Open Enrollment

November 14-December 14, 2018

ERGON®

Please retain this document for your future reference.

Open Enrollment Period for Fringe Benefits

Open Enrollment begins November 14 and runs through December 14, 2018. All changes will go into effect on January 1, 2019.

If you want to enroll or continue to participate in the Flexible Spending Account programs, you must register within this period.

Employees can enroll, change or drop coverage in our medical and dental plans during this time without having to satisfy a qualifying event. **If you are already enrolled in medical or dental coverage and do not need to make changes, no further action is required.**

For more information, contact Glynn Griffing & Associates at 601-982-0331 or visit glynn.info.

Flexible Spending Accounts

Our Open Enrollment period affects our Flexible Spending Accounts (FSAs). The following information will educate you on the benefits and tax savings associated with these programs.

Note: Current FSA participants MUST complete new enrollment forms for 2019.

FSA signup forms are included with this brochure. They may also be found at your facility and on the HR Portal.

Flexible Spending Accounts FAQs

What is a Section 125 Plan?

A Section 125 Plan, often called a Cafeteria Plan, refers to the IRS code that allows you to pay for medical premiums, deductibles, out-of-pocket expenses, co-pays, non-covered medical expenses, and dependent care expenses on a pre-tax basis. You still pay for these expenses, but you see a savings because you pay for them on a pre-tax basis.

Does Ergon have a Cafeteria Plan?

Ergon has had a Cafeteria Plan in the form of a "premium only plan" since the late 1990s. In other words, the money for medical coverage that comes out of your checks is part of a Cafeteria Plan. You still pay for the coverage by paying the premium, but on a pre-tax basis. At the end of the year, your taxable salary is reduced by what comes out of your paycheck.

What is a Flexible Spending Account?

Cafeteria Plans have the option of adding Flexible Spending Accounts (FSAs). FSAs enable you to set aside money on a pre-tax basis to pay for any unreimbursed medical and dependent care expenses.

What are my FSA Options?

There are two types of FSAs.

- **Health FSA**: This type of account is designed to cover such items as medical plan deductibles, co-payments, and uninsured medical care expenses, such as dental and vision care. The Affordable Care Act limits the maximum contribution to a medical Flexible Spending Account to $2,650 for 2019.

Put money away conservatively. You'll lose it if you don't use it, but don't let that scare you! Contribute what you know you will spend, and you'll save!

- **Dependent Care FSA**: This type of account is designed to cover items such as child day care because they enable you to work. There is a $5,000 annual limit on Dependent Care FSAs, regardless of the number of children you may have in day care.

A company can decide to implement a Health FSA and choose not to implement a Dependent Care FSA. If the company implements both types of FSAs, each account stands alone. You cannot borrow money from your Health FSA to make up a shortfall in your Dependent Care FSA, nor can you borrow from your Dependent Care FSA to make up a shortfall in your Health FSA.

How does an FSA work?

You must decide whether and how much to contribute to each FSA prior to the beginning of the year. This amount should be based on the expenses you feel certain you will incur during the upcoming year. A set amount is deducted from your paychecks on a regular basis, and when you incur a cafeteria-covered expense, you submit documentation to the cafeteria plan administrator and receive a reimbursement. Total reimbursements cannot exceed the amounts you designate to your FSAs.

What does that mean?

For example, say you spend $300 a year on contact lenses. Contact lenses are not covered under our medical plan. However, you can set aside $25 a month in your Health FSA. At the beginning of July when you reorder your contacts, you may submit a request for reimbursement to get $300 back from the cafeteria plan administrator. Keep in mind, you will still be contributing to the cafeteria plan for the rest of the year – $25 a month – but you can receive reimbursement up front because you've made the commitment to set aside $300.

Are over-the-counter medications part of this program?

No. The Affordable Care Act excludes over-the-counter medications as a reimbursable expense under FSAs unless you have a prescription for the OTC medication.

What's in it for you?

