



Please refer to your rate sheet, as the cost of your coverage may have changed.

Limited Benefits Guide

Effective 1/1/2018–12/31/2018

2018

T3

Step 1—Review, Complete, and Return Your Universal Enrollment Form

Open Enrollment:

- Open Enrollment is from November 6- November 17, 2017. **This is a passive enrollment. If you do not wish to make any changes, no action is necessary.**
- Changes can be made using a Universal Enrollment Form that must be sent to the Corporate Benefits Department and be postmarked by Friday November 17, 2017.
- Mid-Year New Hire Enrollment:
Your completed forms must be received by the Benefits Department no later than 15 days prior to your eligibility date, which is the 1st of the month following 30 days of employment.
- Qualifying Life Event Enrollment:
Your completed forms must be received by the Benefits Department within 31 days of the Qualifying Life Event date.

Step 2—Review your confirmation statement and payroll deductions

Your first premium deduction will be taken from your paycheck based on the premium deduction schedule for your payroll cycle. See your manager to determine when your first premium deduction will be withheld. It is your responsibility to review your paycheck stub. If you notice a discrepancy, please notify your manager or the Benefits Department immediately.

Your benefit premiums are deducted on a pre-tax basis (governed by IRS regulations) and you are locked into your choices for the entire plan year. Changes may only be made during Open Enrollment or if you have a Qualifying Life Event.

Please review your paycheck and notify the Benefits Department immediately if you have any corrections.

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Eligibility

Employee

- You work less than 30 hours per week and more than 20 hours per week or
- On a seasonal basis working more than 20 hours per week.

Dependents

- Legal Spouse (and Civil Unions where applicable)
- Dependent child(ren), including biological children, stepchildren, and legally adopted children, up to age 26.

Paying for Your Benefits

You will be required to pay for all or a portion of the cost of the insurance you choose to elect. These payments are made through payroll deductions. It is your responsibility to review your paycheck for these deductions. If you are unable to pay your premiums due to insufficient hours or a missed paycheck, an additional one times (1x) your deduction will be taken on each paycheck until you have paid your premiums in full. If you don't have deductions, then coverage may be cancelled.

It is your responsibility to pay for your premiums when you are not actively at work. For example, if you are not working due to a leave of absence, suspension, workers compensation, etc. you are still responsible for your premium payments. A premium collections letter will be mailed to your home regarding your payment schedule. However, you are still responsible for contacting the Benefits Department to make payment arrangements. Personal payments received will be processed and applied to your balance as soon as administratively possible.

When Coverage Ends

If your employment ends, your benefit coverage will end at midnight on the last day of the month in which your employment ends, i.e. if your employment ends on 4/15, your coverage ends on 4/30.

Transfers

You may gain or lose eligibility due to a change in work schedule, position, or location. If you gain eligibility for benefits due to one of these changes, the eligibility will be effective the first of the month following the transfer. You must enroll for coverage within 30 days of the transfer. Paperwork should be requested from your manager. If you lose eligibility due to a transfer and are enrolled in a healthcare plan, you may be offered COBRA.

Important Contact Information

Vendor/Product Name	Customer Service Number	Website Address
BlueCross BlueShield Dental	800-367-6401	www.bcbsil.com
Kemper MEC & Kemper BuyUp Plans	833-583-3270	www.Kemperbenefits.com
Kemper Rx (included with the BuyUp Plan) (Broadreach network)	866-718-2375	www.BroadreachRx.com/members
VSP Vision	800-877-7195	www.vsp.com
Discovery Benefits (COBRA)	866-451-3399	www.discoverybenefits.com
MetLaw / Hyatt	800-821-6400	www.legalplans.com
Employee Assistance Program (EAP)	888-628-4824	www.guidanceresources.com Plan ID: LFGSupport Password: LFGSupport1
401(k) - OneAmerica	800-858-3829	www.oaretirement.com
Benefits Forms and Summary Plan Descriptions available online.		www.ne4u.net
Benefits Department	888-201-1641	Email: Benefits.Fax@nellc.com FAX: 800-318-3813

Medical

Kemper MEC offers Preventive and Wellness benefits that satisfy the individual mandate under Health Care Reform. (MEC = Minimum Essential Coverage)

Kemper BuyUp includes the Kemper MEC plan plus a limited indemnity* benefit hospital plan, the plan reimburses a set amount for specific services.

