# Table of Contents

- **Introduction** .................................................. 1
- **CBIZ Benefit Service Provider Contact Information** .................................................. 4
- **Medical Insurance Plan** ........................................ 5
- **Dental Insurance Plan** ......................................... 12
- **Vision Insurance Plan** ........................................... 14
- **Great Health Program** ......................................... 16
- **Employee Assistance Program** ................................ 18
- **Basic Life & AD&D Insurance** ................................ 19
- **Disability Insurance** ............................................ 20
- **Retirement Savings Plan** ....................................... 21
- **Cafeteria Plan** .................................................... 25
- **Voluntary Plans**
  - **Optional Life Insurance** ..................................... 28
  - **Long Term Care Insurance** ................................ 29
- **Employee Stock Purchase Plan** ................................ 30
- **529 Plan** ............................................................ 31
- **Voluntary Individual Benefits** ................................ 32
- **Compliance Section**
  - **Wellness Program Notice** .................................... 34
  - **CHIP Notice** .................................................... 35
  - **COBRA Notice** .................................................. 37
  - **Medicare Part D Notice** ....................................... 41
- **How to Enroll** ...................................................... 43
- **Enrollment Worksheet** .......................................... 44
Introduction

If you are a Current CBIZ Employee ...

The CBIZ open enrollment period for the 2017 program begins on November 15, 2016 and must be completed by November 30, 2016. The effective date of coverage for the benefits you elect during this timeframe will be January 1, 2017. The elections you make during 2017 open enrollment remain in place through December 31, 2017, 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 – 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 2017 plan year. Coverage based on your 2016 elections will end as of December 31, 2016 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 2017 plan year, unless you have a Qualified Change in Family Status (explained below).

The CBIZ Retirement Plan is available to all associates age 21 or over. All regular, full-time new hire associates are eligible after 60 days of employment. All part-time new hires are effective the first of the month following one year of employment.

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 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 (an individual to whom you are legally married).
- Your domestic partner and/or the dependent children of your domestic partner (through the end of the month they achieve age 26).
- 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) is available to all CBIZ associates for 24/7 access to benefit 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, 2017**.

**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. 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 benefit plan documents, log on to the CBIZ Employee Service Center website at 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
Group #188335

DELTA DENTAL OF KANSAS (Dental Plans)
800-234-3375
www.deltadentalks.com
Group #: Dental 80 Plan # 90604
Dental 100 Plan # 90704
Dental Platinum # 90613

VISION SERVICE PLAN (Vision Plans)
800-877-7195
www.vsp.com
Group # 12197319

VOLUNTARY GROUP BENEFITS

UNITEDHEALTHCARE PERSONAL REWARDS
800-241-4675
www.myuhc.com

SAINT LUKE’S HEALTH SYSTEM
Employee Assistance Program (EAP)
800-EAP-1223 or 816-931-3073
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
Email: participantsupport@cbiz.com
Participant Investment Advice: 877-323-3867

OPTUM BANK (HSA)
800-791-9361
www.optumbank.com

CBIZ PAYROLL, INC. (Flexible Spending Accounts)
800-815-3023, Option 4
www.myplans.cbiz.com

UNUM (Long Term Care, Individual Disability)
Long Term Care: 800-227-4165
Group # 110870
Individual Disability: 800-633-7490
http://unuminfo.com/cbiz

COMPUTERSHARE (Employee Stock Purchase Plan)
888-726-8085
www.computershare.com

VOLUNTARY INDIVIDUAL BENEFITS

SITTERCITY & YEARS-AHEAD
866-205-5625
www.careadvantage.com/cbiz

AFLAC
877-322-1662
www.aflac.com/cbizinc

LEGALSHIELD
913-709-2129
www.legalshield.com/info/cbizinc

PETASSURE
888-789-7387
www.petassure.com/cbiz

PERSONAL INSURANCE SERVICES
800-684-2474
Email: personalinsurancequotes@cbiz.com

LIFELOCK
866-917-2555
http://cbiz.excelsiorenroll.com

CBIZ EMPLOYEE SERVICE CENTER (ESC)
877-227-4372
Website: www.cbizesc.com  E-mail: 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 2017. 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.uhc.com; 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.
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. MyHealthcare 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.cbizesc.com). Go to Website Links, select 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.
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:

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

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

**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:

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

* 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:

