

Benefits Summary

JB Holland Construction, Inc

**Employee Benefit Summary
April 1, 2018**



DISCLAIMER

The intent of this summary is to briefly highlight your benefits and NOT to replace your insurance contracts or booklets. The information has been compiled into summary form to outline the benefits offered by your company.

If this benefit summary does not address your specific benefit questions, please refer to the Customer Service Contact page of this booklet. This page will provide you with the information you need to contact the specific insurance carriers and/or your Human Resources Department for additional assistance.

The information provided in this summary is for comparative purposes only. Actual claims paid are subject to the specific terms and conditions of each contract. This benefit summary does not constitute a contract.

The information in this booklet is proprietary. Please do not copy or distribute to others.

Contained within this document is your annual Medicare Part D notice as required by the Centers for Medicare & Medicaid. Please see the table of contents for page number.

Created by Holmes Murphy & Associates for JB Holland Construction, Inc.



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WHO IS ELIGIBLE?

If you are a full-time employee working 30 hours per week, you are eligible to enroll in the benefits described in this packet. Family members are eligible for medical, dental, and vision coverage through JB Holland Construction, Inc. Medical Insurance eligibility begins on the first of the month following 60 days of employment. All other benefits begin on the first of the month following 3 months of work.

HOW TO ENROLL

The first step is to review your current benefit elections. Verify your personal information and make any changes if necessary. Make your benefit elections. Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.

WHEN TO ENROLL

The open enrollment period runs from Friday, **March 16th** through Friday, **March 23rd**. The benefits you elect during open enrollment will be effective from **April 1, 2018** through **March 31, 2019**.

HOW TO MAKE CHANGES

Unless you have a qualified change in status, you cannot make changes to the benefits you elect until the next open enrollment period. Qualified changes in status include: marriage, divorce, legal separation, domestic partnership status change, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you, your spouse or domestic partner, commencement or termination of adoption proceedings, or change in spouse's or domestic partners benefits or employment status, reduction in hours, or marketplace open enrollment. See HIPAA Special Enrollment Rights later in this packet for notification requirements

MEDICAL INSURANCE – CHANGE IN INSURANCE CARRIER EFFECTIVE APRIL 1, 2018

Aetna

Medical - This chart gives a side-by-side look at the amounts you pay when you use in-network and out-of-network providers.

Benefit	In-Network	Out-of-Network⁽¹⁾
Deductible (Calendar Year or Policy Year)	\$5,000 (\$2,500) Single \$10,000 (\$7,500) Family	\$7,000 \$14,000 Family
Coinsurance	30%	50%
Out-of-Pocket (Calendar Year or Policy Year)	\$6,850 (\$5,000) Single \$13,700 (\$12,000) Family	\$13,500 Single \$27,000 Family
PCP Visit	\$30 Copay	Deductible, 50% Coinsurance
Specialist Visit	\$60 Copay	
Annual Preventive Care	No Charge	
Urgent Care Visit	\$75 Copay	
Virtual Visit	\$30 Copay	
Emergency Services	\$150 Copay, then 30% coinsurance	\$150 Copay, then 30% coinsurance
Facility and Inpatient Services	Deductible, 30% coinsurance	Deductible, 50% coinsurance
Outpatient Services	Deductible, 30% coinsurance	Deductible, 50% coinsurance
Mental Health & Substance Abuse Services		
Outpatient	\$60 Copay	Deductible, 50% coinsurance
Inpatient	Deductible, 30% coinsurance	
Prescription Drug Coverage		Not Covered
Tier One	\$10 Copay	
Tier Two	\$30 Copay	
Tier Three	\$60 Copay	
Tier Four	\$85 Copay	
Mail Order	2.5 X Retail for 90 day supply	
EMPLOYEE COST	Hourly (based upon 1250 hours)	
Employee	\$0	
Family	\$5.05	

(1) For out-of-network providers, the member may incur some charges above usual, customary and reasonable, which are the responsibility of the member and do not apply to the out-of-pocket maximum.

aetna : Aetna Open Access® Managed Choice® - IA \$5,000 70/50 \$6,850 RX23

Coverage for: Individual + Family | Plan Type: POS

 **The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, <https://www.aetna.com/sbcsearch/getpolicydocs?u=070800-030020-011830> or by calling 1-888-982-3862. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary/> or call 1-888-982-3862 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	In-Network: Individual \$5,000 / Family \$10,000. Out-of-Network: Individual \$7,000 / Family \$14,000.	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. Emergency care; plus in-network office visits, prescription drugs & preventive care are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	In-Network: Individual \$6,850 / Family \$13,700. Out-of-Network: Individual \$13,500 / Family \$27,000.	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, health care this plan doesn't cover & penalties for failure to obtain pre-authorization for services.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.aetna.com/docfind or call 1-888-982-3862 for a list of in-network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral.



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30 <u>copay</u> /visit, <u>deductible</u> doesn't apply	50% <u>coinsurance</u>	None
	<u>Specialist</u> visit	\$60 <u>copay</u> /visit, <u>deductible</u> doesn't apply	50% <u>coinsurance</u>	None
	<u>Preventive care</u> / <u>screening</u> / immunization	No charge	50% <u>coinsurance</u> , except <u>deductible</u> doesn't apply to well child & immunizations up to age 22	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge	50% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	30% <u>coinsurance</u> after \$150 <u>copay</u> /visit, <u>deductible</u> doesn't apply	50% <u>coinsurance</u>	None
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.aetnapharmacy.com/valueplus	Preferred generic drugs (Includes Tier 1A - Value Drugs and Tier 1 Preferred Generic <u>Prescription Drugs</u>)	<u>Copay</u> /prescription, <u>deductible</u> doesn't apply: Tier 1A \$3 (retail), \$7.50 (mail order); Preferred Generic \$10 (retail), \$25 (mail order)	Not covered	Covers 30 day supply (retail), 31-90 day supply (mail order). Includes contraceptive drugs & devices obtainable from a pharmacy. No charge for preferred generic FDA-approved women's contraceptives <u>in-network</u> . Review your <u>formulary</u> for prescriptions requiring <u>precertification</u> or step therapy for coverage. Your cost will be higher for choosing Brand over Generics.
	Preferred brand drugs	<u>Copay</u> /prescription, <u>deductible</u> doesn't apply: \$30 (retail), \$75 (mail order)	Not covered	
	Non-preferred generic/brand drugs	<u>Copay</u> /prescription, <u>deductible</u> doesn't apply: \$60 (retail), \$150 (mail order)	Not covered	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	<u>Specialty drugs</u>	<u>Copay/prescription, deductible doesn't apply: \$85</u>	Not covered	First prescription fill at a retail pharmacy or specialty pharmacy. Subsequent fills must be through the Aetna Specialty Pharmacy Network.
	Facility fee (e.g., ambulatory surgery center)	<u>30% coinsurance</u>	<u>50% coinsurance</u>	None
	Physician/surgeon fees	<u>30% coinsurance</u>	<u>50% coinsurance</u>	None
If you need immediate medical attention	<u>Emergency room care</u>	<u>30% coinsurance after \$150 copay/visit, deductible doesn't apply</u>	<u>30% coinsurance after \$150 copay/visit, deductible doesn't apply</u>	No coverage for non-emergency use.
	<u>Emergency medical transportation</u>	<u>30% coinsurance</u>	<u>30% coinsurance</u>	No coverage for non-emergency transport.
	<u>Urgent care</u>	<u>\$75 copay/visit, deductible doesn't apply</u>	<u>50% coinsurance</u>	No coverage for non-urgent use.
If you have a hospital stay	Facility fee (e.g., hospital room)	<u>30% coinsurance</u>	<u>50% coinsurance</u>	Penalty of \$400 for failure to obtain pre-authorization for out-of-network care.
	Physician/surgeon fees	<u>30% coinsurance</u>	<u>50% coinsurance</u>	None
	Outpatient services	Office: <u>\$60 copay/visit, deductible doesn't apply;</u> other outpatient services: no charge	Office & other outpatient services: <u>50% coinsurance</u>	None
If you need mental health, behavioral health, or substance abuse services	Inpatient services	<u>30% coinsurance</u>	<u>50% coinsurance</u>	Penalty of \$400 for failure to obtain pre-authorization for out-of-network care.
	Office visits	No charge	<u>50% coinsurance</u>	<u>Cost sharing does not apply for preventive services.</u> Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.) Penalty of \$400 for failure to obtain pre-authorization for out-of-network care may apply.
	Childbirth/delivery professional services	<u>30% coinsurance</u>	<u>50% coinsurance</u>	
If you are pregnant	Childbirth/delivery facility services	<u>30% coinsurance</u>	<u>50% coinsurance</u>	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	\$60 copay/visit, deductible doesn't apply	50% coinsurance	60 visits/calendar year. Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care.
	<u>Rehabilitation services</u>	\$30 copay/visit, deductible doesn't apply	50% coinsurance	60 visits/calendar year for Physical, Occupational & Speech Therapy combined.
	<u>Habilitation services</u>	\$30 copay/visit, deductible doesn't apply	50% coinsurance	Limited to treatment of Autism.
	<u>Skilled nursing care</u>	30% coinsurance	50% coinsurance	60 days/calendar year. Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care.
	<u>Durable medical equipment</u>	30% coinsurance	50% coinsurance	Limited to 1 <u>durable medical equipment</u> for same/similar purpose. Excludes repairs for misuse/abuse.
	<u>Hospice services</u>	30% coinsurance	50% coinsurance	Penalty of \$400 for failure to obtain <u>pre-authorization</u> for out-of-network care.
If your child needs dental or eye care	Children's eye exam	No charge	Not covered	1 routine eye exam/24 months.
	Children's glasses	Not covered	Not covered	Not covered.
	Children's dental check-up	Not covered	Not covered	Not covered.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> • Acupuncture • Bariatric surgery • Cosmetic surgery • Dental care (Adult & Child) | <ul style="list-style-type: none"> • Glasses (Child) • Hearing aids • Long-term care • Non-emergency care when traveling outside the U.S. | <ul style="list-style-type: none"> • Private-duty nursing • Routine foot care • Weight loss programs - Except for required preventive services. |
|---|---|--|

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Chiropractic care - 20 visits/calendar year.
- Infertility treatment - Limited to the diagnosis & treatment of underlying medical condition.
- Routine eye care (Adult) - 1 routine eye exam/24months for in-network only.

Your Rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Iowa State Insurance Division, Consumer Advocate Bureau, (877) 955-1212, <http://insuranceca.iowa.gov/>

- For more information on your rights to continue coverage, contact the plan at 1-888-982-3862.
- If your group health coverage is subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.ccio.cms.gov.
- If your coverage is a church plan, church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law.

Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

- Aetna directly by calling the toll free number on your Medical ID Card, or by calling our general toll free number at 1-888-982-3862.
- Iowa State Insurance Division, Consumer Advocate Bureau, (877) 955-1212, <http://insuranceca.iowa.gov/>.
- If your group health coverage is subject to ERISA, you may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.
- For non-federal governmental group health plans, you may also contact the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.ccio.cms.gov.
- Additionally, a consumer assistance program can help you file your appeal. Contact Iowa State Insurance Division, Consumer Advocate Bureau, 601 Locust St. 4th fl., Des Moines, Iowa 50309, (877) 955-1212, <http://insuranceca.iowa.gov/>, insurance@iid.iowa.gov.

Does this plan provide Minimum Essential Coverage? Yes.

If you don't have **Minimum Essential Coverage** for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan Meet Minimum Value Standard? **Yes.**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

-----To see examples of how this plan might cover costs for a sample medical situation, see the next section.-----

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a baby

(9 months of in-network pre-natal care and a hospital delivery)

- **The plan's overall deductible** \$5,000
- **Specialist copayment** \$60
- **Hospital (facility) coinsurance** 30%
- **Other coinsurance** 30%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
 Diagnostic tests (*ultrasounds and blood work*)
 Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
In this example, Peg would pay:	
<i>Cost Sharing</i>	
Deductibles	\$5,000
Copayments	\$0
Coinsurance	\$1,900
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$6,960

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- **The plan's overall deductible** \$5,000
- **Specialist copayment** \$60
- **Hospital (facility) coinsurance** 30%
- **Other coinsurance** 30%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
 Diagnostic tests (*blood work*)
 Prescription drugs
 Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
In this example, Joe would pay:	
<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$1,000
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
The total Joe would pay is	\$1,020

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- **The plan's overall deductible** \$5,000
- **Specialist copayment** \$60
- **Hospital (facility) coinsurance** 30%
- **Other coinsurance** 30%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*x-ray*)
 Durable medical equipment (*crutches*)
 Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
In this example, Mia would pay:	
<i>Cost Sharing</i>	
Deductibles	\$600
Copayments	\$200
Coinsurance	\$200
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,000

Note: If your plan has a wellness program and you choose to participate, you may be able to reduce your costs.

