

**GROWING
HEALTHY
TOGETHER**

Schurz
Choice
BENEFITS PROGRAM



**YOUR
2013
BENEFIT GUIDE**

Find out how to make your
benefit elections on page 26!

Table of Contents

Schurz Choice Benefits Program Guide

- Employee Benefits Program.....4**
- Schurz Choice Benefits5**
- Anthem Medical Benefits.....6
- Anthem Prescription Benefits7
- Medical Plan Rates.....8
- Understanding Your Plan Options and Out-of-Pocket Cost..... 9-12
- Health Savings Accounts..... 13
- HSA Frequently Asked Questions 14-15
- Medical Plan Preventive Benefits 16-17
- Medical Plan Preventive Rx Drug List 18-19
- Medical Plan Preventive Care Services20
- MetLife Dental Benefit21
- Anthem Vision Benefit22
- Lincoln Financial Group Life and AD&D Benefits23
- Lincoln Financial Group Disability Benefits24
- Flexible Spending Accounts25
- Enrolling in Your Schurz Choice Benefit Plan Options26
- Schurz Choice Advocacy.....27**
- Health Advocate28
- Core Health Advocacy 29-30
- Medical Bill Saver and 24-hour NurseLine 30
- EAP+Work/Life31
- Personal Health Dashboard32
- Online MedChoice Support33
- Chronic Care Management34
- Summary of Health Advocate Products & Services.....35
- Personal Health Coach.....35
- Schurz Choice Wellness36**
- Medical Plan Premium Credits37
- Wellness Credit38
- Tobacco-Free Credit.....39
- Tobacco-Free Credit Frequently Asked Questions.....40
- Tobacco-Free Credit Tobacco Cessation Resources41
- Healthy Choices Credit.....42
- Activity-Based Incentive Program..... 43-44
- Schurz Choice Resources45**
- Employee Resources 46-47



SCHURZ COMMUNICATIONS

CHOICE

choice [chois]

noun

1. the right, power, or opportunity to choose.
2. an abundance or variety from which to choose.

choice. (n.d.). *Dictionary.com Unabridged.*

3. of superior quality; excellent.
4. carefully chosen, appropriate.

choice. (n.d.). *Collins English Dictionary - Complete & Unabridged 10th Edition.*

CHOICE

Employee Benefits Program

Your decisions, your way



What is the Schurz Choice Benefits Program?

- Benefit Plan Options
- CARE Line & Advocacy
- Wellness

What are my benefit plan options?

At Schurz, we value you and your family's complete well-being. We have partnered with some of the best names in the industry to bring you a comprehensive benefits package inclusive of the support and resources you need to maintain a healthy lifestyle, giving you the advantage you need to grow personally and professionally. Your win is our competitive edge. Benefit plan options available to you include:

- Anthem Medical & Prescription
- MetLife Dental
- Anthem Blue View Vision
- Lincoln Financial Group Life and AD&D
- Lincoln Financial Group Long-Term Disability
- Flexible Spending Accounts

What is the CARE Line & Advocacy?

We've worked hard to put together a comprehensive benefits package for you and your family, but unless you have the resources and support available to help you understand that package, it will be hard to make the most of it. That's why we established the CARE Line and partnered with Health Advocate, to supply you with the best tools and resources available.

Accessible Monday-Friday from 8 am to 5 pm Eastern Time, the CARE Line is your one-stop shop for questions about your Schurz Choice benefits, as well as for any questions you might have with regards to payroll, your 401(k), or your retirement plan benefits.

CARE Line Services

Option 1 Wellness Benefits Services Medical, Dental, Life, Disability	Option 2 Health Advocate Services™ NurseLine, EAP	Option 3 Health Coaching Services
Option 4 Proof of Employment and Income Verifications	Option 5 Payroll Services	Option 6 Human Resource Services

Health Advocate products and services include:

- Core Health Advocacy
- Medical Bill Saver
- NurseLine
- EAP+Work/Life
- Personal Health Dashboard
- MedChoice Support
- Chronic Care Management

What is the Wellness Program?

We want to help you live a healthy, well-balanced life. That's why we have worked to provide programs and services that support you in your efforts to reach optimal health. The Schurz Choice wellness offerings include:

- Annual health screenings
- Quarterly Wellness Campaigns
- Medical Plan Premium Credits
- Activity-Based Incentive Program

SCHURZ CHOICE

BENEFITS

ben-e-fit [**ben-uh**-fit]

noun

1. a payment or gift, as one made to help someone or given by a benefit society, insurance company, or public agency.
2. an act of kindness; good deed.

benefits. (n.d.). *Dictionary.com Unabridged.*

3. something that provides an advantage or gain; specifically an enhancement of property value, enjoyment of facilities, or increase in general prosperity arising from a public improvement.

benefits. (n.d.). *Merriam-Webster's Dictionary of Law.*

BENEFITS

Anthem Medical Benefits

Schurz Communications, Inc. offers 3 medical plan options to help protect you and your family from the high cost of medical care and services. All medical plans are administered by Anthem Blue Cross Blue Shield.

	CORE		ALTERNATE		CONSUMER	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible						
Individual <i>(single coverage only)</i>	\$2,000		\$500		\$2,000	
Family <i>(EE+Spouse, EE+Child(ren), Family)</i>	\$4,000		\$1,000		\$4,000	
Employer Provided HRA <i>(prorated based on coverage effective date)</i>	<i>The plan pays for the applicable portion of your Annual Deductible expenses with your employer-provided HRA dollars as follows:</i>					
Individual <i>(single coverage only)</i>	\$1,000		Not available with this plan		Not available with this plan	
Family <i>(EE+Spouse, EE+Child(ren), Family)</i>	\$2,000		Not available with this plan		Not available with this plan	
Employee Bridge <i>(deductible minus HRA dollars)</i>	<i>After your HRA is exhausted, you pay 100% of the cost of your medical and Rx expenses up to these applicable amounts:</i>					
Individual <i>(single coverage only)</i>	\$1,000		N/A		N/A	
Family <i>(EE+Spouse, EE+Child(ren), Family)</i>	\$2,000		N/A		N/A	
Coinsurance %	<i>After you have paid all of your Bridge expenses, you only pay for a percentage of the cost of your medical and Rx expenses as follows:</i>					
Employee pays after deductible is satisfied	20%	40%	20%	40%	20%	40%
Employer pays after deductible is satisfied	80%	60%	80%	60%	80%	60%
Annual Out-of-Pocket Maximum	<i>(includes HRA contributions used to pay for medical expenses)</i>				<i>(includes employee HSA contributions, if any used to pay for medical expenses)</i>	
Individual <i>(single coverage only)</i>	\$3,000	\$5,500	\$1,000	\$2,000	\$3,250	\$11,900
Family <i>(EE+Spouse, EE+Child(ren), Family)</i>	\$5,600	\$10,600	\$2,000	\$4,000	\$6,450	\$23,800

Anthem Prescription Drug Benefits

CORE		ALTERNATE		CONSUMER	
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
30-day Supply Retail Rx on tiers 1 / 2 / 3 / 4					
Deductible, then coinsurance		\$10 / \$25 / \$50 copays / 25%, max of \$1,000 <i>(does not count toward deductible or out-of-pocket)</i>	40% coinsurance	Deductible, then coinsurance	
90-day Supply Retail Rx on tiers 1 / 2 / 3 / 4 <i>(Tier 1, 2, 3 = retail or mail-order; Tier 4 = mail-order only)</i>					
Deductible, then coinsurance		\$20 / \$50 / \$100 copays / 25%, max of \$1,000 <i>(does not count toward deductible or out-of-pocket)</i>		Deductible, then coinsurance	
Preventive Rx <i>(refer to the list of preventive drugs on page XX)</i>					
<u>In-Network Benefit ONLY</u> 30-day \$4 Generic \$20 Brand 90-day \$10 Generic \$50 Brand		<u>In-Network Benefit ONLY</u> 30-day \$4 Generic \$20 Brand 90-day \$10 Generic \$50 Brand		<u>In-Network Benefit ONLY</u> 30-day \$4 Generic \$20 Brand 90-day \$10 Generic \$50 Brand	
Tobacco Cessation Rx					
Plan pays 100%, no copay		Plan pays 100%, no copay		Plan pays 100%, no copay	
Preventive Care & Diabetic Supplies					
Plan pays 100%	Deductible, then coinsurance	Plan pays 100%	Deductible, then coinsurance	Plan pays 100%	Deductible, then coinsurance

Medical Plan Rates



Did you know that your benefits package can comprise up to 40% of your total compensation, and that health insurance can make up as much as 30% of that 40%?? That's why Schurz invests in resources that help ensure that you get the most out of your benefits package.

See the table above for the medical plan premiums *before any credits are applied*.

Coverage Tier	Core	Alternate	Consumer
Employee Only	\$104.57	\$191.57	\$86.44
Employee + Spouse	\$247.99	\$403.47	\$209.35
Employee + Child(ren)	\$163.75	\$297.05	\$127.41
Family	\$282.67	\$526.27	\$228.43

We offer several different opportunities to earn credits that will help reduce your medical plan premium.

- **Wellness Credit** rewards you and your spouse (if applicable) each \$11.53 per pay period toward your medical plan premium.
- **Tobacco-Free Credit** rewards you and your spouse (if applicable) each \$36.00 per pay period toward your medical plan premium.
- **Healthy Choices Credit** rewards you and your spouse (if applicable) each up to \$10.00 per pay period toward your medical plan premium.

For details on how to qualify for these credits, refer to pages 36-41. To help you understand what your medical plan premium would be should you qualify for these credits, review the examples below.

	Core	Alternate	Consumer
Example Coverage Tier	Employee Only	Family	Employee + Spouse
Cost Per Pay Period <i>(based on tier and plan only)</i>	\$104.57	\$526.27	\$209.35
Wellness Credit <i>(per pay period)</i>	- \$11.53	- \$23.06 (\$11.53 + \$11.53) ¹	- \$23.06 (\$11.53 + \$11.53) ¹
Tobacco-Free Credit <i>(per pay period)</i>	- \$36.00	- \$72.00 (\$36.00 + \$36.00) ²	- \$72.00 (\$36.00 + \$36.00) ²
Healthy Choices Credit <i>(per pay period)</i>	- \$10.00	- \$20.00 (\$10.00 + \$10.00) ³	- \$20.00 (\$10.00 + \$10.00) ³
Total Medical Plan Premium Cost <i>(per pay period)</i>	\$47.04	\$411.21	\$94.29

¹ \$11.53 for **your** participation + \$11.53 for **your spouse's** participation

² \$36.00 for **your** tobacco-free status + \$36.00 for **your spouse's** tobacco-free status

³ Up to \$10.00 for **your** participation + up to \$10.00 for **your spouse's** participation

The following assumptions have been made for all the scenarios:

- All in-network providers were used.
- All services provided were covered by the plan.
- The employee (and spouse if applicable) elected to participate in the Schurz Choice Wellness Program and are tobacco-free.



