



CBIZ 2016

# Benefits Guide



**Your Benefits Just Got Easier**  
A Summary of Your Employee Benefits



## **Table of Contents**

---

<i>Introduction</i> .....	<i>1</i>
<i>CBIZ Benefit Service Provider Contact Information</i> .....	<i>4</i>
<i>Medical Insurance Plan</i> .....	<i>5</i>
<i>Dental Insurance Plan</i> .....	<i>12</i>
<i>Vision Insurance Plan</i> .....	<i>14</i>
<i>Great Health Program</i> .....	<i>16</i>
<i>Employee Assistance Program</i> .....	<i>18</i>
<i>Basic Life &amp; AD&amp;D Insurance</i> .....	<i>19</i>
<i>Disability Insurance</i> .....	<i>20</i>
<i>Retirement Savings Plan</i> .....	<i>21</i>
<i>Cafeteria Plan</i> .....	<i>25</i>
<i>Voluntary Plans</i>	
<i>Optional Life Insurance</i> .....	<i>28</i>
<i>Long Term Care Insurance</i> .....	<i>29</i>
<i>Employee Stock Purchase Plan</i> .....	<i>30</i>
<i>529 Plan</i> .....	<i>31</i>
<i>Voluntary Individual Benefits</i> .....	<i>32</i>
<i>Compliance Section</i>	
<i>CBIZ Domestic Partner Benefit Policy</i> .....	<i>34</i>
<i>CHIP</i> .....	<i>36</i>
<i>COBRA Notice</i> .....	<i>38</i>
<i>Medicare Part D Notice</i> .....	<i>42</i>
<i>HIPAA</i> .....	<i>44</i>
<i>New Health Insurance Marketplace Coverage Options and Your Health Coverage</i> .....	<i>45</i>
<i>How to Enroll</i> .....	<i>47</i>
<i>Enrollment Worksheet</i> .....	<i>48</i>





## Introduction

---

### ***If you are a Current CBIZ Employee ...***

The CBIZ open enrollment period for the 2016 program begins on November 15, 2015 and must be completed by November 30, 2015. The effective date of coverage for the benefits you elect during this timeframe will be January 1, 2016. The elections you make during 2016 open enrollment remain in place through December 31, 2016, unless you experience a Qualified Change in Family Status (explained below).

Each year during open enrollment, all CBIZ full-time employees must complete online enrollment through [www.cbizesc.com](http://www.cbizesc.com) – even if you intend to waive enrollment or make no changes to your coverage. If you do not enroll during the open enrollment period, you waive your right to group benefit coverage for the 2016 plan year. Coverage based on your 2015 elections will end as of December 31, 2015 for the Medical, Dental, Vision and Cafeteria Plans.

CBIZ offers many benefits that are summarized in this material. You may already be enrolled in some or all of these additional plans. No further action is required on your part at this time if you have already enrolled in any of the following benefits:

- Basic Life & AD&D Insurance
- Group Long Term Disability Insurance
- CBIZ 401(k) Retirement Plan
- Optional Life Insurance Plan
- Optional Long Term Care Insurance Plan
- Employee Stock Purchase Plan
- 529 Plan

### ***If you are a New CBIZ Employee...***

This *Benefits Guide* is provided in the first meetings you will have with your local HR Business Partner. **All regular full-time employees are eligible to enroll in the group benefit plans on the first of the month following or coinciding with one month of continuous employment.** If you do not enroll during your initial eligibility period, you waive your right to group benefit coverage through the end of the 2016 plan year, unless you have a Qualified Change in Family Status (explained below).

The CBIZ Retirement Plan is available to all associates. All regular, full-time new hire associates are subject to the Automatic Enrollment feature, effective after your first 60 days of employment. If you do not want to be automatically enrolled, you must take action in the first 45 days of your employment (page 21 for more information.)

### ***Qualified Change in Family Status***

If you wish to make changes, you must contact the CBIZ Employee Service Center (ESC) within 31 days of the qualifying event.

Qualifying events include:

- Marriage
- Birth or adoption of a child
- Divorce, legal separation or annulment
- Change in employment status on the part of the employee, employee's spouse or dependent
- A dependent fails to satisfy the requirements of eligibility under the employee benefit plans

Please refer to the *Cafeteria Plan Summary Plan Description* on the CBIZ ESC website at [www.cbizesc.com](http://www.cbizesc.com) for additional information about your special enrollment rights.



## Introduction

---

### Who is Eligible?

Unless otherwise stipulated, you are eligible to participate in the CBIZ benefit program if you are a full-time employee scheduled to work at least 25 hours per week for nine months in a twelve-month period.

You may elect medical, dental, vision and optional life insurance coverage for your eligible dependents. Eligible dependents include:

- Your spouse
- Your domestic partner and/or the dependent children of your domestic partner (through the end of the month they achieve age 26). Please refer to the *CBIZ Domestic Partner Benefit Policy* section of this *Benefits Guide* for additional information.
- Your married or unmarried dependent children (through the end of the month they achieve age 26). You are responsible for notifying CBIZ when a dependent is no longer eligible for coverage under the CBIZ plans.
- When approved, your unmarried dependent children over age 26 who are incapable of self-care because of a handicap and who rely on you for support.



## Introduction

---

### ***If you have Questions about...***

#### **CBIZ employee benefits - How can I get answers?**

Once you have enrolled in the group benefit plans and voluntary benefit plans, making use of the benefits can sometimes be a challenge. Your primary resource is the benefit service provider's customer service center. Refer to page 4 for *CBIZ Benefit Service Provider Contact Information* where you will find the toll-free number, web address and group #, if applicable. If you have further questions, please contact your local HR Business Partner.

#### **Health claims or specific coverage inquires - What is the best resource for me?**

Benefit service providers have representatives specially trained to answer questions related to you and your family's unique circumstances. Because they have access to your accounts and claims history, they are best equipped to assist with answering questions and resolving issues. Don't hesitate to call!

#### **Benefit plan-specific information - What resources are available to me?**

The Employee Service Center site ([www.cbizesc.com](http://www.cbizesc.com)) is available to all CBIZ associates for 24/7 access to summary plan descriptions, forms, links to websites, plan information and so much more. From the *Main Menu*, select *Library*, and *Plan Year Beginning January 1, 2016*.

### ***Availability of Summary Health Information***

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available at the ESC website [www.cbizesc.com](http://www.cbizesc.com). Once logged in, from the *Main Menu*, go to *Library*, select the appropriate *Plan Year*, *Plan Documents*, *Medical Plan*, and click *Summary of Benefits & Coverage*. A paper copy is also available, free of charge, by calling 877-227-4372 (a toll-free number).

### ***Special Note***

The purpose of the *Benefits Guide* is to summarize your benefit program. Your specific rights to benefits under the Plans are governed solely, and in every respect, by the official plan documents and insurance contracts and not by this booklet. If there is any discrepancy between the descriptions of the Plans as outlined in this material and the official plan documents, the language of the plan documents shall govern.

CBIZ also specifically reserves the right to revise, modify or terminate the Plans at any time.

To obtain a copy of the official plan documents, log on to the CBIZ Employee Service Center website at [www.cbizesc.com](http://www.cbizesc.com), go to *Library*, click on *Plan Documents*. You may also call the CBIZ Employee Service Center at 877-227-4372 to request a copy be mailed to you.

## CBIZ Benefit Service Provider Contact Information

For individual questions regarding your benefit plans, claims and coverage, you are encouraged to contact the service provider. If you do not receive resolution to your satisfaction, please contact your HR Business Partner.

### GROUP BENEFITS

#### UNITEDHEALTHCARE (Medical Plans)

800-241-4675

[www.myuhc.com](http://www.myuhc.com)

Group #188335

#### DELTA DENTAL (Dental Plans)

800-234-3375

[www.deltadental.com](http://www.deltadental.com)

Group #: Dental 80 Plan # 90604

Dental 100 Plan # 90704

Dental Platinum # 90613

#### VISION SERVICE PLAN (Vision Plans)

800-877-7195

[www.vsp.com](http://www.vsp.com)

Group # 12197319

### VOLUNTARY GROUP BENEFITS

#### CBIZ GREAT HEALTH

Email: [greathealth@cbiz.com](mailto:greathealth@cbiz.com)

#### UNITEDHEALTHCARE PERSONAL REWARDS

800-241-4675

[www.myuhc.com](http://www.myuhc.com)

#### SAINT LUKE'S HEALTH SYSTEM (EAP)

800-EAP-1223 or 816-931-3073

[eap.saintlukeshealthsystem.org](http://eap.saintlukeshealthsystem.org)

Username: CBIZ Password: EAP

#### HARTFORD

Basic/Optional Life, AD&D, Travel Insurance

& Personal Health Application: 800-331-7234

Policy #: GL-674885

#### HARTFORD

FMLA, Salary Continuation & LTD

877-543-7052

Policy #: 071405

#### MASSMUTUAL (401k Plan)

800-743-5274

[www.retiresmart.com](http://www.retiresmart.com)

Email: [participantsupport@cbiz.com](mailto:participantsupport@cbiz.com)

Participant Investment Advice: 877-323-3867

#### OPTUM BANK (HSA)

800-791-9361

[www.optumbank.com](http://www.optumbank.com)

#### US BANK (HSA)

877-470-1771

[www.mycdh.usbank.com](http://www.mycdh.usbank.com)

#### CBIZ PAYROLL, INC. (Flexible Spending Accounts)

800-815-3023, Option 4

[myplans.cbiz.com](http://myplans.cbiz.com)

#### UNUM (Long Term Care, Individual Disability)

Long Term Care: 800-227-4165

Group # 110870

Individual Disability: 800-633-7490

#### COMPUTERSHARE (Employee Stock Purchase Plan)

888-726-8085

[www.computershare.com](http://www.computershare.com)

#### ALLIANCEBERNSTEIN (529 Benefit Plan)

888-324-5057

[www.collegeboundfund.com](http://www.collegeboundfund.com)

### VOLUNTARY INDIVIDUAL BENEFITS

#### SITTERCITY & YEARS-AHEAD

866-205-5625

[www.careadvantage.com/cbiz](http://www.careadvantage.com/cbiz)

#### AFLAC

877-322-1662

[www.aflac.com/cbizinc](http://www.aflac.com/cbizinc)

#### LEGALSHIELD

913-709-2129

[www.legalshield.com/info/cbizinc](http://www.legalshield.com/info/cbizinc)

#### PETASSURE

888-789-7387

[www.petassure.com/cbiz](http://www.petassure.com/cbiz)

#### PERSONAL INSURANCE SERVICES

800-684-2474

Email: [personalinsurancequotes@cbiz.com](mailto:personalinsurancequotes@cbiz.com)

#### LIFELOCK

866-917-2555

<http://cbiz.excelsiorenroll.com>

#### CBIZ EMPLOYEE SERVICE CENTER (ESC)

877-227-4372

Website: [www.cbizesc.com](http://www.cbizesc.com)

E-mail: [cbizesc@cbiz.com](mailto:cbizesc@cbiz.com)

## Medical Insurance Plan

Among the most important decisions you will make about the benefit plan options available through CBIZ is the type of medical insurance coverage that is best for you and your family. Medical insurance represents a major part of our benefit program. This important coverage helps to protect you and your family from the financial loss or hardship that could result from illness. With the rising cost of health care, few of us could afford to pay medical expenses out of our own pockets. You may choose coverage through one of the four available insurance plans or you may choose not to participate.

### Basic Information

CBIZ offers four medical plans through UnitedHealthcare (UHC): two qualified high deductible plans (QHDP) (the \$3,500 QHDP, the \$2,600 QHDP) and the \$1,000 Deductible and the \$500 Deductible plan. All plans are point of service (POS) plans covering the same types of procedures. What is different about each plan is the out-of-pocket cost to you. No matter which plan you choose, you may select between four levels of coverage: Employee Only, Employee & Spouse, Employee & Child(ren) or Employee & Family coverage. You also have the option to waive medical coverage.

The decision was made to maintain grandfathered status per the Affordable Care Act and therefore the \$500 Deductible plan will continue to be an option in 2016. If you are thinking about enrolling in the \$500 Deductible Plan, we strongly encourage you to thoughtfully re-consider. As a result of a recent review of our plan, analysts found a vast majority of associates enrolled in the \$500 Deductible Plan were “over-insured.” The analysis showed if those associates would have enrolled in a medical plan with lower premiums and a higher deductible, they could have benefited from deferring the saved premium dollars into a Health Savings Account (with a QHDP) or into a Medical Flexible Spending Account (with the \$1,000 Deductible Plan) and paid out-of-pocket expenses from either account. CBIZ provides resources to help you make informed choices. In the *Selecting the Right Plan* section (on page 6) you'll find details and instructions for accessing the *Health Plan Cost Estimator* tool.

Using in-network providers is the easiest and most significant way to save money on your health plan costs. When you use providers in the UHC network, you will be reimbursed at a higher level than if you use providers who are not in the UHC network. To obtain a list of in-network providers, go to [www.myuhc.com](http://www.myuhc.com); prior to logging in click *Find Physician, Laboratory or Facility* and select **UHC Choice Plus** from the list of plans.

### Medical Glossary

#### Deductible

*The deductible is the amount of your covered expenses you must pay each calendar year before insurance begins to pay. The individual deductible is the amount each covered family member must pay before insurance begins to pay. However, every dollar applied to the individual deductible will also be applied to the family deductible. Once the family deductible is met, the plan will pay benefits for all family members.*

#### Embedded Deductible

*All CBIZ plans have an embedded deductible. An embedded deductible is applicable when you are covering any dependents. Once an individual family member pays the individual deductible, insurance begins to pay for medical expense associated with the individual's services even if the family deductible has not been met.*

#### Coinsurance

*After the deductible is met, you and UHC share in the payment of your medical bills. The coinsurance amount will depend on the plan you choose and whether in-network or out-of-network providers are utilized.*

#### Covered Expenses

*Covered expenses are expenses that are eligible for reimbursement. All CBIZ plans generally provide benefits for medically necessary services and supplies ordered by a doctor for the treatment of an accidental injury, sickness or pregnancy. When benefits are paid for out-of-network expenses, UHC will only pay up to reasonable and customary limits.*

#### Copayment

*Copayment refers to a fixed cost that you must pay per occurrence. Copayments are paid directly to the providers (i.e. physician and pharmacy) and do not count towards the out-of-pocket maximum.*

#### In-Network

*In-network coverage is provided for covered expenses when you receive treatment or services from a physician or hospital which is a member of UHC's Choice Plus POS network. In-network coverage is the highest level of coverage provided.*

#### Out-of-Network

*Out-of-Network coverage is provided for covered expenses incurred when you receive treatment or services from a physician or hospital which is not a member of the UHC Choice Plus provider network. The plan considers covered expenses only up to reasonable and customary.*



## Medical Insurance Plan

---

### Out-of-Pocket Maximum

*This maximum limits your out-of-pocket expenses (including deductibles and coinsurance) in a calendar year. If you reach the individual out-of-pocket maximum for any covered family member, the plan pays 100% of that person's covered expenses for the remainder of the year. If you reach the family out-of-pocket maximum, the plan pays 100% of your entire family's covered expenses for the remainder of the year. Please note that copayments as well as expenses not covered by the plan remain the participant's responsibility to pay even after the out-of-pocket maximum is reached.*

### Reasonable and Customary

*The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. Out-of-network costs in excess of the reasonable and customary (R&C) rates, are the patient's responsibility and do not apply to out-of-pocket maximums. UHC monitors the latest medical practices and fees around the country to determine whether charges exceed R&C rates.*

## Selecting the Right Plan

We understand choosing the wrong health care plan can be a costly mistake, which is why CBIZ offers several resources to assist you. The Health Plan Cost Estimator is a personalized web-based tool designed to help you compare total out-of-pocket costs between CBIZ plans as well as other medical plan(s) available to you. To get started, log on to the CBIZ Employee Service Center website ([www.cbiz-esc.com](http://www.cbiz-esc.com)). Go to *Website Links*, select *Medical Plan* then *Health Plan Cost Estimator*.

