2015 Benefits Wellness GUIDE

NEW CHOICES.

NEW OPPORTUNITIES.

Find out how to make your benefit elections on

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WHAT IS THE SCHURZ CHOICE BENEFITS PROGRAM?

- Benefit Plan Options
- Wellness Program
- Care Line Services

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
- Reliance Standard Life and AD&D
- Reliance Standard Long-Term Disability
- Flexible Spending Accounts

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 On-site Screenings
- Quarterly Wellness Campaigns
- Medical Plan Premium Credits
- Activity-Based Incentive Program

CARE LINE SERVICES (NEW OPTIONS EFFECTIVE 1/1/15)



WHAT IS THE CARE LINE?

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—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.

Important Benefit Program Updates for 2015

To ensure we continue providing the best benefits offerings for you, we reassess our plans each year. Please note several changes for the program coming in 2015.

NEW! SPOUSAL SURCHARGE

Effective January 1, 2015, Schurz Communications will implement a Spousal Surcharge. That means if your spouse has health coverage available through his/her employer, but you choose to cover them under a Schurz Choice plan, you will pay a medical and/or dental surcharge each pay period (Medical Surcharge: \$161.83/pay period; Dental Surcharge: \$4.73/pay period) in addition to the premium.

During this year's open enrollment, you will have to certify whether or not your spouse is eligible for other coverage. If your spouse is eligible for other coverage, you will pay the applicable surcharge. Additionally, if your spouse is covered and you do not actively participate in the open enrollment process and certify whether your spouse has additional coverage, the Spousal Surcharge will apply.

REMOVAL OF THE ALTERNATIVE MEDICAL OPTION

We have decided to retire this medical option effective January 1, 2015. If you are currently enrolled in the plan, you will have the option to elect either the Core or Consumer (HSA) plan instead.

NEW! COVERAGE AVAILABLE TO SAME-SEX SPOUSES

Effective January 1, 2015, benefits will be available to same-sex spouses in accordance with our benefit plan's updated definition of Spouse. Beginning in 2015, spouse will be defined as "a person who is your marital partner as exhibited in a marriage certificate recognized under the laws of the jurisdiction in which you were married. 'Jurisdiction' means any domestic or foreign jurisdiction having the legal authority to sanction marriages." (Please note that the Spousal Surcharge rules apply to all covered spouses.)

Anthem Medical & Prescription Benefits

Schurz Communications, Inc. offers 2 medical plan options to help protect you and your family from the high cost of medical care and services. All medical and prescription plans are administered by Anthem Blue Cross Blue Shield.

	CORE		CONSUMER (HSA)	
	ln- Network	Out- of-Network	ln- Network	Out- of-Network
Annual Deductible				
Individual (Single coverage only)	\$2,	000	\$2,	000
Family (EE+Spouse, EE+ Child(ren), Family)	\$4,	000	\$4,	000
Employer Provided HRA (prorated based on coverage effective date)	of your Annual Dedu your employer-prov	e applicable portion actible expenses with wided HRA dollars as pws:		
Individual (Single coverage only)	\$1,	000	Not available	with this plan
Family (EE+Spouse, EE+ Children, Family)	\$2,	000	Not available	with this plan
Employee Bridge (deductible minus HRA dollars)	100% of the cost of	exhausted, you pay your medical and Rx applicable amounts:		
Individual (Single coverage only)	\$1,	000	Not available	with this plan
Family (EE+Spouse, EE+ Child(ren), Family)	\$2,	000	Not available	with this plan
Coinsurance %	expenses, you only porthe cost of you	d all of your Bridge oay for a percentage Ir medical and Rx as follows:		
Employee pays after deductible is satisfied	20%	40%	20%	40%
Employer pays after deductible is satisfied	80%	60%	80%	60%
Annual Out-of-Pocket Maximum	(includes HRA contributions used to pay for medical expenses)		if any are used to	HSA contributions, p pay for medical nses)
Individual (Single coverage only)	\$3,000	\$5,500	\$3,350	\$11,900
Family (EE+Spouse, EE+ Child(ren), Family)	\$5,600	\$10,600	\$6,650	\$23,800

