

# 2017

## BENEFITS OVERVIEW GUIDE



Your wellness is our focus. ■





## Your 2017 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 2017 Open Enrollment unless you or your dependents experience a qualified life event (see box below).

### Changing Benefits 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**





YOUR SOLUTIONS PEOPLE  
Industrial Packaging Corporation

**EMPLOYEE BENEFITS  
ELECTION FORM  
2017 Plan Year**

**Section A. Employee Information**

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

**Note: Employee contributions to medical, dental, vision and flexible 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**

**United Healthcare – Medical**

Employee  \$ 150.00  
Employee + Spouse  \$ 452.00  
Employee + Children  \$ 417.00  
Employee + Family  \$ 642.00

**WAIVE MEDICAL**

**United Healthcare - Vision**

Employee  \$ 7.30  
Employee + Spouse  \$ 13.83  
Employee + Children  \$ 16.23  
Employee + Family  \$ 22.83

**WAIVE VISION**

**United Healthcare - Dental (High Option)**

Employee  \$ 34.63  
Employee + Spouse  \$ 69.25  
Employee + Children  \$ 74.11  
Employee + Family  \$ 114.00

**WAIVE DENTAL**

**United Healthcare Dental (Low Option)**

Employee  \$ 19.26  
Employee + Spouse  \$ 38.51  
Employee + Children  \$ 36.97  
Employee + Family  \$ 58.59

**Basic Term Life**  Elect  Waive BTL  
**AD&D Salary Amount** \$ \_\_\_\_\_

**Cigna STD**  Elect  Waive STD

**Cigna LTD**  Elect (Employer Paid)

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

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

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

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

**Section E. Contingent Beneficiary**

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



**United Healthcare - Medical Monthly Deductions**

Employee	\$150.00
Employee & Spouse	\$452.00
Employee & Child(ren)	\$417.00
Family	\$642.00

**United Healthcare - Dental Monthly Deductions - High Option**

Employee	\$34.63
Employee & Spouse	\$69.25
Employee & Child(ren)	\$74.11
Family	\$114.00

**United Healthcare - Dental Monthly Deductions - Low Option**

Employee	\$19.26
Employee & Spouse	\$38.51
Employee & Child(ren)	\$36.97
Family	\$58.59

**United Healthcare - Vision Monthly Deductions**

Employee	\$7.30
Employee & Spouse	\$13.83
Employee & Child(ren)	\$16.23
Family	\$22.83

**\*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%**

## Medical Coverage - UHC

Type of Plan	Choice Plus	
<b>Overview</b>	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.	
<b>Annual Deductible</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<i>Individual</i>	\$1,000	\$2,000
<i>Family</i>	\$2,000	\$4,000
<b>Annual Out-of-Pocket Maximum</b>	<i>Includes Deductible</i>	
<i>Individual</i>	\$6,000	\$12,000
<i>Family</i>	\$12,000	\$24,000
<b>Coinsurance</b>	Plan pays 80% after Deductible	Plan pays 60% after Deductible Member pays 40% after Deductible
Deductibles apply to Out-of-Pocket maximums. Out-of-pocket maximums accumulate separately for In-Network and Out-of-Network services.		
<b>Lifetime Maximum</b>	Unlimited	
<b>Primary Care Physician Office Visits</b>	\$15 Copay	Plan pays 60% after Deductible
<b>Specialist Office Visits</b>	\$30 Copay	Plan pays 60% after Deductible
<b>Preventive Care</b>	Covered at 100%, not subject to Copay or Deductible	Plan pays 60% after Deductible
<b>Maternity Physician Services</b>	Plan pays 80% after Deductible	Plan pays 60% after Deductible
<b>Hospital Inpatient Expenses</b> ( <i>Facility and Physician Charges</i> )	Plan pays 80% after Deductible	Plan pays 60% after Deductible
<b>Hospital Outpatient Expenses</b> ( <i>Facility and Physician Charges</i> )	Plan pays 80% after Deductible	Plan pays 60% after Deductible
<b>Emergency Room</b>	\$200 Copay (waived if admitted)	Same as In-Network
<b>Urgent Care</b>	\$100 Copay	Plan pays 60% after Deductible
<b>Outpatient Therapies</b> ( <i>ex: physical, chiropractic and occupational</i> ) <i>Maximum Annual Benefit</i>	\$65 Copay per visit 20-36 visits	Plan pays 60% after Deductible
<b>Mental Health, Drug and Alcohol Abuse Treatment Services</b> <i>(Prior Authorization Required)</i>	Inpatient: Plan pays 80% after Deductible Outpatient: \$30 Copay per visit	Inpatient: Plan pays 60% after Deductible Outpatient: Plan pays 60% after Deductible
<b>Prescription Drugs</b>		
<i>Retail Pharmacy (30 day supply)</i>	\$10 for Tier 1 drugs \$35 for Tier 2 drugs \$60 for Tier 3 drugs 100\$ for Tier 4 drugs \$10, \$100, \$200, \$300 for Specialty Drugs	\$10 for Tier 1 drugs \$35 for Tier 2 drugs \$60 for Tier 3 drugs 100\$ for Tier 4 drugs \$10, \$100, \$200, \$300 for Specialty Drugs
<i>Mail Order Maintenance Drug (90 day supply)</i>	\$25 Copay for Tier 1 drugs \$87.50 Copay for Tier 2 drugs \$150 Copay for Tier 3 drugs \$250 for Tier 4 drugs \$25, \$250, \$500, \$750 for Specialty Drugs	\$25 Copay for Tier 1 drugs \$87.50 Copay for Tier 2 drugs \$150 Copay for Tier 3 drugs \$250 for Tier 4 drugs \$25, \$250, \$500, \$750 for Specialty Drugs