You know how much you spend each year on contact lenses. With an FSA, you now buy them on a pre-tax basis, conceivably saving $60 when federal, state, and social security taxes are figured into the equation.

Is this too good to be true?

Under IRS rules, the full amount you elect for the plan year must be available to reimburse your medical expenses at all times during the year (less any amount already reimbursed). This is the "uniform reimbursement" rule.

The example of buying $300 contact lenses in July fits this example. You have only had $150 deducted by the end of June, but you receive your full $300 reimbursement because you have committed to a $300 deduction over the course of the year.

Should you use your FSA to cover unexpected expenses?

If you decide to have Lasik eye surgery next year and know that surgery runs $2,400, you might want to set aside $200 per month to cover this operation since elective surgery is not covered under Ergon's medical plan.

Since you don't know if you will have an emergency surgery, you would not want to set aside any money for unexpected, unplanned medical procedures for reasons that are explained below.

What's the down side?

The elected amount cannot be changed during the plan year unless you experience a "change in status" (such as the birth or death of a dependent, marriage, divorce, etc.).

Unused funds remaining in your account at the end of the plan year may not be refunded or carried over to the next year. This is the "use it or lose it" rule. If you commit to put money away on the off chance you may have to have surgery, and then don't have this surgery, you forfeit what you haven't spent (unless, of course you spend it on another legitimate expense covered by a cafeteria plan).

What about child care? Can money be put away for that on a pre-tax basis?

Dependent Care FSAs are not subject to the "uniform reimbursement" requirement. For example, if you know child day care runs $300 a month and designate $300 a month for your Dependent Care FSA, you cannot receive the full $3,600 in January. You have to have the money in your Dependent Care FSA before you can be reimbursed. However, Dependent Care FSAs are subject to the "use it or lose it" and "change in status" rules.

Who at Ergon makes the decision on what is covered or what is not covered?

Ergon contracts with a third party to administer our FSAs. There are companies in the marketplace that specialize in cafeteria plan administration, and they make the call on what qualifies as a covered expense.

Anything else I need to know before I commit?

While cafeteria plans have advantages for both you and Ergon, some drawbacks exist. The "uniform reimbursement rule" can put Ergon at risk if you resign before contributing the full amount to your Health FSA. For example, let's say you designate $2,400 ($200 a month) to go into your Health FSA. You then have Lasik eye surgery in January, and resign in February. The Cafeteria Plan still owes you $2,400 even though you've only contributed $200.

Under the "use it or lose it" rule, you must forfeit unused FSA contributions. You would not want to put money in your Health FSA in the off chance that you might have to have an appendectomy, because if you don't spend that money on medical bills, you lose it. It stays with the Cafeteria Plan to offset expenses.

So, do I commit to a little or to a lot?

We should all be conservative savers when it comes to a Flexible Spending Account in a Cafeteria Plan. A good guideline: only commit to the amount you know you will be spending.

Cafeteria Plan Reimbursable Items
Health Flexible Spending Account

Acupuncture
Ambulance
Artificial Teeth, Artificial Limbs
Birth Control Pills
Braces
Braille Books & Magazines
Cab Fare in Obstetrical Cases
Care for Mentally Handicapped
Chiropractors
Coinsurance
Contact Lenses & Contact Solution
Cost of Operations & Related Illness Confinement
Cost of Physical or Mental Illness Confinement
Crutches
Deductible
Dental Fees
Dentures
Diagnostic Fees
Drug & Medical Supplies
Eyeglasses, Including Exam Fees
Fee of Practical Nurse
Fees of Licensed Osteopaths Hair Transplants (if not Cosmetic)
Hearing Devices & Batteries
Home Improvements Motivated by Medical Consideration
Hospital Bills
Insulin
Laboratory Fees
Lasik Eye Surgery
Obstetrical Expenses
Orthodontia
Orthopedic Shoes
Oxygen
Physician Fees
Prescription Drugs
Psychiatric Care
Psychologist Fees
Radial Keratotomy
Routine Physical & Other Non-Diagnostic Services or Treatments
Smoking Cessation Programs
Special Communication Equipment for the Deaf
Special Education for the Blind
Special Plumbing for the Handicapped
Sterilization Fees
Surgical Fees
Therapeutic Care for Drug & Alcohol Addiction
Therapy Treatments
Transportation Expense for Medical Services
Tuition at Special School for Handicapped
Wheelchair
Wigs
X-rays

Note: Cosmetic medical expenses are not eligible. (Example: whitening or bleaching your teeth, surgery to improve appearance.)
Vitamins and supplements are not eligible.