	CORE		CONSUMER (HSA)	
	ln- Network	Out- of-Network	In- Network	Out- of-Network
30-day Supply Retail Rx				
Tier 1				
Tier 2	Deductible the	en coinsurance	Deductible, the	an coinsurance
Tier 3	Deductible, the	en comsurance	Deductible, tile	en comsurance
Tier 4				
90-day Supply Retail Rx				
Tier 1 (retail or mail-order)				
Tier 2 (retail or mail-order)	Deductible, then coinsurance		Deductible, then coinsurance	
Tier 3 (retail or mail-order)				
Tier 4 (mail-order only)				
PreventiveRx Plan (refer to the list of prevention	ntive drugs on page 12	2-13)		
30-day Generic	\$4 copay		\$4 copay	
30-day Brand	\$20 copay	Not covered	\$20 copay	Not covered
90-day Generic	\$10 copay	Not covered	\$10 copay	Not covered
90-day Brand	\$50 copay		\$50 copay	
Tobacco Cessation Rx				
	Plan pays 10	0%, no copay	Plan pays 10	0%, no copay
Preventive Care & Diabetic Supplies				
	Plan pays 100%	Deductible, then coinsurance	Plan pays 100%	Deductible, then coinsurance

Medical Plan Rates

Did you know that your benefits package makes 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.

Coverage Tier	Core	Consumer
Employee Only	\$115.08	\$81.28
Employee + Spouse	\$273.00	\$202.86
Employee + Child(ren)	\$181.91	\$117.69
Family	\$312.55	\$217.92

This table shows the bi-weekly medical plan premiums **before** any credits are applied.

NEW! SPOUSAL SURCHARGE EFFECTIVE JANUARY 1, 2015

Effective January 1, 2015, if your spouse has other coverage available to him/her, but you cover them on a Schurz Choice plan, you will pay a surcharge for medical and/or dental coverage each pay period.

Medical Surcharge: \$161.83/pay period Dental Surcharge: \$4.73/pay period

To avoid paying the surcharge, your spouse must not have other coverage available through his/her employer AND you must certify that they do not have coverage available during the open enrollment process.

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.
- 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 22-26.

TO HELP YOU UNDERSTAND WHAT YOUR MEDICAL PLAN PREMIUM WOULD BE IF YOU QUALIFY FOR THESE CREDITS, REVIEW THE EXAMPLES BELOW.

	Core	Consumer
Example Coverage Tier	Employee Only	Employee + Spouse
Cost Per Pay Period (based on tier and plan only)	\$115.08	\$202.86 ¹
Wellness Credit (per pay period)	- \$11.53	- \$23.06 <i>(\$11.53</i> + <i>\$11.53)</i> ²
Tobacco-Free Credit (per pay period)	- \$36.00	- \$72.00 <i>(\$36.00 + \$36.00)</i> ³
Healthy Choices Credit (per pay period)	- \$10.00	- \$20.00 <i>(\$10.00 + \$10.00)</i> ⁴
Total Medical Plan Premium Cost (per pay period)	\$57.55	\$87.80

¹ Spousal Surcharge may apply

² \$11.53 for **your** participation + \$11.53 for **your spouse's** participation

³ \$36.00 for **your** tobacco-free status + \$36.00 for **your spouse's** tobacco-free status

⁴ Up to \$10.00 for **your** participation + up to \$10.00 for **your spouse's** participation

Consumer Plan Health Savings Accounts (HSA)

A Health Savings Account, otherwise known as a "HSA," is a special personal bank account used to pay for health care 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.

SPECIAL FEATURES OF HSAS:

- You own it you control the account and when to use the funds
- 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
- Balances roll over and accumulate year to year
- Funds can be used for expenses incurred by your dependents, even if your dependents are covered by another health plan
- Investment options are available when you accumulate a certain balance and save for the future

CONTRIBUTION DETAILS

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 2015 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.

2015 IRS Annual HSA Contribution Limits Individual: \$3,350

Family: \$6,650

Catch-up

Contribution: \$1,000

www.irs.gov

Consumer Plan Health Savings Accounts (HSA): FAQs

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 Aaron Sheets 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 2014 until April 15, 2015.

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.

PreventiveRx Prescription 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.

WHAT IS THE PREVENTIVERX BENEFIT?

PreventiveRx is a consumer-directed health care product offered by WellPoint that provides first dollar coverage for drugs appearing on the Anthem PreventiveRx 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 PREVENTIVERX DRUG LIST?

The PreventiveRx 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 PREVENTIVERX 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 PreventiveRx 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).