	NETWORK	NON-NETWORK
Individual Annual Deductible	\$50	\$50
Family Annual Deductible	\$150	\$150
Annual Maximum Benefit* <i>(The total benefit payable by the plan will not exceed the highest listed maximum amount for either Network or Non-Network services.)</i>	\$750 per person per calendar year	\$750 per person per calendar year
Annual Deductible Applies to Preventive and Diagnostic Services	No	
Waiting Period	No waiting period	

COVERED SERVICES**	NETWORK PLAN PAYS***	NON-NETWORK PLAN PAYS****	BENEFIT GUIDELINES
<b>DIAGNOSTIC SERVICES</b>			
Periodic Oral Evaluation	100%	100%	Limited to 2 times per consecutive 12 months.
Radiographs	100%	100%	Bitewing: Limited to 1 series of films per calendar year. Complete/Panorex: Limited to 1 time per consecutive 36 months.
Lab and Other Diagnostic Tests	100%	100%	
<b>PREVENTIVE SERVICES</b>			
Dental Prophylaxis (Cleanings)	100%	100%	Limited to 2 times per consecutive 12 months.
Fluoride Treatments	100%	100%	Limited to covered persons under the age of 16 years and limited to 2 times per consecutive 12 months.
Sealants	100%	100%	Limited to covered persons under the age of 16 years and once per first or second permanent molar every consecutive 36 months.
Space Maintainers	100%	100%	For covered persons under the age of 16 years, limit 1 per consecutive 60 months.
<b>BASIC DENTAL SERVICES</b>			
Restorations <i>(Amalgam or Anterior Composite)**</i>	80%	80%	Multiple restorations on one surface will be treated as a single filling.
General Services <i>(including Emergency Treatment)</i>	80%	80%	Palliative Treatment: Covered as a separate benefit only if no other service was done during the visit other than X-rays. General Anesthesia: when clinically necessary. Occlusal Guard: Limited to 1 guard every consecutive 36 months.
Simple Extractions	80%	80%	Limited to 1 time per tooth per lifetime.
Oral Surgery <i>(includes surgical extractions)</i>	80%	80%	
<b>MAJOR DENTAL SERVICES</b>			
Periodontics	50%	50%	Perio Surgery: Limited to 1 quadrant or site per consecutive 36 months per surgical area. Scaling and Root Planing: Limited to 1 time per quadrant per consecutive 24 months. Periodontal Maintenance: Limited to 2 times per consecutive 12 months following active and adjunctive periodontal therapy, exclusive of gross debridement.
Endodontics	50%	50%	Root Canal Therapy: Limited to 1 time per tooth per lifetime.
Inlays/Onlays/Crowns**	50%	50%	Limited to 1 time per tooth per consecutive 60 months.
Dentures and other Removable Prosthetics	50%	50%	Full Denture/Partial Denture: Limited to 1 per consecutive 60 months. No additional allowances for precision or semi-precision attachments.
Fixed Partial Dentures (Bridges)**	50%	50%	Limited to 1 time per tooth per consecutive 60 months.