Cafeteria Plan Reimbursable Items
Dependent Care Account Qualifying Expenses
(See IRS Publication 503)

Work-Related Expenses:

- Expenses incurred that allow you (and your spouse, if married) to work or look for work
- Expenses must be for the well-being and protection of a qualifying person

Types of Allowed Expenses:

- Housekeeper, maid, or cook – only if their services were performed while caring for a qualifying person (does not include food, clothing, education, or entertainment)
- Expenses paid to a dependent care center if the center complies with all applicable state and local regulations

Non-Covered Expenses:

- Cannot count cost of clothing, entertainment, food, or schooling unless incidental to and not easily separated from total cost (e.g., preschool child care service)
- If the situation for the child is educational (e.g., kindergarten), the expense should not be reimbursed under dependent childcare (ineligible)
- Cannot count expenses incurred while you are off work due to illness, regardless of whether or not you receive sick pay
- Cannot count payments made to your child under age 19 at the end of the year
- Cannot count payments made to a relative if the person is a legal dependent
- Cannot count expenses to send your child to an overnight camp

More information can be found on the HR Portal.

Medical Benefits

If you are already enrolled in medical or dental coverage and do not need to make changes, no further action is required.

$23,518,058

That's how much the Ergon Medical Plan paid out in benefits and fees for the year ending June 30, 2018.

We realize medical coverage is an important fringe benefit and hope to continue the trend of maintaining reasonable rates for you and your family. Therefore, Ergon has chosen to maintain coverage rates for employees and their dependents without any additional increases from the rates initiated at the beginning of last year. The medical deductible of $500 per calendar year per covered person and out-of-pocket amounts of $2,000 per calendar year per covered person will remain the same.

2019 Medical Insurance Premium

- Employee Only - $100 per month
- Tobacco User (Employee Only) - $200 per month
- Each Covered Dependent - $100 per month

Employees who add a dependent during Open Enrollment will need to provide proof of dependent status to cover a dependent under our medical plan. A copy of a marriage certificate, birth certificate, or adoption certificate will satisfy this requirement.

If you have declined or are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, 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 dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

We will continue to share the cost of company-provided medical coverage with you in employee meetings held throughout the year. Remember, you can take an active role in containing your medical costs while reducing your taxable income by contributing to a Flexible Spending Account (FSA).

Benefit change forms are available on the HR Portal, from the contact person at your facility, or from the Corporate Human Resources Department. Please return all completed forms by *December 14, 2018*, to the contact person at your facility or to:

Human Resources
Ergon, Inc.
P.O. Box 1639 • Jackson, MS 39215-1639
hr@ergon.com • Fax: 601-933-3373

For more information about your coverage and costs, visit bcbsms.com.

Blue Cross Tobacco Cessation Benefit

Tobacco Cessation programs are now covered under the Ergon Medical Benefits Plan.

No Deductibles and No Out-of-Pocket Expenses

This program has no deductibles and no out-of-pocket expenses. In other words, there is no cost to you or your dependents to use this benefit, but you must register with Blue Cross to have your plan of treatment covered.

