



2018 Annual Enrollment Guide



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ASSURANT®

2018 Annual Enrollment Guide

This Guide will provide you with important information about the benefits changes for 2018 and actions you must take during the Annual Enrollment period.

At Assurant, we invest in you. We value your purpose and know that you work for more than a paycheck. Our total rewards are designed to meet you and your family's diverse needs and preferences while supporting your physical, emotional, financial and social wellbeing today and as you plan for tomorrow.

Assurant will make some benefits changes in 2018 to support business goals and alleviate rising health care costs. These are designed to maintain comprehensive and competitive programs while minimizing the impact to you. Though the total amount you pay per paycheck will increase, the company's overall share of the Health Plan premium remains above the average for large employers. Health care costs continue to rise – in general and at Assurant. In 2017, Assurant is on track to spend over \$100 million for employee health benefits. New vendor partners are also being introduced for Life, Dental, Disability and Flexible Spending Account benefits. These new partners will provide excellent service at the same or decreased costs.

It is our shared responsibility to manage health care costs and we are committed to giving you the tools and resources to help you practice healthy lifestyles, support your growth, make informed choices and protect what matters most to you and your family. This year, we increased the amount you can earn in wellbeing rewards to support and encourage healthy behaviors and those rewards will continue in 2018 as we aspire to be the best place to learn and work. In addition, new coaching programs and wellbeing challenges will be available as part of our Live Well program; new carrier partners will offer enhancements such as submitting claims online or through a mobile app; [MyAssurantBenefits.com](#) and [MyTotalRewards](#) will continue to provide the most up-to-date information about your total rewards package.

Assurant's growth is because of you, and we hope that you and your family will take advantage of all the benefits that Assurant offers to support us all in being our best.



TAKE ACTION!

Here's what you need to do for 2018 Annual Enrollment:

READ this guide.

REVIEW the information on [MyAssurantBenefits.com](#)

VISIT EPIC through [Connect](#) to see your specific coverage and rates beginning **Oct. 16, 2017**.

ENROLL or waive coverage by **Nov. 3, 2017** to avoid default coverage.



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Employee Contributions

Assurant continues to pay the majority of your Health Plan costs. You can see exactly how much you pay and how much Assurant pays for your benefits on the [MyTotalRewards](#) site from [Connect](#).

The average premium increase under the Assurant Health Plan this year is \$16.57 per paycheck. Your exact rate depends on the Plan option and coverage level you choose.

Health Plan Costs

Health care cost increases are primarily driven by our claims experience and by higher employee and family member utilization than anticipated. For example, in 2016 the key drivers that affected our costs included a:

- 36 percent increase in costs charged by hospitals and 11 percent increase in costs charged by physicians for their services. These cost increases were due to health care trends combined with a substantial increase in both the frequency and the severity of claims.
- 37 percent higher use of emergency rooms than the national average.

Health Plan Design Changes

We continue to offer three comprehensive Health Plan options – [Blue](#), [Green](#) and [Orange](#). In order to control health care costs and minimize the impact to the majority of Assurant Health Plan participants, you will see a change to out-of-network benefits to further encourage in-network use. While only six percent of Assurant claims are out-of-network, the fees that out-of-network providers charge are typically not discounted, and can sometimes be excessive. Assurant's Health Plan provides a broad provider network through Anthem and includes an array of health support programs.

For the [Orange](#) Health Plan option to remain eligible for a Health Savings Account (HSA) per the IRS - we need to increase deductible and out-of-pocket maximums by additional \$100 (individual) and \$200 (family). For all plan options, you will now have separate deductibles and out-of-pocket maximums for your in-network and out-of-network care. They will no longer cross-apply. For example, if you spend \$200 on in-network services under the [Green](#) Health Plan option, employee-only plan, this \$200 applies to your \$1,600 in-network deductible and \$4,100 in-network out-of-pocket maximum, and won't apply to your out-of-network deductible or out-of-pocket maximum. See the comparison chart on the following page.