Understanding Your Plan Options and Your Out-of-Pocket Cost

On the next few pages you will find sample scenarios that depict the out-of-pocket costs you may experience if you elect one of the three Schurz Choice medical plans. **Please note, these are only examples and not true scenarios or pricing.**

Example #1 - Employee Only Meet Michael James.

Michael elects to cover himself, agrees to participate in the Schurz Choice Wellness Program, and is tobacco-free.

Michael is a healthy, single male who goes to his doctor a couple of times each year and is not on any maintenance medication.

Service	Total Bill	Core	Alternate	Consumer
		Michael James Pays		
Preventive Care Exam	\$250	\$0	\$0	\$0
Sick Dr. Office Visit	\$75	\$0 (HRA paid)	\$75	\$75
Tier 2 Medication	\$100	\$0 (HRA paid)	\$25	\$100
Total Claims:	\$425	\$0	\$100	\$175
Employee Annual Medical Premium:		\$1,483	\$3,745	\$1,012
Employee Annual HSA Contribution:		N/A	N/A	\$175
33% Tax Savings:		(\$489)	(\$1,236)	(\$334)
TOTAL OUT-OF-POCKET COSTS:		\$994	\$2,609	\$853

Core Notes:

- We assumed Michael started with a \$1,000 balance in his HRA.
- The Out-of-Pocket Maximum is \$3,000.
- After services, Michael still has \$825 in his HRA to use to cover his deductible and coinsurance expenses until an additional \$2,825 in payments have been made (plus any Preventive Rx copays).

Alternate Notes:

- The Out-of-Pocket Maximum is \$1,000.
- Michael remains responsible for deductible and coinsurance expenses until an additional \$900 in payments have been made (plus any Rx and Preventive Rx copays).

Consumer Notes:

- We assumed Michael contributed a total of \$175 to his HSA from his paychecks.
- The Out-of-Pocket Maximum is \$3,250.
- Michael remains responsible for deductible and coinsurance expenses until an additional \$3,075 in payments have been made (plus any Preventive Rx copays).

Example #2 - Employee + Spouse Meet David and Sandra Harris.

David elects to cover himself and his spouse. They both agree to participate in the Schurz Choice Wellness Program, and are tobacco-free.

David needs outpatient surgery this year and Sandra is currently taking two maintenance medications. They both will see their doctor for an annual physical.



Service	Total Bill	Core	Alternate	Consumer
		David Harris Pays		
Preventive Care Exams	\$450	\$0	\$0	\$0
Sick Dr. Office Visits	\$280	\$0 (HRA paid)	\$280	\$280
Tier 2 Medication	\$200	\$0 (HRA paid)	\$25	\$200
Out-Patient Procedure ¹	\$5,750	\$2,446	\$1,720	\$3,966
Total Claims:	\$6,680	\$2,446	\$2,025	\$4,446
Employee Annual Medical Premium:		\$3,976	\$8,019	\$2,972
Employee Annual HSA Contribution:		N/A	N/A	\$4,446
33% Tax Savings:		(\$1,312)	(\$2,616)	(\$981)
TOTAL OUT-OF-POCKET COSTS:		\$2,664	\$7,398	\$6,437

Core Notes:

- We assumed David started with a \$2,000 balance in his HRA.
- The Out-of-Pocket Maximum is \$5,600.
- After services, David remains responsible for coinsurance expenses until an additional \$1,154 in payments have been made (plus any Preventive Rx copays).

Alternate Notes:

- The Out-of-Pocket Maximum is met, so the plan pays 100% the rest of the calendar year, except for Rx and Preventive Rx copays.

Consumer Notes:

- We assumed David contributed a total of \$4,446 to his HSA from his paychecks.
- The Out-of-Pocket Maximum is \$6,450.
- David remains responsible for coinsurance expenses until an additional \$2,004 in payments have been made (plus any Preventive Rx copays).

¹ Out-Patient Procedure Cost Details

Core Total Billed: \$5,750

HRA Paid: \$1,520

Employee Deductible: \$2,000

Employee Coinsurance: \$446

Plan Paid: \$1,784

Alternate Total Billed: \$5,750

Employee Deductible: \$720

Employee Coinsurance: \$1,000

Plan Paid: \$4,030

Consumer Total Billed: \$5,750

Employee Deductible: \$4,000

Employee Coinsurance: \$446

Plan Paid: \$1,304

Example #3 - Employee + Children Meet Juanita Martinez.

Juanita elects to cover herself and her child. She agrees to participate in the Schurz Choice Wellness Program, and is tobacco-free.

Juanita is the mother of a growing boy, Jose. Jose was diagnosed with Type 1 Diabetes at age 3 and is on several medications.



Service	Total Bill	Core	Alternate	Consumer
		Juanita Martinez Pays		
Preventive Care Exams	\$575	\$0	\$0	\$0
Sick Dr. Office Visits	\$375	\$0 (HRA paid)	\$375	\$375
Preventive Brand Medication	\$200	\$40	\$40	\$40
Tier 2 Medications ¹ (12 @ \$145 each)	\$1,740	\$115	\$300	\$1,740
Total Claims:	\$2,890	\$155	\$715	\$2,155
Employee Annual Medical Premium:		\$3,022	\$6,488	\$2,077
Employee Annual HSA Contribution:		N/A	N/A	\$2,155
33% Tax Savings:		(\$997)	(\$2,141)	(\$685)
TOTAL OUT-OF-POCKET COSTS:		\$2,025	\$5,062	\$3,547

Core Notes:

- We assumed Juanita started with a \$2,000 balance in her HRA.
- The Out-of-Pocket Maximum is \$5,600.
- Juanita remains responsible for deductible and coinsurance expenses until an additional \$3,755 in payments have been made (plus any Preventive Rx copays).

Alternate Notes:

- The Out-of-Pocket Maximum is \$2,000.
- Juanita remains responsible for deductible and coinsurance expenses until an additional \$1,625 in payments have been made (plus any Rx and Preventive Rx copays).

Consumer Notes:

- We assumed Juanita contributed a total of \$2,155 to her HSA from her paychecks.
- The Out-of-Pocket Maximum is \$6,450.
- Juanita remains responsible for coinsurance expenses until an additional \$4,335 in payments have been made (plus any Preventive Rx copays).

¹ Tier 2 Medications Cost Details

Core Total Billed: \$1,740

HRA Paid: \$1,625

Employee Deductible: \$115

Example #4 - Employee + Family Meet the Thomas Family.

John Thomas elects to cover his entire family. He and his wife agree to participate in the Schurz Choice Wellness Program, and are tobacco-free.

The Thomas Family has two kids with one on the way. Mrs. Thomas is expecting baby #3 and will soon be admitted to the hospital.



Service	Total Bill	Core	Alternate	Consumer
		John Thomas Pays		
Preventive Care Exams	\$690	\$0	\$0	\$0
Sick Dr. Office Visits	\$600	\$0 (HRA paid)	\$600	\$600
In-Patient Procedure ¹	\$15,750	\$3,600	\$1,400	\$5,870
Tier 2 Medication	\$170	\$0	\$50	\$0
Total Claims:	\$17,210	\$3,600	\$2,050	\$6,470
Employee Annual Medical Premium:		\$4,878	\$11,211	\$3,468
Employee Annual HSA Contribution:		N/A	N/A	\$6,150
33% Tax Savings:		(\$1,610)	(\$3,700)	(\$1,144)
TOTAL OUT-OF-POCKET COSTS:		\$3,268	\$9,561	\$8,474

Core Notes:

- We assumed John started with a \$2,000 balance in his HRA.
- The Out-of-Pocket Maximum is met, so the plan pays 100% for the rest of the calendar year, except Preventive Rx copays.

Alternate Notes:

- The Out-of-Pocket Maximum is met, so the plan pays 100% for the rest of the calendar year, except Rx and Preventive Rx copays.

Consumer Notes:

- We assumed John contributed a total of \$6,450 to his HSA from his paychecks.
- The Out-of-Pocket Maximum is met, so the plan pays 100% for the rest of the calendar year, except Rx and Preventive Rx copays.

¹ In-Patient Procedure Cost Details

Core Total Billed: \$15,750

HRA Paid: \$1,400

Employee Deductible: \$2,000

Employee Coinsurance: \$1,600

Plan Paid: \$10,750

Alternate Total Billed: \$15,750

Employee Deductible: \$400

Employee Coinsurance: \$1,000

Plan Paid: \$14,350

Consumer Total Billed: 15,750

Employee Deductible: \$3,400

Employee Coinsurance: \$2,470

Plan Paid: \$9,880



2012 IRS Annual HSA Contribution Limits



Individual: \$3,250
Family: \$6,450

Catch-up Contribution: \$1,000

www.irs.gov

Health Savings Accounts (HSA)

A Health Savings Account, otherwise known as a “HSA,” is a special bank account used to pay for health costs that are not covered by your health insurance. You have the option to open a HSA if you select the Consumer medical plan option.

- HSA Special Features
- HSA FAQs

Special features of HSAs:

- You own it — you control the account
- Tax savings — when you contribute to your HSA, when you earn interest or dividends on your HSA, and when you pay for qualified health care expenses
- Investment options are available when you accumulate a balance and save for the future
- Balances roll over and accumulate year to year
- You control the funds and when to use them
- You can move your funds, if you choose — no permission required
- Funds can be used for expenses incurred by your dependents, even if your dependents are covered by another health plan

If you elect to have your HSA contributions direct deposited from your paycheck to your HSA, the direct deposit ***will not begin*** until your account is opened. ***It is your responsibility to open your HSA.***

You are only eligible to contribute to a HSA if you are covered under an IRS-qualified High Deductible Health Plan (HDHP). Individuals 55 and older who are not enrolled in Medicare are eligible to contribute an additional amount above the regular limits, referred to as the “Catch-up Contribution” each year until they enroll in Medicare.

Things to note if you choose to establish a HSA...