Once logged in, follow the prompts to specify anticipated healthcare costs for each family member, including procedures, conditions, prescriptions and medical equipment. You'll have access to print estimates and download plan summaries for easy reference.

*The **Health Plan Cost Estimator** tool is not intended to determine the actual medical expense you will incur in 2016. CBIZ is not attempting to recommend or endorse any particular medical plan for you or your family. The decision about which plan is right for you is yours alone to make. CBIZ is not responsible for your final medical costs in 2016 regardless of the estimates you gather using this or any other estimator tools provided during the Enrollment period or at any time by CBIZ.*



## Medical Insurance Plan

The following scenarios illustrate the amount of out-of-pocket expense an individual would pay according to each medical plan option. For simplicity, each scenario assumes the member is enrolled in Employee Only coverage, is using in-network providers and earned the Personal Rewards Gold level discount however, does not take in to account any prescription drug expenses.

### SCENARIO #1

Karen has a very active life. She usually goes to her primary care physician (PCP) once a year for her routine physical and recommended screenings. In January, her PCP recommended she have some moles removed from her back. She had an outpatient service at her PCP's office in February. Following is an estimate of Karen's out-of-pocket costs:

	\$3,500 QHDP	\$2,600 QHDP	\$1,000 Deductible	\$500 Deductible
1. PCP Office Visit				
a. Total Cost	\$100	\$100	\$100	\$100
b. Karen's Cost*	\$0	\$0	\$0	\$0
c. UHC Paid	\$100	\$100	\$100	\$100
2. Outpatient Surgery				
a. Total Cost	\$700	\$700	\$700	\$700
b. Deductible Paid by Karen	\$700	\$700	\$700	\$500
c. Coinsurance Paid by Karen	0	0	0	\$40
d. Coinsurance Paid by UHC	0	0	0	\$160
3. Total Paid by UHC (1c+2d)	\$100	\$100	\$100	\$260
4. Summary of Karen's Costs				
a. Medical Expenses (1b+2b+2c)	\$700	\$700	\$700	\$540
b. Annual Premium	\$492**	\$636**	\$1,140	\$2,160
c. Annual Medical Premium Discount	-\$360	-\$360	-\$360	-\$360
<b>5. Karen's Total Annual Cost (4a+4b+4c)</b>	<b>\$832</b>	<b>\$976</b>	<b>\$1,480</b>	<b>\$2,340</b>

\*Routine preventive care is covered at 100% with no copayment.

\*\*Based on a monthly premium only – does not include contributions you might make to an HSA.

### SCENARIO #2

Judy considers herself to be relatively healthy. This year she got a very bad cold that progressed to pneumonia. She saw her PCP two times while ill and had blood tests and a chest x-ray upon diagnosis and then additional blood tests and a chest x-ray once she was feeling better. Following is an estimate of Judy's out-of-pocket costs:

	\$3,500 QHDP	\$2,600 QHDP	\$1,000 Deductible	\$500 Deductible
1. PCP Office Visits (2)				
a. Total Cost	\$400	\$400	\$400	\$400
b. Judy's Cost	\$400	\$400	\$60*	\$60*
c. UHC Paid	0	0	\$340	\$340
2. Lab & X-Ray (2)				
a. Total Cost	\$1,200	\$1,200	\$1,200	\$1,200
b. Deductible Paid by Judy	\$1,200	\$1,200	\$1,000	\$500
c. Coinsurance Paid by Judy	0	0	\$40	\$140
d. Coinsurance Paid by UHC	0	0	\$160	\$560
3. Total Paid by UHC (1c+2d)	0	0	\$500	\$900
4. Summary of Judy's Costs				
a. Medical Expenses (1b+2b+2c)	\$1,600	\$1,600	\$1,100	\$700
b. Annual Premium	\$492**	\$636**	\$1,140	\$2,160
c. Annual Medical Premium Discount	-\$360	-\$360	-\$360	-\$360
<b>5. Judy's Total Annual Cost (4a+4b+4c)</b>	<b>\$2,092</b>	<b>\$2,236</b>	<b>\$2,240</b>	<b>\$2,860</b>

\* Based on two office visits at a \$30 copayment per visit.

\*\*Based on a monthly premium only – does not include contributions you might make to an HSA.

## Medical Insurance Plan

### SCENARIO #3

Robert experienced sudden stomach pains and went to see his PCP. He was later hospitalized with appendicitis that required surgery, additional services from a surgeon and an anesthesiologist. Following is an estimate of Robert's out-of-pocket costs:

	\$3,500 QHDP	\$2,600 QHDP	\$1,000 Deductible	\$500 Deductible
1. PCP Office Visit				
a. Total Cost	\$150	\$150	\$150	\$150
b. Robert's Cost	\$150	\$150	\$30	\$30
c. UHC Paid	0	0	\$120	\$120
2. Inpatient Hospitalization				
a. Inpatient Hospital Charges	\$10,000	\$10,000	\$10,000	\$10,000
b. Inpatient Physician Services	\$2,500	\$2,500	\$2,500	\$2,500
c. Anesthesiology	\$1,000	\$1,000	\$1,000	\$1,000
d. Deductible Paid by Robert	\$3,350	\$2,450	\$1,000	\$500
e. Coinsurance Paid by Robert	0	0	\$2,700	\$2,000
f. Coinsurance Paid by UHC	\$10,150	\$11,050	\$9,800	\$11,000
3. Total Paid by UHC (1c+2f)	\$10,150	\$11,050	\$9,920	\$11,120
4. Summary of Robert's Costs				
a. Medical Expenses (1b+2d+2e)	\$3,500	\$2,600	\$3,730	\$2,530
b. Annual Premium	\$492*	\$636*	\$1,140	\$2,160
c. Annual Medical Premium Discount	-\$360	-\$360	-\$360	-\$360
<b>5. Robert's Total Annual Cost (4a+4b+4c)</b>	<b>\$3,992</b>	<b>\$3,236</b>	<b>\$4,870</b>	<b>\$4,690</b>

\*Based on a monthly premium only – does not include contributions you might make to an HSA.

## Qualified High Deductible Plans

Two of the medical plan options CBIZ offers to you are Qualified High Deductible Plans (QHDP). Qualified High Deductible Plans are often referred to as consumer-centric plans. This means the consumer is financially motivated to take personal responsibility for maintaining good health and working to improve one's health. The first health expense(s) you incur will be out-of-pocket as you pay through the high deductible. When the first dollars are yours to spend for your care, studies show you will begin to look at your health care service needs like other consumer products and services; looking for the best providers, at a cost you understand and making lifestyle changes that maximize your personal health and minimize unnecessary use of the health care system.

### Highlights of QHDPs:

- Annual preventive/wellness exams are not subject to the deductible and are covered at 100% if services are received from UHC participating providers. Diagnostic office visits and hospital services will apply to your deductible.
- Prescription drugs are subject to the deductible. Once the deductible has been satisfied, prescriptions will be covered at 100%.
- If you remain in-network, you will benefit from UHC's contracts with their network providers. Only the discounted "allowable" charges will apply to your deductible, not the full bill.
- When selecting coverage under either of these QHDPs, you may be eligible to open a health savings account (HSA). Information about HSAs is noted on page 25.

## Medical Insurance Plan

	\$3,500 QHDP		\$2,600 QHDP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible				
Individual	\$3,500	\$7,000	\$2,600	\$5,200
Family	\$7,000	\$14,000	\$5,200	\$10,400
Coinurance Percentage	UHC Pays 100%	UHC Pays 80% You Pay 20%	UHC Pays 100%	UHC Pays 80% You Pay 20%
Out-of-Pocket Maximum				
Individual	\$3,500	\$14,000	\$2,600	\$10,400
Family	\$7,000	\$28,000	\$5,200	\$20,800
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Physician Services				
Office Visits (Primary Care & Specialist)	UHC pays 100%	UHC pays 80%	UHC pays 100%	UHC pays 80%
Diagnostic Lab & X-Ray	after deductible	after deductible	after deductible	after deductible
Urgent Care				
Preventive Care Services				
Routine Physical Exams (Once every calendar year)	UHC pays 100%	Not Covered	UHC pays 100%	Not Covered
Well Child Care/Immunizations				
Annual Well Woman Exam				
Routine Mammograms		UHC pays 80%		UHC pays 80%
Routine Vision Exam (limited 1 every 2 yrs)		after deductible		after deductible
Routine Colonoscopies				
Outpatient Diagnostic Services				
Lab & X-Ray	UHC pays 100%	UHC pays 80%	UHC pays 100%	UHC pays 80%
Mammograms	after deductible	after deductible	after deductible	after deductible
Colonoscopies				
Outpatient Surgery	UHC pays 100%	UHC pays 80%	UHC pays 100%	UHC pays 80%
	after deductible	after deductible	after deductible	after deductible
Inpatient Hospital Care	UHC pays 100%	UHC pays 80%	UHC pays 100%	UHC pays 80%
	after deductible	after deductible	after deductible	after deductible
Emergency Care	UHC pays 100%		UHC pays 100%	
Hospital Emergency Room	after deductible		after deductible	
Ambulance Services				
Prescription Drug Services				
Retail Pharmacy	In-Network		Out-of-Network	
Tier 1	UHC pays 100% after deductible		Not Covered	
Tier 2 & Tier 3	UHC pays 100% after deductible		Not Covered	
Mail Order (90-Day Supply)				
Tier 1	UHC pays 100% after deductible		Not Covered	
Tier 2 & Tier 3	UHC pays 100% after deductible		Not Covered	
Contraceptives	Orals, diaphragms and self-administered injectibles covered			

\* Certain prescription medications are covered by UHC at 100% and are not subject to the medical plan deductible. For more information about the Preventive Drug List Program and a list of qualified medications, please refer to the CBIZ ESC website at [www.cbizesc.com](http://www.cbizesc.com).

## Medical Insurance Plan

	\$1,000 Deductible Plan		\$500 Deductible Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b>				
Individual	\$1,000	\$2,000	\$500	\$1,000
Family	\$2,000	\$4,000	\$1,000	\$2,000
<b>Coinsurance Percentage</b>	UHC Pays 80% You Pay 20%	UHC Pays 60% You Pay 40%	UHC Pays 80% You Pay 20%	UHC Pays 60% You Pay 40%
<b>Out-of-Pocket Maximum</b>				
Individual	\$4,000	\$10,000	\$2,600	\$4,500
Family	\$8,000	\$20,000	\$5,000	\$9,000
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Physician Services</b>	\$30 Copayment \$50 Copayment	UHC pays 60% after deductible	\$30 Copayment \$50 Copayment	UHC pays 60% after deductible
Office Visits - Primary Care				
Office Visits - Specialist				
Diagnostic Lab & X-Ray	UHC pays 80% after deductible		UHC pays 80% after deductible	
Urgent Care	\$50 Copayment		\$50 Copayment	
<b>Preventive Care Services</b>				
Routine Physical Exams (Once each calendar year) Well Child Care/Immunizations	UHC pays 100%	Not Covered	UHC pays 100%	Not Covered
Annual Well Woman Exam				
Routine Mammograms				
Routine Vision Exam (limited 1 every 2 yrs)		UHC pays 60% after deductible		UHC pays 60% after deductible
Routine Colonoscopies				
<b>Outpatient Diagnostic Services</b>				
Lab & X-Ray	UHC pays 80% after deductible	UHC pays 60% after deductible	UHC pays 80% after deductible	UHC pays 60% after deductible
Mammograms				
Colonoscopies	UHC pays 100%		UHC pays 100%	
<b>Outpatient Surgery</b>	UHC pays 80% after deductible	UHC pays 60% after deductible	UHC pays 80% after deductible	UHC pays 60% after deductible
<b>Inpatient Hospital Care</b>	UHC pays 80% after deductible	UHC pays 60% after deductible	UHC pays 80% after deductible	UHC pays 60% after deductible
<b>Emergency Care</b>	\$150 copayment for emergency room charges only - all other charges subject to deductible/coinsurance		\$150 copayment for emergency room charges only - all other charges subject to deductible/coinsurance	
Hospital Emergency Room				
Ambulance Services Emergency	UHC pays 80%		UHC pays 80%	
Ambulance Services Non-Emergency	UHC pays 80% after deductible	UHC pays 60% after deductible	UHC pays 80% after deductible	UHC pays 60% after deductible



## Medical Insurance Plan

### Prescription Drug Services

	\$1,000 Deductible Plan		\$500 Deductible Plan	
	\$100 Individual/\$300 Family annual deductible, then you pay:		\$100 Individual/\$300 Family annual deductible, then you pay:	
<b>Retail Pharmacy</b> Tier 1 Tier 2 Tier 3	<b><u>In-Network</u></b> \$10 Copayment \$30 Copayment \$50 Copayment	<b><u>Out-of-Network</u></b>  Not Covered	<b><u>In-Network</u></b> \$10 Copayment \$30 Copayment \$50 Copayment	<b><u>Out-of-Network</u></b>  Not Covered
<b>Mail Order</b> (90-Day Supply) Tier 1 Tier 2 Tier 3	\$25 Copayment \$75 Copayment \$125 Copayment	Not Covered	\$25 Copayment \$75 Copayment \$125 Copayment	Not Covered
<b>Contraceptives</b> (both retail and mail order)	Oral, diaphragms and self-administered injectables covered	Not Covered	Oral, diaphragms and self-administered injectables covered	Not Covered

Value Based Prescription Drug Program - Employees, spouses and/or children who meet certain requirements may be eligible to receive specific prescription medications at a reduced copayment without having to meet the prescription drug deductible. For more information, go to the CBIZ ESC website at [www.cbizesc.com](http://www.cbizesc.com).

