NORMA GROUP

NDS
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2018 BENEFITS SUMMARY & DECISIONS GUIDE

Open Enrollment Period:

Monday, November 13, 2017 – Friday, December 15, 2017

Highlights of your 2018 Benefit Plans:

- **Medical:** NDS will remain with Blue Cross Blue Shield of Michigan (BCBSM). Changes for 2018 include:

⇒ Deductible change for the 500 PPO and 1300 HDHP PPO plans.

⇒ 2500 PPO plan change to 2500 Routine Care where your $30 copay for PCP office visits, all other services, including Rx, will apply to the deductible.

- **Prescription Drugs:** The Rx will continue through BCBSM (administered by Express Scripts) with no changes to the current plan design.
- **Health Savings Account (HSA):** If enrolled in the HDHP, you will continue to have the option to open an HSA to help with eligible health care expenses.
- **Flexible Spending Accounts (FSAs):** Remember to elect or re-elect your FSA plan participation and amounts for 2018 if you wish to participate for the new plan year.
- **Employee Assistance Program (EAP):** 24/7 confidential support by phone or online through Symetra.
- **Dental:** MetLife will continue to manage the dental benefit with no changes in plan design.
- **Vision:** BCBSM Blue Vision (VSP) will continue to manage the vision benefit with no change to plan design.
- **Basic Life/AD&D/Disability (LTD)/Supplemental and Dependent Life:** NDS will continue to provide employer-paid Life, AD&D, and LTD insurance and the option to purchase Supplemental Life through Symetra with no change to plan designs.
- **Voluntary Benefits:** At an additional cost, you may purchase optional benefits administered through Colonial Life.
- **Symetra Value-Added Programs:** You may take advantage of Symetra's products feature value programs at no additional cost. These programs include: Healthcare Navigation, Identity Theft, Will Preparation, Beneficiary Companion, and Travel Assistance.
- **401(k) Retirement Plan:** Fifth Third Bank will continue to administer the 401(k) Retirement Plan offered by NDS.

What's Inside...

Welcome to Open Enrollment!

NDS's health care plans will begin **January 1, 2018 and run through December 31, 2018**. Every year, we consider our level of benefits, our health plan's performance, and the cost to both you and the Company to ensure that we offer affordable, quality coverage for you and your family. Your role is to take action and make informed benefit decisions for you and your family.

Our Open Enrollment period will run from **November 13th to December 15th**. This decisions guide will provide the information you need to assist you and your family to make benefit elections during this year's Open Enrollment.

This year's Open Enrollment is **passive** which means if you do not make any changes to your current benefits, they will roll-over to the next calendar year (with the exception of Flexible Spending Accounts).

Please take this time to carefully review you benefit options available to you through NDS and choose wisely to fit your and your family's needs. For questions or concerns about your benefits, please contact the Human Resources Department to speak with a representative.

Qualified Life Events

The choices you make during enrollment will be in effect for the 12-month plan year from January 1, 2018 to December 31, 2018. However, you may make changes during the year if you experience a qualified life event. **If you need to report a status change during the year, you will need to contact Human Resources with the necessary changes within 31 days of the event.** Some examples of life events and changes in status are:

- Birth or adoption of a child
- Marriage
- Divorce and/or legal separation
- Death or loss of a dependent (including loss of dependent status)
- Change in your spouse's employment status causing loss or gain of benefits coverage
- Change in your own employment status
- Change in residence that affects the benefits offered to you
- Eligibility for Medicare

Eligibility

You and your dependents are eligible to participate in any of the NDS sponsored benefit plans described in this guide if you are an active, full-time employee who works at least 25 hours per week. As a new employee your coverage begins on the first of the month following date of hire.

Dependent Eligibility

You may enroll your eligible dependents when you enroll yourself. Dependents who are eligible for benefit coverage include:

✓ Your legally married spouse

✓ Your dependent children

Included in the definition of dependent child(ren) are:

- Your naturally born child(ren), legally adopted child(ren), step-child(ren) or court-ordered dependent child(ren) for whom you are the court-appointed legal guardian
- Your dependent child(ren) up to age 26 whether they are a full-time student or not. Coverage ends at the end of the month in which they turn 26
- Your continuously disabled dependent child(ren) [if disabled prior to age 26] who are incapable of self-sustaining employment and dependent upon you for support, regardless of age

Your Medical Plan through Blue Cross Blue Shield of Michigan (BCBSM)

For 2018, NDS will continue to partner with BCBSM as the medical and prescription drug benefit carrier. You have a choice between three PPO plan options. All plans include prescription drug coverage.

PPO Plans

With the Preferred Provider Organization (PPO) plans, you may select where you receive your medical services. If you use in-network providers, your costs will be less. Keep in mind, while you always have the complete freedom to select any provider whenever you need care, the out-of-network benefits are lower and your out-of-pocket costs are higher. If you use a non-participating provider, you may also be billed the difference between the approved amount and the provider's charge.

To find a participating BCBSM PPO provider, visit the website at **www.bcbsm.com**.

Please see the Summary of Benefits and Coverage and/or detailed certificates for further details of plan benefits, limitations and exclusions.

Medical and Prescription Plan Summary

Below is a chart that highlights the medical benefits under the BCBSM medical plans. When you enroll in an BCBSM medical plan, you also receive prescription drug coverage through BCBSM. This is not intended to be a comprehensive summary; it will only give you basic details about your plans. For more details, please see the Summary of Benefits provided in a separate packet from BCBSM.

