



NATIONAL SEATING & MOBILITY

2019

Benefits Guide

LET'S GET *moving*



Table of Contents

NSM is committed to offering a competitive program that aligns business objectives and values, to inspire employees to contribute and improve our company performance.

This guide summarizes benefits offered to eligible employees working full time (30 or more hours per week) and their dependents, up to age 26. Please review this information carefully. This is the one time per year that you are eligible to enroll and make selection changes for yourself and dependents, unless you experience a qualifying life event.

For further information on any of the benefits referenced in this guide, please visit www.benefits-direct.com/nsm or contact your HR Generalist. If you feel that you need one on one assistance, appointments are available with a Benefits Direct Administrator. You can schedule the appointment online or call: 1.855.615.3680.

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NSM offers three medical options, administered by CoreSource using the Aetna Signature Provider network. Plans 1 and 2 are High Deductible Health Plans (HDHP). With an HDHP, you have the option to open a Health Savings Account (HSA). NSM will match the first \$500 you contribute to your HSA. (See page 8 for additional details on HSAs.) High Deductible Health Plans (HDHP) require the annual deductible be met before coinsurance applies. Once the annual out of pocket is met, the plan pays 100%.

Plan 3 is a traditional PPO. This plan includes co-pays on in network services.

Network: Aetna - [Click here to find a provider in the Aetna Signature Provider network.](#)

Insurance Carrier: Core Source - [Click here to create a CoreSource account and view your claims information.](#)

MEDICAL	Plan 1 Base HDHP with HSA		Plan 2 Buy-up HDHP with HSA		Plan 3 Copay Plan	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible						
<i>Individual</i>	\$3,500	\$7,000	\$2,700	\$5,200	\$3,000	\$6,000
<i>Family</i>	\$7,000	\$14,000	\$5,400	\$10,400	\$6,000	\$12,000
Coinsurance						
<i>Member Pays</i>	20%	50%	20%	50%	20%	50%
Maximum Out-of-pocket (calendar year)						
<i>Individual</i>	\$6,350	\$12,700	\$5,400	\$10,400	\$6,350	\$12,700
<i>Family</i>	\$12,700	\$25,800	\$10,800	\$20,800	\$12,700	\$25,800
Lifetime Maximum						
<i>Per Individual</i>	Unlimited		Unlimited		Unlimited	
Preventive Care						
<i>Adult and Child Routine Physicals</i>						
<i>Routine Mammogram</i>	Covered at 100%	Not Covered	Covered at 100%	Not Covered	Covered at 100%	Not Covered
<i>Routine Colonoscopy</i>						
<i>Routine Lab and X-ray (in physician's office)</i>						
Physician Services						
<i>Office Visits</i>						
<i>Diagnostic (Non-routine)</i>	Ded then 20%	Ded then 50%	Ded then 20%	Ded then 50%	\$30 PCP/\$60 Specialist	Ded then 50%
<i>Tests and Labs</i>					Ded then 20%	
<i>Urgent Care</i>					\$75 Copay	

Medical Plan

MEDICAL	Plan 1 Base HDHP with HSA		Plan 2 Buy-up HDHP with HSA		Plan 3 Copay Plan		
	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>	<i>In Network</i>	<i>Out of Network</i>	
Hospital Services							
<i>Inpatient Care</i>	Ded then 20%	Ded then 50%	Ded then 20%	Ded then 50%	Ded then 20%	Ded then 50%	
<i>Outpatient Surgery</i>		Ded then 50%		Ded then 50%	Ded then 20%	Ded then 50%	
<i>Outpatient Nonsurgical Care</i>		Ded then 50%		Ded then 50%	Ded then 20%	Ded then 50%	
<i>Emergency Room</i>		Ded then 20%		Ded then 20%	\$300 copay	\$300 copay	
Additional Services							
<i>Ambulance</i>	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 20%	Ded then 30%	Ded then 30%	
<i>Chiropractic</i>		Ded then 50%		Ded then 50%			\$30 PCP/\$60 SP
<i>Durable Medical Equipment</i>		Ded then 50%		Ded then 50%			Ded then 20%
<i>Occupational & Physical Therapy</i>		Ded then 50%		Ded then 50%			Ded then 20%
<i>Speech & Hearing Therapy</i>		Ded then 50%		Ded then 50%			Ded then 20%



2019 CoreSource Medical Premiums

Employee Premium Contributions	Plan 1 Base HDHP with HSA		Plan 2 Buy-up HDHP with HSA		Plan 3 Copay Plan	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly
<i>Level of Coverage</i>	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly
Employee Only	\$15.15	\$6.99	\$40.40	\$18.65	\$196.95	\$90.90
Employee + Child(ren)*	\$151.50	\$69.92	\$202.00	\$93.23	\$580.75	\$268.04
Employee + Spouse	\$313.10	\$144.51	\$363.60	\$167.82	\$727.20	\$335.63
Employee + Family	\$505.00	\$233.08	\$631.25	\$291.35	\$1,111.00	\$512.77

*Dependents are covered to age 26.



Note: The premiums above do not reflect a **tobacco surcharge** of \$30.00 per month. This surcharge will apply to any employee who uses tobacco, including smokeless forms of tobacco, for the plan year of 2019. See page 20 for information on our cessation program.

Prescription Coverage: Optum Rx



OPTUM[®]

Optum Rx will manage all preauthorizations, StepTherapy, mail order and any other pharmacy related items.