### Important Information:

- Deductibles and out-of-pocket maximums are separate for in-network and out-of-network expenses and do not cross apply. Out-of-pocket maximums include the annual deductible amounts.
- Neither copayments nor expenses not covered by the plan count towards the out-of-pocket maximum.
- Medical plans and costs detailed here do not apply to CBIZ associates working in the State of Hawaii. Plan and cost information for Hawaii-based employees are available upon request from your HR Business Partner.
- Providers may change their status with an insurance company at any time. Be sure to check with your current physician(s) about their status with UHC before enrolling.
- Refer to the Enrollment Worksheet on page 48 for the monthly costs.
- Review all of your options for medical coverage. Consider the UHC options as well as any other coverage options you have, such as through a spouse's employer.
- All additional information you may need is available at the Employee Service Center website ([www.cbizesc.com](http://www.cbizesc.com)) and UnitedHealthcare at [www.myuhc.com](http://www.myuhc.com) or call 800-241-4675.

This group health plan believes all plans except the \$3,500 QHDP are "grandfathered health plans" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage(s) already in effect when that law was enacted. Being a grandfathered health plan means your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a "grandfathered health plan" and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at CBIZ, Inc., 700 West 47th Street, Suite 1100, Kansas City, Missouri 64112. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

## Dental Insurance Plan

Good dental health is critical to your overall health. The CBIZ plans are designed to meet a variety of dental care needs for you and your family. Whether you need a check-up, a filling, or major dental work, the dental plan covers you.

### Your Options

The CBIZ plan provides you with three choices when it comes to your dental coverage – Dental 80, Dental 100, and Dental Platinum. Delta Dental administers the dental plans. There are two networks of participating dentists available through Delta Dental called **Delta Premier** and **Delta PPO**.

If you choose to see a dentist who participates in either network, you will realize a cost savings. Participating dentists cannot bill you for any charges that are in excess of Delta's reasonable and customary amount, and they have discounted the fees that they do charge. Dentists who participate in the Delta PPO network have agreed to fees that are lower than dentists in the Delta Premier network which, in turn, means lower out-of-pocket costs for you. In addition, dentists participating in either network will file your claims directly with Delta eliminating the need for you to deal with any paperwork.

Should you choose to see a non-participating dentist, there will be no difference in the percentage that Delta will pay for your services. Just remember that a non-participating dentist can bill you for any charges that are in excess of Delta's allowable amount and may require you to pay for your entire services up front, leaving you to file a claim for reimbursement directly with Delta.

For a list of dentists in either network, go to the [www.deltadental.com](http://www.deltadental.com), click *Patients* and select *Find a Dentist*.

### Dental Glossary

#### Deductible

*The amount of covered expenses you pay each calendar year before benefits become payable by the dental plan.*

#### Coinsurance

*After the deductible is met, you and Delta Dental share in the payment of your dental bills. The percent of covered charges depends upon the plan option you choose.*

#### Annual Maximum

*For all services, other than orthodontia, there is a maximum benefit that Delta will pay each calendar year per individual. Once this maximum is reached, no further benefits will be payable during the calendar year. The amount of the annual maximum depends on the plan option you choose.*

#### Lifetime Maximum

*For orthodontics there is a maximum benefit that Delta will pay for each individual. Once this maximum is reached, no further benefits will be payable.*

#### Reasonable and Customary

*The Delta Dental plans will not pay for any charge above the allowable amount when you receive services from out-of-network providers. For each service, payment to out-of-network providers is based on an average of all of the fees submitted by in-network providers for that service. Because in-network providers provide services and supplies for agreed-upon rates, you will never exceed the allowable amount when you use in-network providers.*

#### Dental Classes

*Each dental plan option provides different coverage levels for each class of dental services. The classes are described briefly below.*

##### Class I – Preventive

*Care provided to promote good oral health and prevent serious dental problems.*

- Oral examinations*
- Fluoride treatments (for dependents up to age 19)*
- Diagnostic bite-wing x-rays*
- Routine cleaning*
- Sealants (for dependents through age 15 in the Dental 100 or Platinum Plan only)*

##### Class II – Basic

*Care necessary for maintenance of teeth.*

- Fillings*
- Periodontics*
- Minor oral surgery*
- Simple and surgical extractions*
- Minor restorative services*

##### Class III – Major

*More extensive dental services.*

- Inlays*
- Onlays*
- Crowns*
- Bridgework*
- Dentures*
- Dental Implants*

##### Class IV – Orthodontics

*These services involve the movement of teeth with orthodontic appliances to correct imperfect position or abnormal bite. Cosmetic orthodontics are not covered. The Dental 100 plan covers orthodontic services for dependent children up to age 19. The Dental Platinum Plan covers orthodontic services for both adults and dependent children.*

*Please note: any member who is currently receiving orthodontia treatment (defined as the member having bands on his/her teeth) will not be eligible for the orthodontia benefit under the CBIZ Dental 100 or Dental Platinum Plans.*

## Dental Insurance Plan

	Class I Preventive Services	Class II Basic Services	Class III Major Services	Class IV Orthodontia Services
Dental 80 Deductible	None	\$50 per person (\$150 per family) each calendar year. Deductible applies to services from Classes II and III combined.		No Coverage
Coinsurance	Delta Pays 80% You Pay 20%	Delta Pays 80% You Pay 20%	Delta Pays 40% You Pay 60%	
Maximum Benefit	\$1,000 per person per calendar year for Classes I, II and III combined.			
Dental 100 Deductible	None	\$50 per person (\$150 per family) each calendar year. Deductible applies to services from Classes II and III combined.		None
Coinsurance	Delta Pays 100%	Delta Pays 80% You Pay 20%	Delta Pays 50% You Pay 50%	Delta Pays 50% You Pay 50%
Maximum Benefit	\$1,500 per person per calendar year for Classes I, II and III combined.			\$2,000 lifetime maximum per dependent child for Class IV.
Dental Platinum Deductible	None	\$25 per person (\$50 per family) each calendar year. Deductible applies to services from Classes II and III combined.		None
Coinsurance	Delta Pays 100%	Delta Pays 90% You Pay 10%	Delta Pays 50% You Pay 50%	Delta Pays 50% You Pay 50%
Maximum Benefit	\$2,000 per person per calendar year for Classes I, II and III combined.			\$3,000 lifetime maximum per member for Class IV.

## Important Information

- If you select the Dental 100 or Dental Platinum Plan, you (and any dependents you cover) must remain enrolled in that plan for a minimum of 2 plan years. You would be eligible to make a change to your election at the next open enrollment period (after 2 years) unless you experience a qualifying event.
- Any member currently receiving orthodontia treatment prior to enrollment will not be eligible for the orthodontia benefit under either the CBIZ Dental 100 Plan or Platinum Plan.
- When changing from the Dental 100 to the Platinum plan, the additional \$1,000 lifetime orthodontia max will be applicable. See details for age restrictions.
- Review all of your options for dental coverage. Consider the Delta Dental options as well as other coverage options you have, such as through a spouse's employer.
- All additional information you may need is available at the Employee Service Center website ([www.cbizesc.com](http://www.cbizesc.com)) and Delta Dental at [www.deltadental.com](http://www.deltadental.com) or call 800-234-3375.

## Vision Insurance Plan

At CBIZ, we are concerned with your overall health. That is why CBIZ offers two comprehensive voluntary vision plans through Vision Service Plan (VSP) called Basic Plan and Plus Plan.

Through the voluntary VSP plans, you have coverage for routine eye exams, materials (including eyeglasses and contact lenses) and laser vision correction. You are free to see any provider, however, you will receive a higher level of benefit coverage should you receive your care from a participating VSP provider. To obtain a list of in-network providers, go to the CBIZ Employee Service Center website at [www.cbizesc.com](http://www.cbizesc.com). From the *Library*, choose *Website Links* and select *Vision Plan*.

### Benefit Summary

- There are no paperwork hassles if you utilize a VSP provider. Simply let your provider know you are a VSP member when you make your appointment. At the time you receive services, pay the appropriate copayment(s) and any other applicable out-of-pocket expenses you incurred.
- Both plans provide coverage for an eye exam and prescribed materials for employee members who have vision issues caused by regular computer use.
- VSP has contracted with many national laser surgery facilities and doctors to offer a discount on PRK and LASIK surgeries.
- VSP also offers valuable savings on annual supplies of certain brands of contact lenses. Receive these preferred prices even after maximizing the annual benefit for glasses.
- Receive 20% savings from the same VSP provider when you purchase non-covered pairs of prescription glasses, including prescription sunglasses within 12 months of your last eye exam.
- Save 20% on your out-of-pocket costs for frames if you choose a frame valued at more than the plan allowance.

### Voluntary Vision Insurance – Basic Plan

	VSP Provider		Non-VSP Provider	
	Standard Vision Care	Computer Vision Care*	Standard Vision Care	Computer Vision Care*
<b>Copayment for:</b>				
Exam	\$10	\$10	\$10	\$10
Materials	\$25	\$25	\$25	\$25
<b>Frequency of Service:</b>				
Vision Exam	Once every 12 Months	Once every 12 Months	Once every 12 Months	Once every 12 Months
Lenses				
Frames	Once every 24 Months	Once every 24 Months	Once every 24 Months	Once every 24 Months
Contact Lenses**	Once every 12 Months	Not Covered	Once every 12 Months	Not Covered
<b>Coverage</b>				
<b>Vision Exam</b>	Covered in full after copay	Covered in full after copay	VSP covers up to \$50	VSP covers up to \$13
<b>Basic Lenses**</b>				
Single Vision	Covered in full after copay	Covered in full after copay	VSP covers up to \$50	VSP covers up to \$31.50
Bifocal			VSP covers up to \$75	VSP covers up to \$46.50
Trifocal			VSP covers up to \$100	VSP covers up to \$55.00
Progressives/Blended Bifocal	Covered in full after copay	Not Covered	Not Covered	Not Covered
Anti-Reflective Coating	Not Covered			
<b>Frames</b>	Up to \$160 retail cost covered in full after copay	Up to \$90 retail cost covered in full after copay	VSP covers up to \$70	VSP covers up to \$35
<b>Prescription Contact Lens Fitting Evaluation</b>	Up to \$60 copay	Not Covered	Included in contact lens allowance	Not Covered
<b>Prescription Contact Lenses (in lieu of lens and frame)</b>	\$150 allowance towards materials	Not Covered	VSP covers up to \$105	Not Covered



## Vision Insurance Plan

### Voluntary Vision Insurance – Plus Plan

	VSP Provider		Non-VSP Provider	
	Standard Vision Care	Computer Vision Care*	Standard Vision Care	Computer Vision Care*
<b>Copayment for:</b> Exam Materials	\$0 \$15	\$10 \$25	\$0 \$15	\$10 \$25
<b>Frequency of Service:</b> Vision Exam Lenses Frames ----- Contact Lenses**	Once every 12 Months	Once every 12 months ----- Not Covered	Once every 12 Months	Once every 12 months ----- Not Covered
Coverage				
<b>Vision Exam</b>	Covered in full after copayment	Covered in full after copayment	VSP covers up to \$50	VSP covers up to \$13
<b>Basic Lenses**</b> Single Vision Bifocal Trifocal ----- Progressives/Blended Bifocal Anti-Reflective Coating	Covered in full after copay	Covered in full after copay ----- Not Covered	VSP covers up to \$50 VSP covers up to \$75 VSP covers up to \$100 ----- Not Covered	VSP covers up to \$31.50 VSP covers up to \$46.50 VSP covers up to \$55.00 ----- Not Covered
<b>Frames</b>	Up to \$200 retail cost covered in full after copay	Up to \$90 retail cost covered in full after copay	VSP covers up to \$70	VSP covers up to \$35
<b>Prescription Contact Lens Fitting Evaluation</b>	Up to \$60 copay	Not Covered	Included in contact lens allowance	Not Covered
<b>Prescription Contact Lenses</b> (in lieu of lens and frame)	\$200 allowance towards materials	Not Covered	VSP covers up to \$105	Not Covered

\* Coverage available only for employees who have vision issues caused by regular computer use.

\*\* A member may choose contact lenses instead of spectacle lenses and a frame.

### VSP Discount Access

For those employees who choose not to enroll in either the voluntary Basic or Plus plans, you and your eligible dependents can receive a discount of 15-20% on eye exams, contact lens exams and prescription eyewear (spectacle lenses and frames) obtained from a participating VSP provider. You are automatically eligible to receive the discounts as long as you do not enroll in either Vision Basic or Vision Plus plan.

### Important Information:

- As a voluntary benefit you pay 100% of the cost of vision coverage.
- Review all of your options for vision coverage. Consider the VSP options as well as any other coverage options you have, such as through a spouse's employer.
- All additional information you may need is available at the Employee Service Center website ([www.cbizesc.com](http://www.cbizesc.com)) and VSP at [www.vsp.com](http://www.vsp.com) or call 800-877-7195.

## Great Health Program

The **Great Health** program is a partner with **Great People, Great Place**. You are valued as a CBIZ employee and we recognize the contribution you make to our business. It is an important part of our mission as a company to make CBIZ the very best it can be for our associates and that includes offering resources to assist you in managing your overall well-being.

Research shows the majority of employees want to do their very best work for their employer. However, sometimes there are personal matters or health problems that interfere with our best efforts on the job.

**Great Health** is more than just a discount on your medical plan premiums. It is a long-term plan, designed solely to highlight the important role you play in your health and the health of your dependents. When you make the decision to engage and take personal responsibility for the management of your health and wellness, the results can be far-reaching. We understand the impact good health can have on your personal growth and happiness as well as the growth and strength of our business. For these reasons, we strongly encourage you to get involved.

As a core element of the CBIZ culture, our associates and their immediate family members have access to a wide variety of programs and services through **Great Health**. These programs include the *Personal Rewards Program* powered by UnitedHealthcare, the *Employee Assistance Program (EAP)* through Saint Luke's Health System and various other programs offered through your CBIZ Medical Plan. While participation in **Great Health** programs is voluntary, we strongly encourage everyone to get involved.

### Great Health Personal Rewards

The *Personal Rewards Program* is an activities-based program created to emphasize the importance of overall health and inspire health conscious decisions. If you choose to participate, not only are you making the choice to live a healthier life, but you also have the opportunity to earn as much as a \$30-\$60 discount on your 2017 monthly medical plan premium.

Certain healthy behaviors are assigned a percentage toward achieving your goal. Examples of Health Actions supported through the *Personal Rewards Program* include a preventive mammogram, colonoscopy, biometric testing and an annual preventive exam with a healthcare provider. Log into [www.uhc.com](http://www.uhc.com), go to **Rally** and complete a simple health assessment to get started.



Health Actions completed between September 1, 2015 and August 31, 2016 are tracked on your behalf and recorded on your personalized Scorecard under the **Rally** rewards tab. HIPAA regulations dictate CBIZ members and their covered spouse or domestic partner are required to have separate access to [myuhc.com](http://myuhc.com); to complete the health assessment and to access their confidential **Rally** Scorecard.

For more information, please review the *Personal Rewards Brochure* posted under the *Great Health* section of the Employee Service Center website or contact UnitedHealthcare at 800-241-4675.

