

T O G E T H E R  
**S T R O N G**

---

NEW BENEFITS FOR A NEW DAY IN HEALTHCARE

---



---

2014 BENEFITS GUIDE  
ALL SALARIED EMPLOYEES

---

ROBINS & MORTON

---



## T O G E T H E R S T R O N G

---

It's hard to turn on the television or browse the internet without seeing something regarding the changes that are coming from the Affordable Care Act. There is so much information and misinformation that it can be quite confusing.

To be certain, the new government regulations will create change, but dealing with change is something we have always done well and done as a team at Robins & Morton. Now is no different. Our Human Resources team has dug deep, carefully studying the complexities of the new law, and assembling new coverage options to help each of us be able to best protect ourselves and our families.

Please review the options in this book, ask questions, and share the information with your family. While the world of healthcare may be changing, our commitment remains the same: arm you with the best information and choices we can, so that you can make the decisions that fit your individual needs.

Above all, we know that strong, healthy individuals make a strong, healthy team. And when a strong team works together with purpose, what it can accomplish is limitless.

## CONTENTS

Introduction .....	4
Have Questions? .....	5
How to Enroll .....	6
Medical Insurance .....	11
Traditional PPO Plan.....	11
Consumer Driven Health Plan .....	12
Consumer Driven Health Plan PLUS .....	13
Health Savings Account (HSA).....	14
Which Plan to Choose.....	14
Mental Health & Substance Abuse Benefits.....	17
Dental Insurance.....	18
Vision Insurance.....	19
Hearing Aid Discount Program .....	19
Your Role in the Value of Your Healthcare .....	20
Flexible Spending Account (FSA) / Dependent Care Account (DCA) .....	21
Business Travel Insurance.....	22
Short Term Disability Insurance.....	22
Long Term Disability Insurance.....	22
Optional Life & AD&D Options .....	23
Critical Illness & Cancer Insurance w/ Health Screening .....	24
Critical Illness & Cancer Insurance Rates .....	25
Accident Insurance .....	25
Humana Accident Rates .....	26
Employee Assistance Program .....	27
Online Will Preparation .....	28
FrontierMEDEX Travel Assistance.....	29
CDHP <b>PLUS</b> Benefits Matrix .....	30
CDHP Benefits Matrix .....	33
Traditional PPO Plan Benefits Matrix.....	36
VSP Vision Benefits Matrix .....	39
Delta Dental Benefits Matrix.....	39
Humana Critical Illness & Cancer Benefits Matrix .....	40
Humana Accident Benefits Matrix .....	41
Frequently Asked Questions .....	42
Glossary.....	43
Your Rights, Legal Notices, and Disclaimers .....	44
New Health Insurance Marketplace Coverage Options and Your Health Coverage .....	46

HOW WILL I BE AFFECTED BY

**THE AFFORDABLE CARE ACT?**

Every individual and family situation is unique, but a couple of things we know for certain:

- Everyone will be required to have healthcare coverage, either from their employer or purchased personally. Failure to do so will result in tax penalties for you.
- Healthcare costs are rising.
- It will become increasingly important for everyone to be more involved, informed, and responsible for their healthcare decisions. The days of a single, all-encompassing plan that combines low premiums with low deductibles and comprehensive care have passed.

The Robins & Morton Human Resources group is your partner in health; work with them to take more control over your health and wellness. There are several new opportunities for you to create a strong coverage plan that will meet the unique health needs for yourself and your family. To assist you, we have hired the independent experts at Care Advocates to work directly with you to prepare a personalized review of your coverage options. This consultation is a benefit to you and completely confidential. Please reach out to them; it is important to us that we help you make the most informed, strongest decision possible.

OUR HOPES AND GOALS TO HELP YOU TO

**BE STRONG AND STAY STRONG**

While the recent governmental legislation has dominated the headlines, the Robins & Morton vision for each of us is far more comprehensive than health insurance alone. Our goal is to provide each person who works with us with the information and opportunity to make every aspect of their life better and stronger.

Strong individuals build strong teams. Strong teams build strong buildings. Just like our projects, our Human Resources team thinks about the long-term and builds things to last. For us, personal advancement comes from a comprehensive collection of benefits that help you be stronger now and stronger still over the long term.

We have collected a spectrum of benefits for you to access. We offer a vacation plan, safety programs, wellness incentives and other perks to make you strong and vibrant at work. We offer healthcare coverage to help you regain your strength when you are sick. We offer life and disability insurance to provide strength and security to your family, because we know how important their support of your efforts are. And we provide wealth building options, such as a 401K plan and the new Health Savings Account (HSA), so that you can be financially strong even after you have left us.

Take time to review each of these options, and take advantage of all the opportunities we put before you. We understand that we are all in this together - and together we can be stronger than ever.

HOW WE SEE IT
<b>WORK LIFE</b> TRAINING, VACATION, PERKS
<b>WEALTH SECURITY</b> LIFE, DISABILITY
<b>HEALTH COVERAGE</b> CDHP, HRA, PPO, CDHP PLUS
<b>WEALTH BUILDING</b> 401K, HSA

WHAT IT MEANS TO BE A PART OF

## A SELF-INSURED COMPANY

AT ROBINS & MORTON, WE CHOOSE TO BE SELF-INSURED FOR TWO REASONS. First, it gives us the freedom to offer coverage options better matched to the needs of our people. This is especially important as we enter the changing new world of healthcare. Second, it matches who we are at our core. As with everything we do and build, it is done together. Self-insurance is exactly the same. Our healthcare costs are not paid by a big, removed insurance company. They are paid by us – all of us. Second, our healthcare costs are not controlled by an insurance company. They are controlled by us. Just like on a jobsite, where we look out for each other and work together to keep each other safe and supported, we can do the same to protect our shared healthcare coverage and costs. By taking individual control over our wellness we are stronger and more independent as a group. This is achieved in many little things that add up. Whether it is eating well, getting annual check-ups, making smart decisions about when to visit a doctor or when to go to an emergency room, quitting smoking, starting to exercise, or so many other things – we are responsible for the costs of coverage for all of those around us.

To discover ways to lower your cost of coverage, visit [robinsmorton.com/togetherstrong](http://robinsmorton.com/togetherstrong) – there are many ways to earn cash rewards and improve your health immediately.

To be self-insured means to be independent and united. To make the most of this unique advantage, we must be together strong.

NEW FOR THIS ENROLLMENT PERIOD:

## THE HEALTH SAVINGS ACCOUNT (HSA)

The Health Savings Account (HSA) is a new resource we are offering to give you more control of your current out-of-pocket healthcare costs as well as additional financial strength for the future. The HSA is offered in conjunction with the new CDHP PLUS coverage plan. It allows you to make a tax-free contribution each week that can be used to pay healthcare deductibles or, if unused for healthcare, the money can grow as an alternative investment for your long-term wealth.

### THE STRENGTHS OF THE HSA

- Pre-tax contribution
- Helps now with deductibles and other healthcare costs
- Helps later for retirement healthcare needs
- Growth potential: invest it how you see fit
- R&M can contribute as well. The wellness incentives you earn are deposited here.
- It's your money. Unlike the HRA – which can only be used for healthcare coverage and is lost if you leave R&M – the HSA is yours. It goes where ever you go.

**COMPREHENSIVE BENEFITS ENROLLMENT SEPTEMBER 30 - OCTOBER 9**

## HAVE QUESTIONS?

After reviewing this guide you may have questions about the new options or changes. Robins & Morton has partnered with Care Advocates to answer those questions.



**To speak to a Care Advocate Call: 866.891.3306 | Monday - Friday from 7:00 a.m. to 7:00 p.m. CT**

# HOW TO ENROLL

During Open Enrollment, you should enroll online at:  
**hr.robinsmorton.net**

For new hires after October 9, 2013, complete the online life event for Salaried New Hires at hr.robinsmorton.net to be effective on the later of January 1, 2014 or your first day of employment at Robins & Morton.

For Open Enrollment, the HR Helpline is available from **September 30** through **October 9** from 8:00 a.m. to 8:00 p.m. Central time. The rest of the year you may call the HR Helpline from 8:00 a.m. to 4:30 p.m. Please prepare the following enrollment forms to act as a reference and guide during open enrolment.

**HR Helpline (205) 803.0102**

**ENROLLMENT FORM**

## SALARY BENEFIT ENROLLMENT - 2014

Please complete this form and your elections will be entered in the system for you. A confirmation of your elections will be mailed to your home for review. You may email completed form to [cswangler@robinsmorton.com](mailto:cswangler@robinsmorton.com) or fax the form to (205) 439-8765.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

In the section below, please enter all dependents and/or beneficiaries which will be covered in your benefits. Under the column TYPE, please list **“D”** FOR DEPENDENTS, **“B”** FOR BENEFICIARY or **“Z”** IF THE PERSON IS BOTH A DEPENDENT AND A BENEFICIARY. If you need additional space – please add a page to this form.

DEPENDENTS / BENEFICIARIES								
Name	TYPE	RELATIONSHIP	SNN	DOB	ADDRESS	CITY	STATE	ZIP

In the section below, please indicate which benefits and what coverage levels you are electing the benefit. If you do not wish to have this benefit, please check the box next to WAIVE BENEFIT. Elect your healthcare coverage. If you elect any tier other than Employee Only, you must list the dependents to be covered. If you do not want to be covered by the health insurance, mark Waive Coverage.

### MEDICAL INSURANCE

Please refer to your open enrollment book for rates and descriptions. Make your election below:

- CDHP PLUS** - This plan is designed to provide flexibility with an HSA.
- CDHP** - This plan is designed to give you flexibility when it comes to your healthcare.
- PPO** - You may enroll in PPO only if you completed Wellness, certified Tobacco Free and are in the PPO in 2013. Cost of this plan includes tobacco and wellness incentive for 2013.
- WAIVE MEDICAL BENEFIT**

CHECK COVERAGE ELECTION:  Employee Only     Employee & Spouse     Employee & Children     Family

Please indicate which dependents listed above should be covered by medical insurance:	Name

**DENTAL INSURANCE**

Waive Dental Benefit

Employee Only    Employee & Spouse    Employee & Children    Family

Please indicate which dependents listed above should be covered by medical insurance:	Name	

**HEALTH SAVINGS ACCOUNT**

WAIVE Health Savings Account

Amount: \_\_\_\_\_ per week \$3,300.00 individual/\$6,500 Family

**DEPENDENT CARE ACCOUNT**

WAIVE Dependent Care Flexible Spending

Amount: \_\_\_\_\_ per week maximum of \$5,000.00 annually.

**MEDICAL FLEXIBLE SPENDING**

WAIVE Medical Flexible Spending

Amount: \_\_\_\_\_ per week maximum of \$2,500.00 annually.

Note: This account is limited to vision and dental if you selected the Consumer Driven Health Plan **PLUS**.

Please indicate which dependents listed above should be covered by medical insurance:	Name	

**BASIC LIFE INSURANCE, AD&D INSURANCE, AND BUSINESS TRAVEL**

You will automatically be enrolled in these three company provided benefits. You must provide a beneficiary for these benefits. Please select one of the beneficiaries you have listed above and indicate below if they are a primary or contingent beneficiary and what percentage you are allocating to them below. If you need additional space – you can write to the right side of the box.

Beneficiary Name	Primary	Contingent	Beneficiary Name	Primary	Contingent
<i>Example: Pat Construction</i>	100%				
<i>Example: Kris Construction</i>		100%			



**OPTIONAL LIFE & AD&D COVERAGE**

You can elect optional life insurance on yourself, your spouse and your child(ren). Please indicate the amount of optional life insurance below and then the beneficiaries of that policy in the box provided.

WAIVE Optional Life Insurance

Employee Optional Life:  \$25,000  \$50,000  \$100,000  \$200,000  \$250,000

Beneficiary Name	Primary	Contingent
<i>Example: Joe Construction</i>	100%	
<i>Example: Bob Construction</i>		100%

Spouse Optional Life:

\$10,000  \$25,000  \$50,000  WAIVE

Beneficiary Name	Primary	Contingent
<i>Example: Joe Construction</i>	100%	
<i>Example: Bob Construction</i>		100%

Child(ren) Optional Life:

\$10,000  WAIVE

Beneficiary Name	Primary	Contingent
<i>Example: Joe Construction</i>	100%	
<i>Example: Bob Construction</i>		100%

**LONG TERM DISABILITY INSURANCE**

You will need to elect who pays for this benefit; review your Benefit Guide for more details.

- LTD Salaried EE Paid – This premium of this coverage is 100% paid by you, but you receive any benefits tax free.
- LTD Salaried ER Paid – This plan is 100% employer paid and you are taxed on any benefit you receive.

**VOLUNTARY BENEFITS:**

Each of these benefits are 100% paid by you.  
Please refer to your Benefit Guide for details. Choose your coverage level below.

**HUMANA ACCIDENT INSURANCE**

You can elect accident insurance on yourself, your spouse and your child(ren). Please indicate the level of accident insurance below and then the beneficiaries of that policy in the box provided.

- WAIVE Accident Life Insurance  
 Level 1 (\$500)     Level 2 (\$1,000)     Level 3 (\$1,500)     Level 4 (\$2,000)

Who will be covered:

- Employee Only     Employee + Spouse     Employee + Child     Family

Beneficiary Name	Primary	Contingent
<i>Example: Joe Construction</i>	<i>100%</i>	
<i>Example: Bob Construction</i>		<i>100%</i>

**HUMANA CRITICAL ILLNESS INSURANCE**

You can elect or waive critical illness insurance on yourself, your spouse and your child(ren). You must complete the online application at the link below or a Humana Representative will contact you.

- WAIVE Critical Illness     ELECT Critical Illness

Log on to [www.clickenrollonline.com/enroll](http://www.clickenrollonline.com/enroll)

**VISION INSURANCE**

- WAIVE Vision Benefit     Employee Only     Employee + One     Family

Please indicate which dependents listed above should be covered by vision insurance:

Name	

Please review your elections and submit your benefit enrollment information. You can change your elections within 30 days of your hire date, after this point all elections will become final. After you complete this form, please **submit this form to [cswangler@robinsmorton.com](mailto:cswangler@robinsmorton.com) or fax the form to (205) 439-8765**. Your elections will be entered in the system for you. A confirmation of your elections will be mailed to your home for review.

