



OPOLIS

Benefit Enrollment Guide

2018

FIELD TEAM

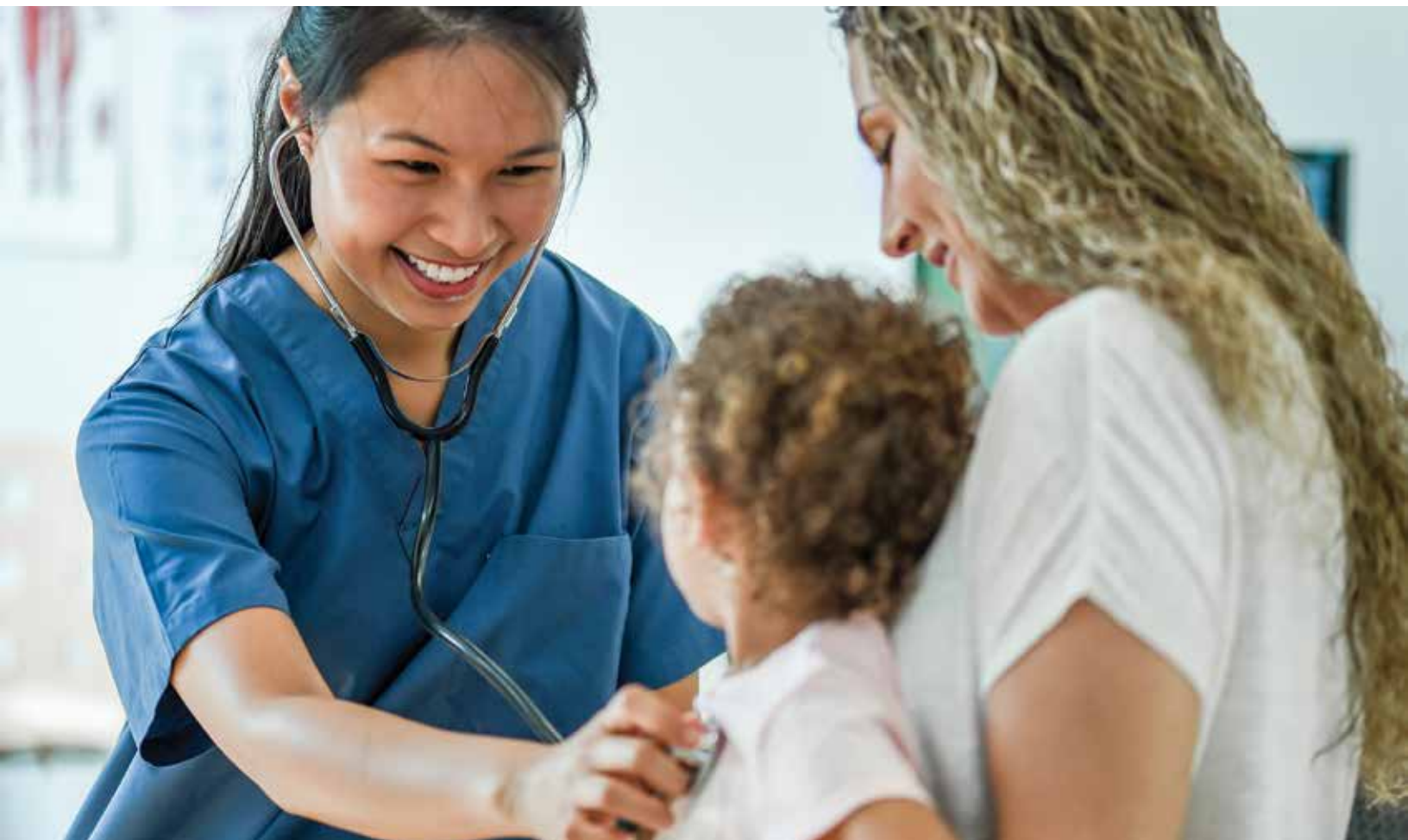


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While every effort has been made to be as accurate as possible in developing the enclosed information, the official plan documents prevail in all cases. This is not a legal document. It is a brief summary of benefits and is not considered "Evidence of Coverage." Please refer to the policy/plan documents for a complete description of the controlling terms, coverages, exclusions, limitations and conditions of coverage. In case of any discrepancy between this information and the policy/plan documents, the policy/plan documents will prevail.

