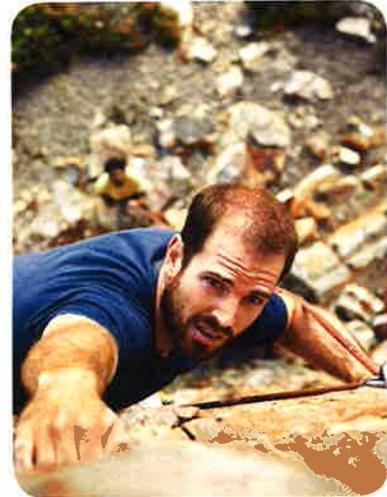
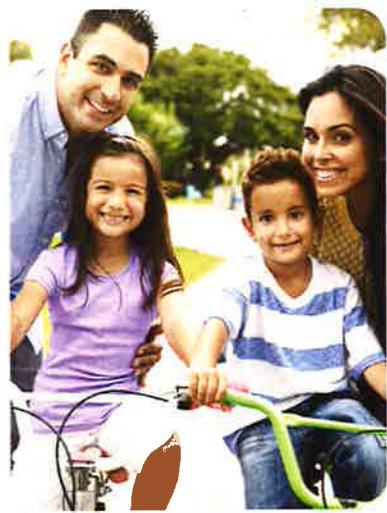
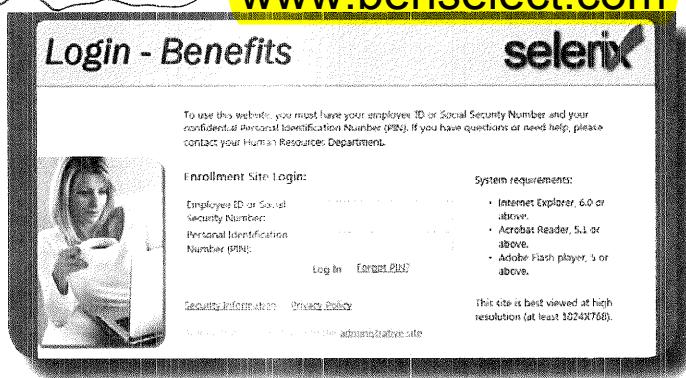


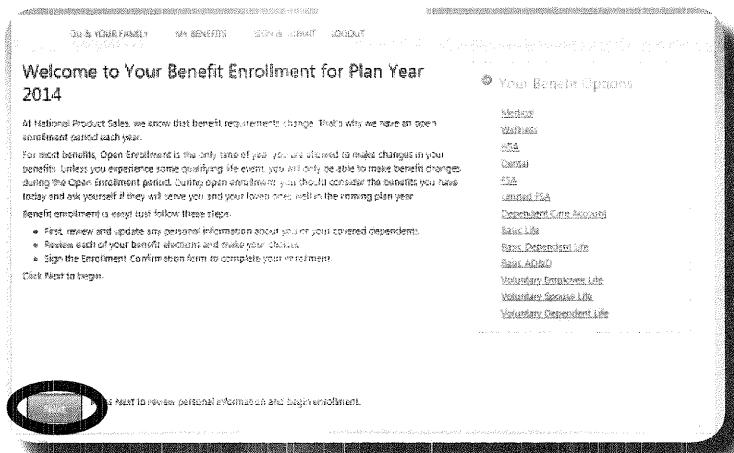
# 2016 Benefits Enrollment Guide



1. Go to [www.benselect.com](http://www.benselect.com)



2. Enter your Social Security Number  
 3. Your pin is the last 4 digits of your SSN and the last 2 digits of the birth year  
 4. Press "Log In"  
 5. Follow screen instructions using the navigation buttons found at the bottom left hand of your screen.



6. Verify all personal information, making changes where necessary. Please include your work email, personal email, and cell phone number if you have these items.

HOME YOU & YOUR FAMILY MY BENEFITS SIGN & SUBMIT LOGOUT

**Dependents**

No Dependent Information Available

Add

**Dependents**

Click Add to add your spouse or dependent children. Dependents may only be covered if they meet the requirements specified by the plan. Click the Next button when finished. Optional items are indicated by an asterisk.

### 8. You must "enroll" or "decline" all benefits.

HOME YOU & YOUR FAMILY MY BENEFITS SIGN & SUBMIT LOGOUT

**Medical**

Listed below are the options and coverage choices available to you.

- To enroll or continue your current coverage, click on the option next to the cost which represents your election.
- When you are finished, click on the "NEXT" button to continue.

Employee Only	Employee + Child	Employee + Spouse	Employee + Children	Employee + Family
ABOVE \$10.00	\$10.00	\$15.00	\$19.00	\$20.00

I want to apply for this coverage  
 I wish to waive this coverage

**My Benefits**

Basic Employee Information  
 Medical  
 Wellness  
 Dental  
 Vision  
 Flexible Spending Account  
 Dependent Care Account  
 Basic Employee Life  
 Accidental Death & Dismemberment  
 Voluntary Employee Life  
 Voluntary Spouse Life  
 Voluntary Child Life  
 Short Term Disability  
 Long Term Disability

Employee Cost: \$0.00  
 Pre-tax cost: \$0.00  
 Post-tax cost: \$0.00

### 9. You will sign all applicable documents by entering your pin

HOME YOU & YOUR FAMILY MY BENEFITS SIGN & SUBMIT LOGOUT

**Sign and Submit**

Here is a recap of your enrollment elections. The summary below shows your election for each benefit and includes your pre-tax and post-tax contribution pay period for each plan.

- Are You Satisfied With Your Elections? If you are satisfied with your choices, click on the "NEXT" button at the bottom of this screen to sign your Enrollment Verification Form electronically using your PIN.
- Need To Make Some Changes? If you wish to make any changes to your elections, click on the benefit plan name in the menu at the left.

Plan	Description	Pre-tax Cost	Post-tax Cost	Employee Cost
Basic Employee Information	Basic Employee Information EO	\$0.00	\$0.00	\$0.00
Medical	Altius - Peak Plus Traditional EO	\$10.00	\$0.00	\$10.00
Wellness	Orient Wellness EO	(\$30.00)	\$0.00	\$0.00
Dental	Ameritas - High Plan Dental EO	\$10.00	\$0.00	\$10.00
Vision	Waived	\$0.00	\$0.00	\$0.00
Flexible Spending Account	Waived	\$0.00	\$0.00	\$0.00
Dependent Care Account	Waived	\$0.00	\$0.00	\$0.00
Basic Employee Life	\$20,000	\$0.00	\$0.00	\$0.00
Accidental Death & Dismemberment	\$20,000	\$0.00	\$0.00	\$0.00
Voluntary Employee Life	Waived	\$0.00	\$0.00	\$0.00
Voluntary Spouse Life	N/A	\$0.00	\$0.00	\$0.00
Voluntary Child Life	N/A	\$0.00	\$0.00	\$0.00

**You will receive a completion screen once you have enrolled/declined all benefits and electronically signed all documents**

HOME YOU & YOUR FAMILY MY BENEFITS SIGN & SUBMIT LOGOUT

**Sign/Submit Complete**

Congratulations!