The plan would be responsible for the other costs of these EXAMPLE covered services.

Assistive Technology

Persons using assistive technology may not be able to fully access the following information. For assistance, please call 1-888-982-3862.

Smartphone or Tablet

To view documents from your smartphone or tablet, the free WinZip app is required. It may be available from your App Store.

Non-Discrimination

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030, Fresno, CA 93779)

1-800-648-7817, TTY: 711, Fax: 859-425-3379 (CA HMO customers: 1-860-262-7705)

Email: CRCoordinator@aetna.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

Portuguese -	Para obter assistência linguística em português ligue para o 1-888-982-3862 gratuitamente.
Romanian -	Pentru asistență lingvistică în românește telefonați la numărul gratuit 1-888-982-3862
Russian -	Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру 1-888-982-3862.
Samoaan -	Mo fesoasoani tau gagana I le Gagana Samoa vala'au le 1-888-982-3862 e aunoa ma se totogi.
Serbo-Croatian -	Za jezičnu pomoć na hrvatskom jeziku pozovite besplatno broj 1-888-982-3862.
Spanish -	Para obtener asistencia lingüística en español, llame sin cargo al 1-888-982-3862.
Sudanic-Fulfude -	Fii yo on hebu balal e ko yowitii e haala Pular noddee e oo numero doo 1-888-982-3862. Njodi woo fawaaki on.
Swahili -	Ukhitaji usaidizi katika lugha ya Kiswahili piga simu kwa 1-888-982-3862 bila malipo.
Syriac -	ܠܟܘܢ ܠܗܘܢ ܥܘܢܐܘܬܐ ܕܠܘܗܐ ܕܡܘܨܘܪܐ ܕܡܘܨܘܪܐ ܕܡܘܨܘܪܐ 1-888-982-3862 ܘܡܘܨܘܪܐ.
Tagalog -	Para sa tulong sa wika na nasa Tagalog, tawagan ang 1-888-982-3862 nang walang bayad.
Telugu -	శుభవార్త! సాయం రిడండ్ ఎలెంట్ల ఖరీదు లీడండ్ 1-888-982-3862 కు శుభ వీయండి. (తెలుగు)
Thai -	สำหรับความช่วยเหลือทางด้านภาษาเป็น ภาษาไทย โทร 1-888-982-3862 ฟรีไม่มีค่าใช้จ่าย
Tongan -	Kapau 'oku fiema'u hā tokoni 'i he lea faka-Tonga telefoni 1-888-982-3862 'o 'ikai hā tōfōngi.
Trukese -	Ren ánninnisin chiakú ren (Kapasen Chuuk) kopwe kékkéeri 1-888-982-3862 nge esapw kamé ngonuk.
Turkish -	(Dil) çağrısı dil yardım için. Hiçbir ücret ödemedi 1-888-982-3862.
Ukrainian -	Щоб отримати допомогу перекладача української мови, зателефонуйте за безкоштовним номером 1-888-982-3862.
Urdu -	اگر آپ کو زبان کی مدد کی ضرورت ہے تو براہ کرم بلا کسی خرچہ کے 1-888-982-3862 پر بلاجانہ کال کریں۔
Vietnamese -	Đề được hỗ trợ ngôn ngữ bắng (ngôn ngữ), hãy gọi miễn phí đến số 1-888-982-3862.
Yiddish -	פאר שפראך הילף אין אידיש הופט 1-888-982-3862 פון אפצאל.
Yoruba -	Fún iranlowo nipa èdè (Yorùbá) pe 1-888-982-3862 lai san owó kankan rárá.

Supplemental Information

Coverage for: Individual + Family | **Plan Type:** POS

<p>How is the overall <u>deductible</u> or <u>out-of-pocket limit</u> met?</p>	<p>Individual <u>deductible</u> and <u>out-of-pocket limit</u> payments apply to the family <u>deductible</u> and <u>out-of-pocket limit</u>.</p>	<p>The family <u>deductible</u> and family <u>out-of-pocket limit</u> are cumulative for all family members. The family <u>deductible</u> and <u>out-of-pocket limit</u> can be met by a combination of family members; however no single individual within the family will be subject to more than the individual <u>deductible</u> or <u>out-of-pocket limit</u> amount.</p>
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How your out-of-network care is reimbursed:

We cover the cost of services based on whether doctors are “in-network” or “out-of-network.” We want to help you understand how much Aetna pays for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this “out-of-network” care.

You may choose a **provider** (doctor or hospital) in our **network**. You may choose to visit an out-of-network **provider**. If you choose a doctor who is out-of-network, your Aetna health **plan** may pay some of that doctor’s bill. Most of the time, you will pay a lot more money out of your own pocket if you choose to use an out-of-network doctor or hospital.

When you choose out-of-network care, Aetna limits the amount it will pay. This limit is called the “recognized” or “**allowed**” **amount**.

Professional Services: 105% of Medicare

Facility Services: 140% of Medicare

Your doctor sets his or her own rate to charge you. It may be higher -- sometimes much higher -- than what your Aetna **plan** “recognizes.” Your doctor may bill you for the dollar amount that your **plan** doesn’t “recognize.” You must also pay any **copayments**, **coinsurance** and **deductibles** under your **plan**. No dollar amount above the “recognized charge” counts toward your **deductible** or **out-of-pocket limit**. To learn more about how we pay out-of-network benefits, visit www.aetna.com. Type “how Aetna pays” in the search box.

You can avoid these extra costs by getting your care from Aetna’s **network** of health care **providers**. Go to www.aetna.com and click on “Find a Doctor” on the left side of the page. If you are already a member, sign on to your Aetna Navigator® member site.

Supplemental Information

Coverage for: Individual + Family | Plan Type: POS

This applies when you *choose* to get care out-of-network. When you have no choice (for example: emergency room visit after a car accident or for other emergency services), we will pay the bill as if you got care in-network. You pay cost sharing and deductibles for your in-network level of benefits. Contact Aetna if your health care provider asks you to pay more. You are not responsible for any outstanding balance billed by your providers for emergency services beyond your cost sharing and deductibles.

Other important information about your plan:

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent.

Additional information regarding your plan is available in the Disclosure Document on www.aetna.com.

Information includes:

- “Knowing what is covered” which describes how we review a request for coverage for a service or supply
- “Prescription drug benefit” which describes procedures we use to manage prescription drug benefits. These procedures include how to obtain a list of covered drugs and the exception policy for receiving coverage of a drug that is not on a closed formulary

Plans are provided by: Aetna Life Insurance Company. While this material is believed to be accurate as of the production date, it is subject to change.

Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered.

See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. You may be responsible for the health care provider's full charges for any non-covered services, including circumstances where you have exceeded a benefit limit contained in the plan. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. We do not provide care or guarantee access to health services.

The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by you or your employer.

Supplemental Information

Coverage for: Individual + Family | Plan Type: POS

- All medical and hospital services not specifically covered in, or which are limited or excluded by your **plan** documents
- Donor egg retrieval
- Experimental and investigational procedures, except for coverage for **medically necessary** routine patient care costs for members participating in a cancer clinical trial with respect to the treatment of cancer or other life-threatening disease or condition.
- Home births
- Immunizations for travel or work except where **medically necessary** or indicated
- Implantable drugs and certain injectable drugs including injectable infertility drugs
- Long-term rehabilitation therapy
- Non-**medically necessary** services or supplies
- Orthotics except diabetic orthotics
- Outpatient **prescription drugs** (except for treatment of diabetes), unless covered by a prescription **plan** rider and over-the-counter medications (except as provided in a hospital) and supplies
- Radial keratotomy or related procedures
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, counseling or **prescription drugs**
- Therapy or rehabilitation other than those listed as covered

Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC, a licensed pharmacy subsidiary of Aetna Inc., that operates through mail order. The charges that Aetna negotiates with Aetna Rx Home Delivery may be higher than the cost they pay for the drugs and the cost of the mail order pharmacy services they provide. For these purposes, the pharmacy's cost of purchasing drugs takes into account discounts, credits and other amounts that they may receive from wholesalers, manufacturers, suppliers and distributors.

In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

We consider your personal information to be private. We have policies and procedures in place to protect your personal information from unlawful use and disclosure. For a summary of our policy, go to www.aetna.com. You'll find the Privacy Notices link at the bottom of the page.

Plan features and availability may vary by location and group size.

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Imagine this...

You wake up one morning with cold-like symptoms. You don't want to take time off from work, but you need care now. **What can you do?**

1



You consider urgent care, but don't want to spend the time and money.

2



Then you call Teladoc[®].

3



The Teladoc doctor calls you back about your symptoms.

4



Turns out you have sinus problems.

5



You pick up an antibiotic at your local pharmacy on your way to work.

6



Problem solved.
Boss happy.

What is Teladoc? Teladoc provides a national network of U.S. board-certified doctors available 24/7/365 to resolve many of your medical issues. It's quality care when you need it at a price you can afford.

Talk to a doctor anytime for \$40 or less

Less than an urgent care or ER visit, Teladoc's never more than a doctor visit.

 Teladoc.com/Aetna

 Facebook.com/Teladoc

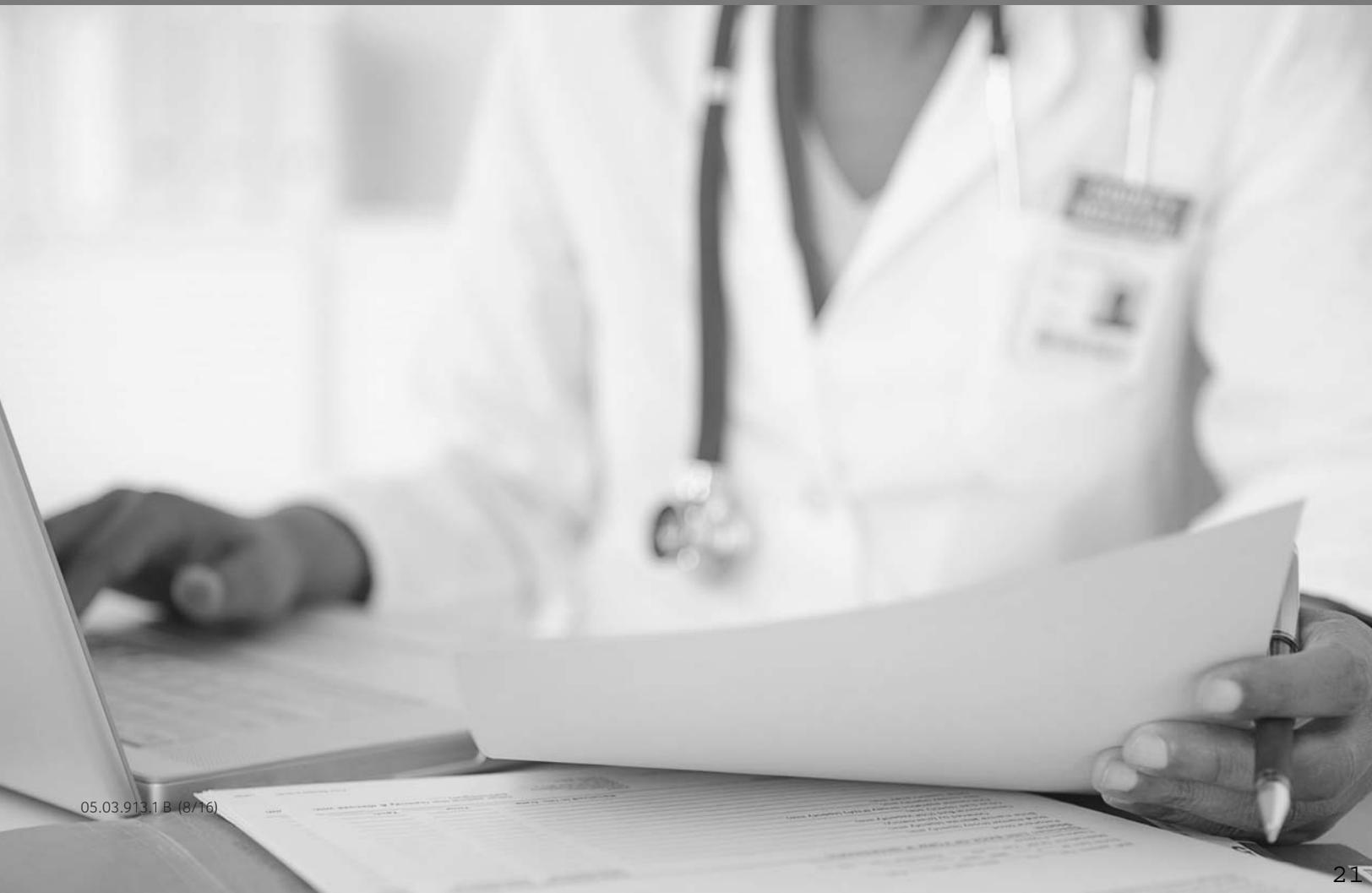
 **1-855-Teladoc (835-2362)**

 Teladoc.com/mobile

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetna®

The most value from your
prescription drug plan
Aetna value drugs



This is a select list of Tier 1 drugs that are available for a reduced copay.