[Click here to create an Optum Rx account and view claims information.](#)

Prescription Drugs	Plan 1 Base HDHP w/ HSA	Plan 2 Buy-Up HDHP w/ HSA	Plan 3 Copay Plan
Deductible	Deductible applies, then Copays	Deductible applies, then Copays	n/a
Level 1: Generic	\$15	\$15	\$5
Level 2: Brand Name	\$40	\$40	\$25
Level 3: Brand Name/ Non-preferred	\$60	\$60	\$50
Specialty Tier	Deductible applies, then 20% up to \$150 max	Deductible applies, then 20% up to \$150 max	Deductible applies, then 20% up to \$150 max
Mail Order (90 Day Supply)	\$45 / \$120 / \$180	\$45 / \$120 / \$180	\$15 / \$75 / \$150
Preventative Generics	<i>Preventive generic maintenance medication is \$0 when a 90 day prescription is filled at the pharmacy or via mail-order.</i>		n/a



Click here for a Preventive Drug List:

[2019 CoreSource HDHP Plans 1 & 2
\\$0 Preventive Generics List](#)



California Only



KAISER PERMANENTE®

Kaiser Medical Plan Options

In addition to the three medical options administered by CoreSource, NSM employees in **California** are eligible for two additional medical plans through the **California** Kaiser Permanente network.

Plans 1 is a Copay plan with a \$1,000 individual medical deductible and copays for office visits and urgent care.

Plan 2 is a High Deductible Health Plan (HDHP) with a \$2,700 individual deductible. With an HDHP, you have the option to open a Health Savings Account (HSA). NSM will match the first \$500 you contribute to your HSA. (See page 8 for additional details on HSAs.) High Deductible Health Plans (HDHP) require the annual deductible be met before coinsurance applies. Once the annual out of pocket is met, the plan pays 100%.

Preventive care services, such as routine physical exams and screenings are no charge on both plans.

To obtain information about participating network providers, visit www.kp.org or call (800) 488-3590.

MEDICAL	Plan 1 – Kaiser California \$1500 Deductible Co-Pay Plan	Plan 2 – Kaiser California High Deductible w/ HSA
Carrier Website	www.kp.org	www.kp.org
Plan Type & Network	HMO/ Kaiser	HMO/ Kaiser
Annual Deductible	<i>In-Network Benefits Only</i>	<i>In-Network Benefits Only</i>
<i>Individual</i>	\$1,500	\$2,700
<i>Family</i>	\$3,000	\$5,450
Coinsurance		
<i>Member Pays</i>	20%	30%
Annual Maximum Out-of-pocket		
<i>Individual</i>	\$4,000	\$5,250
<i>Family</i>	\$8,000	\$10,500
Lifetime Maximum		
<i>Per Individual</i>	Unlimited	Unlimited
Preventive Care		
<i>Adult and Child Routine Physicals</i>	Covered at 100%	Covered at 100%
Physician Services		
<i>Office Visits</i>	\$20 Copay	\$30 Copay after deductible
<i>Diagnostic (Non-routine) Tests & Labs</i>	\$10 Copay after deductible	\$10 Copay after deductible
<i>Urgent Care</i>	\$20 Copay	\$30 Copay after deductible
Hospital Services		
<i>Inpatient Care</i>		
<i>Outpatient Surgery</i>	Deductible, then 20%	Deductible, then 30%
<i>Outpatient Nonsurgical Care</i>		
<i>Emergency room</i>		

California Only



Kaiser Medical Plan Options

KAISER PERMANENTE®

MEDICAL	Plan 1 – Kaiser California \$1500 Deductible Copay Plan	Plan 2 – Kaiser California High Deductible w/ HSA
Additional Services		
<i>Ambulance</i>	\$150 copay after deductible	\$100 copay after deductible
<i>Chiropractic</i>	\$15 copay / 20 visits	\$15 copay/20 visits, after deductible
<i>Durable Medical Equipment</i>	20% (Deductible does not apply)	20% after deductible
<i>Occupational, Physical, Speech and Hearing Therapy</i>	\$20 Copay after deductible	\$30 Copay after deductible
Prescription Drugs		
		<i>Deductible must be met before copays will apply</i>
<i>Level 1 – Generic Drug</i>	\$10 copay	\$10, after deductible
<i>Level 2 – Preferred Brand</i>	\$30 copay	\$30, after deductible
<i>Specialty</i>	20%, up to \$200 maximum	\$30, after deductible
<i>Mail Order</i>	\$20/\$60	\$20/\$60, after deductible

2019 Kaiser California Medical Premiums

Employee Premium Contributions	Plan 1 – Kaiser CA Copay Plan		Plan 2 – Kaiser CA High Deductible with HSA	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly
<i>Level of Coverage</i>				
Employee Only	\$75.00	\$34.62	\$25.00	\$11.54
Employee + Child(ren)*	\$500.00	\$230.77	\$180.00	\$83.08
Employee + Spouse	\$600.00	\$276.92	\$340.00	\$156.92
Employee + Family	\$900.00	\$415.38	\$550.00	\$253.85

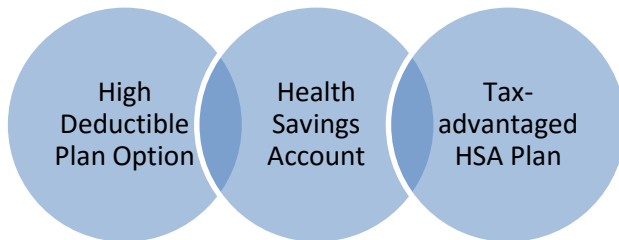
*Dependents are covered to age 26.