\* This plan includes a maximum benefit award program. Some of the unused portion of your annual maximum benefit may be available in future benefit periods.

\*\* Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist have agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$500; please consult your dentist.

\*\*\* The network percentage of benefits is based on the discounted fee negotiated with the provider.

\*\*\*\* The non-network percentage of benefits is based on the allowable amount applicable for the same service that would have been rendered by a network provider.

In accordance with the Illinois state requirement, a partner in a Civil Union is included in the definition of Dependent. For a complete description of Dependent Coverage, please refer to your Certificate of Coverage.

The Prenatal Dental Care (not available in WA) and Oral Cancer Screening programs are covered under this plan. The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary Benefits and your Certificate of Coverage/benefits administrator, the Certificate/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

UnitedHealthcare Dental® Voluntary Options PPO Plan is either underwritten or provided by: UnitedHealthcare Insurance Company, Hartford, Connecticut; UnitedHealthcare Insurance Company of New York, Hauppauge, New York; Unimerica Insurance Company, Milwaukee, Wisconsin; Unimerica Life Insurance Company of New York, New York, New York; or United Healthcare Services, Inc.



	NON-ORTHODONTICS		ORTHODONTICS	
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
Individual Annual Deductible	\$50	\$50	\$0	\$0
Family Annual Deductible	\$150	\$150	\$0	\$0
Annual Maximum Benefit <i>(The total benefit payable by the plan will not exceed the highest listed maximum amount for either Network or Non-Network services.)</i>	\$1500 per person per calendar year	\$1500 per person per calendar year	\$1500 per person per lifetime	\$1500 per person per lifetime
Annual Deductible Applies to Preventive and Diagnostic Services	No			
Annual Deductible Applies to Orthodontic Services	No			
Waiting Period	No waiting period			
Orthodontic Eligibility Requirement	Up to age 19			

COVERED SERVICES*	NETWORK PLAN PAYS**	NON-NETWORK PLAN PAYS***	BENEFIT GUIDELINES
<b>DIAGNOSTIC SERVICES</b>			
Periodic Oral Evaluation	100%	100%	Limited to 2 times per consecutive 12 months.
Radiographs	100%	100%	Bitewing: Limited to 1 series of films per calendar year. Complete/Panorex: Limited to 1 time per consecutive 36 months.
Lab and Other Diagnostic Tests	100%	100%	
<b>PREVENTIVE SERVICES</b>			
Dental Prophylaxis (Cleanings)	100%	100%	Limited to 2 times per consecutive 12 months.
Fluoride Treatments	100%	100%	Limited to covered persons under the age of 16 years and limited to 2 times per consecutive 12 months.
Sealants	100%	100%	Limited to covered persons under the age of 16 years and once per first or second permanent molar every consecutive 36 months.
Space Maintainers	100%	100%	For covered persons under the age of 16 years, limit 1 per consecutive 60 months.
<b>BASIC DENTAL SERVICES</b>			
Restorations <i>(Amalgam or Anterior Composite)*</i>	80%	80%	Multiple restorations on one surface will be treated as a single filling.
General Services <i>(including Emergency Treatment)</i>	80%	80%	Palliative Treatment: Covered as a separate benefit only if no other service was done during the visit other than X-rays. General Anesthesia: when clinically necessary. Occlusal Guard: Limited to 1 guard every consecutive 36 months.
Simple Extractions	80%	80%	Limited to 1 time per tooth per lifetime.
Oral Surgery <i>(includes surgical extractions)</i>	80%	80%	
Periodontics	80%	80%	Perio Surgery: Limited to 1 quadrant or site per consecutive 36 months per surgical area. Scaling and Root Planing: Limited to 1 time per quadrant per consecutive 24 months. Periodontal Maintenance: Limited to 2 times per consecutive 12 months following active and adjunctive periodontal therapy, exclusive of gross debridement.
Endodontics	80%	80%	Root Canal Therapy: Limited to 1 time per tooth per lifetime.
<b>MAJOR DENTAL SERVICES</b>			
Inlays/Onlays/Crowns*	50%	50%	Limited to 1 time per tooth per consecutive 60 months.
Dentures and other Removable Prosthetics	50%	50%	Full Denture/Partial Denture: Limited to 1 per consecutive 60 months. No additional allowances for precision or semi-precision attachments.
Fixed Partial Dentures (Bridges)*	50%	50%	Limited to 1 time per tooth per consecutive 60 months.
<b>ORTHODONTIC SERVICES</b>			
Diagnose or correct misalignment of the teeth or bite	50%	50%	

\* Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist have agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$500; please consult your dentist.