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC.

Get the most from your drug coverage when you choose one of these drugs. The value drugs on this list are offered to you at a fixed-rate copay.

Category	Generics			
Allergies	<i>alavert tab 10 mg*</i>	<i>cetirizine HCl tab 5 mg*</i> <i>cetirizine HCl tab 10 mg*</i>	<i>loratadine tab 10 mg*</i>	
Antibiotic treatments	<i>amoxicillin cap 250 mg</i> <i>amoxicillin cap 500 mg</i> <i>amoxicillin susp 125 mg/5 mL</i> <i>amoxicillin susp 200 mg/5 mL</i> <i>amoxicillin susp 250 mg/5 mL</i>	<i>amoxicillin susp 400 mg/5 mL</i> <i>cephalexin cap 250 mg</i> <i>cephalexin cap 500 mg</i> <i>ciprofloxacin tab 250 mg</i> <i>ciprofloxacin tab 500 mg</i> <i>penicillin vk sol 125 mg/5 mL</i>	<i>sulfamethoxazole/trimethoprim susp 200 mg/40 mg per 5 mL</i> <i>sulfamethoxazole/trimethoprim tab 400 mg/80 mg</i> <i>sulfamethoxazole/trimethoprim tab 800 mg/160 mg</i>	
Antivirals	<i>acyclovir cap 200 mg</i> <i>acyclovir tab 400 mg</i>			
Arthritis and pain	<i>allopurinol tab 100 mg</i> <i>allopurinol tab 300 mg</i> <i>baclofen tab 10 mg</i>	<i>cyclobenzaprine HCl tab 5 mg</i> <i>cyclobenzaprine HCl tab 10 mg</i> <i>diclofenac sodium tab 75 mg</i>	<i>ibuprofen tab 400 mg</i> <i>ibuprofen tab 600 mg</i> <i>ibuprofen tab 800 mg</i> <i>meloxicam tab 7.5 mg</i> <i>meloxicam tab 15 mg</i>	<i>naproxen tab 250 mg</i> <i>naproxen tab 375 mg</i> <i>naproxen tab 500 mg</i>
Cholesterol	<i>gemfibrozil tab 600 mg</i> <i>lovastatin tab 10 mg</i> <i>lovastatin tab 20 mg</i> <i>lovastatin tab 40 mg</i>	<i>pravastatin sodium tab 10 mg</i> <i>pravastatin sodium tab 20 mg</i> <i>pravastatin sodium tab 40 mg</i> <i>pravastatin sodium tab 80 mg</i>	<i>simvastatin tab 5 mg</i> <i>simvastatin tab 10 mg</i> <i>simvastatin tab 20 mg</i> <i>simvastatin tab 40 mg</i> <i>simvastatin tab 80 mg</i>	
Diabetes	<i>glimepiride tab 1 mg</i> <i>glimepiride tab 2 mg</i> <i>glimepiride tab 4 mg</i>	<i>glipizide ER tab 5 mg</i> <i>glipizide ER tab 10 mg</i> <i>glipizide tab 5 mg</i> <i>glipizide tab 10 mg</i>	<i>glyburide micronized tab 5 mg</i> <i>glyburide tab 2.5 mg</i> <i>glyburide tab 3 mg</i> <i>glyburide tab 6 mg</i>	<i>metformin HCl ER tab 500 mg</i> <i>metformin HCl tab 500 mg</i> <i>metformin HCl tab 850 mg</i> <i>metformin HCl tab 1000 mg</i>
Gastrointestinal health	<i>dicyclomine HCl cap 10 mg</i> <i>dicyclomine HCl tab 20 mg</i> <i>enulose soln 10 g/15 mL</i>	<i>famotidine tab 20 mg*</i> <i>famotidine tab 40 mg</i> <i>lactulose soln 10 g/15 mL</i> <i>metoclopramide HCl soln 5 mg/5 mL</i>	<i>metoclopramide HCl tab 10 mg</i> <i>ranitidine HCl tab 300 mg</i> <i>smoothlax powder 17 g/dose*</i>	

*Drug is covered if plan provides coverage for over-the-counter products, but a prescription is required.

Category	Generics			
Heart health and blood pressure	<i>amiloride HCl/hydrochlorothiazide (HCTZ) tab 5 mg/50 mg</i> <i>amlodipine besylate tab 2.5 mg</i> <i>amlodipine besylate tab 5 mg</i> <i>amlodipine besylate tab 10 mg</i> <i>atenolol tab 25 mg</i> <i>atenolol tab 50 mg</i> <i>atenolol tab 100 mg</i> <i>atenolol/chlorthalidone tab 50 mg/25 mg</i> <i>atenolol/chlorthalidone tab 100 mg/25 mg</i> <i>benazepril HCl tab 5 mg</i> <i>benazepril HCl tab 10 mg</i> <i>benazepril HCl tab 20 mg</i> <i>benazepril HCl tab 40 mg</i> <i>benazepril HCl/HCTZ tab 5 mg/6.25 mg</i> <i>benazepril HCl/HCTZ tab 10 mg/12.5 mg</i> <i>benazepril HCl/HCTZ tab 20 mg/12.5 mg</i> <i>benazepril HCl/HCTZ tab 20 mg/25 mg</i> <i>bisoprolol fumarate tab 5 mg</i> <i>bisoprolol fumarate tab 10 mg</i> <i>bisoprolol fumarate/HCTZ tab 2.5 mg/6.25 mg</i> <i>bisoprolol fumarate/HCTZ tab 5 mg/6.25 mg</i> <i>bisoprolol fumarate/HCTZ tab 10 mg/6.25 mg</i>	<i>bumetanide tab 0.5 mg</i> <i>bumetanide tab 1 mg</i> <i>captopril tab 12.5 mg</i> <i>captopril tab 25 mg</i> <i>captopril tab 50 mg</i> <i>captopril tab 100 mg</i> <i>carvedilol tab 3.125 mg</i> <i>carvedilol tab 6.25 mg</i> <i>carvedilol tab 12.5 mg</i> <i>carvedilol tab 25 mg</i> <i>clonidine HCl tab 0.1 mg</i> <i>clonidine HCl tab 0.2 mg</i> <i>clonidine HCl tab 0.3 mg</i> <i>digoxin tab 125 mcg</i> <i>digoxin tab 250 mcg</i> <i>diltiazem HCl tab 30 mg</i> <i>diltiazem HCl tab 60 mg</i> <i>diltiazem HCl tab 90 mg</i> <i>diltiazem HCl tab 120 mg</i> <i>doxazosin mesylate tab 1 mg</i> <i>doxazosin mesylate tab 2 mg</i> <i>doxazosin mesylate tab 4 mg</i> <i>doxazosin mesylate tab 8 mg</i> <i>enalapril maleate tab 2.5 mg</i> <i>enalapril maleate tab 5 mg</i> <i>enalapril maleate tab 10 mg</i> <i>enalapril maleate tab 20 mg</i> <i>enalapril maleate/HCTZ tab 5 mg/12.5 mg</i>	<i>enalapril maleate/HCTZ tab 10 mg/25 mg</i> <i>furosemide tab 20 mg</i> <i>furosemide tab 40 mg</i> <i>furosemide tab 80 mg</i> <i>HCTZ cap 12.5 mg</i> <i>HCTZ tab 25 mg</i> <i>HCTZ tab 50 mg</i> <i>hydralazine HCl tab 25 mg</i> <i>lisinopril tab 2.5 mg</i> <i>lisinopril tab 5 mg</i> <i>lisinopril tab 10 mg</i> <i>lisinopril tab 20 mg</i> <i>lisinopril/HCTZ tab 10 mg/12.5 mg</i> <i>lisinopril/HCTZ tab 20 mg/12.5 mg</i> <i>lisinopril/HCTZ tab 20 mg/25 mg</i> <i>losartan potassium tab 25 mg</i> <i>losartan potassium tab 50 mg</i> <i>losartan potassium tab 100 mg</i> <i>losartan/HCTZ tab 50 mg/12.5 mg</i> <i>losartan/HCTZ tab 100 mg/12.5 mg</i> <i>losartan/HCTZ tab 100 mg/25 mg</i> <i>metoprolol tartrate tab 25 mg</i> <i>metoprolol tartrate tab 50 mg</i> <i>metoprolol tartrate tab 100 mg</i>	<i>propranolol HCl tab 10 mg</i> <i>propranolol HCl tab 20 mg</i> <i>propranolol HCl tab 40 mg</i> <i>propranolol HCl tab 80 mg</i> <i>sotalol tab 80 mg</i> <i>sotalol tab 120 mg</i> <i>spironolactone tab 25 mg</i> <i>terazosin HCl cap 1 mg</i> <i>terazosin HCl cap 2 mg</i> <i>terazosin HCl cap 5 mg</i> <i>terazosin HCl cap 10 mg</i> <i>triamterene/HCTZ cap 37.5 mg/25 mg</i> <i>triamterene/HCTZ tab 37.5 mg/25 mg</i> <i>triamterene/HCTZ tab 75 mg/50 mg</i> <i>verapamil ER tab 120 mg</i> <i>verapamil HCl tab 40 mg</i> <i>verapamil HCl tab 80 mg</i> <i>verapamil HCl tab 120 mg</i> <i>warfarin sodium tab 1 mg</i> <i>warfarin sodium tab 2 mg</i> <i>warfarin sodium tab 2.5 mg</i> <i>warfarin sodium tab 3 mg</i> <i>warfarin sodium tab 4 mg</i> <i>warfarin sodium tab 5 mg</i> <i>warfarin sodium tab 6 mg</i> <i>warfarin sodium tab 7.5 mg</i> <i>warfarin sodium tab 10 mg</i>

Category	Generics			
Mental health	amitriptyline HCl tab 10 mg amitriptyline HCl tab 25 mg amitriptyline HCl tab 50 mg amitriptyline HCl tab 75 mg amitriptyline HCl tab 100 mg	benztropine mesylate tab 0.5 mg benztropine mesylate tab 1 mg benztropine mesylate tab 2 mg buspirone HCl tab 5 mg buspirone HCl tab 10 mg carbamazepine tab 200 mg citalopram HBr tab 10 mg citalopram HBr tab 20 mg citalopram HBr tab 40 mg	fluoxetine HCl cap 10 mg fluoxetine HCl cap 20 mg fluoxetine HCl cap 40 mg nortriptyline HCl cap 10 mg nortriptyline HCl cap 25 mg paroxetine HCl tab 10 mg paroxetine HCl tab 20 mg paroxetine HCl tab 30 mg paroxetine HCl tab 40 mg	sertraline HCl tab 25 mg sertraline HCl tab 50 mg sertraline HCl tab 100 mg trazodone HCl tab 50 mg trazodone HCl tab 100 mg trazodone HCl tab 150 mg trihexyphenidyl HCl tab 2 mg
Other medical conditions	oxybutynin chloride tab 5 mg prednisone tab 1 mg prednisone tab 2.5 mg	prednisone tab 5 mg prednisone tab 10 mg prednisone tab 20 mg tamsulosin HCl cap 0.4 mg		
Skin conditions	gentamicin sulfate oint 0.1% triamcinolone acetonide cream 0.025%	triamcinolone acetonide cream 0.1% triamcinolone acetonide cream 0.5%	triamcinolone acetonide oint 0.025% triamcinolone acetonide oint 0.1% triamcinolone acetonide oint 0.5%	
Thyroid conditions	levothyroxine sodium tab 25 mcg levothyroxine sodium tab 50 mcg levothyroxine sodium tab 75 mcg	levothyroxine sodium tab 88 mcg levothyroxine sodium tab 100 mcg levothyroxine sodium tab 112 mcg	levothyroxine sodium tab 125 mcg levothyroxine sodium tab 137 mcg levothyroxine sodium tab 150 mcg	levothyroxine sodium tab 175 mcg levothyroxine sodium tab 200 mcg
Vitamins and nutritional health	potassium chloride cap CR 10 mEq potassium chloride tab 8 mEq potassium chloride tab CR 8 mEq	potassium chloride microencapsulated CR tab 10 mEq potassium chloride microencapsulated CR tab 20 mEq		
Women's health	alendronate sodium tab 70 mg estradiol tab 0.5 mg estradiol tab 1 mg estradiol tab 2 mg	medroxyprogesterone acetate tab 2.5 mg medroxyprogesterone acetate tab 5 mg medroxyprogesterone acetate tab 10 mg		

Note: Lists are not all-inclusive and are subject to change.