Opolis reserves the right to terminate, suspend, withdraw, or modify the benefits described in the policy/plan documents in whole or in part, at any time. No statement in this or any other document, and no oral representation should be construed as a waiver of this right. This summary is the confidential property of Opolis.



A Message From Opolis

At Opolis we recognize our ultimate success depends on our talented and dedicated team. We understand the contribution each and every employee makes to our accomplishments and so our goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all of our employees. This brochure will help you choose the type of plan and level of coverage that is right for you.

Do you know all of the options that are available to you?

- ▶ We offer four medical plans for you to choose the best option for you and your family
- ▶ A spouse's or domestic partner's plan
- ▶ Coverage through your state Health Insurance Marketplace. You can find information about your state's marketplace at www.healthcare.gov (created as part of healthcare reform)
- ▶ Medicaid or other federal assistance programs for low-income families
- ▶ Medicare if you are age 65 or older
- ▶ Individual market

Understanding what might be available to you and if you are eligible to participate can help you make the best choices for you and your family.

Individual Mandate: Beginning in 2018 the Affordable Care Act requires most individuals to obtain acceptable health insurance coverage for themselves and their family members; if coverage is not elected a tax penalty will be incurred. The fee for 2018 is \$695 per adult and \$347.50 for each child, or 2.5% percent of income, whichever is greater.

Do you know all of the options that are available to you?



Who is Eligible?

If you are a full time employee working 30 or more hours per week, you are eligible to enroll in the benefits described in this guide. Your spouse, domestic partner, and children (up to age 26) are also eligible for coverage.



How to enroll

Opolis will send you further enrollment information during the month prior to your Eligibility Date. Your eligibility date is the first of the month following 60 days for full time employment.

Enrollments are completed online through our Infinity HR website: www.infinityhr.com

Should you have further questions about the enrollment process please reach out to the Opolis HR team.

Open Enrollment

Enrollment selections can be made beginning December 1, 2017 through December 14, 2017.



When coverage becomes effective

Coverage in any of the benefit plans will become effective following the waiting period of 1st of the month following 60 days of full time employment.



How to Make Changes

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, birth or adoption of a child, change in a child's dependent status, loss of other coverage, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you or your spouse, commencement or termination of adoption proceedings, or change in spouse's benefits or employment status. If you have a qualified status change and choose to change your elections, paperwork must be completed within 30 days of the status change.

Medical

Choosing the right health plan is probably one of the most important decisions you can make for you and your family. It is our objective to provide an employee benefit program with a high level of benefits making it easy for you and your dependents to access the medical care you need. Please carefully consider the four medical plans offered by Lakeshore to make the best medical choices for you and your family.

When you enroll in a medical plan, you and your eligible, enrolled dependents automatically receive prescription drug coverage. Remember: generic drugs have the same active chemical ingredients and therapeutic effect as their brand-name equivalents. These drugs are the least expensive.

