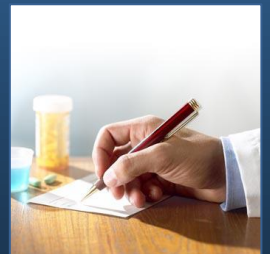
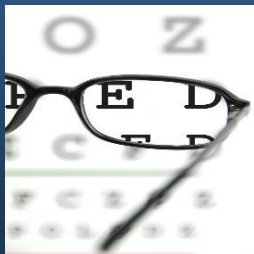


DoctorsManagement Employee Benefits Summary





At DoctorsManagement, we are committed to a comprehensive employee benefit program that helps our employees stay healthy, feel secure, and maintain a work/life balance.

Stay Healthy

- Medical Insurance
- Dental Insurance
- Vision Insurance

Feeling Secure

- Voluntary Life and Accidental Death & Dismemberment
- AFLAC
- Long & Short-Term Disability
- College 529 Savings Plan
- Pre-paid Legal Services & Identity Theft Coverage



Contact Information

Refer to this list when you need to contact one of your benefit vendors. For general information, contact Human Resources. Most benefits renew January 1st.

MEDICAL: _____ pages 5-7

Renewal Date: January 1
United Healthcare
Member Services: 1-800-357-0978
www.myuhc.com

SECTION-125 PRE-TAX PROGRAM: _____ page 7

James Duke, PMG Benefits Consulting
865-392-4020 x 106
865-670-7565 fax

DENTAL: _____ page 8

Renewal Date: January 1
Delta Dental
Member Services: 1-800-223-3104
www.deltadental.com

VOLUNTARY LIFE / AD&D: _____ pages 9-10

Renewal Date: January 1
Dearborn National
Member Services: 1- 800-348-4512
www.dearbornnational.com

VISION: _____ page 11

Renewal Date: January 1
Sunlife/VSP
Member Services: 1-800-877-7195
www.vsp.com

AFLAC: _____ page 12

Renewal Date: January 1
Gary Whittlinger
Phone: 865-675-9689
Gary_whittlinger@us.aflac.com

DISABILITY INSURANCE _____ page 12

Mass Mutual
Ryan Manaker
Phone: 865-293-4670

PREPAID LEGAL & IDENTITY THEFT PROTECTION _____ page 12

Legal Shield
www.legalshield.com/info/drsmgmt

COLLEGE SAVINGS _____ page 12

Scholar's Edge 529 Savings Plan
1-866-529-SAVE
www.scholarsedge529.com

Benefits Eligibility



Employee Eligibility

Benefit	Eligibility Date
Medical Voluntary Dental Voluntary Vision Voluntary Life & AD&D Insurance	First of the month following 30 days of full-time employment

Spouse Eligibility

Legally married spouse

Child Eligibility

Benefit	Eligibility Age Limit
Medical	Children up to age 26
Dental	Children up to age 26
Vision	Children up to age 26
Dependent Term Life	Children up to age 24

Medical Insurance



DoctorsManagement continues to offer medical coverage through **United Healthcare**. Employees have the choice of a Traditional PPO Plan or a High Deductible Health Plan (HDHP). On the Traditional Plan, office visits and prescriptions are covered after a copay, while most hospital, advanced imaging, or surgical level expenses are subject to a \$3,000 deductible (\$9,000 for those covering dependents) and coinsurance. On the HDHP, all medical services - **other than preventive care** - are subject to the plan deductible.

Traditional Plan Option

A brief summary of plan benefits appears in the chart below. For a full explanation of benefits, please refer to your United Healthcare Summary of Benefits and Coverages document on the DoctorsManagement Employee Portal.

