

Summary of Important Dates

2016 Annual Enrollment:

October 19- November 15, 2015
(Midnight EST)

2016 Annual Benefit Enrollment

November 15, 2015

Enrollment forms for LFG Critical Illness need to be submitted or postmarked to LFG

1st Payroll in 2016

Review deductions for accuracy and report any discrepancies to the H&W Trust office immediately

Other:

Enrollment online must be completed and the form for LFG Critical Illness must be received by LFG **prior** to your eligibility effective date

New Hires/Rehires

Within 30 days from your return to work date

On an unpaid leave of absence of at least 30 days with no benefits

Within 30 days of the event

Status Changes and Special Enrollment Rights (excluding Medicaid or CHIP coverage)

Within 60 days

Medicaid or CHIP coverage changes

1st Payroll after enrollment

Review deductions for accuracy and report any discrepancies to the H&W Trust office immediately

2016 ENROLLMENT NEWS

Enrollment/changes for all coverages, with the exception of Critical Illness, will be conducted via the **online benefits enrollment system**. Enrollment/changes for Critical Illness will continue to be handled directly with Lincoln Financial Group (LFG).

All forms and brochures are located on the online enrollment system.

This will be a “passive” enrollment, meaning re-enrollment is not required if you want to maintain your current coverage with the exception of the Flexible Spending Account, which requires re-enrollment each year. **To make changes you must go online to greyhound.employee.com (see pages 8-9 for more detailed instructions) and review your current benefits, dependents and beneficiaries by midnight EST on November 15, 2015.**

Even if you choose not to make any changes, be sure to designate or update your life insurance beneficiary on the online benefits enrollment site.

IMPORTANT TELEPHONE NUMBERS AND OTHER INFORMATION

ADMINISTRATORS	Phone Number	GROUP #	INTERNET ADDRESS
Greyhound/ATU Health & Welfare Trust	800-288-7766 Fax: 214-999-0180 Email: greyhound.gliatubenefits@greyhound.com		
CIGNA Open Access Plus	800-244-6224	2461738	www.mycigna.com
CIGNA 24 Hour Health Information Line	800-564-9286	2461738	www.mycignaforhealth.com
CIGNA Pharmacy	800-244-6224	2461738	www.mycigna.com
CIGNA Tel-Drug (Mail order RX)	800-835-3784	2461738	www.teldrug.com
CIGNA (Medical Case Management)	800-244-6224	2461738	
Mental Health / Substance Abuse	800-244-6224	2461738	www.mycigna.com
Flexible Spending Account	800-244-6224	2461738	www.mycigna.com
Vision Service Plan	800-877-7195	12173151-004	www.vsp.com
Delta Dental	800-521-2651	03850	www.deltadentalins.com
Lincoln Financial Group	800-423-2765	Critical Illness: 000403003102 Accident: 000404002173	www.LincolnFinancial.com
The Hartford	Life/AD&D: 888-563-1124 STD: 800-549-6514	402756	www.thehartfordatwork.com
Employee Assistance Program (EAP)	888-779-2235	5565	www.members.mhn.com company code: greyhound
Bus Pass	800-454-2638 Fax: 214-849-6201 Email: buspassusa@greyhound.com		
ATU 401K	800-440-1548		www.atu401k.com

GREYHOUND/ ATU
JANUARY 1, 2016 ACTIVE RATES

This rate sheet gives you the cost for each coverage level, with the exception of the Flexible Spending Account. Deductions are withheld on each paycheck prorated for the payroll frequency (weekly or bi-weekly).

