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2016 GUIDE TO YOUR BENEFITS

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This summary provides a brief guide to Summit Healthcare's employee benefits plans. More detailed information on each plan can be found in the Summary Plan Document, Plan Certificates or Summaries of Coverage that accompany each of these plans. All plan documents can be found on the Summit Healthcare website for employees.

Summit Healthcare is pleased to provide you and your family with a comprehensive benefits package. We believe our success is due to the efforts of our most valued resource, our employees. We are committed to providing high quality, market competitive benefits to our employees at an affordable cost.

Summit Healthcare provides the following benefit plans to our employees, which are explained further in this benefits summary:

Medical Plan:

A choice of 2 medical plan options, Peak and Pinnacle (HDHP/HSA), so you can choose the coverage option best-suited for you and your family's health care needs. Meritain administers the claims for both plans and provides access to providers through the Aetna network. Prescription drug coverage is provided through MagellanRX, a separate pharmacy benefits manager.

Note: Covered participants such as college students who reside outside of Arizona can access in-network coverage through the Aetna Choice POS II Network.

Dental Plan:

Low and High Option PPO dental plans offered through Ameritas. Summit pays for 100% of 'employee only' coverage and a majority of the cost for family coverage under the Low Option plan.

Vision Plan:

A vision benefit is offered to employees through EyeMed. There is no additional cost for 'employee only' vision coverage and a small cost for family vision coverage.

Flexible Spending Accounts (FSAs):

Summit offers both a pre-tax Health Care Spending Account and a pre-tax Dependent Care Spending Account to help you save money on taxes. A separate "limited purpose" FSA is available for those enrolled in the HDHP/HSA Pinnacle Plan.

Life Insurance/Accidental Death and Dismemberment (AD&D):

Summit provides a 100% employer paid life insurance/AD&D benefit through Cigna.

Voluntary Term Life Insurance/AD&D:

Summit offers employees the opportunity to purchase additional term life insurance/AD&D for you, your spouse and your child(ren) through a Cigna voluntary term life insurance/AD&D plan.

Short Term Disability (STD) Plan:

Summit provides 100% employer paid STD coverage through Cigna for employees in benefitted positions of 32 hours or more per week who have completed the 30 day waiting period.

Long Term Disability (LTD) Plan:

Summit provides 100% employer paid LTD coverage through Cigna for employees in benefitted positions of 32 hours or more per week who have completed the 30 day waiting period.

Summit Healthcare Retirement Contribution Plan:

Summit offers eligible employees the opportunity to save for retirement through a retirement contribution plan. Summit encourages employees to participate in this plan by matching dollar for dollar up to 4% of your allowable compensation. Employer contributions begin after one year of employment. Employees must be actively participating in the plan to receive the employer match.

Voluntary Ancillary Benefits (Critical Illness and Accident Insurance):

Summit offers employees the opportunity to purchase additional healthcare coverage through UNUM voluntary plans.

Employee Assistance Program (EAP):

Summit offers free telephonic and in-office, confidential counseling services for all Summit employees and their families through Jorgensen Brooks Group.

Important Information Regarding Plan Changes

Please consider your benefit plan choices carefully and enroll within the required enrollment deadline when initially eligible for benefits upon hire. Following initial enrollment, benefit plan changes can be made once a year during annual open enrollment. Open enrollment is typically held in late October or early November with changes effective on January 1.

Benefit Plan Eligibility

You and your dependents become eligible for benefits after the following waiting periods have been met:

Full time and part time employees are eligible for medical, dental, vision, employer paid life insurance/AD&D and voluntary life insurance/AD&D benefits the first of the month following 30 days of employment. You must work at least 24 hours per week to be eligible for these benefits. You must work at least 32 hours per week to be eligible for Summit's employer paid Short Term and Long Term Disability plans.

Your dependents include:

- Legal Spouse
- Children, if eligible dependents, are covered up to age 26 regardless of student status

Spousal Enrollment Restriction Regarding Medical, Dental and Vision Plan Coverage

- If an employee's spouse is enrolled for coverage or eligible for coverage under another medical, dental or vision plan through their own employer, an individual plan, Medicare, Tricare or IHS, they are not eligible to be enrolled for coverage under Summit Healthcare's plans.
- If not, you can enroll them for coverage under Summit Healthcare's plan. If so, you will only have the option to enroll yourself or your child(ren) for coverage.
- If your spouse enrolls or becomes eligible for medical, dental or vision coverage under another plan during the year, it is the employee's responsibility to notify Human Resources so that the spouse is removed from coverage under Summit Healthcare's plans.
- If your spouse loses coverage under another plan during the year and it is an IRS qualifying event which causes them to lose coverage, they can enroll for coverage under Summit Healthcare's plan within 30 days of the qualifying event.

Activities for Premium Reduction in 2016

FOR EMPLOYEES ONLY

Points are earned and will reflect on your 2017 premium. There is a maximum of \$100 per month premium savings opportunity for participating in the program and is tracked through "Employee Health".

50% - Annual Well Man/Woman Physical with Lab Work

- Tracking through Provider signed/date attestation
 - Random audits of attestation

25% - Participation in On-Site Series Course

- Chronic Disease (CDSMP/DSMP)
- Nutrition
- Smoking Cessation
- Weight Loss

25% - Prevention Screenings/Immunization

- Employees must complete 2 preventive screenings or immunizations
- Find Wellness information and a list of qualified screenings on the Intranet
- Provider signed/dated attestation



Medical/Prescription Drug Plan

Summit Healthcare's medical plan claims administrator is Meritain Health. The provider network is Aetna. Employees and covered dependents must see in-network Aetna providers to obtain in-network benefits. It is important to see providers in the Aetna Choice POS II network to ensure you pay lower out-of-pocket costs under all plan options. The benefits shown in the chart on the next page reflect your benefits for the Peak and Pinnacle plans. If you go outside of the Aetna Choice POS II under any of these plans, you will pay higher non-network costs. In addition, Summit Healthcare offers the White Mountain Network for those providers in the Aetna Choice POS II that are on the Mountain in the Show Low, Pinetop, Snowflake, Taylor, Heber, Overgaard, Holbrook and Springerville area. These are provided under Tier 1 for both plan options and you will incur lower out of pocket costs if you utilize the Tier 1, White Mountain Network. To find providers in the Aetna Choice POS II, please go to the Aetna website or call the Meritain Customer Service number provided on the Contact Information page at the end of this benefits guide.