Additional details are listed below:

- Two attempts to stop using tobacco in any 12-month period are now covered.
- The first attempt covers an office visit with your physician where you discuss a treatment plan and receive a prescription for your choice of a tobacco cessation method. This can occur at your *Healthy You!* wellness visit or at a separate visit with your doctor. Both prescription and over-the-counter tobacco cessation medications are covered as long as they are FDA approved. In addition, up to nine calls to the tobacco quitline, IQH, are covered during the first 90 days of your tobacco cessation program. Please note that five of those calls are counseling calls, meaning a counselor will call you.
- The second attempt during the same 12-month period is covered if you fail to quit after the initial 90-day treatment and are ready for re-treatment. A second visit to your physician is covered if needed, where you will discuss your treatment plan and obtain a prescription. Once again, both prescription and over-the-counter tobacco cessation medications are covered as long as they are FDA approved. Up to 4 IQH counseling calls and 3 follow up IQH calls are covered during this second attempt.
- If these two attempts are unsuccessful, you can re-enroll in the tobacco cessation program 12 months following your most recent enrollment date.

The physician's office visits must be with a network physician. Group counseling is not covered. In-person, individual counseling is available only during the allotted physician office visit or *Healthy You!* visit, but not through the IQH quitline.

This program is designed for adults, including dependent children age 18 and older. Dependent children between the ages of 16 and 18 only have access to the tobacco quitline. Dependent children under age 16 only have access to the quitline with parental consent.

You must enroll with Blue Cross to take advantage of this benefit.

Tobacco cessation medications will not be covered if you fail to enroll.

To enroll, access your myBlue website at *bcbsms.com*. Once you have logged into your myBlue site, click on the "Enroll Now" button under the "Be Tobacco-free" tab at the bottom of the webpage. Complete the enrollment forms online and start your journey toward a life free of tobacco.

If you prefer, you can contact customer service at Blue Cross & Blue Shield of Mississippi to enroll. The customer service number is 601-664-4690. Or, you can contact the Human Resources Department and we will instruct Blue Cross to enroll you in the tobacco cessation program.

Ergon Tobacco Cessation Benefit

If you choose not to take advantage of the Blue Cross Tobacco Cessation Benefit, Ergon also offers a Tobacco Cessation Benefit for employees. This benefit is only available for Ergon employees.

Tobacco Cessation Reimbursement Program:

- You choose the program: No prior approval is required before beginning a program
- You complete the program: Program may be self-directed or medically supervised
- You submit your expenses: Hold all receipts until program is completed and send to Corporate HR
- You receive a check: Ergon will provide reimbursement for reasonable expenses
- Limitations: Employees have only one opportunity to receive reimbursement

More information can be found on the HR Portal.


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Quit
today

When Smokers Quit

Within 20 minutes of smoking your last cigarette, your body begins a series of changes that continues for years. Take advantage of Ergon's Tobacco Cessation Reimbursement Program to become tobacco free.

20 Minutes
- Blood pressure drops to normal
- Pulse rate drops to normal
- Body temperature of hands and feet increases to normal

8 Hours
- Carbon monoxide level in blood drops to normal
- Oxygen level in blood increases to normal

24 Hours
- Chance of heart attack decreases

48 Hours
- Nerve endings start re-growing
- Ability to smell and taste is enhanced

2 Weeks to 3 Months
- Circulation improves
- Walking becomes easier
- Lung function increases

1 to 9 Months
- Coughing, sinus congestion, fatigue, shortness of breath decrease
- Cilia re-grow in lungs, increasing ability to handle mucus, clean the lungs, reduce infection
- Body's overall energy increases

Call 1-800-Quit-Now (1-800-784-8669)

1 Year
- Excess risk of coronary heart disease is half that of a smoker

5 Years
- Lung cancer death rate for average former smoker (one pack a day) decreases by almost half
- Stroke risk is reduced to that of a nonsmoker 5-15 years after quitting
- Risk of cancer of the mouth, throat and esophagus is half that of a smoker's

10 Years
- Lung cancer death rate similar to that of nonsmokers
- Precancerous cells are replaced
- Risk of cancer of mouth, throat, esophagus, bladder, kidney, and pancreas decreases

15 Years
- Risk of coronary heart disease is that of a nonsmoker

Source: American Cancer Society; Centers for Disease Control and Prevention

Visit these websites for more information:

cancer.org

cdc.gov

quitlinems.com

Dental Benefits

During Open Enrollment, you may choose to sign up for the voluntary payroll-deduction dental program provided by Lincoln Financial. The 2019 rates for dental insurance remain the same as those from 2018:

- $22.00 a month for single coverage
- $41.75 for two-party coverage
- $68.14 for family coverage

Coverage for eligible employees will begin the first day of the month following the eligibility period. Visit the HR Portal for more information, or visit **lincolnfinancial.com**.