Your enrollment is now complete. You may log-in to the system at any time during the year to review your benefit elections.

Recap of Your Elections

Listed below is a recap of your elections including who is covered under each benefit plan and your named beneficiaries. Scroll down to the bottom of this screen to view a list of your completed enrollment forms.

Basic Employee Information

Product	Plan	Title	Benefit Amount	Employee Cost	Pretax	Employer Cost
Basic Employee Information	Employee Only		\$0.00	\$0.00	N	\$0.00

Medical

Plan Name:	Altius - Peak Plus Traditional								
Covered Persons:	Employee Only								
First Name:	MR	Last Name:	McTester	DOB:	12/31/1968	Sex:	M	Relationship:	Employee

Wellness

Plan Name:	Orient Wellness								
Covered Persons:	Employee Only								
First Name:	MR	Last Name:	McTester	DOB:	12/31/1968	Sex:	M	Relationship:	Employee

Dental

Plan Name:	Ameritas - High Plan Dental								
Covered Persons:	Employee Only								
First Name:	MR	Last Name:	McTester	DOB:	12/31/1968	Sex:	M	Relationship:	Employee

Vision

Flexible Spending Account

Dependent Care Account

Basic Employee Life

**Beneficiary Information:**

Name	Relationship	Address	Phone	Percent	Type
				100.00	Primary

Benefit Amount: Cost: \$20,000.00 \$0.00

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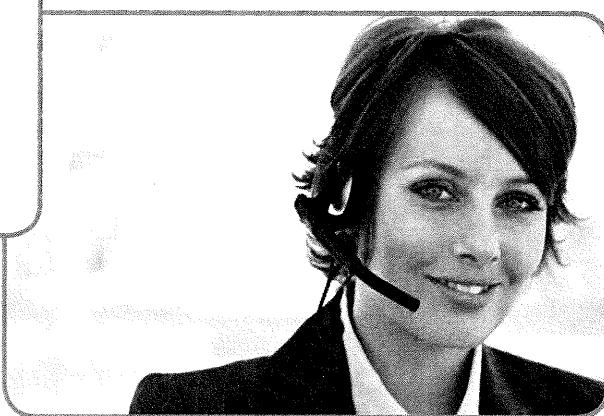
## Have an Issue?

### First

- Telephone the insurance company or benefit provider using the contact numbers listed below.

### Second

- If your issues are still not resolved, please contact Christy Butterfield with Diversified Insurance Group.



## Contact Information

Benefit Plan	Telephone	Internet
<b>Medical</b>		
SelectHealth	801-442-5038	<a href="http://www.selecthealth.org">www.selecthealth.org</a>
<b>Health Savings Account (HSA)</b>		
Health Equity	866-346-5800	<a href="http://www.healthequity.com">www.healthequity.com</a>
<b>Dental</b>		
Dental Select	801-495-3000	<a href="http://www.dentalselect.com">www.dentalselect.com</a>
<b>Vision</b>		
Opticare of Utah	800-363-0950	<a href="mailto:service@opticareofutah.com">service@opticareofutah.com</a>
<b>Life Assistance Program</b>		
Cigna	800-538-3543	<a href="http://www.cignabehavioral.com/CGI">www.cignabehavioral.com/CGI</a>
<b>Life &amp; Disability</b>		
Cigna	800-36-CIGNA	<a href="http://www.cigna.com">www.cigna.com</a>
<b>HRA, Flex Spending</b>		
National Benefits Services	801-532-4000	<a href="http://www.nbs-i.com">www.nbs-i.com</a>
<b>Ancillary Benefits</b>		
AllState	800-521-3535	<a href="http://www.allstatebenefits.com/mybenefits">www.allstatebenefits.com/mybenefits</a>
<b>Human Resources</b>	<b>Telephone</b>	<b>Email</b>
John Campbell	801-482-7454	<a href="mailto:j_campbell@woodburycorp.com">j_campbell@woodburycorp.com</a>
<b>Employee Advocate</b>	<b>Telephone</b>	<b>Email</b>
Christy Butterfield - <del>Claim Claim Problem</del>	801-325-5052	<a href="mailto:advocates@digrisk.com">advocates@digrisk.com</a>
Diversified Insurance Group	888-244-1212 ext 5052	

## Who is Eligible?

- Full time employees who actively work at least 30 hours per week.\*
- Your legal spouse.
- Your children up to age 26 regardless of marital or student status.
- Your unmarried children of any age, if they depend on you for support due to a physical or mental disability (documentation required).

\*Employees who actively work at least 20-29 hours per week are eligible for all benefits except medical

## General Definitions

### Special Enrollment Rights (other than open enrollment)

There will be an open enrollment period each year. During this open enrollment period, you will have the opportunity to renew coverage or make changes as appropriate. Changes under most plans can only be made during open enrollment. This is a requirement of our benefit providers and IRS regulations. However, certain qualifying status changes are allowed during the plan year. If you have a qualifying event, the change must be submitted to your Human Resource Office within 30 days of the event. Financial hardship **does not** qualify as a qualifying change of status.

#### Choose Wisely

### A Qualifying Change of Status Occurs for the Following:

- You get married, legally separated, or divorced.
- You add a dependent child through birth, adoption, or change in custody.
- Your spouse or child dies which affects your coverage.
- Permanent reduction in hours.
- You or a dependent enroll in the Exchange during the Exchange Open Enrollment.
- Your parent/spouse begins or terminates employment, which affects benefit coverage.
- Your parent/spouse loses health coverage through his/her employer which affects your coverage.
- You receive a qualified medical child support order (QMCOSO).
- Your parent/spouse's open enrollment; may be considered a qualifying status change.

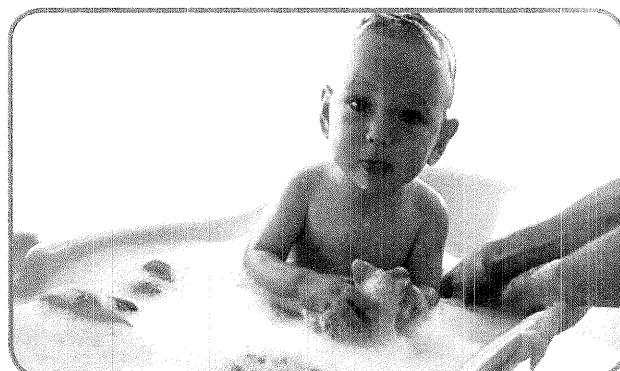
The choices you make will remain in effect during the 2016 plan year unless you have an approved qualifying change of status

## OR

You have a **60** day special election period for the following:

- You and/or your spouse and dependents gain or lose Medicare or Medicaid coverage.
- You qualify for a state sponsored premium assistance program.

**Financial hardship is not a qualifying event  
for benefit changes**



**Don't forget to add newborn babies to your  
plan within 30 days of their birth!**

### When does coverage begin for new hires?

Coverage begins for new employees on the first day of the month following 60 days of full-time employment.

You must complete all the appropriate applications within 30 days of hire and submit to your Human Resource Department to ensure timely delivery of carrier materials and ID cards. If the appropriate applications are not completed within the stated deadline, coverage may be denied, in which case, you may not be eligible to enroll until the next open enrollment period or until you have a qualifying event. Refer to the terms, conditions, and limitations defined by the carrier plan documents for additional information.

