

Your Total Rewards



2013



2013 Total Rewards Programs

Benefits Eligibility Information

Eligibility for most benefits depends on your employment status. The following terms are used throughout this booklet:

- **Regular Full-time** is an employee who is regularly scheduled to work 32 hours or more each week, or 64 hours or more during a two-week pay period. Employees with this status are typically eligible for all benefits.
- **Regular Part-time** is an employee who is regularly scheduled to work at least 20 hours, but less than 32 hours each week; or at least 40 hours, but less than 64 hours during a two-week pay period. Employees with this status are eligible for most benefits.

- **Occasional** is an employee who is regularly scheduled to work less than 20 hours each week or less than 40 hours each two-week pay period. Employees with this status are not eligible for most benefits.
- **Temporary** is an employee who is hired for a stated period of time. Employees with this status are not eligible for most benefits.
- **PRN** is an employee who works on an as-needed basis. Employees with this status are not eligible for most benefits.

On cover: Eddie Fagan, Sports Clinical Site Leader

The information in this book summarizes some of the major features of the Children's Healthcare of Atlanta benefit plans. It is intended to be a brief overview only. Full Summary Plan Descriptions (SPDs) are available on Careforce Connection and will have specific information about all of the plans. In the event that the following information varies from the information in the SPDs, the SPD language and provisions will govern.

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The Children's Employee Promise

At Children's Healthcare of Atlanta, we believe you possess extraordinary expertise and a desire to help kids, which makes you the very best at what you do.

You have characteristics that make you Strong Enough to Care Enough, an expression of the special nature of people like you who are called to work at Children's.

To create a place where you can thrive, we live our shared Values of Caring about People, Passionate about Kids and Dedicated to Better.

Our Promise demonstrates Children's Values through our commitments to you and the actions and behaviors we expect from you.

Care about People

What Children's Commits to You

Because of our deep concern and consideration for each other, we strengthen, grow and involve those around us. Children's commits to valuing you and the work you do. We will support you by offering comprehensive benefits, professional development and a focus on work-life success. We commit to celebrating and recognizing your contributions to make Children's better.

What Children's Needs from You

We need you to care about each other and respect each other's differences. We all must strengthen, grow and involve others because of our deep regard for them.

Passionate about Kids

What Children's Commits to You

You come to Children's because of a deep desire or calling to care for kids. Children's cares about you and the work that you do. We commit to helping you see the impact of your work and keeping the kids close to you no matter what your role or function.

What Children's Needs from You

We need you to ensure every decision starts with the kids, knowing that we all can make a difference in the life of a child.

Dedicated to Better

What Children's Commits to You

Because you are driven to see beyond today, you constantly seek better ways to deliver excellence. Children's commits to creating an environment where you can collaborate, provide input and suggest new ideas.

What Children's Needs from You

Our patient families put extraordinary trust in us, and we cannot let them down. We need you to always look for a better way of doing things and hold each other accountable for doing the right thing.



Dear Children's Employee,

Our Mission here at Children's is to make kids better today and healthier tomorrow. Each one of our nearly 8,000 employees plays an important role in helping us deliver the best care, and Children's is proud to provide you and your family with a comprehensive range of benefits and programs.

This *Your Total Rewards* book is a helpful tool in planning for 2013 and beyond. It outlines all of your options for health, dental and vision benefits, and includes details on retirement planning, compensation, time off, recognition and other workplace support.

I hope you'll find options that work well for you and your loved ones and that you take advantage of the rewards that come with being a Children's employee. As a working mom, I appreciate the support and options that Children's provides to me and my family. As you read through this book, I know you'll discover that our Total Rewards team is doing everything we can to provide programs that meet your needs.

Your time and efforts are helping us make an incredible impact in our community and state. Thank you for being strong enough to care enough.

A handwritten signature in black ink, appearing to read "Linda Matzigkeit".

Linda Matzigkeit
Chief Administrative Officer
Children's Healthcare of Atlanta

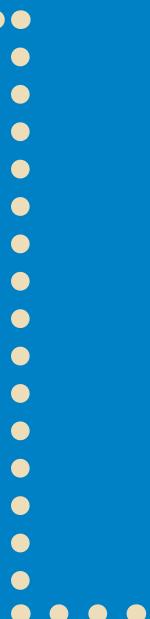
Fortune magazine has ranked Children's as one of the “100 Best Companies to Work For” for seven consecutive years.

Children's has been named a 2012 “Working Mother 100 Best Company” by *Working Mother* magazine for the eighth consecutive year.



your
WORK LIFE

- Family and Dependent Care
- Strong4Life
- Convenience
- Other Work Life Support



E SUCCESS

Family and Dependent Care

Childcare Centers

If you are a regular full-time or regular part-time employee, you are eligible to enroll dependent children in one of three childcare centers supported by Children's: New Generations, The Clifton School and The Clifton School at Clairmont. Enrollment is subject to available openings, and subsidies are provided to employees who qualify. As a Children's employee, you also may take advantage of discounts provided through The Sunshine House childcare centers located throughout metro Atlanta. For more information, contact the centers directly (See Page 48).

Childcare Credit

If you are a regular full-time or regular part-time employee and have dependent children in day care, you may be eligible to receive up to a \$40 credit each pay period. This credit helps defray the cost of childcare expenses and may be accessed through the Dependent Care Account (See Page 24); simply enroll in the Dependent Care Account. The total amount you elect will include the \$40 Childcare Credit. Once you have accumulated sufficient childcare expenses, complete a claim form and send it, along with appropriate receipts, to WageWorks to receive your reimbursement. Visit Careforce Connection for more information or to receive a claim form. You must re-enroll each year.

Backup Care Options

Children's provides assistance for all employees seeking temporary care for infants through the elderly, whether they are healthy or mildly ill. Example situations include: your regular caregiver is unavailable (including a spouse), your child or adult family member is ill, school or day care is closed (for any reason) or your adult family member is recovering from medical treatment. Bright Horizons Family Solutions provides access 24 hours a day, seven days a week to carefully selected childcare centers and highly qualified home care professionals who are available to deliver temporary care. The program is very affordable at \$2 per hour for each child for center-based care or \$6 per hour for home care (home care rate applies for up to three dependents). All caregivers are FBI-background checked, CPR/First Aid-certified, licensed, insured and experienced in childcare or adult/elder care.

All active employees, including PRNs, may use the program for up to 80 hours a calendar year, and for your convenience, fees are payroll-deducted. Because this service is only for temporary breakdowns in care, you can only use Backup Care Options when you would otherwise have to miss work. Contact Bright Horizons Family Solutions at <http://brighthorizons.com/> to schedule care or find out more information. First-time users, enter the following information:

Username: choa

Password: hopeandwill1

Sitter Service

Through our partnership with Sittercity.com, Children's provides employees with free access to a database of 3,000 sitters, nannies, pet sitters and house sitters in metro Atlanta. To find a service, just register online or by phone and view profiles of sitters matching your needs, including their certifications, languages spoken, type of care, hourly rate and available times. Sitters are even available for holidays, such as Valentine's Day and New Year's Eve.

Working Mother Support

Working moms have access to an online community on Careforce Connection where they can find tips for success and links to programs that can help them meet the challenges of having a career and taking care of a family. For more information, visit the Work Life Success page on Careforce Connection.

Baby Showers

Every other month, Children's throws a baby shower for expecting parents (including adoptive parents). In addition to a gift, valuable prize drawings and refreshments, parents receive answers to questions about childcare needs, FMLA and benefits.

Prenatal Screening

Future Moms is a free program to help parents make informed choices and give their babies a healthy start. The program includes a personal health coach, nutritional counseling, and postpartum support and guidance. Register for Future Moms by calling 866-347-8360. Online access to information about your pregnancy is also available 24 hours a day at MyHealth at www.anthem.com.

Adoption Assistance

The Children's Adoption Assistance Plan provides reimbursement for certain reasonable and necessary expenses associated with the adoption of a child. The expenses must be directly related to, and incurred for the purpose of, the legal adoption of an eligible child. The plan will pay for up to two adoptions per lifetime, up to \$10,000 per adoption. There are certain other restrictions and provisions that apply. You may obtain a copy of the Adoption Assistance Plan Summary from Careforce Connection. All regular full-time and regular part-time employees employed by Children's for at least six months before they incur a qualifying expense are eligible to participate.



At Children's, we believe the health of our employees comes first, so we take wellness to heart. After all, we need to take care of ourselves to take care of the kids we serve. Children's is committed to wellness and designed the Strong4Life program to provide you with the structure and support you need to set goals. Our healthy cafés and vending machines, complimentary on-site trainers, registered dieticians and fitness classes keep wellness fun and convenient. We offer initiatives based on employee interests and feedback as well as health needs we've identified through biometrics and our Health Risk Assessment (HRA). Whether you want to maintain your good health or become healthier, our comprehensive programs will meet your needs. Strong4Life offers opportunities for prevention, maintenance and health and wellness improvement. The program features four themes centered on support, activity, nutrition and fun.

4Support. From healthy lifestyle development, individual health coaching and programs designed to improve your health and well-being, we provide both group and personalized support. We offer System and department lectures and seminars on a variety of topics including stress management and resilience.

4Activity. We make it easy, convenient and fun to get moving. We have free on-site fitness classes, organized sports, sponsored events such as walks, runs and triathlons, as well as our Stair Gyms. We also provide our staff with free pedometers and regularly host challenges for the most steps taken, so you can increase your physical activity and win great prizes along the way.

Infertility Assistance

Infertility Assistance for certain reasonable and necessary expenses incurred by you or your spouse due to infertility is covered under the health plans. The maximum lifetime benefit for each eligible employee (and spouse) is \$10,000. You may obtain a copy of the Infertility Assistance Plan Summary from Careforce Connection.

All regular full-time and regular part-time employees employed by Children's for at least six months before they incur a qualifying expense are eligible to participate.

4Nutrition. Children's makes it simple to eat healthy in the workplace. Attend our monthly onsite nutrition seminars complete with healthy cooking demonstrations. Our healthy vending machines make it easy to "snack smart" by offering reduced prices for healthier items and clear indications of healthier selections within each machine. Looking for a more personal nutrition plan for you and your family? Take advantage of our free consultations with one of our Strong4Life registered dieticians.

4Fun. Our goal is to help you find the fun in exercise at Children's by offering fresh, motivating activities and events for all levels. We regularly offer friendly competitions, special recognitions, rewards and lots of surprises along the way.

Visit the Strong4Life pages on Careforce Connection to learn more about the variety of activities Children's offers through Strong4Life, including the ones below.

Something for Everyone

Children's has created several award-winning, innovative programs especially for you. Employees have surpassed their weight loss goals through Mission:Slimpossible, Points4Pounds, You4Life Leaders and the Holiday Survival Challenge. Looking for a great way to engage your whole family in healthy pursuits? Consider the Children's Family Wellness program where employees and their families engage in weekly health coaching and goal setting with our Strong4Life team and have the opportunity to work together as a family to improve their wellness while spending more time together and having fun along the way.

Strong4Life Online

Children's offers Strong4Life Online to help you customize a personalized wellness plan that will get you started on accomplishing your wellness goals for each Strong4Life area. Through Strong4Life Online, you can participate in an online Wellness Workshop or Challenge, measure your results, track your progress and see how your diet, exercise and other activities work together. Tracking your health and fitness progress is one of the best ways to stay healthy, and staying motivated is a big part of wellness success.

