You have qualified to enroll in Benefits, so don't miss out!

Open Enrollment Benefit Guide

Introducing ACA compliant benefit plans designed Your Way!

Get Compliant – Avoid the Penalties – Get Peace of Mind

Complete a paper application and mail to:

Employee Relations
Opportunities Inc.
200 E. Cramer St.
Fort Atkinson, WI 53538

Questions: Call **866-301-9375 & Select Option 1**, or e-mail ask@myvba.biz

If the minimum enrollment requirements are not met, this coverage will not be able to be implemented.

Your Benefits: Overview

Dear Opportunities, Inc., Employee:

Because of your average hours of service during the most recent 12-month Measurement Period, you are considered a full-time employee of Opportunities, Inc., under the Affordable Care Act (ACA).

This means that you are eligible for Opportunities' group health insurance coverage for the period beginning 8/1/2015 and ending 7/31/2016. Your benefit options are described within this brochure.

These new plans provide several levels of coverage based on your individual or family's needs.

Minimum Essential Coverage (MEC) - page 3

This plan offers you the minimum coverage required to avoid the new penalties and provides 100% coverage for 73 preventive services including 20 tests for adults, 24 tests for women (including pregnant women) and 29 tests for children. You can purchase this coverage stand-alone or combine it with the Hospital Indemnity Benefits for a more comprehensive, compliant plan.

Hospital Indemnity (Limited Medical) Benefits - page 5

This plan provides valuable and affordable benefits for Doctor's Office Visits, Diagnostic X-ray and Lab Work, Emergency Treatments, Hospital Confinement, Prescription Drug Discounts and more!

Dental and Vision Benefits - page 6

Add Dental and Vision to your health plan or purchase it by itself to round out your benefits package.

Group Term Life and Disability Income Insurance - page 7 - 8

These lines require participation in the Hospital Indemnity Insurance.

For future periods of coverage, your full-time employee status will continue to be monitored during the Measurement Period in order to make a determination regarding your health insurance eligibility.

Enclosed you will find detailed descriptions of these benefit options. For additional assistance and information, please contact **Member Services at 1-866-301-9375** and select **Option 1** or e-mail questions to **ask@myvba.biz**. Representatives are available to assist you **Monday through Friday from 9:00 am to 5:00 pm Eastern Standard Time**.

To sign up for coverage, simply complete the application on the last page of this brochure and mail it to:

Employee Relations
Opportunities, Inc.
200 E. Cramer St.
Fort Atkinson, WI 53538

by July 24, 2015.

Design the *Right Benefits* package to fit your individual or family's unique needs. *Benefits Your Way*...that's the VBA difference!

Minimum Essential Coverage

This coverage is required to satisfy the individual mandate under Health Care Reform.

Minimum Essential Coverage (MEC) covers 100% of the 73 CMS-listed Preventative and Wellness benefits when you visit a network provider (40% out-of-network) including Pap smears, mammograms, contraception, well child visits and much more (See next page for details).

As an Employee, you can prevent being taxed the **"Individual Mandate"** coverage penalty by purchasing **Minimum Essential Coverage** through your employer.

- **2015** - Penalty tax of 2% of adjusted household income or $325 per adult plus $162.50 per child, whichever is greater
- **2016 and beyond** - Penalty tax of 2.5% of adjusted household income or $695 per adult plus $347.50 per child, whichever is greater

First-dollar coverage that gives you access to one of the largest national provider networks available with valuable discounts for MEC benefits. Network savings can be used for services not covered by MEC.

PPO Network

The MEC plan utilizes the Multiplan PPO network for discounts on medical services. Multiplan provides access to over 525,000 healthcare professionals, 3,800 hospitals and more than 66,000 ancillary care facilities in every state. Multiplan is the largest independent primary PPO in the nation.

The PPO discounts continue to apply to the member's medical bills even after exceeding the benefit limitation noted (e.g. behavioral assessments for children limited to 5 assessments). Information on accessing the network will be included in the fulfillment package that each insured employee receives after enrollment.

To view a list of network providers, go to www.multiplan.com or speak to a representative at **1-866-680-7427**.

