



2015 EMPLOYEE BENEFITS GUIDE

Medical and Prescription Drugs Benefits are insured by:



| BASE PLAN: IDG 2V | | Group# 01S3091 | | BUY UP PLAN: IC2 2V | | Group# 01S3092 | |
|--|--|---------------------------------------|--|--|--|---------------------------------------|--|
| Network Benefits | | Non-Network Benefits * | | Network Benefits | | Non-Network Benefits * | |
| Plan Deductible | | | | Plan Deductible | | | |
| \$1,500 Individual \$4,500 Family | | \$3,000 Individual \$9,000 Family | | \$500 Individual \$1,500 Family | | \$1,000 Individual \$3,000 Family | |
| Coinsurance | | | | Coinsurance | | | |
| You Pay 20%; Plan 80% | | You Pay 40%; Plan 60% | | You Pay 20%; Plan 80% | | You Pay 40%; Plan 60% | |
| Out-of-Pocket Maximum <i>does not include deductible</i> | | | | Out-of-Pocket Maximum <i>does not include deductible</i> | | | |
| \$3,500 Individual \$10,500 Family | | \$6,000 Individual \$21,000 Family | | \$2,500 Individual \$7,500 Family | | \$5,000 Individual \$15,000 Family | |
| Well Care / Doctors Office Visit <i>includes annual physical exam, child immunizations and routine diagnostic tests</i> | | | | Well Care / Doctors Office Visit <i>includes annual physical exam, child immunizations and routine diagnostic tests</i> | | | |
| Wellness: 100% | | 40% after deductible. | | Wellness: 100% | | 40% after deductible. | |
| Primary Care Physician: \$30 copay | | | | Primary Care Physician: \$30 copay | | | |
| Specialist office visit: \$50 copay | | | | Specialist office visit: \$50 copay | | | |
| Medical/Surgical Services <i>coverage for surgical procedures, inpatient visits, therapies, and certain diagnostic procedures as well as other physician services</i> | | | | Medical/Surgical Services <i>coverage for surgical procedures, inpatient visits, therapies, and certain diagnostic procedures as well as other physician services</i> | | | |
| 20% after deductible | | 40% after deductible | | 20% after deductible | | 40% after deductible | |
| Emergency Room Services | | | | Emergency Room Services | | | |
| 100% after \$150 copay | | | | 100% after \$150 copay | | | |
| Inpatient Hospital Services | | | | Inpatient Hospital Services | | | |
| 20% after deductible | | 40% after deductible | | 20% after deductible | | 40% after deductible | |
| Outpatient Hospital Services | | | | Outpatient Hospital Services | | | |
| 20% after deductible | | 40% after deductible | | 20% after deductible | | 40% after deductible | |
| Prescription Drug Card | | | | Prescription Drug Card | | | |
| Retail Generic: \$10 copay Formulary: \$35 copay Non-formulary: \$60 copay | | | | Retail Generic: \$10 copay Formulary: \$35 copay Non-formulary: \$60 copay | | | |
| Mail Order Generic: \$25 copay Formulary: \$75 copay Non-formulary: \$150 copay | | | | Mail Order Generic: \$25 copay Formulary: \$75 copay Non-formulary: \$150 copay | | | |
| Log on and Discover: | | | | Important Phone Numbers: | | | |
| UHC Home Page: www.myuhc.com Access for Members: www.myuhc.com Provider Finder: www.myuhc.com | | | | PPO Customer Service: (800) 842-4571 | | | |

This Benefit Guide only highlights the benefits available. For a more complete description, see the Plan Certificates. If any conflict should arise between this Guide and the Plan Document, the Plan Document will govern in all cases.

* Reimbursement of Out of Network (OON) providers will be based on the usual and customary fee schedule or the Medicare Reimbursement rate. Non-participating providers do not have a contract or participating agreement and have not agreed to a reimbursement rate for services provided to members. Therefore, in situations where the provider's actual charges are greater than the usual and customary charge, the member will be responsible for the applicable cost sharing amount, plus the difference, if any.

Dental benefits are insured by:



| Dental PPO Plan | |
|--|-------------------------------|
| PPO Network | Out-of-Network * |
| Calendar Year Maximum | |
| \$1,000 per person | |
| Calendar Year Deductible | |
| \$50 per person | \$50 per person |
| \$150 per family | \$150 per family |
| Preventive / Diagnostic | |
| <i>Periodic Oral Evaluation, Radiographs, Lab, Other Diagnostic Tests, Dental Prophylaxis (Cleanings), Fluoride Treatments, Sealants, Space Maintainers</i> | |
| 100% of maximum allowance | 80% of U&C |
| Basic | |
| <i>Restorations (Amalgam or Anterior Composite **) General Services, Simple Extractions, Oral Surgery (including surgical extractions), Periodontics and Endodontics</i> | |
| 80% of maximum allowance deductible applies | 60% of U&C deductible applies |
| Major | |
| <i>Inlays, Onlays, Crowns, Dentures and Other Removable Prosthetics, Fixed Partial Dentures (Bridges)</i> | |
| 50% of maximum allowance deductible applies | 50% of U&C deductible applies |