Banner Preferred Provider Agreement

Summit has entered into a preferred provider agreement with Banner Health for medical services not available on the White Mountains. As part of this agreement, employees and dependents receiving medical care at a Banner facility will receive a discount below the standard Aetna contracted network rate which means that your overall out-of-pocket expenses will be lower.

The Banner discount will be available on the Tier 2 Level for the Peak and Pinnacle Plans. If you are in need of medical care not available on the White Mountains, we recommend you discuss the use of a Banner facility with your physician. You do not need to do anything additional to receive the preferred pricing. The discount is built directly into your Tier 2 benefits.

A brief summary of the coverage and rates for each plan is shown on the next page. Deductibles and maximum out-of-pocket costs are administered on a calendar year basis.

Pinnacle Plan - High Deductible Health Plan (HDHP)/Health Savings Account (HSA)

In 2016, Summit Healthcare will provide a \$1,000 contribution to employee Health Savings Accounts (HSA) for those employees enrolled in the Pinnacle/HDHP only. This contribution is made per pay period in the amount of \$38.46 and helps offset the cost of the Pinnacle Plan (HDHP) deductible. Please see further details on HSAs in this booklet.

Medical Plan/Prescription Drug ID Cards

You will be mailed a combined Meritain/MagellanRx ID card to verify coverage for your health care providers and obtain prescriptions at your pharmacy. This card is also for your covered dependents residing in, or who go to school out of state. This card must be shown to participating Aetna providers or participating MagellanRx pharmacies to verify coverage. Additional ID cards can be ordered by going to www.mymeritain.com. ID cards will be mailed to your home address.

Remember...

Any plan changes you want to make related to a Qualifying Event must be requested in writing within 30 days of the Qualifying Event date.

Medical - Peak Plan Option

Peak			
Description of Coverage	Tier 1 White Mountain Network (WMN)	Tier 2 Aetna Network	Tier 3 Non-Contracted
In-Network and Out-of-Network Deductible (Individual ♦ Family)	\$1,500 ♦ \$4,500	\$2,500 ♦ \$7,500	\$4,000 ♦ \$12,000
Coinsurance (on allowed amount)	90% ♦ 10%	80% ♦ 20%	60% ♦ 40%
Pharmacy Deductible (Pinnacle only)	n/a - See Prescription Drug Copays at bottom of chart	n/a - See Prescription Drug Copays at bottom of chart	n/a - See Prescription Drug Copays at bottom of chart
Pharmacy Coinsurance (Pinnacle only)			
Pharmacy Out of Pocket Maximum (Pinnacle only) (Rx deductible does apply to the Medical deductible)			
In-Network and Out-of-Network Out-of-Pocket Maximum (Individual ♦ Family) Deductible and medical co-pays apply	\$3,000 ♦ \$9,000	\$6,550 ♦ \$13,100	\$10,000 ♦ \$30,000
Lifetime Max	Unlimited	Unlimited	Unlimited
Preventive Care Office visits, lab, x-ray, mammograms, colonoscopies (restrictions apply; see US Preventive Task Force Guidelines)	100% Covered	100% Covered	Not covered
Office Visit - Non-Preventive (Primary Care ♦ Specialist)	\$30	\$40 ♦ \$60	60% ♦ 40% after deductible
Naturopathic Office Visits - Paper claims must be submitted manually to AmeriBen	\$30 6 visits maximum per year \$1,200 annual maximum	\$30 6 visits maximum per year \$1,200 annual maximum	\$30 6 visits maximum per year \$1,200 annual maximum
Lab			
Physician’s Office	\$30	80% ♦ 20% after deductible	60% ♦ 40% after deductible
Freestanding Facility	\$30	80% ♦ 20% after deductible	60% ♦ 40% after deductible
Outpatient Hospital	\$30	80% ♦ 20% after deductible	60% ♦ 40% after deductible
X-Ray (Excluding Specialty Scans)			
Physician’s Office	\$30	80% ♦ 20% after deductible	60% ♦ 40% after deductible
Freestanding Facility	\$30	80% ♦ 20% after deductible	60% ♦ 40% after deductible
Outpatient Hospital	\$30	80% ♦ 20% after deductible	60% ♦ 40% after deductible
Specialty Scans (MRI ♦ PET ♦ CT)			
Freestanding Facility	90% ♦ 10% after deductible	80% ♦ 20% after deductible	60% ♦ 40% after deductible
Outpatient Hospital	90% ♦ 10% after deductible	80% ♦ 20% after deductible	60% ♦ 40% after deductible
Inpatient Hospitalization	90% ♦ 10% after deductible	80% ♦ 20% after deductible	60% ♦ 40% after deductible
Durable Medical Equipment (DME) Pre-certification required for DME in excess of \$1,000	Not Available	80% ♦ 20% after deductible	60% ♦ 40% after deductible
Emergency Room	\$150	\$250 then 80% ♦ 20% after deductible	\$250 then 80% ♦ 20% after deductible
Copayment waived if admitted?	Yes	Yes	Yes
Urgent Care	\$75	\$75	\$75 then 60% ♦ 40% after deductible
Prescription Drugs			
Retail	\$10 ♦ \$30 ♦ \$60 ♦ 20% to \$100 maximum		Not Available
Mail Order	\$20 ♦ \$60 ♦ \$120 ♦ 20% to \$100 maximum		

