

SANDBERG PHOENIX
& VON GONTARD P.C.
SERIOUSLY UNBELIEVABLE CLIENT SERVICE.®

2016 BENEFITS ENROLLMENT GUIDE



HELPING YOU BECOME A BETTER YOU.

The purpose of this booklet is to describe the highlights of your benefit program. Your specific rights to benefits under the Plans are governed solely, and in every respect, by the official Plan documents and insurance contracts, and not by this booklet. If there is any discrepancy between the description of the Plans as described in this material and official Plan documents, the language of the documents shall govern.



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Contact Information

Sandberg Phoenix & von Gontard P.C., in partnership with the following carriers, strives to meet your benefit needs. If you have any questions regarding your benefits, please contact the corresponding carrier listed below or the Human Resources Department at Sandberg Phoenix & von Gontard P.C.



Contacts

Vendors	Member Services	Website
Medical: <i>United Healthcare</i> Group Number Base & Buy-Up Plans: 901604 Group Number HSA Plan: 901604	866.633-2446 (Base & Buy-Up) 866-314-0335 (HSA Plan)	myuhc.com
Dental: <i>MetLife</i> Group Number: 5932473	800.438.6388	metlife.com
Vision: <i>United Healthcare</i> Group Number: 901604	800.638.3120	myuhcvision.com
Voluntary Pet: <i>VPI</i> Group Number: Employee Specific	800.540.2016	petinsurance.com
Life & AD&D: <i>UNUM</i> Group Number: 94858	800.421.0344	unum.com
Voluntary Life Insurance (Staff and Paralegals): <i>UNUM</i> Group Number: 94852	800.438.6388	unum.com
Universal Life: <i>MetLife</i> Group Number: Employee Specific	800.756.0124	mybenefits.metlife.com
Supplemental Universal Life (Attorneys and Key Management Staff): <i>MetLife</i> Group Number: Employee Specific	800.756.0124	mybenefits.metlife.com
Voluntary Long-Term Disability: <i>Reliance Standard Life</i> Group Number: 111259	800.351.7500	reliancestandard.com
Flexible Spending Account (FSA): <i>CBIZ Flex</i>	800.815.3023	myplans.cbiz.com
Voluntary Policies: <i>Unum</i> Group Number: R0569004	800.635.5597	unum.com
Employee Assistance Program: <i>Personal Assistance Services</i>	800.356.0845	paseap.com
Profit Sharing / 401(k) Plan: <i>Vanguard</i>	800.523.1188	vanguard.com
Benefits Team	Phone	Email
CBIZ Benefits & Insurance Services: <i>Sara R. Miller - Director of Client Services</i> <i>Rusty Besancenez - Sr. Account Executive</i>	314.692.2249 314.692.5846 314.995.5501	samiller@cbiz.com rbesancenez@cbiz.com

Medical Insurance

Understanding Your Health Plan Options

As an employee of Sandberg Phoenix & von Gontard P.C. (the Firm), you will have the choice between three medical plan options. These options are re-evaluated every year and are effective each January 1st. In 2016, you have the choice between two traditional PPO plans and a Health Savings Account (HSA) Qualified Plan through United Healthcare (UHC).

If you choose not to enroll in any of these plans when first eligible, you will not have the opportunity to do so again until the next annual enrollment period unless you experience a qualifying event.

The PPO plans provide coverage both in and out of network. It is to your advantage to use in-network providers. If you go out of the network, you will be responsible for any amount exceeding UHC's negotiated discounts plus any deductible and coinsurance associated with your procedure.

The major difference between the PPO plans and the HSA plan is the PPO plans provide you with copayments for most physician office visits, emergency room visits, and prescription drugs. All medical plan copayments, including prescription drugs copayments, will apply to your out-of-pocket maximum. Copayments for medical and pharmacy services are not available in the HSA Qualified plan option.

Certain preventive services will be covered without charging a deductible, copayment, or coinsurance when these services are provided by a network provider. This is true for all three medical plan options. The types of preventive services covered are defined by federal law and can vary based on your age, gender, and health status. There may be services you had in the past that will now be covered as preventive at no cost to you. The preventive services included in this provision are described at www.healthcare.gov.

One of the PPO Plans (Base and Buy-Up) may be the option for you if:

- You have a lot of regular expenses, for example maintenance medications or frequent physician office visits.
- You have children who go to the doctor frequently.
- You are uncomfortable with the high deductible associated with the HSA Qualified plan.
- You would rather pay more in monthly premium contributions and less on medical expenses when they occur.
- You are not interested in establishing a Health Savings Account.

Get the most out of your insurance by using in-network providers.



A summary of these plans is illustrated on Page 6. A detailed Certificate of Coverage is available on the Sandberg Phoenix & von Gontard P.C. Intranet.

Frequently Asked Questions

How many hours per week must I work to be eligible for the insurance benefits?

You must be a full-time employee working a minimum of 30 hours per week on a regular basis.

Will I receive a medical ID card?

Yes, you will receive an ID card in the mail from United Healthcare regardless of the medical plan option you choose. Begin using this card as soon as you are effective on the plan.

When will my benefits become effective?

Your benefits through the insurance will begin on the first of the month following your date of hire.



Understanding Health Savings Accounts

The HSA Qualified plan is similar to the PPO plan options; you will have coverage both in and out of network. However, in this plan option, all medical services, with the exception of those services coded as Preventive Care, are applied to your deductible first. Once your deductible is completely satisfied, all eligible in-network services will be covered at 100%. This means there are no copayments for physician office visits or prescription drugs. You will have the opportunity to take advantage of the discounts associated with using a network provider.

What is an HSA?

A savings account set up by either you or your company where you can either direct pre-tax payroll deductions or deposit money to be used by you to pay for current or future medical expenses for you and/or your dependents. Once money goes into the account, it's yours forever - the HSA is in your name, just like a personal checking or savings account.

Why would I want an HSA?

Because you fund the HSA with pre-tax money, you are using tax-free funds for healthcare expenses you would normally pay for out-of-pocket using after-tax dollars. Your HSA contributions do NOT count toward your taxable income for federal taxes.

What rules must I follow?

- You must be covered under a *Qualified High Deductible Health Plan (QHDHP)* in order to establish an HSA.
- You cannot establish an HSA if you or your spouse also have a medical *flexible* spending account (FSA), unless it is a Limited Purpose FSA.
- You cannot set up an HSA if you have insurance coverage under another plan, for example your spouse's employer, unless that secondary coverage is also a qualified high deductible health plan.
- You cannot be enrolled in Medicare due to age or disability.
- You cannot be claimed as a dependent under someone else's tax return.

What else do I need to know?