Services	Medical Plans		
	BCBSM		
	1000 PPO (formerly 500 PPO) FSA Eligible	**2000 HDHP PPO** (formerly 1300 HDHP PPO) HSA Eligible	**2500 Routine Care** (formerly 2500 PPO) FSA Eligible
	You pay the following, based on a plan year:		
	In-Network		
Annual Deductible: Individual/Family	$1,000/$2,000	$2,000/$4,000	$2,500/$5,000
Referral Required?	No	No	No
Coinsurance Individual/Family	20% (up to $2,500/$5,000)	20%	20% (up to $2,500/$5,000)
Out-of-Pocket Maximum: Individual/Family	$6,350/$12,700	$3,000/$6,000	$6,600/$13,200
Selection of PCP Required?	No	No	No
PCP Copay **Specialist Copay**	$30 $30	20% after ded 20% after ded	$30 20% after ded
Diagnostic Procedures Diagnostic Lab Routine Radiology MRI/MRA, CT Scans/PET	 20% after ded 20% after ded 20% after ded	 20% after ded 20% after ded 20% after ded	 20% after ded 20% after ded 20% after ded
Overall Lifetime Maximum	Unlimited	Unlimited	Unlimited
Preventive Care Copay Routine GYN Exam Routine Mammogram	 $0 $0	 $0 $0	 $0 $0
Therapy Services Outpatient Physical, Occupational and Speech	20% after ded	20% after ded	20% after ded
Mental Health and Substance Abuse Treatment	20% after ded	20% after ded	20% after ded
Hospital Care Copay Inpatient Stay Outpatient Surgery	 20% after ded 20% after ded	 20% after ded 20% after ded	 20% after ded 20% after ded
Emergency Room Copay	$150	20% after ded	20% after ded
Urgent Care Center	$30	20% after ded	20% after ded
Durable Medical Equipment	20% after ded	20% after ded	20% after ded
	Out-of-Network		
Annual Deductible:	$2,000/$4,000	$4,000/$8,000	$5,000/$10,000
Coinsurance Individual/Family	40% (up to $5,000/$10,000)	40%	40% (up to $5,000/$10,000)
Out-of-Pocket Maximum: Individual/Family	$12,700/$25,400	$6,000/$12,000	$13,200/$26,400

Prescription Drug Coverage

When you enroll in a NDS's medical plan, you automatically receive prescription drug coverage through BCBSM (administered by Express Scripts) which provides a defined list of FDA-approved medications chosen for their medical effectiveness and value. The formulary list includes both generic and brand-name drugs. Your share of the cost will always be less for drugs that are on the formulary list; however, coverage is available for many non-formulary drugs. BCBSM's Select Drug Program Formulary utilizes the Express Scripts network which allows you access to thousands of participating retail pharmacies nationwide.

The formulary drug program is divided into copayment categories called tiers. Please see the applicable copay amount for each tier.

Save Money – Use Mail Order!

The prescription plan also includes a Mail Order program through ExpressScripts®, which allows you to purchase a 90-day supply of medications you take on an ongoing basis (known as maintenance drugs). When you order prescriptions through the mail, you pay two copays for brand and non-formulary, rather than three, for a 90-day supply.

Step Therapy / Pre-Authorization

There is a certain list of prescription medications that will require a Step Therapy / Pre-Authorization process. If you are prescribed a medication on the step therapy list, your physician will need to satisfy a pre-authorization process before the drug will be approved.

For example, there are many prescription drugs on the market that help lower cholesterol. If you are prescribed a cholesterol drug that is a non-preferred medication, and it's the first time you've filled this type of prescription, it's likely that BCBSM will ask your doctor to pre-authorize this request. You may need to try a prescription that is in the generic or preferred brand category before BCBSM will allow you fill a non-preferred brand name

Services	Prescription Drug Coverage		
	BCBSM		
	1000 PPO (formerly 500 PPO) FSA Eligible	**2000 HDHP PPO** (formerly 1300 HDHP PPO) HSA Eligible	**2500 RC** (formerly 2500 PPO) FSA Eligible
	You pay the following, based on a plan year:		
	In-Network		
Retail *(up to 30-day supply)*	Generic: $10 Brand: $40 Non-Formulary: $80	Generic: $10 after ded Brand: $40 after ded Non-Formulary: $80 after ded	Generic: $15 Brand: $30 after ded Non-Formulary: $60 after ded
Mail Order *(31 to 90-day supply)*	Generic: $20 Brand: $80 Non-Formulary: $160	Generic: $20 after ded Brand: $80 after ded Non-Formulary: $160 after ded	Generic: $30 Brand: $60 after ded Non-Formulary: $120 after ded

Health Savings Account (HSA) and High Deductible Health Plan (HDHP) – Q&A

NDS is committed to helping you and your family manage the high costs of healthcare by providing you with an HSA program that you can use in conjunction with the 2000 HDHP PPO (formerly 1300 HDHP PPO). An HSA provides tax-free dollars for qualified out-of-pocket health expenses if you are enrolled in a high deductible health plan. The following are a few important things you should know about the HSA/HDHP.

What is a Health Savings Account?

The HSA is a tax-favored account used in conjunction with an HSA-compatible health plan or high deductible health plan. The HSA allows you to contribute funds on a pre-tax or tax-deductible basis, which you may use to pay for eligible medical, dental and vision expenses. Eligible expenses are defined by the IRS Publication 502. If you don't use all the money in your account, the balance rolls over to following years. Those dollars continue to earn interest—and continue to be available for medical expenses year after year.

Who is eligible to establish an HSA?

You are eligible to open an HSA provided you have met the following criteria:

- Must be enrolled in an HDHP and not also be covered by another health plan that is not an HDHP
- Not enrolled in a general purpose health flexible spending account or medical reimbursement account either through your own employer or as a dependent through a spouse's employer plan
- Not listed as a dependent on another person's tax return
- Not entitled to benefits under Medicare

How is an HDHP plan different than a traditional health plan?

Health insurance premiums are lower than the cost of traditional health insurance. The average premium reduction is 20-30% as compared to traditional health insurance.

How can an HSA save me money?

The principal balance may be held in a guaranteed fixed interest rate investment option. Interest is tax-free and higher than in many other types of savings accounts.

Can I still go to my regular doctor?

Yes. With an HDHP, you are free to use any doctor and any hospital you choose. With an HDHP plan, you will still have an insurance ID card, and you will need to make sure that you present this card anytime you go to the doctor or pharmacy. This will ensure that you always get any network discounts available to you and that your medical provider will be able to file a claim with BCBSM so any out-of-pocket amounts will be applied to your deductible.

How does it work?

You will receive a debit card to access your HSA funds. Since an HSA is a tax benefit, you will need to be able to prove that money you spend from your HSA is for eligible medical expenses. Remember to save all of your receipts.

Will I have to pay whatever the doctor charges me and how will I be able to obtain a timely reimbursement?

In most cases, doctors are generally encouraged to wait for the insurance company to process your claim before they request payment from their patients. You should also wait for your insurance to process your claim before making any payment to the providers. BCBSM negotiates a price with its network doctors which is usually much less than what the doctor typically charges, and that savings is passed on to you. If you don't receive a reimbursement within a reasonable time, check with your provider to see if you have a credit balance.

