

2016

EMPLOYEE BENEFITS GUIDE



MEDICAL

DENTAL

VISION

BASIC LIFE & AD&D

SUPPLEMENTAL LIFE



Your 2016 Employee Benefits Guide

We recognize the important role employee benefits plays as a critical component of your overall compensation. Industrial Packaging Corporation continues to make every effort to target the best quality benefit plans for our employees and their families. We know that your benefits are important to you and your family, and this program is designed to assist you in providing for the health, well being, and financial security of you and your covered dependents. Helping you understand the benefits Industrial Packaging Corporation offers is important to us and that is why we have created this Employee Benefits Guide.

Benefits Guide Overview

This Guide, along with your Benefit Summaries, provides a full explanation of the benefits available to you and your family. At this time, all full time employees who work at least 30 hours per week are eligible for benefits and you may elect to enroll in the benefit programs offered. Options selected during this enrollment period will remain in place until 2016 Open Enrollment unless you or your dependents experience a qualified life event (see box below).

Changing Benefits During the Year

The IRS states that eligible employees may only make plan elections during their initial eligibility period or once a year at open enrollment. The initial eligibility period for Industrial packaging Corporation is the first of the month after 60 days of employment. The following circumstances are the only reasons you may change your benefit elections during the year:

Marriage

Death of a Dependent

Divorce

Dependent/Spouse Loss of Coverage

Birth or Adoption

Loss of Dependent Eligibility

Change in Employment Status, Addition of a New Benefits Package, and Open Enrollment for a Spouse

These special circumstances, often referred to as life event changes, allow you to make plan changes at any time during the year when they occur. You must inform Human Resources within 30 days of the event in order to make a qualified change. All other changes will be deferred to open enrollment.





YOUR SOLUTIONS PEOPLE
Industrial Packaging Corporation

**EMPLOYEE BENEFITS
ELECTION FORM
2016 Plan Year**

Section A. Employee Information

			-	-
Name (Last, First, Middle Initial)	Hire Date (MM/DD/YYYY)	Birth Date (MM/DD/YYYY)	Social Security No.	
	<input type="checkbox"/> Single	<input type="checkbox"/> Married		
	<input type="checkbox"/> Domestic Partner			
Primary Phone No.	Marital Status		Employee Email Address	
Street Address	City	State	Zip	

Note: Employee contributions to medical, dental, vision and flexible, Basic Life and Life AD&D spending coverage are classified as pre-tax contributions. Annual W-2 taxable income will be reduced by the amount of such contributions.

Section B. Insurance Elections – Employee Monthly Contributions

Humana – Medical - NPOS

Employee \$ 120.00
 Employee + Spouse \$ 370.00
 Employee + Children \$ 342.00
 Employee + Family \$ 520.00

WAIVE MEDICAL

Humana – Medical - Simplicity

Employee \$ 90.00
 Employee + Spouse \$ 320.00
 Employee + Children \$ 300.00
 Employee + Family \$ 440.00

Blue Cross - Supplementary Dental (High Option)

Employee \$ 34.97
 Employee + Spouse \$ 72.92
 Employee + Children \$ 85.63
 Employee + Family \$ 132.97

WAIVE DENTAL

Blue Cross - Supplementary Dental (Low Option)

Employee \$ 20.43
 Employee + Spouse \$ 42.47
 Employee + Children \$ 48.52
 Employee + Family \$ 75.74

Blue Cross - Vision

Employee \$ 7.57
 Employee + Spouse \$ 13.24
 Employee + Children \$ 14.38
 Employee + Family \$ 21.95

WAIVE VISION

Basic Term Life AD&D Elect Waive BTL
Salary Amount \$ _____ Waive STD
Cigna STD Elect
Cigna LTD Elect (Employer Paid)

Blue Cross Supplementary Term Life Employee Spouse Child
 Employee Amount Requested \$ _____ Waive Employee
 Spouse Amount Requested \$ _____ Waive Spouse
 Child Amount Requested \$ _____ Waive Child

I understand the above options as presented to me. I understand that the choices I have made will remain in effect until I have a qualifying event which would allow enrollment for me for thirty (30) days OR until the next annual enrollment. Qualifying events include, but are not limited to, marriage, divorce, birth, adoption, death and loss or gain of coverage.

Signature

Date

Section C. Coverage Information

	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		- -
Spouse Name (Last, First, Middle Initial)	Sex	Disabled	Birth Date (MM/DD/YYYY)	Social Security No.
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		- -
Dependent Name (Last, First, Middle Initial)	Sex	Disabled	Birth Date (MM/DD/YYYY)	Social Security No.
<input type="checkbox"/> Child <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please enter:			
Relationship to Applicant (If other, what is the relationship?)			Does this dependent have a different address?	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		- -
Dependent Name (Last, First, Middle Initial)	Sex	Disabled	Birth Date (MM/DD/YYYY)	Social Security No.
<input type="checkbox"/> Child <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please enter:			
Relationship to Applicant (If other, what is the relationship?)			Does this dependent have a different address?	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		- -
Dependent Name (Last, First, Middle Initial)	Sex	Disabled	Birth Date (MM/DD/YYYY)	Social Security No.
<input type="checkbox"/> Child <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please enter:			
Relationship to Applicant (If other, what is the relationship?)			Does this dependent have a different address?	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		- -
Dependent Name (Last, First, Middle Initial)	Sex	Disabled	Birth Date (MM/DD/YYYY)	Social Security No.
<input type="checkbox"/> Child <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please enter:			
Relationship to Applicant (If other, what is the relationship?)			Does this dependent have a different address?	
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		- -
Dependent Name (Last, First, Middle Initial)	Sex	Disabled	Birth Date (MM/DD/YYYY)	Social Security No.
<input type="checkbox"/> Child <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please enter:			
Relationship to Applicant (If other, what is the relationship?)			Does this dependent have a different address?	

Section D. Primary Beneficiary – Attach a separate sheet if necessary

Name (Last, First, Middle Initial)		Birth Date (MM/DD/YYYY)	
		- -	
Relationship to Applicant	Percentage Paid to Beneficiary	Social Security No.	
Street Address	City	State	

Section E. Contingent Beneficiary

Name (Last, First, Middle Initial)		Birth Date (MM/DD/YYYY)	
		- -	
Relationship to Applicant	Percentage Paid to Beneficiary	Social Security No.	
Street Address	City	State	



Humana - POS Plan - Medical Monthly Deductions

Employee	\$120.00
Employee & Spouse	\$370.00
Employee & Child(ren)	\$342.00
Family	\$520.00

Humana Simplicity - Medical Monthly Deductions

Employee	\$90.00
Employee & Spouse	\$320.00
Employee & Child(ren)	\$300.00
Family	\$440.00

Blue Cross - Dental Monthly Deductions - High Option

Employee	\$34.97
Employee & Spouse	\$72.92
Employee & Child(ren)	\$85.63
Family	\$132.97

Blue Cross - Dental Monthly Deductions - Low Option

Employee	\$20.43
Employee & Spouse	\$42.47
Employee & Child(ren)	\$48.52
Family	\$75.74

Blue Cross - Vision Monthly Deductions

Employee	\$7.57
Employee & Spouse	\$13.24
Employee & Child(ren)	\$14.38
Family	\$21.95

***Rates for Cigna Long Term Disability are 100% paid by Industrial Packaging Corporation**

***Rates for Cigna Short Term Disability are \$0.30 per \$10 weekly Benefit**

*** Rates for Blue Cross Basic Term Life are \$0.253 per \$1000 employee pays 25%**

Understanding Your Medical Plans

The Industrial Packaging Corporation medical benefits are insured by Humana. Both medical plans offer access to the Humana National POS Open Access network. Employees may select either the traditional National POS or the Simplicity plan or waive coverage altogether.

For enrolled members, register on the myhumana.com and:

- Find in network providers and facilities
- Track claims and account activity
- Review prescription drug costs
- Get answers to coverage questions
- Compare plan options and features
- Find health advice

And much more

Follow these easy steps to locate a doctor, hospital or health facility participating with Humana.

STEP 1: Go to www.myhumana.com

At the very bottom of the page, click on "Find a Doctor"

STEP 2: In the new window, select "Employer Group Plan" as your type of medical coverage and enter your zip code.

STEP 3: In the Network drop down menu, select "National POS-Open Access".