- ➔ If you change HSA banks during 2013 and need to change your direct deposit, you may do so online at <https://portal.adp.com>. If you need assistance, please call the CARE Line at (877) 919-WELL and press 5 for Payroll Services.
- ➔ You may change your direct deposit amount at any point during the year. To do so, simply log on to the ADP ESS site at <https://portal.adp.com> and select PAY & TAXES.
- ➔ The money in your HSA may only be used for eligible expenses as approved by the IRS. If you use HSA funds on non-qualified expenses, you will pay a tax penalty of 20%. To view the complete list of eligible expenses, visit www.irs.gov.
- ➔ You may not use your HSA funds to pay for over-the-counter medications unless you have a prescription from a doctor.

Health Savings Accounts

Frequently Asked Questions



Who is eligible to establish and contribute to an HSA?

The Schurz Choice Consumer Plan option is specifically designed to meet Internal Revenue Service (IRS) requirements that allow you to establish and make contributions to a Health Savings Account (HSA) at a financial institution of your choice. As a participant in the Consumer Plan, you are eligible to establish and make contributions to a HSA through a financial institution of your choice, although you are not required to do so. You CANNOT open a HSA or make contributions to a HSA if you are enrolled in a health plan that is not a qualifying high deductible health plan ("HDHP") as defined by the IRS. A qualifying HDHP is one that does not reimburse covered medical expenses (except dental, vision and preventive care expenses) until a minimum annual deductible established by the IRS is met.

The HSA you establish at your financial institution is not a company-sponsored benefit plan, but is rather an individual bank account owned by you. This means that you can keep this account and use it to reimburse yourself for uninsured qualified medical expenses, even if you leave employment with Schurz Communications, Inc. or one of its Affiliated Companies. In addition, once you make contributions to a HSA, you can use your HSA dollars to reimburse yourself for eligible medical expenses incurred in future years, even if you are no longer eligible to make contributions because you enroll in a health plan that is not a qualifying HDHP.

The company has partnered with 1st Source Bank to provide no monthly fee HSA accounts for participants enrolled in the Consumer High Deductible Health Plan option. 1st Source Bank has also waived the set-up fee. For more information about the 1st Source Bank HSA account, please contact Shawn Carlton at (574) 258-3200 and request a Truth in Savings document. You can also find the 1st Source Bank HSA application and instructions in the Benefits section of the Employee Self Service (ESS) website (<https://portal.adp.com>) or on the Health & Wellness Benefits Communication Portal (schurzchoice.benergy.com, UserID: schurzchoice, Password: benefits).

Are HSA contributions taxable?

The IRS establishes limits as to how much you are permitted to contribute tax-free to your HSA each year. These limits are based on your level of coverage (single or family) in a qualifying HDHP and are published annually in IRS Publication 969. Additionally, annual contribution limits are pro-rated monthly, based on when you became eligible to establish and contribute to a HSA. Contributions that exceed these limits are subject to income taxation and a 20% excise tax penalty. You will receive a 1099 from your financial institution annually that will show your annual HSA contribution. You then report the HSA contribution by completing a Form 8889 and filing that form along with your annual federal income tax return.

Are HSA earnings and distributions taxable?

The Internal Revenue Code (IRC) allows for the non-taxable accumulation of unused HSA balances and associated earnings from year-to-year. You may use your account to pay for your out-of-pocket costs for Covered Services (incurred after you establish your HSA) in this Plan as well as for any Qualified Medical Expense, as defined by IRC Section 213(d). The amounts you use to pay for Covered Services and Qualified Medical Expenses are not taxed; however, amounts distributed from your HSA for any other reason are subject to income tax and may be subject to an additional 20% excise tax. In addition, you cannot deduct

Qualified Medical Expenses as an itemized deduction on Schedule A (Form 1040) up to the amount of any tax-free distribution from your HSA during that year. Your financial institution will report to you your annual HSA contributions for tax purposes on an annual basis to assist you in completing the Form 8889 required to deduct those contributions.

How and when do I make contributions to an HSA?

You may make contributions directly to your financial institution or you may have contributions direct deposited from your paycheck on an after-tax basis. Generally, you may make contributions at any time, in any amount (not to exceed the maximum prescribed by the IRS) until April 15th of the year following the period for which you are filing income taxes. For example, you may make contributions to your HSA for 2013 until April 15, 2014.

Who is eligible to use my HSA funds?

You can use your HSA funds to reimburse Qualified Medical Expenses incurred by you, your spouse, and your tax dependents, as long as the expenses are incurred after the date that your HSA is established.

How do I access my HSA funds?

Your financial institution will likely provide you with access to your HSA funds via a debit card or check book. In the event of an IRS audit, YOU are responsible for maintaining documentation of Qualified Medical Expenses reimbursed from your HSA. **Remember, your actual HSA is not provided by this Consumer Plan option, but rather is a special bank account you own outside of this Consumer Plan option.** Your HSA is regulated by the Internal Revenue Service. You can use your HSA to pay for Qualified Medical Expenses that are not reimbursed by the HSA Plan, such as office visits, lab tests, and other Covered Services incurred after you establish your HSA but before you reach your deductible or out-of-pocket maximums for you and your eligible tax dependents. Your HSA can also be used to pay for IRC Section 213(d) Qualified Medical Expenses (incurred after you establish your HSA) that are not covered by this HSA Plan option.

Can I use the money in my HSA to pay the premium cost for other insurance?

You can only pay your health insurance premiums with your HSA if you are collecting Federal or State unemployment benefits, or you have COBRA continuation coverage through a former employer.



Medical Plan Preventive Benefits

One of the easiest ways to save money on health care is to practice prevention. Schurz Communications offers medical plan options that makes using preventive care services easy and inexpensive.

- Preventive Rx Benefit
- Change to Preventive Rx Drug List
- Preventive Rx Drug List
- Preventive Care Services



What is the Preventive Rx Benefit?

Preventive Rx is a consumer-directed health care product offered by WellPoint that provides first dollar coverage for drugs appearing on the Anthem Preventive Rx Drug List. In this case, first dollar coverage means you pay a copay and the copay does not apply towards the deductible or out-of-pocket maximum.

What is the Preventive Rx Drug List?

The Preventive Rx Drug List is a combination of drugs that have been identified by WellPoint as having indications for preventing disease or illness. Drugs on this list also meet the definition as set forth by the IRS under the consumer-directed health plan (CDHP) “safe harbor” provision as mechanisms for preventing disease and illness.

As preventive drug updates are made, new lists will be posted to the Schurz Choice Communication Portal.

Does the Preventive Rx Benefit apply to drugs purchased at the pharmacy, as well as through WellPoint’s mail-order program?

Yes. Drugs can be purchased at network-participating pharmacies or through the WellPoint mail-order program. The Preventive Rx benefit is only available at in-network pharmacies.

WellPoint is a service mark of WellPoint, Inc. Services are provided by a WellPoint PBM (either Professional Claims Services Inc., doing business as WellPoint Pharmacy Management, or Anthem Prescription Management, LLC, as appropriate).

NEW! Changes to the Preventive Rx Drug Benefit

As of October 1, 2012, Preventive Rx will no longer cover multi-source brand-name drugs. Below is some important information regarding this change.

What are multi-source brand-name drugs?

Multi-source brand-name drugs are brand-name drugs that have an FDA-approved generic version. As you know, generic drugs are just as safe and effective as brand-name drugs and they cost less. The biggest difference between most generic and brand-name drugs is the price.

What you should know about this change:

- Preventive Rx is a part of your pharmacy coverage and it includes coverage for certain generics and brand-name drugs at low or no cost to you.
- While Preventive Rx will no longer cover multi-source brand-name drugs, it will still cover generics and other brand-name drugs.
- If you choose to stick with a multi-source brand-name drug, it will still be covered by your pharmacy benefits, which depending on what plan option you participate in, will either be subject to deductible, coinsurance, or a higher copay.

Drugs removed from the Preventive Rx Drug List:

Avapro	Desogen	Lotrel	Prefera-Ob Plus
Boniva	Duet DHA	Lovenox	DHA
Caduet	Balanced	Malarone	Prenate Elite
Cardizem LA	Femcon FE	Neevo DHA	Toprol XL
Citranatal	Femhrt	Nestabs	Vitafol-One
B-Calm	Fortamet	Nestabs DHA	Yasmin 28
Citranatal	Fosamax	Nexa Select	Yaz
DHA	Glucophage	Ortho Tri-	
Citranatal Rx	Glucophage	cyclen	
Climara	XR	Ortho-novum	
Concept DHA	Hyzaar	Paire Ob Plus	
Coreg	Inderal LA	DHA	
Coumadin	Lanoxin	Plaquenil	
Cozaar	Lipitor	Plavix	

If you currently use multi-source drugs, you should speak with your doctor or pharmacist.

Before refilling your prescriptions, ask your doctor or pharmacist if a generic is right for you. If so, remind your pharmacist to fill the prescription with the generic drug. The generic might look a little different, but the active ingredients are the same.

Questions?

If you have any questions about this change, call Anthem's Customer Service at **(888) 523-5898** or the **CARE Line at (877) 919-WELL (option 1)** or via email at **schurzchoice@workingwell4you.com**.

Medical Plan Preventive Benefits

Preventive Rx Drug List (Expanded Plan)

PLEASE NOTE: Brand name products are listed with a capital letter; generic products are listed in all lowercase letters. Your plan covers diabetic supplies and prescription tobacco cessation drugs at 100%. Please refer to page 17 for changes to this list as of October 1, 2012.

Birth control

All generic versions are included:

Beyaz
 Generess-FE
 Implanon
 levonorgestrel 0.75mg
 medroxyprogesterone
 150mg/ml
 Natazia
 next choice
 Nuvaring
 Ortho Evra

Blood clots

Brilinta
 Coumadin
 enoxaparin
 fondaparinux
 Fragmin
 heparin
 Innohep
 Pradaxa
 warfarin
 Xarelto

Bowel prep (laxatives)

Colyte
 Golytely
 Halflytely
 Moviprep
 OCL
 Osmoprep
 peg 3350/electrolytes
 Suprep
 Trilyte
 Visicol

Breast cancer

anastrozole
 exemestane
 Fareston
 letrozole
 tamoxifen citrate

Diabetes

Diabetic supplies, including blood sugar meters, test strips and lancets require a prescription to be covered by this plan.