Medical - Pinnacle HDHP Plan Option

Pinnacle (HDHP Plan)			
Description of Coverage	Tier 1 White Mountain Network (WMN)	Tier 2 Aetna Network	Tier 3 Non-Contracted
In-Network and Out-of-Network Deductible (Individual ♦ Family)	\$2,600 ♦ \$4,000	\$2,600 ♦ \$5,200	\$3,500 ♦ \$7,000
Coinsurance (on allowed amount)	100% ♦ 0%	80% ♦ 20%	60% ♦ 40%
Pharmacy Deductible (Pinnacle only)	\$2,600 ♦ \$4,000		n/a
Pharmacy Coinsurance (Pinnacle only)	80% ♦ 20%		n/a
Pharmacy Out of Pocket Maximum (Pinnacle only) (Rx deductible does apply to the Medical deductible)	\$3,000 ♦ \$6,000		n/a
In-Network and Out-of-Network Out-of-Pocket Maximum (Individual ♦ Family) Deductible and medical co-pays apply	\$3,000 ♦ \$6,000	\$6,550 ♦ \$13,100	\$10,000 ♦ \$20,000
Lifetime Max	Unlimited	Unlimited	Unlimited
Preventive Care Office visits, lab, x-ray, mammograms, colonoscopies (restrictions apply; see US Preventive Task Force Guidelines)	100% Covered	100% Covered	Not covered
Office Visit - Non-Preventive (Primary Care ♦ Specialist)	100% after deductible	80% ♦ 20% after deductible	60% ♦ 40% after deductible
Naturopathic Office Visits - Paper claims must be submitted manually to AmeriBen	100% after deductible \$1,200 annual maximum	100% after deductible \$1,200 annual maximum	100% after deductible \$1,200 annual maximum
Lab			
Physician's Office	100% after deductible	80% after deductible	60% ♦ 40% after deductible
Freestanding Facility	100% after deductible	80% after deductible	60% ♦ 40% after deductible
Outpatient Hospital	100% after deductible	80% after deductible	60% ♦ 40% after deductible
X-Ray (Excluding Specialty Scans)			
Physician's Office	100% after deductible	80% after deductible	60% ♦ 40% after deductible
Freestanding Facility	100% after deductible	80% after deductible	60% ♦ 40% after deductible
Outpatient Hospital	100% after deductible	80% after deductible	60% ♦ 40% after deductible
Specialty Scans (MRI ♦ PET ♦ CT)			
Freestanding Facility	100% after deductible	80% after deductible	60% ♦ 40% after deductible
Outpatient Hospital	100% after deductible	80% after deductible	60% ♦ 40% after deductible
Inpatient Hospitalization	100% after deductible	80% after deductible	60% ♦ 40% after deductible
Durable Medical Equipment (DME) Pre-certification required for DME in excess of \$1,000	Not Available	80% after deductible	60% ♦ 40% after deductible
Emergency Room	100% after deductible	80% after deductible	90% ♦ 10% after deductible
Copayment waived if admitted?	n/a	n/a	n/a
Urgent Care	100% after deductible	80% after deductible	60% ♦ 40% after deductible
Prescription Drugs			
Retail	80% ♦ 20% after deductible up to coinsurance maximum		Not Available
Mail Order			

High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

UNDERSTANDING HOW IT WORKS

Summit believes it is in your best interest to investigate and fully evaluate the advantages of consumer driven health care available to you in the qualified High Deductible Health Plan with the option of a Health Savings Account (HSA). It is important you fully understand this plan before electing it. This medical plan choice: (1) may allow you to pay less in monthly premiums (your payroll deductions from your paycheck for medical insurance will be significantly less); (2) allows you the ability to save for future health care needs; and (3) allows you greater ability, and also greater responsibility in managing your health care dollars.

THERE ARE TWO COMPONENTS TO THE HDHP/HSA OPTION:

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

- Lowest employee premiums
- Premium savings can be put towards HSA
- In-Network & Out-of-Network coverage
- Annual deductible
- Protection from major costs
- 100% preventive care coverage
- No up-front copays at doctor's office

INDIVIDUAL HEALTH SAVINGS BANK ACCOUNT (HSA)

- Savings account with HSA Bank or AZ Central Credit Union
- Owned by you
- Used for eligible medical and pharmacy expenses, including deductibles
- Triple tax advantage
- No "use it or lose it"
- Like a 401(k) plan for medical expenses
- Debit card linked to HSA - No reimbursement forms

What is a high deductible health plan?

It's an IRS qualified medical Insurance plan that has a high deductible that protects you against catastrophic medical expenses. This is health insurance that does not cover first dollar medical and Rx expenses (you must first meet your deductible before medical or prescriptions are covered). However wellness exams, women's contraceptives and associated labs and procedures are not subject to the deductible and are covered at no cost to you.

What is a health savings account?

In tandem with a HDHP, a Health Savings Account (HSA) is an individual savings account that you can put money into to save for future medical expenses. There are certain advantages to putting money into these accounts, including favorable tax treatment.



High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

Advantages of enrolling in a HDHP and opening an HSA

- **Security** – Your HDHP insurance and savings put aside in your HSA protect you against high or unexpected medical bills
- **Affordability** – You can lower your health insurance premiums by switching to health insurance coverage with a higher deductible
- **Flexibility** – You can use the funds in your HSA to pay for current medical expenses, including expenses that your insurance may not cover, or save the money in your account for future needs, such as:
 - Health insurance or medical expenses if unemployed
 - Medical expenses after retirement (before Medicare)
 - Out-of-pocket expenses when covered by Medicare
 - Long-term care expenses and insurance
- **Savings** – You can save the money in your account for future medical expenses and grow your account through future investments
- **Control** – You make all the decisions about:
 - How much money to put into the account
 - Stopping and starting contributions at any time
 - Whether to save the account for future expenses or pay current medical expenses
 - Which medical expense to pay from the account
 - Whether to invest any of the money in the account
 - Which investments to make
- **Portability** – Accounts are completely portable, meaning you can keep your HSA even if you:
 - Change jobs
 - Change your medical coverage
 - Become unemployed
 - Move to another state
 - Change your marital status
- **Ownership** – Funds remain in the account from year to year, just like an IRA. There are no “use it or lose it” rules for HSA’s. If over the age of 65, you can use your HSA dollars for any reason with no 20% tax penalty.
- **Tax Savings** – An HSA provides you triple tax savings:
 1. tax deduction when you contribute to your account
 2. tax-free earnings through investment, and,
 3. tax-free withdrawals for qualified medical expenses

SAVINGS ADD UP

- With an HSA, you save on eligible medical expenses.
- Why pay more in taxes when you can pay less?

Who can have an HSA?

Any eligible employee can contribute to an HSA if they:

- Have coverage under an HSA-qualified “high deductible health plan” (HDHP)
- Have no other first-dollar medical insurance coverage; however, coverage under voluntary medical expense reimbursement plans like UNUM’s accident critical illness is allowed
- Are not enrolled in Medicare
- Cannot be claimed as a dependent on someone else’s tax return

Contributions to your HSA can be made by you, your employer, or both. The total contributions are limited annually. In 2016, the annual limits will be \$3,350 individual and \$6,750 family. Annual catch-up contributions for employees age 55+ is \$1,000. Summit Healthcare makes a \$38.46 HSA contribution each pay period (\$1,000 total) in 2016 to the HSA of employees enrolled in the HDHP.