## MEDICAL INSURANCE

**MEDICAL PROVIDER:** BLUE CROSS BLUE SHIELD

**MENTAL HEALTH/SUBSTANCE ABUSE PROVIDER:** BLUE CROSS BLUE SHIELD



Medical insurance is one of the most critical benefits offered by Robins & Morton. A major illness or injury could be financially devastating without adequate insurance. Even the cost of treatment of minor conditions can be prohibitive. Robins & Morton shares a responsibility with employees and their families for good health and a productive work environment. With this in mind, your program has been designed to include comprehensive medical benefits with a broad-based provider network to best meet your needs.

### Traditional PPO Plan

This is a copay service driven plan with low out of pocket maximums and deductibles. Below is a brief description of how this plan works. **This plan is only available to current 2013 PPO participants who are tobacco free and have completed the 2013 wellness program. The PPO will not be offered in 2015. You will need to choose a different plan in 2015.** For more details of the Traditional PPO, see the benefits matrix near the end of this booklet.

**PLAN DESIGN:** The Traditional PPO plan has a \$400 deductible for individuals, and a \$1,200 aggregate deductible for families. The plan also limits out of pocket costs after meeting the deductible to a maximum of \$400. The plan focuses on a higher premium in return for lower point of service costs. There is no incentive to achieve better health or become consumers of health care to control costs in the long run.

**PREVENTIVE CARE:** The Plan pays 100% of the cost of preventive care for each covered member of your family. This is to ensure that you get the regular check-ups and tests recommended for your age and gender. In addition, three additional diagnostic tests are covered under the preventive care benefit: colonoscopies, mammograms, and cervical exams (if you meet age or health requirements).

**PRESCRIPTION DRUGS:** You pay a copay for prescription drugs as long as you use a network pharmacy. Prescription drugs are not subject to the deductible.

**OTHER COVERED EXPENSES:** Most other expenses are paid on a copay system for service. Please refer to the matrix for full details on the covered items and copays associated with those items. Some services are subject to a \$400 per person per year deductible.

**HEALTH FLEXIBLE SPENDING ACCOUNT (HEALTH FSA):** You can contribute up to \$2,500 tax-free money to a Health FSA to help cover the cost of your out-of-pocket expenses.

**WELLNESS PPO participants** are eligible for the wellness program during 2014. You will be able to earn seed money for 2015 in either the CDHP or the CDHP+, based on your coverage tier.

COST OF TRADITIONAL PPO PLAN				
	EMPLOYEE ONLY	EMPLOYEE+SPOUSE	EMPLOYEE+CHILDREN	FAMILY
<b>TOTAL COST:</b>	\$627	\$1,380	\$1,016	\$1,511
<b>R&amp;M PAYS:</b>	\$457	\$1,007	\$741	\$1,103
<b>MONTHLY YOU PAY:</b>	\$170.00	\$373.00	\$275.00	\$408.00
<b>WEEKLY:</b>	\$39.24	\$86.08	\$63.47	\$94.16

# Consumer Driven Health Plan

This plan is designed to give you flexibility when it comes to your healthcare. It provides more choices. For example, what kind of doctor to see and how to pay for your medical expenses. Experience has shown that if people have more “skin in the game” – more of their personal money is on the line – they tend to make wiser financial choices about healthcare. Below is a brief description on how this plan works. For more detail, see the complete benefits matrix.

**PLAN DESIGN:** The Consumer Driven Health Plan has a \$1,000 deductible for individuals, and a \$3,000 aggregate deductible for families. The plan also limits out of pocket costs after meeting the deductible to a maximum of \$3,000. The plan focuses on a moderate premium in return for reasonable point of service costs while providing an incentive to act as consumers of health care through the Health Reimbursement Account (HRA).

**PREVENTIVE CARE:** The Plan pays 100% of the cost of preventive care for each covered member of your family. This is to ensure that you get the regular check-ups and tests recommended for your age and gender. In addition, three additional diagnostic tests are covered under the preventive care benefit: colonoscopies, mammograms, and cervical exams (if you meet age or health requirements).

**PRESCRIPTION DRUGS:** You pay a copay for prescription drugs as long as you use a network pharmacy. Prescription drugs are not subject to the deductible.

**OTHER COVERED EXPENSES:** All other expenses are subject to a deductible. After you meet the deductible of \$1,000 per person per year, the Plan will pay 90% of the cost. An HRA provided by Robins & Morton is designed to help offset the deductible and coinsurance. Once the HRA is exhausted, you will pay your share of the cost of your medical care until you have met the out of pocket maximum. At that point, the Plan pays 100% of the cost of your covered expenses.

**HRA AND HEALTH FSA:** Robins & Morton will deposit money into your HRA provided you are tobacco-free and have completed your Wellness Program requirements by September 1, 2013. Additionally, when you complete wellness activities in 2014, Robins & Morton will deposit additional money in your HRA, up to the maximum. The HRA will help you pay for higher out-of-pocket expenses. The money in your HRA can be used to offset the deductible and coinsurance for any eligible medical expense. In addition, you can contribute tax-free money to a Medical Flexible Spending Account (FSA) to help cover the cost of your out-of-pocket expenses, in particular those that can’t be reimbursed from your HRA. Robins & Morton will fund the HRA up to a maximum of three times the annual reimbursement maximum. You are only eligible for an HRA if you enroll in the Consumer Driven Health Plan.

COST OF CDHP				
	EMPLOYEE ONLY	EMPLOYEE+SPOUSE	EMPLOYEE+CHILDREN	FAMILY
<b>TOTAL COST:</b>	\$412	\$900	\$655	\$996
<b>R&amp;M PAYS:</b>	\$350	\$764	\$556	\$846
<b>MONTHLY YOU PAY:</b>	\$62.00	\$136.00	\$99.00	\$150.00
<b>WEEKLY:</b>	\$14.31	\$31.39	\$22.85	\$34.62

# Consumer Driven Health Plan PLUS

This plan is designed to give you the maximum flexibility when it comes to your healthcare. It provides a new tax advantaged savings opportunity, the Health Savings Account, allowing you to save money for future healthcare expenses, even into retirement. Unlike the Traditional PPO or the Consumer Driven Plan, you do not need a flexible spending account for copays, coinsurance and deductibles. You can use the HSA account instead. This includes vision and dental expenses. Experience has shown that if people have more “skin in the game” – more of their personal money is on the line – they tend to make wiser financial choices about healthcare. Below is a brief description on how this plan works. For more detail, see the complete benefits matrix.

**PLAN DESIGN:** The Consumer Driven Health Plan PLUS has a \$2,500 deductible for individuals, and a \$5,000 aggregate deductible for families. The plan also limits out of pocket costs after meeting the deductible to a maximum of \$3,500 for an individual and \$7,000 for families. The plan focuses on a very low premium in return for reasonable point of service costs and provides a large incentive to act as consumers of health care for the long run through the Health Savings Account.

**PREVENTIVE CARE:** The Plan pays 100% of the cost of preventive care for each covered member of your family. This is to ensure that you get the regular check-ups and tests recommended for your age and gender. In addition, three additional diagnostic tests are covered under the preventive care benefit: colonoscopies, mammograms, and cervical exams (if you meet age or health requirements).

**PRESCRIPTION DRUGS:** You pay a copay for prescription drugs as long as you use a network pharmacy. **PRESCRIPTION DRUGS ARE SUBJECT TO THE DEDUCTIBLE**, except generic preventive drugs.

**OTHER COVERED EXPENSES:** All other expenses are subject to a deductible. After you meet the deductible, the Plan will pay 80% of the cost. A Health Savings Account (HSA) provided by Robins & Morton is designed to help offset the deductible and coinsurance. Once the HSA is exhausted, you will pay your share of the cost of your medical care until you have met the out of pocket maximum. At that point, the Plan pays 100% of the cost of your covered expenses.

**HSA:** Robins & Morton will deposit money into your HSA provided you are tobacco-free and have completed your 2013 Wellness Program requirements by September 1, 2013. Additionally, when you complete wellness activities in 2014, Robins & Morton will deposit additional money in your HSA, as you complete those wellness activities. The HSA will help you pay for higher out-of-pocket expenses. The money in your HSA can be used to offset the deductible and coinsurance for any eligible medical expense. With contributions from Robins & Morton and the employee to their HSA and becoming consumers of healthcare, participants can save for future health care expenses or even save for health care costs in retirement.

COST OF CDHP PLUS				
	EMPLOYEE ONLY	EMPLOYEE+SPOUSE	EMPLOYEE+CHILDREN	FAMILY
<b>TOTAL COST:</b>	\$374	\$815	\$593	\$902
<b>R&amp;M PAYS:</b>	\$374	\$740	\$545	\$807
<b>MONTHLY YOU PAY:</b>	\$0.00	\$75.00	\$48.00	\$95.00
<b>WEEKLY:</b>	\$0.00	\$17.31	\$11.08	\$21.93

# Health Savings Account (HSA)

PROVIDER: FIDELITY



A Health Savings Account (HSA) allows Robins & Morton to set aside money to help you pay for out-of-pocket healthcare expenses. You may also make contributions to an HSA allowing you to save for future medical expenses. The HSA is your money that you control and invest, and you don't pay taxes on the HSA money you contribute to the plan.

Eligible expenses include medical copays, medical coinsurance, deductibles and prescription copays. Vision and dental charges are also payable through your HSA. If you don't use all of the money in your HSA during the year, those dollars are yours to keep and invest. While the IRS limits the amount you can contribute each year, there is no limit on the balance for your HSA. You can pay medical bills from your HSA with a debit card that you will receive from Fidelity. You are only eligible for an HSA if you enroll in the Consumer Driven Health Plan **PLUS**. You do not need a Flexible Spending Account with the HSA, but if you elect an FSA, it will be limited to use for dental and vision only.

## Which Plan To Choose?

Each employee has a personal choice of plans and each employee will have a different reason for their choice. There are no generalizations that can be made about which plan to choose - but you must make a decision to comply with the Affordable Care Act. Please include your family in discussions as you make this the decision. You may wish to review your 2013 healthcare charges at:

[WWW.BCBSAL.ORG](http://WWW.BCBSAL.ORG) | [CAREMARK.COM](http://CAREMARK.COM)

### EXAMPLE 1 -

Employee Only and earns the maximum wellness incentives  
Contributes the difference in premium to HSA.

SINGLE COVERAGE	TRADITIONAL PPO	CONSUMER DRIVEN HEALTH PLAN		CONSUMER DRIVEN HEALTH PLAN PLUS	
	YOU PAY	YOU PAY	HRA BALANCE	YOU PAY	HSA BALANCE
Annual Premium	\$2,040	\$744		\$0	
Wellness Earned - 2013			\$500		\$500
Wellness Earned - 2014			\$500		\$500
<b>Your HSA Contribution</b>				\$2,040	\$2,040
Preventive Care Visits	\$0	\$0		\$0	
Takes generic maintenance drug (Annual Cost \$420) 90 day supply	\$40	\$40		\$40	
Visit Dr. for flu (Cost \$175)	\$35	\$175		\$175	
Preferred Brand Drug for Flu (Cost \$130)	\$30	\$30		\$130	
Subtotal	\$2,145	\$989		\$2,385	
Paid from HRA or HSA	\$0	(\$245)	(\$245)	(\$345)	(\$345)
<b>Your Out of Pocket Cost</b>	\$2,145	\$744		\$2,040	
<b>Your Year End HRA or HSA Balance</b>	N/A		\$755		<b>\$2,695</b>

In this example, by selecting the Consumer Driven Health Plan PLUS rather than the PPO, this individual employee would pay \$105 less out of pocket and have \$2,695 in the HSA at the end of the year.

**EXAMPLE 2 -**

Family Plan and earns the maximum wellness credits  
 Contributes the difference in premium to HSA.

FAMILY COVERAGE	TRADITIONAL PPO	CONSUMER DRIVEN HEALTH PLAN		CONSUMER DRIVEN HEALTH PLAN PLUS	
	YOU PAY	YOU PAY	HRA BALANCE	YOU PAY	HRA BALANCE
Annual Premium	\$4,896	\$1,800		\$1,140	
Wellness Earned - 2013			\$1,000		\$1,000
Wellness Earned - 2014			\$1,000		\$1,000
Your HSA Contribution				\$3,636	\$3,636
Preventive Care Visits	\$0	\$0		\$0	
Takes generic maintenance drug (Annual Cost \$420) 90 day supply	\$40	\$40		\$40	
Son has flu - Dr. visit (Cost \$175)	\$35	\$175		\$175	
Preferred Brand Drug for Son's Flu (Cost \$130)	\$30	\$30		\$130	
Daughter breaks arm (Cost \$700)	\$200	\$700		\$700	
Surgery for arm (Cost \$3,000)	\$200	\$570		\$375	
Wife has baby (Cost \$15,000)	\$450	\$2,400		\$2,300	
Subtotal	\$5,851	\$5,715		\$8,496	
Paid from HRA or HSA	\$0	(\$2,000)	(\$2,000)	(\$3,720)	(\$3,720)
<b>Your Out of Pocket Cost</b>	\$5,851	\$3,715		\$4,776	
<b>Your Year End HRA or HSA Balance</b>	N/A		\$0		<b>\$1,916</b>

In this example, by selecting the Consumer Driven Health Plan PLUS rather than the PPO, this individual employee with family coverage would pay \$955 less out of pocket and have \$1,916 in the HSA at the end of the year. **You need to make your own comparison for an informed decision.**

## 4 Things to Know About Health Savings Accounts (HSAs)

Health Savings Accounts (HSAs) are a great way to save for qualified medical expenses with pretax money. If you're thinking Health Savings Accounts are difficult to understand and even harder to use, here are 4 key things you need to know.

---

### 1. It's Easy

When you enroll in the healthcare plan, you are able to open a Fidelity HSA.® You can make contributions to this account through payroll deductions, by writing a check at any point during the year, or by transferring HSA assets from another provider. When it comes time to access those funds to pay for a qualified medical expense for you, your spouse, or your dependents, you can submit payment online using Fidelity BillPay,® use your HSA debit card, or write a check.