## Woodbury Corporation

Woodbury Corporation recognizes the importance of a benefit program that provides high-level protection to employees and their families. Our comprehensive benefit program has been created to fulfill a wide range of needs and to provide an effective security net for both you and your family.

### Important Notices

The following benefit summaries are for ease of comparison. This brief highlight brochure provides a summary only of benefits available to eligible employees and their eligible dependents. Woodbury Corporation reserves the right to audit the dependency status of individuals enrolled by an employee. This process may include a complete eligibility verification of all enrolled dependents and/or verifying relationship and status of new dependents registered during open enrollment, by new-hires, and qualifying events. Ensure that you are covering only eligible dependents when you enroll in the plan offerings.

The information in this booklet supersedes all prior summaries. However, since this booklet is only a summary, it does not describe every detail of the benefit programs outlined. If there are any inconsistencies or discrepancies between this booklet and the governing plan documents and benefit contracts, the governing plan documents and benefit contracts will prevail. The governing plan documents and benefit contracts are available for your review in your Human Resource Department.

Refer to the carrier's literature for specific details. No rights shall accrue to you and/or your dependents because of any statement, error, or omission in this comparison. Reasonable efforts are made to keep employees informed of any changes in benefit plans. Please note that these benefits are subject to change.

### Waiving Coverage

If you decide that you and/or your dependents have appropriate benefits from an alternate source, you may choose to waive your existing coverage. If you are declining enrollment for yourself and/or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself and/or your dependents in this plan, providing that you request enrollment within 30 days after your other coverage ends. If you have a new dependent as a result of your marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents provided that you request enrollment within 30 days after the event.

### When Coverage Ends

Most coverages terminate on the last day of the month your employment with Woodbury Corporation ends. Your life and disability coverages will always end on the last day of your employment. Refer to carrier literature, summary plan descriptions, and master plan documents for specific plan provisions, limitations, and exclusions.

**Whichever  
is earliest**

- Your employment with Woodbury Corporation ends
- The group policy ends
- You are no longer eligible under the plan
- Your death
- You retire
- You enter the armed forces of any country on a full-time basis



**SelectHealth  
SelectValue Network**

**In-Network**

Single Annual Deductible	\$2,000
Family Annual Deductible	\$6,000
Single Out-of-Pocket Max (Deductible Included)	\$3,000
Family Out-of-Pocket Max (Deductible Included)	\$9,000
Lifetime Maximum	Unlimited
Prescription	
Deductible (per person)	N/A
Retail (30 Day Supply)	\$10 / 25% / 50% / 20%
Mail Order (90 Day Supply)	\$10 / 25% / 50%
Office Visit	
Primary Care	\$20 Copay
Secondary/Specialist	\$30 Copay
Preventive Care	Covered 100%
Diagnostic Lab/X-Ray	
Minor	Covered 100%
Major	20% AD
Urgent Care	\$35 Copay
Emergency Care at Hospital	\$75 Copay AD
Inpatient Services	20% AD
Outpatient Services	20% AD
Maternity	20% AD
Durable Medical Equipment	20% AD
Mental Health Benefits	
Mental Health Inpatient	20% AD
Mental Health Outpatient	20% AD
Mental Health Office Visit	\$20 Copay

**Rates Per Pay Period**

Employee Only	\$68.65
Family	\$188.87

AD = After Deductible



selecthealth.

## SelectHealth SelectMed Plus Network

	In-Network	Out-of-Network
Single Annual Deductible	\$2,000	\$4,000
Family Annual Deductible	\$6,000	\$12,000
Single Out-of-Pocket Max (Deductible Included)	\$3,000	\$6,000
Family Out-of-Pocket Max (Deductible Included)	\$9,000	\$18,000
Lifetime Maximum	Unlimited	Unlimited
Prescription		
Retail (30 Day Supply)	\$10 / 25% / 50% / 20%	
Mail Order (90 Day Supply)	\$10 / 25% / 50%	
Office Visit		
Primary Care	\$20 Copay	40% AD
Secondary/Specialist	\$30 Copay	40% AD
Preventive Care	Covered 100%	Not Covered
Diagnostic Lab/X-Ray		
Minor	Covered 100%	40% AD
Major	20% AD	40% AD
Urgent Care	\$35 Copay	40% AD
Emergency Care at Hospital	\$75 Copay AD	See Participating
Inpatient Services	20% AD	40% AD
Outpatient Services	20% AD	40% AD
Maternity	20% AD	40% AD
Durable Medical Equipment	20% AD	40% AD
Mental Health Benefits		
Mental Health Inpatient	20% AD	40% AD
Mental Health Outpatient	20%	40% AD
Mental Health Office Visit	\$20 Copay	40% AD

### Rates Per Pay Period

Employee Only	\$88.45
Family	\$243.68

AD = After Deductible



**SelectHealth**  
**SelectMed Plus HDHP Network**

	<b>In-Network</b>	<b>Out-of-Network</b>
Single Annual Deductible	\$1,500	\$1,750
Family Annual Deductible	\$3,000	\$3,500
Single Out-of-Pocket Max (Deductible Included)	\$3,000	\$4,500
Family Out-of-Pocket Max (Deductible Included)	\$6,000	\$9,000
Lifetime Maximum	Unlimited	Unlimited
Prescription		
Retail (30 Day Supply)	\$7 / \$21 / \$42 / \$100 AD	
Mail Order (90 Day Supply)	\$7 / \$42 / \$126 AD	
Preventive RX		
Retail (30 Day Supply)	\$7 / \$21 / \$42 / \$100	
Mail Order (90 Days Supply)	\$7 / \$42 / \$126	
Office Visit		
Primary Care	\$15 Copay AD	40% AD
Secondary/Specialist	\$25 Copay AD	40% AD
Preventive Care	Covered 100%	Not Covered
Diagnostic Lab/X-Ray		
Minor	Covered 100% AD 20% AD	40% AD 40% AD
Major		
Urgent Care	\$35 Copay AD	40% AD
Emergency Care at Hospital	\$75 Copay AD	See Participating
Inpatient Services	20% AD	40% AD
Outpatient Services	20% AD	40% AD
Maternity	20% AD	40% AD
Durable Medical Equipment	20% AD	40% AD
Mental Health Benefits		
Mental Health Inpatient	20% AD	40% AD
Mental Health Outpatient	20% AD	40% AD
Mental Health Office Visit	\$15 Copay AD	40% AD

