will have an advocate at your side

With Health Advocate, you will have access to a Personal Health Advocate, typically a registered nurse, supported by medical directors and benefits and claims specialists. You will have the confidence in knowing that the entire Health Advocate team is working on your behalf to help you and represent your needs.

Here is just a sample of the many services you will now have readily available to you with Health Advocate:

- Help finding the right doctors and hospitals
- Help obtaining services for your elderly parents and parents-in-law
- Help scheduling appointments, especially with hard-to-reach specialists
- Help when faced with serious illness or injury
- Help securing second opinions
- Help obtaining cost estimates for procedures
- Help with insurance claims and billing issues
- ...and much more!

One of the other unique features of Health Advocate is that your extended family will be able to use their special services. **In addition to you, your spouse and dependent children, your parents and parents-in-law will also be covered under this program.**

About Health Advocate

It should be noted that Health Advocate does not provide health insurance or medical coverage. Their program is not a substitute for your current health insurance plan. Rather, Health Advocate complements your basic health coverage by facilitating your interaction with healthcare providers and insurers.

Getting Started

- **Using your new benefit.** Your Health Advocate benefits are effective NOW if you're eligible for CHF benefits.
- **Informational materials.** Health Advocate's Get Started Guide, describing the complete menu of services and how to use them, can be obtained at the Human Resources department. As part of this guide, you will receive several wallet cards with the Health Advocate toll-free number printed on each card.
- **A single telephone number to call.** Whenever you or an eligible family member encounters a healthcare or insurance-related issue, all you have to do is **call Health Advocate at 866.695.8622** (toll-free) for assistance. When you call Health Advocate they may ask you to complete a Medical Information Release Form. Please be assured that all of your personal information will be kept strictly confidential by Health Advocate and your privacy will be protected.

Our decision to offer Health Advocate clearly reflects our interest in making certain that our employees have the best possible healthcare. We believe that you and your family will greatly benefit from this valuable service.

WHAT DO YOU NEED TO DO DURING YOUR OPEN ENROLLMENT PERIOD?

- ***Why is Open Enrollment so important?***

- Open Enrollment is your chance to make changes to your benefits. Once you make your choice for the new plan year, you will not be able to make a change to your benefits unless you experience a “Qualifying Status Event” such as:
 - Birth or adoption of a child
 - Marriage
 - Divorce or legal separation
 - Loss or gain of coverage through your spouse (e.g. your spouse switches from part-time to full-time and gains access to benefits)
 - Loss of eligibility of a covered dependent
 - Death of your covered spouse or child

You have **30 days from the “Qualifying Status Event”** to notify Human Resources and to make changes to your current coverage. If you do not notify Human Resources within 30 days of the qualifying event, the next opportunity for you to make changes to your enrollment will be the following Open Enrollment in 2014.

- ***What may I do during Open Enrollment?***

- Add/Drop coverage
- Add/Drop a dependent or spouse

- ***What will be the effective date?***

- Changes to the plans outlined in this guide will be effective January 1, 2014.

- ***What forms do I need to complete?***

- ***Good news! Enrollment is being conducted online this year. EVERYONE WILL BE REQUIRED TO LOG INTO EMPLOYEE NAVIGATOR TO COMPLETE THEIR OPEN ENROLLMENT ELECTIONS.***
- ***Directions on how to log into Employee Navigator are to follow.***
- ***If you do not have computer access, please be sure to see Carroll Bagwell or Robin Cox.***

- ***Will I receive new ID cards?***

- ***Everyone who is enrolling in CHF Medical Plans will receive new Cigna ID cards.***
- If you elect medical Option 1 with the HRA, you will only receive a new HRA debit card from Pittman & Associates if you are newly enrolling in the HRA plan.
- If you elect medical Option 2, you will only receive a new HSA debit card from Pinnacle Bank if you’re newly enrolling in the HSA. Otherwise, you should be able to continue to use your current HSA debit card.
- Everyone who enrolls in the Assurant dental plan will receive an Assurant ID card.
- VSP does not issue ID cards. Providers should be able to look you up in VSP’s system using the employee’s social security number.
- FSA – You will only receive a new FSA debit card if you are newly enrolling in the FSA plan.

INSTRUCTIONS FOR ACCESSING EMPLOYEE NAVIGATOR:

- **Log in to the online enrollment system and process your elections. Everyone is required to complete their enrollment in the new online system during Open Enrollment this year. The link to the online enrollment system can be found below as well as on SharePoint. After you are taken to the enrollment website you will be prompted to create a username and password and the system will walk you through the enrollment process. All of the detailed benefits summaries will be available in the online system.**
- **To create a username and log in to the enrollment system go to the following link:**
<https://www.employeenavigator.com/benefits/Login/Registration.aspx>
- **You will be asked to provide personal identifying data as well as your company identifier: TCGCHF**
- **If you have any questions regarding or issues with the system, please contact Alicia Shedeck at 615-986-6146 or at ashedeck@cbjw.net.**
- **Open enrollment will begin on December 4th and the deadline to complete your online Open Enrollment is Friday, December 13th.**

Benefit questions?

**Please contact Deb Wilburn with The Crichton Group
with any questions you may have.**

Her email is dwilburn@cbjw.net and her phone number is 615-687-2855.