Massage Therapy

Children's has negotiated discounts with GlobalBodyWorks Inc. to provide onsite massages by licensed therapists to our employees. Contact GlobalBodyWorks Inc. at 404-812-0340 for price information or to schedule an appointment.

Employee Assistance Program

Because we care about your health and well-being, we have engaged Employee Assistance Program (EAP) consultants, a professional and confidential counseling service, to help you and your family resolve personal concerns. EAP consultants provide confidential intake evaluation for assessment, referral and short-term counseling 24 hours a day, seven days a week. Contact the EAP at 770-951-8021 for more information. Some areas for which EAP consultants can find the resources to help you include:

Adoption	Aging	Alcohol	Childcare
Drugs	Education	Elder Care	Emotions
Family Stress	Finances	Legal Matters	Marriage
Parenting	Pet Services	Psychiatric	

EAP services are available to you and your eligible dependents.

Critical Incident Stress Management

Critical Incident Stress Management (CISM) provides crisis response for any employee who has experienced a stressful event or situation and needs assistance managing stress. A stressful event includes a difficult patient, family situation or a difficult death of a patient.

Your manager or supervisor contacts a CISM responder by calling 770-951-8021 to directly request a CISM responder for your department.

Tobacco Cessation

We are proud that Children's Healthcare of Atlanta is tobacco free inside and out. To help employees who want to stop smoking we offer the Quit for Life program, one of the nation's leading tobacco cessation programs, brought to you by the American Cancer Society and Free & Clear. Quit for Life can help you overcome physical, psychological and behavioral addictions to tobacco using

a seamlessly integrated mix of medication support, phone-based cognitive behavioral coaching, and Web-based learning and social support. Children's offers this free program to employees, spouses and dependents over the age of 18.

Visit www.quitnow.net/choa/ for more information.

Convenience

Concierge Service

To help simplify your personal life, Children's partners with At Your Service concierge. Think of At Your Service as your very own personal assistant. You have access to true concierge services for things like finding tickets to any event in the country, making dinner reservations, vacation or party planning, scheduling cable service installation, obtaining birthday party supplies, gift shopping or finding the best value on a new TV. With At Your Service, you get the opportunity to let someone else do the planning while you focus on what is important to you. See Careforce Connection for onsite concierge hours and more information.

Workplace Banking

You are eligible for savings and incentives on a wide range of banking products and services with SunTrust, Wells Fargo (formerly Wachovia), Bank of America, MetLife, Lockheed Credit Union, Emory Alliance Credit Union, LGE Community Credit Union, PNC and the Centers for Disease Control and Prevention Credit Union. To sign up, contact your nearest branch office (See Page 48).

Direct Payroll Deposit

You can have your paychecks deposited directly to participating banks in metro Atlanta. A direct deposit form is on Careforce Connection and should be sent to the Children's Payroll Department.

Commute Alternatives

In partnership with The Clean Air Campaign, Children's offers support and incentives to employees choosing commute alternatives. These commute alternatives include public transportation, carpooling, vanpooling, biking, walking and telecommuting. Programs include subsidized monthly MARTA passes, a monthly vanpool subsidy, preferential parking for carpoolers and a guaranteed ride home.

Discount Buying Clubs

Our employees are eligible for memberships with AAA Auto Club South, Costco and Sam's Club. For more information, visit the Convenience page on Careforce Connection.

Other Work Life Support

Employee Referral Network

Our employees know exactly what it means to be Strong Enough to Care Enough, and that's why you're our best source for finding and recruiting new employees who are dedicated, reliable and compassionate. The referral process through Career Connection is quick and easy—and the financial rewards are nice, too. Submitting a referral takes fewer than 10 minutes, and you can follow your referral's status throughout the interview process. If we hire someone you referred online through Career Connection, you will receive a bonus after they complete their first 90 days. To learn more about the Employee Referral Network, select the Policies and Procedures link on Careforce Connection and refer to policy 4.01.

Educational Assistance

Employees may receive up to \$5,000 of educational assistance depending on the course of study. If you are a regular full-time or regular part-time employee with at least six months of service, you are eligible to apply. You may receive reimbursement for tuition, fees and books. Grades of "A" or "B" are required for the reimbursement of approved assistance, and repayment is required if you fail to meet policy requirements. For more information, refer to HR Policy 3.33.

Supplemental Insurance

Aflac provides a variety of supplemental insurance products, such as short-term disability, personal cancer protection, hospital intensive care, personal accident and life insurance. Plans are available through payroll deduction for regular full-time and regular part-time employees. Call 770-405-3242 for enrollment information.

Pet Insurance

Veterinary Pet Insurance (VPI) is the nation's largest and oldest provider of health insurance for pets. Their program is designed for you to obtain pet insurance both for medical problems and preventive care for your pets at group discounted rates. All regular full-time and regular part-time employees are eligible to participate and may enroll at any time. Contact VPI at 888-899-4VPI (4874) for more information.

Auto and Homeowner Insurance

The MetPay Plan is a personal property insurance program designed for you to obtain auto, homeowner and other types of property and casualty insurance at group discounted rates. All regular full-time and regular part-time employees are eligible to participate and may enroll at any time. Contact MetLife at 800-438-6388 for more information.

Legal Services

MetLaw is a group plan at discounted rates to provide you with telephone and office consultations for an unlimited number of matters with the attorney of your choice. During the consultation, the attorney reviews the law, discusses your rights and responsibilities, explores your options and recommends a course of action. MetLaw has attorney options in-network and out-of-network. All regular full-time and regular part-time employees are eligible to participate. Enrollment is during the open enrollment period (Nov. 4 to Nov. 17)*. Contact MetLaw at 800-821-6400 to enroll or for more information.

*There is a one-year commitment required for this program.

College Savings

Concerned about the rising cost of a college education? Contact a Fidelity retirement representative to discuss a professionally managed, tax-advantage investment plan, under Section 529 of the IRS code, designed to meet tuition and other higher education expenses at any eligible educational institution in the country. This program offers several benefits for investors including flexibility, tax benefits and control of withdrawals.



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- Celebrations Program
- Hope and Will Awards
- Service Awards
- DAISY Awards
- Fun at Work



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Celebrations Program

Celebrating You for Making a Difference

Celebrations represents one of the ways Children's is committed to recognizing and rewarding employees for modeling our values, helping us achieve our strategy or fulfilling our Employee Promise. Through Celebrations you can recognize a coworker or be recognized by your manager.

There are two ways to recognize a coworker:

- You can send a coworker recognition for a well-done job, modeling our values, a birthday, an anniversary or another life event.
- You can nominate a coworker for a Hope and Will Award.

Sending a Celebrations card is a great way to give your coworkers the praise they deserve. To mark your Celebrations success, you are eligible to earn points (AwardperQs), which are redeemable for exciting gifts. So take a few minutes on a monthly basis to honor those people who go above and beyond, because what you do is worth celebrating. Visit the Celebrations page on Careforce Connection for more information.

Hope and Will Awards

Children's celebrates employees who exemplify our values with Hope and Will Awards. Formally recognized by their peers or managers, award nominees demonstrate outstanding customer service, exemplary attitude and spirit, exceptional skills and a strong commitment to Children's. They truly represent the values of Children's:

- **Care about People**
- **Passionate about Kids**
- **Dedicated to Better**

Children's selects winners from throughout the System on a regular basis—awarding each with 50 Celebrations AwardperQs and recognition on Careforce Connection. At the end of the year, employees can nominate each winner for the Hope and Will Award of the Year. Children's honors all winners and announces the annual award winner at a special luncheon. The annual award winner receives 250 Celebrations AwardperQs and System recognition.

Service Awards

Children's celebrates the dedication of employees with several special events that recognize their years of service. These events include receptions on each campus for five-year employees, a luncheon for the 10-year honorees and a formal dinner for employees with service of 15 years or more. Employees with the longest tenure also are pampered with a special day at the spa on the day of the dinner. In addition to being recognized at one of these celebrations, employees receive a personalized gift to commemorate the occasion.

DAISY Awards

Children's honors extraordinary nurses with the Diseases Attacking the Immune System (DAISY) Foundation award. Children's presents winners with a DAISY certificate, DAISY pin, sculpture and System recognition to the winners.

Catch Me at My Best

At Children's, we strive to give every customer—internal and external—a seamless, consistent and special experience.

Catch Me at My Best is a Systemwide initiative for patient families to recognize employees who go above and beyond in providing great care and service, enhancing the overall experience of those we serve. Throughout the year, patient families catch our staff at their best and fill out Catch Me at My Best cards as a way to thank and recognize staff.

Each month, managers may submit one employee from their area for a Catch Me at My Best System drawing and recognition. On the fifth of each month, our Total Rewards Department randomly draws three winners who may work at Children's at Egleston, Children's at Hughes Spalding, Children's at Scottish Rite, Marcus Autism Center or any of our neighborhood locations. The winners receive recognition on Careforce Connection and a Children's sports bag.

Fun at Work

Other ways Children's says thank you or provides opportunities for employee involvement include:

- Special employee events (teas, picnics, lunches)
- Employee Arts and Crafts Fair
- Hospital Week
- Holiday gifts and activities
- Wellness Ambassadors
- Activities and Communication Team (ACT) Committee
- Departmental celebrations
- Annual Salute to Our Veterans
- Employee choir



your
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- Compensation Philosophy
- Job Descriptions
- Compensation Review
- Your Pay
- Performance Management



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Compensation Philosophy

When you are among the best in your field, you can work practically anywhere you want. Children's is committed to rewarding our employees with fair and competitive pay.

The employee compensation program at Children's is:

- **Competitive**—We use information from the healthcare industry, the Atlanta job market and other markets where we recruit to determine competitive pay ranges. We also consider the impact the position has on the care we deliver; the available pool of talented individuals to fill that position; the availability of qualified candidates; and the financial needs of Children's.
- **Fair**—We work to keep pay fair between similar positions at Children's. We also reward the previous experience someone brings to Children's.
- **Performance-based**—Pay at Children's rewards individual, department, team and System performance goals.

Job Descriptions

An effective compensation program begins with accurate, up-to-date job descriptions. Job descriptions are listed on Careforce Connection and include:

- Job title, assigned department and supervisor
- Minimum qualifications
(required education, training and experience)
- Essential job duties and responsibilities
- Physical activity requirements
- Working conditions

Compensation Review

Using accurate, up-to-date job descriptions, Children's reviews pay ranges for all jobs to ensure we maintain a fair and competitive compensation program. At least once a year, and more often as needed, we look at:

- **Market Competitiveness**—Children's uses information from numerous salary surveys and other sources to determine what other organizations (including nonhealthcare companies) pay for similar jobs.
- **Internal Equity**—In addition to market competitiveness, Children's carefully looks internally at the level of job responsibility and pay compared to similar jobs within our organization to make sure your pay is fair.

Your Pay

Children's believes that each employee contributes to our success, and we want to make sure your pay is fair and competitive for the work you perform.

Base Pay: Your base pay is an important component of your Total Rewards and is the foundation of your compensation. Your job-related experience and other factors help determine your compensation within the pay range for your job.

