



You Must Enroll to Receive Benefits

Benefit Choices for 2016

To meet the needs of you and your family, you will continue to have several benefits to choose from for 2016. You can choose from these plans:

- 5 Medical Plans administered by UMR
- 3 Dental Plans with Delta Dental
- 3 Vision Plans from EyeMed
- Several voluntary benefit plans from TransAmerica that provide benefits if you develop a serious illness, are hospitalized or are injured in an accident
- Flexible Spending Accounts
- Life and Disability Insurance

Eligibility

Full-time hourly/commissioned and salaried employees working 30 or more hours per week are eligible for most benefits on the first of the month following 30 days of employment. You can also cover your legal spouse and your children up to age 26.

Remember: If your spouse is eligible for medical coverage through his or her own employer, your spouse is not eligible to enroll in medical coverage through our plans.

Making Changes During the Year

Once you enroll, you cannot make changes until the next annual enrollment period unless you have a qualifying event or change in family status such as marriage, the birth of a child or a change in your spouse's employment. You have 30 days following a qualifying event to make benefit changes.

Take Action

You must go online during open enrollment to enroll in order to have benefits for 2016-2017. New employees must enroll during their initial eligibility period.

Enroll Online

Use the online enrollment site to provide you with additional tools to help you compare your benefit options and make your choices.

Enroll online at
<https://boydgroup.tbs.aon.com>

User ID:
Your Social Security number

Password:
TheBest2015

You will change your password once you log in.

Your Medical And Prescription Drug Benefits

We offer five medical plans with prescription drug coverage. Each option includes a network of doctors and specialists who have agreed to provide services at a discounted price. You can see providers outside the network, but you will pay more.

For all five plans, the individual deductible applies if you choose employee only coverage. If you enroll yourself and any other family members, you will need to meet the family deductible.

The information below is a summary of coverage only. To confirm that your doctor is in the network, visit www.myuhc.com. Click on **Find Physician, Laboratory or Facility** in the top right menu, then select **Choice Plus** to find providers in your network.

Benefit Plan	Platinum		Gold		Silver		Bronze Plus		Bronze Alternative	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	N/A									
Individual		\$5,000	\$600	\$1,200	\$750	\$1,500	\$2,000	\$2,500	\$4,500	\$5,000
Family		\$10,000	\$1,200	\$2,400	\$1,500	\$3,000	\$4,000	\$5,000	\$9,000	\$10,000
Out-of-Pocket Maximum										
Individual	\$1,500	\$10,000	\$3,000	\$6,000	\$5,000	\$10,000	\$5,000	\$10,000	\$5,950	\$11,900
Family	\$3,000	\$20,000	\$6,000	\$12,000	\$10,000	\$20,000	\$10,000	\$20,000	\$11,900	\$23,800
Preventive Care	100%	70% after deductible	100%	70% after deductible	100%	50% after deductible	100%	60% after deductible	100%	60% after deductible
Office Visit										
Primary Care	\$20	70% after deductible	\$20	70% after deductible	\$30	50% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Specialist	\$35		\$35		\$50					
Inpatient Hospital	\$250 per admission	70% after deductible	90% after deductible	70% after deductible	\$250, then 70% after deductible	\$500, then 50% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Emergency Room	\$100 copay		90% after deductible		\$150, then 70% after deductible		80% after deductible		80% after deductible	
Other Expenses	100%	70% after deductible	90% after deductible	70% after deductible	70% after deductible	50% after deductible	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Prescription Drugs										
Generic	\$4	50%	\$5	50%	\$10	50%	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Formulary Brand	\$20	50%	20% (\$50 maximum)	50%	\$40	50%	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Non-Formulary Brand	\$40	50%	40% (\$100 maximum)	50%	\$60	50%	80% after deductible	60% after deductible	80% after deductible	60% after deductible

Bronze Medical Plans Can Be Combined with a Health Savings Account (HSA)

If you enroll in either of the Bronze Medical Plans, you can set up a Health Savings Account (HSA) and deposit pre-tax dollars from your paycheck into your account.

You can use this money to pay your eligible health care expenses with tax-free dollars. All money in the account belongs to you and goes with you if you change jobs or retire.

The maximum amount you can contribute for 2016 is:

- \$3,350 if you enroll in individual coverage
- \$6,750 if you enroll yourself and other family members

If you currently participate in the HSA Medical Plan and already have an HSA with HSA Bank, you can continue to contribute to that account. To open an account, contact HSA Bank at (800) 357-6246 or visit www.hsabank.com for more information.

Your Dental Benefits

You can choose from three Delta Dental plans. The dental plans include a network of dentists and specialists who have agreed to provide services at discounted prices. The Bronze Plan does not cover major services or orthodontia.

The chart provides a summary of coverage only. To find a dentist in the Delta Dental network, visit www.deltadentalmn.org.

Coverage	Gold	Silver	Bronze
Individual Deductible	\$50	\$100	\$100
Maximum Family Deductible	\$150	\$300	\$300
Maximum Annual Benefit per Person	\$2,000	\$1,500	\$1,000
Preventive Services	100%	100%	100%
Basic Services	80%	80%	80%
Major Services	80%	60%	Not covered
Orthodontia	50% (adults and children)	50% (children to age 19)	Not covered
Lifetime Orthodontia Maximum per Person	\$2,000	\$1,500	N/A

Your Vision Benefits

You can choose from three vision plans provided by EyeMed to save money on eye exams, glasses and contact lenses. You will need to see network providers to receive maximum benefits, although some discounts are available from out-of-network providers.