ActoPlus Met
 ActoPlusMet XR
 Apidra
 Avandamet

Avandaryl
 Avandia
 Bydureon
 Byetta
 chlorpropamide
 Cycloset
 Duetact
 glimepiride
 glipizide
 glipizide er/xl
 glipizide with
 metformin hcl
 Glumetza
 glyburide
 glyburide with
 metformin hcl
 glyburide, micronized
 Glyset
 Humalog
 Humulin
 Janumet
 Janumet XR
 Januvia
 Jentaduo
 Juvisync
 Kombiglyze XR
 Korlym
 Lantus
 Levemir
 metformin hcl
 metformin hcl er
 nateglinide
 Novolin
 Novolog
 Onglyza
 Prandimet
 pioglitazone
 Prandin
 Riomet
 Symlin
 tolazamide
 tolbutamide
 Tradjenta
 Victoza

Flu

Relenza
 Tamiflu

Gout

allopurinol
 Colcrys
 probenecid
 probenecid/colchicine

Heart health and high blood pressure

acebutolol hcl
 acetazolamide
 aeditab cr
 Aldactazide 50-50mg
 amiloride hcl
 amiloride/hctz
 amlodipine besylate
 amlodipine/benazepril
 Amturnide
 Atacand
 Atacand HCT
 atenolol
 atenolol/chlorthalidone
 Avalide 300/25mg
 Azor
 benazepril hcl
 benazepril hcl/hctz
 Benicar
 Benicar HCT
 betaxolol hcl
 Bidil
 bisoprolol fumarate
 bisoprolol fumarate/hctz
 bumetanide
 Bystolic
 captopril
 captopril/hctz
 Cardene SR
 Cardizem LA 120mg
 cartia xt
 carvedilol
 chlorothiazide
 chlorthalidone
 clonidine hcl
 Clorpres
 Coreg CR
 Covera-HS
 Diamox
 digoxin
 Dilatrate SR
 dilt-cd
 diltiazem hcl
 diltiazem hcl er
 Diovan
 Diovan HCT
 Diuril
 doxazosin mesylate
 Dutoprol
 Dynacirc CR
 Dyrenium
 Edarbi
 Edarbyclor
 Edecrin
 enalapril maleate

enalapril/hctz
 eplerenone
 eprosartan
 Exforge
 Exforge HCT
 felodipine er
 fosinopril sodium
 fosinopril/hctz
 furosemide
 guanabenz acetate
 guanfacine hcl
 hydralazine hcl
 hydralazine/hctz
 hydrochlorothiazide
 indapamide
 Innopran XL
 irbesartan
 irbesartan/hctz
 Isordil
 isosorbide dinitrate
 isosorbide dinitrate er
 isosorbide mononitrate
 isosorbide mononitrate er
 isradipine
 labetalol hcl
 Lanoxin
 levatol
 lisinopril
 lisinopril/hctz
 losartan
 losartan/hctz
 Matzim LA
 methazolamide
 methyclothiazide
 methyl dopa
 methyl dopa/hctz
 metolazone
 metoprolol succinate er
 metoprolol tartrate
 metoprolol/hctz
 Micardis
 Micardis HCT
 minoxidil
 moexipril hcl
 moexipril/hctz
 nadolol
 nadolol/
 bendroflumethiazide
 Nexiclon XR
 nifedipine hcl
 nifedipine
 nifedipine er
 nimodipine
 Nitro-Bid
 Nitro-Dur 0.3, 0.8mg/hr
 nitroglycerin

nitroglycerin er
 Nitroglycerin Lingual
 Nitrolingual Pumpspray
 Nitrostat
 nisoldipine
 perindopril
 pindolol
 prazosin hcl
 propranolol hcl
 propranolol hcl er
 propranolol/hctz
 quinapril hcl
 quinapril/hctz
 ramipril
 Ranexa
 sotalol hcl
 sotalol hcl af
 spironolactone
 spironolactone/hctz
 Tarka
 Taztia XT
 Tekamlo
 Tekturna
 Tekturna HCT
 terazosin hcl
 Teveten 400mg
 Teveten HCT
 thalitone
 timolol maleate
 torsemide
 trandolapril
 triamterene/hctz
 Tribenzor
 Twynsta
 Valturna
 verapamil hcl
 verapamil hcl er

High cholesterol

Antara
 Advicor
 Altoprev
 atorvastatin
 atorvastatin/amlodipine
 cholestyramine
 cholestyramine light
 colestipol hcl
 Crestor
 fenofibrate
 Fenoglide
 fluvastatin
 gemfibrozil
 Lescol XL
 Lipofen
 Livalo
 lovastatin

Lovaza
Niaspan
pravastatin
Prevalite
Simcor
simvastatin
Tricor
Triglide
Trilipix
Vytorin
Welchol
Zetia

Malaria

atovaquone/proguanil
chloroquine
Daraprim
hydroxychloroquine
mefloquine hcl
primaquine
quinine sulfate capsule

Nausea, vomiting

Aloxi
Antivert 50mg
Anzemet
Cesamet
chlorpromazine hcl
dimenhydrinate
dronabinol
Emend
granisetron hcl
ondansetron hcl
ondansetron odt
prochlorperazine
promethazine hcl
Scopace
Transderm-Scop
trimethobenzamide hcl
Zuplenz

Osteoporosis

Actonel
alendronate sodium
Alora
Angeliq
Atelvia
Cenestin
Climara Pro
Combipatch
Enjuvia
est. estrogens with
methyltestosterone
Estraderm
estradiol
estradiol/norethindrone
acetate
estropipate

Evista
FemHRT 0.5mg/2.5mcg
Femtrace
Forteo
fortical
Fosamax Plus D
ibandronate
medroxyprogesterone
acetate
Menest
Menostar
Miacalcin
Ogen
Prefest
Premarin
Premphase
Prempo
Prolia
Reclast
Vivelle-Dot

RSV (respiratory syncytial virus)

Synagis

Stopping smoking

bupropion hcl sr (generic
Zyban only)
Chantix
Nicotrol inhaler
Nicotrol NS

Stroke

Aggrenox
cilostazol
clopidogrel bisulfate
dipyridamole
Effient
ticlopidine hcl

Vaccines

All brand and generic versions are included

Vitamins

All generic versions are included:
Prenatal vitamins (taken during pregnancy)
Prescription multivitamins with fluoride
Prescription multivitamins with fluoride and iron

Weight loss

benzphetamine hcl
diethylpropion hcl
diethylpropion hcl er
phendimetrazine
phentermine hcl
Xenical
Suprenza ODT



Medical Plan Preventive Benefits

Medical Plan Preventive Care Services

IMPORTANT INFORMATION

The Core and Alternate medical plan options cover certain preventive care services at 100% as long as services are obtained at a participating Anthem Blue Cross and Blue Shield provider. The services listed below are not subject to the deductible and/or coinsurance, nor will any HRA funds be used to pay for the services. **Unless otherwise noted, these services are subject to the deductible and coinsurance under the Consumer medical plan option.**

The following services are covered **regardless of the diagnosis code**.

Service	Place of Service	Procedure/Billing Code
Colonoscopy	Facility & Professional	45378-45385
Mammogram	Facility & Professional	77032, 77051-77059
Pap Smear	Facility & Professional	88141-88155, 88164-88167, 88174-88175
PSA Test	Facility & Professional	84152-84154
Sigmoidoscopy	Facility & Professional	45330-45331
Prostate Cancer Screening; Digital Rectal Exam	Professional	G0102
Total Cholesterol Lab	Facility & Professional	83700-83701
Glucose Blood Testing	Facility & Professional	82947-82951

The following services are covered **if you have been diagnosed as a diabetic** with one of the following codes: ICD9 250.00-250.99, 648.0, and/or 648.8.

Service	Place of Service	Procedure/Billing Code
Annual Dilated Eye Exam	Professional	92002, 92004, 92012, 92014
Semi-annual Debridement Nail	Professional	11720-11721
Annual A1c, Hb1c, HbA1	Facility & Professional	83036-83037
Insulin (<i>Consumer HSA Plan covers 100%</i>)	Prescription / Pharmacy	N/A
Blood Glucose Test or Regent Strips for Home Blood Glucose Monitor		A4253
Platforms for Home Blood Glucose Monitor		A4255
Normal, Low, and High Calibrator Solution/ Chips		A4256
Spring-Powered Device for Lancet (<i>Consumer HSA Plan covers 100%</i>)		A4258
Lancets (<i>Consumer HSA Plan covers 100%</i>)		A4259
Home Glucose Disposable Monitor (includes test strips)		A9275
Home Blood Glucose Monitor		E0607
Blood Glucose Monitor with Integrated Voice Synthesizer or Lancing/Blood Sample		E2100-E2101

MetLife Dental Benefit Coverage

Calendar Year Deductible	\$25 individual / \$100 family
Annual Dental Maximum Per Person	\$1,500
Preventive Dental Services	
Includes, but not limited to: Routine Cleanings (2 per calendar year) Topical Fluoride, Examinations, Sealants, X-rays	2 visits per calendar year. Plan covers preventive services at 100% of reasonable charges.
Basic Dental Services	
Includes, but not limited to: Extractions, Oral Surgery, Amalgams, Periodontal Treatment, Root Canals	Employee pays 20% <i>after deductible has been satisfied.</i>
Major Dental Services	
Includes, but not limited to: Crowns, Inlays & Onlays, Denture Relines or Rebases	Employee pays 50% <i>after deductible has been satisfied.</i>
Orthodontic Services	
	Employee pays 50%. <i>Not subject to deductible.</i>
Lifetime Maximum Per Person	\$1,500

MetLife Dental Benefit

The Schurz Choice dental benefit is administered by MetLife. You are not required to see an in-network dentist, but if you do, you have the possibility of saving money through the in-network discounted cost (if it is less than the provider's non-discounted rate).

Dental Plan Premium Rates (per pay period)

Employee Only	\$3.01
Employee + Spouse	\$6.03
Employee + Child(ren)	\$6.33
Family	\$9.34

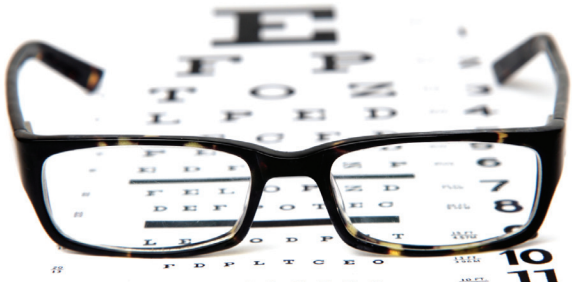


Anthem Vision Benefit

The Schurz Choice vision benefit is administered by Anthem Blue View Vision and uses the EyeMed network. The vision benefit is included with the medical benefit, so if you elect medical coverage you will automatically receive vision coverage at **no additional cost**.