PreventiveRx Drug List (expanded)

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%.

Birth control

All generic versions are included:
Beyaz Generess-FE
Lomedia 24 FE
medroxyprogesterone
150mg/ml
Minastrin 24 Fe
Natazia
Nuvaring
Quartette
Skyla

Blood clots

Brilinta
Coumadin
Eliquis
enoxaparin
fondaparinux
Fragmin
heparin
Innohep
Pradaxa
warfarin
Xarelto

Bowel prep (laxatives)

Colyte
Golytely
Halflytely
Moviprep
OCL
Osmoprep
peg 3350/electrolytes
Prepopik
Suclear
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.
acarbose
ActoPlusMet XR
Apidra
Avandamet
Avandaryl
Avandia
Bydureon
Byetta
chlorpropamide
Cycloset
Farxiga

Farxiga glimepiride glipizide glipizide er/xl glipizide with metformin hcl Glumetza glyburide glyburide with metformin hcl

glyburide, micronized Glyset Humalog Humulin Invokana Janumet Janumet XR Januvia Jardiance Jentadueto Juvisync Kazano Kombiglyze XR

Korlym
Lantus
Levemir
metformin hcl
metformin hcl er
nateglinide
Nesina
Novolin
Novolog
Onglyza
Oseni
pioglitazone

pioglitazone-glimepiride pioglitazone-metformin Prandimet repaglinide

repaglinide Riomet Symlin Tanzeum tolazamide tolbutamide Tradjenta Victoza

Flu

Relenza Tamiflu

Gout

allopurinol Colcrys probenecid probenecid/colchicine Uloric

Heart health and high blood pressure

acebutolol hcl acetazolamide afeditab cr Aldactazide 50-50mg amiloride hcl amiloride/hctz amlodipine besylate amlodipine/benazepril Amturnide 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 candesartan candesartan/hctz captopril captopril/hctz Cardene SR

Cardizem LA 120mg cartia xt carvedilol

carvedilol chlorothiazide chlorthalidone clonidine hcl Clorpres Coreg CR Covera-HS digoxin Dilatrate SR dilt-cd diltiazem hcl diltiazem hcl er Diuril

doxazosin mesylate Dutoprol

Dutoprol Dynacirc CR Dyrenium Edarbi Edarbyclor Edecrin

enalapril maleate enalapril/hctz Epaned eplerenone eprosartan Exforge Exforge HCT felodipine er fosinopril sodium fosinopril/hctz furosemide guanabenz acetate

guanfacine hcl Hemangeol hydralazine hcl hydralazine/hctz hydrochlorothiazide indapamide Inderal XL

Innopran XL

irbesartan

irbesartan/hctz Isordil 40mg 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 methyldopa methyldopa/hctz metolazone metoprolol succinate er metoprolol tartrate metoprolol/hctz minoxidil moexipril hcl moexipril/hctz nadolol nadolol/ bendroflumethiazide

Nexiclon XR nicardipine hcl nifedipine nifedipine er nimodipine nisoldipine Nitro-Bid Nitro-Dur 0.3, 0.8mg/hr

nitroglycerin Nitroglycerin 400mcg

Spray nitroglycerin er Nitroglycerin Lingual nitroglycerin spray

Nitrostat Nymalize perindopril pindolol prazosin hcl propranolol hcl propranolol hcl er propranolol/hctz quinapril hcl quinapril/hctz ramipril

sotalol hcl af spironolactone spironolactone/hctz Tarka Taztia XT Tekamlo Tekturna

Ranexa

sotalol hcl

Tekturna HCT telmisartan

telmisartan/amlodipine telmisartan/hctz terazosin hcl Teveten 400mg Teveten HCT thalitone

timolol maleate torsemide trandolapril triamterene/hctz

Tribenzor

valsartan valsartan/hctz Vecamyl verapamil hcl verapamil hcl er

High cholesterol Advicor Altoprev Antara 30, 90mg atorvastatin atorvastatin/amlodipine cholestyramine cholestyramine light colestipol hcl Crestor fenofibrate fenofibric acid, dr Fenoglide fluvastatin gemfibrozil Lescol XL Lipofen Liptruzet Livalo lovastatin niacin ER Niacor omega-3 ethyl ester 1 gram capsule pravastatin Prevalite Simcor simvastatin Triglide