	OAP Choice Plus \$2000	OAP Choice Plus \$4000	OAP Choice Plus \$5000	OAP - HSA
Services	In Network	In Network	In Network	In Network
Annual Deductible (Individual / Family)	\$2,000 / \$6,000	\$4,000 / \$12,000	\$5,000 / \$10,000	\$5,000 / \$10,000
Out-of-Pocket Max (Individual / Family)	\$5,000 / \$10,000	\$6,500 / \$13,000	\$7,000 / \$14,000	\$6,350 / \$12,700
Coinsurance	80%	80%	70%	90%
Physician Office Visit				
Primary Care	\$30 Copay	\$30 Copay	\$30 Copay	90% after Ded
Specialty Care	\$60 Copay	\$60 Copay	\$60 Copay	90% after Ded
Preventive Care	100%	100%	100%	100% after Ded
Teladoc	\$30 Copay	\$30 Copay	\$30 Copay	90% after Ded
Diagnostic Services				
X-ray and Lab Tests	100%	100%	100%	90% after Ded
Urgent Care Facility	\$60 Copay	\$60 Copay	\$60 Copay	90% after Ded
Emergency Room Facility Charges*	\$400 Copay	\$400 Copay	\$400 Copay	90% after Ded
Inpatient Facility Charges	80% after Ded	80% after Ded	70% after Ded	90% after Ded
Outpatient Facility and Surgical Charges	80% after Ded	80% after Ded	70% after Ded	90% after Ded
Retail Pharmacy (30 Day Supply)				
Generic (Tier 1)	\$15 Copay	\$15 Copay	\$15 Copay	100% after Ded
Preferred (Tier 2)	\$50 Copay	\$50 Copay	\$50 Copay	100% after Ded
Non-Preferred (Tier 3)	\$70 Copay	\$70 Copay	\$70 Copay	100% after Ded
Mail Order Pharmacy (90 Day Supply)				
Generic (Tier 1)	\$45 Copay	\$45 Copay	\$45 Copay	100% after Ded
Preferred (Tier 2)	\$150 Copay	\$150 Copay	\$150 Copay	100% after Ded
Non-Preferred (Tier 3)	\$210 Copay	\$210 Copay	\$210 Copay	100% after Ded
Out of Network				
Individual / Family Deductible	\$6,000 / \$18,000	\$12,000 / \$36,000	\$15,000 / \$30,000	\$5,000 / \$10,000
Primary Care / Specialty	50% after Ded	50% after Ded	50% after Ded	90% after Ded
Coinsurance	50%	50%	50%	70%
Out-of-Pocket Individual / Family	\$15,000 / \$30,000	\$19,500 / \$39,000	\$21,000 / \$42,000	\$15,000 / \$30,000



Dental Insurance

Our dental plan makes dental care more affordable for employees and their families. Remember to choose a dentist contracted with our plan for the biggest dental benefit. Taking care of your mouth, teeth and gums is a big part of making sure you feel your best. Healthy habits like brushing, flossing and seeing your dentist for regular cleanings help prevent problems.

Cigna Dental Complete PPO		
Services	In Network	Out of Network
Annual Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum		
Per Person/Family	\$1,000	\$1,000
Preventive	100%	80%
Basic	80%	60%
Major	50%	50%
Orthodontia		
Benefit Percentage		50%
Additional Deductible		None
Adult and/or Child(ren)		Child only to age 19
Lifetime Maximum		\$1,000



Vision

Eye doctors detect problems in vision, overall eye health, and detect signs of other health conditions like diabetic eye disease, high blood pressure and high cholesterol. We know your eye sight is precious to you and so we provide vision benefits to make sure your trip to the eye doctor is reasonably priced.

VSP			
Benefit	Frequency	In Network	Out of Network
Well Vision Exam	Exam every calendar year	\$10 copay	Up to \$50
Prescription Glasses		\$25 copay	
Frames	Every other calendar year	\$130 allowance + 20% off amount over your allowance	Up to \$70
Lenses	Every calendar year	Single vision, lined bifocal, and lined trifocal lenses	Up to \$100
Lens Options	Every calendar year	\$50 copay Standard progressive lenses \$80-\$90 copay Premium progressive lenses \$120-\$160 copay Custom progressive lenses	Up to \$75
Contacts (instead of glasses)	Every calendar year	\$130 allowance, copay does not apply	Up to \$105
Contact lens exam (fitting and evaluation)	Every calendar year	Up to \$60 copay	Up to \$50
Extra Savings and Discounts		30% off additional glasses on the same day as WellVision Exam or 20% off within 12 months of last visit to VSP provider. Laser Vision Correction average 15% discount	



Flexible Spending Accounts

24 Hour Flex

A Flexible Spending Account (FSA) offers you an easy way to reduce your taxes. When you participate in an FSA, you are only taxed on the income left over after you have paid certain out-of-pocket healthcare, dental, vision and daycare expenses. An FSA provides to you valuable benefits and tax savings since many of your normal expenses can be paid with pre-tax money!