- Contributions are based on a calendar year. The contribution limits for 2016 are \$3,350 for Single and \$6,750 for Family coverage. You cannot put more than this amount in the account; you can put less.
- The contributions from your paycheck are tax-free, grow tax-free, and come out tax-free as long as you utilize the funds for approved services based on the IRS Publication 502, (medical, dental, vision and over-the-counter medications with a physician's prescription).
- Your unused contributions roll over from year to year and can be taken with you if you leave your current job.
- If you use the money for non-qualified expenses, then the money becomes taxable and subject to a 20% excise tax penalty (like in an IRA account).
- There is no penalty for distributions following death, disability (as defined in IRC 72), or attainment of Medicare eligibility age, but taxes would apply for non-qualified distributions.
- The savings account can be established so you can take advantage of payroll deductions on a pre-tax basis.

Another advantage is that your account can grow over time.

Since the money always belongs to you, even if you leave the company, any unused funds carry over from year to year, you never have to worry about losing your money. That means if you don't use a lot of healthcare services now, your HSA funds will be there if you need them in the future – even after retirement.

The HSA is also an investment opportunity.

With an HSA, your account can grow tax-free in an interest-bearing savings account, a money market account, a wide variety of



mutual funds – or all three. Of course, your funds are always available if you need them for qualified healthcare expenses.

Generally, you can put enough in your HSA to cover your entire deductible.

The Qualified High Deductible Health Plan helps you pay for healthcare AFTER you meet the deductible. The annual contribution limit is based on IRS rules. In general, the total amount that goes in your account each year – from both you and your employer – cannot be more than the IRS annual contribution limit. If you're age 55 or older, you are allowed to make extra contributions each year.

You can spend only the money that is actually in your HSA.

If your healthcare expenses are more than your HSA balance, you need to pay the remaining cost another way, such as cash or personal check. You can request reimbursement after you have accumulated more money.

You can use your HSA for your spouse and dependents – even if they are not covered by your High Deductible Health Plan.

You can use HSA funds for IRS-approved items such as...

- Doctor's office visits
- Eye exams, eyeglasses, contact lenses and solution, and laser surgery
- Orthodontia, dental cleanings, and fillings
- Hearing aids
- Dental services
- Prescription drugs and some over-the-counter medications, with a physician's prescription
- Physical therapy, speech therapy, and chiropractic expenses

More information about approved items, plus additional details about the HSA, is available on the IRS Website at www.irs.gov.

Every time you use your HSA, save your receipt in case the IRS asks you to prove your claim was for a qualified expense. If you use HSA funds for a non-qualified expense, you will pay tax and a penalty on the ineligible amount.

The HSA is your personal account and contains your personal funds. It can be considered an asset by a creditor and garnished as applicable.

As an HSA account holder, you will be required to file a Form 8889 with the IRS each year. This form identifies any contributions, distributions, or earned interest associated with the account.

This may be the plan option for you if:

- You do not incur a lot of medical and prescription medication expenses.
- You would like money in a savings account to pay for Qualified Expenses permitted under Federal Law.
- You would like the opportunity to contribute pre-tax to a Health Savings Account.

A summary of this plan is illustrated on Page 6. A detailed Certificate of Coverage is available on the Sandberg Phoenix & von Gontard P.C. Intranet.

Frequently Asked Questions

What will I pay at the pharmacy with the HSA qualified plan options?

You will pay the actual cost of the drug until you pay your calendar year deductible in full.

What will I pay at the physician's office with the HSA qualified plan option?

You will provide your ID card at the time of the visit. The office will submit the claim to United Healthcare. UHC will discount the charges based upon the physician's contract with UHC. You will receive an Explanation of Benefits (EOB) from UHC that illustrates your responsibility. You will receive a bill from the physician's office. You will pay them the discounted cost from the EOB.

Where can I obtain a copy of an EOB?

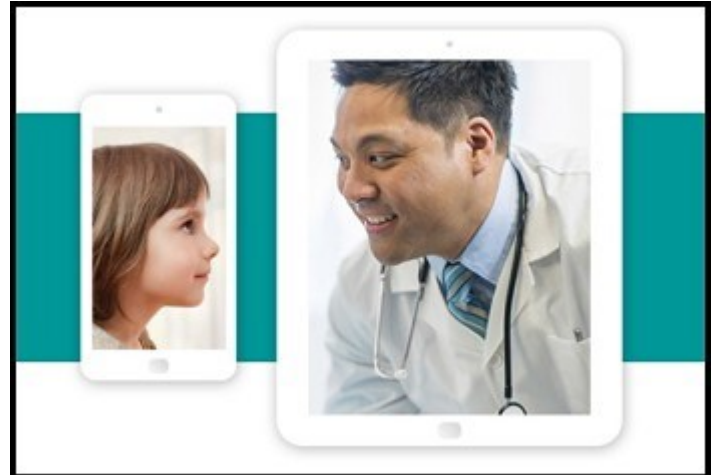
You can access all your EOB information, and even print a copy, by registering on www.myuhc.com.

Virtual Visits

A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription, if needed, that you can pick up at your local pharmacy.

CONDITIONS COMMONLY TREATED THROUGH A VIRTUAL VISIT

- Bladder infection/Urinary Tract Infection
- Bronchitis
- Cold/Flu
- Diarrhea
- Fever
- Migraine/Headaches
- Pink Eye
- Rash
- Sinus Problems
- Sore Throat



ACCESS TO VIRTUAL VISITS

Log in to myuhc.com and choose from provider sites where you can register for a virtual visit. After registering and requesting a visit, you will pay the primary care visit copay for the United Healthcare PPO Base and Buy-Up Plans and the deductible for the Qualified HSA Plan.

Advocate4ME

Advocate4Me is a consumer engagement program that provides United Healthcare's members with a single point of contact to address your various health needs. By calling a single toll-free number, or using your preferred communication channel, members are connected with an Advocate who provides them with end-to-end support, "owning" their request until it's resolved. This service is offered at no charge to United Healthcare members.

Full Spectrum of Health Care Support



Rally

Rally is a user-friendly digital experience on www.myuhc.com that will enhance you in a new way by using technology, gaming and social media to help you understand, learn and support you on your health journey. With the online Rally Health Survey, personalized missions, rewards and connections to wearables like Fitbit, Jawbone and more, it is easier for you to get motivated to be healthier.