All Health Plan participants will receive a new Anthem ID card for 2018.



Prevention and Shared Responsibility

We believe access to quality health care and prevention is important. That's why Assurant will continue to include several preventive features at no cost to employees, such as:

- In-network preventive care
- Preventive generic prescription drugs
- Dental check-ups
- Eye exams
- Rewards to encourage participation in certain wellness activities.



To go to the Emergency Room or not? Watch this video to learn more about appropriate ER visits and what resources Anthem offers to help you diagnose and feel better quickly.



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Comprehensive Health Plan Options

You will still have three Health Plan options – **BLUE**, **GREEN** and **ORANGE**. 2018 updates are noted in the *bold italics*.

Health Plan Options	BLUE	GREEN	ORANGE
What the Plan Pays:			
In-Network Preventive Care	100%		
Health Plan Account	Health Reimbursement Account (HRA)	Health Savings Account (HSA)	
Annual Assurant contribution to your HRA or HSA (individual/family) ¹	\$200/\$400		
Lifetime Maximum ²	Unlimited		
Medical Coverage			
In-Network Services	80% coinsurance		90% coinsurance
Out-of-Network Services	60% coinsurance		70% coinsurance
What You Pay:			
Annual Deductible (individual/family)^{1,3,6}			
In-Network Services	\$850/\$1,700	\$1,600/\$3,200	<i>\$2,700/\$5,400</i>
Out-of-Network Services	<i>\$1,850/\$3,700</i>	<i>\$2,600/\$5,200</i>	<i>\$3,700/\$7,400</i>
Prescription Coinsurance (except for generic preventive drugs which are 100% covered)⁴			
Retail prescriptions (30-day supply)	50% coinsurance, up to <i>\$75</i> per prescription		
Mail-order prescriptions or retail maintenance prescriptions at a CVS pharmacy (90-day supply) ⁵	50% coinsurance, up to <i>\$150</i> per prescription		
Annual Out-of-Pocket Maximum (individual/family)^{1,6,7}			
In-Network Services	\$3,350/\$6,700	\$4,100/\$8,200	<i>\$4,700/\$9,400</i>
Out-of-Network Services	<i>\$6,350/\$12,700</i>	<i>\$7,100/\$14,200</i>	<i>\$7,700/\$15,400</i>

¹ "Family" includes Employee & Spouse/Domestic Partner, Employee & Child(ren), and Employee & Family.

² There is a \$20,000 lifetime maximum benefit on infertility treatment.

³ If you elect Family coverage under the **BLUE** or **GREEN** Health Plan option, benefits begin once the entire family deductible is met (except for preventive care benefits and preventive prescription drugs). If you elect Family coverage under the **ORANGE** Health Plan option, benefits begin for a family member once that family member satisfies the individual deductible. Benefits begin for the entire family once the entire family deductible is met.

⁴ Generic preventive prescriptions are covered at 100 percent. Brand name preventive prescriptions are not subject to the Plan's deductible. All non-preventive prescriptions are subject to the Plan's deductible. Caremark periodically reviews their formulary. Certain formulary medications may be excluded from coverage from time to time and impacted members will be notified.

⁵ For long-term maintenance medications, the Plan allows for two 30-day fills of maintenance medications at any pharmacy in the CVS Caremark network. After that, the Plan will cover maintenance medications only if you have 90-day supplies filled through mail-order or at a CVS Caremark Pharmacy.

⁶ If you elect Family coverage under the **BLUE**, **GREEN**, or **ORANGE** Health Plan option, eligible expenses for all covered family members can be combined to meet the family annual in-network out-of-pocket maximum. However, under the **GREEN** and **ORANGE** Health Plan options, an individual enrolled in Family coverage may also meet the individual in-network out-of-pocket maximum and covered eligible expenses for that individual will be paid at 100 percent.

⁷ Deductibles and out-of-pocket maximums for in- and out-of-network services must be met separately – they do not cross-accumulate.