Adjustments to Your Pay: Children's provides three basic types of pay increases:

- **Promotional Increases**—You may receive an increase in pay when you take a job that has a higher pay range.
- **Market Adjustments**—You may receive a market adjustment if there is an increase in what other organizations pay for similar jobs.
- **Performance/Merit Increases**—You may receive an increase in pay or lump-sum payment if you meet or exceed your annual performance objectives. (Lump-sum payments are given if you are at the maximum of your pay range.)

Special Pay Practices: Special pay is provided to employees who help Children's meet staffing needs, such as shift differentials, on-call and call, holiday premiums and overtime. Employees must meet certain criteria for special pay.

Performance Management

Children's thrives on the outstanding performance of each employee. The Performance Management Program:

- Helps Children's achieve greater success.
- Reinforces and promotes the Children's values and competencies.
- Promotes ongoing communication between you and your supervisor.

Performance management is a continuous process.

You and your supervisor share the responsibility for improving job performance and making plans for your future development. The key to this process is ongoing communication between you and your supervisor.

At the beginning of the performance management cycle, you and your supervisor set performance goals. Throughout the cycle, you and your supervisor should discuss your performance progress. At the end of the cycle, your supervisor completes a performance evaluation, which includes your input.

Performance assessments typically occur during the first quarter of each year. Pay adjustments are prorated for employees based on the number of pay periods worked during the performance period.



your **HEALTH**

A large, bold title at the bottom of the page. The word "your" is written in yellow cursive letters. The word "HEALTH" is written in large, white, blocky letters with a blue shadow effect.

- Health Plans
- Flexible Spending Accounts (FSA)
- Health Savings Account (HSA)
- Vision Plan
- Dental Plan
- Life Insurance Plans



Health Plans

Eligibility

If your employment status is regular full-time or regular part-time, you are eligible to participate in this benefit. Eligible dependents include your spouse or same-sex domestic partner (SSDP) and children up to age 26. Coverage for dependent children will end the last day of the month in which the child reaches age 26.

Coverage Begins

The first of the month following hire.

Cost

See the Health Plan Comparison chart (Page 25) for details about cost and which plan is right for you and your family.

Spousal/SSDP Surcharge: Employees who elect coverage for their spouses/SSDP who have access to other employer health coverage will pay a bi-weekly surcharge of \$25. This surcharge applies only to the health plan. There is no spousal/SSDP surcharge for the dental and vision plans.

Tobacco Surcharge: If you, your covered spouse/SSDP and/or dependents use tobacco in any form, you will pay a bi-weekly health premium surcharge of \$20 per user, up to a maximum bi-weekly surcharge of \$60. Employees who quit using tobacco products and who are tested by Employee Health and certified to be tobacco-free will be able to eliminate the surcharge going forward. Covered spouses/SSDP and/or dependents will be able to change to a tobacco-free status only once a year, during Open Enrollment.

Making Changes

The Internal Revenue Service (IRS) code prevents changes to your health plan after initial enrollment or open enrollment for the rest of the year (Jan. 1 to Dec. 31)—unless you have a Change in Status event.

- **Change in Status event**—refer to Page 42 for examples. If you have a Change in Status event, you must notify the Children's Benefits Department within 30 days in order to make a change in your election.

Preexisting Conditions

Once you have enrolled in your health plan, you and your dependents are eligible to receive the benefits right away. There are no preexisting conditions requirements.

Your Health, Your Choice

Choice of Plan Design

- Two health options with different benefit levels—a consumer-directed health plan (CDHP) and a point of service (POS) plan. Both plans are administered by Anthem/Blue Cross Blue Shield.
- A choice of options lets you decide which health plan works best for you.

Choice of Providers

- Both options offer an extensive network of providers.
- You are not required to choose a primary care physician for either plan.
- In-network services feature contracted discount rates and higher plan benefits than out-of-network services.
- Out-of-network services do not provide contracted discounts, but you may choose any provider. Benefits are typically paid at a lower rate if you choose out-of-network providers.

Choice for Tax Savings

- A healthcare flexible spending account (FSA) can help you save more on healthcare costs.
- A health savings account (HSA) is available to employees who enroll in the CDHP. With this option, you can contribute to your own tax-free health savings account. In addition, Children's will begin making contributions to the HSA in 2013. See Page 21 for details.
- Your payroll contribution is on a pretax basis and reduces your taxable income. Contributions for the portion of coverage attributed to a SSDP are paid after tax, per federal regulations. In addition, the value of the employer portion of the cost of SSDP coverage is taxable income to the employee.
- The following charts show a breakdown of after-tax costs and the imputed income amounts for SSDP coverage per pay period.

**After-Tax Costs Per Pay Period
for Employee+SSDP and Employee+SSDP+Family**

POS	CDHP	Dental	Vision
\$61	\$43	\$13	\$2.09

**Imputed Income Amounts Per Pay Period
for Employee+SSDP and Employee+SSDP+Family**

POS	CDHP	Dental	Vision*
\$131.81	\$128.65	\$1.42	NA

*Vision is 100 percent employee-paid, therefore no imputed income applies.

Your Health Plan Choices

POS

The POS plan provides coverage for in-network and out-of-network services. Each time you need medical care, you decide whether or not to use in-network providers. Your costs are typically lower, and the plan pays higher benefits when you use in-network providers. Any medical services you receive from out-of-network providers are subject to reasonable and customary charges.*

Prescription coverage for those enrolled in the POS is provided by **CVS/Caremark**. You will receive a separate identification card and will need to use pharmacies in the Caremark network, such as CVS, Target or Walgreens or the Caremark Mail Service Program. Visit www.caremark.com for participating pharmacies and a list of prescriptions on the preferred drug list (or formulary).

CDHP

The consumer-directed health plan (CDHP) lets you choose any doctor, hospital or healthcare provider.

Benefits: CDHP pays 70 percent after you meet the deductible. Out-of-network care is paid at 50 percent after you meet the deductible. Preventive care is paid at 100 percent.

- **Families**—you must meet the full family deductible before the plan's co-insurance benefits are paid (except for preventive care, which is covered at 100 percent).
- **Deductibles**—these accumulate separately for in-network and out-of-network services.

Prescription Coverage: Coverage is provided by Anthem/Blue Cross Blue Shield (BCBS). Most prescriptions are subject to deductibles and co-insurance.

- **Exceptions**—certain prescriptions related to hypertension, cholesterol, diabetes, asthma, osteoporosis, stroke/anticoagulant and prenatal vitamins are not subject to the deductible.

Cost: CDHP has lower payroll contributions, but higher deductibles. It works best when used with a health savings account (HSA), which is a tax-free medical savings account.

- **Consider**—it is important to think about all the medical expenses you might have for the whole year to see what is covered by this plan, including:
 - Your medical and prescription expenses in 2012
 - Any expected changes in your medical spending for 2013
 - Your anticipated benefit expenses and out-of-pocket costs for 2013

Health Savings Account (HSA)

The HSA combines the features of a 401(k) plan and a healthcare flexible spending account (FSA). Contributions to your HSA are not subject to federal and state income tax. ACS/BNY Mellon Bank administers Children's HSA.

Eligibility: Only employees enrolled in the CDHP can enroll in the HSA.

Portability: If you decide to leave Children's you can take the full value of your HSA with you. You may choose to enroll in the POS at a later date. If so, your payroll contributions to your HSA will cease, but you still own the full value of your account.**

SSDP: Employees covering an SSDP and/or SSDP's children should note that according to IRS regulations, only claims for qualified "tax dependents" can be submitted to either the Dependent Care FSA, Healthcare FSA program or HSA.

Beginning in January 2013, Children's will contribute to the HSA.

If you enroll in the CDHP, Children's will make a contribution to your HSA. The contribution amount will be:

- Employee only: \$500 annually
- Employee+1: \$1,000 annually
- Family: \$1,000 annually

The Children's contribution will be pro-rated for employees hired after January.

*Reasonable and Customary Charge: The usual charge for most providers in the area for similar services.

**Please note: If you leave Children's and do not roll your HSA to your new employer's plan or if you enroll in the POS and still have a balance in your HSA (POS is not eligible for HSA) you will be charged a monthly service charge by Mellon.

Contribution Limit: The 2013 limit for an individual is \$3,250 and \$6,450 for a family.

- **Employees age 55 and older**—May contribute an extra \$1,000 every year (this is inclusive of employer contribution).
- **Rollover**—If you do not spend all the money in your HSA, the remaining amount will roll over for future medical expenses.

Please note that the federal contribution limit includes both your contribution and Children's contribution.

Your Decision: You can use funds from your HSA to pay your deductible, co-insurance, copays or for other eligible healthcare services. You also can choose to pay for these expenses out of pocket to save up for a large medical expense or your retirement years.

Exclusions: You cannot contribute to the Healthcare FSA if you are contributing to an HSA.

You will be able to set up an HSA when you go through Open Enrollment or new hire enrollment.

Note: Over-the-counter drugs are not qualified medical expenses eligible for reimbursement from the HSA unless prescribed by a medical provider. Expenses for over-the-counter items, such as insulin and diabetic supplies, bandages and contact lens supplies, are reimbursable from the HSA without a prescription.

The penalty for reimbursements of nonqualified medical expenses from an HSA is 20 percent.

Paying for Services

- You may choose to pay expenses using your Anthem/BCBS debit card or checkbook.
- You may choose to use your own personal funds to let your HSA grow for use in future years.

Prescription Drug Plans

If you participate in the CDHP health plan, you will be responsible for a percentage of the cost of your prescriptions after you meet your deductible.

If you participate in the POS you will save money by using generic drugs in place of brand-name drugs. If you choose to use brand-name drugs (whether formulary* or non-formulary), you will pay a percentage of the cost of your prescription up to a maximum amount.

Employees using formulary brand-name drugs will pay 30 percent of the cost of their drugs, up to a retail maximum of \$75 per prescription for a 30-day supply.

Employees using nonformulary drugs will pay 45 percent of the cost of their drugs, up to a retail maximum of \$100 per prescription for a 30-day supply.

The mail order cost for a 90-day supply of your prescription will be 2.5 times the retail cost of a 30-day supply.

The POS drug program requires employees to participate in generic step therapy:

- The POS Prescription Drug Program requires that you try a generic drug before opting for a more costly brand-name drug. There are a few select brand-name drugs that will not require the use of a generic. As the drugs on this list can change, discuss with your physician or contact CVS Caremark at 888-208-9624 to locate an up-to-date list of these drugs.
- If you try a generic and your physician advises you to use a brand-name drug instead, you can use the brand-name drug by paying the co-insurance rate.
- If you refuse to try generics, you will still have access to brand-name drugs, but you must pay the full price of the drugs.
- An appeal process is available if your doctor wishes for you to continue with your current brand-name medicine without trying a generic.

Health Plan	Prescription Vendor	ID Card to use for Prescriptions
Anthem/BCBS CDHP	Anthem/BCBS	Use Medical ID Card
Anthem/BCBS POS	CVS/Caremark	Use Caremark Card

*Formulary: A formulary is a list of preferred brand-name drugs. These drugs have been recommended by the Pharmacy Benefit Manager on the basis of safety and clinical reviews.

Flexible Spending Accounts (FSA)

Provider: WageWorks administers the Children's FSA program beginning in January 2013.

Benefit: Flexible spending accounts allow you to pay for certain unreimbursed health, dental and vision expenses with pretax dollars. You also may pay the costs associated with the care of an eligible dependent (such as childcare) when you, or you and your spouse, are working.