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

*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

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$3,500</td>
<td>$7,000</td>
<td>$2,600</td>
<td>$5,200</td>
</tr>
<tr>
<td>Family</td>
<td>$7,000</td>
<td>$14,000</td>
<td>$5,200</td>
<td>$10,400</td>
</tr>
<tr>
<td><strong>Coinsurance Percentage</strong></td>
<td>UHC Pays 100%</td>
<td>UHC Pays 80%</td>
<td>UHC Pays 100%</td>
<td>UHC Pays 80%</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$3,500</td>
<td>$14,000</td>
<td>$2,600</td>
<td>$10,400</td>
</tr>
<tr>
<td>Family</td>
<td>$7,000</td>
<td>$28,000</td>
<td>$5,200</td>
<td>$20,800</td>
</tr>
<tr>
<td><strong>Lifetime Maximum</strong></td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
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</tr>
</tbody>
</table>

### Physician Services

<table>
<thead>
<tr>
<th>Service Description</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visits (Primary Care &amp; Specialist)</td>
<td>UHC pays 100%</td>
<td>UHC pays 80%</td>
<td>UHC pays 100%</td>
<td>UHC pays 80%</td>
</tr>
<tr>
<td>Diagnostic Lab &amp; X-Ray</td>
<td>UHC pays 100%</td>
<td>UHC pays 80%</td>
<td>UHC pays 100%</td>
<td>UHC pays 80%</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>UHC pays 100%</td>
<td>UHC pays 80%</td>
<td>UHC pays 100%</td>
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</tr>
</tbody>
</table>

### Preventive Care Services

<table>
<thead>
<tr>
<th>Service Description</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Physical Exams (Once every calendar year)</td>
<td>UHC pays 100%</td>
<td>Not Covered</td>
<td>UHC pays 100%</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Well Child Care/Immunizations</td>
<td>UHC pays 100%</td>
<td>UHC pays 80%</td>
<td>UHC pays 100%</td>
<td>UHC pays 80%</td>
</tr>
<tr>
<td>Annual Well Woman Exam</td>
<td>UHC pays 100%</td>
<td>UHC pays 80%</td>
<td>UHC pays 100%</td>
<td>UHC pays 80%</td>
</tr>
<tr>
<td>Routine Mammograms</td>
<td>UHC pays 100%</td>
<td>UHC pays 80%</td>
<td>UHC pays 100%</td>
<td>UHC pays 80%</td>
</tr>
<tr>
<td>Routine Vision Exam (limited 1 every 2 yrs)</td>
<td>UHC pays 100%</td>
<td>UHC pays 80%</td>
<td>UHC pays 100%</td>
<td>UHC pays 80%</td>
</tr>
<tr>
<td>Routine Colonoscopies</td>
<td>UHC pays 100%</td>
<td>UHC pays 80%</td>
<td>UHC pays 100%</td>
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</tr>
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</table>

### Outpatient Diagnostic Services

<table>
<thead>
<tr>
<th>Service Description</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab &amp; X-Ray</td>
<td>UHC pays 100%</td>
<td>UHC pays 80%</td>
<td>UHC pays 100%</td>
<td>UHC pays 80%</td>
</tr>
<tr>
<td>Mammograms</td>
<td>UHC pays 100%</td>
<td>UHC pays 80%</td>
<td>UHC pays 100%</td>
<td>UHC pays 80%</td>
</tr>
<tr>
<td>Colonoscopies</td>
<td>UHC pays 100%</td>
<td>UHC pays 80%</td>
<td>UHC pays 100%</td>
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</tr>
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</table>

### Outpatient Surgery

<table>
<thead>
<tr>
<th>Service Description</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>UHC pays 100%</td>
<td>UHC pays 80%</td>
<td>UHC pays 100%</td>
<td>UHC pays 80%</td>
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### Inpatient Hospital Care

<table>
<thead>
<tr>
<th>Service Description</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>UHC pays 100%</td>
<td>UHC pays 80%</td>
<td>UHC pays 100%</td>
<td>UHC pays 80%</td>
<td></td>
</tr>
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</table>

### Emergency Care

<table>
<thead>
<tr>
<th>Service Description</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Emergency Room</td>
<td>UHC pays 100%</td>
<td>UHC pays 80%</td>
<td>UHC pays 100%</td>
<td>UHC pays 80%</td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>UHC pays 100%</td>
<td>UHC pays 80%</td>
<td>UHC pays 100%</td>
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</table>

### Prescription Drug Services

<table>
<thead>
<tr>
<th>Retail Pharmacy</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>UHC pays 100%</td>
<td>Not Covered</td>
<td>UHC pays 100%</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Tier 2</td>
<td>UHC pays 100%</td>
<td>Not Covered</td>
<td>UHC pays 100%</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Tier 3</td>
<td>UHC pays 100%</td>
<td>Not Covered</td>
<td>UHC pays 100%</td>
<td>Not Covered</td>
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</table>