Note: The premiums above do not reflect a **tobacco surcharge** of \$30.00 per month. This surcharge will apply to any employee who uses tobacco, including smokeless forms of tobacco, for the plan year of 2019.

See page 20 for information on our cessation program.

Health Savings Accounts (HSA)



NSM will continue to offer \$500 HSA employer match in 2019!

An HSA is the perfect companion to a High Deductible Health Plan! If you enroll in a CoreSource HDHP (Plan 1 or 2), or the Kaiser HDHP (Plan 2), you are eligible to enroll in a Health Savings Account. NSM will match, dollar for dollar, the first **\$500** you contribute in 2019.

Contribution limits for 2019

- **\$3,500** for individuals (includes employer contribution)
- **\$7,000** for families (includes employer contribution)
- Additional **\$1,000** “catch up” contributions for those age 55 and older



Are you eligible for an HSA?

- **MUST** be enrolled in an IRS Qualified High Deductible Health Plan (CoreSource Plans 1, CoreSource Plan 2, and Kaiser Plan 2 are Qualified)
- **CANNOT** have any other health coverage that isn't a qualified high deductible health plan, including:
 - Cannot be enrolled in a spouse's medical or pharmacy plan that is not considered a High Deductible Health Plan.
 - Cannot be enrolled in Medicare Part A, Part B, etc.
 - Per IRS rules, cannot be enrolled in a healthcare Flexible Spending Account (either employee's or spouse's)
 - Cannot be claimed as a dependent on another person's tax return

Example Scenario: Joe has enrolled himself in an employee only HDHP through NSM. His wife works for another company and has enrolled herself in the employee only traditional Co-pay plan through her employer. She opened a Flexible Spending account (FSA.) Is Joe allowed to open a Health Savings Account (HSA)?... The answer is **no**. As described in the bullet above, the IRS does not allow multiple tax savings accounts per household.

Cost & Quality Transparency Tool



What is it?

Healthcare Bluebook is a helpful tool that allows you to quickly and easily compare cost and quality of local facilities to help you make smart, informed healthcare choices.

Why should I use Healthcare Bluebook?



Save money.

By comparing what local providers charge for a specific procedure, you can make sure you're not paying more than you should.



Get quality care.

By checking the quality ranking of local providers for a specific procedure, you'll know you're in good hands.



Access from anywhere.

You can access Bluebook on your computer or via phone or tablet so you can shop from anywhere at any time.



Earn cash-back.

You can earn cash-back rewards on select procedures. Just go to a green cost provider to earn back some green!

How much does it cost?

Nothing! Healthcare Bluebook is free for CoreSource medical plan subscribers. It's a no-brainer.

How do I access it?

There are 2 easy ways to access your savings and rewards: online or mobile app.

➤ Online

Log on to www.mycoresource.com and click Access Healthcare Bluebook in the My Links section.



➤ Mobile App

Download the Healthcare Bluebook mobile app and enter your mobile access code from www.mycoresource.com. Download for free from Apple's App Store or Google Play.





Teladoc’s U.S. board-certified doctors are available 24/7/365 to resolve many of your medical issues through phone or video consults.

- *Cost Efficiency* - \$45 per consultation!
- *Convenience* – no need to leave the house or work.
- *Coverage* – included with all 3 CoreSource medical plans.

Talk to a Doctor Anytime

Whether you’re at home, at work, or on vacation, a Teladoc physician is always there for a consult. Call a doctor from the comfort of your own home when you have general health concerns such as nausea and vomiting, pink eye, sinus infection, sore throat, ear infection, cold and flu, acne, allergies, and more.

New this year, dermatology and smoking cessation consultations are also available.

The doctor can write prescriptions as needed. Consultation fees do count towards your deductible.



www.teladoc.com



1-800-Teladoc



Teladoc.com/mobile

Set up your account today!

Set Up Your Account

It’s quick and easy online. Visit the Teladoc website at Teladoc.com, click “Set up account” and provide the required information. You can also call Teladoc for assistance over the phone.

Request A Consult

Once your account is set up, request a consult anytime you need care.

Provide Medical History

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

- **Online:** Log into Teladoc.com and click “My Medical History”.
- **Mobile App:** Log into your account and complete the “My Health Record” section. Visit Teladoc.com/mobile to download the app.
- **Call Teladoc:** Teladoc can help you complete your medical history over the phone.

Dental Plan



The Dental Plan is a PPO plan administered by CoreSource using the Aetna Signature Provider network. For those also electing medical coverage with CoreSource, your medical ID card will serve as your Dental ID card. Preventative cleanings do not go toward your annual deductible.

[Find a dental provider in the Aetna Signature Provider Network.](#)

DENTAL	Base Dental Plan	Buy-Up Dental Plan
Max Benefit Per Calendar Year	\$1,000 per participant	\$1,500 per participant
Annual Deductible	\$50 per person <i>Waived for preventative services</i>	\$50 per person <i>Waived for preventative services</i>
Covered Services - Member Cost		
Preventative and Diagnostic Services	0%	0%
Basic and Restorative Services	20%	20%
Major Services	50%	50%
Child Orthodontic Treatment	Not Covered	50%
Temporomandibular Joint Dysfunction	Not Covered	Not Covered
Dental Implants	Not Covered	Not Covered
Lifetime Max for Orthodontia Treatment	Not Covered	\$2,000 (Child Only)
Endo/Periodontics Service	Basic & Restorative	
Dependent Child Age Limit	To age 26	

2019 CoreSource Dental Premiums

Employee Premium Contributions	Base Dental Plan		Buy-Up Dental Plan	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly
Level of Coverage				
Employee Only	\$32.43	\$14.97	\$35.02	\$16.16
Employee + Child(ren)	\$71.51	\$33.00	\$77.23	\$35.64
Employee + Spouse	\$62.95	\$29.05	\$67.99	\$31.38
Employee + Family	\$116.68	\$53.85	\$126.01	\$58.16

Vision Plan



The NSM Vision Plan is administered by EyeMed. Utilizing services from an EyeMed in network provider means you pay a lower cost for services and have ease of claims filing administration.