### Other Programs

For information about any of the following programs or services, go to Employee Service Center website ([www.cbizesc.com](http://www.cbizesc.com)). You may also contact UnitedHealthcare ([www.myuhc.com](http://www.myuhc.com)) or call 800-241-4675.

- **Manage my Claims** – view status of medical and prescription claims, access date of completion for each step in the claim's process, review the Explanation of Benefits, mark claims as paid or add a private notation for future reference
- **Manage my Prescriptions** – order refills through Optum Rx mail order program, review the status of an order, find a pharmacy and research costs of lower priced alternatives
- **Nurseline** – talk live, call 866-923-9981 or chat online via [www.myuhc.com](http://www.myuhc.com) available 24 hours a day/ 7 days a week
- **Treatment Decision Support** – call the Nurseline to be directed to a representative
- **Cancer Resource Services** – call 866-936-6002 for access to support and special services if you have been diagnosed or are undergoing treatment for Cancer
- **Personal Health Support** – if you experience certain health events that require medical attention due to Asthma, Coronary Artery Disease, Congestive Heart Failure or Diabetes you may receive a phone call from UHC.



## Great Health Program

---

- **QuitPower** – you have access to free educational materials, telephonic coaching sessions with a dedicated wellness coach and nicotine replacement therapies prescribed for your specific level of need. Call 877-QuitPWR.
- **Online Health Coaching programs** – sign up for fitness and nutrition support to help you better manage stress, smoking cessation, weight loss, heart health and diabetes.
- **Baby Blocks** – receive weekly personalized support before, during and after your pregnancy. To enroll from your smartphone, go to [www.mybabyblocks.com](http://www.mybabyblocks.com).
- **Healthy Pregnancy** – get personal education and support through all stages of pregnancy and delivery. Call UHC to enroll prior to your 33rd week of pregnancy and receive complimentary gifts.
- **Estimate Health Care Costs** – a tool to help you make informed choices, research the average cost of procedures and treatments in advance of receiving care.
- **Personal Health Record** – gives you a simple way to track your biometric markers such as blood pressure, BMI, cholesterol and blood sugar levels over time. See for yourself if you're getting healthier or if it's time to start moving in the right direction.
- **UnitedHealth Allies** – receive discounts of up to 50% off health and wellness-related services not covered by most health plans.
- **Health4Me** – a mobile app connecting you easily and quickly to your UHC account information. Many resources listed above are available, at your fingertips, when you need them most.
- **Virtual Visits** – New for 2016, CBIZ has expanded the medical provider network to include telemedicine. You now have access to quality physicians from the convenience of your smartphone, tablet or home computer anytime of the day. Log into [www.myuhc.com](http://www.myuhc.com) for details.

## Employee Assistance Program (EAP)

---

From time to time, situations occur that can interfere with a person's ability to stay focused while at work. The CBIZ Employee Assistance Program (EAP), provided through Saint Luke's Health System, is available for confidential, professional direction to address any personal concern. This benefit provides four free sessions with an EAP professional for employees, their spouses/domestic partners and/or their dependent children. Services are provided by experienced, professionally trained staff through an extensive network with more than 40,000 offices. If additional sessions (beyond the initial four sessions) would be helpful, the EAP counselor can facilitate a referral to an in-network provider (at the employee's expense).

EAP benefits are designed to provide you and your family members with convenient professional assistance through either face-to-face or telephonic counseling sessions by simply calling the EAP at 800-EAP-1223 or 816-931-3073 or through access to their website:

Saint Luke's Health System EAP

<http://eap.saintlukeshealthsystem.org/>

Username: "CBIZ"

Password: "EAP"

Online resources are available when you need them:

- Thousands of articles on health, productivity, stress management and self-development
- Budgeting resources, financial planning guides, links to services including calculators to help compare Mortgage loans, estimate car loans, accelerate debt payments or to help determine savings needed for education and retirement
- Links to many useful websites for additional support and information from national organizations
- Confidential behavioral health self-assessments
- Webcasts are posted each month; review the schedule of future topics or listen to previous recordings
- Hundreds of videos on family, communication skills, stress management, depression and more.

**Financial Consultation** is a service available for any personal financial issue such as preparing a household budget, avoiding bankruptcy, identity theft information, credit report analysis and debt consolidation.

**Legal Assist** provides a 30 minute telephonic or in-person consultation with an attorney from their network of over 17,000 attorneys nationwide. Receive a 25% discount on their hourly fees if you decide to pursue legal representation.

**Individual Coaching** has the power to unlock your full potential. Certified Professional Coaches provide professional development training in such areas as effective team leadership, maximizing employee potential, professional leadership presence and inspiring and engaging people.

## Education Assistance

CBIZ supports formal education for associates. We are proud to offer associates an education assistance benefit providing reimbursement of expense associated with obtaining an undergraduate or graduate degree. All regular full-time associates who have completed one year of continuous employment, prior to the beginning of the class, are eligible to participate. CBIZ will reimburse 100% of expenses (not to exceed the maximum of \$3,000 per calendar year) associated with tuition, registration fees and books, provided the associate has satisfactorily completed the course. The Education Assistance Reimbursement program is a tax-favored program; meaning any reimbursement you receive is not taxed. Please contact your HR Business Partner prior to the beginning of class for information about how to participate and for additional rules that apply.



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

---

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

Basic life and AD&D insurance protects your family or beneficiary(s) in the event of your death. Your coverage amount will be paid to the beneficiary or beneficiaries of your choice in the event of your death while you are still actively employed at CBIZ.

If your death is due to accidental causes (as defined by the plan) your beneficiary will receive an additional amount through the accidental death and dismemberment (AD&D) coverage. The AD&D coverage is equal to your life insurance coverage amount. AD&D coverage also provides a portion of the benefit in the event of certain accidental injuries not resulting in death.

To help protect your financial security, you will automatically receive group life insurance coverage equal to one times your annual salary to a maximum of \$50,000 at no cost to you. Your amount of life insurance will decrease by 50% on the plan anniversary date which occurs on or follows the date you attain age 70. The reduction applies to the amount of life insurance you had in force immediately prior to the scheduled reduction and will be rounded to the next higher multiple of \$500, if not already such a multiple. This coverage is insured through Hartford.

### ***Travel & Accident Insurance***

Some employees of CBIZ are occasionally asked to travel on business away from their home office location. The company provides Travel and Accident Insurance to full-time employees as follows:

- Class I. Based on job description assignment, associates whose travel is estimated at 50% or more of working hours  
Principal Sum: \$250,000
- Class II. All other active full-time employees. Principal Sum: \$100,000.

You are covered for injuries sustained while on a business trip made on behalf of the company, excluding travel to and from work. Accidental Death & Dismemberment Insurance accompanies this benefit.

The business trip begins when you leave your residence or regular place of employment, whichever occurs last, for the purpose of going on a business trip. The trip ends when you return to your residence or regular place of employment. The term “on a business trip made on behalf of the company” means travel and sojourn authorized by or at the direction of the company.

No action is required on your part to enroll in this benefit. The beneficiary, in the case of a claim, is the same beneficiary you name for the group life insurance policy (in effect on the date of the accident).

### ***Important Information:***

- CBIZ pays the entire premium for these plans.
- During the enrollment process you will be required to name a primary beneficiary; with an option of naming contingent beneficiary(ies). Be sure to have names and social security numbers with you to enroll.
- For details, go to Employee Service Center website ([www.cbizesc.com](http://www.cbizesc.com)). You may also contact The Hartford at 800-331-7234.



## Disability Insurance

---

One of the most important items to insure is your ability to earn a living. Many times this area is overlooked. CBIZ provides you with a core disability plan through Hartford to continue a portion of your income if you become unable to perform your regular job duties due to illness or injury.

### Salary Continuation Plan

If you are absent from work because you are sick or injured due to a non-work related circumstance or cause, the salary continuation plan will provide you with a benefit equal to 60% of your pay. Benefits will begin on the later of the 8th day of disability due to an illness or accident or the exhaustion of sick leave and may continue for up to 26 weeks.

*(Please note: If you are employed in a state that has a state-mandated disability plan, your disability benefits will be subject to state law. The states affected are Hawaii, California, Colorado, Rhode Island, New Jersey, New York and Puerto Rico. Please contact your HR Business Partner for additional information.)*

To qualify for benefits, and to continue receiving benefits, your claim must be approved by Hartford. Please visit the CBIZ Employee Service Center website at [www.cbizesc.com](http://www.cbizesc.com), or see your HR Business Partner should you need assistance with filing a claim.

### Long Term Disability Insurance

The long term disability (LTD) plan provides income replacement in the event you are disabled for longer than 180 days. The plan only begins after your salary continuation coverage ends; this plan then pays a monthly benefit equal to 60% of your earnings to a maximum benefit of \$10,000 per month. Should you or any of your dependents receive a benefit from Social Security due to your disability, the Social Security award will offset the benefit you receive from the CBIZ plan.

You have two options in paying for your LTD coverage:

- Pre-Tax – CBIZ will pay the entire premium for you. This means that any disability benefit you receive will be taxed.
- Post-Tax – You will pay the entire premium with after-tax dollars. However, CBIZ will “gross-up” your monthly salary by the amount of your premium. If you choose this option, any disability benefit you receive may be on a tax-favored basis.

### Important Information:

- CBIZ pays the entire premium for these plans.
- For details, contact The Hartford 877-543-7052.

## Retirement Savings Plan

Retirement readiness is about knowing how much income you will need during retirement. Timing, current priorities and retirement objectives are not the same for everyone, so the amount you save will depend on the lifestyle you want and how long you plan to be retired. Social Security may provide some of the income you'll need, but you'll need to do your part. Start as early as you can to save as much as you can.

If you are already enrolled in the CBIZ, Inc. Retirement Savings Plan (the Plan), you are well on your way to achieving your retirement goals. If you have not yet enrolled and are eligible to participate, the information below will help prepare you to enroll.

**Regardless of whether you're just getting started or have been saving for years, all employees should carefully review the Plan's features so you're taking full advantage of this valuable retirement savings vehicle administered by MassMutual.**

### Key Points

#### Who is eligible to enroll in the Plan?

All regular full-time employees age 21 or older with at least 60 days of service are eligible to participate in the Plan. All other CBIZ associates (regular part-time, seasonal or temporary) age 21 or older are eligible to participate after twelve (12) months of service. Once you are eligible, enrollment materials will be mailed to your home by MassMutual.

#### If you are eligible and wish to enroll in the Plan...

Go to [www.retiresmart.com](http://www.retiresmart.com) and select *Create Account* to establish your user ID and PIN. Once you've gained access to your account, complete enrollment in 4 easy steps:

1. Under *Select My Contributions* - Enter a percentage for Current Plan Employee Deferral
2. Select how you wish to *Increase Future Contributions*
3. Confirm your investment options under *Select my Investments*
4. Be sure to click *Accept*

#### If you are eligible to enroll, but do not enroll on your own...

By the first day of the month following your eligibility date, you will automatically be enrolled in the Plan. Through automatic enrollment, 3% of your compensation will automatically be withheld from your pay and contributed to your 401(k) account each pay period. Your contributions will be invested in an age-based American Funds investment and will remain there until you elect a change by accessing your account at [www.retiresmart.com](http://www.retiresmart.com). Your enrollment materials provide detailed instructions for making changes to your account. You may also contact MassMutual at 800-743-5274 for assistance.

#### If you do not want to be automatically enrolled, you must decline automatic enrollment

After you receive enrollment materials, you may decline automatic enrollment by calling 800-743-5274. You may also decline by logging into [www.retiresmart.com](http://www.retiresmart.com) (select *Create Account* to establish your User ID and PIN). Once you have access to your account, change the automatic 3% contribution to 0% and select *Decline*.

#### Automatic Deferral Increase Program

Each year, this program will automatically increase the amount you contribute to your pre-tax retirement account by 1%, up to a maximum of 6%. Small increases of 1% annually have limited impact on your take home pay, but over time may help make a significant difference in your savings at retirement. Employees deferring 0% of their paycheck or a flat dollar amount will not be affected. As a participant in the plan, you may adjust your contribution rate at any time, including before or after an automatic increase occurs. You may also opt out of this program if you choose.

## Retirement Savings Plan

### Accessing Your Retirement Plan Account

You can enroll in the Plan and/or access your account online or by phone.

**Online:** Log on to [www.retiresmart.com](http://www.retiresmart.com). Select *Create Account*, and follow the prompts to answer some security questions. Once your identity has been validated, you will be asked to create a *User ID* and *PIN*. If you misplace your PIN, select *Forgot Login?* and follow the prompts.

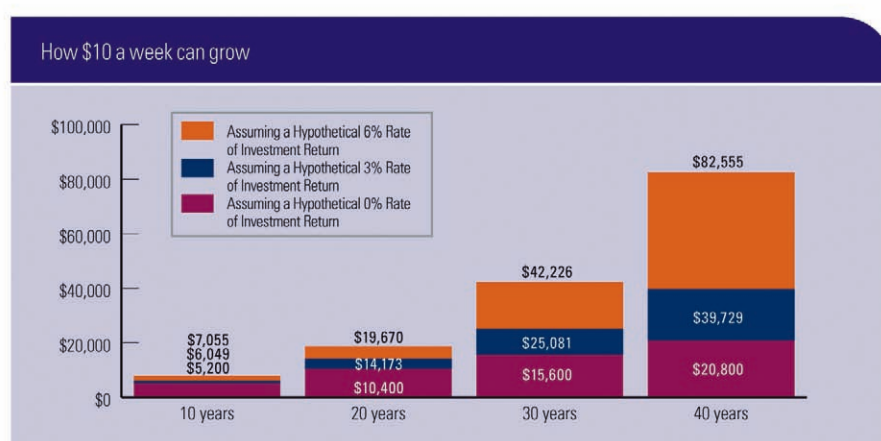
**Phone:** If you are not able to answer the security questions in the website, or for any reason the system cannot validate your identity, call 800-743-5274 between 8 a.m. and 9 p.m. ET. When prompted to enter a PIN, press the (“\*”) key to be connected to a representative for assistance. If you have misplaced your PIN the representative can establish a temporary PIN for you.

### Plan Features

#### Pre-tax Saving and Compounding

You make contributions automatically from your paycheck before current federal income taxes are deducted. Pre-tax (or tax-deferred) saving lowers your current taxable income, which lowers the current federal and state income taxes\* you pay during the years you contribute.\*\* In fact, you don’t pay taxes on your plan savings, or earnings on those savings until you begin withdrawing money from your account.

You’ll also benefit from compounding. Contributions and earnings on those contributions can grow tax-deferred and can then generate more earnings, and so on. Money making money: that’s the theory behind compounding.



Assumes contributions made at the beginning of each week. This example assumes a hypothetical 6%, 3% and 0% earnings on investments, daily compounding and reinvestment of earnings. Leap years are not taken into account. Final amounts are exclusive of any taxes or penalties that may be due upon distribution. Both hypothetical charts are for illustrative purposes to demonstrate the effects of compounding only. Not intended to reflect the actual performance of any specific investment. Individual experience will likely vary. Past performance does not guarantee future results.