Do I need to choose a primary care physician and obtain a referral to see a specialist?

No. The plan works similar to a PPO plan. You have the freedom to use any doctor or hospital without being required to choose a primary care physician or receive referrals.

How much can be in the HSA account?

You can save up to the maximum contribution limit of $3,450 for an individual health HSA plan and $6,900 for a family HSA health plan each year through payroll deductions.

If you are married and your spouse has a family HDHP, then both spouses are determined to have family coverage. This is true even if one spouse has a family plan and the other has a self-only plan. Each spouse may have an HSA, and together you may contribute up to the family limit. You may not each contribute up to the family limit.

If you are age 55 and older you may contribute an additional $1,000 to your HSA. This is a "catch up" contribution that may be made each year that you are eligible for an HDHP. Once you enroll in Medicare you may no longer do this.

Note: If you have a HealthCare FSA with a balance of greater than $0 at the end of the 2017 year, you will not be eligible to contribute to your HSA until April 1, 2018.

What does it mean to pay a deductible?

The deductible must be satisfied each year before the insurance company pays on any medical claims.

What happens after my deductible is satisfied?

The plan pays 80% for medical services. There are a few other services that will then require a copay. See summary on page 4.

Is the HSA account portable?

Yes. You keep your HSA even if you change jobs, change medical coverage, retire or make other life changes.

Who administers the HSA?

The custodian and administrator of the HSA is Fifth Third Bank. Visit their website at **www.53hsa.com**.

How Health Care Reform Impacts Your HSA and Maybe Your Taxes

Your medical health plan with NDS allows you to provide coverage for your eligible dependents until they reach age 26. But, the IRS tax law did not change the definition of a dependent for Health Savings Accounts. A tax-dependent is defined as up to age 19 or, if full-time student, age 24. There can be instances where you can have an adult dependent child covered under your health plan as allowed under the Affordable Care Act (less than age 26), BUT they are not a dependent for tax purposes. If you use the pre-tax dollars from your Health Savings Account to pay for health expenses for your covered dependent (who is not a dependent for tax purposes) you'll pay a penalty plus taxes.

Here is an option you can take to avoid tax issues:

Your covered adult dependent child may open his or her own HSA and contribute up to the allowed family maximum ($6,900 in 2018.) To do so, call Fifth Third at **888-350-5353** and ask what is required. Please be aware that the deposits to the account will be on a post-tax basis and are not handled through any payroll deductions.

You may also continue to save up to the maximum family contribution amount in your own HSA ($6,900 in 2018; if 55 or older an additional $1,000). No penalty will apply as long as you do not use your HSA to cover eligible expenses for a non-tax dependent child.

It's Easy to Access Your HSA Account

1. Enroll in the 2000 HDHP PPO and return a completed 2018 HSA Contribution Election Form to your HR Business Partner to obtain an Employer Code for online registration.
2. Log onto www.53hsa.com, click on Register and enter the NORMA Employer Code (case sensitive). Click on Get Started.
3. Complete the online enrollment application, including profile information, named beneficiaries by December 31, 2017.
4. Order your Fifth Third HSA Debit Master Card, which can be used to pay for all medical expenses. You can track all transactions online to document your HSA purchases.

Health & Wellness Programs through BCBSM

There are additional benefits available through your medical plans that are designed to encourage healthy behaviors. Additionally, discounts are available on products and services to help improve your health and save you money. You must register to take advantage of these benefits by calling **877-790-2583** or visiting the website at **www.bcbsm.com** and click on *Health and Wellness*.

BCBSM Online Access

Managing your health plan online has never been easier. With the new member site, you now have access to:

One site. One stop.

Personal snapshot of your plan: Check out easy-to-understand graphics that provide a quick snapshot of your deductibles, coinsurance and claims.

Single user ID for life: Once registered, your personal ID stays with you, even if you switch plans, change jobs or retire.

The power to compare.

Powerful search capabilities: We've added more search and filtering functionality, so you can find the doctors and hospitals that you prefer.

Extensive cost and quality comparisons: Evaluate up to six doctors or hospitals side-by-side, comparing quality and costs for hundreds of services across the country.

Cost information for PPO members only.

Helpful patient reviews: You can read reviews about specific doctors from other patients and even leave one of your own.

On the go. Good to go.

24/7 access: With your mobile device, you have another way to access important plan information when you need it most, 24 hours a day, seven days a week.

On-the-spot doctor and hospital search: Make decisions on where to go, when you're on the go.

Virtual ID card: If you forgot to bring your ID card to your doctor appointment, there's no need to worry. You can now access your virtual ID card right from your mobile device.

- Register now at **www.bcbsm.com**
- Click on LOGIN in the upper right corner
- In the LOGIN box, click on Register Now
- You'll need your Blues ID card and just a couple minutes

Fitness Your Way

Blue Cross Blue Shield has partnered with Tivity to provide a low -cost fitness membership. $25 monthly fee for access to network of 9,500+ gyms nationwide and discounts with over 40,000 health and well-being specialists. For more information, visit **www.bcbsm.com/index/members/discounts.html**.

BCBSM Value Added Programs

Membership has its benefits

Blue Cross Blue Shield of Michigan members can score big savings on a variety of healthy products and services from businesses in Michigan and across the United States through their Blue365 program. Blue365 has plenty of deals to keep you and your family healthy, and BCBSM is always growing. Find current and relevant deals and discounts online by searching by category and state.

Cash in on discounts

Start savings today! Show your Blue Cross or Blue Care Network ID card at participating local retailers or use an offer code online to take advantage of these savings. You can view all savings in one place through your member account at **www.bcbsm.com.**

Fitness and Wellness

Health magazine, fitness gear and gym memberships

Healthy Eating

Cookbooks, cooking classes and weight-loss programs

Lifestyle

Travel and recreation

Personal Care

Lasik and eye care services, dental care and hearing aids

Hearing Aid Discounts

Become a Blue365 Member and you could save up to $1,000 off 100 hearing aid models! Discounts are through Blue365—**www.blue365deals.com**

- 3-year manufacturer's warranty for repairs and one-time loss and damage replacement
- 48 free batteries per hearing aid

Member discounts with Blue365

Take advantage of discounts form the business listed blow and many more. For a full list of discount offers, log in or register at **www.bcbsm.com** and click Member Discounts with Blue365 on the right side of your home page.

