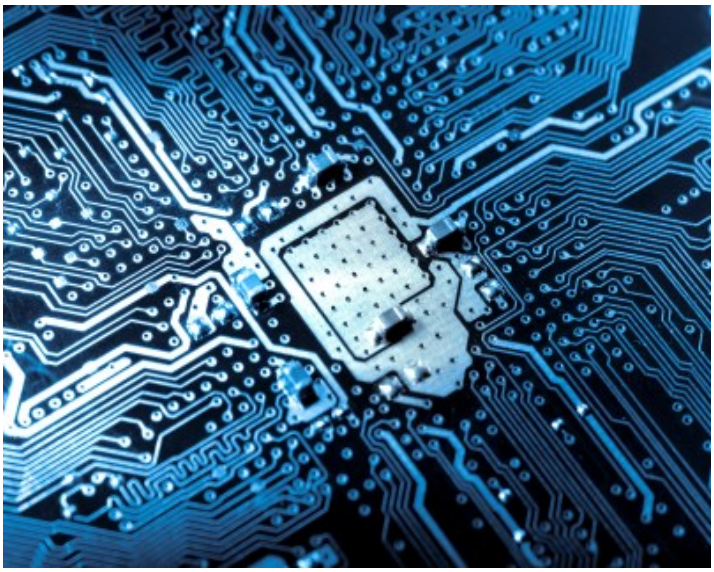
2016 Employee Benefits Guide

ALLCOM
GLOBAL SERVICES



Welcome to Allcom Global Services, Inc.

Annual Enrollment Period

Because we value your contribution to the success of AllCom we, in turn, are committed to providing you and your family with quality healthcare benefits for healthier lifestyles. We dedicate a lot of time each year reviewing our benefit options to ensure we obtain the most competitive rates without sacrificing quality. We marketed all lines of coverage and were able to keep our benefits affordable and comprehensive. We encourage you to take the time to educate yourself about your benefit options so that you may choose the best coverage for you and your eligible family members.

Our original medical renewal was an average of 8% between all three plans and our consultants, CBIZ Benefits & Insurance, was able to negotiate it down to 4%. Therefore, we are pleased to announce that we are renewing with UHC for our medical plans. In addition, CBIZ was able to negotiate our dental renewal from an 10% increase to a 8% increase. So we are remaining with Delta Dental for our dental benefit and with Vision Benefits of America for our vision. The voluntary Unum benefits will remain intact. At this time you have the opportunity to elect this coverage if you have waived it in the past.

This is the time you may make changes to your medical, dental, vision, life and disability insurance plans. If you are currently enrolled, you can change plans, add or delete dependents. If you previously declined coverage, you can enroll during this open enrollment period. Later in this benefits guide you will find plan summaries and what your employee portion of the monthly premium will be. If you do not take this opportunity to make changes, you will not be able to make changes until the next open enrollment period or unless you experience a qualifying event (i.e. marriage, divorce, birth of a child, etc.). All changes must be emailed to Nicol Schmidt at CBIZ (nschmidt@cbiz.com) no later than July 25, 2016.

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.

ENROLLING IN THE PLANS

ENROLLING IN THE PLANS IS FAST AND EASY - HERE'S HOW:

If you are newly eligible or would like to now enroll in benefits due to the annual enrollment period, you will need to complete an enrollment form for each carrier. Please see your Human Resources contact for forms.

ELIGIBILITY

WHO CAN YOU ADD TO YOUR PLAN:

Eligible: **Employee**
Spouse
Dependent Children

FREQUENTLY ASKED QUESTIONS

ARE CHANGES TO MY PLAN ALLOWED DURING THE YEAR?

Generally, you may only enroll in the plan, or make changes to your benefits, during the re-enrollment period or when you are first hired. However, you can make changes/enroll during the plan year if you experience a qualifying event. As with a new enrollee, you must have your paperwork turned in within 31 days of the qualifying event or you will have to wait until the next annual open enrollment period. Premiums and enrollment eligibility may change; see your Human Resources department for details.