Please remember that this is not a complete list of medications covered under your plan. Because there are thousands of medications included in your pharmacy benefit, we only list the most common ones. Certain drugs, such as those for smoking cessation or vitamins, may not be covered by your particular pharmacy plan. Diabetic supplies may be covered under your medical plan. If you have any questions about your pharmacy benefits, please visit www.aetna.com and log in to your secure member website. If you don't have access to our website, call the toll-free number on your member ID card.

To check coverage and copay information for a specific medicine, visit www.aetna.com and log in to your secure member website. For more details, please call the toll-free number on your member ID card.

This is not an inclusive list. Products that are not represented on this list may be subject to plan-specific copayment or coinsurance. Void where prohibited by law.

Specific prescription benefits plan design may not cover certain categories or may be subject to additional charges or restrictions, regardless of their appearance in this document.

Aetna may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information. Information is believed to be accurate as of the production date; however, it is subject to change. For questions, please call the toll-free number on your member ID card.

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Healthier living
Financial well-being
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Live well with
on-the-spot savings



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Inside —

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- Massage and more

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Plenty of prescription savings

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- The latest in lens technology
- Non-disposable contact lenses
- Sunglasses, and more

Great rates on eye exams

Your eye exams are always discounted. So even if your plan covers your first exam, you can save on another one from any participating doctor.

Lots of locations

You can visit many doctors in private practice. Plus, national chains like JCPenney Optical, LensCrafters®, Target Optical®, Sears OpticalSM and Pearle Vision®.¹ You can find them all on your member website at www.aetna.com.

More eye-openers

- Savings on LASIK laser eye surgery
- Replacement contact lenses, delivered to your door

You can even save on eyeglass chains, lens cases and cleaners, and nonprescription sunglasses.

Built-in plan discounts with no referrals, claims or limits. Your family can use them, too.

*GlobalFit website. www.globalfit.com/fitness. March 2016.

**By HealthAdvocate™, through GlobalFit.

***By Les Mills™ On Demand and Trainer On Demand, through GlobalFit.

¹EyeMed Select Network and Provider List. January 1, 2016.

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming, by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.



A fit, fabulous you

Savings on gyms and personal training

Discounts on gym memberships

Get the lowest rates at your choice of over 10,000 gyms* (and growing) in the GlobalFit® network.

Plus, these sign-up perks:

- Flexible membership options
- Free guest pass (at most gyms)
- Easy billing
- Travel, transfer or freezing privileges at some gyms

Keep in mind these savings are for new gym members. You can find more details on www.globalfit.com/fitness.

A healthier you from home

If staying home is more your style, you have choices.

Health coaching

Get one-on-one support** to quit smoking, ease stress, lose weight and more. *On your schedule.*

Personal training

With an On Demand*** program, it's easy to get fit in private, at your pace. Your sessions air from any computer or mobile device. Just choose solo or group training.

At-home weight-loss program

Your body is your business. So you get weight-loss tips, menus and weigh-ins ... right in the privacy of your home.

Savings on home exercise equipment

Build your body — and your home gym — with discounts on home exercise helpers like Zumba® equipment.



A natural health boost

Savings on massage and more



Hearing your world better

Savings on hearing aids and exams

Natural therapy services

You can try these services[†] at a discount off the normal fee.

- Ease your stress and tension with **massage therapy**.
- Heal pain or stress points with **acupuncture**.
- Relieve neck and back pain with **chiropractic care**.
- Get advice from registered dietitians with **nutrition services**.

It's easy: You can find program professionals at www.aetna.com. Just bring your Aetna ID card to your visit.

Natural products, too

You can also order healthy items you use every day, like **over-the-counter vitamins** and **yoga equipment**.

Plus:

- Aromatherapy
- Natural body care products
- Herbal and nutritional supplements

Ready to browse and buy? Just log in to your member website at www.aetna.com for easy ordering instructions.

You have options

With Hearing Care Solutions, you get:

- **Discounts** on a large choice of hearing aids
- **A three-year supply of batteries**, then you can join a discount battery mail-order program
- **Free in-office service** of hearing aids for one year
- **Free routine cleanings** and battery door replacements for one year after purchase from the original provider

With Amplifon Hearing Health Care, you get:

- **Discounts** on many styles of hearing aids, including programmable and digital hearing aids from leading makers
- **Savings** on hearing exams and hearing aid repairs
- **Free follow-up services** for one full year
- **A two-year supply of batteries**



How to get started

Once you're an Aetna member, just log in to your member website at www.aetna.com. It's the place to take care of your benefits. Your place to save, too.

You can:

- Find a vision, hearing or natural therapy professional
- Start personal training
- Buy health products
- Sign up for a weight-loss program
- Get a free gym trial, and more

[†]Through the ChooseHealthy® program, which is made available through American Specialty Health Administrators, Inc., a subsidiary of American Specialty Health Incorporated (ASH). ChooseHealthy is a federally registered trademark of ASH and used with permission herein.



A healthier body with a little help

Savings on weight-loss plans

Nutrisystem® discounts

You get plans to help you lose the weight and keep it off. That is, savings on any 28-Day Nutrisystem® Success™ weight-loss meal plan.* And a larger discount on auto-delivery.**

You also get:

- Over 150 menu items
- Daily protein shakes packed with nutrition
- Online tools and coaching

Jenny Craig® discounts

Jenny Craig can help you take charge of that “I’m ready now” moment.

With the Jenny Craig All Access program, you get***:

- Your first month free (food not included)
- Support to meet your goals and keep up the good work
- Ten percent off all food going forward

Jenny Craig Foods free you from worrying about what to eat.

CalorieKing® discounts

Here’s support based on *your* body. Just try the program free for seven days.† Then choose a program: monthly or yearly (bigger discount).††

You also get:

- Savings on products in the CalorieKing online store
- A diary to track calories and activity
- A calorie and carb database for your favorite foods

*The Aetna discount does not apply to any plan in which you are already enrolled. To receive the discounted rate, you must wait until your current plan ends. If you are enrolled in auto-delivery, you must cancel it and then re-enroll to receive the discounted rate.

**Offer good on new 28-day auto-delivery orders only. With auto-delivery, you receive a discount off Nutrisystem’s regular 28-day plan price and free shipping to the continental U.S. only.

***Fifty percent discount on \$99 enrollment fee. Monthly membership fee of \$19 required. Plus the cost of food. Plus the cost of shipping, if applicable. Member is responsible for all payments for the Jenny Craig program. Active program enrollment and program eligibility status required, which includes meeting with a consultant and adhering to the full Jenny Craig meal plan based on stage of weight loss. Food discount not applicable to shipping cost and only valid for personal consumption. New enrollment in the Jenny Craig All Access program is required in order to receive food discount, even if participant is already enrolled in another Jenny Craig program. No cash value. Not valid with any other offer or discounts. Only available at participating locations and Jenny Craig Anywhere. Not valid at jennycraig.com. New members only. Restrictions apply.

†You can cancel your program membership at any time during the first seven days by logging in to your CalorieKing account and following the instructions in “Payment and Account Details” under “Account Settings.” If you do not cancel during the first seven days, your credit card will be charged on the eighth day.

††If you are already a CalorieKing member, you will need to end your current account and rejoin to receive the Aetna discount.

If you require language assistance, please call the Member Services number on your Aetna ID card, and an Aetna representative will connect you with an interpreter. If you’re deaf or hard of hearing, use your TTY and dial 711 for the Telecommunications Relay Service. Once connected, please enter or provide the Aetna telephone number you’re calling.

Si usted necesita asistencia lingüística, por favor llame al número de Servicios al Miembro que figura en su tarjeta de identificación de Aetna, y un representante de Aetna le conectará con un intérprete. Si usted es sordo o tiene problemas de audición, use su TTY y marcar 711 para el Servicio de Retransmisión de Telecomunicaciones (TRS). Una vez conectado, por favor entrar o proporcionar el número de teléfono de Aetna que está llamando.

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain benefits. Discounts offers provide access to discounted services and are not part of an insured plan or policy. Discount offers are rate-access offers and may be in addition to any plan benefits. Check any insurance benefits you have before using these discount offers, as those benefits may result in lower costs to you than using these discounts. Discount offers are not guaranteed and may be discontinued at any time. Aetna makes no payment to the discount vendor. You are responsible for the full cost of the discounted services. Aetna does not endorse any vendor, product or service associated with these discount offers. Vendors are independent of Aetna, not agents or employees. Programs, products and services may not be available at all times. Certain offers may not be available in some states. Products may be subject to a warranty from the manufacturer. Aetna makes no representations or warranties, and disclaims all product warranties. Aetna has no liability for providing or guaranteeing service and assumes no liability for the quality of service rendered. Aetna may receive a percentage of the fee paid to a discount vendor. Information is believed to be accurate as of the production date; however, it is subject to change. Gym services are provided by GlobalFit and health coaching through HealthAdvocate. Products and services are provided by Hearing Care Solutions and Amplifon Hearing Health Care (formerly HearPO). Natural health care services providers are credentialed using ASH Networks’ credentialing policies and procedures, which are consistent with URAC accreditation and NCQA certification requirements. LASIK surgery discounts are offered by the U.S. Laser Network. Providers are independent surgeons and are not agents of EyeMed, Aetna or their affiliates.

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aetna®



JB Holland

Medical Side-Fund

Medical Insurance Carrier: Aetna

Medical Side-Fund Administrator: PayFlex

- The PayFlex Medical Side-Fund will run side-by-side with Aetna's benefits to lessen the overall out-of-pocket costs for employees.
- Under the **Aetna** plan that JB Holland offers, each member is responsible for the following:
 - Deductible:
 - \$5,000 Individual
 - \$10,000 Family
 - Coinsurance:
 - 30% In-Network
 - 50% Out-of-Network
 - Out-Of-Pocket (OOP) Maximum:
 - \$6,850 Individual
 - \$13,700 Family
- Under **PayFlex**, each member will be responsible for:
 - Deductible:
 - The first \$2,500 of the total \$5,000 Individual deductible from Aetna
 - The first \$7,500 of the total \$10,000 Family deductible from Aetna
 - Coinsurance remains the same:
 - 30% In-Network until the OOP Maximum is met
 - 50% Out-of-Network until the OOP Maximum is met
 - Out-of-Pocket (OOP) Maximum:
 - The first \$5,000 of the total \$6,850 Individual OOP from Wellmark
 - The first \$12,000 of the total \$13,700 Family OOP from Wellmark
- Members will receive 2 Explanation of Benefits (EOB) for their insurance claims. They will receive one from Aetna and one from PayFlex.
 - The EOB from PayFlex will reflect the amount that the member will actually owe.

JB Holland Construction, Inc. Wellness Program

- Annual screening and Age-appropriate **Diagnostic** screening
- Eligible employee: full-time having completed 90 days of service
- Under health plan benefits; **NO ADDITIONAL COST!**
- Drawing for Prizes

Biometric Screening Results

Physical Exam	Most recent date completed or N/A (not age appropriate)
PAP/Pelvic	
Blood Pressure	
HDL Cholesterol	
Fasting Glucose	
Triglycerides	
Cancer Screening (thyroid, mouth, skin, ovaries, testicles, lymph nodes)	
Waist Circumference (inches)	
Clinical Breast Exam	
Prostate Cancer	
Screening	
Colorectal Cancer (fecal occult blood test)	
Sigmoidoscopy	
Colonoscopy	
Tobacco, Alcohol and Drug Use	
Osteoporosis	

**MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE FOR USE ON OR AFTER
APRIL 1, 2011**

**IMPORTANT NOTICE FROM JB HOLLAND CONSTRUCTION, INC. ABOUT
YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE**

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. JB Holland Construction, Inc. has determined that the prescription drug coverage offered by the [Insert Name of Plan] 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 your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current JB Holland Construction, Inc. coverage will not be affected. See pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D. If you enroll in a Medicare Prescription Drug Plan, you and your eligible dependents will still be eligible to receive all of your current health and prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your current JB Holland Construction, Inc. coverage, be aware that you and your dependents may not be able to get this coverage back.

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

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

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

For More Information About This Notice Or Your Current Prescription Drug Coverage...

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

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

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	April 1, 2018
Name of Entity/Sender:	JB Holland Construction, Inc.
Contact--Position/Office:	Diane Henry, Controller
Address:	2092 Highway 9 West Decorah, IA 52101
Phone Number:	563-382-2901

DENTAL INSURANCE

Delta Dental

Dental

This chart shows how the plan works and how each type of service is covered.