Medical Coverage - Humana

Type of Plan	National POS	
Overview	You may use both In-Network and Out-of-Network providers Use In-Network providers and receive the In-Network level of benefits. Use Non-Network providers and members are responsible for any difference between the allowed amount and actual charges.	
Annual Deductible	In-Network	Out-of-Network
<i>Individual</i>	\$1,500	\$4,500
<i>Family</i>	\$3,000	\$9,000
Annual Out-of-Pocket Maximum	<i>Includes Deductible</i>	
<i>Individual</i>	\$6,350	\$19,050
<i>Family</i>	\$12,700	\$38,100
Coinsurance	Plan pays 100% after Deductible	Plan pays 70% after Deductible Member pays 30% after Deductible
Deductibles apply to Out-of-Pocket maximums. Out-of-pocket maximums accumulate separately for In-Network and Out-of-Network services.		
Lifetime Maximum	Unlimited	
Primary Care Physician Office Visits	\$30 Copay	Plan pays 70% after Deductible
Specialist Office Visits	\$65 Copay	Plan pays 70% after Deductible
Preventive Care	Covered at 100%, not subject to Copay or Deductible	Plan pays 70% after Deductible
Maternity Physician Services	Plan pays 100% after Deductible	Plan pays 70% after Deductible
Hospital Inpatient Expenses <i>(Facility and Physician Charges)</i>	Plan pays 100% after Deductible	Plan pays 70% after Deductible
Hospital Outpatient Expenses <i>(Facility and Physician Charges)</i>	Plan pays 100% after Deductible	Plan pays 70% after Deductible
Emergency Room	\$250 Copay (waived if admitted)	Plan pays 70% after Deductible
Urgent Care	\$100 Copay	Plan pays 70% after Deductible
Outpatient Therapies <i>(ex: physical, chiropractic and occupational)</i> <i>Maximum Annual Benefit</i>	\$65 Copay per visit 40-visit calendar year maximum	Plan pays 70% after Deductible 10-visit calendar year maximum
Mental Health, Drug and Alcohol Abuse Treatment Services <i>(Prior Authorization Required)</i>	Inpatient: Plan pays 100% after Deductible Outpatient: \$30 Copay per visit	Inpatient: Plan pays 70% after Deductible Outpatient: Plan pays 70% after Deductible
Prescription Drugs		
<i>Retail Pharmacy (30 day supply)</i>	\$10 for Tier 1 drugs \$45 for Tier 2 drugs \$70 for Tier 3 drugs 25% Coinsurance for Tier 4 drugs 35% Coinsurance for Specialty Drugs	\$10 for Tier 1 drugs \$45 for Tier 2 drugs \$70 for Tier 3 drugs 25% Coinsurance for Tier 4 drugs 35% Coinsurance for Specialty Drugs
<i>Mail Order Maintenance Drug (90 day supply)</i>	\$25 Copay for Tier 1 drugs \$112.50 Copay for Tier 2 drugs \$175.00 Copay for Tier 3 drugs 25% for Tier 4 drugs 35% for Specialty Drugs	\$10 for Tier 1 drugs \$45 for Tier 2 drugs \$70 for Tier 3 drugs 25% Coinsurance for Tier 4 drugs 35% Coinsurance for Specialty Drugs

Medical Coverage - Humana

Type of Plan	Simplicity	
Overview	<p style="text-align: center;">You may use both In-Network and Out-of-Network providers Use In-Network providers and receive the In-Network level of benefits. Use Non-Network providers and members are responsible for any difference between the allowed amount and actual charges.</p>	
Annual Deductible	In-Network	Out-of-Network
<i>Individual</i>	\$0	\$5,000
<i>Family</i>	\$0	\$10,000
Annual Out-of-Pocket Maximum	<i>Includes Deductible</i>	
<i>Individual</i>	\$6,350	\$19,050
<i>Family</i>	\$12,700	\$38,100
Coinsurance	N/A	Plan pays 70% after Deductible Member pays 30% after Deductible
Deductibles apply to Out-of-Pocket maximums. Out-of-pocket maximums accumulate separately for In-Network and Out-of-Network services.		
Lifetime Maximum	Unlimited	
Primary Care Physician Office Visits	\$45 Copay	Plan pays 70% after Deductible
Specialist Office Visits	\$85 Copay	Plan pays 70% after Deductible
Preventive Care	Covered at 100%, not subject to Copay or Deductible	Plan pays 70% after Deductible
Maternity Physician Services	Covered at 100%, not subject to Copay or Deductible	Plan pays 70% after Deductible
Hospital Inpatient Expenses <i>(Facility and Physician Charges)</i>	\$1000 Copay (3 days maximum)	Plan pays 70% after Deductible
Hospital Outpatient Expenses <i>(Facility and Physician Charges)</i>	\$1000 Copay	Plan pays 70% after Deductible
Emergency Room	\$500 Copay (waived if admitted)	Plan pays 70% after Deductible
Urgent Care	\$100 Copay	Plan pays 70% after Deductible
Outpatient Therapies <i>(ex: physical, chiropractic and occupational)</i> <i>Maximum Annual Benefit</i>	\$85 Copay per visit 40-visit calendar year maximum	Plan pays 70% after Deductible 10-visit calendar year maximum
Mental Health, Drug and Alcohol Abuse Treatment Services <i>(Prior Authorization Required)</i>	Inpatient: \$1000 Copay per visit Outpatient: \$45 Copay per visit	Inpatient: Plan pays 70% after Deductible Outpatient: Plan pays 70% after Deductible
Prescription Drugs		
<i>Retail Pharmacy (30 day supply)</i>	\$10 for Tier 1 drugs \$45 for Tier 2 drugs \$90 for Tier 3 drugs 25% Coinsurance for Tier 4 drugs 35% Coinsurance for Specialty Drugs	\$10 for Tier 1 drugs \$45 for Tier 2 drugs \$70 for Tier 3 drugs 25% Coinsurance for Tier 4 drugs 35% Coinsurance for Specialty Drugs
<i>Mail Order Maintenance Drug (90 day supply)</i>	\$25 Copay for Tier 1 drugs \$112.50 Copay for Tier 2 drugs \$225.00 Copay for Tier 3 drugs 25% for Tier 4 drugs 35% for Specialty Drugs	\$10 for Tier 1 drugs \$45 for Tier 2 drugs \$70 for Tier 3 drugs 25% Coinsurance for Tier 4 drugs 35% Coinsurance for Specialty Drugs

Introducing Humana Vitality



What if we made getting healthy fun and rewarding?

We just did.

You want to be healthier. You want to live longer. And you want better quality out of that life. HumanaVitality™ is here to help you do that. It's a groundbreaking program you can voluntarily use to really take charge of your health.

Getting started is easy.

Beginning December 1, you can start exploring all the benefits of HumanaVitality by logging in to your secure member page at Humana.com.

If you are not registered, go to Humana.com, choose "Register" in the log-in box, and follow the instructions.

When you register, you begin changing your life, working with HumanaVitality to understand your health today and find out what your risks are for tomorrow — all in a safe, secure, and confidential manner. You get advice on what to eat and what kind of exercise makes sense for you. And the best part is, you are rewarded not only in health and happiness, but in perks you choose.

With HumanaVitality, once you know where you stand, you set goals. We help you form good habits, like picking up fruits and vegetables at the market instead of chips. Or taking a walk instead of sitting on your couch.

Healthy choices are recorded and earn you Vitality Points™. And those points earn you rewards, like name-brand products, travel, and resort stays. It's just that simple. No matter what stage of life or health you're in, HumanaVitality is for you.

HumanaVitality: A fun, rewarding wellness program that puts YOU front and center.

HUMANA Vitality

Program details are subject to change.

Humana Plans are offered by Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License # 00235-0008, Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc. - A Health Maintenance Organization, or Insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, Emphesys Insurance Company, or Humana Insurance of Puerto Rico, Inc. License # 00187-0009, or administered by Humana Insurance Company or Humana Health Plan, Inc.

For Arizona Residents: Offered by Humana Health Plan, Inc. or Insured by Emphesys Insurance Company or Insured or administered by Humana Insurance Company.



Ready.

Have you ever been someplace new and felt lost? Chances are, all you needed was some basic information and you'd be good to go.