### Mail Order (90-Day Supply)

<table>
<thead>
<tr>
<th>Service Description</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>UHC pays 100%</td>
<td>Not Covered</td>
<td>See 3500 Plan</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Tier 2</td>
<td>UHC pays 100%</td>
<td>Not Covered</td>
<td>See 3500 Plan</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Tier 3</td>
<td>UHC pays 100%</td>
<td>Not Covered</td>
<td>See 3500 Plan</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

### 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

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

#### Prescription Drug Services

<table>
<thead>
<tr>
<th></th>
<th>$1,000 Deductible Plan</th>
<th>$500 Deductible Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$100 Individual/$300 Family annual deductible, then you pay:</td>
<td>$100 Individual/$300 Family annual deductible, then you pay:</td>
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<tr>
<td>Tier 1</td>
<td>In-Network $10 Copayment</td>
<td>In-Network $10 Copayment</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Out-of-Network Not Covered</td>
<td>Out-of-Network Not Covered</td>
</tr>
<tr>
<td>Tier 3</td>
<td>In-Network $50 Copayment</td>
<td>In-Network $50 Copayment</td>
</tr>
<tr>
<td>Mail Order (90-Day Supply)</td>
<td>Oil-Order $25 Copayment</td>
<td>Mail Order (90-Day Supply) Oil-Order $25 Copayment</td>
</tr>
<tr>
<td>Tier 1</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Tier 2</td>
<td>In-Network $75 Copayment</td>
<td>In-Network $75 Copayment</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Out-of-Network Not Covered</td>
<td>Out-of-Network Not Covered</td>
</tr>
<tr>
<td>Contraceptives</td>
<td>Oral, diaphragms and self-administered injectables covered</td>
<td>Oral, diaphragms and self-administered injectables covered</td>
</tr>
<tr>
<td>(both retail and mail order)</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

|                     | In-Network $25 Copayment                                                                | In-Network $25 Copayment                                                                |
|                     | $125 Copayment                                                                         | $125 Copayment                                                                         |

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 44 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.

**Women’s Health and Cancer Rights Act of 1998**

"Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between breasts, protheses and complications resulting from a mastectomy (including lymphedema)? Contact the plan administrator at CBIZ for more information."
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 of Kansas 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.deltadentalks.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.
## 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 of Kansas at [www.deltadentalks.com](http://www.deltadentalks.com) or call 800-234-3375.

### Dental Insurance Plan

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

<table>
<thead>
<tr>
<th></th>
<th>VSP Provider</th>
<th>Non-VSP Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Standard Vision Care</td>
<td>Computer Vision Care*</td>
</tr>
<tr>
<td><strong>Copayment for:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam</td>
<td>$10</td>
<td>$10</td>
</tr>
<tr>
<td>Materials</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td><strong>Frequency of Service:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision Exam Lenses</td>
<td>Once every 12 Months</td>
<td>Once every 12 Months</td>
</tr>
<tr>
<td>Frames</td>
<td>Once every 24 Months</td>
<td>Once every 24 Months</td>
</tr>
<tr>
<td>Contact Lenses**</td>
<td>Once every 12 Months</td>
<td>Not Covered</td>
</tr>
<tr>
<td><strong>Coverage</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision Exam</td>
<td>Covered in full after copay</td>
<td>Covered in full after copay</td>
</tr>
<tr>
<td>Basic Lenses**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>Covered in full after copay</td>
<td>Covered in full after copay</td>
</tr>
<tr>
<td>Bifocal</td>
<td>Covered in full after copay</td>
<td>Covered in full after copay</td>
</tr>
<tr>
<td>Trifocal</td>
<td>Covered in full after copay</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Anti-Reflective Coating</td>
<td>Covered in full after copay</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Frames</td>
<td>Up to $160 retail cost covered in full after copay</td>
<td>Up to $90 retail cost covered in full after copay</td>
</tr>
<tr>
<td>Prescription Contact Lens Fitting Evaluation</td>
<td>Up to $60 copay</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Prescription Contact Lenses (in lieu of lens and frame)</td>
<td>$150 allowance towards materials</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>
Vision Insurance Plan