United Healthcare - Plan Designs

Features	PPO Base Plan		PPO Buy-Up Plan	
	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Deductible (Individual / Family)	\$2,000 / \$4,000	\$6,000 / \$12,000	\$1,500 / \$3,000	\$3,000 / \$6,000
Coinsurance	90%	60%	90%	60%
Out-of-Pocket Maximum (Individual / Family)	\$5,000 / \$10,000	\$10,000 / \$20,000	\$3,500 / \$7,000	\$16,000 / \$32,000
Office Visit Co-Pay (Primary Care physician / Specialist)	\$25 / \$50	Deductible/ Coinsurance	\$20 / \$40	Deductible/ Coinsurance
Preventive Care	\$0	Deductible/ Coinsurance	\$0	Deductible/ Coinsurance
Hospital Services	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance	Deductible/ Coinsurance
Urgent Care	\$75	Deductible/ Coinsurance	\$100	Deductible/ Coinsurance
Emergency Room	\$300	\$300	\$200	\$200
Prescription Drug <i>Retail</i> <i>Mail Order (90-Day Supply)</i>	\$10/\$35/\$70 \$25/\$87.50/\$175	In-Network copay plus any difference in cost	\$10/\$35/\$70 \$25/\$87.50/\$175	In-Network copay plus any difference in cost

Features	Health Savings Account (HSA) Qualified Plan	
	<u>In-Network</u>	<u>Out-of-Network</u>
Deductible (Individual / Family)	\$3,500 / \$7,000	\$6,000 / \$12,000
Coinsurance	100%	70%
Out-of-Pocket Maximum (Individual / Family)	\$3,500 / \$7,000	\$12,000 / \$24,000
Office Visit Co-Pay (Primary Care physician / Specialist)	Deductible/ Coinsurance	Deductible/ Coinsurance
Preventive Care	\$0	Deductible/ Coinsurance
Hospital Services	Deductible/ Coinsurance	Deductible/ Coinsurance
Urgent Care	Deductible/ Coinsurance	Deductible/ Coinsurance
Emergency Room	Deductible/ Coinsurance	Deductible/ Coinsurance
Prescription Drug <i>Retail</i> <i>Mail Order (90-Day Supply)</i>	Deductible/ Coinsurance	Deductible/ Coinsurance

Medical Plan Costs

As an employee of Sandberg Phoenix & von Gontard P.C., the Firm will pay 85% of the premium for single coverage and 20% for dependent coverage in the Base Plan. An employee may choose to participate in the Buy-Up Plan; however, you will be responsible for the difference in premium between the Base Plan and the Buy-Up Plan. The Firm will pay 100% of the premium for single coverage and 20% for dependent coverage in the HSA Plan.

Below are the monthly costs associated with each of the three medical plan options being offered for 2016. In addition to the lower costs associated with the UHC HSA plan option, the Firm will put a \$175 contribution each quarter of the 2016 calendar year into your established Health Savings Account. In order to receive the quarterly contribution, the HSA must be established on the first day of the quarter.

PPO Base Plan Monthly Cost

Type of Coverage	Employee
Employee	\$75.56
Employee & Spouse	\$518.90
Employee & Child(ren)	\$438.30
Employee & Family	\$841.34

PPO Buy-Up Plan Monthly Cost

Type of Coverage	Employee
Employee	\$140.74
Employee & Spouse	\$655.80
Employee & Child(ren)	\$562.14
Employee & Family	\$1,030.38

PPO HSA Plan Monthly Cost

Type of Coverage	Employee
Employee	\$0.00
Employee & Spouse	\$400.40
Employee & Child(ren)	\$327.60
Employee & Family	\$691.58



Sandberg Phoenix & von Gontard P.C. pays for all of the expenses associated with a Premium Only Plan, which allows each employee to take the premiums they pay for their medical, dental, and vision insurance out of their paycheck on a pre-tax basis. This can save you considerable money as the savings are based upon your individual tax bracket.

Dental Insurance

MetLife is the dental carrier for 2016. The dental plan offers coverage in a PPO network, and out-of-network. It is to your advantage to utilize a network dentist to take advantage of contracted fees. If you go out-of-network, you will be responsible for any amount exceeding MetLife's negotiated fees plus any deductible and coinsurance associated with your procedure.

As an employee of Sandberg Phoenix & von Gontard P.C., the Firm will pay 50% of the premium for single dental coverage. The following is a brief summary of your MetLife benefits:

MetLife - Plan Design

Features	PPO	
	In-Network	Out-of-Network
Calendar Year Deductible	<ul style="list-style-type: none"> Applied to Basic and Major services \$50 individual \$150 family	\$50 individual \$150 family
Annual Maximum	<ul style="list-style-type: none"> Applied to Preventive, Basic and Major services \$1,000	\$1,000
Preventive Services	<ul style="list-style-type: none"> Oral examinations Bitewing and periapical x-rays Full mouth x-rays Topical fluoride treatments Space maintainers 100%	100%
Basic Services	<ul style="list-style-type: none"> Fillings Extractions Sealants for dependent children Oral surgery extractions 80%	80%
Major Services	<ul style="list-style-type: none"> Prosthodontics Crowns Endodontics Periodontics Inlays Onlays 50%	50%
Orthodontia	<ul style="list-style-type: none"> Covers child orthodontia to age 19 50% up to \$1,000 Lifetime maximum No deductible	50% up to \$1,000 Lifetime maximum No deductible

In-Network Providers: agree to be reimbursed from a fee schedule and no balance billing.

Out-of-Network Providers: benefit payments are made up to the 99th percentile of Reasonable and Customary; and balance billing is possible.

Dental Plan Monthly Cost

Type of Coverage	Employer	Employee
Employee	\$15.44	\$15.44
Employee & Spouse	\$15.44	\$44.32
Employee & Child(ren)	\$15.44	\$61.06
Employee & Family	\$15.44	\$89.92

FIND A DENTIST

To find a MetLife provider in your area, visit the website at www.metlife.com.

- Click on "Find a Dentist"
- Enter your Zip Code
- Select the PDP Plus network
- Click "Submit"

A comprehensive directory of dentists will appear.

Sandberg Phoenix & von Gontard P.C. pays for all of the expenses associated with a Premium Only Plan, which allows each employee to take the premiums they pay for their medical, dental, and vision insurance out of their paycheck on a pre-tax basis. This can save you considerable money as the savings are based upon your individual tax bracket.

Vision Insurance

United Healthcare is the vision carrier for 2016. The vision plan offers coverage both in-network and out-of-network. It is to your advantage to utilize a network provider to take advantage of the established contract rates and benefits. If you go out-of-network, your benefit is based on a reimbursement schedule. Also, if you are considering Lasik Surgery, there is a discount available with particular providers. To find a participating provider, go to www.myuhcvision.com. As an employee of Sandberg Phoenix & von Gontard P.C., the Firm will pay 100% of the premium for single vision coverage. The following is a brief summary of your United Healthcare vision benefits:

United Healthcare - Plan Design

Features	In-Network	Out-of-Network
Examination Co-pay	\$10 Co-pay	\$40 reimbursement
Frequency of Service: Exam Lenses Frames	Every 12 months Every 12 months Every 24 months	
Lenses Single Bifocal Trifocal	\$20 Co-pay then 100% 100% 100%	<u>Reimbursement</u> \$40 \$60 \$80
Frames	Covered 100% up to \$130 retail	\$45
Contacts Necessary Elective	Covered at 100% \$125	<u>Reimbursement</u> \$210 \$125

Out-of-Network Services: You can choose to receive care outside of the United Healthcare Vision network. You simply get an allowance toward services and you pay the rest. (In-Network benefits and discounts will not apply.) Just pay in full at the time of service and then file a claim for reimbursement.

