C&D CORE EDITS PROCESS

If you're looking for steps on how to correctly submit edits for your C&D Core benefit guide, we've got you covered! Once you receive the first draft of your guide and have done a thorough review, you may need to submit edits.

EDITS NEED TO BE SUBMITTED TWO WAYS:

1 Via the **Excel Source Doc**, for variable data edits

2 Via marking-up the **PDF**, for text/format edits

EDITS UTILIZING THE EXCEL SOURCE DOC

When you submit your order, if you're using the new template you will complete an Excel source doc to record all of your benefit data. This source doc is used to directly populate the guide–our design program pulls the variable data directly from the source doc and uses that information to fill in the guide. Be sure to enter your information into the Excel source doc exactly how you'd like it reflected on the guide! If any of the information that originated in the source doc needs to be changed, you can go back to the source doc to update it.

You'll notice that after you receive your first draft of the guide, you'll also receive the source doc back. The first new column you'll see in the source doc is titled "Communication Team Edits," with some of the data now listed in red. These are changes the Project Manager (PM) has made to fit the flow/format of the benefit guide. We recommend that when making edits you use the same format as shown in the "Communication Team Edits" column. Next to that column, you'll see the PM has also entered an "Account Team Edits" column. This is where any "source doc" edits go. For every draft/round of edits, your PM

will enter a new "Account Team Edits" column and any edits needed per draft will go in the new column.

Source doc edits include changes to any plan data, carriers, phone numbers, websites, etc.

Example: You've noticed that the IN Emergency Room "$100 copay" is wrong, and should be "$50 copay." So, you open the excel the PM sent with your first draft, and in the most recent "Account Team Edits" column you enter the correct amount. You only have to enter what needs to be updated; you don't have to enter any other data in your edits column.

DO NOT CHANGE NAMES IN THIS COLUMN	Account Team Data	Communication Edits	Account Team Edits Round 1	NOTES
Client Name	ABC Company	ABC Company		
Plan Year	January 1 - December 31, 201X	January 1 - December 31, 201X		
Eligibility	30	30		
Domestic Partner Eligibility	Registered Domestic Partner	Registered Domestic Partner		
Days to Complete Enrollment	30	30		
Coverage Begins	first of the month following your date of hire	first of the month following your date of hire		
Qualifying Event	31	31		
Enrollment Method	Online	Online		
Online Benefits Website URL	http://www.samplebenefitswebsite.com	http://www.samplebenefitswebsite.com		
NUMBER OF MEDICAL PLANS	3	3		
P1 Med Carrier Name	Kaiser	Kaiser		
P1 Plan Type	HMO	HMO		
P1 Plan Name	Network Only Plan	Network Only Plan		
P1 OOP Max/Deductible Term	calendar year	calendar year		
P1 IN EE Only Deduct	None	None		
P1 IN FAM Deduct	None	None		
P1 IN EE Only OOP Max	None	None		
P1 IN FAM OOP Max	None	None		
P1 HSA Account Rules	N/A	N/A		
P1 HSA ER Contribution for EE Only	N/A	N/A		
P1 HSA ER Contribution for FAM	N/A	N/A		
P1 IN OFC Visit (PCP/SPEC)	$20 / $40 copay	$20 / $40 copay		
P1 IN Preventive	No charge	No charge		
P1 IN Outpatient Lab & Diag Xray	No charge / $25 copay	No charge / $25 copay		
P1 IN Complex Imaging	N/A	N/A		
P1 IN Chiropractic	$20 copay	$20 copay		
P1 IN Ambulance	$50 copay	$50 copay		
P1 IN ER	$100 copay	$100 copay	$50 copay	
P1 IN Urgent Care	$20 copay	$20 copay		
P1 IN In-Patient Hospital	$250 copay	$250 copay		
P1 IN Outpatient Surgery	$100 copay	$100 copay		
P1 Rx Levels	Tiers	Tiers		
P1 Rx IN Retail 30 Day Supply	$15 / $25 / $40	$15 / $25 / $40		

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EDITS MARKING UP THE PDF

If you need to make guide edits to something outside of the source doc, you can mark up the PDF by using the highlight text/sticky-note function of Adobe PDF. Another way of making edits is by writing directly on the guide and then scanning it. Markups are an easy way to edit any existing text, add text, add footnotes to anything besides Medical, add contact info that is not already included in the source doc, etc.

EXAMPLES

Below are examples of source doc and text edits.

1. **TEXT EDIT:** NOTE: "Kaiser HMO plan is only available in CA."

2. **Source doc Edit:** 50%

3. **TEXT EDIT:** Change to "Chiropractic/Acupuncture"

4. **Source doc edit:** "Generic / Brand"

5. Any edits to the footnotes are done in the **Source Doc**

Medical Plans (Cont'd.)

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD). [1]

Key Medical Benefits	Anthem Classic PPO 250/20/10		Anthem Classic PPO 750/25/20		Anthem PPO HSA 2700/0		Kaiser HMO
	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]	In-Network Only
Deductible (per calendar year)							
Individual / Family	$250 / $750	$250 / $750	$750 / $2,250	$750 / $2,250	$2,700 / $5,400	$8,100 / $16,200	None / None
Out-of-Pocket Maximum (per calendar year)							
Individual / Family	$2,250 / $4,500	$6,500 / $13,000	$4,000 / $8,000	$4,000 / $8,000	$3,425 / $6,850	$7,000 / $14,000	$1,500 / $3,000
Covered Services							
Office Visits (physician/specialist)	$20 copay	30%*	$25 copay	40%*	0%*	30%*	$15 copay
Routine Preventive Care	No charge	30%*	No charge	40%*	No charge	30%*	No charge
Outpatient Diagnostic (lab/X-ray)	10%*	30%* 4	20%*	40%* 4	0%*	30%* 4	No charge
Complex Imaging	10%*	30%* 5	20%*	40%* 5	0%*	30%* [2]	$100 copay
Chiropractic [3]	$20 copay 3	30%*	$25 copay 2	40%*	0%* 2	30%*	$10 copay 3
Ambulance	10%*		20%*		0%*		$100 copay
Emergency Room[8]	$150 copay* 3		$150 copay* 3		0%*		$100 copay
Urgent Care Facility	$20 copay	30%*	$25 copay	40%*	0%*	30%*	$15 copay
Inpatient Hospital Stay[9]	10%*	30%* 3	20%*	40%* 5	0%*	30%* 6	$250 copay
Outpatient Surgery	10%*	30%* 4	20%*	40%* 4	0%*	30%* 4	$100 copay
Prescription Drugs	(Tier 1 / Tier 2 / Tier 3 / Tier 4) [4]						(Generic / Brand / Non-Formulary)
Retail Pharmacy (30-day supply)	$5 / $25 / $40 / $60	50% 7	$5 / $25 / $40 / $60	50% 7	$10 / $30 / $50 / 30%	30% 7	$10 / $20
Mail Order (90-day supply)	$10 / $50 / $80	N/A	$10 / $50 / $80	N/A	$20 / $60 / $100	N/A	$20 / $40

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount. [5]
2. 30 visits
3. Waived if admitted
4. $250 max.
5. $600 max.
6. $1,000 max.
7. Up to $250 max (retail only)
8. ER Physician charges may be separate
9. Hospital $500 copay applies to hospital stays if not preauthorized