EXAMPLES OF QUALIFYING EVENTS:

- Your dependents or you lose health coverage because of loss of eligibility or loss of employer contributions
- You get married, divorced, or legally separated (with court order)
- You have a baby or adopt a child
- You or your spouse take an unpaid leave of absence
- You or your spouse dies
- You become eligible for or lose Medicaid coverage
- You become eligible for Medicare

CONTACT INFORMATION

Your Carriers	
UnitedHealthcare® Healing health care. Together.™ www.myuhc.com	Medical Insurance Member Services: 1-800-357-0978
DELTA DENTAL® www.deltadentalmo.com	Dental Insurance Customer Service: 1-800-335-8266
unum Better benefits at work. www.unum.com	Voluntary Life/AD&D, Voluntary Short Term & Long Term Disability Customer Service: 1-866-679-3054
Vision Benefits of America www.visionbenefits.com	Vision Insurance Customer Service: 1-800-432-4966

CBIZ

For questions regarding your benefits please contact our benefit consultants at CBIZ Benefits & Insurance Services, Inc:

Donna Clifton, Account Executive

314-692-2249 Ext. 112

dclifton@cbiz.com

Nicol Schmidt, Account Manager

314-692-2249 Ext. 147

nschmidt@cbiz.com

IMPORTANT INFORMATION REGARDING YOUR MEDICAL PLAN

REQUIRED UNIFORM MODIFICATION NOTICE FROM UNITED HEALTHCARE

EFFECTIVE AUGUST 1, 2015

United Healthcare has made benefit changes to our medical plan. These benefit changes include:

- If you utilize out-of-network benefits for:
  - ◊ Laboratory Services - If you receive services from an out-of-network provider, the out-of-pocket costs will be higher. The claim will be processed using 50 percent of the published rate allowed by the Centers for Medicare & Medicaid Services (CMS). The rate is based on the same or similar services.
  - ◊ Durable Medical Equipment - If a member receives durable medical equipment from an out-of-network provider, the outu-of-pocket costs will be higher. The claim will be processed using 45 percent of the published rate allowed by (CMS). The rate is based on the same or similar equipment.
  - ◊ Prior Authorization - A member must receive prior authorization or approval before services are received. The following services need prior authorization:
    - * Outpatient surgery for cardiac catheterization, pacemaker insertion and implantable cardioverter defibrillators:
    - * Rehabilitation services - physical, occupational and speech therapy;
    - * Prosthetic devices that cost more than $1,000;
    - * Lab, X-ray and major diagnostics - CT, PET, MRI, MRA, and Nuclear Medicine - outpatient; and
    - * Sleep studies

Other coverage changes:

The following coverage changes will also be implemented:

- There is a difference in how certain claims are processed when a member receives services from out-of-network providers. If a member receives non-emergency services in a network facility from an out-of-network provider, they are responsible for the difference between the amount charged by the provider and the eligible expense. The eligible expense is the amount the plan determines can be paid for a health care service. If emergency services are received from any out-of-network providers the member is responsible for the difference between the amount charged by the provider and the eligible expense, which is based on the median network rate or a higher rate required by law. For emergency and non-emergency services, the member is also responsible for the deductible, co-insurance or co-pay. This amount is determined by using the network cost share level.

Medical Insurance to Keep You Healthy

United Healthcare	BASE PLAN — E9L/H9		BUY UP PLAN — E9J/H9	
	In Network	Out of Network	In Network	Out of Network
Deductible: Individual Family	 $2,500 $5,000	 $7,500 $15,000	 $1,500 $3,000	 $4,500 $9,000
Coinsurance After Deductible	80%	50%	80%	50%
Out-of-Pocket Max: Individual Family	 $6,250 $12,500	 $12,500 $25,000	 $6,250 $12,500	 $12,500 $25,000
Office Visit Primary Care Specialist	 $35 Co-Pay $70 Co-Pay	 Deductible & Coinsurance	 $35 Co-Pay $70 Co-Pay	 Deductible & Coinsurance
Preventive Care	100%	Deductible & Coinsurance	100%	Deductible & Coinsurance
Inpatient Hospital	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Surgery, Lab & X-Ray	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Major Diagnostics: Lab, X-Ray, CT, PET, MRI, MRA, Nuclear Medicine	$400 Co-Pay	Deductible & Coinsurance	$400 Co-Pay	Deductible & Coinsurance
Emergency Room	$300 Co-Pay, Then 80% Coinsurance	$300 Co-Pay, Then 80% Coinsurance	$300 Co-Pay, Then 80% Coinsurance	$300 Co-Pay, Then 80% Coinsurance
Urgent Care	$100 Co-Pay	Deductible & Coinsurance	$100 Co-Pay	Deductible & Coinsurance
Prescription *Retail—Tier 1* *Retail—Tier 2* *Retail—Tier 3* *Mail Order (90 Day Supply)*	$10 $30 $50 $25/$75/$125		$10 $30 $50 $25/$75/$125	