#### After-tax Saving through the Roth 401(k) Feature

You may also choose to make after-tax contributions to a Roth 401(k) account through the Plan. As with pre-tax contributions, your Roth account contributions are 100% immediately vested and are available for loans and a company match. Distributions from your Roth account, including any investment earnings, may be tax-free if you meet certain criteria. Your Roth contributions are also subject to the same required minimum distribution rules as pre-tax contributions. Here are some scenarios where making after-tax contributions to your Plan’s Roth account may make sense for you:

- Your retirement tax level may be higher than it is now
- You want to diversify your retirement savings into pre-tax and after-tax accounts
- You are not eligible to contribute to a Roth IRA
- You expect your income to rise and you have a longer time horizon to save

The Plan also offers the option to convert (roll over) non-Roth account balances into a Roth source. To be eligible, you must qualify for a distribution from the Plan and the distribution itself must qualify for rollover. The main benefit of an in-plan Roth conversion (moving assets from non-Roth accounts into a Roth source) is investment earnings on the converted amount qualify for tax-free distribution if you meet certain conditions. Your pre-tax sources will however be subject to taxation upon conversion.

\* Varies by state

\*\* You will pay taxes on your plan savings and the earnings on those savings when you withdraw money from your account.



## Retirement Savings Plan

---

### Self-Directed Brokerage Account

A Self-Directed Brokerage Account (SDBA) investment option is available as part of the Retirement Plan. The SDBA acts like a discount brokerage account within the Plan, allowing participants to invest in numerous mutual funds, exchange traded funds (ETFs), and in some cases, individual stocks and bonds that are not offered as core investment options in your Plan. If you are accustomed to managing your own portfolio, you may want to continue making your own investment decisions regarding your retirement money through the SDBA option. The CBIZ Retirement Savings Plan offers you this option through the Schwab Personal Choice Retirement Account (PCRA). Fees associated with the PCRA are competitive with those you would incur in the open market. You'll need to transfer a minimum of \$5,000 to open an account. After that, you'll need to transfer at least \$1,000 at a time and transfers are done on a percentage basis. Your PCRA balance cannot exceed 50% of your retirement plan savings. Additional fees apply to the PCRA. For questions or to open a PCRA through Charles Schwab, in the Plan, please call 888-393-PCRA (7272) to request an application.

### Annual Saving Limits

You can contribute up to 80% of your eligible pay on a pre-tax basis. In order to stay within government restrictions, your annual contributions (pre-tax and Roth combined) are limited to \$18,000 for 2015. If you are age 50 or older, you can make additional contributions, known as "catch-up" contributions. Catch-up contributions are limited to \$6,000 for 2015. IRS plan limits for 2016 will be announced and posted at the ESC site when available.

### Company Match

To help you grow your retirement savings account and increase your net savings before investment earnings, CBIZ, Inc. will contribute \$.50 for every dollar you contribute, up to 6% of your personal earnings that you save. You will be able to receive the company match beginning on the first day of the next financial quarter, after the completion of one year of service working at least 1,000 hours. We encourage you to take full advantage of the company match by contributing at least 6% of your pay to your retirement savings account.

### Vesting

If you decide to leave the company before retirement, you can take the value of your vested Plan account with you. You are always 100% vested in your contributions, rollover contributions and any earnings they generate. Company matching contributions and their earnings are vested based on your years of service. You are not vested with less than three years of service. After working at least 1,000 hours in each of three years, you are 100% vested.

### Rollovers

You may combine retirement savings from additional accounts into the Plan. Maintaining one account may make it easier to track your retirement savings. Call MassMutual's Concierge Service at 888-526-6905 if forms have you stumped or getting in touch with a former employer or financial institution feels like a hurdle. All you need to get started is 15 minutes at a time convenient to you, your Social Security number and statement(s) from any separate IRAs or prior employer retirement account(s). This service is available at no cost to you. You can also begin the rollover process by logging on to [www.retiresmart.com](http://www.retiresmart.com) and selecting *Consolidate* under the *My Next Best Steps* heading.

### Fee Structure

Effective September 2015, CBIZ modified the fee structure of the Retirement Plan using a process called "fee levelizing". The plan now utilizes the lowest share class available for the investment and adds a per participant fee to pay for MassMutual's services and other plan expenses. Participants will see a \$40 charge expressed as a dollar amount in the Expense Detail section of each quarterly statement.



## Retirement Savings Plan

---

### Retirement Planning Resources

#### RetireSmart<sup>SM</sup> Ready Tool

As part of your retirement plan benefit, you have access to the RetireSmart<sup>SM</sup> Ready planning tool. This online resource calculates your personal likelihood of financial success in retirement. By using your preferences about four key retirement variables (retirement age, retirement income, current savings rate and current investments) the tool will generate a personalized savings goal and a suggested strategy to help you reach it. And it only takes about 10 minutes to use.

Find out whether you're on track! Simply log on to [www.retiresmart.com](http://www.retiresmart.com) to use the RetireSmart<sup>SM</sup> Ready tool and learn what changes you can make to increase the likelihood of meeting your retirement goals.

#### Naming a Beneficiary

Saving for retirement is to benefit you and your loved ones; of course you plan to retire and have many years to enjoy with family and friends. But, if something happens and you do not reach retirement, you want your savings to reach those you love. Naming a beneficiary for your account, in the case of your death, is the best way to ensure all your efforts to save for later years will indeed benefit the right people.

To select or change your beneficiary through MassMutual's website, log into [www.retiresmart.com](http://www.retiresmart.com). From the *My Account* tab, select *Personal Info* and click on *Change Beneficiary*.

The law dictates that if you are married, your spouse is the beneficiary of your retirement plan account. However, it is possible to have your spouse sign a waiver of his/her rights if indeed there is someone else you prefer to receive your savings.

Making sure MassMutual has your exact beneficiary instructions on file is more important than ever before. If you have any questions, please contact the Participant Information Center at 800-743-5274 between 8 a.m. and 9 p.m. ET.



## Cafeteria Plan (a Section 125 Plan)

No doubt, some of what you earn will be spent paying taxes. The taxable portion of your income is determined as you complete each step on the income tax return. Enrolling in a Cafeteria Plan is one way you can reduce the taxes you owe.

The Cafeteria Plan benefit is explained in detail in Section 125 of the IRS Code. It is through a Cafeteria Plan you're able to pay for most routine health care expenses (such as out-of-pocket medical, dental, vision and prescription expenses) using tax-free savings. Likewise, the cost of day care for your dependents can be paid with pre-tax dollars so you are able to work.

With a little paperwork, and knowledge of a few rules, this plan allows you to put money from your paycheck into a savings account to use on "qualified" expenses (such as those mentioned above) without paying taxes on those earnings first. You just gave yourself a raise!

There are six plans, all administered by CBIZ Flex (except for the Health Savings Accounts):

- **Premium Only plan:** For all associates enrolled in a medical, dental and/or vision insurance plan, contributions are automatically deducted from your paycheck on a pre-tax basis
- **Health Savings Account:** Only available to associates enrolled in a QHDP, with no other coverage (i.e. Tricare, Medicare or a Medical Flexible Spending Account)
- **Medical Flexible Spending Account:** Available to all associates not contributing to a Health Savings Account
- **Limited Flexible Spending Account:** Only available to associates enrolled in a Health Savings Account
- **Dependent Care Spending Account:** Available to all associates
- **Adoption Assistance Spending Account:** Available to all associates

Cafeteria Plan	Annual Contribution Limit	Carryover Amount Available	Does the 'Use it or Lose it' Rule Apply? **
Premium Only	NA	NA	NA
Health Savings Account*	\$3,350 (Employee only) \$6,750 (Family coverage)	Unlimited	No
Medical FSA	\$2,550	Up to \$500	Yes
Limited Medical FSA	\$2,550	Up to \$500	Yes
Dependent Care FSA	\$5,000 (\$2,500 if married & file taxes separately)	\$0	Yes
Adoption Assistance FSA	\$13,400	\$0	Yes

\* The Health Savings Account allows for an annual catch-up contribution of \$1,000 for individuals age 55 or older.

\*\* The 'Use It or Lose It' rule states any unclaimed funds remaining in the account after the submission deadline will be forfeited.

## Health Savings Account

A Health Savings Account (HSA) allows you to save money on a pre-tax basis, to pay for qualified medical expenses you incur while meeting your QHDP deductible.

An HSA is a personal savings account you establish with a bank. If you wish to make pre-tax contributions, you must open an HSA with Optum Bank through CBIZ. You have the option to choose any other bank, but would not be able to set up pre-tax deductions. Instead, you realize the tax benefits when filing your annual return.

Although there are annual limits on the amount you may contribute to an HSA, you decide when to spend the savings in your account. You may use the money to pay current medical bills. Or, you may choose to pay current bills out-of-pocket and build your balance year over year to use for medical expenses in your retirement years. Even if you change jobs, or decide not to enroll in a QHDP in the future, the balance is yours to spend.

## Cafeteria Plan (a Section 125 Plan)

### Enrolling in the CBIZ HSA is a simple three step process:

- Step 1: Elect the HSA during your online benefit enrollment process.
- Step 2: Go to [www.optumbank.com](http://www.optumbank.com), select *Enroll Now* and complete the online application. Optum Bank will mail a Welcome Kit to your home address.
- Step 3: Complete the *HSA Payroll Election Form* found online at [www.cbizesc.com](http://www.cbizesc.com).

Once enrolled, you may stop or change your payroll contributions at any time using the *HSA Payroll Election Form*.

### What are the eligibility requirements to enroll in an HSA?

- Cannot be enrolled in Medicare, Medicaid, Tricare or VA benefits.
- Cannot be covered by any other traditional health plan (spouse's FSA or spouse's non-HDHP will make you ineligible for HSA).
- Traditional Flexible Spending Accounts (FSAs) and Health Reimbursement Arrangements (HRAs) will make you ineligible for an HSA.
- Must be enrolled in a Qualified High Deductible Plan (QHDP).

### What If I....

- Use my funds for non-qualified expenses, such as a new TV?
  - There is a 20% penalty assessed for non-qualified expenses.
  - And, the amount you spend on non-qualified expense will be subject to income tax.
- Turn age 65?
  - You can spend funds on non-qualified expenses with no penalty.
  - Would pay normal income tax.
- Change to a traditional plan next year? What happens to the funds in the account?
  - It's your money, so you can continue to spend the funds on qualified medical expenses; you just cannot contribute to the HSA any longer.
- Don't have enough funds in my HSA to cover my service or prescription?
  - You pay out-of-pocket and can reimburse yourself once your funds are available.

If you are making pre and post-tax contributions to a health savings account, you will want to closely monitor your contributions so as not to exceed the maximum allowable contributions. Excess contributions have negative tax consequences. Your total annual pre-tax contributions are documented on your W-2 at the end of the CBIZ plan year. The total of your pre and post-tax contributions (made in the previous 15.5 months) are reported to you after April 15th of the following year by your bank on a Form 5498-SA.

Using your account is simple. The bank provides a debit card for easy access to your funds and the card is accepted almost everywhere, or you may order checks. The bank charges a monthly fee for your account and for checks. Always keep receipts when using your debit card. If audited by the IRS, you will be expected to verify the card has only been used for qualified medical expense.

## Medical Flexible Spending Account (FSA)

The Medical FSA also allows you to save a pre-determined amount to pay for qualified medical, dental and vision expenses you expect to incur in the twelve month plan year.

- There is a maximum amount you may contribute each year, and what you do not spend (except for \$500 referred to as the Carryover) is forfeited. This is the 'Use It or Lose It' rule.
- The \$500 Carryover Rule allows a participant to carryover a maximum of \$500 into the following plan year.
- Once you make your annual election, you may not change your election unless you have a qualifying change in family status.
- To be considered eligible, an expense must be incurred during the plan year. After the plan year ends, you have three months to file a claim for any remaining funds.

## ***Cafeteria Plan (a Section 125 Plan)***

- You may use this FSA to pay qualified expenses for you, your spouse and your eligible children even if they are not enrolled in one of the CBIZ medical plans.
- This plan is pre-funded. You may file claims for any amount up to your total annual election at any time in the plan year, even if you've not had the total amount withheld from your pay. Your payroll deductions continue for the remainder of the plan year.
- A CBIZ Prepaid Benefits Card is issued to each accountholder and accepted as a form of payment by most service providers in the health care industry. You may otherwise use your account by paying a qualified expense out-of-pocket and filing a claim (with receipt attached) with the Plan Administrator. Detailed information is available at [myplans.cbiz.com](http://myplans.cbiz.com).
- Some use of your Prepaid Benefit Card may trigger a request from the Plan Administrator for proof of your expense. Keep all receipts and be sure to respond if prompted for verification.

## ***Limited Flexible Spending Account (LFSA)***

The rules governing the Limited Flexible Spending Account are similar to the Medical FSA, with a few exceptions. The Limited FSA allows you to save a pre-determined amount each year on a tax-free basis, primarily for expenses relating to your dental and vision services. New for 2016, you may also set aside funds in the Limited Flexible Spending Account for qualified medical expense, in that you only need to reach the regulatory deductibles first (rather than the medical plan deductibles). This way, you may spend Limited Flexible Spending savings for medical expense rather than using Health Savings Account dollars. The regulatory deductibles may change. For 2016, the individual/family regulatory deductibles are \$1,300/\$2,600.

Just like the Medical Flexible Spending Account, the amount you elect to save in your Limited FSA are available to you on a pre-funded basis. And, just like the Medical FSA, the money you are unable to claim during the plan year (but for \$500) is forfeited.

Many members enrolled in a QHDP won't require the use of a Limited FSA because the Health Savings Account may be used for medical, dental and vision expense. The Limited FSA is typically for families who will exhaust their HSA balances on medical expense and expect additional dental and vision expense in the same plan year.

## ***Dependent Care Spending Account***

Establishing a Dependent Care FSA is a major advantage for families with day care expense. Whether for your children (age 13 or younger or disabled and dependent on you for care) or elders in your care, paying these routine bills with pre-tax savings only makes sense. Eligible expenses for this plan are the cost of care for a dependent so you're able to work, search for work or attend school full-time.

Examples of eligible expenses include nursery or day care, before and after school care, preschool tuition, day care camps and facilities (if not primarily for educational purposes), whether in or outside the home.

Although the 'Use It or Lose It' rules do apply, there is a major difference in this plan compared to the medical flex spending accounts. This plan is not pre-funded. Expenses are only reimbursed up to the amount of savings accumulated in your account.

The IRS offers two programs for individuals paying day care expense to help reduce taxes: the Dependent Care Flex Account or the Federal Child Care Tax Credit. You should decide which option provides the most savings for you. Logon at [www.cbizesc.com](http://www.cbizesc.com) for a worksheet and sample calculations.

## ***Adoption Assistance Spending Account***

This account, like the other spending accounts, allows associates to use pre-tax dollars to pay for eligible adoption expenses incurred when adopting a minor child. As you might expect, however, the process of adoption is not typically confined to a single plan year. For questions, call CBIZ Flex at 800-815-3023, Option 4.