Benefit	PPO/Participating	Premium/Non-Participating
Deductible	\$25 Single \$75 Family	\$50 Single \$150 Family
Individual Annual Maximum	\$1,000	\$1,000
Diagnostic and Preventive Services (Deductible waived for Preventive Services) <ul style="list-style-type: none"> Exams, Cleanings, Fluoride Space Maintainers, X-rays 	Covered at 100% after deductible (deductible waived for Preventive)	Covered at 100% after deductible
Basic Services <ul style="list-style-type: none"> Fillings, Simple Extractions 	Covered at 90% after deductible is met	Covered at 80% after deductible is met
Major Services <ul style="list-style-type: none"> Endodontics, Periodontics Crowns, Inlays, Onlays Bridges and Dentures Repairs and Adjustments 	Covered at 50% after deductible is met	Covered at 50% after deductible is met
Orthodontia	Not Covered	
Plan Maximum	\$1,000 per calendar per insured family member for all covered services	
EMPLOYEE COST	Hourly (Based upon 1250 hours)	
Employee	\$0.26	
Employee/Spouse	\$0.52	
Employee/Child(ren)	\$0.56	
Family	\$0.95	

VISION INSURANCE – NEW AS OF APRIL 1, 2018

Avesis: Plus Plan 10/25

Vision

.This chart shows the benefits available for vision.

Benefits	In-Network	Out-of-Network
Frequency of benefits available	Every 12 months Exam and Lenses Every 24 months Frames	
Basic Vision Exams	\$10 Copay	\$35 Allowance
Materials Copay	\$25	NA
Frames	\$150 Allowance after \$25 Material Copay; Additional 20% discount for remaining balance after allowance	Up to \$45 allowance
Lenses		
Single	\$25 Copay	\$25 Allowance
Bifocal	\$25 Copay	\$40 Allowance
Trifocal	\$25 Copay	\$50 Allowance
Lenticular	\$25 Copay	\$80 Allowance
Standard Progressives	20% discount + \$50 allowance	\$40 Allowance
Contact Lenses (In lieu of lens and frame benefit)	\$130 allowance for elective; Covered in full for medically necessary	\$130 allowance for elective; \$250 allowance for medically necessary
Lasik Surgery (once per lifetime)	\$150 one-time allowance	
Employee Cost	Hourly (based upon 1250 hours)	
Employee	\$0	
Employee/Spouse	\$0.04	
Employee/Child	\$0.06	
Family	\$0.10	



How to Access Your Member Resources

How to Use Your Benefits

- > Select a participating provider
- > Call and identify yourself as an Avēsis member
- > Schedule an appointment
- > Pay any co-pays and expenses not covered under the vision program

ID Cards are not required for receiving services. Once effective, members can easily print ID cards online, complete with their name and group-specific information.

1 Go to www.avesis.com
Click “Members” at the top of the page.



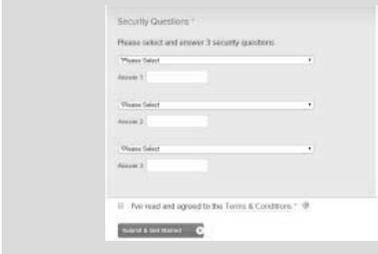
2 Click “Sign up,” and enter First Name, Last Name, and DOB (all required).



3 Enter your account information—Username and Password (required)—and Confirm Password.



4 Select your three security questions and fill in the answers.



5 When you’re finished, check the box that says you’ve agreed to the Terms & Condition.



6 Click Submit & Get Started.



Once registered, you’ll get a message that says your registration was successful, and you can then log in. Once you’re in your account, you can click to view the desired member’s information, check benefits, print ID cards, and more.

AVĒSIS E-SSENTIALS OUR NEW MOBILE APP: VISION BENEFITS ON THE GO.



With the attractive Avēsis E-ssentials mobile app, you can do all of the things you can do online — at the touch of a button!

- Find a Provider
- Check Your Eligibility
- View Your Benefits
- See Your ID card
- Check Claim Status
- Contact Customer Service

Available for download on:



FLEXIBLE SPENDING ACCOUNTS (FSA) – NEW AS OF APRIL 1, 2018

Midwest Group Benefits

FSAs provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next year, you can actually lower your taxable income.

Plan Overview

Pre-Tax Premium Benefits

This plan allows you to fund several of your premium contributions with pre-tax dollars and to fund either a Health Care Reimbursement Account and/or Dependent Care Reimbursement Account. Your contributions are deducted from your gross wages before FICA, Federal and State taxes are deducted. You save money because you are taxed at a reduced income level. Your taxes are calculated after your premiums and reimbursement account monies are deducted from your gross wages.

Health Care Reimbursement Accounts

This plan allows you to defer pre-tax dollars into a Health Care Reimbursement Account to pay for certain IRS-approved medical care expenses not covered by your insurance plan with pre-tax dollars. Some examples include:

- Deductible, coinsurance and copayments
- Over the counter medications – with prescription
- Dental services and orthodontia
- Vision services, including contact lenses, contact lens solution, eye exams and eyeglasses
- Hearing services, including hearing aids and batteries

Medical Care Maximum: \$2,650

Dependent Care Reimbursement Accounts

This plan allows you to defer pre-tax dollars into a Dependent Care Reimbursement Account. You may request reimbursement as you incur expenses to provide day care for qualified dependents: children under age 13, or an older disabled dependent child, or a disabled adult.

Dependent Care Maximums: \$5,000 if married filing jointly or head of household;
\$2,500 if married filing single.

Plan Provisions

Please Note: Your election in the JB Holland Construction, Inc Section 125 Flexible Benefit Plan is irrevocable for the entire plan year (April 1st, 2018 through March 31st, 2019) without a qualifying change in status (i.e. birth, adoption, divorce, job status change, etc.) Please be advised that any unused FSA monies will be forfeited back to the Plan at the end of the plan year.

Claim Submission

Claims may be filed by mailing, faxing, or online. Please be aware that your plan has a **90 day** run out period, after the end of the plan, where you may still file claims. Remember that the expense, however, must have been incurred during the plan year.

Claim Processing

Claims are processed on a daily basis. Reimbursements may be automatically deposited into your checking account or mailed to you in the form of a check.

FLEXIBLE SPENDING ACCOUNTS

How do Flexible Spending Accounts Work?

Flexible Spending Accounts (FSAs) are like personal bank accounts. They allow you to set aside money for healthcare and/or dependent care expenses on a pre-tax basis. You can enroll in a Healthcare FSA and/or a Dependent Day Care FSA. Your election will cover you from your enrollment date through the end of the plan year unless you have a change in family status.

You can elect to have a portion of your salary withheld on a pre-tax basis for health or dependent care expenses you incur during the plan year. The funds will be placed into an account to be used during the year. If you contribute to both FSAs, you cannot use amounts contributed to one account to pay expenses eligible for payment from another account. For example, you cannot pay medical expenses from your Dependent Day Care FSA.

Health Care FSA

During annual enrollment you may elect to contribute monies into the Health Care FSA during the coming plan year. The amount you elect to set aside will be deducted from your paycheck in equal installments during the plan year.

Eligible health care expenses include copayments, deductibles, coinsurance, certain orthodontic procedures and other health-related expenses incurred by you or a family member. In addition, over-the-counter medicines are eligible for reimbursement with a prescription.

Dependent Care FSA

You can contribute up to \$5,000 each year to the Dependent Day Care FSA to pay for dependent care expenses. The amount you elect to set aside will be deducted from your paycheck in equal installments during the coming year.

Eligible expenses are only those incurred for the care of a child under 13 years of age (or a disabled child older than age 13) who qualifies as your dependent for tax purposes; or, anyone you can claim as a dependent, such as an elderly parent or disabled spouse.

Use It Or Lose It

It is very important that you estimate accurately when determining how much to contribute to either FSA. FSAs can provide significant tax advantages for employees when the contributions are made on a pre-tax basis. For this reason the IRS requires that you use all of the money in your account(s) during the plan year. Any money remaining in your account(s) at the end of the plan year will be forfeited.

KNOW YOUR BENEFITS.



Flexible Spending Account Eligible Expenses

Which expenses can be reimbursed by an FSA?

Your JB Holland Construction, Inc. Reimbursement Flexible Spending Account lets you pay for medical care expenses not covered by your insurance plan with pre-tax dollars. The expenses must be primarily to alleviate a physical or mental defect or illness, and be adequately substantiated by a medical practitioner. The products and services listed below are examples of medical expenses eligible for payment under your JB Holland Construction FSA, to the extent that such services are not covered by your medical and dental insurance plan.

Unfortunately, **we cannot provide a definitive list of “qualified medical expenses.”** A determination of whether an expense is for “medical care” is based on all the relevant facts and circumstances. To be an expense for medical care, the expense has to be primarily for the prevention or alleviation of a physical or mental defect or illness.

Under a rule that went into effect January 1, 2011, claims for over-the-counter medicine or drug expenses (other than insulin) cannot be reimbursed without a prescription. This rule does not apply to items for medical care that are not medicines or drugs.

- Acupuncture
- Alcoholism treatment
- Ambulance
- Annual physical examination
- Artificial limb
- Artificial teeth
- Bandages
- Birth control pills
- Body scan
- Braille books and magazines
- Breast pumps and supplies
- Breast reconstruction surgery
- Capital expenses (improvements or special equipment installed to a home, if meant to accommodate a disabled condition)
- Car modifications or special equipment installed for a person with a disability
- Chiropractor
- Christian Science practitioner
- Contact lenses
- Crutches



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Flexible Spending Account Eligible Expenses

- Dental treatment (not including teeth whitening)
- Diagnostic devices
- Disabled dependent care expenses
- Drug addiction treatment
- Eye exam
- Eye glasses
- Eye surgery
- Fertility enhancement (in vitro fertilization or surgery)
- Guide dog or other service animal
- Health institute fees (if treatment is prescribed by a physician)
- Intellectually or developmentally disabled care, treatment or special home
- Laboratory fees
- Lactation expenses
- Lead-based paint removal (if a child in the home has lead poisoning)
- Learning disability care or treatment
- Legal fees associated with medical treatment
- Lifetime care, advance payments or “founder’s fee”
- Lodging at a hospital or similar institution
- Long-term care
- Medical conference expenses, if the conference concerns a chronic illness of yourself, your spouse or your dependent
- Medical information plan
- Medications, if prescribed
- Nursing home fees
- Nursing services
- Operations
- Optometrist
- Organ donors
- Osteopath
- Oxygen
- Physical examination
- Pregnancy test kit
- Prosthesis
- Psychiatric care
- Psychoanalysis
- Psychologist
- Special education
- Sterilization
- Stop-smoking programs
- Surgery



**KNOW
YOUR
BENEFITS.**

Flexible Spending Account Eligible Expenses

- Special telephone for hearing-impaired individual
- Television for hearing-impaired individuals
- Therapy received as medical treatment
- Transplants
- Transportation for medical care
- Tuition for special education
- Vasectomy
- Vision correction surgery
- Weight-loss program if it is a treatment for a specific disease
- Wheelchair
- Wig
- X-ray

Source:

www.irs.gov/publications/p502/ar02.html#en_US_publink1000178947

Plans that do not allow reimbursement of all eligible medical expenses as defined by the IRS and Department of Treasury must customize this brochure prior to use.



**KNOW
YOUR
BENEFITS.**

FSA TAX SAVINGS WORKSHEETS

What will you do with the money you save by participating in the Flex Plan?

Use this worksheet to help determine your potential tax savings.

FSA Reimbursement Account Expenses							
Medical		Vision		Dental		Dependent Care	
Deductibles	\$	Exams	\$	Routine Exam	\$	Children	\$
Copays	\$	Eye Surgery	\$	Fillings/ Crowns	\$	Adults	\$
Prescriptions	\$	Lenses/ Frames	\$	Orthodontics	\$		
Other	\$	Contacts	\$	Other			
Total	\$	Total	\$	Total	\$	Total	\$

Estimated Annual Expenses & Tax Savings	
Total Medical + Vision + Dental Expenses	\$ _____
Total Dependent Care Expenses	+ \$ _____
Total Expenses	\$ _____
Tax Bracket Percentage (see below)	X _____
Annual Tax Savings	\$ _____
Number of Pay Periods	/ _____
Estimated Savings Per Pay Check	\$ _____

Tax Estimate Table	
Annual Household Earnings	Estimated Tax Rate
< \$30,000	25%
\$30,000 - \$40,000	29%
\$40,000 - \$70,000	31%
> \$70,000	33%

BASIC LIFE / ACCIDENTAL DEATH & DISMEMBERMENT

Reliance Standard

Plan Overview

Basic Benefit Amount

\$40,000

Accidental Death Benefit

Amount is the same as the Basic Life amount.