Voluntary Vision Insurance – Plus Plan

<table>
<thead>
<tr>
<th></th>
<th>VSP Provider</th>
<th>Non-VSP Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>VSP Provider</td>
<td>Non-VSP Provider</td>
</tr>
<tr>
<td>Copayment for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Materials</td>
<td>$15</td>
<td>$15</td>
</tr>
<tr>
<td>Frequency of Service:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision Exam</td>
<td>Once every 12 Months</td>
<td>Once every 12 months</td>
</tr>
<tr>
<td>Lenses</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Frames</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact Lenses**</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Coverage:

| Vision Exam            | Covered in full after copayment | VSP covers up to $50 | VSP covers up to $13 |
| Basic Lenses**         | Covered in full after copayment | VSP covers up to $50 | VSP covers up to $31.50 |
| Single Vision          | Covered in full after copayment | VSP covers up to $75 | VSP covers up to $46.50 |
| Bifocal                | Not Covered                      | VSP covers up to $100 | VSP covers up to $55.00 |
| Trifocal               | Not Covered                      | VSP covers up to $100 | VSP covers up to $55.00 |
| Progressives/Blended Bifocal | Not Covered                  | VSP covers up to $70 | VSP covers up to $35 |
| Anti-Reflective Coating| Not Covered                      | Included in contact lens allowance | Not Covered |
| Frames                 | Up to $200 retail cost covered in full after copay | VSP covers up to $70 | VSP covers up to $35 |
| Prescription Contact Lens Fitting Evaluation | Up to $60 copay | Not Covered | Included in contact lens allowance |
| Prescription Contact Lenses (in lieu of lens and frame) | $200 allowance towards materials | Not Covered | VSP covers up to $105 |

* 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) and VSP at 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 a discount on your 2018 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 biometric testing and an annual preventive exam with a healthcare provider. Once you receive your medical id card, log into www.myuhc.com, and complete your Rally health survey to get started.

Health Actions completed between September 1, 2016 and August 31, 2017 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 www.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 through UHC

For information about any of the following programs or services, go to Employee Service Center website (www.cbizesc.com). You may also contact UnitedHealthcare (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 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

- **MyHealthcare Cost Estimator** – The information on this tool is customized to calculate medical out-of-pocket expenses based on the medical plan in which you are currently enrolled. This tool is fully integrated with customer service and clinical support so you have easy access to a wide range of resources. CBIZ is not responsible for your final medical costs in 2017 regardless of the estimates you gather using this or any other estimator tools.

- **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.

- **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.

- **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** – 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.

- **Rally Portal Support Team** – Get support for the Rally website at 877-818-5826.

- **New for 2017, Bariatric Resource Services (BRS)** – This program provides coverage for obesity surgeries including lap band, gastrectomy and gastric bypass. Pre and post-surgical clinical management is provided by a dedicated nursing staff.
**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/](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). You may also contact The Hartford at 800-331-7234.
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, or to continue receiving benefits, your claim must be approved by The Hartford. Please call The Hartford or contact your HR Business Partner if you have questions.

**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.

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 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

Your first 401(k) contribution will be deducted from your first paycheck of the month following the date you satisfy the eligibility requirements.

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. 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 (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
This program will automatically increase the amount you contribute to your pre-tax retirement account by 1%, up to a maximum of 6%. The automatic increase will be effective April 1st of each plan year. 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. 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.

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 2017. 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 2017.

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 and selecting Consolidate under the My Next Best Steps heading.

Fee Structure
CBIZ’s Retirement Plan fee structure is based on 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℠ Ready Tool
As part of your retirement plan benefit, you have access to the RetireSmart℠ 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 to use the RetireSmart℠ 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. 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

<table>
<thead>
<tr>
<th>Cafeteria Plan</th>
<th>Annual Contribution Limit</th>
<th>Carryover Amount Available</th>
<th>Does the ’Use it or Lose it’ Rule Apply?**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premium Only</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Health Savings Account*</td>
<td>$3,400 (Employee only) $6,750 (Family coverage)</td>
<td>Unlimited</td>
<td>No</td>
</tr>
<tr>
<td>Medical FSA</td>
<td>$2,600</td>
<td>Up to $500</td>
<td>Yes</td>
</tr>
<tr>
<td>Limited Medical FSA</td>
<td>$2,600</td>
<td>Up to $500</td>
<td>Yes</td>
</tr>
<tr>
<td>Dependent Care FSA</td>
<td>$5,000 ($2,500 if married &amp; file taxes separately)</td>
<td>$0</td>
<td>Yes</td>
</tr>
<tr>
<td>Adoption Assistance FSA</td>
<td>$13,400</td>
<td>$0</td>
<td>Yes</td>
</tr>
</tbody>
</table>

* 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, select Enroll Now and complete the online application. When a group number is requested, use the CBIZ UHC group #188335. 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.