## Voluntary Plans

### Qualified Transportation Fringe Benefit Plan (a Section 132 Plan)

Full-time associates have the opportunity to direct a portion of their salary into reimbursement accounts to pay for certain qualified commuting expenses with pre-tax dollars. Qualified commuting expenses include payments for use of mass transit (a bus, commuter vehicle, ferry, subway, or train) and parking. Parking qualifies for this tax-free treatment only if it is at or near your employer's place of business, or at a location where you drive to access mass transportation or a commuter van pool to travel to work.

Elections for the Qualified Transportation Fringe Benefit plan are made on a month-to-month basis and monthly maximums apply. Initial elections are made by completing the *Qualified Transportation Election Form* found on the CBIZ ESC website at [www.cbizesc.com](http://www.cbizesc.com).

### Optional Life Insurance

Group term life insurance is one way of providing protection for your family in the event of your death. In addition to the basic life insurance CBIZ pays on your behalf, you have the opportunity to purchase additional group term life insurance through The Hartford for yourself and your dependents. Following are some of the highlights of the optional life plan:

#### Employee Coverage

- Coverage is available in \$10,000 increments, from a minimum benefit of \$20,000 to a maximum benefit of the lesser of five times your annual salary or \$750,000.

NEWLY HIRED EMPLOYEES ONLY: If you enroll when you are first eligible for benefits, you may purchase up to the lesser of three times your annual salary or \$500,000 on a guarantee issue basis. This means that you will not have to answer any medical questions for life insurance amounts up to this guarantee issue level. For amounts in excess of the guarantee issue level, you will be required to complete a medical questionnaire\*, and your excess insurance will be pended subject to approval by Hartford.

- Please note you must enroll with employee coverage in order to purchase coverage for your dependents.

#### Spouse Coverage

- Coverage on your spouse is available in increments of \$5,000, from a minimum benefit of \$10,000 to a maximum benefit of the lesser of 50% of your optional life insurance amount or \$250,000.

NEWLY HIRED EMPLOYEES ONLY: If you elect to enroll your spouse when you are first eligible for benefits, the guarantee issue level for your spouse's coverage is \$50,000.

#### Child(ren) Coverage

- Coverage on your dependent children is available in increments of \$2,000, from a minimum benefit of \$2,000 to a maximum benefit of \$10,000.

NEWLY HIRED EMPLOYEES ONLY: If you elect to enroll your child(ren) when you are first eligible for benefits, the guarantee issue level for dependent children coverage is \$10,000.

- Available for eligible dependents up to age 26.

#### CURRENT EMPLOYEES DURING OPEN ENROLLMENT:

If you have had an opportunity to join this plan in the past but declined or if you are a current participant and want to change your coverage, you may do so at this time. However, any increase you elect will be subject to medical underwriting and approval by The Hartford\*. This applies to employee, spouse and dependent children coverage election increases outside the initial enrollment period.

If you already have Optional Life coverage and do not wish to make changes, there is nothing required for you to do during the annual Open Enrollment period.

*\*During the enrollment process, when purchasing optional life coverage requires a Personal Health Application for yourself or your dependents, you will be directed to The Hartford's website to complete an online Personal Health Application.*

## Voluntary Plans

### Important Information:

- During the enrollment process you will be asked to name a beneficiary for your optional life plan with an opportunity to name contingent beneficiary(ies). Be sure to have names and social security numbers available when you to enroll.
- You, the employee are automatically named as beneficiary for spouse and dependent life coverage.
- Should you ever terminate employment with CBIZ, you may be eligible to port your coverage. If you elect to enroll, you will be required to pay applicable premiums to The Hartford directly.
- All additional information you may need is available at the Employee Service Center website ([www.cbizesc.com](http://www.cbizesc.com)) and The Hartford at 800-331-7234.

### Long Term Care Insurance

Unexpected events, such as a serious illness or accident, as well as the aging process, can leave you in a vulnerable position – both personally and financially. Who would take care of you if you needed help, and how would you pay for that care? To help ease this burden, CBIZ offers a Long Term Care Insurance Plan through UNUM Life Insurance Company of America.

#### What is long term care?

It is the type of care received either at home or in a facility, when someone needs assistance with activities of daily living (such as bathing, dressing, toileting, transferring, continence and eating) or suffers severe cognitive impairments (such as Alzheimer's disease).

UNUM's Long Term Care plan allows you to maintain choice and control over your life by allowing you to choose who will give you care and where you will receive care. It also allows you to maintain control of how your benefits and assets are used.

Not only can you purchase long term care insurance for yourself, you can also purchase it for your spouse, parents, grandparents, siblings and in-laws (the maximum issue age is 80; coverage for others is subject to medical underwriting and approval by UNUM.)

#### NEWLY HIRED EMPLOYEES:

- Enrollment in this plan is offered only one time each year during Open Enrollment.
- If you are newly eligible you may elect coverage up to the guaranteed issue amount.
- If you wish to purchase coverage beyond "guarantee issue", you will have to submit medical underwriting for approval by UNUM.

#### CURRENT EMPLOYEES DURING ANNUAL OPEN ENROLLMENT:

- If you already have Long Term Care coverage through CBIZ and do not wish to make changes, there is nothing required for you to do during the annual Open Enrollment period. Your current policy continues uninterrupted.
- If you are a current employee who has had an opportunity to join this plan in the past but declined or if you are a current participant and want to increase coverage, you can enroll at this time. However, any coverage you elect will be subject to medical underwriting and approval by UNUM.

#### How to enroll?

Once logged in to the CBIZ Employee Service Center website ([www.cbizesc.com](http://www.cbizesc.com)), select *Library, Website Links*, then *Long Term Care Plan*.



## Employee Stock Purchase Plan

---

If you already have a payroll deduction established for purchasing CBIZ common stocks, and wish to continue in 2016 with the same election, there is nothing required for you to do during the annual Open Enrollment period. Your current election continues uninterrupted.

CBIZ is a publicly traded company on the New York Stock Exchange. Through the Employee Stock Purchase Plan (ESPP) employees can purchase shares of CBIZ stock at a discounted price. The Plan provides a convenient and economical way to purchase shares of CBIZ common stock through payroll deduction or supplemental purchase.

You are eligible to participate in the ESPP if you customarily work more than five months per calendar year and for more than 20 hours per week; have been employed by CBIZ for at least 90 days prior to the beginning of a purchase period; and do not own 5% or more of the total voting power or value of the Company, or any parent or subsidiary of the Company.

You may contribute the minimum of \$25 of each paycheck on an after-tax basis. The maximum contribution allowable in any one calendar year is \$25,000. CBIZ, Inc. funds the cost of the 15% discount that is included in this maximum. So, the maximum contribution by an employee is approximately 85% of \$25,000 or \$21,250. Your payroll deductions are held by CBIZ in a non-interest-bearing account through what is typically a thirty day “purchase period” and at the end of the purchase period shares are purchased. Typically, the purchase period will be between the 16th of a month and the 15th of the next month. The purchase price is 85% of the closing stock price of CBIZ stock on the last business day prior to the 15th of the month (assuming the typical purchase period).

You may increase, decrease or cancel your contribution only once during a purchase period; any change is processed as soon as administratively possible. You may stop your contributions at any time prior to the payroll deadline immediately preceding the last day of the purchase period.

Once a Plan account is established, you may also purchase shares of CBIZ discounted stock by making optional cash investments, in accordance with the provisions of the Plan, at any time by mail. The minimum purchase by mail is \$100.

### How do I enroll in the ESPP?

After achieving eligibility, you may logon at [www.cbizesc.com](http://www.cbizesc.com) to print plan materials and review the Prospectus. From the *Library*, select the applicable *Plan Year*, go to *Forms*, choose *Employee Stock Purchase Plan* and click on *Election Form*. You may enroll anytime after achieving eligibility. If you wish to enroll in the Plan, simply complete and submit the *ESPP Election Form* to your Payroll Specialist. The agent for the plan, Computershare, is also available at 888-726-8085 for any questions.

CBIZ requires you to hold stock purchased under this Plan for a minimum holding period of one year. You cannot sell or transfer this stock during the 1-year holding period. Earnings associated with the disposal of your shares of stock are subject to taxation but will vary depending on how long you have held them. Please consult with your tax advisor to discuss possible tax implications.

CBIZ, Inc. pays all expenses associated with Plan purchases. As the participant, you will be responsible to pay all commission fees on the sale of your stock. Participants receive a quarterly statement from Computershare to include the market value of your account and information regarding purchases and sales made during the quarter. If you have previously participated in the Employee Stock Purchase Plan, you will find the statement reflects plan activities separately.



## 529 Plan

CBIZ, Inc. understands that saving for higher education can be a daunting task. As parents or grandparents, you want to be able to provide the benefit of college to your children or grandchildren. That is why CBIZ is pleased to tell you about CollegeBoundfund®, a flexible, tax-advantaged 529 college savings program managed by AllianceBernstein. Here are a few of the many benefits that CollegeBoundfund® offers:

- There is no federal income tax due on earnings while they are in your CollegeBoundfund® account.
- Distributions for qualified education expenses are federal income tax free.
- Your CollegeBoundfund® assets can be used at any accredited institution of higher learning in the U.S., as well as at many foreign institutions.
- There are no income limits restricting who is eligible to participate.
- Choose from a variety of investment options managed by AllianceBernstein.
- Contribute to your CollegeBoundfund® account until the total account value equals \$385,000 (contributions and earnings).
- Employees may sign up for automatic monthly contributions of \$50 per month.

For additional information, log on to the Employee Service Center website at [www.cbizesc.com](http://www.cbizesc.com), from the *Library*, go to *Forms*, choose *529 Plan* and click *Education Strategies*.

To enroll just follow these simple steps and begin taking advantage of this exciting opportunity. Before you begin, please be sure to have your beneficiary's date of birth and social security number.

Log on <https://corporate.collegeboundfund.com>

- Select Company as your ID Type.
- Enter:                      User ID: "CBIZ"                      Password: "CBIZ529"
- You will be prompted to create a personal User ID and Password, which you will use during subsequent visits to the site.
- Click on *Open Account/Enrollment* and follow the instructions. If you haven't already done so, please take a minute to review the CollegeBoundfund® Program Description.

Once you have completed the online enrollment process, print and sign two copies of the Enrollment Confirmation. Please keep one for your records, and return the other to CollegeBoundfund®. Your account will not be activated until CollegeBoundfund® receives your signed original Enrollment Confirmation. Once enrolled, you may change or stop your contributions at any time by notifying AllianceBernstein Customer Service at 888-324-5057. We hope you take advantage of this exciting opportunity to save for college!

### A Word About Risk

*You should consider the investment objectives, risks, charges and expenses of CollegeBoundfund® carefully before investing. For a free copy of the Program Description, which contains this and other information, visit their website at [www.collegeboundfund.com](http://www.collegeboundfund.com), or call AllianceBernstein Investments at 888-324-5057. Please read the Program Description carefully before you invest.*

*If you are not a Rhode Island resident or if you have taxable income in another state, please note that depending on the laws of your or your beneficiary's home state, favorable state tax treatment or other benefits offered by such home state for investing in 529 college savings plans may be available only for investments in the home state's 529 plan. Any state-based benefit offered with respect to this plan should be one of many appropriately weighted factors to be considered before making an investment decision. Please consult our financial, tax or other advisor to learn more about how state-based benefits (including any limitations) would apply to your specific circumstances. You may also wish to contact your home state or another state's 529 plan to learn more about its features, benefits and limitations before investing. Statements in this material concerning taxation are not offered as individual tax advice.*

*The investments in CollegeBoundfund® are not guaranteed by the State of Rhode Island, the Office of the General Treasurer of Rhode Island, the Rhode Island State Investment Commission (which oversees the investments of the assets of CollegeBoundfund®), the Federal Deposit Insurance Corporation (FDIC) or any instrumentality thereof. CollegeBoundfund® is managed by AllianceBernstein L.P. and distributed by AllianceBernstein Investments, member FINRA. © 2015 AllianceBernstein L.P.*

Investment Products Offered:	• Are Not FDIC Insured	• May Lose Value	• Are Not Bank Guaranteed
------------------------------	------------------------	------------------	---------------------------



## ***Voluntary Individual Benefits***

---

CBIZ recognizes each associate has different circumstances calling for different benefit needs. We are pleased to offer an array of "Voluntary Individual Benefits" that may be of interest to you and your family. Should you choose to enroll, your membership and payment arrangements will be made directly with the service provider. More details and enrollment information are available at [www.cbizesc.com](http://www.cbizesc.com).

### ***Care Advantage: Sittercity***

Finding a reliable and attentive caregiver for your child, infant or even your pet can be a challenge. Whether you're considering an in-home provider or an outside care facility, CBIZ has a solution to make your decision making process easier. Sittercity is a web-based resource to help you find:

- Babysitters for after-school, last minute, school holidays or extended work hours
- Nannies: full and part time
- Dog walkers and pet sitters
- Caregivers who can assist with special needs, companion care, homework help and housekeeping

**How does it work?** Simply register online at [www.careadvantage.com/cbiz](http://www.careadvantage.com/cbiz), search and read reviews about caregivers in your local area. You can select and interview potential caregivers and if you decide to hire a candidate, you make the arrangements and pay them directly. Interview and select caregivers in advance of a planned assignment or save a list to your Sittercity account so you're prepared when last minute needs arise.

### ***Care Advantage: Years Ahead***

Many associates feel the pressures of raising their families while also caring for aging parents. Through *Years Ahead*, CBIZ provides the resources you need to evaluate the situation and take next steps: a nationwide network of senior care providers.

- Certified advisors for guidance
- Specialized facilities in memory and hospice care
- Independent and assisted living communities
- In-home healthcare and senior care companions

#### **How does it work?**

Go to the *Years Ahead* website at [www.careadvantage.com/cbiz](http://www.careadvantage.com/cbiz). Once registered, you'll find detailed profiles of care providers including photos, details regarding their experience, capabilities, pricing, and reviews to help you decide which provider is right for you and your family. *Years Ahead* also provides:

- A Care Path Needs Assessment for those unsure about the type or level of care needed
- Certified senior care advisors to help families through the decision making process
- Shared accounts so that you can share information such as assessments and findings with others involved in the decision making process.

CBIZ pays the fee for this program which allows you to access the *Years Ahead* website and the network of pre-screened providers. You make all the hiring decisions and pay arrangements with the providers you choose.

### ***LegalShield***

As a member of Legal Shield, you have access to quality legal services through a nationwide network of provider law firms. Get help with legal matters such as a traffic ticket, property purchase, contract disputes, IRS audit notice, completing a Will, Living Will or Healthcare Power of Attorney. To review LegalShield plan options and enroll, go to [www.legalshield.com/info/cbizinc](http://www.legalshield.com/info/cbizinc) or call 913-709-2129.