FIND A PROVIDER

To find a United Healthcare vision provider in your area, visit the website at www.myuhcvision.com.

- Find the Provider Quick Search at the bottom left of the webpage
- Enter your zip code and hit the Search button
- The search will generate a report of the Search Results, listing the providers closest to your zip code first
- Clicking on the Details button next to the provider will display the contact information and office hours
- OR, you can call 1 (800) 638-3120 to speak with a Customer Service representative

You can also use this website for practical tools and personalized information for your vision care.

- Learn about vision health conditions, treatments and procedures
- Check your in network and out of network vision claims history online.

Vision Plan Monthly Cost

Type of Coverage	Employer	Employee
Employee	\$6.17	\$0
Employee & Spouse	\$6.16	\$4.64
Employee & Child(ren)	\$6.16	\$5.56
Employee & Family	\$6.17	\$11.72

Sandberg Phoenix & von Gontard P.C. pays for all of the expenses associated with a Premium Only Plan, which allows each employee to take the premiums they pay for their medical, dental, and vision insurance out of their paycheck on a pre-tax basis. This can save you considerable money as the savings are based upon your individual tax bracket.

Voluntary Pet Insurance

VPI®Pet Insurance provides coverage for veterinary expenses related to accidents and illnesses. Policies are available for dogs, cats, birds, reptiles and other exotic pets. Optional CareGuard® wellness coverage is also available for dogs and cats, providing reimbursement for the preventive care necessary to keep pets healthy year after year.

Following are the available plan options.



VPI Major Medical Plan Comprehensive Coverage Annual deductible options:	Accidents <ul style="list-style-type: none"> Foreign Body Ingestion Lacerations Poisonings & Toxicities And more 	Illnesses <ul style="list-style-type: none"> Allergies Diabetes Cancer And more 	Hereditary Problems <ul style="list-style-type: none"> Cherry Eye Hip Dysplasia Patellar Luxation And more

VPI Medical Plan Economical Coverage Annual deductible options: \$100/\$250/\$500/\$1000	Accidents <ul style="list-style-type: none"> Foreign Body Ingestion Lacerations Poisonings & Toxicities And more 	Illnesses <ul style="list-style-type: none"> Allergies Diabetes Cancer And more

VPI Injury Plan Senior Pet Protection Annual deductible of \$250.	Accidents <ul style="list-style-type: none"> Foreign Body Ingestion Lacerations Poisonings & Toxicities And more

VPI Feline Select Plan
VPI Avian & Exotic Pet Plan

Premiums are based upon: species, age of pet, breed, type of plan selected, and state of residence. Don't miss out on your chance to take advantage of a group discount and the ability to payroll deduct your premiums!

VISIT

Veterinary Pet Insurance
 a Nationwide Insurance® company

http://www.petinsurance.com/affiliates/Sandbergphoenix_pr
 or PetsVPI.com and enter your company name to enroll online.

The rates given will include your group discount.

Basic Life and AD&D

Sandberg Phoenix & von Gontard P.C. provides each employee with a Basic Life and Accidental Death & Dismemberment benefit.

Staff & Paralegals receive a Term Life insurance benefit of 2.5 times your compensation to a maximum of \$250,000 through UNUM.

Attorneys & Key Management receive a life insurance benefit of 2.5 times your compensation (less \$50,000) to a maximum of \$1,500,000. UNUM provides \$50,000 of Term Life insurance and the remainder is provided through a Group Universal Life insurance policy with Metropolitan Life. A supplemental life option is also available to a combined maximum of \$3,000,000. Metropolitan Life provides investment opportunities through the policy as well. (MetLife coverage terminates at age 95.)

Dependent Term Life insurance coverage is also available. You can purchase a flat \$5,000 of coverage for your spouse and \$2,000 of coverage for your child(ren) through UNUM without having to answer medical questions. The cost to provide this coverage for your dependents is \$1.58 per month.

If you do not elect this coverage when first eligible, you can do so at a later date but will be required to complete an Evidence of Insurability form and be approved by UNUM before coverage will take effect. Please note, UNUM coverage amount(s) will begin to reduce at age 70.

Voluntary Term Life (for Staff & Paralegals only)

UNUM also offers you the opportunity to purchase additional amounts of term life insurance on a voluntary basis for yourself, your spouse, and your child(ren). You can obtain this additional coverage, up to the Guarantee Issue amounts illustrated below, **WITHOUT** having to answer medical questions if you apply for coverage when first eligible.

You must purchase additional coverage for yourself if you want to also purchase additional coverage for any of your dependents. If you take advantage of this enrollment opportunity, each renewal year thereafter you will have the opportunity to increase your coverage amount incrementally without medical questions, as long as you do not go over the Guarantee Issue amount.

If you do not enroll in the voluntary life program when first eligible, you will be required to complete an Evidence of Insurability form and be approved by UNUM before you will be able to obtain any amount of coverage.

Employees may elect coverage in increments of \$10,000 up to 5 x Salary or a maximum of \$500,000 whichever is less. The Guarantee Issue amount for employees is \$100,000.

Spouse coverage is available in \$5,000 increments not to exceed 100% of the employee amount up to a maximum of \$500,000. The Guarantee Issue amount for spouses is \$25,000.

Child(ren) coverage is available in \$2,000 increments to a maximum of \$10,000. The monthly cost is \$0.25 per \$2,000 of coverage.

The voluntary life insurance also has Portability and Conversion features that allow you to take the coverage with you should your employment at Sandberg Phoenix & von Gontard P.C. terminate in the future. Please note, UNUM coverage amount(s) will begin to reduce at age 70. This is a brief summary only. For exact terms and conditions, please refer to your summary plan description.

Monthly Additional Life Rates per \$1,000 of coverage		
Age	Employee	Spouse
Under 24	\$0.057	\$0.075
25-29	\$0.065	\$0.086
30-34	\$0.081	\$0.109
35-39	\$0.115	\$0.158
40-44	\$0.164	\$0.227
45-49	\$0.262	\$0.355
50-54	\$0.416	\$0.553
55-59	\$0.640	\$0.849
60-64	\$0.999	\$1.451
65-69	\$1.733	\$2.479
70-74	\$3.093	\$4.417
75+	\$6.061	\$8.847



UNUM Employee Assistance Program

In conjunction with your Base Life/AD&D coverage, UNUM provides a work-life balance employee assistance program (EAP) that offers unlimited access to master's level consultants by telephone, resources and tools online, and up to three face-to-face visits with a consultant for help with a short-term problem.

What types of personal challenges can they assist with?

- Childcare and eldercare services
- Financial concerns such as budgeting, debt control, and preparing for retirement
- Personal/work relationships, depression, grief, or issues surrounding substance abuse

You also have unlimited website access at www.lifebalance.net where you can:

- Read booklets, life articles and guides
- View videos and online seminars
- Subscribe to email newsletters
- Use financial calculators, retirement planners, worksheets, and more

To learn more or request your EAP wallet card, contact UNUM at (800) 854-1446 or online at www.lifebalance.net (you will need your user ID and password: lifebalance).