- The Gold and Silver Plans cover annual eye exams with a copay and provide an annual allowance for glasses or contact lenses.
- The Bronze Plan provides an annual eye exam at no cost to you and offers unlimited discounts on glasses and contact lenses.

All three plans also offer discounts on additional pairs of glasses and lens options such as tints or scratch coating.

The chart provides a summary of coverage only. To find a network provider, visit www.eyemed.com, click on **Find a Provider** and select the **Insight** network.

In-Network Benefits	Gold	Silver	Bronze
Annual Eye Exam	\$10 copay	\$20 copay	\$0 copay
Contact Lens Fitting Standard Premium	\$0 copay 10% discount, then \$55 allowance	\$0 copay 10% discount, then \$55 allowance	Not covered
Frames	\$200 allowance, 20% off additional cost	\$100 allowance, 20% off additional cost	35% discount
Lenses Single Bifocal Trifocal Standard Progressive	\$10 copay	\$20 copay	\$50 \$70 \$105 \$135
Contact Lenses Conventional Disposable	\$200 allowance, 15% off additional cost \$200 allowance	\$100 allowance, 15% off additional cost \$100 allowance	15% discount Retail cost – no discount
Laser Vision Correction	15% off retail price or 5% off promotional price		

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to pay for health care and dependent care expenses using tax-free dollars. Money is deducted from your paycheck before taxes each pay period and deposited into your accounts. You can use the money for eligible expenses incurred between April 1, 2016 and March 31, 2017.

If you enroll in either of the Bronze Medical Plans, you can have a limited Health Care FSA that allows you to pay only dental and vision expenses until you meet your medical plan deductible. Once your medical deductible is met, you can use the money in your FSA to pay medical expenses

Account	How Much You Can Contribute	How Funds Can be Used
Health Care Account	Up to \$2,550 per year	<ul style="list-style-type: none"> • Medical and dental deductibles, coinsurance and copays • Vision care expenses not covered by a vision plan
Dependent Care Account	Up to \$5,000 per year (\$2,500 if you are married and file separate income tax returns)	Care for children under age 13 in: <ul style="list-style-type: none"> • Nursery school and daycare • Before and after-school care • Summer day camp programs

Your Life Insurance Benefits

Basic Life Insurance

All full-time employees receive \$25,000 in company-paid basic life and Accidental Death & Dismemberment (AD&D) insurance at no cost.

Supplemental Term Life Insurance

You can purchase term life insurance for yourself, your spouse and your children up to age 26. The amounts shown in this chart are available on a guaranteed issue basis (no medical questions required) if you enroll when you are first eligible. Additional amounts are available with medical underwriting.

Coverage	Maximum Guaranteed Issue Coverage Amounts
Employee	The lesser of 7 times your salary or \$200,000
Spouse	\$30,000
Children up to age 26	\$10,000 per child

Your Disability Benefits

Short-Term Disability coverage replaces 60% of your income for up to 26 weeks if you become disabled for more than 14 days due to an accidental injury or sickness. The maximum benefit is \$1,000 per week.

Long-Term Disability coverage replaces 60% of your income if you remain disabled for more than 180 days due to an accidental injury or sickness. The maximum benefit is \$10,000 per month.

Your Voluntary Benefits

You can enroll in three voluntary plans from TransAmerica.

Critical Illness

Critical Illness Insurance provides a lump-sum benefit if you are diagnosed with a major illness covered by the plan. You can use the benefit to help pay medical costs or living expenses. Some of the covered illnesses include cancer, heart attack, stroke, kidney failure and paralysis.

Hospital Indemnity

Hospital Indemnity Insurance pays you a fixed dollar amount for each day you are hospitalized. You receive \$1,000 for the day you are admitted and \$100 per day for each additional day, up to 30 days. If you are hospitalized in Intensive Care, an additional daily benefit is payable.

Accident Insurance

If you are involved in a covered accident that requires medical care, Accident Insurance will pay you benefits based on your treatment and health care expenses such as doctor's office visits, emergency room treatment and physical therapy. The plan also pays benefits if you have covered injuries such as broken bones, burns, ruptured discs, torn ligaments and cuts requiring stitches. You can choose from two different coverage levels.

Benefit Plan Contact Information

Plan	Provider	Phone Number	Website
Medical	UMR	(800) 826-9781	www.umar.com
Dental	Delta Dental of Minnesota	(800) 448-3815	www.deltadentalmn.org
Vision	EyeMed	(866) 800-5457	www.eyemed.com
Flexible Spending Accounts	UMR	(800) 826-9781 Fax for claims (877) 390-4782	www.umar.com
STD, LTD and Supplemental Life	Unum	Claim inquiries (800) 858-6843 STD claim intake (866) 224-9402	www.unum.com/employees
Voluntary Benefits	TransAmerica	(888) 763-7474	www.tebcs.com



This guide is a brief summary of your benefits. The Boyd Group may change these benefits at any time. If there are any discrepancies between this guide and the Summary Plan Description (SPD), the SPD will prevail.