Claims for 2013 reimbursement must be received by the WageWorks by March 31, 2014.

Eligibility: If you are a regular full-time or regular part-time employee, you are eligible to participate in the plan. You must re-enroll every year.

Coverage Begins: The first of the month following hire.

Optional Participation: Children's does not require you to participate in the flexible spending accounts. You decide how much you want to contribute. Deductions you make for the Healthcare FSA and the Dependent Care Account are separate. The money cannot be transferred between the two accounts.

SSDP: Employees covering an SSDP and/or SSDP's children should note that according to IRS regulations, only claims for qualified "tax dependents" can be submitted to either the Dependent Care FSA, Healthcare FSA program or Health Savings Account (HSA).

Restrictions: Due to restrictions imposed by the IRS code, after enrollment decisions are made upon initial eligibility and at open enrollment, changes cannot be made during the remainder of the plan year (Jan. 1 to Dec. 31) unless a

Change in Status event occurs that allows a change (See Flexible Benefits Plan on Page 46). Also, IRS regulations state that if you do not use all the money in your account, you forfeit it. For more information, review the Summary Plan Description on Careforce Connection.

Healthcare FSA

The Healthcare FSA may be used to pay for expenses, such as deductibles and copays for health insurance and dental plans as well as orthodontic, chiropractic care, eyeglasses and contact lens supplies.

Note: Over-the-counter drugs are not qualified medical expenses eligible for reimbursement from the FSA unless prescribed by a medical provider. Expenses for over-the-counter items, such as insulin and diabetic supplies, bandages and contact lens supplies continue to be reimbursable from the FSA without a prescription.

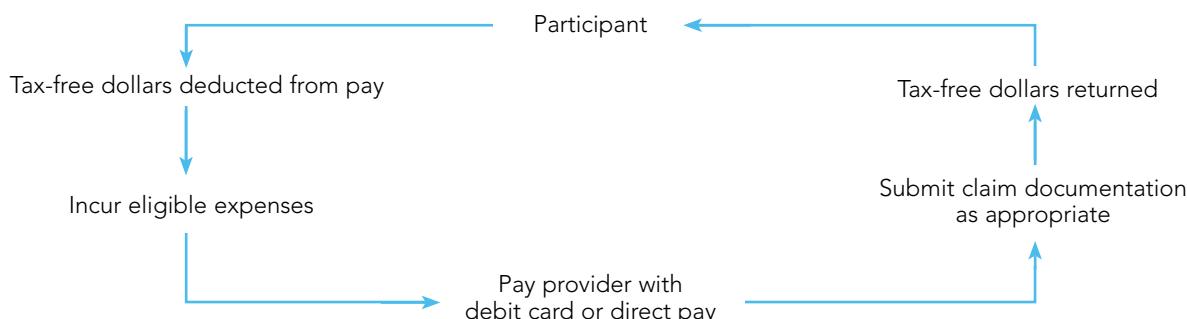
The maximum annual contribution for 2013 is \$2,500.

Note: Beginning January 2013, participants will have access to a Healthcare FSA debit card.

Dependent Care Account

The Dependent Care FSA may be used to pay for certain dependent care expenses incurred to enable gainful employment. Eligible expenses include charges for the care of dependent children younger than age 13 or for elderly or disabled family members. The maximum annual contribution for 2013 is \$5,000.

Flexible Spending Accounts Flow Chart



Healthcare Flexible Spending Account Worksheet

This worksheet will help you calculate how much you may want to contribute to the healthcare FSA to reimburse yourself for eligible healthcare expenses. Just follow these steps:

- Based on your records for the past few years, fill in your anticipated expenses.

- If the expense is paid by insurance, enter your copay and any deductible.
- If the expense is not covered by insurance (such as hearing aids), enter the entire cost.

Your Cost For:	You	Spouse	Children	Total
Doctor or clinic visits	\$ _____	\$ _____	\$ _____	\$ _____
Surgical expenses	\$ _____	\$ _____	\$ _____	\$ _____
Prescription drugs (must have prescription for all OTC drugs)	\$ _____	\$ _____	\$ _____	\$ _____
Routine physicals/exams	\$ _____	\$ _____	\$ _____	\$ _____
Outpatient psychiatric services	\$ _____	\$ _____	\$ _____	\$ _____
Other medical	\$ _____	\$ _____	\$ _____	\$ _____
Routine dental care	\$ _____	\$ _____	\$ _____	\$ _____
Orthodontia	\$ _____	\$ _____	\$ _____	\$ _____
Vision care	\$ _____	\$ _____	\$ _____	\$ _____
Hearing care	\$ _____	\$ _____	\$ _____	\$ _____
Other eligible expenses	\$ _____	\$ _____	\$ _____	\$ _____
Total expenses	\$ _____	\$ _____	\$ _____	\$ _____
Total estimated expenses				= \$ _____

* The most you can contribute is \$2,500 a year. Your total contributions to the program cannot exceed 50 percent of your salary each pay period.

Dependent Care Account Worksheet

To get an idea of your dependent's day care expenses, take a look at your records from the past few years. Using this information, add any new types of expenses you anticipate and complete the following worksheet:

Your Cost For:	Each Plan Year
Childcare	\$ _____
Dependent adult day care	\$ _____
FICA** and taxes you pay for the provider	\$ _____
Costs for qualified dependent care center	\$ _____
After-school care up to age 13	\$ _____
Preschool tuition (custodial care)	\$ _____
Total estimated expenses	= \$ _____

*The most you can contribute is \$5,000 a year. Your total contributions to the program cannot exceed 50 percent of your salary each pay period.

**FICA is the Federal Insurance Contributions Act tax.

Health Plan Comparison

The chart below gives you a comparison of the two different health plan options. **You should review this chart, along with the additional information provided, and evaluate which plan works best for you.**

Benefit Highlight	CDHP		POS	
	In-network	Out-of-network	In-network	Out-of-network
Deductible Individual/family	\$2,000/\$4,000	\$2,000/\$4,000	\$400/\$800	\$800/\$1,600
Co-insurance Percent plan pays	70%	50%	90%	70%
Out-of-pocket Max Individual/family (excludes copays and deductible)	\$3,000/\$6,000	\$4,000/\$8,000	\$2,500/\$5,000	\$5,000/\$10,000
Office Visit Copay (including maternity visits)	You pay 30% after deductible	You pay 50% after deductible	\$30	You pay 30% after deductible
Specialist Copay	You pay 30% after deductible	You pay 50% after deductible	\$40	You pay 30% after deductible
Preventive Care	You pay 0%	You pay 50% after deductible	You pay 0%	You pay 30% after deductible
Inpatient Admission	You pay 30% after deductible	You pay 50% after deductible	You pay 10% after deductible	You pay 30% after deductible
Emergency Department	You pay 30% after deductible	You pay 50% after deductible	\$150 copay	\$150 copay
Outpatient Surgery	You pay 30% after deductible	You pay 50% after deductible	You pay 10% after deductible	You pay 30% after deductible
Prescription Drugs (Retail) 30-day supply				
Generic			\$10	\$10
Brand Name	You pay 30% after deductible	You pay 50% after deductible	30% co-insurance up to max of \$75	30% co-insurance up to max of \$75
Nonformulary			45% co-insurance up to max of \$100	45% co-insurance up to max of \$100
Prescription Drugs (Mail Order) 90-day supply				
Generic			2.5 times 30-day supply retail cost	2.5 times 30-day supply retail cost
Brand Name	You pay 30% after deductible	N/A		
Nonformulary				
Payroll Deductions (Each Pay Period/Annual)				
Employee	\$23/\$598		\$42/\$1,092	
Employee +1	\$66/\$1,716		\$103/\$2,678	
Family	\$98/\$2,548		\$154/\$4,004	

Important notes:

- Employees who do not complete their health screenings and health profiles on Strong4Life will pay \$10 more per pay period than the rates noted above.
- Employees (as well as covered spouses/SSDP and/or dependent children) who use tobacco in any form will pay \$20 more per pay period per user (up to three users per family).
- Employees who elect to cover spouses/SSDP who have access to other employer health coverage will pay \$25 more per pay period than the rates noted above.
- All regular full-time employees with an annual salary of \$30,000 or less will receive an automatic credit every pay period: \$2 for single, \$5 for employee +1 and \$8 for family.
- See Page 20 for breakdown of SSDP after-tax costs and imputed income amounts.

Vision Plan

Provider: Vision care is provided by Avesis.

Eligibility: If your employment status is regular full-time or regular part-time, you are eligible to participate in this benefit. Eligible dependents include your spouse or same-sex domestic partner (SSDP) and unmarried children up to age 26. Coverage for dependent children will end the last day of the month in which the child reaches age 26.

Coverage Begins: The first of the month following hire.

Cost: The payroll deductions (shown in the chart below) are based on the type of coverage you select (employee, employee +1, family). Your contributions will be deducted from your paycheck on a pretax basis. Contributions for the portion of coverage attributed to an SSDP are paid after tax.

Benefit Highlight	In-network (Includes Private Practitioners and Retail Chain Stores)	Out-of-network (Reimbursement)
Vision Examination (once every 12 months)	\$10 copay	\$40
Optical Materials		
Spectacle Lenses* (per pair/once every 12 months)	\$15 copay (spectacle lenses, frames)	
Standard Single Vision	Covered 100%	\$40
Standard Bifocal	Covered 100%	\$60
Standard Trifocal	Covered 100%	\$80
Specialty Lenses (per pair/once every 12 months)	20% discount off retail	See above reimbursements
Tints/Coatings	20% discount off retail	\$0
Frames* (once every 24 months)	Covered within plan allowance of \$15	\$45

*Retail value of the average frame is approximately \$120.

Contact Lenses* (once every 12 months)		
Elective**	\$130 for contact lenses and professional services (fitting fees)	\$130
Necessary	Covered 100%	\$250

*Contact lenses are in lieu of spectacle lenses and a frame in accordance with the benefit period.

** \$130 elective contact lens allowance may be applied toward contact lenses or professional services (fitting fees). You may use the \$130 in increments throughout the plan period of 12 months for disposable contact lenses, not to exceed \$130.

Payroll Deductions (Each Pay Period/Annual)		
Employee	\$2.29/\$59.54	
Employee +1	\$4.38/\$113.88	
Family	\$6.99/\$181.74	

Dental Plan

Provider: Dental care is provided by Anthem Blue Cross Blue Shield.

Eligibility: If your employment status is regular full-time or regular part-time, you are eligible for dental benefits. Eligible dependents include your spouse or same-sex domestic partner (SSDP) and unmarried children up to age 26. Coverage for dependent children will end the last day of the month in which the child reaches age 26. You do not need to be enrolled in the health plan to enroll in the dental plan.

Coverage Begins: The first of the month following hire.

Cost: The cost of the program is shared by you and Children's. Payroll deductions (shown below) are based on the coverage you select (employee, employee +1, family). Your contributions will be deducted from your paycheck on a pretax basis. Contributions for the portion of coverage attributed to an SSDP are paid after tax.

Making Changes: As described within Flexible Benefits Plan on Page 42.

Participating Dentist: You have the option to select any dentist you want from inside or outside the network. By visiting a participating dentist, you can take advantage of lower out-of-pocket expenses for most preventive and major dental services and should not be subject to amounts more than the reasonable and customary limit. Visit bcbsga.com to locate a participating dentist.