UNUM Travel Assistance Program

In conjunction with your Base Life/AD&D coverage, UNUM also provides a travel assistance program that you can utilize whenever you travel 100 miles or more from home. Whether you are in another country or just another city, this program can help you locate hospitals, embassies and other "unexpected" travel destinations. Just one phone call connects you and your family to medical and other important services 24 hours a day.

UNUM's travel assistance services are provided by Assist America, Inc., a leading provider of global emergency assistance services through employee benefit plans. Assist America's medically certified personnel are ready to help 24 hours a day, 365 days a year, with no geographical exclusions.

Use your travel assistance phone number to access:

- Hospital admission assistance (provided by Assist America, Inc.)
- Emergency medical evacuation
- Prescription replacement assistance
- Transportation for a friend or family member to join a hospitalized patient
- Care and transport of unattended minor children
- Assistance with the return of a vehicle
- Emergency message services
- Critical care monitoring
- Emergency trauma counseling
- Referrals to Western-trained, English-speaking medical providers
- Legal and interpreter referrals
- Passport replacement assistance

To learn more or to utilize this service, contact UNUM within the U.S. at (800) 872-1414, outside the U.S. at (U.S. access code) 609-986-1234 or via e-mail at medservices@assistamerica.com. You may be asked for a reference number: 01-AA-UN-762490.

This is only a summary of the value added services provided by UNUM and Assist America, Inc. Please refer to the UNUM certificate of coverage for more detailed information.

Supplemental Universal Life (for Attorneys & Key Management Staff only)

MetLife also offers you the opportunity to purchase additional amounts of life insurance with three additional benefits.

Employees may elect coverage in increments of \$50,000 up to \$3,000,000 which includes your basic GUL life insurance paid by the firm. You will have to answer a few medical questions and be approved by MetLife for the additional coverage to take effect. (If you apply for greater than \$500,000 in supplemental coverage, a blood test will also be required.)

Spouse coverage is available in \$10,000 increments to a maximum of \$150,000. The medical questions must also be completed by the spouse as well.

Child(ren) coverage is available for \$10,000. The monthly cost is \$1.70 per month per family unit. No paperwork is required for child coverage.

The supplemental life insurance also has a tax-deferred investment feature as well as the ability to convert your coverage should you leave the firm.

Please refer to your individual, customized enrollment kit for more information on rates and other features. Spouse coverage terminates when the employee or spouse turns age 75, whichever occurs first. Child coverage terminates when the child reaches age 25 or the employee turns age 65, whichever occurs first. This is a brief summary only. For exact terms and conditions, please refer to your summary plan description.

Long-Term Disability Insurance

Long-Term Disability insurance is offered through Reliance Standard and can be purchased for yourself at the cost of \$.36 per \$100 of monthly salary with after tax dollars. This will allow any benefit amount received to be tax free. Benefits begin on the 91st day of disability. If elected, your monthly benefit would be 60% of your gross wages to a maximum of \$12,500/month. (see LTD Policy)

Following is the formula used to determine your cost for this coverage each month:

$$\text{Annual Salary divided by 12} = \$ \underline{\quad\quad} / 100 = \$ \underline{\quad\quad} \times .36 = \$ \underline{\quad\quad} \text{ cost per month}$$

Flexible Spending Accounts (FSAs)

A Flexible Spending Account allows an employee to set aside a portion of his or her earnings to pay for qualified expenses as established by the IRS. Money deducted from an employee's pay into an FSA is not subject to payroll taxes, resulting in a substantial payroll tax savings. The amount you elect for the calendar year comes out of your remaining paychecks in equal installments before your payroll taxes are taken out.

There are three types of Flexible Spending Accounts available for members: Medical Reimbursement Account, Limited Purpose Reimbursement Account and Dependent Care Reimbursement Account.



Medical Reimbursement Account

This account allows employees the opportunity to pay for eligible medical, dental, and vision expenses that are not paid in full through insurance coverage. Many members use this account for deductible amounts, copayments, eyeglasses, over the counter medications with a physician’s prescription, root canals, etc. You may contribute a maximum of \$2,550 annually, measured January 1 through December 31.

Limited Purpose Reimbursement Account

This account is only available to those members and their families who choose to establish a Health Savings Account. It works similarly to the Medical Reimbursement Account except this account can ONLY be used for eligible dental and vision expenses. Medical services, including deductibles and prescription drugs, CANNOT be reimbursed through this account unless they are specifically used for a dental or vision purpose. You may contribute a maximum of \$2,550 annually, measured January 1 through December 31.

Dependent Care Reimbursement Account

May be used to set aside pre-tax dollars that are used to pay for daycare expenses for a child under age 13 or the care of a disabled spouse or dependent of any age. You and your spouse must both work or be full-time students to qualify.

You are allowed to contribute a maximum of \$5,000 annually to the Dependent Care FSA if you are married and filing a joint tax return or are filing a single head of household tax return. Married couples filing separate returns are allowed to claim a maximum of \$2,500 each. In most cases, there is substantially more tax savings with this plan than there is with the “tax credit” that you get when doing your tax return. It is best to discuss your options with your tax advisor if you have any concerns.

If You Are Going to Spend the Money Anyway, Why Not Save Taxes While You Are Doing It??

Getting reimbursed is easy! You just utilize your Debit Card at the time of service or you submit copies of your receipts to CBIZ along with a claim form and receive reimbursement. The receipts are necessary because the IRS requires your FSA Vendor to substantiate expenses that do not match your copayments exactly or cannot be auto substantiated at the time of the debit card swipe.

You can access your Flexible Spending Account information by going to www.myplans.cbiz.com.

From the website you can:

- View account information and activity
- File claims
- Manage your profile
- View notifications
- Access forms

Below is a partial list of eligible expenses that can be reimbursed from a Medical Reimbursement Account. Other out-of-pocket expenses may qualify.

Alcoholism treatment	Laboratory fees
Artificial limbs	Licensed osteopaths
Ambulance	Licensed practical nurses
Braces	Orthodontia
Chiropractors	Orthopedic shoes
Coinsurance and copayments	Obstetrical expenses
Contact lens solution	Oxygen
Contraceptives	Prescription drugs
Crutches	Podiatrists
Deductible amounts	Prescribed vitamin Supplements (medically necessary)
Dental expenses	Psychiatric care
Dentures	Psychologist expenses
Dermatologists	Routine physical
Diagnostic expenses	Seeing-eye dog expenses
Eyeglasses, including exam fee	Smoking cessation programs
Handicapped care and support	Sterilization and reversals
Nutrition counseling	Substance abuse treatment
Hearing devices and batteries	Surgical expenses
Hospital bills	

It is best to discuss your options with your tax advisor if you have any concerns.



Employee Assistance Program (EAP)

At times, balancing the demands of work and home life may create real challenges. Through our EAP, Personal Assistance Services (PAS), you and your eligible dependents are able to receive confidential assistance with counseling and life management services. This service is available to all employees and their family members at no additional cost.