The Tax Savings are Significant

Money withheld for the FSA escapes Federal and State income taxes and Social Security Tax. By adding these three tax brackets together, you will find that your tax savings can be as great as 40% of the amount contributed to the FSA.

Flex isn't just for you, it's for the whole family

You can include expenses for you, your spouse, your qualified tax dependents as well as your adult children (through December 31st of the year in which he or she turns 26). Their expenses are eligible for the FSA even if they aren't enrolled in Opolis' health coverage.

Enrolling in an FSA Can Save You Money		
Annual Tax Savings	FSA	No FSA
Annual Income (before taxes)	\$50,000	\$50,000
Pre-tax FSA Contribution	\$2,500	\$0
Taxable Income	\$47,500	\$50,000
Estimated Taxes (27%)	\$12,825	\$13,500
Available Income	\$34,675	\$36,500
Estimated Savings =	\$1,825	

Actual savings will depend on your salary, how much you contribute into the FSA, your tax bracket, and how you file your taxes (single, married, etc.)

Common eligible expenses include:

- **Insurance:** copays, deductibles, co-insurance
- **Medical:** medical doctor fees, office visit charges, annual physical exams, x-rays, lab fees
- **Vision:** vision exams, frames and lenses, including prescription sunglasses, contact lenses, LASIK eye surgery
- **Medicines and drugs:** Prescription and Over-The-Counter medicines requiring a prescription
- **Dental:** exams, x-rays, fillings, false teeth, retainers, caps, crowns, orthodontia, implants
- Chiropractors / Acupuncturists

The FSA Plan Year is January through December. The plan allows participants an additional 2½ months to use the funds (through March 15, 2019) before the funds are subject to the "Use it or lose it" rule. The maximum contribution is \$2,500 per year.

Dependent Care Accounts

24 Hour Flex

A Dependent Care Account helps you save money on daycare expenses for dependent children and adults so you can work. Qualifying dependents include children under the age of 13, whom you claim as a dependent on your federal income tax return (special rules apply for divorced parents), a disabled spouse, and any other dependent on your tax return who resides with you and is physically or mentally disabled. Be sure to budget for Health Care Account & Dependent Care Account expenses separately. Elections to, and reimbursement from, these accounts cannot be blended. Also the “use it or lose it” provision applies. Expenses must be incurred during the period of time you are a participant in the Dependent Care Plan, and any amounts remaining in your accounts at the end of the plan year will be forfeited. The maximum contribution is \$5,000 per year.

Common Eligible Dependent Care Expenses:

The following dependent care expenses are eligible when you and your spouse, if applicable, are working.

- Pre-school expenses for dependent child
- Daycare for a child under the age of 13
- Before and after school expenses for a dependent child

Ineligible expenses:

- Kindergarten tuition
- Overnight camp
- Care for dependents 13 or older (who are NOT physically or mentally disabled)



Health Savings Account (HSA)

24 Hour Flex

If you participate in the OAP/HSA health plan, you can set aside money in a Health Savings Account (HSA) before taxes are deducted to pay for eligible medical, dental and vision expenses. An HSA is similar to a flexible spending account in that you are eligible to pay for health care expenses with pre-tax dollars. There are several advantages of an HSA. For instance, money in an HSA can be invested much like 401(k) funds are invested. Unused money in an HSA account is not forfeited at the end of the year and is carried forward. Also, your HSA account is yours to keep which means that you can take it with you if you change jobs or retire.

The maximum combined amount that you can contribute in 2018 is \$695 per adult and \$347.50 for each child under 18 (up to \$2,085 for families), or 2.5 percent of income, whichever is greater. In 2018 the fee is expected to increase to \$3,450 for individual and \$6,900 for family.

Who is eligible for an HSA?

- Covered by a High Deductible Health Plan (HDHP);
- Not covered under another medical plan that is not an HDHP;
- Not entitled to (eligible for AND enrolled in) Medicare benefits; or
- Not eligible to be claimed on another person's tax return.