Predetermination of Benefits: Predetermination of benefits is recommended for all procedures for which the bill is expected to be \$350 or more. You should contact your provider for a pretreatment estimate.

Excluded Procedures: See the Summary Plan Description on Careforce Connection for a list of procedures that are not covered.

Type of Service	The Plan Pays
Preventive Dental Benefits exams, cleanings (once every six months), X-rays, fluoride treatments	100% of covered expenses up to the calendar year plan maximum; no deductible (cleanings are covered once every six months)
Basic Dental Benefits fillings, extractions, root canal work, periodontal treatment	80% of covered expenses after deductible up to the calendar year plan maximum
Major Dental Benefits crowns, dentures	50% of covered expenses after deductible up to the calendar year plan maximum
Orthodontia Benefits	50% of covered expenses; no deductible
Annual Deductible	\$50 per individual
Calendar Year Plan Maximum	\$1,500 per individual
Lifetime Orthodontia Plan Maximum	\$1,500 per individual
Payroll Deductions (Each Pay Period/Annual)	
Employee	\$13/\$338
Employee +1	\$26/\$676
Family	\$40/\$1,040

Life Insurance Plans

Provider: Group Term Life Insurance, Supplemental Group Life and Dependent Life Insurance plans are provided by The Hartford Life Insurance Company.

Eligibility: All regular full-time and part-time employees. Eligible dependents include your spouse and children up to age 26.

Coverage Begins: The first of the month following hire.

Cost: Children's pays 100 percent of:

- Group Term Life Insurance
- Dependent Life Insurance

You can purchase Supplemental Group Life Insurance through payroll deductions.

Group Term Life Insurance

Coverage: An amount equal to your base salary, rounded up to the next multiple of \$1,000, up to a maximum of \$825,000.

- **Eligible management employees**—Coverage amounts for the Group Term Life Insurance plan are on Careforce Connection.
- **Evidence of insurability**—Questions about your health may be needed for insurance amounts more than \$625,000.

Dependent Life Insurance

- **Spouse and dependent children (older than 6 months)**—are covered for \$2,000.
- **Dependents younger than 6 months**—are covered for \$2,000.

Supplemental Group Life

Purchasing Additional Group Life Insurance: available in increments of \$10,000, up to a maximum of five times your annual salary, or \$500,000 (whichever is less).

- **For a spouse**—can be covered in increments of \$5,000, not to exceed \$500,000 or your coverage amount (whichever is less).
- **For dependents**—can be purchased in \$2,000 increments, not to exceed 50 percent of your coverage amount or \$12,000 (whichever is less).
 - Children younger than 14 days old—\$100 max
 - Children ages 14 days to 6 months—\$500 max

The rate for the Supplemental Group Life benefit is based on your age and is shown in the chart on Page 17.

Evidence of Insurability: Eligible employees are guaranteed acceptance into the Supplemental Group Life program for coverage up to \$100,000 on yourself and \$50,000 on your spouse. If you would like more coverage:

- Complete a Hartford Life Insurance Company application.
- Receive approval by the carrier.
- Enroll for this benefit by the date you first become eligible or submit evidence of insurability for all amounts of coverage.

Beneficiary Designation: During your initial enrollment, you designate a beneficiary for your life insurance coverage. Beneficiaries may be added or changed in e-HR or by completing a beneficiary designation form. To change this designation, you must make it in writing or:

- Go to www.choa.org/staff and log onto e-HR.
- Go to Benefits on e-HR and then to Beneficiary.

The automatic beneficiary for all dependent life insurance coverage is the employee, unless otherwise chosen. All forms are returned to the Benefits Department.

Imputed Income: Employer-paid life insurance (Group Term Life) in excess of \$50,000 is taxed, according to the IRS code. Rates are based on age, according to a predefined IRS table, and are computed and applied on a pay-period basis.

Supplemental Group Life Rate Chart

Age	Employee	Spouse*	Children
Monthly Rate	each \$1,000 of coverage	each \$1,000 of coverage	each \$1,000 of coverage
Younger than 20	\$0.05	\$0.05	\$0.043
20 to 24	\$0.05	\$0.05	N/A
25 to 29	\$0.06	\$0.06	N/A
30 to 34	\$0.08	\$0.08	N/A
35 to 39	\$0.09	\$0.09	N/A
40 to 44	\$0.10	\$0.10	N/A
45 to 49	\$0.15	\$0.15	N/A
50 to 54	\$0.24	\$0.24	N/A
55 to 59	\$0.44	\$0.44	N/A
60 to 64	\$0.66	\$0.66	N/A
65 to 69	\$1.27	\$1.27	N/A
70 to 74	\$2.06	\$2.06	N/A
75+	\$3.47	\$3.47	N/A

* Supplemental group life insurance coverage rates for a spouse are based on the employee's age.

Supplemental Group Life Insurance Calculation Worksheet

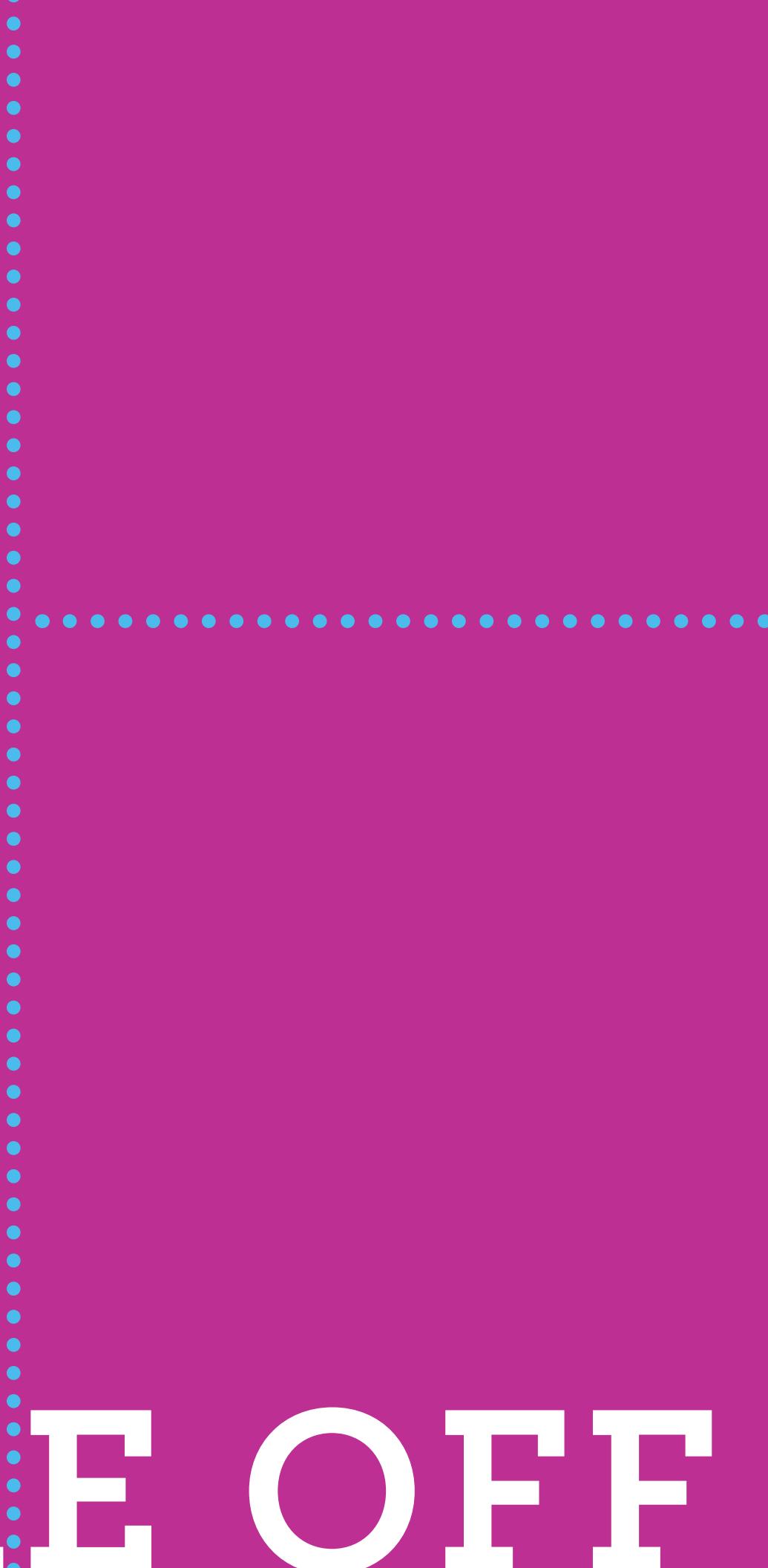
$$\text{Employee} \quad \$ \underline{\hspace{2cm}} \div \$1,000 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$$

$$\text{Coverage Amount} \div \text{Increments} \times \text{Age Rate} = \text{Monthly Cost} \times 12 \div 26 = \text{Payroll Deduction}$$

$$\text{Spouse} \quad \$ \underline{\hspace{2cm}} \div \$1,000 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$$

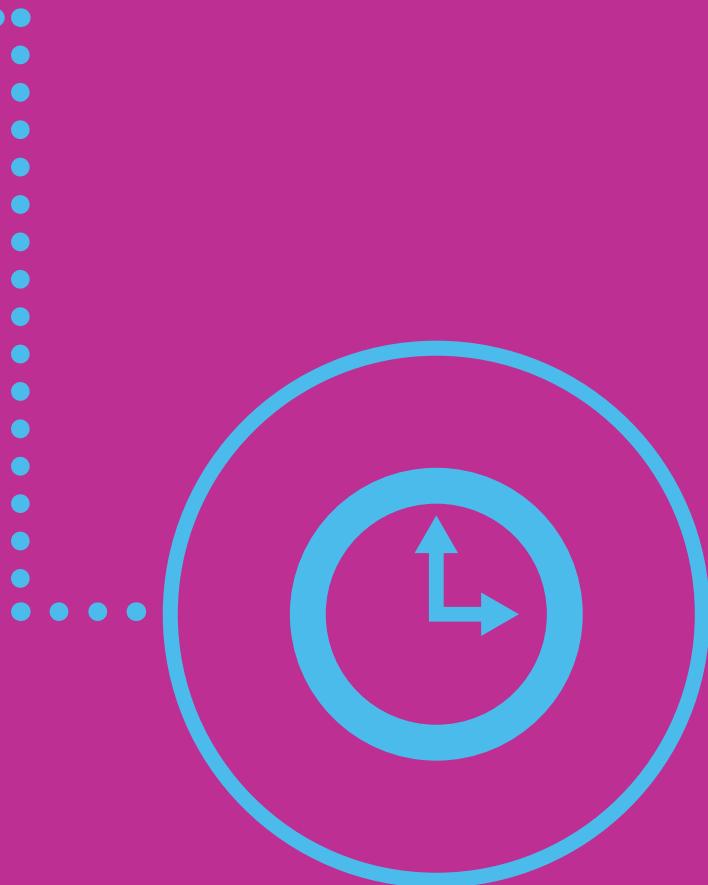
$$\text{Children} \quad \$ \underline{\hspace{2cm}} \div \$1,000 \times \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}}$$

$$\text{Total} = \$ \underline{\hspace{2cm}}$$



your
TIME OFF

- Time-Off Benefits
- Disability Plans
- Leaves of Absence



Time-Off Benefits

Eligible employees are provided with the following time-off benefits:

Paid Time Off (PTO)

Eligibility: All regular full-time and part-time non-management employees

Benefit Begins: You can use your PTO hours the first pay period after 60 days of employment.