A highlight of some of the EAP services are listed below.

Telephonic Coaching – Professionally trained coaches will help you sort through life challenges, review options and find appropriate resources.

In-Person Counseling – Individual or family counseling for stress, relationships or other personal concerns.

Budget and Debt Consultation – Access to financial specialists who assist with budgeting, debt and loan consolidation and general financial information.

Child Care Resource and Referral – Assistance in locating and choosing quality child care providers and resources, school and continuing education, locating eldercare providers, resources and hands-on care management planning.

Education Planning Services – Assistance with choosing and financing college, technical school and continuing education.

Weight and Nutrition Consultation – Consultation and information on exercise, nutrition and weight management with nutrition specialists and dieticians.

Smoking Cessation – Consultation, education and ongoing support of efforts to quit smoking.

Parenting Consultation – Guidance for parents whose concerns may include speech and language, physical, social and emotional development for children from birth through adolescence.

**For Confidential
Assistance Call
(314) 842-6223 or (800) 356-0845**

Visit us online at:
www.paseap.com

UNUM Voluntary Policies

UNUM provides a menu of voluntary policies available to members on a pre-tax individual basis. Following are the available policies you can choose to deduct from your paycheck:

- **Accident Indemnity Advantage** - pays a cash benefit when qualified accidents occur to help insureds meet the out-of-pocket expenses and extra bills that can follow an accidental injury.
- **Critical Illness/Cancer Indemnity** - pays a lump sum cash benefit if an insured is diagnosed with a covered critical illness or cancer.
- **Hospital Indemnity** - pays a cash benefit to an insured based on hospitalizations, and in some cases, treatments received for an accident or illness.

The opportunity to enroll in these products is on an annual basis with coverage to start on January 1st of each year.





401(k) Retirement Savings Plan

A 401(k) Retirement Savings Plan allows a member to save for retirement and have the savings invested while deferring current income taxes on the saved money and earnings until withdrawal.

How Do I Contribute to the Plan?

- Through payroll deduction, you can make elective deferrals up to the maximum allowed by law. The dollar limit is \$18,000 for 2016. If you are age 50 or older, you can make an additional deferral amount of \$6,000.
- You can also designate your elective deferrals to a Plan account that qualifies as a Roth 401(k). In 2016 you may contribute as much as \$18,000, in total, to all 401(k) accounts (Roth 401(k) and pre-tax contributions), more if you are age 50 or older. Earnings on the Roth 401(k) contribution will accumulate tax free, and retirement withdrawals may be exempt from federal income tax.
- You may also make after-tax contributions ranging from 1% to 100% of your compensation.
- If you have an existing qualified retirement plan (pre-tax) with a prior employer, you may transfer or rollover that account into the Plan upon becoming a participant in the Plan.
- As part of our plan's design, **you will be automatically enrolled in the plan at a 6% pre-tax deferral rate** unless you elect otherwise. In addition, every November, your deferral rate will increase by 2% until your savings rate is 14%.

Can I Stop or Change My Contributions?

- You may change or stop your contributions any time through the plan's website at www.vanguard.com or by contacting the Vanguard Participant Service Center at 1-800-523-1188 (M-F 7:30 am - 8:00 pm CST).

How Does Sandberg Phoenix & von Gontard P.C. Contribute to the Plan?

- The plan provides for discretionary matching contributions on elective deferrals in an amount to be determined by Sandberg Phoenix & von Gontard P.C. on an annual basis. The discretionary matching contribution will be made on both pre-tax contributions and Roth 401(k) contributions. Any match made on Roth 401(k) contributions and the earnings on that match will be subject to income tax upon withdrawal.
- While the match is discretionary and could be changed at any time, historically, the discretionary match has been 60% up to the first 6% of your deferrals. Members will be eligible on their start date with the firm for a firm matching contribution. The matching contribution will be made at the end of the firm's fiscal year and the member must be employed on October 31 to receive the contribution.
- Sandberg Phoenix & von Gontard P.C. may also make contributions at its discretion which will be allocated among all eligible employees, whether or not they make contributions. In order to be eligible for a firm profit sharing contribution, members have to be employed with the firm as a full-time, permanent member 6 months prior to the plan entry dates of either November 1 or May 1 and work at least 500 hours in that same period. If you enter the plan on November 1, you receive a full profit sharing contribution at the end of the fiscal year on October 31. If you enter the plan on May 1, you receive prorated profit sharing contribution at fiscal year-end on October 31.

How Do I Become “Vested” in My Plan Account?

Vesting refers to your “ownership” of a benefit from the Plan. You are always 100% vested in your Plan contributions and your rollover contributions, plus any earnings they generate. Employer contributions to the Plan, plus any earnings they generate, are vested as follows:

YEARS OF VESTING SERVICE	VESTING PERCENTAGE
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

How Are Plan Contributions Invested?

You give investment directions for your Plan account, selecting from investment choices provided under the Plan, as determined by Sandberg Phoenix & von Gontard P.C.

- Unless you make an alternative selection, you will be automatically enrolled in the Vanguard Target Retirement fund based on your date of birth.
- More information about your Plan’s investment choices will be provided in the welcome packet mailed to you by Vanguard.

When Can Money Be Withdrawn From My Plan Account?

Money may be withdrawn from your Plan account in these events:

- Death
- Disability
- Termination of Employment
- Loan Hardship
- Early Withdrawal

To receive favorable tax treatment, distributions of Roth 401(k) contributions must be made after the participant reaches age 59 1/2, or on account of the participant’s death or disability, and must be made at least 5 years after the date the first Roth 401(k) contribution was made. See your Summary Plan Description (a copy of which is on the firm intranet page) for more details about taking withdrawals from the Plan. Be sure to talk with your tax advisor before withdrawing any money from your Plan account.



May I Withdraw Money in Case of Financial Hardship?

If you have an immediate financial need created by severe hardship and you lack other reasonably available resources to meet that need, you may be eligible to receive a hardship withdrawal from your account. A hardship, as defined by the government, can include:

- Buying a principal residence
- Preventing eviction from or foreclosure on your principal residence
- Paying for your or a dependent’s college education
- Paying for funeral expenses
- Paying certain medical expenses
- Paying for qualifying repairs to your principal residence, within tax law limits

If you feel you are facing a financial hardship, contact Vanguard Participant Services at 1-800-523-1188 for more details.





May I Borrow Money From My Account?

The Plan is intended to help you put aside money for your retirement. However, Sandberg Phoenix & von Gontard P.C. has included a Plan feature that lets you borrow money from the Plan in certain financial hardship situations.

- The amount the Plan may loan to you is limited by rules under the tax law. In general, all loans will be limited to the lesser of: one-half of your vested account balance or \$50,000.
- The minimum loan amount is \$1,000.
- All loans must generally be repaid within five years.
- You may have 2 loans outstanding at a time.
- You pay interest back to your account. The interest rate on your loan will be the Prime Rate plus 1%.