Plan Feature	In Network
Deductible Individual Family	\$3,000 \$9,000
Coinsurance	50% In Network 50% Out of Network
Out-of-Pocket Maximum (Deductible Included) Individual Family	\$ 5,000 \$10,000
Office Visits Physician Visit Specialist Visit Preventive Care Services Urgent Care Visit	\$30 Copay \$60 Copay 100% Covered \$100 Copay
Facility Services Physician Services Inpatient Facility Outpatient Surgery Imaging (CT/MRI) Emergency Room Services	50% After Annual Deductible \$500 Copay + 50% After Annual Deductible \$250 Copay + 50% After Annual Deductible \$300 Copay \$250 Copay
Prescription Drugs	
Deductible	N/A
Tier 1	\$10 Copay
Tier 2	\$35 Copay
Tier 3	\$60 Copay
Mail Order (90 day supply)	3x Copay

Medical Insurance (Continued)



High Deductible Health Plan Option

As an alternative to the traditional plan, DoctorsManagement offers a Qualified High Deductible Health Plan. This option is eligible to be paired with a Health Savings Account, which allows you to deposit money, tax deductible, into a special account to be used for qualified medical expenses. For 2020 the annual deposit limit for an individual will increase to \$3,550 while the family limit will increase to \$7,100. A summary of HDHP benefits appears in the chart below. For a full explanation of benefits, please refer to your United Healthcare Summary of Benefits and Coverages document on the DoctorsManagement Employee Portal.

Plan Feature	In Network
Deductible Individual \$3,000 Family \$6,000	
Coinsurance 100% In Network 50% Out of network	
Out-of-Pocket Maximum (Deductible Included) Individual \$ 5,500 Family \$11,000	
Office Visits Physician Visit \$25 Per Visit After Deductible Specialist Visit \$50 Per Visit After Deductible Preventive Care Services 100% Covered Urgent Care Facilities \$75 Per Visit After Deductible	
Facility Services Physician Services 100% After Deductible Inpatient Facility \$500 Copay after Deductible Outpatient Surgery \$250 Copay after Deductible Imaging (CT/MRI) \$250 Copay after Deductible Emergency Room Services \$200 Copay after Deductible	
Prescription Drugs	
Deductible	Combined w/Medical
Tier 1	\$10 Copay After Deductible
Tier 2	\$35 Copay After Deductible
Tier 3	\$60 Copay After Deductible
Mail Order (90 day supply)	3x Copay After Deductible

Medical Insurance (Continued)



Health Plan Deductions:

Employee Semi-Monthly Deductions	Traditional Plan	HDHP
Employee Only	\$221.07	\$142.11
Employee + Spouse	\$621.00	\$455.18
Employee + Child(ren)	\$530.11	\$384.03
Family	\$911.87	\$682.88

Premiums shown include a \$285 monthly contribution by DoctorsManagement.



Section-125 Pre-Tax Program



Many of the benefits offered through DoctorsManagement can be deducted from your paycheck before taxes. These benefits include Medical, Dental and Vision premiums. By deducting premiums before taxes, your taxable income is reduced by the amount paid in premium. For most employees, this results in a reduction in Federal income and FICA taxes. There is no cost to you to participate in the pre-tax program. **Below is a sample of the potential savings.** Actual savings will depend on your personal tax situation.

	Employee	Employee + SP	Employee + CH	Family
Semi-Monthly Health Insurance Premium	\$221.07	\$621.00	\$530.11	\$911.87
Semi-Monthly Dental Premium	\$15.16	\$31.53	\$30.26	\$51.00
Semi-Monthly Vision Premium	\$2.90	\$5.51	\$6.44	\$9.08
Total Semi-Monthly Premium Deductions	\$239.13	\$658.04	\$566.81	\$971.95
Federal Tax Savings (15%)	(\$35.87)	(\$98.71)	(\$85.02)	(\$145.79)
Payroll Tax Savings (7.65%)	(\$18.29)	(\$50.34)	(\$43.36)	(\$74.35)
Net Effect on Semi-Monthly Take-Home Pay	\$184.97	\$508.99	\$438.43	\$751.80
Annual Tax Savings	\$1,408.24	\$3,875.20	\$3,337.94	\$5,723.81

Dental Insurance



For the 2020 plan year, voluntary dental coverage will be offered through Delta Dental. Delta offers the largest dental provider network in the country, with coverage nearly identical to that previously offered by UHC. In addition, all covered members who get at least one dental cleaning each year will see their annual maximum benefit increased by \$100 the following year, up to a \$500 increase! **Dental premiums have been reduced for all coverage tiers.** To search for participating dental providers near you, please go to www.DeltaDentalTN.com. A summary of dental benefits appears in the chart below.