Just show your BCBSM member ID card at participating retailers

BCBSM Guide to Accessing Care

Ever wonder where to go to receive the professional healthcare attention that you need? You can save money by understanding your care choices. The following chart which outlines the different care options available to you can be kept and referenced as a great resource. Visit **www.bcbsm.com/wheretogo** for more information so you can make a more informed health care decision.

Did you know you can seek professional medical attention here:	Symptoms, conditions and situations	Why you should consider	Estimated member cost	Average wait time	Contact
24-Hour Nurse Line	• Deciding if you can self-treat or need to seek processional care • Discussing treatment options for nonemergency situations • Other general medical questions	• No cost! • Available 24/7 • Staffed with registered nurses	**FREE**	**12 minutes**	Call 800-775-BLUE (2583)
Amwell Virtual Visit	• Sore throat and cough • Painful urination • Low-grade fever • Earache	• Can be reached any time, available 24/7 • Enroll now, so you're ready when you need it	**$20-$49 copay** (varies by plan)	**20 minutes**	Call 844-733-3627 Or enroll online at **www.bcbsm.amwell.com** Use service key: BCBSM
Doctor's Office	• Colds and flu • Mild allergy • Skin rash • Eye irritation or redness	• Trusted, ongoing relationship • Generally can be reached after hours via on-call service	**$20-$30 copay** (varies by plan)	**60 minutes**	Visit your primary care doctor. If you don't have one, find a doctor near you on the BCBSM mobile app or at **www.bcbsm.com**
Urgent Care Center	• Minor burns, cuts and scrapes • Sprains and strains • Mild asthma	• Evening and weekend hours • Walk-in appointments available • Convenient locations	**$20-$35 copay** (varies by plan)	**60—90 minutes**	Ask your primary care doctor to recommend a nearby urgent care center or find one near you on the BCBSM mobile app or at **www.bcbsm.com**
Emergency Room	• Life-threatening conditions • Chest pain • Possible broken bones • Sudden blurred vision • Poisoning • Unconscious rate	• Available 24/7	**$150 copay** (varies by plan)	**4 hours**	Call 9-1-1 or visit your local hospital

Explore to Learn More: Where you go matters

In the BCBSM *Find a Doctor* tool, you can view doctor and hospital profiles. Look for the symbol and click on the Quality Reports link to review details such as education, certifications, recognitions and more. You can even estimate costs for specific services, doctors, specialists, hospitals and other medical facilities around the country. By researching your points of service beforehand you can be sure to choose the right place to go that balances the cost and quality for your care needs. Visit **http://www.bcbsm.com/understand-cost/index.html** to learn how you can start using the BCBSM website to shop for care and make more informed health care decisions.

MetLife Dental Plan

NDS will maintain all aspects of the current dental plan with MetLife for the 2018 plan year. Under the MetLife dental plan, you have the option of going in or out of the MetLife PDP Plus Network of providers. In-network dentists are required to accept MetLife's negotiated fee as payment in full. If you decide to use an out-of-network dentist, you may be subject to any difference in fee rates that are set by MetLife. Preventive Care is covered at 100%.

To find a participating dentist near you, visit the MetLife website at **https://metlocator.metlife.com/metlocator/execute/Search** and select PDP Plus Network. Enter your zip code and a list of participating dentists will be created for you to review.

Feature/Service	MetLife Dental	
	PDP Plus Network	**Out-of-Network**
	You pay:	***You pay:***
Individual Annual Deductible	$50	$50
Family Annual Deductible	$150	$150
Annual Maximum/Person	$1,500	$1,500
Preventive and Diagnostic Deductible waived for Preventive *Oral exams, x-rays, teeth cleaning, fluoride treatment*	0%	0%
Basic Services *Fillings, crowns, bridges, root canal, extractions*	20% after deductible	20% after deductible
Major Services *Removable dentures and partials, fixed bridges*	50% after deductible	50% after deductible
Orthodontia *(children up to age 19)*	50%	50%
Orthodontia Lifetime Maximum	$1,000	$1,000

Find a dentist and more

To find a participating general dentist or specialist, just select the **PDP Plus Network** when you visit MetLife.com. Or you can log in to MyBenefits — your secure member website. MyBenefits is there to help you manage your dental plan. You can:

- Review your plan information, including what's covered and coinsurance
- Track your deductible and plan maximums
- View your claim history
- Look up the average costs for dental services in your area with the Dental Procedure Fee Tool
- Read oral health information to help you make informed decisions about your care

VSP Vision Plan

BCBSM Blue Vision (VSP) continues to offer a large network of providers who offer a wide selection of eyewear for you to choose from. You'll receive the most out of your benefits when you visit a VSP Choice Preferred network provider, including discounts on non-covered services and selections.

The VSP vision plan includes annual routine vision exams by a participating provider. There is 100% coverage for an annual exam and basic eyeglass lenses after a $20 copay when using a network provider and a $130 allowance for elective contact lenses. If you visit a non-network provider, there is a reimbursement schedule for eyewear and other professional services.

When you are ready to see a provider, you can simply provide them your VSP ID card which has all of the information they will need to confirm your eligibility and submit your claims. Please note that VSP can only look a member up in BCBSM by their DEID number located on the BCBSM member ID Card, they **cannot** look up by their Social Security Number.

To locate a participating provider, visit the VSP website at **www.vsp.com** and access the Member Home page.

VSP Vision		
Feature/Service	**In-Network**	**Out-of-Network**
Exams/Lenses/Contacts Frames Frequency	Once every 12 months for exams, eyeglass lenses and contacts Once every 24 months for frames	
Exam Copay	$20	$20 copay applies to charge (up to $45 reimbursement)
Basic Eyeglass Lenses		
• Single Vision Copay • Lined Bifocal Copay • Lined Trifocal Copay	$20 $20 $20	Member responsible for difference between approved amount and provider's charge, after $20 copay
Frames		
Frame Allowance	$130	Reimbursement up to $70 less $20 copay (member responsible for any difference)
Contact Lenses (instead of glasses)		
• Elective	$130 allowance for lenses, fitting and materials	Up to $105 reimbursement
• Medically Necessary	$20	Up to $210 reimbursement

VSP Cares About Your Eyes

As a VSP member, you can receive discounts on additional exams and hardware when using a VSP provider.