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 out-of-pocket, qualified expenses for you, your spouse and your eligible children even if they are not enrolled in one of the CBIZ medical, dental or vision 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 www.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. 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 2017, 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.

USING THE LFSA FOR MEDICAL EXPENSE BEFORE MEETING THE REGULATORY DEDUCTIBLE ON THE MEDICAL PLAN IS MISUSE AND SUBJECT TO TAXES AND PENALTIES.

Dependent Care Spending Account

Establishing a Dependent Care FSA is a major advantage for families with day care expense. Whether for your children (under age 13 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 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 the end of the month in which the child attains 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.

Rate tables for optional life coverages are on page 46.
**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 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) 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), 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 2017 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 proceeding 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 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.
CBIZ, Inc. understands that saving for higher education can be a daunting task. But we know parents and/or grandparents do sometimes want to provide the benefit of college to your children or grandchildren. That is why CBIZ is pleased to offer you the benefit of a 529 Plan. A 529 Plan offers you the option of sending after-tax earnings to a college savings 529 plan of your choice. Nearly every state now has at least one 529 plan available.

What is a 529 Plan?
A 529 Plan is an education savings plan operated by a state or educational institution designed to help families set aside funds for future college costs. It is named after Section 529 of the Internal Revenue Code which created these types of savings plans in 1996. 529 Plans can be used to meet costs of qualified colleges nationwide. In most plans, your choice of school is not affected by the state your 529 savings plan is from. For example: you can be a CA resident, invest in a VT plan and send your student to college in NC.

Which states offer 529 plans?
Rhode Island continues to offer a 529 plan; this plan has historically been the only option for CBIZ associates. Starting in 2017, we welcome you to select the plan from any state that is most advantageous to you. It’s up to each state to decide whether it will offer a 529 plan and what it will look like, meaning 529 plans can differ from state to state. Some states offer tax incentives to investors as well. You should research or talk to a financial consultant or accountant to find out if your state has any tax incentives.

You should research the features and benefits of your plan before you invest or speak with a qualified financial consultant to help you with this decision. Although CBIZ does not have any affiliation with this web site, www.savingforcollege.com is a good resource for information on 529 plans.

Tax Benefits
As long as the plan satisfies a few basic requirements, the federal tax law provides special tax benefits to you, the plan participant.

Enrolling in a 529 Plan
There are two ways to invest in a 529 plan, either directly with the 529 Plan managers or through a financial advisor. The enrollment form for each state plan (or plans) is posted on the individual state websites. Once you have completed the enrollment process with the 529 plan you choose, follow the plan’s specific instructions about establishing a payroll deduction and submit the paperwork to your payroll specialist. Please keep copies of all paperwork for your records.

A Word about Risk
You should consider the investment objectives, risks, charges and expenses of the 529 plan you choose carefully before investing. Please read the 529 Plan’s Program Description carefully before you invest.

If you decide to invest in a 529 plan in a state you are not resident of, 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 a financial, tax or other advisor to learn more about how state-based benefits (including any limitations) would apply to your specific circumstances.
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.

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, 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. 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.legalsheild.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.

**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 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

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.

**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.
Notice Regarding Wellness Program

The CBIZ Great Health program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health assessment or "HA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for LDL cholesterol, blood glucose, blood pressure and body mass index. You are not required to complete the HA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of a $30 monthly reduction in their CBIZ medical plan premium for completing Health Actions that total 100%. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the $30 monthly premium reduction.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting United Healthcare at 1-800-241-4675.

The information from your HA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching or disease management. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and CBIZ, Inc. may use aggregate information it collects to design a program based on identified health risks in the workplace, the CBIZ Great Health program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who may receive your personally identifiable health information are a UHC disease management nurse or health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Benefits Team at CBIZBenefitsTeam@cbiz.com.
**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).

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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, 2016. Contact your State for more information on eligibility –