Delta Dental of TN Voluntary Dental Insurance	
Preventive Services 100% Paid	Includes routine exams and cleanings (One every 6 months), x-rays and fluoride treatments (children under 16 only)
Basic Services 80% paid after \$50 Annual Deductible	Includes basic restorative services, including emergency visits, fillings and simple tooth extractions, Non-Surgical Periodontics and Endodontics and sealants
Major Services 50% paid after \$50 Annual Deductible	Complex restorations and related services
Deductible	\$50 Annual deductible applies to Basic & Major Services, deductible limited to \$150 per family
Calendar Year Maximum Benefit	\$1,000 per covered person
Semi-Monthly Deduction	
Employee Only	\$15.16
Employee + Spouse	\$31.53
Employee + Child(ren)	\$30.26
Family	\$51.00



Voluntary Life & AD&D Insurance



Benefit eligible employees may purchase life insurance on themselves, their spouse and dependent children. For 2020, this benefit will continue to be provided by Dearborn Life. Coverage is purchased in increments of \$10,000 up to a maximum of \$500,000 or 5x your annual salary, whichever is less. Employees may purchase life insurance on their spouse, up to 100% of the employee's benefit. Employees may also cover dependent children up to age 24 with up to \$10,000 in coverage. Coverage for children from birth to 6 months of age is limited to \$1,000. Coverage reduces beginning at age 70. Please see your coverage certificate for more information.

Accidental Death & Dismemberment

When electing Voluntary Life coverage, employees may choose to also include benefits for accidental death and dismemberment. These benefits are equal to the amount of life insurance purchased.

Guaranteed Issue

When coverage is/was initially offered to you - generally as a newly hired employee – employees may purchase up to \$50,000 in coverage on themselves and up to \$25,000 on their spouse with no medical underwriting required. Employees who do not elect coverage when first offered and wish to add this benefit later will be required to answer medical questions and coverage may be denied.

Voluntary Life Premiums

Premiums are based on your age, tobacco use and the amount of coverage you are electing. Spouse rates are based upon their age. The premium for dependent children is **\$0.18 per \$1,000 of coverage, which covers all dependent children.** For dependent children coverage including AD&D, the semi-monthly premium is \$0.02 per \$1,000 of coverage. **Please refer to the table below for employee and spouse premiums.** If you wish to elect AD&D Coverage, please add \$0.02 semi-monthly for each \$1,000 of coverage elected. There are no changes to Voluntary Life or AD&D benefits for the 2020 plan year.

Employee Semi-Monthly Premium - NON-TOBACCO										
Age / Life Volume	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$10,000	0.37	0.47	0.65	0.85	1.35	2.24	3.37	4.81	9.27	17.32
\$20,000	0.74	0.94	1.29	1.69	2.70	4.48	6.73	9.61	18.53	34.64
\$30,000	1.11	1.41	1.94	2.54	4.05	6.72	10.10	14.42	27.80	51.96
\$40,000	1.48	1.88	2.58	3.38	5.40	8.96	13.46	19.22	37.06	69.28
\$50,000	1.85	2.35	3.23	4.23	6.75	11.20	16.83	24.03	46.33	86.60
\$60,000	2.22	2.82	3.87	5.07	8.10	13.44	20.19	28.83	55.59	103.92
\$70,000	2.59	3.29	4.52	5.92	9.45	15.68	23.56	33.64	64.86	121.24
\$80,000	2.96	3.76	5.16	6.76	10.80	17.92	26.92	38.44	74.12	138.56
\$90,000	3.33	4.23	5.81	7.61	12.15	20.16	30.29	43.25	83.39	155.88
\$100,000	3.70	4.70	6.45	8.45	13.50	22.40	33.65	48.05	92.65	173.20

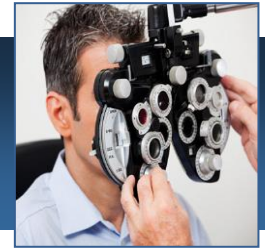
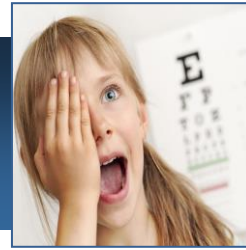
Voluntary Life & AD&D Insurance (Continued)