Care & Cost Finder Tool:
To find a provider and compare quality and costs for services, log on to [Anthem.com](https://www.anthem.com).



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There are other minor changes to all Health Plan options, please be sure to read your updated Summary of Benefits and Coverage on [MyAssurantBenefits.com](https://www.myassurantbenefits.com).

- Annual visit limits for physical therapy, occupational therapy and speech therapy will continue to have a limit of 90 total visits, but out-of-network visits will be limited to 30 per year.
- Revised behavioral health benefit requires that covered residential treatment centers be accredited.

Changes for Florida & Minnesota Employees

Anthem BlueCross BlueShield benefits will remain the same, but the local network is changing. Most providers, hospitals and facilities that employees currently use will continue to be included in the new network. To confirm if your providers are in-network go to [Anthem.com](https://www.anthem.com) (do not log in) select “Menu” at the top left corner, choose “Find a Doctor” in the middle column, search as a Guest by clicking on “Search by Selecting a Plan or Network”, enter “Medical” for type of care, enter the state where you live, and select:

- **Florida:** NetworkBlue (Advantage Network).
- **Minnesota:** Group Value Network (Advantage Network).

Prescription Drug Plan

Coverage for prescription drugs under all three Assurant Health Plan options will continue to be administered by CVS Caremark, one of the largest providers of pharmacy benefits. In 2018, the coinsurance maximum is increasing by \$20 to \$75 for 30-day supply and up \$40 to \$150 for 90-day mail-order prescriptions for all three Health Plan options, as noted in the chart on the previous page. This is the maximum amount you will pay out-of-pocket for each covered prescriptions after your deductible is met.

Mail-Order Prescriptions

In 2018, any long-term maintenance medication you're taking must be filled through a 90-day supply instead of a 30-day supply. You can choose to receive this 90-day supply via mail-order or at a CVS Pharmacy (including Target/CVS locations). This change will save you time and money!

The Plan still allows for two 30-day fills of maintenance medications at any pharmacy in the CVS Caremark network. After that, the Plan will cover maintenance medications only if you have 90-day supplies filled through mail-order or at a CVS Caremark Pharmacy. If you continue to have 30-day supplies of maintenance medications filled (regardless of whether the pharmacy is in the CVS Caremark network), you will be responsible for the entire cost of the medication. You can call CVS Caremark to discuss payment options.

After enrolling in the Health Plan, you'll receive details directly from CVS Caremark to participate in mail-order. Refer to the Resources section of [MyAssurantBenefits.com](https://www.myassurantbenefits.com) for 2018 changes and the latest prescription drug coverage information.



Watch [this video](#) to learn more about the CVS Caremark mail-order program!



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Health Savings Account

Assurant will once again contribute to your HSA based upon which coverage level you elect (\$200 individual/\$400 family). The company contribution will be deposited into your account in late January.

For 2018, the maximum annual HSA contribution allowed by the IRS is going up \$50 to \$3,450 for individuals and \$150 to \$6,900 for families. The maximum amount you can contribute via payroll deductions is the annual IRS maximum less the amount of company contributions and any wellbeing rewards you may receive.

Important reminders for HealthEquity HSA participants:

- You are charged a fee of \$1 per month for paper statements. If you haven't done so already, you may elect to receive your statement electronically and save \$1 every month. Log onto myhealthequity.com.
- If you are currently enrolled in the **GREEN** or **ORANGE** Health Plan option and you choose to enroll in the **BLUE** Health Plan option or waive Health Plan coverage in 2018, you'll be charged a \$2.95 monthly maintenance fee if you have funds remaining in your HSA.

Flexible Spending Accounts (FSA)

WageWorks, Assurant's new FSA administrator, supports the submission of claims online or through a mobile app and the use of a debit card for the Health Care FSA. If you elect to participate in 2018, you'll receive more details by email.

The 2018 Health Care FSA limit is increasing by \$50 to \$2,600.

Remember: you must actively enroll and elect your FSA contributions each year. This benefit does not automatically continue.