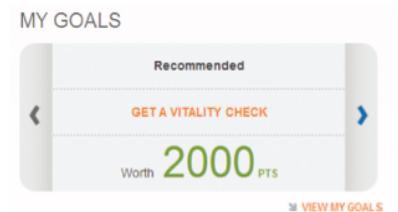
Figuring out the basics of HumanaVitality is no different. That's why we created this simple guide to get you started on the path to better health.

Set.

1. To get to your personal HumanaVitality website, go to HumanaVitality.com.
2. Register or log in to enter the secure website.
3. Take the HumanaVitality Health Assessment to begin earning Vitality Points™. This takes about 10-15 minutes.
4. Review your Health Results to receive your Vitality Age™ and find out more about your health status.
5. Set your personal goals, including scheduling a Vitality Check® and other healthy activities to earn more Vitality Points.
6. Review other opportunities to earn Vitality Points in categories like Healthy Living, Fitness, Prevention, and Education on your browser bar. Build Vitality Points to raise your Vitality Status™ level and get bigger discounts.
7. Each Vitality Point you earn is worth one Vitality Buck®. Redeem your Vitality Bucks for rewards inside the HumanaVitality Mall.

Go. Setting goals.

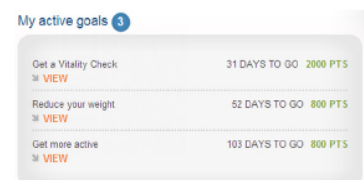
1. From the HumanaVitality home page, click [View My Goals](#) under the [My Goals](#) section on your dashboard page.



2. For each recommended goal, click [View](#) to find out more about how the goal will help you. You also can access the [Set Goal](#) feature here.



3. Once you set a goal, it will appear in the [My Active Goals](#) section. Repeat the steps above to add more goals. Once you complete a goal within the specified time frame it will be saved. If the goal is not achieved it will reappear in your [Recommended Goals](#) section to be selected again.



Getting a Vitality Check®

After you complete your Health Assessment, the Vitality Check automatically becomes one of your Recommended Goals. A Vitality Check includes taking your physical measurements and a blood screening.

- Body mass index (BMI)
- Blood pressure
- Blood glucose level
- Cholesterol levels

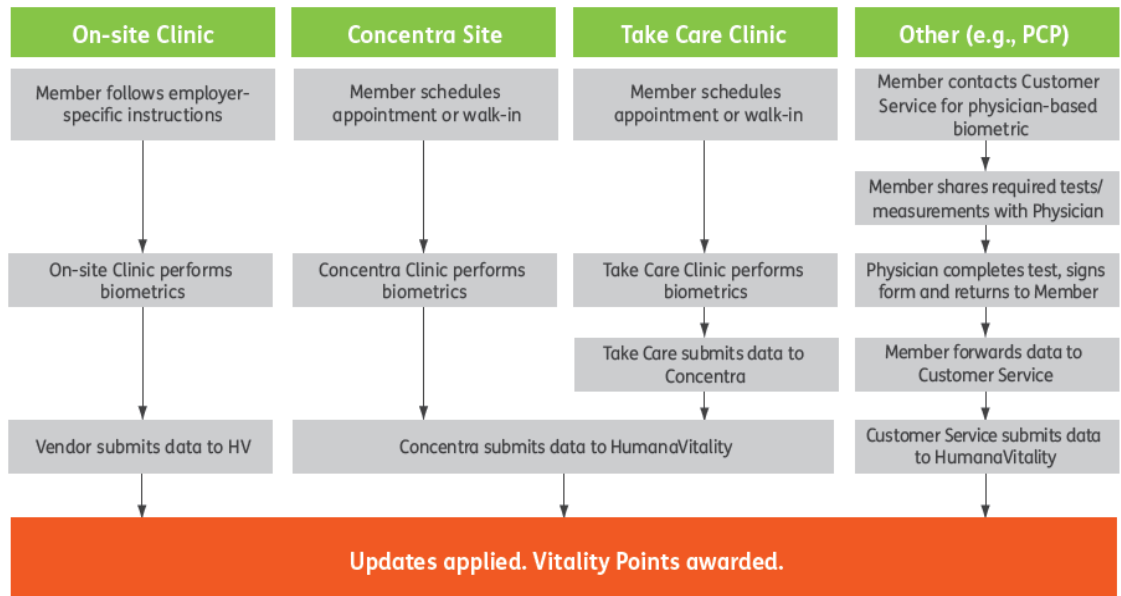
You'll earn 2,000 Vitality Points™ just for completing your Vitality Check. And you'll earn more Vitality Points for results in the healthy range.

Still have questions about HumanaVitality?
Call the number on the back of your member ID card.

Where to get your Vitality Check

There are several places that you can go to complete your Vitality Check, including HumanaVitality® partners Concentra®, The Little Clinic, or Walgreens Take Care™ clinics. If you prefer, you can visit your personal doctor*. Some employers even sponsor onsite Vitality Checks.

To find out more about Vitality Checks use the Get a Vitality Check link under Recommended activities. Then follow the link marked FIND A SCREENING LOCATION. There you will be forwarded to a Concentra site. Click on Screening Locations and Scheduling to find a location near you and links to location specific forms.



* If you visit your personal doctor, you'll need to print out and take a copy of the Personal Physician Vitality Check form for him or her to complete during your visit. Forms should be faxed or mailed using the directions included on the form. (For labwork results that may not be available during your doctor visit, a copy of the lab results can be attached to the form when submitted.)

Like us on Facebook  Follow us on Twitter 



HumanaVitality® Rewards



Spend your Vitality Bucks® in the HumanaVitality Mall

When you're a member of HumanaVitality, you'll earn Vitality Points™ for completing healthy activities. You get one Vitality Buck® for each Vitality Point you earn. You can redeem your Vitality Bucks at the HumanaVitality Mall for a wide variety of rewards, like some of these great items:

Gift codes



Movie tickets



iTunes®

Fitness devices



Polar® Fitness Monitors



Pedometers



Fitbit®



Cycling discounts

Gear and apparel



HumanaVitality gear

Electronics



Apple®

HumanaVitality members are also eligible for discounts* with partners like Sprint®, Life Fitness®, Seattle Sutton's Healthy Eating®, Competitor Group Inc., and The Biggest Loser® Resort.

Don't wait to get started earning your rewards. Raise your Vitality Status™ by earning more Vitality Points for your healthy activities. Members must have at least Bronze Vitality Status to be eligible for reward redemption.

Sign in to HumanaVitality.com to see how you can earn more Vitality Points.

*Discounts do not vary by Vitality Status and Vitality Bucks are not used. Purchase method is limited for discount transactions. Merchandise rewards subject to availability and may change without notice. See page 2 for Terms and Conditions. Effective 7/1/2013.



HumanaVitality® Rewards



Earning Vitality Points helps increase your Vitality Status. The higher your Vitality Status, the bigger your HumanaVitality Mall discount.

Here are some examples of how many Vitality Bucks are needed to redeem for merchandise.



\$25 Amazon.com Gift Card²

- Bronze Vitality Status: 2,500 Vitality Bucks
- Silver Vitality Status: 2,253 Vitality Bucks
- Gold Vitality Status: 2,000 Vitality Bucks
- Platinum Vitality Status: 1,498 Vitality Bucks



Humana Gear Pedometer g2.0

- Bronze Vitality Status: 1,850 Vitality Bucks
- Silver Vitality Status: 1,665 Vitality Bucks
- Gold Vitality Status: 1,480 Vitality Bucks
- Platinum Vitality Status: 1,109 Vitality Bucks

Number of Vitality Points needed to move up to each Vitality Status level				Mall Discount	
Platinum Vitality Status		10,000 One adult per policy	15,000 combined Two adults* per policy	5,000 additional for each member 18 years and older per policy	40%
Gold Vitality Status		8,000 One adult per policy	12,000 combined Two adults* per policy	4,000 additional for each member 18 years and older per policy	20%
Silver Vitality Status		5,000 One adult per policy	8,000 combined Two adults* per policy	3,000 additional for each member 18 years and older per policy	10%
Bronze Vitality Status		You immediately move up from Blue Vitality Status after completing the Health Assessment.			0%
Blue Vitality Status		You start at Blue Vitality Status with 0 points			0%

START HERE AND MOVE UP →

HumanaVitality is not an insurance product. Humana Plans are offered by Humana Medical Plan, Inc., Humana Employers Health Plan of Georgia, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Health Plan of Ohio, Inc., Humana Health Plans of Puerto Rico, Inc. License # 00235-0008, Humana Wisconsin Health Organization Insurance Corporation, or Humana Health Plan of Texas, Inc. - A Health Maintenance Organization, or insured by Humana Health Insurance Company of Florida, Inc., Humana Health Plan, Inc., Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance Company, Humana Insurance Company of Kentucky, Empiregys Insurance Company, Humana Insurance of Puerto Rico, Inc. License # 00187-0009, or administered by Humana Insurance Company or Humana Health Plan, Inc.