Plan Services	Kemper MEC ¹ Preventive Services Only Plan Pays	Kemper BuyUp ^{1,2} (MEC + Rx) Plan Pays
Daily In-Hospital	N/A	\$100 per day; No confinement limits
Hospital Admission	N/A	\$600 per admission; 1 per year
Outpatient Physician Office Visit	N/A	\$60 benefit per visit; 6 visits per year
Outpatient Diagnostic X-Ray and Laboratory	N/A	-\$10 per diagnostic laboratory; up to 3 days -\$50 per diagnostic x-ray; up to 2 days -\$200 per day ultrasound, EEG, EKG or other Level one test -\$600 per day CT, CAT, MRI, MRA, PET, or other Level two test Up to 2 days for Level one/Level two tests
Outpatient Surgical	N/A	\$250 per outpatient; 1 day per year
Inpatient Surgical	N/A	\$500 per inpatient; 1 day per year
Emergency Room Accident	N/A	\$500 per visit; 5 visits per year
PPO Network	Yes	For Preventive Services Only
Preventative Services	100% In-Network 60% Out-of-Network	Covered under Preventive Plan (MEC) plus \$30 reimbursement per visit up to 5 visits per year
Life with AD&D Benefit	N/A	\$5,000
		Member Pays
Prescription Drug	N/A	Member responsibility averages \$5 to \$20 for formulary generics ² Plan pays up to \$1,000 per year/member Discount for Brand and non-formulary Broadreach Rx Network

* Indemnity Insurance means that a set amount will be paid each time the insured receives a covered service. The same amount is paid regardless of the fees charged by the provider.

1 What services are covered under the Kemper MEC Plan? Services include immunizations, blood pressure screenings, diabetic and cholesterol screening, prenatal visits for pregnant women and more. For an updated listing, refer to www.uspreventiveservicestaskforce.org under the "Information for Health Professionals" tab.

2 70% of Generics on the Broadreach Rx formulary will have a member responsibility of \$10 or less. For actual member responsibility visit www.broadreachRx.com/members or call 866-718-2375. The list of covered Rx is subject to change at any time.



Please note: To make changes, please complete entire form.

Universal Enrollment Form T3

Limited Benefits

Employee #
CSC #
Location
Job Title
Effective Date

1. Employee Information			
Last Name:	First Name:	M.I.	Social Security Number:
Mailing Address:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
City:	State:	Zip:	
Date of Birth:	Phone Number:	Email Address:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Life Event <input type="checkbox"/> Open Enrollment	<input type="checkbox"/> New Hire <input type="checkbox"/> Rehire Hire Date:	
If Qualifying Event: Type Attach HIPAA Notice, Marriage Certificate, Divorce Decree, Proof of Lost Coverage, etc.			

2. Dependent Information					
<ul style="list-style-type: none"> List all family members to be covered, other than yourself. Indicate their relationship to you, i.e. child, step-child, etc. Indicate the coverage being elected for each dependent, i.e. Medical, Dental, and/or Vision 					
Coverage	First and Last Name (if different)	Social Security Number	Relationship	Date of Birth	Gender
<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision					<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision					<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision					<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision					<input type="checkbox"/> Male <input type="checkbox"/> Female

3. Coverage Information (if enrolling dependents, indicate which dependents in Section 2 above)			
Medical (Please select only one option)			
Kemper MEC (Preventive Services Only)		Kemper BuyUp (MEC & Hospital Indemnity)	
<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee Only		
<input type="checkbox"/> Employee plus One	<input type="checkbox"/> Employee plus One		
<input type="checkbox"/> Employee plus Family	<input type="checkbox"/> Employee plus Family		
<input type="checkbox"/> No Medical Coverage			
Dental (Please select only one option)		VSP Vision	MetLaw Prepaid Legal Plan
BlueCross Blue Shield High PPO	BlueCross Blue Shield Low PPO		
<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee Only	<input type="checkbox"/> Coverage
<input type="checkbox"/> Employee plus Spouse	<input type="checkbox"/> Employee plus Spouse	<input type="checkbox"/> Employee plus Spouse	
<input type="checkbox"/> Employee plus Child(ren)	<input type="checkbox"/> Employee plus Child(ren)	<input type="checkbox"/> Employee plus Child(ren)	
<input type="checkbox"/> Family	<input type="checkbox"/> Family	<input type="checkbox"/> Family	
<input type="checkbox"/> No Dental Coverage		<input type="checkbox"/> No Vision Coverage	<input type="checkbox"/> No Prepaid Legal Coverage

3. Coverage Information (continued)**Life Insurance**

Basic Coverage All Coverage amounts are subject to the limitations and exclusions as stated in the policy.

Company Paid

4. Beneficiary Information: Beneficiary(ies) will be assigned for applicable Life coverage as indicated below and/or on an attached separate form.