United Healthcare	ENRICHED PLAN—E9E/H9	
	In Network	Out of Network
Deductible: Individual Family	 $1,000 $2,000	 $3,000 $6,000
Coinsurance After Deductible	80%	50%
Out-of-Pocket Max: Individual Family	 $6,250 $12,500	 $12,500 $25,000
Office Visit Primary Care Specialist	 $25 Co-Pay $70 Co-Pay	Deductible & Coinsurance
Preventive Care	100%	Deductible & Coinsurance
Inpatient Hospital	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Surgery, Lab & X-Ray	Deductible & Coinsurance	Deductible & Coinsurance
Major Diagnostics: Lab, X-Ray, CT, PET, MRI, MRA, Nuclear Medicine	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room	$300 Co-Pay	$300 Co-Pay
Urgent Care	$100 Co-Pay	Deductible & Coinsurance
Prescription *Retail—Tier 1* *Retail—Tier 2* *Retail—Tier 3* *Mail Order (90 Day Supply)*	 $10 $30 $50 $25/$75/$125	 $10 $30 $50 Not covered

PLAN HIGHLIGHTS

- Co-Pays, Coinsurance, Prescription Drug Co-Pays, and Deductibles accumulate towards the Out-of-Pocket Maximum.
- Lab, X-Ray, and other preventive tests for Preventive care are covered at 100% with no deductible.
- Lab, X-Ray and Diagnostics for Major Services require a $400 Co-Pay for the Base & Buy Up Plans. Claims are covered 100% after the co-pay. These services are subject to deductible and coinsurance for the Enriched Plan.
- You can visit a Walgreens Take Care clinic for a Primary Care Office Visit Co-Pay.
- If you use a non-network pharmacy you will be responsible for any difference between what the non-network pharmacy charges and the amount UHC would have paid for the same prescription drug product dispensed by a network pharmacy.
- You should read and review the certificate of coverage and the Summary of Benefit and Coverage to know your exact benefits. You can also contact United Healthcare at the phone number on the back of your ID card.
- **YOUR DEDUCTIBLE RUNS ON A CALENDAR YEAR!**

Enhance Your Smile with Dental Coverage - DELTA DENTAL OF MISSOURI

Delta Dental will remain our dental carrier. As a member you have access to a large network of dentists – more than 3,000 in Missouri and 220,000 dentists nationwide. Visit www.deltadentalmo.com to search for providers. **You can also add or delete dependents.** Below is the Plan summary and what your monthly premium will be.

Schedule of Benefits	PPO Network	Premier Network	Out of Network
Deductible (individual/family)	$50/$150	$50/$150	$50/$150
Maximum Dependent Age	25	25	25
Annual Max per Person	$1500	$1500	$1500
Preventative Care: (Exams, Cleanings)	100%	80%	80%
Basic & Restorative: (Fillings, Extractions)	80%	60%	60%
Major Procedures: (Caps, Crown)	50%	40%	40%
Orthodontics	Not Covered	Not Covered	Not Covered

See Clearly with Vision Coverage - VISION BENEFITS OF AMERICA

This year your vision benefits will change to Vision Benefits of America. VBA offers a large national network of optometrists and ophthalmologists with the convenience of both retail and independent provider locations. Visit www.visionbenefits.com to search for providers.