What is a High Deductible Health Plan (HDHP)?

A High Deductible Health Plan is a plan with a minimum annual deductible and a maximum out-of-pocket limit as listed below. These minimums and maximums are determined annually by the Internal Revenue Service (IRS) and are subject to change.

Type of Coverage	Maximum	Minimum	Out-of-Pocket Maximum	Employer HSA Contribution
Individual	\$3,450	\$1,350	\$6,650	\$0
Family	\$6,900	\$2,700	\$13,300	\$0

What are the steps in an HSA?

1. Employee funds HSA account.
2. Employee seeks medical services.
3. Medical services are paid by HDHP, subject to deductible and coinsurance.
4. Employee may seek reimbursement from HSA account for amounts paid toward deductible and coinsurance.
5. Deductible and out-of-pocket maximum fulfilled.
6. Employee covered for all remaining eligible expenses.

When do I use my HSA?

After visiting a physician, facility or pharmacy, your medical claim will be submitted to your HDHP for payment. Your HSA dollars can be used to pay your out-of-pocket expenses (deductibles and coinsurance) billed by the physician, facility or pharmacy, or you can choose to save your HSA dollars for a future medical expense.

What is a deductible?

It is a set dollar amount determined by your plan that you must pay out-of-pocket or from your HSA account, before insurance coverage for medical expenses can begin.

Health Savings Account (HSA)

What is the difference between an HSA and Flexible Spending Account (FSA)?

- An HSA can roll over unused funds from year to year.
- An FSA cannot roll over unused funds from year to year.

What if I enroll in an HSA in the middle of the year?

If you enroll in an HSA mid-year, you are allowed to make a full year's contribution, provided that you remain covered by the HSA for at least the 12-month period following that year.

Why should I elect an HSA?

Cost Savings

- Tax benefits
 - ▶ HSA contributions are excluded from federal income tax
 - ▶ Interest earnings are tax-deferred
 - ▶ Withdrawals for eligible expenses are exempt from federal income tax
- Reduction in medical plan contribution
- Unused money is held in an interest-bearing savings or investment account

Long-Term Financial Benefits

- Save for future medical expenses
- Funds roll over from year to year
- This is your account – you take it with you

Choice

- You control and manage your health care expenses.
- You choose when to use your HSA dollars to pay your health care expenses.
- You choose when to save your HSA dollars and pay health care expenses out-of-pocket.



Supplemental Benefits Package

The Supplemental Benefits Package offers enrollment in multiple coverages for one low price. This package is voluntary and cannot be altered.

Life / AD&D

Life/Accidental Death & Dismemberment protects employees and their families from financial hardship in the event of death or dismemberment. It provides the peace of mind you get when you know your loved ones will be protected if anything happens to you. Your beneficiary would receive \$35,000 from Unum. In the event of death by accident the benefit would double to \$70,000.

Voluntary Life / AD&D

You can cover the life insurance needs of you and your family by getting coverage through Opolis. If you or your eligible dependents are not enrolled in Opolis' voluntary term life coverage, you can elect coverage during Open Enrollment. You and your dependents may need to go through medical underwriting on certain benefit amounts.

Employees and dependents who are currently enrolled in the voluntary Life plan have the opportunity to purchase additional Life insurance on yourself and dependents up to the guarantee issue level of \$50,000 on employees, \$15,000 on eligible spouse and \$10,000 for your eligible children—**no medical questions asked!** Additional coverage above these amounts is available with medical underwriting.

Accidental Death and Dismemberment Coverage (AD&D)

Equal amounts of Accidental Death & Dismemberment insurance will be included with your elected life benefit with no medical underwriting.