**Rates Per Pay Period**

Employee Only	\$59.55
Family	\$163.92

AD = After Deductible



## SelectHealth SelectCare Plus Network

	In-Network	Out-of-Network
Single Annual Deductible	\$2,000	\$4,000
Family Annual Deductible	\$6,000	\$12,000
Single Out-of-Pocket Max (Deductible Included)	\$3,000	\$6,000
Family Out-of-Pocket Max (Deductible Included)	\$9,000	\$18,000
Lifetime Maximum	Unlimited	Unlimited
Prescription		
Retail (30 Day Supply)	\$10 / 25% / 50% / 20%	
Mail Order (90 Day Supply)	\$10 / 25% / 50%	
Office Visit		
Primary Care	\$20 Copay AD	40% AD
Secondary/Specialist	\$30 Copay AD	40% AD
Preventive Care	Covered 100%	Not Covered
Diagnostic Lab/X-Ray		
Minor	Covered 100% AD	40% AD
Major	20% AD	40% AD
Urgent Care	\$35 Copay AD	40% AD
Emergency Care at Hospital	\$75 Copay AD	See Participating
Inpatient Services	20% AD	40% AD
Outpatient Services	20% AD	40% AD
Maternity	20% AD	40% AD
Durable Medical Equipment	20% AD	40% AD
Mental Health Benefits		
Mental Health Inpatient	20% AD	40% AD
Mental Health Outpatient	20% AD	40% AD
Mental Health Office Visit	\$20 Copay AD	40% AD

### Rates Per Pay Period

Employee Only	\$86.04
Family	\$236.64

AD = After Deductible

## Preventive Care is Important

Preventing disease and detecting disease early, if it occurs, are important to living a healthy life. The better your health, the lower your health care costs are likely to be. Following these guidelines, along with the advice of your doctor, can help you stay healthy. Talk to your doctor about your specific health questions and concerns, and follow his or her recommendations.

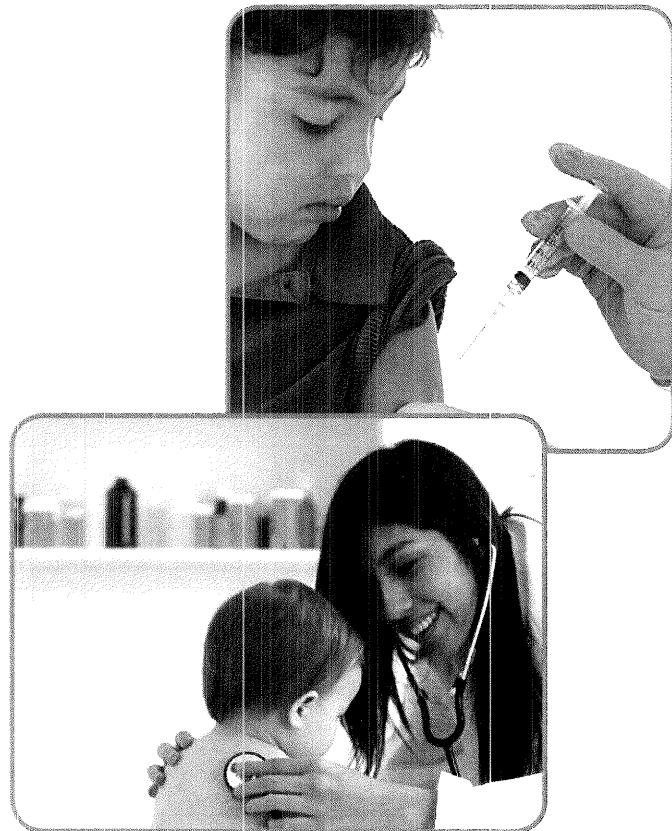
Preventive care visits are now 100% covered without a co-pay, or having to meet your deductible\*. If you would like more information on preventive care, visit [www.healthcare.gov/preventive-care-benefits/](http://www.healthcare.gov/preventive-care-benefits/)

## Preventive Care Services

### Vaccinations and Immunizations

These immunizations may be given in combination with other immunizations. Common examples include MMR or DTP.

- Chicken Pox
- Diphtheria
- Hemophilus Influenza B (HIB)
- Hepatitis A/B
- Human Papillomavirus (Gardasil)
- Influenza
- Measles
- Meningitis
- Mumps
- Pertussis
- Pneumonia
- Polio
- Rubella
- Small Pox
- Tetanus
- Typhus



### Screening Examinations

- Vision Screening
- Hearing Screening
- Cholesterol/Cardiovascular Screening
- Chlamydia Screening
- Diabetes Screening
- Glaucoma Screening
- Cancer Screening
- Breast Cancer (Mammograms)
- Cervical Cancer (Pap Smear)
- Colon Cancer (Colonoscopies and Sigmoidoscopies)
- Prostate Cancer (Screening PSA)
- Skin Cancer

### Preventive Exams and Office Visits

Preventive care benefits cover well-child visits for the first 24 months of life and one routine physical exam per member per year (must be coded as preventive on submitted claim).

- Well-Child Health Check
- Annual Preventive Health Exams for Adults and Adolescents

**\*If a diagnostic is issued during your preventive checkup co-pays and deductibles may apply**



## What is a Health Savings Account?

Your Health Savings Account (HSA), is a personal savings account that works in conjunction with the High Deductible Health Plan being offered by Woodbury Corporation. You can use your HSA to pay for current and future qualified medical expenses – tax free.

## Increase your Healthcare Buying Power

As an employee you may also make contributions to your HSA account. Because the money you contribute to your HSA is tax-deductible, using your HSA to pay for qualified medical expenses – from doctor's fees and dental work to prescriptions – can help maximize your healthcare buying power.

## What is the difference between an HSA and Flexible Savings Account (FSA)?

- A HSA can roll-over unused funds from year to year, indefinitely
- A FSA cannot roll-over unused funds from year to year, and are lost if not used for that year's expenses.

## Flexible Online Funding

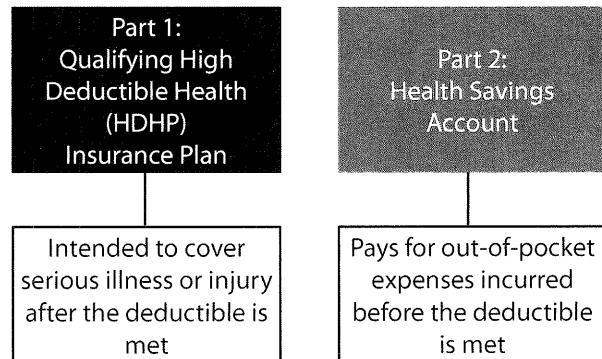
In 2015, the total maximum amount the IRS allows you and your employer to contribute to your HSA is \$3,350\* for single and \$6,650\* for family coverage – but you don't have to contribute it as a lump sum. You can contribute to your HSA through pre-tax payroll deductions. Or you can contribute directly to your HSA anytime funds become available. It's entirely up to you – but the more you contribute, the more you have available to pay for medical expenses on a tax favored basis.

\*An additional \$1,000 may be contributed annually for those age 55 and older.

## Convenient Payment Options

With a swipe of your HSA HealthEquity Visa® Health Account card you can pay for prescriptions, doctor visits, dental expenses and more. Funds will automatically be deducted from your HSA. You can easily check balances and payment on their website by setting up an online account, or by phone.

## How does a health savings account (HSA) work?



## How is an HSA used to pay for medical care?

1. Employee and/or employer funds HSA account.
2. Employee seeks medical services.
3. A bill for medical services is submitted as a claim to your insurance carrier and paid in part according to your HDHP, subject to a deductible and coinsurance.\*
4. Employee should pay the remaining amount with a debit card from their HSA account.
5. This process is repeated until deductible and out-of-pocket maximum are fulfilled, after which the employee generally should be covered for almost all in-network eligible expenses.