	EMPLOYEE ONLY	EMPLOYEE + ONE	EMPLOYEE + FAMILY	
Medical Plan (If you qualify for the Healthy Hound discount, otherwise there will be a \$240 annual surcharge)				
Option A: No Coverage	\$ 0.00	\$ 0.00	\$ 0.00	
Option B: Open Access Plus Value Plan (weekly)	29.95	56.91	83.87	
Option B: Open Access Plus Value Plan (bi-weekly)	59.90	113.82	167.73	
Option C: Open Access Plus Preferred Plan (weekly)	57.02	114.03	151.08	
Option C: Open Access Plus Preferred Plan (bi-weekly)	114.03	228.06	302.16	
	EMPLOYEE ONLY	EMPLOYEE + CHILDREN	EMPLOYEE + SPOUSE	EMPLOYEE + FAMILY
Dental Plan				
No Coverage	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Coverage (weekly)	4.45	8.32	8.32	13.56
Coverage (bi-weekly)	8.91	16.64	16.64	27.11
Vision Plan				
No Coverage	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Coverage (weekly)	1.08	1.90	1.86	3.10
Coverage (bi-weekly)	2.16	3.79	3.71	6.19
Employee Life Insurance				
Basic Coverage: \$10,000	\$ 0.00	(Trust-Provided)		
Employee Assistance Program	\$ 0.00	(Trust-Provided)		

Note: the 2016 Healthy Hound premium surcharge of \$240 will not apply to employees earning less than \$12.14/hour who are enrolled in the Value Plan.

See The Hartford enrollment materials for the rates for:

Voluntary Life Insurance
Accidental Death and Dismemberment
Dependent Life Insurance
Short Term Disability

See Lincoln Financial Group enrollment materials for the rates for:

Accident
Critical Illness

Completing Your Online Enrollment System - Step by Step

Complete the online enrollment if you want to enroll or make changes for Medical, Dental, Vision, Life Insurance and Accidental Death & Dismemberment (AD&D), Dependent Life (Spouse and/or Child), Short Term Disability (STD), Accident, EAP for dependents, or the FSA.

- **Login at greyhound.employee.com.**

You will need to have your user ID which is located on your paycheck stub under the "Other Benefits and Information" heading. This is your unique ADP user id to enroll online (it is **not** your GLI employee number). Your password is the month and day of your birth date and the last 4 digits of your SSN (for example, if your birthday is June 17th and your SSN ends in 8365, your password is 06178365).

- **General Information**

Please complete/update this section with the requested information.

- 1) Review Your Information

- A) Review Your Current Elections

- B) Review Your Dependents – add and/or change dependent information. Dependents need to be entered before you can select coverage for them. If you are adding a new dependent, documentation (e.g. marriage and/or birth certificates) will be required to be submitted to the Trust office before coverage will become effective.

- **Medical Plan**

Select the option ("Open Access Plus Value", "Open Access Plus Preferred" or "No Medical Coverage") and the Coverage Level you want. Please note if you are enrolling more than one dependent for medical it is considered family coverage. If you are only enrolling one dependent please select Employee + one and indicate the name of the dependent to be enrolled. You will need to send appropriate documentation (e.g. certified marriage and/or certified birth certificates) to the Trust office. If you are selecting coverage for dependents, then you need to select the dependents to be included in the coverage.

- **Dental Plan**

Select the option "Dental Coverage" or "No Dental Coverage" box and the desired Coverage Level. If you are selecting coverage for dependents, then you need to select the dependents to be included in the coverage.

- **Vision Plan**

Select the "Vision Coverage" or "No Vision Coverage" box and the desired Coverage Level. If you are selecting coverage for dependents, then you need to select the dependents to be included in the coverage.

- **Flexible Spending Account (FSA)**

When you click on this benefit you will see an option to use a "Benefit Option Comparison Tool" to help you select the plan that is right for you. If you choose not to use the tool, enter an annual goal amount (in whole dollar increment) ranging from \$50 to \$2,550 for the year, or check the box if you don't want to enroll. **Decide your amount carefully, as any money less than \$50 or in excess of \$500 not used by the end of the year will be forfeited.**

- **Employee Assistance Plan (EAP)**

You are automatically enrolled in "Employee Only" coverage; select another coverage level if you want to cover other dependents. If you are selecting coverage for dependents, then you need to select the dependents to be included in the coverage.