Employee Semi-Monthly Premium - TOBACCO										
Age / Life Volume	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$10,000	0.68	1.03	1.50	2.08	3.36	5.32	7.30	9.44	16.32	27.23
\$20,000	1.36	2.06	2.99	4.15	6.72	10.64	14.60	18.87	32.63	54.45
\$30,000	2.04	3.09	4.49	6.23	10.08	15.96	21.90	28.31	48.95	81.68
\$40,000	2.72	4.12	5.98	8.30	13.44	21.28	29.20	37.74	65.26	108.90
\$50,000	3.40	5.15	7.48	10.38	16.80	26.60	36.50	47.18	81.58	136.13
\$60,000	4.08	6.18	8.97	12.45	20.16	31.92	43.80	56.61	97.89	163.35
\$70,000	4.76	7.21	10.47	14.53	23.52	37.24	51.10	66.05	114.21	190.58
\$80,000	5.44	8.24	11.96	16.60	26.88	42.56	58.40	75.48	130.52	217.80
\$90,000	6.12	9.27	13.46	18.68	30.24	47.88	65.70	84.92	146.84	245.03
\$100,000	6.80	10.30	14.95	20.75	33.60	53.20	73.00	94.35	163.15	272.25

Spouse Semi-Monthly Premium										
Age / Life Volume	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$5,000	0.32	0.38	0.51	0.76	1.31	2.11	3.07	4.84	8.76	15.42
\$10,000	0.64	0.76	1.02	1.51	2.62	4.22	6.14	9.67	17.51	30.83
\$15,000	0.96	1.14	1.53	2.27	3.93	6.33	9.21	14.51	26.27	46.25
\$20,000	1.28	1.52	2.04	3.02	5.24	8.44	12.28	19.34	35.02	61.66
\$25,000	1.60	1.90	2.55	3.78	6.55	10.55	15.35	24.18	43.78	77.08
\$30,000	1.92	2.28	3.06	4.53	7.86	12.66	18.42	29.01	52.53	92.49
\$40,000	2.56	3.04	4.08	6.04	10.48	16.88	24.56	38.68	70.04	123.32
\$50,000	3.20	3.80	5.10	7.55	13.10	21.10	30.70	48.35	87.55	154.15
\$60,000	3.84	4.56	6.12	9.06	15.72	25.32	36.84	58.02	105.06	184.98
\$70,000	4.48	5.32	7.14	10.57	18.34	29.54	42.98	67.69	122.57	215.81
\$80,000	5.12	6.08	8.16	12.08	20.96	33.76	49.12	77.36	140.08	246.64
\$90,000	5.76	6.84	9.18	13.59	23.58	37.98	55.26	87.03	157.59	277.47
\$100,000	6.40	7.60	10.20	15.10	26.20	42.20	61.40	96.70	175.10	308.30

Vision Insurance



For the 2020 plan year, DoctorsManagement will offer vision coverage through Sunlife in partnership with VSP. VSP offers one of the largest networks of private practice eyecare doctors in the US. The Sunlife/VSP plan also has a higher level of benefits compared to the current UHC plan. **Premiums are unchanged for the new plan year.** Benefits are substantially reduced when using an out-of-network vision provider, so please be sure to use an in-network provider. To search for providers near you, please go to <https://www.vsp.com/eye-doctor> or call 800-877-7195.

Sunlife/VSP does NOT provide an ID card for Vision insurance. Your vision provider will verify your coverage using your social security number at the time of service.

Voluntary Vision Benefits	In Network	Out of Network
Exams – Covered Once Every 12 Months	Standard Exam \$10 Copay	Up to \$45 Reimbursement
Lenses – Covered Once Every 12 Months	Standard Lenses \$25 Copay	\$30 - \$1000 Reimbursement depending on lens type
Frames – Covered Once Every 24 Months	\$130 Allowance for Frames	UP to \$70 Reimbursement
Contacts – Covered Once Every 12 Months	\$130 Allowance for Lenses Lens fitting may be extra	\$105 Allowance for Lenses Lens fitting may be extra
Semi-Monthly Deduction		
Employee Only	\$2.90	
Employee + Spouse	\$5.51	
Employee + Children	\$6.44	
Family	\$9.08	



Sun Life



Additional Benefits

There are a number of additional Stand Alone & Not Employer Sponsored Benefits available:

AFLAC

AFLAC offers a number of Voluntary Products. Any employee that wishes to speak with the AFLAC representative, Gary Whittlinger, please let Anita Sharp know of your interest. Knoxville employees can meet with him on site. Gary will follow-up with a telephone call to employees not in the Knoxville Office when provided with a telephone number. Gary Whittlinger can be contacted at 865-675-9689 or gary_whittlinger@us.aflac.com. Consult the AFLAC representative for any pretax savings opportunity. Payroll deductible benefit.