<table>
<thead>
<tr>
<th>State</th>
<th>Program</th>
<th>Website</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALABAMA</td>
<td>Medicaid</td>
<td><a href="http://myalhipp.com/">myalhipp.com</a></td>
<td>1-855-682-5447</td>
</tr>
<tr>
<td>ALASKA</td>
<td>Medicaid</td>
<td>The AK Health Insurance Premium Payment Program</td>
<td>1-866-251-4861</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Website: <a href="http://myakhipp.com/">myakhipp.com</a></td>
<td></td>
</tr>
<tr>
<td>ARKANSAS</td>
<td>Medicaid</td>
<td><a href="http://myarhipp.com/">myarhipp.com</a></td>
<td>1-855-MyARHIPP (855-692-7447)</td>
</tr>
<tr>
<td>COLORADO</td>
<td>Medicaid</td>
<td>Medicaid Website: <a href="http://www.colorado.gov/hcpf">www.colorado.gov/hcpf</a></td>
<td>1-800-221-3943</td>
</tr>
<tr>
<td>GEORGIA</td>
<td>Medicaid</td>
<td><a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a></td>
<td>1-800-635-2570</td>
</tr>
<tr>
<td>IOWA</td>
<td>Medicaid</td>
<td><a href="http://www.dhs.state.ia.us/hipp/">http://www.dhs.state.ia.us/hipp/</a></td>
<td>1-888-346-9562</td>
</tr>
<tr>
<td>KENTUCKY</td>
<td>Medicaid</td>
<td>Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a></td>
<td>1-800-635-2570</td>
</tr>
<tr>
<td>LOUISIANA</td>
<td>Medicaid</td>
<td><a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a></td>
<td>1-888-695-2447</td>
</tr>
<tr>
<td>MASSACHUSETTS</td>
<td>Medicaid and CHIP</td>
<td><a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a></td>
<td>1-800-462-1120</td>
</tr>
<tr>
<td>MISSOURI</td>
<td>Medicaid</td>
<td><a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a></td>
<td>573-751-2005</td>
</tr>
<tr>
<td>MONTANA</td>
<td>Medicaid</td>
<td><a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a></td>
<td>1-800-694-3084</td>
</tr>
</tbody>
</table>
# Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

<table>
<thead>
<tr>
<th>State</th>
<th>Program Type</th>
<th>Website</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nebraska - Medicaid</td>
<td>[Link]</td>
<td><a href="http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx">Access Nebraska Index</a></td>
<td>1-855-632-7633</td>
</tr>
<tr>
<td>Nevada - Medicaid</td>
<td>[Link]</td>
<td><a href="http://dwss.nv.gov/">DWSS NV Website</a></td>
<td>1-800-992-0900</td>
</tr>
<tr>
<td>New Hampshire - Medicaid</td>
<td>[Link]</td>
<td><a href="http://www.nifamilycare.org/index.html">DHHS Website</a></td>
<td>1-800-701-0710</td>
</tr>
<tr>
<td>New Jersey - Medicaid and CHIP</td>
<td>[Link]</td>
<td><a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">DMAS Website</a></td>
<td>609-631-2392; 1-800-365-3742</td>
</tr>
<tr>
<td>North Carolina - Medicaid</td>
<td>[Link]</td>
<td><a href="http://www.ncdhhs.gov/dma">NCDHHS Website</a></td>
<td>919-855-4100</td>
</tr>
<tr>
<td>North Dakota - Medicaid</td>
<td>[Link]</td>
<td><a href="http://dss.sd.gov">DHS Website</a></td>
<td>1-888-828-0059</td>
</tr>
<tr>
<td>Oklahoma - Medicaid and CHIP</td>
<td>[Link]</td>
<td><a href="http://www.insureoklahoma.org">DHHS Website</a></td>
<td>1-800-440-0493</td>
</tr>
<tr>
<td>Oregon - Medicaid</td>
<td>[Link]</td>
<td><a href="http://healthcare.oregon.gov/index.aspx">Healthcare Oregon Website</a></td>
<td>1-800-699-9075</td>
</tr>
<tr>
<td>Pennsylvania - Medicaid</td>
<td>[Link]</td>
<td><a href="http://www.dhs.pa.gov/hipp">DHS Website</a></td>
<td>1-800-692-7462</td>
</tr>
<tr>
<td>Rhode Island - Medicaid</td>
<td>[Link]</td>
<td><a href="http://www.eohhs.ri.gov/">EOHHS Website</a></td>
<td>401-462-5300</td>
</tr>
<tr>
<td>South Carolina - Medicaid</td>
<td>[Link]</td>
<td><a href="http://www.scdhhs.gov">SCDHHS Website</a></td>
<td>888-549-0820</td>
</tr>
<tr>
<td>South Dakota - Medicaid</td>
<td>[Link]</td>
<td><a href="http://dss.sd.gov">DSS SD Website</a></td>
<td>1-888-828-0059</td>
</tr>
<tr>
<td>Texas - Medicaid</td>
<td>[Link]</td>
<td><a href="http://gethipptexas.com/">Get Hipptexas Website</a></td>
<td>1-800-440-0493</td>
</tr>
<tr>
<td>Utah - Medicaid and CHIP</td>
<td>[Link]</td>
<td><a href="http://health.utah.gov/medicaid">Health Utah Website</a></td>
<td>1-877-543-7669</td>
</tr>
<tr>
<td>Vermont - Medicaid</td>
<td>[Link]</td>
<td><a href="http://www.greenmountaincare.org/">Green Mountaincare Website</a></td>
<td>1-800-250-8427</td>
</tr>
<tr>
<td>Virginia - Medicaid and CHIP</td>
<td>[Link]</td>
<td><a href="http://www.coverva.org/programs_premium_assistance.cfm">Cover VA Website</a></td>
<td>1-855-242-8282</td>
</tr>
<tr>
<td>Washington - Medicaid</td>
<td>[Link]</td>
<td><a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">HCA WA Website</a></td>
<td>1-800-562-3022 ext. 15473</td>
</tr>
<tr>
<td>West Virginia - Medicaid</td>
<td>[Link]</td>
<td><a href="https://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx">DHHR WV Website</a></td>
<td>1-877-598-5820, HFS Third Party Liability</td>
</tr>
<tr>
<td>Wisconsin - Medicaid and CHIP</td>
<td>[Link]</td>
<td><a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">DHFS WI Website</a></td>
<td>1-800-362-3002</td>
</tr>
<tr>
<td>Wyoming - Medicaid</td>
<td>[Link]</td>
<td><a href="https://wyequalitycare.acs-inc.com/">Wy Equalitycare Website</a></td>
<td>307-777-7531</td>
</tr>
</tbody>
</table>