### 2. It's Yours

The entire balance of this personal account is yours. You direct your own investments in the HSA, and can choose when to use your HSA funds to pay for a qualified medical expense. If you retire or leave your employer for any reason, your HSA is yours to keep, and all the federal tax benefits are retained. You can continue contributing to your HSA as long as you remain in a qualified HSA-eligible health plan. If you do not, you can no longer contribute, but you may still access the funds in your HSA for qualified medical expenses.

### 3. It Saves Taxes

Your payroll contributions are pretax, and you don't pay federal taxes on any earnings or on the money distributed from your account to pay for qualified medical expenses. That three-way tax advantage is hard to beat. One approach Fidelity suggests to maximize your tax-advantaged opportunities is to contribute to your HSA up to the annual applicable limit; and then contribute more to your 401(k), up to the annual IRS limit. Further, the money you set aside in your HSA does not count toward your annual pretax limits for 401(k), IRA, and other tax-advantaged accounts.

### 4. It's Another Way to Invest

You can invest your HSA balance in a wide array of options, including over 4,600 mutual funds, individual stocks, bonds, Treasuries, CDs, and more, providing you with a tax-free growth opportunity to save for future qualified medical expenses. Not to worry, there's no time limit on using the money in your HSA to pay for qualified medical expenses.

---



# Mental Health & Substance Abuse Benefits

**PROVIDER:** BLUE CROSS BLUE SHIELD



Mental Health & Substance Abuse benefits are provided through Blue Cross Blue Shield in each of the healthcare plans above and are covered at the same benefit level as the medical benefits referenced in your Summary Plan Description. You will be automatically enrolled for Mental Health & Substance Abuse coverage in when you enroll in the health plans.

## Prescription Plan

**PROVIDER:** CVS/CAREMARK



The prescription drug plan is administered through CVS/Caremark. You will be automatically enrolled for prescription drug coverage in CVS/Caremark when you enroll in any of the three health plans. New for 2014 is the lower copay for preventive generic drugs. We encourage you to discuss with your doctor and pharmacist the availability of generic preventive drugs for your maintenance conditions. A list of the generic preventives is available on HUB. Under the CDHP PLUS Plan, the copays for preventive generics are not subject to the deductible, but you must meet the full deductible before the copays will apply to other prescription drugs.

PRESCRIPTION PLAN					
	GENERIC PREVENTIVE	GENERIC OTHER	PREFERRED	NON-PREFERRED	SPECIALTY
1-34 DAY SUPPLY	\$4	\$10	\$30	\$70	\$100
90 DAY SUPPLY	\$10	\$25	\$75	\$175	

# Dental Insurance

**PROVIDER: DELTA DENTAL**



The Delta Dental PPO\* plan makes it easy for you to find a dentist, and easy to control your costs when you visit a network dentist. Here are some of the great things you'll need to know about enrolling with Delta Dental:

- Our PPO network dentists accept reduced fees for covered services they provide you, so you'll usually pay the least when you visit a PPO network dentist. This also ensures Delta Dental PPO dentists won't balance bill you the difference between the contracted amount and their usual fee.
- Visit the dentist of your choice. You can visit any licensed dentist, but your costs are usually lowest when you see a PPO dentist.
- Since Delta Dental offers access to one of the largest dentist networks in the U.S., chances are there's a wide choice of network dentists near your home or office. Many dentists nationwide are contracted Delta Dental dentists, giving more enrollees convenient access to more dentists. Visit us at [deltadentalins.com](http://deltadentalins.com) to search our dentist directory by location or specialty.
- When you visit a Delta Dental dentist, pay only your portion for services. Delta Dental dentists will file claims for you and receive payment directly from us.
- Access your benefits and eligibility, order ID cards and get information about your claims with Delta Dental's online services. And check out Delta Dental's oral health resources for tips and information that can help keep your smile healthy.

DELTA DENTAL				
	EMPLOYEE ONLY	EMPLOYEE+SPOUSE	EMPLOYEE+CHILDREN	FAMILY
<b>TOTAL COST:</b>	\$29.68	\$67.63	\$15.10	\$87.87
<b>R&amp;M PAYS:</b>	\$21.96	\$50.04	\$48.17	\$65.02
<b>MONTHLY YOU PAY:</b>	\$7.72	\$17.59	\$16.93	\$22.85
<b>WEEKLY:</b>	\$1.79	\$4.06	\$3.91	\$5.28

# Vision Insurance



**PROVIDER:** VSP

Why enroll in VSP? Your eyes deserve the best care to keep them healthy year after year. Plus with VSP, you'll get a great value on your eyecare and eyewear. You'll like what you see with VSP.

- **Value and Savings.** You'll get great benefits on your exam and eyewear at an affordable price.
- **Personalized Care.** You'll get quality care that focuses on your eyes and overall wellness through a WellVision Exam® from a VSP doctor. When you see a VSP doctor, you'll get the most out of your benefit and have lower out-of-pocket costs. Plus, with a VSP doctor your satisfaction is guaranteed—if you're not 100% happy, we'll make it right.
- **Great Eyewear.** Choose the eyewear that's right for you and your budget.
- **Choice of Providers.** With open access to see any eyecare provider, you can see the one who's right for you. Choose a VSP doctor or any other provider.

## HEARING AID DISCOUNT PROGRAM

At VSP® Vision Care, we care about the overall health of our members, and we're committed to helping them experience life to the fullest. Like vision loss, hearing loss can have a huge impact on both workplace productivity and home life. In fact, the largest hearing impaired group in the United States is comprised of those under the age of 65—many of whom are still in the workforce and leading active lives. With the average cost of a pair of hearing aids topping \$5,000, it's no wonder that 70% of the more than 30 million Americans who need hearing aids don't have them because they can't afford them. Discounts on Hearing Aids through TruHearing® TruHearing is offering all VSP members and their covered dependents free access (\$108 value) to the TruHearing Member-Plus® Program\* to enjoy deep discounts on some of the most popular digital hearing aids on the market.

### The TruHearing MemberPlus Program includes:

- Savings of up to 50%\*\* on hearing aids
- Yearly comprehensive hearing exams for \$75
- 3 visits with a hearing professional after purchase (fitting, programming and/or adjustments)
- Manufacturer's coverage for a one-time loss or damage for three years (replacement fee paid to manufacturer)
- 3-year repair warranty
- 48 batteries per purchased hearing aid

VSP members may also add up to four guest members (parents, grandparents, siblings) for a VSP-exclusive rate of \$71 each. Best of all, if a member already has a hearing aid benefit from their health plan or employer, they can combine it with this program to maximize the benefit and reduce their out-of-pocket expense.

VSP VISION PLAN				
YOU PAY	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	FAMILY
<b>MONTHLY:</b>	\$8.90	\$15.30	\$15.59	\$24.53
<b>WEEKLY:</b>	\$2.06	\$3.54	\$3.60	\$5.67

## Your Role in the Value of Your Healthcare.

### These simple steps will help you become a strong healthcare consumer and ensure long-term health and wellness:

**STAY WELL.** Take advantage of your free annual preventive care visit with your physician. Monitor your blood pressure, tell your doctor about all the medications you're taking and get the recommended screenings for your age and gender. Make positive changes to your diet, commit to regular exercise, and eliminate risky behaviors such as tobacco use.

**PARTNER WITH YOUR DOCTOR.** Finding a doctor you trust and feel comfortable with is the first step towards good health. Once you've found a doctor that's right for you, work together to get the best care: prepare for your office visits, listen, ask questions, and learn all you can about your medical issues.

**UNDERSTAND YOUR TREATMENT OPTIONS.** Research shows that millions of people receive medical treatments or surgeries that are unnecessary and even harmful to their health. At the same time, many people don't get the treatment or surgery they need or wait too long to seek medical care. When your doctor makes a recommendation, be sure you voice your questions, concerns, and preferences. Get a second opinion if warranted.

**LEARN MORE ABOUT YOUR CONDITION.** If you use the internet to find health information, start by searching sites specializing in a disease or condition. For example, if you are interest in researching heart disease, visit the American Heart Association website at [www.americanheart.org](http://www.americanheart.org); the American Cancer Society website at [www.cancer.org](http://www.cancer.org) specializes in information about cancer.

**GET THE MOST VALUE FROM YOUR PRESCRIPTION DRUG BENEFIT.** For an occasional minor ailment such as joint pain, heartburn or allergies, ask your doctor about over-the-counter treatments first. Request generic or preferred drugs when possible. Ask your doctor and pharmacist about the proper use of all medications, their side effects and possible alternatives. Use mail-order program or CVS for all maintenance drugs.

# Flexible Spending Account (FSA) Dependent Care Account (DCA)

**PROVIDER:** GILSBAR



A Healthcare Flexible Spending Account (FSA) is a reimbursement account offered by Robins & Morton. You save money by using tax-free dollars for out of pocket medical expenses. Flexible Spending Accounts run on a calendar year basis and what is not used during that time period will be lost. Robins & Morton does have a grace period for the FSA which allows employees to continue to use the funds in their medical flex account until March 31st of the following year. By law, all DCA funds must be used in the plan calendar year. When you enroll in an FSA or DCA, the money you contribute is deducted from your paycheck before it's taxed and since it's money you already use on healthcare expenses, you end up saving. That means you'll have more in your pocket for yourself. You choose how much money you would like automatically deducted from your paycheck for your health care FSA. Then you can use a debit card to spend the money in your account on eligible expenses or, you submit receipts for reimbursement.

## Examples of Items Covered Under a Healthcare FSA in 2014

- Co-pays, deductibles and coinsurance
- Bandages and related items (over-the-counter)
- Birth control (over-the-counter)
- Blood pressure monitors
- Cholesterol test kits and supplies
- Contact lenses, cleaning solutions, etc.
- Crutches, canes, walkers or like equipment (purchase or rental)
- Dentures, bridges, etc.
- Diabetic monitors, test kits, strips and supplies
- Eye related equipment/materials
- Eyeglasses (prescription and over-the-counter)
- Fertility monitors (over-the-counter)
- First aid kits (over-the-counter)
- Hearing aids and batteries
- Incontinence supplies
- Insulin, testing materials and supplies
- Magnetic therapy (over-the-counter)
- Medical equipment (for treatment of medical condition) and repairs
- Medical monitoring and testing devices
- Medical supplies (for treatment of a medical condition)
- Monitors and test kits (over-the-counter)
- Orthotics
- Orthopedic and surgical supports
- Over-the-counter bandages and related items
- Ovulation monitor (over-the-counter)
- Pregnancy tests (over-the-counter)
- Reading glasses (over-the-counter)
- Teeth grinding prevention devices
- Urological products
- Walking aids (canes, walkers, crutches and related supplies)
- Wheelchair and repairs
- Wound care (over-the-counter)

You can establish a Dependent Care Account (DCA) to pay for certain expenses to care for dependents while you are at work. This includes care for children under the age of 13, those with physical or mental disabilities and adult day care for senior citizen dependents. The dependent must be able to be claimed as a dependent on the employee's federal tax return. You can contribute up to \$5,000 per year, per household into a DCA.

**If you enroll in the CDHP PLUS, you will be able to use your FSA only for dental and vision expenses.**

## Business Travel Accident Insurance

**PROVIDER:** CIGNA



Business Travel Accident insurance covers accidental death or dismemberment of Robins & Morton employees traveling on business. All salaried employees are covered by this policy and it is fully paid by Robins & Morton. Eligible employees are covered 24 hours/day, worldwide, up to \$500,000. This coverage is in addition to other insurance you may have at the time of the accident.

## Short Term Disability Insurance

**PROVIDER:** ROBINS & MORTON

**ROBINS & MORTON**

The Robins & Morton Short Term Disability Plan provides financial protection for you by paying your salary while you become disabled. The amount you receive is based on your base salary you earned when your disability began. This benefit is self-administered and fully paid by Robins & Morton. Short Term Disability Insurance pays 100% of your base salary for days 6–90 of your disability. For eligibility, benefit restrictions and summary on this benefit, please refer to the guidelines posted on the Benefits section of HUB.

## Long Term Disability Insurance

**PROVIDER:** LIBERTY MUTUAL



If you're physically healthy, you can work, play, take care of your family and enjoy life. But, if something were to happen to you, all your hard work—and everything you have—could be lost. Robins & Morton offers LTD coverage at no cost to employees to help prevent this financial burden if you become disabled. If you suffer a covered disability while insured by this plan, you will receive monetary benefits designed to help you maintain your normal lifestyle. This program covers disabling injuries or sicknesses that last beyond the 90 day elimination period, whether they occur on or off the job. This plan pays a benefit up to 60% of your monthly covered earnings—to a maximum of \$15,000 per month. Robins & Morton is happy to pay 100% of the premiums for this benefit. If Robins & Morton pays the premiums, any benefits you receive from the plan are taxable. Due to this, some employees elect to pay the premium themselves. The cost of the insurance program is \$0.378 per \$100 of monthly earnings.

### To calculate the cost of your coverage, follow these steps:

- 1. Enter your gross or pre-tax monthly pay. (Cannot exceed \$25,000) \$
- 2. Enter the rate \$ 0.378
- 3. Multiply gross pay (line 1) by the rate \$
- 4. Divide by 100 to determine the amount of premium that will be from your paycheck each month.

Long Term Disability Cost	
Pre-Tax Monthly Pay: (Cannot exceed \$25,000)	
Multiply by:	0.378
Equals:	
Divide by:	100
Equals Monthly Cost:	

# Optional Life & AD&D Options

**PROVIDER:** LIBERTY MUTUAL



You can elect life insurance coverage at several levels. The maximum optional life for any employee is \$250,000. With optional life you will receive an equal amount of Accidental Death & Dismemberment coverage to help pay expenses if you or your spouse are seriously injured or killed in a covered accident. You may also elect optional life insurance for your spouse, not to exceed your optional coverage amount. Optional life insurance for your unmarried, dependent children is also available with one policy covering all eligible children.

If you apply for more than \$200,000, you will be required to provide evidence of insurability. This form is available by contacting the HR Helpline at (205) 803-0102. You will not be covered for the optional life over the guaranteed amount until this form is submitted and approved. The cost of both employee and spousal coverage are based on your age as of January 1.