Anthem Blue View Vision Benefit Coverage		
	EyeMed or Blue View Vision Network	Non-Network
Routine Vision Exam		
Frequency	Once every 12 months	Once every 12 months
Copay	\$10	Plan reimburses up to \$35
Standard Plastic Lenses For Your Glasses		
Frequency	Once every 12 months	Once every 12 months
Copay	\$20, then covered 100%	Plan reimburses up to \$25-\$80 depending on the type of lenses
Frames		
Frequency	Once every 12 months	Once every 12 months
	\$120 allowance, then 20% off remaining balance	Plan reimburses up to \$45
Contact Lenses		
Frequency	Once every 12 months	Once every 12 months
<i>Conventional Elective Lenses</i>	\$105 allowance, then 15% off remaining balance	Plan reimburses up to \$105
<i>Elective Disposable Lenses</i>	\$105 allowance	Plan reimburses up to \$105
<i>Medically Necessary Lenses</i>	Covered 100%	Plan reimburses up to \$210

Although vision coverage is included with your medical plan, do not present your medical ID card at the time of service. Instead, present your Blue View Vision ID card.



Basic Life Benefit Coverage

EMPLOYER PAID

Non-Exempt Employees	1x annual earnings, up to \$150,000
Exempt Employees	2x annual earnings, up to \$150,000

Supplemental Term Life Benefit Coverage

EMPLOYEE PAID

Coverage Options	1, 2, 3, or 4x annual earnings
Maximum Coverage	\$500,000
Guarantee Issue	3x annual earnings or \$250,000 (whichever is less)
Reduction Schedule	Reduces 35% at age 65; then an additional 15% at age 70

Supplemental AD&D Benefit Coverage

EMPLOYEE PAID

Coverage Options	1, 2, 3, or 4x annual earnings You may elect coverage for yourself and/or your entire family
Maximum Coverage	\$500,000
Reduction Schedule	Reduces 35% at age 70

Dependent Term Life Benefit Coverage

EMPLOYEE PAID

	Spouse	Dependent Child(ren)
Coverage Options (with bi-weekly rate)	\$40,000 \$2.12 bi-weekly	\$20,000 \$1.72 bi-weekly
	\$20,000 \$1.06 bi-weekly	\$10,000 \$0.86 bi-weekly
	\$10,000 \$0.76 bi-weekly	\$5,000 \$0.43 bi-weekly <i>(amount of life insurance for a child age 14 days to 6 months is \$100)</i>
Maximum Coverage	\$40,000 <i>(cannot be more than 50% of employee's Basic Life and Supplemental Life coverage)</i>	\$20,000
Guarantee Issue	\$40,000	\$20,000
Reduction Schedule	None	Coverage ends at age 19 or at age 25 if the dependent child is a full-time student

Lincoln Financial Group Life and AD&D Benefits

Schurz Communications wants to help ensure your family's financial security if you're not there to provide for them. That's why we offer Group Life and Accidental Death & Dismemberment (AD&D) insurance options.

Lincoln Financial Group Long-Term Disability Benefits

Schurz Communications wants to help make sure you and your family are protected should you not be able to work due to an accident or illness. That is why we provide disability insurance options, to help protect a portion of your income.

Basic Long-Term Disability Benefit Coverage EMPLOYER PAID

Monthly Benefit Percentage	The lesser of: <ul style="list-style-type: none"> ■ 60% of the first \$1,500 of your monthly earnings, or; ■ 70% of the first \$1,500 of your monthly earnings, less other sources of income (Social Security benefits, other insurance payments, disability benefits under a retirement plan, worker's compensation, unemployment, etc.)
Maximum Monthly Benefit	\$900
Minimum Monthly Benefit	\$100 or 10% of the monthly benefit percentage (whichever is greater)
Benefit Begins	181st day of disability as determined by Lincoln Financial Group
Benefit Ends	At age 65 or the day the disability ends as determined by Lincoln Financial Group (whichever is earlier)

Buy-Up Long-Term Disability Benefit Coverage EMPLOYEE PAID

Monthly Benefit Percentage	The lesser of: <ul style="list-style-type: none"> ■ 60% of your monthly earnings, or; ■ 70% of your monthly earnings, less other sources of income (Social Security benefits, other insurance payments, disability benefits under a retirement plan, worker's compensation, unemployment, etc.)
Maximum Monthly Benefit	\$10,000 (combined with the Basic Long-Term Disability benefit)
Minimum Monthly Benefit	\$100 or 10% of the monthly benefit percentage (whichever is greater)
Benefit Begins	181st day of disability as determined by Lincoln Financial Group
Benefit Ends	At age 65 or the day the disability ends as determined by Lincoln Financial Group (whichever is earlier)

A Flexible Spending Account, otherwise known as a “FSA,” allows you to pay for eligible medical expenses with pre-tax money throughout the year.

Plan carefully — the IRS rules require unused funds you elected to contribute be forfeited at the end of the plan year.

Health Care Flexible Spending Account Plan	
Maximum Annual Contribution	\$2,500
Minimum Annual Contribution	\$100
Sample Eligible Expenses <i>(View the complete list of eligible expenses on the Schurz Choice Communication Portal)</i>	<ul style="list-style-type: none"> ■ Medical, dental, and vision copays ■ Deductibles and coinsurance ■ Pharmacy copays ■ Glasses and contacts ■ Vision correction surgery

Dependent Care Flexible Spending Account Plan	
Maximum Annual Contribution — <i>Single OR Married Filing a Joint Return</i>	\$5,000
Maximum Annual Contribution — <i>Married Filing a Separate Return</i>	\$2,500
Sample Eligible Expenses <i>(View the complete list of eligible expenses on the Schurz Choice Communication Portal)</i>	<ul style="list-style-type: none"> ■ Day care ■ After-school care ■ Elder care

Anthem’s MasterCard FSA Debit Card FAQs	
Will I receive a new FSA Debit Card?	You will receive a new debit card <i>only</i> if you are new to the FSA plan or if your card is set to expire in December 2012. If you don’t receive a card within 30 days of your effective date, please contact Anthem or the CARE Line for assistance.
What can I use the Flex Debit Card for?	All eligible health care expenses. Keep in mind you will need to <i>save all receipts and associated Explanation of Benefits (EOB)</i> in the event that Anthem requests a copy or you are audited by the IRS.
How does it work?	No PIN # is necessary. Press “Credit” at the point of sale.
Where can I use the Flex Debit Card?	At any <i>qualifying</i> provider or merchant where MasterCard is accepted.
Am I required to use the Flex Debit Card?	No. If you prefer not to use the card, you may file claims with Anthem for reimbursement instead. Reimbursement forms can be found on the Schurz Choice Communication Portal.

Flexible Spending Accounts (FSA)

The Schurz Choice Flexible Spending Account options are administered by Anthem — the Health Care FSA and Dependent Care FSA. For more information, please refer to the Anthem Health Care and Dependent Care Frequently Asked Questions which can be found on the Schurz Choice Communication Portal.

Enrolling in Your Schurz Choice Benefit Plan Options

To learn more about the benefit options described in this guide, visit the ESS website at <https://portal.adp.com>.

1. Choose the *BENEFITS* folder
2. Select *WELCOME*
3. Click on *MY BENEFITS*
4. Click on *CLICK HERE* to access the Health & Wellness Communication Portal OR log onto: www.schurzchoice.benergy.com

User ID: SchurzChoice
(all one word)

Password: Benefits

How?

Register on the Employee Self Service (ESS) website:

If you have not done so already, register on the ESS website — <https://portal.adp.com>. Use the registration passcode (Schurz-ESS2006) provided by your Human Resource Representative and then follow the steps below.

To make your benefit elections:

1. Log on to <https://portal.adp.com>
2. Choose the *BENEFITS* folder
3. Select *WELCOME*
4. Click on *MY BENEFITS*
5. Follow the instructions on the left panel of the screen

When?

New employee:

- Register on the ESS website during your first 5 days of employment
- Make your benefit elections after you receive your personalized enrollment worksheet, but within 25 days after your initial hire date

Employment status change:

- No need to re-register, unless you have become eligible for benefits for the *first time*
- Make your benefit elections within 25 days after your full-time status becomes effective; your enrollment deadline will be posted on your personalized worksheet

Annual open enrollment:

- No need to re-register
- Make your benefit elections during the annual open enrollment period, which is usually during the month of November

SCHURZ CHOICE

ADVOCACY

ad-vo-ca-cy [**ad-vuh-kuh-see**]
noun, plural -cies.

1. the act of pleading for, supporting, or recommending; active espousal.
advocacy. (n.d.). Dictionary.com Unabridged.
2. active support, especially of a cause.
advocacy. (n.d.). Collins English Dictionary - Complete & Unabridged 10th Edition.
3. the action of advocating, pleading for, or supporting a cause.
advocacy. (n.d.). Merriam-Webster's Dictionary of Law.

ADVOCAC

Health Advocate™

Your lifeline when it matters most

Welcome to HealthAdvocate

Schurz Communications is partnering with **Health Advocate™, Inc.**, the nation's leading independent healthcare advocacy and assistance company, to provide you with the products and services that will enable you to make healthy decisions and live a well-balanced life.

Health Advocate serves more than 7,500 clients including the nation's leading companies — providing more than 21 million Americans with expert, personalized help to resolve healthcare and insurance-related issues.

Your whole family can use them

Health Advocate's services are available to full-time employees, their spouse, dependent children, parents and parents-in-law. Everyone can call as often as needed, at no cost.

Health Advocate is not an insurance company

They do not replace your health insurance through Schurz Communications. Instead, they can help with your healthcare and insurance-related problems.

Your privacy is protected

The Health Advocate staff follows careful protocols and complies with all government privacy standards. Your medical and personal information is strictly confidential — it is never shared with Schurz Communications.

Available when you need them

Health Advocate can be accessed toll-free through the CARE Line Monday-Friday between 8 am and 5 pm Eastern Time by calling **(877) 919-WELL.****

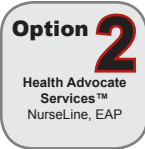
Products and services

Continue reading for more details regarding each service. Featured products and services include:

- Core Health Advocacy™
- Medical Bill Saver™
- NurseLine™
- EAP+Work/Life™
- Personal Health Dashboard™
- MedChoice Support™
- Chronic Care Management™



**The CARE Line Benefits Advocate, Payroll, and Human Resources Services will not be available after 5 pm Eastern Time. The Health Coach will not be available after 4:30 pm Eastern Time. However, the Health Advocate EAP+Work/Life™ and NurseLine™ are available 24/7; and Personal Health Advocates will be available until 9 pm Eastern Time for any healthcare/insurance-related issues, including questions regarding Chronic Care Management™.