ADP Payroll

As a reminder, your pay statements are now available through ADP, our new payroll vendor's, system. You're able to access the ADP website from **EPIC** or **MyHR**.



Watch **this video** from HealthEquity on using HSAs to save money.



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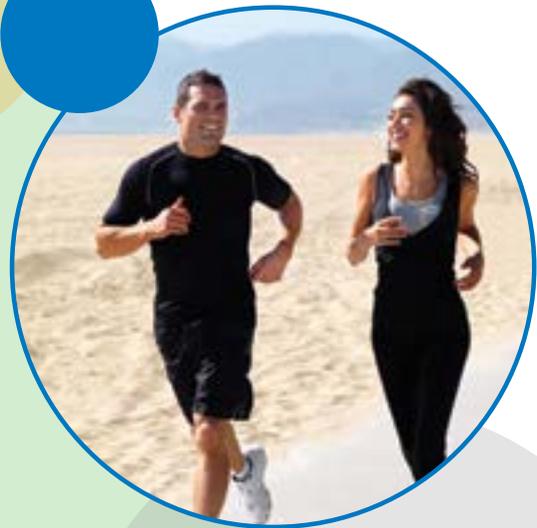
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New Dental Provider!

We're excited to introduce a new Dental Plan provider and expanded network in 2018 with MetLife. What's even better, the rates will remain the same for 2018 even with the enhancements. You won't need an ID card or do anything other than tell your dentist you have MetLife insurance as of Jan. 1, 2018.

You can check to see if your provider is in the network by [clicking here](#), entering your zip code and selecting "PDP Plus" from the drop down menu.



What's New for 2018 continued...

Disability

Liberty Mutual is the new administrator for our Short- and Long-Term Disability benefits. If you are planning a leave of absence, you need to start this process on [MyHR](#).

Supplemental Life Insurance and AD&D

Life and AD&D insurance will be moving to a new administrator, MetLife. If you elect Supplemental Life Insurance and Supplemental AD&D, you'll be able to elect up to eight times your annual Plan Pay (up from five times) with the same applicable maximums. If your election requires a Statement of Health, you will save time by accessing MetLife's questionnaire during the enrollment process.

Wellbeing

Participating in the Live Well program will not only help you lead a more rewarding life, but will help everyone in our company to be at their personal best. Check out all the wellbeing resources offered by Assurant on [MyAssurantBenefits.com > Live Well](#). New challenges are added to the [MyWellbeing](#) site regularly, so be sure to log in often. As a reminder, [MyWellbeing](#) is just one component of the Live Well Program where you can:

- Improve or maintain your healthy habits.
- Challenge yourself or other employees to do even better.
- Track the points you've earned and see your total potential rewards.
- Take your Wellbeing Assessment.
- Register for a health screening or participate in coaching with Limeade's partner company, Aduro.
- Connect your device to track your physical activity.