For Arizona Residents: Offered by Humana Health Plan, Inc. or insured by Empiregys Insurance Company or insured or administered by Humana Insurance Company.

Please refer to your Benefit Plan Document (Certificate of Coverage/Insurance or Summary Plan Description) for more information on the company providing your benefits.

Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, call or write your Humana Insurance agent or broker.

¹Discounts and rewards available in the HumanaVitality Mall can only be assessed and redeemed by the HumanaVitality primary subscriber.

²Amazon.com is not a sponsor of this promotion. Except as required by law, Amazon.com Gift Cards ("GCs") cannot be transferred for value or redeemed for cash. GCs may be used only for purchases of eligible goods on Amazon.com or certain of its affiliated websites. Purchases are deducted from the GC balance. To redeem or view a GC balance, visit "Your Account" on Amazon.com. Amazon is not responsible if a GC is lost, stolen, destroyed or used without permission. For complete terms and conditions, see www.amazon.com/gc-legal. GCs are issued by ACI Gift Cards, Inc., a Washington corporation. ** Amazon.com Inc. and/or its affiliates, 2013. No expiration date or service fees.

³Valid only on iTunes Store for U.S. Requires iTunes account and prior acceptance of license and usage terms. To open an account you must be 13+ and in the U.S. Compatible software, hardware, and Internet access required. Not redeemable for cash, no refunds or exchanges (except as required by law). Code may not be used to purchase any other merchandise, allowances or iTunes gifting. Data collection and use subject to Apple Customer Privacy Policy, see www.apple.com/privacy, unless stated otherwise. Risk of loss and title for code passes to purchaser on transfer. Codes are issued and managed by Apple Value Services, LLC ("Issuer"). Neither Apple nor Issuer is responsible for any loss or damage resulting from lost or stolen codes or use without permission. Apple and its licensees, affiliates, and licensors make no warranties, express or implied, with respect to code or the iTunes Store and disclaim any warranty to the fullest extent available. These limitations may not apply to you. Void where prohibited. Not for resale. Subject to full terms and conditions, see www.apple.com/legal/itunes/us/gifts.html. Content and pricing subject to availability at the time of actual download. Content purchased from the iTunes Store is for personal lawful use only. Don't steal music. © 2013 Apple Inc. Apple and iTunes are registered trademarks of Apple Inc. All rights reserved. Apple is not a participant in or sponsor of this promotion.

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Understanding Your Dental Plans

Your Summary of Benefits
 Industrial Packaging Corporation
 BlueCross BlueShield of Georgia Dental Complete



WELCOME TO YOUR DENTAL PLAN!

This benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your certificate of coverage.

Dental coverage you can count on

Your BlueCross BlueShield of Georgia (BCBS GA) dental plan lets you visit any licensed dentist or specialist you want - with costs that are normally lower when you choose a participating provider.

Savings beyond your dental plan benefits - you get more for your money.

You pay our negotiated rate for covered services from participating dentists even if you exceed your annual benefit maximum.

YOUR DENTAL PLAN AT A GLANCE		Participating Dentist	Nonparticipating Dentist
Annual Benefit Maximum * Per insured person	Calendar Year	\$1,500	\$1,500
Annual Maximum Carryover		No	No
Orthodontic Lifetime Benefit Maximum * Per eligible insured person		\$1,500	\$1,500
Annual Deductible (The Deductible does not apply to Orthodontic Services) * Per insured person * Family maximum	Calendar Year	\$50 3X Individual	\$50 3X Individual
Deductible Waived for Diagnostic/Preventive Services		Yes	Yes
Nonparticipating Provider Reimbursement Options:		90th percentile	
Dental Services		Participating Dentist BCBS GA Pays:	Nonparticipating Dentist BCBS GA Pays: Waiting Period
Diagnostic and Preventive Services * Periodic oral exam * Teeth cleaning (prophylaxis) * Bitewing X-rays: 1X per 12 months * Intraoral X-rays		100% Coinsurance	100% Coinsurance No Waiting Period
Basic Services * Amalgam (silver-colored) Filling * Front composite (tooth-colored) Filling * Back composite Filling, Covered as Composites * Simple Extractions		80% Coinsurance	80% Coinsurance No Waiting Period
Endodontics * Root Canal		80% Coinsurance	80% Coinsurance No Waiting Period
Periodontics * Scaling and root planing		80% Coinsurance	80% Coinsurance No Waiting Period
Oral Surgery * Surgical Extractions		80% Coinsurance	80% Coinsurance No Waiting Period
Major Services * Crowns		50% Coinsurance	50% Coinsurance No Waiting Period
Prosthodontics * Dentures * Bridges * Dental implants Standard - Covered		50% Coinsurance	50% Coinsurance No Waiting Period
Prosthetic Repairs/Adjustments		50% Coinsurance	50% Coinsurance No Waiting Period
Orthodontic Services -Dependent Children Only*		50% Coinsurance	50% Coinsurance No Waiting Periods

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.

*Child orthodontic coverage begins at age eight and runs through age 18. This means that the child must have been banded between the ages of eight and 19 in order to receive coverage. If children are dependents until age 19, they can continue to receive coverage, but they must have been banded before age 19.

Your Summary of Benefits
Industrial Packaging Corporation
BlueCross BlueShield of Georgia Dental Prime



WELCOME TO YOUR DENTAL PLAN!

This benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your certificate of coverage.

Dental coverage you can count on

Your BlueCross BlueShield of Georgia (BCBS GA) dental plan lets you visit any licensed dentist or specialist you want - with costs that are normally lower when you choose a participating provider.

Savings beyond your dental plan benefits - you get more for your money.

You pay our negotiated rate for covered services from participating dentists even if you exceed your annual benefit maximum.

YOUR DENTAL PLAN AT A GLANCE		Participating Dentist	Nonparticipating Dentist
Annual Benefit Maximum * Per insured person	Calendar Year	\$750	\$750
Annual Maximum Carryover		No	No
Orthodontic Lifetime Benefit Maximum * Per eligible insured person		N/A	N/A
Annual Deductible * Per insured person * Family maximum	Calendar Year	\$50 3X Individual	\$50 3X Individual
Deductible Waived for Diagnostic/Preventive Services		Yes	Yes
Nonparticipating Provider Reimbursement Options:		Prime (MAC)	
Dental Services		Participating Dentist BCBS GA Pays:	Nonparticipating Dentist BCBS GA Pays: Waiting Period
Diagnostic and Preventive Services * Periodic oral exam * Teeth cleaning (prophylaxis) * Bitewing X-rays: 1X per 12 months * Intraoral X-rays		100% Coinsurance	100% Coinsurance No Waiting Period
Basic Services * Amalgam (silver-colored) Filling * Front composite (tooth-colored) Filling * Back composite Filling, Covered as Composites * Simple Extractions		80% Coinsurance	80% Coinsurance No Waiting Period
Endodontics * Root Canal		80% Coinsurance	80% Coinsurance No Waiting Period
Periodontics * Scaling and root planing		80% Coinsurance	80% Coinsurance No Waiting Period
Oral Surgery * Surgical Extractions		80% Coinsurance	80% Coinsurance No Waiting Period
Major Services * Crowns		40% Coinsurance	40% Coinsurance No Waiting Period
Prosthodontics * Dentures * Bridges * Dental implants Standard - Covered		40% Coinsurance	40% Coinsurance No Waiting Period
Prosthetic Repairs/Adjustments		40% Coinsurance	40% Coinsurance No Waiting Period
Orthodontic Services -None		Not Covered	Not Covered N/A

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.