- **Personalized Care.** VSP doctors take the time to get to know you and your eyes. They'll look for vision problems and signs of other health conditions too.
- **Doctor Network.** You'll find the VSP provider who's right for you at **www.vsp.com** or by calling VSP's toll-free number at **800-877-7195**. Participating doctors offer a variety of office settings, and eyewear choices.
- **Value Savings.** You can receive substantial savings on eye exams, frames, lenses, conventional contact lenses and laser vision correction services.

Flexible Spending Accounts (FSAs)

Now is the time to enroll in the Flexible Spending Accounts (FSAs), administered by ADP, for the 2018 calendar year. **Anyone who wishes to participate in the 2018 FSA program will need to enroll during the Open Enrollment period ending on December 15th.**

Flexible Spending Accounts (FSAs) are an easy and convenient way to get more out of your paycheck. It allows you to set aside a predetermined amount of your pre-tax dollars to cover certain out-of-pocket expenses as they occur throughout the plan year. You will have access to a Health Care Spending Account to help you cover eligible expenses.

Health Care FSA

A Health Care FSA can reimburse you for eligible medical and dental expenses, up to the amount you contribute for the plan year. Your Health Care FSA lets you pay for medical and dental care expenses not covered by your insurance plan with pre-tax dollars. The expenses must be primarily to alleviate a physical or mental defect or illness, and be adequately substantiated by a medical practitioner. For example, cash that you now spend on deductibles, copayments or other out-of-pocket medical expenses can be funded from the Health Care FSA, before taxes. **The maximum amount that you can contribute to the Health Care Flexible Spending Account is $2,650 for 2018.**

Some eligible health care expenses are:

- Covered prescription and doctor copays and deductibles
- Health plan deductibles and coinsurance
- Out-of-pocket dentist or other provider fees

Some ineligible health care expenses are:

- Premiums (per pay deductions) for medical, dental, vision, etc.
- Amounts reimbursed by healthcare plans
- Non-medical physical treatments

Please note: You cannot enroll in a HealthCare FSA if you are enrolled in the HDHP/HSA.

Dependent Care Flexible Spending Account

The Dependent Care FSA lets you use pre-tax dollars toward qualified dependent care. You can contribute up to $5,000 ($2,500 if married and file individual tax return) for the Dependent Care FSA for children under age 13 and for disabled adults in your care. If you elect to contribute to the Dependent Care FSA, you may be reimbursed for:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

Use it or Lose it!

As you think about your FSA for this plan year, be sure to carefully estimate your expenses and the amount you want to contribute to your account. As you do, remember that, as a result of national healthcare reform, you may no longer use the Health Care FSA to pay for certain over-the-counter drugs and medicines without a doctor's prescription or letter of medical necessity. You are still able to purchase many items, such as contact lens solution and bandages, without a prescription. Please keep this in mind when calculating your FSA elections. **You must re-elect in the FSA plan(s) each year for continued participation.**

The goal in estimating carefully is to use whatever you set aside so you don't lose it. That's because the Internal Revenue Service (IRS) has a "use it or lose it" rule, which means if you don't spend everything in your FSA by the end of the plan year, you'll forfeit whatever funds remain. Excess contributions may not be reimbursed.

Always Save Your Receipts!

It is important to save your receipts. You may be required to provide proof of your purchase at any time.

Rollover Your FSA Funds!

NDS offers the option to rollover $500 of unused health FSA balances into the following plan year. The $500 rollover amount will be in addition to whatever new money you plan to put into your account through pre-tax payroll deductions. This option applies only to the Medical FSA; you will still be able to elect up to the maximum amount of $2,650 per calendar year. Any amounts remaining at the end of the plan year over the $500 rollover amount must be forfeited.

Life and Accidental Death & Dismemberment (AD&D) Insurance

NDS will remain with Symetra as our Life, AD&D and Disability Insurance administrator for the new plan year with no changes. NDS recognizes that life insurance provides critical financial protection. If you have people who depend on you for financial support, life insurance will help protect them in case something happens to you – your designated beneficiary will collect a financial benefit.

We will continue to provide you with Basic Life and AD&D insurance coverage at no cost to you. This benefit will be paid to your beneficiary in the amount of 2 times your base annual earnings, up to a maximum benefit of $500,000.

Also included is AD&D coverage which provides an additional level of protection if you die or are seriously injured in an accident. The AD&D benefit is equal to one times your life insurance coverage.

Although there are no enrollment forms to complete, you are encouraged to review and update your beneficiary designations with the Human Resources department during open enrollment.

Voluntary Life and AD&D Insurance

Employee Voluntary Life insurance is an additional layer of coverage you may purchase to help financially protect your family if you die. Employee benefits are available in increments of $10,000 to a maximum of $750,000, not to exceed five times your annual earnings. Age reduction does apply beginning at ages 65, 70 and 75. The Guarantee Issue Amount is $250,000. **You are required to show Evidence of Insurability (EOI) if you elect coverage for the first time during Open Enrollment or are choosing to increase your existing election.**

Spousal Voluntary Life benefits are available in increments of $5,000 to a maximum $250,000, not to exceed 100% of your Supplemental amount. You must elect Employee Voluntary Life insurance to enroll in Spousal Voluntary Life Insurance. The Guarantee Issue Amount is $30,000. You are required to show evidence of insurability if you elect coverage for the first time during Open Enrollment or are choosing to increase your existing election.

Dependent child life benefits are available for children 6 months to age 19 (25 if full-time student) in $2,500 increments, to a maximum of $10,000 without EOI. You must purchase Supplemental Life insurance for yourself in order to purchase coverage for your children.

Evidence of Insurability (EOI) for Employee and Spouse Life

EOI is an insurance company requirement that is satisfied by completing a form supplied by Symetra by answering any questions that may be presented to you. EOI is required for:

- Coverage request that exceed the Guarantee Issue Amount during your initial eligibility period
- Any amount of coverage that is requested outside of your initial eligibility period; and
- Increases in coverage after you have enrolled

Employee & Dependent Supplemental Life Coverage

Monthly cost per $1,000 of coverage	
Age	**Rate**
<25	$0.032
25-29	$0.032
30-34	$0.032
35-39	$0.043
40-44	$0.097
45-49	$0.162
50-54	$0.216
55-59	$0.367
60-64	$0.518
65-69	$1.102
70-74	$2.225
70+	$2.225

Employee & Dependent Supplemental AD&D Coverage

Monthly cost per $1,000 of coverage
$0.027

Dependent Child Life Coverage

Per-pay cost for $10,000 of coverage
$0.78

If you changed to a higher age band, your cost will increase accordingly. You have the option to change your coverage amount during the annual Enrollment Period.