\*\* The network percentage of benefits is based on the discounted fee negotiated with the provider.

\*\*\* The non-network percentage of benefits is based on the schedule of usual and customary fees in the geographic area in which the expenses are incurred.

*In accordance with the Illinois state requirement, a partner in a Civil Union is included in the definition of Dependent. For a complete description of Dependent Coverage, please refer to your Certificate of Coverage.*

*The Prenatal Dental Care (not available in WA) and Oral Cancer Screening programs are covered under this plan. The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary Benefits and your Certificate of Coverage/benefits administrator, the Certificate/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.*

*UnitedHealthcare Dental® Voluntary Options PPO Plan is either underwritten or provided by: UnitedHealthcare Insurance Company, Hartford, Connecticut; UnitedHealthcare Insurance Company of New York, Hauppauge, New York; Unimerica Insurance Company, Milwaukee, Wisconsin; Unimerica Life Insurance Company of New York, New York, New York; or United Healthcare Services, Inc.*



**Vision Benefit Summary**

[www.myuhcvision.com](http://www.myuhcvision.com)

Customer Service: (800) 638-3120

Provider Locator: (800) 839-3242

Plan L009V

	NETWORK	NON-NETWORK
<b>Comprehensive Vision Exam</b>	\$10 Copay	Up to \$40
<b>Materials - Eyeglass Lenses/Eyeglass Frames or Contact Lenses</b>	\$25 Copay <sup>1</sup>	See below
<b>Frequencies - Based on last date of service</b>	Exam Once every 12 months Lenses Once every 12 months Frames Once every 24 months	

COVERED SERVICES	NETWORK	NON-NETWORK
<b>Pair of Lenses (for Eyewear)</b>		
<ul style="list-style-type: none"> <li>• Standard single vision lenses</li> <li>• Standard lined bifocal lenses</li> <li>• Standard lined trifocal lenses</li> <li>• Standard lenticular lenses</li> </ul> <p>Lens options such as progressive lenses, tints, UV, and anti-reflective coating may be available at a discount at participating providers.</p>	<p>Covered in full after applicable copay<sup>1</sup></p> <p>Includes standard scratch-resistant coating</p>	<p>Up to \$40</p> <p>Up to \$60</p> <p>Up to \$80</p> <p>Up to \$80</p>
<b>Frames</b>		
<p>You will receive a retail frame allowance toward the purchase of any frame at a network provider. For frames that exceed your allowance, you may receive an additional 30% discount on the overage (available only at participating providers and may exclude certain frame manufacturers).</p>	<p>\$130 Retail Frame Allowance (after applicable copay<sup>1</sup>)</p>	<p>Up to \$45</p>
<b>Contact Lenses<sup>2</sup></b>		
<ul style="list-style-type: none"> <li>• Covered contact lens selection</li> </ul> <p>It is important to note the covered contact lens selection may vary by provider but does include the most popular brands on the market today.<sup>3</sup> A complete list can be found by visiting our website <a href="http://www.myuhcvision.com">www.myuhcvision.com</a>.</p>	<p>Up to 4 boxes of contact lenses plus the fitting/evaluation fees and up to two follow-up visits are covered-in-full (after applicable copay<sup>1</sup>)</p>	<p>Up to \$125</p>
<ul style="list-style-type: none"> <li>• Non-selection contacts</li> </ul> <p>You receive an allowance which is applied toward the fitting/evaluation fees and purchase of contact lenses outside the covered contact lens selection.</p>	<p>Up to \$125 (material copay is waived)</p>	<p>Up to \$125</p>
<ul style="list-style-type: none"> <li>• Necessary contact lenses<sup>4</sup></li> </ul>	<p>Covered in full after applicable copay<sup>1</sup></p>	<p>Up to \$210</p>

<sup>1</sup> The material copayment will apply once if frames and lenses, or contact lenses in lieu of eyewear, are purchased at the same time at a network provider.

<sup>2</sup> Contact lenses are in lieu of eyeglass lenses and/or eyeglass frames.