Life, AD& D, Short and Long term disability benefits are insured by:



| 100% Employer Paid Benefits |
|--|
| Basic Life and AD&D Benefits |
| 1 x Salary to a Maximum of \$50,000 benefit reduced by: 35% at age 70, 50% at age 75 |
| Short Term Disability |
| Benefits begin on: The 7th day for disability due to injury The 7th day for disability due to sickness 60% of predisability earnings to a maximum of \$700 per week up to 13 weeks |
| Long Term Disability |
| Benefits begin on the 90th day of disability 60% of monthly earnings up to \$6,000 24 months for Owner occupation Pre-existing Condition limitation: Sickness or accidental injury for which employee receives medical treatment, consultation, care or services, including medication 3 months prior to the start of the policy, must remain on the policy for 12 months on the policy before receiving benefits under that condition |
| Includes: Employee Assistance Program: |

Dental benefits are insured by:



| Vision | |
|--|---|
| In-network | Out-of-network* |
| Exam (once every 12 months) | |
| \$10 copay | \$35 allowance |
| Frames (once every other year) | |
| \$120 allowance, 20% off excess over allowance | \$48 allowance |
| Lenses | |
| Covered in full after \$25 copay | Single Lenses - \$25 allowance Bifocal Lenses - \$40 allowance Trifocal Lenses - \$60 allowance |
| Contact Lenses (once every 12 months) | |
| <i>Conventional</i> | |
| \$135 allowance, 15% off excess over allowance | \$95 allowance |
| <i>Disposable</i> | |
| \$135 allowance | \$95 allowance |
| <i>Medically Necessary</i> | |
| Covered in full with prior approval | \$200 allowance |
| Laser Vision Correction | |
| 15% off retail price or 5% off promotional price | No discount |
| Log on and Discover: | |
| EyeMed: www.eyemedivisioncare.com 1-866-299-1358 | |

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YOUR EMPLOYEE BENEFITS

Michael Hill, LLC is pleased to offer to you and your family our comprehensive benefits program. Our benefits program contains a variety of plans intended to enhance your life and those of your family members now and in the future. As part of this benefits program you will be asked to make choices about the benefits described in this booklet. Please study the information about each plan carefully, then, promptly complete the enrollment forms provided so that you can begin to enjoy the features of your benefits program as soon as they become effective.

Highlights of Your Benefits

- Choice of medical coverage
- Dental PPO coverage
- Life & Disability
- Vision coverage
- FSA

Eligibility

All full-time employees regularly scheduled to work at least 30 hours per week are eligible to participate in our benefits program. Your benefits will become effective on the first day of the month following 60 days of full time employment. In addition to covering yourself, you may also choose to cover eligible dependents including your spouse and dependent children until they reach age 26 regardless if full time students or until the age of 30 if dependent was in military.

MEDICAL

Choosing a Medical Plan

Michael Hill, LLC medical coverage is provided by United Healthcare of Illinois (UHC).

UHC PPO Preferred Provider Organization (PPO) offers an extensive national network of physicians and hospitals that have agreed to provide services at discounted rates. You may visit any doctor in any practice or specialty without a referral, but you are covered at a higher level if you receive care from a provider in the ChoicePlus network rather than outside of the network. www.myuhc.com.



Vision

Michael Hill, LLC makes available to you a vision plan thru EyeMed Vision Care.

www.eyemedvisioncare.com



DENTAL

Dental PPO The dental PPO is best utilized by using in-network providers however members have the freedom to choose any dentist. Each family member gets a calendar year maximum that is used for dental services. www.myuhc.com.



Life and Disability

To assist your family financially in the unfortunate event of your loss of life, our company makes available a basic term life insurance benefit.

If you become disable due to a non-work related illness or injury, short and long-term disability benefits may be payable to you thru UNUM.



FSA Plan

Michael Hill, LLC makes available to you flexible spending accounts for healthcare and dependent care.

Healthcare FSA The healthcare FSA enables you to put aside pre-tax dollars to pay for out-of-pocket expenses you may incur for medical, dental, vision and pharmacy (including over-the-counter and medically-necessary healthcare products) care. Contributions are made via pre-tax payroll deductions.

Transit and Parking FSA The transit/parking program allows you to set aside pre-dollars from your paycheck for qualified mass transit/parking expenses associated with commuting to work. Qualified transit expenses include the cost of purchasing any Metra/CTA pass, fare cards, etc. Qualified parking expenses include the cost of parking at or near your employer's business or at or near a location from which you commute to work, either by mass transit, commercial commuter highway vehicle or carpool.

Dependent Care FSA The dependent care FSA enables you to put aside pre-tax dollars to pay for child and elder care expenses. As expenses are incurred, you may submit receipts for services to United Healthcare for reimbursement.

www.myuhc.com



Caring for your family: Use your plans wisely

- Always go to network doctors and hospitals, if possible
- Take advantage of preventive care to stay healthy
- Seek emergency care only for true emergencies
- Ask for generic prescriptions
- Review statements to detect errors in billing