Disability

Disability insurance provides you with income protection should you lose time on the job due to an injury or illness unrelated to a worker's compensation incident. With disability coverage, partial replacement of lost income is paid to you. NDS will continue to offer company paid disability coverage through Symetra for the new benefit year. Your disability must be medically certified and approved by Symetra. Please refer to the Summary Plan Description available from Human Resources for exact plan provisions. You may receive monthly LTD benefits as long as you are deemed disabled by the insurance carrier.

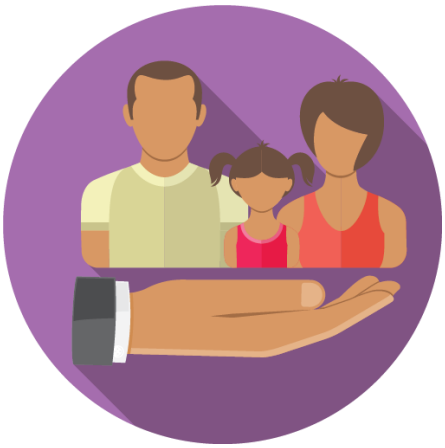
Long-Term Disability (LTD)

The LTD plan provides income during an extended period of disability if you are disabled and unable to return to work after 90 consecutive days. The plan pays a monthly benefit of 60% of your monthly pre-disability earnings up to a monthly maximum.

Employee Assistance Program (EAP)

Our Employee Assistance Program is offered through Symetra (administered through ComPsych) at no cost to you. The confidential employee assistance program provides guidance for you and your immediate family members by offering 24/7 telephone consultations and a state of the art website with thousands of articles to help with work/life challenges. The program offers up to five face-to-face counseling sessions per issue, per year. You also have telephone access to legal and financial counsel, as well as work/life services for assistance with dependent and childcare resources, eldercare, relationship issues, education and career development and much more.

To take advantage of the EAP, visit the website at **www.guidanceresources.com**, and enter the Web ID: ***SYMETRA***, or by calling the toll-free number at **888-327-9573**.



Value-Added Benefits through Symetra

Additional value add programs through Symetra are available to complement the insurance benefits provided under the Symetra Group Life and Disability policies.

Identity Theft

Provides employee with information to protect themselves and step-by-step coaching to help identify and resolve identity theft.

Key Services

- Lost wallet assistance
- Credit information review
- 3-bureau fraud alert placement assistance
- ID theft affidavit assistance
- Translation services while traveling
- Emergency case advance while traveling (a repayment guarantee is needed)

A comprehensive Identity Theft Resolution Kit will provide employees with information and includes documentation and details how to tackle the problem if their identity has been compromised. Employees can call **877-823-5807** —24 hours, seven days a week to access services.

Beneficiary Companion

This program offers relief from the confusion and frustration many people face when trying to manage a loved one's final affairs.

Key Services

- Guidance on how to obtain death certificate copies for final notifications
- Dedicated Beneficiary Assistance Coordinators to manage notifications
- Assistance protecting loved one's identity and resolution assistance in case the deceased's identity is stolen
- Employees can call **877-823-5807**— 24 hours, seven days a week to access services.

Travel Assistance

Toll-Free, 24 hour access to travel services available for yourself and dependents when traveling more than 100 miles from home.

Key Services

- Help finding physicians, dentists and medical facilities
- Medical monitoring to determine if care is appropriate
- Transportation to a hospital/treatment facility or return home
- Replacement of medication or eyeglasses
- Emergency message relay
- Emergency cash
- Assistance relocating lost or stolen items
- Legal assistance
- Translation services
- Pre-trip information

Health Care Navigation

HealthChampion SM (provided by ComPsych) is available for employees on a covered short- or long-term disability leave. This program helps you understand your covered benefits, while providing clinical support of your health concerns. Claimants can call **866-263-4365**—24 hours, seven days a week to access services.

Will Preparation

Symetra's online Will Preparation Service is secure and easy to use. This service helps to create a simple and legally binding will.

401(k) Retirement Plan

Let's face it, saving is not always easy with today's demands on your money. But the NDS Employees' 401(k) Retirement Plan offers a convenient way to get into the savings routine and save for one of the most important goals of your life –retirement.

The 401(k) plan gives you the opportunity to save money before paying federal and state income taxes on the amount you contribute to the plan, however, your total annual income is subject to Social Security Tax. Here is a brief outline of the plan:

To Enroll or Change your 401k Contribution Amount:

- You will need to do so directly through the Fifth Third online system (**https://53.retirementpartner.com/**)
- When you change the amount of your contribution rate today, the change automatically takes effect on the first of the next month.
- Once you log into the Fifth Third online system:
- You can register, enroll, inquire about balances, rate of return and contribution amounts, research your plan's investment options, and make changes to your contributions.

401(k) Retirement Plan Highlights:

- You will be eligible to join the plan after 60 days of service for purposes of All Contributions. The eligibility requirements for employees hired before January 1, 2016 will be attainment of age 18 and 30 days of services for purposes of All Contributions. The eligibility requirements for employees hired after November 1, 2015 will be attainment of age 18 and 60 days of service for purposes of All Contributions.
- **Basic 401(k) Savings Contribution.** You can elect to defer up to the IRS maximum for the given year into the savings portion of the 401(k) retirement plan. You do not pay current federal or state tax on the money deposited to the plan. In addition, you will not pay any federal or state income tax on the interest earnings on your money while on account under the plan. However, Social Security Taxes are applicable.
- **Catch-up Contributions.** If you are age 50 or above, you may make "catch-up contributions", up to the IRS maximum for the given year. These are additional pre-tax deferral contributions in excess of the basic contribution.
- **Employer Incentive Contribution.** Your employer makes matching contributions to your account each pay period. For every dollar you contribution to the Plan, up to the first 5% of your eligible pay, NDS intends to add an extra $1.00 to your account.
- **Contribution Changes.** You will be able to change your rate of contribution at anytime.
- **Vesting.** You are 100% vested in the employer matching contributions.
- **Withdrawal of 401(k) Contribution.** The Plan is intended to help you put aside money for your retirement. However, the Plan does allow you to borrow money from your account under the following terms:
  - ✓ Minimum loan amount $1,000; Maximum loan amount $50,000 or 50% of your vested account balance, whichever is less.
  - ✓ You many have one loan outstanding at a time.
  - ✓ Principal residence loans are allowed. Prime Rate plus 1%.
  - ✓ All loans must generally be repaid within five years. A $125 processing fee for all new loans and a $6.25 per quarter maintenance fee is charged to your account.
  - ✓ Money may be withdrawn from your account in these events: normal retirement age 65, in-service withdrawal age 59 1/2, death or disability, termination of employment.
- Fifth Third will provide quarterly 401(k) statements, which are mailed to your home or can be viewed online.