## Voluntary Individual Benefits

### Aflac

Aflac's supplemental insurance policies pay cash benefits directly to you, unless otherwise assigned, regardless of any other insurance you may have. You can use the cash benefits to help pay for expenses that aren't covered by your major medical insurance.

**Accident Insurance Policy** - After an accident, Aflac's accident policy pays you cash benefits to help pay for initial emergency treatment, hospitalization, follow-up treatments and physical therapy.

**Cancer/Specified-Disease Insurance** - a policy designed to provide you with cash benefits during covered cancer treatments. For information about benefits, costs, limitations, and exclusions or to apply, call Aflac at 877-322-1662 or go to [www.aflac.com/cbizinc](http://www.aflac.com/cbizinc).

### Pet Assure

Pet Assure saves you out-of-pocket vet expenses without limitations or expensive premiums for office visits and medical procedures in over 3,000 locations nationwide. Pet Assure is not insurance, but a complete pet care savings program for pets of any kind. Lost Pet Recovery Services are also available with 24/7 monitoring. To review plan options and enroll, go to [www.petassure.com/cbiz](http://www.petassure.com/cbiz) or call 888-789-7387.

### Personal Insurance Services

The decision about how to insure your personal belongings is individual. CBIZ Personal Insurance Services, a CBIZ company, has licensed and highly qualified agents who are available to work directly with you. CBIZ represents reputable national service providers with financial stability and solid AM Best ratings.

These CBIZ professionals are ready to review your existing policies, provide recommendations for improving coverage where applicable (while oftentimes improving your rates) and give you a peace of mind that you are adequately insured. The usual types of insurance we write are:

- homeowners
- boats
- flood
- auto
- vacation homes
- recreational vehicles.
- valuables/collectibles
- excess/umbrella liability

The not so usual types are:

- antique/classic cars
- private yachts
- gentlemen farms
- excess flood
- foreign travel/accident
- rental properties.
- domestic employees
- private event/cancellation

You can rely on CBIZ Personal Insurance Services for the resources of a national agency and the personalized service of a local agent. We work with many insurance companies but we work for you! Who better to trust your personal insurance needs to than a CBIZ coworker! For questions or a quote, contact your National Service Center at 800-684-2474 or email [PersonalInsuranceQuotes@cbiz.com](mailto:PersonalInsuranceQuotes@cbiz.com).

### LifeLock - Identity Theft Protection

LifeLock is the largest provider of identity protection in the United States. LifeLock consistently scans for use of members' personal information, monitors for the opening of new accounts and searches criminal websites that sell stolen data. If suspicious activity is detected, they immediately alert the member and take action to stop thieves before they have a chance to commit fraud. Special discounted rates are available to CBIZ employees. To learn more and enroll, go to <http://cbiz.excelsiorenroll.com> or call 866-917-2555.



## CBIZ Domestic Partner Benefit Policy

---

### Types of Benefits

Domestic partners of current employees, including both same-sex and opposite-sex partners, are eligible for medical, dental, vision, optional life and long term care benefits.

### Eligibility Requirements

The employee and domestic partner are eligible for certain benefits where both partners have registered and provide proof of registration of domestic partnership. If domestic partner registration is not obtained, the employee and domestic partner must complete, sign, and notarize the *Declaration of Domestic Partnership*, and attest to all of the following:

1. They have resided together in the same residence for six consecutive months and intend to do so indefinitely.
2. They are each at least 18 years of age and mentally competent to consent to this declaration.
3. They are not related by blood or marriage to a degree of closeness that would prohibit legal marriage in the state in which they legally reside.
4. Both the employee and the domestic partner are jointly financially responsible for basic living expenses defined as the cost of food, shelter and any other expenses of maintaining a household. Domestic partners need not contribute equally or jointly to the cost of these expenses as long as they agree that both are responsible for the cost.
5. Neither person has a different domestic partner now and neither person has had a different domestic partner within the last six months from the date of the execution of the declaration.
6. Neither person is currently legally married to or legally separated from anyone else.

In addition to all of the above requirements, at least two of the following criteria must be maintained at all times:

1. The partners have executed a domestic partnership agreement in a jurisdiction that authorizes such agreements.
2. The employee has named his/her domestic partner as a beneficiary under his/her will, or the domestic partner has named the employee as a beneficiary under his/her will.
3. The employee has granted his/her domestic partner powers under a durable power of attorney, or the domestic partner has granted the employee powers under a durable power of attorney.
4. The employee has named his/her domestic partner as a beneficiary on his/her life insurance policy, or the domestic partner has named the employee as a beneficiary on his/her life insurance policy.
5. The partners have a joint bank account.
6. The partners are co-signers of a lease or deed.
7. The partners are named on the same car insurance policy.

Once covered, a domestic partner will cease to be eligible for health benefits in the event that one of the above requirements is no longer satisfied.

## CBIZ Domestic Partner Benefit Policy

---

### Enrollment Procedures

To enroll a domestic partner in medical, dental, vision, optional life and/or long term care benefit program(s), the employee must:

1. Complete the *Declaration of Domestic Partnership* affidavit which can be found on the CBIZ Employee Service Center website at [www.cbizesc.com](http://www.cbizesc.com). The affidavit must be notarized.
2. Return the notarized affidavit to:  
CBIZ ESC - Enrollment  
4851 LBJ Freeway  
Suite 800  
Dallas, TX 75244
3. After the affidavit has been received by the CBIZ ESC, your demographic information will be entered into the CBIZ enrollment website. This information will be based on the information you supply in your affidavit.
4. To enroll in benefits, log on to the CBIZ enrollment website (specific enrollment instructions can be found in the *How to Enroll* section of this booklet). When you reach the dependent screen on the enrollment website, your domestic partner and/or children of you and/or your domestic partner will be visible on the dependent screen. (Please contact the CBIZ ESC at 877-227-4372 if they do not show up on this screen and two weeks have passed since you submitted your affidavit to the ESC.)
5. To enroll your dependents, simply select the name of each dependent and choose the coverage(s) you would like.
6. Continue through the entire enrollment and confirm your enrollment elections. Make sure to print a copy of your confirmation number and confirmation statement showing your elections for your records.

### Termination Procedures

If there is a change in status in the domestic partnership, the employee must do the following within 31 days of the change.

1. Complete the *Declaration of Termination of Domestic Partnership* which can be found on the CBIZ ESC website at [www.cbizesc.com](http://www.cbizesc.com). Return the completed form to:  
CBIZ ESC - Enrollment  
4851 LBJ Freeway  
Suite 800  
Dallas, TX 75244
2. Changes to your enrollment will be processed and coverage on the appropriate dependents will be terminated as soon as administratively possible.
3. If you have any questions about the termination process, please contact the CBIZ ESC at 877-227-4372.

### Confidentiality

Information regarding domestic partners will be maintained in accordance with CBIZ policy regarding privacy of personal information. CBIZ cannot guarantee a greater level of security or confidentiality than is provided other employee data. Access to this information will be given only to those whose jobs require it. Lists or reports will not be generated using your name, but records must be maintained for tax purposes. Outside of CBIZ, insurance service providers will need information on your domestic partner, and as an example, the doctors your domestic partner sees will have their own records naming you as the provider of coverage.

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

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

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

---

**If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2015. Contact your State for more information on eligibility –**

**ALABAMA** – Medicaid

Website: [myalhipp.com](http://myalhipp.com)  
Phone: 855-692-5447

**ALASKA** – Medicaid

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

**COLORADO** – Medicaid

Medicaid Website: <http://www.colorado.gov/hcpf>  
Medicaid Customer Contact Center: 800-221-3943

**FLORIDA** – Medicaid

Website: <https://www.flmedicaidtprecovery.com/>  
Phone: 877-357-3268

**GEORGIA** – Medicaid

Website: <http://dch.georgia.gov/>  
Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)  
Phone: 404-656-4507

**INDIANA** – Medicaid

Website: <http://www.in.gov/fssa>  
Phone: 800-889-9949

**IOWA** – Medicaid

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

**KANSAS** – Medicaid

Website: <http://www.kdheks.gov/hcf/>  
Phone: 800-792-4884

**KENTUCKY** – Medicaid

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

**LOUISIANA** – Medicaid

Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>  
Phone: 888-695-2447

**MAINE** – Medicaid

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>  
Phone: 800-977-6740  
TTY 800-977-6741

**MASSACHUSETTS** – Medicaid and CHIP

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

**MINNESOTA** – Medicaid

Website: [http://www.dhs.state.mn.us/id\\_006254](http://www.dhs.state.mn.us/id_006254)  
Click on Health Care, then Medical Assistance  
Phone: 800-657-3739

**MISSOURI** – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 573-751-2005

**MONTANA** – Medicaid

Website: <http://medicaid.mt.gov/member>  
Phone: 800-694-3084

**NEBRASKA** – Medicaid

Website: [www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov)  
Phone: 855-632-7633



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

---

### NEVADA – Medicaid

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

### NEW HAMPSHIRE – Medicaid

Website: <http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>  
Phone: 603-271-5218

### NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>  
Medicaid Phone: 609-631-2392  
CHIP Website: <http://www.njfamilycare.org/index.html>  
CHIP Phone: 800-701-0710

### NEW YORK – Medicaid

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

### NORTH CAROLINA – Medicaid

Website: <http://www.ncdhhs.gov/dma>  
Phone: 919-855-4100

### NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>  
Phone: 800-755-2604

### OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>  
Phone: 888-365-3742

### OREGON – Medicaid and CHIP

Website: <http://www.oregonhealthykids.gov>  
<http://www.hijossaludablesoregon.gov>  
Phone: 800-699-9075

### PENNSYLVANIA – Medicaid

Website: <http://www.dhs.state.pa.us/hipp>  
Phone: 800-692-7462

### RHODE ISLAND – Medicaid

Website: <http://www.eohhs.ri.gov/>  
Phone: 401-462-5300

### SOUTH CAROLINA – Medicaid

Website: <http://www.scdhhs.gov>  
Phone: 888-549-0820

### SOUTH DAKOTA – Medicaid

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

### TEXAS – Medicaid

Website: <https://www.gethipptexas.com/>  
Phone: 800-440-0493

### UTAH – Medicaid and CHIP

Website: <http://health.utah.gov/medicaid>  
CHIP: <http://health.utah.gov/chip>  
Phone: 866-435-7414

### VERMONT – Medicaid

Website: <http://www.greenmountaincare.org/>  
Phone: 800-250-8427

### VIRGINIA – Medicaid and CHIP

Medicaid Website: [http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)  
Medicaid Phone: 800-432-5924  
CHIP Website: [http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)  
CHIP Phone: 855-242-8282

### WASHINGTON – Medicaid

Website: <http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx>  
Phone: 800-562-3022 ext. 15473

### WEST VIRGINIA – Medicaid

Website: <http://www.dhhr.wv.gov/bms/medicaid%20Expansion/pages/default.aspx>  
Phone: 877-598-5820, HMS Third Party Liability

### WISCONSIN – Medicaid

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
Phone: 800-362-3002

### WYOMING – Medicaid

Website: <https://wyequalitycare.acs-inc.com/>  
Phone: 307-777-7531

---

To see if any other States have added a premium assistance program since July 31, 2015, or for more information on special enrollment rights, contact either:

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

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

## COBRA Notice: To you (& your spouse, if applicable)

### **\*\*CONTINUATION COVERAGE RIGHTS UNDER COBRA\*\***

#### **Introduction**

This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. The right to COBRA continuation coverage was created by a federal law: Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and to other members of your family who are covered under the Plan when you would otherwise lose your group health coverage. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.** This notice gives only a summary of your COBRA continuation coverage rights. For more information about your rights and obligations under the Plan and under federal law, you should either review the Plan's Summary Plan Description or get a copy of the Plan Document from the Plan Administrator. The Plan Administrator is:

CBIZ, Inc.  
700 West 47th Street, Suite 1100  
Kansas City, MO 64112  
ATTN: Benefits Team

#### **COBRA Continuation coverage for the Plan is administered by:**

CBIZ Payroll, Inc.	&	CBIZ ESC
ATTN: COBRA Department		4851 LBJ Freeway, Suite 800
2797 Frontage Road, Suite 2000		Dallas, TX 75244
Roanoke, VA 24017		Ph: 877-227-4372
Ph: 800-815-3023, Option 6		
Fax: 800-584-4223		

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

#### **What is COBRA Continuation Coverage?**

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in the notice. COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." A qualified beneficiary is someone who will lose coverage under the Plan because of a qualifying event. Depending on the type of qualifying event, employees, spouses of employees, and dependent children of employees may be qualified beneficiaries. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage. A qualified beneficiary must elect coverage by the date specified on the *COBRA Enrollment Form*. This date is based on 60 days from the date of the notice or your coverage end date (whichever is greater). Failure to do so will result in loss of the right to elect continuation coverage under the Plan. A qualified beneficiary may change a prior rejection of continuation coverage any time until that date.

If you are an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because either one of the following qualifying events happens:

1. Your hours of employment are reduced, or
2. Your employment ends for any reason other than your gross misconduct.

## COBRA Notice

---

If you are the spouse of an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan because any of the following qualifying events happens:

1. Your spouse dies;
2. Your spouse's hours of employment are reduced;
3. Your spouse's employment ends for any reason other than his or her gross misconduct;
4. Your spouse becomes enrolled in Medicare (Part A, Part B, or both); or
5. You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they will lose coverage under the Plan because any of the following qualifying events happens:

1. The parent-employee dies;
2. The parent-employee's hours of employment are reduced;
3. The parent-employee's employment ends for any reason other than his or her gross misconduct;
4. The parent-employee becomes enrolled in Medicare (Part A, Part B, or both);
5. The parents become divorced or legally separated; or
6. The child stops being eligible for coverage under the plan as a "dependent child."

If the Plan provides retiree health coverage, sometimes, filing a proceeding in bankruptcy under Title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to CBIZ, Inc., and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee is a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and dependent children will also be qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

### When is COBRA Coverage Available?

The plan will offer COBRA continuation to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or if the Plan provides retiree health coverage: commencement of a proceeding in a bankruptcy with respect to the employer, or enrollment of the employee in Medicare (Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

### You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator. The Plan requires you to notify the Plan Administrator within 60 days after the qualifying event occurs. You must send this notice to:

CBIZ Employee Service Center  
4851 LBJ Freeway, Suite 800  
Dallas, TX 75244

### How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. For each qualified beneficiary who elects COBRA continuation coverage, COBRA continuation coverage will begin either (1) on the date of the qualifying event or (2) on the date that Plan coverage would otherwise have been lost, depending on the nature of the Plan.

## COBRA Notice

---

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, enrollment of the employee in Medicare (Part A, Part B, or both), your divorce or legal separation, or a dependent child losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage lasts for up to 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months.

### Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. The qualified beneficiary must notify the plan administrator of receiving the disability determination on:

1. The latest of 60 days following:
  - a. Receipt of the determination,
  - b. The date of the qualifying event,
  - c. The date of loss of coverage, or
  - d. Receipt of explanatory notice of qualified beneficiary notice obligations; and
2. Prior to the end of the 18 month period.