Disability Insurance (Short & Long Term)

DoctorsManagement employees are offered a substantial savings through Mass Mutual. You may contact Ryan Manaker for information at 865-293-4670. Not payroll deductible.

Pre-Paid Legal & Identity Theft Protection (New Benefit Available!)

Legal Shield is a popular pre-paid legal and identity theft service. Employees may learn more and enroll at their own expense only at www.legalshield.com/info/drsmgmt. Not payroll deductible.

The College 529 Savings Plan

This is a popular college tuition savings plan. This plan allows you to save significant funds without the tax burden. It is perhaps the best thing you can currently do to save for your child or grandchild's education. You may sign up at any time by completing the application and submitting it directly to Scholar's Edge. Information can be obtained at www.scholaredge529.com or call 1-866-529-SAVE. Not payroll deductible.



Save today for your child's tomorrow

Health & Welfare Plan Annual Notices

HIPAA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, 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 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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. However, you must request enrollment within 30 days (or any longer period that applies under the plan) after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact your Plan Administrator.

Health Insurance Marketplace Notice

Since key parts of the health care law took effect in 2014, there is a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace began in November of each year for coverage starting as early as January of the following year.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from

income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact your Group Administrator.

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with attending physician and patient, for:

- All stages of 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 of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Section 125 Qualifying Events & Election Changes

Under IRC § 125, you are allowed to pay for certain group insurance premiums with tax-free dollars. This means your premium deductions are taken out of your paycheck before federal income and Social Security taxes are calculated. You must make your benefits elections carefully, including the choice to waive coverage. Your pretax elections will remain in effect until the next annual Open Enrollment period, unless you experience an IRS-approved qualifying event. Qualifying events include, but are not limited to:

- Marriage, divorce or legal separation;
- Death of spouse or other dependent;
- Birth of adoption of a child;
- A spouse's employment begins or ends;
- A dependent's eligibility status changes due to age, student status, marital status, or employment status;
- You or your spouse experiences a change in work hours that affects benefit eligibility; and relocation into or outside of your plan's service area.
- Please note that a qualified status change must be consistent with the event. You must notify Human Resources within 31 days of your qualifying event.

Notice of Availability DoctorsManagement Notice of Privacy Practices

This notice describes how you may obtain a copy of the plan's notice of privacy practices, which describes the ways that the plan uses and discloses your protected health information.

United Healthcare (the "Plan") provides health benefits to eligible employees of DoctorsManagement (the "Company") and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health information, and has done so by providing to Plan participants a Notice of Privacy Practices, which describes the ways the Plan uses and discloses PHI.

To receive a copy of the Plan's Notice of Privacy Practices you should contact the Plan Administrator.

Prescription 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 DoctorsManagement 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 and Medicare's prescription drug coverage.

1. 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. Same plans may also offer more coverage for a higher monthly premium.

2. DoctorsManagement has determined that the prescription drug coverage offered by DoctorsManagement 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 November 15th through December 31st. 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 DoctorsManagement coverage will not be affected. See the Plan Document for more information. If you decide to join a Medicare drug plan and drop your current DoctorsManagement coverage, be aware that you and your dependents may not be able to get this coverage back.

For More Information About This Notice Of Your Current Prescription Drug Coverage....

Contact the person listed for more 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 DoctorsManagement changes. You may also request a copy of this notice at any time.