If you are already enrolled in medical or dental coverage and do not need to make changes, no further action is required.

401(k)

While our 401(k) is not subject to Open Enrollment, you should know the maximum annual deferral for 2019 is $19,000 (or $25,000 for anyone 50 or older).

Participants can begin or change their deferrals and investment selections at any time by visiting **myretirement.americanfunds.com** or by calling **1-800-204-3731**.

UBS Financial Services is the advisor for Ergon's 401(k) Plan. If you have questions about your 401(k) investments, feel free to contact them at **1-855-895-8396** or by emailing ***rush.mosby@ubs.com***, ***wade.watts@ubs.com***, or ***will.mosby@ubs.com***.

More information can be found on the HR Portal.

Women's Health and Cancer Rights Act of 1998

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully.

As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects to have breast reconstruction in connection with a mastectomy is also entitled to the following benefits:

- Reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas

Health plans must determine the manner of coverage in consultation with the attending physician and the patient.

Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under this plan.

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 **healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed on the next page, 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 **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 **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 July 31, 2018. Contact your state for more information on eligibility.

ALABAMA – Medicaid
Website: myalhipp.com Phone: 1-855-692-5447
ALASKA – Medicaid
Website: myakhipp.com Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: dhss.alaska.gov/dpa/pages/medicaid/default.aspx
ARKANSAS - Medicaid
Website: myarhipp.com Phone: 1-855-MyARHIPP (855-692-7447)
COLORADO – Medicaid and CHP+
Website: healthfirstcolorado.com Medicaid Member Contact Center: 1-800-221-3943 CHP+: colorado.gov/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991 State Relay 711
FLORIDA – Medicaid
Website: flmedicaidtplrecovery.com/hipp Phone: 1-877-357-3268
GEORGIA – Medicaid
Website: dch.georgia.gov/medicaid Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
INDIANA – Medicaid
Website: in.gov/fssa/hip Phone: 1-877-438-4479 Website: indianamedicaid.com Phone: 1-800-403-0864
IOWA – Medicaid
Website: dhs.iowa.gov/hawk-i Phone: 1-888-346-9562
KANSAS – Medicaid
Website: kdheks.gov/hcf/ Phone: 1-785-296-3512
KENTUCKY – Medicaid
Website: chfs.ky.gov Phone: 1-800-635-2570

LOUISIANA – Medicaid
Website: dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447
MAINE – Medicaid
Website: maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
Website: mass.gov/eohhs/gov/departments/masshealth Phone: 1-800-862-4840
MINNESOTA – Medicaid
Website: mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
MISSOURI – Medicaid
Website: dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid
Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
NEBRASKA – Medicaid
Website: ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid
Website: dhcfp.nv.gov Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid
Website: dhhs.nh.gov/ombp/nhhpp Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999
NEW JERSEY – Medicaid and CHIP
Medicaid Website: state.nj.us/humanservices/dmahs/clients/medicaid Medicaid Phone: 609-631-2392 CHIP Website: njfamilycare.org CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid
Website: nyhealth.gov/health_care/medicaid Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid
Website: dma.ncdhhs.gov Phone: 919-855-4100
NORTH DAKOTA – Medicaid
Website: nd.gov/dhs/services/medicalserv/medicaid Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP
Website: insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid
Website: healthcare.oregon.gov/Pages/index.aspx Website: oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid
Website: dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
RHODE ISLAND – Medicaid
Website: eohhs.ri.gov Phone: 855-697-4347
SOUTH CAROLINA – Medicaid
Website: scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA – Medicaid
Website: dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid
Website: gethipptexas.com Phone: 1-800-440-0493
UTAH – Medicaid and CHIP
Medicaid Website: medicaid.utah.gov CHIP Website: health.utah.gov/chip Phone: 1-877-543-7669