Contributions to the account must stop once you are enrolled in Medicare. However, you can keep the money in your account and use it to pay for medical expenses tax-free.

Using your HSA

You can use the money in the account to pay for any “qualified medical expense” permitted under federal tax law. This includes most medical care and services, and dental and vision care and also includes certain over-the-counter drugs.

Go to www.irs.gov/publications/p502 for a complete listing of qualified medical expenses.

Generally, you **cannot** use the money to pay for medical insurance premiums, except under specific circumstances, including:

- Any health plan coverage while receiving federal or state unemployment benefits
- COBRA continuation coverage after leaving employment with a company that offers health insurance coverage
- Qualified long-term care insurance
- Medicare premiums and out-of-pocket expenses including deductibles, co-pays, and coinsurance for:
 - Part A (hospital and inpatient services)
 - Part B (physician and outpatient services)
 - Part C (Medicare HMO and PPO plans)
 - Part D (prescription drugs)

You can use the money in the account to pay for medical expenses for yourself, your spouse, or your dependent children. You can pay for expenses for your spouse and dependent children even if they are not covered by your HDHP. Please note that medical expenses for a domestic partner are not considered by the IRS as qualified health care expenses.

Any amounts used for purposes other than to pay for “qualified medical expenses” are taxable as income and subject to an additional 20% tax penalty. Examples include:

- Medical expenses that are not considered “qualified medical expenses” under federal tax law (e.g. cosmetic surgery)
- Other types of health insurance unless specifically described above
- Medicare supplement insurance premiums
- Expenses that are not medical or health-related

After you turn age 65, the 20% additional tax penalty no longer applies. If you become disabled and/or enroll in Medicare, the account can be used for other purposes without paying the additional 20% penalty.

Opening, Funding and Using Your Health Savings Account (HSA)

If you enroll in the Pinnacle Plan which is a Qualified High Deductible Health Plan (HDHP), you are eligible to establish a HSA. Summit Healthcare contributes \$38.46 per pay period (total \$1,000 annually) to the HSAs of employees enrolled in the Pinnacle Plan. In order to receive this contribution, you must have established an account with HSA Bank or the Arizona Central Credit Union. You can also make employee pre-tax contributions to your HSA through direct payroll deduction.

Summit Healthcare offers two HSA banking options: HSA Bank and Arizona Central Credit Union. You must establish an HSA with one of these banks to receive the employer contributions and to make employee payroll contributions. You are responsible for opening your HSA with one of these banks. Summit Healthcare cannot do this for you. To open an account with HSA Bank, you must complete the application provided during annual open enrollment, with your new hire enrollment materials or ask Human Resources to send you an email with a link to click on to open your account. After you open your account, Human Resources (HR) will receive a confirmation from HSA Bank. If you elect instead to open an HSA with the Arizona Central Credit Union, you must complete their HSA application provided during annual open enrollment, with your new hire enrollment materials or go to the bank to open your account. You must then let HR know you opened an HSA with Arizona Central Credit Union and give HR your account number so your HSA contributions and Summit Healthcare's employer contributions can be directly deposited through payroll deduction.

	HSA Bank	Arizona Central Credit Union
Set-Up Requirement	None	Membership with Arizona Central CU required with basic savings account with a minimum balance of \$25. Credit Union will fund the \$25 for new memberships during open enrollment with HSA enrollment.
Insured	FDIC Insured \$250,000	NCUA Insured \$250,000
Participant Fees		
Monthly Bank Acct Fee	\$1.75 Waived on balances of \$3,000 or more	None
Annual Fee	None	\$20 (charged on anniversary date each year, not charged upfront)
Account Closure Fee	\$25.00	None
Debit Card	Yes (2 free)	Yes (unlimited free)
Online Banking	www.hsabank.com Bill Pay, Pay providers or reimburse yourself for expenses.	www.azcentralcu.org
Checks	Available at cost 50 checks for \$7.95	Free Welcome Pack (50 checks) additional box (150) \$15-\$17
What information will I receive after opening my account?	You will receive a Welcome Kit, including your account number and helpful hints for using your HSA Bank Debit Card. Your Debit Card will be sent in a separate, plain white envelope for your security	Welcome packet containing account number, account disclosures, and information regarding other products & services.
Investments Available	Investment Fees \$0.00. Any fees assessed are through Ameritrade or Devenir	See above for Money Market Account and year Certificates available. HSA Money Manager requires \$1,000.00 minimum balance to avoid \$15 monthly low balance fee.
Minimum Balance Required in HSA	None	
Minimum Balance to Invest	None	
Fees Associated	\$3 per month unless \$5,000 balance in HSA TDAmeritrade and Devenir have trade fees associated depending on how trade is done	
Online Education, Information and Tools	Online calculators to calculate future savings and contributions amounts View your account balance, monthly statements, tax document and more Pay bills Check deposits or withdrawals Learn about investment options and other HSA Resources MyHealthPortfolio-to track all medical expenses, Online Bill Pay	Online calculators to calculate future savings and contributions amounts View your account balance, monthly statement and more Check deposits or withdrawals Learn about investment options Access your account on the go with mobile banking, mobile apps and text message banking.
Financial Institution	HSA Bank Division of Webster Bank, N.A	Arizona Central Credit Union

Prescription Drug Benefits

MagellanRx is the prescription drug plan provider for the retail and mail order programs. Under the MagellanRx plan, you have access to the MagellanRx pharmacy network with thousands of pharmacies nationwide. It is important to use a pharmacy in the MagellanRx pharmacy network. Please note that Walgreens is not in the network. Present your medical/RX ID card to your pharmacist to ensure they enter the MagellanRx information on your card to verify benefits and coverage.

Your prescription drug benefits are based on the MagellanRx formulary. The formulary is a list of prescription drugs approved by the plan and is subject to change throughout the year. If your prescription is not on the MagellanRx formulary, you will pay a higher amount. Consult with your health care provider regarding changing to a medication on the MagellanRx formulary.