Malaria

Vascepa

Vytorin

Welchol

Zetia

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

Nausea, vomiting Aloxi Antivert 50mg Anzemet Cesamet chlorpromazine hcl Diclegis dimenhydrinate dronabinol Emend granisetron hcl

ondansetron hcl ondansetron odt prochlorperazine promethazine hcl Scopace Transderm-Scop trimethobenzamide hcl Zuplenz

Osteoporosis

alendronate sodium Alora Angeliq Atelvia Binosto Cenestin Climara Pro Combipatch Duavee Eniuvia est. estrogens with

methyltestosterone Estraderm estradiol estradiol/norethindrone acetate estropipate

FemHRT 0.5mg/2.5mcg Femtrace Forteo fortical Fosamax Plus D ibandronate medroxyprogesterone

acetate

Menest Menostar Miacalcin Minivelle Ogen Prefest Premarin tablets Premphase Prempro Prolia raloxifene risedronate Vivelle-Dot

Reclast) **RSV** (respiratory

zoledronic acid (generic

Synagis

Stopping smoking bupropion hcl sr

syncytial virus)

(generic Zyban only) Chantix Nicotrol inhaler

Nicotrol NS

Stroke

Aggrenox cilostazol clopidogrel bisulfate dipyridamole Effient ticlopidine hcl Zontivity

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 Osymia Regimex Suprenza ODT Xenical

Preventive Care Services

The Core medical plan option covers certain preventive care services at 100% as long as services are received at a participating Anthem Blue Cross and Blue Shield in-network 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 (Consumer HSA Plan covers 100%)	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 (Consumer HSA Plan covers 100%)	-	A4258
Lancets (Consumer HSA Plan covers 100%)	-	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

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).

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% after deductible has been satisfied
Major Dental Services	
Includes, but not limited to: Crowns, Inlays & Onlays, Denture Relines or Rebases	Employee pays 50% after deductible has been satisfied
Orthodontic Services	
	Employee pays 50%. <i>Not subject to deductible</i>
Lifetime Maximum Per Person	\$1,500

Dental Plan Premium Rates (per pay period)	
Employee Only	\$3.15
Employee + Spouse	\$6.30
Employee + Child(ren)	\$6.61
Family	\$9.76

You will not receive an ID card with this benefit; however, you can print one online at www.metlife.com. The provider will verify coverage using your Social Security Number at the time of service.

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
Conventional Elective Lenses	\$105 allowance, then 15% off remaining balance	Plan reimburses up to \$105
Elective Disposable Lenses	\$105 allowance	Plan reimburses up to \$105
Medically Necessary Lenses	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.

Reliance Standard Life and AD&D

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.

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)		
	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 (cannot be more than 50% of employee's Basic Life and Supplemental Life coverage)	\$5,000 \$0.43 bi-weekly (amount of life insurance for a child age 14 days to 6 months is \$100)
Maximum Coverage	\$40,000	\$20,000
Guarantee Issue	\$40,000	\$20,000
Reduction Schedule	None	Coverage ends at age 19 or at age 26 if the dependent child is a full-time student

Reliance Standard Long-Term Disability

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: ■ 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 Reliance Standard	
Benefit Ends	At age 65 or the day the disability ends as determined by Reliance Standard (whichever is earlier)	

Buy-Up Long-Term Disability Benefit Coverage (EMPLOYEE PAID)		
Monthly Benefit Percentage	The lesser of: ■ 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 Reliance Standard	
Benefit Ends	At age 65 or the day the disability ends as determined by Reliance Standard (whichever is earlier)	

Flexible Spending Accounts (FSA)

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

• Plan carefully — the IRS rules require that all unused funds

you elected to contribute by	oe forfeited after	December 31.

Health Care Flexible Spending Account Plan		
Maximum Annual Contribution	\$2,500	
Minimum Annual Contribution	\$100	
Sample Eligible Expenses (View the complete list of eligible expenses on the Schurz Choice Communication Portal)	 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 — Single OR Married Filing a Joint Return	\$5,000
Maximum Annual Contribution — Married Filing a Separate Return	\$2,500
Sample Eligible Expenses (View the complete list of eligible expenses on the Schurz Choice Communication Portal)	 Day Care After-school Care Elder Care No Medical Expenses!

Anthem's MasterCard FSA Debit Card FAQs		
Will I receive a new FSA Debit Card?	You will receive a new debit card only if you are new to the FSA plan. 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 save all receipts and associated Explanation of Benefits (EOB) 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.	