VERMONT– Medicaid
Website: greenmountaincare.org Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP
Medicaid Website: coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
WASHINGTON – Medicaid
Website: hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
WEST VIRGINIA – Medicaid
Website: mywvhipp.com Phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP
Website: dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
WYOMING – Medicaid
Website: wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any states have added a premium assistance program since August 10, 2018, or for more information on special enrollment rights, you can contact:

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

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

OMB Control Number 1210-0137 (expires 12/31/2019)

Benefit Providers/Administrators Summary

MEDICAL INSURANCE
Blue Cross Blue Shield of Mississippi
601-664-4590 or 1-800-942-0278
bcbsms.com

DENTAL INSURANCE
Lincoln Financial
Group Policy # 1D034817
1-800-423-2765
lincolnfinancial.com

LIFE AND DISABILITY INSURANCE
Life Insurance Company of North America
Life Group Policy # FLX-960228000
LTD Group Policy # LK-960216000
Daphne Williams, HR Manager
601-933-3329

HR PORTAL
- Employee Benefits Forms
- Payroll Information Sheets
- Federal Labor Law Posters
- Managers Help Page

hr@ergon.com

FLEX SPENDING ACCOUNT
Glynn Griffing & Associates, Administrators
601-982-0331
glynn.info

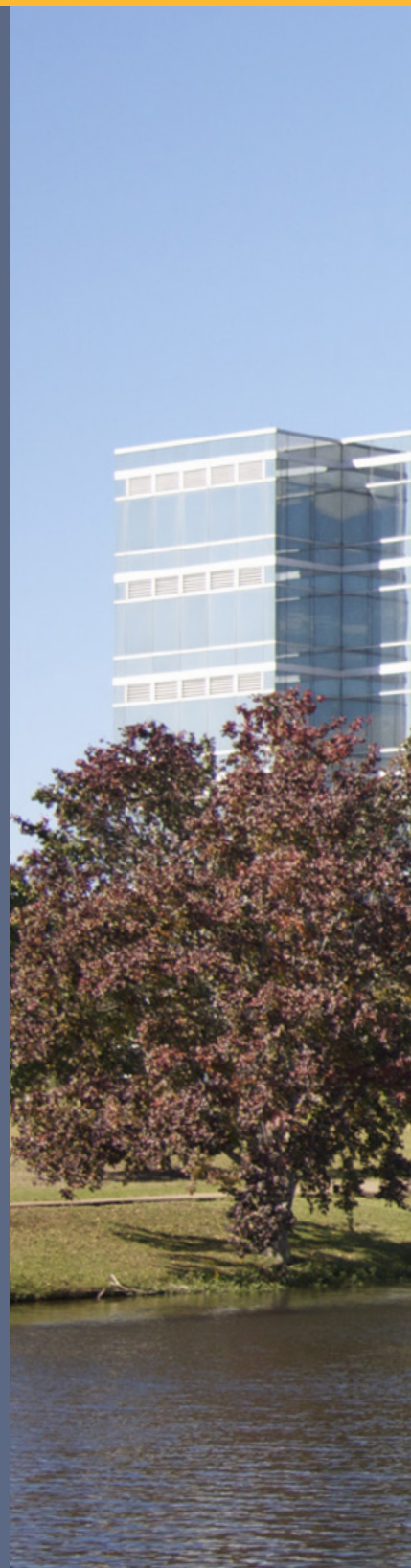
401(k) PLAN FINANCIAL ADVISORS
UBS Financial Services, Inc.
Rush Mosby, Wade Watts & Will Mosby
1-855-895-8396
financialservicesinc.ubs.com/team/cwm

401(k) PLAN ADMINISTRATOR
American Funds
1-800-204-3731
myretirement.americanfunds.com

Disclaimer: *The enclosed information is designed to provide an overview of available company benefits and is subject to change without notice. For more information or specific coverage details, employees may contact Ergon's Human Resources Department (601-933-3000) or consult the SPDs provided on the HR Portal.*

More information can be found on the HR Portal.