OPTIONAL LIFE & AD&D INSURANCE													
For:	AMOUNT	<-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Employee	\$25,000	\$3.00	\$3.00	\$3.50	\$4.50	\$6.25	\$10.00	\$16.25	\$26.00	\$32.25	\$55.25	\$89.50	\$89.50
	\$50,000	\$6.00	\$6.00	\$7.00	\$9.00	\$12.50	\$20.00	\$32.50	\$52.00	\$64.50	\$110.50	\$179.00	\$179.00
	\$100,000	\$12.00	\$12.00	\$14.00	\$18.00	\$25.00	\$40.00	\$65.00	\$104.00	\$129.00	\$221.00	\$358.00	\$358.00
	\$200,000	\$24.00	\$24.00	\$28.00	\$36.00	\$50.00	\$80.00	\$130.00	\$208.00	\$258.00	\$442.00	\$716.00	\$716.00
	\$250,000	\$30.00	\$30.00	\$35.00	\$45.00	\$62.50	\$100.00	\$162.50	\$260.00	\$322.50	\$552.50	\$895.50	\$895.50
Spouse	\$10,000	\$1.20	\$1.20	\$1.40	\$1.80	\$2.50	\$4.00	\$6.50	\$10.40	\$12.90	\$22.10	\$35.80	\$35.80
	\$25,000	\$3.00	\$3.00	\$3.50	\$4.50	\$6.25	\$10.00	\$16.25	\$26.00	\$32.25	\$55.25	\$89.50	\$89.50
	\$50,000	\$6.00	\$6.00	\$7.00	\$9.00	\$12.50	\$20.00	\$32.50	\$52.00	\$64.50	\$110.50	\$179.00	\$179.00
Children	\$10,000	\$2.20											

# Critical Illness & Cancer Insurance with Health Screening

**PROVIDER:** HUMANA



With critical illness and cancer plans, you'll receive a benefit after a serious illness or a condition such as a heart attack, stroke, coronary artery disease, or cancer is diagnosed. These plans can assist you with a variety of expenses so you can focus on getting better. You can spend the benefits however you want, on costs associated with the illness: make your mortgage payments; hire extra help for around the house, such as in-home caregivers; help cover medical bills as well as therapy and training; pay for travel to treatment facilities away from home—and for family visits. In addition to the physical and emotional effects, people who are diagnosed with a serious condition may see a costly impact on their expenses. You may need additional help to absorb the expense of paying for drugs and other direct and indirect costs associated with these diseases.

## Here's how it works

All benefit payments are made directly to you in most cases, placing you in control at a time when you may feel that your options are limited. Some or all of the benefit is available to you after your initial diagnosis, so it's there when you need it most. You'll save on your premiums because coverage through your employer typically is less expensive than purchasing on your own. And you can pay premiums through automatic payroll deduction. You can continue the coverage even if you change employers. You may select various benefit levels from \$5,000 to \$50,000.

## Health screening with a purpose

We've made it easy for you to see what specific tests are included in your health screening benefit. Below are the covered screens – typically used to detect critical or serious illnesses or conditions. Please note that this benefit is not a “well care check” and cannot be used for routine physicals. The benefit only applies to the 18 approved screenings listed. Humana will pay the amount shown on the Schedule if, during a Calendar Year, a Covered Person has one or more of the following tests performed.

Because of the nature of the screenings listed it's unlikely that your dependent child will utilize this benefit often, however they can be covered should the need arise. Children are covered until age 24 or as determined by state laws.

Bone Marrow Testing	Pap Smear (including ThinPrep Pap Test)
CA 15-3 (blood test for breast cancer)	PSA (blood test for prostate cancer)
CA-125 (blood test for ovarian cancer)	Serum Protein Electrophoresis (test for myeloma)
CEA (blood test for colon cancer)	Biopsy for Skin Cancer
Chest x-ray	Stress test (bike or treadmill)
Colonoscopy	Electrocardiogram (EKG) (including stress EKG)
Flexible Sigmoidoscopy	Lipid Panel (total cholesterol count)
Hemocult stool analysis	Blood Test for Triglycerides
Mammography (including breast ultrasound)	Oral Cancer Screening using ViziLite, OraTest or other Current Dental Terminology Code D0431



TO APPLY for the critical illness and determine rates, simply follow the link to Humana for the enrollment process: [www.clickenrollonline.com/Enroll](http://www.clickenrollonline.com/Enroll) or circle yes indicating your interest on your enrollment form and Humana will contact you.

CRITICAL ILLNESS						
AGE	NON-TOBACCO USER			TOBACCO USER		
BENEFIT	\$5,000	\$10,000	\$20,000	\$5,000	\$10,000	\$20,000
18-29	\$1.67	\$2.16	\$3.13	\$1.89	\$2.60	\$4.00
30-39	\$2.09	\$2.99	\$4.79	\$2.69	\$4.19	\$7.19
40-49	\$2.70	\$4.21	\$7.23	\$3.84	\$6.50	\$11.80
50-59	\$3.67	\$6.15	\$11.11	\$5.61	\$10.03	\$18.06
60-64	\$4.44	\$7.70	\$14.20	\$7.05	\$12.91	\$24.63
65-69	\$4.83	\$8.48	\$15.77	\$7.51	\$13.83	\$26.48

A complete Employee rate table - as well as rate tables for Spouses and Children - may be found on page 40.

## Accident Insurance

PROVIDER: HUMANA



Accident coverage provided through Humana offers you and your family coverage for injuries and accident related expenses. This insurance pays a benefit for the treatment of injuries suffered as a result of a covered accident. This plan covers a wide variety of injuries for accidents that occur away from work. The plan is completely voluntary. Since health insurance only goes so far, this individual policy is designed to help cover the out-of-pocket expenses that can result from a sudden accident.

## Why do I need accident coverage?

Here are a few facts to consider from the National Center for Health Statistics:

- Nearly 40 percent of self-reported episodes of injury leading to hospitalization occur during sports or leisure activities, and 44 percent occur in or around the home
- Where the external cause of nonfatal injuries is specified, falls are the leading cause of inpatient and outpatient care in emergency rooms, outpatient clinics and doctors' offices
- Injuries due to motor vehicle traffic accidents, overexertion and strenuous movements, and striking against or being struck accidentally by objects also make up a large portion of injuries

Humana provides a video explaining this benefit on their website: [www.humana.com/resources/videos/healthcare\\_education/accident\\_coverage.aspx](http://www.humana.com/resources/videos/healthcare_education/accident_coverage.aspx)

# What does accident coverage do?

Accident insurance provides you with valuable primary benefits. Features include:

- Accident Medical Expense: pays actual charges, up to the amount selected, for physician's treatment or other emergency treatment
- Ambulance Benefit: pays actual charges, up to policy amount, for ground ambulance service and emergency air transportation in 100-mile radius
- Hospital Confinement: pays a daily benefit for hospital room charge for a maximum of 30 days, up to the amount selected, when the injury is a result of a covered accident
- Optional riders offered by your employer may include 24-hour coverage, coverage for spouse and children, and bone fracture and dislocation

## ACCIDENT INSURANCE

Below are weekly payroll deductions based on monthly premiums. Calculation includes \$750.00 Bone Fracture and Dislocation and \$150.00 Hospital Intensive Care.

BENEFIT:		LEVEL ONE - \$500			
AGE	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	FAMILY	
18-50	\$2.59	\$5.17	\$6.09	\$8.67	
51-67	\$2.80	\$5.60	\$6.30	\$9.10	

BENEFIT:		LEVEL TWO - \$1,000			
AGE	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	FAMILY	
18-50	\$3.15	\$6.30	\$7.44	\$10.59	
51-67	\$3.37	\$6.73	\$7.65	\$11.01	

BENEFIT:		LEVEL THREE - \$1,500			
AGE	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	FAMILY	
18-50	\$3.63	\$7.25	\$8.92	\$12.55	
51-67	\$3.84	\$7.68	\$9.14	\$12.98	

BENEFIT:		LEVEL FOUR - \$2,000			
AGE	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	FAMILY	
18-50	\$4.05	\$8.10	\$10.09	\$14.14	
51-67	\$4.27	\$8.53	\$10.30	\$14.57	

# Employee Assistance Program

**PROVIDER: LIBERTY MUTUAL**



As an employee covered under your employer's Group Long-Term Disability and Group Life Insurance Policies issued by Liberty Life Assurance Company of Boston, you are eligible for MyLibertyAssist(R) assistance services provided by Bensinger, DuPont & Associates.

## ACCESS MYLIBERTYASSIST EAP

Online: visit [www.bensingerdupont.com/MLA](http://www.bensingerdupont.com/MLA) and log in with password MLASSIST.

Telephone: 1-877-695-2789 (1-877-MYLBRTY)

MyLibertyAssist EAP services are available to you and your immediate family members.

COUNSELING	FINANCIAL	LEGAL	FAMILY
5 face to face sessions <sup>1,2</sup> Telephonic assistance <ul style="list-style-type: none"> <li>- Available 24/7</li> <li>- Marital/Family</li> <li>- Personal</li> <li>- Alcohol/Drug abuse</li> <li>- Stress/Anger</li> <li>- Death and dying</li> </ul> Also available <ul style="list-style-type: none"> <li>- Telephonic employee consultation</li> <li>- Online access to information</li> </ul>	Toll free information line Financial counseling sessions <ul style="list-style-type: none"> <li>- Scheduled phone counseling session and financial worksheet review</li> </ul>	Assistance from attorneys <ul style="list-style-type: none"> <li>- One free 30 minute telephonic or face to face session</li> <li>- 25% employee discount on additional services</li> </ul> Assistance with <ul style="list-style-type: none"> <li>- Document preparation</li> <li>- Divorce/separation</li> <li>- Real estate</li> <li>- Civil matters</li> </ul>	Access to information <ul style="list-style-type: none"> <li>- Child care</li> <li>- Elder care</li> <li>- Adoption</li> <li>- Education</li> </ul> Telephonic assistance <ul style="list-style-type: none"> <li>- One free 30 minute telephonic session</li> </ul> Web access <ul style="list-style-type: none"> <li>- Available 24/7</li> </ul>

# Online Will Preparation

**PROVIDER: LIBERTY MUTUAL**



Robins & Morton is pleased to offer online will preparation for employees who have purchased or are currently enrolled in our Optional Life insurance. Will Preparation Services, offered through Bensigner, Dupont, & Associates (BDA), will allow you to create a hassle-free legal document to ensure that your final wishes are observed. This web service is available to you 24 hours a day, 7 days a week (except for planned maintenance periods). You can access the Will Prep program through Liberty Mutual's MyLibertyConnection web portal from any computer that supports Internet Explorer 6.0 or higher.

## HOW DO I LOG ON TO MYLIBERTYCONNECTION?

1. Use your browser to log on to [www.mylibertyconnection.com](http://www.mylibertyconnection.com)
2. If you have previously registered for this site, log in using your unique User ID and password
3. To register as a new user click the "New User" link located next to the Login button
4. Input the Customer Code and complete the registration form. The customer code for Robins & Morton is: **ROBINS**
5. Review and agree to the Terms & Conditions

## HOW DO I CREATE A WILL?

Follow these step-by-step instructions to create a will:

1. Log in to MyLibertyConnection with your unique User ID and Password.
2. Select the "Learn More—Life Insurance" tab of the MyLibertyConnection portal
3. Click the blue link under "Life Services Website" to be redirected to the BDA site.
4. Agree to the Liberty Mutual service disclaimer
5. To log-in, use the following ID: MLLIFE and hit "Submit"
6. Under "Tools" select "Legal Tools—Online Wills" to begin the simple process of creating your will.

# FrontierMEDEX Travel Assistance

**PROVIDER: LIBERTY MUTUAL**



All employees who elect Optional Life and/or Disability insurance through Liberty Mutual are eligible for this benefit. A comprehensive program providing you with 24/7 emergency medical, security and travel assistance – including emergency medical evacuation and repatriation – when you are outside your home country or 100 or more miles away from your permanent residence in your home residence in your home country. Expatriates are not covered.

## HOW TO USE FRONTIERMEDEX SERVICES

**Please keep this document with you when you travel.**

Your FrontierMEDEX identification card is your key to travel security. If you have a medical or travel problem, simply call us for assistance. Our toll-free and collect-call telephone numbers are printed on your ID card. Either call the toll-free number of the country you are in, or **call the Emergency Response Center collect at 410-453-6330.**

A FrontierMEDEX assistance coordinator will ask for your name, your company or group name, the FrontierMEDEX ID number shown on your ID card, and a description of your situation. We will immediately begin assisting you. If the condition is an emergency, you should go immediately to the nearest physician or hospital without delay and then contact the 24-hour Emergency Response Center. We will then take the appropriate action to assist you and monitor your care until the situation is resolved.

FrontierMEDEX provides You with Medical Assistance Services, Travel Assistance Services, Medical Evacuation and Repatriation Services, Personal Security Services and Worldwide Destination Intelligence. These services are subject to certain conditions, limitations, and exclusions.

**FrontierMEDEX**  
GO FURTHER. DO MORE.

**FrontierMEDEX Emergency Travel Assistance Services**

MEDEX ID: 323401  
 Issued Date: 12/09/2011  
 User Name: RobinsMorton  
 Password: RobinsMorton67\*D

**Notice to Physicians/Hospitals:** Call FrontierMEDEX immediately for benefits verification and procedures. Call 24 hours a day (multilingual). If you do not have access to a phone, email for assistance: [operations@frontiermedex.com](mailto:operations@frontiermedex.com) | [www.frontiermedex.com](http://www.frontiermedex.com)

**FrontierMEDEX Emergency Response Center:**  
United States, Baltimore, MD +1-410-453-6330 (COLLECT)

TOLL FREE ACCESS - The numbers below must be dialed from within the country  
If your location is not listed or the call will not go through, call the 24-hour Emergency Response Center COLLECT

<b>Australia</b>	1 800 127 907	<b>Mexico</b>	001 800 101 0061
<b>Brazil</b>	0800 891 2734	<b>Philippines</b>	1 800 1 111 0503
<b>China (northern)</b>	108888*800 527 0218	<b>Singapore</b>	800 1100 452
<b>China (southern)</b>	10811*800 527 0218	<b>South Africa</b>	0800 9 92379
<b>Dominican Republic</b>	1 888 567 0977	<b>Spain</b>	900 98 4467
<b>France</b>	0800 90 8505	<b>Switzerland</b>	0800 55 6029
<b>Germany</b>	0800 1 811401	<b>Thailand</b>	001 800 11 471 0661
<b>Hong Kong</b>	800 96 4421	<b>U.K.</b>	0800 252 074
<b>Israel</b>	1 809 41 0172	<b>U.S. &amp; Canada</b>	1 800 527 0218
<b>Italy</b>	800 877 204		
<b>Japan</b>	00531 11 4065	<b>Or Call Collect</b>	<b>+1 410 453 6330</b>

\* Dial the first portion of phone number, wait for tone, and then dial remaining numbers.  
For a complete list, go to the FrontierMEDEX website or your company's Member Center (if eligible).