\* Subject to plan design, check Summary Plan Description. Preventive care may be covered at 100%.



## How to Use Your Investment Account

Health savings accounts (HSAs) provide you with the opportunity to build equity that can help you pay for your health care now and in the future. To help you build that equity, HealthEquity offers a free investment account with your HSA. There are no setup and trading fees and there is no minimum investment.

### Here's How It Works:

1. Log on to your Healthcare Financial Services Desktop.
2. Select "Investments."
3. Check the consent box for the electronic consent form. You will only have to do this the first time you choose to make an investment. Once you agree to the consent form, an email explaining how to use the investment system will be sent to your account. You must have a valid email address in the HealthEquity system to use the investment product.
4. Now you are ready to start investing. Evaluate the investment funds that are available and determine which funds meet your investment goals. A prospectus is available for each of the investment funds that are offered.
5. Add the desired funds to your investment portfolio and establish target holdings for each fund in your portfolio. In this step no funds will actually be purchased, you are only setting goals.
6. Now, you can buy or sell shares from each of the funds in your portfolio. Click on the "Make a Trade" button from your investment desktop. There two options for buying and selling shares:
  - a. Specify a dollar amount to buy that will then be used to purchase shares according to your target holdings
  - a. Specify a dollar amount to buy or sell from a specific fund
7. You can review your investments at anytime online. Any gains or losses made through your investments will not be treated as contributions or distributions from your HSA. This means that gains will not decrease your annual contribution rate and losses will not be penalized as nonqualified medical expenses.

### What Will This Cost Me?

There is NO CHARGE to use our investment product. HealthEquity does not charge commissions or investment fees to use the investment option. Members can buy and sell shares as many times as they want at no cost to them. HealthEquity offers this service free of charge because we are committed to helping you grow your savings.

### Free Investment Options

Health savings accounts (HSAs) provide you the opportunity to build equity that can help you pay for your health care now and in the future. Through responsible spending and saving you can build up a substantial amount of money! HealthEquity provides even further opportunities for you to grow your account through free investment options. Investment options are available to anyone with more than \$2,000 in their account. There are no set-up and trading fees and no minimum investment. Investments are not FDIC insured. Investment options are available through your online portal at [www.myhealequity.com](http://www.myhealequity.com).

**HealthEquity offers several investment options, please follow the link below for more information:**

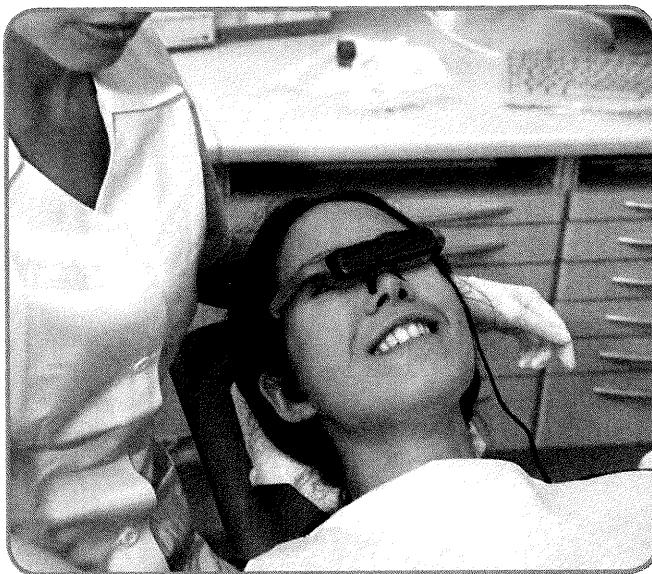
**[www.HealthEquity.com/investmentguide](http://www.HealthEquity.com/investmentguide)**



## Dental Select - Gold Plan

Benefits	In-Network	Out-of-Network*
Single Deductible		None
Family Deductible		None
Annual Maximum (Per Covered Person)		No Maximum
Orthodontic Lifetime Max (Children and Adults)		No Maximum
Preventive Services Cleanings, Routine exams, fluoride & x-rays	Covered 100%	See schedule for plan payments
Basic Procedures Fillings and extractions	Fixed Co-Pays, Refer to Co-Pay Schedule	See schedule for plan payments
Major Services Crowns, Bridges, Endodontics, and Periodontics	Fixed Co-Pays, Refer to Co-Pay Schedule	See schedule for plan payments
Orthodontic Care (Children and Adults)	20% Discount	No Benefit
<b>Rates Per Pay Period</b>		
Employee Only		\$11.10
Employee + 1 Dependent		\$22.90
Employee + Family		\$36.20

AD = After Deductible





## Dental Select - Platinum Plan

<b>Benefits</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Single Deductible	\$50	\$50
Family Deductible	\$150	\$150
Annual Maximum (Per Covered Person)	\$1,000	
Orthodontic Lifetime Max	\$1,000	
Preventive Services Exams, Cleanings (2 per year), Fluoride, X-rays	Covered 100% Deductible Waived	80% of Fee Schedule Deductible Waived
Basic Procedures Adjunctive Services-Basic Diagnostic-Basic, Oral and Maxillofacial Surgery, Preventive-Basic (Sealants, Space Maintainers), Restorative-Basic, Fillings	80% Deductible Applies	70% of Fee Schedule Deductible Applies
Major Services Adjunctive Services-Major Prosthodontics-Fixed, Prosthodontics-Removable, Restorative-Major, Endodontics, Periodontics, Crowns	50% Deductible Applies	50% of Fee Schedule Deductible Applies
Orthodontic Care		
Children Under 19		50% Discount
Adult Coverage	20% Discount	No Benefit

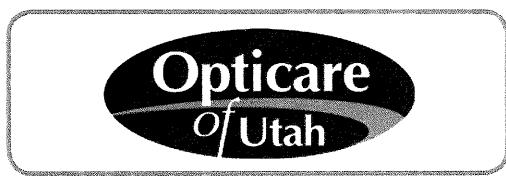
### Rate Per Pay Period

Employee Only	\$18.74
Employee + 1 Dependent	\$40.30
Employee + Family	\$64.81

AD = After Deductible

### TIPS TO ENSURE A HEALTHY MOUTH

- Use a soft bristled toothbrush
- Choose toothpaste with Fluoride
- Brush for at least two minutes twice a day
- Floss Daily
- Watch for signs of periodontal disease such as swollen, or tender gums

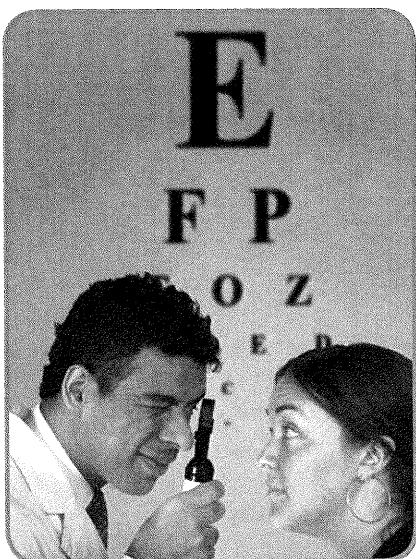


## Opticare Plan: 120B

Benefits	In-Network	Out-of-Network
Eye Exam	No Eye Examination Benefit	
Prescription Glasses - Materials		
Lenses (Per Pair) - Once Every 12 Months		
Single Vision	\$10 Copay	\$85 Allowance
Bifocal	\$10 Copay	\$85 Allowance
Trifocal	\$10 Copay	\$85 Allowance
Frames - Once Every 12 Months	\$120 Allowance	\$80 Allowance
Coatings (Scratch Resistant, UV)	\$10 Copay	Included Above
Contacts	\$120 Allowance	\$80 Allowance
LASIK	\$250 off per eye	Not Covered