**INDUSTRIAL PACKAGING CORPORATION
PROPOSED BLUE VIEW VISION PLAN DESIGN**

VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Routine eye exam Once every calendar year	\$10 copay	\$30 allowance
Eyeglass frame One pair every two calendar years	\$130 allowance, 20% off any remaining balance	\$45 allowance
Eyeglass lenses One pair every calendar year in standard plastic with choice of the following options:		
<ul style="list-style-type: none"> Single vision lenses 	\$25 copay	\$25 allowance
<ul style="list-style-type: none"> Bifocal lenses 	\$25 copay	\$40 allowance
<ul style="list-style-type: none"> Trifocal lenses 	\$25 copay	\$55 allowance
Eyeglass lens enhancements When obtaining covered eyewear from a Blue View Vision provider, members may choose to add any of the following lens enhancements at no extra cost.		
<ul style="list-style-type: none"> Transiti^ons Lenses (for a child under age 19) 	\$0 copay	No allowance on lens enhancements when obtained out-of-network
<ul style="list-style-type: none"> Standard Polycarbonate (for a child under age 19) 	\$0 copay	
<ul style="list-style-type: none"> Factory Scratch Coating 	\$0 copay	
Contact lenses Once every calendar year Instead of eyeglass lenses		
<ul style="list-style-type: none"> Elective Conventional Lenses; or 	\$130 allowance, 15% off any remaining balance	\$105 allowance
<ul style="list-style-type: none"> Elective Disposable Lenses; or 	\$130 allowance (no additional discount)	\$105 allowance
<ul style="list-style-type: none"> Non-Elective Contact Lenses 	Covered in full	\$210 allowance

ADDITIONAL SAVINGS AVAILABLE FROM IN-NETWORK PROVIDERS

*In-network Member Cost
(after any applicable copay)*

Retinal Imaging	<ul style="list-style-type: none"> At member's option can be performed at time of eye exam 	Not more than \$39
Eyeglass lens upgrades <i>When obtaining eyewear from a Blue View Vision provider, members may choose to upgrade their new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.</i>	<ul style="list-style-type: none"> Transiti^ons lenses (Adults) Standard Polycarbonate (Adults) Tint (Solid and Gradient) UV Coating Progressive Lenses <ul style="list-style-type: none"> Standard Premium Tier 1 Premium Tier 2 Premium Tier 3 Anti-Reflective Coating <ul style="list-style-type: none"> Standard Premium Tier 1 Premium Tier 2 Other Add-ons and Services 	\$75 \$40 \$15 \$15 \$65 \$85 \$95 \$110 \$45 \$57 \$68 20% off retail price
Additional Pairs of Eyeglasses <i>Anytime from any Blue View Vision network provider</i>	<ul style="list-style-type: none"> Complete Pairs Eyeglass materials purchased separately 	40% off retail price 20% off retail price
Eyewear Accessories	<ul style="list-style-type: none"> Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 	20% off retail price
Contact lens fit and follow-up <i>Available following a comprehensive eye exam</i>	<ul style="list-style-type: none"> Standard contact lens fitting Premium contact lens fitting 	Up to \$55 10% off retail price
Conventional Contact Lenses <i>After covered benefits have been used</i>	<ul style="list-style-type: none"> Discount applies to materials only 	15% off retail price

Other discount offers on LASIK surgery and much more available through the Blue Cross and Blue Shield of Georgia SpecialOffers program.

This information is intended to be a brief outline of plan benefits. The most detailed description of benefits, exclusions, and restrictions can be found in the Certificate of Coverage. Discounts are subject to change without notice. Laws in some states may prohibit network providers from discounting products and services that are not covered benefits under the plan.

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Understanding Your Basic Life & AD&D and Optional Group Plans



Plan Design

Group Name: Industrial Packaging Corporation

Plan Design

Basic Group Term Life, Accidental Death and Dismemberment

Eligibility: All Eligible Employees Working 30 Hours Per Week

Earnings Definition: Base Salary

Benefit Schedule

Feature	Description
Basic Life benefits	
Basic life benefit	1 times annual earnings
Maximum benefit	\$50,000
Guaranteed issue limit	\$50,000
Living benefit (accelerated death benefit)	75% up to \$250,000
Waiver of premium	Premiums can be waived for employees who become totally disabled before age 60, after the 6 month elimination period. Coverage terminates at age 65 or retirement, whichever is earlier.
Conversion	Included
Age reductions	Benefit reduces by 35% at age 65; 50% at age 70. All coverage terminates at retirement.
Rounding (salary based benefits)	Benefits are rounded up to the next \$1000
Employee contribution	Non-contributory
Participation requirement	100% of eligible employees must be enrolled for coverage
Accidental Death and Dismemberment benefits	
AD&D benefit	Same as basic life
Guaranteed issue limit	All amounts are guaranteed issue
Age reductions	Same as basic life
Rounding (salary based benefits)	Same as basic life
Table of losses	Standard table included
Airbag benefit	10% of AD&D benefit, up to \$10,000 maximum
Seatbelt benefit	10% of AD&D benefit, up to \$15,000 maximum
Repatriation benefit	Up to \$5,000 for transportation and related expenses
Child education benefit	5% of AD&D benefit per year for each child's post-secondary education expenses; annual maximum of \$5,000 or actual expense. \$40,000 combined maximum for all children.
Coma benefit	1% of AD&D benefit for each full month of coma, up to 8 years
Common carrier benefit	25% of AD&D benefit



Group Name: Industrial Packaging Corporation

Optional Group Term Life, Accidental Death and Dismemberment, Dependent Life Rates

Coverage	Age bands	Monthly Rate per \$1,000
Optional Supplemental Life Employee and Spouse (based on employee age)	Under 25	\$0.058
	25-29	\$0.058
	30-34	\$0.058
	35-39	\$0.078
	40-44	\$0.127
	45-49	\$0.194
	50-54	\$0.307
	55-59	\$0.490
	60-64	\$0.710
	65-69	\$1.213
	70-74	\$2.729
	Over 74	\$5.939
	Optional AD&D (Employee)	\$0.03 per \$1000
	Optional AD&D (Spouse)	\$0.03 per \$1000
	Optional AD&D (Child)	\$0.03 per \$1000
	Optional Supplemental Dependent Child(ren)	\$0.20 per \$1000 (covers all dependent children)

Contact your Greater Georgia Life representative today to discuss the features of this proposal and hear more about Greater Georgia Life's valuable programs.



Group Name: Industrial Packaging Corporation

Plan Design

Optional Group Term Life, Accidental Death and Dismemberment, Dependent Life

Eligibility: All Eligible Employees Working 30 Hours Per Week

Earnings Definition: Base Salary

Benefit Schedule

Feature	Description
Optional Supplemental Employee Life benefits	
Optional Supplemental employee life benefit	Increments of \$10,000
Maximum benefit	\$500,000 or 5X annual earnings, whichever is less
Guaranteed issue limit	\$100,000
Living benefit (accelerated death benefit)	75% up to \$250,000
Waiver of premium	Premiums can be waived for employees who become totally disabled before age 60, after the 6 month elimination period. Coverage terminates at age 65 or retirement, whichever is earlier.
Conversion	Included
Portability	Included with Optional Supplemental life insurance. Although there may be some exclusions, generally, this feature allows employees to keep group term life insurance for themselves and their families in force under a group trust after a job loss, until they turn age 70. Rates for coverage for employees who elect portability coverage are based on the coverage for all individuals covered by portability coverage, provided under the portability pool. Employees pay premium directly to us.
Age reductions	Benefit reduces by 35% at age 65; 50% at age 70. All coverage terminates at retirement.
Accidental Death and Dismemberment benefits	
Optional Supplemental Employee AD&D benefit	Benefit is <i>Automatically</i> provided to all employees who elect Optional Supplemental Life; amount is the same as the elected Optional Supplemental Life amount.
Guaranteed issue limit	Same as Optional Supplemental Life
Age reductions	Same as Optional Supplemental Life
Table of losses	Standard table included
Airbag benefit	10% of AD&D benefit, up to \$10,000 maximum
Seatbelt benefit	10% of AD&D benefit, up to \$15,000 maximum
Repatriation benefit	Up to \$5,000 for transportation and related expenses
Child education benefit	5% of AD&D benefit per year for each child's post-secondary education expenses; annual maximum of \$5,000 or actual expense. \$40,000 combined maximum



Group Name: Industrial Packaging Corporation

	for all children.
Coma benefit	1% of AD&D benefit for each full month of coma, up to 8 years
Common carrier benefit	25% of AD&D
Optional Supplemental Dependent <i>Life/AD&D</i> benefits	
Optional Supplemental Dependent life benefit	Spouse: Employees may choose a Spouse Benefit in increments of \$5,000 up to \$100,000 Children: Employees may choose a Child Benefit in increments of \$1,000 up to \$10,000 Coverage begins at 15 days from birth. Children are eligible until they reach age 26.
Guaranteed issue limit	Spouse: \$25,000 Child(ren): \$10,000
Age reductions	Reduces in accordance with employee's age and reduction schedule; Terminates at employee's retirement.
Benefit limitation	Dependent benefits may not exceed 50% of the employee Optional Supplemental Life benefit amount
Spouse Rate Basis	Spouse rates are based on employee's age
Portability	Included
General Provisions	
Employee contribution	100% employee paid
Participation requirement	Greater of 10 enrolled lives or 20% of Eligible Employees
Rate guarantee	Rates in this Proposal are guaranteed for 24 months

2016 Annual Health Plan Notices

- **Women's Health and Cancer Rights Act of 1998**

Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy – related services, including reconstruction and surgery to achieve symmetry between the breasts, prosthesis, and complications resulting from a mastectomy (including lymphedema). Please call your plan administrator for more information.