How to Enroll in 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

Forgot password:

Click on the "Forgot Password" link. If you continue to have trouble, call the Care Line at (877) 919-WELL, option #1.

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

LEARN MORE...

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 <u>OR</u> log onto: www.schurzchoice.benergy.com

User ID: SchurzChoice (all one word)

Password: Benefits

Important Wellness Program Updates for 2015

Schurz Communications provides a robust wellness program that gives you and your family members the tools and opportunities to achieve your highest level of well-being. To ensure we continue providing the best wellness programming for you, we reassess our offerings and vendors each year. Please note several changes for the program coming in 2015.

NEW SCREENING VENDOR

Your feedback is important to us, which is why we will have Health Advocate providing our on-site health screenings in 2015. Health Advocate has provided wellness services for us in the past, and has proven to be a reliable partner. We hope this year's screenings are a great success.

NEW EMPLOYEE ASSISTANCE PROGRAM (EAP) PROVIDER (Beginning 1/1/15)

We have decided to replace our EAP+Work/Life Program previously offered through Health Advocate with Anthem's EAP. Visit www.anthemeap.com to find out more about the program. Click on Member Log-In and type "Schurz Communications" for the program name.

NEW CARE LINE OPTION TO SPEAK WITH A WELLNESS REPRESENTATIVE (Beginning 1/1/15)

We now have a dedicated resource available through our Care Line that can answer all of your wellness-related questions. You can connect with her Monday through Friday between 8am and 5pm (EST) by calling (877) 919-WELL, option #2.

NEW REWARD SCHEDULE FOR THE ACTIVITY-BASED INCENTIVE PROGRAM

To streamline the delivery of incentives, we have changed from quarterly to a one-time delivery of any gift card(s) earned. Corporate Wellness Affidavits are due only once before December 15, 2015. Any gift cards earned from participation in the Activity-Based Incentive Program will be distributed in December 2015.

Medical Plan Premium Credits

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.



This credit rewards you and your spouse (if applicable) for participating in the annual on-site health screening and online Wellness Assessment (WA). See page 23 for more details.

2015 Tobacco-Free Credit

This credit rewards you and your spouse (if applicable) for being tobacco-free. See pages 24-25 for more information regarding the qualifications associated with this credit.

2015 Healthy Choices Credit This credit rewards you and your spouse (if applicable) for having healthy biometric measurements or for making a 15% improvement in your biometric measurements from 2014. The biometrics measured are your Body Mass Index (BMI), blood pressure, LDL ("bad" cholesterol), and glucose (blood sugar). See page 26 for more information.

2015 Wellness Credit

[On-site Screenings + Online Wellness Assessment]

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 on-site screening and online Wellness Assessment (WA) 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 on-site screening and online WA 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 2015 Wellness Credit, you and your spouse (if applicable) must have participated in the 2014 on-site screening (or completed a physician's kit) AND have completed the online WA by the due date.

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 for participation.

HOW IT WORKS

Between June and August, we will work with Health Advocate to set up free on-site health screenings and provide online Wellness Assessments. If you are unable to attend the screening at your location, you can also go to your primary care physician or other in-network provider (i.e., Walgreens, CVS), then provide results from that visit using a physician's kit available from the Care Line.

Either before or after your screening you will also complete the online WA. **Both the screening AND WA** are required in order to receive the credit. You are not required to participate in the on-site screenings or complete the online WA; 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, 2014 AND APRIL 30, 2015, you will automatically receive the 2015 Wellness Credit.

IF YOUR HIRE DATE FALLS ON OR AFTER MAY 1, 2015, you will automatically qualify for the 2015 and 2016 Wellness Credit.

WHO SEES THE RESULTS

Health Advocate 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.

2015 Tobacco-Free Credit

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.

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 2015. 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 2015, you will receive the Tobacco-Free Credit retroactive to January 1, 2015. 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% under 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.

2015 Tobacco-Free Credit: FAQs

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 2015, 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, 2015.

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 below.

Tobacco Cessation Resources

- Connect with local resources by speaking with a EAP Specialist.
 Call the Care Line at (877) 919-WELL and press 3 to be connected with a representative from our Employee Assistance Program (EAP).
- Speak directly with a nurse on the Anthem 24-Hour Nurse Assist Line. Call (866) 800-8780 to be connected with one a registered nurse any time of day.
- Sign up for the government's smoking cessation program, Smokefree. Call (800) QUIT-NOW or visit their website at www.smokefree.gov.