- **Voluntary Life and AD&D**

For new hires, you will be able to select additional life insurance in \$10,000 increments up to \$120,000 without being subject to Evidence of Insurability (EOI). If you elect additional coverage more than your current coverage level during this annual enrollment or any additional coverage after your initial enrollment as a new hire, your coverage will be subject to EOI. You do not need to separately select AD&D if you select voluntary life insurance. AD&D coverage is included with the voluntary life. For example, if you select \$120,000 of voluntary life you will automatically have \$120,000 of AD&D coverage too.

- **Basic AD&D**
If you are only selecting the basic life insurance of \$10,000 and opting out of the voluntary life insurance coverage, then you can select either \$10,000 or \$20,000 of AD&D coverage.
- **Voluntary Spouse Life Insurance**
You may select either \$10,000 or \$20,000 of life insurance or "No Coverage" for your spouse. This cannot exceed the amount of employee life insurance.
- **Voluntary Child Life**
You may select either \$5,000 or \$10,000 of life insurance or "No Coverage" for your child/children. This cannot exceed 50% of the amount of employee life insurance.
- **Short Term Disability**
Review the options available to you depending on your work location and your hourly rate. Select the weekly benefit level you want.
- **Personal Accident Coverage**
Check the "Coverage" or "No Coverage" box. If you elect to participate, select the coverage amount (employee only, employee/spouse, employee/child(ren), or employee/family). If you are selecting coverage for dependents, then you need to select the dependents to be included in the coverage
- **Review Your Beneficiaries**
Select the beneficiary type (person, trust, estate or charity). Click on "Add Beneficiary/Allocation" and enter beneficiary information for both primary and secondary beneficiaries and the allocation amount for each. Both the primary and secondary allocations must equal 100%. Be sure to have addresses and SSN's for all beneficiaries.
- **Your Approval**
Review and confirm your elections/changes including your dependents and beneficiaries. Print and/or save a copy for your records. **This is very important if there are any questions later as to the coverages and dependents selected!**
- **Information Required to be Enrolled in Benefits.**
Please provide the required information on the employee (you) and each dependent for whom you have selected coverage. If you are enrolling a spouse or a dependent child who is not currently enrolled in the Plan, please provide a certified marriage and / or certified birth certificates. Court documents are required if you have legal custody for dependents. Mail or fax the documents to:
Greyhound ATU Health & Welfare Trust
350 N. St. Paul
Dallas, TX 75201
Fax: 214-999-0180

Please contact the office to verify documents were received!

Completing Your Lincoln Financial Group Enrollment form - Step by Step

Please complete this form to elect Critical Illness coverages.

Section A: Complete the Employee Information section.

Section B: Critical Illness Coverage – Check the "Yes" or "No" box. If you elect to participate, select the coverage amount (employee \$5,000, spouse \$5,000 and/or child(ren) \$3,000) and then decide whether you want to add coverage under either of the riders (Cancer and/or Treatment Care). If you elect to participate in coverage under either rider, select the coverage amount.

Section C: Be sure to designate or update your beneficiary designation. If you don't want to make changes to your current benefits you can change your beneficiary on the Life Beneficiary Change Form.

Section D: List any dependent information if you are covering your spouse or child(ren).

Section E: Check the appropriate boxes, requesting coverage, declining to enroll yourself in coverage and/or declining to enroll your dependents in coverage. Read the fine print and complete your name, signature and date. Keep a copy for your files and return to LFG in the envelope enclosed.

If you are enrolling at a time other than when you were newly eligible, you must complete the Evidence of Insurability form and submit to LFG for approval.

Eligibility & Effective Dates

Employment Status	Eligibility Requirements	Coverage Effective Date
Annual Enrollment	If you are currently enrolled or meet the eligibility criteria of the employment status that follow.	January 1, 2016
Active Full-Time, including New Hires	You are eligible for coverage if you are a full-time employee (scheduled to work 1,500 hours or more per year) represented by the Amalgamated Transit Union (ATU).	First of the month on or after your full-time effective date, when you have completed at least two full calendar months of continuous service.
Change to Full-Time Employment	Part-time employees are not eligible for Greyhound/ATU coverage with the exception of the employee assistance program; however, if you transfer from part-time status to full-time status, part-time service counts toward the two-month eligibility-waiting period.	First of the month on or after your full-time effective date, when you have completed at least two full calendar months of continuous service.
Return from Leave or Reinstatement from Discharge for Cause	If you are enrolled in Greyhound/ATU coverage before going on leave or being discharged for cause, you are eligible to have your coverage reinstated upon your return to full-time work.	First of the month after your return to work date.
Transferring within Greyhound from a Non-Union Benefit Plan to a Union Benefit Plan	Within 30 days of your transfer date provided you have completed two full calendar months of continuous service and you are a full-time employee.	First of the month on or after your full-time effective date, when you have completed at least two full calendar months of continuous service.