Unum Life Insurance Company of America	
Benefit Amount	
Employee	Increments of \$10,000 5x annual earnings
Spouse	Increments of \$5,000
Child(ren)	Increments of \$2,000
Guarantee Issue Amount	
Employee	\$50,000
Spouse	\$15,000
Child(ren)	\$10,000
Overall Maximum	
Employee	\$500,000
Spouse	\$500,000
Child(ren)	\$10,000
Reduction of Benefits	
65 – 69	65 % of original benefit
70 +	50 % of original benefit

Short and Long Term Disability

One of the most important assets to you as an employee is the ability to earn an income. The disability program is designed to continue providing you with income if you're unable to work due to sickness or injury. Disability insurance can help you continue to pay your bills by replacing a portion of your income until you are able to return to work.

Unum Life Insurance Company of America		
	Short Term Disability (STD)	Long Term Disability (LTD)
Benefit Percentage	60 %	60 %
Weekly Benefit Maximum	\$1,500	\$10,000
Minimum Monthly Benefit	\$25	\$100 or 10% of benefit whichever is greater
Elimination Period	0 days accident / 7 days sickness	90 days (13 weeks)
Benefit Duration	90 days (13 weeks)	SSNRA

Paid Time Off

Accrual of PTO

- Paid time off of up to 5 days per year will begin accruing upon qualification and election of Opolis' Supplemental Benefits.
- In the first year of employment, PTO days will be prorated based on the date the benefits become effective.
- Each day of PTO will be considered to be 7.5 hours.
- PTO is accrued at a rate of .72 hours per weekly pay period.

Paid Holidays

The Holiday's observed by Opolis are:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- The Day after Thanksgiving
- Christmas Day

Holidays are considered to be 7.5 hours.

Health & Wellness Program

Opolis' Health & Wellness Program offers:

- Health, Wellness & Community Events
- Health & Wellness Stipend of \$150 per year

Examples of qualified expenditures are:

- ▶ Gym memberships and Fitness classes
- ▶ A personal trainer
- ▶ Services of a nutritionist
- ▶ Entrance fees for charity races/walks

**All stipend reimbursements must be submitted prior to your last day on assignment with Opolis and receipts must be dated during the period your benefits are effective. Receipts will be applied to the plan year in which they were received. Opolis reserves the right to determine whether your expense meets stipend qualifications. Please contact Human Resources should you have any questions regarding this program.

2018 Employee Contributions

Field Team Members Weekly Contributions				
Medical Pre-tax	OAP Choice Plus \$2000 80/50	OAP Choice Plus \$4000 80/50	OAP Choice Plus \$5000 70/50	HDHP \$5000 90/70
Employee Only	\$58.18	\$43.15	\$36.00	\$21.76
Employee + Spouse	\$180.64	\$137.23	\$124.72	\$79.84
Employee + Child(ren)	\$147.80	\$112.52	\$102.52	\$65.34
Employee + Family	\$254.55	\$193.16	\$174.98	\$112.45

Dental Pre-tax		Voluntary Vision Pre-tax	
Employee Only	\$4.49	Employee Only	\$2.98
Employee + Spouse	\$11.21	Employee + Spouse	\$4.76
Employee + Child(ren)	\$13.84	Employee + Child(ren)	\$4.86
Employee + Family	\$20.52	Employee + Family	\$7.84

Voluntary Supplemental Package Post-tax	Includes: Life/AD&D, Voluntary Life/AD&D, STD, LTD, PTO, Holidays, Health and Wellness
Employee Only	2.5% of gross hourly wages

Voluntary Coverages	
Voluntary Life / AD&D Flexible Spending Health Savings Account	Employee cost based on election amount Available with Voluntary Supplemental Package election only. HSA available only with election of HDHP.



Additional Information

Healthcare Reform Q&A

Are individuals required to have health coverage?

In 2014, most U.S. citizens are legal residents will be subject to the individual mandate. The individual mandate requires individuals to obtain health insurance coverage or become subject to a penalty. If you are eligible and elect coverage through our plan, you will meet this requirement. If you and/or your family decline the coverage and don't have other coverage, you may be subject to a penalty. The penalty is calculated in one of two ways: either as a percentage of your total household adjusted gross income or a flat rate, whichever is greater. For tax year 2018, the penalty is 2.5% of your total household adjusted gross income, or \$695 per adult and \$347.50 per child, up to a maximum of \$2,085.