Other requirements and limits must be met, and certain fees may apply. Refer to www.vanguard.com for more details about this participant loan feature.

How Do I Obtain Information About My Plan Account?

- You will receive a personalized account statement quarterly. The statement shows your account balance as well as any contributions and earnings credited to your account during the reporting period.
- You will also have access to an automated voice response system and Internet site, which are designed to give you current information about your Plan account. You can get up-to-date information about your account balance, contributions, investment choices, and other Plan data by visiting www.vanguard.com. You will receive additional information on how to use the Voice Response System and Internet site.

How Do I Enroll?

You will receive information in the mail directly from Vanguard with instructions on how to enroll. You can enroll on the Vanguard website anytime following the receipt of your first paycheck from Sandberg Phoenix & von Gontard P.C. Below is a summary of how to enroll/register for online account access:

- Go to www.vanguard.com/register.
- You will need your social security number, zip code, birthdate and the Plan number (096374).

Summary Plan Description

The above highlights are only a brief overview of the Plan's features and are not a legally binding document. A more detailed Summary Plan Description is on the Firm's Intranet page. Please read it carefully and contact your Benefits Administrator if you have any further questions.

Additional Information

The Plan allows each participant to choose the amount they will contribute to the Plan and participants to make investment elections from the menu of funds offered. The Plan is intended to comply with Section 404© of ERISA as a Participant Directed Plan.

The Expense Ratio shown on each Fund fact sheet does not include fees for plan administration or investment consulting that may be paid from the Plan. Additional details about the funds and the fund prospectuses are available at www.vanguard.com.



Parking / Transportation

Parking – The firm will provide each Sandberg Phoenix member with a parking card at the street level parking area under the St. Louis Centre Garage.

MetroLink – The firm provides monthly MetroLink passes to firm members that ride the Metro. These passes are valid for unlimited monthly travel aboard MetroLink and/or MetroBus and/or Madison County Transit Service. If you would like a pass, send your request via e-mail to our Financial Assistant, and she will send the pass to you right before the beginning of the month. If you have any questions, contact our Financial Assistant at ext. 4357.

If you need to drive to work on occasion, please park in the street level parking area under the St. Louis Centre Garage (the firm's private parking) and notify our Financial Assistant. You can obtain a parking FOB from our receptionist before you leave for entrance into the garage.

Bus – The firm will reimburse Sandberg Phoenix members for up to \$85.00 per month for bus with a receipt(s).

Car Pool – The firm will reimburse members who are carpooling for parking expenses up to \$85.00 per month with a receipt(s).

Tuition Reimbursement Policy

Sandberg Phoenix & von Gontard P.C. supports firm members who wish to continue their education to secure increased responsibilities and growth within their professional careers. In keeping with this philosophy, the firm has established a reimbursement program for expenses incurred through approved institutions of learning. If you are a full-time regular employee and after completing six (6) months of employment with the firm, you are then eligible to participate in the firm's tuition reimbursement program as long as the courses are related to a degree or job-related as defined by Sandberg Phoenix & von Gontard P.C. (SEE POLICY HANDBOOK)

Dependent / Domestic Partner Coverage Reminder

The Patient Protection and Affordable Care Act (Public Law 111-148, enacted March 23, 2010) and the Health Care and Education Reconciliation Act (Public Law 111-152, enacted March 30, 2010) requires medical, dental, and vision plans to cover eligible children who have not attained age 27 by the end of the calendar year regardless of their student status. This means you may elect to continue to cover your child who is not a full-time student through the end of the calendar year in which they turn age 26.

You must be aware, however, that if your Domestic Partner or the child of your Domestic Partner does not meet the IRS requirements of a Qualified Child or Qualified Relative, there will be tax consequences. The imputed income will be added to your W-2.

You will be required to sign an affidavit attesting that you are aware of the domestic partner qualifications and tax consequences. Please see the Benefits Coordinator for a copy of this affidavit if you are covering a domestic partner on your medical, dental, or vision coverage.



Holiday Schedule 2016



HOLIDAY	DATE	DAY OF THE WEEK
New Year's Day	January 1	Friday
Martin Luther King Day	January 18	Monday
Memorial Day	May 30	Monday
Independence Day	July 4	Monday
Labor Day	September 5	Monday
Thanksgiving Day	November 24	Thursday
Day after Thanksgiving	November 25	Friday
Christmas Eve (observance)	December 23	Friday
Christmas Day (observance)	December 26	Monday
New Year's Day (2016) (observance)	January 2	Monday

Paid Time Off (PTO) (Staff and Paralegals)

The Paid Time Off Policy provides full-time, non-exempt employees with an entitlement of days away from work with pay. Paid Time Off (PTO) days may be used for vacation, personal time, illness or time off to care for dependents. PTO must be scheduled in advance and approved by your supervisor(s), except in cases of illness or emergency. The PTO Policy does not cover scheduled holidays, floating holidays, time off for jury duty or bereavement leave.

Please refer to the following documents:

Staff Paid Time Off Policy – see Policy Handbook

Paralegal Paid Time Off Policy – see Policy Handbook

Vacation Policy (Non-Attorney Exempt Employees)

Non-attorney exempt employees are eligible for vacation, sick and personal time depending on their years of service. Further information can be found in the Policy Handbook.

Vacation Policy (Associates)

All associates are entitled to three (3) weeks of vacation per calendar year worked. New associates are eligible for the following vacation time:

Full time employment before March 1: three (3) weeks;

Full time employment between March 1 and July 1: two (2) weeks;

Full time employment after July 1: no vacation until January 1 of the next year, then three (3) weeks.

Associates should advise their mentor and primary and secondary practice group leader of vacation days. Further information can be found in the Policy Handbook.

529 College Savings Plans

The firm offers you the opportunity to use payroll deduction to open a 529 college savings plan for your child(ren) or grandchild(ren). These plans are state-sponsored plans that help you save for college tuition, room and board, books, supplies, and other qualified higher education expenses.

Missouri MOST—As a Missouri state taxpayer, you are entitled to a generous state income-tax deduction of up to \$8,000 per year (\$16,000 if married or filing jointly) on your plan contributions.

Illinois Bright Start—As an Illinois state taxpayer, you are entitled to a generous state income-tax deduction of up to \$10,000 per year (\$20,000 if married or filing jointly) on your plan contributions.



Bar Licenses and Professional Dues for Associate Attorneys & Staff

The firm pays membership dues for attorneys to include Missouri Bar, Kansas Bar, and Illinois Bar Registration. The firm will also pay the admission fee to any court for any associate whose admission to the court is required in order for the associate to conduct the firm's business in that court. Additionally, associates are eligible to join one firm-approved legal/bar association if the associate actively participates in the association.

The firm pays membership dues for paralegals and staff to join in their professional related organizations. All due requests must be approved by the Director of Human Resources.