P.O. Box 1639 | Jackson, MS 39215-1639
phone: 601-933-3000 | fax: 601-933-3373 | email: hr@ergon.com | ergon.com



ERGON
a company that works™

Please return this form to hr@ergon.com
or to P.O. Box 1639 | Jackson, MS 39215

FSA Election Menu

COMPANY NAME Ergon and Its Subsidiaries EFFECTIVE DATE January 1, 2019

EMPLOYEE NAME _____ SOCIAL SECURITY # _____

STREET ADDRESS _____ CITY, STATE, ZIP _____

DATE OF BIRTH _____ OFFICE LOCATION _____

SPENDING ACCOUNTS	Annual Election	
Medical Reimbursement	$ _____	[$2,650 is maximum amount]
Dependent Care Reimbursement	$ _____	[$5,000 is maximum amount]

Medical Care Reimbursement

I understand that: a) Expenses cannot be claimed if paid by any other health plan; b) I must submit a Reimbursement Claim itemizing the expenses to be reimbursed and include supporting evidence as set forth in the Plan; c) Expenses must be incurred within the Plan Year, regardless of when I actually pay the expense.

Dependent Care Reimbursement

I understand that: a) Child must be under 13 years of age; b) Cannot be claimed on Federal Income Taxes if claimed under Flex Plan; c) Must be necessary in order to work; d) The tax savings derived by including dependent care expenses in this Plan should be compared to the tax credit allowed on my income tax return; e) File Form 2441.

PARTICIPATION AGREEMENT

I understand that selection of new insurance coverage does not automatically provide coverage and I must complete an application for insurance. I understand that any election made under the Cafeteria Plan herein is irrevocable and may only be changed at enrollment prior to the start of the new Plan Year, or in the event of a change in family status (i.e., change in marital or dependent status, death of employee's spouse, or dependent, or a spouse's change in employment status).

- I cannot change or revoke this agreement prior to the first day of the next plan year, except as permitted by the Plan and/or the Internal Revenue Code.
- The Plan Administrator may modify or cancel the amount of my salary reduction under this Agreement if necessary to satisfy certain provisions of the Internal Revenue Code.
- The reduction in my cash compensation under this Agreement will be in addition to pay reductions under other agreements or benefit plans.
- Benefits under the Plan may be reduced or cancelled by the Employer at any time.

I also understand that if changes in premiums are not made at enrollment, I will be treated as having continued the same elections in effect for subsequent plan years. At enrollment, elections must be made in the Spending Accounts or they will be terminated. I am aware that any expenses paid through the Cafeteria Plan are no longer eligible as deductions for federal or state income tax purposes and participation may reduce my future Social Security entitlement.

I hereby agree my cash compensation will be reduced per pay period by my annual election during the Plan Year. Prior to December 1 each year, I will be offered the opportunity to change my election.

I understand that if I do not claim the total balance in my Spending Accounts within 60 days (last day of February of each year) after the Plan Year ends as set forth in the Plan Document, I will forfeit my right to the remaining balance in the accounts.

Signature_____ Date_____

WAIVER OF PARTICIPATION

I understand that all benefit coverages now offered by the above mentioned employer through payroll deduction are available to me under the above mentioned employer's Cafeteria Plan and that the intent of Plan participation is to reduce the cost of these benefit coverages to me. I have been offered the opportunity to participate in this Plan and do hereby decline this opportunity and elect to receive current compensation. I understand if changes are not made at enrollment, I will be treated as having continued to waive my participation for subsequent plan years.

Signature_____ Date_____