Waiver of Premium

Life insurance continues for totally disabled employees without payment of premium if:

- Disability begins while the employee is insured;
- Disability begins prior to age 60 and terminates at age 65;
- Proof of disability is given to Carrier, prior to the end of the 9 Month Disability Elimination Period;
- Proof of continued disability is verified periodically, according to the terms of the contract.

Living Care Benefits

If you have a qualifying medical condition, you may apply for an accelerated benefit to receive a portion of your life insurance once *during your lifetime*. Amount of benefit: 75% of the Life Insurance in force (\$30,000)

Conversion

Must apply for conversion within 31 days of termination of policy.

Age Reduction Schedule

Coverage reduces to 65% at age 65

Coverage reduces to 50% at age 70

Benefits terminate at retirement

SHORT TERM DISABILITY INSURANCE -NEW AS OF APRIL 1, 2018

Reliance Standard

Short Term Disability Income Benefits

JB Holland Construction, Inc. provides full-time employees with short term disability income benefits, and pays the full cost of this coverage. In the event you become disabled from a **non work-related** injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

Plan Overview	
Benefits Begin	15 th Day Injury 15 th Day Sickness
Maximum Benefit Period	11 Weeks
Percentage of Income Replaced	60% of Weekly Earnings, up to \$2,000
Exclusions	Benefit does not cover work-related accidents or injuries.
Pre-existing Condition Waiting Period	Not Applicable.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

PART A: General Information

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

What is the Health Insurance Marketplace?

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

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

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

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

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

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact [Diane Henry, Controller dhenry@ibhc.biz](mailto:Diane.Henry@ibhc.biz) or 563-382-2902.

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

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

HIPAA SPECIAL ENROLLMENT NOTICE

This notice is being provided to insure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

Loss of Other Coverage (including Medicaid and State Child Health Coverage)

If you are declining coverage for yourself or your dependents (including spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within *30 days* after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). Some plans may allow longer than 30 days, so please refer to your plan documents for your specific plan details.

Example: You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this health plan.

Marriage, Birth or Adoption

If you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within *30 days* after the marriage, birth, or placement for adoption. Some plans may allow longer than 30 days, so please refer to your plan documents for your specific plan details.

Example: When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within 30 days from the date of your marriage.

Medicaid or State Child Health Coverage

If you or your dependents lose eligibility for coverage under Medicaid or State Child Health Coverage Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP or the determination of eligibility for a premium assistance subsidy.

Example: When you are hired, your children received health coverage under CHIP and you did not enroll them in this health plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this group health plan if you apply within 60 days of the date of their loss of CHIP coverage.

WOMEN'S HEALTH & CANCER RIGHTS ACT OF 1998

In October 1998, Congress enacted the Women's Health and Cancer Rights Act of 1998. This notice explains some important provisions of the Act. Please review this information carefully.

As specified in the Women's Health and Cancer Rights Act, a plan participant or beneficiary who elects breast reconstruction in connection with a mastectomy is also entitled to the following benefits:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymph edemas.

Health plans must determine the manner of coverage in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services may be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under this plan.

CUSTOMER SERVICE CONTACT INFORMATION

Refer to this list when you need to contact one of your benefit vendors. For general information contact Human Resources.

MEDICAL:

Aetna
(888) 982-3862
www.aetna.com

LIFE/AD&D/SHORT-TERM DISABILITY:

Reliance Standard
(801) 351-7500
www.reliancestandard.com

DENTAL:

Delta Dental
(800) 533-0718
www.deltadentalia.com

VISION:

Avesis
(800) 828-9341
www.avesis.com

FLEXIBLE SPENDING ACCOUNTS (FSA):

Midwest Group Benefits
Nancy Hager (Primary) 563-382-9611 ext 112
nhager@midwestbenefits.com
Rachel Narum (Secondary) 563-382-9611 ext 103 rnarum@midwestbenefits.com

HOLMES MURPHY CONTACTS

<p>Group Products:</p> <ul style="list-style-type: none"> Medical Dental Vision Life/Disability 	<p>Please Contact:</p> <p>Contact 1: Roshaun Gnewuch (319)-896-7718</p>
<p>Additional Plans in Iowa:</p> <ul style="list-style-type: none"> Medicare Supplement/Medicare Advantage Plans Medicare Part D (Rx) Plans 	<p>Please Contact:</p> <p>Eric Kiser 515-223-7033 ekiser@holmesmurphy.com</p>

Holmes Murphy & Associates has assembled the finest staff of benefits professionals whose expertise is matched by their intelligence and integrity. We further arm them with continuous education, training, and cutting-edge technical resources. These highly specialized consultants have helped us build our reputation for excellence and fuel our growth.



The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In case of discrepancy between the Guide and the actual plan documents the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, please refer to your Employee Manual for additional information or contact your benefits manager.



Holmes Murphy gives you access to quality hearing care and savings on name brand hearing aids and related technology. Call **1(866) 956.5400** and identify yourself as a Holmes Murphy member, and hear what you've been missing.

WELCOME TO EPIC HEARING HEALTHCARE

Our Hearing Service Plan (HSP) is dedicated to providing you and your family members with the highest quality of hearing care possible.

Hearing loss is increasingly affecting the quality of life of millions of Americans. Through EPIC's HSP, Holmes Murphy offers a complementary program for managing hearing care and obtaining brand name hearing aids through a national network of preferred providers. Call EPIC today to start the process to better hearing; a hearing counselor is available to register you, notify you of local provider locations in your area, and answer any questions you may have. They will also mail you a Member Booklet with more information.

ACCESS	<p>YOUR HEARING HEALTH</p> <p>Your ability to hear others, whether loved ones, friends, or co-workers, is too important to be ignored. Through EPIC, you can easily access benefits that are tailored to your hearing needs.</p>
HEAR	<p>BETTER, LIVE FULLY</p> <p>Today's advanced technology delivers the clearest sound quality ever developed. With EPIC's brand-name personal hearing systems, you will choose from a variety of choices and styles.</p>
SPEAK	<p>WITH A HEARING COUNSELOR</p> <p>The first step in your improved hearing is a consultation with an EPIC Hearing Counselor. Our Counselors will refer you to our nationwide alliance of physicians and hearing professionals.</p>

GROUP: **Holmes Murphy**
EFFECTIVE DATE:

Call 1(866) 956.5400
To activate your plan
benefits.



- **Largest national network of audiologists**
- **First year supply of batteries – FREE!**
- **Extended 3 year product warranties**
- **Access to all name brand hearing aid technology at fixed prices, representing savings of 20 – 50% off MSRP**



Enrollment/Change Request

Aetna Life Insurance Company

Employer Group Information: (To Be Completed by Employer)

Employer Name - Full Name of Business or Organization _____ Plan Number _____

Employer Address (Street, City, State, ZIP Code) - Primary Location of Business or Organization _____ Account _____

Group Number (IMO Only) _____ Customer Code (Optional) _____

A. Type of Activity - Employee Completes Sections A - E. Please Print Clearly.

Enrollment - Check one.

New Enrollee/Subscriber Rehire/Reinstatement Add Spouse Add Dependent Child Add Spouse Remove Spouse Remove Dependent Child Employee Withdrawal/Termination Cancel Coverage

Effective Date: / / Reason: / /

Date of Hire: / / Date of Event: / / Reason: / /

Control/Suffix/Account/Plan: / / / /

B. Employee Information

Last Name, First Name, M.I. _____ Home Telephone _____ Work Telephone _____

Employee Status: Active Retired _____ City, State _____ ZIP Code _____

Relationship to Employee: _____ Earnings: _____

Beneficiary Designation - Full Beneficiary Name (First, Middle, Last) If more than one beneficiary, use Special Remarks (Section D): _____ Social Security Number of Beneficiary: _____

Insurance Amount \$ _____

Supplemental Life \$ _____

AD&D Amount \$ _____

While the Federal Patient Protection and Affordable Care Act generally mandates coverage of dependent children up to age 26, your plan may allow coverage beyond age 26. Please refer to your plan documents or contact your benefits administrator.

D. Individuals Covered - List individuals for whom you are adding/changing/removing coverage. Check this box if you are refusing coverage for your dependents. *Provide details for "Yes" responses below.

Appx. Change (Remove)	Name (First, Middle Initial, Last) (Explain difference in last names in Special Remarks.)	Relation: Code	Sex M F	Birthdate DD / MM / YYYY	Social Security Number (If dependent has no SSN, write "None.")	Prior Insur. Plan	Yes*	Other Medical Coverage	Yes*	Rx Drug Coverage	Yes*	Hand-capped	Yes	Primary Medical Office ID Number	Race/Ethnicity - Optional (This information is designed for the purpose of data collection and will not be used for determining eligibility, rating or claim payment.)
	Self	Self		/ / /											
				/ / /											
				/ / /											
				/ / /											

1. If "Yes" to Prior Insurance Plan and/or Other Medical Coverage above, provide effective dates, name & policy number of insurance carrier, HMO or other source and your Member Identification Number.

2. If "Yes" to Other Rx Drug Coverage above, provide effective dates, name & policy number of insurance carrier, HMO or other source and your Member Identification Number.

3. Does any dependent listed above live at a different address than the employee? If "Yes," who and what address? Yes No

E. Employee Signature By checking this box you agree to use Aetna's member self-service website for all future printed materials and understand you may choose to receive paper documents in the future. To view this material please visit Aetna Navigator®.

I certify that all information supplied in this form is true and complete to the best of my knowledge and/or belief. I have read and agree to the Conditions of Enrollment on the reverse side of this Enrollment/Change Request form.

Employee Signature - Required _____ Date _____

Primary Language Spoken _____

GR-58000 (8-10) **Please make a copy for your records.** visit us at www.aetna.com **YI R-POD F**

Instructions

Employer - Complete the Employer Group Information at the top of the form.

Employee - Complete Sections A - E.

Section A - Type of Activity:

- Check box(es) indicating reason(s) for submitting this Enrollment/Change Request.
- Provide Effective Date(s) and Date of Event(s) where requested.

Section B - Employee Information:

- Complete all information in order for your Enrollment/Change Request to be processed.
 - Beneficiary Designation - Complete only if your employer is offering Aetna Life Insurance coverage.
- Section C - Plan Options:** Select only an option offered by your employer.

Section D - Individuals Covered:

- Add/Change/Remove - Use "A", "C", or "R" to indicate whether you are adding, changing or removing coverage for an individual.
- Print your full name along with the name(s) of your dependent(s), if applicable. Indicate Sex, Birthdate, and Social Security Number for each individual listed.
- Relationship Code - Use ONLY: H=Husband, W= Wife, S=Son, D=Daughter, Y=Sponsored Male, X=Sponsored Female. If the dependent is NOT your spouse or a biological or legally adopted child, please indicate relationship to employee in Special Remarks.
- If you or your dependent(s) were covered under your employer's or other Prior Insurance Plan or currently have Other Medical Coverage, check the "Yes" box(es) and provide beginning and ending effective dates, name and policy number of insurance carrier, HMO or other source and your Member Identification Number in the space provided in Number 1.
- If you or your dependent(s) have Other Rx Drug Coverage, check the "Yes" box and provide beginning and ending effective dates, name and policy number of insurance carrier, HMO or other source and your Member Identification Number in the space provided in Number 2.
- NOTE: In some instances your medical carrier will differ from your Rx Drug carrier.
- If a dependent is Handicapped and financially dependent, check "Yes" and provide proof of handicapped status from the attending physician.
- Primary Medical Office ID Number - Locate the office ID number for the primary care physician from the appropriate provider directory or from "DocFind", Aetna's online provider directory at "www.aetna.com".
- If you are a current patient, please check the "Yes" box under Current Patient.
- Optional - Using the KEY provided, please enter the Race/Ethnicity code for each individual. If your Race/Ethnicity is "Other," print the Race/Ethnicity for each individual in the space provided.

Section E - Employee Signature:

- Complete this section for all new enrollments or coverage changes.
- Employee must sign and date the Enrollment/Change Request in order for it to be processed.
- By checking the box on the reverse side you agree to use Aetna Navigator, Aetna's member self-service website, for all future printed materials and understand you may choose to receive paper documents in the future.