Healthcare Help

Assistance resolving healthcare-related issues

Your Personal Health Advocate can help you and your family:

- Find the right doctors, hospitals
- Schedule tests, appointments
- Locate eldercare services
- Secure second opinions
- Untangle claims
- Correct billing errors
- Navigate your insurance plan
- Explain conditions, treatments
- Help you make informed decisions

What is Healthcare Help?

The Healthcare Help feature provides personalized assistance to help you and your family navigate the complexities of the healthcare system.

When is it available?

You can access Health Advocate by calling the CARE Line at (877) 919-WELL and choosing option 2. Normal business hours are Monday-Friday, between 8 am and 5 pm Eastern Time.**

What does it do?

A Personal Health Advocate (PHA) can help you with a full range of healthcare and insurance-related issues to save you time, money and worry.

How does it work?

If you have a healthcare or insurance-related issue, call the CARE Line at **(877) 919-WELL and choose option 2**. You'll be assigned a Personal Health Advocate who works with you one-on-one to find solutions to time-consuming issues, such as sorting out billing concerns, finding qualified doctors, transferring medical records, finding eldercare and more.

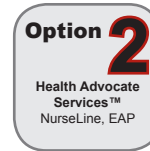
Their **Health Cost Estimator™** service helps you obtain estimated costs of common medical procedures. Call them and they can give you the cost information you need, so you can make an informed decision.



**The CARE Line Benefits Advocate, Payroll, and Human Resources Services will not be available after 5 pm Eastern Time. The Health Coach will not be available after 4:30 pm Eastern Time. However, the Health Advocate EAP+Work/Life™ and NurseLine™ are available 24/7; and Personal Health Advocates will be available until 9 pm Eastern Time for any healthcare/insurance-related issues, including questions regarding Chronic Care Management™.

Healthcare Help

Continued...



Don't Know Where to Turn?

They point the way

- Find the right doctors, dentists, specialists and other providers
- Schedule appointments, arrange for special treatments and tests
- Locate the right treatment facilities, clinical trials
- Answer questions about test results, treatments and medications
- Research and locate newest treatments; secure second opinions
- Help transfer medical records, X-rays and lab results

Confused by Health Insurance?

They cut through the red tape

- Explain coverage stipulations, alternatives for uncovered services
- Get appropriate approvals for covered services
- Address coverage for simple and complex treatments

Overwhelmed by Medical Bills?

They go to bat for you

- Uncover mistakes
- Obtain estimates, negotiate fees, make payment arrangements
- Supply providers with required information to pay a claim
- Get to the bottom of coverage denials
- Advise about appeals rights

Need Eldercare and Caregiver Services?

They ease your burden

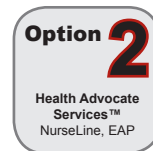
- Find in-home care, adult day care, assisted living, long-term care
- Clarify Medicare, Medicaid and Medicare Supplemental plans
- Coordinate care among multiple providers
- Research transportation to appointments

Medical Bill Saver

Health Advocate **Medical Bill Saver™** can lower your medical bills not covered by your insurance. They will work with your providers to lower the balance on any uncovered medical or dental bill over \$400. They can attempt to negotiate bills to help reduce the balances that apply to deductibles and coinsurance.

Here's how they can help.

- Negotiation can result in 25-50% savings
- Easy-to-read, personal Savings Result Statement, summarizing outcome and payment terms
- Provider sign-off on payment terms and conditions



24-hour NurseLine

Health Advocate **NurseLine™** is available for you and your family to turn to for trusted advice and information when you need it most. Their highly trained registered nurses are available 24/7 to help answer your questions.

Here's how they can help.

- Answer questions about symptoms, medications
- Explain a health condition



EAP+Work/Life

Assistance and resources for real support

Employee Assistance Program (EAP)

Talk to a certified counselor to learn coping skills. You may be referred to the appropriate professional for in-depth, long-term help. Your counselor can address:

- Stress, depression, anxiety
- Marital relationships, family/parenting issues
- Work conflicts
- Anger, grief and loss
- Drug and alcohol abuse

Work/Life

Their Work/Life specialists find supportive services, check availability and make the referrals to help with:

- Eldercare, childcare
- Legal concerns
- Financial issues
- Time management
- Parenting
- Adoption

...and more

What is EAP and Work/Life?

The EAP and Work/Life program is designed to help you lead a happier and more productive life at home and at work. All of us have experienced some type of personal problem, concern or emotional crisis at one time or another. Balancing the needs of work, family and personal responsibilities isn't always easy. Their program offers the right support at the right time.

When is it available?

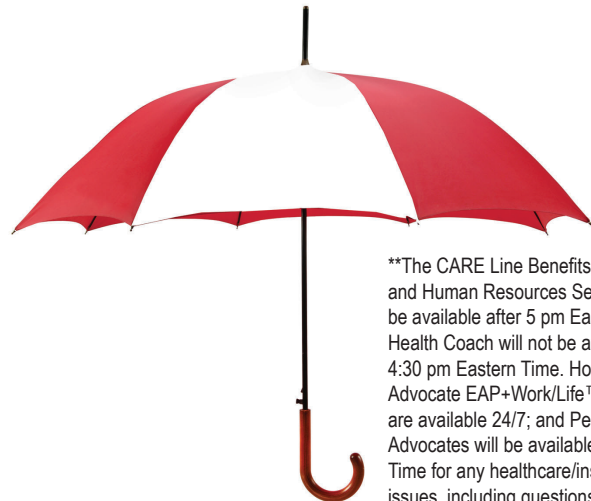
You can access the EAP and Work/Life program by calling the CARE Line at (877) 919-WELL and choosing option 2. The EAP+Work/Life programs can be reached 24/7.

What does it do?

The EAP and Work/Life program provides a professional counselor to listen and 1) help define the problem clearly, 2) assess the type of help needed, and 3) either provide the required help or make the most appropriate, cost-effective referral for you.

How does it work?

Simply pick up the phone, dial **(877) 919-WELL**, choose **option 2**, and talk to a counselor; or visit online at **HealthAdvocate.com/Schurz**. Search the Work/Life website for provider databases, articles, relocation center and more.



**The CARE Line Benefits Advocate, Payroll, and Human Resources Services will not be available after 5 pm Eastern Time. The Health Coach will not be available after 4:30 pm Eastern Time. However, the Health Advocate EAP+Work/Life™ and NurseLine™ are available 24/7; and Personal Health Advocates will be available until 9 pm Eastern Time for any healthcare/insurance-related issues, including questions regarding Chronic Care Management™.

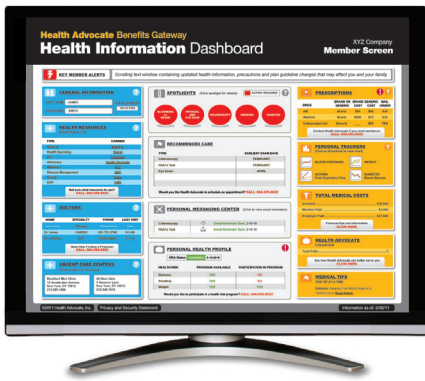


Personal Health Dashboard

Online tool to better manage your health

Information to benefit you

View a detailed screen of your own personal health information and get answers to your questions. Your customized screen displays:



- Benefits and insurance plans
- Doctor information
- Nearby urgent care centers
- Medication options
- Alerts of health risks
- Advised preventive care
- Employer-sponsored programs
- Section to track blood pressure, weight, etc.
- Health spending

Please note: Parents and parents-in-law are not eligible to use the Personal Health Dashboard.

What is the Personal Health Dashboard?

This online Dashboard provides quick access to your important health information, all in one place. Based on information supplied by various benefit providers, the Dashboard can help you take better control of your health and lower your costs.

When is it available?

The Dashboard is available to view online 24/7. It is frequently updated.

What does it do?

You'll instantly see your doctor information, alerts about your health risks, tests that are due, actions you need to take and more. You'll also find cost-saving measures such as using an urgent care center instead of an ER for minor, everyday ailments.

You can always contact a Personal Health Advocate (PHA) through the Dashboard or the CARE Line for any questions. Your PHA has a similar screen and can help find in-network doctors, make appointments, ensure that your insurance covers the testing facilities and more.

How does it work?

Simply go to HealthAdvocate.com/Schurz and log in. To register, create your user name and password. On the Welcome page, click on "Personal Health Dashboard" and then "View." The screen is customized based on your health status. It is private, secure and no one else can view it.

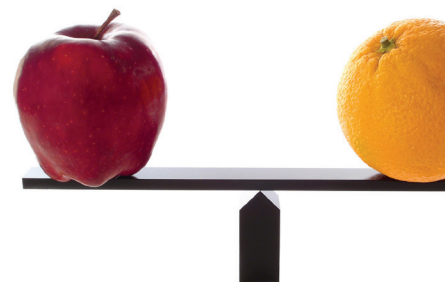
Online MedChoice Support

Health Advocate MedChoice Support™

helps you make the right choice. If you or a family member is facing a tough health decision, you now have a convenient, online tool that provides a six-step process to explore options and guide you through healthcare decisions on hundreds of topics.

Here's how the tool can help.

- Reviews facts, risks, and potential outcomes of tests, procedures, treatments and medications
- Evidence-based information on topics from surgery to alternative treatments
- Assess your preferences about each option
- Provides a downloadable summary
- Helps you make the best medical choice for you



Chronic Care Management

Personalized engagement for better outcomes

Communication to help guide you

- Confidential messaging emphasizing prevention
- Timely, segment-specific messages for those individuals identified with chronic diseases emphasizing the importance of doctor visits, screenings and tests, and medications
- Unlimited access to clinical coaching for help in following recommended care actions
- Health information to promote healthy lifestyle changes
- Parallel communications sent to your treating physician



What is Chronic Care Management?

Chronic Care Management encourages you to use cost-effective, preventive services at the right time and helps you better comply with recommended care. The personalized, data-driven, preventive and chronic care service communications, coupled with clinical coaching, offers you a well-rounded solution to preventing or controlling chronic conditions and soaring healthcare costs.

When is it available?