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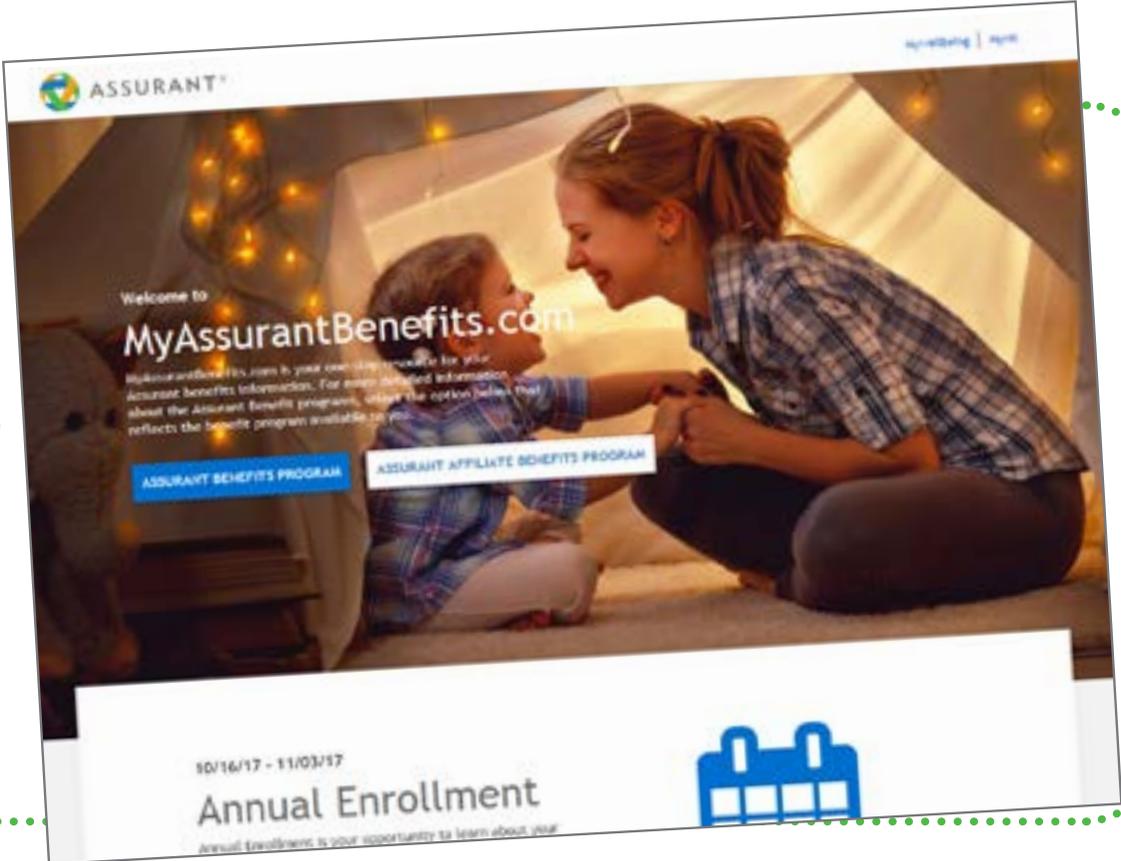
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MyAssurantBenefits.com remains your one-stop resource to get year-round information about choosing and using your benefits wisely. Visit MyAssurantBenefits.com for the most up to date Assurant Health and Welfare Summary Plan Description.

Reminder: when visiting MyAssurantBenefits.com, you need to choose which version of the site to view. Most employees should click on the link on the left to enter the site applicable to the Assurant Benefits Program. There is a link on the right only for RentCollect Global employees to access a slightly different version of the site with Affiliate Benefits Program information.



Reminder: The information on [MyTotalRewards](#) has been updated effective Sept. 30, 2017 and will be updated quarterly, so check back regularly!

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Enrollment Process and Reminders

Log into EPIC through Connect to make your 2018 benefit elections or waive coverage no later than **Nov. 3, 2017.**

If you do not make an active election, your coverage will default into the following:

- **Health:** **ORANGE** Health Plan option with Health Savings Account, employee-only coverage level, non-discounted/tobacco user rate: an additional \$18.46 per paycheck.
- **Dental and Group Legal:** Current elections continue, including for eligible dependents.
- **Flexible Spending Accounts (FSAs):** No contributions/coverage.
- **Health Savings Account (HSA):** No employee contributions.
- **Life, AD&D and Disability Insurance:** Current elections continue.
- **Dependent Life Insurance:** Current elections continue for eligible dependents.

All active employees should participate and make elections during the 2018 Annual Enrollment period. If you terminate employment prior to Jan. 1, 2018, 2018 elections made will be disregarded. Reminder: COBRA continuation of coverage is only available for the coverage in effect at the time you terminate employment.



QUESTIONS?

Contact Global HR Services at **866.324.6513** or MyHR@assurant.com.

Hours: Monday – Friday, 8:30 a.m. – 6:30 p.m. ET



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