[Click here to find an Eyemed vision provider near you.](#) When looking for providers that are in-network, please make sure you verify that you are searching for providers with the “Insight” network.

Plan Features	Frequency	In Network	Out of Network
Routine Eye Exam	Once every 12 mo	\$20 copay	Up to \$45 allowance
Frames	Once every 24 mo	\$150 allowance (20% off any amount above the allowance)	Up to \$83 allowance
Single Vision Standard Lenses	Once every 12 mo	\$25 copay	Up to \$32 allowance
Lined Bifocal Standard Lenses		\$25 copay	Up to \$55 allowance
Lined trifocal Standard Lenses		\$25 copay	Up to \$65 allowance
Conventional Contact Lenses		\$150 allowance (15% off any amount above the allowance)	Up to \$120 allowance
Disposable Contact Lenses		\$150 allowance plus balance over \$150	Up to \$120 allowance
Discounts			
Laser Vision Correction	15% of the retail price or 5% off the promotional price		
Hearing Health Care	40% off hearing exams and low price guarantee on discounted hearing aids		



2019 Employee Premium Contributions		
	Monthly	Bi-Weekly
Employee Only	\$5.40	\$2.49
Employee + Child(ren)	\$11.56	\$5.34
Employee + Spouse	\$9.84	\$4.54
Employee + Family	\$14.42	\$6.66

Flexible Spending Accounts (FSA)



[Click here for helpful documents and FAQs](#)

NSM Offers 3 Pre-Tax Flexible Spending Account (FSA) Options:

- **Medical/Healthcare FSA** - reimbursement of eligible out-of-pocket health care expenses for you and your eligible dependents.
- **Limited Purpose FSA** - dental and vision expenses only.
- **Dependent Care FSA** - reimbursement of qualifying child care and senior care expenses.

1. **Medical / Healthcare FSA** – Pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses.
 - Medical and prescription copays, coinsurance and deductibles
 - Glasses, contacts, and vision correction surgery
 - Dental expenses and orthodontia payments
 - Maximum annual contribution: **\$2,650**
 - This plan is considered a “use it or lose it” account. Your balance does not roll from year to year and must be spent during 2019 in order to avoid forfeiting remaining funds.
 - It is your responsibility to coordinate your FSA with your spouse’s FSA plan
2. **Limited Purpose FSA** – This unique FSA option is available for eligible dental and vision expenses, even if you are enrolled in a HDHP with an HSA.
 - Funds may be spent on dental and vision expenses for you and your dependents.
 - Medical and pharmacy expenses are **not** eligible.
 - May still participate even if enrolling in an HSA
3. **Dependent Care FSA** – Pre-tax benefit account used to pay for dependent care services for children or seniors.
 - Preschool, summer day camp, before and afterschool programs, daycare, and senior care
 - Maximum annual contribution: **\$5,000**
 - Can only be reimbursed for what is in the account at any given time
 - May still participate even if enrolling in an HSA

USE IT
OR
LOSE IT!





Life & Disability Insurance

Click each plan name below for a link to the summary document.

NSM provides \$20,000 of life insurance, with a matching accidental death and dismemberment policy, at **no cost** to the employee.

NSM also provides Long Term Disability at **no cost** to the employee.

Additional supplemental life insurance and short term disability are available for purchase. Rates vary based on age and coverage amount. Rates are included through the online open enrollment system.

Basic Life & AD&D Insurance

- \$20,000 in coverage for Basic Life insurance, including an additional \$20,000 for AD&D, provided to all benefit eligible employees
- This benefit is paid for by NSM

Supplemental Life Insurance

- You may purchase additional life insurance on yourself, spouse and dependent children
- Benefits are available in \$10,000 increments subject to the lesser of 5x the employee's annual earnings or \$500,000
- For 2019, employees may increase their coverage level by one increment (\$10,000), up to \$200,000 max, as a guaranteed issue, without going through the EOI (evidence of insurability) process.

Short Term Disability

- This coverage provides employees the opportunity to protect their income should they become medically unable to work due to pregnancy, injury, or illness. This plan has a 12 month pre-existing condition clause. Please see the plan summary for additional details.
- 60% of weekly salary up to a \$750 maximum
- 7 day elimination period

Long Term Disability

- This benefit is paid for by NSM and provided to employees who are medically unable to work due to injury or illness
- 60% of monthly earnings up to a \$10,000 maximum
- 90 day elimination Period

Note on EOI Forms: With the exception of new hires, an Evidence of Insurability (EOI) form is required for Short Term Disability enrollments requested during open enrollment.