Conditions of Enrollment

Applicant Acknowledgments and Agreements

On behalf of myself and the dependents listed on the reverse side, I agree to or with the following:

1. I acknowledge that by enrolling in an Aetna plan coverage is underwritten or administered by Aetna Life Insurance Company (referred to as "Aetna").
2. I authorize deductions from my earnings for any contributions required for coverage and I agree to make any necessary payments as required for coverage.
3. I understand and agree that this Enrollment/Change Request may be transmitted to Aetna or its agent by my employer or its agent. I authorize any physician, other healthcare professional, hospital or any other healthcare organization ("Providers") to give Aetna or its agent information concerning the medical history, services or treatment provided to anyone listed on this Enrollment/Change Request form, including those involving mental health, substance abuse and HIV/AIDS. I further authorize Aetna to use such information and to disclose such information to affiliates, Providers, payors, other insurers, third party administrators, vendors, consultants and governmental authorities with jurisdiction when necessary for my care or treatment, payment for services, the operation of my health plan, or to conduct related activities. I have discussed the terms of this authorization with my spouse and competent adult dependents and I have obtained their consent to those terms. I understand that this authorization is provided under state law and that it is not an "authorization" within the meaning of the federal Health Insurance Portability and Accountability Act. This authorization will remain valid for the term of the coverage and so long thereafter as allowed by law. I understand that I am entitled to receive a copy of this authorization upon request and that a photocopy is as valid as the original.
4. The plan documents will determine the rights and responsibilities of member(s) and will govern in the event they conflict with any benefits comparison, summary or other description of the plan.
5. I understand and agree that with the exception of Aetna Rx Home Delivery®, all participating providers and vendors are independent contractors and are neither agents nor employees of Aetna. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc. The availability of any particular provider cannot be guaranteed and provider network composition is subject to change. Notice of the change shall be provided in accordance with applicable state law.

Misrepresentation

Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Attention Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Attention Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

AGREEMENT AND CERTIFICATION

I certify that I am legally authorized to apply for coverage for myself and for all other persons named in this application. I understand that I am making application for the coverage sponsored by my employer or group sponsor offered by Delta Dental of Iowa. I authorize my employer, as my agent to deduct from my pay or collect from me in advance the premium therefore and remit such sums to Delta Dental of Iowa on my behalf. This authorization is to remain in effect until Delta Dental of Iowa is notified by me or my employer or group sponsor to the contrary. I understand that coverage for the dental care policy applied for will not start until after this application and the monies deducted from my pay for payment of the premium or paid to my employer for such premium are received and accepted by Delta Dental of Iowa and an effective date is established by Delta Dental of Iowa. I understand that written notice of rate changes will be furnished by my employer or group sponsor as my agent.

I certify that after this application was completed, I carefully and fully read it, that the statements and answers set forth are full, true, and correct, to the best of my knowledge and belief, and that no information required to be given, either expressly or by implication, has been knowingly withheld. I understand that Delta Dental of Iowa will rely upon the completeness and truthfulness of the information given and the statements made, and that if I have made any false statements or misrepresentations, or have failed to disclose or have concealed any material fact, Delta Dental of Iowa will be entitled to declare the dental care policy applied for void and refuse allowance of benefits to any person thereunder.

I authorize any health care provider to release medical records to Delta Dental of Iowa when reasonably related to the dental care coverage for which I have applied. If any law or regulation requires additional authorization for release of dental records, I will give this authorization.

WAIVER OF COVERAGE

I understand that if I decide not to apply for coverage, or if I apply only for single coverage even though I am eligible for family coverage, any subsequent application will be subject to the applicable terms and conditions of the Master Agreement to Provide Dental Benefits, which may require additional limitations and waiting periods. I also understand that Delta Dental of Iowa, reserves the right to reject such an application.



JB Holland Construction
Group Number: (assigned)
Plan Number: 962

I am Waiving Vision Insurance

AVESIS ADVANTAGE VISION CARE EMPLOYEE ENROLLMENT FORM

PLEASE PRINT LEGIBLY

Underwritten by Fidelity Security Life Insurance Company *Kansas City, Missouri*

Policy No. VC-16/VC-23

TO BE COMPLETED BY THE EMPLOYEE

Employee Last Name				Employee First Name				MI
Date of Birth / /		Social Security Number - -			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female			
Street Address							Apartment No.	
City				State	Zip Code -			

Do you wish to cover your eligible dependents? Yes No

If yes, complete the following:

	Dependent Name		Date of Birth
	FIRST	LAST	
Spouse / Domestic Partner			/ /
Child			/ /

I would like to cover additional eligible dependents (PLEASE LIST ON A SECOND ENROLLMENT FORM)

I authorize deductions from my earnings at the required contributions towards the cost of the coverage.

Signature	Date / /
-----------	----------------

A-00713

M-9059/M-9069/M-9086

TO BE COMPLETED BY THE EMPLOYER

<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Add <input type="radio"/> Dependent(s)	<input type="checkbox"/> Change <input type="radio"/> Address <input type="radio"/> Phone <input type="radio"/> Name <input type="radio"/> COBRA	<input type="checkbox"/> Cancel Coverage <input type="radio"/> Policy Holder <input type="radio"/> Dependent(s)
--	---	---	--

Reason for Change	<input type="checkbox"/> Employment Status <input type="checkbox"/> Qualifying Event: (PLEASE STATE) _____
-------------------	---

Requested Effective Date / /	Date of Employment / /
---------------------------------------	---------------------------------

Reimbursement of Expenses

Contributions made during any Plan Year can be used only for reimbursement of expenses incurred during that Plan Year. Expenses are incurred on the date services are provided.

Expenses reimbursed through these accounts are not eligible for tax deduction or credits.

Health Care Expenses

Eligible health care expenses are those which would normally be deductible for federal income tax purposes (without regard to adjusted gross income limitations). Expenses incurred by you, your spouse or your dependents which are not reimbursed from another source (i.e. insurance) are eligible for reimbursement.

Included are:

- Medical and dental expenses which are covered but not paid by insurance (deductible amounts paid before benefits begin and the percentage of charges not covered).
- Vision and hearing expenses including examinations, eyeglasses, contact lenses, hearing aids and seeing-eye dogs.
- Dental care, including braces.
- Routine physical examinations, x-rays and lab fees.
- Prescription drugs, including insulin and birth control pills.
- Special equipment bought or rented because of a physical problem (wheelchairs, crutches, orthopedic shoes, etc.)
- Ambulance service and other transportation costs necessary to receive medical care.

For more information, see IRS Publication 502, "Medical and Dental Expenses", available from your local IRS Office.

Dependent Care Expenses

Only those dependent care expenses which allow you (and your spouse, if you are married) to be gainfully employed are eligible. This excludes care which is primarily for medical or educational purposes. Dependent care expenses reimbursed through the Plan cannot be applied toward the tax credit. Maximum expenses for the tax credit calculation are reduced by the amount of expenses reimbursed through this Plan.

Eligible Dependents

- Dependent children under age 13 or any other dependent who is incapable of caring for himself or herself and whose principal residence is your home.

Eligible Expenses

- Reimbursement is limited to the income of the lower earning spouse. If your spouse is a full-time student or incapable of caring for himself or herself, the maximum is \$200.00 for one child or \$400.00 per month for two or more children.

Eligible Providers

- A licensed daycare center.
- An unlicensed provider caring for less than six persons.
- An in-home provider, as long as that person is not your child under age 19 or someone you and your spouse claim as a dependent for tax purposes.

For more information, see IRS Publication 503 "Child and Dependent Care Credit", available from your local IRS Office.

Primary Care Physician Form

For use at your personal Physician's office

Participant Instructions:

- Schedule a visit (preventive physical examination) with your personal Physician with a Biometric Lab Screening
- Complete the Participant Information section of this form (below.)
- Prepare for the Lab Screening by fasting 9 to 12 hours prior to your appointment (nothing to eat or drink besides water.)
- Take this form with you to your physician/lab appointment and request the provider complete the portion below.
- Once the form is complete, provide a copy to Diane Henry or fax to Holmes Murphy (1-866-237-4660.)

PLEASE DO NOT FAX THIS FORM UNTIL PHYSICIAN/PROVIDER HAS COMPLETED AND SIGNED.

JB Holland Construction, Inc.

Patient Name: _____

Please print

Birth _____

Month Day Year

Visit Date _____

Gender: Male

Female

Fasting: Yes

No

Physician/Nurse Instructions:

- Complete the patient examination based on age-appropriate guidelines.
- Please complete the form below by providing the Date of the exam was completed not patient results.
- Once completed, please return this form to the patient.

Biometric Screening Results

Physical Exam	Most recent date completed or N/A (not age appropriate)
PAP/Pelvic	
Blood Pressure	
HDL Cholesterol	
Fasting Glucose	
Triglycerides	
Cancer Screening (thyroid, mouth, skin, ovaries, testicles, lymph nodes)	
Waist Circumference (inches)	
Clinical Breast Exam	
Prostate Cancer	
Screening	
Colorectal Cancer (fecal occult blood test)	
Sigmoidoscopy	
Colonoscopy	
Tobacco, Alcohol and Drug Use	
Osteoporosis	

 Physician/Provider Signature

 Date

 Physician/Provider Name (Please Print)

 Physician Practice Address

BONUS CONTRIBUTION ELECTION FORM

Social Security Number

□ □ □ - □ □ - □ □ □ □

Plan Number:

14715

Plan Name: JB Holland Construction, Inc. 401(k) & Profit Sharing Plan

Participant Information

Participant Name:

Last First Middle Initial

Participant Address:

Street

City State Zip

Bonus Deferral Contribution Election(s)

a. I elect to contribute the following whole percentage or dollar amount of my bonus on a **PRETAX** basis:

Percentage: _____ % or \$ _____

b. I elect to contribute the following whole percentage or dollar amount of my bonus as a **Roth Deferral Contribution**. Note: These amounts will be includable in your income for the year in which they are deferred.

Percentage: _____ % or \$ _____

Note: The amount elected above cannot exceed 100% of the Employer paid cash bonus and the total Deferral Contributions for the full Plan Year cannot exceed 75.00% of your eligible Compensation. Your total Deferral Contributions for the calendar year cannot exceed the applicable dollar limit in effect under Federal law. Eligible Compensation under the Plan is limited to the applicable dollar limit in effect under Federal law for the Plan Year. The Employer has the right to restrict a Participant's right to make Deferral Contributions if they will adversely affect the Plan's ability to pass the "ADP" and/or the "ACP" test.

Investment Elections

Note: Your contribution will be invested according to your existing investment elections for future contributions.

Signatures

I understand that my bonus contribution election(s) will become effective commencing with the payment of the designated bonus made after my Employer can reasonably process it. I hereby certify that the above Participant information is true, accurate and complete, and I authorize my Employer to reduce my eligible bonus by the amount indicated above and to make this bonus deferral contribution to the Plan on my behalf.

PARTICIPANT _____ **DATE** _____

As Plan Administrator I hereby acknowledge receipt of this form.

PLAN ADMINISTRATOR (Authorized signer) _____ **DATE** _____

PLAN ADMINISTRATOR (print name): _____

DESIGNATION OF BENEFICIARY FORM

Social Security Number

□□□-□□-□□□□

Plan Number:

14715

Plan Name: JB Holland Construction, Inc. 401(k) & Profit Sharing Plan

Participant Information

Note: The accompanying instructions are an integral part of this form and you should use them to assist you.

Name: Last First Middle Initial
Address: Street
City State Zip
Marital Status: Single Married

Primary Beneficiary(ies)

I understand that if I am married, my spouse shall automatically be my designated Beneficiary unless I elect otherwise and my spouse consents to such election on this form. I hereby designate the following person or persons as primary Beneficiaries of my Account under the Plan payable in the event of my death.

Name: Social Security Number: Address: Date of Birth: Relationship to Participant: Percentage: (Two columns)

The total of the percentages cannot exceed 100%. When more than one Beneficiary is designated, and no percentage is specified, payment will be made in equal shares to each surviving Beneficiary, or all to the last surviving Beneficiary.

Contingent Beneficiary(ies)

In the event that there are no living primary Beneficiaries at my death, I hereby designate the following person or persons as contingent Beneficiaries of my Account:

Name: Social Security Number: Address: Date of Birth: Relationship to Participant: Percentage: (Two columns)

The total of the percentages cannot exceed 100%. When more than one Beneficiary is designated, and no percentage is specified, payment will be made in equal shares to each surviving Beneficiary, or all to the last surviving Beneficiary.

Signatures

I understand that if there is no designated Beneficiary upon my death, payment of my Account shall be made to my surviving spouse, or, if none, my estate. I reserve the right to revoke or change any Beneficiary designation. By designating the Beneficiary(ies) above, I hereby revoke all my prior designations (if any) of primary and contingent Beneficiaries.

(NOTE: IF YOU ARE MARRIED, SEE THE SECOND PAGE OF THIS FORM FOR APPLICABLE SPOUSAL CONSENT REQUIREMENTS.)

Please return this form to the Plan Administrator after you have completed it.

PARTICIPANT DATE

Fidelity Investments Institutional Operations Company, Inc.



Direct Deposit Authorization

Employer: _____



General Information

We are pleased to be able to offer you a convenient way to receive your payments from your NeuBridg Account - Direct Deposit. You can have your payment automatically deposited in your checking or savings account. You do not have to change your present banking relationship to take advantage of this service.