Cost of Coverage

Minimum Essential Coverage Weekly Cost	
EE Only	$15.05
EE + Spouse	$22.03
EE + Child(ren)	$37.17
EE + Family	$44.15

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Minimum Essential Coverage

20 Covered Preventive Services for Adults (ages 18 and older)

1. Abdominal Aortic Aneurysm one-time screening for ages 65-75
2. Alcohol Misuse screening and counseling
3. Aspirin use for men ages 45-79 and women ages 55-79 to prevent CVD when prescribed by a physician
4. Blood Pressure screening
5. Cholesterol screening for adults
6. Colorectal Cancer screening for adults starting at age 50, limited to one every 5 years
7. Depression screening
8. Type 2 diabetes screening
9. Diet counseling
10. Fall prevention to include physical therapy & vitamin D supplementation in community dwellings ages 65+
11. Hepatitis B screening
12. Hepatitis C screening for adults at high risk
13. HIV screening
14. Immunizations, vaccines (Hepatitis A & B, Herpes Zoster, Human Papillomavirus, Influenza (flu shot), measles, mumps, rubella, Meningococcal, Pneumococcal, Tetanus, Diptheria, Pertussis, Varicella)
15. Lung Cancer Screening for adults ages 55-80 who smoke 30 packs a year
16. Obesity screening and counseling
17. Sexually Transmitted Infection (STI) prevention counseling
18. Skin Cancer behavioral counseling for adults to age 24 with fair skin
19. Tobacco use screening and cessation interventions
20. Syphilis screening

24 Covered Preventive Services for Women, Including Pregnant Women

1. Anemia screening on a routine basis for pregnant women
2. Aspirin for pregnant women at high risk for preeclampsia
3. Bacteriuria urinary tract or other infection screening for pregnant women
4. BRCA counseling and genetic testing for women at higher risk
5. Breast Cancer mammography screenings every year for women age 40 and over
6. Breast Cancer Chemoprevention Prevention counseling for women
7. Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women
8. Cervical Cancer screening
9. Chlamydia infection screening
10 Contraception: Food and drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs
11. Domestic and Interpersonal violence screening and counseling for all women
12. Folic Acid supplements for women who may become pregnant when prescribed by a physician
13. Gestational diabetes screening
14. Gonorrhea screening
15. Hepatitis B screening for pregnant women
16. Human Immunodeficiency Virus (HIV) screening and counseling
17. Human Papillomavirus (HPV) DNA test: HPV DNA testing every three years for women with normal cytology results who are 30 or older
18. Osteoporosis screening over age 60
19. Routine prenatal visits for pregnant women
20. Rh Incompatibility screening for all pregnant women and follow-up testing
20. Tobacco Use screening and interventions and expanded counseling for pregnant tobacco users
22. Sexually Transmitted Infections (STI) counseling
23. Syphilis screening
24. Well-woman visits to obtain recommended preventive services

29 Covered Preventive Services for Children

1. Alcohol and Drug Use assessments
2. Autism screening for children limited to two screenings up to 24 months
3. Behavioral assessments for children limited to 5 assessments up to age 17
4. Blood Pressure screening
5. Cervical dysplasia screening
6. Congenital Hypothyroidism screening for newborns
7. Depression screening for adolescents age 12 and older
8. Developmental screening for children under age 3, and surveillance throughout childhood
9. Dyslipidemia screening for children
10. Fluoride Chemo Prevention supplements for children without fluoride in their water source when prescribed by a physician and fluoride varnish to primary teeth through age 5
11. Gonorrhea preventive medication for the eyes of all newborns
12. Hearing screening for all newborns
13. Height, Weight and Body mass index measurements for children
14. Hematocrit or Hemoglobin screening for children
15. Hemoglobinopathies or sickle cell screening for newborns
16. Hepatitis B screening for adolescents
17. HIV screening for adolescents
18. Immunization vaccines for children from birth to age 18; doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Hepatitis A & B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus, Varicella, Haemophilus influenzae type b
19. Iron supplements for children up to 12 months when prescribed by a physician
20. Lead screening for children
21. Medical History for all children throughout development Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
22. Obesity screening and counseling
23. Oral Health risk assessment for young children up to age 10
24. Phenylketonuria (PKU) screening in newborns
25. Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents
26. Skin cancer behavioral counseling for adolescents age 10 and up who have fair skin
27. Tobacco use screening, counseling and cessation interventions for children and adolescents
28. Tuberculin testing for children
29. Vision screening for all children under the age of 5