Questions regarding the 401(k) Plan should be directed to your local HR Business Partner.

Colonial Life Voluntary Benefits

NDS is pleased to offer the following Voluntary Benefits through Colonial Life to all eligible employees. Unlike traditional benefits like health coverage, you are responsible for paying most or all of the cost of these voluntary options. We will continue to offer Voluntary Benefits with convenient payroll deductions and affordable group rates. Before you enroll, take time to make sure the coverage is right for you, and review the policy so that you will fully understand the benefits and any limitations.

Accident Insurance

This benefit provides you with benefits for certain injuries and expenses related to covered accidents occurring on or off the job, depending on the base plan selected. Payable benefits can also be used to help offset any out-of-pocket copays or deductibles associated with accident related injuries such as fractures, lacerations, burns, etc. Family coverage is also available.

Cancer Insurance

This benefit helps offset the out-of-pocket medical and non-medical expenses related to cancer that most medical plans may not cover. This coverage also provides benefits for specified cancer-screening tests.

Critical Illness

Critical Illness Insurance provides a lump sum benefit upon diagnosis of a covered critical illness. The money can be used immediately and at the insured's discretion. Payable benefits can be used to help offset any out-of-pocket expenses associated with a catastrophic illness such as heart attack, stroke, cancer, etc. Spouse and children are also eligible for coverage.

Disability Insurance

Disability Insurance is coverage that provides you with income protections, should you lose time on the job due to an injury or illness. With disability coverage, partial replacement of lost income is paid to you.

For access to these programs, visit the website at **www.coloniallife.com**, or call the toll-free number at **800-325-4368**.

Colonial Life℠

Benefits You Can Count On

Vacation

All employees need time for rest, relaxation, and pursuit of their special interests. NDS has established a vacation plan to provide eligible employees with a period of rest and relaxation without loss of pay or benefits. The Company believes that this time is valuable for employees in order to enhance their productivity and to make their work experience with the Company personally satisfying and encourages employees to use all accrued vacation benefits each year.

Employees must schedule vacation time off with the prior approval of their supervisor, and in accordance with the Company's vacation policy. Reference the Employee Handbook for our vacation policy.

All regular full-time employees who have completed at least 12 months of continuous service with the Company are eligible to take vacation based on their continuous length of service, measured from the completion of 12 months of continuous service after the date of hire. Temporary and part-time employees do not accrue vacation benefits.

Vacation time is awarded based on how long an eligible employee has worked in a regular status, and will be determined based on the schedule below. Vacation hours are accrued on the basis of straight time hours worked or paid (not including overtime) and will be credited at the end of each pay period.

Length of Continuous Service (per anniversary date)	Vacation Accrual Per Year	Hours accrued Per Pay Period
First 5 years of employment	10 days	3.08
After 5 years of employment	15 days	4.62

In addition, the Company also awards employees with 5 additional vacation days once every five years measured from the date of hire to recognize an employee's years of service to the Company. These additional vacation days are not subject to the maximum vacation accrual.

Tuition Assistance Program

NDS offers a Tuition Assistance Program, which provides financial assistance to full-time employees who have completed 12 months of continuous service and wish to pursue a formal course of study directed toward enhancing their skills and knowledge in job-related areas. The Tuition Assistance Program is under the general supervision of the Human Resources Department and is managed by the conditions listed in the Employee Handbook. For more details on this program, please refer to the Employee Handbook.

Family and Medical Leave Act (FMLA)

Pursuant to the Family and Medical Leave Act of 1993 (FMLA), unpaid family and medical leaves of absence will be granted to eligible employees for periods not to exceed twelve (12) weeks in any twelve (12) month period for particular circumstances that are critical to the life of a family .

Please refer to the Employee Handbook for complete policy provisions.

Holidays

NDS recognizes certain days during the year as paid holidays for eligible employees. In order to be eligible for holiday pay, the employee must work the last scheduled full workday before the holiday and the next scheduled full workday after the holiday or have a pre-approved scheduled absence.

NDS Paid Holidays*	
New Year's Eve** New Year's Day	Thanksgiving Day
Good Friday	Day After Thanksgiving
Memorial Day	Christmas Eve
Independence Day	Christmas Day
Labor Day	Employees Birthday

**Holiday schedule may vary by entity.*
***New Years Eve is an additional holiday for 2018.*

Additional information on NDS's Holiday policy can be found in the Employee Handbook.

Do you have a question about your coverage?

Contact the appropriate vendor or human resources directly for help with:

Benefits questions

Claims process

Choosing a doctor

ID cards

Copayments and deductibles

Prescription drug coverage

Contact Information

Benefit	Provider	Web Site	Phone Number
Medical / Pharmacy	Blue Cross Blue Shield of Michigan	www.bcbsm.com	877-790-2583
Mail Order Prescriptions	EXPRESS SCRIPTS®	www.express-scripts.com	800-778-0735
Health Savings Account	FIFTH THIRD BANK	https://53.retirementpartner.com/	888-350-5353
Dental	MetLife	www.metlife.com/mybenefits	800-438-6388
Vision	VSP Vision care for life	www.vsp.com	800-877-7195
Life and AD&D / Employee & Dependent Supplemental Life /	SYMETRA RETIREMENT | BENEFITS | LIFE	www.symetra.com/MyGo	800-426-7784
Employee Assistance Program	SYMETRA RETIREMENT | BENEFITS | LIFE	www.guidanceresources.com	888-327-9573
Flexible Spending Accounts	WageWorks everyone benefits	https://myspendingaccount.wageworks.com	800-678-6684
Voluntary Benefits	Colonial Life	www.coloniallife.com	800-325-4368
401(k) Retirement Plan	FIFTH THIRD BANK	https://53.retirementpartner.com/	Local HR Business Partner

Important Regulations

Patient Protection – Patient Access to Obstetrical and Gynecological Care

You do not need prior authorization from BCBSM or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact BCBSM at **877-790-2583**.