Tier Zero

Allows employees to obtain certain over the counter drugs at a much lower cost. This encourages members to try lower cost alternate medications which may result in the same health outcome. See enclosed materials in your benefits enrollment packet for further information on this program.

Step Therapy

This program requires you to try an alternate medication, either over-the-counter or generic, before approval of a higher cost brand name medication. You will receive notification from MagellanRx and your pharmacist, if you are taking a medication covered under this program.

Mail Order (Home Delivery) Program

Employees who take maintenance drugs for high cholesterol, high blood pressure, diabetes, birth control, etc. are encouraged to use the MagellanRx mail order program to save money and for the convenience of home delivery. MagellanRx will fill your prescription at their mail order pharmacy, charge the appropriate cost per your plan and mail the prescriptions to your home. If you wish to start using mail order, ask your doctor for a one year prescription for your medication, complete a MagellanRx mail order form and send the prescriptions and the form to the MagellanRx mail order pharmacy. You will receive your medication within 7 to 10 days (slightly longer the first time you sign up). Shipping is free unless you request overnight delivery. You can order refills online or call the MagellanRx customer service number listed on the Contact Information page of this booklet. You can go online to MagellanRx to obtain a mail order form.

Other Plan Clinical Edits

The pharmacy plan also includes the following safety edits to ensure the health of employees and covered family members: Prior Authorization of certain medications; Refill Too Soon to prevent too frequent refills; FDA Quantity Level Limits on certain medications; denial on duplicate refills of the same medication at different pharmacies; and review for overuse of controlled substances.

Glucose Monitor Program

Summit Healthcare offers a Glucose Monitoring Program. Employees and dependents covered under the Summit Healthcare medical plans with diabetes will receive a letter from MagellanRx regarding the importance of monitoring blood glucose levels, the benefits of blood glucose management, savings from using preferred glucose supplies (test strips on the MagellanRx formulary) and an offer to receive a free blood glucose monitor kit. This program helps avoid long term diabetes complications and results in more positive health outcomes for our employees and covered family members.

Dental Plan

Summit Healthcare offers both a Low Option PPO and High Option PPO dental plan through Ameritas. Employees have a choice to enroll in one of these two dental plans. Summit pays for 100% of the premium for 'employee only' coverage and a majority of the family coverage for the Low Option dental plan. Employees pay for part of the cost of family coverage under the Low Option plan and a portion of the coverage if they choose the High Option dental plan for employee only or family coverage. Further information on the coverage provided under these two plans is provided in your enrollment materials. A brief summary of the coverage for these two plans is shown below.

If you enroll in one of the Ameritas dental plans, it is important you see a provider in the Ameritas dental PPO network to obtain the best coverage (as you will pay a higher amount if you see a non-network dentist). You can go to www.ameritas.com or call Ameritas' customer service at the number on the last page of this booklet to find a provider in the Ameritas network.

Covered Services	Low Option Dental Plan	High Option Dental Plan
Annual Deductible	\$50 single/\$150 family	\$50 single/\$150 family
Annual Maximum	\$1,000 per person per year	\$1,500 per person per year
Preventive Services (no deductible)	Covered at 100%	Covered at 100%
Basic Services	Covered at 80%	Covered at 80%
Major Services	Covered at 50%	Covered at 50%
Orthodontia (Children Only)	Not covered	50%, \$1,500 lifetime max
Implants	Not covered	50%

Vision Plan

The following vision benefits are covered with EyeMed. You do not have to be enrolled in one of the medical plan to enroll in the vision plan.

Vision	EyeMed
Description of Coverage	In Network
Examination Coverage	\$10 copay
Examination Frequency	Once every 12 months
Lenses Coverage	Once every 12 months
Single Vision Lenses	\$25 copay
Bifocal Lenses	\$25 copay
Trifocal Lenses	\$25 copay
Progressive (Standard / Premium)	\$90 / \$110 + copay
Lenses Frequency	Once every 12 months
Frames Coverage	\$130 Allowance 20% of balance over \$130
Frames Frequency	Once every 12 months
Contact Lens Coverage	Once every 12 months
Elective (Standard)	\$55 copay for eval, fitting and follow up \$130 retail allowance toward contacts 15% of balance over \$130

Employee Assistance Program (EAP)

Summit provides a company paid Employee Assistance Program (EAP) through Jorgensen Brooks Group. This benefit is provided to assist you in finding resources for a better work/life balance, and to help you manage the stresses of everyday living. The EAP services are available for you, your spouse and your children. You and your immediate family members do not have to be covered under the company medical plan to use the EAP.

Services available include:

- Clinical counseling that includes an assessment, assistance and, when necessary, referral to additional services for a wide range of emotional health, family and work issues.
- Services include unlimited telephonic consultations for you, your spouse and child(ren).
- Up to 6 face-to-face counseling sessions per incident, per calendar year, per employee and immediate family member.
- Resources to assist you in balancing work and life while taking care of a variety of chores and challenges.
- Telephonic consultations are available in the following areas:
- Child & Elder Care Assistance – includes a needs assessment and referrals to childcare and eldercare providers.
- Financial services – comprised of budgeting, credit and financial guidance (investment advice, loans and bill payments not included), retirement planning and assistance with tax issues. Face-to-face consultations are also available.
- Legal services – issues relating to civil, consumer, personal and family law, financial matters, business law, real estate, estate planning and more.
- Daily living services – services include referrals to consultants and businesses that can help you with everyday errands, travel, event planning and more. Services do not include the cost nor guarantee delivery of services.

You and your immediate family members can call Jorgensen Brooks Group's confidential phone number at 888-520-5400. Counselors are available to talk with you 24 hours a day, 7 days a week, 365 days a year. You can also go to www.jorgensenbrooks.com to read more about the EAP services available to you and your family members.

Flexible Spending Accounts

The Summit Healthcare Flexible Benefit Plan lets you use pre-tax dollars to pay for eligible premiums and uncovered health and dependent care expenses. The result is that you pay less in taxes and keep more of what you earn.

Health Care Spending Account

Summit Healthcare provides you with the opportunity to save money on taxes and pay for uncovered health care expenses through the Health Care Spending Account. Uncovered health care expenses for purposes of the Health Care Spending Account are defined by the IRS, but can include medical and dental plan deductibles, copays and coinsurance, eyeglasses and contact lenses, prescription drug copays and more. These are typically expenses you would incur anyway, but with the Health Care Spending Account you can pay for them and reduce your taxable income at the same time.