- **The Genetic Information Nondiscrimination Act (GINA) of 2008**

The Genetic Information Nondiscrimination Act of 2008, also referred to as GINA, is a federal law that protects Americans from being treated unfairly because of differences in their DNA that may affect their health. The new law prevents discrimination from health insurers and employers. The President signed the act into federal law on May 21, 2008. The parts of the law relating to health insurers will take effect by May 2009, and those relating to employers will take effect by November 2009.

Who needs protection from genetic discrimination?

Everyone should care about the potential for genetic discrimination. Every person has dozens of DNA differences that could increase or decrease his or her chance of getting a disease such as diabetes, heart disease, cancer or Alzheimer's. It's important to remember that these DNA differences don't always mean someone will develop a disease, just that the risk to get the disease may be greater.

More and more tests are being developed to find DNA differences that affect our health. These tests (called genetic tests) will become a routine part of health care in the future. Health care providers will use information about each person's DNA to develop more individualized ways of detecting, treating and preventing disease. But unless this DNA information is protected, it could be used to discriminate against people.

Why was the law needed?

The law was needed to help ease concerns about discrimination that might keep some people from getting genetic tests that could benefit their health. The law also enables people to take part in research studies without fear that their DNA information might be used against them in health insurance or the workplace.

- **Newborn's Act Disclosure**

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay with connection to childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother and her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

- **HIPAA Notice of Privacy Practices**

This rule required health plans to send participants an initial notice of privacy practices and then reminders must be given once every three years. This memo is a reminder that if you would like to see or obtain another copy of the health plan's HIPAA Privacy Notice, please contact your HR Administrator.

- **Michelle's Law**

NOTICE OF EXTENDED COVERAGE TO PARTICIPANTS COVERED UNDER A GROUP HEALTH PLAN

Federal legislation known as "Michelle's Law" generally extends eligibility for group health benefit plan coverage to a dependent child who is enrolled in an institution of higher education at the beginning of a medically necessary leave of absence if the leave normally would cause the dependent child to lose eligibility for coverage under the plan due to loss of student status. The extension of eligibility protects eligibility of a sick or injured dependent child for up to one year.

The Plan currently permits an employee to continue a child's coverage if that child is enrolled at an accredited institution of learning on a full-time basis, with full-time defined by the accredited institution's registration and/or attendance policies. Michelle's Law requires the Plan to allow extended eligibility in some cases for a dependent child who would lose eligibility for Plan coverage due to loss of full-time student status.

There are two definitions that are important for purposes of determining whether the Michelle's Law extension of eligibility applies to a particular child:

- *Dependent child* means a child of a plan participant who is eligible under the terms of a group health benefit plan based on his or her student status and who was enrolled at a post-secondary educational institution immediately before the first day of a medically necessary leave of absence.
- *Medically necessary leave of absence* means a leave of absence or any other change in enrollment:
 - of a dependent child from a post-secondary educational institution that begins while the child is suffering from a serious illness or injury
 - which is medically necessary
 - and which causes the dependent child to lose student status under the terms of the Plan

For the Michelle's Law extension of eligibility to apply, a dependent child's treating physician must provide written certification of medical necessity (i.e., certification that the dependent child suffers from a serious illness or injury that necessitates the leave of absence or other enrollment change that would otherwise cause loss of eligibility).

If a dependent child qualifies for the Michelle's Law extension of eligibility, the Plan will treat the dependent child as eligible for coverage until the earlier of:

- One year after the first day of the leave of absence

- The date that Plan coverage would otherwise terminate (for reasons other than failure to be a full-time student)

A dependent child on a medically necessary leave of absence is entitled to receive the same Plan benefits as other dependent children covered under the Plan. Further, any change to Plan coverage that occurs during the Michelle's Law extension of eligibility will apply to the dependent child to the same extent as it applies to other dependent children covered under the Plan.

- **Patient Protection Model Disclosure**

Medical plans generally allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept new members. For children, a pediatrician can be selected as the primary care provider.

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, 2014. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447	Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
ALASKA – Medicaid	
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
ARIZONA – CHIP	FLORIDA – Medicaid
Website: http://www.azahcccs.gov/applicants Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: https://www.flmedicaidtplrecovery.com/ Phone: 1-877-357-3268
	GEORGIA – Medicaid
	Website: http://dch.georgia.gov/ - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150
IDAHO – Medicaid	MONTANA – Medicaid
Medicaid Website: http://healthandwelfare.idaho.gov/Medical/Medicaid/Premiu	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml

mAssistance/tabid/1510/Default.aspx Medicaid Phone: 1-800-926-2588	Phone: 1-800-694-3084
INDIANA – Medicaid	NEBRASKA – Medicaid
Website: http://www.in.gov/fssa Phone: 1-800-889-9949	Website: www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633
IOWA – Medicaid	NEVADA – Medicaid
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KANSAS – Medicaid	
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://www.lahipp.dhh.louisiana.gov 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	
Website: http://www.maine.gov/dhhs/ofc/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741	
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100
MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604

OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://health.utah.gov/upp Phone: 1-866-435-7414
OREGON – Medicaid	VERMONT– Medicaid
Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	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
RHODE ISLAND – Medicaid	WASHINGTON – Medicaid
Website: www.ohhs.ri.gov Phone: 401-462-5300	Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2014, 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

OMB Control Number 1210-0137 (expires 10/31/2016)

Important Notice from **INDUSTRIAL PACKAGING CORPORATION** About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with **INDUSTRIAL PACKAGING CORPORATION** and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. **INDUSTRIAL PACKAGING CORPORATION** has determined that the prescription drug coverage offered by the Group Health Plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current **INDUSTRIAL PACKAGING CORPORATION** coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current **INDUSTRIAL PACKAGING CORPORATION** coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with **INDUSTRIAL PACKAGING CORPORATION** and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through **INDUSTRIAL PACKAGING CORPORATION** changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	2015
Name of Entity/Sender:	Industrial Packaging Corporation
Contact--Position/Office:	Glenn Yesner/President/CEO
Address:	300 Villanova Drive SW, Atlanta, GA 30336
Phone Number:	404-346-5800



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
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PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution –as well as your employee contribution to employer-offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact [Glenn Yesner](#).

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](#) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Industrial Packaging Corporation		4. Employer Identification Number (EIN) 58-0564737	
5. Employer address 300 Villanova Drive SW		6. Employer phone number 404-346-5800	
7. City Atlanta	8. State GA	9. ZIP code 30336	
10. Who can we contact about employee health coverage at this job? Glenn Yesner/CFO			
11. Phone number (if different from above)		12. Email address gyesner@ipcinc.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

Full-time employees who work a minimum of 30 hours per week

- With respect to dependents:

We do offer coverage. Eligible dependents are:

*Legal spouses

*Children up to age 26 to include: natural born children, step children, legally adopted children, grandchildren if employee has court ordered power of attorney. Handicapped dependent children are also eligible beyond age 26

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

Yes (Go to question 15) No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends and you fulfill other special enrollment requirements. (These requirements are set out in your Certificate of Coverage)

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.

There is an additional enrollment period if an employee or dependent loses eligibility for Children's Health Insurance Program (CHIP), Medicaid or becomes eligible for CHIP for Medicaid premium assistance. The special enrollment allows children or their parents to have 60 days, rather than 30, to request enrollment.