Women's Health and Cancer Rights Act

On October 21, 1998, the Women's Health and Cancer Rights Act became effective. This law requires group health plans that provide coverage for mastectomies to also cover reconstructive surgery and prostheses following mastectomies. As the Act requires, we have included this notification to inform you about the law's provisions. The law mandates that a plan participant receiving benefits for a medically necessary mastectomy who elects breast reconstruction after 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, 3. Prostheses, 4. Treatment of physical complications of all stages of mastectomy, including lymphedema.

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply for the mastectomy.

Health Insurance Portability and Accountability Act (HIPAA) – State Children's Health Insurance Program (SCHIP)

Loss of other coverage: If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Medicaid or SCHIP coverage: If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after you or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New dependent: If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid or SCHIP premium assistance: If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free Or Low-Cost Coverage

CHIP is short for the Children's Health Insurance Program—a program to provide health insurance to all uninsured children and who are not eligible for or enrolled in Medical Assistance. CHIPRA is the reauthorization act of CHIP which was signed into law in February 2009. Under CHIPRA, a state CHIP program may elect to offer premium assistance to subsidize employer-provided coverage for eligible low-income children and families. All employers are required to provide employees notification regarding CHIPRA. Please see attached notice.

Medicare Part D Creditable Coverage / Non-Creditable Coverage Notice

The Centers for Medicare and Medicaid (CMS) requires employers to notify their Medicare Part D-eligible individuals about their creditable coverage status prior to the start of the annual Medicare Part D election period that begins on October 15 of each year. Please see notice included in this decisions guide.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877- KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility –

ALABAMA – Medicaid	IOWA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562
ALASKA – Medicaid	**KANSAS – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512
	KENTUCKY – Medicaid
	Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570
ARKANSAS – Medicaid	**LOUISIANA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**MAINE – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/State Relay 711	Website: http://www.maine.gov/dhhs/ofi/public- assistance/index.html Phone: 1-800-442-6003, TTY: Maine relay 711
	MASSACHUSETTS – Medicaid and CHIP
	Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840
FLORIDA – Medicaid	**MINNESOTA – Medicaid**
Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268	Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739
GEORGIA – Medicaid	**MISSOURI – Medicaid**
Website: http://dch.georgia.gov/medicaid Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
INDIANA – Medicaid	**MONTANA – Medicaid**
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084

NEBRASKA – Medicaid	SOUTH CAROLINA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
NEVADA – Medicaid	**SOUTH DAKOTA - Medicaid**
Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW HAMPSHIRE – Medicaid	**TEXAS – Medicaid**
Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NEW JERSEY – Medicaid and CHIP	**UTAH – Medicaid and CHIP**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NEW YORK – Medicaid	**VERMONT– Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NORTH CAROLINA – Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
NORTH DAKOTA – Medicaid	
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	
OKLAHOMA – Medicaid and CHIP	**WASHINGTON – Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
OREGON – Medicaid	**WEST VIRGINIA – Medicaid**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
PENNSYLVANIA – Medicaid	**WISCONSIN – Medicaid and CHIP**
Website:http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
RHODE ISLAND – Medicaid	**WYOMING – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Important Notice from NDS 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 BCBSM 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:

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.

NDS has determined that the prescription drug coverage offered by BCBSM 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 15 to December 7. 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 BCBSM coverage will not be affected. Part D eligible individuals (or their dependents) can retain their existing coverage and choose not to enroll in a part D plan; or, they can enroll in a part D plan as a supplement to, or in lieu of the other coverage. Finally, if the member's existing prescription drug coverage is with a Medigap policy, they cannot have both their existing prescription drug coverage and part D coverage. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at **http://www.cms.hhs.gov/CreditableCoverage/**), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D. If you decide to join a join a Medicare drug plan and drop your current NDS coverage, be aware that you and your dependents will be able to get this coverage back at NDS's next open enrollment period.

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 NDS 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 November to join.

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

Contact the person listed below for further information. **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 NDS's 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).

Date: November 1, 2017
Sender: NDS
Contact: Human Resources

Health Care Reform Update

The Affordable Care Act (or ACA) continues to affect health insurance plans for employers like NDS, and NDS employees. For the company, it means we continue to:

- Comply with all applicable health plan coverage, administration, and tax reporting requirements of the ACA.
- Pay all applicable taxes and fees as required by the ACA.

For individual employees, the law requires most individuals to have health insurance or pay a tax penalty. If you enroll in a NDS medical plan, you will meet the ACA's requirement for health coverage. NDS pays the majority of the cost for this coverage.

If you do not enroll in a NDS medical plan, you have other options, as shown below. We encourage you to evaluate all your options and compare their costs to make the best choice for you and your family.

- Elect coverage through your spouse's employer.
- Participate in a federal or state program such as Medicare or Medicaid (if eligible).
- Elect coverage through a plan you purchase through the Health Insurance Marketplace (www.healthcare.gov).

It's important to note that because you are eligible for coverage through NDS, you may not qualify for any subsidies if you purchase a plan through the Marketplace—that means you would pay the full cost of that coverage.

If you do not obtain coverage through NDS or another source, you may be subject to a penalty on your taxes. For 2017 the annualized penalty is the **greater** of:

- 2.5% of your yearly household income above the tax filing threshold (up to the national average premium for a bronze plan in the individual insurance marketplace ($3,264 for an individual and $16,320 for a family of 5), OR
- $695 per adult and $347.50 per child under age 18 (up to $2,085 per family).

For 2018, the fixed dollar amounts in a) above will be based on average 2018 marketplace premiums and the fixed dollar amounts in b) above will be adjusted for inflation.

Summary of Benefits and Coverage Notice

You can find the Summary of Benefits and Coverage (SBC)—the format required by the Affordable Care Act—for the Blue Cross Blue Shield plans by contacting the Human Resources Department. These summaries may be helpful to provide more information about NDS's medical plan, or to compare our plan to others, such as plans available to you through your spouse's employer. You may also request a paper copy by contacting Blue Cross Blue Shield.

NOTES

This Open Enrollment Decisions Guide covers only the highlights of NDS's Benefits Programs. While we have tried to be as accurate as possible in developing this information, the official plan documents govern in all cases. NDS intends to continue these programs but reserves the right to change or end them at any time. Participation in the programs does not imply a contract of employment.