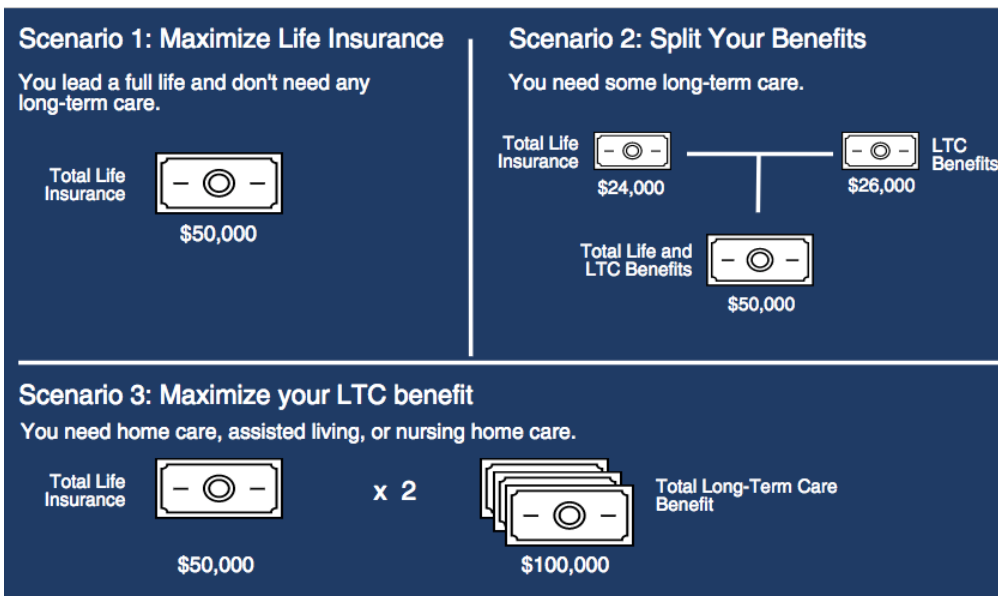
New hires may enroll in up to \$200,000 of Supplemental Life *without* completing an EOI form. During open enrollment, new increase requests of more than \$10,000 (or over \$200,000 total) will require an EOI form.

New for 2019 - Allstate Life Insurance with Long-Term Care (LTC) Benefits

What would happen if you were suddenly unable to perform simple activities that most of us take for granted every day – such as eating, dressing and bathing? Or if you required supervision as the result of a cognitive decline? Who would provide your care, and where would you live? And most importantly, could you afford to pay for it?

Many people require some amount of long-term care services as they age. But a serious illness, disability or accident could also cause someone much younger to need long-term care as well. Planning for the potential cost of long-term care is something that everyone should consider. With the Allstate plan, you have access to one policy with two benefits – long-term care coverage if you need it, and life insurance coverage for your family if you eventually do not need long-term care.

Here is an example of how the policy provides for you and your family.



If you need LTC, you can access your death benefit while you are living for home health care, assisted living, adult day care and nursing home care. You get 4% of your death benefit per month while you are living for up to 25 months to help pay for LTC. The policy also includes an Extension of Benefits to provide up to an additional 25 months, after 100% of the base death benefit has been used for LTC.

Help protect your independence and retirement savings

LTC planning can help protect your finances, provide peace of mind, and let you decide where to receive care.

- Guaranteed acceptance during open enrollment - no health questions required for eligible employees
- Benefits paid directly to you and you can use the LTC benefit any way you choose
- Plan eligibility also extends to spouses/partners
- Coverage is portable - your benefit and premium will not change after employment

To find more information on this benefit, visit <https://www.groupltc.com/nsm> or call (844) 349-1548.

[Click here to learn more about Guardian Accident Insurance](#)

Example: Lisa’s daughter, Amy, plays soccer on the varsity high school team. During a recent game, she collided with an opposing player, was knocked unconscious and taken to the local emergency room by ambulance for treatment. Lisa is enrolled in the Advantage Plan for Family.

This plan provides a lump-sum payment for over 150 different covered events, such as these:

- Fractures
- Dislocations
- Concussions
- Cuts/lacerations
- Emergency care
 - X-rays
 - MRIs
 - CT scans



Covered Event	*Benefit Amount
Ambulance (ground)	\$150
Emergency Care	\$175
Physician Follow-Up (\$50 x 2)	\$100
Leg Brace	\$125
Concussion	\$75
Broken Tooth (repaired by crown)	\$300
Benefits paid by Guardian Group Accident Insurance	\$925

This plan provides protection 24 hours a day - while on or off the job.

- Claims payable directly to you
- Offers family coverage

*Please see the [Guardian Accident Plan Summary](#) for additional details on benefit payment amounts per plan and injury.

Tier	Value Plan		Advantage Plan	
	Monthly	Bi-Weekly	Monthly	Bi-Weekly
Employee Only	\$7.26	\$3.35	\$11.97	\$5.52
Employee + Child(ren)	\$12.48	\$5.76	\$20.84	\$9.62
Employee + Spouse	\$14.17	\$6.54	\$23.36	\$10.78
Employee + Family	\$19.39	\$8.95	\$32.23	\$14.88



Critical Illness Insurance

[Click here to learn more about Guardian Critical Illness Insurance](#)

Coverage Highlights

- This coverage is not connected to NSM’s medical insurance. You can elect coverage in this plan even if you have waived medical enrollment.
- This benefit provides a lump-sum payment upon the first diagnosis of a Covered Condition.
- Option of \$10,000 or \$20,000 benefit
- Family coverage is available
- No evidence of insurability is required. Coverage is guaranteed.
- Covered conditions, lifetime maximums, and payment details can be found in the Benefit Summary document. [Guardian Critical Illness Plan Summary](#)

Covered Conditions

- Full Cancer Benefit
- Partial Cancer Benefit
- Heart Attack
- Stroke
- Coronary Artery Bypass Graft
- Kidney Failure
- Major Organ Transplant Benefit
- 22 Listed Conditions covered at partial benefit percentages.

Note: Claim approval and payment are based on a combination of policy effective date and diagnosis date.