Schedule of Benefits	**In Network**	**Out of Network**
Examination Co-pay	$10	$40 Reimbursement
Frequency of Service:	***Vision Exam & Lenses***: Every 12 months ***Eyeglass Frames***: Every 24 months	
Lenses	$25 Co-pay then	Reimbursement
Single	100%	$40
Bifocal	100%	$60
Trifocal	100%	$80
Lenticular	100%	$120
Eyeglass Frames	$125-$150 Retail Allowance	$50
Contacts		Reimbursement
Medically Necessary	UCR	$320
Cosmetic	$160 Retail Allowance	$160

Unum Voluntary Benefits

AllCom will continue to offer employees the option of purchasing Life, Accidental Death & Dismemberment (AD&D), Long Term Disability (LTD) and Short Term Disability (STD) through UNUM on a voluntary basis. Use the rate table to determine the cost for your coverage. **If you previously declined coverage, you can enroll during the open enrollment period. You can also add or delete dependents at this time.**

Protect Your Family with Voluntary Life & Accidental Death and Dismemberment (AD&D) Insurance

Your monthly premium for Life adjusts annually when you move to a different age band. Your monthly premium for AD&D is based on the level of coverage elected at the time of enrollment. If you are currently enrolled you may increase your Life Insurance coverage up to the **Guarantee Issue amount of $100,000**. Any coverage amount over the Guarantee Issue amount will be subject to Evidence of Insurability. If you are not enrolled you can apply for coverage and you will be required to also submit Evidence of Insurability.

Prepare for the Unexpected with Voluntary Short Term & Long Term Disability Insurance (STD & LTD)

Your monthly premium for STD and LTD is based on your current salary and coverage adjusts as your salary changes. If you are not currently enrolled you can apply for coverage by completing enrollment forms and Evidence of Insurability.

VOLUNTARY LIFE/AD&D EMPLOYEE CONTRIBUTION (Rates are per month)		
Employee/Spouse Rate per $5,000*		
AGE BAND	Employee	Spouse
Under 24	.300	.350
25-29	$.345	$.400
30-34	$.430	$.500
35-39	$.610	$.730
40-44	$.870	$1.040
45-49	$.1.385	$1.620
50-54	$2.205	$2.300
55-59	$3.390	$3.880
60-64	$5.290	$6.630
65-69	$9.180	$11.320
70-74	$16.380	$20.170
75-99	$32.100	40.400
Child Life/$2,000	$.740	
AD&D: Employee	$0.190	
Spouse	$0.200	
Child	$.070/$2,000	

Disability Cost

Short Term Disability

$.210 per $10 weekly benefit

Long Term Disability

$.40 per $100 of covered payroll

2016-2017 Monthly Employee Cost

Medical	BASE	BUY UP	ENRICHED
Employee	$62.04	$92.66	$99.44
Employee & Spouse	$455.55	$524.73	$563.98
Employee & Child(ren)	$431.62	$496.25	$533.37
Family	$796.61	$874.93	$940.47

Dental	
Employee	$35.22
Employee & Spouse	$71.93
Employee & Child(ren)	$70.47
Family	$102.44

Vision	
Employee	$4.72
Employee & Spouse	$8.96
Employee & Child(ren)	$9.20
Family	$12.27

Life Enrollment Worksheet

Employee

$_____ ÷ 1,000 X $_____ = $_____

Amount of Coverage | Unit Cost from Rate Table | Employee Monthly Cost

Spouse

$_____ ÷ 1,000 X $_____ = $_____

Amount of Coverage | Unit Cost from Rate Table | Spouse Monthly Cost

Child(ren)

$_____ ÷ 1,000 X $_____ = $_____

Amount of Coverage | Unit Cost from Rate Table | Child(ren) Monthly Cost

ENROLLMENT WORKSHEET

DEPENDENT PARTICIPATION DETAIL

Legal Name	SS#	Relationship	Gender	DOB	Medical Yes or No	Dental Yes or No	Vision Yes or No

BENEFICIARY INFORMATION

Basic Life Primary Beneficiary(s) - Total Must Equal 100%			
Name	SS#	Relationship	%
Name	SS#	Relationship	%
Basic Life Contingent Beneficiary(s) - Total Must Equal 100%			
Name	SS#	Relationship	%
Name	SS#	Relationship	%
Voluntary Life Primary Beneficiary(s) - Total Must Equal 100%			
Name	SS#	Relationship	%
Name	SS#	Relationship	%
Voluntary Life Contingent Beneficiary(s) - Total Must Equal 100%			
Name	SS#	Relationship	%
Name	SS#	Relationship	%

Helpful Information

Deductibles - The deductible is the amount of money you pay before services are covered under your medical or dental plan. Normally, it is paid for in-patient and out-patient services under your medical plan. Your deductible is accumulated during each calendar year (January 1 through December 31). It does not apply to any preventive services as required under Health Care Reform.