[ **FrontierMEDEX** O. Box 19056 Baltimore, MD 21284 ]  
 [ 1-800-537-2029 | 1-410-453-6300 | [www.frontiermedex.com](http://www.frontiermedex.com) ]

## CONSUMER DRIVEN HEALTH PLAN PLUS

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Benefit payments are based on the amount of the provider's charge that Blue Cross and Blue Shield recognizes for payment of benefits. The allowed amount may vary depending upon the type provider and where services are received.		
<b>HEALTH SAVINGS ACCOUNT (HSA)</b>		
A Health Savings Account (HSA) is an account established with pre-taxed money in order to save for future medical expenses. In order to establish an HSA you must first be enrolled in an HSA-Qualified High Deductible Health Plan (HDHP). An HDHP is a health plan that satisfies certain government requirements for use in conjunction with a HSA. This plan is designed to meet those government requirements. Enrolling in an HDHP allows you the opportunity to make contributions to an HSA on a pre-tax basis.		
Maximum Contribution: The maximum contribution amount is indexed each year by the U.S. Treasury. The 2014 maximum contribution is: <b>\$3,300</b> for single coverage and <b>\$6,550</b> for family coverage. The maximum contribution amounts include both employer and employee contributions. If you have any questions about the benefits of an HSA, please consult your tax accountant.		
<b>Calendar Year Deductible</b> For individual coverage, no benefits, except preventive care, are paid by the plan until medical expenses paid by the individual equal the deductible amount. For family coverage, no benefits, except preventive care, are paid by the plan to a family member until that individual family member meets the individual deductible amount or the total medical expenses paid by the family equal the family deductible amount.	Individual coverage: \$2,500 For family coverage: \$5,000 aggregate maximum per family Calendar year deductible amounts met in-network will not apply to the out-of-network calendar year deductible	Individual coverage: \$5,000 For family coverage: \$10,000 aggregate maximum per family Calendar year deductible amounts met out-of-network will not apply to the in-network calendar year deductible
Calendar Year Out-of-Pocket Maximum Deductibles, copays and coinsurance for in-network services apply to the out-of-pocket maximum	Individual coverage: \$3,500 For family coverage: \$7,000 After you reach Calendar Year Out-of-Pocket Maximum, applicable in-network expenses covered at 100% of the allowed amount for remainder of calendar year.	There is no out-of-pocket maximum for out-of-network services.
<b>INPATIENT HOSPITAL AND PHYSICIAN BENEFITS (Includes Mental Health and Substance Abuse)</b>		
Preadmission Certification required for all inpatient admissions (except emergency hospital admissions and maternity); notification within 48 hours for emergencies. Call 1-800-248-2342 (toll free) for precertification.		
Inpatient Hospital	Covered at 80%; subject to calendar year deductible	Covered at 50% subject to calendar year deductible Note: In Alabama, coverage available only for accidental injury
Inpatient Physician Visits and Consultations	Covered at 80%; subject to calendar year deductible	Covered at 50% subject to calendar year deductible; in Alabama, covered at 50% subject to calendar year deductible
<b>OUTPATIENT HOSPITAL BENEFITS (Includes Mental Health and Substance Abuse)</b>		
Outpatient Surgery (Including Ambulatory Surgical Centers)	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible; in Alabama, not covered
Emergency Room (Medical Emergency)	Covered at 90% subject to calendar year deductible	Covered at 90% subject to calendar year deductible
Emergency Room (Accident)	Covered at 80% subject to calendar year deductible	Covered at 80% subject to calendar year deductible for services within 72 hours; thereafter 50% subject to calendar year deductible
Emergency Room Physician	Covered at 100% subject to calendar year deductible	Covered at 100% subject to calendar year deductible
Outpatient Diagnostic Lab, X-ray, Pathology, Dialysis, IV Therapy, Chemotherapy & Radiation Therapy	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible; in Alabama, not covered

## CONSUMER DRIVEN HEALTH PLAN PLUS

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>PHYSICIAN BENEFITS (Includes Mental Health and Substance Abuse)</b>		
Office Visits & Consultations	Covered at 100% subject to calendar year deductible and \$35 primary physician copay or \$50 specialist physician copay	Covered at 50% subject to calendar year deductible
Second Surgical Opinion	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
Surgery & Anesthesia	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
Maternity Care	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
Diagnostic Lab, X-ray, Pathology, Dialysis, IV Therapy, Chemotherapy & Radiation Therapy	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
<b>Note: In Alabama, Out-of-Network physician services covered at 50% subject to calendar year deductible.</b>		
<b>PREVENTIVE CARE BENEFITS</b>		
Routine Immunizations and Preventive Services See <a href="http://www.bcbsal.com/preventiveservices">www.bcbsal.com/preventiveservices</a> for a listing of the specific immunizations and preventive services	Covered at 100%; no copay or deductible	Not covered
Routine OB/GYN Exam One visit per calendar year for females age 18 and older. This is in addition to your annual PCP routine office visit.	Covered at 100%; no copay or deductible	Not covered
Other Routine Screenings: One per calendar year with no age limitations: - Cholesterol Test (to include total cholesterol, HDL, LDL and Triglycerides) - Glucose Test - Complete Blood Count - Urinalysis	Covered at 100%; no copay or deductible	Not covered
<b>PRESCRIPTION DRUG BENEFITS (INCLUDES MENTAL HEALTH AND SUBSTANCE ABUSE)</b>		
Prescription Drugs	Prescription Drug benefits are not administered by Blue Cross and Blue Shield of Alabama.	
<b>BENEFITS FOR OTHER COVERED SERVICES (Includes Mental Health and Substance Abuse)</b>		
Allergy Testing & Treatment	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
Ambulance Service	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
Participating Chiropractic Services Limited to 20 visits per calendar year	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible
Durable Medical Equipment (DME)	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible; in Alabama, covered at 50% subject to calendar year deductible
Occupational and Physical Therapy Occupational, physical and speech therapy limited to combined maximum of 30 visits per year	Covered at 80% subject to calendar year deductible	Covered at 50% subject to calendar year deductible; in Alabama, covered at 50% subject to calendar year deductible
Speech Therapy	Covered at 80% subject to calendar year deductible	Covered at 80% subject to calendar year deductible for services within 72 hours; thereafter 50% subject to calendar year deductible

## CONSUMER DRIVEN HEALTH PLAN PLUS

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
HOME HEALTH AND HOSPICE BENEFITS (Includes Mental Health and Substance Abuse)		
Home Health and Hospice - Precertification required for visits by home health professionals outside Alabama - For precertification call 1-800-821-7231	Covered at 100% subject to calendar year deductible	Covered at 50% subject to calendar year deductible; in Alabama, not covered
HEALTH MANAGEMENT BENEFITS		
Individual Case Management	Coordinates care in event of catastrophic or lengthy illness or injury. For more information, please call 1-800-821-7231.	
Disease Management	Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease.	
Baby Yourself	Prenatal wellness program; For more information, please call 1-800-222-4379. You can also enroll online at <a href="http://www.behealthy.com">www.behealthy.com</a> .	
Deductibles are applied to claims in the order in which they are processed regardless of the order in which they are received. Deductible is not applicable to all services (see specific categories).		

### Useful Information to Maximize Benefits

- To maximize your benefits, always use in-network providers for services covered by your health benefit plan. To find in-network providers, check a provider directory, provider finder website ([www.bcbsal.com](http://www.bcbsal.com)) or call 1-800-810-BLUE (2583).
- In-network hospitals, physicians and other healthcare providers have a contract with a Blue Cross and/or Blue Shield Plan for furnishing healthcare services at a reduced price (examples: BlueCard PPO, PMD, Preferred Care). In-network pharmacies are pharmacies that participate with Blue Cross and Blue Shield of Alabama or its Pharmacy Benefit Manager(s). In Alabama, in-network services provided by mental health and substance abuse professionals are available through the Blue Choice Behavioral Health Network.
- Out-of-network providers generally do not contract with Blue Cross and/or Blue Shield Plans. If you use out-of-network providers, you may be responsible for filing your own claims and paying the difference between the provider's charge and the allowed amount. The allowed amount may be based on the negotiated rate payable to in-network providers in the same area or the average charge for care in the area.
- Please be aware that providers/specialists may be listed in a PPO directory or provider finder website, but not covered under this benefit plan. Please check your benefit booklet for more detailed coverage information.
- Bariatric Surgery, Gastric Restrictive procedures and complications arising from these procedures are not covered under this plan. Please see your benefit booklet for more detail and for a complete listing of all plan exclusions.



## CONSUMER DRIVEN HEALTH PLAN

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<p>Benefit payments are based on the amount of the provider's charge that Blue Cross and Blue Shield recognizes for payment of benefits. The allowed amount may vary depending upon the type provider and where services are received. Some services require a copay, coinsurance or calendar year deductible for each visit or service.</p>		
<b>SUMMARY OF COST SHARING PROVISIONS (Includes Mental Health and Substance Abuse)</b>		
Calendar Year Deductible Note: See special provisions for out-of-network Mental Health and Substance Abuse Emergency Room services	\$1,000 individual; \$3,000 aggregate maximum per family Calendar year deductible amounts met in-network will NOT apply to the out-of-network calendar year deductible.	\$1,000 individual; \$3,000 aggregate maximum per family Calendar year deductible amounts met out-of-network will NOT apply to the in-network calendar year deductible.
Calendar Year Out-of-Pocket Maximum Deductibles, copays and coinsurance for in-network services apply to the out-of-pocket maximum	"\$1,000 individual; \$3,000 aggregate amount per family After you reach Calendar Year Out-of-Pocket Maximum, applicable in-network expenses covered at 100% of the allowed amount for remainder of calendar year." There is no out-of-pocket maximum for out-of-network services.	There is no out-of-pocket maximum for out-of-network services.
Lifetime Maximum	There is no lifetime maximum	
<b>INPATIENT HOSPITAL AND PHYSICIAN BENEFITS (Includes Mental Health and Substance Abuse)</b>		
Preadmission Certification required for all inpatient admissions (except emergency hospital admissions and maternity); notification within 48 hours for emergencies. Call 1-800-248-2342 (toll free) for precertification.		
Inpatient Hospital	Covered at 90%; subject to calendar year deductible	Covered at 70% subject to calendar year deductible Note: In Alabama, coverage available only for accidental injury
Inpatient Physician Visits and Consultations	Covered at 90%; subject to calendar year deductible	Covered at 70% subject to calendar year deductible; in Alabama, covered at 50% subject to calendar year deductible
<b>OUTPATIENT HOSPITAL BENEFITS (Includes Mental Health and Substance Abuse)</b>		
Outpatient Surgery (Including Ambulatory Surgical Centers) Note: Colonoscopies performed in an outpatient facility will be provided at 100% with no copay or deductible regardless of the diagnosis.	Covered at 90% subject to calendar year deductible	Covered at 70% subject to calendar year deductible; in Alabama, not covered
Emergency Room (Medical Emergency) <b>Note: copay waived if admitted</b>	Covered at 90% after \$200 hospital copay	Covered at 90% after \$200 hospital copay and subject to calendar year deductible <b>Mental Health and Substance Abuse Services covered at 90% subject to the in-network calendar year deductible and out-of-pocket maximum</b>
Emergency Room (Accident) <b>Note: copay waived if admitted</b>	Covered at 90% after \$200 hospital copay	Covered at 90%, subject to calendar year deductible for services rendered within 72 hours; thereafter covered at 70% subject to calendar year deductible
Emergency Room Physician	Covered at 90% subject to calendar year deductible	Covered at 90% after \$200 hospital copay and subject to calendar year deductible <b>Mental Health and Substance Abuse Services covered at 90% subject to the in-network calendar year deductible and out-of-pocket maximum</b>
Partial Hospitalization/Intensive Outpatient Treatment for Mental Health and Substance Abuse	Covered at 90% subject to calendar year deductible	Covered at 70% subject to calendar year deductible