- **PTO limit**—You can accrue a maximum of 300 hours. After reaching the maximum, you will stop accruing PTO hours until you take time off or cash in your hours.
- **Change in employment status**—PTO hours are payable upon separation from employment or a change to a nonbenefit-eligible status.

Management employees: Refer to the Management Vacation/Sick Policy 3.20 on Careforce Connection for more information about your paid time off. Vacation will be pro-rated based on hire date and FTE.

Holidays

Eligibility: All regular full-time and part-time employees

Holiday Hours: These are awarded in the pay period in which the holiday occurs.

- **Part-time employees**—receive four hours.
- **Full-time employees**—receive eight hours.

Holiday hours are not payable upon separation from employment or a change to a nonbenefit status.

Accrual Schedule*

Service (years)	Hour	Pay Period**	Max/Year	Holidays	PTO and Holidays
0 to 3	.0654	5.23	136 hours/17 days	9 days	26 days
4 to 7	.0808	6.46	168 hours/21 days	9 days	30 days
8 to 10	.0923	7.38	192 hours/24 days	9 days	33 days
11 to 14	.1	8	208 hours/26 days	9 days	35 days
15 or more	.1077	8.62	224 hours/28 days	9 days	37 days

*Eligible management staff should refer to the Management Vacation/Sick Policy 3.20

**Based on 80 hours worked each pay period.

Floating Personal Days

One floating personal day is credited on Jan. 1, and one floating personal day is credited on July 1. These must be taken in the calendar year in which they are issued, or they will be removed.

- **New hires or employees with a status change**—are credited with the Jan. 1 or July 1 floating personal days if eligible before May 1 or Nov. 1, respectively.

2013 Recognized Holidays

- New Year's Day, Tuesday, Jan. 1
- Martin Luther King Jr. Day, Monday, Jan. 21
- Memorial Day, Monday, May 27
- Fourth of July, Thursday, July 4
- Labor Day, Monday, Sept. 2
- Thanksgiving, Thursday, Nov. 28
- Christmas, Wednesday, Dec. 25
- Two floating personal days

Holiday Premium

Nonexempt employees receive premium pay for the hours worked on the actual date of a nationally recognized holiday, and accrued holiday hours are banked to use later.

Disability Plans

Short-term Disability Plan

Provider: Short-term disability is provided by The Hartford Life Insurance Company.

Eligibility: You are eligible for employer-paid disability coverage if you are an active regular, full-time, non-management employee and you have six months of continuous service. Regular part-time employees may elect to participate in the plan (see worksheet below for rates). Regular part-time employees are subject to a 12-month, preexisting condition exclusion. (Eligible management employees should refer to Policy 3.20 for information.)

Cost: Children's pays 100 percent of the cost for the short-term disability insurance for regular full-time employees. Regular part-time employees have the option of purchasing coverage through payroll deductions.

Benefit: If you meet the definition of short-term disability, you will be eligible to receive a weekly benefit equal to 60 percent of your basic weekly earnings, to a maximum

of \$700 a week, for up to 11 weeks. You must be disabled for seven days before benefits become payable. The weekly benefit will not be paid if you are receiving salary continuation or grandfathered extended time off (ETO) benefits. The benefit may be reduced by the amount of other income replacement benefits you receive for the same disability.

Definition of Disability: You are disabled when The Hartford Life Insurance Company determines that you meet the definition of total disability. For the short-term disability benefit, total disability generally means that due to certain reasons, you are prevented from performing the essential duties of your occupation. Newly eligible regular part-time employees are subject to a preexisting condition exclusion.

Procedure: All applications for disability should be made through the Leave of Absence Hotline at 404-785-FMLA (3652).

Payroll Deduction Worksheet for Regular, Part-time Employees

$$\$ \underline{\hspace{2cm}} \div 52 \times 0.6 = \underline{\hspace{2cm}} \div 10 = \underline{\hspace{2cm}} \times \text{rate (0.99)} \underline{\hspace{2cm}} \times 12 \div 26 = \underline{\hspace{2cm}}$$

Base Annual Pay* Weekly Benefit Per \$10 of Weekly Benefit Monthly Premium Payroll Deduction

*Maximum annual pay covered is \$60,667. If you earn more than this amount, enter the maximum amount only.

Long-term Disability Plan

Provider: Long-term disability is provided by The Hartford Life Insurance Company.

Eligibility: Regular full-time employees who are actively at work on the first of the month after six months of continuous service are eligible for coverage.

Cost: Children's pays 100 percent of the cost for long-term disability insurance for regular full-time employees.

Benefit: If you meet the definition of long-term disability, you will be eligible to receive a monthly benefit equal to 60 percent of your basic earnings, to a maximum of \$7,500 each month. You must be disabled for 90 days before the benefits become payable, and benefits will continue to age 65 if you remain disabled.

Leaves of Absence

Family and Medical Leave Act (FMLA)

Eligibility: Employees must have at least 12 months of service with Children's and have worked 1,250 hours within the 12 months preceding the leave.

- **Intermittent/reduced schedule**—If you meet eligibility requirements, you can take your FMLA time on a continuous or as-needed basis by working an intermittent or reduced schedule.

Valid reasons for unpaid leave include:

- Being treated for your own serious illness.
- Birth of a child.
- Placement of an adopted or foster child.
- Caring for a seriously ill child, spouse or parent.

If you have not met the guidelines, you may be eligible for a personal leave at the discretion of your manager.

Compensation/Payment During FMLA: FMLA is an unpaid leave. You must use your PTO hours, short-term disability or grandfathered ETO according to policy guidelines.

- **Reference**—For approved FMLA leaves, refer to HR Policies 3.09 and 3.15 on Careforce Connection. Eligible management employees refer to HR Policy 3.20.

Benefit Coverage During FMLA: For approved FMLA leaves, Children's will keep paying the employer's share of your insurance premiums for up to 12 weeks. You will have to continue to pay your share of the premiums while on leave.

- **COBRA**—After 12 weeks or if you are not returning to work, you will be offered the Consolidated Omnibus Reconciliation Act (COBRA). See Page 43 for details.

Requesting Leave: You must fill out the proper request forms. Call the Leave of Absence Hotline at 404-785-FMLA (3652) for details.

Maternity Leave

Maternity leaves are considered medical leaves of absence for up to six weeks from delivery (unless, due to complications, you are out of work prior to your delivery or after six weeks from delivery). All maternity leaves are subject to FMLA guidelines as noted in HR Policy 3.15.

For employees eligible for short-term disability, the one-week elimination period required begins at delivery, unless you were taken out of work by a doctor due to complications at an earlier date.

If your disability date is your delivery date, you will receive a maximum of five weeks of disability benefits (six weeks minus the one-week elimination period). Short-term disability insurance may continue to pay beyond five weeks, if medically necessary, with the appropriate documentation from your doctor. If your disability date is prior to your delivery date, the disability benefit will begin after the one-week elimination and last up to six weeks after delivery. Any remaining time available under FMLA is paid from accrued PTO using your full-time employee increments every pay period.

Beginning January 2013, regular full-time and part-time staff female employees will receive one week off with pay immediately following the birth of a child. Employees are eligible for the week of paid maternity leave following six months of continuous service.

Paternity Leave

Regular full-time and part-time staff male employees are able to take one week off with pay immediately following the birth of a child. Employees are eligible for the week of paid paternity leave following six months of continuous service.

Adoption Leave

Regular full-time and part-time staff employees are able to take one week off with pay immediately following the adoption of a child. Male or female employees are eligible for the week of paid adoption leave following six months of continuous service.

Personal Leaves of Absence

Eligibility: Personal leaves of absence are subject to the operational needs of the organization and may be granted at the discretion of the department head.

Types of leaves include:

- **Personal Leave**—Evaluated on the basis of the following criteria: urgency of your needs or circumstances, record of service, performance and operational needs.
- **Educational Leave**—Granted for organized course(s) of instruction at an accredited college, university or other accredited institution. The course of study must be in a field related to your present occupation or one directly related to Children's.
- **Professional Leave**—Granted to attend meetings, workshops and seminars that benefit Children's and advance you professionally.
- **Military Leave**—Subject to federal mandates and granted for military obligations requiring you to attend reserve camp or if you are called up for military service. Appropriate orders are required. Refer to HR Policy 3.18.

Bereavement Leave

Eligibility: If you are a regular full-time or regular part-time employee, and you have at least 60 days of service, you may receive up to three consecutive days off (maximum of 24 hours) with pay.

Leave may be granted in the event of the death of an immediate family member, defined as: husband, wife, child, father, mother, sister, brother, grandparent, brother/sister-in-law, parent-in-law or grandchild. Refer to HR Policy 3.13 for more information.

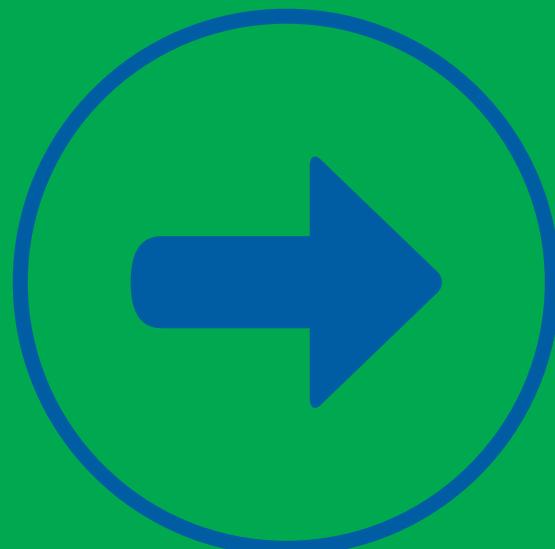
Jury Duty

Eligibility: If you are a regular full-time or regular part-time employee, you may be eligible to receive payment for attendance in court for jury duty or as a subpoenaed witness for Children's. As long as jury duty does not exceed 12 hours, you may receive pay for your full shift. Refer to HR Policy 3.10.



your
FUTURE

- Retirement Plans
- Growth Plan—401(a)
- Share Plan—403(b)
- Roth 403(b)



Retirement Plans

Children's maintains three retirement plans to help you meet your financial needs when you retire. The three plans are the 401(a) Growth Plan, the 403(b) Share Plan and the Roth 403(b). Fidelity Investments administers all three plans.

Growth Plan—401(a) Plan

The Growth Plan is a 100 percent employer-paid retirement plan. Contribution by Children's is discretionary; if a contribution is made, it will be contributed by the end of the first quarter following the Dec. 31 plan year-end. Plan participants designate the investment funds for dollars in their account from a wide array of mutual fund options.

Eligibility: Employees are eligible to become plan participants on the first of the month following hire. Participation is automatic upon eligibility. However, you need to establish your investment choices and designate your beneficiary with Fidelity.

After becoming a participant, you are eligible to receive an allocation of the Children's discretionary contribution, provided you:

- Complete 1,000 work hours during a payroll year.
- Are employed on the last day of the calendar year.