You can contribute a maximum of \$2,500 during the 1/1/2016 – 12/31/2016 plan year in pre-tax dollars to the Summit Health Care Spending Account. This money can be used to pay for uncovered medical, dental and vision expenses for you, your spouse (per IRS rules, this does not include domestic partners) and your eligible children, whether or not you, or they, are covered under the Summit Healthcare medical or dental plans. The only criteria is that these expenses cannot be covered (paid) under any health care plan. You can use your flex spending

account debit card to pay for these expenses directly from your flex account. However, you will be asked for documentation supporting these expenses after you use your debit card. This is required by the IRS to verify it is a qualified expense which the IRS allows to be reimbursed from a Health Care Spending Account.

You can also file a paper claim for reimbursement from your Health Care Spending Account by faxing the paper claim form and documentation to BASIC, Summit's flex plan administrator.

You cannot enroll in the FSA if you are enrolled in the High Deductible Health Plan and Health Savings Account.

Limited Purpose FSA

Per IRS rules, you cannot enroll in a regular FSA if you are enrolled in the Pinnacle Plan (HDHP/HSA). However, you can enroll in a "Limited Purpose FSA" for uncovered dental and vision expenses.

Dependent Care Spending Account

Summit Healthcare also provides you with the opportunity to set aside dollars on a pre-tax basis to pay for dependent daycare expenses. This reduces your taxable income and can provide you with significant tax savings each year. You can contribute a maximum of \$5,000 per plan year (1/1/2016 – 12/31/2016) in pre-tax dollars to your Summit Dependent Care Spending Account. Please be aware that you cannot participate in this account and take a dependent daycare tax credit on your taxes at year-end (it is one or the other). Depending on your annual earnings, you can save more tax dollars by contributing to a Dependent Care Spending Account vs. the year-end tax credit. Further questions on this should be directed to a tax advisor.

Costs for your child's day care center, costs for a caregiver, as defined by the IRS, and costs for day care provided inside or outside of your home are a few examples of dependent care. These expenses must be for the care of a child under age 13, or for a dependent who is not capable of self-care. You will be reimbursed from your Dependent Care Spending Account only up to the amount you have contributed at any given time. If you submit a claim that is larger than your account balance at that time, you will be reimbursed your full account balance and then continue to be reimbursed from your account as new contributions are made, up to the total amount of your claim.

"Use It or Lose It" Rule

IRS regulations prohibit employers from returning to you any money deposited to Health Care or Dependent Care Spending Accounts that is not used at the end of the plan year. Unused dollars are considered to be forfeitures, per IRS rules, and are typically used by employers to pay for plan administration expenses. Once you make your annual contribution election(s) to the Health Care Spending Account or the Dependent Care Spending Account, you cannot change or drop your contributions until the next plan year (1/1/2017) unless you have a qualifying change in family status (as explained in the "Important Information Regarding Plan Changes" section). Therefore, it is important to carefully consider how much you will contribute to your account(s) in the coming year as the IRS prohibits any changes until 1/1/2017. If you waive enrollment in these accounts when hired, you will not have another opportunity to re-enroll until 1/1/2017, unless you have a qualifying change in family status.

Other Important Considerations

- Health Care and Dependent Care Spending Accounts are separate and you cannot transfer money from one account to the other, per IRS rules.
- You may not use money in your Health Care Spending Account for reimbursement of a domestic partner's uncovered medical, dental or vision expenses.



Vision Statement of Summit Healthcare:

Improve Health. It is our single focus. It means Summit Healthcare promotes healthcare that's effective and encourages personal choices that matter. It means we connect the health of our employees to the health of our business.

Mission Statement of Summit Healthcare:

To provide our employees with an opportunity to work in a high performance environment with a supportive culture of healthy behavior and well being that focuses on improving the quality and vitality of life.

A wellness system has the ability to:

- Lower health insurance premiums
- Reduce workers' compensation costs
- Reduce absences due to illness, injury and disability
- Increase employee retention and reduce turnover
- Create high levels of employee engagement
- Increase performance and productivity
- Improve operating margins and profitability
- Increase employee morale
- Improve company image
- Improve communities

Tobacco FREE

Summit's Tobacco Free policy is part of our Summit Healthy Wellness Program

- SHRMC is Tobacco-free at all of our facilities.

What is banned and where?

- All use of tobacco products, including cigarettes, e-cigarettes, cigars, pipes and smokeless tobacco, within all properties owned, leased or occupied by SHRMC.
- This includes parking lots, hospital vehicles and employees' personal vehicles parked on the premises, as well as surrounding streets and sidewalks.
- Employees are prohibited from using tobacco products during working hours.

Why did we do this?

- As an institution dedicated to improving the health of our patients and community, we must, "walk the talk" and show our commitment and leadership in tangible ways.

Will I be able to work at Summit Healthcare if I continue to smoke?

- Yes, but we will no longer hire smokers.

Employer Paid Life Insurance and Accidental Death and Dismemberment (AD&D)

Summit Healthcare provides full time and part time employees with employer paid life insurance and AD&D providing you with peace of mind and your family and/or beneficiaries with financial security, in the event of your death. Coverage is provided through the Cigna.

Employees are covered for the following amount of employer paid life insurance/AD&D depending on which classification you are in:

- **Class 1:** All employees (except directors, administrators and physicians): Life Insurance/AD&D Benefit: One times salary up to a maximum benefit of \$240,000
- **Class 2:** All directors, administrators and physicians: Life Insurance/AD&D Benefit: Two times salary up to a maximum benefit of \$500,000

Spouses are covered for a flat \$10,000 - A spouse who is also an employee of Summit Healthcare is ineligible for this benefit.

Children are covered:

- 14 days - 6 months: \$500
- 6 months - 19 years (26 years if full-time student): \$1,000

There is a reduction in employer paid life insurance/AD&D benefits starting at age 70.

Voluntary Life Insurance and AD&D

For those employees who wish to purchase additional life insurance coverage, Summit Healthcare offers eligible employees a voluntary supplemental life insurance benefit. This coverage is offered through Cigna. Please refer to the Cigna materials in your enrollment information for the employee, spouse and child supplemental life rates and further plan information.