## CONSUMER DRIVEN HEALTH PLAN

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Outpatient Diagnostic Lab, X-ray, Pathology, Dialysis, IV Therapy, Chemotherapy & Radiation Therapy	Covered at 90% subject to calendar year deductible	Covered at 70% subject to calendar year deductible; in Alabama, not covered
<b>PHYSICIAN BENEFITS (Includes Mental Health and Substance Abuse)</b>		
Office Visits & Consultations	Covered at 90% subject to calendar year deductible	Covered at 70% subject to calendar year deductible
Second Surgical Opinion	Covered at 100%; no copay or deductible	Covered at 70% subject to calendar year deductible
Surgery & Anesthesia	Covered at 90% subject to calendar year deductible	Covered at 70% subject to calendar year deductible
Maternity Care	Covered at 90% subject to calendar year deductible	Covered at 70% subject to calendar year deductible
Diagnostic Lab, X-ray, Pathology, Dialysis, IV Therapy, Chemotherapy & Radiation Therapy	Covered at 90% subject to calendar year deductible	Covered at 70% subject to calendar year deductible
<b>Note: In Alabama, Out-of-Network physician services covered at 50% subject to calendar year deductible.</b>		
<b>PREVENTIVE CARE BENEFITS</b>		
Routine Immunizations and Preventive Services: See <a href="http://www.bcbsal.com/preventiveservices">www.bcbsal.com/preventiveservices</a> for a listing of the specific immunizations and preventive services	Covered at 100%; no copay or deductible	Not covered
Routine OB/GYN Exam: One visit per calendar year for females age 18 and older. This is in addition to your annual PCP routine office visit.	Covered at 100%; no copay or deductible	Not covered
Other Routine Screenings: One per calendar year with no age limitations: - Cholesterol Test (to include total cholesterol, HDL, LDL and Triglycerides) - Glucose Test - Complete Blood Count - Urinalysis	Covered at 100%; no copay or deductible	Not covered
<b>PRESCRIPTION DRUG BENEFITS (Includes Mental Health and Substance Abuse)</b>		
Prescription Drugs	Prescription Drug benefits are not administered by Blue Cross and Blue Shield of Alabama.	
<b>BENEFITS FOR OTHER COVERED SERVICES (Includes Mental Health and Substance Abuse)</b>		
Allergy Testing & Treatment	Covered at 80% subject to calendar year deductible	Covered at 70% subject to calendar year deductible
Ambulance Service	Covered at 80% subject to calendar year deductible	Covered at 70% subject to calendar year deductible
Participating Chiropractic Services Limited to 20 visits per calendar year	Covered at 80% subject to calendar year deductible	Covered at 70% subject to calendar year deductible; in Alabama, covered at 50% subject to calendar year deductible
Durable Medical Equipment (DME)	Covered at 80% subject to calendar year deductible	Covered at 70% subject to calendar year deductible; in Alabama, covered at 50% subject to calendar year deductible

## CONSUMER DRIVEN HEALTH PLAN

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Occupational and Physical Therapy Occupational, physical and speech therapy limited to combined maximum of 30 visits per year	Covered at 80% subject to calendar year deductible	Covered at 70% subject to calendar year deductible; in Alabama, covered at 50% subject to calendar year deductible
Speech Therapy Occupational, physical and speech therapy limited to combined maximum of 30 visits per year	Covered at 80% subject to calendar year deductible	Covered at 70% subject to calendar year deductible
HOME HEALTH AND HOSPICE BENEFITS (Includes Mental Health and Substance Abuse)		
Home Health and Hospice - Precertification required for visits by home health professionals outside Alabama For precertification call 1-800-821-7231	Covered at 90% subject to calendar year deductible	Covered at 70% subject to calendar year deductible; in Alabama, not covered
HEALTH MANAGEMENT BENEFITS		
Individual Case Management	Coordinates care in event of catastrophic or lengthy illness or injury. For more information, please call 1-800-821-7231.	
Disease Management	Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease.	
Baby Yourself	Prenatal wellness program; For more information, please call 1-800-222-4379. You can also enroll online at <a href="http://www.behealthy.com">www.behealthy.com</a> .	

### Useful Information to Maximize Benefits

- To maximize your benefits, always use in-network providers for services covered by your health benefit plan. To find in-network providers, check a provider directory, provider finder website ([www.bcbsal.com](http://www.bcbsal.com)) or call 1-800-810-BLUE (2583).
- In-network hospitals, physicians and other healthcare providers have a contract with a Blue Cross and/or Blue Shield Plan for furnishing healthcare services at a reduced price (examples: BlueCard PPO, PMD, Preferred Care). In Alabama, in-network services provided by mental health and substance abuse professionals are available through the Blue Choice Behavioral Health Network.
- Out-of-network providers generally do not contract with Blue Cross and/or Blue Shield Plans. If you use out-of-network providers, you may be responsible for filing your own claims and paying the difference between the provider's charge and the allowed amount. The allowed amount may be based on the negotiated rate payable to In-Network providers in the same area or the average charge for care in the area.
- Please be aware that providers/specialists may be listed in a PPO directory or provider finder website, but not covered under this benefit plan. Please check your benefit booklet for more detailed coverage information.

## TRADITIONAL PPO PLAN

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Benefit payments are based on the amount of the provider's charge that Blue Cross and Blue Shield recognizes for payment of benefits. The allowed amount may vary depending upon the type provider and where services are received. Some services require a copay, coinsurance, calendar year deductible or deductible for each admission, visit or service.		
<b>INPATIENT HOSPITAL AND PHYSICIAN BENEFITS (Includes Mental Health and Substance Abuse)</b>		
Preadmission Certification required for all inpatient admissions (except emergency hospital admissions and maternity); notification within 48 hours for emergencies. Call 1-800-248-2342 (toll free) for precertification.		
Inpatient Hospital	Covered at 100% after \$250 per admission deductible; \$100 per day hospital copay days 2-6 for each admission	Covered at 80% after \$250 per admission deductible Note: In Alabama, available only for accidental injury
Inpatient Physician Visits and Consultations	Covered at 100%; no copay or deductible	Covered at 80% subject to calendar year deductible; in Alabama, covered at 50% subject to calendar year deductible <b>Mental Health and Substance Abuse Services covered at 80% not subject to calendar year deductible</b>
<b>OUTPATIENT HOSPITAL BENEFITS (Includes Mental Health and Substance Abuse)</b>		
Outpatient Surgery (Including Ambulatory Surgical Centers) Note: Colonoscopies performed in an outpatient facility will be provided at 100% with no copay or deductible regardless of the diagnosis.	Covered at 100% after \$200 hospital copay	Covered at 80% subject to calendar year deductible; in Alabama, not covered
Emergency Room (Medical Emergency) <b>Note: copay waived if admitted</b>	Covered at 100% after \$200 hospital copay	Covered at 100% after \$200 hospital copay and subject to calendar year deductible <b>Mental Health and Substance Abuse Services covered at 100% after \$200 hospital copay</b>
Emergency Room (Accident) <b>Note: copay waived if admitted</b>	Covered at 100% after \$50 hospital copay	Covered at 100% after \$200 hospital copay and subject to calendar year deductible
Emergency Room Physician	Covered at 100% after \$50 physician copay	Covered at 100% after \$50 physician copay and subject to calendar year deductible <b>Mental Health and Substance Abuse Services covered at 100% after \$50 physician copay</b>
Partial Hospitalization/Intensive Outpatient Treatment for Mental Health and Substance Abuse	Covered at 100% after \$200 hospital copay	Covered at 80% subject to calendar year deductible
Outpatient Diagnostic Lab, X-ray, Pathology, Dialysis, IV Therapy, Chemotherapy & Radiation Therapy Note: Colonoscopies performed in an outpatient facility will be provided at 100% with no copay or deductible regardless of the diagnosis.	Covered at 100%; no copay or deductible	Covered at 80% subject to calendar year deductible; in Alabama, not covered
Outpatient CT Scans, MRI & PET Scans	Covered at 100% after \$150 hospital copay	Covered at 80% subject to calendar year deductible; in Alabama, not covered
<b>PHYSICIAN BENEFITS (Includes Mental Health and Substance Abuse)</b>		
Office Visits & Consultations	Covered at 100% subject to calendar year deductible and \$35 primary physician copay or \$50 specialist physician copay	Covered at 80% subject to calendar year deductible
Surgery & Anesthesia	Covered at 100%; no copay or deductible	Covered at 80% subject to calendar year deductible

## TRADITIONAL PPO PLAN

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Maternity Care	Covered at 100%; no copay or deductible	Covered at 80% subject to calendar year deductible
Diagnostic Lab, X-ray, Pathology, Dialysis, IV Therapy, Chemotherapy & Radiation Therapy	Covered at 100%; no copay or deductible	Covered at 50% subject to calendar year deductible

**Note: In Alabama, Out-of-Network physician services covered at 50% subject to calendar year deductible.**

### PREVENTIVE CARE BENEFITS

Routine Immunizations and Preventive Services See <a href="http://www.bcbsal.com/preventiveservices">www.bcbsal.com/preventiveservices</a> for a listing of the specific immunizations and preventive services	Covered at 100%; no copay or deductible	Not covered
Routine OB/GYN Exam One visit per calendar year for females age 18 and older. This is in addition to your annual PCP routine office visit.	Covered at 100%; no copay or deductible	Not covered
Other Routine Screenings: One per calendar year with no age limitations: - Cholesterol Test (to include total cholesterol, HDL, LDL and Triglycerides) - Glucose Test - Complete Blood Count - Urinalysis	Covered at 100%; no copay or deductible	Not covered

**Note: In some cases, office visit copays or facility copays may apply**

### PRESCRIPTION DRUG BENEFITS (Includes Mental Health and Substance Abuse)

Prescription Drugs	Prescription Drug benefits are not administered by Blue Cross and Blue Shield of Alabama.	
--------------------	---	--

### SUMMARY OF COST SHARING PROVISIONS (Includes Mental Health and Substance Abuse)

Calendar Year Deductible	\$400 individual; \$1,200 aggregate maximum per family	
Calendar Year Out-of-Pocket Maximum Deductibles, copays and coinsurance for in-network services apply to the out-of-pocket maximum	\$400 individual After you reach Calendar Year Out-of-Pocket Maximum, applicable in-network expenses covered at 100% of the allowed amount for remainder of calendar year.	

### BENEFITS FOR OTHER COVERED SERVICES (Includes Mental Health and Substance Abuse)

Allergy Testing & Treatment	Covered at 80% subject to calendar year deductible	Covered at 80% subject to calendar year deductible
Ambulance Service	Covered at 80% subject to calendar year deductible	Covered at 80% subject to calendar year deductible
Chiropractic Services Limited to 20 visits per calendar year	Covered at 80% subject to calendar year deductible	Covered at 80% subject to calendar year deductible
Durable Medical Equipment (DME)	Covered at 80% subject to calendar year deductible	Covered at 80% subject to calendar year deductible
Occupational and Physical Therapy Occupational, physical and speech therapy limited to combined maximum of 30 visits per year	Covered at 80% subject to calendar year deductible	Covered at 80% subject to calendar year deductible; in Alabama, covered at 50% subject to calendar year deductible
Speech Therapy Occupational, physical, and speech therapy limited to combined maximum of 30 visits per year	Covered at 80% subject to calendar year deductible	Covered at 80% subject to calendar year deductible

## TRADITIONAL PPO PLAN

BENEFIT	IN-NETWORK	OUT-OF-NETWORK
HOME HEALTH AND HOSPICE BENEFITS (Includes Mental Health and Substance Abuse)		
Home Health and Hospice - Precertification required for visits by home health professionals outside Alabama - For precertification call 1-800-821-7231	Covered at 90% subject to calendar year deductible	Covered at 70% subject to calendar year deductible; in Alabama, not covered
HEALTH MANAGEMENT BENEFITS		
Individual Case Management	Coordinates care in event of catastrophic or lengthy illness or injury.	
Disease Management	Coordinates care for chronic conditions such as asthma, diabetes, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease.	
Baby Yourself	Prenatal wellness program; For more information, please call 1-800-222-4379. You can also enroll online at <a href="http://www.behealthy.com">www.behealthy.com</a> .	

### Useful Information to Maximize Benefits

- To maximize your benefits, always use in-network providers for services covered by your health benefit plan. To find in-network providers, check a provider directory, provider finder website ([www.bcbsal.com](http://www.bcbsal.com)) or call 1-800-810-BLUE (2583).
- In-network hospitals, physicians and other healthcare providers have a contract with a Blue Cross and/or Blue Shield Plan for furnishing healthcare services at a reduced price (examples: BlueCard PPO, PMD, Preferred Care). In Alabama, in-network services provided by mental health and substance abuse professionals are available through the Blue Choice Behavioral Health Network.
- Out-of-network providers generally do not contract with Blue Cross and/or Blue Shield Plans. If you use out-of-network providers, you may be responsible for filing your own claims and paying the difference between the provider's charge and the allowed amount. The allowed amount may be based on the negotiated rate payable to in-network providers in the same area or the average charge for care in the area.
- Please be aware that providers/specialists may be listed in a PPO directory or provider finder website, but not covered under this benefit plan. Please check your benefit booklet for more detailed coverage information.

## VSP VISION BENEFITS

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>Your Coverage with a VSP Doctor</b>			
WellVision Exam	Focuses on your eyes and overall wellness	\$10	Every other calendar year
Prescription Glasses		\$10	See frame and lenses
Lens Options	Standard progressive lenses, Premium progressive lenses, Custom progressive lenses, Average 20-25% off other lens options	\$55, \$95 - \$105, \$150 - \$175	Every calendar year
Contacts (Instead of glasses)	\$150 allowance for contacts; copay does not apply, Contact lens exam (fitting and evaluation)	Up to \$60	Every calendar year
Extra Savings and Discounts	<b>Glasses and Sunglasses</b> • 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam		
	<b>Retinal Screening</b> • Guaranteed pricing on retinal screening as an enhancement to your WellVision Exam.		
	<b>Laser Vision Correction</b> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		
Exam up to \$45	Lined Trifocal Lenses up to \$65	Frames up to \$70, Progressive Lenses up to \$50	
Single Vision Lenses up to \$30	Contacts up to \$105	Lined Bifocal Lenses up to \$50	

## DELTA DENTAL BENEFITS

	Primary enrollee, spouse, and children up to age 26
Deductibles Deductibles waived for D & P?	\$50 per person / \$150 per family each calendar year Yes
Maximums D & P counts toward maximum?	\$1,500 per person each calendar year YES Yes

Benefits and Covered Services*	Percent of Allowed Amount**
Diagnostic & Preventive Services (D & P) Exams, cleaning, x-rays, sealants	100%
Basic Services Fillings, simple tooth extractions	100%
Endodontics (root canals) Covered under basic services	100%
Periodontics (gum treatment) Covered under major services	50%
Oral Surgery Covered under basic services	100%
Major Services Crowns, inlays, onlays and cast restorations, bridges and dentures	50%
Orthodontic Benefits, Dependent children	50%
Orthodontic Maximum, Lifetime	\$1,500 Lifetime

\* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

\*\* Reimbursement is based on PPO contracted fees for PPO dentists, PPO contracted fees for Premier dentists and PPO contracted fees for non-Delta Dental dentists.