Vesting: Employer contributions are subject to a five-year, graded vesting schedule. A year of service means 1,000 hours of work during the payroll year.

- After two years of service, the vesting percentage is 20 percent.
- After three years of service, the vesting percentage is 50 percent.
- After four years of service, the vesting percentage is 75 percent.
- After five years of service, the vesting percentage is 100 percent.

401(a) Example

Assume:

- Your annual earnings for a given year are \$40,000.
- You completed 1,000 hours of service within the payroll year.
- You were employed Dec. 31.
- The Children's discretionary contribution percentage is 3 percent.

Your 401(a) contribution that Children's makes on your behalf:

- Will be \$1,200.
- Will be contributed to your account during the first quarter of the following year.
- Will vest per the following schedule:

Years Employed	Percentage Vested	Dollars Vested
1	0%	\$0
2	20%	\$240
3	50%	\$600
4	75%	\$900
5	100%	\$1,200

Share Plan— 403(b) Plan

The Share Plan is a retirement plan in which Children's matches contributions you make to the plan. You can contribute to the plan up to the legally allowed limits. For each dollar you put in, Children's puts in a matching dollar, up to 4 percent of your eligible base annual income. You are eligible to receive this matching contribution if you are credited with a year of service during the payroll year. A year of service means 1,000 hours of work during the payroll year. You may change the amount of your deferral and your investment choices at any time.

Eligibility: All employees are eligible to participate in the Share Plan upon their hire date and can begin making contributions to the plan from their salary. Participation is not automatic. You will need to designate the amount you want to defer into the account, establish your investment choices and designate your beneficiary.

Vesting: Each year, you will receive your employer matching contributions once you have completed 1,000 hours of service. You will be 100 percent vested in the employer contributions when you receive them.

Investment Choices: You will find all the information on investment choices in the materials provided to you by Fidelity. A self-directed brokerage link option to invest funds also is available through Fidelity. In addition, Fidelity retirement counselors and dedicated customer service representatives are available to help with your retirement plan decisions. Call 800-343-0860 to schedule a confidential consultation or to speak with a Fidelity customer service representative.

Fidelity Portfolio Advisory Service at Work: The Fidelity Portfolio Advisory Service at Work managed account service gives you professional investment management of your account. The service will put you in an investment strategy that creates an opportunity for long-term gains, while managing the risks associated with investing. Visit <https://netbenefits.fidelity.com/pas> or call 866-811-6041 for more information.*

Roth 403(b) Plan

The Roth 403(b) allows you to contribute after-tax money to the Share Plan, and, at retirement, take qualified, tax-free withdrawals. Investing in a Roth 403(b) account offers other key benefits. You can contribute more to a Roth 403(b) account than to a Roth IRA and still get many of the same key benefits. There is no earning limit with a Roth 403(b) account, unlike a Roth IRA. You might be able to transfer your Roth 403(b) account to other Roth accounts or Roth IRAs. For further information, contact a Fidelity representative.

Comparison of 403(b) and Roth Contributions

In this example, the federal and state tax rate used is 25 percent and the contribution rate is 10 percent. The contribution amount is \$5,000 (10 percent of pay), which would entitle the employee to a match of \$2,000.

403(b) Contributions	
Gross eligible income	\$50,000
Pre-tax contribution	\$5,000
Federal & state taxes	\$11,250
Take-home pay	\$33,750

Roth Contributions	
Gross eligible income	\$50,000
Federal & state taxes	\$12,500
After-tax contribution	\$5,000
Take-home pay	\$32,500

Distinctions between the two plans:

403 (b): Pre-tax contributions and earnings on those contributions are not taxed until they are withdrawn from the plan. Making pre-tax contributions may be beneficial if you anticipate being in a lower tax bracket at retirement.

Roth: Contributions do not reduce your taxable income. However, at the time of distribution, both the contributions and earnings may be withdrawn tax-free if certain criteria are met. Contributing after-tax dollars does not reduce your current taxable income, yet allows your investment earnings to grow tax-deferred. Withdrawals on contributions are tax-free. Earnings are taxed at the time of withdrawal.

*Fidelity Portfolio Advisory Service at Work is a service of Strategic Advisors Inc., a registered investment adviser and a Fidelity Investments company. This service provides discretionary money management for a fee.



your
DETAILS

- Flexible Benefits Plan
- COBRA Continuation Coverage
- Special Enrollment Rights Under HIPAA
- Women's Health and Cancer Rights Act
- Medicare



Flexible Benefits Plan

Additional Information

Children's has a Flexible Benefits Plan that enables you to pay for many of your benefit elections on a pretax basis. Benefits available for payment include:

- Healthcare coverage
- Dental coverage
- Vision coverage
- Flexible spending accounts

The plan is intended to qualify as a cafeteria plan under Section 125 of the IRS code and, therefore, is subject to certain requirements and restrictions.

You and Children's share in the cost of most of the benefit options you elect. Because your portion of the cost of certain benefit options is paid with pretax dollars, your gross income is reduced by the amount of your contributions, and taxes are paid only on the remaining balance. Using this pretax approach decreases your federal, state and Social Security taxes.

Here is an example of how it works: you elect family coverage with the Anthem/Blue Cross Blue Shield (BCBS) POS plan that has a payroll deduction of \$154, and you are in a 28 percent tax bracket:

- By having the premium withheld on a pretax basis, you do not have to pay tax on the \$154, which saves you \$43.12 in taxes.
- So your actual paycheck is only reduced by \$110.88 ($\$154 - \$43.12 = \110.88).
- The net effect is that the BCBS POS family plan costs you only \$110.88 every paycheck instead of \$154.

Your salary-related benefits, such as your life insurance, long-term disability insurance and retirement benefits, are based on your total eligible compensation before pretax contributions.

Section 125 of the IRS code prohibits coverage for domestic partners and their dependents through a Flexible Benefit Plan. The portion of contributions attributed to coverage for an SSDP and/or SSDP's children will be paid after-tax. In addition, the value of the employer-provided benefits for the SSDP and/or SSDP's children will be taxable income to the employee.

Restrictions: IRS regulations restrict your ability to change your elections during the plan year (Jan. 1 to Dec. 31) unless specific events occur. This means that your plan selections are in place for the plan year, and you are not able to add or change plans or dependent coverage options until the next Jan. 1. The events that may allow a change are briefly described below.

Changes to Elections: Situations that may allow a change in election include a Change in Status event, entitlement to a special enrollment right from HIPAA, entitlement to Medicare or Medicaid, or certain changes in the cost or coverage of a benefit offered by the plan. A Change in Status event is one of the more frequent reasons for a change of election. A Change in Status event includes:

- Change in legal marital status
- Change in number of dependents
- Change in employment status
- Meeting or ceasing to meet dependent eligibility requirements
- Change in residence

Changes must be on account of, and correspond with, the applicable event. Some of the events that allow a change do not apply to every benefit available through the plan.

If an event occurs and you want to change an election, you should inform the Children's Benefits Department in writing within 30 days of the occurrence.

You must establish that the requested change meets applicable requirements of the IRS code. Contact the HR Service Center at 404-785-4747 if you have a question about an upcoming change or need more information. The decision regarding whether a requested change meets applicable guidelines is determined by the plan administrator.

If you are changing from a non-benefits-eligible to a benefits-eligible status, the effective date of your benefits is the first of the month following 30 days from the status change. You must enroll within 30 days of the status change.

COBRA Continuation Coverage

A federal law known as the Consolidated Omnibus Reconciliation Act (COBRA) requires that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called continuation coverage) at group rates in certain instances where coverage from the terms of the plan would otherwise end. This notice is intended to inform you of your rights and obligations from the continuation coverage provisions of the law.

If you are an employee of Children's and are covered by the group health plan, you have a right to choose this continuation coverage if you lose your group health coverage from the terms of the plan because of reduction in your hours of employment or the termination of your employment (for reasons other than gross misconduct on your part). If you are the spouse of an employee and are covered by the group health plan, you have the right to choose this continuation coverage if you lose your group health coverage from the terms of the health plan for any of the following reasons:

- The death of your spouse
- A termination of your spouse's employment (for reasons other than gross misconduct) or reduction of your spouse's hours of employment
- Divorce or legal separation from your spouse
- Your spouse becomes entitled to Medicare

If an employee's dependent child is covered by the group health plan, he or she has the right to continuation coverage if group health coverage from the terms of the health plan is lost for any of the following reasons:

- The death of a parent
- A termination of a parent's employment (for reasons other than gross misconduct) or reduction in a parent's hours of employment
- Parents' divorce or legal separation
- A parent becomes entitled to Medicare
- The dependent ceases to be a dependent child with the terms of the health plan

Individuals described above, who are entitled to COBRA continuation coverage, are called qualified beneficiaries. If a child is born to a covered employee, or if a child is younger than age 18, adopted by or placed for adoption with a covered employee during a period of COBRA continuation coverage, the newborn or adopted child also is a qualified

beneficiary. These new dependents can be added to COBRA upon timely notification to the plan administrator in accordance with the terms of the group health plan.

Under the law, the employee or a family member has the responsibility to inform the plan administrator of a divorce, legal separation or a child losing dependent status with the terms of the health plan. This information must be provided within 60 days the event or the date on which coverage would end under the terms of the plan because of the event. If the information is not provided within 60 days, rights to continuation coverage through COBRA ends. The employer has the responsibility to notify the plan administrator of the employee's death, termination of employment or reduction in hours or Medicare entitlement.

When the plan administrator is notified that one of these events has happened, the plan administrator will, in turn, notify you of your right to choose continuation coverage. According to the law, you have 60 days from the date you are notified of your rights, or the date you would lose coverage because of one of the events described above, to inform the plan administrator that you want continuation coverage.

If you do not choose continuation coverage in a timely manner, your group health insurance coverage will end. COBRA continuation coverage is not available to any covered individual if coverage is lost due to termination of employment for gross misconduct.

If you choose continuation coverage, the employer is required to give you coverage, which, as of the time coverage is being provided, is identical to the coverage provided with the plan to similarly situated employees or family members. Any changes made to the health plan for similarly situated employees or family members also will apply to the individual who chooses COBRA continuation coverage. The terms of the coverage are governed by the plan documentation, which is available upon request from the plan administrator in the event you have misplaced your documentation.

The law requires that you are given the opportunity to maintain continuation coverage for up to three years unless you lost group health coverage because of your termination of employment (except for gross misconduct) or reduction in hours. If such termination or reduction of hours is the reason for your loss of coverage, the required continuation coverage period is up to 18 months. These 18 months

may be extended to 36 months if other events (such as death, divorce or the employee's Medicare entitlement) occur during the 18-month period. If the covered employee became entitled to Medicare less than 18 months before a qualifying event that is termination of employment or reduction of hours, then qualified beneficiaries, other than the covered employee, may receive continuation coverage for up to 36 months measured from the covered employee's Medicare entitlement.

The 18-month continuation coverage period applicable to termination (except for gross misconduct) or to reduction of hours, may be extended to up to 29 months if a qualified beneficiary is determined by the Social Security Administration to have been disabled at any time within the first 60 days of continuation coverage. In order to extend the 18-month period, a qualified beneficiary must notify the plan administrator within 60 days of the determination by the Social Security Administration and before the end of the 18-month continuation period.