Primary Beneficiary's Last Name	First	MI	Relationship to Beneficiary	Beneficiary Social Security #	
Street Address			City	State	Zip Code
1. Contingent Beneficiary's Last Name	First	MI	Relationship to Beneficiary	Beneficiary Social Security #	
Street Address			City	State	Zip Code
2. Contingent Beneficiary's Last Name	First	MI	Relationship to Beneficiary	Beneficiary Social Security #	
Street Address			City	State	Zip Code

4. Signature and Date (This form MUST be signed and dated)

The elections made herein and on my separate insurance application forms (if applicable) constitutes my formal application for coverage. I authorize my employer to deduct from my earnings each pay period any contributions required by my participation in the various benefit plans. I further certify that I have read the Summary of Benefits Booklet and understand all plan rules and my premium obligations and agree to comply with all payroll deductions required. I understand that my contributions to the Medical, Dental, and/ or Vision Plan(s) (if applicable) will be deducted from my pay before Federal Income and Social Security Taxes are withheld. I understand that having contributions for Medical, Dental and/or Vision Plan (s) (if applicable) withheld on a pre-tax basis, I cannot change or revoke my elections during the year except in the event of a related qualified life event, or at the next enrollment period. A qualified life event change must be consistent with the benefit change request.

Arrears

It is your responsibility to review your paycheck for these benefit deductions. If you are unable to pay your benefit premiums due to insufficient hours or a missed paycheck, an arrear will be set up in the amount of one times (1x) your deductions and it will be taken on your next paycheck (and all subsequent checks until your premium obligation is satisfied).

Applicant Signature:

Date:

Dental

BlueCross BlueShield Dental Plan	BCBS High Plan		BCBS Low Plan	
	In Network	Out of Network	In Network	Out of Network
Maximum Benefit per Calendar Year/Person	\$1,750		\$1,250	
Deductible (annual) Per Person Family Maximum Limit Deductible Waived (preventive)	None None Yes	\$25 \$75 Yes	\$50 \$150 Yes	
Percentage Payable Preventative and Diagnostic (cleanings, exams, x-rays) Basic Services (fillings) Major Services (crowns, dentures, bridges, implants)	100% 80% 50%		80% 70% 50%	
Orthodontia for Children and Adults	50% up to \$1,250 Lifetime max		Not covered	

ID cards are not issued for this plan. Your dental provider can verify benefits for you.

Vision

VSP Vision	VSP Provider You pay...	Non-VSP Provider Maximum Reimbursement...
Exams (Covered every 12 mths)	100% after \$10 Copay	Up to \$45 Reimbursement, after \$10 co-pay
Lenses (Covered every 12 mths)		
Single Vision	\$0	Up to \$30
Bifocal	\$0	Up to \$50
Trifocal	\$0	Up to \$65
Lenticular	\$0	Up to \$100
Frames (Covered every 24 mths)*	Up to \$120	Up to \$70 Reimbursement
Contacts (Covered every 12 mths)*		
Medically Necessary	\$0	100% up to \$210
Elective	100% up to \$130	100% up to \$105

* Eligible for a contacts or a glasses allowance (not both) in the same calendar year.

VSP does not issue ID cards for coverage; your vision provider can verify benefits for you.

MetLaw—Prepaid Legal Plan

MetLaw provides you, your spouse, and dependents with fully covered legal services from experienced attorneys at a low monthly group rate, which is paid through deductions from your paycheck. When you use a Plan Attorney, there are no deductibles, no copayments, no claim forms, and no limits. You will not receive a card for this coverage. If you'd like to seek services, please contact MetLaw / Hyatt at 800-821-6400.

Basic Life—Company Paid

NETC provides each employee with \$15,000 of life insurance, payable to the employee's beneficiary. Please complete Section 4 of the enrollment form (Beneficiary Information).

Disclaimer: This guide is a Summary of Material Modifications (SMM) providing information on various National Express LLC benefit plans and outlining changes that take effect as of January 1, 2018. It is intended to provide an overview of changes and information about some of the benefit plans you are eligible for as an employee of National Express LLC. If any information in this 2018 Benefits Guide conflicts with the plan documents and insurance policies, those plan documents will govern. National Express LLC Reserves the right to amend, modify or terminate these plans at any time. This 2018 Benefits Guide does not constitute a contract of employment.

Q: What is Open Enrollment?

A: Each year on the plan's renewal date, all employees have the opportunity to change their benefit elections. This time period is referred to as Open Enrollment.

National Express Transit holds Open Enrollment in November for a January 1st effective date.

Q: Can I make changes to my benefit elections at other times during the year?

A: Since your deductions are taken on a pre-tax basis, you can only make changes during Open Enrollment unless you have a Qualifying Life Event.

Q: What is a Qualifying Life Event?

A: Examples include change in marital status, birth of a child, change in employment (employee or spouse), or enrollment in another health plan.

You must notify the Benefits Department within 31 days of the event or you will not be permitted to make changes.

Q: Where do I find the cost of my benefits?

A: Your benefit premium costs are listed on a separate rate sheet. See your manager if you did not receive a rate sheet.

Q: Will I receive ID cards?

A: You will receive ID cards for your medical/Rx and dental plans. MetLaw and the vision carrier do not mail out ID cards.