Your policy must be effective prior to the date of service on your initial diagnosis. New coverage, processed during open enrollment, will be effective as of 1/1/2019.

2019 Per Paycheck Premiums (No Tobacco Use)

Age	Employee Only \$10,000	Employee Only \$20,000	EE (\$10K) + Spouse (\$5K)	EE (\$20K) + Spouse (\$10K)	EE (\$10K) + Child (\$5K)	EE (\$20K) + Child (\$10K)	EE (\$10K) + Family (\$5K)	EE (\$20K) + Family (\$10K)
< 25	\$1.34	\$2.68	\$2.40	\$4.80	\$2.58	\$5.17	\$3.65	\$7.29
25 - 29	\$1.38	\$2.77	\$2.49	\$4.98	\$2.63	\$5.26	\$3.74	\$7.48
30 - 34	\$1.85	\$3.69	\$3.14	\$6.28	\$3.09	\$6.18	\$4.38	\$8.77
35 - 39	\$2.49	\$4.98	\$4.06	\$8.12	\$3.74	\$7.48	\$5.31	\$10.62
40 - 44	\$3.60	\$7.20	\$5.77	\$11.54	\$4.85	\$9.69	\$7.02	\$14.03
45 - 49	\$5.22	\$10.43	\$8.17	\$16.34	\$6.46	\$12.92	\$9.42	\$18.83
50 - 54	\$7.52	\$15.05	\$11.58	\$23.17	\$8.77	\$17.54	\$12.83	\$25.66
55 - 59	\$10.48	\$20.95	\$16.02	\$32.03	\$11.72	\$23.45	\$17.26	\$34.52
60 - 64	\$15.00	\$30.00	\$22.75	\$45.51	\$16.25	\$32.49	\$24.00	\$48.00
65 - 69	\$22.34	\$44.68	\$33.74	\$67.48	\$23.58	\$47.17	\$34.98	\$69.97
70 +	\$33.78	\$67.57	\$50.86	\$101.72	\$35.03	\$70.06	\$52.11	\$104.22

Note: Critical Illness rates are higher for Tobacco users. A full tobacco user rate chart is available through the online open enrollment system.

InfoArmor provides employees low-cost and proactive identity and credit monitoring services.

[Click here to learn more about protecting your identity!](#)



Best in Class Identity Monitoring now with High Risk Transaction alerts too, including online account access, fund transfers and password resets.



CreditArmor provides continuous credit monitoring, monthly credit scores and unlimited access to an online, monthly credit report.



WalletArmor to quickly replace contents of a lost wallet to mitigate damages plus it now includes real-time monitoring.



Internet Surveillance with Digital Identity Report to scan the Underground Internet for suspicious activity and show a snapshot of your “digital footprint”.



Full-Service Identity Restoration by Privacy Advocates® that complete the work from start to case completion.



IdentityMD to provide tips, tools, and resources to prevent identity theft and restore an identity (includes how to pull free credit reports from bureaus).



Reduction in unwanted solicitations such as telephone solicitations, preapproved credit card offers and junk mail to limit exposure of personal information.



\$1 Million identity fraud reimbursement policy to protect against out-of-pocket costs associated with identity theft including lost wages and legal fees.

2019 Info Armor Premiums		
	Monthly	Bi-Weekly
Employee Only	\$7.95	\$3.67
Employee + Family	\$13.95	\$13.95

Other Benefits, Perks and Info

In addition to all of the benefits previously mentioned, NSM also offers employees additional programs to promote work-life balance, such as our Employee Assistance Plan, our 401 (k) retirement option and tuition reimbursement. Employees also have access to multiple employee discounts and purchase savings programs. You may take advantage of these perks during enrollment or at any time... whenever you please!

Prudential Retirement – 401 (k) Plan

NSM encourages you to accumulate savings for retirement through pre-tax and Roth (after-tax) payroll deductions. NSM offers an annual discretionary match based on meeting company performance goals. Currently, if earned, the match is calculated at \$0.25 for every \$1.00 the employee contributes, up to 6% of eligible wages, during the previous plan year. [Click here to set up an account or make changes to an existing account](#)



LifeMatters – EAP (Employee Assistance Program)

The EAP is a free and confidential service provided by **LifeMatters**. It offers short-term counseling for issues such as stress, anxiety, grief, and substance abuse. This program also offers some exciting concierge services, such as: travel arrangements, car loan estimates and even finding a doggy-day-care facility! [Click here to learn more about the Employee Assistance Program](#)

Tuition Reimbursement

NSM will reimburse up to \$3,000 annually for approved expenses incurred by full time employees seeking further education in their current field of employment. Employees are eligible after 1 year of full time employment with NSM. Please contact HR for more information on this wonderful opportunity.



Other Benefits, Perks and Info

What is a Qualifying Life Event?

A QLE is a change in your situation – like getting married, having a baby, or losing health insurance coverage. Situations like this open a 30-day Special Enrollment window. If you believe you have experienced a QLE you must contact your HR Generalist within 30 days of the life event to make changes.



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Special Delivery Program

CoreSource offers Special Delivery, a comprehensive maternity program that promotes the health and well-being of soon-to-be moms and babies to help prevent health issues from occurring during pregnancy. Plus, all Special Delivery services are available at no additional cost to CoreSource members. [Click here to learn more about giving your baby a healthy start](#)

LivingFree – Tobacco Cessation Program

National Seating and Mobility remains focused on providing a safe and healthy workplace that includes initiatives aimed at reducing tobacco use of our employees. To support you in quitting use of tobacco, NSM has partnered with CoreSource to offer a free tobacco cessation program: **LivingFree™**. [Click here for more info.](#)



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In addition, to help offset the excess costs associated with tobacco use, employees on any of our health care plans will pay a \$30.00 per month tobacco surcharge beginning January 1, 2019, if the employee uses tobacco products. (See Medical plans page 3.)