Hospital Indemnity Insurance

Underwritten by Transamerica Life Insurance Company
Additional Benefits for specified services

CAN BE PURCHASED WITH OR WITHOUT THE MEC PLAN

TransChoice® Advance: Group Limited Benefit Hospital Indemnity Insurance

Daily In-Hospital Benefits Pays per day, up to a max of 31 days per confinement		**$100**
Surgical and Anesthesia Indemnity Benefit Pays benefit per day; 1 day per calendar year for Inpatient Surgery, 1 day per calendar year for Outpatient Surgery, 1 day per calendar year for Specified Outpatient Surgeries Pays additional 20% of the surgical benefit for Anesthesia	**Inpatient** **Outpatient** **Specified Outpatient**	**$500** **$250** **$50**
Outpatient Physician Office Visit Indemnity Benefit Pays per day, up to 6 days per calendar year per covered person		**$50**
Outpatient Diagnostic, X-Ray and Laboratory Indemnity Benefit Pays benefits per day; 2 days per calendar year for Advanced Studies, 2 days per calendar year for Select Diagnostic tests, 3 days per calendar year for Diagnostic Laboratory tests	**Advance Studies** **Select Diagnostic** **Diagnostic Laboratory**	**$300** **$75** **$15**
Hospital Confinement 1 day of confinement per year		**$1,000**
Daily Inpatient Drug and Alcohol Indemnity Benefit Pays per day, up to a max of 30 days per year		**$100**
Daily Inpatient Mental and Nervous Indemnity Benefit Pays per day, up to a max of 30 days per year		**$100**
Off-the-Job Accident Injury Benefit Pays benefit per day of accident treatment (5 days per calendar year)		**$100**
Emergency Room Sickness Benefit Per visit up to 4 days per calendar year per covered person		**$50**
Prescription Drug Indemnity Benefit Per day a prescription is filled for up to 36 days per calendar year, per covered person		**$10 Generic** **$20 Brand**

Non-Insurance Benefits Included

Employee Discount Card – Offered by New Benefits, LTD
Provides access to a discount Vision plan, Nurse Hotline, Counseling Services and discounts on Hearing Aids

Patient Advocacy – Offered by The Karis Group
Services that provide employees with unparalleled diligence and dedication to find the best solutions for resolving outstanding medical bills

Cost of Coverage

Hospital Indemnity Weekly Cost	
EE Only	$15.26
EE + Spouse	$30.66
EE + Child(ren)	$24.19
EE + Family	$36.35

This is a brief summary of TransChoice Advance Group Limited Benefit Hospital Indemnity Insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, IA. Policy form series CPGHI400 and CCGHI400. Forms and form numbers may vary. Coverage may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate and riders for complete details. THIS IS NOT MAJOR MEDICAL INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE.

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Dental Insurance

Insured through Security Life Insurance Company of America

Choose any dentist! Routine, preventive and regenerative services are available from the first day of coverage. Access to responsive, professional customer care personnel for assistance with claims questions. Use the extensive network of highly qualified providers to enjoy significant savings on out-of-pocket costs associated with dental services. Automated claims processing results in an average turnaround time of less than four days!

Preventive / Diagnostic Services: Pays 100%, No Deductible, No Waiting Period
- Cleanings, X-rays, Periodic Exams, Fluoride Treatments & Sealants (under age 19)

Basic Restorative Services: Pays 80%, $50 Deductible, No Waiting Period
- Simple Extractions, Fillings, Endodontics, Periodontics and Complex Oral Surgery

Major Restorative Services: Pays 50%, $50 Deductible, 12 Month Waiting Period
- Bridges, Crowns, Implants*, Dentures

*Implants (endosteal only), up to the allowance for the lowest cost covered traditional procedure.