To see if any other states have added a premium assistance program since July 31, 2016, or for more information on special enrollment rights, contact either:

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
[Website](http://www.cms.hhs.gov)
1-877-267-2323, Menu Option 4, Ext. 61565
**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.
ATTN: COBRA Department
2797 Frontage Road, Suite 2000
Roanoke, VA  24017
Ph: 800-815-3023, Option 6
Fax: 800-584-4223

&

CBIZ ESC
4851 LBJ Freeway, Suite 800
Dallas, TX  75244
Ph: 877-227-4372

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 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: 10/01/2016
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
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*; this will ensure you have made all the necessary decisions to enroll.

• Go to the Employee Service Center website at 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 2017.

• 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.

* Domestic Partner: If you plan to enroll your domestic partner and/or nondependent children, please complete the following steps:

1. Complete the Declaration of Domestic Partnership affidavit which can be found on the CBIZ Employee Services Center website at 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.

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

All costs shown are employee monthly costs

#### Medical: (circle election)
<table>
<thead>
<tr>
<th>Coverage</th>
<th>Employee</th>
<th>Employee &amp; Spouse</th>
<th>Employee &amp; Child(ren)</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>QHDP $3,500</td>
<td>$41.00</td>
<td>$190.00</td>
<td>$137.00</td>
<td>$362.00</td>
</tr>
<tr>
<td>QHDP $2,600</td>
<td>$53.00</td>
<td>$274.00</td>
<td>$216.00</td>
<td>$494.00</td>
</tr>
<tr>
<td>$1,000 Deductible</td>
<td>$95.00</td>
<td>$394.00</td>
<td>$331.00</td>
<td>$683.00</td>
</tr>
<tr>
<td>$500 Deductible</td>
<td>$180.00</td>
<td>$571.00</td>
<td>$495.00</td>
<td>$955.00</td>
</tr>
</tbody>
</table>

#### Dental: (circle election)
<table>
<thead>
<tr>
<th>Coverage</th>
<th>Employee</th>
<th>Employee &amp; Spouse</th>
<th>Employee &amp; Child(ren)</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental 80</td>
<td>$5.68</td>
<td>$20.44</td>
<td>$17.60</td>
<td>$29.52</td>
</tr>
<tr>
<td>Dental 100</td>
<td>$21.65</td>
<td>$52.57</td>
<td>$47.33</td>
<td>$71.70</td>
</tr>
<tr>
<td>Dental Platinum</td>
<td>$31.63</td>
<td>$72.83</td>
<td>$73.97</td>
<td>$110.13</td>
</tr>
</tbody>
</table>

#### Voluntary Vision: (circle election)
<table>
<thead>
<tr>
<th>Coverage</th>
<th>Employee</th>
<th>Employee &amp; Spouse</th>
<th>Employee &amp; Child(ren)</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Plan</td>
<td>$13.50</td>
<td>$20.70</td>
<td>$21.10</td>
<td>$33.00</td>
</tr>
<tr>
<td>Plus Plan</td>
<td>$26.10</td>
<td>$39.60</td>
<td>$40.30</td>
<td>$63.10</td>
</tr>
</tbody>
</table>

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

#### Health Savings Account:
- Participating (circle one)
  - Yes
  - No
  - If participating in CBIZ Payroll deductions, complete 2017 HSA payroll election form located on the ESC website.