Other Benefits, Perks and Info

Paid Time Off

In addition to 6 paid holidays (New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, & Christmas Day) NSM offers paid time off for vacation, illness, or personal use.

- 0-5 years of service accrues 4 hours per check (13 days annually)
- 5-10 years of service accrues 5.85 hours per check (19 days annually)
- 10 + years of service accrues 7.7 hours per check (25 days annually)



Discount Programs available at no cost!



Verizon Wireless offers a 22% discount to NSM employees. Customers can contact HR to sign up.



AT&T offers a 25% discount to NSM employees. [Click here](#) to print the NSM employee discount flyer.



Cascade Designs offers a “friends of the industry” discount to NSM employees who register in advance and order directly using their website. [Click Here](#) to register.



Tickets at Work – Discount Program! Exclusive discounts, access to Preferred Seating & many other special perks for thousands of products including theme parks, shows, sporting events, concerts, dinner shows, movies and much more. Best of all it is free for NSM employees! Just remember to use employer code: **NSMINC** [Click here to create your Tickets at Work account today!](#)



FitBucks Rewards Program



NSM *healthyHEARTS* has launched the **FitBucks Rewards** program! All employees may participate for free! Register at: www.fitbucksrewards.com/nsm

Each month employees may earn \$20.00 for completing an activity on the portal. These rewards can add up to \$60.00 earned per quarter. There are different methods to choose from to receive your rewards payment each quarter. The FitBucks Rewards program is open to all employees and it's free!

You will need to enter an Eligibility Code, which is your Employee ID number (in UltiPro, navigate to "Menu" click on "Myself" then "Employee Summary" to find your Employee ID number.)

Step 1 Sign Up

Set up your account at: www.fitbucksrewards.com/nsm Enter your contact and personal information. Remember: you will need to know your NSM Employee ID number from UltiPro to complete your enrollment. Enter your ID number as the Eligibility code when you sign up. Once this is complete, you will be able to select from a list of activities to earn rewards.

Step 2 Submit

Submit your proof of participation and log your activity. For this program, you may be asked to track an activity. For example, the gym participation activity requires documented proof of visits. Some activities require signed attestation of completion. These can be done right from your account and be uploaded, faxed, or you may check-in at your gym from a mobile device.

Step 3 Get Rewarded

Collect your reimbursement or reward. You will be able to confirm the status of your requests from your account home page and will receive your payment on a reloadable rewards card or as a direct deposit into an account of your choice. It's that simple!

www.fitbucksrewards.com/nsm
Enroll today!

Benefit Carrier Contact Information

Plan	Carrier	Phone Number	Website
Benefit Administration, Enrollment & Questions	Benefits Direct	(877) 523-0176	www.benefits-direct.com/nsm/
Medical, Dental & FSA	CoreSource	(800) 990-9058	www.mycoresource.com
Prescriptions	Optum Rx	(855) 505-8107	www.optumrx.com
H.S.A (non-California)	HSABank	(800) 357-6246	www.hsabank.com
California Medical & H.S.A.	Kaiser Permanente	(800) 488-3590	www.kp.org
Telemedicine	Teladoc	1-800-Teladoc	www.teladoc.com
Healthcare Bluebook	HCBB	(800) 832-3332	www.mycoresource.com (click on HCBB in Links tab)
Vision	EyeMed	(866) 804-0982	www.eyemed.com
Basic Life/AD&D, Voluntary Life/AD&D	Principal	(800) 245-1522	www.principal.com
Long Term Disability & Short Term Disability	Principal	(877) 734-3652	www.principal.com
Universal Life with Long Term Care (LTC)	Allstate LTCi	(844) 349-1548	www.grouppltci.com/nsm
Accident & Critical Illness	Guardian	(888) 600-1600	www.guardiananytime.com
Identity Theft	InfoArmor	(800) 789-2720	www.infoarmor.com
Employee Assistance Plan (EAP)	LifeMatters	(800) 634-6433	www.mylifematters.com



Health Benefit Terms Glossary

Co-insurance. A percentage of a health care cost—such as 20 percent—that the covered employee pays after meeting the deductible. Often, coinsurance depends on the type of service you are receiving and whether you get care in-network. Generally, if you use an in-network provider, the amount of coinsurance you pay will be less.

Co-payment. The fixed dollar amount—such as \$30 for each doctor visit—that the covered employee pays for medical services.

Deductible. A fixed dollar amount that covered employees must pay out of pocket each calendar year before the plan will begin reimbursing for non-preventative health expenses. NSM's medical plans offer separate limits per person and per family.

Embedded Deductible. NSM's plan deductibles are embedded, which means they can be met on an individual basis. This means that once a family member meets his/her individual deductible, the plan will begin to pay coinsurance for that family member.

Evidence of Insurability (EOI). In certain circumstances, you may be required to submit evidence of insurability (or EOI), which is documentation verifying your good health condition and/or your dependent's good health in order to be approved for coverage.

Explanation of Benefits (EOB). After you receive medical services, your insurance carrier will provide you with an explanation of benefits (or EOB). It will outline details regarding how your insurance processed your medical claim, including what portion of the charges your insurance paid and what portion, if any, you are responsible for paying.