<sup>3</sup> Coverage for Covered Contact Lens Selection does not apply at Walmart, Sam's Club and Costco locations. The allowance for non-selection contact lenses will be applied toward the fitting/evaluation fee and purchase of all contacts.

<sup>4</sup> Necessary contact lenses are determined at the provider's discretion for one or more of the following conditions: Following cataract surgery without intraocular lens implant; to correct extreme vision problems that cannot be corrected with eyeglass lenses and/or eyeglass frames; with certain conditions of anisometropia, keratoconus, irregular corneals/astigmatism, aphakia, facial deformity, or corneal deformity. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare concerning the reimbursement that UnitedHealthcare will make before you purchase such contacts.

**Group Name:** Industrial Packaging Corporation **Proposal ID:** 1070085\_1\_2

## 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
<b>Basic Life benefits</b>	
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
<b>Accidental Death and Dismemberment benefits</b>	
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 **Proposal ID:** 1070085\_1\_2

**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 Proposal ID: 1070085\_1\_2

## 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
<b>Optional Supplemental Employee Life benefits</b>	
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.
<b>Accidental Death and Dismemberment benefits</b>	
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 **Proposal ID:** 1070085\_1\_2

	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
<b>Optional Supplemental Dependent <i>Life/AD&amp;D</i> benefits</b>	
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
<b>General Provisions</b>	
Employee contribution	<b>100% employee paid</b>
Participation requirement	<b>Greater of 10 enrolled lives or 20% of Eligible Employees</b>
Rate guarantee	Rates in this Proposal are guaranteed for 24 months

# 201+ 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](http://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](http://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](http://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 –**

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

mAssistance/tabid/1510/Default.aspx Medicaid Phone: 1-800-926-2588	Phone: 1-800-694-3084
<b>INDIANA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a> Phone: 1-800-889-9949	Website: <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633
<b>IOWA – Medicaid</b>	<b>NEVADA – Medicaid</b>
Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562	Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900
<b>KANSAS – Medicaid</b>	
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-800-792-4884	
<b>KENTUCKY – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>LOUISIANA – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a> Phone: 1-888-695-2447	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392
<b>MAINE – Medicaid</b>	CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
Website: <a href="http://www.maine.gov/dhhs/ofc/public-assistance/index.html">http://www.maine.gov/dhhs/ofc/public-assistance/index.html</a> Phone: 1-800-977-6740 TTY 1-800-977-6741	
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MINNESOTA – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a> Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100
<b>MISSOURI – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-800-755-2604

<b>OKLAHOMA – Medicaid and CHIP</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://health.utah.gov/upp">http://health.utah.gov/upp</a> Phone: 1-866-435-7414
<b>OREGON – Medicaid</b>	<b>VERMONT – Medicaid</b>
Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijossaludablesoregon.gov">http://www.hijossaludablesoregon.gov</a> Phone: 1-800-699-9075	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>PENNSYLVANIA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a> Phone: 1-800-692-7462	Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924  CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282
<b>RHODE ISLAND – Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a> Phone: 401-462-5300	Website: <a href="http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx">http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx</a>  Phone: 1-800-562-3022 ext. 15473
<b>SOUTH CAROLINA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://www.dhhr.wv.gov/bms/">www.dhhr.wv.gov/bms/</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>SOUTH DAKOTA - Medicaid</b>	<b>WISCONSIN – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.badgercareplus.org/pubs/p-10095.htm">http://www.badgercareplus.org/pubs/p-10095.htm</a> Phone: 1-800-362-3002
<b>TEXAS – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://health.wyo.gov/healthcarefin/equalitycare">http://health.wyo.gov/healthcarefin/equalitycare</a> 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](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## **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.**

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### **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 15<sup>th</sup> through December 7<sup>th</sup>.

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](http://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](http://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:	2016
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  
OMB No. 1210-0149  
(expires 1-31-2017)

## 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.<sup>1</sup>

**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](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> 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/President/CEO			
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 \_\_\_\_\_  Dependent has other coverage                       Another reason

Name \_\_\_\_\_  Dependent has other coverage                       Another reason

Name \_\_\_\_\_  Dependent has other coverage                       Another reason

Name \_\_\_\_\_  Dependent has other coverage                       Another reason

\_\_\_\_\_  
Employee Name – Please Print

\_\_\_\_\_  
Employee Social Security Number

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**





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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.