### Rate Per Pay Period

Employee Only	\$2.07
Employee + 1 Dependent	\$3.35
Employee + Family	\$4.35



### Getting started is a breeze

- Find the right Opticare doctor for you. You'll find plenty to choose from at [service@opticareofutah.com](mailto:service@opticareofutah.com) or by calling (800) 363-0950
- Already have an Opticare doctor? At your appointment, tell them you are an Opticare member.
- Check out your coverage savings. Visit [www.opticareofutah.com](http://www.opticareofutah.com) to see your benefits anytime and check out how much you saved with Opticare after your appointment.



# Flexible Spending Account

A Flexible Spending Account (FSA), also called a flex plan or health reimbursement account, is an employer-sponsored benefit that allows you to pay for eligible medical expenses on a **pre-tax basis** which can save you 10% to 30% depending on your personal tax rate.

If you expect to incur medical expenses that won't be reimbursed by your regular health insurance plan, you should be taking advantage of your employer's FSA.

## **Eligibility**

You will be eligible to participate in the Flexible Spending Account on the first day of the month following 60 days of full time employment, or on July 1st if enrolling during open enrollment. Following are additional guidelines for determining eligible expenses:

- The expense is for services received during the calendar year (Jan. 1, 2016 to March 15, 2017), after your eligibility date.
- The expenses are not paid by any health, dental, or vision care plan in which you are enrolled.
- The IRS would otherwise let you deduct the expenses on your income taxes.

**The Flexible Spending Account (FSA)** allows you to set aside up to \$2,550 in pre-tax dollars to pay most out-of-pocket medical, dental or vision care expenses. These include: medical, prescriptions and dental deductibles and co-payment, eye glasses, dental and orthodontic work not covered by insurance.

## **How It Works**

During open enrollment or your initial enrollment, you decide how much you want to deposit into your reimbursement account(s). That amount is deducted evenly during the calendar year from your paycheck before taxes are taken out. When you have an expense that qualifies, you pay the bill, submit a claim, and you are reimbursed with tax-free dollars from your account.

**The Dependent Care Reimbursement Account** lets you set aside up to \$5,000 in pre-tax dollars to pay for eligible dependent care expenses so you (and if married, your spouse) can work.

With the Dependent Care Account you can set aside tax-free income to pay for qualified dependent care expenses, such as day care, that you normally pay with after-tax dollars. Qualified dependents include children under 13 and/or dependents who are physically or mentally handicapped. If your spouse is unemployed or doing volunteer work you cannot set up a reimbursement account. You must meet the following criteria in order to set up this account:

- You and your spouse both work;
- You are a single head of household; or
- Your spouse is disabled or a full-time student.

Each calendar year the IRS allows you to contribute the following amounts, depending on your family status:

- If you are single, the lesser of your earned income or \$5,000
- If you are married, you can contribute the lowest of:
  - Your (or your spouse's) earned income.
  - \$5,000 if filing jointly or \$2,500 if filing separately.

## **Use it or Lose it**

Internal Revenue Service rules implemented in 2005 relax the use it or lose it provision in the flexible spending accounts (FSA) by expanding the time period during which expenses may be incurred in any plan year an additional 2 1/2 months. Essentially, participants in the plan are given an additional 2 1/2 months (through March 15th of the next plan year) to incur expenses eligible under the plan and be reimbursed with funds still unused from the prior year.

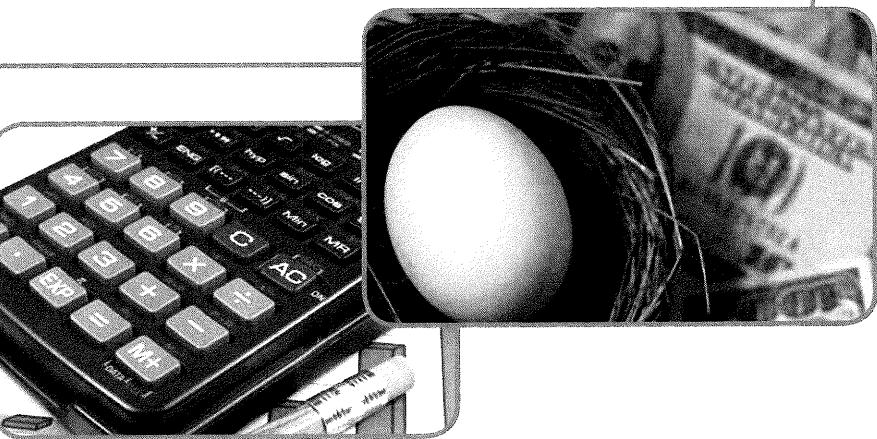
This extension simply allows participants more time to use up any un-used FSA funds which they have at the end of the plan year. You have 90 days after the plan year ends to file for eligible expenses you incurred during the previous plan year or during this 2 1/2 month extension of the plan year. Federal law requires you to forfeit any money from the previous plan year that remains in your account following March 31st.

## Qualified Medical Expenses

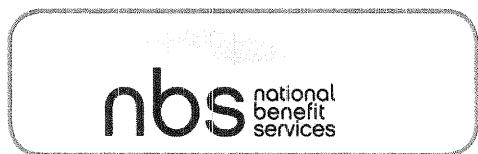
This is a list of healthcare expenses reimbursable under your FSA or HSA Account. These expenses must be medically necessary and satisfy all other requirements for reimbursement under your employer's Flexible Benefits Plan and applicable federal tax law. This list is not intended to be a comprehensive guide to assist you in determining whether an expense is eligible for reimbursement. This list may be modified from time to time. For specific questions regarding expenses eligible for reimbursement, please contact NBS.

\* Remember as of 1/01/11 over-the-counter (OTC) Medications and Vitamins are not eligible for reimbursement from your FSA, except with a note of medical necessity or prescription from your physician.