If your modified adjusted gross household income is less than 8.13% of the cost for coverage, the penalty is waived.

Could I save money by purchasing coverage through the Marketplace?

The cost of coverage under an Insurance Marketplace will be based on your age, zip code, family size, smoking status and household income. If you choose to waive coverage under our plan, you will not be eligible to receive a contribution from our company to purchase through the Marketplace.

Can I receive a subsidy to purchase Marketplace coverage even though Opolis offers health coverage?

Because our plan meets requirements for affordability and minimum value for all full-time eligible employees you will not be eligible for a subsidy to purchase coverage in the Marketplace, regardless of household income.

Are there other options for health coverage beside the Opolis plans and the Marketplace?

Individuals with household incomes below 100% of the federal poverty level may be eligible for Medicaid (below 138% of poverty level in states that decide to expand Medicaid eligibility). If you think you might qualify, you can find out more at www.healthcare.gov or through your state's Medicaid office. You can also qualify for Medicare based on your age or consider enrolling in a spouse's plan.



Understanding Your Benefits

Choosing the right health plan is probably one of the most important decisions you can make for you and your family. What's important to you – cost, provider choice, convenience?

Considerations When Making Your Medical Plan Decision

Carefully review all medical options made available for you and your family members. Variables that impact your selection normally include your dependent's health, expected medical costs, cost of the choices and anticipated family changes. In deciding on a medical option, consider the following:

- Are your current doctors in the plan network? You'll receive a higher level of benefits by visiting a network physician or facility.
- How often do you plan to use your medical benefits during the year? Some plans make sense if you require extensive medical care throughout the year or have a longstanding relationship with a non-network provider. Others may be more cost effective with lower out-of-pocket costs if you only need routine care during the year.
- What are the out-of-pocket costs associated with each plan? Keep in mind that depending on the plan, you may have a copay for doctor's office visits or an annual deductible before the plan starts paying any benefits.

You can refer to the medical plan comparison charts for a snapshot on commonly used benefits and refer to the plan benefit summary or plan document for details on specific benefits.

In a **Preferred Provider Organization (PPO)**, there are two kinds of providers. One is known as a preferred provider who provides their services at a negotiated discounted rate and is therefore considered "in-network." In a PPO plan, you may also see a provider that is considered "out-of-network." In most cases, when you see an out-of-network provider, your care will still be covered, although not at the in-network negotiated discount rate.

Generic, Preferred/Formulary Brand Name, and Non-Preferred/Non-Formulary Brand Name Drugs

The medical plans provide coverage of prescription drugs at various levels:

Generic drugs have the same active chemical ingredients and therapeutic effect as their brand-name equivalents. Though they may vary in color and shape, the Food & Drug Administration requires that they meet the same quality standards. These drugs require the lowest copay.

Preferred/Non-Preferred Brand drugs are defined by each plan. This program minimizes the prescribing of specific higher-cost, lower-value prescription drugs (non-preferred medications) and redirects those prescriptions to more cost effective medications (preferred medications). Typically, these drugs require higher copay than their generic equivalent.

Non-Preferred/Non-Formulary Brand drugs are not on the preferred/formulary drug list. Some plans may cover non-preferred/non-formulary brand drugs. If your plan covers these drugs, and you and your physician agree that you should have a non-preferred/non-formulary brand drug, your copay will be higher than that of the other drugs.



Terms You Should Know

- **Deductible** - This is the amount you must pay each calendar year before the plan begins to pay for certain benefits.
- **Co-payment (copay)** - This is the fee that you must pay under your plan each time you go to a doctor or hospital for certain services. A copay is also required for prescription drugs.
- **Co-Insurance** - This is the percentage of cost that you share with the plan provider after you have met the deductible.
- **Out-of-Pocket Maximum** - The plan limits the amount of money that you will have to pay each year for covered expenses. Once you reach this dollar limit, the plan generally pays 100% of eligible expenses for the rest of the calendar year, up to the lifetime maximum.
- **Usual, Customary and Reasonable (UCR)** - PPO plans pay up to a reasonable and customary amount for out-of-network services. Participants will have to pay for any expenses over the reasonable and customary amount, as determined by the insurance provider. Amounts over usual and customary do not apply to your deductible or out-of-pocket calendar year maximum.