## HUMANA CRITICAL ILLNESS AND CANCER

Coverage type	Voluntary Critical Illness insurance is a group policy form that includes coverage for heart/stroke, cancer, and other critical illnesses.
Benefit amount	Benefit amounts are available at various levels. You can choose: \$5,000 to \$50,000 for employees. You can also add coverage for your dependents: Spouse: \$2,500 to \$25,000. Spouse coverage benefit is equal, to exactly half of the employee's coverage. Child: \$2,500 to \$5,000 for each eligible child
Coverage for vascular conditions	Percent of benefit amount paid at initial diagnosis: Heart attack 100%, Transplant as a result of heart failure 100%, Stroke 100%, Coronary artery bypass surgery as a result of coronary artery disease 25%
Coverage for cancer conditions	Percent of benefit amount paid at initial diagnosis: First diagnosis of internal cancer or malignant melanoma 100%, Carcinoma in situ 25%
Coverage for other critical illnesses	Percent of benefit amount paid at initial diagnosis: Transplant, other than heart 100% End-stage renal failure 100%, Loss of sight, speech, or hearing 100%, Coma 100% Severe burns 100%, Permanent paralysis due to an accident 100%, Occupational HIV 100%
Additional included benefits	Waiver of premium for disability: This waives an employee's premium if he or she becomes totally disabled for at least 180 days after the effective date of coverage. For employees ages 18-55. Health screening: Benefit pays per calendar year for covered health screenings. There are 18 covered tests including mammograms, colonoscopies, and stress tests. There is a 90-day waiting period. Indemnity based and payable once per calendar year per insured. Employer selects this optional benefit and the benefit amount; Employee may decline the benefit if he/she chooses. Coverage is same for all insureds on the certificate \$150
Portability	Portable after six months of continuous coverage if group master policy remains in force and the insured is less than age 70. Participants may continue coverage by paying premiums on a direct billing method. All ported certificates will be subject to any rate increases on the Employer's Master Policy.

### Employee Rates

Age	Employee Non-Tobacco User				Employee Tobacco User			
BENEFIT:	\$5,000	\$10,000	\$20,000	50,000	\$5,000	\$10,000	\$20,000	\$50,000
18-29	\$1.67	\$2.16	\$3.13	\$6.03	\$1.89	\$2.60	\$4.00	\$8.23
30-39	\$2.09	\$2.99	\$4.79	\$10.19	\$2.69	\$4.19	\$7.19	\$16.19
40-49	\$2.70	\$4.21	\$7.23	\$16.30	\$3.84	\$6.50	\$11.80	\$27.73
50-55	\$3.67	\$6.15	\$11.11	\$26.00	\$5.61	\$10.03	\$18.86	\$45.38
56-59	\$3.67	\$6.15	\$11.11	\$26.00	\$5.61	\$10.03	\$18.86	\$45.38
60-64	\$4.44	\$7.70	\$14.20	\$33.73	\$7.05	\$12.91	\$24.63	\$59.80
65-69	\$4.83	\$8.48	\$15.77	\$37.65	\$7.51	\$13.83	\$26.48	\$64.42

### Spouse Rates - Monthly premiums with weekly deductions including \$150 Health Screening Benefit.

Age	Employee Non-Tobacco User				Employee Tobacco User			
BENEFIT:	\$2,500	\$5,000	\$10,000	\$25,000	\$2,500	\$5,000	\$10,000	\$25,000
18-29	\$0.96	\$1.23	\$1.76	\$3.35	\$1.09	\$1.47	\$2.24	\$4.56
30-39	\$1.19	\$1.68	\$2.66	\$5.60	\$1.52	\$2.35	\$4.00	\$8.95
40-49	\$1.53	\$2.36	\$4.02	\$9.01	\$2.16	\$3.62	\$6.54	\$15.29
50-55	\$2.06	\$3.42	\$6.14	\$14.31	\$3.13	\$5.56	\$10.41	\$24.99
56-59	\$2.06	\$3.42	\$6.14	\$14.31	\$3.13	\$5.56	\$10.41	\$24.99
60-64	\$2.49	\$4.27	\$7.85	\$18.58	\$3.92	\$7.15	\$13.60	\$32.95
65-69	\$2.71	\$4.71	\$8.73	\$20.77	\$4.18	\$7.66	\$14.61	\$35.49

### Children rates - Displaying weekly payroll deductions based on monthly premium calculation including \$150 Health Screening Benefit.

BENEFIT:	\$2,500	\$5,000						
0-24	\$0.62	\$0.88						



## HUMANA ACCIDENT

PRODUCT BASE		GROUP TRUST		
Coverage Type	Accident Insurance that provides expense reimbursement for actual charges up to policy maximum. Covers off-the-job coverage for accidental injuries, hospital care, and accidental death benefits. There is no coverage for sickness. Coverage is available to the insured, spouse, and children.			
BENEFIT AMOUNT	LEVEL ONE	LEVEL TWO	LEVEL THREE	LEVEL FOUR
Accident medical expense: Pays the actual expenses up to the amount selected for diagnosis or treatment by a physician or in an emergency room. ER subject to a \$50 deductible.	\$500	\$1,000	\$1,500	\$2,000
Ambulance: Pays actual expenses up to the amount selected if injury requires ground or air ambulance transportation.	\$250	\$500	\$750	\$1,000
Hospital Indemnity: Pays a benefit equal to the amount selected if an injury requires inpatient hospital confinement, including a room charge, that starts within 30 days after the accident. The benefit is limited to 30 days per accident.	\$75	\$150	\$225	\$300
Accidental death, dismemberment and loss of sight (AD&D):				
Loss of life	\$5,000	\$10,000	\$15,000	\$20,000
Any combination of two or more hands, feet or eyes	\$5,000	\$10,000	\$15,000	\$20,000
Loss of single hand, foot or eye	\$2,500	\$5,000	\$7,500	\$10,000
Multiple fingers and/or toes	\$500	\$1,000	\$1,500	\$2,000
Single finger or toe	\$250	\$500	\$750	\$1,000
Definition of disability	Total disability: A disability that prevents the covered employee from performing an occupation for compensation or profit. During the first 12 months of disability, an occupation means the covered employees job or profession at the time of disability began. After 12 months, an occupation means any job or profession for which the covered employee is or becomes reasonably fitted by reason of education, training or experience.			
ADDITIONAL INCLUDED BENEFITS				
Total disability premium waiver: If the insured becomes disabled before age 60 and as the result of injuries suffered in an accident, premiums will be waived after six months of total and continuous disability.				
Fracture and dislocation: Pays a benefit when a covered person suffers one of the fractures or dislocations listed. The benefit payable will equal the percentage shown, of the unit selected, for the injury. Pays 150% of the larger loss of two or more covered losses.				
Fractures		Dislocations		
Hip bone (pelvis) or femur	100%	Hip		100%
Vertebra	75%	Knee (does not include dislocation of the patella)		50%
Skull (depressed or ping-pong fracture)	65%	Foot (does not include dislocation of the toes), ankle or shoulder		35%
Leg (tibia or fibula)	50%	Hand (does not include dislocation of fingers), lower jaw, wrist or elbow		20%
Bones of the foot, ankle, kneecap, hand, wrist or forearm (radius or ulna)	40%	Finger, toe		6%
Lower jaw, shoulder blade, collar bone	35%			
Upper arm, upper jaw, skull (simple, non-depressed fracture)	25%			
Facial bones (or nose)	20%			
Finger, toe, rib, coccyx	6%			
Hospital intensive care: Pays a daily benefit when a covered person is confined to a hospital intensive care unit as a result of injuries suffered in a covered accident. The benefit is payable for a maximum of 30 days for any one accident.				\$600 per day

# Frequently Asked Questions

---

**Q: What is Open Enrollment?**

**A:** This is the time for you to think about your health benefits and make changes to or enroll in the following programs: Medical Benefits, Flexible Spending Accounts, Term Life Insurance, Accidental Death, Dismemberment Insurance, Voluntary Benefits This is the time to make elections you usually can't make any other time of the year, unless you experience a qualifying change in status. Open Enrollment is the time to exercise your right of choice.

**Q: If I don't want to make any changes do I need to do anything?**

**A:** Yes. Healthcare Reform requires everyone must be insured and one of your choices is the Robins & Morton Plan. You must either select the Robins & Morton plan or waive that coverage during open enrollment.

**Q: What is a Consumer Driven Health Plan (CDHP)?**

**A:** The CDHP has lower premiums but higher deductibles and out of pocket cost. This allows you to decide when and where you want to spend your medical dollars. You will be responsible for first dollar coverage until you meet your full deductible and then the plan starts paying 80% of the cost of the services you receive.

**Q: What is a Health Savings Account?**

**A:** A Health Savings Account or HSA allows you to save money you would ordinarily pay in premiums for your healthcare. The HSA accounts for Robins & Morton are held at Fidelity and are always under your control.

**Q: Does Robins & Morton offer Mental Health Benefits?**

**A:** Yes. If you are enrolled in a medical plan, you and your enrolled dependents will automatically receive mental health coverage.

**Q: What is an In-Network physician?**

**A:** A physician in Blue Cross Blue Shield's national network. Thousands of physicians participate in their network. You can locate a physician online at [www.bcbsal.org](http://www.bcbsal.org)

**Q: What is an Out-of-Network physician?**

**A:** A physician who does not participate in Blue Cross

Blue Shield's national network. If you choose to use physicians who are out-of-network you will pay more.

**Q: If I have family medical coverage, do I have to get family vision or family dental?**

**A:** No. The vision and dental plans are separate coverage and you can elect the plan that best fits your needs. It does not have to mirror your election in your medical coverage.

**Q: Can I select any physician with the health plans?**

**A:** Yes. We recommend you use In-Network physicians to reduce your out-of-pocket cost. You can locate in network physicians online at [www.bcbsal.org](http://www.bcbsal.org)

**Q: Can I use the HSA account to pay for vision or dental services?**

**A:** Yes.

**Q: Can I pay for LASIK eye surgery with money in my medical Flexible Spending Account (FSA)?**

**A:** Yes.

**Q: Can I purchase Long Term Disability coverage for my spouse?**

**A:** No.

**Q: Can I purchase Critical Illness & Cancer for my spouse?**

**A:** Yes.

**Q: Can I purchase Accident Insurance on my spouse?**

**A:** Yes.

**Q: Can I get prescription drugs at pharmacies other than CVS?**

**A:** Yes, you can use any pharmacy who accepts Caremark coverage for any prescription not considered a "maintenance" medication. Maintenance medications are those you take on a continuous basis and they must be filled in 90 day supplies at your local CVS pharmacy or through the Caremark mail order service.

**Q: Can I order my prescriptions online?**

**A:** Yes, through Caremark's website at [www.caremark.com](http://www.caremark.com)

# Glossary

---

## Brand Name Prescription Drugs

This drug is protected by patent and can only be given to you with a prescription. You will pay a higher price for these drugs than for Generic drugs because there is no competition in the manufacture of these drugs.

## COBRA

Consolidated Omnibus Budget Reconciliation Act of 1986— A law that permits individuals to continue coverage temporarily under most employer health insurance plans when they would otherwise lose eligibility due to a loss of employment or a change in family status (such as divorce). The cost of this continued coverage is fully paid by the employee or dependent that elects it.

## Coinsurance

The percentage of the cost for covered medical services paid by the patient under the health plan, after first meeting the applicable plan deductible.

## Consumer-Driven Health Plan PLUS (CDHP)

The Robins & Morton health plan designed to give patients more control over a portion of their health benefit dollars, through a Health Savings Account that can be used to pay for covered medical expenses.

## Copay

A set dollar amount or portion that you pay for your medical services. This can differ by services.

## DCA

Dependent Care Account— DCA accounts let you set aside pre-tax dollars to pay for eligible childcare expenses. Because the reimbursement account contributions are not taxed, you decrease your taxable income while increasing your available cash. Funds do not roll over from year to year, are not portable and do not accrue interest.

## Dependent

For the Robins & Morton plan an eligible dependent includes your spouse of the opposite sex, your natural child, (married or unmarried), stepchild, legally-adopted child or other child for whom the employee has permanent legal custody. Keep in mind that your child will no longer be covered under your health plan when he or she reaches age 26.

## Employee Assistance Program (EAP)

Programs that offer access to professional counselors who provide confidential assessment and short-term counseling to employees and their families. Counselors assist employees in dealing with various issues including marriage and family problems, stress-related problems, financial and legal difficulties, and psychological and workplace conflict. Your EAP through Liberty Mutual can be reached by calling 877-695-2789.

## FSA-Flexible Spending Account

FSA accounts let you set aside pre-tax dollars to pay for eligible childcare expenses. Because the reimbursement account contributions are not taxed, you decrease your taxable income while increasing your available cash. FSA runs on a calendar year basis and does not carry over into the next year. If you do not use all the money in your account, it will be lost. Robins & Morton does have a grace period on this plan which allows employees to continue to use these funds in their medical flex account until March 15th of the following year. You choose how much you would like to automatically deduct from your paycheck at open enrollment.

## Generic Prescription Drugs

When the patent on a brand-name drug expires, other companies are allowed to manufacture the same drug creating a competitive price. This is called a Generic drug. It contains the same chemicals as the brand-name drug, but generic drugs usually cost less. They are sold under the scientific name of the drug, not the advertised brand name.

### **Health Savings Account (HSA)**

The Health Savings Account allows you to set aside money to help you pay for out-of-pocket medical expenses. You make contributions and control the account at Fidelity. Eligible expenses are medical copays, medical coinsurance, deductibles and prescription copays. Vision and dental are reimbursable by the HSA. You may elect an FSA in addition to your HSA. If you have an HSA and FSA, the FSA can only be used for dental and vision expenses. Your HSA will always be under your control and the balance is yours to access at any time, subject to IRS regulations.

### **In-Network**

Healthcare providers who participate in the Blue Cross Blue Shield network of contracted providers for the Robins & Morton health plan.

### **Medical Deductible**

The annual amount you pay out-of-pocket for covered medical services and prescription drugs before your plan begins paying.

### **Out-of-Network**

Healthcare providers who do not participate in the Blue Cross Blue Shield network of contracted providers for the Robins & Morton's health plan.