Also, your health plan may not establish rules for eligibility (including continued eligibility) of an individual to enroll under the terms of the plan based on a health status-related factor.

Complete If You Are Declining Coverage For Yourself Or Any Dependent:

If you are declining coverage for yourself or for any of your eligible dependents, you must complete the following information if you want to preserve your rights of Special Enrollment as explained above. If you decline coverage for yourself, the reason is:

- I have other coverage** **Another reason**

If you decline coverage for one or more eligible dependents, please give the dependent's name below and indicate the reason coverage is declined.

- | | | |
|------------|---|---|
| Name _____ | <input type="checkbox"/> Dependent has other coverage | <input type="checkbox"/> Another reason |
| Name _____ | <input type="checkbox"/> Dependent has other coverage | <input type="checkbox"/> Another reason |
| Name _____ | <input type="checkbox"/> Dependent has other coverage | <input type="checkbox"/> Another reason |
| Name _____ | <input type="checkbox"/> Dependent has other coverage | <input type="checkbox"/> Another reason |

Employee Name – Please Print

Employee Social Security Number

Employee Signature

_____/_____/_____
Date

HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.:

GA SG NPOS 14

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: Beginning on or after 12/01/2015

Coverage For: Individual + Family | Plan Type: NPOS



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.humana.com or by calling 1-866-4ASSIST (427-7478).

Important Questions	Answers	Why this Matters:
What is the overall deductible?	<p>Network: \$1,500 Individual / \$3,000 Family</p> <p>Non-Network: \$4,500 Individual / \$9,000 Family</p> <p>Doesn't apply to prescription drugs and preventive services. Co-insurance and co-payments don't count toward the deductible</p>	<p>You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.</p>
Are there other deductibles for specific services?	<p>Prescription drug coverage</p> <p>Network: \$0 Individual / \$0 Family</p> <p>Non-Network: \$0 Individual / \$0 Family</p>	<p>You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.</p>
Is there an out-of-pocket limit on my expenses	<p>Yes. For Network providers \$6,350 Individual / \$12,700 Family</p> <p>For Non-Network providers \$19,050 Individual / \$38,100 Family</p>	<p>The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.</p>
What is not included in the out-of-pocket limit?	<p>Premiums, Balance-billed charges, Health care this plan doesn't cover, Penalties, Non-network transplant, Out-of-network Co-Insurance</p>	<p>Even though you pay these expenses, they don't count toward the out-of-pocket limit.</p>
Is there an overall annual limit on what the plan pays?	<p>No.</p>	<p>The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.</p>

Questions: Call 1-866-4ASSIST (427-7478) or visit us at www.humana.com

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform or call 1-866-4ASSIST (427-7478) to request a copy.

Does this plan use a network of providers?	Yes. See www.humana.com or call 1-866-4ASSIST (427-7478) for a list of Network providers. For Prescription Drugs: National Rx Network	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a specialist?	No.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about excluded services .



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 copay/visit	30% coinsurance	none
	Specialist visit	\$65 copay/visit	30% coinsurance	none
	Other practitioner office visit	Chiropractor Exam: \$65 copay/visit	Chiropractor Exam: 30% coinsurance	none
	Preventive care / screening / immunization	Preventive Care: No charge Immunization: No charge	Preventive Care: 30% coinsurance Immunization: 30% coinsurance	Any limits for preventive care / screening / immunizations are combined. Preventive care: limited coverage for preventive care Immunizations: limited coverage for preventive care

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
If you have a test	Diagnostic test (x-ray, blood work)	No charge after deductible	30% coinsurance	Cost share may vary based on where service is performed
	Imaging (CT/PET scans, MRIs)	No charge after deductible	30% coinsurance	Cost share may vary based on where service is performed Preauthorization may be required - if not obtained, penalty will be 40%
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.humana.com.	Level 1 - Lowest cost generic and brand-name drugs	\$10 copay (Retail) \$25 copay (Mail Order)	No charge, after Network copay (Retail) No charge (Mail Order)	30 day supply Preauthorization may be required - if not obtained, penalty will be 100% for certain prescription drugs (Retail) 90 day supply Preauthorization may be required - if not obtained, penalty will be 100% for certain prescription drugs (Mail Order)
	Level 2 - Higher cost generic and brand-name drugs	\$45 copay (Retail) \$112.5 copay (Mail Order)	No charge, after Network copay (Retail) No charge (Mail Order)	
	Level 3 - Generic and brand-name drugs with higher cost than Level 2	\$70 copay (Retail) \$175 copay (Mail Order)	No charge, after Network copay (Retail) No charge (Mail Order)	
	Level 4 - Highest cost drugs	25% coinsurance (Retail) 25% coinsurance (Mail Order)	No charge, after Network copay (Retail) No charge (Mail Order)	
	Specialty drugs	35% coinsurance	35% coinsurance	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge after deductible	30% coinsurance	Preauthorization may be required - if not obtained, penalty will be 40%
	Physician/surgeon fees	No charge after deductible	30% coinsurance	none

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
If you need immediate medical attention	Emergency room services	\$250 copay/visit	\$250 copay/visit	Copayment waived if admitted
	Emergency medical transportation	No charge after deductible	No charge after deductible	—————none—————
	Urgent care	\$100 copay/visit	30% coinsurance	—————none—————
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge after deductible	30% coinsurance	Preauthorization may be required - if not obtained, penalty will be 40%
	Physician/surgeon fee	No charge after deductible	30% coinsurance	—————none—————
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$30 copay/visit	30% coinsurance	—————none—————
	Mental/Behavioral health inpatient services	No charge after deductible	30% coinsurance	Preauthorization may be required - if not obtained, penalty will be 40%
	Substance use disorder outpatient services	\$30 copay/visit	30% coinsurance	—————none—————
	Substance use disorder inpatient services	No charge after deductible	30% coinsurance	Preauthorization may be required - if not obtained, penalty will be 40%
If you are pregnant	Prenatal and postnatal care	No charge after deductible	30% coinsurance	—————none—————
	Delivery and all inpatient services	No charge after deductible	30% coinsurance	Preauthorization may be required - if not obtained, penalty will be 40%
If you need help recovering or have other special health needs	Home health care	No charge after deductible	30% coinsurance	120 visit limit per cal yr Preauthorization may be required - if not obtained, penalty will be 40%
	Rehabilitation services	\$65 copay/visit	30% coinsurance	Therapies: Preauthorization may be required - if not obtained, penalty will be 40% Manipulations and Therapies: 40 visits per cal yr/plan yr, includes manipulations, adjustments For non-network, 10 visit per cal yr/plan yr, includes manipulations, adjustments
	Habilitation services	\$65 copay/visit	30% coinsurance	

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
	Skilled nursing care	No charge after deductible	30% coinsurance	60 day limit per cal yr Preauthorization may be required - if not obtained, penalty will be 40%
	Durable medical equipment	No charge after deductible	30% coinsurance	Preauthorization may be required - if not obtained, penalty will be 40% for durable medical equipment \$750 and over
	Hospice service	No charge after deductible	30% coinsurance	Preauthorization may be required - if not obtained, penalty will be 40%
If your child needs dental or eye care	Eye exam			—————none—————
	Glasses	Not Covered	Not Covered	—————none—————
	Dental check-up	Not Covered	Not Covered	—————none—————

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)		
<ul style="list-style-type: none"> • Acupuncture • Bariatric surgery • Cosmetic surgery, unless to correct a functional impairment • Dental care (Adult), unless for dental injury of a sound natural tooth 	<ul style="list-style-type: none"> • Hearing Aids • Infertility treatment • Long-term care • Non Emergent Care received from foreign providers 	<ul style="list-style-type: none"> • Private Duty Nursing • Routine eye care (Adult) • Routine foot care • Weight loss programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)
<ul style="list-style-type: none"> • Chiropractic care - spinal manipulations are covered

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-866-4ASSIST (427-7478). You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact:

Humana, Inc.: www.humana.com or 1-866-4ASSIST (427-7478)

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

Georgia Office of Insurance and Safety Fire Commissioner, Two Martin Luther King Jr. Drive, West Tower, Suite 704, Atlanta, GA 30334, Phone: 404-656-2056 or 800-656-2298 (toll free)

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*—————

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$5,990
- Patient pays \$1,550

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$1,500
Copays	\$50
Coinsurance	\$0
Limits or exclusions	\$0
Total	\$1,550

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$3,580
- Patient pays \$1,820

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$0
Copays	\$1,800
Coinsurance	\$0
Limits or exclusions	\$20
Total	\$1,820

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from network **providers**. If the patient had received care from non-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.humana.com or by calling 1-866-4ASSIST (427-7478).