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 DoctorsManagement 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 the 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 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 on Medicare prescription drug coverage: Visit www.medicare.gov

Call 800-MEDICARE (800-633-4227), TTY users should call 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 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 plan, 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: December 1, 2019

Entity/Sender: DoctorsManagement, LLC
Contact/Position: Philip Dickey or Jo White
Address: 10401 Kingston Pike
Knoxville, TN 37922
Phone Number: (865) 531-0176

Continuation of Coverage after Termination

A DoctorsManagement employee's insurance coverage ceases on the last day of the month in which the qualifying event took place. The administrator, will mail a written notice to each terminated employee describing the employee's rights and obligations for Continuation of Coverage. Through federal legislation, you may choose to continue coverage by paying the full monthly premium plus an administrative charge of 2%. Each individual who is covered by a DoctorsManagement health plan immediately preceding the employee's Continuation of Coverage event has independent election rights to continue his or her health and/or dental coverage. The right to Continuation of Coverage ends at the earlier when: You, your spouse, or dependents become covered under another group health plan; or you become entitled to Medicare;

You fail to pay the cost of coverage;
Your Continuation Period expires.

Health Insurance Marketplace

Other health coverage alternatives may be available to you through the Health Insurance Marketplace. Visit www.healthcare.gov.

Who Can Continue Coverage?

Continuation Coverage must be offered to each person who is a "Qualified Beneficiary." Depending on the type of qualifying event, a qualified beneficiary can be a covered employee, a covered employee's spouse and/or a covered employee's dependents that were covered by one of DoctorsManagement's health plans the day before a qualifying event.

Definition of Qualified Beneficiaries:

The following individuals can become qualified beneficiaries:

- An employee;
- A former employee;
- The spouse of any of the above; and
- The dependent children of any of the above.

Length of Continuation of Coverage:

Loss of coverage is due to	Max Continuation of Coverage for you, covered spouse, covered child(ren)
Your employment ending for any reason (except gross misconduct) or your hours are reduced so you are no longer eligible for medical, dental, vision and the health care flexible spending account	18 months
You or your covered spouse or dependent is disabled (as determined by the Social Security Administration) at the time of the qualifying event, or becomes disabled during the first 60 days of Continuation of Coverage	29 months
Your death	36 months
Your divorce or legal separation	36 months
You become entitled to Medicare	36 months
Your covered child no long qualifies as a dependent	36 months

Medicaid & Children's Health Insurance Program (CHIP)

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependent are already enrolled in Medicaid or CHIP and you live in a state listed in the adjacent chart, you can contact your state Medicaid or CHIP office to find out if premium assistance is available. Tennessee does not participate in this program, so this information does not apply to employees who reside in Tennessee. 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, you can contact your state Medicaid of

CHIP office or contact the national program by calling **1-877-KIDS-NOW** or visit www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan. Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

GEORGIA – Medicaid Website: http://dch.georgia.gov/ Click on Programs, then Medicaid Phone: 1-800-869-1150
KENTUCKY – Medicaid Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570
NORTH CAROLINA – Medicaid Website: http://www.nc.gov Phone: 919-855-4100
SOUTH CAROLINA – Medicaid Website: http://www.scdhhs.gov Phone: 1-888-549-0820
MAINE – Medicaid Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY: 1-800-977-6741
FLORIDA – Medicaid Website: https://www.flmedicaidprecovery.com/ Phone: 1-877-357-3268
WASHINGTON – Medicaid Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext 15473
ALABAMA – Medicaid Website: www.myalhipp.com Phone: 1-855-692-5447
NEW YORK – Medicaid Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
PENNSYLVANIA – Medicaid Website: http://www.dhs.state.pa.us/hipp Phone: 1-800-692-7462
OREGON – Medicaid Website: http://www.oregonhealthykids.gov http://www.hijosaludablesoregon.cov Phone: 1-800-699-9075

Help with your Benefits

PMG Benefits Consulting

If you have any questions about your benefit options, or if you experience problems with your coverage and would like assistance, please contact **James Duke**, our Account Manager at PMG Benefits Consulting:

620 Mabry Hood Road, Suite 201

Knoxville, Tennessee 37932

865-392-4020 x106

865-670-7565 fax

jduke@pmgbenefits.com

The intent of this Benefits Summary is to provide employees with a brief overview of available benefits. It is not designed to specify all facets of each plan. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary or if you'd like to review Coverage Certificates including exclusions and limitations for each plan, please contact our benefit consultants at PMG Benefits Consulting.