2015 Healthy Choices Credit

The Healthy Choices Credit will reward you and your spouse (if applicable) for having healthy biometric measurements (i.e., BMI, blood pressure, LDL, glucose) or for making a 15% improvement from your first set of biometric measurements.

HOW TO QUALIFY

This credit is based on the biometric measurements from your 2014 annual on-site screening. If your 2014 biometric measurements are not within the ideal range, you will need **two** sets of biometric results.

Your first set of biometric measurements (your "baseline" measurements) would have been obtained through your participation in the 2013 health screening. Your second set of biometric results would have been obtained through your participation in the 2014 health screening.

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	< 139 / 89*	\$2.50 per pay period	
LDL ("bad" cholesterol)	< 130	\$2.50 per pay period	
Glucose	< 100 fasting	\$2.50 per pay period	

THE REWARD

The reward comes in the form of medical plan premium credits. If your 2014 biometric measurements are within the ideal range, you will qualify for credit. If your 2014 biometric measurements are not within the ideal range, but have improved by at least 15% from your 2013 biometric measurements (your "baseline" measurements), 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

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

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.

2016 HEALTHY CHOICES CREDIT

If you did not have the opportunity to set your baseline numbers for the 2016 Healthy Choices Credit by having participated in the 2014 on-site screening and Wellness Assessment (WA), but would like the opportunity to do so, simply make a routine wellness appointment with your physician and complete a physician's kit (as well as the online WA). **FirstPerson must receive your completed physician kit and online WA by March 31, 2015**.

2015 Activity-Based Incentive Program

Schurz Communications offers 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 a gift card. Once you've earned enough points, you'll be issued a redemption certificate either via email or regular mail in December 2015.

HOW TO QUALIFY

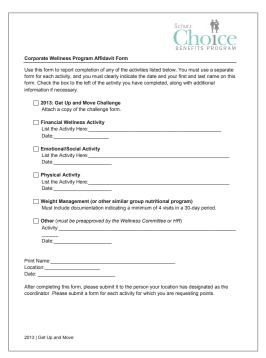
This incentive program is available to *all benefit eligible employees*. Even if you have health insurance coverage elsewhere, such as through your spouse's employer, you can still earn points toward the gift card.

By participating in qualified activities, you can earn one (1) point per activity. **The important thing to remember is to complete the** *Corporate Wellness Program Affidavit.* Without this Affidavit completed and turned in, you will not receive the points that accumulate toward your reward. All Affidavits must be submitted by December 15, 2015 to be eligible for any earned rewards.

You can download the Affidavit by visiting the Communication Portal at schurzchoice.benergy.com (User ID: schurzchoice, Password: benefits). Click on the "Download Wellness Affidavit" on the home page under "I'm Here To..."

THE REWARD

Earn a \$25 gift card for accumulating five points; earn a \$50 gift card for accumulating 10 points. Any gift card(s) earned will be distributed in December 2015.



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

- You must complete a Corporate Wellness Affidavit 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 to the person at your location who has been designated as the wellness coordinator, or directly to the Care Line via email at schurzchoice@workingwell4you.com.

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

Employee Resources



(877)919-WELL

AVAILABLE MONDAY – FRIDAY, 8AM TO 5PM (ET)



(New prompts begin 1/1/15)

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

schurzchoice@workingwell4you.com

Schurz 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, at:

schurzchoice.benergy.com

(User ID: schurzchoice, Password: benefits)

You can also access the portal directly from your ADP Employee Self Service (ESS) site at:

https://portal.adp.com

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 Customer Service

(800) 942-0854 · www.metlife.com/mybenefits

Vision Benefits

Anthem Blue View Vision Customer Service

(866) 582-7263 · www.anthem.com

Flexible Spending Accounts

Anthem Flexible Spending Accounts

(888) 523-5898 · https://www.benefitadminsolutions.com

If you participate in one of the Anthem medical plans, you can single-sign-on to the FSA website from www.anthem.com.

Life Insurance and Long-Term Disability Benefits

Reliance Standard

(800) 351-7500 · www.reliancestandard.com

Employee Assistance Program (EAP)

Anthem

(800) 865-1044 · www.anthemeap.com



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.