Annual Individual Benefit Maximum:
- $1,000 Per Person Per Calendar Year

Orthodontia Benefits:
- $1,000 Lifetime Benefit
- 50% Coverage
- $50 Deductible
- 24 Month Waiting Period
- Available up to Age 19 Only

Weekly Cost	
Employee Only	$ 5.79
Employee + Spouse	$11.58
Employee + Child(ren)	$12.16
Family	$19.11

Vision Insurance

Insured through VSP

VSP is the largest vision network in the country with over 22,000 providers.

Examinations: $15 Co-Pay
- Every 12 months

Materials: $25 Co-Pay
- Lenses every 12 months
- Frames every 24 months
- Contacts every 12 months (in lieu of lenses)

Laser Vision Surgery: 15% Average Discount

Participating Doctors:
- VSP will pay the cost of a comprehensive eye examination and prescribed materials purchased
- One set of frames up to $130
- Elective contacts up to $130 less - any co-pay

Non-Participating Doctors: Benefits are paid upon a schedule of benefits.

Weekly Cost	
Employee Only	$2.06
Employee + Spouse	$4.12
Employee + Child(ren)	$4.33
Family	$6.80

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Group Term Life Insurance

Underwritten by Transamerica Life Insurance Company

Add Group Term Life Insurance*
$20,000 for Employee

Weekly Cost	Life
Employee	$2.12

Group Term Life Insurance Policy with AD&D Rider

This policy pays the benefit amount shown upon the death of the insured, subject to any limitations / exclusions. The AD&D coverage amount will match the amount of group term life insurance.

***Participation in a plan with hospital indemnity insurance is required.**

Exclusions

We will not pay any benefits if the loss, directly or indirectly, results from any of the following, even if the means or cause of the loss is accidental:

- Suicide or intentionally self-inflicted injury, while sane or insane;
- Commission of or attempt to commit an assault or felony;
- Sickness or mental illness, disease of any kind, or medical or surgical treatment for any sickness, illness or disease;
- Injuries received while under the influence of alcohol, a controlled substance or other drugs as defined by the laws of the State where the accident occurs, except as prescribed by a doctor;
- Any poison or gas voluntarily taken, administered, absorbed, or inhaled (except in the course of employment);
- Flight in any kind of aircraft, except as a fare-paying passenger on a regularly scheduled commercial aircraft;
- Any bacterial or viral infection;
- Declared or undeclared war, or any act of war; and
- Taking part in an insurrection.

Age Reduction

Death benefits automatically reduce to the following percentages, or flat amount, on the Group Master policy Anniversary Date that follows the applicable birthday, as follows:

Schedule	Birthday
• **65% of pre-age 65 death benefit**	**65th**
• **50% of pre-age 65 death benefit**	**70th**
• **25% of pre-age 65 death benefit**	**75th**
• **The lesser of $5,000 or 25% of pre-age death benefits.**	**80th**

This is a brief summary of Group Term Life Insurance underwritten by Transamerica Life Insurance Company, Cedar Rapids, Iowa 54299. Policy form series CP100200 and CC100400; Rider form series CR101100. Forms and form numbers may vary. Coverage may not be available in all jurisdictions. Limitations and exclusions apply. Refer to the policy, certificate, and riders for complete details.

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Disability Income Insurance

Underwritten by Transamerica Life Insurance Company

Add Short Term Disability Income Insurance*
$600 per Month Maximum Benefit
Six Month Maximum Disability Period
14 Day Accident and Sickness Elimination Period

Weekly Cost	STD
Employee	$3.71

Short-Term Disability Income Insurance

This policy pays a benefit up to a monthly maximum of $600 per month for a period of up to 6 months and after a 14-day elimination period for accident and sickness.

***Participation in a plan with hospital indemnity insurance is required.**

TransDI® Plus Short-Term Disability Income Insurance Policy

Subject to the employer's election, non-occupational disability benefits may be provided. The elimination period will be 14 days for both accident and sickness. The maximum benefit period is six months. The monthly benefit amount will be $600 (not to exceed 60% of monthly salary). Periods of disability of less than one month will be paid 1/30 of the monthly benefit for each day of total disability. The policy will also provide benefits for recurring disabilities, pregnancies and during periods of part-time work.