#### Medical Flexible Spending Account:
- Participating (circle one)
  - Yes
  - No
  - If participating:
    - Annual contribution amount through 12-31-17 $ ________________________

#### Limited Flexible Spending Account (if enrolled in a HDHP)
- Participating (circle one)
  - Yes
  - No
  - If participating:
    - Annual contribution amount through 12-31-17 $ ________________________

#### Dependent Care Flexible Spending Account:
- Participating (circle one)
  - Yes
  - No
  - If participating:
    - Annual contribution amount through 12-31-17 $ ________________________

#### Long Term Disability: (circle election)
- Payment election:
  - Pre-tax (benefit taxed)
  - Post-tax (benefit tax-favored)

---

*Please Note*

Deduct $30 from the monthly medical premium if the employee completed all required Health Actions to earn 100%. Also, deduct $30 from the monthly medical premium if the spouse/domestic partner completed 100% of all required actions.

Premiums for medical, dental and vision insurance coverage, as well as 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**

<table>
<thead>
<tr>
<th>Legal Name</th>
<th>SS#</th>
<th>Relationship</th>
<th>Gender</th>
<th>DOB</th>
<th>Medical</th>
<th>Dental</th>
<th>Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes or No</td>
<td>Yes or No</td>
<td>Yes or No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

*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.*

**Basic Life Primary Beneficiary**

<table>
<thead>
<tr>
<th>Name</th>
<th>SS#</th>
<th>Relationship</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Basic Life Contingent Beneficiary**

<table>
<thead>
<tr>
<th>Name</th>
<th>SS#</th>
<th>Relationship</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Optional Life Primary Beneficiary**

<table>
<thead>
<tr>
<th>Name</th>
<th>SS#</th>
<th>Relationship</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Optional Life Contingent Beneficiary**

<table>
<thead>
<tr>
<th>Name</th>
<th>SS#</th>
<th>Relationship</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Enrollment Worksheet**

Optional Life:  
Employee: Participating? *(circle one)* Yes or No  
Amount of Coverage: $ ________________

### Employee Cost

<table>
<thead>
<tr>
<th>Age of Employee</th>
<th>Unit Cost per $1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 30</td>
<td>$0.07</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.08</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.108</td>
</tr>
<tr>
<td>40-44</td>
<td>$0.135</td>
</tr>
<tr>
<td>45-49</td>
<td>$0.225</td>
</tr>
<tr>
<td>50-54</td>
<td>$0.315</td>
</tr>
<tr>
<td>55-59</td>
<td>$0.558</td>
</tr>
<tr>
<td>60-64</td>
<td>$0.89</td>
</tr>
<tr>
<td>65-69</td>
<td>$1.675</td>
</tr>
<tr>
<td>70-74</td>
<td>$3.13</td>
</tr>
<tr>
<td>75+</td>
<td>$6.30</td>
</tr>
</tbody>
</table>

$ ________________ ÷ 1,000 X $ ________________ = $ ________________

Amount of Coverage  
Unit Cost from Above  
Employee Monthly Cost

### Spouse Cost

Spouse: Participating? *(circle one)* Yes or No  
Amount of Coverage: $ ________________

<table>
<thead>
<tr>
<th>Age of Spouse</th>
<th>Unit Cost per $1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 30</td>
<td>$0.07</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.08</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.108</td>
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<tr>
<td>40-44</td>
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<td>70-74</td>
<td>$3.13</td>
</tr>
<tr>
<td>75+</td>
<td>$6.30</td>
</tr>
</tbody>
</table>

$ ________________ ÷ 1,000 X $ ________________ = $ ________________

Amount of Coverage  
Unit Cost from Above  
Spouse Monthly Cost

### Child(ren) Cost

Child(ren): Participating? *(circle one)* Yes or No  
Amount of Coverage: $ ________________

<table>
<thead>
<tr>
<th>Amount of Coverage</th>
<th>Monthly Cost*</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000</td>
<td>$0.20</td>
</tr>
<tr>
<td>$4,000</td>
<td>$0.40</td>
</tr>
<tr>
<td>$6,000</td>
<td>$0.60</td>
</tr>
<tr>
<td>$8,000</td>
<td>$0.80</td>
</tr>
<tr>
<td>$10,000</td>
<td>$1.00</td>
</tr>
</tbody>
</table>

*Cost includes coverage for all children