Living Healthy

Did you know that the U.S. spends more annually on health care than any other country? And for many companies, health insurance is the second highest expense following employees' salaries? Opolis is aware of these shocking statistics and cares about you, which is why we've set up wellness benefits and preventive care provisions as part of your health plan.

Live a healthy lifestyle. Focus on eating nutritiously, cutting back on fast food and getting more physical exercise. Striving toward a healthier lifestyle and maintaining a healthy weight can drastically reduce future medical costs and improve the quality and length of your life.

Everyday Health and Wellness

Eat Healthy

Your body needs the right vitamins, minerals and other nutrients to stay in good shape. A healthy diet means you are eating fruits, vegetables, whole grains, low-fat milk products, fish, poultry, lean meats, eggs, beans and nuts. Stay away from cholesterol-laden items, excessive sodium and added sugars. It is also important to avoid trans and saturated fats.

A healthy diet can protect you from heart disease, bone loss, Type 2 diabetes, high blood pressure and some cancers, such as colorectal cancer. Making small changes in your eating habits can make a big difference in your life.

Here are some tips and tools to get you started:

- Keep a food diary. Knowing what you eat will help you to make changes. Starting today, write down when you eat, as well as what, how much, where and how you feel when you eat (for instance: 3:30 p.m., two cookies, at work, feeling stressed). Identifying your eating habits can help you make changes.
- Plan ahead. If you plan your meals for the week, you can save time and money.
- Shop smart at the grocery store. The next time you need to go shopping, eat a snack beforehand. Always use a shopping list and choose 100 percent whole wheat or whole grain bread and crackers. Buy a variety of colorful fruits and vegetables.
- Read the nutrition facts label. Look at the serving size, and try to keep saturated fat, trans fat, cholesterol and sodium at 5 percent of your recommended daily value (DV) or less. Select foods that have 20 percent or more DV of fiber, iron, calcium, potassium, and vitamins A and C.
- Eat healthy away from home. Choose fat-free or low-fat milk, water or diet drinks. Opt for steamed, broiled or grilled dishes, and ask for your dressing or sauce to be "on the side."
- Cook at home. This will save you a lot of money – and calories!

Get Moving

Build physical activity into your life. Start at a comfortable level, and once you get the hang of it, add a little more activity each time you exercise. You should include aerobic activity as well as strengthening exercises (sit-ups, push-ups and weightlifting). Physical activity increases your chances of living longer; helps control your blood pressure, blood sugar and weight; raises your "good" cholesterol; and can prevent heart disease, colorectal cancer and Type 2 diabetes.

Aim for 2 hours and 30 minutes of activity each week. If you don't have time for 30 minutes of exercise at one time, get moving for shorter 10-minute periods throughout the day.

Watch Your Weight

To stay at a healthy weight, you need to balance the calories you eat with the calories you burn. To lose weight, you need to burn more calories than you eat. A healthy diet and physical activity can help you reach your goal. It is also important to eat smaller portions, which can be accomplished with the following:

- Eat small, healthy snacks throughout the day, such as baby carrots or a handful of unsalted almonds. This will keep you from overeating at mealtimes.
- Serve food on smaller plates.
- If you are at a restaurant, consume only half your meal and take the rest home.
- Eat slowly – this will give you more time to feel full.
- Don't eat in front of the TV. It's harder to keep track of how much you are eating.

If you're overweight, the first step in getting healthy is to make a promise to yourself to eat better, move more, and get support from family and friends. Try losing 1 to 2 pounds per week. Don't know if you're overweight? Calculate your body mass index, or BMI, at www.nhlbisupport.com/bmi.

For more information on how to begin a workout program, how to eat healthier, or both, visit www.healthfinder.gov, www.fruitsandveggiesmatter.gov, or www.cdc.gov.





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