Notice of Non-Grandfathered Plan

Our group health plan believes this is a non-grandfathered plan under the Patient Protection and Affordable Care Act (the Affordable Care Act). This applies to:

Horner Electric, Inc. Group Health Plan

Being a non-grandfathered health plan means that your plan should include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing and the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator. For ERISA plans, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Pre-existing Condition Limitations

Pre-existing conditions do not apply for anyone covered under this plan, effective January 1, 2014.

No Annual Dollar Limits on Essential Health Benefits

Group health plans are prohibited from imposing lifetime or annual dollar limits on all Essential Health Benefits (EH B's). The general EHB definition includes health care services in the following ten benefit categories:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Pediatric services, including oral and vision care (services for individuals under 19 years)

Dependent Coverage to Age 26

All plans beginning January 1, 2014, must allow dependent children to remain on the plan until the age of 26 regardless of grandfathered status.

Co-pays and Deductibles Must Track to Out of Pocket Maximums

Beginning January 1, 2014, all co-pays, including Rx co-pays, must track toward the out-of-pocket maximum.