### **Out-of-Pocket**

Expenses such as copayments and deductibles that an individual is required to contribute toward the cost of health services covered by his or her health benefits plan. You might consider participating in a Flexible Spending Account or Health Savings Account to save taxes on out of pocket expenses.

### **Out-of-Pocket Maximum**

The annual cap on what you will pay for covered in-network services, including your deductible and any coinsurance.

### **Premium**

The portion you pay to have coverage for your health plan election. Your premium is automatically deducted from your pay on a pretax basis. The company also pays a significant amount of your

---

## **Your Rights, Legal Notices, and Disclaimers**

---

### **COBRA NOTICE**

COBRA Continuation of Coverage (CCC) is a temporary continuation of coverage when it would otherwise end because of a Qualifying Life Event. CCC must be offered to each person who is a qualified beneficiary. These individuals, such as an employee, eligible spouse or eligible dependent, must already be covered under the plan on the day before a Qualifying Life Event. Those qualified beneficiaries who elect CCC must pay for the entire cost of this coverage, plus a 2% COBRA administration charge. Note: If the Qualifying Life Event is a divorce, legal separation, or a child losing dependent status under the plan(s), you must notify the HR Department in writing within 60 days. Additionally, you must provide documentation as proof. If you do not notify the HR Department within the 60-day period, then your rights to continue health insurance end. When the HR Department is notified of a Qualifying Life Event, they will notify qualified beneficiaries of their rights to elect CCC within 30 days of having received notification. Please note:

- Each qualified beneficiary has the right to make his or her own election
- Covered employees may elect coverage on behalf of their spouses
- Parents may elect coverage on behalf of their children

- The maximum period allowed to elect CCC is 60 days from the later of:
- The date coverage is lost under the Plan(s), or
- The date the individuals are notified of their right to elect CCC. The Plan(s) does not provide an extension of the election period beyond what is required by law. For details, please refer to the COBRA section of the Summary Plan Description.

## **HIPAA NOTICE**

HIPAA is a law that requires employers (or their insurers or their administrators) to provide certification of the healthcare coverage you had while you were employed. You may present the HIPAA Certificate to another employer, if they request it, as proof that you had healthcare coverage.

## **PROTECTED HEALTH INFORMATION (PHI)**

PHI is “individually identifiable health information in any form that relates to: (i) the past, present or future physical or mental health or condition of an individual; (ii) the provision of healthcare to an individual; or (iii) the past, present or future payment for the provision of healthcare to an individual.” “Individually identifiable health information” is health information that identifies the individual to whom it relates, or for which there is a reasonable basis to believe that it can be used to identify the individual to whom it relates. Under the law, the Plans may disclose your PHI without your authorization when the use and/or disclosure are for the purposes of: (i) treatment, (ii) payment, or (iii) healthcare operations. For more information, please refer to HIPAA section of the Summary Plan Description.

## **NOTICE OF CREDITABLE COVERAGE**

This notice applies only to active employees who are eligible for Medicare (at least age 65 or disabled). Please keep this notice for your records. If you enroll in a Medicare prescription drug plan, you may be asked to present this notice to show that you are not required to pay a higher premium amount. Robins & Morton determined that prescription drug coverage is “creditable.” This means that the coverage is equal to or better than Medicare’s basic prescription drug coverage. Therefore, if you continue coverage under or enroll in a Robins & Morton medical/prescription drug plan, you should not enroll in a Medicare Part D prescription drug plan; it will not provide you with additional coverage. If you lose our coverage, you may pay more for Medicare prescription drug coverage at a later date. If you go at least 63 days without prescription drug coverage that was equal to Medicare prescription drug coverage, your monthly premium will increase at least 1% per month for every month that you go without coverage after the initial enrollment period. For more information: Visit Medicare’s website ([www.medicare.gov](http://www.medicare.gov)); Call Medicare at (800) MEDICARE (800-633-4227). TTY users should call (877) 486-2048.

## **SPECIAL ENROLLMENT NOTICE**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as 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, adoption, or placement for adoption. Special enrollment rights also may exist in the following circumstances: If you or your dependents experience a loss of eligibility for Medicaid or a state Children’s Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or If you

or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance. Note: The 60-day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 30-day period applies to most special enrollments. To request special enrollment or obtain more information, contact your plan administrator at 205.803.0102.

## **WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE**

Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema)? Call your Plan Administrator 205.803.0102 for more information.

## **ROBINS & MORTON DISCLAIMER**

This material is designed to highlight the features for the benefits program offered by Robins & Morton as of January 1, 2014. Where there may be discrepancies in this document, the plan documents will govern. If you would like to request a copy, please contact the HR department at (205) 803-0102. Although Robins & Morton expects to continue these benefits indefinitely, Robins & Morton reserves the right to amend, modify or discontinue the plans at any time.

---

# **New Health Insurance Marketplace Coverage Options and Your Health Coverage**

---

## **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.

OMB CONTROL NUMBER 1210- 0137 (EXPIRES 9.30.2013)
---

### **What is the Health Insurance Marketplace?**

#### **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.

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 the Robins & Morton Care Advocates at 866.891.3306 or the Robins & Morton HR Helpline at 205.803.0102. 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.

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

**PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER**

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Employer - Robins & Morton	Employer Identification Number (EIN) - 63-1076743
Address - 400 Shades Creek Parkway	Employer phone number - 205.870.1000
City - Birmingham	State - AL      ZIP code - 35209
Who can we contact about employee health coverage at this job? <b>Benefits Administrator</b>	
Phone number: <b>205.870.1000</b>	Email address: <b>RMbenefits@robinsmorton.com</b>

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to all full time employees.
- With respect to dependents, we do offer coverage. Eligible dependents include:
  - Your spouse
  - A married or unmarried child up to age 26
  - An unmarried, incapacitated child who:
    - Is age 26 and over
    - Is not able to support himself/herself
    - Depends on you for support, if the incapacity occurred before age 26.

This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount. If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

---

**To see if any more States have added a premium assistance program since July 31, 2013, or for more information on special enrollment rights, you can contact either:**

U.S. Department of Labor  
Employee Benefits Security  
Administration Services  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human  
Services  
Centers for Medicare & Medicaid  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

---

## **IMPORTANT NOTICE FROM ROBINS & MORTON 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 Robins & Morton 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. Robins & Morton has determined that the prescription drug coverage offered by the 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 Robins & Morton coverage will not be affected.

Please review this Benefit Guide for details of the prescription drug plan.

If you do decide to join a Medicare drug plan and drop your current Robins & Morton coverage, be aware that you and your dependents will 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 Robins & Morton and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

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

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

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

### For more information about Medicare prescription drug coverage:

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

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

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

Date:	August 20, 2013
Name of Entity/Sender:	Robins & Morton
Contact--Position/Office:	Benefit Plan Administrator
Address:	400 Shades Creek Parkway Birmingham AL 35209
Phone Number:	205.870.1000

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can 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, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or by calling toll-free 1-866-444-EBSA (3272).

### ALABAMA – Medicaid

Website: [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov)  
Phone: 1-855-692-5447

### ALASKA – Medicaid

Website: <http://health.hss.state.ak.us/dpa/programs/medicaid/>  
Phone (Outside of Anchorage): 1-888-318-8890  
Phone (Anchorage): 907-269-6529

### ARIZONA – CHIP

Website: [www.azahcccs.gov/applicants](http://www.azahcccs.gov/applicants)  
Phone (Outside of Maricopa County): 1-877-764-5437  
Phone (Maricopa County): 602-417-5437

### IDAHO – Medicaid and CHIP

Medicaid Website:  
[www.accesstohealthinsurance.idaho.gov](http://www.accesstohealthinsurance.idaho.gov)  
Medicaid Phone: 1-800-926-2588  
CHIP Website: [www.medicaid.idaho.gov](http://www.medicaid.idaho.gov)  
CHIP Phone: 1-800-926-2588

### INDIANA – Medicaid

Website: [www.in.gov/fssa](http://www.in.gov/fssa)  
Phone: 1-800-889-9949

### IOWA – Medicaid

Website: [www.dhs.state.ia.us/hipp/](http://www.dhs.state.ia.us/hipp/)  
Phone: 1-888-346-9562

### KANSAS – Medicaid

Website: [www.kdheks.gov/hcf/](http://www.kdheks.gov/hcf/)  
Phone: 1-800-792-4884

### KENTUCKY – Medicaid

Website: <http://chfs.ky.gov/dms/default.htm>  
Phone: 1-800-635-2570

### LOUISIANA – Medicaid

Website: [www.lahipp.dhh.louisiana.gov](http://www.lahipp.dhh.louisiana.gov)  
Phone: 1-888-695-2447

### MAINE – Medicaid

Website:  
[www.maine.gov/dhhs/ofi/public-assistance/index.html](http://www.maine.gov/dhhs/ofi/public-assistance/index.html)  
Phone: 1-800-977-6740  
TTY 1-800-977-6741

### MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/MassHealth>  
Phone: 1-800-462-1120

**MINNESOTA – Medicaid**

Website: [www.dhs.state.mn.us/](http://www.dhs.state.mn.us/)  
 Click on Health Care, then Medical Assistance  
 Phone: 1-800-657-3629

**MISSOURI – Medicaid**

Website: [www.dss.mo.gov/mhd/participants/pages/hipp.htm](http://www.dss.mo.gov/mhd/participants/pages/hipp.htm)  
 Phone: 573-751-2005

**OKLAHOMA – Medicaid and CHIP**

Website: [www.insureoklahoma.org](http://www.insureoklahoma.org)  
 Phone: 1-888-365-3742

**OREGON – Medicaid and CHIP**

Website: [www.oregonhealthykids.gov](http://www.oregonhealthykids.gov)  
<http://www.hijossaludablesoregon.gov>  
 Phone: 1-800-699-9075

**PENNSYLVANIA – Medicaid**

Website: [www.dpw.state.pa.us/hipp](http://www.dpw.state.pa.us/hipp)  
 Phone: 1-800-692-7462

**RHODE ISLAND – Medicaid**

Website: [www.ohhs.ri.gov](http://www.ohhs.ri.gov)  
 Phone: 401-462-5300

**SOUTH CAROLINA – Medicaid**

Website: [www.scdhhs.gov](http://www.scdhhs.gov)  
 Phone: 1-888-549-0820

**SOUTH DAKOTA - Medicaid**

Website: <http://dss.sd.gov>  
 Phone: 1-888-828-0059

**TEXAS – Medicaid**

Website: [www.gethipptexas.com](http://www.gethipptexas.com)  
 Phone: 1-800-440-0493

**COLORADO – Medicaid**

Medicaid Website: [www.colorado.gov/](http://www.colorado.gov/)  
 Medicaid Phone (In state): 1-800-866-3513  
 Medicaid Phone (Out of state): 1-800-221-3943

**FLORIDA – Medicaid**

Website: [www.flmedicaidtplrecovery.com](http://www.flmedicaidtplrecovery.com)  
 Phone: 1-877-357-3268

**GEORGIA – Medicaid**

Website: <http://dch.georgia.gov/>  
 Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)  
 Phone: 1-800-869-1150

**MONTANA – Medicaid**

Website:  
<http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml>  
 Phone: 1-800-694-3084

**NEBRASKA – Medicaid**

Website: [www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov)  
 Phone: 1-800-383-4278

**NEVADA – Medicaid**

Medicaid Website: <http://dwss.nv.gov/>  
 Medicaid Phone: 1-800-992-0900

**NEW HAMPSHIRE – Medicaid**

Website:  
[www.dhhs.nh.gov/oii/documents/hippapp.pdf](http://www.dhhs.nh.gov/oii/documents/hippapp.pdf)  
 Phone: 603-271-5218

**NEW JERSEY – Medicaid and CHIP**

Medicaid Website: [www.state.nj.us/humanservices/dmahs/clients/medicaid/](http://www.state.nj.us/humanservices/dmahs/clients/medicaid/)  
 Medicaid Phone: 609-631-2392  
 CHIP Website:  
[www.njfamilycare.org/index.html](http://www.njfamilycare.org/index.html)  
 CHIP Phone: 1-800-701-0710

**NEW YORK – Medicaid**

Website: [www.nyhealth.gov/health\\_care/medicaid/](http://www.nyhealth.gov/health_care/medicaid/)  
 Phone: 1-800-541-2831

**NORTH CAROLINA – Medicaid**

Website: [www.ncdhhs.gov/dma](http://www.ncdhhs.gov/dma)  
 Phone: 919-855-4100

**NORTH DAKOTA – Medicaid**

Website: [www.nd.gov/dhs/services/medicalserv/medicaid/](http://www.nd.gov/dhs/services/medicalserv/medicaid/)  
 Phone: 1-800-755-2604

**UTAH – Medicaid and CHIP**

Website: <http://health.utah.gov/upp>  
Phone: 1-866-435-7414

**VERMONT– Medicaid**

Website: [www.greenmountaincare.org/](http://www.greenmountaincare.org/)  
Phone: 1-800-250-8427

**VIRGINIA – Medicaid and CHIP**

Medicaid Website: [www.dmas.virginia.gov/rcp-HIPP.htm](http://www.dmas.virginia.gov/rcp-HIPP.htm)  
Medicaid Phone: 1-800-432-5924  
CHIP Website: [www.famis.org/](http://www.famis.org/)  
CHIP Phone: 1-866-873-2647

**WASHINGTON – Medicaid**

Website:  
<http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm>  
Phone: 1-800-562-3022 ext. 15473

**WEST VIRGINIA – Medicaid**

Website: [www.dhhr.wv.gov/bms/](http://www.dhhr.wv.gov/bms/)  
Phone: 1-877-598-5820, HMS Third Party Liability

**WISCONSIN – Medicaid**

Website: [www.badgercareplus.org/pubs/p-10095.htm](http://www.badgercareplus.org/pubs/p-10095.htm)  
Phone: 1-800-362-3002

**WYOMING – Medicaid**

Website: <http://health.wyo.gov/healthcarefin/equal-tycare>  
Phone: 307-777-7531



# Notes

---

# Notes

---



**ROBINS & MORTON**

400 SHADES CREEK PARKWAY  
BIRMINGHAM, ALABAMA 35209

(P) 205.870.1000  
(F) 205.871.0906  
ROBINSMORTON.COM