Health savings account (HSA). HSAs may be opened by employees who enroll in a high-deductible health plan. Employees can put money in an HSA up to an annual limit set by the government (for 2019, the limit is \$3,500 for self-only coverage and \$7,000 for family coverage), using pre-tax dollars. NSM will provide a match to employee contributions, dollar per dollar, up to \$500 for the 2019 plan year. HSA funds may be used to pay for medical expenses whether or not the deductible has been met, and no tax is owed on funds withdrawn from an HSA to pay for medical expenses. HSAs are individually owned and the account remains with an employee after employment ends.

High-deductible health plan (HDHP). An HDHP, also known as a Consumer Driven Health Plan (CDHP), features higher annual deductibles than traditional health plans; however, HDHP's may have significantly lower premiums than other traditional plans. With the exception of preventive care, covered employees must meet the annual deductible before the plan pays benefits.



Health Benefit Terms Glossary (Part 2)

In-network. Doctors, clinics, hospitals and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.

Out-of-network. A health plan will cover treatment for doctors, clinics, hospitals and other providers who are out-of-network, but covered employees will pay more out-of-pocket to use out-of-network providers than for in-network providers.

Out-of-pocket (OOP) maximum limit. In the event of a major injury or illness, rest easy. Most medical plans have a built-in feature to protect you, called an **out-of-pocket maximum**. This means that the maximum amount you'll have to pay toward medical expenses in a plan year is capped. If you reach the out-of-pocket maximum, your plan will cover eligible, in-network services for the remainder of the plan year.

Premium. The amount you pay to have medical insurance is called a **premium**. Other terms commonly used to describe premiums are rates, employee contributions and payroll deductions. It is a shared cost between employees and NSM. A covered employee's share of the annual premium is generally paid periodically, such as bi-weekly deductions from his or her paycheck.

Preventive Care. This refers to health care services you should have done on a regular basis based on your age and gender, like annual physicals, well baby visits, immunizations, tests and lab work. NSM's medical plans cover qualified in-network preventive care at no cost to you.

Preventive Generic Prescription Medications. The Affordable Care Act (or ACA), commonly known as health care reform, makes certain preventive medications available to you at no cost. Preventive medications are used for the prevention of conditions such as high blood pressure, high cholesterol, heart attack and stroke. Medications on your plan's preventive medication list are covered at 100 percent with no copay when they are prescribed by a health care professional, are age and/or condition appropriate and are filled at 90 day supply via retail or mail order pharmacy. Please check the **Preventive Generic Medication** list to understand how NSM plans cover preventive medications.

Qualified Health Care Expenses. You can use certain tax-advantaged accounts, such as a flexible spending account (or FSA) or a health savings account (or HSA) to pay for a variety of health care products and services for you, your spouse, and your dependents, including medical, dental and vision expenses not covered by insurance (subject to certain limitations.) Those eligible expenses are referred to as **qualified health care expenses**, and The IRS determines which are eligible for reimbursement.

SPECIAL ENROLLMENT NOTICE

During the open enrollment period, eligible employees are given the opportunity to enroll themselves and dependents into our group health plans. If you elect to decline coverage because you are covered under an individual health plan or a group health plan through your parent's or spouse's employer, you may be able to enroll yourself and your dependents in this plan if you and/or your dependents lose eligibility for that other coverage. You must request enrollment within 30 days after the other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may enroll any new dependent within 30 days of the event. To request special enrollment or obtain more information, contact Human Resources.

Women's Health and Cancer Rights Act of 1998 As a requirement of the Women's Health and Cancer Rights Act of 1998, your plan provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from a mastectomy, including lymphedema. The benefits must be provided and are subject to the health plan's regular copays, deductibles and co-insurance. Contact CoreSource at the phone number on the back of your ID card for additional benefit information.

Notice of Privacy Practices

National Seating and mobility is subject to the HIPAA privacy rules. In compliance with these rules, it maintains a Notice of Privacy Practices. You have the right to request a copy of the Notice of Privacy Practices by contacting Human Resources.

Important Information Regarding 1095 Forms

As an employer with 50 or more eligible employees, we are required to provide 1095-C forms to all employees who were eligible for coverage under our group health plan in 2018. If you were eligible for coverage under our group plan, you'll receive a personalized 1095-C form before January 31, 2018. We are also required to send a copy of your 1095-C form to the IRS.

The information reported on Form 1095-C is used in determining whether an employer owes a payment under the employer shared responsibility provisions under section 4980H. Form 1095-C is also used by you and the IRS to determine eligibility for the premium tax credit.

You'll need 1095 form to complete your Federal tax return.

MEDICAID CHIP NOTICE**Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)**

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

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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

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

For the latest form and states where you may be eligible for assistance paying your employer health premiums, go to dol.gov/ebsa/pdf/chipmodelnotice.pdf

For more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
dol.gov/agencies/ebsa
866.444.3272

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services
cms.hhs.gov
877.267.2323, Menu option 4, ext 61565

NOTICE REGARDING WELLNESS PROGRAM

The NSM Healthy Hearts program is a voluntary wellness program available to all employees of National Seating and Mobility. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening, which will include a blood test. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of up to \$20 per month for wellness related activities. Although you are not required to participate in the wellness program, only employees who do so will receive the incentive.

If you are unable to participate in any of the health-related activities to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the NSM HR department.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and NSM may use aggregate information it collects to design a program based on identified health risks in the workplace, Healthy Hearts will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Protections from Disclosure of Medical Information (continued)

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) [indicate who will receive information such as "a registered nurse," "a doctor," or "a health coach"] in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate. If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact your HR representative.