You can reach a Personal Health Advocate by calling the CARE Line at (877) 919-WELL and choosing option 2. Normal business hours are Monday-Friday, between 8 am and 5 pm Eastern Time.**

What does it do?

You'll have unlimited access to a trusted registered nurse to help following recommendations and receive personalized communications to your home reminding you to use preventive services.

How does it work?

It's easy — a personalized letter will be sent to your home. If you have questions, call **(877) 919-WELL, option 2** toll-free and talk to a registered nurse.



**The CARE Line Benefits Advocate, Payroll, and Human Resources Services will not be available after 5 pm Eastern Time. The Health Coach will not be available after 4:30 pm Eastern Time. However, the Health Advocate EAP+Work/Life™ and NurseLine™ are available 24/7; and Personal Health Advocates will be available until 9 pm Eastern Time for any healthcare/insurance-related issues, including questions regarding Chronic Care Management™.

Here's a Summary

Health Advocate™ Products and Services



Healthcare Help

Get the right answers.

They'll stay with you all the way

A Personal Health Advocate will help resolve your healthcare and insurance-related problem, no matter how complicated.



Medical Bill Saver

They'll work to get a discount.

Send them your bill. They'll negotiate.

They can help save you hundreds — even thousands — of dollars on your uncovered medical and dental bills over \$400, no matter what your benefit status.



24-hour NurseLine

Help with non-urgent concerns.

A trusted professional, a phone call away

Their highly trained registered nurses are available 24/7 for trusted advice and information when you need it most.



EAP+Work/Life

Real support when you need it.

They're always there

Get short-term assistance to help you cope with personal, family and work issues, and the right resources to better balance your work and life.

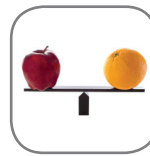


Personal Health Dashboard

Instant, online health profile.

Snapshot view to take control

View a detailed screen of your health information including benefits, doctors and recommended tests and screenings to better manage your health and lower costs.



MedChoice Support

A smart tool for smart decisions.

Make the right choice for you

A comparative, online tool to help you make decisions about the medical care that is right for you.



Chronic Care Management

Guidance to help you take control.

Personalized communication

The personalized, data-driven preventive and chronic care service communications, coupled with clinical coaching offers you a well-rounded solution to preventing or controlling chronic conditions and soaring healthcare costs.

Option **3**

Health Coaching
Services

Personal Health Coach

A partner to help you achieve health and wellness

Your personal health coach can assist you with:

- Stress reduction
- Smoking cessation
- Weight loss
- High blood pressure
- High cholesterol
- Pre-diabetes
- Diabetes
- Trouble sleeping
- Nutritional goals
- And so much more!



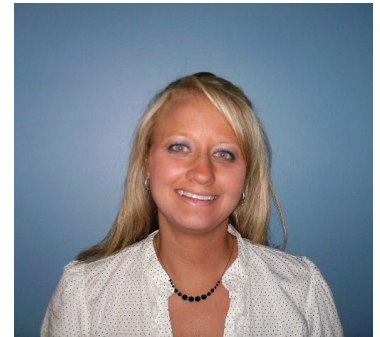
What is the Personal Health Coach?

Health and Wellness is part of our everyday life. Attaining your health and wellness goals can be difficult to do on your own, which is why Schurz is pleased to announce your newest resource, a dedicated health coach provided through a partnership with INFINITY Health Solutions. The health coach will be free to all full-time employees, and serve as a single point of contact offering motivation, support, and guidance as you make changes to improve your health.

Your personal health coach's mission is to support you in achieving your goals as they relate to your health, wellbeing, and happiness. Together you can build a personalized plan that specifically meets your wellness needs. Once you've reached your goal, your health coach will provide you with additional tools and resources to assist you in staying on track.

Who is my health coach?

Tracie Betz is an INFINITY health promotion veteran and experienced coach. She earned a bachelor's of science degree from Purdue University in Health Promotion and Health & Fitness. She has been practicing in the field for 6 years and enjoys working closely with employees to achieve their personal wellness goals and improve the quality of their lives.



How does it work?

To work with Tracie, call the CARE Line toll-free at **(877) 919-WELL**, and choose **option 3**. Tracie will be available Monday-Friday from 8:30 am to 4:30 pm Eastern Time. If you call after hours, you'll be able to leave a voice message that she'll return the following business day.

SCHURZ CHOICE

WELLNESS

well-ness [wel-nis]

noun

1. the quality or state of being healthy in body and mind, especially as the result of deliberate effort.
2. an approach to healthcare that emphasizes preventing illness and prolonging life, as opposed to emphasizing treating diseases.

wellness. (n.d.). Dictionary.com Unabridged.

3. the state of being in good physical and mental health.

wellness. (n.d.). Collins English Dictionary - Complete & Unabridged.

4. the condition of good physical and mental health, especially when maintained by proper diet, exercise, and habits.

wellness. (n.d.). The American Heritage® Stedman's Medical Dictionary.

WELLNESS



Medical Plan Premium Credits

2013 Wellness Credit

This credit rewards you and your spouse (if applicable) for participating in the annual health screening and online Health Risk Assessment (HRA) annually. See page 38 for more details.

2013 Tobacco-Free Credit

This credit rewards you and your spouse (if applicable) for being tobacco-free. See pages 39-41 for more information regarding the qualifications and reward associated with this credit.

2013 Healthy Choices Credit

This credit rewards you and your spouse (if applicable) for having healthy biometric numbers or for making a 15% improvement in your biometric numbers from the previous year. The biometrics measured are your Body Mass Index (BMI), blood pressure, LDL (“bad” cholesterol), and glucose (blood sugar). See page 42 for more information.

Schurz Communications wants to help make the cost of health care affordable, AND reward you and your family for making healthy choices. That’s why we offer the opportunity to earn medical plan premium credits.

Wellness Credit

Health Screenings and Online Health Risk Assessment (HRA)

Studies have shown that healthier employees are more productive, enjoy their jobs more, and incur fewer claims, helping to control the overall health care expenses of the company.

The health screening and online HRA will provide you with useful information about your current health status and provide guidance regarding decisions you may make as a result of your health statistics. The overall purpose behind the health screening and online HRA is to help you begin making positive choices that will improve your quality of life and help lower your health care costs.



How To Qualify

In order to receive the 2013 Wellness Credit, you and your spouse (if applicable) must have participated in the 2012 health screening (or completed a physician's packet) AND have completed the online HRA.

The Reward

The reward comes in the form of medical plan premium credits. You and your spouse (if applicable) can each earn \$11.54 per pay period toward your medical plan premium.

How It Works

Each year in the months of June, July, and August, we work with Principal Wellness Company to set up free health screenings and provide online Health Risk Assessments. If you are unable to attend the screening at your location, you can also go to your primary care physician, then provide results from that visit using a physician's packet provided by Principal Wellness.

Either before or after your screening you will also complete the online HRA. **Both the screening AND HRA are required in order to receive the credit.** You are not required to participate in the health screenings or complete the online HRA; however, if you do not, you will not qualify for the medical plan premium credit.

If your hire date falls on or between May 1, 2012 and April 30, 2013, you will automatically receive the 2013 Wellness Credit.

If your hire date falls on or after May 1, 2013, you will automatically qualify for the 2013 and 2014 Wellness Credit.

Who Sees The Results

Principal Wellness Company takes great care to ensure that your personal information is protected and kept confidential from Schurz Communications and your coworkers. However, to help identify the overall health of the company, a statistical group aggregate report will be created using the data of *all* health screening participants. The report will not list any names or identification numbers.



Tobacco-Free Credit

How To Qualify

When you make your benefit elections, you must indicate that you are not a tobacco-user in order to qualify for the Tobacco-Free Credit in 2013. To protect the integrity of the Tobacco-Free Credit, the company reserves the right to randomly test for tobacco, as well as the right to test for tobacco when there is reason to believe false testimony has been provided.

The Reward

The reward comes in the form of medical plan premium credits. You and your spouse (if applicable) can each earn \$36 per pay period toward the cost of your medical plan premium. *That means you could potentially save \$72 per pay period on your medical plan premium for being tobacco-free!*

Exceptions

If you or your spouse (if applicable) are not yet tobacco-free, but become tobacco-free in 2013, you will receive the Tobacco-Free Credit retroactive to January 1, 2013. You will be asked to pass a tobacco test before your credit becomes effective.

If you are unable to participate due to a medical condition or if it is medically inadvisable for you to do so, please contact the CARE Line at (877) 919-WELL and we will work to find an alternative way for you and/or your spouse (if applicable) to earn the incentives.

Tobacco Reimbursement Allowance

In addition to tobacco cessation prescription drugs being covered 100% in all of the Schurz Choice medical plan options, Schurz Communications will also reimburse you up to **\$150 per year** for tobacco cessation expenses that are not covered by the medical plan. Once you incur the expense, submit your receipt along with a claim form to the CARE Line. The claim form may be found on the Schurz Choice Communication Portal.

According to the Center for Disease Control, more deaths are caused each year by tobacco use than by all deaths from human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined. This is just one of the many reasons why Schurz wants to provide you with resources and incentives to help you meet your nicotine-free goals.

Tobacco-Free Credit

Frequently Asked Questions

I am currently participating in a tobacco cessation program. Will I receive the Tobacco-Free Credit based solely on my participation in the program, or do I have to actually be tobacco-free?

You must be tobacco-free in order to receive the credit. If you are not tobacco-free, but become tobacco-free in 2013, contact the CARE Line to arrange for a tobacco test. Once you've passed the tobacco test, you will receive the Tobacco-Free Credit retroactive to January 1, 2013.

My spouse wants to become tobacco-free too. Is he/she eligible for the same programs, benefits, and premium credits?

Yes. If your spouse is covered under one of the Schurz Choice health plans, he/she is eligible for the same tobacco cessation benefits that you are eligible for, including the Tobacco-Free Credit and Tobacco Reimbursement Allowance. Even if he/she is not covered under one of the Schurz Choice health plans, they are still eligible for the Tobacco Reimbursement Allowance of \$150. Please call the CARE Line at (877) 919-WELL for additional details and resources.

I dip / smoke a pipe / use snuff. Are these considered tobacco-use?

Yes. We have many resources available to help you quit. Take a look at our list of resources on page 41.



Tobacco-Free Credit

Tobacco Cessation Resources

1 **Connect with local resources by speaking with a EAP Specialist.**
Call the CARE Line at (877) 919-WELL and press 2 to be connected with one of Health Advocate's EAP Specialists.