Health Initiative 2016

Sandberg Phoenix & von Gontard, along with the Wellness Committee, strive to offer programs and tools that will help in your quest for a healthy mind, body, and spirit. Here are a few of the programs we sponsor through the year and suggestions are always welcome! Contact the Wellness Chairperson for more details.



Take advantage of this healthy alternative to the vending machine. Find a cube on each floor or order one for yourself!



The Wellness Committee will be scheduling another date for the mammography van so you may easily take advantage of this important screening tool.



Employees are not even aware of some risks that can lead to health problems. Get your blood pressure checked and have your blood tested for cholesterol, etc. at the annual Health Fair in the Café.



St. Louis Office - Employees have access to the 600 Washington Avenue Fitness Center free of charge.

...And don't forget to check out the health newsletters and all your health insurance benefits on our Intranet.



Important Notices

Special Enrollment Notice

During the open enrollment period, eligible employees are given the opportunity to enroll themselves and dependents into our group health plans. If you elect to decline coverage because you are covered under an individual health plan or a group health plan through your parent's or spouse's employer, you may be able to enroll yourself and your dependents in this plan if you and/or your dependents lose eligibility for that other coverage. If coverage is lost, you must request enrollment within 30 days after the other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may enroll any new dependent within 30 days of the event. To request special enrollment or obtain more information, contact Human Resources.

Women's Health and Cancer Rights Act of 1998

As a requirement of the Women's Health and Cancer Rights Act of 1998, your plan provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. The benefits must be provided and are subject to the health plan's regular copays, deductibles, and co-insurance. You may contact our health carrier at the phone number on the back of your ID card for additional benefit information.

Notice of Privacy Practices

Sandberg Phoenix & von Gontard P.C. is subject to the HIPAA privacy rules. In compliance with these rules, it maintains a Notice of Privacy Practices. You have the right to request a copy of the Notice of Privacy Practices by contacting Human Resources.

Marketplace Options

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

General Information

When key parts of the health care law took effect in 2014, there was 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 Marketplace and employment-based health coverage offered by Sandberg Phoenix & von Gontard P.C.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance which 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 which lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins November 1st through January 31st.

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

You may qualify to save money and lower your monthly premium. Savings 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 which offers minimum essential coverage and meets affordability standards, you will not be eligible for a tax credit through the Marketplace. If you purchase health coverage through the Marketplace, you may lose any employer contribution offered for the employer-offered coverage. Employer and employee contributions for employer-offered coverage are often excluded from Federal income tax. Payment for Marketplace coverage is made on an after-tax basis.





More Information

New employees will receive a notice of Marketplace Coverage Options advising the standards of offered coverage. Please visit [HealthCare.gov](https://www.healthcare.gov) for more Marketplace information.

Medicaid CHIP Notice

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 also 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 [healthcare.gov](https://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed on the DOL website provided 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 [insurekidsnow.gov](https://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 [askebsa.dol.gov](https://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

Following is a link to the latest form and states where you may be eligible for assistance paying your employer health premiums: [dol.gov/ebsa/pdf/chipmodelnotice.pdf](https://www.dol.gov/ebsa/pdf/chipmodelnotice.pdf)

For more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
[dol.gov/ebsa](https://www.dol.gov/ebsa)
1-866-444-3272
Menu Option 4, Ext 61565

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services
[cms.hhs.gov](https://www.cms.hhs.gov)
1-877-267-2323


Medicare Part D Creditable Coverage

This notice has information about your current prescription drug coverage and about your options under Medicare's prescription drug coverage. If you are eligible for Medicare, the following information can help you decide whether or not you want to join a Medicare drug plan. You should consider comparing your current coverage through our medical plan with the costs of plans offering Medicare prescription drug coverage in your area. Two important things you need to know about your current coverage and Medicare prescription drug coverage:

Medicare prescription drug coverage is available if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan. All Medicare drug plans provide at least a standard level of coverage set by Medicare. More coverage may be offered at a higher premium.

United Healthcare has determined that the prescription drug coverage offered by Sandberg Phoenix & von Gontard P.C. is 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 this coverage is Creditable Coverage, you can keep it and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

If you lose your current creditable prescription drug coverage through no fault of your own, you will be eligible for a two-month Special Enrollment Period to join a Medicare drug plan.



If you decide to join a Medicare drug plan, your current coverage will not be affected. This plan will coordinate with Part D coverage. If you drop your current coverage, be aware that you and your dependents will be able to get this coverage back.

If you drop or lose your current coverage and don't join a Medicare drug plan within 63 continuous days after your coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

This information is provided for the Medicare open enrollment period which begins on October 15. If you want more information about Medicare plans that offer prescription drug coverage, you will find it in the Medicare & You handbook or you can visit [medicare.gov](https://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227).

TTY users: 1-800-486-2048. If you have limited income and resources, visit Social Security on their website at [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 1-800-772-1213. TTY users: 1-800-325-0778.

Keep all Creditable Coverage notices. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of the 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).

Glossary of Terms

Coinsurance – The plan's share of the cost of covered services which is calculated as a percentage of the allowed amount. This percentage is applied after the deductible has been met. You pay any remaining percentage of the cost until the out-of-pocket maximum is met. Coinsurance percentages will be different between in-network and non-network services.

Copays – A fixed amount you pay for a covered health care service. Copays can apply to office visits, urgent care, or emergency room services. Copays will not satisfy any part of the deductible. Copays should not apply to any preventive services.

Deductible – The amount of money you pay before services are covered. Services subject to the deductible will not be covered until it has been fully met. It does not apply to any preventive services, as required under the Affordable Care Act.

Emergency Room – Services you receive from a hospital for any serious condition requiring immediate care.

Lifetime Benefit Maximum – All plans are required to have an unlimited lifetime maximum.

Medically Necessary – Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease or its symptoms, which meet accepted standards of medicine.

Network Provider - A provider who has a contract with your health insurer or plan to provide services at set fees. These contracted fees are usually lower than the provider's normal fees for services.

Out-of-Pocket Maximum – The most you will pay during a set period of time before your health insurance begins to pay 100% of the allowed amount. The deductible, coinsurance, and copays are included in the out-of-pocket maximum.

Preauthorization – A process by your health insurer or plan to determine if any service, treatment plan, prescription drug, or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval, or precertification.

Prescription Drugs – Each plan offers its own unique prescription drug program. Specific copays apply to each tier and a medical plan can have one to five separate tiers. The retail pharmacy benefit offers a 30-day supply. Mail Order prescriptions provide up to a 90-day supply. Sometimes the deductible must be satisfied before copays are applied.

Preventive Services – All services coded as Preventive must be covered 100% without a deductible, coinsurance, or copayments.

UCR (Usual, Customary and Reasonable) – The amount paid for medical services in a geographic area based on what providers in the area usually charge for the same or similar service.

Urgent Care – Care for an illness, injury or condition serious enough that a reasonable person would seek immediate care, but not so severe to require emergency room care.