- Acupuncture
- Alcoholism or drug addiction treatment
- Ambulance services
- Artificial limbs
- Birth control pills and other prescription contraceptives and condoms
- Braces (medically necessary)
- Braille books and magazines
- Breast reconstruction surgery
- Car modifications
- Chiropractor
- Christian Science practitioner
- Contact lenses
- Coinsurance and co-payments for medical & dental
- Crutches, purchase or rental
- Deductible
- Dental expenses
- Dentures
- Diagnostic fees
- Eye surgery
- Eyeglasses & sunglasses (prescription only)
- Guide dog or other animal
- Hearing aids and batteries



- Immunizations
- Infertility treatments
- Laboratory fees
- LASIK
- Learning disability
- Legal fees to authorize treatment of mental illness
- Legal termination of pregnancy
- Lifetime care-advance payments
- Long-term care
- Medical conferences concerning chronic illnesses
- Nursing home
- Nursing services
- Optometrist
- Oxygen
- Physical therapy
- Prescription medications
- Prostheses
- Psychoanalysis (other than related to training)
- Smoking cessation programs
- Special education (if prescribed by doctor)
- Special home for mentally handicapped person
- Sterilization (reproductive)
- Telephone or television for hearing
- Therapy prescribed as treatment
- Transplants (costs of donor)
- Transportation and other travel costs for medical care
- Weight loss program (if prescribed by doctor)
- Vasectomy
- Wheelchair costs
- X-rays



## Health Reimbursement Account (HRA)

Woodbury Corporation provides an HRA (Health Reimbursement Account) in conjunction with your medical insurance. The HRA is an account funded by Woodbury for each employee that has group medical coverage and can be used to pay a portion of your deductible.

As you incur medical expenses, you can use money from your HRA account to pay for 80% of your deductible after you have paid a portion as illustrated. HRA money **cannot** be used for office visit copays, prescription drugs copays, co-insurance, dental expenses or medical expenses not covered under the medical insurance.

Woodbury Corporation will fund your account as shown below starting January 1, 2016 to help pay for deductible expenses through December 31, 2016.

HRA Funding and Maximum Accumulation		
Medical Coverage	Annual Funding	Maximum Accumulation
Single	80% of \$1,500 (\$1,200)	\$1,200
Two-Party	80% of \$3,000 (\$2,400)	\$2,400
Family	80% of \$3,000 (\$2,400)	\$2,400

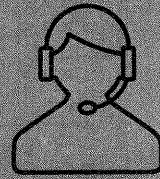
### How do I Submit a Claim?

You will need to submit your claims by either paper claims or through an online process at NBS's website, [www.nbsbenefits.com](http://www.nbsbenefits.com).

2016 Claims must be submitted by March 31, 2017.



# WHATEVER LIFE THROWS AT YOU - THROW IT OUR WAY.



## Life Assistance Program

Life. Just when you think you've got it figured out, along comes a challenge. Whether your needs are big or small, your Life Assistance & Work/Life Support Program is there for you. It can help you and your family find solutions and restore your peace of mind.

### Call us anytime, any day.

We're just a phone call away whenever you need us. At no extra cost to you. An advocate can help you assess your needs and develop a solution. He or she can also direct you to community resources and online tools.

### Visit a specialist.

You have three face-to-face sessions with a behavioral counselor available to you - and your household members. Call us to request a referral.

### Reward yourself.

Access our Healthy Rewards\*\* discount program. You can get discounts on health and wellness products and services.

### Achieve work/life balance.

If you'd like help handling life's demands, call us for extra support. We can refer you to a service in your community. Or provide guidance on topics such as:



**Legal consultation.**\*\* Receive a free 30-minute consultation. And up to a 25% discount on select fees.



**Parenting.** Get guidance on child development, sibling rivalry, separation anxiety and much more.



**Senior care.** Learn how to solve the challenges of caring for an aging loved one.



**Child care.** Whether you need care all day or just after school, find a place that's right for your family.



**Pet care.** From grooming to boarding to veterinary services, find what you need to care for your pet.



**Financial Services & Referral.** Receive a free 30-minute consultation and 25% discount on select fees with network providers.



Life Assistance Program - 24/7 support

800.538.3543

[www.cignabehavioral.com/cgi](http://www.cignabehavioral.com/cgi)

**Together, all the way.<sup>SM</sup>**



\* Some Healthy Rewards programs are not available in all states. If your Cigna plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. A discount program is NOT insurance, and you must pay the entire discounted charge.

\*\* Legal consultations and discounts are excluded for employment-related issues.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Life Insurance Company of North America, Cigna Life Insurance Company of New York, and Connecticut General Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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## **Employee Basic Life Insurance and AD&D Insurance**

Woodbury Corporation provides each employee \$25,000 of life and AD&D insurance as part of your core benefits. This coverage is offered at no cost to the employee, Woodbury Corporation pays the premiums.

## **Voluntary Life and AD&D Insurance**

Woodbury Corporation offers voluntary life and AD&D insurance for you and your dependents, which can be purchased through Cigna. This option gives you the advantage of purchasing life insurance at affordable group rates. It is not a pre-tax benefit option. This coverage is completely voluntary. Premiums are paid with after-tax dollars through an automatic payroll deduction from your paycheck.

### **Enrollment**

When you first become eligible, you must either enroll or waive coverage for voluntary life. If you do not enroll you and your dependents for coverage the first time you are eligible and you wish to enroll during a subsequent enrollment period, you will have to provide proof of good health by filling out Cigna's evidence of insurability form, which may include taking a physical examination and you may be declined coverage. You will be responsible for the cost of all tests associated with the physical examination and/or retrieval of medical records.

### **Employee**

You may purchase coverage in \$10,000 increments up to a maximum of \$500,000 not to exceed 5 times your salary. Guaranteed Issue Amount of \$100,000.

### **Spouse**

Coverage can be elected in increments of \$5,000 up to \$250,000 (Spouse benefits terminate at age 70 or employee retirement). Guaranteed Issue Amount of \$30,000. You must have coverage on yourself to cover your Spouse. Your Spouse's Voluntary Life insurance cannot exceed 50% of your Voluntary Life Insurance.

### **Child(ren)**

Children's insurance coverage is for all unmarried children from birth to age 26. The amount of coverage from birth to 6 months is \$500, and from 6 months to 26 years is \$10,000. This is inclusive for all children, meaning that if you have one child or many children, you pay one flat amount, however, each child is covered individually for the elected amount of coverage. You must have coverage on yourself to cover your child(ren).

### **Age Reductions**

Employee: 65% at age 65 and 50% at age 70. Benefits terminate at retirement, whichever occurs first.

Spouse: Benefits terminate at employee retirement.



## Voluntary Life and AD&D Insurance Worksheet

This is a worksheet to assist you with your Open Enrollment Selections.

### Monthly Rate Per \$1,000

Age	Employee & Spouse
< 20	\$0.06
21 - 34	\$0.06
35 - 39	\$0.08
40 - 44	\$0.11
45 - 49	\$0.16
50 - 54	\$0.25
55 - 59	\$0.41
60 - 64	\$0.63
65 - 69	\$1.07
70 - 74	\$2.02
75 - 79	\$3.83
80 - 84	\$7.14
85 - 89	\$12.42
90 - 94	\$19.15
Age 95 and over	\$29.08

### Child(ren) Rate: \$2.00 for \$10,000 of Coverage (Regardless of Number of Children)

Coverage Amount	Number of 1,000's	Premium Rate	Monthly Cost
You:	$\div 1,000 =$	x	= \$
Spouse:	$\div 1,000 =$	x	= \$
Child(ren):	\$10,000		= \$ 2.00

## Voluntary AD&D

### Employee Only:

You may purchase coverage in \$10,000 increments up to a maximum of \$500,000 not to exceed 5 times your salary. You may purchase AD&D coverage for yourself regardless of whether you purchase life coverage.