2 **Speak directly with a nurse on the NurseLine.**
Call the CARE Line at (877) 919-WELL and press 2 to be connected with one of the nurses available through Health Advocate's NurseLine. The NurseLine is available 24/7.

3 **Create a tobacco cessation plan with Tracie Betz, your personal Health Coach.**
Call the CARE Line at (877) 919-WELL and press 3 to connect with Tracie. Tracie will listen to your story and determine the best tools and strategies to help you become nicotine-free.

4 **Sign up for the government's smoking cessation program, Smokefree.**
Call (800) QUIT-NOW or visit their website at www.smokefree.gov.

Healthy Choices Credit

The Healthy Choices Credit will reward you and your spouse (if applicable) for having healthy biometric numbers (i.e., BMI, blood pressure, LDL, glucose) or for making a 15% improvement from your first set of biometric numbers. Therefore, you need to have two sets of biometric numbers in order to qualify for the opportunity to receive this credit.

How To Qualify

This credit is based on the biometric results from your 2012 annual health screening. If your 2012 biometric results are not within the ideal range, you will need TWO sets of biometric results.

Your first set of biometric results (your “baseline” results) would have been obtained through your participation in the 2011 health screening. Your second set of biometric results would have been obtained through your participation in the 2012 health screening.

The Reward

The reward comes in the form of medical plan premium credits. If your 2012 biometric results are within the ideal range, you will qualify for credit. If your 2012 biometric results are not within the ideal range, but have improved by at least 15% from your 2011 biometric results (your “baseline” results), you too will qualify for credit. For each biometric result that falls within the ideal range or has improved by at least 15%, you and your spouse (if applicable) will receive \$2.50 per pay period toward the cost of your medical plan premium.

* To qualify for the blood pressure ideal range reward, your systolic pressure must be less than 139 AND diastolic pressure must be less than 89.

Who Sees The Results

Principal Wellness Company takes great care to ensure that your personal information is protected and kept confidential from Schurz Communications and your coworkers. However, Principal Wellness will provide Schurz with a list of who qualifies for the Healthy Choices Credits. Principal Wellness will not provide your actual biometric results.

Exceptions

If you are unable to participate due to a medical condition or if it is medically inadvisable for you to participate, please contact the CARE Line at (877) 919-WELL and we will work to find an alternative way for you and/or your spouse (if applicable) to earn the incentives.

2014 Healthy Choices Credit

If you did not have the opportunity to set your baseline numbers for the 2014 Healthy Choices Credit by having participated in the 2012 Health Screening and Health Risk Assessment (HRA), but would like the opportunity to do so, simply make a routine wellness appointment with your physician and complete a physician’s packet (as well as the online HRA). Principal Wellness must receive your completed physician packet and online HRA by March 31, 2013.

**Healthy Choices Rewards
Biometric Chart**

Biometric Measurement	Ideal Range	Reward (medical premium credit)
Body Mass Index (BMI)	18.5 - 27.5	\$2.50 per pay period
Blood Pressure	< 129 / 89*	\$2.50 per pay period
LDL (“bad” cholesterol)	< 130	\$2.50 per pay period
Glucose	< 100 fasting	\$2.50 per pay period



Activity-Based Incentive Program

How To Qualify

This incentive program is available to *all benefit eligible employees*. Even if you have health insurance coverage elsewhere, like through your spouse's employer, you can still earn points toward gift cards.


By participating in qualified activities, you can earn a point per activity. *The important thing to remember is to complete the **Corporate Wellness Program Affidavit Form***. Without this form completed and turned in, you will not receive the points that accumulate toward your reward(s).

The Reward

Earn a \$25 gift card after accumulating your first five points; earn a second \$25 gift card after accumulating an additional five points. You may not earn more than \$50 in gift cards in one calendar year.

Here are some important things to remember to ensure you receive the points you deserve:

- You must complete a Corporate Wellness Program Affidavit Form for each activity.
- You must clearly indicate the current date.
- You must make sure that your first and last name are readable.
- Once completed, submit the Affidavit Form to the person at your location who has been designated as the wellness coordinator.


Your Incentive Your Way

Corporate Wellness Program Affidavit Form

Use this form to report completion of any of the activities listed below. You must use a separate form for each activity, and you must clearly indicate the date and your first and last name on this form. Check the box to the left of the activity you have completed, along with additional information if necessary.

Q3 2011 Get Up and Move!
Attach a copy of the challenge form.

Financial Wellness Activity
List the Activity Here: _____
Date: _____

Emotional/Social Activity
List the Activity Here: _____
Date: _____

Physical Activity
List the Activity Here: _____
Date: _____

Weight Management (or other similar group nutritional program)
Must include documentation indicating a minimum of 4 visits in a 30-day period.

Other (must be preapproved by the Wellness Committee or HR)
Activity: _____
Date: _____

Print Name: _____ Location: _____
Date: _____

After completing this form, please submit it to the person your location has designated as the coordinator. Please submit a form for each activity for which you are requesting points.

Schurz Communications recently introduced an activity-based incentive program to encourage you to participate in onsite activities and local events. By participating, you earn points that can be redeemed toward gift cards. Once you've earned enough points, you'll be issued a redemption certificate either via email or regular mail.



What kinds of activities earn points?

Activities can fall under any one of the four wellness focus areas of our program — financial, emotional, physical, and nutritional. Here are some examples for each category:

(Note: qualified activities are not limited to just those listed below)

Financial Wellness Activities:

- Open a savings account
- Attend a money management seminar
- Meet with a financial planner
- Check your credit report annually
- Complete your Living Will
- Join a credit protection service



Emotional Wellness Activities:

- Have one hour of meditation a week
- Complete four hours of community service
- Attend a stress management seminar
- Participate in a support or interest group
- Sleep at least seven hours a night
- Participate in community or committee events



Physical Wellness Activities:

- Join a fitness center
- Complete 30 minutes of physical activity five times a week
- Participate in a community walk or run
- Have your annual physical and immunizations
- Get a dental or vision exam
- Participate in the smoking cessation program



Nutritional Wellness Activities:

- Participate in Weight Watchers®
- Eat five to six servings of fruit or vegetables a day
- Create a daily food log
- Drink eight glasses of water a day
- Bring a healthy lunch to work
- Limit yourself to one canned drink a day



SCHURZ CHOICE

RESOURCES

re-source [ree-sohrs]

noun

1. a source of supply, support, or aid, especially one that can be readily drawn upon when needed.

resource. (n.d.). *Dictionary.com Unabridged.*

2. an action or measure to which one may have recourse in an emergency; expedient.

resource. (n.d.). *Collins English Dictionary - Complete & Unabridged.*


RESOURCES

Employee Resources

Answers to your questions

Schurz Choice CARE Line

The CARE Line is ready to assist you Monday-Friday from 8 am to 5 pm Eastern Time.**

 (877) 919-WELL

Option 1
Wellness Benefits Services
Medical, Dental, Life, Disability

Option 2
Health Advocate™ Services
NurseLine, EAP

Option 3
Health Coaching Services

Option 4
Proof of Employment and Income Verifications

Option 5
Payroll Services

Option 6
Human Resource Services



You can also email any questions you may have after hours to the Schurz Choice inbox.

 schurzchoice@workingwell4you.com

Health & Wellness Communication Portal

This website has all of your benefit information in a user-friendly format. You can access the website any time, day or night, even directly from your ADP Employee Self Service (ESS) site at:

<https://portal.adp.com>.

 schurzchoice.benergy.com — User ID: schurzchoice, Password: benefits

Health Advocate™

If you have questions regarding any of the Health Advocate products or services, call the CARE Line toll-free to speak with a Health Advocate or visit them online.

 (877) 919-WELL, option 2

 HealthAdvocate.com/Schurz

Medical Benefits

Anthem Customer Service

☎ (888) 523-5898

🌐 www.anthem.com

24-Hour Nurse Assist Line

☎ (866) 800-8780

Coverage While Traveling

☎ (800) 810-2583

Dental Benefits

MetLife

☎ (800) 942-0854

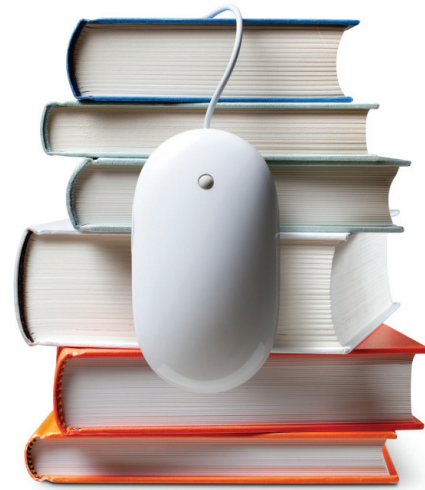
🌐 www.metlife.com/mybenefits

Vision Benefits

Anthem Blue View Vision via EyeMed

☎ (866) 582-7263

🌐 www.anthem.com



Flexible Spending Accounts

Anthem Flexible Spending Accounts

☎ (888) 523-5898

If you participate in one of the Anthem medical plans, you can single-sign-on to the FSA website from www.anthem.com. If you do not participate in one of the Anthem medical plans, visit:

🌐 <https://www.benefitadminsolutions.com>

Life Insurance and Long-Term Disability Benefits

Lincoln Financial Group

☎ (800) 423-2765

🌐 www.lfg.com

**The CARE Line Benefits Advocate and Shared Services will not be available after 5 pm Eastern Time. The Health Coach will not be available after 4:30 pm Eastern Time. However, the Health Advocate EAP+Work/Life™ and NurseLine™ are available 24/7; and Personal Health Advocates will be available until 9 pm Eastern Time for any healthcare/insurance-related issues, including questions regarding Chronic Care Management™.



This benefit guide provides basic information regarding the above mentioned benefit plans. It provides general instructions and descriptions that are necessary to acquaint you with some of the provisions of the Plans that come to mind during this particular gain or change in eligibility status. An official detailed description of benefits, eligibility, exclusions, limitations, and other terms and conditions is contained in individual benefit Summary Plan Descriptions. Please refer to them for additional information.

THE COMPANY RESERVES ITS RIGHT TO AMEND OR TERMINATE ANY EMPLOYEE AND/OR RETIREE BENEFIT PLAN AT ANY FUTURE DATE. LIKewise, THE EMPLOYER MAY CHANGE THE AMOUNT OR VALUE OF BENEFIT COVERAGE OR MODIFY THE AMOUNT OR PERCENTAGE OF COSTS PAYABLE BY EMPLOYEES AND/OR RETIREES AT ANY TIME.