Coinsurance - After the deductible is satisfied, claims costs are shared with the insurance carrier until the out-of-pocket maximum is reached.

Out-of-Pocket Maximums - This is the maximum amount of money you are required to pay in a calendar year. The deductible, co-pays, and your share of the coinsurance under your chosen plan will equal the most you will pay. Once the out-of-pocket maximum is reached, claims are eligible at 100% of covered services.

Office Visit Copayments - When you visit your primary care physician or a specialist, you are required to pay a copayment for that visit. The office visit co-pay will satisfy part of the out-of-pocket limit associated with the plan. There should be no copayments for services coded as preventive by your physician.

Urgent Care - If you visit an urgent care facility you will be required to pay a copayment for this service. It is higher than a regular office visit and lower than an emergency room copayment. In addition to the co-pay, the deductible and coinsurance may apply when these services are performed: CT, PET, MRI, Nuclear Medicine, Pharmaceutical Products, Scopic Procedures, Surgery, Therapeutic Treatments. Note: Take Care Clinic with Walgreens is considered at the primary care office visit co-pay.

Emergency Room - If you visit a hospital emergency room, you will be required to pay a copayment. In addition, there may be coinsurance owed depending on which plan you choose. This is a much higher cost than a regular office visit or urgent care facility. If you are admitted to the hospital the copayment/coinsurance is waived and the deductible / coinsurance applies.

Preventive Services - All services coded as Preventive are covered 100% and the deductible and copayments will not apply. Situations may arise where the "Preventive" service could be coded as "Diagnostic". In these situations the deductible and copayments could apply. Also, if you receive a preventive service in conjunction with a sick visit, you could still be charged the applicable office visit co-pay, deductible, and/or coinsurance. Communication with your provider of care is important.

Lifetime Benefit Maximum - All plan design options have an unlimited lifetime maximum.

Prescription Drugs - The prescription drug benefit will cover Tier 1 drugs after a $10 Co-Pay; Tier 2 drugs require a $30 Co-Pay; and Tier 3 drugs are covered after a $50 Co-Pay for up to a 31-day supply. Mail Order prescription will provide up to a 90-day supply of medication 2.5 times the tier co-pay. Please visit www.myuhc.com to access your prescription drug list as well as the list of prescription drug products that are available through mail order.

Review your Certificate of Coverage. It is a complete summary of your health insurance benefits. You can view the certificate online at www.myuhc.com.

Ask your physician or healthcare provider if they participate in the United Healthcare network. Do not ask if they accept United Healthcare. The providers usually, but not always, accept payments from insurance companies or anyone who wants to give them money; however, not all providers want to accept the contractual discounts required by participation in the network. You can also check the website at www.myuhc.com for the most up-to-date list of participating providers or call customer service at the phone number on the back of your ID card for assistance.

IMPORTANT NOTICES

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 our health coverage your State may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you believe 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 go to www.insurekidsnow.gove website 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, you will be allowed to enroll in our medical plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-3272.

Link to the latest form:
http://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

www.dol.gov/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Ext. 61565

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 plan 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 for the Buy Up and Enriched Plans offered by Allcom Global Services is on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pay 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. However, the Base Plan is not expected to pay out as much as standard Medicare prescription drug coverage and is therefore considered to be Non-Creditable coverage by UHC.

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.

A notice will be provided to you prior to the October 15 Medicare open enrollment period. 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 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 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).

IMPORTANT NOTICES (cont.)

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

As a requirement of the Women's Health and Cancer Rights Act of 1998, you 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 co-pays, 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.

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 *Sandra Dougherty* in Human Resources.

SUMMARY OF MATERIAL MODIFICATION

United Healthcare has amended the Employee Medical Benefit Plan. This contains a summary of the modifications that were made. It should be read in conjunction with the Summary Plan Description or Certificate of Coverage that is available to you. If you need a copy of your Summary Plan Description or Certificate of Coverage, please go to www.myuhc.com or contact Human Resources.