### Spouse:

Coverage can be elected in Increments of \$5,000 up to \$250,000 (Spouse benefits terminate at age 70 or employee retirement).

**Child(ren):** Increments of \$1,000 up to \$10,000 (inclusive of all children)

Coverage Amount	Number of 1,000's	Premium Rate	Monthly Cost
Single:	$\div 1,000 =$	x \$0.04	= \$
Spouse:	$\div 1,000 =$	x \$0.04	= \$
Child(ren):	$\div 1,000 =$	x \$0.04	= \$



## **Voluntary Short Term Disability**

Short-term disability insurance pays you a portion of your earnings after an elimination period to the later of 14 days or exhaustion of sick and vacation pay, and a 14 Day Elimination Period, if you cannot work because of a disabling illness or injury.

### **Benefits**

Weekly Benefit	60% of your weekly salary
Maximum Weekly Benefit	\$2,000 per week
Minimum Weekly Benefit	\$25 per week
Elimination Period - Injury	14 Days - must exhaust personal time before benefit applies
Elimination Period - Sickness	14 Days - must exhaust personal time before benefit applies
Maximum Benefit Period	11 Weeks

<b>Age</b>	<b>Monthly Rates Per \$10 of Weekly Benefit</b>
< 20	\$0.348
21 - 49	\$0.348
50 - 54	\$0.404
55 - 59	\$0.503
60 - 64	\$0.605
65 - 69	\$0.663
70 +	\$0.663

### **How to Calculate Your Cost of Coverage**

Step 1: Divide your annual salary by 52 to get your weekly salary	\$ _____
Step 2: Multiply by .60 (Benefit %) to get your weekly benefit	\$ _____
Step 3: Divide by 10	\$ _____
Step 4: Multiply the rate (See Rate Table) to get your monthly STD cost	\$ _____



## Long Term Disability

In the event that your disability becomes extended past the expiration of your short-term disability benefits, you could qualify for long-term disability benefits. This coverage is 100% paid by Woodbury Corporation.

### Benefits

Monthly Benefit	60% to \$10,000
Minimum Monthly Benefit	\$100
Elimination Period	90 Days
Mental Illness Limitation	24 month
Substance Abuse Limitation	24 month
Benefit Reduction Schedule	Social Security Normal Retirement Age (SSNRA)
	You are considered totally disabled if, due to an injury or illness, you are unable to perform each of the main duties of your own occupation. Your "own" occupation is covered for a specific period of time. Following this, the definition of total disability becomes the inability to perform any occupation for which you are reasonably suited based on your experience, education, or training.
Definition of Disability	You are considered partially disabled if you are unable, due to an injury or illness, to perform the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer as well as continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
Pre-Existing Condition Limitation	Any sickness or injury for which you have received medical treatment, consultation, care, or services(including diagnostic measures or the taking of prescribed medications) during the 3 months prior to the coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for 12 months following the coverage effective date, unless no treatment was received for the specified consecutive months after the coverage effective date.
Benefit Integration	LTD benefits be reduced by any benefits received from Worker's Compensation, or disability benefits from any other group disability plan, social security, including dependent benefits payable because of the covered person's disability, any retirement plan including PERA sponsored by your employer, state temporary disability, or any other government plan.
Premium Contribution	100% Paid by Woodbury Corporation

\* Qualification requirements apply

## Women's Health and Cancer Rights Act

In accordance with the Women's Health and Cancer Rights Act (WHCRA), we will cover the following for the treatment of breast cancer:

- Mastectomies
- Reconstructive Surgery

If you are receiving benefits in connection with a mastectomy, coverage will be provided according to the carrier Utilization Management criteria and in a manner determined in consultation with the attending physician and the patient for the following:

- All stages of reconstruction on the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications of the mastectomy including lymphedema

Under WHCRA, coverage of mastectomies and breast reconstruction benefits are subject to deductibles, co-payments, and coinsurance limitations consistent with those established for other benefits under your plan. Following the initial reconstruction, any additional modification or revision is covered only to the extent that it is not otherwise limited or excluded from coverage by your plan. Revisions requested as the result of the normal aging process will not be covered.

## Michelle's Law

A new federal law allows continued coverage for seriously ill college students. A college student will be able to maintain health care eligibility for up to one year after full-time student status is lost due to a medically necessary leave of absence from school.

## Genetic Information Nondiscrimination Act (GINA)

Under this Federal law, group health plans are prohibited from adjusting premiums or contribution amounts for a group based on genetic information. A health plan is also prohibited from requiring an individual or his/her family member to undergo a genetic test, although the plan may require that a voluntary test be taken for research purposes.

## Medical Coverage Assistance Options

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or dependents are already enrolled in Medicaid or CHIP, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor.

Utah Medicaid and CHIP Information:  <a href="http://health.utah.gov/upp">http://health.utah.gov/upp</a> 1-866-435-7414	Children's medical coverage assistance:  <a href="http://health.utah.gov/chip/">http://health.utah.gov/chip/</a> 1-877-KIDS-NOW	Low-income family medical coverage assistance:  <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> 1-801-538-6155	Utah Healthcare Exchange:  <a href="http://www.avenueh.com">www.avenueh.com</a> 1-855-850-2834	Health Insurance Marketplace:  <a href="http://www.healthcare.gov">www.healthcare.gov</a> 1-800-318-2596
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## ACA Notices About Eligibility and Coverage Periods

You are being offered the opportunity to enroll yourself and your dependents (if any) in Woodbury Corporation's health plan because you were either hired as a full-time employee or you have measured as full-time during a given, applicable measurement period.

Woodbury Corporation's health plan is "affordable" coverage that meets the ACA's standards for "minimum value." Therefore, if you enroll yourself and your dependents (if any) in the health plan, you should meet your responsibility under the ACA's individual mandate –the requirement in the law that (unless a limited exception/exemption applies) you enroll in minimum essential healthcare coverage for yourself and your dependents or you pay a penalty to the IRS. If you have other healthcare coverage that provides "minimum essential coverage," under the law, then you may also meet your individual obligations with that coverage.

If you do not wish to enroll in coverage and "waive" or "decline" coverage on the enrollment forms provided to you, and you don't have other minimum essential coverage, then you may be prevented from qualifying for a premium tax credit or cost share reduction subsidy for coverage you may purchase for yourself or your dependents on the health insurance marketplace/exchange applicable to your state of residence, which may be the federal health insurance marketplace/exchange.

If you choose to enroll in coverage, the coverage period is 12 months. Federal law and Woodbury Corporation's cafeteria plan provide very limited situations in which you will be allowed to drop healthcare coverage during this 12-month coverage period. Therefore, if you change your mind after your coverage begins, you will not be allowed to cancel your coverage unless one of the situations permissible under law and our plan is present.

Woodbury Corporation has adopted a 12 month "initial measurement period" and 12 month stability period for all new part-time, variable hour, and seasonal employees which begins as of the date of employment/start date for each new employee in these categories. The administrative period for such new part-time, variable hour or seasonal employees who measure full-time in their initial measurement period is approximately 30 days depending on whether you started your job on the 1st of the month or in the middle of the month.