Enrollment Requirements during Annual Open Enrollment

Current Status	Enrollment Information	Deadline
Current Enrolled Participants - Open Enrollment	This will be a “passive” enrollment for all coverages, meaning re-enrollment is not required if you want to maintain your current coverage with the exception of the Flexible Spending Account, which requires re-enrollment each year.	November 15, 2015 Midnight EST
Eligible but not enrolled – Open Enrollment	If you would like to elect coverage for the first time and have met the waiting period requirement, you must complete the online benefits enrollment for: medical, dental, vision, FSA, life insurance, dependent life, AD&D, accident, and STD coverages and designating a life insurance beneficiary for 2016 and a LFG enrollment form electing critical illness coverage for 2016. You must submit appropriate documents for your dependents (e.g., marriage certificates and/or birth certificates) to the Health & Welfare Trust office before coverage will be effective.	November 15, 2015 Midnight EST
New Hires / Rehires	You may enroll yourself and eligible dependents by completing the online benefits enrollment for: medical, dental, vision, FSA, life insurance, dependent life, AD&D, accident, and STD coverages and designating a life insurance beneficiary and submitting a LFG enrollment form electing desired critical illness coverage to LFG prior to your eligibility effective date. You must submit appropriate documents for your dependents (e.g., marriage certificates and/or birth certificates) to the Health & Welfare Trust office before coverage will be effective.	Prior to eligibility effective date.
On leave – active benefits	If you are on leave with active benefits see “Current Enrolled Participants - Open Enrollment” section in this chart.	November 15, 2015 Midnight EST
On leave – no benefits/terminated benefits	If you are not currently enrolled or benefits have terminated you may enroll when you return to work as an active employee.	Within 30 days from your return to work date.
Status Changes and Special Enrollment Rights	If you experience a qualified status change, you may be able to make changes during the plan year. You may be able to request a change by completing the appropriate online enrollment electing desired medical, dental, vision, FSA, life insurance, dependent life, AD&D, STD and accident coverages for 2016 and/or submit a LFG enrollment form electing desired critical illness coverage and provide supporting documentation to the ATU Health & Welfare Trust Office.	Within the applicable enrollment period (usually 30 days).

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2015. Contact your State for more information on eligibility –

ALABAMA – Medicaid	GEORGIA – Medicaid
Website: www.myalhipp.com Phone: 1-855-692-5447	Website: http://dch.georgia.gov/ - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPPP) Phone: 404-656-4507
ALASKA – Medicaid	INDIANA – Medicaid
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Website: http://www.in.gov/fssa Phone: 1-800-889-9949
COLORADO – Medicaid	IOWA – Medicaid
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
FLORIDA – Medicaid	KANSAS – Medicaid
Website: https://www.flmedicaidtplrecovery.com/ Phone: 1-877-357-3268	Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884

KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	NEW YORK – Medicaid
Website: http://www.maine.gov/dhhs/ofc/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	NORTH CAROLINA – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MINNESOTA – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dhs.state.mn.us/id_006254 Click on Health Care, then Medical Assistance Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604
MISSOURI – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	OREGON – Medicaid
Website: http://medicaid.mt.gov/member Phone: 1-800-694-3084	Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075
NEBRASKA – Medicaid	PENNSYLVANIA – Medicaid
Website: www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633	Website: http://www.dhs.state.pa.us/hipp Phone: 1-800-692-7462
NEVADA – Medicaid	RHODE ISLAND – Medicaid
Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300

SOUTH CAROLINA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-866-435-7414	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2015, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565