Direct Deposit will help you in many ways.

- It saves trips to your financial institution.
- It saves time in depositing checks - no long lines to wait in.
- It eliminates the possibility of lost, stolen or forged checks.
- Your money is deposited faster - reducing the possibility of overdrafts.
- Your money is deposited to your account even if you're on vacation or away from the office.

Step 1: Check the appropriate box to indicate whether your NeuBridg payment will be deposited in your checking or savings account.

Step 2: Fill in your name, financial institution information and date. **BE SURE TO SIGN THE FORM!**

Step 3: Attach a voided check or savings deposit slip (*no checking deposit slips, please*) for verification of all financial institution information.

Employee Authorization

Type of Account

- Checking
 Savings

MAKE SURE YOU CHOOSE THE
CORRECT TYPE OF ACCOUNT!

Debit Card

- Request a Reloadable Debit Card

Employee Name (Printed)

E-Mail Address

Financial Institution

Branch

City, State

Routing Number

Account Number

Employee Signature

Date

By signing this document, I authorize NeuBridg, Midwest Group Benefits, Inc. and the financial institution listed below to initiate electronic credit entries, and it necessary, debit entries and adjustments for any credit entries in error to my account.

Documentation

Please attach a voided check (not a checking deposit slip) or savings deposit slip.

Once completed and signed, return to Midwest Group Benefits, PO Box 408, Decorah IA 52101, Fax 563/382-9613.

PARTICIPANT INFORMATION

Congratulations! Because your employer cares about your financial well-being, your employer has elected to provide you with a prevailing wage fringe benefit plan that will supplement or add to state unemployment benefits employees receive due to a layoff or reduction in hours worked. Your employer will contribute an hourly amount into this supplemental unemployment benefit ("SUB") plan on the employee's behalf based on the employer's election in the Adoption Agreement(s).

Hourly amounts vary, depending on the employee's work classification and eligibility for other fringe benefit plans. In no event will the hourly contribution to the SUB Plan be greater than the total fringe benefit component of the prevailing wage determination on the project. Please contact your employer to inquire about exact hourly amounts for your work classification.

Contributions

Contributions are made for hours an employee worked based on the non-discriminatory categories elected by the employer.

Benefit Eligibility and Payout

An employee will qualify to receive a SUB Plan benefit payment **IF** the employee is eligible to receive state unemployment benefits based on full or partial unemployment or experiences a shortage of hours of at least 4 hours during a 40 hour work week and works less than 173 hours for the month based upon your employers distribution frequency election. The employee must meet the eligibility requirements to receive state unemployment insurance benefits in the state in which the employee files for unemployment benefits and have amounts credited to their account. An employee also may receive SUB Plan benefit payments if the employee is ineligible for state unemployment insurance benefits because the employee:

1. has not compiled sufficient wage credits under state law;
2. has exhausted his or her unemployment insurance benefits; or
3. has not met the state's eligibility waiting period for unemployment insurance benefits.

SUB Plan benefit payments to eligible participants are issued weekly, bi-weekly or monthly depending on your employers distribution frequency election via direct deposit or debit card. If direct deposit information or a debit card has not yet been issued, a check will be issued and mailed to the address on file of the employee. If you are not eligible to receive a SUB Plan benefit payment, any amounts in your SUB Plan account will accumulate or remain in your account, per plan documents, until you are eligible to receive distributions or are subject to forfeiture. Please review the Forfeiture section of this document. Lump-sum distributions are not allowed from your SUB Plan account.

Administrative Fees and Taxes

Each contribution made by your employer on your behalf will be assessed a seven point six five percent (7.65%) administrative fee. In addition, each time a SUB Plan distribution is processed, there is a \$3.00 direct deposit or debit card fee or a \$10.00 check fee.

SUB Plan benefit distributions are exempt from certain payroll taxes including Social Security, Medicare, and unemployment deductions. Payroll taxes paid by an employee when the employee receives wages are generally 7.65% (may be higher in some states). Under the SUB Plan, the net cost to the employee is either neutral or a net gain compared to wages earned.

SUB Plan benefit distributions however, are subject to personal income taxes. The Plan Administrator withholds 15% federal withholding and state tax if requested.

PORTAL LOGIN INSTRUCTIONS

Your employer has provided us the necessary information that allowed us to create a user name and password for you. Please follow these instructions to successfully log into the NeuBridg Portal.

First Time Users

On your web browser, enter WWW.NEUBRIDG.COM

1. Click on "Portal Login" in the upper right corner of the website
2. Your **DEFAULT USER NAME** is your Social Security Number without any dashes (i.e. 123456789)
3. Your **DEFAULT PASSWORD** is the Last 4 Digits of your Social Security Number
4. Alternate Verification Questions. The system will require you to answer two (2) Alternate Verification Questions. In the event of a reset, this information will be necessary to verify your identity. Once you choose the question(s) and enter the answer(s), Click on the "Submit" Button
5. After you press the "SUBMIT" button, a Personal Information Verification Screen will appear.
6. Make sure that any field with a red asterisk (*) is answered.
7. If you would like to receive email confirmations of transactions, choose the location you would like your email confirmation sent to. Your choices are None, Home, Office or Other.
8. After you make your selection, enter a valid Email Address in the appropriate choice as selected. For example, if your "Select Email Confirmation to" choice was "Home", then enter your email in the Home email location.
9. If you **do not have an email address**, make sure to check the box stating that you don't have an email and leave the "Select Email Confirmation to:" as "NONE". Click "Next"
10. The next screen will allow you to designate beneficiaries. It is strongly suggested that you enter a beneficiary. If you decide to answer this at a later date, you may update or add/remove beneficiaries by choosing "Beneficiaries" under the Personal Profile menu option on the left side of the menu bar. Click "Next" when you are completed.
11. You now have the opportunity to Review and confirm all of your Entries from the information provided. To change, choose "EDIT" otherwise, if you agree, at the bottom of the screen, press "FINISH". **IT IS VERY IMPORTANT THAT YOU PRESS "FINISH"**. A congratulatory message will appear, press "CONTINUE" to enter the portal.

Subsequent Visits:

1. Enter your User name and Password
2. Select your role (participant)
3. Click the "Log In" button

Note: If you fail to log into the system three (3) consecutive times, your account will be disabled and will need to be reset. Please call 800-344-3766 or email NeuBridg@midwestbenefits.com for assistance.

Forgot User ID or Password:

1. Click on the "Forgot Your Login?" link
2. Enter your SSN, Date of Birth and Zip Code then Click on "Submit" Button
3. Answer the Verification Question, click on "Submit" Your information will be sent to the email that you have on file. If you do not have an email on file, you will need to contact NeuBridg to have your account reset (M-F 8am to 5pm CST).

Account Reset

If your account has to be reset, your user name will default to your Social Security Number and your password will be the Last 4 digits of your Social Security Number.

VOICE RECOGNITION INSTRUCTIONS

Call: (877) 410 - 9984
PLAN PROVIDER NUMBER: 2316

The Voice Response Unit is a very simple process allowing you to check your balance and request a distribution in "DOLLARS" (*Dependent on Distribution Election Method selected by employer*) from your phone through the use of pre-recorded prompts.

INSTRUCTIONS

1. Call the 877 number listed above
2. Once connected you will hear a General Greeting
"Thank you for calling the Retirement Plan Information System"
3. Enter the Extension for the Plan Provider (2316) then press the "#" sign
4. Press 1 for English or 2 for Spanish
5. Enter your Social Security Number
6. Enter your Personal Identification Number (PIN)
Your PIN defaults to the last 4 digits of your Social Security Number
7. A message will "Welcome you to (Your Company's Name) SUB Plan"

OPTION(s)

- Press 1 for "Personal Account Information"
- Press 2 to "Change your Personal Identification Number (PIN)"
- Press 3 for "General Information"
- Press 9 to "End this Call"

PERSONAL ACCOUNT INFORMATION

You will hear a short message about the balances

- Press 1 for "Balance Information"
- Press 2 for "Withdrawals"
- Press 9 to "Return to the Previous Menu"

Choosing Option "1" - BALANCE INFORMATION

Press 1 for "Balance Information" - You will hear a message about your balance

Choosing Option "2" - WITHDRAWALS (Available only if your employer elected this feature. All other participant distribution requests will be reported by the employer.)

Press 1 to "Request an In Service Withdrawals"

You will hear a short message about the maximum amount available for withdrawal. You will have two choices.

Press 1 for "Maximum"

Please note that the maximum amount reported is representative of the balance in your account. The maximum distribution is based upon 40 hours maximum at the distribution rate established in your plan. If you choose this option, NeuBridg will consider your submission to be 40 hours at your company's established distribution rate.

Press 2 for "Different Amount"

Use this choice if you don't want the maximum (40 hours x your company distribution rate) but would rather have a lesser amount. Remember, there is a 4 hour minimum distribution at your company's established distribution rate. For example if you desire \$400.00, enter 400 (Do NOT enter cents).

Press 9 to "End the Call"

RELIANCE STANDARD

LIFE INSURANCE COMPANY

A MEMBER OF THE TOKIO MARINE GROUP

Designation of Beneficiary

Policyholder JB Holland Construction, Inc.	Policy Number(s)
Insured Name	Social Security Number

I hereby designate the following as my beneficiary (ies) under the above policy number(s):

Primary Beneficiary(ies)

Full Name and Address (Please Print)	Percentage* (Must total 100%)	Date of Birth	Relationship	Social Security Number

* If no percentages are indicated, benefits will be divided equally between all primary beneficiaries.

Contingent Beneficiary(ies) (applicable only if you are not survived by one or more primary beneficiaries)

Full Name and Address (Please Print)	Percentage* (Must total 100%)	Date of Birth	Relationship	Social Security Number

* If no percentages are indicated, any benefits payable to contingent beneficiaries will be divided equally between all contingent beneficiaries.

- ◆ This beneficiary designation revokes all revocable prior beneficiary designations.
- ◆ Unless you indicate otherwise, if any beneficiary predeceases you, that beneficiary's share will be divided pro-rata among the surviving beneficiaries of the same class (primary or contingent).
- ◆ If no beneficiary (primary or contingent) survives you, payment will be made pursuant to the terms of the applicable policy.

Date	Signature of Insured
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As Plan Administrator I hereby acknowledge receipt of this form.

PLAN ADMINISTRATOR (Authorized signer) _____ **DATE** _____

PLAN ADMINISTRATOR (print name): _____

Note: The Plan Administrator will maintain possession of this form.

The Plan requires a married Participant's spouse to consent to the Designation of Beneficiary if the Participant elected to waive the pre-retirement survivor annuity. Therefore, if you intend to designate more than 100% of your vested Account balance to a primary Beneficiary other than your spouse, then your spouse must consent to waive the pre-retirement survivor annuity on a separate Waiver of Pre-Retirement Survivor Annuity form provided by the Plan Administrator and consent to the Beneficiary Designation below under the Consent of Spouse section. If your spouse fails to consent to either the pre-retirement survivor annuity or the non-spouse Beneficiary designation, then upon your death the Plan will pay the pre-retirement survivor annuity to your surviving spouse and will pay your remaining Account balance, if any, to your designated Beneficiary.

If your spouse is not your Designated Primary Beneficiary, then this Designation of Beneficiary is invalid without the consent of your spouse unless your spouse waived the right to consent to any change in the beneficiary designation under a prior beneficiary designation.

Consent of Spouse

I acknowledge that I am the spouse of the Participant named on this form. I hereby certify that I have read this Designation of Beneficiary Form and understand that I possess a beneficial interest in my spouse's Account under the Plan if I survive him/her. I hereby acknowledge and consent to the Designation of Beneficiary on this form. My consent shall be irrevocable unless my spouse subsequently changes the Designation of Beneficiary. If my spouse changes the designation, {Choose (a) or (b)}:

- (a) I understand I must sign a new consent to the new designation for it to be effective.
- (b) I waive my right to consent to any future change in designation. I understand I have the right to restrict my consent only to the Beneficiary designated on the reverse side of this form by checking box (a).

I have executed this consent this _____ day of _____, _____.

Signature of Participant's Spouse
(Must be witnessed by a Plan Representative or a Notary Public)

Plan Representation

Signature of spouse witnessed this _____ day of _____, _____, in the presence of:

Plan Representative

(Print Name)

OR

Notary Public

STATE OF _____

(ss.)

Fidelity Investments Institutional Operations Company, Inc.

COUNTY OF _____

On this _____ day of _____, _____, before me appeared _____ who acknowledged herself or himself to be the person who executed the consent set forth above and acknowledged the consent to be his or her free act and deed.

Notary Public

My Commission Expires: _____