The Social Security Disability Determination notice should be sent to:

COBRA Administrator: CBIZ Payroll, Inc.  
ATTN: COBRA Department  
2797 Frontage Road, Suite 2000  
Roanoke, VA 24017  
Ph: 800-815-3023, Option 6

### Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. In all of these cases, you must make sure that the Plan Administrator is notified of the second qualifying event within 60 days of the second qualifying event. This notice must be sent to:

COBRA Administrator: CBIZ Payroll, Inc.  
ATTN: COBRA Department  
2797 Frontage Road, Suite 2000  
Roanoke, VA 24017  
Ph: 800-815-3023, Option 6



## **COBRA Notice**

---

### **Qualified Beneficiary Notice Procedures**

The qualified beneficiary is obligated to notify CBIZ, Inc. of the occurrence of any of these following events:

1. Divorce or legal separation
2. Death
3. Medicare entitlement (Parts A, B or both)
4. Loss of dependent child status under the plan
5. Social Security determination of disability, or revocation of Social Security disability determination.

The qualified beneficiary is obligated to provide this notice within 60 days of the occurrence of any of these events, or within 60 days of loss of coverage.

### **Keep Your Plan Informed of Address Changes**

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator, CBIZ, Inc.

### **If You Have Questions**

If you have questions about your COBRA continuation coverage, you should contact CBIZ Payroll or you may contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA). Addresses and phone numbers of Regional and District EBSA offices are available through EBSA's website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

### **Plan Contact Information**

Additional information about your group health plan and COBRA can be obtained upon request by contacting the Plan Administrator:

CBIZ, Inc.  
700 West 47th Street, Suite 1100  
Kansas City, MO 64112  
ATTN: Benefits Team

## Medicare Part D Notice

### ***Important Notice from CBIZ, Inc. About Your Prescription Drug Coverage and Medicare***

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. CBIZ, Inc. has determined that the prescription drug coverage that is part of the UnitedHealthcare \$3,500 QHDP, \$2,600 QHDP, \$1,000 Deductible, and \$500 Deductible plans are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and each 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 coverage at CBIZ, Inc. through UHC will not be affected. You may keep this coverage if you elect Part D and this plan will coordinate with Part D coverage. See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>) which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

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

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

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

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

#### **For More Information about This Notice or Your Current Prescription Drug Coverage...**

Contact UHC for further information. **NOTE:** You will get this notice each year in the CBIZ, Inc. Enrollment Material. It is posted at [www.cbizesc.com](http://www.cbizesc.com) at all times. You will also get it if this coverage through CBIZ, Inc. changes.



## Medicare Part D Notice

---

### 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 <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 800-MEDICARE (800-633-4227). TTY users should call 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 <http://www.socialsecurity.gov>, or call them at 800-772-1213 (TTY 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:	10/01/2015
Name of Entity/Sender:	CBIZ, Inc.
Contact--Position/Office:	UHC Customer Service
Address:	PO Box 30555, Salt Lake City, UT 84130-0555
Phone Number:	800-241-4675

## The HIPAA Law

---

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was enacted into law, and we want you to know about some of its provisions as they may affect decisions you make about your participation in the Group Health Plan under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). HIPAA's provisions fall into these areas:

Under COBRA, if the qualifying event is a termination or reduction in hours of employment, affected qualified beneficiaries are entitled to continue coverage for up to 18 months after the qualifying event, subject to various requirements. Before HIPAA, this 18-month period could be extended for up to 11 months (for a total COBRA coverage period of up to 29 months from the initial qualifying event) if an individual was determined by the Social Security Administration. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. The qualified beneficiary must notify CBIZ, Inc. of receiving the disability determination on:

1. The latest of 60 days following:
  - a. Receipt of the determination,
  - b. The date of the qualifying event,
  - c. The date of loss of coverage, or
  - d. Receipt of explanatory notice of qualified beneficiary notice obligations; and
2. Prior to the end of the 18 month period.

Under HIPAA, if a qualified beneficiary is determined by the Social Security Administration to be disabled under the Social Security Act at any time during the first 60 days of COBRA coverage, the 11-month extension is available to all individuals who are qualified beneficiaries due to the termination or reduction in hours of employment. The disabled individual can be a covered employee or any other qualified beneficiary. However, to be eligible for the 11-month extension, affected individuals must still comply with the notification requirements in a timely fashion.

A child that is born to or placed for adoption with the covered employee during a period of COBRA coverage will be eligible to become a qualified beneficiary. In accordance with the terms of the employer's group health plan(s) and the requirements of Federal law, these qualified beneficiaries can be added to COBRA coverage upon proper notification to the Plan Administrator of the birth or adoption.

In addition to changing some of the COBRA requirements, HIPAA restricts the extent to which group health plans may impose pre-existing condition limitations.

If you were covered by a group health plan(s) prior to your employment with us, your previous employer's insurance service provider should have provided you with a Certificate of Creditable Coverage, a form required by the HIPAA law that describes the health coverage you and your dependents, if any, have or had, and the dates you were covered. IF YOU HAVE NOT RECEIVED A CERTIFICATE OF CREDITABLE COVERAGE AND ARE ENTITLED TO ONE, PLEASE CONTACT YOUR FORMER EMPLOYER. Once you deliver the Certificate of Creditable Coverage to CBIZ, Inc., your entitlement to restriction from pre-existing condition exclusions in our group health plan(s), as long as you had twelve months of creditable coverage (eighteen months if a late enrollment) and have not had more than a sixty-three day gap in coverage.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) restricts the extent to which group health plans may impose pre-existing condition limitations. These rules are generally effective for plan years beginning after June 30, 1997. If you become covered by another group health plan and that plan contains a pre-existing condition limitation that affects you, your COBRA coverage cannot be terminated. However, if the other plan's pre-existing condition rule does not apply to you by reason of HIPAA's restrictions on pre-existing condition clauses, the Group Health Plan may terminate your COBRA coverage.

HIPAA coordinates COBRA coverage with these new limits as follows: Under COBRA, your right to continuation coverage terminates if you become covered by another employer's group health plan that does not limit or exclude coverage for your pre-existing conditions. If you become covered by another group health plan and that plan contains a pre-existing condition limitation that affects you, your COBRA continuation coverage cannot be immediately terminated. However, if the other plan's pre-existing condition rule does not apply to you by reason of HIPAA's restrictions on pre-existing condition clauses, the employer's group health plan(s) may terminate your COBRA coverage. If you have any questions about COBRA, or if you have changed marital status, or you or your spouse have changed addresses, please contact CBIZ, Inc. or the COBRA Department at 800-815-3023 (option 6).



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 1-31-2017)

## 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.

### What is the Health Insurance Marketplace?

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

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

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

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

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

**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?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://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.

3. Employer name CBIZ Operations, Inc.		4. Employer Identification Number (EIN) 22-2769024	
5. Employer address 6050 Oak Tree Boulevard South, Suite 500		6. Employer phone number 216-447-9000	
7. City Cleveland	8. State OH	9. ZIP code 44131	
10. Who can we contact at this job? Health Plan Hotline for CBIZ Employees			
11. Phone number (if different from above) 816-945-5272	12. Email address CBIZBenefitsTeam@cbiz.com		

You are not eligible for health insurance coverage through this employer. You and your family may be able to obtain health coverage through the Marketplace, with a new kind of tax credit that lowers your monthly premiums and with assistance for out-of-pocket costs.

## How to Enroll

Enrolling on the web is a fast and easy way to get the benefits you want. It is truly as simple as point and click. Follow the steps below to see how Your Benefits Just Got Easier!

- Complete your *Enrollment Worksheet* for yourself and any covered dependents<sup>\*</sup>; this will ensure you have made all the necessary decisions to enroll.
- Go to the Employee Service Center website at [www.cbizesc.com](http://www.cbizesc.com).
- Enter your User ID. Your User ID is the first initial of your first name and the first initial of your last name plus the last 4 digits of your Social Security number.
- Enter your PIN. If you have never been to the site or you have not changed your PIN, enter your 8 digit birth date, i.e. 09101971. If you can't remember your PIN or have problems logging on, call the Employee Service Center at 877-227-4372.
- Once logged in, from the *Main Menu*, select *Enroll/Change* and click *Health & Welfare Benefits Enrollment 2016*.
- Follow the instructions to enroll.
- Once you have completed the enrollment process, a confirmation statement will appear. Print and review for accuracy.
- If accurate and complete, click *Confirm*. A confirmation number will appear.
- Write down the enrollment confirmation number (or print that page). Without a confirmation number your enrollment is not complete.
- If the information is not correct, click *Change* to correct it. You will need to proceed through the enrollment process again. Be sure to record the confirmation number at the end of the process.

<sup>\*</sup> *Domestic Partner: If you plan to enroll your domestic partner and/or nondependent children, please refer to the Domestic Partner Benefit Policy section of this book for the steps you must take to complete enrollment.*

**Please Note:** *Enrollment is not complete until you receive a confirmation number. You are encouraged to keep a copy of your confirmation statement.*

For future reference, record your confirmation # here:

\_\_\_\_\_  
Confirmation #

\_\_\_\_\_  
Date

## Enrollment Worksheet

For Reference Only • All costs shown are employee monthly costs

Medical: (circle election)	\$3,500 QHDP	\$2,600 QHDP	\$1,000 Deductible	\$500 Deductible	Waive Coverage
Employee*	\$41.00	\$53.00	\$95.00	\$180.00	
Employee & Spouse**	\$190.00	\$274.00	\$394.00	\$571.00	
Employee & Child(ren)*	\$137.00	\$216.00	\$331.00	\$495.00	
Family**	\$362.00	\$494.00	\$683.00	\$955.00	

Dental: (circle election)	Dental 80	Dental 100	Dental Platinum	Waive Coverage
Employee	\$5.68	\$21.65	\$31.63	
Employee & Spouse	\$20.44	\$52.57	\$72.83	
Employee & Child(ren)	\$17.60	\$47.33	\$73.97	
Family	\$29.52	\$71.70	\$110.13	

Voluntary Vision: (circle election)	Basic Plan	Plus Plan	Waive Coverage
Employee	\$13.50	\$26.10	
Employee & Spouse	\$20.70	\$39.60	
Employee & Child(ren)	\$21.10	\$40.30	
Family	\$33.00	\$63.10	

Note: Your medical, dental & vision elections can all be different levels of coverage.

### Cafeteria Plan Premium Tax Elections: (circle election)

Medical:	Pre-tax***	Waive Coverage
Dental:	Pre-tax***	Waive Coverage
Vision:	Pre-tax***	Waive Coverage

### Health Savings Account\*\*\*:

Participating (circle one)	Yes	No
If participating	Optum Bank	

### Medical Flexible Spending Account\*\*\*:

Participating (circle one)	Yes	No
If participating: Annual contribution amount through 12-31-16 \$		

### Limited Flexible Spending Account (with an HSA)\*\*\*

Participating (circle one)	Yes	No
If participating: Annual contribution amount through 12-31-16 \$		

### Dependent Care Flexible Spending Account\*\*\*:

Participating (circle one)	Yes	No
If participating: Annual contribution amount through 12-31-16 \$		

### Long Term Disability: (circle election)

Payment election:	Pre-tax (benefit taxed)	Post-tax (benefit tax-favored)
-------------------	-------------------------	--------------------------------

\* Deduct \$20.00 from the monthly premium if the employee participated in the **Great Health** Personal Rewards Program and completed all required Health Actions to earn 240 points (Silver level discount). Deduct \$30 from the monthly premium if the employee completed 360 points to earn the Gold level discount.

\*\* Deduct \$20.00 from the monthly premium if the spouse participated in the **Great Health** Personal Rewards Program and completed all required Health Actions to earn 240 points (Silver level discount). Deduct \$30 from the monthly premium if the spouse completed 360 points to earn the Gold level discount.

\*\*\* Premiums for insurance coverage and spending account contributions will be deducted pre-tax. Please contact the CBIZ ESC at 877-227-4372 if your preference is a post-tax deduction.



## Enrollment Worksheet

### Dependent Participation Detail

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

### Beneficiary Information for Basic Life and Optional Life Insurance\*

#### Basic Life Primary Beneficiary

Name	SS#	Relationship	%
------	-----	--------------	---

Name	SS#	Relationship	%
------	-----	--------------	---

#### Basic Life Contingent Beneficiary

Name	SS#	Relationship	%
------	-----	--------------	---

Name	SS#	Relationship	%
------	-----	--------------	---

#### Optional Life Primary Beneficiary

Name	SS#	Relationship	%
------	-----	--------------	---

Name	SS#	Relationship	%
------	-----	--------------	---

#### Optional Life Contingent Beneficiary

Name	SS#	Relationship	%
------	-----	--------------	---

Name	SS#	Relationship	%
------	-----	--------------	---

\* If you are currently enrolled in CBIZ Benefits, beneficiary information previously provided to us is on file. During this Open Enrollment process you will be asked to confirm the information on file as still correct. It is not necessary to enter beneficiary information unless you would like to make a change. Beneficiary information can be changed at any time during the year at [www.cbizesc.com](http://www.cbizesc.com).

## Enrollment Worksheet

### Optional Life:

#### Employee

Participating? (circle one) Yes or No

Amount of Coverage: \$ \_\_\_\_\_

#### Employee Cost

##### Age of Employee

< 30

30-34

35-39

40-44

45-49

50-54

55-59

60-64

65-69

70-74

75+

##### Unit Cost per \$1,000

\$0.07

\$0.08

\$0.108

\$0.135

\$0.225

\$0.315

\$0.558

\$0.89

\$1.675

\$3.13

\$6.30

\$ \_\_\_\_\_ ÷ 1,000

X

\$ \_\_\_\_\_

=

\$ \_\_\_\_\_

Amount of Coverage

Unit Cost from Above

Employee Monthly Cost

#### Spouse

Participating? (circle one) Yes or No

Amount of Coverage: \$ \_\_\_\_\_

#### Spouse Cost

##### Age of Spouse

< 30

30-34

35-39

40-44

45-49

50-54

55-59

60-64

65-69

70-74

75+

##### Unit Cost per \$1,000

\$0.07

\$0.08

\$0.108

\$0.135

\$0.225

\$0.315

\$0.558

\$0.89

\$1.675

\$3.13

\$6.30

\$ \_\_\_\_\_ ÷ 1,000

X

\$ \_\_\_\_\_

=

\$ \_\_\_\_\_

Amount of Coverage

Unit Cost from Above

Spouse Monthly Cost

#### Child(ren)

Participating? (circle one) Yes or No

Amount of Coverage: \$ \_\_\_\_\_

#### Child(ren) Cost

##### Amount of Coverage

\$2,000

\$4,000

\$6,000

\$8,000

\$10,000

##### Monthly Cost\*

\$0.20

\$0.40

\$0.60

\$0.80

\$1.00

\*Cost includes coverage for all children



## Notes

---



*Notes*

---



*Notes*

---