Limitations - Short Term Disability Income Policy[1]

The sum of the disability benefits paid to the insured Employee and the payments the insured and his/her dependents are entitled to receive from the sources described below, may not exceed 60% of the Employee's salary:

(a) Group insurance coverage or like coverage for persons in a group
(b) Federal Social Security Act (this includes benefits paid to the insured Employee and his/her dependents on account of the insured's disability);
(c) State or Federal government disability or retirement plan or increases thereof which begin on or after the date of total disability;
(d) pension plan to which the policyholder or the insured's employer contributes or makes payroll deductions;
(e) salary or wage continuance plans such as sick leave paid for by the policyholder or the insured's employer which extend beyond the period stated in the schedule; and
(f) Federal Old Age Benefits, or increases which begin on or after the date of total disability, under the Federal Social Security Act on the insured Employee's behalf.

[1]*Refer to policy*

Exclusions - Short Term Disability Income Policy

The policy does not cover any loss, fatal or non-fatal, which results from:

- In the event of suicide, the Company's liability may be limited to only the return of premiums paid. In Missouri, suicide is no defense to payment of benefits unless the Company can show the insured intended suicide when he/she applied/enrolled for coverage.;
- an act of war, declared or undeclared;
- committing a felony;
- accident sustained or sickness contracted while in the service of the armed forces of any country;
- acting as a pilot or crew member or for performing any duty of the insured's occupation connected with such flight; or
- accident or sickness arising out of and in the course of any occupation for wage or profit.

Pre-Existing Conditions - Short Term Disability Income Policy

There will be no disability benefit payable for a pre-existing condition until the insured has:

- gone treatment-free;
- incurred no expense;
- taken no medication; or
- received no diagnosis or advice from a physician for 12 consecutive months for such condition; or
- the insured has been continuously covered under the policy for one year.

Frequently Asked Questions

Who is eligible to enroll?

- All qualified Full Time Employees who averaged 30 hours per week during the 12-month Measurement Period are eligible to enroll in MEC, Hospital Indemnity, Dental, Vision, Disability and Life Plans.

- Eligible dependents include spouses, domestic partners, and unmarried children or step-children under age 26.

Can I enroll at any time?

- No, you must sign up for coverage during Open Enrollment.

- You have qualified for coverage effective 8/1/2015 due to meeting the Full Time Employee requirement during Opportunities' Measurement Period.

- If you do not elect coverage during this time, you will not be able to enroll unless you qualify for coverage during the next Measurement Period.

How will my premiums be paid?

- Premiums will be taken through payroll deductions. If you miss a payroll deduction as a result of absence or lack of work, you risk being terminated from the plan. If your policy is terminated, you will not be eligible to re-enroll until the next open enrollment period and only if you qualify for coverage during the next Measurement Period.

Can I cancel coverage at any time?

- Premiums are paid with pre-tax dollars through payroll deductions as part of a Section 125 Savings Plan. You will not be able to change these elections unless you have a *qualifying event.

When should I expect my Welcome Packet to arrive?

- The benefit kit will be mailed to you soon after you have enrolled and your first payment has been made.

- ID cards will be included in your Welcome Packet.

Are there any Pre-Existing Condition Limitations?

- There are no Pre-Existing Condition Limitations under the MEC or Hospital Indemnity plans.

Are Medicare/Medicaid recipients eligible for this plan?

- Please note that the prescription drug coverage under MEC is not considered "Creditable Coverage" under Medicare Part D regulations. Medicare eligible individuals may have to pay higher costs if they delay enrolling in the Medicare Pharmacy Plan. If you have Medicare/Medicaid it is NOT recommended that you enroll in coverage, which may reduce or discontinue your benefits.

Whom can I contact if I have questions about my plan?

- Contact Member Services at 1-866-301-9375, Option 1, and a customer service representative will assist you. You can also email questions to ask@myvba.biz.

*Qualifying Event examples: marriage; divorce or legal separation; birth of your child; death of your spouse/domestic partner or dependent child; adoption of or placement for adoption of your child; change in employment status of employee, spouse/ domestic partner or dependent child; or entitlement to Medicare or Medicaid.

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