Life insurance coverage for the employee is paid to your beneficiary(s), in the event of the employee's death. Life insurance coverage for the spouse is paid to the employee, in the event of the spouse's death. Life insurance coverage for a child is paid to the employee, in the event of a child's death. To purchase Voluntary Life/AD&D for a spouse or child, an employee must also purchase it for themselves (see below).

- Employee: \$10,000 units up to \$300,000 (\$10,000 minimum benefit)
- Spouse: 100% of employee amount up to \$150,000 maximum (\$5,000 minimum benefit)
- Child(ren): \$10,000 maximum benefit per child (\$1,000 minimum benefit)

There is a reduction in voluntary life insurance/AD&D benefits starting at age 70.

Guarantee Issue

If you and your eligible dependents enroll within 31 days of your eligibility date, you may apply for any amount of Life insurance coverage up to \$180,000 for yourself and any amount of coverage up to \$50,000 for your spouse. Any Life insurance coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability. If you and your eligible dependents do not enroll within 31 days of your eligibility date, you can apply for coverage only during an annual enrollment period and will be required to furnish evidence of insurability for the entire amount of coverage. AD&D coverage does not require evidence of insurability.

Please Note: You cannot cover a dependent who is also an employee of Summit Healthcare

Employer Paid Short Term Disability (STD)

All Full-time benefitted employees working 32 hours or more per week are offered a short term disability benefit paid for by Summit Healthcare. Please refer to the Cigna Policy for further plan information. Cigna's contact information is provided in the contact information page in this booklet.

You must contact Cigna prior to the start of your leave of absence, if planned, to notify them of your need for a leave and to provide physician's documentation on the need for a medical leave. If unplanned, Cigna must be notified no later than 7 continuous days from the last day worked. Extended Illness Bank (EIB) and STD must be approved by Cigna. Cigna provides seamless disability case management of EIB, STD and LTD.

STD provides short-term income protection in the event of a non-occupational illness or disability. STD provides partial income replacement during your period of disability to help provide you and your family with financial security. STD benefits begin after a 30 day waiting period. Benefits begin on the 31st day of your approved disability and will continue for the duration of your disability up to a maximum of 22 weeks. STD benefits are 60% of your pre-disability earnings to a maximum of \$15,000/month (Physicians, Officers, Directors, and Chief Practice Administrators) or \$7,000/month (all other employees). Benefits are paid on a bi-weekly basis by Cigna.

Employer Paid Long Term Disability (LTD) Insurance

All employees in an eligible class working 32 or more hours per week are offered an employer paid LTD benefit. Please refer to the Cigna Certificate of Coverage for further plan information. Cigna's contact information is provided in the contact information page in this booklet.

LTD provides long-term income protection in the event of an unexpected non-occupational disability. LTD provides partial income replacement during your period of disability to help provide you and your family with financial security. LTD benefits begin after 180 consecutive and continuous days of disability due to a non-occupational injury or sickness. LTD benefits are 60% of pre-disability earnings with a maximum monthly benefit of \$15,000 (Physicians, Officers, Directors and Chief Practice Administrators) or \$6,000 (all other benefit eligible employees). The maximum period you can receive LTD benefits is Social Security Normal Retirement Age (SSNRA), or until you are no longer disabled. The pre-existing condition limitation and other plan restrictions and limitations are explained in the Cigna plan summary materials.

Summit Healthcare Retirement Contribution Plan

Summit Healthcare is proud to sponsor a 403(b) retirement savings plan for our employees. The plan is administered by Daily Access Corporation. You can access your personal 403(b) account information 24 hours a day, seven days a week at www.dailyaccess.com or (800) 217-2240. For investment recommendations or questions, please contact our financial professionals at CBIZ Financial Solutions - Robert Quiroz, Tim Schannep, Michael Darragh, or Teri White. They can be reached at 520-320-3811, toll free at 800-457-5636 or 403bhelp@cbiz.com.

The following highlights the key plan benefits:

Eligibility - Employees are immediately eligible to participate in the 403(b) Retirement Savings Plan if they are at least 18 years of age.

Pre-Tax Contributions & Roth Contributions - Your plan allows you to save for your retirement through a Traditional/Pre-Tax Contribution which reduces your current taxable income; or a Roth contribution, which is not tax deductible but allows you to take tax-free withdrawals at retirement. Employees can contribute up to \$18,000 of annual compensation in calendar year 2015. Employees age 50 and older can contribute an additional “catch-up” contribution of \$6,000 in calendar year 2015 for a total contribution of \$24,000.

Employer Match - Summit Healthcare currently provides a match. The employer match is determined each year. Historically, Summit Healthcare has matched dollar for dollar up to 4% of considered compensation. Considered compensation is an employee’s base salary including PTO. Employees are eligible for the employer contribution after 12 months of employment. Please see Human Resources for details.

Vesting Schedule for Employer Match:

<u>Years of Service</u>	<u>Vested</u>
Less than 1	0%
1	33%
2	67%
3	100%

May I Borrow Money From My Account? The plan is intended to help you put aside money for your retirement. Summit Healthcare has included a Plan feature that lets you borrow money from the Plan. Participants may borrow up to 50% of their vested account balance with a minimum loan of \$1,000 and a maximum of \$50,000. Please login to the Daily Access website or call (800) 217-2240 to model and complete the loan request.

Beneficiary Designation - Please ensure you complete a 403(b) beneficiary form. Per IRS rules, if you are married and select a primary beneficiary other than your spouse, you must obtain a signed notarized consent from your spouse. Your 403(b) Plan and employer provided life insurance plan beneficiaries are different and you must complete separate beneficiary forms for each of these plans. If you have a life event such as marriage or divorce, please ensure you complete a new beneficiary form for each plan to reflect your wishes.

Voluntary Benefits available through UNUM

Voluntary benefits are available to you through UNUM and offer these benefits:

- Paid in addition to your Summit Healthcare group medical insurance plan
- Affordable premiums and convenient payroll deduction
- Compliment your core Summit Healthcare benefits – provide immediate, additional income for your initial out-of-pocket expenses (i.e. high deductibles and coinsurance)
- Portability – if you terminate your employment, you may continue your coverage at the group rates
- Benefits are paid directly to you, unless you specify otherwise
- Coverage is available for your spouse and children with most products

During each annual open enrollment period, you will meet individually with a UNUM representative to discuss these voluntary benefits or to review the UNUM benefit plans in which you are currently enrolled. New hires will have the opportunity to enroll in the next Open Enrollment Period. Below are the UNUM plan options available for you to elect:

Accident Indemnity Advantage Plan: Provides a lump sum benefit in the event of an unexpected injury; helps offset deductibles/coinsurance and uncovered medical expenses.