Important Questions	Answers	Why this Matters:
What is the overall deductible?	Network: \$0 Individual / \$0 Family Non-Network: \$5,000 Individual / \$10,000 Family Doesn't apply to prescription drugs and preventive services. Co-insurance and co-payments don't count toward the deductible	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible .
Are there other deductibles for specific services?	Prescription drug coverage Network: \$0 Individual Non-Network: \$0 Individual	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
Is there an out-of-pocket limit on my expenses	Yes. For Network providers \$6,350 Individual / \$12,700 Family For Non-Network providers \$19,050 Individual / \$38,100 Family	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premiums, Balance-billed charges, Health care this plan doesn't cover, Penalties, Non-network transplant, Out-of-network Co-Insurance	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a network of providers?	Yes. See www.humana.com or call 1-866-4ASSIST (427-7478) for a list of Network providers. For Prescription Drugs: National Rx Network	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .

Questions: Call 1-866-4ASSIST (427-7478) or visit us at www.humana.com

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Do I need a referral to see a <u>specialist</u>?	No.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about excluded services .



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$45 copay/visit	30% coinsurance	_____none_____
	Specialist visit	\$85 copay/visit	30% coinsurance	_____none_____
	Other practitioner office visit	Chiropractor Exam: \$85 copay/visit	Chiropractor Exam: 30% coinsurance	_____none_____
	Preventive care / screening / immunization	No charge	30% coinsurance	limited coverage for preventive care
If you have a test	Diagnostic test (x-ray, blood work)	No charge	30% coinsurance	Cost share may vary based on where service is performed
	Imaging (CT/PET scans, MRIs)	\$500 copay	30% coinsurance	Cost share may vary based on where service is performed Preauthorization may be required - if not obtained, penalty will be 40%

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.humana.com.	Level 1 - Lowest cost generic and brand-name drugs	\$10 copay (Retail) \$25 copay (Mail Order)	No charge, after Network copay (Retail) No charge (Mail Order)	30 day supply Preauthorization may be required - if not obtained, penalty will be 100% for certain prescription drugs (Retail) 90 day supply Preauthorization may be required - if not obtained, penalty will be 100% for certain prescription drugs (Mail Order)
	Level 2 - Higher cost generic and brand-name drugs	\$45 copay (Retail) \$112.5 copay (Mail Order)	No charge, after Network copay (Retail) No charge (Mail Order)	
	Level 3 - Generic and brand-name drugs with higher cost than Level 2	\$90 copay (Retail) \$225 copay (Mail Order)	No charge, after Network copay (Retail) No charge (Mail Order)	
	Level 4 - Highest cost drugs	25% coinsurance (Retail) 25% coinsurance (Mail Order)	No charge, after Network copay (Retail) No charge (Mail Order)	
	Specialty drugs	35% coinsurance	35% coinsurance	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$1000 copay/visit	30% coinsurance	Preauthorization may be required - if not obtained, penalty will be 40%
	Physician/surgeon fees	No charge	30% coinsurance	—————none—————
If you need immediate medical attention	Emergency room services	\$500 copay/visit	\$500 copay/visit	Copayment waived if admitted
	Emergency medical transportation	\$500 copay/transport	\$500 copay/transport	—————none—————
	Urgent care	\$100 copay/visit	30% coinsurance	—————none—————

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
If you have a hospital stay	Facility fee (e.g., hospital room)	\$1000 copay/day	30% coinsurance	3 days for copay per day Preauthorization may be required - if not obtained, penalty will be 40%
	Physician/surgeon fee	No charge	30% coinsurance	—————none—————
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$45 copay/visit	30% coinsurance	—————none—————
	Mental/Behavioral health inpatient services	\$1000 copay/day	30% coinsurance	3 days for copay per day Preauthorization may be required - if not obtained, penalty will be 40%
	Substance use disorder outpatient services	\$45 copay/visit	30% coinsurance	—————none—————
	Substance use disorder inpatient services	\$1000 copay/day	30% coinsurance	3 days for copay per day Preauthorization may be required - if not obtained, penalty will be 40%
If you are pregnant	Prenatal and postnatal care	No charge	30% coinsurance	—————none—————
	Delivery and all inpatient services	\$1000 copay/day	30% coinsurance	3 days for copay per day Preauthorization may be required - if not obtained, penalty will be 40%
If you need help recovering or have other special health needs	Home health care	\$85 copay/visit	30% coinsurance	120 visit limit per calendar year Preauthorization may be required - if not obtained, penalty will be 40%
	Rehabilitation services	\$85 copay/visit	30% coinsurance	Therapies: Preauthorization may be required - if not obtained, penalty will be 40% Manipulations and Therapies: 40 visits per cal yr, includes manipulations, adjustments For non-network, 10 visit per cal yr, includes manipulations, adjustments
	Habilitation services	\$85 copay/visit	30% coinsurance	
	Skilled nursing care	\$85 copay/day	30% coinsurance	60 days per calendar year Preauthorization may be required - if not obtained, penalty will be 40%

Common Medical Event	Services You May Need	Your Cost If You Use a Network Provider	Your Cost if You Use a Non-Network Provider	Limitations & Exceptions
	Durable medical equipment	No charge	30% coinsurance	Preauthorization may be required - if not obtained, penalty will be 40% for durable medical equipment \$750 and over
	Hospice service	No charge	30% coinsurance	Preauthorization may be required - if not obtained, penalty will be 40%
If your child needs dental or eye care	Eye exam			_____none_____
	Glasses	Not Covered	Not Covered	_____none_____
	Dental check-up	Not Covered	Not Covered	_____none_____

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery, unless to correct a functional impairment
- Dental care (Adult), unless for dental injury of a sound natural tooth
- Hearing Aids
- Infertility treatment
- Long-term care
- Non Emergent Care received from foreign providers
- Private Duty Nursing
- Routine eye care (Adult)
- Routine foot care
- Weight loss programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Chiropractic care - spinal manipulations are covered

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-866-4ASSIST (427-7478). You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact:

Humana, Inc.: www.humana.com or 1-866-4ASSIST (427-7478)

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

Georgia Office of Insurance and Safety Fire Commissioner, Two Martin Luther King Jr. Drive, West Tower, Suite 704, Atlanta, GA 30334, Phone: 404-656-2056 or 800-656-2298 (toll free)

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*—————

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- **Amount owed to providers:** \$7,540
- **Plan pays** \$5,640
- **Patient pays** \$1,900

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$0
Copays	\$1,900
Coinsurance	\$0
Limits or exclusions	\$0
Total	\$1,900

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- **Amount owed to providers:** \$5,400
- **Plan pays** \$3,480
- **Patient pays** \$1,920

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$0
Copays	\$1,900
Coinsurance	\$0
Limits or exclusions	\$20
Total	\$1,920

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from network **providers**. If the patient had received care from non-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-866-4ASSIST (427-7478) or visit us at www.humana.com

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/healthreform or call 1-866-4ASSIST (427-7478) to request a copy.

CONTACT INFORMATION



Find customer service phone numbers, websites, and basic information for your benefit providers below.

BENEFIT	CARRIER/CONTACT	PHONE NUMBER	INFORMATION
Medical	Humana www.myhumana.com	1.800.4HUMANA	Confirm eligibility and benefits, order ID cards, obtain information on claims, locate a participating provider
Dental, Vision, Life & AD&D	Blue Cross www.BCBSGA.com	1.855.397.9267	Confirm eligibility and benefits, order ID cards, obtain information on claims, locate a participating provider
Disability	Cigna www.cigna.com	1.800.362.4462	Confirm eligibility and benefits, file claims.
Employee Advocate	Traci Blake tblake@cbiz.com	770.858.4511	Personalized service and assistance with claims, eligibility, billing issues and benefit questions.



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Disclaimer: This Benefit Guide provides only the briefest of summaries of the benefits available under Industrial Packaging Corporation. In the event of any discrepancy between this summary and any Plan Document, the Plan Document will prevail. Industrial Packaging Corporation retains the right to modify or eliminate these or any benefits at any time and for any reason.



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