If the above requirements are satisfied, the continuation coverage for all qualified beneficiaries may continue for up to an additional 11 months beyond the end of the initial 18-month period. A higher monthly premium (150 percent of the applicable premium used to determine regular COBRA rates) will be required. The plan administrator also must be notified within 30 days after the date of any final determination of the Social Security Administration that the disability no longer exists, if such a determination is made before the end of the 29-month continuation coverage period. Continuation coverage will be cut for any of the following reasons:

- The employer no longer provides group health coverage to any of its employees
- The premium for your continuation coverage is not made on time
- You become covered under another group health plan that does not contain any exclusion or limitation with respect to any preexisting condition you have
- You become entitled to Medicare
- In the case of the 29-month continuation of coverage period for the disabled, the cessation of disability

You do not have to show that you are insurable to choose continuation coverage. However, continuation coverage under COBRA is provided subject to your eligibility for coverage; the plan administrator reserves the right to terminate your COBRA coverage retroactively if you are ineligible.

Under the law, you may have to pay all or part of the premium, plus a 2 percent administration fee, for your continuation coverage. As explained above, higher rates apply to the

11-month extension due to disability. There is a grace period of 30 days for payment of the regularly scheduled premium. In addition, upon the expiration of the 18-month or 36-month continuation coverage period, you are allowed to enroll in an individual conversion plan if conversion is provided from the terms of the health plan.

Special Enrollment Rights Under HIPAA

During the enrollment period, if you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may, in the future, enroll yourself or your dependents in the health plan, provided you request enrollment within 30 days after your other coverage ends. To retain your right for special enrollment, you may be required to certify during enrollment, in writing, that you are covered by another health plan. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act requires all group health plans that provide medical and surgical benefits for a mastectomy also must provide certain other related benefits. A participant or beneficiary who is receiving benefits for a mastectomy that is covered by a health plan and elects breast reconstruction is entitled to receive coverage for:

- Reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas

The coverage will be provided in a manner determined in consultation with the attending doctor and the patient. The coverage will be subject to the same annual deductible, co-insurance, copay and other conditions and limitations otherwise applicable under the health plan. If you have any questions about coverage for these benefits, contact the health insurance carrier.

Medicare

Important Notice About Medicare and Your Prescription Drug Coverage

Note: We are required by law to distribute this notice. This notice is only for employees, COBRA participants and dependents who are eligible for Medicare coverage.

This notice contains information about your current prescription drug coverage with Children's and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription coverage and can help you decide whether or not you want to enroll. At the end of this notice is information about where you can get help to make decisions about your prescription drug coverage.

Medicare prescription drug coverage became available in 2006 to everyone with Medicare through Medicare prescription drug plans and Medicare Advantage Plans that offer prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also may offer more coverage for higher monthly premiums.

Children's has determined that the prescription drug coverage offered by its Welfare Benefit Plan (Plan) is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

Because your existing coverage is on average at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare coverage.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year during annual enrollment, which usually begins in October or November and closes Dec. 31. Beneficiaries leaving employer coverage may be eligible for a Special Enrollment Period to sign up for a Medicare Prescription drug plan.

You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

If you decide to enroll in a Medicare prescription drug plan and drop your Children's prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

You also should know that if you drop or lose your coverage with Children's and do not enroll in Medicare prescription drug coverage after your current coverage

ends, you may pay more to enroll in Medicare prescription drug coverage later. If you go 63 days or longer without prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1 percent each month for every month that you did not have that coverage. For example, if you go 19 months without coverage, your premium will always be at least 19 percent higher than what most other people pay. You will have to pay this higher premium as long as you have Medicare coverage. In addition, you may have to wait until next October or November to enroll.

You will receive this notice annually and at other times in the future such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage through Children's changes. More detailed information about Medicare plans that offer prescription drug coverage is available in the Medicare & You handbook. You will get a copy of the handbook in the mail every year from Medicare. You also may be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see your copy of the Medicare & You handbook for their telephone number) for personalized help
- Call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this help is available from the Social Security Administration (SSA). For more information about this help, visit SSA online at www.socialsecurity.gov or call 800-772-1213 (TTY 800-325-0778).

Remember: Keep this notice. If you enroll in one of the new plans approved by Medicare, which offers prescription drug coverage, you may be required to give a copy of this notice when you join to show that you are not required to pay a higher premium amount.

Date:	November 2013
Name of Entity/Sender:	Children's Healthcare of Atlanta
Contact:	Cheryl Bergdale Manager, Benefits
Address:	1600 Tullie Circle NE Atlanta, GA 30329-2303
Phone Number:	404-785-7850



your
SUPPORT

A vertical dotted line runs down the center of the page, intersecting the word "your".
A horizontal dotted line extends from the right side of the word "your" across the page.
A yellow and green decorative bar is located on the left side of the page, featuring two stylized white figures (a girl and a boy) with arms raised.

- Total Rewards Benefit Directory
- How to Enroll
- Benefits Forms/Plan Summaries
- Benefits Enrollment Worksheet



Total Rewards Benefit Directory

HR Service Center 404-785-HRHR (4747)

Leave of Absence Hotline 404-785-FMLA (3652)

Benefit	Vendor Name	Phone Number	Website
Adoption and Infertility	Compliance Solutions	678-612-2929	www.csadministration.com
Auto/Homeowner Insurance	MetLife	800-438-6388	https://mybenefits.metlife.com
Banking	Bank of America	404-248-2250	www.bankofamerica.com
Banking	CDC Federal Credit Union	404-325-3270	www.cdcfcu.com
Banking	Emory Alliance Credit Union	404-329-6415	www.emoryfcu.com
Banking	LGE Community Credit Union	770-424-0060	www.lgeccu.org
Banking	Lockheed Federal Credit Union	800-328-5328	www.lfcu.com
Banking	MetLife	866-226-5638	https://mybenefits.metlife.com
Banking	PNC	404-439-9612	www.pnc.com
Banking	SunTrust Group Banking	800-999-9125	www.suntrust.com
Banking	Wachovia/Wells Fargo	404-248-2800	www.wachovia.com
Childcare	Bright Horizons Family Solutions	866-854-1958	www.brighthorizons.com
Childcare	The Clifton School	404-636-4073	www.thecliftonschool.org
Childcare	The Clifton School at Clairmont	404-315-6340	www.thecliftonschool.org
Childcare	New Generations	678-843-3900	www.brighthorizons.com/newgenerations
Childcare	Sunshine House	800-551-1561	www.sunshinehouse.com
Child/Elder care	SitterCity	888-211-9749	www.sittercity.com/choa
COBRA	Compliance Solutions	770-410-9213	www.csadministration.com
Commute Alternatives	Clean Air Campaign	678-244-7715	www.logyourcommute.org
Concierge	At Your Service	404-785-2525	www.2placesat1time.com
Dental	Blue Cross Blue Shield	877-604-2158	www.bcbsga.com
Disability	Hartford Disability	800-752-9713	http://groupbenefits.thehartford.com
Employee Assistance Program	EAP Consultants	770-951-8021	www.eapconsultants.com
Flexible Spending Account	WageWorks	877-924-3967	www.wageworks.com
Health (CDHP)	Anthem/Blue Cross Blue Shield	855-272-0693	www.anthem.com
Health (POS)	Anthem/Blue Cross Blue Shield	855-272-0693	www.anthem.com
Legal Services	MetLaw	800-821-6400	https://mybenefits.metlife.com
Life Insurance	Hartford Life Insurance	800-563-1124	www.hartfordlife.com
Massage	GlobalBodyWorks	404-812-0340	www.gbwonline.com
Memberships	AAA Auto Club	770-656-4430	www.aaa.com
Memberships	Costco	678-201-0003	www.costco.com
Memberships	Sam's Club	404-325-4883	www.samsclub.com
Pet Insurance	VPI	888-899-4VPI	www.petinsurance.com
Pharmacy (POS Plan)	Caremark	888-208-9624	www.caremark.com
Prenatal Screening Program	Future Moms	866-347-8360	www.anthem.com
Retirement	Fidelity	800-343-0860	www.fidelity.com/atwork
Supplemental Insurance	Aflac	678-744-9464	www.aflac.com
Vision	Avesis	800-828-9341	www.avesis.com

How to Enroll

Benefits enrollment is through eHR. You may access eHR at www.choa.org/staff or through Careforce Connection.

1. On Careforce Connection, click on Your Connection.
2. Select eHR on the right.
3. Enter your User Name and Password to sign on.
If you lost your password, send an e-mail to solution.center@choa.org or call the Solution Center at 404-785-6767.
4. Select eHR.
5. Select 2013 Benefits Enrollment on the 2013 Benefits Enrollment Menu.
6. Read the instructions and click on the button to return to the Benefits Enrollment Menu.
7. Click on the Dependent tab to update dependents.
8. Click on Enrollment Questions.
9. Answer all four questions, click "update" and then "okay."
(You must answer all four questions before you can proceed.)
10. Select 2013 Benefits Enrollment on the menu and proceed to enrollment.
11. Complete the enrollment process and print a copy of your elections for your records.

Helpful Hints:

- You must make an election on each screen before you can move to the next screen.
- Only benefits for which you are eligible will appear as an option.
- If you stop the process before completion, you will have to start the process from the beginning.
- Elections are not saved until you confirm them at the end of the enrollment process.

Protect Your Personal Information:

- Do not share your eHR user name and password with anyone.
- Be sure to log out and close the Internet browser when you are finished.

Benefits Forms/Plan Summaries

You may access all Benefit forms, Summary Plan Descriptions, Consolidated Omnibus Reconciliation Act (COBRA) details and other information on Careforce Connection.

Benefits Enrollment Worksheet

This worksheet is designed to provide you with a format to mark or note your benefit choices as you go through the various benefit options outlined in this book. For example: When you finalize your plan selection, you may want to note it here to have a quick reference when you go through the e-HR enrollment process. This is not an enrollment sheet and does not need to be completed for enrollment purposes. It is a worksheet only.

Health Insurance	Plan Selection	<input type="checkbox"/> CDHP <input type="checkbox"/> POS
Health Insurance	Coverage Tier	<input type="checkbox"/> Employee <input type="checkbox"/> Employee +1 <input type="checkbox"/> Family
Dental Insurance	Plan Selection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental Insurance	Coverage Tier	<input type="checkbox"/> Employee <input type="checkbox"/> Employee +1 <input type="checkbox"/> Family
Vision Insurance	Plan Selection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vision Insurance	Coverage Tier	<input type="checkbox"/> Employee <input type="checkbox"/> Employee +1 <input type="checkbox"/> Family
Supplemental Group Life Must be in increments of \$10,000 up to the lesser of five times your annual salary or \$500,000. _____ Amount selected		
Supplemental Dependent Life (Spouse) Must be in increments of \$5,000 up to the lesser of your coverage amount or \$500,000. _____ Amount selected		
Supplemental Dependent Life (Child/Children) Must be in increments of \$2,000 up to the lesser of your coverage amount or \$12,000. _____ Amount selected		
Healthcare Flexible Spending Account <input type="checkbox"/> \$2,500 annual max		
Dependent Care Account <input type="checkbox"/> \$5,000 annual max		
Health Savings Account (for CDHP only) <input type="checkbox"/> \$3,250/individual; \$6,450/family max		

Notes

Notes

Notes





Thank you.