Critical Illness Insurance: Provides specified coverage for critical illness (including heart attack and heart surgery, stroke, end-stage renal failure, Occupational HIV, blindness).

Employee Benefit Rates- 1/1/2016 - 12/31/2016

Please see non-smoker and smoker rates below for full time and part time. By electing a non-smoker rate, you are agreeing to the parameters of the Non-Smoking Affidavit for you and your enrolled spouse and have been nicotine and tobacco free for a minimum of 12 months. A copy of the affidavit is available on Employee Self Service or with Human Resources. **You must complete the Non-Smoking Affidavit to obtain the non-smoker rates or will be charged the smoker premium.** There may be nicotine testing in 2016 and if the election you make does not coincide with the testing results, you will be back charged the additional premium and could be subject to termination.

The health insurance rates shown below will be reduced by \$25 per pay period if you and your enrolled spouse completed your HRA and Biometric screening prior to August 2015.

Medical Per Pay Period - 24 Pay Periods

Plan	Peak				Pinnacle			
NON-SMOKER RATES	Full Time		Part Time		Full Time		Part Time	
	Employee Per Pay Period	Summit's Monthly Contribution	Employee Per Pay Period	Summit's Monthly Contribution	Employee Per Pay Period	Summit's Monthly Contribution	Employee Per Pay Period	Summit's Monthly Contribution
Employee Only	\$53.00	\$912.49	\$87.00	\$844.49	\$30.00	\$999.23	\$64.00	\$931.23
Employee + Spouse	\$273.00	\$1,177.04	\$362.00	\$999.04	\$126.00	\$1,539.96	\$179.00	\$1,433.96
Employee + Child(ren)	\$208.00	\$786.69	\$277.00	\$648.69	\$95.00	\$1,060.80	\$137.00	\$976.80
Employee and Family	\$339.00	\$1,229.23	\$448.00	\$1,011.23	\$159.00	\$1,665.52	\$224.00	\$1,535.52

Plan	Peak				Pinnacle			
SMOKER RATES	Full Time		Part Time		Full Time		Part Time	
	Employee Per Pay Period	Summit's Monthly Contribution	Employee Per Pay Period	Summit's Monthly Contribution	Employee Per Pay Period	Summit's Monthly Contribution	Employee Per Pay Period	Summit's Monthly Contribution
Employee Only	\$103.00	\$812.49	\$137.00	\$744.49	\$80.00	\$899.23	\$114.00	\$831.23
Employee + Spouse	\$323.00	\$1,077.04	\$412.00	\$899.04	\$176.00	\$1,439.96	\$229.00	\$1,333.96
Employee + Child(ren)	\$258.00	\$686.69	\$327.00	\$548.69	\$145.00	\$960.80	\$187.00	\$876.80
Employee and Family	\$389.00	\$1,129.23	\$498.00	\$911.23	\$209.00	\$1,565.52	\$274.00	\$1,435.52

Dental - 24 Pay Periods

Employee Contribution Per Pay Period for Dental Plans	Low Option Dental Plan		High Option Dental Plan	
	Full Time	Part Time	Full Time	Part Time
Employee Only	\$0	\$0	\$5.50	\$6.50
Employee and Family	\$6.50	\$8	\$11	\$13

Vision - 24 Pay Periods

Employee Contribution Per Pay Period for Stand Alone Vision Plan	Full Time	Part Time
Employee	\$0	\$0
Employee + Spouse	\$2	\$2.50
Employee + Child(ren)	\$2.50	\$3
Employee + Family	\$3	\$4

Contacts

Summit Healthcare Human Resources (HR)
928-537-6914

Medical Plan

Meritain, Claims Administrator
Customer Service: 866-300-8449
www.mymeritain.com

Aetna Choice POS II Provider Lookup

www.aetna.com/docfind/custom/mymeritain
800-343-3140

HSA Bank

Customer Service: 800-357-6246
www.hsabank.com

Arizona Central Credit Union

Customer Service: 866-264-6421
azcentralcu.org

Prescription Drug Plan

MagellanRx, Pharmacy Benefits Manager
Customer Service: 800-659-4112
rxpriorauths@magellanhealth.com
www.magellanhealth.com

Flex Plans (FSA)

Health Care and Dependent Care Spending Accounts
Limited FSA
B.A.S.I.C. Customer Service: 800-473-0455
www.basicflex.com

Employee Assistance Program

Jorgensen Brooks Group
Customer Service: 888-520-5400 or 520-575-8623
www.jorgensenbrooks.com

Dental Plans

Ameritas Dental Plan Customer Service: 800-487-5553
www.ameritas.com

Vision Plan

EyeMed
Customer Service: 866-800-5457
www.eyemed.com
Choose "Insight Network"

Life Insurance/AD&D,

Voluntary Life Insurance/AD&D, STD and LTD

Cigna Customer Service: 800-36-CIGNA (24462)
www.cigna.com
To file an EIB and/or STD claim, call 800-36-CIGNA (24462)

Summit Healthcare Retirement Contribution Plan

Robert Quiroz or Tim Schannep
800-457-5636 or 403bhelp@cbiz.com

UNUM Voluntary Benefits Programs

800-635-5597

Employee Benefits Consultant (CBIZ)

Kristine Kot, Account Manager
520-321-7501
kkot@cbiz.com

Employee Claims Advocate (CBIZ)

Angela Schlosser
(call her directly on claim issues for all plans)
520-321-7503
aschlosser@cbiz.com

About This Booklet: This booklet highlights important features of Summit Healthcare's benefits for its benefit-eligible employees. While efforts have been made to ensure the accuracy of the information presented, in the event of any discrepancies your actual coverage and benefits will be determined by the legal Plan Documents and the contracts that govern these plans. Benefit plans may be changed for any reason, to the extent allowed by law. Your participation in these benefits is not a contract of employment and does not guarantee future employment.

CBIZ Benefits & Insurance Services
1765 East Skyline Drive
Tucson, AZ 85718

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